

EDITED BY: The Inclusion Working Group,  
Canadian Observatory on Homelessness

# HOMELESSNESS IS ONLY ONE PIECE OF MY PUZZLE

—  
Implications for Policy and Practice



**COH**  
Canadian Observatory on Homelessness  
the  
homeless hub

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**IS ONLY**  
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**MY PUZZLE**

Implications for Policy and Practice

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## DEDICATION

Generosity, beatitude, joy and selflessness; these are things that we all strive for, but this is what Andre was made of!

We miss your beautiful soul Andre, but take great solace in the laughter and bliss that you shared with us. Sleep well my brother...

Sean LeBlanc

# TABLE OF CONTENTS

1	Foreword	Janet Mosher	1
2	Introduction		7
<b>STORIES</b>			
3	Contrast	Cheryl Duggan	13
4	All The Way Home	Derek Book	15
5	She must have been crazy	Cheryl Duggan	24
6	My Life Story, My Youth	Rose Henry	25
7	Maison de Maternity	Cheryl Duggan	35
8	Hail Mary Pass	Jesse Thistle	36
9	Into a storage locker	Cheryl Duggan	44
10	Officer Down	Anonymous	45
11	Rooming at the Haunted House	Cheryl Duggan	55
12	My Journey from Nova Scotia to Ottawa	Richard Henry	56
13	Anatomy of a Hero	Joseph R.A. Motuz	65
14	Battered Schmattered	Cheryl Duggan	73
15	My Journey	Launa Leboe	74
16	Aloha Big Kahuna	Cheryl Duggan	84
17	How Being a Veggie Burger with Bacon Saved My Life	Stasha Huntingford	85
18	1 brave enough to leave	Cheryl Duggan	95
19	Hope Eternal	Sean LeBlanc	96

## **POLICY**

- 20** A pragmatic, humanistic and effective approach to addictions: *104*  
The Importance of Harm Reduction.  
Stephen Gaetz
- 21** A comprehensive, community process on ending homelessness: *113*  
The System of Care Approach  
Tanya Gulliver & Alicia Campney
- 22** What Comes Next? *123*  
Supporting Individuals After Institutional Discharge  
Tanya Gulliver
- 23** Healing the Pain and Hurt: *136*  
Dealing with the Trauma of Homelessness  
Tanya Gulliver & Alicia Campney
- 24** Ending Homelessness: *153*  
Building not only homes but relationships of respect  
Janet Mosher
- 25** Conclusion: Listen up! The role of dignity, respect and *162*  
inclusion in our response to homelessness  
Stephen Gaetz

# 1 Foreword

Janet Mosher

Thomas King (2003) reminds us that “The truth about stories is that that’s all we are” (p. 2). Stories provide the structure through which actions and words are given meaning and value judgments are assigned; they act as our interpretive filters. Many stories are not of our own making, but rather are told about us by others. This is especially true of communities and individuals who experience social marginalization and oppression. It is other people, those with greater power and access to resources, who are the authors of the stories that come to dominate. Often – but not always – it is with good intention, and yet routinely those in power tell and retell stories without fully understanding the people and the lives that populate these stories. People with lived experience of homelessness encounter the stories others tell about them on a daily basis. Often within these stories, the portrayal of ‘the homeless’ as a monolithic category comprised

*People with lived experience of homelessness encounter the stories others tell about them on a daily basis.*

of persons all sharing common and largely unalterable traits— lazy, addicted, criminal—serves to undermine their humanity, as well as construct divisions between ‘us’ and ‘them.’

Across a number of domains—services, policy, research—persons with lived experience of homelessness have insisted upon meaningful engagement and participation, the recognition of the expertise that they bring, and the replacement of the stale stock of stories created by others about them with their own stories. The genesis for this volume of first-person narratives can be traced to precisely this form of political engagement and provocation of thought.

The Canadian Observatory on Homelessness (COH), formerly the Canadian Homelessness Research Network (CHRN), was formed with the goal to enhance the impact of research on solving the homelessness crisis in Canada. It seeks to move research into action, and uses multiple strategies to achieve this. It supports networking activities that facilitate the sharing of research and expertise, identifies promising practices and approaches, generates new research questions and engages in public education.

While an Inclusion Working Group existed as a spoke in the COH’s governance wheel from the beginning, in evaluating its work over the first two years of progress, those involved identified a gap in meaningful involvement of people with lived experience. To address this, a decision was made early in 2011 to expand the membership of the Inclusion Working Group to reflect a broad diversity of identities and experiences of homelessness as well as to ensure at least half of the members of the group had such experiences. A call went out all over for new members. As detailed in the call, the role of the Inclusion Working Group is to assist:

*...the CHRN [now the COH] in its strategy to promote the voices of people with lived experience in CHRN initiatives. This group will achieve this goal by working to ensure people with lived experience belong, are engaged, and are connected to the goals and objectives of the CHRN.*

While the group was charged with the development of inclusionary principles and practices for the CHRN [COH], it was also tasked with identifying specific ideas and proposals for new activities.

Over the course of meetings in May and October of 2011, the Inclusion Working Group identified the need for new stories to be told by those with lived experiences of homelessness, and the idea for this book was hatched. Planning over the winter and spring for the book led to the preparation of a proposal, the granting of ethics approval for the project, and ultimately the circulation of an invitation to potential contributors. In June of 2012, a “Call for Stories About Experiences of Being Homeless—Homeless is Only a Piece of my Puzzle: Implications for Policy and Practice” was shared widely on various list serves, through personal contacts, and via multiple networks.

The Call for Stories reflected the Inclusion Working Group’s view that homelessness does not define the story’s narrator, but rather is “only a piece of my puzzle.” The Call also reflected the Inclusion Working Group’s view that personal stories are political; embedded within are significant lessons relevant to policy makers, front line service providers and researchers:

*Have you ever experienced homelessness? Would you like to create change by sharing some of your story? Would you like to tell people who make decisions, people who provide services to you and others who have experienced homelessness about what is and is not working? For instance, what is it about the current housing and support system that makes it hard for you to get off the street? If so, this book project, sponsored by the Canadian Homelessness Research Network, is for you!”*

Interested storytellers were asked to submit a short outline or summary of 200 words about the topic the author wanted to address, the media (text, poetry or photography), and the central messages for policy makers, service providers and researchers. Submissions were received from August through October, and the selections made in November of 2012. An honorarium of \$500 was provided to each of the selected contributors in recognition of their contributions to the collection.

Each of the storytellers was matched with a member of the Inclusion Working Group. Their role was to responsively and flexibly provide support to aid in the completion of the submission. How each ‘team’ worked was to be determined entirely by the storyteller. Over the next few months, drafts of the submissions were completed in advance of a workshop that took place at York University on February 25, 2013. The February workshop—a gathering of almost all of the storytellers and the Inclusion Working Group—was an incredible day of sharing and learning. While the morning was spent with each team working on particular contributions, the afternoon was centred upon a facilitated discussion of the many ‘lessons’ for policy makers, service providers and researchers that emerged from the personal stories. It was also an opportunity to explore the similarities and contrasts between the stories—to both recognize oneself in someone else’s story and to understand the multiple pathways into and out of homelessness.

Through the afternoon discussion, we began to organize elements of each story into clusters. The idea was not to produce a grand overarching narrative or master story line, but to illuminate the diversity of experiences clustered around perceptions, causes and solutions. Indeed, if there was one single and pronounced thread from the afternoon conversation, it was the need to reject and displace the commonplace, dichotomous, ‘black and white,’ ‘us and them’ thinking that places people in boxes or categories and keeps them there.

The authors’ stories reveal the pervasiveness within dominant discourse of rigid and demeaning stereotypes about those who experience homelessness,

*Not only do these harmful preconceptions inform policy and practice responses, they can also become internalized.*

of Aboriginal peoples, of women, of those with disabilities and of racialized peoples. Not only do these harmful preconceptions inform policy and practice responses, they can also become internalized. But the stories told in this volume also reveal that other labels and categories—of

‘mother’ or ‘father,’ for example—can be affirming, and possess potentially powerful healing properties.

The stories, read together, make clear that the causes of homelessness are

multiple, varied, intertwined and often hidden. Abuse and violence in one's family of origin is common, as told in stories of Derek, Joe and Sean. Both Launa Sue's and Sean's experiences highlight a culture in which workers are treated as disposable and their labour is exploited, while the story of Anonymous reveals the destruction of workplace cultures, such as policing, that insist workers 'man it up'. Colonization and multigenerational trauma play a significant role in the stories of Joe, Rose and Derek. Ryan writes about failures in hospital discharge planning and of shelters to accommodate people with serious injuries; while Richard emphasizes the need for housing availability after incarceration. Stasha's story speaks to the danger of binary thinking, especially when it comes to classifying people as 'homeless.' All of these themes are also found in Cheryl's poems, which are interspersed throughout the stories that follow. What all of these stories show are the pervasive and epic failures of state systems such as child welfare and social assistance. They also make clear that the experiences that shape pathways into homelessness are often violent and traumatic.

*The experiences that shape pathways into homelessness are often violent and traumatic.*

Unsurprisingly, the emergent theme in relation to solutions was the insistence that there is no 'one size fits all.' While there is no 'one size fits all' solution, the personal narratives offer key elements of a framework in which individualized pathways out of homelessness can be crafted. Among these elements is the need for us to understand that healing from trauma is essential. This involves:

- paying attention to the multiple ways in which healing can be sabotaged,
- recognizing the central importance of a relationship with someone who genuinely cares whether you live or die,
- appreciating that becoming housed is a process, not an event,
- prioritizing safety as essential to the process.

The stereotyping and stigma that figure so predominantly in the dominant accounts of homelessness must be consciously and vigorously challenged. We also learn from the stories in this book that 'expertise'

lives in each of us; for example, peers have an equally important role to play in the process of healing and housing as ‘professionals.’ Lastly, and most importantly, the stories teach us that without hope there is no future. They urgently challenge us to understand how hope is nourished, and how or why it is all too often extinguished.

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# 2 Introduction

It is important for us to begin this book with an understanding of what homelessness is and is not. According to the Canadian Definition of Homelessness:

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

Understanding homelessness means having a grasp of the extent of the problem. It is estimated that over 235,000 different people are homeless every year in Canada, or 35,000 on any given night (Gaetz et al., 2014). There is no commonly used method for counting and reporting the numbers of people experiencing homelessness, so this is only an estimate

—but it is a sound one.

The Canadian Definition of Homelessness also looks at types of homelessness, including Unsheltered, Emergency Sheltered and Provisionally Accommodated. Someone may live only on the streets, refusing to go into a shelter. Someone else may become homeless and live in a shelter and never on the streets. For others, and as most of the authors share, the experience of homelessness tends to be multi-faceted and it is never smooth. Many people find temporary housing for brief periods of time, alternating with time in shelters and/or sleeping rough.

Of the approximately 235,000 different people who are homeless in Canada every year—about 35,000 who are homeless on any given night—about 13,000-33,000 are chronically or episodically homeless, meaning that they are homeless for extended periods of time.

Category of Homelessness	Living Situation	Annual Number
Unsheltered	<ul style="list-style-type: none"> <li>• Sleeping rough, out of doors</li> </ul>	5,000
Emergency Sheltered	<ul style="list-style-type: none"> <li>• Homeless emergency shelters</li> <li>• Violence against women shelters</li> </ul>	180,000
Provisionally Accommodated	<ul style="list-style-type: none"> <li>• In institutional settings (prison, hospital)</li> <li>• In interim housing</li> <li>• Temporarily with friends or relatives with no immediate prospect of housing</li> </ul>	50,000
<b>TOTAL</b>		<b>235,000</b>

(Gaetz et al., 2014, p. 41)

Within this population, youth make up about 20% of shelter users, while a significant number (47.5%) are single men between the ages of 25 and 55. Family violence is a leading cause of homelessness for women (Gaetz et al., 2013).

Aboriginal Peoples are disproportionately represented in the shelter system and homeless population in virtually every community in Canada. Research shows that as one moves west or into northern communities, this over-representation increases. In fact, in major urban centres, Aboriginal Peoples are eight times more likely to experience homelessness (Belanger et al., 2012).

The stories presented in this book support this statistic, as the majority of the narratives are from people who identify as First Nations or Métis.

While entries and pathways into and out of homelessness are often varied and complex, in many ways understanding homelessness is quite simple: “Homelessness may not be only a housing problem, but it is always a housing problem; housing is necessary, although sometimes not sufficient, to solve the problem of homelessness” (Dolbeare, 1996, p. 34).

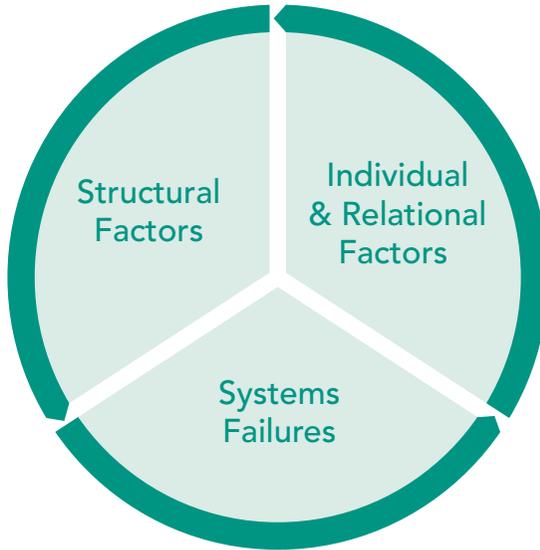
This statement about homelessness always—although not only—being a housing problem is one that has been made repeatedly over the past couple of decades (Dolbeare, 1996; Hulchanski et al., 2009). In Canada, the success of the [At Home/Chez Soi initiative](#), which implemented the world’s largest Housing First demonstration project, showed the strong connection between housing and homelessness. Unfortunately, this link is often ignored because of existing, widely accepted myths and stereotypes about homelessness and the people who experience it.

There is no single pathway into or out of homelessness, as the stories in this book illustrate. Contrary to one of the most common myths, not all of the authors chose to become homeless. Even in those cases where an author struck out on their own or left their existing home, this happened in a complicated context of problematic relationships, abuse and other issues. Despite this, a recent poll commissioned by the Salvation Army found that 40% of Canadians believe that people living on the streets have both chosen to be homeless, and are not interested in housing (Salvation Army, 2011). Yet other research, including Point-In-Time counts and Street Needs Assessments conducted by municipalities across the country, have consistently shown that people experiencing homelessness would like to change their circumstances, but are limited in options due to the lack of affordable housing, low vacancy rates, high rent and a lack of income support. Often, the circumstances people find themselves in are beyond their control. At Home/Chez Soi showed that even people who are seemingly the most entrenched in their homelessness, and

*There is no single pathway into or out of homelessness, as the stories in this book illustrate. Contrary to one of the most common myths, not all of the authors chose to become homeless.*

despite other issues such as mental health or addictions, can stay housed if given proper supports (Goering et al., 2014).

Another significant myth is that, most often, it is individual problems and personal failures lead to homelessness. While it is true that individual and relational factors may trigger some of the crises that lead people to become homeless, structural factors also play an important role. These can include lack of affordable housing and sufficient income, inability to find a job or lack of education. Discrimination plays an important role in preventing people from a wide variety of groups—including Aboriginal Peoples, youth, members of LGBTQ2S communities or people from racialized communities—from securing housing and income supports.



Additionally, there are significant systems failures that lead people into homelessness. When people are discharged from either prison or hospital into homelessness, it reduces their chance of recovery. Youth in care need support to prepare for the transition to independent living. If they do not get this, they may have trouble successfully surviving after aging out of care. The same is true for all kinds of supports, including addictions, mental health, education and family violence. Homelessness is a result of society’s response to marginalized communities as a whole, not just about what happens to individuals.

The stories in this book highlight a variety of systemic and structural failures in all kinds of systems, including healthcare, education, justice/correction, and child welfare. Furthermore, individuals in the book experience discrimination in both housing and employment. These are not the failings of the authors, but of society.

A final myth is that it is hard to solve homelessness, and that the issue is very complex. While the latter might be true, securing housing, income and supports are key methods of addressing homelessness. A recent report from the Canadian Observatory on Homelessness and the Canadian Alliance to End Homelessness put forth practical solutions for reducing homeless and housing instability, and estimated the potential cost as under \$4 billion per year. While this may sound expensive, homelessness costs the Canadian economy over \$7 billion annually due to a dependence on emergency services.

Ever since homelessness became a major economic and social issue from the 1990s onwards, the response has tended to focus on emergency services and supports. While obviously the intention was good—a desire to protect people from experiencing the elements and suffering harm—what was supposed to be a Band-Aid has become entrenched as a solution. Shelters, though important, are not places for people to deal with addictions and/or mental health, and do not contribute towards stabilization. Shelters—except in extreme emergencies—are not a solution to homelessness, as the following stories will show.

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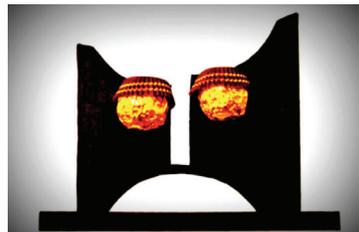
# STORIES

## 3 Contrast

Cheryl Duggan

DAYLIGHT  
SERENE  
PUBLIC PLACE  
No COST FOR ADMISSION

*at night*  
*unseen*  
*private space*  
*guaranteed eviction*





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Cheryl Duggan

Cheryl Duggan was born and raised in the land of No Expectations. She fulfilled those goals by age nineteen at which time she was uneducated, homeless, and pregnant.

Within moments of becoming a mother, Cheryl entered the land of Her Expectations. She raised two healthy, smart, beautiful children. She graduated from the University of Toronto with a B.A. in Art History. She is considered a uniquely creative advocate for accessibility and poverty issues.

Nowadays much of Cheryl's energy is spent expanding her concert photography portfolio and updating the very recently added music/art intersection blog on her website @ <http://www.concertphotog.ca/>

# STORIES

## 4 All The Way Home

Derek Book

A large question has framed my experiences as I moved through different stages of my life: how is it that I have managed to find so much success considering my background as a homeless person? Currently, I am a professional case planner and outreach worker with a non-profit service provider. I have assisted in getting hundreds of homeless people into addictions or mental health treatment, and hundreds more into affordable housing arrangements. I have connected with so many clients on such a deep level that many see me as a lifesaver. I have coordinated emergency shelter programs and assisted in developing homeless counts. I have two beautiful children and a happy life in what I consider to be one of the finest cities in the world. I am involved in my community, university-educated, physically active and healthy. To look at my life, most would never suspect that I travelled a much bleaker road at one point. That road begins in 1969, when I was born into a multi-generationally broken Métis family in Ontario.

*To look at my life, most would never suspect that I travelled a much bleaker road at one point.*

My mother had some pretty major mental health issues. I believe she self-medicated with alcohol to survive the pressure of being a single mother of two children on income assistance. We moved around like crazy. I don't remember ever finishing a whole year at one elementary school; as such, I was perpetually the new kid.

Attending school was not always a given in my family. At times, my mother became very unstable and we often found ourselves sleeping in transition houses, abandoned houses and even abandoned vehicles. Sometimes, my mother informed us that we were “camping,” when both my sister and I knew there was no home to return to after the said “camping trip.” My mother was at times delusional, believing that a complex network of landlords, bikers, social workers and mafia was stalking our little trio. She often left our housing in fear, relocating to another city to avoid children's services or the “Whispering Fools.”

You see, the “Whispering Fools” were chasing our little family. They were bent on tormenting us and converting us to Satanism, or worse. They would come around at night and hang outside our windows, taking small birds and squeezing them until they squeaked to elicit terror in our hearts. They would follow my sister and I home from school – my sister would carefully count how many times a car had circled the block just to make sure the driver was “in on it,” and faithfully report the information to mom when we got home. Being younger, I wasn't as interested in this tracking and would spin around in circles pretending I was flying—kick pebbles or cola cans and fill my head with imaginary places to escape. I knew something serious was going on with my mother and sister because they would spend hours each night going over evidence of stalking, but I reasoned that they would take care of it somehow.

Our family thrived on and lived for this drama. Other families may have played Clue or watched Alfred Hitchcock in the evenings, but our family was fully engaged in a drama more exciting than anything on TV. The story of how a single mother on welfare could elude and outsmart the Whispering Fools was all so exciting.

We had to move constantly to keep one step ahead of this “evil network.” While this led to very precarious financial situations and much loss in personal belongings, it made us feel empowered and free of their evil grasp.

We might have slept in an abandoned shack (or occasionally a car) in the middle of the woods, but they were never going to get us, never! Food was scarce, but it was better to raid garbage cans or gardens and cook up what we found than to submit to the authorities for assistance, because we knew that the authorities were part of the “evil network.”

It was impossible to avoid the system, however, maybe because my mother required a cheque each month to get by, or perhaps because my sister and I had the occasional “nosy” teacher who would trigger an investigation. My sister and I knew what to say when they interviewed us; we had been well schooled in espionage and resistance. It was so easy for me to chuckle and say that everything was fine, and ask innocently, “Did I do something wrong?” This would make the interviewer backpedal and apologize for accusing our family of suspicious behaviour. By the time I was seven, I was a master of the interview. The early development of those communication skills surely landed me more jobs than I can count later in life.

It wasn't always enough, however, to smile and say things were okay. Sometimes the facts were so evident that my sister and I were placed in state custody. I distinctly remember being placed in a childcare center called Merrymount<sup>1</sup> with my sister when I was in grade three. Merrymount was full of kids, perhaps hundreds, and my sister and I had to sneak away from the staff when we could to collaborate on strategies. We knew that our mother was in the hospital, but we didn't know why or for how long. Thank goodness the staff didn't have the time to drill us for information, because we may have slipped up without the strong hand of our mother to guide us. We did our time, carrying out the chores assigned to us in a robotic fashion.

Mom got ‘better’ from whatever ailed her, and we threw ourselves into her arms as she came to pick us up from the kid factory in London, Ontario. We were on the move again. She informed us, as we exited, to put all of this behind us.

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1 “Merrymount Children's Centre was established in 1874 as the Protestant Home for Orphans, Aged and Friendless. When the child welfare system took responsibility for the wardship of orphans in the 1890s, the Home began to focus on residential care for children of families in crisis or transition. A new home was built as a Centennial Project in 1967 and at the time of its opening, the name Merrymount was adopted to reflect its non-denominational approach.” From <http://www.merrymount.on.ca/index.php/about/our-history/>

We picked up where we left off, except she seemed to drink a lot more. That was not a good thing because it meant that the money became scarcer, and that she became scarcer. Her drinking also threatened to expose our family, because sometimes we would be locked out of the house, waiting on the stairs for hours for her to come home drunk and angry. My sister was a rock during these times. She helped my mother get in the house and to bed. She knew exactly how to calm her down so she didn't throw anything. My mother was a thrower; she would throw the closest thing in range squarely at your head if she didn't like how things were, with no regard for the potential consequences. I learned this the hard way when I was five and she whipped a padlock at me, leaving a permanent, seven-stitch scar on my forehead.

When I turned 12, my mother informed me that I would be living with my dad in Prince Rupert for a while. I thought this was odd because I had never met him. All I knew of him was that he lived in British Columbia and worked as a carpenter. I lived with him for the next two years and discovered he was also a pretty unstable, transient alcoholic, but at least he held down a job and paid the bills. He also sent me to a few counsellors. I remember hearing one of them say if I could be honest with myself, the rest of it would work itself out. I resolved that I would always be as honest with myself as I could. After two years of living with my dad, he kicked me out. I guess he got tired of dealing with my lateness and irresponsible behaviour. But who knows? I returned to live with my mother, but by that time I had already given up on being raised by any blood relation. It didn't really matter anymore, as I knew it was only a matter of time before I set out on my own.

Hitting the streets at 15 was the least of my worries. I had lost all hope, all connection to and all faith in the society around me. I remember sleeping in a parkade on a piece of cardboard when I was 16, waking up periodically when a businessperson would uncomfortably walk around me. I was shocked and angry every time: I had no clue how a person could walk by such a tragedy without so much as a word. My bitterness from being neglected by nearly every human I had encountered expressed itself in a rant to a street outreach worker one day. I flatly stated that I would never become "one of those people." His answer resonated with me for years to come, and triggered a turning point in my self-awareness:

*"What makes you think you would be one of those people, if you got off the street?"*

I had always associated success, wealth, belongings, property and nice clothes with selfishness. That was the mode of my cultural upbringing: those people who had become successful had done so on the backs of others. It was perhaps my mother's way of rationalizing why she had only known deep poverty – rich people were somehow evil and selfish. The idea that I could be moderately successful without compromising my belief system was a revolutionary one for me, and I carried this new hope with me for years. I would not be like them; I would be Derek. I would not lose my identity or my concern for others if I started my career, in fact, I could even develop a career for the *purpose* of helping others if I wanted to. It was mentally liberating, to say the least. I don't remember the outreach worker's name, he was just a supportive person hired to talk to young people at the local Native Friendship Centre. There was no agenda to his role other than to sit and talk. We didn't set goals or try to develop 'outcomes,' we just shared stories and talked about life. This kind of discussion is a luxury to street people. Most support people are now assigned to tangible roles, and are so busy filling reports and checking email that actual conversations with clients are a rarity. But this guy had the time for me and time is most certainly a huge factor in healing—time away from the damage means time to move forward. Every hour I had talking to a person outside of my street peer group was an opportunity to find a source of inspiration. The program this counsellor was affiliated with had a drop-in component, and I remember all of the counsellors being very honest, down-to-earth and accessible.

*The idea that I could be moderately successful without compromising my belief system was a revolutionary one for me, and I carried this new hope with me for years.*

*But this guy had the time for me and time is most certainly a huge factor in healing – time away from the damage means time to move forward.*

Though I spent the five years between the ages of 15 and 20 bouncing around the country, homeless for long stretches, I did occasionally manage to sign up for a program or two, which helped me immensely. I took a nine-month job entry program in Kelowna, British Columbia, which taught me some commercial cooking and life skills. The program included a few weeks of group therapy with a highly-skilled psychologist that was brought in specifically to work on our family of origin issues. I had yet another life-changing epiphany: it seemed as though I wanted the approval of the people around me, but what I really wanted was acceptance and

approval from myself.

All these little tidbits of knowledge about myself came together when I came to Victoria, British Columbia. I was still travelling from place to place, staying at various shelters and eating at soup kitchens. Victoria's Streetlink

*All these details spoke volumes about the concern and care they offered to clients – and it touched me deeply.*

shelter, run by the Cool Aid Society, was the best I had seen in the country at the time. It was new and the staff was progressive, connected and engaged with the residents. The food was leagues above the other shelters in terms of nutritional value and I slept in a room by myself, since

Cool Aid was moving away from the large dorm rooms common in other shelters. All these details spoke volumes about the concern and care they offered to clients – and it touched me deeply. I remember lying there in this nicely kept room feeling truly cared for. This was such a rarity for me at the time and made me feel wonderful.

I got off the street after being around Streetlink for perhaps a month. Maybe being treated with dignity allowed me to feel better about myself, or maybe I was tired of suffering, but I never looked back to the streets again. I worked in trades for a few years, and then I really started to put together all these pieces about myself that I had accumulated along the way. It was horrible that society had left me to my mother's illness growing up, but through all these different programs—all this indirect and direct mentoring, counselling, and honest concern for my well-being—I started to heal from all the wreckage. I quit the last of my drug habits and entered a program called The Victoria Life Enrichment Society (VLES).

If there were an addictions recovery model I would apply to every single community on the planet, it would be the one I discovered at VLES. This was a life-changing, one-month program that was held in a nice, well-kept motel. The food was fantastic and the focus was on choice and believing in the human capacity for positive growth. There were feedback sessions (one-on-one sessions with counsellors), but most importantly there were several hours of intensive group therapy each day. We would be in a group for three hours in the morning, break for lunch and do a few more hours of group therapy in the afternoon. I was in a small group of men with various reasons behind their addictions: stories of abuse, neglect and loss filled our days. It was tiring, but we dug deep and learned how to support each other with the

help of the well-trained facilitator. What made VLES amazing was the staff: they were all very progressive, used evidence-based practices and were all masters-level professionals with a passion for their work.

After my stay at VLES, I hit the ground running. I started to volunteer at the local Alano Club. I upgraded, entered college, then university, majoring in psychology and cultural geography. I did very well in school and I started to gain valuable experience through my volunteering, which would eventually propel me into my decade of work with the homeless and addicted individuals in Victoria, British Columbia.

As I got deeper into my career, I started to reflect on how I had managed to escape death on the streets, and how I managed to not only survive, but also excel beyond my dreams. Memories are fuzzy when I look back, and sometimes, it's just a mish-mash of key moments surrounded by vague contexts. What always strikes me is that my greatest leaps forward were supported by an intense motivation and a belief that I was okay and that things were going to work out; both of these gave me a great sense of hope. It should be known that each of these growth periods in my life was accompanied by someone who actually believed in my potential. These were people who were not simply spouting terms like 'client-centred' and 'non-violent communication,' but people who lived those concepts, who trusted that I may actually know what I need in my life. They spent lots of time with me and other clients because they knew it wouldn't be wasted.

*Each of these growth periods in my life was accompanied by someone who actually believed in my potential.*

When I look around at the current climate for homeless people, I still see the same things work. Carl Rogers (an influential American psychologist) had it right: we need to trust the inner workings of the person. If we truly embrace the idea that every person on the planet is being the best they can be, with the best tools they have available, the solution is very simple: give them better tools, and stop assuming that you have to convince them of something—you don't.

I know this sounds radical, but people only want to take what they need. Perhaps I took a few welfare cheques and bought drugs with them. When I look back, I realize I needed those drugs at that time. They were better than

suicide for pain management.

When I look back at the most helpful resources that did the most to get me off the street, they were not goal-directed; the case workers were simply present and listening, while I created goals that I felt ready to accomplish in my own time. As a parent, I use the same style to raise my kids—a mixture of harm reduction, active listening and trust in the natural sense that kids (and all people) have of right and wrong. I don't need to put so much energy into pushing my kids into some idea I have of who they should be, and I think they appreciate it.

*I make it a habit to get out of the way while providing support, and they surprise me every time. People are amazing.*

Neither do I push my clients—if anything, they push me to see new things every week. I make it a habit to get out of the way while providing support, and they surprise me every time. People are amazing.



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Derek Book

Derek Book is a Social Inclusion Coordinator with the Greater Victoria Coalition to End Homelessness in Victoria, BC. While Derek spent the first 20 years of his life in substantial crisis, he went on to become university-educated, and has been working in the field of social work for over 12 years as a Case Planner, Needle Exchange worker, Homeless Count Coordinator, Shelter Coordinator, and now as a Coordinator with the Coalition. He is the author of the blog: “Formerly Homeless,” and is a tireless advocate for those experiencing homelessness.

Derek grew up in various communities in Ontario, Alberta, and BC, but settled down in Victoria in 1991, where he got some help from the Victoria Cool Aid Society. He credits his recovery to some awesome peer support, and a couple of extra helpful frontline workers who saw the value through his crisis-based lifestyle. He also found some inner strength through his music, playing 7 different instruments in a number of different bands.

Derek would like the world to know that there is more than just hope in the lives of people experiencing homelessness, there are real solutions for real problems, and he is determined to advance those voices in the battle to end homelessness.

# STORIES

## 5 She Must Have Been Crazy

Cheryl Duggan

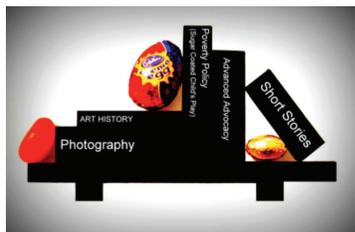
SHE MUST HAVE BEEN CRAZY  
THE SAME VOICES ON REPEAT  
WHY ELSE WOULD SHE CHOOSE  
TO LIVE LIFE ON CONCRETE?

She must have been illiterate  
not known enough to tweet  
She must have been very hungry  
limited on where to eat

She must have been addicted  
to more than a chocolate treat  
She must have been unemployed  
A bum ... a welfare cheat

She must have been a criminal  
cops hounding her every beat  
She must have been alone  
surrendering to defeat

She must have been a whore  
a woman of the street



# STORIES

## 6

### My Life Story, My Youth

Rose Henry

My name is Rose Henry. I was born June 15th, 1958, in Bremerton, Washington, in The United States. I come from Sliammon Nation (mother's side). My birth parents are the late Florence and Moses Dominic, who were survivors of the residential school system. I remember hearing stories of when my 15-year-old mother and 19-year-old father had to pick strawberries as their only source of employment to survive. Life was so hard for them back in those days, forcing them to move a lot, and they eventually moved to my mother's home community of Sliammon, north of the Powell River in British Columbia, Canada.

These horrible experiences were overshadowed by the trauma of seeing their first-born apprehended by the Canadian state authorities in 1966. I was placed in government care in a residential health facility called Sunny Hill Children's Hospital. I was two years old and would remain there for the next six years, classified as a ward of the state and misdiagnosed by medical authorities as 'mentally retarded.' Finally, at eight years of age, I was placed into foster care. Fortunately for me, my foster parents

understood that I had a very strong need to be with my biological parents. My foster mom used to say to me, “You would get literally sick.” They were risk takers who had to break all the rules to bring me to my mother. My foster parents would always make sure, for the whole ten years I stayed with them, that I had some interaction with my birth parents. They would tell my mother and father where I was and what I was doing, at all times. When I look back now, I realize that all four of them were my pillars of life; they taught me good values and provided me with a great moral compass that I still abide by today.

My foster parents had taken a hands-on approach to raising me, completely overlooking the ‘mentally retarded’ label that was bestowed upon me by the state. They debunked this misdiagnosis by instilling in me the idea that anything was possible. Moreover, their unconditional love provided me with structure and consistency, which taught me the value of trust and commitment. I know I was quite lucky, as most children who go through the foster care system aren’t as fortunate as I was. I am grateful for their guidance and affection.

Regardless of all my parents’ efforts, I still ended up homeless as a consequence of the Sixties Scoop. Going through the Scoop left me

*Going through the Scoop left me wondering which world or culture I belonged in: white Canadian or First Nations community. I was torn between the two. It has had a very damaging effect on me.*

wondering which world or culture I belonged in: white Canadian or First Nations community. I was torn between the two. It has had a very damaging effect on me; society told me you’re brown on the outside and white in the middle (as I was brought up in a white home). I was confused and lost, and it was this path that ultimately led me to my life on the streets. My confusion about my identity was not all bad though. It was dualistic like me; it was both a

hindrance and strength, and has remained so throughout my journey. In fact, there have been times in my life that I have used it as a guide to negotiate between two worlds and two very different cultures. But overall, I have to admit that it was very damaging in my youth.

## Heading out on My Own and Becoming Homeless

At age 19, when the foster funding ended, I struck out on my own and travelled to Calgary, Alberta where my foster brother and his best friend were. Unbeknownst to me, this would be the place where I would first experience homelessness. It didn't take long. Soon after I moved to Calgary and landed my first real job, my brother and his friend decided to move. Their decision to leave left me alone and very vulnerable for the first time in my life. I was in a strange new city and I was utterly isolated. I felt abandoned, and despair began to set in. As a result of my hopelessness, my choices in life began to suffer, and I descended into the dark downward spiral of street life. Being homeless for the first time, I really felt like I had no other options but to drink and party to escape the hard reality of being all alone in a big city full of racist rednecks.

*As a result of my hopelessness, my choices in life began to suffer, and I descended into the dark downward spiral of street life.*

It was not long before I fell prey to the first man who promised me the world of unconditional love. In my misery, I was so susceptible to his false yet well-practiced words. He told me what I wanted to hear. I believed that he could change my life and make it better, and that he was looking out for me. Nothing could have been further from the truth. As the money was running out and the bills were piling up, I took to the streets to find another job. As I walked the streets with resume in hand, I learned more about the racism and ignorance of society, until one day, one of my street friends introduced me to the world of prostitution. That turned out to be a world of perverted johns, brutal rape, excessive alcohol, regular beatings and total emotional neglect.

As terrible as those things were, I am sure that my darkest moment on the streets of Calgary had to be when I was left for dead in a dumpster. The temperature was -36C, and I was somewhere in the middle of an industrial park at 3:30 in the morning. Traumatized, cold and disoriented, I managed to climb out and stumble several blocks to a fire station. I ended up in the Calgary Foothills Hospital, badly battered and unable to lift my arm. This was the arm that my assailant had used to grab me and tie me up. Despite the pain, I gave my victim report to the police who showed their ignorance, and along with the other professionals showed their lack of good judgment

and racist attitude. I suffered for several months and was not able to move my arm and shoulder. My family doctor eventually sent me to a specialist who informed me that I had MS (multiple sclerosis) and that there was nothing he could do for a junkie like me. I told him that I was not a junkie and that the pain was real. He refused to help me. I could barely tolerate the pain in my arm and shoulder. The arm had become so severely infected that I almost lost it altogether.

Life was just so unbearable for me at that time. I felt like I wanted to give up. It is always darkest before the dawn, however, and it was at this moment that I had been unknowingly blessed in my trials. I had to see

*This was a life-defining moment for me. My baby gave me the strength to change.*

past my present circumstances. I was pregnant, and this gave me some well-needed hope. It was a hope that I had not known in so long; it made me see past my present circumstances, and it allowed me to dream of the future again. I knew if I didn't get clean and off the streets, I could never have my baby or keep it. I also realized that if I didn't get to keep my baby, I would be just repeating history—a history that I did not want to repeat. I couldn't let that happen. This was a life-defining moment for me. My baby gave me the strength to change. No longer was I going to be a prostitute or a wife to an alcoholic. My decision to clean up forced me to grow up mentally, emotionally and spiritually. My child gave me a good a reason to live, and once I understood that I had to live for this child, I had all the reason I needed to pull myself off the streets.

30 years ago, my child was born healthy, normal and very active! He was a very active baby and remained that way throughout his infancy. This child's rambunctiousness had other great effects on me. I truly believe that chasing after my baby helped my arm and my spirit. Now as I look at my arm, I look at the scars and I see my past. I see those hard years on the streets of Calgary, and I remember it was only after my pregnancy that my arm began to heal and I got stronger.

Moreover, I believe that my boy healed my heart, because when I close my eyes and look deep within myself, I feel the scars of my turbulent past. In doing this, I am also reminded that it was only after my pregnancy that my broken heart mended, and it was becoming a parent that gave me the strength to pull myself away from a life that was spiralling out of control.

I truly love my child for this, and I am thankful for this miracle that came to illuminate my world.

I was 25 years old when I decided to leave the streets. In my perfect altruism, I soon realized that if I was really going to make a difference for my new family, I would have to get a decent job and an education. It took me five tries before I got my grade 12, and in doing so, I changed our lives.

I'm 54 years old now and getting my education has helped me greatly over the years. The literacy it has provided has allowed me to write for two blogs: [www.rosehenry.blogspot.com](http://www.rosehenry.blogspot.com) and [www.homelessnation.org](http://www.homelessnation.org). Both give me a great creative outlet to voice my opinions and stay involved with the homeless community where I feel I am needed.

I am also a great appreciator of art media and freedom of expression. It is through this personal refinement that I have become involved in video production. I am also politically active in many human rights causes. My passion for those causes is only matched by my devotion to homelessness issues. I have a dream of eventually running for a seat on the Victoria City Council and becoming Victoria's first First Nations council member and advocate for some of society's most marginalized community members. My energy and compassion might seem supernatural, but I attribute it to my faith in a higher power, which comes directly from my family and friends. Also, my desire to contribute to my community comes from an old saying that my parents told me when I was young: "Community is only what I make of it." I believe that if I don't speak up now, then no one is going to hear what my needs are and no one is going to speak for me. This belief compels me to think local, because I believe true change is grassroots, and if change happens, I want to be a part of it with my neighbours and friends. Only then will I be able to give hope to the next generation of community leaders. I must be the change, homeless or not.

*I have a dream of eventually running for a seat on the Victoria City Council and becoming Victoria's first First Nations council member and advocate for some of society's most marginalized community members.*

*I believe that if I don't speak up now, then no one is going to hear what my needs are and no one is going to speak for me.*

## My Observations of Life on the Streets

Being homeless or living close to poverty has always been hard and costly for me. I have seen first-hand the ugly division of race, age, ability and the cruelty of others all over Turtle Island. *Injustice* instead of justice—that's what I found.

When you live on the city streets, however, they are ugly, dirty places. Most of the business people and passers-by ignore you. They seem dead, like zombies. Their eyes are devoid of life. As they pass me, their lives seem pointless. As I stand there trying to etch out a meagre income, I can only

*When you live on the city streets, however, they are ugly, dirty places. Most of the business people and passers-by ignore you. They seem dead, like zombies.*

pray that they have to open their eyes. I guess that if I didn't have human needs, I too might be walking in their shoes, so I should not cast my stone too far. I have always been a hard worker, and will do any hard labour just to survive. But just surviving is hard. Remaining positive is hard. Farm work is tough and backbreaking because you are usually down on your hands and knees crawling through a farmer's field—similar to

being homeless because when you are on the streets you carry all your possessions on your back, or push them in a cart through the city streets. Right now my hands, feet, and back ache every night. I have no choice but to go through the pain. No choice!

Living in a car can be just as demanding on your body as it is on your wallet. Constantly having to move your car is hard on the engine and gas. In most cities, you have to move every two hours and there is no overnight sleeping on the side streets; if you do you'll get a ticket. This is where you learn to become a master magician because every night you make your car disappear for fear of a ticket. Another problem with sleeping in a car is the physical pain you have to endure, which stems from not being able to stretch properly. The pain that homelessness brings upon your body is, however, not only physical; the wounds it creates on your spirit and soul are far more painful. I have found that helping those around me is an effective way to soothe and remedy the misery and discomfort of not having a place to call home.

## My Current Situation and Outlook

Being homeless at 50 has its own unique challenges. If you mix a working couple not on income assistance with being Indigenous, it is not always a positive stage to be in. My last bout with homelessness gave me a deeper and somewhat wiser understanding of the realm to which I was being subjected. I received three different

*For us, our community extends beyond our walls and out the front door.*

official notices that my family and I were being evicted from our home—a home that we had worked so hard to build into a community house, and that did more than just pay the rent to some mysterious landlord. We were a newly-formed family of people who cared about one another, and still do care about the well being of our community. For us, our community extends beyond our walls and out the front door. We were, and still are, some of the most marginalized community members who have faced all sorts of obstacles brought on by society. Some of these obstacles were based on poverty, race, age discrimination, education, gender identity (services available to other homeless people are virtually nonexistent for transgendered homeless people) and health (serious health issues and poverty often do not mix—for example, medication storage for HIV, AIDS, Hepatitis C, Type 2 diabetes, etc.). For many of us, these issues are hard to deal with on a daily basis, so when we all started to move to one community, we learned that these obstacles were our common ground, and that we all had a strong desire to make changes.

We decided that we were up to the challenge of learning to work together, and we started living together as one street family. Soon, we started hosting and organizing community meetings in our home forums that were designed to educate people about social issues that affected us all. We never really charged anyone for attending our public workshops because it was never about money—it was, and still is, about educating people about what it is like to be judged for being who we are.

*We learned that these obstacles were our common ground, and that we all had a strong desire to make changes.*

My latest forced-move affected more than just dollars and cents. The cost was my spiritual well being. I asked myself: “Where do I belong in today’s society, where do I belong?” And then there was the financial burden of first month’s rent, damage deposit, transportation and utility hook-up (too scary

to even write or think about), which equalled \$1,245.

I was \$20 short for my first month of rent and had to pay an additional \$30. If I couldn't come up with the \$20, how could I be expected to pay the \$30 for extra paper, which the landlord said was the cost of processing? \$30 is

*The amount of time we spend trying to survive is incredibly exhausting.*

equivalent to selling 50 newspapers. On a good day, I can sell about one paper every 15 minutes, which is equivalent to \$8 an hour. On a bad day, I will make zero after trying to sell for about two hours. My partner signs over 100% of his pay cheque every month to pay for rent, medical bills and some food. For us, living in poverty is costly on our health, both mental and physical. The amount of time we spend trying to survive is incredibly exhausting, and getting off the streets is even more taxing. It takes a lot of effort and co-operative teamwork to find a home. It does not matter if you're related or not related; once you're homeless, you're all in it together, and together you have to help each other to get off the streets. There simply is no other way out of absolute homelessness. The cost of living in the city comes with a heavy price when one is born into poverty. It gets even heavier when one ends up homeless. I believe being homeless is the ultimate class equalizer—no matter the difference, as we all end up using the same services: soup kitchens, food banks and emergency shelters.

## Homelessness As I Define It

Perhaps it is time for me to define what homelessness is. Its definition is different for each individual. If you asked anyone I've experienced absolute homelessness with, their answer would be an equivocal: "Our home is

*I say you are homeless if you don't have a place of your own.*

everywhere!" Two friends of mine derive their answer from having spent 40 years on the streets. My definition as a person at risk of becoming unhoused, however, is far different. I say you are homeless if you don't have a place of your own. Living on a friend's couch or in your family's potato cellar, I believe both still count as homeless. Living in a car is still homeless as well. I haven't been homeless all my life. Some would say I am not homeless now, because somehow I managed to find a place that doesn't ask me for a credit card (as most apartments do) and not a lot of

character references. Having to present a credit card so that I can have access to a human right—a home—is ludicrous. And this is Canada! Now we have all heard the saying that people are the same everywhere you go. That homeless people are all the same: lazy, uneducated criminals who are drug addicted with no desire to work, and would rather collect a government cheque. I beg to differ, because I have lived the experience of being homeless twice in my life. The first time when I was in my twenties as a single, free-spirited youth who had just been set free from my life in foster care. The second time was in my fifties with a partner who had lived a similar life to mine. People across this nation are as diverse as the weather, and some of those funny stereotypes we hear have rings of truth about them. Of course all people are not the same. But who said people *have* to be the same? Life is different. That is the beauty of it. We are all different, but we get by, helping each other out. Because we are considered unwanted or disposable, vagrant people are rarely missed anyway. Sometimes it is easy for us to move around unnoticed. There are lots of places a person could disappear right in front of society's eyes. No one notices.

*Living on a friend's couch or in your family's potato cellar, I believe both still count as homeless. Living in a car is still homeless as well.*

*I haven't been homeless all my life. Some would say I am not homeless now, because somehow I managed to find a place that doesn't ask me for a credit card (as most apartments do) and not a lot of character references.*



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Rose Henry

I am Tle'min from Sliammon Nation. I was taken from my family and community in 1966. I spent the better half of the first eight years of my life in a children's hospital before I was placed in the foster care system just before my eighth birthday. The reasons I went there instead of residential school like my parents went to was because I was labeled mentally retarded; therefore I was un-adoptable and unteachable. It was through my foster parents' unconditional love that I became the person who survived the foster care system; life on the streets; became a reasonable, good parent; and traveled the United Nations world conference in Durban South Africa, where I attended the world conference on Racism, Xenophobia and Zionism. I have developed the skills to speak to thousands people on multiple issues ending in 'ism' and 'ide'. As a mature adult I returned back to school twice to get my grade 12 equivalence around 2007 where I have store to challenge my writing block in the same style I challenge public speaking; head-on. Since I started this part of my journey with getting my certificate, I have traveled to Scotland, England, the United States, and shared a small portion of my journey. Today I still struggle to write, but with less fear and more desires to overcome my fear of being mislabeled as mentally retarded. So, overcoming all the judgments I received as a child has been a struggle, but it's one that I can overcome with a lot of help from my family and my community.

Photo credit: Joshua James Dominic (Rose's son)

# STORIES

## 7 Maison de Maternity

Cheryl Duggan

Adoption Agency  
Birthday Baby  
Children's Aid Society  
Drug Free Delivery  
Episiotomy  
Family Found Me  
Great Grocery  
Hormone Harmony  
Inferiority  
Jesus Joshie  
Karmic Key  
Lucky Lady  
Maternity Memory  
No Negativity  
Only Opportunity  
Planned Pregnancy  
Question And Query  
Researching Reality  
Safety And Security  
The Baby Daddy  
U R My Baby  
Venerable Vanity  
Woman's Wedgie  
Yummy Mommy  
Zee Zee Zeeee



# STORIES

## 8

### Hail Mary Pass

Jesse Thistle

*The kingdom of heaven suffers violence and violent men take it by force.*

*Matthew 11:12*

Dead silence screamed danger. The frenzied squeaks of prison-issued blue deck shoes on sealed cement confirmed it. That was, of course, followed by wet smacks, fast pops, loud cracks and finally a dull thud. Whoever that guy was who lay crumpled and unresponsive on the range floor, he wasn't conscious. His legs were seized straight, quivering uncontrollably and he had pissed and shit himself. Later, after the routine cell search and customary lock down, I heard that he had died en route to hospital. Apparently he stole a bag of chips from another inmate's canteen, but who knew? Furthermore, who cared? This was prison justice: the thief got what he deserved according to us and society—at least that's what I told myself to cope with the tragedy of this senseless act. All I knew was that I didn't know anything and I didn't see anything. I had only heard it. But I wouldn't even tell the guards that much. I had to survive, and you did that by keeping your mouth shut and turning your head. But why was this my last and best option? Why

*Why would I put myself in this horrible violence and filth? The answer was simple: I did it to save my leg and my life.*

would I put myself in this horrible violence and filth? The answer was simple: I did it to save my leg and my life.

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*Being a homeless person you're matter out of place. You're the grotesque, unwanted wildlife living in the urban-hinterland forests. Everyone stares at you, judges you and tells you to get a fucking job. The social distance that separates you from civilization also separates you from your own humanity. I know. I've lived it. Like some by-gone nomadic hunter-gatherer, you're exposed to nature's elements, starvation and disease. You're on an endless sojourn to nowhere and when your already precarious wanderings are complicated by serious injury, often times you fade away and die, forgotten and alone. I wasn't going out like that. I couldn't let it end that way.*

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When the doctor's assistant cut away the orange and black cast that surrounded my right shin and foot, she gasped. It smelled like Toronto during the summer garbage strike of 2009. Rotting meat and stale sweat filled the office. Her face told me the truth, even if she lied. "It looks all right. Excuse me one moment, Mr. Thistle, I have to get Doctor Jones." She rushed out in haste. My leg had been throbbing before I even came to the fracture clinic, my toes had turned bluish grey-green, and the back of my cast was leaking a swampy crimson. I knew things were not good so I rushed my post-surgery checkup ahead six days. It had been four weeks since I fell out of my brother's three-and-a-half-story apartment window (a causality of a drunken and drug-fuelled misadventure), and three weeks since the hospital had cast me out into the streets. My fall had shattered my right calcaneus (heel), destroyed my right upper ankle joint, broken my left scaphoid bone (wrist) and sprained my right wrist. The surgical team decided it was best to leave the wrists exposed so I could walk in crutches after they fixed the much more serious problem of my compressed right heel and ankle. They made the right decision, given my circumstances.

The lateral incision on the outside of my right foot was the typical way to fix my injury. Performed in a ninety-degree cut, it rode six inches along the back of the ankle and heel and six inches along the side of the foot. It should have worked. But I couldn't listen to Doctor Jones when he said no smoking, drinking or drugging. It's not like I didn't try to follow his orders,

I did. I just couldn't quit—I was an addict. More importantly though, I didn't have anywhere to live. Well, technically I did have a place to stay, my brother's, but it hadn't been cleaned properly in years. After my friend Alan stole the neighbour's vintage bicycle, my brother kicked me out, cast and all. Understandably, he had to do what he had to do. If he had kept me he'd have been evicted by the landlord and we both would've been homeless. When I look back now, I figure that's probably where I caught the infection that almost took my leg—and my life.

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When the doctor and the nurse came in with masks on their faces, my stomach dropped. The doctor had in his hand a tool to take the staples out, another one that looked like wire cutters, lots of gauze, a baby-blue weeping tray and some medical tape. When I finally got the courage to look down at my exposed leg I nearly fainted. The black, puss-filled blood blister on the front of my ankle resembled a giant deformed pierogi. My foot and lower leg around the wound was swollen, green, red and greyish-yellow. When Doctor Jones took the staples out, the edges of the skin peeled back, exposing fat, muscle, bone and metallic hardware. The smell was horrid. "Not good, not good at all," he remarked. "The surgery has been a complete failure. Your leg is infected and gangrene is setting in. I will clean it for now, cut away the necrotic skin and trim the bone, but you are at serious risk of losing your leg if you don't take care of yourself." With that, Doctor Jones set to work. At first I could handle the discomfort of him cutting my dead and infected flesh, but when I felt his full weight on my leg and then the sharp wet pop from his bone clipper I bellowed in agony, tears streaming down my face. My field of vision hallowed to pinpoints and then everything went glacier white. My hearing echoed and dulled, the voices of the doctor and nurse became distant, then inaudible. I was in shock. I vomited all over myself then passed out.

When I woke up my leg was again in a cast. I had on someone else's clothes and felt really weak, but I was clean. The nurse then came in and told me I was free to go but I had to speak to Doctor Jones before I left. She had in hand a prescription for antibiotics, a suction pump machine to attach to my half-dead leg to improve circulation, as well as a schedule for an

aftercare nurse who was to come and change my wound dressings twice a day. When I told the doctor I was staying at a homeless shelter, his face

*I guess the people who wrote the rules never figured that homeless people have crippling surgery too and need a safe place to recover, or maybe they did and didn't care.*

turned sullen. He knew, like I did, that it was a shithole of a place to recover in. I was used to staying there though. I had been homeless off and on for close to eight years before the drama with my leg. I had always been able to hold my own on the streets and in the shelter system, however, things weren't like before. Now I was wounded and helpless and I couldn't even walk, let alone defend myself. It didn't matter. I couldn't stay at the hospital. Unfortunately for me and others

in my situation, hospitals aren't in the business of letting people recover; they are in the business of making money. I guess the people who wrote the rules never figured that homeless people have crippling surgery too and need a safe place to recover, or maybe they did and didn't care. Who knows? All I knew was I wasn't welcome to stay.

Frightened, I grabbed the pump and script and stoically hobbled out of there. The worried look on my face, however, gave me away and told the cab driver I was scared and deeply concerned for my wellbeing. He didn't give a shit. He kicked me out halfway to my destination after he found out I didn't have the fare to pay for my ride.

The first night at the homeless shelter the pump was gone. By the third and fourth nights my prescription was, just like the expensive medical equipment, stolen. A week into my stay, the infection was back. Not surprisingly, the nurse never came. When I had the pump, my meds and my hope I could at least see the light at the end of the tunnel, I could at least dream of keeping my leg and walking on my own again. After my stuff was stolen, I just had nothing left. It was then that I totally gave up and turned to the two things that had always made me forget: drugs and alcohol. The personal needs allowance (PNA) I got every day at the shelter bought me my morning 'wake and bake' hit of crack, which killed the pain in my infected leg just long enough for me to make my way to Shoppers Drug Mart where I would steal mouthwash and razors—you'd be surprised by how much crack you can get for a pack of stolen triple blade Gillettes and how stupefied a bottle of mouthwash can make you. I became the Listerine Fiend when I drank that dental poison and Crackula when I smoked rock, but both personas were

really just masks I put on to conceal myself from the reality of my rotting leg and my pitiful homelessness.

The other homeless people on the streets who knew me tried to help my situation the only way they could. Some gave me free tokes of crack when the pain was unbearable, others shared their liquor when they'd find me passed out in the gutter. And the outreach people who knew me always gave me extra bus tickets, cigarettes and a clean pair of socks whenever they saw me. Privately though, after they left, I would breakdown and cry. I couldn't even wear both socks and the cigarettes and bus tickets they gave me couldn't fix my leg. It was around this time that I realized that I couldn't feel my toes anymore. They were cold and didn't move. Day by day the greyish-blue hue had turned waxy black. I hadn't even noticed because I had been too busy feeling sorry for myself in my hazy oblivion. The toenails fell away at the slightest tug or bump and the skin sloughed off whenever I scraped it with my finger. It was happening: my foot was dying just like the doctor had said it would. I again rushed myself to the hospital.

He looked furious. "Do you know how sick you've made yourself?" Doctor Jones said. The nurse promptly rammed a thermometer in my ear. I was sick, I could feel it. My upper leg and torso felt like they were on fire and my head had been spinning for over a week. Doctor Jones told me he didn't even have to cut the cast off; he could smell the damage I'd done to myself. "Mr. Thistle, based on your condition during your past visit and your condition today, I regret to inform you that we will have to amputate your leg. The infection is severe and if it spreads to your brain or heart it will kill you." His words thundered into my brain and made my heart sink. I don't remember thinking anything but I do remember the words, "Like fuck you are!" erupting from my mouth. They came from somewhere deep within me. They were a knee-jerk reaction to an impossible proposition. Frantically I stumbled up, mounted my crutches and seesawed down the hospital hall tossing myself out the back door. It was all automatic. Before I knew it I was in the dorm room at the homeless shelter; I don't even recall how I got there. Not wasting any time, I packed what little donated clothes I owned into a plastic grocery bag, collected my PNA and fled the premises.

The subway ride felt like an eternity. I clutched my Pyrex stem—which was loaded with pain-relieving crack I had purchased from my dealer before I left the homeless shelter—the whole way. These were narcotics I bought with the

horde of bus tickets I had gotten from outreach and my \$3.75 PNA. I had about a fifty piece. I promised myself that I wouldn't smoke it until I got to Brampton. I needed to get as far away from the hospital and the thought of amputating my leg as I could. Brampton, being where I grew up, seemed a safe and logical choice in my desperate flight.

Hopping the bus transit route 77 was easy. It was something that I used to do all the time when I travelled between Toronto and Brampton. Anyone can do it. All you have to do is tell the driver you're homeless and need to get to a shelter and they let you on every time. I had a cast on, how could the guy have said no? At Bramalea City Center, the air suspension hissed as the driver lowered the bus down for me to get off onto the platform. I promptly did so and hurried to catch the number 1A to Four Corners, downtown Brampton.

A funny thought entered my head as I coasted through my old neighbourhood. I remembered back to when I had done petty time in jail for shoplifting or for break-and-enter or breach of probation. I remembered how in jail I ate three square meals a day, I had a place out of the elements, I had all the medication I could ask for and a hot shower. I also remembered how I could rest, read and get healthy. Moreover, it was the best rehab imaginable. I then asked

*If neither the hospital system nor the shelter system would help me, I had to force the jail system to do it. I had to use the system to my advantage, it was my only option.*

myself: Why the fuck am I wandering in the desert like a wounded animal? What I had to do became quite clear. If neither the hospital system nor the shelter system would help me, I had to force the jail system to do it. I had to use the system to my advantage, it was my only option. I knew the state couldn't let me lose my leg, not while I was incarcerated. It would make them look bad. And everyone knows that the government will spend billions not to look like fucking assholes. Besides,

and sadly I thought, no one gives a shit about a homeless guy with a rotten leg, but they do care about a guy who is willing to do anything to survive. And everybody loves a guy who is willing to sacrifice himself by throwing a hail-Mary pass in the dying seconds of the game. I had my plan.

"Last stop!" the bus driver called out as we entered the downtown terminal. With that, I stepped off onto the platform and into relief. I lit my stem. The sizzle of the stone in the chamber gave way to a milky stream of smoke that cascaded down my throat. The imaginary fire engine that howled in my ear

rang with the intensity that only smoking crack cocaine can conjure. My pupils widened and my heart raced. I found myself bravely striding towards a 7-Eleven pursuing the goal I had hatched on the bus. I had never done anything like this before. Never had I robbed someone, or even wanted to. But this was all way beyond wanting to do it. I had to. My circumstances demanded it. The hospital system didn't want to take care of me: I cost them money. The shelter system couldn't take care of me: they weren't equipped to take care of homeless people with major surgery. And I couldn't take care of me: I was a crack addict and alcoholic.

The crumbs which resembled flecks of yellow glycerine soap peppered the center of my palm. With the tips of my fingers I packed the leftover crack into my pipe and lit it. My leg had hurt slightly before but with this last blast the pain completely subsided. I was ready. I gritted my teeth, steeled my will, opened the door, walked in and robbed the convenience store; and in doing so, changed my life forever.

I robbed that store and was charged with uttering death threats and the schedule one offence of armed robbery. I served three and a half months dead time<sup>1</sup> but that didn't really matter though, because I was right: the state does care more about criminals than they do about the homeless. To prove it, I have my leg and my life. Inside, I received stellar treatment. I got all the rest I wanted, all the food and medication I needed and my leg healed up about halfway through my sentence. In court the judge told me that I had guts, that I was brave and that, given the circumstances, it was the right thing to do. A lot of other really good things have happened because of my decision on July 9. I finally entered rehab and got sober after fifteen years of hard-core addiction. I've been sober for seven years as of this point. I got married, ran multiple marathons, earned my high school diploma, got my driver's licence and currently, I am a student at York University working toward my undergraduate degree. It should be known, however, that I do not condone criminal behaviour, and this story shouldn't be read as validation to go and rob stores to make your life better. Before you judge my actions, I ask you: What would you have done if you were in my shoes?

*In court the judge told me that I had guts, that I was brave and that, given the circumstances, it was the right thing to do.*

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<sup>1</sup> Time spent before a bail hearing or after an unsuccessful bail hearing.



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Jesse Thistle

Jesse Thistle is Métis/Cree/Scot from Prince Albert, Saskatchewan. In 1979, after some tragic circumstances within his nuclear family, he was taken in by his paternal grandparents in Brampton Ontario and grew up there. Jesse is happily married to the love of his life Lucie Pekarek-Thistle and is planning to have a family, fingers crossed. As well, Jesse is currently doing his undergraduate in History at York University in Toronto and is expected to graduate next year. At present, he is working on his undergraduate thesis—a regional history of Park Valley, Saskatchewan.

His work involves researching and working with contemporary Métis communities that are suffering from the effects of intergenerational trauma - mainly the Batoche area of Saskatchewan and the Temiskaming of Northern Ontario. As a consumer survivor of the streets, jail system, and addictions, Jesse keenly understands through lived experience Canadian social injustice and works at helping in those areas when and where time permits.

# STORIES

## 9 Into A Storage Locker

Cheryl Duggan

Into a storage locker went everything we own  
Except for the boom box that we handcuff  
... to the bench

Sleeping on the Ave with the traffic a constant drone  
Hanging onto each other for dear life  
... in a clench

Calling home with life altering news on a pay phone  
Pregnant and street like stopping a motor  
... with a wrench



# STORIES

## 10 Officer Down

Anonymous<sup>1</sup>

The Governor General Award of Canada and the Most Venerable Order of the Hospital of St John of Jerusalem—these are some of this country’s highest forms of recognition in the profession of policing. These are just a couple of the awards that I have gotten for my outstanding work in policing—and at great peril to myself. But the good also has come with the horrendously bad.

After 30 years of service, I quit my profession one week before my retirement because of intrusive, violent thoughts of killing a police officer and myself while working at Headquarters. But when the healing I had hoped would follow from quitting the police force didn’t come, five years after quitting I devised a plan to die at the hands of my fellow police brothers, it would be a ‘suicide by police.’ I wanted to end the living hell of trauma, alcoholism, and homelessness!

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<sup>1</sup> At the author’s request the story is being presented anonymously.

Below you will find some of the experiences that led to my Post Traumatic Stress Disorder (PTSD) and alcoholism, which eventually left me homeless and broken. The time line is very fragmented as my mind recalls these events in a fractured fashion.

## Coffee Time

I admit it was my turn to buy coffee and doughnuts. I held out long enough and my fellow officers were right, I was chronically cheap. While I was in the coffee shop I could hear the beeping of a car horn; I turned and saw my partner waving for me to come out to the car. I knew something was up because he had the red emergency lights on. I ran and jumped into the scout car. My partner advised me that there had been a robbery near our location and that the suspect was armed with a handgun. We received information from dispatch highlighting the perpetrator's description and clothing.

We then started patrolling, looking for his possible escape routes. I ordered my partner to stop and let me out while I patrolled on foot and he cruised the area in the squad car. The alley I picked to go down led me to a side street where I came face-to-face with the suspect. To my surprise his clothing did not match the description given to us by dispatch, but his body language gave him away. He motioned like he was going to grab a firearm from beneath his jacket. Before he could reach his weapon I beat him to the draw. I screamed, "Freeze!" He then turned and ran to the nearest house and booted in the door. It flew right open and he ran inside.

I followed in pursuit. A strange thing happened to me then: my senses were heightened, my vision sharpened and cleared. I became almost superhuman. I ran and didn't get winded, colours became greatly enhanced—red became ruby red and green became emerald green. My hearing became hollow and it sounded like a giant drum was over my head. All of my senses worked in concert to improve my physical performance. It was like time had slowed down and was being stretched. I didn't know it then but I was experiencing physiological and psychological effects which would later manifest as PTSD.

I came to the front door and had my gun and sights on the suspect. I could see a gun in his hand and started to pull back on the trigger on my own gun. It felt like slow motion. Just as the hammer was about to fall, a teenage girl

jumped out from one of the rooms between me and the suspect, directly in the line of fire. She had heard a commotion in her house and came to see what was causing it. Miraculously I pulled up the barrel of the gun and released the trigger pressure without firing. She never knew how close to being shot she had come. The next thing I knew my hearing had returned and I heard a loud bang. The suspect had run out the back door; the loud bang had been the screen door when it slammed.

*I didn't know it then but I was experiencing physiological and psychological effects which would later manifest as PTSD.*

I ran through the kitchen and kicked the screen door with my foot, and as my foot hit the ground afterward I acquired a line of sight. In an instant I could see the suspect was running in front of a cinderblock wall. In a microsecond I knew if I shot that my bullets wouldn't hit a civilian, they would be absorbed into the wall. I fired and much to my amazement I could see my bullet scream past the armed suspect and slam against the wall. It made a small puff of dust and chipped cement. I fired off two more rounds in rapid succession and I started to see the suspect fall in slow motion. As the suspect lay on the ground, I could see pulsating crimson blood squirting onto the lawn with every beat of his heart. I approached him with my weapon trained on him for another shot and I could hear him crying out for his mother. As I continued closer I realized he was actually in the next yard. This surprised me because I felt he was in arms reach, but in fact he was approximately 18 yards away and there was a fence between us. I didn't even see the fence and I suspect it's because my instincts ruled it irrelevant. I quickly holstered my weapon and jumped the fence, pulled my gun and reacquired the suspect. He was chest down and I put my knee into the small of his back and started to search for the handgun, which I couldn't find. I felt something on his back and lifted his shirt and found he was wearing a bullet proof vest. He was fortunate, the bullet had hit him in between the butt cheek and the hamstring, shattering the femur and clipping the artery. I say fortunate because he could have very easily bled to death but I performed first aid, grabbing a tea towel off a nearby clothesline and applying a tourniquet. I believe I saved his life. The incident was later timed by investigators—the whole event took approximately 30 seconds. Upon his conviction in court I found out that I had crippled him for life.

## A Trip To McDonalds

While at the height of my addiction because of PTSD, I decided to go to McDonald's with my two young daughters. The kids always loved going to the playroom after their meal and I was truly happy to act as their personal centurion and defender while they played. I myself had a completely different experience than they would each time we went. To me it was a journey into hyper-vigilance and paranoia, not family fun and good times. Around every corner I felt a huge threat of danger. Behind every smile, a sinister mind conspiring and plotting against me.

As I pulled up to the restaurant I scanned the parking lot for suspicious characters and their vehicles. With one visual swoop I discerned multiple threat scenarios and derived offensive tactics. It happened in a split second,

*My training and repeated exposures to danger had instilled in me my motto—overwhelm threats with superior violence.*

as it always had before. My training and repeated exposures to danger had instilled in me my motto—overwhelm threats with superior violence. I was more than willing to execute any means necessary to protect my children and uphold my motto. I was once told by a fellow officer who also suffered from PTSD that shooting someone in

the head is like writing a parking ticket, and I agreed with his philosophy. In fact, I always had multiple firearms and edged weapons on my person just in case trouble found me. This was the way I approached every public situation. McDonald's was no different.

I processed information and threats as if I was the Terminator: cold, automatic, detracted and lethal. When I opened the doors of the restaurant I again repeated my visual scan. I knew everyone in there was a potential threat as well as hostage. I felt that hostages, if taken by a would-be threat, were not my primary concern. My family was, and I was more than willing to make hostages 'limited occupation expendables.' As I stood in line keeping a clear view of my children in the playroom, I would blade anyone in my vicinity. Blading is tactical term for standing on the ready to attack or defend just like boxers do. Also, another benefit to blading would-be attackers is that anyone within 30 feet of my kill zone would be neutralized by the commando knife hidden on my waist. I picked the line that would give me an optimal view of the terrain within the restaurant. After securing the premises I ordered two

kids' Happy Meals and a Big Mac meal for myself.

Seating was another mission altogether. I imagined myself in each available seat and then calculated the best way to protect myself and my children from threats. Windows and doors were never at my back or out of my vision. I decided on the seat that provided a vista of all exits and entrances. I scanned again for body language before digging into my burger.

The only time I really felt relief was when I was back in the vehicle and the doors were locked. This was because along with my firearms and edged weapons I now was in control of a 2,000-pound SUV ramming weapon. I was always confident in my SUV because of my police training in pursuit driving—safe and aggressive.

I relayed this story to my family physician when I was beginning to understand that I wasn't well and before I ever became homeless. My physician stated that normal people don't think like this. He told me at that moment I should never go back to policing. I dismissed his recommendation and went back to work.

## **Bloody Mary**

I was contaminated by human blood during a struggle with a homeless street prostitute who had intentionally harmed herself. She had spent her welfare cheque and was trying to stage a robbery so she could get another cheque cut. I saw what she was up to right away and challenged her on her story. I had seen this many times before and could discern a real robbery from a fake one. She started flailing uncontrollably and screaming obscenities at me. Blood was all over the both of us from her self-imposed cuts.

When the ambulance arrived I worked hard to restrain her with my recruit and the paramedics. We finally got her on the stretcher. I was wearing my tactical gloves: Kevlar with a leather outer layer which work well when assailants attempt to stab you—you can grab the blade and gain a second or two to shoot and defend. I noticed that my gloves were sopping wet with her blood. I threw my gloves to the ground and examined my hands and could see her blood on some open cuts I had on my hands.

Once I got to the hospital I was told by the physician that I was at serious risk of contracting Hepatitis A, B and C, as well as HIV. He handed me a prescription for the AIDS cocktail. He gave me strict orders to commence treatment immediately, before the HIV virus takes hold. He also told me it was very time sensitive and would only work if I took the cocktail immediately. I had a 24-hour window to start the cocktail. Little did I realize how difficult filling my prescription would be.

All I remember was walking to the police station from the pharmacy crying. I was in tears. The pharmacy wanted to be paid cash up front, or by credit card. But by this point, due to my PTSD and related alcoholism, I had lost everything, and my personal finances were in shambles. I couldn't buy the cocktail and now it looked like I was going to lose my life. I approached my employer to have them pay for the AIDS cocktail and they refused saying: "Use your medical benefits." I advised them that I had declared bankruptcy and had no financial means to pay for the costly medical treatment. I asked them if they could pay it for me and then I could reimburse them afterward, when I received payment from my police health insurance. They refused. I was crushed. They told me to go after the police association, which I was more than desperate to do. Didn't they understand? I couldn't fuck around with paperwork while this insidious disease worked in my veins to infect me. I only had 24 hours to start the drug regimen.

*They now have an in-house credit card available for officers to use in situations similar to mine.*

I turned to my association, which fought on my behalf. This took three days and finally the association paid out of its pocket and I received the drugs—better late than never. I did the drug regimen until I was told otherwise. I later learned that because of this incident, procedures and regulations have changed. They now have an in-house credit card available for officers to use in situations similar to mine. Unfortunately it was at my mental and physical expense, and it greatly increased my PTSD.

## **A Brave Officer**

During my time in uniform there was one brave officer; he had no rank, but had the true concern of a friend and officer. He was unique. He wasn't like the rest of my colleagues who would always, to the detriment of personal

health and safety, uphold the thin blue line. That was what we were taught—protect the integrity of the police no matter what, even if it wasn't in our personal best interests.

He swore out a warrant for my arrest under the Mental Health Act. He understood that I was in a deep depression brought on by my PTSD and that I was capable of inflicting harm on myself. He had picked up on my desperation and called for my arrest. He somehow knew that I was held up in a fleabag motel drinking 40 ounces of rye a day. I felt, at that time in my life, that my only way out of my misery was through drinking myself into oblivion. On top of that, I wasn't taking care of my health. I wantonly neglected to take my heart and psych-meds. This was a conscious decision that I made hoping I would just die and the sad chapter that was my life would end. This made for a very dangerous and volatile milieu. I was slowly killing myself because I was unable to cope with life on life's terms. My reaction was simply to hide in a bottle.

*I wantonly neglected to take my heart and psych-meds. This was a conscious decision that I made hoping I would just die and the sad chapter that was my life would end.*

The warrant found its mark. I was escorted to a local hospital by police. The hospital I was taken to had its own in-house psych ward and I remember as we drove up to the emergency doors that I felt absolutely nothing. I was empty and emotionless; I knew at that point I was damaged goods. I knew I should have felt something but my PTSD had robbed me of any sort of normal emotional response. Looking back now with two years of sobriety and a semblance of stability, I can see that the officer who called for my arrest was in fact a caring and compassionate person who bravely defied the sub-culture of policing and I can safely say he probably saved my life.

On the hospital gurney, I was curled up in the foetal position. My legs were tucked into my chest and my head was hidden, covered by my shirt, which was pulled over my head. It was kind of like an ostrich does. I remember thinking: if I can't see them they can't see me. That's when my brave officer friend came and lightly tapped me on my shoulder with my arrest warrant and said, "I love you man." He turned and walked away. I wasn't really capable of any type of response. I was then placed in a psychiatric cell and received treatment.

## The Gift

I was homeless, having no source of income, and I found myself unable to function in the real world. I was an alcoholic with no future because I could not stop living in the past. I had lost everything and everybody: my wife, my children, my home, my friends and my family. Most of all, I had lost myself in mental illness. My family and fellow officers were sick to death of my emotional outbursts of violence and anger. I had become menacing to the police and the public. I had been arrested numerous times under the Mental Health Act and had been hospitalized a number of times, totalling at least eight months in a mental hospital for alcoholism, trauma and PTSD. I had also been arrested for causing a disturbance after an emotional outburst—an explosion of anger—at my daughter's school. I was yelling obscenities and screaming at staff about me shooting people. The school went into lockdown in fear, knowing that I was trained in violence and that I was behaving like an obvious lunatic.

I had had enough and at the age of 54, on a day roughly four years ago, I put the plan into action. I had just consumed a 40-ouncer of liquor and taken an overdose of the antipsychotic drug Seroquel. I decided I was going to lure a S.W.A.T. team into ending my life. I phoned the police and threatened to kill young untrained officers for being weak and unaware. I did this knowing they would ping my phone and locate me. They'd be forced to send in a S.W.A.T. team to come and get me. After they found me, I was going to lure them into armed confrontation.

*I wanted the nightmares to stop; to end the horror of my mind in my dream shattered sleep.*

*One way or another I was going to end the nightmares.*

I wanted the nightmares to stop; to end the horror of my mind in my dream shattered sleep. I wanted to die like a warrior. I was armed with an Aboriginal blade made of bone and obsidian, a stone-age weapon, and I had magazines and newsprint as body armour. I was well trained in knife fighting, and at close quarters, if I was tasered by the police, my armour would be adequate to stop me from being immobilized and I could move into their

killing zone. I wanted to give them *the gifts* of trauma and alcoholism that would come from shooting one of their own to death. I didn't want to kill them but I wanted to destroy their psyches, their minds and their spirits. If

the police didn't kill me, I would die from the overdose—one way or another I was going to end the nightmares.

But time conspired against me and in favour of the police. They arrived when I was so sedated that I posed no threat, yet early enough to forestall my suicide attempt. I was arrested and placed in a provincial jail to await trial. I was put in a special cell for the suicidal mentally ill. I was kept there for about three days. The cell was filled with human fecal matter and all sorts of biological waste. There was shit on the floor, the bed and walls; the floor was sticky with urine and other dried body fluids. I had no soap or toilet paper. When I asked the jail guards for these items I was told: "Too bad you got yourself arrested. What do you expect?" For days, I wiped my backside with the bread that I was given for food. I asked several times for soap and toilet paper and never received any. I was filthy. I asked for basic cleaning supplies to clean up the dried blood and shit and was refused until a jail advocate attended the cell. I advised her that the cell I was living in was a biohazard. I also asked the guards if they had ever received training in biohazards because they were living and working in it, potentially exposed to Hepatitis C and other diseases. Finally, by constant complaining, and with the intervention of the jail advocate, I received soap, toilet paper and a bucket of water with bleach, rubber gloves and a scrub brush. I disinfected my cell and never felt so relieved. Although totally dehumanized by this treatment, I felt safe in jail and with my PTSD I knew I couldn't hurt anyone and no one could hurt me. I could live in custody for the rest of my life and not deal with the outside world.

At trial, I was released on the conditions that I report regularly to a probation officer and see a psychiatrist. After years of trying to get help, the help I needed came in the form of this court order. I renewed my connection with Alcoholics Anonymous, and it is through my AA sponsor that I now have a sofa to sleep on. One step at a time, I have been on a path to wellness, although I need constantly be on my guard to avoid triggers. I know my healthy boundaries; I have learned to build up safe boundaries. I cannot watch or read news of any type of violence—watching a hockey game that breaks out into a fight, I can feel the hair on my back go up. I can't attend any movie or play video games out of concern that I will be triggered. The sounds of sirens in the distance or the

*One step at a time, I have been on a path to wellness, although I need constantly be on my guard to avoid triggers.*

raising of voices spark a response of vigilance. I am hyper-vigilant. I feel the need to arm myself. *Never, never put your back to the door.* I have used up my personal resources just trying to keep sober and the PTSD under control. I have tried to work but I find it so difficult mentally that I find myself homeless and broke.

So how is it that a man who has had many years of distinguished service as a police officer, should come to the point of devising a plan to die by police suicide? I began my career, as do many, as an idealistic young officer, wanting to help. Many, many traumatic events, and without resources and supports to process them, and within a culture of policing that requires officers to ‘man it up,’ stole my idealism and my life.

# STORIES

## 11 Rooming at the Haunted House

Cheryl Duggan

the characters here  
leave nothing to fear

...

werewolves that barely emit a hiss  
the cigarettes causing severe laryngitis

vampires you would never want to kiss  
because they have the worst case of gingivitis

skeletons never finding their bliss  
all bent out of shape from scolio-arthritis

...

just load up the hearse  
cuz this place is cursed



# STORIES

## 12 My Journey from Nova Scotia to Ottawa

Richard Henry

*I would like to share my story, my shortcomings and strengths, my experience on the streets and what I think can be done to make change.*

*You just never know when or where you might be able to make a difference in someone's life.*

My journey from Nova Scotia to Ottawa was not without incident. After 18 months on the reserve, drinking a 26 oz. a day and a 40 oz. on Fridays and Saturdays, there was no way to stop drinking without a series of consequences.

So before jumping on the bus, I stopped at the liquor store for a quart of beer and a 26 oz. of whiskey. On the way out of town on the highway, where my kids lived, I said good-bye as I looked out the window. I took a deep breath and a big swig of my whiskey. I was all choked up and sad to leave them behind, but I knew they would be coming soon—their mother's boyfriend was in the military and was being transferred to Ottawa.

## **Let the first leg of my journey begin**

I told my kids I was going to Ottawa to get a place and would see them there. I was looking forward to a time when I would have overnight visits with my kids again; this was my lifeline to staying focused and on track. This is what prevented me from staying on the streets forever.

Well, it didn't take me long to become stranded in the next province, Fredericton, New Brunswick. What I thought was going to be a quick refuel, turned out to be the end of the road for me on that bus. The bus driver checked the plastic cup I had my booze in, sensed I was under the influence and asked me to get off the bus.

I was stranded. It was cold and wet, so sleeping outside was not an option. I only had \$40. A motel room was out of the question, so off to the police station I went. When I arrived I had to ring a buzzer, and after signing a release form, they gave me a blanket, a pillow and a cell for the night. I slept like a baby.

The next morning when I woke up, they told me the next bus doesn't leave until 7pm and that there's a men shelter a couple of streets over. I went for breakfast and hung out with the boys. I still had my big beer left so I shared it with them. It wasn't long before we made our way to the liquor store.

## **The role of homeless supports in my life**

I think, for the most part, the major contributor to my ending up on the streets was the lack of addiction treatment programs available. Any long-term treatment has a six- to eight-month minimum wait time. Shelters become an easy option with free meals and a roof over your head; and you're close to downtown, which leaves no need for a bus pass for transportation.

Unlike ODSP (Ontario Disability Support Program), people on social assistance have to pay full price for their bus pass. This comes out of a \$365 shelter allowance, which leaves them with \$220 for the month. In many cases, the money allocated for your bus pass is spent on housing or daily living. This leaves people helpless to get around to food banks.

Living in the shelters pays you a PNA (Personal Needs Allowance), and in many cases that is more than you would end up with if you had your own place. Someone who has their own place would have a bunch of bills to pay, along with paying full price for their bus pass. They have little money left for food, clothing, hygiene items, etc. In having your own place, you can't afford a phone, cable TV, laundry, clothing, etc.

With our current two-tier medical system for those who can pay and those who can't, people on assistance do not have the coverage to pay for medications they may need. This forces people to get creative in order to get the things they need.

There are just so many ways to make money. When a good scam comes out, people 'jump on the bandwagon,' as they say. If someone is making good money selling their medication, it's not long before the word gets out on how and what to say to the doctors to get what you need.

Others that need medication and can't get it from their doctor, or who are not covered, turn to the streets. Often, street drugs are not regulated and are dangerous. These drugs can be very addictive, and it's a slippery slope into homelessness.

No matter what kind of scam you're into, it is likely illegal, and eventually you will get caught. Having a criminal record, like bad credit, does nothing but further put people at a loss, and makes getting a good job or an apartment almost hopeless.

Working under the table becomes a good option for those affected by past wrong doings. You get the security of having your rent covered by welfare or disability benefits, and are able to supplement your income in a more socially acceptable way. This is why handyman services are so popular.

Many people become frustrated with the system, and the only escape from the torment of reality and the stigma that we live in when we are down and out is drugs (including alcohol and prescriptions).

It's likely that you'll become socially depressed. We are sad due to the way we see the world around us. It is circumstances that bring us to an emotional depression. We don't see the help that's around us, and we

dwell on what we think we are powerless over.

## **The second leg of my journey: Still stranded in Fredericton**

At the liquor store, my regular routine was to buy a big beer and steal a mickey. It was easy for me, being a new face in the town of Fredericton. By the time 7pm rolled around, I was too drunk to get on the bus heading to Ottawa.

Partying is all part of that life, and I showed those boys how to have a good time. The only problem was we were all too drunk to get back into the shelter, so six or seven of us went to the police station. This time we were all charged with public intoxication, and we were put in the drunk tank with no blanket or pillow.

The next morning at the liquor store, it was evident that police already alerted them because all eyes were on me. I knew it was time to leave town, so I drank just enough of my 26 oz. of whiskey so I wasn't sick, and off to the bus stop I headed. The boys didn't want me to go, but Ottawa was my destination.

Finally I got on the bus without incident. I held my breath as I showed my ticket to the bus driver. I arrived in Ottawa with two big duffel bags, my knapsack, \$7 in my pocket, a half bottle of whiskey and a big beer. In a short time, I polished off the bottle of whiskey. With nowhere to go again, it was off to the police station.

The police phoned ahead and secured me a bed at the local men's shelter. There I met a whole bunch of new friends. I knew I had time to find a place before my kids moved to Ottawa, so I hung out with the boys. What I thought was going to be a short time ended up being almost four months on the streets.

For many, living on the streets or in the shelters is the end of the road; when things seem hopeless, it's all the roadblocks that you run into that make you give up the fight and settle for survival. Survival becomes a way of life, a freedom, a comfort, where you have friends. Having your own

place often leads to confinement, depression and loneliness. I envision a community-living environment where everyone works together doing laundry, cooking and cleaning. It becomes a big family; a group of people who share common interests, and can set some goals for independent living. It's a place where you have friends, where before you had none. We all need a home, not just housing.

But many just give up. It becomes too hard to fight the system, so you just live within in it: can't get it, steal it, and get caught, good! Put me in jail—free meal, free drugs, a doctor, clean clothes, etc. It becomes a revolving door.

## **The end to my life on the streets**

It was time to sober up; my kids would be coming soon, so off to detox I went. After spending seven days in detox, I went back to the shelter where I met up with one of my buddies who managed to get a place in a rooming house. I spent a couple of nights and decided this could become my way off the streets.

Soon after, I got my own room and took the position of superintendent. Becoming a superintendent supplemented my income by \$150, just enough to get me through the month.

It wasn't long before my heavy drinking and tough guy image was challenged one too many times. I ended up with assault charges and was sent back to jail for three months. Coming out of jail with a determination to turn my life around, I got another room and a superintendent position in a quiet building. I also got on the wait list for subsidized housing. To get on an urgent list, I pretended I was still homeless and put my son on the list with me to get housing quicker.

It took three months, and even once they found out my son didn't qualify, they still had a bachelor apartment for me. Things were looking up. I managed to get a new I.D through a community centre where I was seeing a doctor and applied for ODSP

When I moved into my new bachelor apartment, I was still addicted to alcohol. I thought I could help other street people. I would invite them into

my house to shower and do their drugs, but this soon turned into a new business opportunity for me.

I was able to get off the booze but became a full-blown crack addict. Selling crack became a way of supporting my habit as well as supplementing my income. It took about six months of dealing crack to 30 or 40 people a day to catch the eyes of the law, and I was off to jail again, losing everything.

You could say I had been left in the cold. My discharge worker never did confirm housing before my release from jail. A visit to the ODSP office left me no hope of receiving any money for shelter, food or clothing. I was released 36 pounds heavier after 107 days of confinement. I had no clothes that fit.

If not for a friend, I would be forced back to the streets. Like most people coming out of jail, I would have had to resort back to shelters, where the game never changes and you are always at ‘rock bottom’. Being forced into survival mode has its setbacks—for me, it pushed the limits on my ability to remain sober.

I was not able to secure any financial support until 12 days after my release. All the old feelings and the high of being free came back to haunt me. When you’re left with nothing, many are forced back into the same old routine they were in before they got arrested. Unfortunately, most of the time, you’re sucked right back in the game. It’s quick, it’s an easy fix, and for some, this is the only life they know.

## **What I think could have made a difference**

My frustration and disappointment in the system were setting in. I feel people just give up the fight. Help is scattered all over the place, with too many barriers, too many hurdles and too much red tape. Today, again forced to work within the system, I am left frustrated. I had a fire back in May 2012, and struggled to find a new place to call home.

I would like to see a facility that would have people come in one door and have everything they need under one roof—like one-stop shopping. To the left we have doctors, dentists, psychiatrists and mental health care; on the

right we have addiction counsellors, personal care workers for housing, etc. So at the end, when you walk out the last door, you're ready for a new start.

Shelters, community centres, etc., are also a lifeline, and in my opinion could be the perfect place to try this out. Funding needs to be allocated for services and facilities in order to accommodate long-term treatment programs, rather than a long-term waiting list for these services. When someone hits that 'rock bottom,' or finally realizes they need help, we need to have the help for them, then and there. For most it's their last chance: if they don't get help, they may never come out of it.

My addictions came at a heavy cost to all those around me. But today, I can share the love that was lost for so many years. All the programs I took on addictions in the past, and writing a transcript of my book, *Life in the Game of Addiction* while in jail, helped turn my life around. If not for this, my time would have been wasted, and the cycle would have continued.

My hope is that people live without addictions in their life, and that others realize that people do change. Don't judge a homeless person, because you don't know what led them to homelessness.

I lowered myself to the streets where I had lost everything, but learned so much. I learned that the world is not all about the riches of the flesh, but the love for life and helping the needs of one another. Living on the streets in total surrender of life's challenges has led me to the life I live today, and to my belief system.

Life in mainstream society revolves around seeing personal wealth as success. I was a very successful general contractor for years, and then succumbed to the greed of wanting the bigger, the better and the more the merrier. My goal was to become a millionaire. But now, after all my experiences, I see wealth in love of family, friends and faith in God. I am truly blessed with 'happy thoughts' today.

Many times when I was on the streets, I looked at all the people going by, and thought, "You poor bastards. You're like a bunch of robots programmed to do the same thing day in, day out, stuck in debt to greed of the materialistic world."

Although I had many great times on the streets, the reality is if you miss a meal, you go hungry; if your shoes are wet and worn, you suffer. The threat of violence is all around. The loss of my family is ultimately what led me to get off the streets. It was the pain—the hurt inside—that could have kept me on the streets and using until the end, like many before me who have lost their lives, or have taken their own lives. Giving up, thinking this is the end of the road, nobody cares anyway.

I am by no means perfect, and still have minor flirtations with past addictions, but today I am no longer trapped by any outside influences in my everyday life. Sometimes in life it takes the loss of everything to really appreciate what you have.

God bless everyone for He has blessed me.



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Richard Henry

Today I have regained my love for life and each day is filled with love and joy of the next to come. Just when I think I have found all the answers something new comes up. What I have learned this far in life is that I still have a lot to learn. I believe it's not so much what I can get out of this world but what I can give in the way of helping others and making this a better world for our future generations. Today, I am a self proclaimed Addiction Specialist, with 30 years experience dwelling and recovering from my own addictions. Before becoming a certified Smart Recovery Facilitator, I was a peer worker at a community health centre.

I just recently self published my Memoir called "Life in the game of Addictions". Most importantly, my kids are back in my life and I get to enjoy time spent with my 3 grandkids.

# STORIES

## 13 Anatomy of a Hero

JesseThistle<sup>1</sup>

This is the story of Andre Robert Joseph Motuz<sup>2</sup>, or ‘Old Eagle Eyes’—a Métis elder (Woodland Cree and French) from Victoria, British Columbia, who is, to many of those who know him, a modern-day hero. Few people can say that they have lived a life with purpose and meaning, and even fewer can say they achieved it against insurmountable odds; Joe can. He has created meaning in his life where once there was none, he continued to try in the face of hopeless circumstances and he loves a world that had abandoned and forsaken him. Joe does these things every day.

After being homeless and addicted for many years, Joe pulled himself off the harsh Canadian streets and into permanent residency in a Victoria apartment. By blazing a pathway out of homelessness and addiction—he has been sober for 30 years—Joe has shown that it is possible. His example is a beacon of hope to his brokenhearted “brothers and sisters” still left in

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1 Additional support provided by Ernie Talda.

2 Recounting memories of homelessness and trauma can be very difficult for some people. As a result, Joe’s story has been written by Jesse Thistle and Ernie Talda based on conversations with Joe.

the cold. Perhaps the best way to describe Joe's impact on those around him is heard in the words of his dear friend and confidant Ernie Tadla: "Joe is a light; a beacon shining forth in what to many people is a dark, cold, lonely place...[He is a] citizen of the streets, caring, giving help and assistance to his brothers and sisters on the street and in the shelters." Kind sentiments can be allotted to any person, but when these words are contrasted against the many hardships of Joe's life, the true value of Old Eagle Eyes' heart can be understood and fully appreciated.

Joe's painful life story begins on March 6, 1949, in Saint Boniface, Manitoba. Joe never knew his father; unfortunately, he would not know his mother either. She rejected him, as his father had, leaving him abandoned to the care of the Children's Aid Society. This tragic beginning took on much darker tones when sexual abuse, perpetrated by a babysitter, began at his first foster home at the age of four. Stripped of his innocence at such a young age, Joe's life seemed perhaps doomed before it really ever began. Unfortunately and sadly, this was not a one-time incident. At nine years of age, while living at his

*Even the farm animals were treated better, according to Joe, because at least they could rest and they weren't beaten.*

second foster home, Joe was again sexually abused, however this time it was inflicted by a Catholic priest at Bible camp. What little remnants of Joe's broken heart were left to him after this horrendous incident were completely crushed by the ogres at his third foster home. They did this by subjecting Joe to a grinding regimen of forced labour. Day in and day out, Joe was working by 4 in the morning,

followed by school, dinner and farm work until 11 at night. This was all much more than any grown man should bear; let alone an 11-year-old boy. The dehumanizing, near slave-like environment did not end there: vicious beatings were inflicted with predictable regularity and forced confinement in the basement was frequent. Even the farm animals were treated better, according to Joe, because at least they could rest and they weren't beaten. Finally, after enduring three years of this constant torture, Joe was placed in a home where he was at last given a chance to recover from his traumatic childhood. He was 14 years old.

The elderly woman at his fourth foster home took good care of him. She was a warm and loving soul who was keen to treat the damaged adolescent like a human being. She did this by rebuilding his health and nurturing his confidence. Despite this, Joe still yearned to know his family of origin. He

needed to meet the mother he never knew. The kind old lady who cared for him, as nice as she was, just couldn't give him the pieces to the puzzle of his past. So at 17, Joe decided to look for his mother. Mustering up all his youthful courage, Joe bravely set out to get answers to the questions that had burned inside him all his young life, and in doing so left the foster care system once and for all.

Joe found his mother in Thunder Bay, Ontario. The reception his mother gave him was not the reception he'd expected. She wasn't interested in knowing him like he was in knowing her. In fact, she outright rejected him, just like she had done years earlier. It was more than Joe could handle. His mother's reaction, coupled with the years of abuse in foster care, culminated in a severe nervous breakdown. His mind had buckled, his heart had imploded and Joe's life went from bad to worse.

*His mind had buckled,  
his heart had imploded  
and Joe's life went from  
bad to worse.*

He was committed to Lakehead Psychiatric Hospital. Joe spent four years there, and the treatment he received was typical of a Canadian mental institution of that time. A combination of shock therapy and psychotropic medication were administered to help Joe 'rehabilitate.' It was a futile effort. The treatments did nothing to heal the deep wounds of sexual abuse and abandonment, they only numbed and contorted young Joe's shattered mind. Patient reintegration into society is something modern psychiatric institutions struggle with today. In the late sixties and early seventies, the concept of aftercare was almost non-existent.

Joe's early manhood is a testament to this deficiency in the mental health system. At 21, Joe, being declared of sound mind, was cast out into the world with no support mechanisms. Figuratively, he was as naked as the day he was born, but this time he was even more vulnerable as he no longer had institutional help, family, friends, hope or a home. It is no wonder he ended up the way he did—he was the product of two broken institutional systems.

The oblivion that drugs and alcohol provide can soothe a torn and homeless soul. They can suture and mend the deep emotional lacerations of a traumatic life that won't heal. They can also induce a kind of amnesia, helping one forget who they are and the pain they bear. Drugs and alcohol are thus attractive remedies to the downtrodden and injured, alas, their effects are temporary

and they come at a great cost. This was something that Joe was soon to find out. Crime, jail, overdoses, short-term memory loss, epilepsy, police beatings, gang muggings, street violence and years of homelessness became the debts that Joe paid to the twin overlords of addictions and hopelessness. As his appetite for the numbing effects of narcotics and booze increased, so too did the seriousness of his crimes: from petty theft to shoplifting, to break-and-entering, all the way up to armed robbery. Young Joe was becoming a professional criminal, one who consorted with heavy criminal elements and,

*He lived by a new code now, the criminal's creed: live for today, forget the past and damn the future.*

just like all serious thugs, started doing serious time. His behind-bars initiation began when he got pinched for armed robbery, which landed him in Toronto's infamous Don Jail. He did six months of dead time<sup>3</sup> there, which is no small feat. Comparatively speaking, doing six months at the old Don in the seventies is roughly equivalent to

doing three years in Kingston Penitentiary today. Luckily for Joe, his brother George was a bailiff who understood the risks of the Don and bailed him out. Surprisingly, at the robbery sentencing Joe only received probation, a slap on the wrist. The judge's leniency did nothing to faze Joe nor did his incarceration in the 'Don-ster.' Quite the opposite happened. You see, Joe had graduated from common thief to full-fledged hardened criminal. He no longer cared about the world that had taken so much from him, leaving him with nothing. He lived by a new code now, the criminal's creed: live for today, forget the past and damn the future.

Joe had grown accustomed to the concrete in jail cells, the dark back alleys and cool side-street doorways. He also learned to trust his instincts, becoming wild and street smart, tough and lean. The frozen earth he slept on every night matched perfectly against the hard-boiled countenance of his heart. But the life Joe had grown used to was beginning to take a toll on his body. Over time, the rugged desolation of street life slowly ebbed away at his constitution. A steady diet of drug and drink had been working silently in tandem with neglect to sap Joe of his most valuable asset: health. Joe knew that The Reaper was near, the lack of strength in his malnourished body proved it. He could feel its pull. Death followed him from campsite to campsite, from rooftop to rooftop. It even followed him to a garbage bin where he woke up covered in noodles after a blistering night of inebriation.

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3 Time spent before a bail hearing or after an unsuccessful bail hearing.

Everywhere he went, so too did death's icy grip. According to Joe, death did indeed catch hold of him—more than once, in fact—as he received last rites from a priest five times. But death, by Joe's testament, did nothing to slow him down or scare him off the streets. Quite fittingly, the one element that would resuscitate Joe from the depths of his homeless despair would not be death at all, but life, heralded by the birth of his fifth child in 1982.

His fifth child's birth shifted something within Joe, something monumental. It was as though the rusted gears within his heart began to churn after being seized up for so many frosted years. Living on the streets, Joe had tried to love many times. The proof was in four failed marriages that produced four children, none of whom had the same effect his fifth child had—they hadn't thawed his frozen soul. Not that they meant any less to Joe or that he loved them any different, just that he wasn't ready to change with them in their turn. His fifth child was different. It came at the perfect time. It reminded him what a precious gift life was. It also reminded him that there was love in the dark, cruel world. All at once Joe was deeply invigorated. The mental and emotional chains that had bound Joe to misery his whole life had been obliterated by the coming of his infant child. He no longer needed to drink or do drugs, or wander—his mind was finally free. The cries of his newborn baby had released him from his life of bondage. The physical addiction, however, remained. This was of no concern for Joe though; he marched undeterred and steadfast into withdrawal and later recovery.

*It was as though the rusted gears within his heart began to churn after being seized up for so many frosted years.*

After he made up his mind to get sober and lift himself off the streets, it seemed nothing could stop him. Joe stoically decided to go cold turkey. Following his decision came the violent effects of an abrupt withdrawal. The chicken skin, the vomit, the diarrhea, the aching, the restlessness, the shaking, the hypersensitivity to light, the hot and cold sweats—all were uncomfortable and all were painful beyond belief. Notwithstanding their terrible effects, perhaps the most dangerous side effects to Joe's instant and herculean sobriety were the alcohol DTs<sup>4</sup>. They caused him to black out, vibrate constantly and thrash about unconscious in grand mal seizures. For five, seemingly never-

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<sup>4</sup> 'DT' is short for 'delirium tremens:' an acute episode of delirium that is usually caused by withdrawal from alcohol.

ending days, Joe endured all kinds of physical excruciation, and even though the chemical demons screamed in his bones and gnashed at his flesh, Joe remained obstinate. Joe held on. This is something that Joe still does to this day. But, as he will tell you himself, sobriety wasn't an event: it was more like a lifelong process.

*He attributes his miraculous rise out of homelessness and liberation from addiction to three things: a return back to nature, a reconnection to his spiritual past through First Nations and Métis Elders and spirituality.*

It's been 30 years since 63-year-old Joseph 'Old Eagle Eyes' Motuz, the Métis Elder, gave up drugs and alcohol. He attributes his miraculous rise out of homelessness and liberation from addiction to three things: a return back to nature, a reconnection to his spiritual past through First Nations and Métis Elders and spirituality. All of these culminated in 1990 when Joe underwent an intense period of introspective learning whereby he accepted the idea of a higher power/Creator,

understood the power of healing, began to appreciate the power of prayer and incorporated the importance of sharing into his life. He also credits the Canadian Mental Health Association as a secret to his transition from homeless addict to housed citizen.

Today 'Old Eagle Eyes,' the man who walks with soft moccasins, can be seen making and selling jewelry on the streets of Victoria, British Columbia. This is also where he sells copies of *The Victoria Street Newz* to people who walk by. It should be known that any earnings Joe makes is faithfully, and honestly, declared on his monthly welfare statements. Joe is politically active and has participated on the Action Committee of People with Disabilities (ACPD) for four years, where he serves as both a board member and the Vice President. The ACPD's mandate seeks to assist and/or advocate for people with disabilities.

Nature, the Creator and service to his fellow street family keep Joe vibrant and alive. He is not afraid of spreading his wallet thin so that his homeless brothers and sisters can eat or avoid end-of-the-month binds. He is also not averse to sharing whatever clothes, food or household supplies he has. Generosity comes naturally to Joe because he believes, in his core, that the Creator made all men, women and children equal regardless of nationality, race, colour or creed. When one bears in mind that the crucible of fire that was Joe's life could have very easily turned him into an apathetic monster,

the quality of Joe's empathetic heart becomes apparent. By choosing to rise above it all and love, Joe shows other homeless people, and the world, how to triumph in the face of colossal adversity. It is often said that the meaning of life is to give life meaning. Many in life never figure that out, but it's safe to say that Joe has. Ask anyone who knows him.

In Joe's words:

*“The Homeless are my brothers and sisters. We are all equal in the Creator's eyes. I accept them the way they are. They have been part of me for many, many moons. I always look for their good side, their humour, their qualities and their personalities. Until we walk a mile in their moccasins, we have no right to judge. I am an outdoors individual. I love the woods, the lakes and streams. Anywhere there is wildlife there is beauty, peace and tranquility. I love to watch wild animals, birds, and insects; make a campfire and breathe fresh air. Surviving all these years by your wits, street knowledge is a feat in itself. It will take all I have to survive till my journey ends. I have many challenges ahead. In the future I hope to live peacefully with humankind and myself. I want to remain independent and keep my dignity. I count all my blessings, because there are people worse off than me.”*



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Joseph R.A. Motuz  
(Old Eagle Eyes)

I am doing fantastic, now that I turned 65 years old on March 6, 2014.

Now that I am Métis Elder my life has changed a lot. I am going through a transition as we all do. I am now enjoying life and going in a new direction within life. As a hobby, I will still do my jewelry; this is my 45th year. I'm planning to do some travelling, have more quiet time for myself and be the Wolf. I count my blessings daily, including that I am alive and have the opportunity to enjoy life. I am very positive and optimistic for the future. I get my strength from the Creator, family, friends, and from Elders of all races.

# STORIES

## 14

### Battered Schmattered

Cheryl Duggan

Started flattered  
then was battered  
papers scattered  
dinner plattered  
dishes clattered  
people nattered  
teeth chattered  
face spattered  
clothes tattered  
blood splattered  
dreams shattered  
nothing mattered  
Finally stopped  
after...  
pitter pattered



# STORIES

## 15 My Journey

Launa Leboe

I am sharing my story about my experiences in order to help to enact changes in policy with the goal of equal and fair treatment while celebrating the diversities we all have a right to enjoy. I see a need for housing to be established to prevent violence and promote acceptance. I suggest separate shelters according to gender in order to reduce conflict, as well as support for those who have other needs. People of all kinds need access for integration into society. Policies need to be established to support what is working, and to fill needs to promote independence. The goal is to end hatred and social separation, help maintain family support without stigma and chastisement, and enable more levels of support with accountable government. By sharing what I have gone through, I hope to be able to prevent additional stress for others dealing with homelessness and poverty.

Today, there are lists of resources for food banks, shelters and caregivers, along with volunteering to help keep us connected and gain valuable skills to avail us to the help we need. There is still a great need for more alternative housing and women's shelters, along with family shelters.

Years ago, I was living in an abusive relationship. 14 stitches later, and after two previous attempts to leave the abusive relationship, I knew it was not going to get better. A man friend lent me his truck to move my things to a new place without her knowing about it, as I was in fear of my safety. I was thinking about returning to work at Seafinn where we had worked together, but I didn't think it was a good idea. The women's shelter I had been to gave me a glimpse of where an alternate home could be.

One day while at a bar, I was injured by a man and required surgery a short time later. This man had evidently beaten several women before he made it to me. The bartender tried to let me know, suggesting I, "...tell my friend" that "she better shut up." At the time, I thought the bartender was overreacting, because my friend obviously knew the woman she was trying to convince to not to get involved with this other guy—my friend knew the woman was going out with another man. I didn't witness her being hit, but when I saw her bleeding with broken glasses and crying, I got mad. I stood up to this six-foot-something guy and took a half-hearted swing at him (not even knowing for sure if it was him who punched her at the time, but found out later it was). My fist grazed the side of his face as he took me out at the knees. I tried to stand, but I couldn't. A cab took me away and about a week later I was rushed into immediate surgery from emergency in Nanaimo. After knee surgery, a muscle graft and being placed on a new experimental machine to keep the knee moving, I recovered. One nurse's bullying in the hospital made me concerned about having no privacy.

While living in Qualicum Beach on my own, I had a job shucking oysters in French Creek (about 8 km away). In the wintertime, I would get a ride with the manager back and forth instead of riding my bike. It was during this time that I found out that they were not paying me fair wages; they were paying everyone else a dollar an hour more than me, and they also had me training others. A female co-worker told me of this slight. Although the wages were low at the next job I was considering (\$5 an hour back then), I let the manager know I needed full-time work to be able to pay my bills. It was the only 24-hour service station open that I knew of, and after four days of steady work, they kept me on full-time. I was alone after a certain point during the night shift, so I was the boss. I had a variety of familiar customers coming in, which made me feel less threatened, although some of the people coming in were impaired or angry. The police would come in on occasion, which I didn't mind at all, because this made me feel safer.

During one shift, a co-worker suggested I lock my till so no one else could get into it. I did this thinking that it was a good idea, seeing as everyone else had their own till. One day a co-worker couldn't get into my till, and he grabbed me really hard on the arms out of frustration. I called my manager and told him that he better get someone else to work for me because I was going to leave. When my replacement came in, I left. My roommate saw the abuser's handprint in the form of dark bruising on my arm, even a week later. As a result of this incident, I quit this job. My female friend and I decided to move to be flag persons, where you control traffic on the road during construction. When we phoned the job for information, we were led to believe that all we needed was a phone, a car and a place to stay there. We ended up flagging for half a day after moving down for this job, but then the boss just didn't need us again. I don't know why we couldn't continue working. This left us without jobs, even though we had already rented a place in Victoria. We did backbreaking work picking daffodils, and had to be on time to get picked up by the crew cab every morning or we wouldn't make it to the farm to work.

After that, we decided to register with the agricultural labour pool to get a job picking mushrooms. We were picking mushrooms at the barn on the manure beds and they didn't pay me for \$20 worth of work, so I decided not to continue until they did. My friend was shorted \$50. Others worked even longer and didn't get their wages, including a woman who worked faithfully expecting that they would pay knowing she had six children. I found out later that the mushroom employer did not even pay the rent to the farm where they had the beds.

So now my roommate and I were going back and forth, from Victoria to Coombs (about 155 km apart), helping her mom and dad work on their hobby farm. We were able to get some fresh farm eggs to sell, and we even kept some to eat. Due to roaches and the hostility of the management at the prior apartment, we were eager to find a new housing arrangement, so when we heard there was work and a chance to come back to the mainland, we did.

After being offered a job at a lumberyard, it turned out that we had to wait outside the lumberyard every morning at 6am in order to be able to work for the day. Since we didn't have a place yet, we used the washroom at a local gas station. We did this until we were able to stay on the floor at my friend's niece's house. Her niece had already recovered from drug use and

had successfully completed a Narcotics Anonymous program, and I felt much safer to be inside her home than continuing sleeping under the Patella Bridge in the car at the time—having the police check up on us and asking us to move the car from place to place.

After about three weeks, we found an affordable one bedroom above a business, near the lumberyard where we worked sorting, grading, painting, stacking, wrapping, and banding lumber five days a week. After my friend's hand injury, I would work five days one week and then six the following week to help support us. I trusted her to manage the money so she wouldn't feel bad about not being able to work outside the house. She did the shopping and I worked outside, and we stuck together. We pooled money to rent a U-Haul to pick-up our belongings, along with a dog, from her parents' farm on Vancouver Island after we had been on steady at the lumberyard.

There was a government-sponsored program at the employment centre that I was accepted into as a Pre-Apprentice Painter. During that training period, we were able to paint the stage for the Show of Hearts, and assist in the renovation, sanding and painting of Canuck Place (a hospice for terminally ill children and their families). I learned house painting, industrial painting and what the pipe colour code represented, while working alongside other trade union journeymen and peers. After completing the training, I worked at a lumberyard, and then decided to go work at BC Ferries. I had my little four-door car with cruise control that my friend helped me save for. This car was very important to me.

My training enabled me to find a higher paying job, like the one at BC Ferries, with more benefits. BC Ferries trained me as a Terminal Attendant, and I began work. The training included Safety Oriented First Aid (S.O.F.A), union agreements, safety, confined spaces, scissor lift, ladder safety, applications of substrates and other valuable colour matching, marbling and painting techniques. This led to them hiring me, thinking I could take a position at Deas Dock as a Painter and Labourer.

During the application process, and after being shortlisted, I was one of the 26 hired of 5,600 applicants. A manager suggested that I go to Deas Dock to be the first female painter! Knowing what another woman had done to 'fit in' as the first female blaster for MacMillan Bloedel, I said I would rather stay at the Terminal. I received training while at BC Ferries as a Terminal Attendant,

Super Host and Equipment Operator. Later, when I was reclassified as a Building Service Worker (BSW), I was taught more.

It came time to move closer to the Tsawwassen Terminal to reduce my travel time to work, so I moved to a new place in Ladner on my own on August 1, 1997. Living in Ladner above a store, I saw people coming into town early in the morning, which made me glad that I was still able to walk and support myself while working. I felt lucky compared to other people's struggles that I saw while participating with Community Crime Watch and the Community Policing Centre. While at one point I did enjoy participating as a voting Legion member—enjoying karaoke, the crib tournaments and the good company—the swearing and aggressive behaviour led me to no longer desire to be a member.

While living in another little place above a store, I was struck by a car and got whiplash. In shock, traumatized by the accident, I went right to the doctor's. The police found the driver who rear-ended me within a week. The doctor said I had whiplash and to keep moving for a few days. I kept moving even after two days because I thought I would be paralyzed or in a wheelchair if I didn't. There was very little damage to my car, but I had quite a bit of physical damage to heal from in my body. I had to sell all my RRSPs in order to pay for my physiotherapy, massage therapy and chiropractic care.

A couple of years later, I was out working with a female co-worker when she ran to catch up with me and smacked me hard on the center of my back. I snarled and told her to never hit me again. It wasn't until after I stopped working at BC Ferries that my chiropractor had told me she could have proven that the woman who hit me on my back flattened my disc. The woman denied this during an internal inquiry by BC Ferries with a shop steward (my union representative) present. The woman said that she lightly placed her hand on my back, which was a lie; the chiropractor said she could prove that the woman's statement was a lie. I didn't provide information from my chiropractor because I learnt about it later. The trial sided with the other woman thinking her testimony was the truth, even though it wasn't. I did not know that I could seek a retrial, but I think I was still in shock. Unreal!

I was quite emotionally hurt by the lying and the lack of justice as the inquiry sided with the abuser. I did not receive any compensation for my

injuries. So I let them know that not only was this workmate not behaving in a professional manner, but another BSW colleague, who had confided to me he was gay, started coming on to me in the BSW van, saying he would have sex with me. He thought he was doing me a great big favour, but I was not impressed with his offer. When BC Ferries chose to do nothing about that incident as well, I was removed. This just added insult to injury.

For over two years, I worked for a lady at a home and business cleaning company. I was still sore when I went to work for her (just a week after being injured at work at BC Ferries), but I did so knowing I had to pay my bills. The cleaning lady trained me, gave me a car to drive and made me the supervisor working the night shift. I carried out all my responsibilities until I began working in production for another company.

When I was working for a food production company, my knee was injured and I applied for Workers' Compensation. Thankfully, I was able to call upon my grandparents—they were like parents to me as they had helped raise me after my mother died in a car accident when I was five and my little brother was two and a half.

Knowing my dilemma, money-wise, and not being able to lift more than one apple and an orange at a time to pick up food for myself due to my injury, they suggested I come back to Vancouver Island. They said they would help find me a place and my uncle could pick me up in his car, as I couldn't afford a moving van. Relieved, I moved into a basement suite that they had found for me, knowing I may only have income assistance. With a separate entrance and the affordable \$500 rent with utilities included, still not knowing if I would be compensated for my accident at work or not, I was looking forward to their help and companionship. Without notice, the landlord tried to raise the rent by \$25 upon my moving in. I said that wasn't the agreement and needless to say, she chose to rent to someone else and I had to move after the six-month lease ended.

For the Payroll Administration Diploma retraining, I was told I might be able to get funded. I had to find the cheapest possible accommodations and research five different colleges in hopes of being approved. My research included finding the best choice based on what I could manage as far as access, education, and the course I would take for retraining.

I had another six months of physiotherapy rehab, and still managed to find my way around on the bus. Wanting to be independent, I faithfully went through the Psychology of Pain and Injury Management, a training course required for WCB at the physiotherapy rehab centre prior to the knee surgery through WCB. After physiotherapy and rehab, my surgeon had me x-rayed, which revealed an unknown existing injury. I was able to have knee surgery a week later due to being on WCB and using the private clinic.

After that, I decided to rehabilitate on my own because I had been through it before. The extension of WCB benefits, through the use of medical E.I. was not approved yet. This left me not knowing if I would have any money at all to live on or pay rent. Nowadays we have more resources available than just the help I had found before at the Salvation Army and Labour Pool shack on Vancouver Island.

I received retraining at college for my Payroll Administration Diploma. I found a job a month prior to completing the diploma, and worked for one tax season. I was in a great deal of pain while working for the tax company due to limping on a sprained ankle (which was a different injury) over a long distance to work at the tax office.

I had twisted my ankle while returning to the tax office after leaving the parking area in behind the tax business. The pain of the injury was much alleviated when my friend gave me a car for Christmas, which I named Bunny at the end of its life. At this job, my bookkeeping experience ended with my boss defiantly stating that I did quite well in most cases but was no longer needed. She tried to deny my right to receive EI, so I wrote them 11 pages of my working conditions along with two additional pages of the contract I had signed, and the expectations of the employer that had not been fulfilled. I won my case against her with Canada Manpower.

Running out of time, with no patience and only three weeks of EI left, I applied for a Front Desk position at an Addictions Recovery Centre. Having to start as an Attendant first, I was more prepared for the non-traditional job for women this time than I was when I was younger and less experienced working for BC Ferries.

At the recovery centre, they said they would receive more money for housing people if I accepted the position, so I readily agreed and wasn't really given

time to read all 51 pages of paperwork that sealed the hiring agreement. I was the first female nighttime attendant in the history of the company (which was quite large) and I was very proud of that accomplishment. After my last year at front desk—which I had to get the union to fight for me to get it—and the six months as an attendant there, the company passed their audit and I left due to dismissal.

I found myself applying for EI, trying to speak for myself but saying nothing at the dismissal. I felt there would be a threat on my life if I did. I later left a statement with the Canada Employment Centre (CEC), but after that the CEC received a call from the company and I was denied my EI benefits. I took whatever God would give me to do and was thankful for it. I continue to be grateful and have faith to keep going.

I remember an older woman saying, “You remind me of Job,” as I waited for the bus to take me to ladies’ Bible study one Saturday, and I remember thinking that I didn’t have the words to say—now I do. I have received more than double for my trouble and have witnessed amazing miracles and the love of families of all kinds.

Now with new friends and family, looking forward to my future, answering the call in my life, I know that all my prayers have not been in vain.

I also believe that separating alcohol and drug recovery centres may be a way to create smaller groups, while still keeping leadership to facilitate and bring in more aspects of protection. I know that others who have seen me around have gained strength, as I have inspired others not to give up, and others have also had words for me in due season.

Somehow I hope all my experience with temp work, drop-in centers, coffee and donut shops, and helping with the first Food Bank in Nanaimo, British Columbia in 1983 is just a beginning. I hope my sharing has somehow enhanced the lives of others as it has mine, and allows others the dignity and respect they deserve. We are all of one earth, and I hope to be part of the solution, with all the willing hands giving a ‘lift up, not a put down.’

Thank you for caring.



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Launa Leboe

Born and raised in British Columbia, I was very fortunate to be taken in and cared for by my relatives when I was young.

Living in Kitsilano and on a farm in Langley at three we moved over to Vancouver Island. My mother died at the age of 21 when I was five and I was sent to live with different relatives. It gave me a greater perspective of how different every family dynamic is. Whether it was being the only girl, the oldest at home, the youngest, or somewhere in between, this personal experience has given me an understanding of being placed in different homes, though my placements were with family.

As an adult, ready to be independent and make my own choices at 18, I found no way of knowing who would be a good roommate. After moving seven times when I was 20, I decided to try to make better choices. Working and hanging around with all kinds of people while traveling gave me more of an education on a practical level and with a variety of people, especially with seasonal employment in the 80's.

I am now being appreciated for the contributions I have made and am making, it is truly amazing. My walk with God has been quite a surprise, with revelations amazing me in every aspect of life. Being gifted to heal and be prophetic is truly awesome. Thank you for all your support as I continue with the next leg of my journey, able to make commitments and determined to keep them. Being inspired

by the courage of others to share their experiences so that others may know that they're not alone, or without a voice, and that they are important encourages all of us. I look forward to housing the nations and feeding the hungry as well as attaining the finances to do it. I hope you have a great day and keep the faith.

Yours truly, Launa Leboe.

# STORIES

## 16 Aloha Big Kahuna

Cheryl Duggan

couch surfing as necessity  
is 'gnarly' and 'extreme'  
'hang ten' is difficult  
'hang twenty' is supreme

not being the 'grubbing'  
'sponger' 'dude' & 'dudette'  
means the odd 'mush' or 'keg'  
taken out of 'pocket'

no playing with the 'woody'  
or getting the 'buoy' 'naked'  
no room to deal with 'swells'  
can't even fit the 'snake' in

there is only one 'priority'  
on someone else's turf  
get your own '360' 'board'  
your own 'rad' place to 'surf'



## STORIES

# 17

### How Being a Veggie Burger with Bacon Saved My Life

Stasha Huntingford

Whenever I am asked to ‘share my story,’ a bunch of red flags and alarm bells go off in my head about protecting myself from token participation, being made into a poster child for someone else’s cause and being defined by my trauma, loss and pathology. My own experience with homelessness, trauma and drug addiction when I was a teenager inspired me to work with youth who were homeless for 12 years. I approach my work from a strength-based perspective and I apply this theory to myself as well. Deciding whether to share traumatic experiences with others or not is made more difficult because of the effect that trauma has on one’s ability to trust other people. Having attachment issues and experiencing homelessness means that I have experience with over-sharing (because you have nothing to lose and you need reciprocity from someone), as well as under-sharing (by putting on my protective armour so as not to be vulnerable to further betrayal). Naturally, both of these extremes have negative consequences. On the street it is very dangerous to ‘have lonely in your eyes’ because you are broadcasting buttons that can be pushed. In the housed population, if you hug someone when you first meet them you might be rejected for a cultural misunderstanding.

Culture was very important in my transition process from ‘someone who is homeless’ to ‘someone who is housed,’ and it was very difficult to find a guide who had already made this transition, as many people are uncomfortable

*My goal with this story is to build bridges of understanding between groups of people who do not usually get the chance to meet in person.*

discussing their past on the street. I say ‘culture’ because this transition was full of conflict between what I had become used to in a more communal culture of people who depend on each other to survive, and a culture where you don’t know your neighbour’s name and you are on your own. At times, it was like moving to a different country. For example, one day when I was not homeless,

I was waiting for a bus and I was tired, but there was no bus bench, so I sat on the ground. People walking by thought I was panhandling. They would never sit on the sidewalk because it is not acceptable behaviour in their culture. My goal with this story is to build bridges of understanding between groups of people who do not usually get the chance to meet in person. I will do so by concentrating on my strengths and what I learned from my traumatic experiences, rather than describing the trauma itself.

## **Hidden stigma and sleeping with the enemy**

I first learned about this bridging role in my work with youth. I base my work on the idea that people need relationships with people the same as themselves and with people different from themselves. People need to feel like they belong and also be exposed to diverse views so that they can gain some perspective on their own. One example of needing bridging relationships is youth who are homeless and cut off from older generations and as a result miss out on opportunities to learn how to make a pie or learn about the Great Depression. Much of my work concentrates on destigmatization (taking away the judgement and shame) of experiences with addiction, homelessness, and poverty. When I presented at the Crystal Meth Task Force in Alberta I began by asking: “How many of you have ever said ‘I am so tired, I need a coffee?’” This led to a discussion where I pointed out that when you are tired you don’t need a coffee (or some meth), you need sleep! To me, this illustrates an important point about coping with symptoms instead of addressing root problems. To further illustrate this point I showed a picture of graffiti that read ‘speed is cheaper than food.’ I wanted the people around that table to understand that addiction is often a

symptom of trauma and that you cannot judge a person's choices until you look at what they are choosing between—for example 'pay the rent or feed the kids', where no one can make the 'ethical' choice. I tried to reduce the distance between people who view me as a 'filthy junkie' by highlighting the ways in which they use drugs in their own lives.

My experience with the bridging role was present in my professional as well as my personal life. My experience with the Crystal Meth Task Force showed me that most people label you 'junkie' or 'professional' and tend not to see the ways that someone can be both. In my personal life, I began to notice people's discomfort when you don't clearly fit in binary (only two options rather than a range) boxes when I came out as bisexual. (I now use the term pansexual to reflect my beliefs about the spectrum of sexuality.) I was surprised by the reaction of the lesbian community, where I had previously found acceptance, when I was dating a man. A lot of my former friends in this community framed this as a betrayal and felt that I could no longer understand their oppression as a community, because I now had heterosexual privilege. I was hurt because I felt that nothing had changed about me, but I lost my belonging in a community. I began to look at how community membership contributes to identity in my life. This is part of looking at what we have in common rather than what makes us different. For a long time I had this question gnawing at my brain: "why is society so afraid of people who don't fit in one box or another?"

## **Veggie burger with bacon**

I had a breakthrough on this issue when I noticed that my local pub puts pineapple on their veggie burgers. I started thinking, "what goes well with pineapple?" This led to me to thinking about ham, which led me to thinking about bacon, and I ordered a veggie burger with bacon. The reaction from the wait staff and the kitchen reminded me of my earlier experiences with binary thinking. I could not understand what people were afraid of and why they reacted so strongly. From my perspective I was ordering the best of both worlds, a veggie burger that was less heavy and better for me than beef and sweet bacon, my favourite food! This experience gave me a metaphor to explain my praxis work—the point where

*Being a veggie burger with bacon enables you to bridge communities that are framed as the opposite of each other.*

practice and theory overlap—of challenging thinking that only provides two options rather than taking a spectrum view that allows for diversity. Being a veggie burger with bacon enables you to bridge communities that are framed as the opposite of each other. This is a powerful and lonely position. I appreciate the diversity of perspectives that this position allows me. In order to deal with the rejection from communities you just have to find other veggie burgers with bacon. In order to find other veggie burgers with bacon you have to speak your story without shame and be the first to share what people are afraid to admit they have in common. This is a difficult and liberating process.

I had the opportunity in my Master's thesis research to explore the idea of the veggie burger with bacon in group discussion with my co-researchers and youth worker colleagues. We examined many examples of how we were veggie burgers with bacon including: being Métis, being raised

*It is difficult to find role models when they are invisible because they are afraid to be judged by their past.*

middle class and then experiencing poverty and a range of examples across the sexuality and gender spectrum. The one example that came up the most was how one could cross the boundaries between social worker and 'client.' We founded an agency based on the peer model, because we felt that when we were teenagers and were

experiencing trauma, what we really needed was a veggie burger with bacon to share with us what they had learned from their journey to keep us from feeling like we were the only one and to give us hope that people do make it out. It is difficult to find role models when they are invisible because they are afraid to be judged by their past. It gives you the message that what you are experiencing is shameful and people will always see the shame first and never see you as a human.

Youth who are experiencing homelessness often have the experience of being labeled in the good/bad dichotomy. In our experience 'you can't be good without someone else being bad,' as we have experienced the 'golden child' (who can do no wrong)/'scapegoat' (who is blamed for everything that goes wrong) dichotomy. What is abusive about this dichotomy is that punishment is not based on your behaviour and there is no grey area to make mistakes and learn. Our community kitchen program had only one rule—no scapegoating. We discussed our individual experiences with scapegoating, in our families, our communities and our experiences with

institutions, and found that all of us had been assigned the black sheep role at some point in our lives. We recognized that this experience put us in danger of passing on that role to someone else so that we would not have to experience it again. We made the rule to protect our community integrity and the safety of the space.

This rule exposes ethical issues faced by people experiencing oppression in their lives. For example, if a young person has been recruited into prostitution, one way for them to avoid this abuse is to recruit someone else, because then they gain more power by not being the newest person in the hierarchy anymore. This is an example of the false choice between ‘pay the rent or feed the kids,’ and in this case between ‘me’ or ‘you.’ This decision can sometimes go the other way. For example, I know a young man who was dealing drugs to survive, until he sold to someone who reminded him of his niece. At this point he had a moral crisis about how his actions were affecting other people. He decided to make his money through prostitution (which injured only him), rather than engage in actions that hurt other people. I have learned that it is very important to distinguish *what people are choosing between* when you hold them individually responsible and judge without an understanding of context. You don’t know if you would drug deal or engage in prostitution to survive if you were in that context. The peer model of working with someone who understands this context helps to remove the shame so that we can identify what people were choosing between. Do you think a person experiencing homelessness would judge your life choices as ethical if yours were as visible as theirs?

*I have learned that it is very important to distinguish what people are choosing between when you hold them individually responsible and judge without an understanding of context.*

## **Practice with veggie burgers with bacon: Sign of the times**

The way we deliver services influences whether people feel judged and shameful about their experiences. It is very important to me that our services reflect our values. I believe that services should be shaped for (and by) the people that need them, not the other way around. I recently saw a sign in an agency that serves youth experiencing homelessness that read: “showers and laundry are for emergency use only.” This to me does not indicate an understanding

of how showers are connected to dignity and that having access to personal hygiene is a right, not a privilege. Apparently this sign was influenced by funders cutting funding for basic needs and pressuring the agency to prove that they do more than ‘manage’ homelessness. Currently many funders are shifting money from basic needs (such as showers, food, temporary shelters) to Housing First models. I see the Housing First philosophy as complementary to basic needs services, in that both are much needed services. It must be recognized, however, that the immediate need for basic services such as food will continue to rise due to government cuts, declining economies, low vacancy rates etc. In the sector that serves people who are homeless we have always needed prevention as well as intervention services. The aforementioned sign was also posted in response to youth vandalizing the showers. This punitive, rather than restorative justice approach resulted in the entire group of youth being punished for the actions of a few. I think it needs to be recognized that vandalism is a symptom of people not having anything to call their own and experiencing exclusion from having a voice in society. It breaks my heart to think about youth experiencing homelessness having to justify a ‘shower emergency.’

This shower ban is an example of how institutions re-traumatize and marginalize people who are already struggling. It demonstrates how scarce resources force front line workers into charity model thinking of deserving or non-deserving poor when we should recognize that every citizen ‘deserves’ access to basic needs, including showers. The concept of veggie burger

*All people need to feel a sense of belonging and have opportunities to contribute to their communities.*

with bacon challenges the charity dichotomy of ‘deserving’ and ‘undeserving,’ as well as ‘service provider’ and ‘service receiver.’ I think this helps to challenge blaming an individual rather than also looking at systemic issues. For me, homelessness presents issues of how we treat difference in our society. All people need to feel a sense of

belonging and have opportunities to contribute to their communities. We need reciprocity, not a dichotomy between deserving and undeserving. Reciprocity to me means a balance between giving and receiving, and a celebration of diversity because we can’t accomplish society’s goals without accounting for different ideas and perspectives.

I want to live in a world where we view access to housing, basic needs, privacy and dignity as human rights (rather than as privileges). Then the question

will not be, “Do they deserve a shower?” but will shift to, “Why are there people in our society who don’t have access to showers?” The veggie-burger-with-bacon-inspired peer model provides an opportunity for this reciprocity, and it is my hope that by reducing the distance between us it will make it easier to see dignity as a human right, not a privilege to be earned. If you have ever needed a shower it becomes much harder to tell someone else that they can’t have one. I don’t think that people have to experience trauma in order to empathise with another human being in need. The charity model and this idea of deserving or non-deserving needs to be addressed in society or the stigma, social exclusion and shame associated with being assigned the ‘non-deserving’ category will keep people traumatized, in pain and alone.

**Policy for veggie burgers with bacon:  
Weeeeeeeeeeeeeeeeeeeeeeeeeeeeeeeee**

The ‘us’ and ‘them’ presentation of people as ‘homeless’ or ‘taxpayer’ is fake; we are all both dependent on, as well as contributors to, the social safety net—we are all in this together! We are interconnected and all of us are affected when our systems and policies fail. Systems and policies are created by people and this is what gives me hope that we can make a more equal society. I understand why people want to distance themselves from homelessness. Homelessness is a kind of poverty that we should be ashamed to accept in our society. I have learned that you cannot avoid or push down or turn away from shame. Instead you must ask yourself what you are responsible for and what is external to you. The things that are external to you are possible to change, but you have to start with awareness of yourself. If our society attaches shame to the experience of homelessness, I fear that we are never going to talk about what homelessness is a symptom of. I view homelessness as a symptom of many systemic issues such as government supports and minimum wages not being enough to live on. Homelessness is a symptom of holes in our social safety and social support nets. I think it is interesting how the phrase ‘the homeless’ distracts from the fact that homelessness is a symptom of policy failure. I don’t accept the position of ‘us’ and ‘them.’ I don’t accept blaming individuals for giant holes in our safety nets and communities.

*Homelessness is a kind of poverty that we should be ashamed to accept in our society.*

We need to look at what we have in common, not what makes us different, so we can reduce the distance between us. Examining some examples of the safety nets that are meant to prevent homelessness helps challenge this 'us' and 'them' thinking. A woman who is 70 years old and loses her housing because her fixed income from the Canada Pension Plan (CPP) is not enough for her to pay her property tax is an example of a policy failure resulting in homelessness for an individual. A more detailed examination of why her pension is so low (she was doing unpaid work in the home raising children) and why her family is not an option for housing (they moved to Quebec for that province's childcare policies) sheds additional light on the problem. Another example was when some affluent condos burned down in Calgary. The youth I was working with assumed that this meant that the 'rich people' would be in the homeless shelter that night and would experience the trauma of homelessness that the youth had experienced. I had to explain to them assets that the 'rich people' had that the youth did not, for example insurance and social capital (such as staying with a non-abusive relative).

I think everyone should examine the safety nets in their lives that prevent them from experiencing homelessness and try to be these nets for other people. Friends and family are a strong net to catch us when we fall but more and more strain is being put on this net as governments and minimum

wage jobs provide less and less help to citizens.

*I think everyone should examine the safety nets in their lives that prevent them from experiencing homelessness and try to be these nets for other people.*

Examples of this include caring for older relatives and young children while going to school or working. All of these activities (retirement, health care, child care, education and working) used to be better supported by the federal and provincial/territorial governments. The responsibility for supporting people in these activities (which I think we all agree are productive activities that contribute to our communities) has been passed

to non-profit organizations and families. The media, some of the existing research, and society as a whole reinforce the framing of homelessness as an individual issue. This allows people to distance themselves in believing that it could never happen to them. I think debt loads of Canadians say otherwise.

People who are homeless right now (and have been in the past) need to know that there are people who have found belonging in communities and are now able to live instead of survive, choose instead of be told. This means that everyone who has any experience with being homeless needs to stand up and speak their story without shame. If the responsibility for the most vulnerable citizens has been passed to communities, we have a lot of work to do remembering what community means. The idea of community is important because in addition to creating shame, I feel that binary thinking has led us to a fragmented world where we are lonely and isolated from each other. My goal is to put the world back into a coherent whole where we concentrate on how things are interrelated, and brave negotiating the grey instead of falsely compartmentalizing into black/white. The peer model allows us all to be integrated, dynamic and interrelated in our identities rather than being defined by one aspect of ourselves. We should all order a nice veggie burger with bacon—which we can share with someone who is different from us!

*People who are homeless right now (and have been in the past) need to know that there are people who have found belonging in communities and are now able to live instead of survive, choose instead of be told.*



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Stasha Huntingford

Stasha has twelve years' experience working directly with the street youth community. She gives presentations on different topics related to street youth culture, frontline ethical dilemmas, and drug recovery. She co-founded and served as the Executive Director of the Youth Recovery Coalition, a non-profit organization that gave support to street youth in the areas of addictions, homelessness and trauma, for five years. As a Sessional Instructor at the Faculty of Social Work, University of Calgary, she teaches graduate courses. She has completed her candidacy exams in the doctoral program with the Faculty of Social Work and is researching with front line youth workers analyzing the Calgary Plan to End Youth Homelessness.

# STORIES

## 18 1 brave enough to leave

Cheryl Duggan

1 brave enough to leave

2 stand up to abuser

3 children altogether  
two younger brothers and myself

4 new life as a crown ward  
Ontario as my guardian

5 needs met according to Maslow  
physiological (S),  
environmental (NI),  
sociological (NI),  
psychological (NI),  
and spiritual (NI)

6 girls in the group home

7 names I have been called  
Kryptonite, Bitch, Shakey, Hussy,  
then finally Mom, Grammy and Mimi

8 last school grade completed

9 - 12 skipped

First Year College Straight A's



# STORIES

## 19 Hope Eternal

Sean LeBlanc

There is nothing I fear more than being homeless again. I grew up in a household of fear, and have survived several forms of abuse. I have been addicted to opiates. I have been incarcerated. I have had to fight for my literal survival on a lot of different occasions. I have hitchhiked across America, and lost everyone I loved at one point. My life has had more than a fair share of frightening moments, but nothing scares me nearly as much as homelessness. Even now, when I sleep I cannot dream of anything happy. All my dreams are terrifying and the recurring theme is memories from when I was without a home—without a place to hope, a place where I could feel safe. Life is difficult enough and without a place to stay, without ever feeling safe, life is not only empty and lonely, but terrifying. When one has nowhere to go, how can one really get anywhere?

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Growing up, ‘home’ was a place where I was always in fear, never knowing what state of misery my parents were to share with me that day. I remember

never being at ease, never really feeling safe. Safety is very important to me; I left home in search of it at the age of 14. The first place I lived after moving out of my parents' place was provided by the government—though instead of offering me safety, this 'emergency housing' was where I lost my proverbial innocence after being sexually assaulted the first night by the housing staff themselves. That was the absolute end of my turning to Canada's 'social safety net' for any type of assistance. The abodes in which I resided after that were far from ideal, but at least they were places I could call my own. Having my own place was always (and is) paramount; a place where I can at least be relatively safe and where I have some control.

*Having my own place was always (and is) paramount; a place where I can at least be relatively safe and where I have some control.*

I spent the formative years of my life on Canadian Armed Forces bases. My father was a military policeman and a violent alcoholic; my mother was a hard-working seamstress. I never really felt like myself during this period of my life. Fear is a very powerful weapon. The one place I have always felt safe is the ball field, and with one great exception, it is the only source of happy memories. The exception is a set of grandparents who loved me, but with my father's job in the military we were always so far from where they lived in small-town Nova Scotia. We would see them annually for a week or so. That time was the only reprieve I experienced, for my parents would leave us in relative peace when my beloved grandparents were around. I got so much from them, but nothing more so than honour and peace.

'Home'—Mormons, soldiers, families, hippies, tents, abandoned schools, rooming houses and my school shower room. I was expending so much energy as a teen just trying to find an okay place to stay, how I was able to attend school and actually do okay was a minor miracle after night upon night of restlessness. Though I was often without shelter, I never considered myself homeless—even the term eluded me—I was just without a place to stay. The folly of youth I guess—I was just so relieved to not have to put up with my father that sleeping in the woods without even a blanket in November was not such a bad experience. Being without shelter is exhausting, but I was a pretty energetic child (and remain so to this day). It wasn't easy, but as a teen I was ignorant enough to consider it an adventure of sorts.

Despite receiving no help from anyone, I was able to eventually attend and even finish high school. I graduated and, having spent my last year of school living with my grandparents, it was the first time since I was a young child that I had lived in a home of happiness. They were incredible people and I had an incredible year at school living with them and working part-time. I was succeeding in all levels of life: I was in love with an incredible woman, had a job I adored, had been offered a spot at a local university and I had a great circle of activist friends. For the first time in a long time, I was genuinely happy. Being young and restless, and even a little wild at heart, I to further my adventures and hitchhike to San Francisco. I had always wanted to visit the City Lights banned books store there, which was owned by a favourite poet of mine, Lawrence Ferlinghetti.

I guess youth forgives many things, and while the naiveté seemed to dull the threat of, or actual homelessness itself, no youth should ever have to go through the homelessness that I experienced. And while I didn't fear homelessness as a youth, when I became scared was when I got older and the realization came over me that I, once as normal as normal could be, was now homeless. Who would have ever thought?

The feeling that overcomes you when you finally realize, "I have no place to go and it scares the daylight out of me" is not easy to describe. It is absolute emptiness, this lost, far-away feeling of not just overwhelming depression, but of hopelessness. I remember once being evicted for owing \$32 in back rent. I was sent an invoice owing over \$900, which I paid in full. The landlord hid the \$32 in fees from me, and I was shocked to have a sheriff show up one day to evict me over what I had thought was paid rent. It is an awful feeling, sitting on your doorstep with all of your belongings on the porch with nowhere to go because some slumlord wants you out so that he can rent the place to his teenage girlfriend. I mean, what would you, and what could you do? I remember wanting to cry but I was just too blown away to be able to do so.

*The feeling that overcomes you when you finally realize, "I have no place to go and it scares the daylight out of me" is not easy to describe.*

12 men in your shelter room make it very hard to sleep. In a normal dorm of 12, you will get three who are extremely mentally ill, three who are alcoholics, a youth running from horrors similar to those I fled, two working men who can't catch a break, two opiate addicts and the 12th would be me, who

could have easily fit into any of these categories. A lot of the problematic substance abuse in shelters is because one almost has to be intoxicated just to deal with all of the drama that the homeless face daily: violence, oppression, condescending attitudes, a horrid diet and worst of all: nothing to do. There are so many things that can mess with your day in such a place.

Shelters really are accessed for 24 hours, and that prevents those already there from sleeping. I used to alter my schedule, which is to try to sleep from 5pm until 11pm when everyone else was out or down watching television, reading, what have you. This was my life, or rather my existence. Public libraries and malls are your best friends, as they are for many of our homeless; they are places to at least stay warm. Can you imagine waking up at 7am

*Homelessness basically strips your self-worth, and that is a really hard thing to get back.*

and having nowhere to go all day? I know many of you will say: “Why not go to work?” If there were actual jobs available then most of us who could go would. The only work usually available is through labour agencies—a salesperson in a small office with a phone and computer who solicits work for homeless or vulnerably housed people, taking half of what they earn and a lot of times not even paying at all. Many people go by the shelters to get workers for whatever dangerous and debilitating tasks they need, promise them a chance and then disappear when payday comes around. It is so frustrating when one works all week for nothing, and I mean work: really dirty, physical work that most Canadians would never consider doing and for wages that are illegal. Workplace safety is a misnomer in these jobs, it does not exist. I myself have done backbreaking labour for weeks through a homeless shelter and had not received a cent. Things like this make it really hard to stay positive. Homelessness basically strips your self-worth, and that is a really hard thing to get back.

Waking to the taste of blood in my mouth is not just very unpleasant, but rather scary. I had woken up in some very precarious situations before, but never before had I been awakened by someone I did not know punching me in the face. Waking up in a shelter is always unpleasant; I remember most mornings that I absolutely dreaded waking up, almost willing myself back to sleep for just a few minutes reprieve, a little while longer to keep the world at bay, the world I have tried to avoid at any cost. It was Danny who was my assailant, and despite my discomfort I fought for all I was worth. He attacked me because I denied him a wash (residue from injecting

drugs left in spoon) from the morphine I had done the previous night. It was going to be a rough enough day, I did not need to give away the only thing that was going to get me out of bed this dark morning. Well that and the fact the police would be coming if I was not out of bed by 8am. So I struggled to get up, but get up I did and straggled to the washroom to do what I had to do to get the day started. The morphine I had left would get me by until noon if I were lucky. I had to get well and then get some cash. All I could think of was how tiresome this life had become. In the shelter bathroom, I prepared my drugs. There was always a line up to inject in there, and injecting beside someone who is having a bowel movement is not a pleasant thing any time, but especially not first thing in the morning. I was lucky that staff allowed us to informally use these facilities because injecting outdoors is even more unpleasant than injecting next to one doing their bathroom business. I am sure it was not pleasant for them either, but what I was doing every morning in there was as essential to starting my day as what they were doing to start theirs! There comes a time in opiate addiction where one is using opiates not to get high but for sheer normality—just to feel normal— and I was way past that point.

Doughnuts for supper again. Homelessness tests one's strength daily, but even more so for those on a restricted diet, like me as a vegetarian. A bag of doughnuts for supper after a syringe of morphine (or three) for dessert. There is no such thing as healthy living at a shelter. The food for the most part is rancid, and you are surrounded by every sort of illness with people stacked like books in a library. It is almost impossible to improve one's lot in life, and seems to me that it is simply existing, as opposed to living, that the government wants for us.

*There is no such thing as healthy living at a shelter. The food for the most part is rancid, and you are surrounded by every sort of illness with people stacked like books in a library.*

Privacy is also not an option at a shelter. One rarely has a chance to collect one's thoughts when always surrounded by other people. There is always pressure when surrounded by addiction, violence, mental illness—most times it feels almost hard to breathe! It is very tiring and time-consuming when one has nowhere to go and nothing to do with their day and worst of all, self-defeating. You wake up with very little self-worth and then a day that offers no opportunities adds to that feeling of worthlessness.

There are, for sure, some very well intentioned, albeit overwhelmed, staff at homeless shelters. The problem is that the work is so overwhelming and transitory: you develop a relationship with a staff member and before you know it, they are off to bigger and better things. For the most part, work in the homelessness field is a 'starter job,' and those that are good at this work soon get a better job, one with less stress and more pay. 'Overwhelming' is a perfect way to describe both sides of the ledger, service users and providers. Providers are overwhelmed by the breadth of the problem and the limited resources they have, and shelter users are overwhelmed by the chaos and insecurity that shelter life delivers. How does a 22-year-old, fresh out of school, deal with all of the violence, addiction and mental illness so prevalent in shelters? He is pretty well set up to fail.

*How does a 22-year-old, fresh out of school, deal with all of the violence, addiction and mental illness so prevalent in shelters? He is pretty well set up to fail.*

There are several models of shelters, and frankly, 90% of them suck. I remember one place in Kingston that actually was like a home, and that is only because the awesome staff there allowed us to treat it as such. It was a house with only six beds, and we had free reign of the kitchen! Sadly though, one was only allowed there for five days a month, which is not enough time to get on one's feet. It is like most services for the homeless: if it is good, it is limited and doesn't last.

"There is no homelessness in Ottawa. There are no drugs in Ottawa either." That was what I believed when I came to our nation's capital. I was very sadly mistaken upon arrival. I started out in the Salvation Army, and a battle it was for sure! In most communities, the 'Sally Ann' is the only place to go when you are homeless. But where are the government services, the social safety net that failed me as a kid and as an adult?

I was homeless for over seven long years. I used a lot of drugs and just floated through my 'life.' Thankfully I eventually reached a point where I was just simply sick and tired of being sick and tired, and lucked out big time when I started to visit a local community health centre (Oasis in Ottawa) at the right time. They met me where I was at and gave me the tools I needed to begin to rebuild my life slowly. I began to remember what hope felt like, and it felt very good. We live in an amazing country and we certainly have the capability to provide everyone with some sort of adequate housing. I

myself am still in my little 12x8 room, but it is my room, and I can lock the door and go and get something essential that we all need: peace. It is a beautiful thing to be able to dream again and not have all the dreams become nightmares. I still have my issues and still have a lot of work to do, but I at least have some measure of peace, and that is something we all deserve. With this growing feeling of peace comes hope, and I ultimately hope for the day when we no longer need to be writing stories like this, when adequate housing is recognized as a right as opposed to a privilege that escapes a large part of our community. Hope is beautiful, and may my hope that we all are housed properly be realized sooner than later. Until then, 'dream a little dream with me...'



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Sean LeBlanc

After surviving a series of personal tragedies and an addiction to opiates, Sean LeBlanc founded DUAL (Drug Users Advocacy League) to actively promote the human rights of people who consume drugs and is an example of the essential need to empower those with lived experience. DUAL is based in Ottawa where Sean is also the co-principal investigator of the largest community cohort study in Ontario, called PROUD (Participatory Research in Ottawa Understanding Drugs). PROUD interviewed over 850 drug consumers and provided HIV testing for over 575 people! Sean is a Maritimer, a lover of Punk Rock, dancing badly, literature, & the Red Sox. He likes spending time with his lady friend & watching classic films. His favorite thing is helping drug consumers find happiness & good health!

#### Birth of DUAL

A personal story of trauma and recovery, and advocacy...

Watch here: <https://youtu.be/rlFeMIIN-yI>

# POLICY

## 20 A pragmatic, humanistic and effective approach to addictions: The Importance of Harm Reduction

Stephen Gaetz

Think about the child who spins madly in order to make themselves dizzy or experience euphoria; the student who says “I can’t face this class without another big cup of coffee;” the professional who ends the day with a glass (or two) of wine or bourbon. Engaging in practices that are pleasurable, mind altering or stimulating—including the use of substances—is not unusual in any society. For most people, and this includes the majority of individuals who experience homelessness, such practices are not particularly harmful, and may even have a positive impact on health and well-being. For others, however, the use of substances—both legal and illegal—can be debilitating, and can undermine relationships, health and survival.

Throughout many of the stories in this volume, people write about their personal struggles with substance use and addictions. In some cases, addictions were identified as a contributing factor that led to homelessness. The problematic use of substances can be traced to other life challenges, such as the experience of violence and trauma. This can be seen in the compelling story “Officer Down” (Anonymous, 2015, p. 46). In this case, the author

worked as a police officer, where he was constantly exposed to violence (including his own), threats and trauma. All of this takes its toll, and one way of coping is to rely on substances like alcohol. This man eventually lost everything and became homeless. Contributing to his challenges was the fact he worked in an environment where one could not show weakness or even ask for help. In dealing with addictions, we often expect people to ‘pull themselves together’ when they may really be incapable. While now housed, the author of “Officer Down” continues to struggle, and feels that his personal resources are used up. He has experienced considerable loss.

For others, the experience of homelessness itself leads to struggles with substance use. The rigours of life on the streets, feelings of loss and sadness, lack of safety, continuous exposure to trauma and the high risk of criminal victimization can all lead people to use various substances in order to self-medicate. In “Hope Eternal,” Sean LeBlanc (2015) explains that:

*A lot of the problematic substance abuse in shelters is because one almost has to be intoxicated just to deal with all of the drama that the homeless face daily: violence, oppression, condescending attitudes, a horrid diet and, worst of all: nothing to do. There are so many things that can mess with your day in such a place (p. 99).*

All of this raises the question about what to do: how do we deal with addictions? An important place to start is to acknowledge that, as a society, we are profoundly conflicted about how we think about addictions and what we want to do about it. On the one hand, we see addictions through the lens of disease: alcoholism and drug addiction are framed as medical problems that will stay with people throughout their lives, and require medical intervention, such as treatment. This is a well-established view that most certainly many Canadians agree with, and can help elicit more sympathetic responses to the plight of individuals and their families who cope with the struggles of addictions.

In spite of the belief that addiction is a disease, many of us equally hold to the Victorian and prohibition-era notion that substance use is indicative of moral failure: that people who are drug addicts or alcoholics are weak, lack willpower and are bad people or deviants who should pay the price for their decisions. The remedy, in this case, is at best encouraging a spiritual and moral shift, asking people to pull themselves up by the bootstraps; at

its worst, it is using law enforcement to deal with the problem. We invest incredible amounts of money in policing and corrections not only to address the outcomes of some people's substance use (violence, vandalism, disorderliness), but also to criminalize personal choices and behaviours that may not necessarily negatively impact on an individual's life, their family or community (the 'War on Drugs' and our prohibitionist laws concerning illicit drugs). The outcome of holding these contradictory positions simultaneously is inherently curious; can you think of any other health issue (cancer, diabetes) for which an incredible investment in the criminalization of individuals beset by disease is considered justified?

For many years, people have raised valid questions about the effectiveness and efficacy of the 'War on Drugs.' A recent report by the London School of Economics reviewed the literature, and provided compelling evidence that the prohibitionist model that uses law enforcement as a key strategy to address substance use and addictions is expensive, counter productive and, in essence, a wasted effort (Quah et al., 2014).

All of this is important to consider when we think about how to address the addiction challenges of people who experience homelessness. Many homelessness serving organizations adopt an abstinence-only policy for their clients, meaning individuals cannot use or be under the influence of substances while accessing services. In some cases, this is driven by a desire to 'control' environments for the safety of all clients. In other cases, it is a reflection of a moral lens being cast upon those who use substances.

While most certainly abstinence-only services should be available as part of a range of options, this should not be the only approach or the single standard of practice. In fact, one could argue that in some ways, strict adherence to abstinence-only produces harm for some individuals (because, addictions being what they are, many individuals cannot manage their problems in this way). It also arguably results in the unintentional infantilization of service users. For instance, the requirement that people not smell of alcohol in order to access a shelter is a standard that is not practiced broadly for people who are housed. If this were the rule in my house, I would be forced to spend many a night outside. We must think carefully about our service responses, and how they may actually exacerbate the problem of homelessness.

This brings us to the role of harm reduction, an approach that has been recommended by the World Health Organization (WHO) (1974), and is well established in many communities in Canada and worldwide. An examination of the philosophy and practice of harm reduction provides some insight into where and how we should proceed.

[Harm reduction](#) is an approach or strategy aimed at reducing the risks and harmful effects associated with substance use and addictive behaviours for the individual, the community and society as a whole. It is deemed a realistic, pragmatic, humane and successful approach to addressing issues of substance use. Recognizing that abstinence may be neither a realistic or a desirable goal for some users (especially in the short term), the use of substances is accepted as a fact, and the main focus is placed on reducing harm while use continues. While harm reduction is a practice specifically associated with mitigating the harms associated drug or alcohol use, we should understand that we all engage in activities and practices designed to reduce harm. Many of these practices are so entrenched in our daily lives that we do not even think about them. Mandatory use of seatbelts in cars, bike helmets, hand washing, safe sex practices, infant and toddler car seats and speed limits are all harm reduction measures.

So why not harm reduction for substance use? As Gabor Mate puts it:

*The question is: is it better for people to inject drugs with puddle water or sterile water? Is it better to use clean needles or share so that you pass on HIV and hepatitis C? This is what harm reduction is. It doesn't treat addiction, it just reduces harm. In medicine, we do this all the time. People smoke but we still give them inhalers to open airways, so what's different? You're not enabling anything they're not already using (as cited in Szalavitz, 2012, para. 9).*

We advocate harm reduction because it is not only a humane and client-centered approach, but it is also considered effective (Ball, 2007; Hunt et al., 2003; Wodak & McLeod, 2008). At its most basic level, it is designed to reduce harms to individuals, their families, and communities by working from 'where people are at.' In this way, it is heavily steeped in an understanding of 'stages of change,' which means that people must not only consent to treatment or interventions, but also demonstrate willingness and readiness for change.

## Stages of Change model

Developed by Prochaska and DiClemente (1982) and applied to behaviour change regarding substance abuse (Prochaska, DiClemente & Norcross, 1992), the stages of change model takes a stepped approach to addictions.

- 1. Precontemplation** - During this stage there is no intention of change.
- 2. Contemplation** - An awareness of the problem develops as the individual weighs the pros and cons of taking action.
- 3. Preparation** - This stage combines intention to change with behavioural criteria; the individual in this stage has decided to act and makes plans to do so in the near future.
- 4. Action** - At this point the individual modifies his or her behaviour, experiences, or environment to overcome the problems.
- 5. Maintenance** - The behaviour that occurred in the action stage is maintained as the individual works to prevent relapse and consolidate the gains that have been attained.

We know from research that treatment does not work when people are forced into it without recognition that they have a problem. Prochaska and his colleagues (1992) suggest that the vast majority of addicted people seeking substance abuse services (85 to 90%) are not in the action stage. Fewer than 20% of those who seek treatment complete it, but among those who do complete treatment, drug use is reduced by 40 to 60%. All of this points to the fact that people must be ready for and desire change if treatment is to have any impact at all.

The essence of harm reduction is embodied in the following statement: “If a person is not willing to give up his or her drug use, should we not assist them in reducing harm to himself or herself and others?” Some key characteristics or principles of harm reduction include:

### **1. Pragmatism underlies harm reduction. As Riley et al. (1999) wrote:**

*Harm reduction accepts that some use of mind-altering substances is a common feature of human experience. It acknowledges that, while carrying risks, drug use also provides*

*the user with benefits that must be taken into account if drug  
using behaviour is to be understood” (p. 11)*

So from a pragmatic perspective, the goal of a community should be to contain the most negative impacts of drug use, rather than focusing on efforts to eliminate the use of drugs entirely.

**2. Harm reduction is both a philosophy and practice.** Providing an environment where substance use is allowed, but where individuals are not provided with supports to reduce the risk of use is not in fact harm reduction. A true harm reduction program must proactively engage people regarding their use, and work towards reducing the negative impacts of that use to themselves, the people around them (including their family) and the community.

**3. Humanistic values are central.** Dignity and respect for the rights of users should be paramount, and the decision of some people to use drugs should be accepted as a fact (Riley et al., 1999). People should not be judged for their use, but instead must be made to feel valued.

**4. Focus on harms.** This means actively working towards reducing the physical, social, and economic harms associated with drug use. Active strategies include needle exchanges and availability of safe drug use supplies, safe injection sites and methadone treatment. It also means actively engaging with individuals and groups to offer education and support to reduce risks (including levels of use); providing safe environments in which to use substances; and using motivational interviewing and support to help people move forward with their lives.

**5. Harm reduction does not preclude abstinence or treatment.** Harm reduction and abstinence-based programs are often imagined as being incompatible or oppositional. “Many people incorrectly interpret a harm reduction approach as promoting, supporting or—minimally—being indifferent to substance use, and ignoring those who want to quit. This is clearly a misunderstanding of the concept.” (Gaetz, 2014,p. 71). Harm reduction is inherently a client-driven approach that respects individual choice, and it opens the possibility that many individuals will desire or seek out abstinence either now or in the future. Many people, as part of their recovery, can only survive in environments where there are no users present

and actively consuming substances, so abstinence approaches have their place; but they must not be the only available option. Providing a range of options is the true approach to harm reduction.

**6. Treatment programs on their own are not enough.** There is no doubt that quality treatment programs can be highly effective in helping people quit using substances. Moreover, many individuals want to go that route. The problem is accessing programs in a timely way. In this volume, Richard explains: “I think for the most part, the major contributor to my ending up on the streets was the lack of addiction treatment programs available. Any long-term treatment has a six- to eight-month minimum wait time” (Henry, 2015, p. 57). Getting access to treatment is one thing, but what happens next is equally important. First, sending people exiting treatment back into environments where other users are present, as well as the risk factors that produce substance use in the first place (violence and poverty, for example) can make it very difficult to stay ‘clean.’ Second, the underlying factors that lead to homelessness and addiction must inevitably be dealt with—ensuring people have safe and affordable housing, income, food to eat, opportunities for positive social interaction and meaningful engagement in activities. Moving from treatment back to homelessness may not produce the outcomes we desire.

Despite the fact that harm reduction is both pragmatic and effective, many communities are slow to adopt the practice. In 2010, Toronto became the first city in the world and the first government to endorse the Vienna Declaration<sup>1</sup>, which advocates harm reduction as a method of lowering HIV transmission rates caused by injection drug use. In fact, harm reduction is one of the four pillars of Toronto’s drug strategy (the others are law enforcement, treatment and prevention)<sup>2</sup>. The Insite program in Vancouver is an example of an evidence-based best practice<sup>3</sup>. As Stephen Hwang (2007) has pointed out in the past, the strong evidence base for the effectiveness of the Insite program should put questions about whether this approach makes sense or not to rest. Other communities have managed alcohol programs, wet or damp shelters (meaning they allow the consumption of alcohol by

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1 For more information, visit <http://www.viennadeclaration.com>.

2 Toronto’s full drug strategy can be accessed at <http://www1.toronto.ca/wps/portal/contentonly?vgnextoid=b51afc4890047410VgnVCM10000071d60f89RCRD>.

3 Insite was North America’s first legal supervised safe injection site. Despite some opposition, it remains open. Learn more at <http://supervisedinjection.vch.ca/>.

their residents), housing and harm reduction frameworks, needle exchange programs and other programs that support harm reduction philosophies. In Housing First programs, harm reduction and a recovery orientation are central components.

Governments, communities, agencies, and individuals really need to think about the role of harm reduction in improving the lives of people who experience homelessness. In moving towards implementing harm reduction, you must consider how to engage your community around this issue. How are you going to build supports for harm reduction? How will you provide training for staff and volunteers? How are you going to help people understand what it means? Efforts to put harm reduction into practice often fail because of popular misconceptions about its meaning and implementation. There are many communities in Canada that have been doing great work in this area, but there are many communities where it is not even on the radar. We need to support this change in communities.

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# POLICY

## 21

### A comprehensive, community process on ending homelessness: The System of Care Approach

Tanya Gulliver & Alicia Campney

Many of the authors in this book wrote about interactions with emergency homeless shelters, the foster care system, outreach programs and more; as well as mainstream services such as healthcare, addictions programs and mental health services. As it stands, people access each of these services separately. For those of us who are housed this is usually just a minor inconvenience; the fact that we get a prescription at the doctor's office and often have to fill it somewhere else entirely isn't generally a big deal. In the context of homeless, however, disjointed services are difficult to get to, organize and arrange. Richard aptly describes the frustration this causes in his story:

*Help is scattered all over the place, with too many barriers, too many hurdles and too much red tape. Today, again forced to work within the system, I am left frustrated...I would like to see a facility that would have people come in one door and have everything they need under one roof—like one-stop shopping. To the left we have doctors, dentists, psychiatrists and mental health care; on the right we have addiction counsellors, personal care workers for housing, etc. So at the end, when you walk out the last door, you're ready for*

*a new start (Henry [Richard], 2015, p. 62).*

A solution to this kind of experience is service integration, the coordination and merging of services both within and outside of the homelessness sector. This allows various agencies and programs to function together as one system geared toward ending homelessness (Gaetz, 2014). Without service integration, agencies function independently and fragmentally to the detriment of people trying to use their services. When agencies do not work together, whether they have the same goals or not, they are less likely to achieve effective results (Gaetz, 2014). People experiencing homelessness access both mainstream and housing/homelessness-specific services and a lack of integration often means duplication (organizations offering the same services) and few coordinated solutions.

## **Necessary Strategies to Facilitate Service Integration: Coordinated Intake and Case Management**

There are two important parts of service integration: coordinated intake and case management. Coordinated intake, also known as ‘coordinated assessment’—or as ‘common assessment’ in the United Kingdom—is a standardized approach to assessing a person’s current situation, the acuity of their needs, the services they currently receive and those they may require in the future (National Alliance to End Homelessness, 2013). This approach goes beyond simply using the same data-collecting tools and sharing information amongst agencies, and is key to delivering integrated and focused early interventions for individuals and families at risk of homelessness. It considers the background factors that contribute to risk and resilience, changes in acuity and the role that friends, family, caregivers, community and environmental factors play in a person’s development and ability to move forward (Gardner, 2010).

Using coordinated intake can reduce duplicate assessments, which means that people accessing services won’t have to tell their story multiple times. It is important to remember that these stories can be emotionally difficult to share (traumatic) or stigmatizing (LGBTQ2 status, criminal involvement, mental health problems, etc.). People who are homeless, especially in larger cities, often say that having to retell their story at every new agency can be a very difficult and troubling experience. Stasha writes about the difficulty in constantly sharing in her story, ultimately choosing to focus “on my strengths

and what I learned from my traumatic experiences, rather than describing the trauma itself” (Huntingford, 2015, p. 86). Few people experiencing homelessness have that choice.

Together with coordinated intake, effective case management can help people get timely access to the most appropriate services based on their needs. Originating in the mental health and addictions sector, the strategies and tools of case management can be used more broadly to support anyone who has experienced homelessness in overcoming challenges they may face. It is a comprehensive and strategic form of service provision whereby a caseworker assesses the needs of the client (and potentially their family) and, where appropriate, arranges, coordinates and advocates for access to a range of programs and services designed to meet the individual’s needs. The goal of case management is to empower people, draw on their own strengths and capabilities, and promote an improved quality of life by facilitating timely access to necessary supports, thus reducing the risk of homelessness and/or helping them achieve housing stability.

As just mentioned, avoiding the risk of homelessness—and not just addressing homelessness when it’s already happened—is a crucial goal of case management. This approach works best within a [system of care](#), where links are made to necessary services and supports based on identified client need, meaning that once a person becomes homeless, or is identified as being at risk, they are not simply sent to emergency services. In case management, intake is done, risks are identified, goals are established, and plans are put in place. Individuals and families therefore become ‘clients’ not of specific agencies, but of the entire sector (Calgary Homeless Foundation, 2014). Clients are supported from the moment they are identified as (potentially) homeless right through to the solution stage; and sometimes after they have either returned home or moved into a place of their own.

Had risk assessment been used with most of our authors, especially those who experienced recurring homelessness like Derek and his family, many terrible experiences of homelessness could have been avoided. Derek reflected on his mother’s fluctuating instability and recalled that he, his sister and his mother would often transition from being housed to “sleeping in transition houses, abandoned houses and even abandoned vehicles” (Book, 2015, p. 15). No one, especially young children, ought to live in these conditions. Case management could have created plans in advance, rather than allowing

Derek and his family to fall through various social safety nets before being provided with appropriate assistance.

Many of the authors also reported transitioning from one program or service to another, and often accessed several services or programs simultaneously. In “Anatomy of a Hero,” Joe’s journey into homelessness began in foster care. It continued when he was admitted into Lakehead Psychiatric Hospital, and then after his release from the criminal justice system. Additionally, Joe had many interactions with healthcare facilities throughout his life.

While Joe’s story speaks to the tendency to access services consecutively, an example of accessing several services simultaneously can be found in “Hail Mary Pass” (Thistle, 2015, p. 35). Jesse was staying at a shelter, accessing health care services at a hospital and being served by a street outreach program at the same time. He also went on to be admitted into the criminal justice system, and accessed healthcare therein. His experience, and those of many others, could be described as: “a patchwork emergency response that is not effectively coordinated into a system of care designed to end homelessness” (Gaetz, 2014, p. 26).

The lived-experience stories in this book are a testament to the fact that homeless and mainstream services inevitably overlap, which is a foundational rationale for moving toward service integration (Gaetz, 2014). This is perhaps most clearly illustrated in Jesse’s story, as his inadequate living environment at a shelter had a profound impact on his ability to recover from a serious leg injury. In Jesse’s case, the key mainstream service he had received (healthcare) and the main homelessness service he accessed (the shelter system) functioned independently.

This lack of coordination undeniably had negative repercussions on Jesse’s health. After his surgery was categorized as a complete failure by his doctor, Jesse was told that he risked losing his leg, and that his recovery depended on his overall self-care; but Jesse was forced to return to the streets, despite the doctor’s awareness of his living situation. “When I told the doctor I was staying at a homeless shelter, his face turned sullen. He knew, like I did, that it was a shithole of a place to recover in” (Thistle, 2015, p. 39). Nevertheless, Jesse was not permitted to stay at the hospital and wound up en route back to the shelter, unaccompanied and without transportation after having a shock-inducing procedure performed on his leg. Unfortunately, his medical

equipment and medication was stolen within a matter of days, and the nurse never showed up to the shelter. The loss of all tools to ensure sufficient recovery left Jesse hopeless, and as a person who struggled with addiction, he (regretfully) turned to substance use, against doctor's orders, as a coping mechanism. This contributed to the development of gangrene and the near amputation of his leg.

If one's medical recovery is directly related to an adequate living environment, as Jesse's story shows us, then why are housing issues considered beyond the scope of hospital mandates? According to Jesse, perhaps "...the people who wrote the rules never figured that homeless people have crippling surgery too and need a safe place to recover, or maybe they did and didn't care" (Thistle, 2015, p. 38). This powerful statement draws attention to the need for a paradigm shift - one that would benefit people experiencing homelessness. Specifically, "...an integrated systems response" is needed, meaning that "programs, services and service delivery systems [should be] organized at every level - from policy, to intake, to service provision, to client flow" (Gaetz, 2014, p. 26).

If the policies of the hospital and of the shelter were in keeping with an integrated systems response, Jesse's situation would have looked quite different. In an organized system of care, intake would have involved coordinated assessment, meaning that both the hospital and the shelter would have used the same tools and framework to assess Jesse's situation. Taken a step further, a centralized intake process would have allowed some of the information collected to be pooled and shared between the organizations, thereby speeding up the administrative process and reducing duplication (Calgary Homeless Foundation, 2014; 2011; National Alliance to End Homelessness, 2013). Measures would likely have been taken to ensure that Jesse had a safe place to recover, such as a ward in the hospital, or the shelter could have accommodated him differently (through making exceptions to rules, or providing a private or smaller room). Efforts would likely have been made to monitor the nursing visits, and staff could have helped Jesse with the storage of his medication and medical equipment. In an integrated system, the hospital and the shelter would have worked together to help Jesse, their mutual client, recover.

## Service Integration for Youth

[Service integration](#) has also proven useful for working with homeless youth, who are an especially vulnerable population. Much like with adults, effectively working with youth requires agencies addressing [homelessness and mainstream institutions](#)—like healthcare, social services and education—to work together (Bond, 2010).

It is important to understand that foster care is related to homelessness. Children of homeless families are more likely to end up in foster care. To this point, consider Derek’s story: while his family was housed at times, they experienced recurring homelessness. This instability led to Derek and his sister being removed from their mother and temporarily sent to Merrymount Children’s Centre, an orphanage (Book, 2015, p. 14).

Additionally, youth who have been in the foster system are at a higher risk of experiencing homelessness later in life. According to Gaetz (2014), “... in three separate studies, the percentage of homeless youth who reported involvement with foster care or group homes ranged from 41 to 43 percent” (p. 40). Through Joe and Rose’s lived-experience stories, the foster care system is shown to be insufficient. They both needed additional care that would have been best provided through an integrated model, which potentially could have prevented their later experiences of homelessness.

One might wonder why this care is lacking, when the very purpose of foster care is to remove children from unsafe environments and provide them with an overall better life. One reason is that children are not always given therapy to help them address the trauma and hardships they’ve lived through. The experiences leading up to entering the foster care system, being removed from one’s family (family dissolution) and not ever having known one’s biological family can all be very traumatic (Gaetz, 2014).

Although Rose considers herself fortunate for her positive experiences in foster care, she struggled with being separated from her biological parents and with life in foster care in general. Her foster-mom recounted that she used to “get literally sick” from the strain of living apart from her birth parents; this was only remedied by uniting Rose with her parents for a visit, which broke the rules of the foster care system (Henry [Rose], p. 25). Along

with the stigma a misdiagnosis of ‘mental retardation’, Rose suffered from a loss of culture because her family of origin was Aboriginal and her foster family was not. To this effect, Rose recalls that:

*Regardless of all my parents’ efforts, I still ended up homeless as a consequence of the Sixties Scoop<sup>1</sup>. Going through the Scoop left me wondering which world or culture I belonged in, white Canadian or First Nations society. I was torn between the two (Henry [Rose], 2015, p. 25).*

Joe’s story is also relevant here. He too struggled with the circumstances that had brought him to foster care: essentially, his mother “rejected him, as his father had, leaving him abandoned to the care of the Children’s Aid Society” (Thistle, 2015, p. 73). Even after Joe had been given the opportunity to heal from his traumatic childhood in a foster home with a more positive environment and a caring foster-parent, he still sought “the pieces to the puzzle of his past” (Ibid, p. 67). This quest for answers ended with further rejection from his mother after he had left the foster care system, resulting in a mental breakdown, institutionalization in a mental health facility and eventually, homelessness.

In addition to the family of origin issues I have just discussed, Joe’s story contains a crucial reminder that that foster care placements can be extremely abusive environments that may lead to further trauma. In addition to his family-of-origin issues, Joe was exposed to a great deal of physical abuse, sexual abuse and exploitative labour in foster care.

Joe and Rose’s stories demonstrate that foster care, functioning independently, does little to address various traumas that children in this system may be living with, and, in Joe’s case, foster care environments were another source of trauma. For these reasons and more, it is beneficial to move toward a ‘system of care’ approach where services are provided to children, youth, and their families, based on values and principles that allow for assured access to support for recovery from emotional disturbances. Some North American cities have adopted a system of care approach, and the model has also

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1 “The term Sixties Scoop was coined by Patrick Johnston, author of the 1983 report *Native Children and the Child Welfare System*. It refers to the mass removal of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands.” From <http://indigenousfoundations.arts.ubc.ca/home/government-policy/sixties-scoop.html>

been included in the Calgary Homeless Foundation's Ten Year Plan to End Homelessness (Gaetz, 2014).<sup>2</sup>

Consistent treatment aimed at addressing the emotional stresses surrounding Joe and Rose's experiences in foster care could have helped them work through their issues, and would have made more space for healing and recovery in their lives at earlier ages. Contributing to healthy emotional development of youth in foster care, and high-risk youth in general, can serve as a successful deterrent to homelessness, but it requires service integration. Such integration, specifically geared toward youth, is indeed possible. In the context of Canadian communities, one of the top examples of this type of approach is that of Hamilton, Ontario, where:

*[...] the range of street youth serving agencies in the city actively collaborate to ensure that the needs of young people who become homeless are met through collective planning, integrated service delivery, and a desire to ensure young people's needs are appropriately met by a seamless and comprehensive range of services (Gaetz, 2014, p. 27).*

Hamilton's Street Youth Planning Collaborative is funded by the local Social Planning and Research Council, and has worked with local agencies to develop and implement an integrated strategy. This has made it possible for various services and programs to adopt the same mandate of supporting 'healthy adolescent transitions to adulthood,' thereby allowing agencies to set competition aside to focus on serving youth and preventing/addressing homelessness.

## Conclusions

Service integration calls for agencies to shift away from functioning independently, without reference to one another, toward a more cooperative approach where shared mandates of addressing homelessness are created (Gaetz, 2014). When agencies work on bridging the gaps between the mainstream and homelessness services that so many people experiencing homelessness access simultaneously and consecutively, they can serve their clients more efficiently, and can therefore sometimes help to prevent and

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2 For information on the Calgary Homeless Foundation's System of Care approach, go to: <http://calgaryhomeless.com/what-we-do/system-planning/>

address homelessness. This approach is beneficial for individuals, families, adults and youth; and can be undertaken in a system of care model (Gaetz, 2014; Calgary Homeless Foundation, 2014; Calgary Homeless Foundation, 2011) that includes coordinated intake and case management.

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# POLICY

## 22 What Comes Next? Supporting Individuals After Institutional Discharge

Tanya Gulliver

Every day, different institutions—including jails and detention centres, hospitals, addiction treatment facilities, child welfare organizations and mental health programs—return people to broader society with little or no support. Their exits are often unplanned, and ongoing supports are not established in advance. This lack of planning and support increases the likelihood of relapse, backsliding or re-offending. Discharge planning services should be provided to support people leaving any type of institution, particularly—*but not only*—after a long stay. As Launa states, “People of all kinds need access for integration into society. Policies need to be established to support what is working, and to fill needs to promote independence” (Leboe, 2015, p. 74).

Discharge planning is particularly important for people who don’t have a solid support system or resources to rely upon after their release. Stasha talks about the assumption that youth she was working with had that a fire in an affluent condo meant the residents would be in the shelter that night. “I had to explain to them assets that the ‘rich people’ had that the youth did not,

for example insurance and social capital (such as staying with a non-abusive relative)” (Huntingford, 2015, p. 101).

Another challenge that people leaving institutions face is ‘institutionalization,’ which happens when people become so used to the institution’s structure that they have difficulties managing life on their own after they leave. Shelters, hospitals, detention centres, jails, rehab facilities and other institutions all have very strict routines that people adjust to. While some may chafe at the regimented schedule, it becomes a way of life.

Youth—and sometimes adults—who have been raised or spent a great deal of time in an institution (including foster care) may not have been given proper life skills. They may have never had to know how to shop, cook and prepare meals, how to budget and manage money or how to maintain an apartment. Discharge planning must therefore include preparing someone to live independently or with certain supports in a non-institutional setting (transitional housing, family member’s home). In order to help someone cope with their newfound independence, they may need supports to help develop their post-institutional plan, including housing options, medical/psychiatric supports, counselling, identification, financial assistance/employment, education and so on.

Discharge planning is not always included in many programs and institutions, or it may come too late to be useful for someone who has high needs. For people facing multiple issues (i.e. poverty and mental health or addictions), discharge planning must start as early as possible. Unfortunately, discharge programs are very inconsistent across the country, and non-existent in some regions.

The lack of discharge planning and coordinated system of care often lead to extreme challenges for individuals. Jesse makes this clear when he is told that he is about to lose his leg:

*I then asked myself: Why the fuck am I wandering in the desert like a wounded animal? What I had to do became quite clear. If neither the hospital system nor the shelter system would help me I logically had to force the jail system to do it. I had to use the system to my advantage; it was my only option (Thistle, 2015, p. 41).*

His unsupported discharge into the shelter system had left him vulnerable and unable to care for it properly. If the hospital and the shelter had worked together more efficiently and supported Jesse post-surgery, he might have had other options available to him.

## Child Welfare Systems

System failures in child welfare—including the fact that in many jurisdictions, young people ‘age out’ of care at 18<sup>1</sup>—means that for many young people, the transition from child welfare support is not to self-sufficiency, but rather to homelessness<sup>2</sup>.

While the child welfare system only affects youth, this population makes up 20% of shelter users and youth homelessness often leads to adult homelessness (Gaetz, 2014c). Research shows that over 40% of homeless youth have been part of the child welfare system—including adoption and foster care. This is true for many of the authors. Joe’s story relays the horrible abuse he suffered in three of his foster homes, Rose was part of the Sixties Scoop and in one of Cheryl’s poems, she says “...new life as a crown ward/ Ontario as my guardian” (Duggan, 2015, p. 95).

An important issue in preventing youth homelessness is examining how youth ‘age out’ of care. When youth reach 18, they are often discharged with little access to continuing support. It is important that youth, especially those who have been in care for a long time, are supported to develop into adulthood. Continuing supports, including residential foster care, until 21 or higher is one method of prevention. Providing life skills training to youth as they prepare to move to independence is another. Creating opportunities for youth to gradually transition into independent living can also help prevent homelessness. Rose highlights the importance of this in her story, where she writes:

*At age 19, when the foster funding ended, I struck out on my own and travelled to Calgary where my foster brother and his best friend were. Unbeknownst to me, this would be the place where*

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1 The term ‘aging out’ of care refers to the situation where once a young person reaches a certain age, they are no longer entitled to a particular service or support, regardless of need or circumstance.

2 See Gaetz, 2014, for more information about youth homelessness.

*I would first experience homelessness. It didn't take long; soon after I moved to Calgary, my brother and his friend decided to move. Their decision to leave left me alone and very vulnerable for the first time in my life. I was in a strange new city and I was utterly isolated. I felt abandoned, and despair began to set in. As a result of my hopelessness, my choices in life began to suffer and I descended into the dark downward spiral of street life (Henry [Rose], 2015, p. 26).*

Another important child welfare issue is that of 16- and 17-year-olds. Youth are often not taken into care at that age, and as a result end up homeless with no supports from the child welfare system. They may also be limited in their ability to access income support, so they fall through the gaps of various programs. Youth at that age are generally not ready to live independently. If youth are no longer able to stay in the family home, they should be supported in a gradual transition to independence.

## Corrections

Richard says that he lost everything when he went to jail. And it did not get better for him upon release. He explains, “You could say I had been left in the cold. My discharge worker never did confirm housing before my release from jail. A visit to the ODSP office left me no hope of receiving any money for shelter, food or clothing” (Henry(a), 2015, p. 61).

This quote from Richard's story attests to the fact that corrections facilities are one institution of particular concern when it comes to the need for discharge planning because many people are released directly from jail/court to the streets/shelters without a fixed address. Additionally, there is a growing body of Canadian research that focuses on the bidirectional relationship between homelessness and prison; not only are people who are homeless over represented in the prison population and are more likely to become imprisoned (Saddichha et al., 2014), but many of those who are convicted or awaiting trial while on remand may be discharged directly into homelessness (Gaetz & O'Grady, 2006).

Discharge planning is only provided to people who have been convicted of a crime. In federal institutions, this means pretty much everyone is given the support they need, or at least some of the supports that they need, to move

into housing. But in a provincial institution, a large number of the inmates are being held 'on remand,' which means they have been charged with a crime but have yet to be convicted; in Ontario, this is as high as two thirds of provincial inmates. As a result, they are not provided with any discharge planning services. Long delays in court hearings and overcrowding in the jails means many people are discharged directly from court (with or without a conviction), and are not given an opportunity to access the support they need to live independently.

It is sad that such circumstances are not properly addressed in correctional facilities or our society, given that many people in jail struggle to obtain proper treatment for physical and mental health, as well as addictions issues (Kushel, Hahn, & Evans, 2005). While the corrections system was originally intended to bring about justice and rehabilitation, it is consumed by 'tough on crime' policies. This leaves little room for healthy transitions, and it is no wonder that the current trend is people reoffending.

Richard's experience emphasizes this. He says,

*Like most people coming out of jail, I would have had to resort back to shelters, where the game never changes, and you are always at 'rock bottom.' Being forced into survival mode has its setbacks—for me, it pushed the limits on my ability to remain sober. I was not able to secure any financial support until 12 days after my release (Henry [Richard], 2015, p. 61).*

Prevention in the corrections system is multi-faceted. For youth, many of the same issues that arise in the child welfare system arise in the corrections system. There is a need for support as they prepare to live independently. For adults, there is a need to provide discharge planning to support a transition from incarceration to independence.

Contrary to popular belief, discharge planning—even for those leaving correctional facilities—is very much a public issue. Research has found that attention to discharge planning and support for reintegration to independent living has benefits in terms of reduced rates of reoffending, increased public safety and reduced homelessness. These facts complement Stasha's statement:

*The 'us' and 'them' presentation of people as 'homeless' or 'taxpayer' is fake; we are all both dependent on, as well as contributors to, the*

*social safety net—we are all in this together! We are interconnected, and all of us are affected when our systems and policies fail (Huntingford, 2015, p. 91).*

When services are designed to ensure that a fresh start is possible, greater success can be achieved in terms of reducing homelessness, reducing reoffending rates and increased public safety. In essence, the aim ought to be for people to leave the system prepared for reintegration and, as Richard said, “ready for a new start” (Henry [Richard], 2015, p. 62).

There are several interventions that could be considered effective to assist in helping inmates retain and/or find and maintain housing upon release. These include:

- helping inmates retain housing while incarcerated
- initiating re-entry planning at time of sentencing
- legislation that prevents discrimination based on criminal records
- pre-release facilities located near offender’s intended home
- support for community services within jails
- information about housing services and programs.

In his story “Officer Down,” the writer points out that sometimes the restrictions placed during a court order—which could also form part of discharge planning—may be exactly what is needed. He says, “At trial I was released on the conditions that I report regularly to a probation officer and see a psychiatrist. After years of trying to get help, the help I needed came in the form of this court order” (Anonymous, 2015, p. 53).

## **Healthcare Institutions**

“It had been four weeks since I fell out of my brother’s three-and-a-half-story apartment window (a causality of a drunken drug-fuelled misadventure), and three weeks since the hospital had cast me out into the streets” (Thistle, 2015, p. 36).

There is a demand among patients who are being released from hospitals and

mental health facilities for reintegration services. Consider Joe's experiences, for example. His story captures the problems with being released from a mental institution without any discharge planning:

*“Patient reintegration into society is something modern psychiatric institutions struggle with today. In the late sixties and early seventies, the concept of aftercare was almost non-existent...At 21, Joe, being declared of sound mind, was cast out into the world with no support mechanisms. Figuratively, he was as naked as the day he was born, but this time he was even more vulnerable as he no longer had institutional help, family, friends, hope or a home”* (Thistle, 2015, p. 67).

Individuals are often discharged from hospitals and mental health facilities into homelessness. In a study based in London, Ontario, Forchuk et al. found that in one calendar year, 10.5% of individuals were discharged with no fixed address” (Forchuk et al., 2006). The local emergency shelters found that the number was even higher. Structural factors contribute to this situation, including a trend towards shorter stays in hospital as an in-patient, and a dramatic reduction in the availability of affordable housing in most Canadian cities.

There are two main consequences of these factors: the mental health and well-being of such individuals is likely to worsen if discharged into homelessness rather than housing, and staff in emergency shelters and day programs are not well-equipped to provide necessary and appropriate supports for people in such situations. This is where many individuals will end up, even though “...well-run shelters are not appropriate places for recovery from mental illnesses” (Forchuk et al., 2006, p. 167).

Many of the problems associated with shelters—lack of privacy, resident/staff ratios, exposure to drugs, violence, overcrowding and being around others who are physically ill or who have mental health problems—can exacerbate problems for psychiatric survivors. On this point, consider the insight Sean offers:

*12 men in your shelter room make it very hard to sleep. In a normal dorm of 12, you will get three who are extremely mentally ill, three who are alcoholics, a youth running from horrors similar to those I fled, two working men who can't catch a break, two*

*opiate addicts and the 12th would be me, who could have easily fit into any of these categories (LeBlanc, 2015, p. 98).*

There are a couple distinct issues with healthcare discharges, depending upon the type of facility. If a patient has been institutionalized for an extended period of time due to health issues, it is necessary for the facility to ensure that they have a home to return to. This is particularly true if they have any kind of medical regimen that they need to follow, such as a medication schedule, appointments, wound care, sitz baths, bed-rest, etc. Even if the individual has not been hospitalized for an extended period of time, someone at the hospital—social worker/counsellor, nurse or doctor—should also ensure that the patient’s home environment will meet their needs. Someone being released during the summer due to heat exhaustion should not be returning to a rooming house without air conditioning. Other arrangements must be made.

Jesse’s story really emphasizes how important it is to have proper discharge planning and medical care for people who are homeless. He says,

*Now I was wounded and helpless, and I couldn’t even walk, let alone defend myself. It didn’t matter. I couldn’t stay at the hospital. Unfortunately for me and others in my situation, hospitals aren’t in the business of letting people recover; they are in the business of making money. I guess the people who wrote the rules never figured that homeless people have crippling surgery and need a safe place to recover too, or maybe they did and didn’t care. Who knows? All I knew was I wasn’t welcome to stay (Thistle, 2015, p 38).*

Programs like the Sherbourne Health Centre infirmary in Toronto have been established because of situations like Jesse’s. The Sherbourne Infirmary is a “short-term health care unit where people of all genders who are homeless or under-housed can stay while recovering from an acute medical condition, illness, or injury” ([Sherbourne website](#)). This allows individuals to meet the needs of their medical conditions without having to worry about basic survival.

Herman et al. (2011) state that “post-discharge services [should be] delivered by a worker who has established a relationship with the client before discharge” (p. 714). They also feel that “strengthening the individual’s long-term ties to services, family and friends; and...providing emotional and

practical support” (Ibid, p. 713) is an important part of transition.

A pilot study in London, Ontario, identified four potential interventions:

1. Assessment and immediate response to client need (it is argued that a determination of risk of homelessness should be made early upon admittance);
2. Goal planning and advocacy to coordinate supports;
3. Assistance in finding affordable housing;
4. A streamlined process (including fast tracking) so that individuals could receive government benefits to pay for first and last month’s rent (Forchuk et al., 2008).

The results of this study and others clearly demonstrate that, even if relatively brief, targeted support has a substantial and lasting impact on the risk of becoming homeless for those discharged from mental health facilities. In the pilot study, the results “were so dramatic that randomizing to the control group was discontinued. Discussions are underway to routinely implement the intervention” (Forchuk et. al, 2008, p. 569).

In Alberta, the province is also piloting similar policies and protocols to reduce the likelihood that people are discharged from in-patient mental health care into homelessness. This work demonstrates that it is possible to implement more effective interventions that can contribute to thoughtful, respectful and effective responses to homelessness and the needs of mental health consumer survivors (Gaetz, 2014).

## Shelters

Shelters also discharge into homelessness. This can stem from time limits on service, discharge for rule breaking or because a client does not meet the criteria to remain in the shelter. Gaetz (2014) says:

*It does not have to be this way. Many organizations have recognized the need to work differently. For instance, the Boys and Girls Club of Calgary (BGCC), following one of the core principles of the Calgary Homeless Foundation, have adopted a ‘zero discharge into homelessness’ policy for all of their eight*

*programs serving homeless youth. These programs range from an emergency shelter, to prevention programs, to transitional housing and Housing First. BGCC manager Katie Davies says, “We operate on the principle that housing and shelter is a human right. Youth do not earn home or shelter through good behaviour” (personal communication, 2013). Shifting to this approach can be a challenging change in management exercise, but it can be done, and would become part of a more respectful—and less punitive—approach to working with young people in crisis (p. 67).*

## Aboriginal Peoples

“[Joe] attributes his miraculous rise out of homelessness and liberation from addiction to three things: a return back to nature, a reconnection to his spiritual past through First Nations and Métis Elders and spirituality” (Thistle, 2015, p. 70).

Aboriginal Peoples are disproportionately represented not just in homelessness, but also in many of the other systems mentioned in this chapter, including corrections and child welfare. Discharge planning needs to take into account the cultural and spiritual needs of Aboriginal Peoples. Additionally, it has been suggested that a useful form of support is in the transition between reserves or home communities and urban centres.

Lethbridge’s homeless population, as with many other communities, has a disproportionate number of Aboriginal Peoples. As a result, bridges have been built between municipal staff, community organizations and reserve leaders. Part of this had been the development of educational information about the differences between reserve and city life. In addition to different income assistance rules:

*...there are sometimes different expectations from those living in the city compared to the reserve—which many are not aware of until they arrive in Lethbridge. This includes stricter guidelines for receiving income support, and landlords not allowing long-term guests based on lease agreements or no tolerance in the city for multiple guests or overcrowding (Gaetz et al., 2013, p.116).*

Additionally, when possible and desired by the individual:

*Lethbridge found that a transition period between leaving the*

*reserve and being housed completely independently in the city is often helpful for Aboriginal Peoples making the shift. This provides time to learn and understand how life in the city works and to make appropriate connections (Ibid).*

## From Homelessness to Housing

As Canada moves towards a Housing First approach as a solution to homelessness, it is important to consider what this may mean in terms of discharge planning and support. The immediate focus is on housing chronically and episodically homeless persons. Directive One of the Homelessness Partnering Strategy Directives 2014-2019 says that a community must house “90% of its chronic and episodic homeless population [before focusing] the Housing First interventions on the group with the next highest needs” (Employment and Social Development Canada, 2014).

People experiencing chronic homelessness have been homeless for an extended period of time; definitions vary, but homelessness lasting at least six months to a year is standard. Ideally, this extensive length of time homeless provides sufficient time for case management and discharge planning interventions. Unfortunately, high caseloads and unbalanced staff-to-client ratios create situations in which service workers are not always able to spend as much time as they would like preparing clients for independence. This is critical to help ensure that a client is able to succeed.

## Conclusions

*I think it is interesting how the phrase ‘the homeless’ distracts from the fact that homelessness is a symptom of policy failure. I don’t accept the position of ‘us’ and ‘them.’ I don’t accept blaming individuals for giant holes in our safety nets and communities (Huntingford, 2015, p. 91).*

People who are released from an institution into homelessness are not at fault, as Stasha says. They have been failed by policies, which highlights the various inconsistencies surrounding discharge planning in Canada. Such conditions will not help to prevent homelessness, nor will they assure rehabilitation/recovery of those being discharged. Changes need to be made. Discharge planning will be most beneficial when initiated as early as possible,

especially for vulnerable persons who face multiple issues (i.e. poverty and mental health or addictions).

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# POLICY

## 23 Healing the Pain and Hurt: Dealing with the Trauma of Homelessness

Tanya Gulliver & Alicia Campney

Trauma and homelessness often go hand in hand, and every author in this book shared stories about trauma-inducing events in their history. These cover a wide range of incidents, including domestic violence, physical/sexual childhood abuse, loss of work, car accidents, intergenerational and historical trauma, physical assault, rape, police interactions, physical or mental health issues and addictions.

For some of the authors, the traumatic events indirectly or directly contributed to, or even led to, their homelessness. For others, the trauma occurred because of being homeless. Often, the history of trauma made it harder for the authors to leave the streets because of coping mechanisms and life choices.

In her story, Rose explained, “the pain that homelessness brings upon your body is only physical, the wounds it creates on your spirit and soul are far more painful” (Henry [Rose], 2015, p. 30).

The authors all identify their experiences of homelessness as dangerous and extremely difficult to survive, and point out particular violent or abusive instances. Even if they don't use the word 'trauma' or identify that they have post-traumatic stress disorder (PTSD), emerging research shows that homelessness in and of itself can be traumatic (Goodman et al., 1991; Hopper et al., 2010; Bartella, 2011; National Alliance to End Homelessness, 2012; New City Initiative, 2014).

It isn't known how many people who are homeless have experienced trauma or who suffer from PTSD. In an Australian study, a staggering 79% of respondents who had experienced homelessness also had a lifetime prevalence of post-traumatic stress (Taylor & Sharpe, 2008). It is quite likely that it is the same here in Canada. While the story "Officer Down" quite dramatically details the impact of PTSD, for many of the other authors the trauma is inter-woven and subtler. As Sean relayed, "even now, when I sleep, I cannot dream of anything happy. All my dreams are terrifying, and the recurring theme is memories from when I was without a home—without a place to hope, a place where I could feel safe" (LeBlanc, 2015, p. 96).

The National Alliance to End Homelessness (2012) proposes that homelessness as a traumatic experience can lead to PTSD in a number of ways:

*First, the actual event of becoming homeless can lead to trauma through the loss of (a) stable shelter, (b) family connections, and (c) accustomed social roles and routines. Second, the ongoing condition of homelessness and its attendant stressors, such as the uncertainty of where to find food and safe shelter, can erode a person's coping mechanisms. Third, homelessness might serve as a breaking point for those who have pre-existing behavioural health conditions or a history of traumatization (p. 1-2).*

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a working definition of trauma:

*Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being ([SAMHSA website](#)).*

So trauma refers to experiences or events that are more than just a ‘normal’ stressful event: they are overwhelming, terrifying, extremely negative and devastating. Trauma describes both the event itself (which may be one-time or ongoing) and the impact of the event on the individual. Trauma is unique to each person, and can result in profound feelings of disruptiveness, shame, terror, loss (of safety, belonging or connections), helplessness and powerlessness (Courtois, 1999; 2004; Covington, 2002; Kammerer & Mazelis, 2006; Finkelhor, Ormrod, Turner & Hamby, 2005).

## Violence and Homelessness

Studies show that people experiencing homelessness are more likely to be victims of violence than people who are housed. This includes all types of violence, including physical and sexual assault. Many of the authors detailed their experiences of violence that either contributed to homelessness or occurred during their homelessness.

For Launa Sue, her experience included domestic violence from a partner, physical assault at a bar, and assault by two different co-workers, as well as sexual harassment at work. She describes each of these in her story along with other injuries, including work-related accidents and harassment. She says,

*Years ago, I was living in an abusive relationship. 14 stitches later, and after two previous attempts to leave the abusive relationship, I knew it was not going to get better. A man friend lent me his truck to move my things to a new place without her knowing about it, as I was in fear of my safety... (Leboe, 2015, p. 75).*

Cheryl’s poem, “Battered Shattered,” highlights abuse:

*Started flattered  
then was battered  
papers scattered  
dinner plattered  
dishes clattered  
people nattered  
teeth chattered  
face spattered  
clothes tattered  
blood splattered*

*dreams shattered  
nothing mattered  
Finally stopped  
after ...  
pitter pattered  
(Duggan, 2015, p. 73)*

## Child Welfare System and Trauma

In Joe's story, much of the abuse he experienced came after being taken into the custody of the Children's Aid Society after being abandoned by his biological parents. His story recounts the heartbreaks of abuse at three different foster homes, both sexual and physical. Beginning at age four, he experienced ongoing abuse that didn't stop until his fourth foster placement when he was 14 years old.

While the next three years were good, he left home in search of his birth mother at age 17. Once again, she rejected him. As Thistle (2015) writes:

*His mother's reaction, coupled with the years of abuse in foster care, culminated in a severe nervous breakdown. His mind had buckled, his heart had imploded, and Joe's life went from bad to worse. He was committed to Lakehead Psychiatric Hospital. Joe spent four years there... The treatments did nothing to heal the deep wounds of sexual abuse and abandonment. They only numbed and contorted young Joe's shattered mind (p. 67).*

Joe's story shows that trauma may not be immediately evident. His lifetime of trauma manifested itself in his nervous breakdown at age 17. It wasn't the singular rejection from his birth mother that caused it, but rather the repeated abuse throughout his first three foster homes.

Research has shown that over 40% of youth experiencing homelessness have experiences with the child welfare system. Problems with systemic failures of this sector often lead to homelessness (Gaetz, 2014).

## Trauma and Addictions

Contrary to a common stereotype, addictions are often the result, rather than the cause, of homelessness. For those who have experienced trauma,

substance use becomes a way to cope, a way to dull the pain and the memories of the horrible events in their lives. In the words of the author of “Officer Down:” “I was slowly killing myself because I was unable to cope with life on life’s terms. My reaction was simply to hide in a bottle” (Anonymous, 2015, p. 52). Jesse also described wanting to dull the reality of his homelessness, as well as the physical pain from his infected leg. He describes it vividly:

*I became the Listerine Fiend when I drank that dental poison and Crackula when I smoked rock, but both personas were really just masks I put on to conceal myself from the reality of my rotting leg and my pitiful homelessness (Thistle, 2015, p. 39).*

## Trauma and Aboriginal Peoples

The majority of the authors in this book are Aboriginal Peoples—specifically First Nations and Métis. This is an important starting place from which to consider their stories when thinking about trauma and trauma-informed services. Centuries of trauma have been inflicted upon Aboriginal Peoples in this country (and many others), and the impact of this at a conscious and unconscious level is important. This includes the reservation system, residential schools, the Sixties Scoop<sup>1</sup> and ongoing racial discrimination and stereotyping.

Several writers (Patrick, 2014; Belanger et al., 2012, 2013; Menzies, 2010; Haskell and Randall, 2009; Baskin, 2007) have traced these links and the disproportionate representation of Aboriginal Peoples in the homeless population. In particular, Patrick (2014) dedicates a chapter to exploring “The Role of Historical Trauma:”

*Aboriginal populations have suffered disproportionate amounts of physical, psychological, and sexual abuse—all experiences that can violate interpersonal boundaries and may result in emotional disengagement from life. This may make it difficult to function as a family member, income earner, or citizen, and can therefore increase the likelihood of becoming homeless (p. 96).*

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1 “The term Sixties Scoop was coined by Patrick Johnston, author of the 1983 report *Native Children and the Child Welfare System*. It refers to the mass removal of Aboriginal children from their families into the child welfare system, in most cases without the consent of their families or bands.” From <http://indigenousfoundations.arts.ubc.ca/home/government-policy/sixties-scoop.html>

In many cases, this trauma is intergenerational. For Rose, a member of the Sliammon Nation on her mother's side, both she and her parents experienced trauma at the hands of the government. She explains that her teenaged birth parents—the late Florence and Moses Dominic—were survivors of the residential school system. They also had to move from Washington State to British Columbia in order to avoid starvation. But Rose said:

*These horrible experiences were overshadowed by the trauma of seeing their first-born apprehended by the Canadian state authorities in 1966. I was placed in government care in a residential health facility called Sunny Hill. I was two years old, and would remain there for the next six years, classified as a ward of the state and misdiagnosed by medical authorities as 'mentally retarded.' Finally, at eight years of age, I was placed into foster care" (Henry(a), 2015, p. 24).*

While her foster parents were supportive and helped her overcome the label of 'retarded,' as well as providing her with contact with her birth family, Rose says that she still became homeless "as a consequence of the Sixties Scoop." In her quest to understand her roots and culture, she became "confused and lost," and "it was this path that ultimately led me to my life on the streets" (Henry [Rose] 2015, p. 25).

## **Post-Traumatic Stress Disorder (PTSD)**

One of the most significant manifestations of trauma is PTSD. According to the Canadian Mental Health Association (CMHA):

*Post-traumatic stress disorder (PTSD) is a mental illness. It involves exposure to trauma involving death or the threat of death, serious injury, or sexual violence...PTSD causes intrusive symptoms such as re-experiencing the traumatic event. Many people have vivid nightmares, flashbacks, or thoughts of the event that seem to come from nowhere. They often avoid things that remind them of the event...PTSD can make people feel very nervous or 'on edge' all the time. Many feel startled very easily, have a hard time concentrating, feel irritable, or have problems sleeping well. They may often feel like something terrible is about to happen, even when they are safe. Some people feel very numb and detached. They may feel like things around them aren't real, feel disconnected from their body or thoughts, or have a hard time feeling emotions (CMHA website).*

Anonymous' story of chasing a suspected criminal displays much of this. He says,

*A strange thing happened to me then; my senses were heightened, my vision sharpened and cleared. I became almost superhuman. I ran and didn't get winded. Colours became greatly enhanced; red became ruby red and green became emerald green. My hearing became hollow and it sounded like a giant drum was over my head. All of my senses worked in concert to improve my physical performance. It was like time had slowed down and was being stretched. I didn't know it then but I was experiencing physiological and psychological effects which would later manifest as PTSD (Anonymous, 2015, p. 46).*

Even after being jailed and obtaining court-ordered treatment for mental illness and addictions, the former officer's PTSD continues to cause problems for him.

*...I need constantly be on my guard to avoid triggers. I know my healthy boundaries; I have learned to build up safe boundaries...I am hyper-vigilant; I feel the need to arm myself...I have used up my personal resources just trying to keep sober and the PTSD under control. I have tried to work, but I find it so difficult mentally that I find myself homeless and broke (Anonymous, 2015, p. 53).*

## Trauma-Informed Services

As a result of the extensive amount of trauma amongst people experiencing homelessness, it is critical that services become 'trauma-informed' (Prestcott et al., 2008; Guarino et al., 2009; Hopper et al., 2010). SAMHSA (2012) defines this:

*...a program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for healing; recognizes the signs and symptoms of trauma in staff, clients, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, practices, and settings.*

When an agency is operating from a trauma-informed perspective, they develop their services and activities in a way that incorporates an

understanding of trauma and the role that it plays. Their focus is to ‘meet people where they are at’ in order to avoid re-traumatizing people. Trauma-informed services focus on ‘safety first,’ and have a commitment to ‘do no harm.’ Generally, these services have active involvement in planning and service delivery from the participants, their families (when relevant) and trauma survivors (Harris and Fallot, 2001; SAMHSA, 2012).

## Why Trauma-Informed?

It is unacceptable that people might flee abuse or trauma at home and then encounter it again in shelters or services—sometimes unknowingly perpetrated by service providers. Homelessness can create vulnerability, and individuals can be re-traumatized by the staff and functions of the shelter system (SAMHSA, 2012).

Besides recognizing homelessness as a potentially traumatic experience, the National Centre on Family Homelessness (Guarino, Soares, Konnath, Clervil, & Bassuk, 2009) outlined several reasons why programs need to be trauma-informed within the housing and homelessness sector, including:

- Trauma can impact how people access services, including viewing people and services as unsafe and having difficulty in trusting people. A trauma-informed service can work to develop relationships that give the client power and build trust, thus enhancing safety.
- A recognition that people adapt to trauma in order to keep themselves safe. This could include abuse of substances, cutting, becoming aggressive, withdrawal or dissociating. Service providers who aren’t trauma-informed may see these behaviours as unhealthy, however they should be recognized as coping mechanisms, and service providers can work with clients to develop healthy substitutes.
- Programs and services for trauma survivors cannot be ‘one size fits all’ Traditional services might promote interventions that don’t take into account the trauma. Survivors need personalized services and interventions as “how a program responds to the needs of [clients] who have experienced trauma has a significant impact on their process of recovery” (Guarino et. al, 2009, p. 18).

Stasha’s story also speaks to the potential effects of trauma. As she says:

*Whenever I am asked to 'share my story,' a bunch of red flags and alarm bells go off in my head about protecting myself from token participation, being made into a poster child for someone else's cause, and being defined by my trauma, loss and pathology. Deciding whether to share traumatic experiences with others is made more difficult because of the effect that trauma has on one's ability to trust other people (Huntingford, 2015, p. 85).*

Trauma-informed services would consider these concerns, and let Stasha speak about as much or as little of her experience as she felt comfortable sharing.

## Trauma-Informed vs. Trauma-Specific

It is important to note there is a difference between trauma-informed services and trauma-specific services. Trauma-informed services enable service providers to appreciate the context in which people who have experienced trauma are living their lives, while trauma-specific services are a type of therapeutic intervention, provided by a counsellor who has specialist knowledge and skills, that is designed to treat trauma responses and adaptations (The Jean Tweed Centre [JTC], 2013, p. 15, 19). Trauma-informed services do not require professionals to be specialists in trauma treatment, however, "they must understand trauma as a core issue, and must have a good understanding of the principles and practices that inform appropriate services" (JTC, 2013, p. 16).

## Service Delivery

Trauma-informed services can be divided into three separate areas:

- **Relationships:** fostering dignity, respect, understanding and skill in building rapport with people who use the services.
- **Practices:** methods of using trauma to inform the decisions made within the organization.
- **Spaces:** creating a physical environment that is safe but not restrictive.

It is important to acknowledge this is a three-pronged approach, encompassing all aspects of an organization, and thus there is plenty of

overlap between each of the areas. Services need to be client-centred and supportive. A variety of types of services and opportunities for entry need to be provided.

Providing trauma-informed services can make a huge difference for clients. Of his experience at The Victoria Life Enrichment Society (VLES), Derek says, “If there was an addictions recovery model I would apply to every single community on the planet, it would be the one I discovered at VLES. This was a life-changing one-month long program...” (Book, 2015, p. 19).

## Organizational Change

Including people with lived experience is a key component of trauma-informed organizations. This means that clients should be involved in education of staff, board and volunteers, and be given the opportunity to provide input into services and policies. As Stasha says, “The way we deliver services influences whether people feel judged and shameful about their experiences...I believe that services should be shaped for (and by) the people that need them, not the other way around” (Huntingford, 2015, p. 89).

Sometimes, organizations can be harmful to the people they are trying to help when they do not keep their best interests in mind. She provides an example of a youth agency that labelled its showers and laundry facilities as “emergency use only:”

*This shower ban is an example of how institutions re-traumatize and marginalize people who are already struggling. It demonstrates how scarce resources force front line workers into charity model thinking of deserving or undeserving poor when we should be recognize that every citizen ‘deserves’ access to basic needs, including showers (Huntingford, 2015, p. 90).*

## Peer-based Programming

Employing peers or people with lived experience of homelessness is often a key component of trauma-informed services. Derek and Stasha both talk about the importance of their personal experiences in the work that they do. Stasha says:

*People who are homeless right now (and have been in the past) need to know that there are people who have found belonging in communities, and are now able to live instead of survive, choose instead of be told. This means that everyone who has any experience with being homeless needs to stand up and speak their story without shame... The peer model allows us all to be integrated, dynamic and interrelated in our identities, rather than being defined by one aspect of ourselves (Huntingford, 2015, p. 93).*

The peer model not only provides hope for people currently experiencing homelessness, it also allows people to engage meaningfully with others who have experiences similar to theirs, which can help increase trust and feelings of safety.

## Changes in Policy and Practice

Sometimes, services are altered only after an individual, or several people, go through traumatic events. Policies are often changed after the harm they are causing is recognized. Anonymous describes the trauma of being contaminated by blood—and potentially infected with HIV—during a struggle with a woman on the streets. Part of the treatment he was given was a prescription for the AIDS ‘cocktail,’ for which he was given just 24 hours to fill and begin taking.

*All I remember was walking to the police station from the pharmacy crying. I was in tears. The pharmacy wanted to be paid cash up front, or by credit card. But by this point, due to my PTSD and related alcoholism, I had lost everything, and my personal finances were in shambles. I couldn't buy the cocktail, and now it looked like I was going to lose my life. I approached my employer to have them pay for the AIDS cocktail and they refused saying, "Use your medical benefits." I advised them that I had declared bankruptcy, and had no financial means to pay for the costly medical treatment. I asked them if they could pay it for me and then I could reimburse them afterward, when I received payment from my police health insurance. They refused. I was crushed (Anonymous, 2015, p. 50).*

The police association eventually paid for the drugs, and Anonymous received his first dose three days after his possible infection. While it was a horrendous experience, it did lead to policy changes: “They now have

an in-house credit card available for officers to use in situations similar to mine. Unfortunately it was at my mental and physical expense, and it greatly increased my PTSD” (Anonymous, 2015, p. 50).

## Housing Supports

In 2014, the Homelessness Partnering Secretariat made a big push towards the integration of Housing First into communities across the country. In research on Housing First, it has been made clear that the provision of supports, including those for community and social integration, is an important piece of helping people remain housed. Richard outlines the importance of this in his story:

*Having your own place often leads to confinement, depression, loneliness. I envision a community living environment where everyone works together doing laundry, cooking and cleaning. It becomes a big family, a group of people who share common interests and can set some goals for independent living. It's a place where you have friends, where before you had none. We all need a home, not just housing (Henry [Richard], 2015, p. 60).*

Developing these kinds of supports is a way of recognizing that people who have experienced homelessness have quite likely experienced trauma. Surviving on their own might not be possible, and the loss of their street family and friends can contribute to them becoming homeless again. Trauma can be reduced through the provision of community and social supports.

## Trauma and Resiliency

Patrick (2014) wrote that “many service providers have remarked on the resilience of Aboriginal clients who have experienced intergenerational trauma” (p. 97). Providing supportive services means recognizing this inner strength, as well as providing culturally appropriate and relevant services. Menzies (2008) says that solving Aboriginal homelessness is bigger than just housing, and “requires a holistic approach that reconstruct the links between the individual, family, community, and Aboriginal nation” (p. 47).

Rose exemplifies this. She says,

*...my confusion about my identity was not all bad. It was dualistic like me; it was both a hindrance and strength, and has remained so throughout my journey. In fact, there have been times in my life that I have used it as a guide to negotiate between two worlds and two very different cultures” (Henry [Rose], 2015, p. 25).*

Trauma is often cumulative. In just one short chapter, Launa Sue outlines over eight physical incidents, beginning with domestic assault and including several more emotionally taxing events such as car accidents, workplace harassment and discrimination—not being paid for work and being unjustly fired. The impact of these events can only be imagined, yet Launa Sue’s strength is clear:

*I remember an older woman saying “You remind me of Job,” as I waited for the bus to take me to ladies’ Bible study one Saturday, and I remember thinking that I didn’t have the words to say...now I do. I have received more than double for my trouble, and have witnessed amazing miracles and the love of families of all kinds (Leboe, 2015, p. 81).*

Just as we must consider the impact and harm of trauma, we must also remember the strength and resiliency of those who’ve experienced it. Each and every author in this book is testament to the fact that people can and do survive trauma, and go on to have meaningful lives.

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# POLICY

## 24 Ending Homelessness: Building not only homes but relationships of respect

Janet Mosher

*Hitting the streets at 15 was the least of my worries. I had lost all hope, all connection to and all faith in the society around me. I remember sleeping in a parkade on a piece of cardboard when I was 16, waking up periodically when a businessperson would uncomfortably walk around me. I was shocked and angry every time: I had no clue how a person could walk by such a tragedy without so much as a word (Book, 2015, p. 18).*

How is it that people with resources, homes and cash in their pockets could walk by and say nothing—not even acknowledge Derek’s existence? This is where stereotypes, stigma and discrimination come in. It is widely known that pervasive stereotyping of homeless people—and indeed, of most low-income people—exists. The United Nations Special Rapporteur on Extreme Poverty and Human Rights, Magdalena Sepulveda Carmona (2014), recently said that “common prejudices often stereotype persons living in poverty as lazy,

irresponsible, indifferent to their children's health and education, dishonest, undeserving and can even paint them as criminals" (p.5). As mentioned in the foreword of this book, poverty and homelessness are often assumed to be the result of bad choices—or fundamental character flaws—rather than things like unemployment, relationship breakdown or childhood and adult experiences of trauma. Jesse captures this process of stereotyping and dehumanization in a powerful way:

*Being a homeless person you're matter out of place. You're the grotesque, unwanted wildlife living in the urban-hinterland forests. Everyone stares at you, judges you and tells you to get a fucking job. The social distance that separates you from civilization also separates you from your own humanity. I know. I've lived it. Like some by-gone nomadic hunter-gatherer, you're exposed to nature's elements, starvation and disease. You're on an endless sojourn to nowhere and when your already precarious wanderings are complicated by serious injury, often times you fade away and die, forgotten and alone (Thistle, 2015, p. 36).*

When people are identified as belonging to a particular social group—homeless or poor, for example—a flood of assumed traits, values and characteristics are automatically assigned to them. Judgments are formed about a person based on these assumptions without ever examining whether they are true of this particular person. One of Cheryl's poems exposes the many assumptions commonly made about women surviving on the streets:

*SHE MUST HAVE BEEN CRAZY  
THE SAME VOICE ON REPEAT  
WHY ELSE WOULD SHE CHOOSE  
TO LIVE LIFE ON CONCRETE?*

*She must have been illiterate  
not known enough to tweet*

*She must have been very hungry  
limited on where to eat*

*She must have been addicted  
to more than a chocolate treat*

*She must have been unemployed  
A bum ... a welfare cheat*

*She must have been a criminal  
cops hounding her every beat*

*She must have been alone  
surrendering to defeat*

*She must have been a whore  
a woman of the street  
(Duggan, 2015, p. 24)*

While these beliefs or assumptions are sometimes explicitly stated, often they operate subconsciously. In the past decade there has been a lot of research about how these “implicit assumptions” or “implicit biases” operate. Perhaps the most influential has been a project based at Harvard University that allows people to take an “implicit assumptions” test on-line (<https://implicit.harvard.edu/implicit/takeatest.html>). These tests consistently show a gap between the views people consciously express about members of particular social groups, and their subconscious beliefs (the latter often reflecting negative, stereotypical assumptions).

As the stories in this book show, and as documented by research, implicit and explicit assumptions and biases are acted upon, and often lead to unfair and discriminatory treatment. So people with resources may walk by Derek because they feel threatened (assuming he’s potentially dangerous, for example), and this ‘tragedy’ is ignored because his circumstances are not widely recognized as tragic. Rather, it is assumed that it is Derek’s fault that he is on the street; he is irresponsible, and has made poor life choices. These unexamined assumptions lead some people to the conclusion that Derek is undeserving of their attention. A split between ‘us’ and ‘them’—the deserving and undeserving—is created.

The belief that Derek is homeless and on the street due to his own fault makes those who are housed feel better about what they have—that is, they are more likely to feel that they deserve what they have. It also makes people feel more in control of their own lives if they believe a person is homeless because he or she was irresponsible and made bad choices, rather than because of an injury at work, a terminal illness or the absence of non-poverty waged employment opportunities. As Rose explains, these social divisions exist along many aspects of identities.

*Being homeless or living close to poverty has always been hard and costly for me. I have seen first-hand, the ugly division of race, age, ability and the cruelty of others all over Turtle Island. Injustice instead of justice, that's what I found (Henry, 2015, p. 29).*

The connection Rose draws between stereotypes, social divisions (us/them or insider/outsider) and injustice is critical. The labelling of someone as 'different' (almost always equated with 'lesser than'), as flawed, as not worthy of respect, as irresponsible and as potentially criminal has profound consequences at the individual, institutional and policy levels. Jean Swanson (2001), an anti-poverty activist in British Columbia, calls this poor bashing, a "war of exclusion, prejudice and hate against the poor in Canada" (p. 3). As she explains, poor bashing includes leaving poor people out of discussions, ignoring their proposals for what they need and failing to address questions about the unequal distribution of wealth and income.

## Stigma

In recent years, the subject of stigma has received substantial attention in the context of mental health. For example, the Mental Health Commission of Canada (MHCC) has recently undertaken a major project called Opening Minds that focuses on stigma and its harmful impacts. It describes stigma as "a complex social process involving many parts, all of which work together to marginalize and disenfranchise people with a mental illness and their family members" (MHCC, 2013, p.2). MHCC (2013) identifies three main parts or types of stigma:

- self-stigma (the internalization of negative views and stereotypes)
- public stigma (prejudicial attitudes and discriminatory behaviours)
- structural stigma (the reflection in law and public policy of these attitudes) (p. 2)

MHCC documents how stigma associated with mental illness can lead to unfair treatment from employers, fellow employees, family members, health care workers and many others. Stigma is often the reason people do not disclose and do not seek help. The insights about stigma, how it operates and the harm it

causes, can be usefully applied to poverty and homelessness.

For those without a home, being constantly treated in disrespectful ways—assumed to be irresponsible, lazy and dangerous and, at best, patronized and belittled—has a negative impact on self-esteem. As Sean explains:

*Homelessness basically strips your self-worth, and that is a really hard thing to get back...It is very tiring and time-consuming when one has nowhere to go and nothing to do with their day, and worst of all, self-defeating. You wake up with very little self-worth and then a day that offers no opportunities adds to that feeling of worthlessness (LeBlanc, 2015, p. 100).*

Like Sean, Rose makes clear the pain caused by stigma.

*The pain that homelessness brings upon your body is, however, not only physical; the wounds it creates on your spirit and soul are far more painful. I have found that helping those around me is an effective way to soothe and remedy the misery and discomfort of not having a place to call home (Henry, 2015, p. 29).*

Stigma's effects include marginalization (treating some people as having nothing to contribute to society), social exclusion and even violence. Not surprisingly, social stigma often leads to depression and, sometimes, suicide (Kidd, 2009; Belcher & DeForge, 2012).

Addressing stigma is very important. In fact, the World Health Organization has declared stigma as the “single most important barrier to overcome” (CMHC, 2013, p.1). MHCC explains that many people “describe stigma as more life-limiting and disabling than the illness itself” (MHCC, 2013, p.1). In comparison with mental health, there has been little attention paid to addressing the stigma experienced by persons who are homeless and poor, yet in the context of homelessness and poverty, the recognition of the destructive impact of stigma is equally important. As the UN Special Rapporteur (Carmona, 2014) has concluded:

*...prejudices and stigma against people living in poverty are major barriers to effectively tackling poverty and achieving the full potential of social protection. When such prejudices inform social protection policies, these policies tend to deny the dignity and autonomy of low income families, fail to recognise that they*

*should enjoy their rights and freedoms in an equal manner with the rest of the population, and overlook all the obstacles that people living in poverty face to achieve more fulfilling lives...In this role it has become increasingly and shockingly clear to me that one of the main obstacles in the fight against poverty is the deep-seated stigma and prejudice against low income families that unfortunately, seems to be universally widespread among those who are better off in society, and finds its way into government policy and programming, intentionally or not (p.5).*

## Stereotypes

There are ready examples of how stereotypes—unfounded assumptions—make their way into Canadian law and public policy. For example, anti-panhandling laws build upon and perpetuate a stereotype of ‘the homeless’—assumed to be one large group who are all the same—as dangerous, threatening and undeserving. They reinforce the division of ‘us’ (deservedly housed) and ‘them’ (undeserving homeless). Stasha discusses much of this binary thinking her story, where she says:

*Homelessness is a symptom of holes in our social safety and social support nets. I think it is interesting how the phrase ‘the homeless’ distracts from the fact that homelessness is a symptom of policy failure. I don’t accept the position of ‘us’ and ‘them.’ I don’t accept blaming individuals for giant holes in our safety nets and communities (Huntingford, 2015, p. 91).*

Yet stereotypes and binaries dominate in our society. ‘Workfare’ laws and policies that assume poor people have no motivation to work and must be forced—by threat of removal of benefits—to become ‘work ready’ are another example. As Swanson (2001) reminds us, these stereotypes are also reflected in the exclusion (or token consultation) of people who experience poverty and homelessness in the development of policies, programs and services.

We often see these stereotypes reflected in mainstream media. In a recent review of Canadian news media, researchers found that while reporting varied between news outlets, two common representations of those who experience homelessness emerged: they are either victims of circumstances beyond their control who need and deserve help, or they are people who have made bad choices, who are undeserving of assistance and who represent “a social evil needing to

be controlled and even punished” (Schneider, et al., 2010, p. 165). As these researchers conclude, both of these “representations work to keep people who are homeless on the margins of society, controlling them, disenfranchising them, and denying them full participation as citizens” (Schneider, et al., 201, p. 166). These researchers also found that the voices of people who are homeless were largely excluded; rather, so-called experts spoke about them as objects for academic commentary and as a ‘problem’ to be ‘solved’ by ‘experts.’ These representations in the media are important because they shape our understandings, our beliefs, and our actions, both individually and institutionally.

Finding ways to end stigma is critical to working to end homelessness. Stigma situates those who experience poverty and homelessness as undeserving, and this acts as a major obstacle in the building of broad social and political support for tackling homelessness. Stigma also erodes the dignity and humanity of those who experience poverty and homelessness, and this is a form of harm that must be addressed. It also impedes the development of policy and services that meaningfully recognize and respond to the needs, priorities and solutions proposed by those who actually experience homelessness.

Fighting homelessness and poverty is not only about building houses and providing adequate income supports, but also importantly about the manner in which housing and income are provided. It is not only about building shelter, but also about building relationships, community and a sense of belonging. A human rights framework must inform our approach. As the UN Special Rapporteur concludes, everyone is entitled to social protection (social security) as a basic human right:

*...at the core of a human rights perspective are the values of universality, equality and non-discrimination, participation, access to information and accountability. From a rights perspective there are no “undeserving poor.”...Social protection is not a handout or a luxury, but rather a right that belongs to everyone (Carmona, 2014, p. 8).*

## **Moving towards respect and inclusion**

Voice and participation are central to a human rights framework because they are essential to human dignity and respect. Derek’s story also helps us to understand that ‘voice’ also requires that there be an engaged listener, which he found at a

local Native Friendship Centre. He describes the impact of being heard:

*There was no agenda to his role other than to sit and talk. We didn't set goals or try to develop 'outcomes,' we just shared stories and talked about life. This kind of discussion is a luxury to street people. Most support people are now assigned to tangible roles, and are so busy filling reports and checking email that actual conversations with clients are a rarity. But this guy had the time for me and time is most certainly a huge factor in healing—time away from the damage means time to move forward. (Book, 2015, p. 19).*

Derek's story also reminds us that we need to pay attention to voice and participation, dignity and respect, not only in designing and shaping public policy or service delivery, but in every human encounter. In his words:

*It should be known that each of these growth periods in my life was accompanied by someone who actually believed in my potential. These were people who were not simply spouting terms like 'client-centred' and 'non-violent communication,' but people who lived those concepts, who trusted that I may actually know what I need in my life (Book, 2015, pg. 21).*

We can also learn a lot from the MHCC's evaluations of programs designed to reduce the stigma of mental illness to create programs to reduce the stigma of poverty and homelessness. Early results of these evaluations suggest that different programs may be needed for varied audiences—MHCC is looking at youth, health professionals, workplaces and journalists/media—and that stories told by those who have experienced mental illness can be very powerful in addressing stigma. This point is supported by the authors in this collection who offer much insight and wisdom about how to move forward in respectful, non-stigmatizing ways. Rose wrote extensively about how participating in her community helped her and others to build strength and understanding:

*For many of us, these issues [health, discrimination, etc.] are hard to deal with on a daily basis, so when we all started to move to one community, we learned that these obstacles were our common ground, and that we all had a strong desire to make changes. We decided that we were up to the challenge of learning to work together, and we started living together as one street family. Soon, we started hosting and organizing community meetings in our home forums that were designed to educate people about*

*social issues that affected us all. We never really charged anyone for attending our public workshops because it was never about money—it was, and still is, about educating people about what it is like to be judged for being who we are (Henry, 2015, p. 30).*

The importance of creating community is crucial, but so is undoing the stereotypes that people experiencing (or who have experienced) poverty and homelessness have attached to them. This means a commitment to challenging ‘us’ versus ‘them’ mentalities. Stasha wrote about the negative reaction she got for ordering a veggie burger with bacon—an order that seemed contrary to waitstaff but sounded perfect to her—and how it became the ideal metaphor for “challenging thinking that only provides two options rather than taking a spectrum view that allows for diversity” (Huntingford, 2015, p. 88). As Stasha asserts, opening up to this way of thinking can be liberating and can help us better relate to each other, regardless of social location. In her words: “Being a veggie burger with bacon enables you to bridge communities that are framed as the opposite of each other” (Ibid).

Rose offers a similar way of viewing the world that could help move us in this direction:

*Now we have all heard the saying that people are the same everywhere you go. That homeless people are all the same: lazy, uneducated criminals who are drug addicted with no desire to work, and would rather collect a government cheque. I beg to differ, because I have lived the experience of being homeless twice in my life...People across this nation are as diverse as the weather, and some of those funny stereotypes we hear have rings of truth about them. Of course all people are not the same. But who said people have to be the same? Life is different. That is the beauty of it. We are all different but get by, helping each other out (Henry, 2015, p. 32).*

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# 25 Conclusion: Listen up! The role of dignity, respect and inclusion in our response to homelessness

Stephen Gaetz

We need to not only bear witness to the words of people who have experienced homelessness but also act against cultural indifference. We need to listen and learn about the endurance needed while contending with the violence of the system...the deaths—or more accurately—murders. As ex-homeless/academic I have to think that there needs to be an audience for these words so that *i/we/you* can work against the indifference that perpetuates homelessness. We keep trying in different ways to get the message across, the same message, because we know the solutions. This is why we are presenting narrative truths –truths that are witness to the politics of poverty, the industry of homelessness, the lack of housing and so on as evidence of suffering which at the same time must be seen as a refusal of indifference. People need to listen and learn” (Davis, 2014, personal communication). In the fall of 2014, at the Canadian Conference on Ending Homelessness, a group of people who had experienced homelessness discussed ways to have their experiences acknowledged, respected and heard. Conference attendees included policy makers, planners, service providers and researchers, some of whom may have experienced homelessness at one time or another, but it is safe to say that the vast majority (including this author) have

not. Speaking to this large audience, the Lived Experience Advisory Council of the Canadian Alliance to End Homelessness proclaimed that there cannot be solutions to homelessness without the active involvement and engagement of those with lived experience. They suggested the enactment of the following seven guiding principles:

1. Bring the perspectives of our lived experience to the forefront
2. Include people with lived experience at all levels of the organization
3. Value our time and provide appropriate supports
4. Challenge stigma, confront oppression, and promote dignity
5. Recognize our expertise and engage us in decision-making.
6. Work towards our equitable representation
7. Build authentic relationships between people with and without lived experience

This call for inclusion in establishing solutions to homelessness is incredibly valuable. In Canada, we often pride ourselves on the fact that human rights are of utmost importance—that all individuals are treated with dignity

*Do we listen to the voices of people with lived experience? Do we listen carefully, and listen enough? Do we present authentic opportunities for participation and for meaningful engagement in the design and delivery of solutions to homelessness?*

and respect. A true test of how and whether we actually embrace these values comes when we look at the experiences of people who are, or have been, homeless. Do we accord people who find themselves in this situation the same rights and respect as those who are housed? Is there recognition that all individuals—regardless of their housing situation or personal circumstances—should be acknowledged, their knowledge and experience respected and their voices heard? One of the peculiarities of the way we respond to the problem of homelessness is that the voices of people who experience homelessness are not always heard. I am talking not only about situations in which people access services, whether shelters, healthcare or day programs. This lack of respect for the voices of people in these circumstances is also evidenced at the policy and planning levels, and even in many research contexts.

It is worth asking—for those of us who are concerned about the problem of homelessness—do we listen to the voices of people with lived experience? Do we listen carefully, and listen enough? Do we present authentic opportunities for participation and for meaningful engagement in the design and delivery of solutions to homelessness?

This volume speaks to these themes. It is the outcome of the work of the Inclusion Working Group (IWG) of the Canadian Observatory on Homelessness. This working group is comprised of people with lived experience of homelessness and works in collaboration with researchers, service providers and decision makers in government and service delivery. The mandate of the IWG is to consider ways in which, through engagement and collaboration, personal experiences can be brought to bear on our understanding of and response to homelessness through policy and practice. The idea being that lived experience is knowledge, and that capturing and mobilizing that knowledge and experience is a worthy aim of research.

People with lived experience of homelessness rightly speak with frustration about how we as a society have responded to the issue. There is a strong sense that nobody is listening—that we have built a ‘homelessness industry’ to respond to the issue that, in some ways, creates many more problems than solutions. We don’t focus enough on prevention—on ensuring that we have supports in place and systems that work to help people avoid homelessness. Once people lose their housing, we often blame them for their circumstances or make the false assumption that this is their ‘choice’—because if people choose to be homeless, we really don’t have to care, do we?. The systems and services we have in place often times treat people poorly and with disrespect, and sometimes it seems there are too many barriers in place designed to deny people service. The status quo is not okay.

So people who have been homeless came together to write this book because they want people to listen. They wanted readers to learn about their experiences, and hear what they have to say.

There is a strong desire from the writers for their experiences to speak to policy and practice in Canada, and to improve responses to homelessness. This is where the collaboration with researchers became important, as it became our task to take this knowledge and translate it into recommendations for policy makers and practitioners. Several key themes emerged from this exercise, some of which

made it into chapters in this volume. Some of the core messages from this body of work include:

## **1. We need to shift our approach from managing people while they are homeless, to preventing it in the first place.**

*There is nothing I fear more than being homeless again. I grew up in a household of fear, and have survived several forms of abuse. I have been addicted to opiates. I have been incarcerated. I have had to fight for my literal survival on a lot of different occasions. I have hitchhiked across America, and lost everyone I loved at one point. My life has had more than a fair share of frightening moments, but nothing scares me nearly as much as homelessness (LeBlanc, 2015, p. 96).*

One of the things that the contributors to this book hope to make clear is that we need to think differently about how we respond to homelessness. Too many people in Canada are comfortable with the notion that emergency services should form the basis of our response; that if there are shelters and soup kitchens in place, we are doing enough. In the end, emergency services are there because something bad happened that led to someone becoming homeless, and so we need them. But we need to do more. We need to look at what happened upstream and deal with the problem at the source.

Many of the authors wrote extensively about what led to their experiences of homelessness. For the reader, learning about their pathways into homelessness is instructive. One can see how for many people, if the right interventions were in place when they were really needed, a whole lot of hardship could have been avoided. Ensuring that women fleeing violence have the right supports and the opportunities to move forward in a safe and planned way would be a start. For those struggling with addiction, making sure they are able to access treatment and support in a timely fashion would be beneficial. For those who have experienced trauma either through their personal lives or their work, having access to resources and supports is key. It makes much more sense to help people when they are struggling, and to prevent homelessness by providing the right interventions at the right time.

*I began my career, as do many, as an idealistic young officer, wanting to help. Many, many traumatic events, and without*

*resources and supports to process them, and within a culture of policing that requires officers to ‘man it up,’ stole my idealism and my life (Anonymous, 2015, p. 54).*

As Anonymous’ above quote highlights, prevention means more than crisis support. We need to address broader structural issues that put people at risk. The lack of affordable housing in Canada is a well-understood problem, yet continues to be one we ignore. The fact that people don’t have enough income to meet basic needs—not just rent, but food and clothing—contributes to the risk of homelessness, putting people on the edge. Domestic violence continues to be an issue. Racism and particularly the trauma that has resulted from the impact of colonialism on Aboriginal peoples must be addressed. Solving homelessness in some way means addressing -> poverty, because in a way homelessness is just a very extreme form of it.

*It must be recognized, however, that the immediate need for basic services such as food will continue to rise due to government cuts, declining economies, low vacancy rates, etc. In the sector that serves people who are homeless we have always needed prevention as well as intervention services. (Huntingford, 2015, p. 90).*

Finally, we have institutions and systems in place that are complicit in producing homelessness, and therefore are badly in need of reform and restructuring. The ‘problem’ of homelessness is not just about individuals so much as the failure of systems, and the fact that many people are more or less dumped into the shelters. People being discharged from hospital or mental health facilities into homeless shelters when we know through research that their conditions will get worse is one example. Discharging people from prison into homelessness becomes a ‘crime production’ strategy, again because we know that the risk of reoffending increases when ex-prisoners become homeless. Finally, our child protection laws and practices need

*“Started flattered  
then was battered  
papers scattered  
dinner plattered  
dishes clattered  
people nattered  
teeth chattered  
face spattered  
clothes tattered  
blood splattered  
dreams shattered  
nothing mattered”*

*(Duggan, 2015, p. 74)*

updating, to end the flow of young people leaving care into homelessness.

So responding to homelessness means doing much more than providing emergency services and supports, no matter how necessary they are. Even our current focus on prioritizing chronic homelessness can be seen as well meaning, but ultimately limited in its ability to really get at the root of homelessness. While most certainly we need to support people who have been homeless a long time, and those who have mental health and addictions challenges, at the same time we are capable of doing more (we can handle more than one priority response), and an equally important priority is to prevent homelessness in the first place. Those who are chronically homeless now were not always homeless. If we really want to address chronic homelessness, we should do more to stop people from becoming homeless in the first place. In Stasha's words: "I want to live in a world where we view access to housing, basic needs, privacy, and dignity as human rights (rather than as privileges)" (Huntingford, 2015, p. 99).

## **2. The need for respectful encounters in service delivery is paramount.**

A common theme in the stories presented here is that when engaging services—either within the homelessness sector or mainstream services like healthcare—people are not treated with dignity and respect. Their stories tell us that they are not always seen as valued human beings who aside from experiencing hardship and trauma bring strength, energy, hope, good ideas and assets that should be acknowledged and respected. All too often in service delivery environments people are treated without respect, and their choices and opinions are not heard.

In fact, I would argue that we often infantilize people in this situation—creating unrealistic structures and rules designed to benefit a service, but ultimately disrespect the rights and lived experiences of individuals who are dependent on the system because they lack the opportunities and choices that available to housed people. Curfews; demanding that people not drink as a condition of obtaining services; making people leave shelters during the day even if they are sad, depressed or ill; restricting outreach workers from giving food to people living on the streets; and overcrowded shelters that function as a warehouse for individuals with nowhere else to go, are all examples of how expedience and service goals trump individual rights and respect. As Sean pointed out in his story, what is often missing in these contexts is a respect for relationships and

human dignity. People should not be treated as ‘homeless individuals,’ as lesser persons, or as completely outside of society. Rather, they should be treated as human beings with the capacity to contribute to society.

*The way we deliver services influences whether people feel judged and shameful about their experiences. It is very important to me that our services reflect our values. I believe that services should be shaped for (and by) the people that need them, not the other way around (Huntingford, 2015, p. 89).*

We need approaches that respect the rights of individuals and the choices they make. One of the strengths of Housing First is that it is built on the notion of choice and participation in decision-making. Individuals have a choice about their housing and the level of service provision they need.

Similarly, harm reduction approaches are based on the idea of choice, and of individuals participating in decisions regarding their own substance use and recovery. Many in this volume spoke of how their lives were characterized by the problematic use of drugs and alcohol, and in fact keeping people in a state of homelessness where their only option is emergency shelters can exacerbate the problems.

*A lot of the problematic substance abuse in shelters is because one almost has to be intoxicated just to deal with all of the drama that the homeless face daily: violence, oppression, condescending attitudes, a horrid diet and worst of all: nothing to do. There are so many things that can mess with your day in such a place (LeBlanc, 2015, p. 99).*

One of the strongest approaches to harm reduction is to provide people with housing and supports because the very experience of ongoing homelessness can create and exacerbate addictions.

*When I look back at the most helpful resources that did the most to get me off the street, they were not goal-directed; the case workers were simply present and listening, while I created goals that I felt ready to accomplish in my own time. As a parent, I use the same style to raise my kids—a mixture of harm reduction, active listening and trust in the natural sense that kids (and all people) have of right and wrong. I don't need to put so much energy into pushing my kids into some idea I have of who they should be, and I*

*think they appreciate it. (Book, 2015, p. 22).*

Give people choice. Give them options. Most importantly, give them housing and the supports that they need. This should seem like an obvious approach simply because the very notion that individuals should have choices and the ability to make their own decisions is one we hold in high regard for both ourselves and our friends. It should also be true for people who experience homelessness.

### **3. There is a need for better coordination between homelessness services and mainstream services.**

It is sometimes said that the homelessness sector is one of the only ‘businesses’ where we do not really listen to the customer. So listen up. Many of the people who wrote in this volume shared their experiences of a poorly coordinated ‘non-system’ that is burdensome to navigate, which becomes a real barrier to moving forward with their lives.

People need access to services and supports. When someone experiences problems and fall on rough times, we should not put up barriers, or assume that emergency services, such as shelters and day programs are a reasonable or suitable response. As Richard shared in his story:

*I think, for the most part, the major contributor to my ending up on the streets was the lack of addiction treatment programs available. Any long-term treatment has a six- to eight-month minimum wait time. Shelters become an easy option with free meals and a roof over your head; and you're close to downtown, which leaves no need for a bus pass for transportation” (Henry [Richard], 2015, p. 57).*

It is not just a lack of access to services that creates problems. The lack of connection between large institutions such as hospitals, prisons and the homelessness services produces outcomes for people that can be dehumanizing, degrading and sometimes extremely dangerous. The story that Jesse tells of being discharged from a hospital after shattering his leg and suffering a deep infection shows what can happen in these situations.

*The first night at the homeless shelter the pump was gone. By the third and fourth nights my prescription was, just like the expensive medical equipment, stolen. A week into my stay, the infection was*

*back. Not surprisingly, the nurse never came. When I had the pump, my meds, and my hope I could at least see the light at the end of the tunnel, I could at least dream of keeping my leg and walking on my own again. After my stuff was stolen, I just had nothing left. It was then that I totally gave up and turned to the two things that had always made me forget: drugs and alcohol. (Thistle, 2015, p. 38).*

The 'logic' of discharging people from hospitals because they recover better at home breaks down when there is no home to go to. When Jesse was discharged into an emergency shelter where the care he needed was not possible, the result was nearly death. The trauma and frustration of his experience is clear:

*I guess the people who wrote the rules never figured that homeless people have crippling surgery too and need a safe place to recover, or maybe they did and didn't care. Who knows? All I knew was I wasn't welcome to stay (Thistle, 2015, p. 38).*

Such a situation should never happen. It should never be acceptable to discharge people from institutions into homelessness. This is a failure of planning, systems coordination and service delivery. We have to fix this.

#### **4. Combatting stigma is essential to ending homelessness.**

The contributors to this book were very clear on one thing: they wanted to be treated not as 'homeless persons,' but as individuals for whom homelessness was something they experienced. People did not want their identity to become one and the same with that experience. Homelessness was something that happened to them, but does not define them or their lives. This is important because homelessness is a label that stigmatizes people and carries with it a lot of negative connotations. As Stasha says: "Homelessness is a symptom of holes in our social safety and social support nets. I think it is interesting how the phrase 'the homeless' distracts from the fact that homelessness is a *symptom* of policy failure" (Huntingford, 2015, p. 91).

It is unfortunate that as a society many of us do indeed tend to hold very negative views about people who experience homelessness. A study by the Salvation Army (2010) reveals some of the popular misconceptions regarding people who experience homelessness. In a poll of Canadians, it was found that:

- **Approximately 40 percent** of Canadians believe that most homeless people **want to live on the street** and in shelters.
- **Almost 30 percent** of Canadians believe that a **good work ethic** is all you need to escape homelessness.
- **Nearly one-fifth** of Canadians believe that individuals experiencing homelessness are **always to blame** for the situation they are in.
- **43 percent of Canadians never give money** to a homeless person on the street.
- **More than 60 percent** believe that money given to a homeless person is likely to go to **drugs or alcohol**.
- **40 percent** believe that most homeless people are **mentally ill**.
- **More than one-third of Canadians** are scared of homeless people.

Having been homeless, Jesse is all too aware of these attitudes:

*Being a homeless person you're matter out of place. You're the grotesque, unwanted wildlife living in the urban-hinterland forests. Everyone stares at you, judges you and tells you to get a fucking job. The social distance that separates you from civilization also separates you from your own humanity. I know. I've lived it (Thistle, 2015, p. 36).*

These negative perceptions can have a strong impact on policy and practice. If we think that people choose to be homeless and /or don't want to better their situation, then we don't have to care. The consequences of such views are considerable. A better outlook would be the one Rose shares in her story: "We all have problems. The truth is: we all have the same wants, needs and solutions" (Henry [Rose], 2015, p. 25).

## **5. The most progressive and rights based approach to addressing homelessness provides people with the housing and supports they need.**

Housing is a right, and in Canada should be recognized as such. It is not something you have to earn or prove you are worthy of having. Unfortunately, we as a society fail to adequately make this commitment. Instead, our response to

homelessness is more likely to focus on the provision of emergency services, without a clear pathway out of homelessness.

*Emergency supports should never be confused with a solution to homelessness*

We will always need emergency services, because bad things happen to people that mean they need short-term support until they get back into housing. However, such emergency supports should never be confused with a solution to homelessness. As Sean describes, the environment is not really acceptable for long-term living, and can undermine people's efforts to move forward with their lives:

*There is no such thing as healthy living at a shelter. The food for the most part is rancid, and you are surrounded by every sort of illness with people stacked like books in a library. It is almost impossible to improve one's lot in life, and seems to me that it is simply existing, as opposed to living, that the government wants for us.*

*Privacy is also not an option at a shelter. One rarely has a chance to collect one's thoughts when always surrounded by other people. There is always pressure when surrounded by addiction, violence, mental illness—most times it feels almost hard to breathe (LeBlanc, 2015, p. 100).*

I sometimes feel that we have become too complacent as a society when it comes to homelessness. I suspect that what gets in the way of action is that many feel that while emergency shelters for people who are homeless are not ideal, it is the best we can do in times of austerity. This logic this is absurd.

All humans deserve the dignity of having a home, regardless of their circumstances, or their personal pathways. We know from the success of interventions like Housing First that if individuals who have been homeless for years, who may have complex mental health and addictions problems—and it is worth pointing out that by no means do all, or even most homeless people suffer from these problems—are provided with housing and the right supports, they stay housed! Not only that, they thrive. This is not merely an opinion—there is an extensive and established body of research that attests to this (Goering et al., 2012; Tsemberis, 2010; Rynearson, Barrett, & Clark, 2010).

Shelters are important, but they are not a solution. We need to invest in housing

and support interventions that help people who experience homelessness obtain and sustain housing. As a society we pool our resources for common goods, whether it be infrastructure, policing or healthcare. We don't think, "Why am I paying for the street lights two streets over? Should my tax dollars really support the building of sidewalks across town?" No, we make a commitment to share resources to get important things done.

One of those things has to be to ensure that everyone in our society has access to housing. It is not a luxury, it is a basic human right.

## **6. People with lived experience should be key contributors to solutions to the problem of homelessness.**

There are many roles to play in creating real and sustainable solutions to homelessness. We need policy makers who understand the issues and craft effective and humane responses to homelessness. Service providers and community planners need to provide services and supports that are effective and respect the dignity of people who need them. We need researchers to help us understand the problem of homelessness and the effectiveness of solutions. As for people with lived experience? We all too often see them just as consumers of the solutions we concoct.

People with lived experience can and should be given the opportunity to contribute so much more. The knowledge and wisdom that comes from experiencing homelessness is one that can genuinely contribute to policy and effective practice.

Stasha shares her experiences with policy makers who make decisions often without real world experience of the problem, or without even understanding the underlying nature of some issues such as addictions:

*I wanted the people around that table to understand that addiction is often a symptom of trauma and that you cannot judge a person's choices until you look at what they are choosing between--for example 'pay the rent or feed the kids', where no one can make the 'ethical' choice (Huntingford, 2015, p. 88).*

From a service delivery perspective, that experience can mean providing a more

understanding and empathetic encounter, because the provider has in a sense 'been there'. Stasha also speaks to the value of employing people with lived experience. She herself has been employed as a social worker:

*I base my work on the idea that people need relationships with people the same as themselves and with people different from themselves. People need to feel like they belong and also be exposed to diverse views so that they can gain some perspective on their own. (Huntingford, 2015, p. 86).*

Derek, whose journey into homelessness began when he was young, is now a counsellor dedicated to helping those who are struggling with the impacts of homelessness. Not only does his experience help his understanding, he points out that he also continues to learn from his clients: "(I don't) push my clients—if anything, they push me to see new things every week. I make it a habit to get out of the way while providing support, and they surprise me every time. People are amazing" (Book, 2015, p. 22).

Engaging people with lived experience is not just about tokenism, not just something we must do for appearances. Listening to people is not just to 'give people a chance to speak'. No, the ultimate goal is to involve people because their knowledge and experience matters. It is a kind of knowledge that I and others don't have. It is important knowledge. It informs the kinds of skills that people can bring to the table, whether planning services, or delivering them. It also provides hope and purpose, which Launa Sue discusses in her story:

*Somehow I hope all my experience with temp work, drop-in centers, coffee and donut shops, and helping with the first Food Bank in Nanaimo, British Columbia in 1983 is just a beginning. I hope my sharing has somehow enhanced the lives of others as it has mine, and allows others the dignity and respect they deserve. We are all of one earth, and I hope to be part of the solution, with all the willing hands giving a 'lift up, not a put down' (Leboe, 2015, p. 81).*

This is really important, because for the most part we have developed a response to homelessness that needs to be radically reorganized. We need to move from simply managing the symptoms of a problem, to working to prevent it, and to ensuring people get access to the housing and supports they need as quickly as possible. In many communities across Canada, we are making good progress in this regard.

But to really be effective, we need to find meaningful ways to include people with lived experience of homelessness in the creation and implementation of solutions. We need an inclusionary approach based on a profound respect for the rights and dignity of people who have lived through the experience of homelessness. In Sean's words:

*I ultimately hope for the day when we no longer need to be writing stories like this, when adequate housing is recognized as a right as opposed to a privilege that escapes a large part of our community. Hope is beautiful, and may my hope that we all are housed properly be realized sooner than later. Until then, 'dream a little dream with me...'* (LeBlanc, 2015, p. 102)

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Have you ever experienced homelessness? Would you like to create change by sharing some of your story? Would you like to tell people who make decisions, people who provide services to you and others who have experienced homelessness about what is and is not working?

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These questions were posed to people with lived experiences of homelessness. Their responses are showcased in this book and provide a small window into what it means to be homeless.

The authors' stories reveal rigid and demeaning stereotypes about those who experience homelessness, of Aboriginal peoples, of women, of those with disabilities and of racialized peoples. Not only do these harmful preconceptions inform policy and practice responses, they can also become internalized. But the stories told in this volume also reveal that other labels and categories—of 'mother' or 'father,' for example—can be affirming, and possess potentially powerful healing properties.

Unsurprisingly, there is no 'one size fits all' solution to homelessness. However, personal stories offer key elements of a framework in which individualized pathways out of homelessness can be crafted. The contributors to this book have outlined frameworks for five areas of policy and practical intervention. These frameworks can help us support those who are homeless and work towards preventing and ultimately ending homelessness.

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