THROUGH HER EYES: PHOTOVOICE AS A RESEARCH METHOD FOR WOMEN

WITH MENTAL HEALTH CHALLENGES LIVING IN SUPPORTIVE HOUSING

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ABSTRACT

This research explores the subjective experiences of women with mental health challenges residing in a supportive housing building in Southern Ontario. Drawing on principles of Feminist Participatory Action Research (FPAR), five women were brought together so they could engage in an arts-based workshop, meant to provide the opportunity to reflect on their experiences, express themselves through alternative means, and connect with peers over shared experiences. Over six meetings, participants have been invited to contribute to group discussions by taking and analyzing photos that represent their journey while living in supportive housing.

Drawing on a critical feminist and Mad Study scholarship, this project used intersectionality as its theoretical lens. The intention behind this choice is to emphasize the interconnected and compounded system of oppression that women experience when their identity intersects across various dimensions such as gender, gender expression, race, mental health status, class, and more. This research is essential because of the pervasiveness of discrimination, disempowerment and oppression of people diagnosed with a 'serious mental illness' and the ways in which these infiltrate relationships and social systems. However, little empirical data exists to explore the in-depth perspective of these individuals, who lack power and voice in society. In particular, women with a psychiatric diagnosis live at the intersection of multiple oppressive factors. Thus, to counterbalance oppression it is extremely important to recognize these women as the expert of their lives. Moreover, women's active participation in research and their photographs and stories offered a nuanced understanding of issues affecting them. From the photographs (visual data) and the meaning given by participants through their stories (narrative data), issues emerged related to stigmatization, gender-based violence, economic limitations, inadequate support, and various forms of discrimination. Furthermore, participants expressed their insights into desired changes both within and beyond the supportive housing program.

The relevance of this research is threefold: 1) it gave agency to women living in supportive housing to outline their unique needs and wants; 2) it contributed to the paucity of qualitative research situated at the intersection of gender and 'mental illness'; 3) through KTE activities, it has the potential to inform housing and helping professionals on ways to improve housing projects, design activities, and foster residents' engagement for this population group.

Keywords: Supportive Housing, Mental Health Challenges, Women, Advocacy, Photovoice, Emancipatory Research

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Lastly, I would like to acknowledge the countless individuals and communities who have taught me, sometimes through lived experiences, the importance of

compassion, empathy, and the need to challenge systemic oppression. Your resistance, strength, and stories have deepened my understanding of social work and further fueled my commitment to advocating for social justice.

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Chapter One: Introducing the Project

My thesis is centered around one overarching question which has troubled me both in my

personal and professional life; What happens to people after long-term psychiatric

hospitalization if they do not have a place to go? In recent years, there has been a growing effort

across community-based organizations, service providers, activists/advocates and levels of

government to provide safe and stable housing to people living with a severe mental illness

and/or substance abuse who are homeless (or at risk of becoming homeless) (Employment and

Social Development Canada, 2020; Gaetz, Scott, & Gulliver, 2013). This usually takes the form

of supportive housing, designed either as independent units clustered in an apartment building

with programming and staff support; or as 'scattered site' units in regular apartments with

outreach support as needed (Tabol, Drebing, & Rosenheck, 2010).

In Ontario alone, an estimated 23,000 individuals reside in supportive housing due to a

mental illness or substance use (CAMH, 2022). The principles that guide supportive housing

emphasize the importance of adequate, suitable, and affordable housing to enable people

experiencing mental distress to recover. The links between poverty, risks of homelessness and

living with disabilities have been well documented (Ayano, Tesfaw & Shumet, 2019). However,

evidence suggests that the needs and wants of these unique individuals, particularly women

(Kirkby, Mettler, Nichols, & Doberstein, 2016) remain under-investigated (Tsai, Bond, Salyers,

Godfrey & Davis, 2010; Chilvers, MacDonald, & Hayes, 2006; Nelson, 2010).

As access to housing consistent with personal needs is a human right and supports mental well-

being (Harvey, Killackey, Groves, & Herrman, 2012), academic inquiry into this issue is

urgently required. To partially address the existing knowledge gap, this research project will

involve women living in supportive housing to help investigate their experiences and preferences, highlighting issues of intersectional discrimination and quality of life concerns.

My interest in this research topic stems from personal experience and advocacy for a sibling living in supportive housing due to mental health challenges. Being the sister of a resident of supportive housing has prompted me to question the adequateness of housing programs to respond to the needs of residents. Through attending meetings with health care and housing providers, and by regularly visiting him in supportive housing, I witnessed how my brother and other people labelled with 'serious mental illnesses' were 'Othered'. Residents in supportive housing were often approached by providers through the lens of defect and prejudice. I have had to play the role of the mediator and explain my brother's behaviour to people who were there to 'support' him. Living in an environment where there was an expectation of normalcy and independence brought him frustration, a feeling of inadequacy and hopelessness. His personal goals were elicited but not adequately supported or followed up on. Moreover, residents' actions were often met with paternalistic attitudes, stereotypes and ableist expectations from service providers. Frequently my brother was labelled as 'lazy' or 'aggressive' by the very people that ought to support him.

When reflecting on potential topics for my MSW thesis, I found myself wondering about the experience of residents in supportive housing. I reflected that, despite being misunderstood, labelled, and stigmatized, my brother has the privilege of being a white male in a racist and patriarchal society. Thus, I redirected my thoughts toward those tenants whose day-to-day life was even more challenging as they had to overcome multiple, compounding oppressive factors. I began to question how women living in supportive housing deal with the compounding effect of sanism, sexism and other systems of oppression like ageism, ableism, poverty, homophobia,

racism etc. As they live at the intersection of multiple oppressive factors, they often lack

structural power and voice in society to express their preferences and concerns around autonomy,

self-determination, and quality of life.

In my undergraduate social work education, I had the opportunity to deepen my

knowledge of feminist scholarship and delve into the unique issues experienced by women who

live outside of the mainstream idea of 'womanhood'. Disability has historically been excluded

from mainstream feminist discourse, resulting in a narrow and limited understanding of both

gender and disability (Garland-Thomson, 2002). Therefore, I felt compelled to recognize and

address intersectionality in my research, and to advocate for a more inclusive approach to

advancing the rights of all women, including those with psychiatric disabilities.

Building upon my undergraduate studies in feminist scholarship and the need for inclusive

approaches to gender and disability, this study aims to explore the personal and political

experiences of women tenants living in mixed-gender supportive housing in Southern Ontario. I

seek to uncover the specific lived experiences of women-identified tenants, examine the impact

of oppression on their lives, and explore avenues for building a collective voice toward social

justice. Specifically, I will address the following research questions:

1) How do women-identified tenants experience living in supportive housing?

2) How do issues of sanism, sexism and other system of oppression impact women's lives in

supportive housing?

3) How can women-identified tenants build a collective voice to challenge the social injustices

they experience living in supportive housing?

To address power imbalances embedded in traditional research, I adopted a feminist arts-based

participatory methodology as it embraces non-dominant modes of knowledge production and

fosters participants' active engagement in research (Knowles & Cole, 2007). This emancipatory study rests on the ontological assumption that reality is socially constructed and contextually embedded. It recognizes that the experiences and meanings attributed to supportive housing and the lives of psychiatrically disabled women are not fixed or objective entities, but rather shaped by social, cultural, and historical factors. This perspective acknowledges the dynamic and relational nature of reality, highlighting the interconnectedness between individuals, social structures, and power dynamics (Maguire, 1987). This study also embraces the understanding that knowledge is not value-neutral but influenced by the social and cultural contexts in which it is produced. By centering the voices and experiences of marginalized women, the research aims to challenge dominant narratives, disrupt oppressive systems, and promote a more inclusive and equitable understanding of supportive housing and the experiences of those residing within it. Moreover, to construct knowledge that challenges dominant paradigms, my positionality, values, and perspectives have been made explicit to the participants and throughout this manuscript.

As a type of research that necessitates raising awareness of important issues, promoting critical dialogue and action, I view Photovoice as a chance to establish an environment of agency for these women. Additionally, Photovoice can be a powerful tool because it allows these women to tell their own stories and challenges dominant narratives that often portray them in a negative or stereotypical light (Wang & Burris, 1997). By giving women in supportive housing the opportunity to represent themselves and their communities through their own images and words, Photovoice helps counter the positivist notion that only objective, scientific knowledge is valid (Jarldorn, 2019).

Through Her Eyes brought together a group of five co-researchers[1]who are residents of supportive housing to actively participate in a six-day workshop series. Their valuable insights and contributions were integral to the investigation, shaping the direction of the research. Collaborative discussions and analysis of the photos captured by these women provided a platform for exploring their personal experiences and delving into the challenges faced by women with psychiatric diagnoses living in supportive housing. By adopting an intersectional feminist perspective influenced by Mad Study scholarship, this research project sought to understand the complex interplay of various systems of oppression that impact these women's lives. Drawing on Collins' Matrix of Domination (2012) as a theoretical framework, the study aimed to reveal the distinct forms of discrimination they encounter within the supportive housing system.

Through active collaboration, the co-researchers became agents of change, identifying solutions for local challenges and addressing systemic issues. Thus, their contributions went beyond data provision, as they actively analyzed and theorized around the issues at hand. Together, we formulated a comprehensive plan for knowledge mobilization, aiming to raise awareness and advocate for systemic transformations. In the forthcoming chapters, I will provide an in-depth exploration of the research process, share the findings that emerged from our collective efforts, discuss the significance of our work, and elucidate the broader implications it holds.

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[1] Throughout this manuscript I used the term "co-researcher" and "participant" interchangeably. However, to emphasize the substantial contribution of the women engaged in this research during the Photovoice workshop, I have deliberately opted to consistently utilize the term "co-researchers" when discussing the knowledge generated collectively.

Chapter Two: Critical Review of the Literature

2.1 Introduction.

Women living with mental health challenges in Canada have a long history of experiencing oppression and mistreatment, characterized by practices such as gender-based diagnoses and eugenics policies. Regrettably, even today, the healthcare system often fails to recognize the societal and cultural factors contributing to women's distress, perpetuating gender biases and power imbalances. The implementation of supportive housing models presents a promising solution, aiming to provide stable housing, comprehensive mental health services, and promote tenants' autonomy and community integration. However, these models often overlook the unique needs of women and fall short in facilitating their recovery.

The current literature on women's mental health in Canada lacks a gender-specific lens when examining the effectiveness of supportive housing programs, thereby perpetuating gender biases and marginalization. To address these gaps, collaborative research that actively includes the voices and experiences of women is crucial. By adopting an intersectional gender-specific perspective within supportive housing, we can develop tailored, effective, and supportive mental health and housing support systems that promote inclusivity and address the specific challenges faced by women.

2.2 The Historical Treatment of Women's Mental Health Challenges in Canada.

Throughout Canadian history, women with mental health challenges have faced a range of oppressive practices and policies. One such manifestation of this oppression was the establishment of asylums as confinement spaces in the late 19th and early 20th centuries. These asylums, including the Toronto Hospital for the Insane in Ontario, became sites where women's diagnoses and admissions were influenced by their gender and sexuality (Reaume, 2012). While

these asylums were initially intended for care and treatment, they ultimately fell short of meeting basic standards and instead perpetuated the isolation and mistreatment of women (Dobbing & Tomkins, 2021).

During this era, women's emotional turmoil was frequently pathologized, attributing their distress as inherent to their femininity rather than influenced by unjust societal factors (Mitchinson, 1986). Moreover, doctors often dismissed domestic violence and sexual abuse, pathologizing women's experiences and even using their fear of men as evidence of insanity (Reaume, 2012). Instead, there was a prevailing tendency to link women's emotional well-being to their physical conditions, particularly in relation to childbirth, lactation, miscarriage, and menstrual or uterine disorders (Reaume, 2012; Mitchinson, 1986). These somatic theories associated distinct physiological experiences exclusive to women with mental instability, labelling them as manifestations of "women's madness" or "hysteria" (Reaume, 2012; Mitchinson, 1986).

In the late nineteenth century, Victorian society imposed rigid expectations on women, demanding their adherence to traditional gender roles of marriage, reproduction, and child-rearing. Within this societal context, the concept of hysteria emerged as a powerful tool that undermined women's lived experiences, reinforced oppressive norms, and provided legitimacy to the use of medicine as a mechanism of social control (Hooper, 2019). Consequently, women who dared to challenge or express dissatisfaction with these prescribed roles often found themselves labelled with the diagnosis of hysteria (Reaume, 2012). Societal attitudes toward sexuality further contributed to the institutionalization of women based on perceptions of their promiscuity or same sex-attraction (Reaume, 2012).

The influence of oppressive norms and medical control extended beyond the pathologization of women's experiences. In Canada, during the early 20th century, the rise of the eugenics movement targeted individuals labelled as 'feeble-minded' or 'insane' (Carey, 2003). The prevailing belief was that mental disorders were hereditary, capable of being passed down through generations, encompassing a wide range of diagnostic conditions (Grekul, Krahn & Odynak, 2004). Consequently, women with these diagnostic labels became prime targets for compulsory sterilization (Grekul et al., 2004). This practice was supported by legislation such as the Sexual Sterilization Acts in Alberta and British Columbia, which remained in effect until the 1970s (Grekul et al., 2004). The practice of sexual sterilization disproportionately impacted Indigenous women, racialized women and women living with disabilities (Grekul et al., 2004). An unsettling statistic reveals that a significant majority of Indigenous women (77%) who underwent sterilization in Alberta during this period were marked as sexually promiscuous or diagnosed as mentally deficient (Ryan, Ali, & Shawana, 2021). These judgments were often based on systemically biased IQ tests that were inadequately equipped to accurately assess mental competence (Stote, 2015). Psychiatric and medical professionals advocated for eugenic policies that aimed to restrict the lives of disabled individuals, not only limiting their ability to marry and have children but also to access charitable and social services, and even authorizing their deportation as they were deemed "mentally defective" (Chadha, 2008; Joseph, 2017; Joseph & Briarpatch Staff, 2022). Thus, the historical treatment of women with mental health challenges in Canada was influenced not only by gender and sexuality but also by colonial and immigration policies that perpetuated oppression (Dadhania, 2018). Dating back to 1859, Canadian immigration regulations enforced measures that overtly barred the entry of individuals identified as 'lunatic,' 'insane,' 'feeble-minded,' and others with comparable labels from entering Canada

(Chadha, 2008). In the present day, Canada's immigration framework continues to exhibit discrimination against disabled individuals, prohibiting their immigration if their disability is determined to impose an "excessive demand" on healthcare or social services, or if it is perceived as a potential danger to public welfare (Government of Canada, 2023). Immigration policies from the past until today subtly foster bigotry and unfairly assign blame to immigrants, disabled individuals, and racialized people for societal issues (Joseph, 2022).

　　　Similarly, colonialism and historical colonial policies continue to reverberate in the present day. The introduction of the Indian Act in Canada in 1868 consolidated various colonial regulations into a comprehensive law that governed crucial aspects of Indigenous life, including land rights, cultural practices, governance, and identity (Herr, 2021). Moreover, its 1876 amendment stipulated that only men could pass on their "Indian status" to their wives and children, while women could not (Herr, 2021). This Act had profound and detrimental effects on the mental health of First Nations, Inuit, and Métis peoples. The enduring consequences of colonialism are evident in ongoing challenges faced by Indigenous communities, particularly in areas such as suicide rates, violence, and substance use (Kumar & Tjepkema, 2019; Nutton & Fast, 2015; Hahmann, Perri, Masoud & Bombay, 2023). While the impacts of colonization are felt across society, the intersecting forces of gender-based discrimination and patriarchal norms within Canada's prevailing culture exacerbate the marginalization faced by First Nations, Métis, and Inuit women. This intersection further compromises their mental health and overall well-being (Browne, Varcoe & Fridkin, 2011; Williams, Gifford, Vanderspank-Wright & Phillips, 2021). Following a comprehensive investigation encompassing all forms of violence against Inuit, Métis, and First Nations women and girls, including 2SLGBTQQIA individuals, the National Inquiry into Missing and Murdered Indigenous Women and Girls (2019) issued explicit

"Calls for Justice". These calls demanded that all levels of the Canadian government ensure access to fundamental rights, such as secure housing and a comprehensive "health" that encompasses holistic well-being, for Indigenous women, girls, and 2SLGBTQQIA people.

The combination of oppressive gender norms, pathologization, colonization, eugenics ideologies, and xenophobic attitudes contributed to the multifaceted oppression experienced by women in their struggle for well-being and equality. Since the 1970s, the primary focus of mental health policies in provinces across Canada has been deinstitutionalization, driven by the acknowledgment of the adverse effects associated with long-term treatment in psychiatric institutions (Kirby and Keon, 2006; Mechanic and Rochefort, 1990). Although this transformative approach aims to relocate individuals with mental health issues from institutions to community-based supports, women with mental health challenges continue to face discrimination and systemic barriers.

2.3 The Cycle of Oppression Faced by Women with Mental Health Challenges

The experiences of women with mental health challenges are shaped by a cycle of oppression that encompasses various societal, cultural, and systemic factors. Worldwide, women are more likely to be diagnosed with serious mental illnesses (SMI[2]), particularly for conditions such as depression, anxiety, eating disorders, and borderline personality disorder (Campos-Matos et al., 2016; Lund et al., 2018; Zenebe et al., 2021). This gender disparity is evident in Canada as well, where women are diagnosed with higher rates of mood disorders and generalized anxiety disorders compared to men (Pearson, Janz & Ali, 2013).

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[2] "SMI" is often used as an umbrella term encompassing several diagnostic categories and implies a disorder of a severe and potentially unremitting nature. Although rooted in practicality, the use of this term is widely criticized for lack of consistent definition and for exacerbate stigma and pessimism toward recovery (Gonzales, Kois, Chen, López-Aybar, McCullough & McLaughlin, 2022).

The gender gap in mental health has been explained through various perspectives. Biomedical theories attribute women's distress to their reproductive bodies, linking conditions like anxiety and depression to hormonal fluctuations (Kundakovic & Rocks, 2022). While these perspectives may provide some insights, they often overlook the structural and oppressive factors contributing to women's mental health challenges. Since the biomedical approach often labels women's mental distress as a mental illness or disorder, it focuses on control and management rather than women's agency (Ussher, 2011). Consequently, societal norms are reinforced, perpetuating gender inequalities.

In addition, the Diagnostic and Statistical Manual of Mental Disorders (DSM), a widely used diagnostic tool in mental health, has been criticized for potentially reinforcing gender biases (Lazaroff, 2006). The DSM's diagnostic criteria and categories can pathologize and stigmatize women's experiences, particularly related to their emotions, behaviours, and social roles (Lazaroff, 2006). As a result, the DSM can contribute to the subjugation of women and the perpetuation of gender-based power imbalances within the mental health field.

Furthermore, research studies have shed light on the treatment experiences of women diagnosed with SMI, revealing various oppressive dynamics (Mizock & Brubaker, 2021; Frieh, 2020; Ojeda & Bergstresser, 2008). In the study conducted by Mizock & Brubaker (2021), it was found that women's concerns are frequently dismissed or not taken seriously within mental health services, indicating the presence of gender bias. This bias in clinicians is another manifestation of the historical pathologization of women's emotional reactions, resulting in increased diagnoses of histrionic, borderline, or dependent personality disorders (Mizock & Brubaker, 2021). Additionally, the study revealed that pessimistic prognoses from providers

hinder women's hope for recovery and perpetuate the cycle of oppression they face (Mizock &

Brubaker, 2021).

The cycle of oppression extends to psychiatric hospitals, where involuntarily admitted

women experience disproportionate mistreatment, forced medication, electroshock therapy, and

physical and emotional abuse by staff (Conrad 1992; Riska 2003; Ussher 2011). Recent studies

have highlighted the trauma experienced within psychiatric institutions, including harmful events

witnessed or experienced by inpatients and instances of sexual assault occurring within the

hospital setting (Frueh et al., 2005; Reddy & Spaulding, 2010; Robins et al., 2005).

To address the pathologization of women's emotional reactions and break the cycle of

oppression, there is a growing call to shift away from the medical model and consider the social

determinants of women's mental well-being (Madden, 2010). By examining the influence of

social, cultural, and systemic factors on women's mental health, it is evident that structural

barriers further compound their vulnerability and inequality.

Huggard, Murphy, O'Connor, and Nearchou (2023) conducted a systematic review of

published articles, revealing a range of factors contributing to the development of mental health

challenges in women. These factors include conflict, violence, and maltreatment, life events and

experiences, racism and discrimination, culture and migration, social interaction and support,

structural policies and inequality, financial factors, employment factors, housing and living

conditions, as well as demographic characteristics (Huggard, Murphy, O'Connor, Nearchou,

2023). Additionally, insight from qualitative research indicates that women experience an

escalation in mental health struggles, including trauma (Kenny, Barrington, & Green, 2015),

heightened stigmatization and marginalization (Kenny & Barrington, 2018), and an increase in

drug and alcohol use as a coping mechanism after involvement with child protective services

(McKegney, 2003). While women's experience of discrimination and marginalization when accessing housing has been well documented (Galster & Constantine, 1991; Schwan, Versteegh, Perri, Caplan, Baig, Dej, ... & Pahlevan-Chaleshtari, 2020), not all women have identical experiences within the housing system. Intersecting dimensions of women's lives including motherhood, poverty, sexism, racism, immigration status, and HIV-related stigma and discrimination, further compound the challenges faced by women when attempting to access suitable housing and support services (Greene, Chambers, Masinde & O'Brien-Teengs, 2013).

In Ontario, women who are affected by social factors such as poverty, race, ethnicity, education level, and immigrant status face significant barriers to accessing healthcare services and achieving positive health outcomes (Echo, 2011). Research indicates that women with mental health challenges encounter additional difficulties in accessing employment, increasing their risk of living in poverty and experiencing homelessness (Chouinard, 2010; Lightman, Vick, Herd, & Mitchell, 2009). The overlap between mental health challenges and homelessness is striking, as approximately 75% of Canadian women experiencing homelessness also face mental health challenges (Gaetz, Dej, Richter & Redman, 2016). This illustrates the reciprocal relationship between homelessness and poor mental health, where homelessness can contribute to or worsen mental distress, while mental health challenges can be a contributing factor to homelessness (Fazel, Khosla, Doll & Geddes, 2008). The combination of poverty and gender-specific vulnerabilities presents a challenging situation for women, necessitating specialized support and services. Unfortunately, access to woman-centered services and treatments is often limited, further compromising their well-being (Schwan, Vaccaro, Reid, Ali, & Baig, 2021).

In addition to the challenges faced by women experiencing mental health issues, it is important to recognize the impact of intersectional stigma on their lives, which results from a

combination of sexism and the stigma surrounding mental health issues (Mizock & Russinova, 2015). This intersectional stigma exposes them to a heightened risk of experiencing trauma, unemployment, poverty, and homelessness (Frieh, 2020). Women experiencing mental health challenges may also internalize societal prejudices, leading them to view themselves as flawed or inadequate (Rüsch, Lieb, Bohus, & Corrigan, 2006). This self-stigma contributes to feelings of shame, low self-esteem, and a reluctance to seek help or disclose their struggles (Rüsch et al., 2006). The internalized belief that they alone bear the responsibility for their mental health challenges and their 'recovery', perpetuates a cycle of self-blame, which can exacerbate their distress (Corrigan et al., 2006).

Structural barriers such as domestic and sexual violence, physical disability, life cycle stage, and sexual orientation further contribute to the vulnerability and inequality experienced by women with mental health challenges (Beltran, Allen, Lin, Turner, Ozer, & Wilson, 2019; Broaddus, 2020; Whizman, 2006). These intersecting factors create a complex landscape that perpetuates the challenges faced by women in accessing healthcare and achieving overall well-being.

In conclusion, the cycle of oppression perpetuates mental health challenges and social exclusion, creating a web of interconnected factors that contribute to the subjugation of women. Within this cycle, self-stigma, internalized oppression, structural inequality, and various forms of oppression intersect and reinforce one another, leading to profound impacts on women's mental health and overall well-being.

2.4 Supportive Housing as a Policy Response in Canada

Women who live with mental health challenges and are homeless or at risk of homelessness face unique barriers and vulnerabilities that contribute to their housing instability. In response to this

issue, supportive housing has emerged as a policy and practice response aimed at providing

stable housing and support services to this population. While supportive housing has shown

promising results in terms of increasing housing stability (Aubry, Bloch, Brci, Saad, Magwood,

Abdalla, ... & Pottie, 2020), the evidence regarding its impact on the quality of life for women,

especially those with multiple marginalized identities, is limited.

      Supportive housing and its intended benefits. In Canada, there is a growing effort from

all levels of government, to develop housing for individuals who have complex needs and

experience homelessness. Provincial health funding is the primary funder of supportive housing

programs, which combine subsidized housing with support services (Government of Ontario,

2021). By combining stable housing with appropriate mental health support and access to other

necessary services, supportive housing strives to break the cycle of homelessness and improve

overall well-being (Aubry, Ecker, & Jetté, 2014).

      Supportive housing initiatives are rooted in the Housing First principle, which prioritizes

providing individuals with stable housing as the initial step in their journey toward recovery and

well-being (Gaetz, Scott & Gulliver, 2013). Unlike traditional approaches that require

individuals to meet certain criteria or complete treatment programs before accessing housing, the

Housing First model recognizes that safe and stable housing is a fundamental human right and a

crucial foundation for addressing other challenges (Gaetz, et al., 2013). Accordingly, effective

supportive housing programs should embody the core principles of Housing First: (1) helping

individuals access and sustain permanent rental housing, (2) providing services that promote

housing stability and individual well-being on an as-needed basis and respect for client choice

and (3) incorporating a harm reduction approach (Gaetz et al., 2013).

The 'At Home/ Chez Soi' trial, the largest of its kind for Housing First, implemented in Canadian cities, demonstrated positive long-term outcomes for participants and cost-effectiveness for the system (Kirkby, Mettler, Nichols & Doberstein, 2016). Stable housing provides a sense of security and belonging, offering individuals the opportunity to establish routines, rebuild social connections, and regain a sense of dignity and self-worth (Burlingham, Andrasik, Larimer, Marlatt & Spigner, 2010; Fotheringham, Walsh & Burrowes, 2014; Hwang, Stergiopoulos, O'Campo, & Gozdzik, 2012). Since individuals experiencing homelessness often have high rates of emergency room visits, hospitalizations, and interactions with the criminal justice system, by providing individuals with stable housing and comprehensive support services, supportive housing has the potential to mitigate the need for costly crisis interventions and promote preventative and community-based care (Kirkby et al., 2016).

Thus, the ultimate goal of supportive housing is to enhance the well-being of individuals while simultaneously reducing the strain on public resources, making it a cost-effective long-term solution (Government of Ontario, 2021).

Persistent challenges in supportive housing. Although governments at all levels have committed to investing in affordable and supportive housing, programs for individuals with serious mental illness face several persistent challenges that hinder its effectiveness and inclusivity.

One significant challenge is the shortage of supportive housing units available. In Ontario, there are approximately 23,000 units of supportive housing for people diagnosed with SMI and/or experiencing chronic homelessness (Suttor, 2016). However, the demand outweighs the availability, resulting in long waiting periods, with almost 60% of people waiting two or more years (CAMH, 2022; Suttor, 2016). Paradoxically, due to the lack of 24-hour high-support

housing programs, individuals who are most in need can wait up to five years (CAMH, 2022; Suttor, 2016).

Supportive housing programs also face challenges in providing appropriate support services. The absence of standard definitions for support levels (high, medium and low) and a commonly used assessment tool for determining housing support needs and preferences hinders the provision of suitable services (CAMH, 2022; MHCC, 2012). As a result, individuals may not receive the most appropriate support, and some may move into the first available vacancy or remain in a supportive housing unit that does not meet their needs simply to secure housing (Sirotich, Durbin, Suttor, Um & Fang, 2018).

Although benefitting from housing stability, recent studies have indicated that recipients of permanent supportive housing who have mental health issues do not necessarily experience improvement in their health and social outcomes when compared to control groups (Aubry et al., 2020; O'Campo, Nisenbaum, Crocker, Nicholls, Eiboff, & Adair, 2023). Research by Baltazar, Kapp, de Tugny, and Furtado (2013) suggests that tenants of supportive housing who live in independent units, as opposed to communal housing settings such as group homes or single-site buildings, may experience feelings of loneliness despite benefitting from increased privacy. Similarly, the findings from Bengtsson-Tops, Ericsson, and Ehliasson (2014) emphasize the presence of feelings such as inequality, exploitation, exclusion, and neglect within the supportive housing setting, despite residents expressing gratitude for having a place to rest. Societal stigma, driven by the fear of 'mental illness', often contributes to NIMBY (Not In My Backyard) attitudes, fostering an environment of hostility, exclusion, and limited opportunities for the integration of supportive housing tenants into the neighborhood (Bengtsson-Tops et al., 2014; Marcheschi et al., 2015).

There is evidence indicating the presence of disparities between the approaches employed by housing providers and the actual housing requirements of residents. These incongruences can give rise to obstacles in addressing residents' needs, subsequently impeding their overall well-being (Burgess, Vorobyova, Marziali, Koehn, Jongbloed, Von Bischoffshausen, Salters, Hogg & Parashar, 2023). Supportive housing is often not designed to address the specific needs of marginalized populations. For example, in Toronto, Indigenous, Black, and racialized people are disproportionately represented among those experiencing homelessness but underrepresented in supportive housing programs (BGM Strategy Group, 2021; City of Toronto, 2018). Culturally appropriate housing supports are crucial for the housing success of Indigenous people with serious mental illness, and yet this type of supportive housing is extremely limited. Inclusivity and the involvement of Indigenous and Black organizations in the development and implementation of supportive housing models are essential (CAMH, 2022; MHCC, 2012). Similar considerations must be given to 2SLGBTQ+ individuals, especially youth, who face difficulties accessing safe and inclusive housing and support even within traditional supportive housing programs (Abramovich, Pang, Moss, Logie, Chaiton, Kidd & Hamilton, 2021).

It is well documented within existing literature that women diagnosed with SMI have difficulties accessing appropriate housing and supports (Kidd, Gursharan, Krupa, Burnham, Hemingway, Margolin, Patterson & Zabkiewicz, 2013). A recent study shows that despite supportive housing being effective in providing stable housing for homeless women with mental illness, it fails to address additional needs and challenges beyond housing to improve health and social outcomes (O'Campo, Nisenbaum, Crocker, Nicholls, Eiboff & Adair, 2023). These findings emphasize the importance of tailoring interventions to the specific needs of homeless women and implementing comprehensive support systems to promote their overall well-being.

Mixed-gender supportive housing services can be alienating and risky for women, particularly

Indigenous and racialized women, putting them at risk of exploitation, violence and

marginalization (Nigatu & Hamilton, 2022). However, the provision of women-only, trauma-

informed housing services remains limited and underfunded (Fotheringham, Walsh, & Burrowes,

2013; Kirkby & Mettler, 2016).

2.5 Filling a Gap: Centering the Knowledge and Experience of Women Living in

Supportive Housing.

Previous studies on women's experiences have primarily focused on homelessness and

temporary housing, including emergency shelters and transitional housing programs as

evidenced by research conducted by Smith et al. (2018) and Johnson and Brown (2019). Studies

highlighting the needs, challenges, and experiences of residents in supported accommodation do

not discern the unique concerns specific to women (O'Campo et al, 2023). Furthermore, the

existing literature lacks an analysis of the ways marginalized women's identities impact their

needs and experiences in relation to supported accommodation. While these studies have

provided valuable insights, there remains a clear gap in understanding the experiences of women

living in gender-mixed permanent supportive housing settings, where long-term support and

community integration play vital roles.

Furthermore, the existing literature lacks an authentic engagement with the residents

themselves in the production of knowledge, which limits the scope and depth of research in this

field. Women with mental health issues face intersecting challenges stemming from their gender,

mental health, social marginalization, and other forms of oppression. Recognizing the

complexity of their lived realities and acknowledging the intersectionality of their identities

allows us to gain insight into the structural barriers they encounter within the context of

supportive housing. These barriers include gendered power dynamics, limited economic resources, inadequate social support networks, and multiple forms of discrimination.

The aim of this research project is to fill these gaps in the literature by providing a nuanced understanding of women's experiences in supportive housing. By centering the voices and perspectives of a diverse group of women residents, this study seeks to amplify their narratives, shed light on the impact of oppressive factors in their lives, and advocate for systemic changes that are necessary to create inclusive and responsive supportive housing interventions. The findings have the potential to inform policy, practice, and service provision, ultimately contributing to the development of more equitable support systems for women in supportive housing.

Chapter Three: Theoretical Framework and Methodology

3.1. Introduction

My MSW thesis explores the personal and political realities of women-identified tenants living in a mixed-gender supportive housing in Southern Ontario. Drawing on critical feminist and Mad studies scholarship, my thesis utilizes intersectionality as a theoretical framework.

In this chapter, I will explore intersectionality as a theoretical framework to analyze and comprehend the complex and interconnected ways in which multiple social identities, such as gender, race, class, physical and mental disability, intersect and shape these women's personal and political realities within the context of supportive housing. The implications of applying an intersectional framework to analyze the experiences of women with 'mental illness' in supportive housing allow for the development of a more comprehensive and nuanced understanding of the multiple factors that shape their lives. An intersectional and gendered lens is necessary when considering how the policies and practices in supportive housing could be adapted to meet the unique needs of women living with significant mental health concerns.

3.2. Intersectionality

The origins of intersectionality theorizing can be traced back to the Black and Chicana feminist scholars and activists of the 1970s and early 1980s, who sought to address the limitations of the mainstream "women's liberation" movement and advocated for a combined stance against sexism and racism (Combahee River Collective, 1977; Lorde, 1984; Davis, 1983, hooks, 2014; Moraga & Anzaldúa, 2022). A critique on the essentialization of womanhood has been well outlined by Lorde (1984) who writes "By and large within the women's movement today, white women focus upon their oppression as women and ignore differences of race, sexual

preference, class, and age. There is a pretense to a homogeneity of experience covered by the word sisterhood that does not in fact exist" (p. 116).

Although several scholars already formulated the recognition of multiple coexisting oppressions, the term *intersectionality* was coined by civil rights advocate and law professor Kimberlé Crenshaw (1989). She used this term to demonstrate the pitfalls of the judicial system in recognizing the unique discrimination experienced by Black women within the labour market (Crenshaw, 1989). Crenshaw (1989) points out that "Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated" (p. 140). This is because Black women may experience racism, and sexism simultaneously, and these forms of oppression may interact to produce unique discrimination, different from the sexism experienced by white women and from the racism experienced by Black men. Indeed, when adopting a single-axis framework (e.g., exclusively race; exclusively gender) to discuss discrimination, the marginalizing experiences of Black women are erased (Crenshaw, 1989).

Epistemologically, intersectionality rests on the assumption that traditional knowledge production has often been centered on the experiences and perspectives of privileged groups, which has led to an incomplete and inaccurate understanding of social issues and inequalities (hooks, 2014; Crenshaw, 1989). When categories of discrimination are argued through the lens of the most privileged within the group – sexism through the lens of white women and racism through the lens of Black men –social injustice is produced and an 'intersectionality failure' occurs (Crenshaw, 2016). As such, intersectional scholars emphasize the importance of centering the experiences and perspectives of marginalized groups in knowledge production, and of

recognizing the diversity and complexity of individuals' identities and experiences (Anzaldúa, 1987; Collins, 2002; Crenshaw, 1989; hooks, 2014). By adopting an intersectionality epistemological frame, my research aims to amplify the experiences and perspectives of women in supportive housing, providing a platform to recognize their resilience and resistance within oppressive systems. It challenges dominant narratives and stereotypes by foregrounding the lived realities of these women, who navigate the complex terrain of supportive housing while confronting intersecting oppressions.

     Matrix of Domination. Patricia Hill Collins (2002) expanded on the concept of intersectionality initially introduced by Kimberlé Crenshaw (1989). While Crenshaw's work focused on the intersection of race and gender, Collins broadened the scope of intersectionality to encompass multiple intersecting forms of oppression within a framework she termed the Matrix of Domination (Collins, 2002). She argued that oppressive systems, such as racism, sexism, classism, ableism, and heterosexism, operate simultaneously and interact with one another, shaping people's experiences in complex ways (Collins, 2002). These systems of oppression are not separate, independent entities, but rather interconnected and mutually reinforcing (Collins, 2002). Integrating this framework into my research allows for a deeper analysis of the experiences and realities of women living in supportive housing, particularly those living at the margin of society.

     The foundation of the concept of intersectionality highlights the importance of moving beyond simplistic additive analyses of oppression (Collins, 2002). This approach, which relies on a binary framework of either/or thinking, fails to capture the complexity of how various forms of discrimination and marginalization interact. Collins (2002) argues against this approach, noting that it would require categorizing identities solely as either oppressive or oppressed, thereby

overlooking the intricate interconnectedness of different forms of oppression and privilege within marginalized groups. Drawing from Collins's (2002) viewpoint, this study recognizes that intersecting oppressions are not merely added together, but they operate in tandem, reinforcing and mutually influencing one another. By employing the Matrix of Domination (Collins, 2002), I aim to explore how these intersecting systems of power interact and manifest in the lives of women living in supportive housing and shape their experience of this type of housing. These women face unique challenges and vulnerabilities stemming from the convergence of these intersecting oppressions. For example, gender-based oppression intersects with mental health stigma, resulting in compounded discrimination and marginalization of women living with psychiatric diagnoses. By applying the Matrix of Domination, I seek to unravel the intricate ways in which these oppressive systems intersect and influence the daily lives of these women.

Moreover, within Matrix of Domination, Collins (2002) identifies four interrelated domains of power - structural, disciplinary, hegemonic, and interpersonal - that work together to create systems of oppression and she emphasizes the role of individual and group agency in perpetuating and challenging systems of oppression. In researching the experiences of women living in supportive housing, Collins' (2002) framework of power would provide a valuable lens to analyze the dynamics of oppression and agency experienced by residents:

(1) Structural power offers insights into how housing policies and resource allocation influence the experiences of women in supportive housing. By analyzing the structural factors at play, such as access to affordable housing and supportive services, a deeper understanding of the systemic challenges faced by women can be gained. (2) Disciplinary power explores the rules, routines, and power dynamics within housing facilities that impact women's agency. This includes examining the restrictions and regulations imposed on residents and how these affect

their ability to exercise control over their living situations and make choices that align with their

needs and preferences. (3) Hegemonic power focuses on the dominant narratives and stereotypes

surrounding poor women with mental health challenges. By exploring the social constructions

and stigmatizing discourses that influence perceptions of these women, this research can shed

light on the ways in which hegemonic power shapes their identities, self-perceptions, and

opportunities for agency and self-determination. (4) Interpersonal power delves into the power

dynamics within relationships between service providers and fellow residents. This analysis

examines the interactions, hierarchies, and potential for coercion or collaboration that exist

within these relationships, impacting the agency and well-being of the women in supportive

housing.

By applying Collins' (2002) framework, this research aims to uncover the

multidimensional nature of power and its effects on the experiences of women in supportive

housing. This analysis will contribute to a more comprehensive understanding of the intersecting

systems of oppression that these women navigate, and it will inform strategies for promoting

agency and social change within supportive housing settings.

3.3. Addressing the Gap: Integrating Mad Studies into an Intersectionality Framework

Since its inception, the concept of intersectionality has evolved; however, a gap remains

when it comes to fully theorizing about mental health and issues of sanism. While

intersectionality provides a valuable framework for understanding the interconnected nature of

social identities and systems of oppression, its application to those living with significant mental

health diagnoses has been somewhat limited. Mental health concerns, experiences of psychiatric

disabilities, and the impact of sanism have often been underexplored within intersectional

feminist frameworks. This gap is where Mad Studies emerges as a critical field of study informing my analysis.

Mad Studies. Mad Studies is an umbrella term that encompasses knowledge emerging from psychiatric survivors, Mad-identifying individuals, anti-psychiatry academics and activists, critical psychiatrists, and radical therapists. It challenges traditional understandings of mental illness and promotes the rights and perspectives of individuals with lived experience of mental health concerns (Beckman & Davis, 2013; Menzies, LeFrançois, Reaume, 2013). The Mad movement originated from the activism and advocacy of 'mental patients' in the 1960s and 1970s, who opposed the oppressive practices of psychiatry, such as involuntary confinement and forced treatments (Menzies et al., 2013). Within feminist scholarship, Chesler's (1972) ground-breaking work, *Women and Madness*, was among the first to highlight how patriarchal society shaped women's experiences of mental illness and criticized psychiatric institutions as tools of social control.

Mad Studies challenges the medicalized approach to mental health, rejecting the view that mental illness is solely a biological phenomenon. Instead, it emphasizes the influence of social and structural factors like poverty, racism, sexism, social isolation, and colonialism on mental distress (Kanani, 2011; Chamberlin, 2005; Shimrat, 2013). By examining the impact of these factors on women's mental health, scholarship from Mad Studies seeks to expose structural inequalities and systemic barriers contributing to mental distress. By shifting away from the medical model and embracing a more inclusive and intersectional approach, my research seeks to challenge the harmful stereotypes and misconceptions that perpetuate stigma, ultimately creating space for more compassionate and self-directed narratives around women's mental health.

Epistemologically, Mad Studies emphasizes the importance of lived experience and the voices and perspectives of people with mental health issues. It seeks to challenge the dominant discourses of 'mental illness' as a pathological or abnormal condition and, instead, affirms the knowledge of Mad people while different ways of experiencing and understanding mental health (Liegghio, 2013; Reville, 2013; Chamberlin, 2005). Within this framework, people who are labelled as 'mad' or 'mentally ill' are not assumed as passive objects of diagnoses and treatment but rather, as active agents who can shape their own lives and experiences (Kidd, Spencer & Carel, 2023). Mad scholars and activists seek to promote the agency of people with lived experience, and to challenge the idea that mental distress is always a sign of pathology or dysfunction (Beresford, 2013).

Incorporating Mad Studies into my research allows me to challenge traditional perspectives, center lived experiences, and examine the intersecting systems of power and oppression that shape the experiences of women with a psychiatric diagnosis living in supportive housing.

3.4. Art-Based, Feminist Participatory Action Research

As I conclude the theoretical framework chapter, it is essential to analyze how the application of an intersectionality framework informed by Mad Studies has shaped the research, particularly in terms of methodology and methods used for the data collection, data analysis and knowledge translation.

Methodology: Integrating Art-Based and Feminist Participatory Action Research. By adopting an intersectionality framework informed by Mad Studies, the research recognizes that individuals do not experience oppression in isolation, but rather within a complex web of intersecting systems of power. There are a plethora of examples whereby intersectional feminist

scholars and researchers employ an art-based feminist participatory action research (FPAR)

approach. (e.g., Capous-Desyllas & Bromfield, 2018; Kozak, Ion, & Greene, 2022; Levac,

2013). FPAR, rooted in feminist principles, actively seeks to dismantle oppressive systems by

centering the voices and experiences of marginalized communities and highlighting the ways

political structures impact personal experiences. For this reason, I was drawn to FPAR as an

overarching methodology for my MSW thesis.

A persistent gap in the available literature on supportive housing is that tenants are rarely

positioned as knowledgeable individuals with unique expertise. Very few studies exist whereby

tenants contribute to the development of knowledge, theories, policies and practices that inform

the provision of housing and subsequent support services (e.g., Barker, Lee-Evoy, Butt,

Wijayasinghe, Nakouz, Hutcheson, ... & Vigod, 2022; Henwood, Lahey, Harris, Rhoades, &

Wenzel, 2018). As a feminist social work researcher, I rejected the positivist paradigm that

positions research participants as passive objects of research, and I embraced an emancipatory

paradigm rooted in social justice principles. Recognizing my outsider perspective within the

supportive housing community, it became imperative for me to actively engage the women

residing in supportive housing as co-researchers and this led me to adopt the methodological

principles of FPAR to guide my MSW research.

FPAR, as an alternative research approach, challenges the positivist methodologies

traditionally used in the male-dominated field of social research (Maguire, 1987). The primary

objective of FPAR is to involve those individuals most directly affected by the issue under

investigation in generating new knowledge and utilizing that knowledge as a catalyst for social

change (Jarldorn, 2019). Central to FPAR is the active engagement of the 'community'

throughout the entire research process (Arieli, Friedman & Agbarria, 2009). However, some

FPAR scholars have highlighted the challenges of including community members in conventional research processes, particularly when studying individuals situated at the margins of society (Clover, 2011; Salmon, Browne & Pederson, 2010). They argue for the need to reconceptualize 'participation' in ways that are accessible to all individuals, including those who struggle to meet their daily needs (Vaccaro, 2020). Acknowledging these challenges, I combined FPAR with arts-based methodologies.

Art helps to connect "the work of the academy with the life and lives of communities through research that is accessible, evocative, embodied, empathic, and provocative" (Cole & Knowles, 2008, p. 60). Additionally, arts-based methodologies are grounded in social justice values as they "bring both arts and social inquiry out of the elitist institutions of academe and art museum, and relocate inquiry within the realm of local, personal, everyday places and events" (Finley, 2008, p. 72).

There is a plethora of research methods using art (e.g., collage, quilt making, painting; lyric making) which are used to democratize the research process (Cole & Knowles, 2008). However, it is important to remember that the use of art-based methods in research does not necessarily bring about change for the community involved. It is up to the academic researcher to maintain a link between the arts and social justice (Sinding & Barners, 2015). The significance of arts-based methods should go beyond fostering compassion around personal narratives; rather, they should be employed to offer a more nuanced understanding of power relations, highlighting the broader social and political context that determines the personal narratives discussed in the research (Sinding & Barners, 2015). In light of this knowledge, I worked to ensure that the adoption of art as a research method in this study went beyond capturing individual stories and was grounded in a transformative and critical approach.

Method: Photovoice.

Photovoice is an arts-informed, qualitative method with participatory features that employs photography as a platform for marginalized individuals to communicate their experiences, perspectives, and insights on a range of issues (Capous-Desyllas & Bromfield, 2018). This research method aligns closely with the overarching goals of this research project, which aims to amplify the voices of women residing in supportive housing who have historically faced marginalization and disenfranchisement. The camera serves as a potent tool in this endeavour. By placing cameras in the hands of the women living in supportive housing, they were given agency and control over their own narratives. When used as a medium for participants to document their own realities and express their emotions, the research process takes on a transformative nature. Through the act of taking pictures, co-researchers are encouraged to express their embodied knowledge and capture the "ineffable, hard-to-put-into-words" (Weber, 2008, p.44).

Furthermore, during the data analysis phase, the images captured by participants can evoke stories, raise questions, and stimulate discussions among the participants (Weber, 2008). This process enhances empathetic understanding and increases the generalizability of experiences by providing visual representations that go beyond verbal descriptions (Weber, 2008). Wang and Burris (1997) outlined a three-stage process for photovoice that forms the foundation for analysis: (1) selecting photographs reflecting community needs and strengths, (2) contextualizing the photos by explaining their meaning, and (3) codifying by identifying emerging issues, themes, and theories (p. 380).

Through the lens of intersectionality, my research sought to recognize that individuals' experiences of oppression were not singular but were shaped by the intersection of multiple

social categories such as gender expression, race, class and physical disability. This understanding informed the participant selection process in photovoice, as individuals from diverse backgrounds and with intersecting social identities were intentionally recruited. This ensured that the collected data reflected the complex and nuanced realities of participants' lived experiences within the matrix of domination.

Photographs (visual data) and the meaning given by participants through their stories (narrative data) have been used as the data source. Furthermore, the participatory analysis phase of this research, guided by the principles of FPAR, ensured that participants took an active role in making meaning from their art and narratives. The collaborative process of sorting, coding, and analyzing data allowed for the co-construction of knowledge, where the participants' insights and interpretations were valued alongside academic perspectives. By centering the expertise of the women in supportive housing, the research aims to challenge traditional hierarchies of knowledge production and foster a more equitable and inclusive research process. To elicit storytelling during analysis, I adopted Wang and Burris (1997) participatory method VOICE (Voicing Our Individual and Collective Experience). To facilitate co-researchers in critically examining their photographs and framing their stories, I integrated Wang's (1999) root-cause questioning approach into the research methodology. This approach uses the SHOWeD acronym: What do you See here? What is really Happening here? How does it relate to Our lives? Why does this situation, concern, or strength exist? What can we Do about it?

Within the intersectionality framework of this study, the analysis phase of the Photovoice research method becomes crucial in understanding individual narratives as part of structural oppression. By integrating participants' explanations (narrative data) with their photographs (visual data), a collaborative approach is employed to identify connections, patterns, and themes

(Jarldorn, 2019). This process aligns with feminist democratic knowledge production,

recognizing the interplay of personal experiences and structural barriers (Vaccaro, 2020).

Through critical reflection, participants develop a heightened awareness of systemic forces and

the potential for collective action toward social justice. Freire (1970) calls this process critical

consciousness and adds that "when the situation calls for action, that action will constitute an

authentic praxis only if its consequences become the object of critical reflection" (p. 11). By

embracing Freire's notion, this research endeavours to go beyond mere documentation of

experiences and narratives, fostering an environment where participants actively challenge the

status quo and engage in meaningful dialogue to effectuate positive change. Co-researchers have

been invited to create a roadmap for action and think about creative ways to share the knowledge

produced with a non-academic audience (e.g., the public, housing and health care providers).

  In conclusion, an intersectionality framework informed by Mad Studies, along with art-

based methodologies, offers a promising approach to understanding power dynamics, promoting

agency, and challenging oppressive systems. This research contributes to a nuanced

understanding of women's experiences in supportive housing and provides insights for

meaningful participation and collective action toward social change within these settings.

Chapter Four: Methods

In this research project, I used Photovoice as a research method. Photovoice is a participatory and visual research approach that invited the women in this study to express their experiences through photography and storytelling. As a method, Photovoice provided a platform for self-expression, allowing participants to link their personal narratives to larger political structures and identify potential areas for social change. Additionally, the integration of improvisational games facilitated collaboration, enabling co-researchers to build on each other's ideas and collectively explore new perspectives. This combination of Photovoice and improv games created a collaborative research process that amplified the voices of women in supportive housing and fostered collective insights.

4.1 Photovoice as a method

Photovoice, a method rooted in participatory action research (PAR), is as a powerful tool for data collection, analysis, and knowledge mobilization (Jarldorn, 2019). Its utilization in my research aligns with my objective of involving the participation of marginalized individuals and communities whose voices have been historically silenced (Wang & Burris, 1994). I was introduced to Photovoice as a method during my BSW education, specifically in a course on Feminist Approaches to Social Work and Social Justice; I became captivated by its potential as a transformative medium for expression and connection. Photovoice, when approached with a focus on social justice and emancipatory praxis, facilitates engagement through reflective dialogue and group discussions, encouraging participants to explore the deeper meanings and contexts behind their photographs (Lykes & Scheib, 2015).

As I embarked on my MSW research journey, I carried my passion for Photovoice, recognizing its capacity to document lived experiences and foster collective understanding and

solidarity, igniting transformative change (Evans-Agnew, Rosemberg & Boutain, 2022; Lykes & Scheib, 2015).

Employing Photovoice as a research method enabled my co-researchers to capture images that symbolically or directly conveyed their unique perspectives and narratives, transcending the limitations of verbal communication (Wang & Burris, 1994). Through the process of sharing, my co-researchers and I (as a woman) discovered shared experiences of oppression and the interconnectedness of struggles, challenging the notion of individual blame and shedding light on systemic and structural factors that contribute to common oppressive experiences (Freire, 1970).

As a result, the Photovoice process facilitated knowledge exchange and collective sense-making, allowing participants to challenge dominant narratives and systems of power (Lykes & Scheib, 2015). By amplifying marginalized voices and advocating for social justice, Photovoice becomes a tool for transformative research (Wang & Burris, 1994). It offers a platform for individuals to redefine their narratives, challenge oppressive structures, and work collectively toward fostering social change. Photovoice's ability to bridge personal experiences with wider societal systems rooted in inequality positions it as a powerful method for advancing critical consciousness and creating pathways to emancipation (Evans-Agnew, Rosemberg & Boutain, 2022; Freire, 1970).

4.2 Recruitment

This project aimed to recruit women-identified individuals with mental health challenges residing in a supportive housing building in Southern Ontario. Given that the women were recruited through one study site, the selection criteria for the study site became crucial.

Study site. The choice of the study site for this research was influenced by several key considerations. One crucial factor was the aim of providing a platform for women who experience stigma and discrimination due to their psychiatric conditions. It is widely demonstrated that people with mental illness face stigma due to myths and stereotypes, such as the belief that people with mental illness are violent or unpredictable (Corrigan & Watson, 2002; Large & Ryan, 2012; Jorm, Reavley & Ross, 2012) which can then lead to social exclusion, unemployment, homelessness, etc. By collaborating with an organization that specifically supports individuals with mental health challenges, the research sought to recruit women residents to amplify their voices and challenge prevailing stereotypes.

Additionally, I wanted to explore the realities of women who live in a mixed-gender building. The decision to choose a mixed-gender supportive housing as the study site was driven by an intersectionality lens, acknowledging the complex ways in which various forms of oppression intersect and shape individuals' experiences. While women service providers support women from a feminist framework, this study sought to understand the experiences of women in a setting where this lens is not brought into their work. By focusing on a housing environment where women share communal spaces with male tenants and potentially receive support from male providers, the research aimed to explore the intersecting dynamics of gender inequality, discrimination, and power. Intersectionality allows for an examination of gender-based issues such as discrimination, violence, reproductive justice rights, and parenting rights that may arise in a mixed-gender context. Additionally, the fact that the apartments may be owned and managed by men adds another layer of analysis, highlighting potential power imbalances and the need to examine how gender dynamics intersect with management structures and housing policies.

An aspect in identifying the recruitment site was my intention to include an examination of an organization facing challenges in balancing tenant freedom and safety. The selected study site has experienced significant growth in recent years, expanding its reach in the supportive housing sector. However, notable incidents have occurred within its building which have received media attention, raising concerns about the integrity of its mission in effectively serving vulnerable populations in supportive housing. Investigating the presence of a commitment to social justice within the organization was therefore deemed necessary. Driven by a deep sense of concern, I felt compelled to directly hear from the tenants themselves to gain firsthand insights into their experiences and perspectives.

When I approached the selected organization to request their participation as the study site for my research, it was received with enthusiasm. While I appreciated their support and willingness to elevate the voices of women tenants, I remained cautious. I recognized the importance of remaining critically aware of potential biases and power dynamics at play. This is why I approached the research process aiming for transparency and reflexivity, recognizing that my own perspectives and positionality would inevitably shape the study.

Recruitment process. To ensure effective collaboration and establish a respectful relationship with potential participants, I carefully planned the recruitment process for my research. Recognizing the importance of building rapport in Participatory Action Research (PAR) (Boilevin, Chapman, Deane, Fresz, Joe, Leech-Crier & Winter, 2019; Maiter, Simich, Jacobson & Wise, 2008; Travers, Pyne, Bauer, Munro, Giambrone, Hammond & Scanlon, 2013), I aimed to establish trust, respect, and mutual understanding with the women tenants before the start of the workshop series. Initially, I contemplated volunteering for the organization as a way to build a positive relationship with the residents. However, I reflected on the potential

consequences and conflicts that might arise due to differences in beliefs and organizational affiliations. Being a volunteer for the supportive housing organization may have meant subscribing to its philosophy and adapting to the culture of the organization. As a researcher, I wanted to be mindful of power dynamics and wanted to ensure that participants were meaningfully included in the research process (Arieli et al., 2009). If I had volunteered for the study site organization, I might have been seen by tenants as a representative of the organization or as a research consultant conducting research *for* the organization. This could have prevented co-researchers from having an honest and open conversation about issues related to supportive housing. To address this, I engaged in an open dialogue with the staff at the organization, expressing my concerns about potential associations with the organization and the impact on participant openness and critique.

Rather than volunteering within the organization, I devised a plan to host 'Coffee and Conversation' information sessions held at the study site, creating an informal and relaxed setting for community members to learn about the research and get to know me, as a researcher. I scheduled multiple sessions to accommodate different schedules and preferences, utilizing bulletin boards and the staff's support to spread the word among women tenants. Interested women contacted me via telephone or email and were provided with a Letter of Information (Appendix A). Those interested in learning more were invited to attend a Coffee and Conversation session.

During these sessions, I provided information about the research study, its scope, potential risks, and benefits. This initial stage aimed to inform and foster a supportive environment, allowing interested tenants to socialize and discuss the research among themselves and with me, as the researcher. Additionally, I conducted brief one-on-one meetings to establish

personal connections and build trust with potential participants. I emphasized the importance of their participation, explained the selection process, and addressed any questions or concerns they had about the study and what was being asked of them as participants.

Participant Selection Criteria. Through these conversations, I sought to understand participants' motivations for joining the research and screened them for eligibility. The inclusion criteria, as outlined in the Letter of Information, were as follows: (1) Residing at the study site, (2) being 18 years of age or older, (3) identifying as a woman, (4) having the ability to participate in the study in English, (5) living in supportive housing due to mental health challenges, (6) expressing interest in sharing personal perspectives on life and community, and (7) demonstrating willingness and availability to participate in a six-day workshop series, consisting of two hours per day.

To ensure that participants met specific criteria relevant to the research, I employed a purposive sampling method during the participant selection process. This approach involved deliberately choosing individuals who met the eligibility criteria, thus providing valuable insights into the research topic (Mason, 2018). Furthermore, during the participant selection process, I meticulously considered the distinct viewpoints, identities, and commitment to social justice demonstrated by potential co-researchers. In the initial phase, there were ten individuals who indicated their interest in joining the research. To refine the selection, I encouraged these participants to openly discuss their outlooks and encounters pertaining to the research subject. To encourage their active involvement, I presented them with the question, "Why do you wish to participate in this research?". This query enabled me to assess their dedication to advocacy and their enthusiasm to amplify their voices. Among the interested candidates, I ultimately selected five co-researchers for the study. These individuals were chosen due to their profound

expressions of interest in social justice and their sincere commitment to driving change and ensuring their voices were heard.

4.3 Ethical Considerations

This research project received ethical clearance from the McMaster University Research Ethics Board (MREB) as outlined in Appendix L. However, recognizing the distinctive ethical framework of this FPAR project, I opted to expand my ethical considerations beyond the MREB's purview. Inspired by the principles put forth in Boilevin et al.'s (2019) *A Manifesto for Ethical Research in the Downtown Eastside*, which emphasizes equitable exchanges and ethical research practices, I endeavoured to adopt similar principles. In response to concerns raised by community organizations and advocates about exploitative research practices, I aimed to approach my research as a reciprocal process that transcends traditional researcher-participant dynamics. Rather than assuming a detached and neutral role, I chose to openly acknowledge my personal positionality, biases, and assumptions from the outset. This approach aligned with the manifesto's call for transparency and engagement with research subjects, promoting an ethical exchange that respects the agency and perspectives of the co-researchers.

Additionally, a trauma-informed approach was employed to support the emotional well-being of the participants. Prior to engaging in the research activities, the participants were informed about potentially sensitive nature of the discussions and were provided with resources for emotional support. Throughout the study, I maintained a compassionate and non-judgmental stance, creating a secure and supportive environment where participants felt comfortable sharing their experiences.

Consent. Written informed consent was obtained from the women interested in participating, with a thorough explanation of the study provided through the Letter of

Information (Appendix A). Voluntary participation and the right to withdraw from the study were emphasized at each workshop, assuring participants that their decision to withdraw would not affect any services they currently receive. If participants withdrew from the study, they would still be able to keep the digital camera and the honorariums they had received. Furthermore, participants were informed they could withdraw their contributions from the study by June 15, 2023. None of the participants withdrew.

      Confidentiality. Confidentiality measures were diligently enforced to safeguard participant information. This included secure file management, the utilization of pseudonyms in publications to protect identities, and an emphasis on group confidentiality during data collection. Given the collective and participatory nature of the project, it was crucial to ensure that peers' personal information remained confidential, and that no disclosure of tenants' private details occurred. From the outset, the significance of maintaining this confidentiality was underscored and made explicit on the informed consent form (Appendix A). To ensure a comprehensive understanding, we established ground rules with the group during the initial session (Appendix I). This included discussing the importance of group confidentiality and maintaining the privacy of both the participants involved in the study and their fellow tenants. Additionally, participants were well-informed about the guidelines for capturing images, emphasizing the necessity of upholding privacy for all involved (Appendix G). The women who expressed an interest in maintaining their involvement in the project and who wish to take part in presentations and knowledge transfer activities related to this project will have the opportunity to decide how, if at all, they would like to protect their anonymity in connection to their participation.

Honorariums. To acknowledge and appreciate the participants' valuable contributions of knowledge, time, and energy, the women involved in the study were provided with honorariums. Honorariums were designed to recognize their involvement and commitment to the research. This included a $40 honorarium for each of the six meetings, resulting in a total amount of $240. Additionally, participants received a digital camera, a notepad, and a pen to support their engagement in various research activities which they were able to keep once the study was complete. Snacks and drinks were made available during the sessions to ensure the participants' comfort and well-being. These incentives were made possible through funding from the SSHRC Canada Graduate Scholarships – Master's (CGS-M).

4.4 Data Collection and Analysis

The study made use of visual elicitation methods, where co-researchers participated in data collection and analysis as active agents throughout the research process (Liebenberg, Jamal, & Ikeda, 2020). Photovoice was employed as a participatory research method to facilitate data collection and capture the unique perspectives of the co-researchers in this study. This approach involved encouraging the participants to use photography as a means of self-expression and storytelling, facilitating them to document and share their lived experiences visually.

Data collection. The workshop series was held in a dedicated room at the study site, my five co-researchers and I convened as a group for two hours daily, over a period of six consecutive days. Adhering to the framework provided in Appendix I, the primary objective on the initial day was to establish the foundation for the research. This involved introducing the participants to each other, setting guidelines, providing instructions on photography techniques (as specified in Appendix G), and collectively determining a guiding question to frame their photography during their leisure time.

Participants were then provided with cameras and encouraged to take photographs during their spare time that represented their experiences, perspectives, and challenges related to supportive housing. These photographs served as visual narratives, allowing participants to communicate their realities in a compelling and personal way. During audio-recorded group discussions, participants shared their photographs and the meanings behind them. This collaborative dialogue enriched the understanding of women's experiences in supportive housing. Throughout the data collection process, I assumed the responsibility of recording and transcribing the discussions that took place during the workshop series.

To stimulate creativity, create an affirmative environment, encourage dialogue, build on each other's ideas, and convey that there is no right or wrong answer, I incorporated within the workshop series some fun games that I had learned throughout the Improvisational Theatre workshops I attended over the past year. One of these games was called "Word association", which was used to generate new ideas and perspectives. In this game, one person would say a word, and then the group would brainstorm related words. This helped to generate fresh ideas and associations around a specific topic. During these sessions, I actively captured new ideas and concepts by creating semantic maps (Figure 1; Figure 2). These maps provided a visual representation of the different concepts, fostering deeper insights and enabling co-researchers to build upon each other's ideas. The semantic maps served as a valuable tool in maintaining a solid research foundation and promoting collaborative exploration of the collective knowledge and ideas generated by the group. The integration of Photovoice and improvisational theatre games allowed for a comprehensive exploration of the research topic. By leveraging both visual and verbal data, the analysis and interpretation of findings were informed by a rich and multidimensional dataset. The combination of Photovoice and improv games ensured that

participants' voices were heard, their perspectives were valued, and their experiences were authentically represented in the research.

Data analysis. The data analysis in this research study adopted a participatory and thematic approach, recognizing and embracing the collaborative nature of the research process. Thematic analysis "is a means of producing thick descriptions of emerging themes through a process of coding and systematizing data" (Liebenberg et al., 2020). By utilizing a participatory thematic analysis, common insights embedded within the data were identified and examined, while also honoring the individual perspectives of each participant (Liebenberg et al., 2020).

The analysis began on day two with a meticulous review of the collected photographs and accompanying narratives, ensuring a deep familiarity with the dataset. Throughout the workshop series, the research team engaged in multiple rounds of individual and collective reflection, carefully considering the content and context of each photograph and story. The co-researchers were encouraged to actively contribute their perspectives, insights, and interpretations, ensuring their agency in shaping the analysis process. I downloaded the pictures onto my computer and used a projector to display them one at a time. Each participant was invited to explain the content and context of the pictures they took. Subsequently, other participants were invited to join in by commenting on the pictures displayed and engaging in group discussions. To elicit discussion, I used the SHOWed and Voice methods (Wang & Burris, 1997).

As explained in the previous chapter, the data analysis phase of this research study embraced the utilization of SHOWeD and VOICE acronyms as guiding frameworks for the examination and interpretation of the co-researchers' narratives during individual interviews and group discussions (Wang & Burris, 1997). These frameworks provided a structured approach to delve into the data, ensuring a comprehensive exploration of the participants' perspectives. On

the fourth day, I conducted one-on-one sessions with participants, allotting approximately 45 minutes to each individual. In these interviews, participants were given the chance to revisit the photos they had shared in the previous few days. They were tasked with selecting the images that most accurately aligned with the research questions. Subsequently, participants have been engaged in a photo elicitation process.

　　During the individual interviews, the SHOWED acronym played a pivotal role in guiding the analysis process. Each step of SHOWED—What do you See here? What's really Happening here? How does this relate to Our lives? Why does this problem, concern, or strength Exist? What can we Do about it? —was employed to elicit rich and nuanced insights from the co-researchers. This enabled a deep understanding of the experiences depicted in their photographs and provided a foundation for subsequent analysis (Wang & Burris, 1997).

　　In the collective group discussions, the VOICE acronym served as a guiding framework to facilitate the analysis and interpretation of the data. Voicing, Our, Independent and Collective Experience, the elements of VOICE, were employed to collaboratively make sense of the data and derive meaningful themes and patterns. The data analysis process involves analyzing the data in accordance with the themes identified by the co-researchers (Wang & Burris, 1997). Participatory data analysis aligns with the principles of participatory action research, as it involves incorporating participants' ideas and perspectives during the analysis process (Jackson, 2008). However, due to time constraints in this project, my ability to fully engage participants in participatory thematic analysis was limited. While initially engaging in a collective analysis approach, I have undertaken the task of organizing the data into cohesive categories, integrating diverse perspectives, and coding the data to fully capture key concepts. This analysis aligns with

the themes that emerged from the co-researchers' narratives and photographs, ensuring that their

perspectives are central to the interpretation of the findings.

Following the data analysis process described, a step of member validation was

undertaken to ensure the accuracy and credibility of the findings. Member validation, or member

checking, involves sharing the analyzed data and interpretations with the co-researchers to obtain

their input and feedback on the analysis outcomes (Mason, 2018). This collaborative step

provides an opportunity for the co-researchers to confirm the accuracy of the interpretations,

identify any discrepancies or missed nuances, and contribute their own perspectives to the

findings (Mason, 2018).

Researcher's role. The researcher's role within Participatory Action Research (PAR) is

characterized as a facilitator who has an ongoing commitment to reflexivity and reciprocity

(Greene, 2013; Maiter et al., 2008). As an academic researcher and an outsider to the experiences

of living in supportive housing or undergoing psychiatric treatment, I was aware of the power

imbalances that arose due to my positionality. Recognizing these imbalances, I approached the

research process with humility, openness, and a genuine willingness to learn from those with

lived experience (Arieli, et al., 2009; Minkler, 2004). I shared about my own experiences and my

identity, in ways that made sense for the research during our collective discussions.

To ensure an ethical and equitable research process, I wholeheartedly embraced the principles

outlined in Boilevin et al.'s (2019), *A Manifesto for Ethical Research in the Downtown Eastside*.

This manifesto emphasizes the importance of conducting ethical research that goes beyond the

traditional researcher-researched dichotomy and promotes equal exchange. They stated, "If we

[community members] can get to know you a bit beyond your identity as a researcher, that can

also help make research feel less disconnected, and the whole experience feels more human"

(p.10). By engaging with the co-researchers as individuals beyond our roles in the study, I aimed to establish meaningful connections and foster a more human and connected research experience.

Transparency played a crucial role in building trust and creating an inclusive environment. I openly discussed my positionality, biases, assumptions, and personal experiences of privilege and oppression. Sharing vulnerabilities and personal connections to the topic allowed participants to feel understood and encouraged them to share their stories and insights, knowing that I was committed to genuinely understanding and representing their experiences. As a facilitator, I prioritized active listening and valued the knowledge and expertise of the co-researchers. Rather than assuming an authoritative role, I collaborated with and supported the participants, prioritizing their sense of agency and advocacy. This approach differentiates PAR from traditional research, where the researcher is often seen as the expert guiding the process (Banks, Armstrong, Carter, Graham, Hayward, Henr, … Strachan, 2013).

However, it was essential to acknowledge that power dynamics could persist within PAR, potentially marginalizing certain perspectives (Arieli et al., 2009; Travers et al., 2013). To address this, I created an environment that valued and encouraged the constructive expression of differences. Incorporating improvisational theatre games fostered a positive and affirming space where dialogue could flourish. These games allowed participants to freely express their thoughts and ideas, knowing that there was no single right or wrong answer. The emphasis was placed on valuing diverse contributions and creating opportunities for collective collaboration. By building on each other's ideas, participants generated new perspectives and challenged assumptions, resulting in a more comprehensive understanding of the research topic. By integrating these approaches, including reflexivity, transparency, and the use of improvisational theatre games, I

strived to uphold ethical principles, promote inclusive participation, and generate a rich and

nuanced understanding of the experiences and perspectives of the co-researchers.

Chapter Five: Findings

The data presented in this section encompass the reflections that emerged from the co-researchers during the Photovoice workshop series, including both formally recorded and casually expressed thoughts. On the first day, the co-researchers have been encouraged to brainstorm research questions and photo prompts that they deemed significant and relevant to their own lives. (Figure 1)

Figure 1 - Brainstorming research questions

Eventually, a consensus was reached on the term 'support,' leading to the formulation of the research question: "How do women living in supportive housing experience support (or lack thereof)?".

From the second day to the fifth day, the co-researchers shared photographs they had taken and discussed their individual and collective experiences as women facing mental health challenges while residing in supportive housing. They added context revealing the stories that were attached to an image, on both an individual and group level. On the last few sessions, co-researchers contributed more prominently with coding, linking the pictures with certain themes. During group dialogues, participants provided tags and comments that went with the images. My role was to facilitate these group processes without imposing pre-existing knowledge or frameworks. The codes that co-researchers used were: oppression; less than; separateness; labelled; stigma; brokenness; insecurity; unsupportive family; feeling trapped; scarcity; safety & love (supportive family; pets; family traditions; we all are worthy); (lack of) equality; harassment.

To provide a systematic description of the different images and the narratives that have been shared during the workshop, I further elaborated on the identified themes, merging subcategories and creating overarching themes. The narratives and pictures shared by the participants throughout the 6-days Photovoice workshop series revealed several significant themes. Through the use of an intersectionality lens to collect and analyze the data, my aim was to gain a deeper understanding of the complexities and nuances surrounding the experiences of individuals residing in supportive housing. By delving into these themes, I aim to shed light on the multifaceted challenges faced by individuals in this context and provide valuable insights into their lived realities.

5.1. Participants

All participants live with both physical disabilities and mental health challenges. The age range of participants is between 33 and 65 years. They all are unemployed and receive a modest income either through ODSP (Ontario Disability Support Program) or through CPPD (Canada Pension Plan Disability). They all live in the same supportive housing building in Southern Ontario. As noted earlier, participants were assigned their chosen pseudonym, to preserve their identity and foster confidentiality in this study. These names will be used throughout the findings for both direct quotations and to ascribe photographs. It follows participants' self-description as it emerged on day one and from the demographic form (Appendix F) used to collect basic information on participants.

Ruth. Ruth identifies as a white individual in her mid-fifties. She presents as a woman using her birth assigned pronouns. However, she feels genderless and asexual. She is divorced and has no children. Ruth has resided in supportive housing for the past fifteen years, following her previous experience living in shelters and hospitals for support, despite renting a residential unit. She holds a university education and dedicates her spare time to creating art. Ruth finds immense joy in caring for her beloved pets and exhibits a strong passion for advocating for marginalized and underserved women, particularly those who have faced challenges related to mental health, drawing from her own lived experiences.

Sugarpie. Sugarpie, identifies as a white woman in her mid-sixties. She has been residing in supportive housing for the past seven years, following her previous experience living in a transitional housing. She is bilingual and completed a secondary education. Sugarpie enjoys staying active and engaging in hobbies such as listening to music and playing Monopoly.

Davida. Davida identifies as a white woman in her mid-sixties, holds a college degree and has experienced divorce and estrangement from her daughters and grandchildren. For the past seven years, she has been living in supportive housing, transitioning from a residential rental unit. Davida possesses musical talents and plays the guitar, keyboard, and harmonica. She has a strong interest in medicine, animals, and engages in extensive writing.

Sparkles. Sparkles identifies as a white transgender woman in her early thirties who grew up in the child welfare system and faced struggles with drug addiction. She has completed some secondary education. For the past seven years, she has been living in supportive housing, transitioning from homelessness. Sparkles has a keen interest in video games, electronics, and actively advocates for harm reduction approaches.

Ontii. Ontii, self-identify as a biracial woman in her late fifties. She is a mother and a grandmother. She has had the opportunity to travel extensively. Ontii holds a university education. Recently, she transitioned from the shelter system to supportive housing, where she has been residing for the past two months. Ontii describes herself as an outgoing and friendly person with a compassionate nature. She follows the Roman Catholic faith and has a deep affection for her puppy.

5.2 Being a 'Woman': the Personal is Political

To establish a foundation for the co-researchers within the study's aim, which is feminist and emancipatory in nature, I initiated a brainstorming activity on the concept of 'woman' on the first day. Subsequently, the group collectively explored the data, delving into societal expectations, the unique challenges faced by women, stereotypes and discriminations experienced by women,

as well as the strengths and aspirations associated with womanhood (Figure 2).

Figure 2 - Brainstorming the word 'woman'

When analyzing the data, our initial observation focused on the complexity and often contradictory nature of attributes associated with the term 'woman'. The conversation revealed that women are subjected to the pressure of adhering to societal norms, expectations, and stereotypes. Co-researchers' viewpoint shed light on the role that women play in society, the demands placed upon them, and the varied stereotypes held by society.

One perspective that emerged was encapsulated in the assertion of "being organized" and "hardworking", as voiced by Davida. The underlying notion here was that women often find themselves compelled to exhibit exceptional competence in order to stand on equal footing with their male counterparts. However, the frustrating paradox remains that even this added diligence

might not guarantee the equitable treatment they deserve. This conversation was brought up

again when Sugarpie shared her picture of a photo depicting her mother and brother.

"she used to be very strict, my mother, very strict drive. But she was still my mother. I loved her and everything. She wanted me to be perfect. But I can't be perfect. My brother [instead] just acted like he didn't have to worry about (Suparpie).

Photo 6.1 – Gender-based inequalities (Sugarpie)

She recounted the contrast in treatment she received from her mother in comparison to her

brother, to which Davida commented,

> "On one hand, you're expected to be perfect. And yet, you're downtrodden by your mum, being bossy and controlling and all the rest of it. Like how are you supposed to be your best in life? If somebody is being bossy and controlling you all the time?"

Furthermore, Davida shared her father's message that she had to be twice as good as a man to be

considered equal, which led her into a perfectionistic state that is ultimately self-destructive. She

stated,

> "My father said to me, right from a little girl, and here's the patriarchal thing. He said, [her real name], whatever you do in life, you have to be twice as good as a man to be as good. That was the message I grew up with, which is why I fell into the perfectionistic state. Which, which is destructive. I mean, self-destructive to never feel like you did well enough".

From there, the discourse took a turn toward the profound influence that 'motherhood'

has on women. This encompassed a wide spectrum, ranging from those who have embraced

motherhood to those who have chosen a child-free path or had this role denied. Within this

exploration, the women in the study recognized that the dynamics of motherhood extend beyond the experience itself; they encompass expectations, judgments, and intricate complexities. As the participants engaged in discussions, it became evident that motherhood (and its absence) served as a dual force—an avenue of connection and a barrier. It united women through shared experiences, while also exposing them to diverse pressures and societal scrutiny.

Within this multidimensional landscape, a disconcerting phenomenon was illuminated – the propagation of negative stereotypes. The co-researchers used the words 'hysterical,' 'hormonal,' 'attention-seeking,' 'needy' to describe the labels which loom over women who dare to defy societal norms, painting them as somehow 'deviant' for expressing their thoughts, emotions, or desires. As our exploration of the discourse deepened, the participants shed light on the extra burden of stigmatization that they carry as a result of being women with mental health challenges. This most of the time cast them into a realm of isolation, generating feelings of alienation, fear, and an unsettling sense of non-acceptance.

Within the complexity of these intertwined attributes and societal expectations, a compelling struggle for agency emerged. The notion of women being subtly 'controlled' by the lens of societal norms – portrayed as both innocent and divine – reverberated as a poignant reflection of the confinements often imposed upon them. This paradox underscores the predicament wherein women are not only expected to conform but also encounter scrutiny for adhering to these expectations within certain contexts, introducing yet another layer of intricacy to the ongoing discourse.

Throughout the group discussions, the women participating in the study vividly depicted the detrimental impact of a deeply entrenched patriarchal mindset. This mindset, they shared,

generates persistent feelings of inadequacy and constrains their individual sense of fulfillment. A prevailing theme that emerged among these women was a pervasive sense of inferiority.

5.3 Intersectional Stigma and Feeling "Less Than"

Embedded within a (cis/hetero) patriarchal societal framework, the participants' narratives illuminated the intricate interplay of intersectional stigma and its interaction with historical abuse and trauma. This section unveils the multifaceted dimensions of feeling "less than", shedding light on the emotional complexities that these women confront daily.

Stigma Associated with Supportive Housing. Participants highlighted the experience of feeling devalued due to receiving government assistance and the impact that stereotypes around mental distress and supportive housing have on tenants. On day four, Onti shared an anecdote that highlights a common misconception surrounding supportive housing. She stated "I've gotten a taxi a couple of times when I first moved in to [name of supportive housing]. And my cab driver said to me, do you have patients in there?". The cab driver's assumption that there are "patients" in the supportive housing facility reflects a lack of understanding on behalf of the general public about the nature and purpose of such housing. The cab driver's question implies a misguided perception that supportive housing is synonymous with a medical or institutional setting, where individuals are seen as patients rather than residents with diverse backgrounds and experiences. Additionally, Ontii's experience of not fitting the stereotype of a supportive housing tenant based on her appearance highlights another common misconception and preconceived notion. Supportive housing tenants frequently confront sanist stereotypes that link them to 'mental illness,' perpetuating misconceptions of them as irrational, violent, and unpredictable.

Ontii's story about the taxi driver resonated with others, illustrating the collective agreement on the difficulties faced by this marginalized group. To this story, Davida added to the

conversation with a similar story. The driver said to her "oh, that's a [name of a supportive housing] building" after she provided him with the address, which to her indicated a level of stigma associated with the building. Davida jokingly continued by saying "Yeah, like we're tuberculosis!".

She also touched upon the misconception that people have because supportive housing tenants are on government assistance. Davida shared her experiences of encountering people, and even her own family, who questioned why she was living in supportive housing and wasn't not working and assuming that she had chosen the "easy road" by accepting assistance. She stated,

> [I had people saying to me] why aren't you working? You could work. Why? Why are you accepting assistance? You know, and they have no idea what a day in my life is like, or what tomorrow might be like? And they're saying these things to me (Davida).

Davida's statement sheds light on the judgment and misconceptions faced by individuals relying on assistance and the lack of understanding about their struggles. This highlights the stigma and misconceptions surrounding individuals who require support, disregarding the complexities of their lives and the challenges they face.

For Ruth, this feeling compounds the existing feelings of being "less than" resulting from past abuse and trauma. She said,

> "the whole 'you're less than' because you get money from the government and 'you're less than' [pause] and when you're already brought up with the whole 'less than' in the abuse and trauma it doesn't go away. I find it every day. And so that in society continues to perpetuate that lesson".

Davida's narrative enriches this theme by highlighting the societal perception of women residing in subsidized housing as being inherently "less than". She connected this sentiment to her upbringing, which demanded she prove herself twice as much as her male counterparts.

Davida articulated, "I was looked at as fragile that I was looked at as less than that, you know, my father was extraordinarily hard on me. I was supposed to be twice as good as my brothers."

These experiences exemplify the long-lasting impact of such devaluation, as it affects self-esteem and creates a belief of perpetually falling short of societal standards. Furthermore, the perception gap emphasizes the need to challenge and dismantle stereotypes associated with individuals in supportive housing and create supportive housing where women feel proud to live in.

Impact of Diagnostic Labels. Self-stigma is not solely a result of the societal stigma associated with receiving government assistance or living in supportive housing. The diagnostic labels themselves can contribute significantly to self-stigma. As described by Ruth, the process of being labelled with a mental health diagnosis can have a profound impact on an individual's self-perception and identity.

> Going by the label, often, I have identified myself as [name of her diagnosis]. I'm not [her real name], I'm not the woman who lives here. I'm not this person, I just…I am anxiety, I am sick, I am unhealthy, I am chronically ill, I am those things rather than being an actual human being" (Ruth).

This highlights the profound influence of labels on shaping one's sense of self and the tendency to internalize those labels as a fundamental aspect of personal identity, resulting in disempowerment and reluctance to seek help from the staff working within the supportive housing.

Overall, these narratives and reflections expose the multifaceted challenges faced by women in navigating gender expectations, controlling environments, and societal stigmas. They underscore the need for support, agency, and systemic change to create an environment where women can thrive, realize their full potential, and challenge oppressive norms. Being labelled as

"crazy" or "lazy" carries profound implications for individuals who rely on government assistance and reside in supportive housing. Participants' experiences shared throughout the workshop vividly illustrate the negative effects of these labels and the resulting stigmatization and self-stigmatization.

5.4 Violence in the Supportive Housing Building and Safety Concerns

The theme of inequalities and safety concerns emerged as a prominent and recurring topic amongst the participants, reflecting their shared experiences of facing unequal treatment and discrimination. Within this theme, various sub-themes surfaced, including instances of sexual harassment, transphobia, racism and the heightened sense of vulnerability accompanying these experiences. The women in the study consistently expressed feelings of fear, which was a recurring word throughout their storytelling and the subsequent data analysis. This theme

underscores the urgent need for addressing systemic inequalities and creating safer environments for marginalized individuals.

      Gender-based violence. Participants' stories highlighted the issue of sexual harassment experienced by women within the mixed-gender supportive housing environment. Davida took a picture of a large letter X on the outside of her door, made with masking tape.
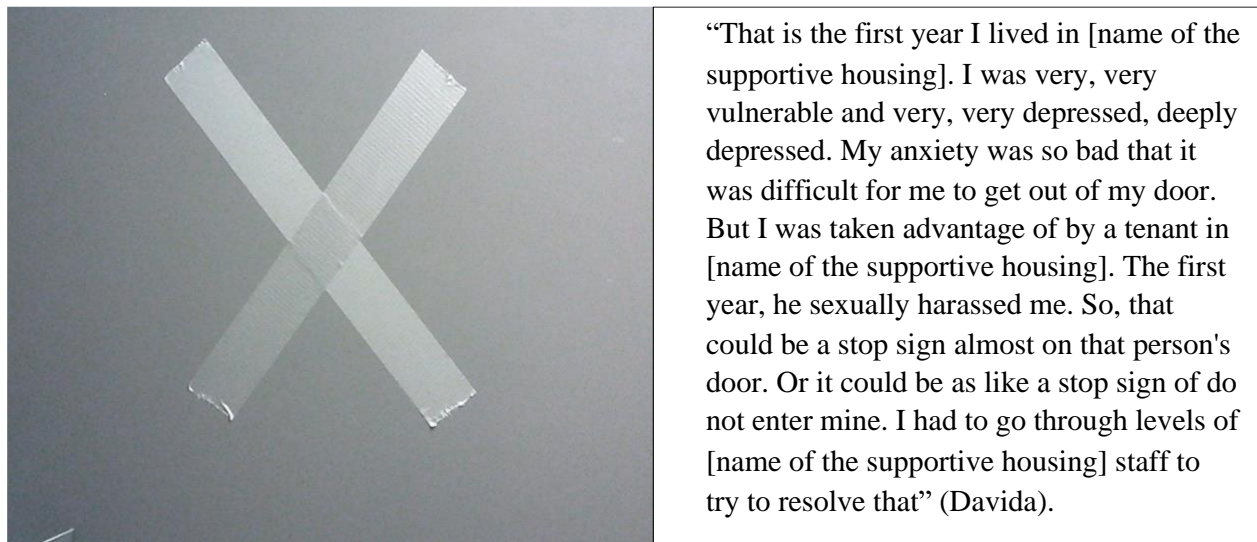
"That is the first year I lived in [name of the supportive housing]. I was very, very vulnerable and very, very depressed, deeply depressed. My anxiety was so bad that it was difficult for me to get out of my door. But I was taken advantage of by a tenant in [name of the supportive housing]. The first year, he sexually harassed me. So, that could be a stop sign almost on that person's door. Or it could be as like a stop sign of do not enter mine. I had to go through levels of [name of the supportive housing] staff to try to resolve that" (Davida).

Photo 6.2 - A stop sign to sexual harassment (Davida)

      On day three, she bravely shared her personal experience of being sexually harassed by a male tenant during a moment of high vulnerability in her life. She expressed this photo to symbolize her plea for the male tenant to stay away from her. She explained that this symbol was a result of feeling uncomfortable and unsafe in his presence. The letter X served as a visual representation of her desire to maintain distance and protect herself from further harm or discomfort caused by the male tenant's actions. By prominently displaying this symbol, she

hoped to communicate her need for boundaries and emphasize the importance of respecting her personal space and well-being.

A similar concern was echoed by Sparkles who said that she had been sexually assaulted, physically and mentally attacked by other tenants. In both cases, the participants faced sexual harassment within their living environment and expressed their dissatisfaction with how the incidents have been handled by the supportive housing staff. Sparkles shared "when I got aggressive back and push them away, I got in trouble for defending myself". Davida also expressed frustration for the unjust treatment faced as a victim of sexual harassment by stating:

> "They said no, you know he's a good tenant, he keeps his apartment clean, really clean. And I said so, so, do I have then if I want to get away and feel safer, do I have to move when you have an available apartment? Why should I have to move? I'm the woman, the woman and he's doing this to me!" (Davida)

Both participants highlighted the power dynamics at play, with the perpetrators feeling entitled to mistreat them based on their gender identity as well as reinforcing a culture of victim-blame. After prompting the women to reflect on the root causes of sexual harassment based on their specific identities, Davida attributed it to the patriarchy "some men think they can just carry-on whatever way they want, like Donald Trump, and you know, to get away with Lord knows what and they think it's just fine male behaviour".

Instead, Sparkles expressed facing unique challenges and discrimination due to societal prejudices against the LGBTQ+ community. She said, "I think it has to do most with the LGBTQ spectrum" and continued "there needs to be more support, more support for LGBT people […] because I'm a trans woman so, cisgendered, more support for the cisgender female as well as the transgender female". By highlighting her experiences as a transwoman within the

broader context of women's issues, Sparkles' stories shed light on the intersecting forms of

discrimination that transgender women may face due to both sexism and transphobia.

Lack of safety within the building. Davida, on day three, shared a photo of an extremely dark scene. The image aligned with the participant's description of a poorly lit laneway.

"We have a smoking area at the back of our building. We're supposed to smoke at the back of the building. But this is at night. And obviously there's my shadow. I don't feel safe there. It's not lit well enough… And I've had experiences back there, which have added to that feeling of not being safe. Like I have found people back there who don't live here who are super high on drugs or passed out on part of our bench. Or, you know, one time there was a gentleman I actually saw he had passed away. He was sitting, like slumped over. I could tell he was homeless, poor man." Davida

Photo 6.3 – A very dark scene (Davida)

Davida and other participants expressed concerns about their safety while using the designated smoking area behind their building. The lack of proper lighting in the area, particularly during dark winter evenings, contributes to their sense of insecurity. Additionally, encounters with individuals who are not residents but are under the influence of drugs or unconscious further exacerbate their feeling of being unsafe. Davida also highlighted the potential risks associated with accessing the front entrance, where homeless individuals have been found sleeping near the mailboxes. These incidents raised for her, and other participants concerns about potential altercations or difficulties accessing the building or using the elevator. Despite expressing compassion for non-residents trying to survive in dare situations, they also felt vulnerable.

On the same day, prior to this conversation, Sparkles contributed with a photo of the sign she has at home that reads "Hate has no home here" and includes hands of different skin colors,

holding icons from different inclusivity movements including: the pride rainbow, Every Child

Matters, different faith icons, accessibility symbols and Black Lives Matter imagery.
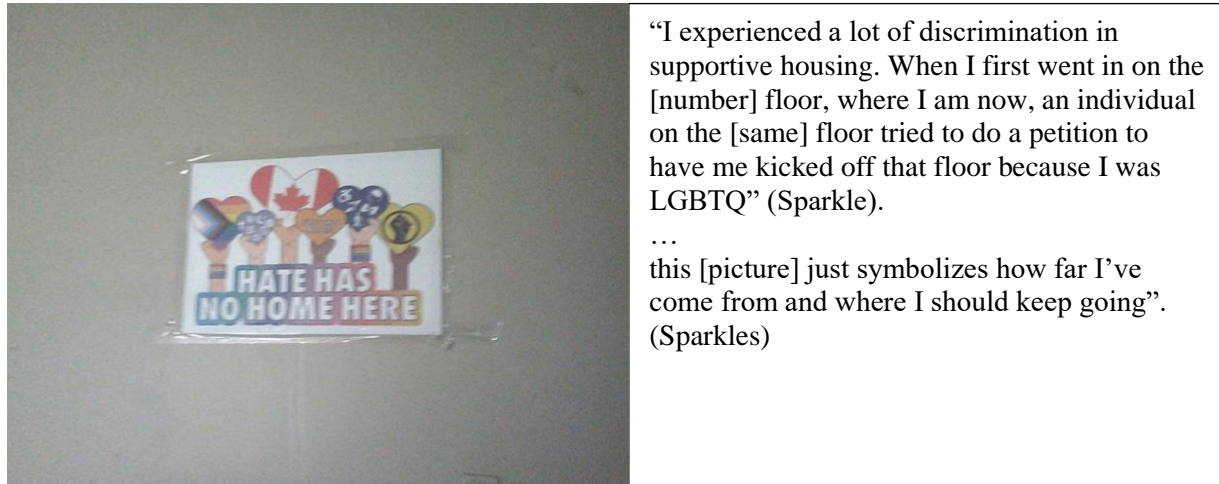

"I experienced a lot of discrimination in supportive housing. When I first went in on the [number] floor, where I am now, an individual on the [same] floor tried to do a petition to have me kicked off that floor because I was LGBTQ" (Sparkle).
…
this [picture] just symbolizes how far I've come from and where I should keep going". (Sparkles)

Photo 6.4 - Resisting gender expression discrimination (Sparkles)

She elaborated more on the unique forms of discrimination and of lack of safety she endures as a

2SLGBTQ+ community member. She highlighted instances of mistreatment received from

personal support workers (PSWs).

> "I didn't like the discrimination that I got when they were there to help me they weren't there to discriminate…they didn't use the proper pronouns that I asked to be identified or the proper name. I went to tell them they were wrong. 'I'm sorry, that's not what the paperwork says'. Well, I don't give a crap what the paperwork says this is how I identify, this is who I am, and this is how you will address me. And I said that to them one time, I said if you can't respect me, there's no job, don't come back" (Sparkles).

In addition to facing discrimination from PSWs, the participant encountered another type of

discrimination within her housing environment. She recounted an incident where an individual

on her housing floor attempted to initiate a petition to have them evicted solely because of their

LGBTQ+ identity. She told me in the individual interview,

> "I experienced a lot of discrimination in supportive housing. When I first went in on the [number] floor, where I am now, an individual on the [same] floor tried to do a petition to have me kicked off that floor because I was LGBTQ" (Sparkle).

This account underscores the specific challenges and vulnerabilities faced by trans-individuals within the context of their living environment.

Ontii, as a biracial woman, shared the distinct challenges she faces as she navigates her identity while living in supportive housing. Straddling two cultural and racial backgrounds, she found herself caught between not fully belonging to either the Black community, as she wasn't born in Africa and didn't share certain cultural aspects, or the white community, where her skin color makes her target of racial discrimination. She said that prejudice based on race infiltrates the supportive housing system. She feels outnumbered and not able to create connections with the few Black people in the building. During the personal interview, she explained "I'm too Black to be white and too white to be Black". "I don't speak Swahili, I don't speak Patwa and I don't like spicy food, do you know what I mean? But for white people I'm a Black person, because of my color".

5.5 Inadequate Support

The participants in the workshop shared their experiences and perspectives on various aspects of inadequate support within the supportive housing system. They discussed the impact of not knowing what resources are available, their struggle with limited financial means, the feeling of slipping through the cracks in accessing necessary resources, and the need for more proactive support mechanisms. These narratives provide valuable insights into the lived experiences of individuals in supportive housing and emphasize the importance of addressing these inadequacies to create a more supportive and inclusive environment.

Not knowing what is available. The theme of uncertainty regarding available resources surfaced during the study. During the group discussion on day three, Davida made a significant contribution by sharing a photo.

"A red question mark, with a dot of light that you could look through in the center.
The meaning is, if we can't see what's available to us, we can't go get it. We can't ask for it. We can't look into it. So, when we don't know, that's why the question mark, when we don't know what really resources, we can tap into [name of the supportive housing], through supportive housing. You know, we're just left with a question mark." (Davida)

Photo 6.5 - Not knowing what's available (Davida)

The image depicted a red question mark with a central dot of light, symbolizing the pervasive feeling of tenants grappling with the ambiguity surrounding the extent of available resources. She also reported the fear of tenants in seeking help due to concerns about housing by stating "they feel their housing might be at risk if they ask for too much." The criticism of insufficient communication by supportive housing providers is evident as one participant suggested, "[name of supportive housing] has been doing a very poor job of communicating what is available."

This opinion was echoed by other participants as well. Ruth's frustration with limited support in the building was highlighted as she expressed, "Access to support is very limited in this building. In fact, I don't even know what they define support to be." This sentiment resonated with Ontii as well who shared the uncertainty and frustrations with the perceived lack of support in the housing facility. She stated, "I don't understand why this is called supportive housing. They don't do anything, like where is the support?". This sentiment is reinforced by Ontii's unawareness of the presence of a nurse amongst the staff members, highlighting a lack of clear communication about available healthcare resources.

Scarcity. All participants expressed the shared sentiment that, beyond covering basic expenses such as bills and rent, they often found themselves with limited resources and little to no financial means left at the end of each month. Sparkle started the conversation on this topic on day two, by sharing her picture showing her empty fridge.

"You can't be very independent if you don't have a lot of money. You still gotta go to food banks and beg for food. You got to go to a church and ask them for help for food. That to me is not truly independent. truly independent would be 'okay, those are paid groceries are in the fridge or in the cupboard bills, rents paid, bills paid, internet paid." (Sparkles)

Photo 6.6 - 'Independent living'. How can I be independent? (Sparkles)

To her it represents the struggle faced by individuals in supportive housing, highlighting the challenge of achieving true independence when financial resources are limited. Despite having a roof over their heads, participants expressed the ongoing difficulties of providing for themselves and highlighted the inherent struggle of living with limited financial means, even while receiving disability support or another type of monetary support. Participants also stressed the financial burdens faced by individuals living with multiple disabilities and relying on the Ontario Disability Support Program (ODSP). In addition to covering basic living expenses, they must also contend with various additional costs. One such expense is dispensing fees for essential medications, which can accumulate and place a strain on their limited budget. They also

mentioned the cost of ambulance trips, which may be necessary in emergencies but can be financially burdensome. Additionally, Ontii emphasized the significance of their pet as a therapeutic companion but acknowledged that caring for a pet involves additional expenses for food, veterinary care, and cleaning services. These financial obligations add up, making it even more challenging for individuals on ODSP or pension to make ends meet and allocate resources to other essential needs.

Slipping through the cracks. Some participants expressed feelings of being overlooked and under-supported within and outside the supportive housing system, highlighting the challenges of slipping through the cracks in accessing necessary resources and understanding for their mental health.

"I kept slipping through the cracks. I just kept. And even now sometimes, although I'm much more supported with my therapist…I felt like I was either gonna fall through those cracks myself and not exist anymore. Because the supports around me weren't there. I was moving every year like and I was in hospital six times a year, two months at a time. And so there was no stability, so the holes you felt like you could fall down there. There wasn't a consistent support system." (Ruth)

Photo 6.7 - Slipping through the cracks (Ruth)

Ruth, who took the picture 'Slipping through the cracks', explained its symbolism, stating, "it represents feeling like you're going to fall through or that you're going to slip through the cracks of the hospital system or the mental health system or whatever organizational system there is." She expressed her perception of not receiving the necessary support or understanding for her specific diagnosis, sharing a disheartening encounter with a doctor who dismissed her

concerns. Ruth also highlights the reluctance of doctors to recognize conditions they do not

understand, leading to individuals being pushed away and left without adequate assistance.

Another participant, Sparkles, contributed to the discussion by sharing her personal experience

with psychiatrists who were unsure how to handle her situation. She stated, "I've literally had

psychiatrists come in and put their hands up and go 'we don't know what to do with, you got to

go'." The root causes of this problem, Ruth believes, lie in the lack of sufficient resources, time,

and interest to address the complexities of mental health. She likens the current approach to

putting band-aids on the cracks, recognizing that there aren't enough resources to cover all the

gaps. According to Ruth, people with mental illnesses, especially those in supportive housing,

often feel like they slip through the cracks in multiple aspects of their lives. She stated, "You

don't get necessarily what you think you need, you get the basics". These accounts shed light on

the challenges faced by individuals with complex diagnoses within the healthcare system.

Participants also drew attention to the issue of women slipping through the cracks outside

of the supportive housing system, reflecting on their own experiences prior to entering

supportive housing.

> "I think that women who have mental health issues or who have trauma issues are not
> listened to, and are not and are trapped and are slipping through the cracks. Women out
> there are slipping through the cracks all over the place. They're not being helped and
> there's no place for people to live that they can afford even in this 2023, you know, so to
> get affordable housing supportive affordable housing is weightless of hundreds and
> hundreds of people".

They expressed an awareness that this problem extends beyond their current living

situation. Ontii drew attention to the women who are "slipping through the cracks" outside of the

supportive housing system, stating, "This is not California, sweetheart… I've seen women

outside with children living in tents. Who does that? Like really?". Ontii's statement serves as a

reminder of the pressing need to address homelessness and provide compassionate solutions to

support vulnerable women.

Lack of proactive support and authentic wellness check-ins. Throughout the

workshop series, participants emphasized the need for more proactive and accessible support

mechanisms within the supportive housing setting. They expressed a desire for staff members to

take a more active role in providing guidance, connecting residents with resources, and

addressing their individual needs. The conversation on this topic started with Ruth sharing a

picture of the artwork, depicting a woman with light shining on her while standing in front of

five closed doors.

"The doors are closed, no matter how hard she tries, she has to take the initiative. She has to push she has to fight in order to try to get the doors open, which consists of help support or basic food insecurity. Everything is on her shoulders. So, the light shines on her to say, if you don't do it, these doors aren't going to open these doors aren't going to open we're not really here to help you. You have to help yourself" (Ruth).

Photo 6.8 – All the doors seem to be shut (Ruth)

Ruth's description of the closed doors metaphorically represents the challenges faced by tenants

in accessing support within and outside the supportive housing system. Her artwork emphasizes

the difficulties individuals encounter in obtaining the necessary help and resources. Ruth further

expresses that everything falls on the tenants' shoulders, highlighting the lack of readily

available support. She says, "So, the light shines on her to say, if you don't do it, these doors

aren't going to open. We're not really here to help you. You have to help yourself.". Other

tenants also shared a similar sentiment of recognizing the need to take initiative and actively seek

assistance, acknowledging that relying solely on the system may not offer the necessary support.

However, they also explained that they may encounter difficulties in advocating for themselves

and seeking help due to the challenges posed by their mental health issues.

In this regard, they expressed their concerns and dissatisfaction with what were

advertised as check-in moments with the tenants. They felt that these check-ins were primarily

focused on property maintenance rather than genuinely assessing their well-being. One

participant highlighted that the inspections seemed more concerned with checking for policy

compliance, such as the absence of smoking or contraband of illicit drugs.

Ontii shared her experience of not receiving any door-knocks to check on her well-being

in the couple of months she has been in the supportive housing, despite suffering from epilepsy.

The day before, upon arriving at the workshop, Ontii was visibly distressed and in need of some

time to calm herself down. She shared with the group the shocking encounter she had earlier that

day with the police. Due to being mistaken for a Black male suspect, Ontii had been stopped and

surrounded by three male police officers who held a rifle toward her. She described feeling

deeply threatened as these officers caused her to believe that any sudden movement could result

in her being shot. Following this traumatic event, Ontii experienced a series of consecutive

seizures that evening. However, she also emphasized a notable absence of support from the staff

of the supportive housing facility in addressing her urgent medical and emotional needs. Her

frustration was evident in her comment, where she expressed:

"I was sick yesterday I had two seizures back-to-back and I was alone with [name of the dog]. I had to take him upstairs to my friend then go downstairs and go to the hospital. And nobody calls. No one came to my door. Nothing. I left a message to tell [staff] what was going on. And nobody called me, no one called me back as of yet. No one sent me a message. No idea.

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[…]. Supportive Housing? I don't understand the support. Where does the support come from? Because when I've a seizure, I could have had a stroke".

"My door locks. I feel secure on the inside. [However] I got sick the other night. I was by myself. My door was locked, which I'm not going to do anymore…And so now I started locking the doors. But I can't do that because see what happened? I got sick and then there was no one there to help me only [name of her puppy]."
Ontii

Photo 6.9 – Where is the support? (Ontii)

While Ontii appreciates the autonomy she has gained through her individual space, it becomes

evident that being left alone without support poses significant challenges. It underscores the need

for a comprehensive support system to ensure the effectiveness of supportive housing and

address the individual's well-being during moments of vulnerability. Davida also added to the

conversation "if they know, let's say, I hit some terrible depression and all I want to do is go to

bed 24 hours a day? Well, I think they should watch over me a little bit more for that period of

time". These experiences reinforce the notion that tenants must assert themselves and actively

seek support, as the check-ins provided by the system may not adequately address their needs.

The lack of genuine check-ins adds to the perception that the responsibility for seeking assistance

and support falls largely on the tenants themselves. It emphasizes the need for tenants to take the

initiative and advocate for their well-being within the supportive housing system.

Separateness. Participants shared feelings of separateness and isolation. On day two, Sugarpie contributed to the project with a photo depicting a locked mailbox.

"I have my place, I have my own mail coming in there, you know, I have my own mail my personal, private, you know? Nobody can take that away from me"…"you're locked inside something, here. You're by yourself. You're lonely. You're, you know, nobody, nobody knows you know, you're there….I'm alone. In this picture, I'm alone. Nobody knows I'm there. Just my mail coming. They're just, you know, just my mail coming" (Sugarpie).

Photo 6.10 – Just my mail coming (Sugarpie)

Sugarpie's contribution with the photo of a locked mailbox reflects a dual interpretation. On the one hand, it symbolizes a sense of having personal space and receiving mail, which she values as something that cannot be taken away from her. It represents a level of autonomy and ownership in her living situation. On the other hand, the locked mailbox also evokes feelings of being trapped and isolated. Sugarpie describes a sense of confinement and loneliness, emphasizing the perception that nobody truly knows or acknowledges her presence. It highlights a sense of disconnection from others and a lack of social support. Overall, this analysis highlights the contrasting emotions conveyed by the photo: a sense of personal space and ownership juxtaposed with feelings of isolation and being unseen. It reveals the complex and nuanced experiences of individuals living in supportive housing, where they may have their own physical space but still grapple with emotional and social challenges.

On the same day, Ruth contributed to the group discussion with the photo of a cage which further emphasizes the feeling of being trapped. For Ruth, the sense of being trapped is associated with having a mental health issue and not receiving adequate care from the community.


"A large bird cage with a large door, and the door is shut and locked to protect the bird or keep the bird inside, but I feel that I'm trapped inside a cage and that no one's coming to open the door to say 'it's okay, you're welcome here, you're okay; you're just who you are'. But it's that whole feeling of being trapped, trapped by police when they come to get you, trapped in the hospital when you're formed, because you're suicidal or, or trapped when people are trying to get to you to hurt you. Trapped in a in a system where there's really no solutions. It's just what is. I mean, how does it get better? It's not, it's gotten worse over the years than it has gotten better" (Ruth).

Photo 6.11 – I feel I'm trapped inside a cage (Ruth)

She described being trapped in various contexts, such as encounters with the police, hospitalization for suicidal thoughts, or the fear of harm from others. She expressed frustration with a system that lacks real solutions and highlighted that things have not improved over the years. Ruth believes that the feeling of being trapped due to mental health challenges and the struggle to access community support is universal among individuals requiring supportive housing. She explained that some individuals are unable to navigate the system independently, leading to a feeling of being trapped and limited in their options. While separate housing units are seen as a positive aspect, they can also contribute to individuals isolating themselves out of fear.

Overall, Ruth's perspective deepens the understanding of the emotional experiences within

supportive housing, where feelings of being trapped can arise from various sources, including

mental health challenges, limited access to community support, stigma and self-stigma. Her

perception of being trapped extends beyond physical confinement to emotional and systemic

barriers.
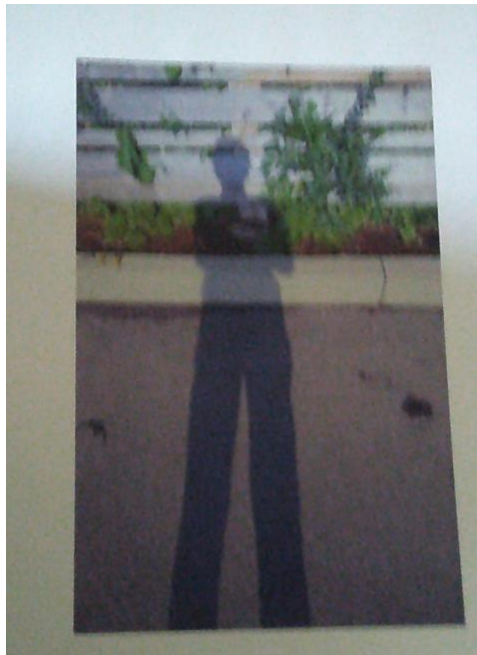
"Just a shadow, invisible living in the shadow, not speaking about my challenges. Feeling shut down. Invisible. That's the word, absolutely invisible. So it's interesting because this is a photo of a photo. I took this photo the first year I moved into [name of the supportive housing]. But that's how I felt even when I first moved into [name of the supportive housing]. [Now], I feel not completely invisible, but I am visible with certain people like I made some friends in the building. I also now I'm in a faith community and I do not feel invisible with them at all. And there's certain [supportive housing] staff that I don't feel invisible either. I've nurtured relationships and you know, over time, you know, it takes time and so I feel seen (Davida).."

Photo 6.12 – Feeling invisible (Davida)

Davida's contribution adds another layer to the discussion, focusing on the experience of feeling

invisible and unheard when she first moved into supportive housing.

Davida's narrative highlights the significance of connection and community within the

supportive housing environment. By building relationships and finding support in specific

individuals and communities, she has been able to transcend the feeling of invisibility.

5.6 Moving Forward. From Resilience to Resistance.

Amidst the numerous challenges faced, the research findings also brought to light stories of unwavering resilience, along with a shared appreciation and a strong desire to unite in advocacy efforts.

Resilience. Resilience was a prominent theme in the participants' narratives, as their stories illuminated the pivotal role of coping mechanisms. Engaging in activities such as playing video games, singing, playing musical instruments, and expressing themselves through art emerged as essential tools for navigating stress and adversity. These strategies underscored the remarkable resourcefulness and inner strength inherent within each individual. Moreover, the significance of informal support networks was also evident. The church community, friends within the same building, and family members stood as pillars of solace and understanding for some participants. Additionally, formal support systems, including empathetic healthcare providers, served as lifelines for others, illustrating the crucial importance of accessible and compassionate assistance.

Self-Advocacy. During the group discussion, self-advocacy emerged as a powerful tool for women to assert their rights and navigate difficult circumstances. On day three, Davida opened the conversation on 'brokenness and resilience' by sharing a picture of a collage she had previously made.
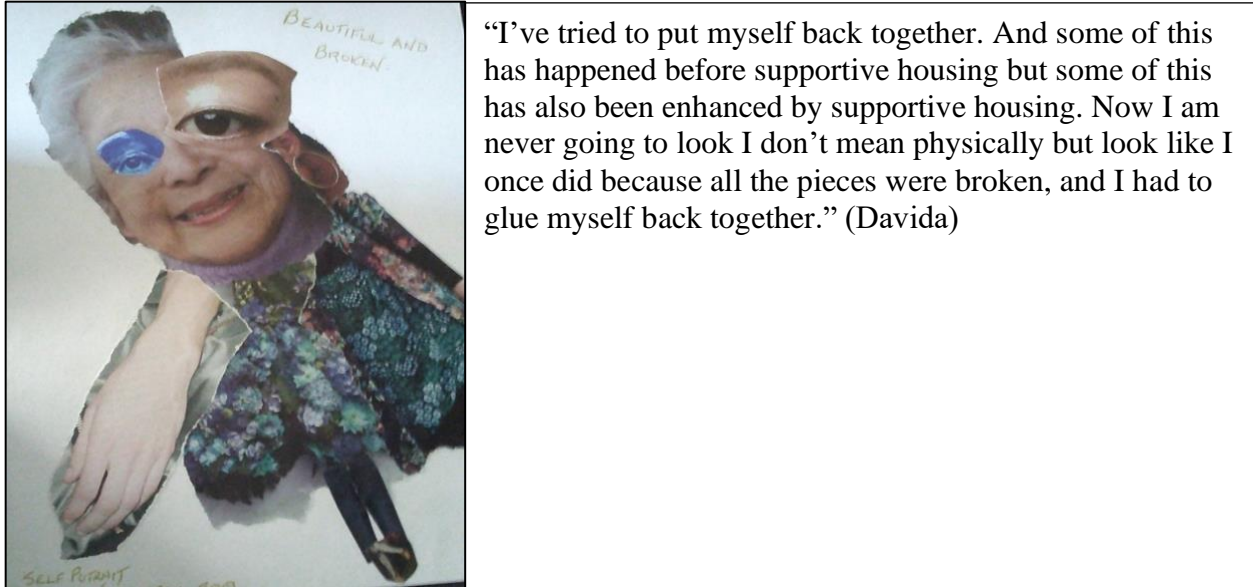
"I've tried to put myself back together. And some of this has happened before supportive housing but some of this has also been enhanced by supportive housing. Now I am never going to look I don't mean physically but look like I once did because all the pieces were broken, and I had to glue myself back together." (Davida)

Photo 6.13 – I had to glue myself back together (Davida)

She described that the collage represents a woman made of different parts, reflecting a mix of youthful features and more mature characteristics The presence of varied clothing styles for her further emphasizes the fragmented nature of this portrayal, highlighting the piecemeal composition of the woman's identity. She explained that this woman symbolizes her own gradual process of fragmentation and transformation. Davida elaborated further by saying she has experienced various traumas during their childhood, such as the loss of their mother and being thrust into the role of caretaker for her brother battling addiction issues. These experiences, coupled with the emergence of a mental health disorder at a young age, left her feeling increasingly shattered and broken. However, the collage represents her empowering journey of reclaiming those shattered pieces and piecing themselves back together. She also explained that she embraced the change and is aware that the process of reconstruction can never fully restore her to her original state as an unblemished child. Davida emphasized that lacking essential support such as family, friends, and proper healthcare, the weight of that brokenness can be

overwhelming. When I prompted her to reflect on what made it possible for her to regain

strength and empowerment, she highlighted the role of self-advocacy. She stated,

> "from 19 until now, 65, I didn't advocate for myself, you know, that whole time, I felt like a victim. I felt like people should take care of me. You know, I felt all of these things. And then I realized, if I don't stand up for me, nobody is going to stand up for me. So I got the right doctor, but then also the housing, I have affordable housing. That means a lot to me."

Desire for collective advocacy. Collaborative interactions throughout the workshop

enabled the women in the study to forge bonds and recognize shared experiences and challenges.

These connections not only instilled a sense of agency but also prompted discussions about

potential unified actions for positive change. A poignant remark from Sparkles during the final

day of the workshop encapsulates the transformative nature of the experience. She candidly

shared her initial fears and the isolation she felt before joining the workshop, stemming from past

hurtful experiences with friends. She stated,

> I was afraid before…I didn't know if I could trust you guys. I didn't know if you guys were gonna… I've been hurt by friends, which is why my circle is very small. But I know that I can trust you guys. I'm not gonna be fearful that something is going to be missing or that someone is going to take it from me. Or that you're going to call the cops on me and make false accusations or going to open up Facebook to send themselves hateful messages under my name, this has happened.

Sparkles growing trust and confidence in her fellow co-researchers emphasized the workshop's

ability to foster an environment of trust, where individuals can openly share without

apprehension. These connections not only instilled a sense of agency but also prompted

discussions about potential unified actions for positive change, as Davida pointed out:

> We can stand up and use our voice to explain, you know, to people, to self-advocate, to take
> our power back to spread the word to join us as a community like a voice singing the same
> song, you know, as women. And just do not accept it anymore.

This sentiment reinforces the emancipation that collective advocacy can bring, uniting voices to

effect meaningful change. These narratives demonstrated that the workshop worked effectively

to catalyze supportive relationships and motivated participants to envision collaborative efforts

for impactful advocacy.

5.7 What the Women in this Study Want

This section aims to summarize the desires and needs expressed by the women tenants in the

study regarding their experiences in supportive housing. By understanding their perspectives,

appropriate strategies and interventions can be developed to improve their overall well-being and

satisfaction. The following key themes emerged from the participants' responses:

a. Learning self-advocacy. The women expressed a desire for increased empowerment and self-

advocacy skills. They emphasized the importance of learning how to assert their needs and rights

effectively within the supportive housing system.

b. Creating opportunities for group advocacy. Some participants expressed a desire to join

together for group advocacy efforts. They believed that collective action could amplify their

voices and address common concerns more effectively.

c. Improving communication and building trust. Participants highlighted the need for clearer

communication from the housing provider, regarding available resources such as nurses and

social workers. They expressed a desire to be informed about these resources and how to access

them in times of need. To facilitate improved communication, participants also expressed a

desire for more interactive and engaging channels. This can include regular updates, newsletters, and informational sessions where tenants can learn about available resources, upcoming events, and important updates related to their housing and support services. Participants in the study also emphasized the importance of creating opportunities for group activities that involve both staff and tenants in supportive housing. They highlighted that such activities could foster relationships and trust between staff and tenants.

d. Informing about community resources: The participants suggested using bulletin boards within the housing facility to disseminate information about community resources and services. They emphasized the importance of being aware of external support systems that could complement the existing resources provided by the housing provider and have their diverse needs met.

e. Conducting tenants' check-ins and offering personalized care: Women tenants expressed a desire for increased availability and support from staff members. They emphasized the need for personalized care and emotional support, as well as the coordination of support services.

f. Preventing and addressing sexual harassment: Participants emphasized the need for clear policies and procedures to handle instances of sexual harassment within the building. They called for comprehensive education sessions for all tenants to raise awareness about sexual harassment and appropriate responses.

g. Addressing discrimination and prejudice: The women in the study expressed a desire for proper education and awareness among staff and tenants regarding LGBTQ+ discrimination and prejudice. They emphasized the importance of acceptance and creating an inclusive environment.

The housing provider should focus on educating staff and tenants on LGBTQ+ issues, fostering acceptance, and preventing discrimination within the housing community.

h. Preventing isolation and discrimination: Participants emphasized the need for open dialogues and awareness-building activities to address isolation and discrimination issues. They suggested initiatives such as spreading awareness through conversations, research, and sharing experiences. In addition to awareness-building, participants highlighted the significance of providing meaningful activities for women tenants to engage in. These activities can help foster a sense of purpose, belonging, and social connection, countering the isolating effects of discrimination.

i. Enhancing cultural diversity awareness: Participants stressed the importance of increasing awareness of cultural diversity within the housing community. By promoting education and fostering an environment where tenants can learn from one another, the housing provider can support cultural diversity and create a welcoming atmosphere.

j. Addressing economic challenges: The women expressed a need for affordable access to essential resources, such as food. They highlighted the importance of lowering food prices to enable tenants to afford a healthy diet, reducing reliance on food banks. The housing provider can explore partnerships and strategies to make nutritious food more accessible to tenants.

k. Supporting pet therapy: Participants expressed a desire for support in making pet therapy accessible and affordable for all tenants. They recognized the benefits of having pets as companions and stress-relievers. By exploring options for implementing pet therapy programs

and providing resources, the housing provider can contribute to the overall well-being of the tenants.

l. Increasing housing and support: The participants emphasized the need for more supportive housing units and increased availability of support services. They recognized the demand for housing in their community and stressed the importance of ensuring adequate resources to meet the growing needs. The housing provider can work toward expanding housing options and enhancing support services to accommodate more individuals in need.

5.8 Conclusion

The findings of this chapter shed light on the pervasive issues of oppression, safety concerns, inadequate support, stigma, and self-perception faced by individuals in various contexts.

Stigma emerged as a significant barrier, with labels and societal misconceptions contributing to the marginalization and discrimination faced by individuals. The internalization of this stigma resulted in self-stigma, leading individuals to perceive themselves as 'less than' and struggle with their self-worth. This emphasized the importance of challenging societal biases and promoting inclusive attitudes and understanding.

The research revealed concerning issues of gender-based sexual harassment and transphobia, perpetuating a climate of fear and vulnerability. Another significant finding was the lack of safety within the building, highlighting the urgent need for measures to ensure a secure environment for all occupants. The absence of adequate support systems was a recurrent theme, with individuals expressing uncertainty about the available resources, experiencing scarcity, and

slipping through the cracks of existing support structures. Furthermore, the lack of proactive

support further exacerbated the sense of separateness and isolation felt by many.

However, amidst these challenges, the findings also revealed stories of resilience and

resistance. Coping mechanisms played a crucial role in managing stress and adversity,

highlighting the resourcefulness and strength within individuals. Self and collective advocacy

emerged as a powerful tool for women to assert their rights and navigate difficult circumstances.

To address the issues identified in this chapter, it is imperative to create comprehensive

strategies that address both the systemic and individual factors contributing to oppression, safety

concerns, inadequate support, stigma, and self-perception. The women in this study have

articulated a range of desires and needs within the supportive housing context. This involves

recognizing the agency and expertise of women tenants, allowing them to actively participate in

shaping policies and practices that affect their lives. Additionally, it requires addressing the

structural barriers and power imbalances that perpetuate oppression and marginalization within

the supportive housing system.

Chapter Six: Discussion

6.1 Strengths and Limitations of the Research

This research project had several strengths that contributed to a rich understanding of the experiences of women living in supportive housing, as well as many limitations.

The adoption of a Feminist Participatory Action Research (FPAR) approach was central to fostering a collaborative and democratic environment. Using this methodological approach created a space where women were able to shed light on hidden experiences and share perspectives that may have been otherwise overlooked. The participatory nature of the research allowed for a deeper exploration of the participants' lived realities. By integrating the principle of 'reciprocity' at all stages of the research process, this project aimed to create a space where participants' contributions were valued. By emphasizing mutual respect and acknowledging the value of participants' contributions, I aimed to establish a genuine connection with the co-researchers based on trust. It was my intention to create a safe space during the Photovoice workshops where the women felt encouraged to openly share their thoughts, feelings, personal experiences, and political perspectives. This was evidenced by the ways in which our discussions during the Photovoice workshops evolved into meaningful and reflective conversations, where participants shared their personal experiences and some links to the broader socio-political context. To align the research process with participants' emerging needs, I utilized a combination of formal feedback forms and informal check-ins. These strategies were instrumental in maintaining an inclusive environment, where participants' voices, expectations and needs were considered throughout the study. For instance, in response to some participants' requests, I introduced a daily five-minute meditation and aromatherapy for each session. This adjustment

aimed to support the participants' well-being and ensure that their experiences were at the forefront of the research journey.

Another strength of this project was the promotion of critical consciousness among the participants. Although it was not possible to untangle the many oppressive factors that these women have brought up during the conversations, the process of discussing shared aspects of inequity, because of structural forces, fostered unity. As the women engaged in the research process, they developed a collective desire to go beyond the project and advocate for meaningful changes in their lives. This meaningful engagement highlights the transformative potential of the research and its capacity to inspire positive social change.

The application of Photovoice as a research method offered participants a creative outlet for self-expression. Through photography, co-researchers were able to visually communicate their unique experiences, thereby enriching the depth and complexity of the findings. While Photovoice facilitates participants' self-expression, there exists a potential for it to inadvertently veer the discourse toward different subjects. Even though the initial focus was on gender-based issues within supportive housing, the co-researchers' interpretations led to a broader exploration of various topics. Despite this departure, it is crucial to recognize that embracing participants' autonomy in shaping the narrative remains in alignment with the principles of FPAR. This approach fosters a collaborative and inclusive research process, which not only validates the co-researchers' perspectives but also yields valuable and unforeseen insights. Thus, the research remains true to its participatory nature and reiterates the transformative potential of FPAR in enabling participants to share their diverse experiences and contribute to a more comprehensive understanding of the subject matter.

The research embraced the concept of intersectionality, recognizing the importance of elevating the voice of diverse identities and experiences within the group of women living in supportive housing. This lens enhanced the depth of understanding, as it acknowledged the interplay of various forms of oppression and privilege in shaping their experiences. However, there are limitations in effectively applying intersectionality as a concept during the research process. Indeed, it is essential to recognize that the narrative data does not encompass the myriad perspectives of women living in "higher needs" levels of supportive accommodation or of those belonging to various groups, including immigrant women, young women, non-English speakers, women with learning disabilities, women engaged in sex work, women facing addiction issues, and others. It was not the intention of this project to offer a comprehensive understanding of the intricate intersections of identities and experiences amongst supportive housing tenants. Most importantly, the research project never aimed to simplify or generalize findings related to intersectional identities. Rather, its purpose was to ignite contemplation and gain insights into the experiences of a small group of women tenants in supportive housing, who navigate multiple systems of oppression. The findings act as a steppingstone for further exploration of the multifaceted issues that women, who have been diagnosed with mental illness and occupy other marginalized identities, confront.

Another limitation of this project pertains to the participatory data analysis process. The limited timeframe of the Photovoice workshops impeded the thoroughness of the collaborative data analysis process. Ideally, more time was needed to work together with participants on data analysis as I am writing my thesis. This would have deepened the insights from participants in relation to the analysis process. However, this was not possible given the limited time and resources that I had to complete my project.

Overall, this research enabled women in supportive housing to share their experiences authentically. Although some limitations were present, the study provided valuable insights and showcased the potential of using FPAR in research with marginalized communities.

6.2 Intersectional Stigma and Discrimination

The findings of this study shed light on the experiences of women living in supportive housing as they navigate intersectional stigma and structural discrimination. Previous research, as discussed in Chapter Two, has also highlighted the significant gender biases and structural discrimination faced by women with mental health challenges when seeking adequate mental health support (Conrad, 1992; Riska, 2003; Ussher, 2011) and affordable and supportive housing (Huggard et al., 2023). The women who participated in this study echoed these findings, expressing their frustration at having to endure years of waiting before accessing supportive housing. During the study, they candidly discussed the "emotional scars" resulting from past trauma and abuse and the hardships of surviving in dire situations such as shelters, transitional housing, sleeping rough, prison, and psychiatric hospitals. These narratives underscore the urgent need for more accessible and inclusive supportive housing options that address the unique challenges faced by women with mental health conditions.

The group discussion with the women in the study corroborated the findings of O'Campo et al. (2023), which highlights that while supportive housing provides stable accommodation for homeless women with mental illness, it often fails to address additional needs to improve overall health and social outcomes. During the discussion, the women shared their personal experiences of isolation, intersectional stigma, concerns about gender-based harassment, and the absence of crisis support within the supportive housing program they are a part of.

Stigma and self-stigma. The women in the study shared their unique experiences and perceptions of supportive housing, shaped by factors such as their social location, past trauma, and experiences of abuse. Despite their individual differences, they all expressed a common desire for love and acceptance, seeking understanding and support for aspects of their identity, whether it be their mental health challenges, LGBTQ+ identity, race, or being a government assistance recipient. Through the group discussion, they also recognized the need to resist oppression through advocacy. Simultaneously, in the quest to create an inclusive and supportive environment for women with mental health challenges, it is crucial to adopt an intersectional approach that considers the various dimensions of oppression women may face within the supportive housing system such as racism, classism, sanism and sexism. The photograph of the cage and mailbox and the discussion during the Photovoice workshop brought to the forefront a significant issue experienced by the women - a pervasive sense of seclusion. Despite not being institutionalized, these women expressed feelings of being isolated and disconnected from the broader community. The root cause of perceiving this sense of separateness resided in their experiences of intersectional societal stigma, self-stigma and structural discrimination. According to Goffman (1963), stigma refers to the negative social perception or discrediting of individuals based on perceived differences, flaws, or characteristics deemed undesirable or deviant (as cited in Bos, Pryor, Reeder & Stutterheim, 2013). Stigmatized individuals often carry a "spoiled identity", leading to their exclusion or discrimination by society (Goffman, 1963 as cited in Bos et al., 2013). This typically leads to feelings of inferiority, guilt, shame, and a desire for secrecy in society (Goffman, 1963 as cited Bos et al., 2013). During the conversation with the women, a prominent concern emerged regarding the stigma surrounding mental illness and how it was internalized. Davida's account of experiencing depression and being blamed for not being

a good mother sheds light on a critical issue at the intersection of sexism and sanism. Traditional gender stereotypes suggest that parenting is predominantly a female role due to the societal presumption that women are warmer and more nurturing than men (Eckes, 2002). Consequently, mothers are often judged against higher and harsher parenting standards compared to fathers (Corrigan & Miller, 2004). As a result, they may struggle to meet these gender-specific expectations and experience greater stigma (Corrigan & Miller, 2004). Mothers with a mental health diagnosis may perceive this stigma externally, in the form of public stigma, or internally, as self-stigma (Corrigan & Miller, 2004).

Likewise, as highlighted by Ruth with the comment "I have no children, and this is also a stigma in society", the stigma surrounding childfree women with mental illness emerged as a distressing issue for participants. These women face the challenge of navigating societal pressures to conform to motherhood norms while dealing with mental health struggles (Blyth & Moore, 2005). Being childless, whether it is a voluntary or involuntary decision, is often misunderstood and met with judgment, leading to feelings of invalidation and isolation (Remennick, 2000). This double burden can have profound effects on women's mental well-being and their ability to seek support and care.

A poignant example of how the supportive housing provider overlooked women's issues and failed to incorporate an adequate gender-based lens in their practice was evident during the final day of the workshop, coinciding with Mother's Day. The supportive housing provider rented the foyer to a third-party organization to celebrate Mother's Day, pampering mothers who were not residents. This decision proved to be profoundly insensitive and lacked an understanding of the significant trauma inherent for women whose role as a mother has been denied. This left two women participants of the study feeling upset and hurt. For these women,

Mother's Day served as a painful reminder, a day of grieving and the desire to forget. Moreover, renting out spaces within the supportive housing facility to external parties can undermine the sense of belonging and feelings to be at home for the residents. These spaces are designed to foster a sense of community and togetherness among the residents. When rented out to the public, it may create a sense of intrusion and disrupt the safe and supportive environment that these women rely on. It is crucial for supportive housing providers to consider the impact of such decisions on the residents and to prioritize their comfort and well-being in creating a nurturing and inclusive living environment.

The impact of diagnostic labels on women living in supportive housing is a critical factor that hinders their overall well-being. When women receive psychiatric diagnoses for their mental health conditions, they often internalize the negative stereotypes and societal judgments associated with these labels (Vass, Sitko, West, Bentall, 2017). Consequently, they may perceive themselves as "damaged" or "flawed", leading to feelings of shame, self-doubt, and a decrease in self-esteem (Vass, Sitko, West, Bentall, 2017). This self-stigma can have significant implications for seeking help and support (Topkaya, 2014). Ruth's representation of closed doors in her picture highlights the challenges that women with mental health conditions face in accessing support and resources within the supportive housing environment. Similarly, Davida's picture of a question mark and feeling fearful to ask service providers for help showcases the impact of self-stigma on residents' willingness to seek assistance.

Ontii, a biracial woman with mental health challenges, expressed frustration at being perceived by others as "fine". This perception may be influenced by the harmful myth of the "strong Black woman", which portrays Black women as exceptionally strong, resilient, and capable of enduring hardships without needing support (Liao, Wei, & Yin, 2020). Unfortunately,

this stereotype can also affect the way supportive housing providers and staff interact with Black women residents. They may inadvertently overlook the unique struggles and emotional needs of these individuals, assuming they can handle any difficulties without requiring additional support. Ontii also described feeling caught between two worlds, feeling too white to be accepted by the Black community and too Black to be accepted by the white community. This sense of not belonging can be linked to the complex historical and social phenomenon of colonialism and racism. Biracial individuals receive various forms of pressure to identify with a single racial identity, thus leading them to renounce one of their two available racial identities and through this, experience marginalization (Deters, 1997). This finding highlights the need to reconsider supportive housing in a way that takes into consideration the unique challenges that racialized tenants might have.

With the picture of the LGBTQ+ sign, Sparkles highlighted the unique challenges transwomen have, as they must endure the burden of multiple stigmas due to their gender expression and their mental health challenges, which significantly impact their well-being. Furthermore, the experience of transphobia, overt discrimination toward those who express a gender different from their assigned sex (Dumbrill & Yee, 2019), adds an extra layer of difficulty to their mental health journey. Gender-based sexual harassment was another concerning issue that Sparkles, as well as Davida, had to go through while living in supportive housing. Both complained about the lack of appropriate response from the supportive housing provider in responding to issues of gender-based harassment. This can be understood through the lens of 'organizational tolerance,' as described by Fitzgerald (2017), referring to institutions turning a blind eye or downplaying instances of sexual harassment, thereby creating a permissive environment that enables such behaviour to persist. On the other hand, when organizations fail to

respond adequately to reports of sexual harassment, survivors can experience institutional betrayal, which deepens the trauma they endure (Fitzgerald, 2017).

This study also revealed that women experienced stigma based on living in a supportive housing building. Ontii's encounter with a misguided taxi driver exemplified this issue and highlighted the misconception that individuals with mental illness are dangerous. According to Klin and Lemish (2008), this belief perpetuates harmful prejudices against people with mental illness, often fueled by media misconceptions. Forchuk, Nelson, and Hall (2006) stressed the importance of collaboration with tenants to address systemic issues beyond housing provision, ensuring a sense of pride in their living environment.

In conclusion, the group discussion during the Photovoice workshop highlighted the impact of intersectional stigma and discrimination in supportive housing for women with mental health challenges. An inclusive approach, dismantling harmful stereotypes and promoting understanding, is crucial for creating a compassionate and welcoming environment for these women.

6.3 Neoliberalism's Influence on the Lives of Women in Supportive Housing.

Neoliberalism is a key player in reinforcing the subjugation of women facing mental health challenges residing in supportive housing, and significantly limits their capacity to resist these constraints. According to Esposito and Perez (2014), neoliberalism is a political and intellectual movement that advocates for the market as the most efficient means of organizing nearly all aspects of human and social life. This aligns with Foucault's idea of 'governmentality' (1991) which refers to the ways societies govern and control their populations through various techniques and practices (Mullaly, 2010). Governmentality goes beyond top-down governance and includes the internalization of norms, creating self-governing subjects (Mullaly, 2010).

Neoliberalism's emphasis on individual self-management and resilience resonates with Foucault's idea of self-governance, where individuals are expected to take personal responsibility for their own well-being and success (Esposito & Perez, 2014). This individualization of responsibility places undue pressure on women in supportive housing to "fix" themselves and overcome their struggles independently. This mindset is exemplified in Davida's powerful portrayal, "I had to glue myself back together" as well as the picture "the doors are all closed" which sheds light on the pressure on individuals to address their own mental health struggles and find ways to overcome them.

The theme of "scarcity" brough to light the paradox of "independent living" within the supportive housing program. This paradox arises from the discrepancy between the label of "independence" and the reality faced by the women in the study. While the housing program is marketed as providing independence and support, the women's experiences reveal a different reality. The women rely heavily on food banks and charities to meet their basic needs. Reduced government support and limited investment in social welfare programs have led to a heavy reliance on government assistance for survival.

The lack of accessible employment opportunities and focus on individual responsibility hinder true independence. The emphasis on self-sufficiency diminishes the importance of social support networks, leaving the women living in supportive housing feeling isolated and disconnected. Neoliberal policies that prioritize independence and self-sufficiency create structural barriers, making it difficult for the women in the study to achieve genuine independence within the housing program. Moreover, the negative societal perceptions and stereotypes add to their struggles.

Participants spoke about being labelled as "lazy" or taking the "easy road" because of living in supportive housing, and this perpetuates stigma and further marginalizes the women. These negative stereotypes reflect a broader societal attitude influenced by neoliberal values, which often prioritize individual success and stigmatize those who seek government assistance or social support, reinforcing a social division between "responsible citizens" and "the undeserving poor" (Brinegar, 2000; Sommers, 2013).

Another paradox in the supportive housing program exists in the way support is delivered. Offering part-time "drop-in" support for independent living may appear empowering at first, promoting agency and self-determination among tenants however it creates a situation where tenants are solely responsible for seeking help on their own. Participants in this study discussed the ways this leads to hesitancy to seek support because they feared being evicted if their support needs exceeded what the program could handle.

Most of the supportive housing programs in Ontario are governed by the Residential Tenancies Act (RTA) (HALCO, 2023). Within this program, support is delivered and organized through the same organization that acts as the 'landlord' in the RTA. It is deeply concerning that tenants in supportive housing are receiving emotional support from the same entity that can evict them. This results in a significant power imbalance that may hinder tenants from asserting their rights or accessing necessary support. As a result, tenants in this study shared about the ways they have adopted self-disciplinary and complacent behaviours, resulting in suffering in silence and not accessing support when needed.

The perception of check-ins in supportive housing as property checks rather than genuine support was another crucial concern raised by women in this project. Participants shared that 'check-ins' were a mechanism for ensuring that their apartment was clean, without damage and

not in need of significant repair. These 'check-ins' were not an opportunity to provide genuine

support to tenants. This aligns with neoliberal logics that prioritize property rights over human

rights. Such an approach can be dehumanizing, overlooking the emotional, mental, and social

well-being of tenants. For women facing additional vulnerabilities and experiences of

marginalization, this perception can be particularly troubling, reinforcing feelings of

powerlessness and limited agency. This prioritization of property rights over human rights in

check-ins can create an environment that lacks empathy and support, potentially undermining the

intended purpose of supportive housing programs.

Ontii's ordeal of grappling with emotional distress and a medical emergency in isolation

vividly illustrates the overarching theme of 'lack of proactive support'. Her experience sheds

light on substantial shortcomings within the supportive housing program, particularly when it

comes to aiding vulnerable individuals with distressing histories and specific medical conditions,

such as epilepsy. Supportive housing is intended to provide care and security, particularly during

crises. However, the women's accounts reveal a lack of critical support, raising concerns about

the program's ability to fulfill its role. The inadequate provision of support raises questions about

the appropriateness of the term "supportive housing" and the allocation of public funds to

finance such programs.

The example shared in an earlier section, whereby the landlord rented out tenants'

common space to an outside group for a Mother's Day celebration can also be explained through

neoliberal logics. Neoliberalism emphasizes market-driven solutions and prioritizes private

ownership and individual property rights. In the context of rental properties, this ideology

encourages landlords and property owners to maximize their profits and use resources

efficiently. By renting out tenant's common spaces, landlords are adopting a market-oriented

approach to capitalize on available resources. However, from a social perspective, this practice raises significant concerns. Common spaces are essential for fostering a sense of community and social interaction among tenants, especially women. By monetizing these spaces there could be a negative impact on the social fabric of the housing community.

Neoliberalism's emphasis on individualism can indeed hinder collective organizing and advocacy efforts to address systemic issues faced by women in supportive housing. The workshop series served as a demonstration that women in supportive housing benefit from activities that foster collectivism and promote a sense of community. Through collective participation, the women found support and a shared sense of purpose. Engaging in activities together helped build a supportive environment where they could share their experiences, empathize with one another, and address common challenges.

Chapter Seven: Implications

This research project has illuminated significant implications for social work practice and policy as well as for social work research. The conversations I engaged in with the women involved in this study have clearly highlighted that while supportive housing is evolving away from historical institutional models, it falls short in offering genuine support to tenants, particularly those navigating the complexities of intersecting marginalized identities.

7.1 Implications for Social Work Practice & Policy

The direct implications for organizations running supportive housing programs have been previously examined in section 6.3, titled "What the Women in this Study Want". What follows, are the implications that hold relevance for the field of social work practice and policy.

a. Practice from a feminist approach that makes explicit connections between personal troubles and systems. A sentiment shared amongst the women in the study was a pervasive feeling of being marginalized and devalued. Social workers, especially those who ground their practice in feminist principles, should remain committed to challenging and dismantling oppressive structures. A feminist approach to practice rejects the processes in place that pathologize people who do not fit into societal norms (Dominelli, 2002, cited in Mullaly, 2010), Social workers should emphasize the importance of making connections between personal struggles and the political and structural aspects of individuals' lives.

b. Engage women who have experienced similar points of social inequity in group activities aimed at fostering critical consciousness. Drawing on the work of critical consciousnesses (Freire, 1970), an awareness of injustice and oppression can serve as a foundation for building connections between personal struggles and collective experiences of inequity. Throughout the Photovoice workshops, it became evident that nurturing discursive spaces where individuals can

shape their own interpretations of their experiences and collaboratively construct meanings has

significant potential for social work practice. Social workers can develop these spaces by

bringing women together in groups for the purposes of advocacy and activism. This can serve as

a platform to unveil how dominant discourses function to silence and undermine their narratives.

The more marginalized women are equipped to pinpoint the sources of their oppression, the less

likely they are to internalize blame for their circumstances. Instead, they develop the ability to

discern the societal roots that underlie their negative emotions and experiences. This

transformative process resonates with feminist principles, dismantling self-blame and nurturing a

heightened awareness of the external forces at play, creating space for women to reclaim and

reauthor their own stories and narratives.

**c. Reconceptualize recovery as a collective and social process: emphasize the importance of
'treating' society more than 'treating' individuals.** The women in the study emphasized the

burden they bore due to the prevailing framing of recovery as an isolated and individualistic

journey. There is an urgent need for social work practice to envision recovery as a social and

collective process. This perspective goes beyond the limitations imposed by conventional

psychological discourses, which encourage individuals to align with presumed "normal" norms.

Social workers are well positioned to advocate for the recognition of recovery as a

collective process, underscored by the significance of communal support, shared experiences,

and collaborative efforts that nurture holistic well-being for marginalized women. Moreover,

social workers hold a pivotal role in advocating for structural changes within the systems that

perpetuate the marginalized status of women in supportive housing. Recognizing recovery as a

social process necessitates social workers to confront the overarching systems that sustain

inequalities among women and actively challenge their influence, including access to jobs,

income, safety, and education. As highlighted by Morrow (2013), "what is often overlooked

within discussions of recovery is an explicit recognition of the role of the social, political,

cultural, and economic context in which people become mentally distressed and recover"

(p.325). The findings showed the economic challenges that have women in making ends meet

due to limited economic resources. Social workers across sectors should join the advocacy

efforts focused on increasing government assistance rates, particularly for those on ODSP.

Despite a recent 6.5% inflation-related increase, "ODSP incomes are still far too low to

adequately cover food, housing, transportation, medication, costs related to disability, and other

necessities of life" (ISAC, July 2023). Participants lack the access to economic resources was a

key factor in their experiences of marginalization and poor quality of life.

d. Dismantle the concept of 'normalcy' – making space for multiple intersecting identities.

The research findings have notably highlighted the prevalence of stigma surrounding 'mental

illness'. There is a body of literature grounded in critical feminist theory and practice, that

illustrates how psychiatric diagnoses and labels of mental illness contribute to the emergence of

stigma and discrimination, thereby culminating in a distinct form of inequality –sanism (Morrow,

2013). In response, social workers are presented with a crucial mandate to become educators,

actively disseminating accurate information pertaining to mental distress to lessen prevalent

myths and misconceptions. Additionally, social workers are well-positioned to initiate and

facilitate critical dialogues within the public sphere, aimed at deconstructing prevailing societal

norms and challenging the assumptions they uphold. This process of deconstruction necessitates

an acknowledgement that norms, including psychiatric diagnoses, are not inherent truths but

rather socially constructed frameworks. The Diagnostic and Statistical Manual of Mental

Disorders (DSM), a widely used diagnostic tool in mental health, has been criticized for

potentially reinforcing gender biases. The DSM's diagnostic criteria and categories can pathologize and stigmatize women's experiences, particularly related to their emotions, behaviours, and social roles (Lazaroff, 2006). As a result, the DSM can contribute to the subjugation of women and the perpetuation of gender-based power imbalances within the mental health field.

Additionally, the women who participated in the study conveyed a strong desire for acceptance based on their authentic identities. This encompassed facets such as being a woman of colour, a transwoman, a woman with unique sensory perceptions, one with profound emotions, or a woman residing in supportive housing. It is incumbent upon social workers to advocate for counter-discourses that underscore the intricate interplay of identities and experiences (Dumbrill & Yee, 2019; Mullaly, 2013). By elevating the understanding that identities are multifaceted and interconnected, social workers can effectively convey the message that no singular 'normal' way of being and doing exists (Dumbrill & Yee, 2019; Mullaly, 2013). Rather, a myriad of identities and experiences should be both validated and respected. This nuanced perspective serves to enable individuals and communities to embrace their uniqueness and complexity while dispelling the limitations imposed by normative definitions. In this comprehensive endeavour, social workers play an instrumental role in reshaping societal narratives and fostering an environment of inclusivity, understanding, and acceptance.

7.2 Implications for Future Social Work Research

Future research holds a crucial role in addressing the inherent limitations within this project, which were primarily rooted in time and resource constraints, as well as challenges in fully engaging with participants. While these constraints unavoidably influenced the outcomes of

this study, it remains essential to recognize the significance of creating spaces where marginalized voices can be heard.

Throughout its history, government housing options in Canada have been moulded by a perspective that primarily prioritizes the needs of the dominant demographic - the "white lower to middle class" (Sagert, 2017). Unfortunately, this approach falls short of adequately addressing the requirements of women who live in social and supportive housing. These women grapple with intersecting identities that result in various layers of marginalization and oppression. These complex intersections can notably hinder their housing experiences (Greene, Chambers, Masinde, & O'Brien-Teengs, 2013). In moving forward, it becomes imperative to consider and address these oversights to ensure that housing policies are inclusive and responsive to the diverse needs of marginalized women. Given that intersectionality encompasses the examination of how "race, gender, disability, sexuality, class, age, and other social categories are mutually shaped and interrelated through forces such as colonialism, neoliberalism, geopolitics, and cultural configurations to produce shifting relations of power and oppression" (Rice, Harrison & Friedman, 2019), it emerges as a potent tool for researchers. Its scope is well-suited to assist researchers in comprehending the intricate pathways through which social inequalities give rise to discrepancies and marginalization among women residing in supportive housing.

Existing literature on supportive housing often overlooks tenants as knowledgeable individuals with unique expertise, capable of contributing to the development of theories (e.g., Barker, Lee-Evoy, Butt, Wijayasinghe, Nakouz, Hutcheson, ... & Vigod, 2022; Henwood, Lahey, Harris, Rhoades, & Wenzel, 2018). However, over the course of the research process, the women involved in the study showcased not just their knowledge, but also their fervent commitment to social justice and their determination to drive meaningful change.

Feminist participatory action research (FPAR) is a promising research approach for advancing women's social justice agendas (Reid, 2004). The primary objective of FPAR is to involve those individuals most directly affected by the issue under investigation in generating new knowledge and utilizing that knowledge as a catalyst for social change (Jarldorn, 2019). FPAR acknowledges the importance of active involvement and collaboration with marginalized groups, ensuring that their voices are not only heard but also play a central role in shaping research and policy outcomes. Through meaningful engagement with women from various backgrounds and identities, FPAR can provide a more comprehensive understanding of their experiences and aspirations, leading to more inclusive and effective supportive housing solutions. To enhance supportive housing further, forthcoming research should persist in engaging women with multifaceted backgrounds to examine barriers and distinct needs.

Photovoice, serving as a participatory and visual research method, was in alignment with the overarching objectives of this research initiative, which sought to amplify the voices of women inhabiting supportive housing. The act of capturing images enabled the women involved in the study to articulate their experiential knowledge in a tangible form. For forthcoming scholars interested in exploring the subjective dimensions of how marginalized women navigate social injustices, the adoption of Feminist Participatory Action Research (FPAR) methodologies and arts-based approaches could offer a means to foster a more collaborative and purposeful engagement with participants' perspectives.

Additionally, the integration of art into an FPAR project yields a tangible resource that can be effectively employed in knowledge transfer and exchange (KTE) initiatives dedicated to advocacy and driving social change. This approach also allows for the participants' ongoing involvement in using their art to co-create KTE tools.

Further explorations. Future social work research should explore alternative forms of supportive housing that diverge from the constraints of neoliberal ideologies. As previously discussed, neoliberal values center around individualism, self-sufficiency, and market-driven solutions. Beneath this surface, however, lie dynamics that can perpetuate inequality and marginalization, particularly impacting women who navigate the intersections of class, sanism, and trauma. By considering approaches firmly grounded in principles of solidarity, mutual assistance, and collective well-being, researchers can potentially challenge the dominant way of doing and uncover more appropriate solutions for poor women who have mental health challenges. Furthermore, an analysis of community-based programs aimed at mitigating the ordeals of poverty, isolation, and discrimination among women living in supportive housing is urgently needed.

7.3 Plans for Dissemination & Knowledge Transfer and Exchange Activities

The culmination of this research marks not an end, but a pivotal juncture where the findings transition into action. In line with the principles of feminist participatory action research, I am committed to disseminating the insights garnered from this study and engaging in purposeful knowledge transfer and exchange (KTE) activities. It is my hope to amplify marginalized voices and foster impactful change. Four out of five participating women have expressed a desire to contribute to future efforts in disseminating this material. Their ongoing engagement offers the prospect of their active involvement in strategic planning and the development of knowledge transfer and exchange initiatives. Furthermore, any intentions to transform workshop-generated photos and stories into practical tools will be carried out in collaboration with these women. An upcoming opportunity to present the research findings is the "Imagining 2080: A Forum on Canada's Futures" conference, gathering 150 forward-thinking delegates to collectively envision

potential Canadian futures in 2080. Additionally, I am planning to collaborate with the women

from the study to create a plain language blog for inclusion on the Homeless Hub website.

Chapter Eight: Reflections on the Process & Concluding Statements

8.1 Reflection on the Process

Engaging in critical self-reflexivity requires questioning how knowledge is generated and how

relations of power operate in this process (D'cruz, Gillingham & Melendez, 2007). By bringing

women with mental health challenges together to share arts-informed narratives about living in

supportive housing, I felt compelled to trouble my position as a researcher and the impact that

structural power wields over the generation of knowledge. In response, I tried to disrupt the role

of the social researcher as a detached and distant observer. Instead, I embraced an active practice

and politic of solidarity, collaborating with the women in the study, united by a sense of

responsibility and hope to bring about change.

Initially, my personal role as a sister to a supportive housing tenant provided me with

some insight into the experiences of tenants in such settings. However, I quickly realized that my

preconceived understanding did not directly align with the specific context of my research study.

The women who actively participated in this study possessed a keen sense of the direction our

conversations needed to take, ultimately guiding the trajectory of the research project.

Through engaging with these women, it became clear that imposing strict boundaries on

the research inquiries would have essentially replicated the very oppressive structure I aimed to

deconstruct. Instead, I heeded the principles of FPAR, which acknowledge that individuals with

a history of oppression hold profound knowledge about their lives and experiences (Fine &

Torre, 2006). As such, their perspectives should actively contribute to shaping the research

questions and interpretations (Fine & Torre, 2006). This is why I adopted more of a facilitator

role throughout the photovoice workshop. The women who participated in this study had a sense

of where our conversation needed to go and ultimately unfolded the direction of this research

project. While this approach facilitated a more organic bottom-up knowledge creation, the limitations placed upon me as a student researcher restricted my ability to involve the women in shaping the interpretations of the findings, which has been for me a deeply concerning issue.

Throughout the research journey, I have grappled with an ongoing inner conflict. On one hand, I was drawn to the core value of FPAR, whereby the researcher facilitates a process that allows the voices and experiences of participants to shine. This inclination was rooted in my deep commitment to respecting their viewpoints and ensuring their agency throughout the research process. On the other hand, I felt pressured to produce quick outcomes to fulfill my academic requirements. This project, being a pivotal requirement for my MSW degree, is subject to evaluation within the confines of the traditional social science research framework, and its associated timeframe.

The challenge of fostering an inclusive, participatory environment while striving for concrete, swift results has constituted an ongoing struggle for me. I experienced moments of self-doubt where I questioned whether, despite my commitment to the principles of FPAR scholarship, I might have inadvertently contributed to upholding power dynamics rather than dismantling oppressive systems. This self-reflection arose as I needed to pivot my approach to ensure the project's completion within the allotted timeframe. It felt like I transitioned from collaboratively *working with* the women in the study to a more distant position of *working on* their experiences from a research perspective. This internal tension reflects a larger challenge that many academic researchers grapple with – navigating the landscape of research that values immediate outcomes over processes and productivity over relationship's building (Cahill, Quijada Cerecer & Bradley, 2010).

Furthermore, my personal identity as a white woman without a mental health diagnosis, coupled with added privileges like financial stability and the authority stemming from my role as an academic researcher, has presented intricate complexities throughout this project. While recognizing that these tensions may not be fully reconcilable, I made efforts to lessen my power by clarifying my positionality to the women in the study. I also shared with them my perspective on research participants, viewing them not only as valuable contributors but also as pivotal 'agents of change' (Ginwright & James, 2002). Furthermore, the FPAR framework facilitated the women's active involvement in action-oriented endeavours that made use of this data. By aligning my personal and political commitment with the intent of the Photovoice workshop to extend beyond my own academic goals, my concerns about inadvertently engaging in exploitative research were lessened. Across the six photovoice workshop sessions, it became apparent that the group of women participating in the study were cultivating relationships amongst themselves, consequently enhancing their connection to the project and their shared aspiration to be actively involved in advocacy work. While their optimism and active engagement were undeniably admirable, I found myself wrestling with concerns regarding the potential drawbacks of 'action-oriented' research, which might, in certain aspects, foster unrealistic expectations regarding the outcomes. To address this dilemma, ongoing efforts will be dedicated to navigating this tension by sustaining dialogue and collaboration with these women, with a focus on advocating for enhanced conditions for women living in supportive housing in Southern Ontario.

In addition, I deliberately chose to contextualize women's stories within their socio-political and economic milieu. It's important to note that within Mad Studies, advocates and scholars caution against the potential pitfall of reproducing narratives from individuals who have

received a diagnosis or are perceived as "mentally ill" (Costa, Voronka, Landry, Reid, McFarlane, Reville, Church, 2012). This is due to the risk that stories of resistance could be co-opted by service providers, transforming them into narratives of individual recovery, rather than leveraging them as catalysts for broader social-political transformation (Costa et al, 2012).

My hope is that the compelling imagery will not only prompt the broader public and service providers to be introspective on their approaches and provision of services to supportive housing tenants but also inspire other women in similar housing situations to join in this endeavour of expressing their perspectives and becoming agents of change.

8.2 Concluding Statement

Studies thus far have focused on the needs, challenges, and experiences of residents in supported accommodation, lacking attention to the unique concerns specific to women (O'Campo et al., 2023). Moreover, the current literature lacks an exploration of how marginalized women's identities influence their needs and experiences within gender-mixed permanent supportive housing.

With the aim of initiating discourse within the existing literature about the experiences of women in supportive housing, this project directed its attention toward delving into the intricate complexity of women's lives as they navigate and resist multiple oppressive factors. This included recognizing the interconnectedness of their identities, aiming to offer a deeper understanding of the structural challenges they confront within the realm of supportive housing. The findings highlighted stigmatization, including gendered power dynamics, economic limitations, inadequate social support networks, and various forms of discrimination. The combination of feminist participatory action principles and an arts-based project unveiled the potential to achieve a thorough understanding of the experience of residing in an independent

supportive housing facility. Furthermore, it underscored potential pathways for initiating

transformation within a system that seems inadequate in fostering a sense of community and

positive social outcomes for the most marginalized women tenants.

As Finley (2008) elucidates, "arts-based inquiry can be used to advance a subversive

political agenda that addresses issues of social inequity. Such work exposes oppression, targets

sites of resistance, and outlines possibilities for transformative praxis" (p.71). Through their

involvement in this project, women residing in supportive housing engaged in a form of social

activism by expressing viewpoints that might otherwise have been dismissed or suppressed due

to the inherent power imbalances between housing providers and tenants. Furthermore, the

women took part in a process of co-constructing the meaning of their lived experiences through

artistic visuals. This, in turn, allowed them to convey powerful messages and potentially

cultivate a sense of connection and empathy in those who engage with their art and storytelling

(Sinding & Barnes, 2015; Weber, 2008).

This project shed light on the lived experiences of women residing in supportive housing

in Southern Ontario. By elevating women's voices and centering the study on their personal

experiences, numerous prospects for change were unveiled throughout the course of this creative

inquiry. Additionally, thanks to the women's insightful inputs to the Photovoice workshop, I

gained the ability to further unpack experiences and interpret specific common hurdles (such as

feelings of being neglected and stigmatized because of residing in subsidized housing). In my

interpretation, these obstacles directly stem from the infiltration of neoliberal values into housing

policies, leading to changes in service provision, environments, resource accessibility, and

interpersonal relationships.

In conclusion, the realization of this project owed its existence to the remarkable commitment and insightful analysis of the five women who actively took part in this study. Through their engagement in this process, which involved both artistic expression and spoken narratives, these women unveiled numerous implications that hold significance for social work praxis, policy development, and research endeavours. Additionally, aligning with the principles of Feminist Participatory Action Research (FPAR), several avenues for societal change emerged. These encompassed the need to provide tenants residing in supportive housing with anti-oppressive educational initiatives and workshops focused on advocacy skill building. Such programs possess the potential to elevate critical awareness, foster mutual support, and bolster the foundation for collective action.

This thesis amplifies the perspectives of women navigating "independent" lives within supportive housing due to mental health challenges. My hope is that, via collaborative Knowledge Translation and Exchange (KTE) activities, the women involved in this study, and I can harness this research along with the accompanying photographs as a catalyst for initiating a crucial and indispensable dialogue. This thesis aims to shed light on how both the general public and the supportive housing sector can cultivate greater empathy toward the needs of marginalized women living in supportive housing.

~

In concluding this thesis, it is with great honour and profound emotion that I present a remarkable piece of art that encapsulates some of the narratives and themes explored within these pages. Crafted by the talented hands of Ruth, this artwork stands as a poignant reminder

that beyond the academic analyses and empirical findings, there exists a world of emotions,

stories, and lived realities that demand our understanding, empathy, and action.

Her Story – by Ruth

She's camouflaging herself.
Trying to hide, deny and ignore the pain and suffering.
She's crying herself to sleep in order to get through each day until one day she breaks down.
She crumbles.
The trauma, abuse and fear become too much and merely existing, eating, bathing, sleeping, become too hard.
The light she has in her heart and soul is now covered by blackness and shadows; despair and self-loathing.
Before giving up, she searches for help.
There are Hospital admissions and shelters to protect her from herself and from others.
To physically hide her from danger.
Temporary supports during a time of chaos.
She is told that she is mentally ill.
Many diagnoses - depression, anxiety, PTSD, D.I.D.
She wonders if there's any hope.
She searches for doctors and therapists that can assist with obtaining an income in order to survive.
Her family has abandoned her. They don't know how to help so they choose to do nothing and leave.
Alone now.
One professional says 'I can't do the paperwork any longer'.
So She searches for another social worker and psychologists say 'she's too complicated'.
"You can't be helped".
She is abandoned repeatedly.
Hope gone.
She tries to die and has more hospital stays until she finds a woman who sees her pain and believes her history and offers help.
There is potential but she must leave Canada for months at a time for treatment in order to recover from years of torture.
She is too unwell and treatment is not provided here.
For years she's in and out of temporary supportive housing.
So many doors are shut in her face.
"We can't treat you"."
We don't believe you".
Repeatedly she's told she doesn't fit or belong or is even worth the effort.

Slipping through the cracks.
Falling until she is trapped like in a cage that she can not open herself.
And there she stays believing there is no way out. She hates herself.
A woman alone.
No friends.
No children.
A broken mind and body.

She now has a safer place to call home. But the journey to get there was messy. A tangled path like branches intertwined on a tree. A curve here a dead end there. Starting back at the beginning to navigate a different route. Climbing back up when she feels her life is ripped apart. She has a psychiatrist and staff to talk to now. Groups teaching coping skills, but no continuity or consistency of care. No one consults each other to meet the multiple needs. She is torn amongst social supports leaving a bit of herself with each one. She feels totally disconnected. Broken pieces scattered everywhere. She meets neighbors and makes friends but doesn't have the skills to maintain personal relationships.
So she gets lost in connections she doesn't understand or know how to navigate.
There's gossip, bullying, fear.

The neighbors in the houses on the street aren't pleased with the supported housing apartment building in the neighborhood.

Stigma.

"Drug addicts and people with mental health issues live there".

"They don't belong here".

"They don't work".

"They Are not contributors to society".

She doesn't belong in the world outside the apartment doors.

She is not good enough.

So she keeps looking for avenues to make a life worth living.

She still feels invisible at times and camouflages herself.

But now she knows why she needs assistance and support.

She holds the reasons in the palm of her hands. She doesn't want to be defined by the labels.

homeless

traumatized

abused

poor

She is a woman with deep emotions, intelligence and insight, who's seen as society's burden.

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APPPENDICES

McMaster
University

LETTER OF INFORMATION / CONSENT

Study title: **Through her eyes: Photovoice as a research method for women with mental health and substance abuse issues living in supportive housing.**

Student Investigator:	**Faculty Supervisor:**
Angelica Esposito	Mary Vaccaro
School of Social Work	School of Social Work
McMaster University	McMaster University
Tel: ▓▓▓▓▓▓▓	Tel: (905) 933-9150
Email: esposa2@mcmaster.ca	vaccarm@mcmaster.ca

What are the aims of this study?

You are invited to participate in an arts-based photography project.

This research will use Photovoice to learn more about the experiences of women and women-identified living in a mixed-gender supportive housing in Southern Ontario.
I am interested in learning more about their preferences, needs, and challenges in participating in the community while living in supportive housing.
By putting women's voices at the centre of this research, this study will create new ideas about improving supportive housing programs.

This research is a requirement of my Master's degree in Social Work program.

What is involved in taking part in the study?

Photovoice is a way of doing research. It asks participants to get together to express their opinions and represent their communities by photographing scenes. Through art, it is possible to get new visions and perspectives on what it is like to be part of a community; photographs can show others unnoticed issues and features of the community.

This will involve your commitment to participate in audio-recorded group discussions during the workshops and taking photographs on your own time.

If you are interested in participating, I will lend you a digital camera that you will use for the entire project! If you don't wish to use the camera I provide you, you can use your own devices (digital camera or smart phone) to take pictures and email me the pictures at esposa2@mcmaster.ca

You can decide if you want to be part of this study. Participating in this study is voluntary, and choosing to participate WILL NOT affect your right to receive housing, social services, or healthcare. You do not have to join this study if you do not want to.

To participate, you must:

Letter of Information/Consent Form (Version date: March 2023)   Page **1** of **7**

- Live at the study site ███████████
- Be 18 years or older - Identify as a woman.
- Be able to participate in this study in English
- Be living in supportive housing due to mental health challenges.
- Be interested in showing others how you view your life and your community.
- Be willing and able to participate in a six-day workshop series, two hours per day.

Before agreeing to participate in this study and giving written consent, you must understand the information in this consent form. I am here to answer your questions if you want me to clarify anything.

What will happen during the Photovoice Workshops?

You will first chat with me (Angelica) for approximately twenty minutes. We can talk on the phone or in person during a drop-in information session at ██████. During this conversation, you will find out if you are eligible to participate, learn about this study, and review the format of the Photovoice workshops. You can ask any questions about your rights and responsibilities as a research participant.

All the PhotoVoice workshops will be held at ███████████and recorded. I will transcribe each recording. Then, with my help, you and other participants will analyze the discussions and find common themes.

The workshops will run over six straight days (for example, from Monday until Saturday)

Participation is voluntary, and you may refuse to participate or leave (withdraw) the project at any time without any risk to yourself.

Day 1: Learning About Group Participants, PhotoVoice and Supportive Housing

You, I and the other four participants will gather at ███████████. The session will begin with a check-in, where I will open the session and the workshop series. Next, I will introduce myself and ask each participant to introduce themselves. Then, I will lead a discussion about group privacy, confidentiality and ground rules for participation (for example, being respectful to others; do not tell others outside the project what we have discussed). Also, I will provide an overview of Photovoice and how to use the camera. Finally, we all (you, I, and the other participants) will review the study research questions and the daily sessions' goals and create a photo collection plan between days 2 and 3.

Day 2 and 3: Generating Photos that Respond to the Research Questions
In day 2 and 3, participants will take, collect, and share photos that respond to housing, relationships and community life questions (I have written some possible research questions below). You and other participants will be encouraged to take as many photos as you want in response to the research questions.
I will instruct participants on the ethical considerations of taking photographs. For example, participants will be encouraged not to identify themselves in the photos. Instead, they will include only a hand but no whole bodies or faces. Or, if participants choose to include their faces in a picture, we will have a conversation about the consequences and possible negative impacts that this decision can bring. It will also be discussed with participants to exclude photos or information that allow those who see the picture to recognize a person or their personal information (for example, not to take a picture where it is visible someone's address). Finally, if participants have pictures of others, I will work with the photographer to blur out or remove the person or their personal information from the photo.

During sessions, we will review and discuss the photos as a group. Over these two days, participants will answer some questions by taking pictures and explaining why they chose those scenes. Potential questions could be:
1.　　What's your journey as a resident in supportive housing?
　　a.　　How was your experience accessing supportive housing?
　　b.　　How is your experience now?
　　c.　　What does housing mean and look like for you?
2.　　What does 'support' mean to you when discussing supportive housing?
　　a.　　What 'formal' support did you find helpful or unhelpful? For example, formal support could be housing workers, social workers, nurses, and doctors.
　　b.　　What role does 'informal' support play in your life? Informal support can refer to family, friends, and neighbours.
3.　　What's your experience as a community member?
　　a.　　How do you define your community?

       b.   What are the challenges or benefits of participation?
4.   What is your message to housing and healthcare providers?

Day 4: Narrowing Down Photographs and an **Individual SHOWeD Photo Elicitation interview**

<u>Part one (one hour)</u>. You and other participants will have an opportunity to revisit the photographs you contributed on days 2 to 3 and decide which photos best fit with the research questions. Each participant will share the story of the pictures they chose with the group. I will audio record and later transcribe the discussion.

<u>Part two (one hour).</u> Participants will come back at their chosen time for an **Individual SHOWeD Photo Reaction interview.**
You will meet individually with me, in person, for up to 1 hour. I will audio-record and transcribe each interview. During this interview, participants will detail the photographs they selected on Day 4. Using the SHOWeD method, I will ask participants to look at their photos and to respond to each question below:
What do you SEE here?
What is really HAPPENING here?
How does this relate to OUR lives?
Why does this problem, concern, or strength EXIST?
What can we DO about it?

Once participants have reacted to their own photographs, they will self-select three images that will be used the next day as part of the **Group SHOWeD Photo Reaction Workshop.**

Day 5: Group SHOWeD Photo Elicitation Workshop & Participatory Analysis
The group will review all the photos participants have chosen during the individual SHOWeD process. Next, you and other participants will react to the photos using the SHOWeD method as a group. Then, the group will begin a participatory analysis process. This means we will look at all the selected images to find common themes. Finally, we will discuss what our recommendations are to improve supportive housing.

Day 6: Celebrating Photographers & Workshop Series Closure
On this final day, I will review what we learned with you and the other participants the day before. Then, you, the other photographers and I will gather for an in-person celebration. This will happen at ▮▮▮▮▮▮▮▮. Finally, participants will discuss the next steps for the project, including possible ways to share what we have learnt from this study with others through virtual or in-person events. I will thank each participant for all their contributions to the workshop series.

What will happen with the Photovoice project you create?

We will use the Photovoice project as a part of the analysis process to understand the experiences of women living in supportive housing; we will use the transcribed discussion and the photos as the information for the research. With your permission, I will share the pictures you have taken for the project in my Master's Thesis. I will only use photographs where participants or other people who are not involved in the research are not identifiable. We will decide whether to use this information in other publications, at local exhibits, conferences, virtual and in-person events. Your photos and story will only be shared with your permission and with a name/label that you choose (e.g., with or without your name, using a nickname or a pseudonym).

It will be up to you whether you want to keep the photos that you took. I will store a copy of the photographs of this project. However, I will protect them by using a password-protected electronic DropBox folder.

What if I change my mind about being in the study?

Your participation in this study is voluntary. You may decide to stop participating and have the right to exit (withdraw from) the study without consequence at any time. If you exit the study, your housing, healthcare, or access to other services will stay the same.
Suppose you change your mind before the workshop starts. In that case, I will destroy any information gathered from you during the recruitment process (your name, demographic questions, etc.) and will not use them in the study. If you choose to exit the study during the Photovoice Workshop series, you can do so; you will still receive your honorarium for that day. Suppose you want to exit the study after participating in any or all of the Photovoice workshops. In that case, you can choose not to include your Photos and story (individual interview) in the study. However, the part you contributed to the group discussion will stay in the study. In case you do not wish to have your photo and story shared in the final study (Angelica's thesis), I will destroy your photos and the transcribed individual interview. Please inform me of your decision to withdraw (exit) your contribution by June 15th, 2023, to ensure I will not include your photos and personal story when sharing study results.

Are there any risks or harms to doing this study?

There are some risks to consider when deciding whether you will consent to participate in this study. You may feel distressed, uncomfortable or anxious when answering some of the questions about your experiences and preferences regarding supportive housing. Some of the questions you will be asked to think about and discuss during the Workshops are personal and may make you feel emotional or upset. Some questions ask you to think about your support needs and may ask you to disclose information about your social and healthcare needs/experiences.

You are not required to answer any questions that make you feel uncomfortable, and you are not required to share any information that you wish to keep private. You are welcome to withdraw from the workshop at any time and/or skip particular questions/activities you prefer not to answer.

You might also worry about disclosing your honest feelings, ideas and opinions about supportive housing. You may also worry about the perceived implications of being open about your ideas

for supportive housing. For example, you may fear that I might react to what you are saying by being honest about your thoughts. You may also worry about perceived implications resulting from being open about gaps in housing services and ideas for alternative models or supports. Please know that I want to do this research because I want to listen to and advocate for women living in supportive housing. Your lived experience is essential, and your critiques of existing systems can help improve supportive housing.

You will receive a list of resources you can connect with if you require further emotional or social support from engaging with the study.

Although it is not likely that I will breach your confidentiality, I may be required to if you share information that legally requires them to disclose the risk of harm to self and/or others.

I will ask your permission before using the photos you have contributed to the Photovoice workshops and direct quotations from the transcripts. Also, I will not publish direct quotes with identifiable information. This means that I will report what your and other participants say without using any information that might reveal who you and others are. For example, I will not use names of people in your life, service providers, addresses, dates, etc.. I will edit photos with identifiable information (such as faces, personal information, addresses, etc.) before sharing them.

Legally Required Disclosure

As I explained before, I will protect your privacy. However, if the law requires it, I need to reveal certain personal information. For example, suppose you report information about you harming yourself or others or situations where children may need protection. In that case, I might need to contact appropriate services so that they can intervene and respond to these risks.

Are there any benefits to participating?

It is unlikely that there will be any direct benefits to you through participating. For example, your participation will not change the housing, clinical care or social services that you currently receive.

By participating in this study, you are contributing to increasing knowledge about women living in supportive housing. By putting women's voices at the centre of this research, this study will generate new knowledge and ideas about how supportive housing programs could be improved. However, while this project might help others understand your needs and wants, I cannot guarantee any changes.

Will I receive an incentive?

I will give you directly a cash honorarium of $240.00 for completing the six workshops. You will receive $40.00 cash at the end of each day. Upon the competition of the project, I will give you the digital camera you used during the workshop! Also, I will bring snacks and drinks to each workshop.

How will my privacy be protected?

You do not have to provide any information that will identify you during the Photovoice workshops. Throughout the study, including during the workshops and on the consent form, you can use a nickname or a pseudonym that you make up instead of your real name. All of the photos you take for the Photovoice workshops will not have any identifying information on them. If there is a chance you could be identified by the photos you take, the photos will be edited before being shared as a part of the study findings.

I will record some parts of the Photovoice workshop on a digital recorder.

The recording is necessary as I want to ensure we remember all your valuable stories and opinions. I will transcribe the recordings. I will remove any information that identifies you from the transcript. For example, if you mention any details such as your name, or the name of your child/friend, I will remove this information from the transcript and all written notes.

I will not share your identifiable data (information that allows people to identify you, like your name) with anyone except with your consent or as required by law. I will store only your chosen pseudonym or nickname with your identifiable data. We will never request your DOB or any other identifying information. I will only require your name/signature for the consent form. I will be the only person who will have access to this document as it will be stored in a locked filing cabinet in my home office.

I will need your email or address only if you request to receive the findings of this study.

I will store all the audio recordings, transcripts and visual data (your photos) on an encrypted, password-protected electronic platform to which only I can access.

I will store the information you share during the study, including the audio-recorded discussions and digital photos. I will store them using a number (participant numerical code) that I will link to the pseudonym/nickname you provide. In addition, I will hold the Master linking log of participant information on a secure, encrypted, password-protected electronic platform to which only I have access.

I will destroy the audio recordings as soon as participants approve the transcriptions to be accurate

(approximately within ten days after the recording). However, I will keep the transcripts, study notes, and photos for two years. I will need this time to share with others what we have learnt during this study to promote supportive housing that responds to women's needs.

Suppose the results of the study are published. In that case, I will not use your name or disclose information that reveals your identity. Furthermore, I will not publish your contribution to this research study (individual interview and photos) without your consent.

Will the data I share to be used in future research?

I will use the information collected during the Photovoice workshops in my Master's research. In particular, I will use the findings from this Photovoice project, including direct quotes and photos taken by participants during the Photovoice project, to write my thesis.

Also, I plan to share the research widely within Hamilton and other communities to advance knowledge relating to the experience of women living in supportive housing. This will hopefully

include an exhibit with the hope of informing how to improve supportive housing. You can
decide whether you want your photos and your voice featured in this exhibit.
This might include in-person exhibits, publications and conference presentations that share what
we have learned about supportive housing for women through this Photovoice project. Any
opportunities to share the findings will be focused on advancing the development of housing and
support for women tenants.

How do I find out what was learned in this study?

I expect to complete the study by August 2023 and the full dissertation by approximately
September 2023. If you would like to receive a brief summary of the results, please let me know
how I can contact you and I will send you the findings by September 2023.
I would like to share the research findings through a community forum in Hamilton. If you are
interested in participating and/or attending any local events where the findings are being shared,
please let me know how to contact you.

Questions about the Study:

If you have questions or need more information about the study itself, please get in touch with
me at:

Angelica Esposito at esposa2@mcmaster.ca
Alternatively, you can contact my supervisor Mary
Vaccaro at (905) 933-9150 or vaccarm@mcmaster.ca

This study has been reviewed by the McMaster Research Ethics Board and received ethics
clearance. If you have concerns or questions about your rights as a participant or about the way
the study is conducted, please contact:
McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 ext. 23142

Email: ethicsoffice@mcmaster.ca

CONSENT

- • I have read the information presented in the information letter about a study being
conducted by Angelica Esposito, of McMaster University.
- • I have had the opportunity to ask questions about my involvement in this study and to
receive additional details I requested.

- I understand that if I agree to participate in this study, I may withdraw from the study at any time or up until June 15th, 2023
- I have been given a copy of this form.
- I agree to the use of anonymous quotations in Angelica's Master's Thesis.
- I agree to have the final digital photos taken by me during the Photovoice project in Angelica' Master's Thesis.
- I agree to the Photovoice workshop series being audio recorded to ensure accurate transcription and analysis.
- I understand that the photos and story will only be shared with my permission and with a name/label that I choose (e.g., with or without my name, using a nickname or a pseudonym).
- I understand that photos taken by me with identifiable information (such as faces, personal information, addresses) will be edited before being shared with others outside of the research group.
- I agree to participate in the study.

Signature: _____ Date: _____

Name of Participant (Printed) _____

Consent Questions:

1. Would you like a copy of the study results? If yes, where should we send them (email, mailing address)?
_____

2. Would you like to be informed about any possible event that comes from this research? If yes, what is the best way to reach you (phone, email)?
_____

3. Is there a pseudonym you wish to be identified by in the report/results?

Appendix B: Recruitment Brochure - Side A

Are you...?

- 18 years or older
- a woman identified
- able to communicate in English
- living at ▮▮▮▮▮▮ due to mental health challenges
- interested in showing others how you view your life and your community
- willing and able to participate in a six-day workshop series, two hours per day.

FOR MORE INFORMATION PLEASE CONTACT

ANGELICA ESPOSITO

esposa2@mcmaster.ca

McMaster University School of Social Work MSW Thesis Funded by SSHRC

Research Supervisor: Mary Vaccaro
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YOU are invited to participate in an arts-based **photography** research project!

THE EXPERIENCES OF WOMEN LIVING IN SUPPORTIVE HOUSING

School of Social Work | McMaster University

Appendix B: Recruitment Brochure - Side B

THIS ARTS-BASED RESEARCH PROJECT WILL USE PHOTOVOICE AS A METHOD TO LEARN MORE ABOUT THE EXPERIENCES OF WOMEN AND WOMEN-IDENTIFIED LIVING IN MIXED-GENDER SUPPORTIVE HOUSING IN SOUTHERN ONTARIO.

HOW WILL I BE COMPENSATED FOR MY TIME AND ENERGY?

You will receive a cash honorarium of $240.00 for completing the six workshops. You will receive $40.00 cash at the end of each day. I will give you the cash honorarium directly. Upon the competition of the project, you will also be gifted with the digital camera you used during the workshop! Also, snacks and drinks will be provided during the workshop.

WHAT IS THE PURPOSE OF THIS RESEARCH?

This project will center women s voices to generate new knowledge and ideas about how supportive housing programs could be improved.

WHAT WILL I HAVE TO DO AS A PARTICIPANT?

You will be asked to participate in a six-day workshop series in May (2 hours per day), where we will discuss your individual and collective experience as tenants of supportive housing. These discussions will be audio recorded. In between sessions, you will also contribute to a photo collection by taking and sharing photos in response to research questions.

WILL I HAVE ANY CONTROL OVER THE RESEARCH FINDINGS?

This is a feminist action research project, meaning participants will have control over the findings and how they are portrayed and shared. You can withdraw from the research process at any point - participating or non-participating will not impact your housing and service received.

Appendix C: Appreciation Letter

McMaster University

APPENDIX C

APPRECIATION LETTER

Study title: Through her eyes: Photovoice as a research method for women with mental health and substance abuse issues living in supportive housing

Researcher: Angelica Esposito

Dear _____,

I would like to thank you for your time and energy invested in the project.

This project would not be possible without you and the stories you have shared. Know that your voice is important and what you have shared can make a difference. Please accept this honorarium as compensation for all you have done. Also, please accept this camera as a gift for the commitment and active participation you demonstrated throughout this six-day workshop series.

I wish you all the best in your future endeavors!
Sincerely,

Appendix D: Site Specific Authorization to Conduct Research

SITE SPECIFIC AUTHORIZATION TO CONDUCT RESEARCH

Date: February, 23th 2023

Dear McMaster Research Ethics Board:

The purpose of this letter is to inform you that I give **Angelica Esposito** permission to conduct the research titled *Through her eyes: Photovoice as a research method for women with mental health and substance abuse issues living in supportive housing* at ▮▮▮▮▮▮▮▮ We have agreed to the following study procedures:

- To facilitate the recruitment phase by granting permission to display research posters and research brochures within the research site in the month of April 2023.

- To facilitate the recruitment screening phase by permitting Angelica access to the research site to ask questions to potential participants to determine eligibility to participate in the study in the month of April 2023.

- To facilitate the conduction of the research by providing a dedicated space within the ▮▮▮ facility for the duration of the PhotoVoice workshop series (2 hours per day, 6 consecutive days) to be used by Angelica and five research participants in the month of May 2023

I understand that Angelica will receive consent for all participants. Angelica has agreed to provide my office a copy of the certificate of MREB ethics clearance before she recruits participants on site.

Sincerely,

Appendix E: Eligibility Screening Tool

McMaster University

APPENDIX E_V4

Study Title: Through her eyes: Photovoice as a research method for women with mental health and substance abuse issues living in supportive housing

Eligibility Screening Tool

Preamble

Hello, my name is Angelica, and I am a student at McMaster University. This research is a requirement of my Master's degree in Social Work program. Thank you for agreeing to participate in a pre-screening interview for this study.

As a reminder, this study focuses on gaining knowledge on the experience and needs of women living in supportive housing due to mental health challenges.

Photovoice is a research method that asks participants to express their points of view or represent their communities by photographing scenes or gathering images that highlight research themes. Through art, it brings new insights and perspectives which raise awareness of hidden or overlooked issues and aspects of the community.

I hope to run a six-day Photovoice workshop series at ▮▮▮▮▮▮▮▮. Photovoice is a research method that asks participants to express their points of view or represent their communities by photographing scenes or gathering images that highlight research themes. Through art, it brings new insights and perspectives which raise awareness of hidden or overlooked issues and aspects of the community.

This will involve your commitment to participate in an audio-recorded group dialogue with me and four other participants, workshops and taking photographs on your own time.

Today I will be asking you questions to determine your eligibility for the study. These questions can feel difficult to answer, and I understand if you do not feel comfortable answering them. We have some **required questions** for participation and several others that you are welcome to skip if you need to.

After completing this interview, I will review this information and I will let you know if you have been selected for the study.

Questions
1. General Eligibility / Required

   1. **Do you live at the study site** ▮▮▮▮▮▮▮▮
   2. **Are you over the age of 18? Yes / No**
   3. **Do you identify as a woman? Yes / No**
   4. **Are you able to participate in this study in English? Yes / No**
   5. **Do you live in a supportive housing due to mental health challenges? Yes / No**
   6. **Are you comfortable with your interview/group discussion being audio recorded for transcription purposes? Yes / No**
   7. **Are you interested in showing others how you view your life and your community Yes / No**
   8. **Are you willing and able to participate in a six-day workshop series, two hours per day? Yes / No**

If no to any of the required - Based on your answers so far, unfortunately I will not be able to select you for the study. I deeply appreciate you connecting with me today.

Eligibility Screening Tool (Version date: March 2023)Page 1 of 2

If yes to all required - Based on your answers so far, you are eligible for our study.

For participating, you will receive a cash honorarium of $240.00 for completing the six workshops. I will personally give you the cash honorarium $40.00 at the end of each day. Upon the competition of the project, I will also give you the digital camera you used during the workshop! You will receive the camera regardless of the number sessions you participated in.
In addition, I will provide snacks and drinks each day during the workshop.
I have some more questions for you. May I continue?

2. What <u>name</u> would you like me to give me for now?

3. <u>Housing Status</u>
    a. Do you anticipate a change in where you will be staying in the next few weeks?
    b. If something changes with where you are staying and you need to tell me, what is the best way to do that?

4. <u>Commitment</u>

    c. To participate you will need to be available in the next few weeks for a six-day workshop (2 hours per day for six consecutive days). What would prevent you from participating?
    d. Would you be available on Monday May 1st, Tuesday May 2nd, Wednesday May 3rd, Thursday May 4th Friday, May 5h, Saturday May 6h 2023, from 10.30 am till 12.30?
    e. If I lend you a digital camera and show you how to use it, are you willing to take pictures, on your free time, on Monday May 1st, Tuesday May 2nd and Wednesday May 3rd 2023?

4. <u>Accessibility</u>
    1. We want to make this experience as welcoming as possible, what would we need to know to make that possible?
    2. Are there spaces within your supportive housing that make you feel uncomfortable and or /physically prevent you from entering?
    3. Is there anything else we should know that may impact your ability to participate in this study?

Appendix F: Demographic Information Form

APPENDIX F

DEMOGRAPHIC INFORMATION FORM

DO NOT include your name on this form

INSTRUCTIONS: Please fill in as comfortable. This is intended to provide us with some basic background information about you.

1. How do you gender identify as?

[ ] _____
[ ] Prefer not to say

2. How old are you? (check one):

[ ] between the ages of 18-23
[ ] between the ages of 24-29
[ ] between the ages of 30-40
[ ] between the ages of 41-50
[ ] between the ages of 51-64
[ ] 65 or over
[ ] prefer not to say

3. How would you describe you race and ethnicity?

[ ] _____
[ ] Prefer not to say

4. How long have you been living in supportive housing for?

[ ] _____
[ ] Prefer not to say

5. Where did you live before entering the supportive housing program?

[ ] Sleeping rough
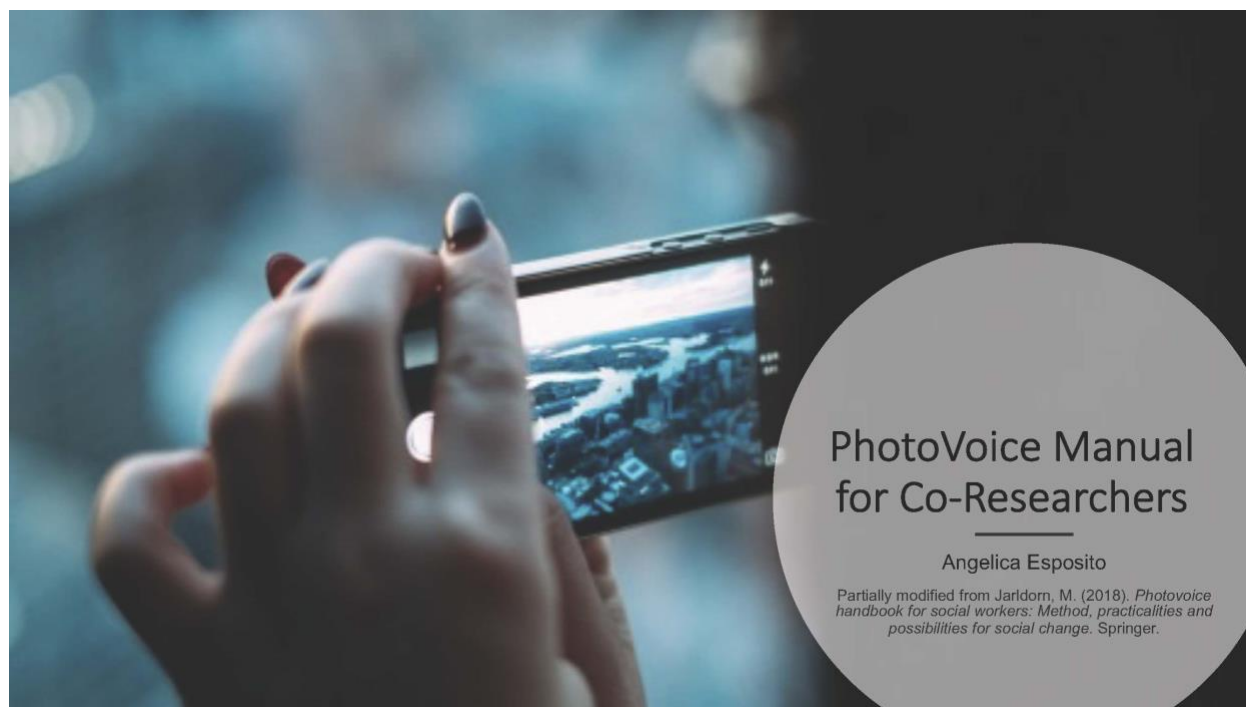[ ] Hospital
[ ] Family or friends
[ ] _____
[ ] Prefer not to say

Please turn over this brief information sheet and leave it on the table when you leave. Thanks.
Demographic information form (Version date: February 2023)   Page 1 of 1

Appendix G: Photovoice Manual for Co-researchers

PhotoVoice Manual
for Co-Researchers

Angelica Esposito

Partially modified from Jarldorn, M. (2018). *Photovoice handbook for social workers: Method, practicalities and possibilities for social change.* Springer.

What is PhotoVoice?

• PhotoVoice is a research method which aims to elevate people's voice in policy making and service design

• PhotoVoice is a participatory action research, which means that you as participant are acknowledged as the expert in your life

• One of the most important aspects of PhotoVoice is that it is used to help policy makers to understand your experiences.

• Importantly, your ideas and examples will direct how this research project begins to understand the hopes, needs and experiences of women and non-binary folks who live in supportive housing

• Before you set out to take photos, it is important that go over some information

Some things to consider before you start

- Please do not take any photographs of any criminal of illegal activity

- Please remember that we cannot use a photograph of your face or of anyone who is close to you. Your and other people identity must be kept private at all times in this project

- There are ways around this! Perhaps you could take a photo of people you know but from behind or at different angles to their faces cannot be seen like the photos on the side.

Photographing in public

- There are lots of ways of taking a self portrait

- You can take photos on a city streets as they are deemed public spaces, but please be mindful and respectful of other peoples privacy.

- We don't need a 'beautiful' photo. What it is important is that you take photos of things, events, places that might make people think or which represent your experiences.

- Once you took the photos we will meet to talk about what the photos mean to you.
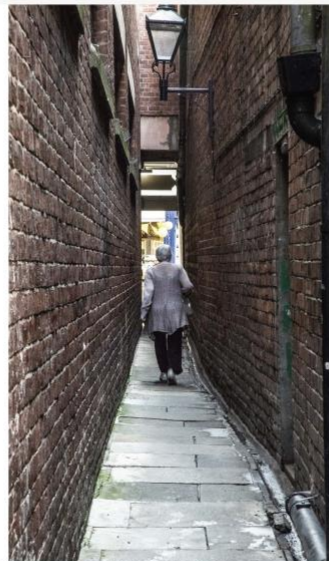
How to use the camera

- Hold the camera with both hands to keep the camera steady

- Put your hands around the camera, to avoid your fingers covering the lens

- Good light will help you to get a good photo.

- Use the flash inside, in dark areas or at night.

- Focusing very closely on something that is ordinary can result in extraordinary photos.

Pictures to describe your life and to express your emotion

- You could either take picture that capture a real situation that you want to share. For example, the first picture could have been taken to show how the person spend most of her/his/their time.

- The second one is a symbolic representation of an emotion. It is one of the pictures I took as research participant in a PhotoVoice project.

- I took this picture to express how I felt. The empty room with the quote on the wall "Oh, the places you'll go!" was for me a symbol of the contrast that I felt between wanting to achieve things and the sense of emptiness for not being able to.

"Alone, we can do so little; together, we can do so much."- Helen Keller

If you have any questions about the any aspect of this research project please let me know at any time during the workshops series or contact me via email: esposa2@mcmaster.ca

Angelica Esposito

School of Social Work

McMaster University

Appendix H: Community Support List

APPENDIX H_V2

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COMMUNITY SUPPORT LIST

▉▉▉▉▉ for Crisis Support 24 HOUR SUPPORT LINE
▉▉▉▉▉ for Crisis Support provides a safe environment in the
community and 24/7
telephone support for individuals who are experiencing a mental health
and/or
substance use crisis and who do not require a hospital staff.

**National Overdose Response Service – Never Use Alone 24-HOUR
SUPPORT LINE**
NORS is an overdose prevention hotline for Canadians providing loving,
confidential,
nonjudgmental support for you, whenever and wherever you use drugs.
https://www.nors.ca
Call: 1-888-688-NORS (6677)

▉▉▉▉ House – 24 HOUR SUPPORT LINE
Client advocates provide emotional support, practical advice and referrals.
Your conversations with our client advocates are confidential and secure.
Talk about how you're feeling. Create a safety plan to reduce your risk of
harm. Get you
the services you need for support

████ - 24 HOUR SUPPORT LINE

Support for survivors of all genders who have experienced sexual violence any time in
their lives. Information and resources. Non-judgmental listening. Help with exploring
options.

████████████████████

Call: 9████████

████████ 24 HOUR SUPPORT LINE

Offers a safe, caring and supportive place where women are welcomed and assisted by
our specially trained team to assess and define next steps regarding their substance
use and recovery. 24/7 telephone line for crisis and support

████████████████████████████

████████████████████

Call: ████████

Appendix I: Photovoice Workshop Series – Facilitation Guide

APPENDIX I

Study Title: Through her eyes: Photovoice as a research method for women with mental health and substance abuse issues living in supportive housing

PhotoVoice Workshop Series - Facilitation Guide
Version 2: MARCH, 14 2023

This guide outlines the procedures that participants can expect during each day of the PhotoVoice Workshop Series.

Arts-Based Research Method: In-Person Photovoice Workshops
Photovoice as a method allows the researcher to recognize and understand the photographic choices that participants make as they attempt to express their questions, thoughts and experiences. Throughout the Photovoice Workshops, participants will share digital photographs that respond to the research questions and document the realities of their lives related to supportive housing, community participation and support.

All the PhotoVoice workshops and the individual interview will be held at ▇▇▇▇ ▇▇▇▇. Each session will be recorded. Each audio file that is generated will be transcribed to facilitate data analysis.

Pre-Workshop Meeting: Informed Consent
Participants who have confirmed their interest in participating will meet one-on-one with me (Angelica) at ▇▇▇▇ for approximately 15 minutes. They will first review and discuss the Letter of Information and Consent form, and I will obtain written consent to participate. Once consent has been received, participants will complete a short demographic survey (orally administered by me).

Session Plan: Session 1/6
Session Title: Learning About Group Participants, PhotoVoice and Supportive Housing
Format (120 min total)
Supplies: Computer, flipchart and markers, pens and notepads, photovoice research manual, feedback sheet, audio recorder, honoraria ($40x 5 participants=$200), 5 cameras, snacks and drinks.

Day 1:
- Participants and I will gather in a dedicated room within the premises of ▇▇▇▇ ▇▇▇▇.
- 10 minutes: The session will begin with a check-in where I will open the session, and the workshop series, and ask each participant to introduce themselves.
- 15 minutes: I will lead a discussion about group privacy and confidentiality and generate ground rules / guidelines for participation with the participants.
- I will remind participants that:
  - Participation in the Photovoice Project is voluntary.

- o It is ok to abstain from discussing specific topics if participants are not comfortable.
- o All responses are valid—there are no right or wrong answers
- o To respect the opinions of others even when in disagreement.
- o To try to stay on topic so that there is time for everyone to speak.
- o To speak as openly as participants feel comfortable.
- o To help protect others' privacy by not discussing details outside the group.
- o I cannot guarantee participants will maintain confidentiality

- 15 minutes: I will provide an overview of PhotoVoice (Appendix G - Photovoice manual for co-researchers), camera equipment and how to respect people in the community when taking photographs. Distribute cameras to participants. Answer questions about how to use the cameras as applicable.
- 20 minutes: I will lead an education session as part of an informal group discussion. Through this discussion participants will learn about policy, rules and guidelines impacting tenants in supportive housing. This discussion will be audio-recorded.
- 15 minutes: Break (snacks and drinks provided)
- 30 minutes: Participants will review the study research questions, the goals of the weekly sessions, and create a plan for photo collection between day 2 and 3. Participants will be encouraged to take as many photos as they would like in response to the research questions.
Potential questions:
  1. What's your journey as tenant in supportive housing?
     a. How was your experience accessing supportive housing?
     b. How is your experience now?
     c. What does housing mean and look like for you?
  2. What does 'support' mean to you in relation to supportive housing?
     a. What 'formal' support did you find helpful or unhelpful? Formal support can refer to housing workers, social workers, nurses, doctors
     b. What role does 'informal' support play in your life? Informal support can refer to family, friends, and neighbors.
  3. What it's your experience as a community member?
     a. How do you define your community?
     b. What are the challenges or benefits to participation?
  4. What is your message to housing and healthcare providers?

- 15 minutes: Wrap-up – Review key learning points and restate photo assignment. Thank the group, provide honoraria for participating and confirm participation for the day after.

Session Plan: Session 2/6
Session Title: <u>Generating Photos that Respond to the Research Questions (Part 1)</u>
Format (120 min total)

Supplies: Computer laptop, flipchart and markers, pens and notepads, feedback sheet, audio recorder, honoraria ($40x 5 participants=$200), Photograph printer, Photograph paper, USB drive, cable, snacks and drinks.

Day 2:
- 10 minutes: I will welcome everyone and provide some time for the participants to get settled in/general chit-chat and thank participants for returning. After this, I will start the recorder.
- 10 minutes: I will review the photograph assignment/topic to start a discussion about the day before (e.g. feedback, barriers, what went well, outcomes)
- 60 minutes: I will print pictures taken by participants during the past 24 hours. Participants will share 1-3 photos. 1 photo is presented at a time. We will go around the circle to allow everyone to have a chance to share. We will review them using the VOICE acronym (Voicing our Independent and Collective Experiences) to help get at the meanings behind each photograph for both the person that took them and for the group.
- 15 minutes: Break (food and drinks provided)
- 15 minutes: Review key points from the VOICE discussion and determine if the group would like to stick with the same photo assignment or create a a different assignment that looks at the issue from a different angle
- 10 minutes: Wrap-up – Restate the photo assignment, thank the group for participating, provide honoraria and confirm participation for the next meeting.

Session Plan: Session 3/6
Session Title: <u>Generating Photos that Respond to the Research Questions (Part 2)</u>
Format (120 min total)
Supplies: Computer laptop, flipchart and markers, pens and notepads, feedback sheet, audio recorder, honoraria ($40x 5 participants=$200), Photograph printer, Photograph paper, USB drive, cable, snacks and drinks.

Day3:
- 10 minutes: I will welcome everyone and provide some time for the participants to get settled in/general chit-chat and thank participants for returning. I will start the recorder at this stage
- 10 minutes: I will review the photograph assignment/topic to start a discussion about the day before (e.g. feedback, barriers, what went well, outcomes)
- 60 minutes: I will print pictures taken by participants during the past 24 hours. Participants will share 1-3 photos. 1 photo is presented at a time. We will go around the circle to allow everyone to have a chance to share. We will review them using the VOICE acronym (Voicing our Independent and Collective Experiences) to help get at the meanings behind each photograph for both the person that took them and the group.
- 15 minutes: Break (food and drinks provided)

- 15 minutes: Review key points from the VOICE discussion and determine if the group would like to stick with the same photo assignment or create a a different assignment that looks at the issue from a different angle
- 10 minutes: Wrap-up – Remind participants about the individual SHOWeD Photo Elicitation Interview and ask them to book a 60 minutes time slot, thank the group for participating, provide honoraria and confirm participation for the next meeting.

Session Plan: Session 4/6
Session Title: Narrowing Down Photographs & Individual SHOWeD Photo Elicitation interview
Format (1 hour in group + 5 hours for the individual interview= 6 hours in total)
Supplies: Computer laptop, flipchart and markers, pens and notepads, feedback sheet, audio recorder, honoraria ($40x 5 participants=$200), snacks and drinks.

Day 4:
Part one (1 hour)
- 10 minutes: I will welcome everyone and provide some time for the participants to get settled in/general chit-chat and thank participants for returning. I will start the recorder at this stage
- 10 minutes: I will review the photograph assignment/topic to start a discussion about the day before (e.g. feedback, barriers, what went well, outcomes)
- 15 minutes: In circle, each participant will have an opportunity to revisit the photographs they contributed on Day 2 and Day 3 and decide which pictures best correspond to the research questions.
- 5 minutes: Wrap-up – Remind participants about the individual SHOWeD Photo and ask them to come back at the time they chose.
- 15 minutes: Break (food and drinks provided)

Part two (5 hours max): Individual SHOWeD Photo Elicitation interview.
- Participants will meet individually with me for up to 60 minutes. This interview will be audio-recorded and transcribed. During this interview, participants will engage in a photo elicitation process using the photographs they selected on Day 4 as part of the PhotoVoice workshop (part one). Using the SHOWeD method, participants will be guided through a process of photo elicitation and asked to respond to each question below per photo:
  What do you SEE here?
  What is really HAPPENING here?
  How does this relate to OUR lives?
  Why does this problem, concern, or strength EXIST?
  What can we DO about it?
- 5 minutes: Thank each participant for the interview, provide honoraria and confirm participation for the next meeting.

Session Plan: Session 5/6
Session Title: Group SHOWeD Photo Elicitation Workshop & Participatory Analysis
Format (120 min total)
Supplies: Computer laptop, flipchart and markers, pens and notepads, feedback sheet, audio recorder, honoraria ($40x 5 participants=$200), snacks and drinks.

- 10 minutes: I will welcome everyone and provide some time for the participants to get settled in/general chit-chat and thank participants for returning. I will start the recorder at this stage
- 30 minutes: I will invite the group to review all of the photos chosen by participants during the individual SHOWeD process. As a group, participants will engage in a photo elicitation process informed by the SHOWeD method to consider the images that emerged and were deemed most significant and relevant to the research questions during the PhotoVoice Workshops.
- 15 minutes: The group will begin a participatory analysis process through which themes and recommendations for practice and policy will be elucidated from the collection of photos that have been curated.
- 15 minutes: Break (food and drinks provided)
- 40 minutes: we will continue with a participatory group analysis process through which themes and recommendations for practice and policy will be elucidated from the collection of photos that have been curated. We will follow the analytic process outlined by Capous-Desyllas and Bromfield (2018) whereby participants identify themes through group discussion. For each photograph that is selected as a significant and important representation of their needs and experiences related to living in supportive housing, we will explore as a group the following:
  What is the photo of (what is it depicting)?
  Literally – e.g., self, people, animal, place, thing?
  Thematically – what themes/meanings can we ascribe from this photo?
  How is what is captured in the photo mentioned by the participant (as a need, as an aspiration, as both a need and aspiration)?
  What does the participant say about the photo (what can we learn from their narrative to inform our interpretation)?
  Through this process the group will arrive at a list of themes that reflect their needs and experiences as women and non-binary individuals living in supportive housing.
- 10 minutes: Wrap-up – Restate the photo assignment, thank the group for participating, provide honoraria and confirm participation for the next meeting.

Session Plan: Session 6/6
Session Title: Celebrating Photographers & Workshop Series Closure
Format (120 min total)

Supplies: Computer laptop, flipchart and markers, pens and notepads, feedback sheet, audio recorder, honoraria ($40x 5 participants=$200), snacks and drinks.

Day 6:

- 10 minutes: I will welcome everyone and provide some time for the participants to get settled in/general chit-chat and thank participants for returning. I will start the recorder at this stage
- 20 minutes: I will review with participants what was discovered through the participatory analysis process.
- 30 minutes: Participants will discuss the next steps for the project including possible knowledge translation activities, ways to be involved in showcasing the art virtually and through appropriate in-person events and will be thanked for all of their contributions to the workshop series.
- 15 minutes: Break (food and drinks provided)
- 30 minutes: Participants will continue to discuss the next steps for the project
  15 minutes: Celebration of participants. I will thank them for all of their contributions to the workshop series. I will hand them the thank you card, honoraria and the camera.

Appendix J: Covid-19 Information for In-Person McMaster University Research at a Non-

McMaster Location

McMaster University

APPENDIX J

COVID-19 Information for In-Person McMaster University Research at a Non-McMaster Location

Study Title: Through her eyes: Photovoice as a research method for women with mental health and substance abuse issues living in supportive housing

Student Investigator:	**Faculty Supervisor:**
Angelica Esposito	Mary Vaccaro
School of Social Work	School of Social Work
McMaster University	McMaster University
Tel: ▮▮▮▮▮▮	Tel: (905) 933-9150
Email: esposa2@mcmaster.ca	vaccarm@mcmaster.ca

COVID-19 Risks

There remains a risk of exposure to COVID-19 from in-person contact. This includes any contact resulting from attending a research study in-person, where you will be in proximity to researchers, and potentially other people while travelling to the study site. Depending on the study, you may be in proximity to other research participants. There is also the risk of contracting the virus and transmitting it to third parties, including family members.

COVID-19 Precautions

The location for this study, ▮▮▮▮▮▮▮▮, is under the jurisdiction of Public Health Ontario. The researchers will be following all the COVID-19 precautions recommended and required by the local health authority. There may be additional precautions required by the specific location/building where the study is taking place.

COVID-19 precautions in place for this study include the use hand sanitizer and the option to wear a face-covering or mask.
Although wearing a mask is not required at this study location, you are still welcome to wear a mask yourself and request that the researcher wear a mask during the study.

Attending the Study

On the planned day of your appointment, if you are feeling unwell, have a confirmed cased of COVID-19 or live with someone who has a confirmed case of COVID-19, then please use the Ontario COVID-19 self-assessment tool to determine whether you should reschedule your appointment. If you are directed by the tool to self-isolate, please contact the researcher.

COVID-19 Information (Version date: February 2023)   **Page 1 of 2**

Note that precautions may change based on the current risk level of COVID-19. The researcher will inform you, prior to your appointment, if any of the above information has changed after this letter was sent to you.

Appendix K: Feedback form

FEEDBACK FORM

Please fold this brief feedback form sheet and put in the box when you leave. Thanks.

What would you like to see MORE in this workshop?

What would you like to see LESS in this workshop?

What would you like us/me STOP doing?

What would you like us/me START doing?

Appendix L: MREB Certificate of Ethics Clearance

McMaster | Research Ethics
University | Board

McMaster University Research Ethics Board (MREB)
c/o Research Office for Administrative Development and Support
MREB Secretariat, GH-305
1280 Main St. W.
Hamilton, Ontario, L8W 4L8
email: ethicsoffice@mcmaster.ca
Phone: 905-525-9140 ext. 23142

CERTIFICATE OF ETHICS CLEARANCE TO INVOLVE HUMAN PARTICIPANTS IN RESEARCH

Today's Date: Mar/19/2023

Supervisor: Ms. Mary-Elizabeth Vaccaro
Student Investigator: Ms. Angelica Esposito
Applicant: Angelica Esposito
Project Title: Through Her Eyes: Photovoice as a research method for women with mental and substance abuse issues living in supportive housing.
MREB#: 6413

Dear Researcher(s)

The ethics application and supporting documents for MREB# 6413 entitled "Through Her Eyes: Photovoice as a research method for women with mental and substance abuse issues living in supportive housing." have been reviewed and cleared by the MREB to ensure compliance with the Tri-Council Policy Statement and the McMaster Policies and Guidelines for Research Involving Human Participants.

The application protocol is cleared subject to clarification and/or modification as identified below:

Please check all your documents for typos. For instance, your Letter of Information still contains a "$40.0".

The above named study is to be conducted in accordance with the most recent approved versions of the application and supporting documents

If this project includes planned in-person contact with research participants, then procedures for addressing COVID-19 related risks must be addressed according to the current processes communicated by the Vice-President (Research) and your Associate Dean (Research). All necessary approvals must be secured before in-person contact with research participants can take place.

Ongoing clearance is contingent on completing the Annual Report in advance of the yearly anniversary of the original ethics clearance date: Mar/17/2024. If the Annual Report is not submitted, then ethics clearance will lapse on the expiry date and Research Finance will be notified that ethics clearance is no longer valid (TCPS, Art. 6.14).

An Amendment form must be submitted and cleared before any substantive alterations are made to the approved research protocol and documents (TCPS, Art. 6.16).

Researchers are required to report Adverse Events (i.e. an unanticipated negative consequence or result affecting participants) to the MREB secretariat and the MREB Chair as soon as possible, and no more than 3 days after the event occurs (TCPS, Art. 6.15). A privacy breach affecting participant information should also be reported to the MREB secretariat and the MREB Chair as soon as possible. The Reportable Events form is used to document adverse events, privacy breaches, protocol deviations and participant complaints.

Document Type	File Name	Date	Version
Recruiting Materials	Appendix_C_Appreciation letter_Esposito,Angelica	Feb/16/2023	1
Test Instruments	Appendix_F_Demographic Information Form_Esposito,Angelica	Feb/16/2023	1
Test Instruments	Appendix_G_PhotoVoice Manual for Co-Researchers - Esposito, Angelica	Feb/16/2023	1
Consent Forms	Appendix_J_Covid 19 Information Letter_Esposito,Angelica	Feb/16/2023	1
Agreements	Appendix_D_Research Site-Authorization Photovoice	Mar/14/2023	1
Recruiting Materials	Appendix_B_V3_Brochure_Esposito,Angelica	Mar/14/2023	3
Interviews	Appendix_I_V2_Facilitation Guide_Esposito,Angelica	Mar/14/2023	2
Letters of Support	Appendix_H_V2_Community Support List_Esposito, Angelica	Mar/14/2023	2
Consent Forms	Appendix_A_V3_LOI_Esposito,Angelica	Mar/14/2023	3
Recruiting Materials	Appendix_E_V4_Eligibility Screening Tool_Esposito,Angelica	Mar/16/2023	4
Response Documents	Summary of Revisions for MREB 16-03-23	Mar/16/2023	2

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Dr. Brian Detlor

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