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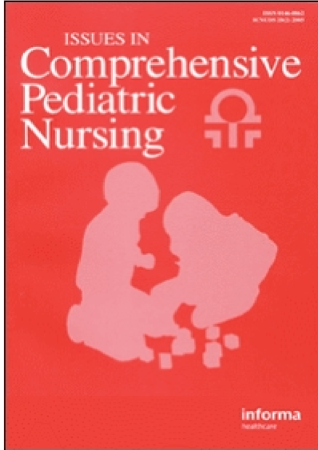

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Living on the Streets in Canada: A Feminist Narrative Study of Girls and Young Women

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LIVING ON THE STREETS IN CANADA: A FEMINIST NARRATIVE STUDY OF GIRLS AND YOUNG WOMEN

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Homelessness affects thousands of girls and young women in Canada. Terms that are commonly used to describe the homeless include lazy, mentally ill, middle aged, and male. The reality is that homelessness is not limited to a particular age, gender, or ethnocultural group, or to individuals of any single intellectual ranking. As a result of the prevailing stereotypes, little research has been conducted on homelessness among adolescent females, making it difficult to capture an accurate and comprehensive picture of the full scope of the problem. The purposes of this feminist narrative study were to (1) explore the intersections between homelessness and health among adolescent girls, with particular attention to the influence of contextual factors such as violence, gender, and poverty; and (2) to examine how these young women access health care, barriers they encounter, and factors that contribute to their health promotion. The sample

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consisted of ten females, ages 16–21, who were interviewed either individually or in small groups. Consistent with feminist research approaches, the interviews were conducted in an interactive manner in order to encourage critical reflection and dialogue. Data analysis consisted of a thematic analysis of the participants' experiences. Findings revealed that most girls had fled from difficult, and at times dangerous, situations at home to lives on the street that brought a new set of challenges, including a multitude of health problems and exposure to violence, chronic poverty, and discrimination. Many barriers to effective health care were described. In this article, the findings of the research will be presented and implications for health and social service providers will be addressed, including recommendations for programming and policy.

INTRODUCTION

Homelessness is a problem that affects millions of young people throughout the world. While often depicted as a phenomenon that occurs elsewhere, as in the streets of Brazil or other far-away countries and continents, there is growing evidence that homelessness is a substantial problem in Canada and the United States. Limited research on homelessness, both globally and nationally, in conjunction with a lack of consensus regarding a definition of homelessness, make it difficult to capture an accurate and comprehensive picture of the full scope of the problem. According to one large-scale survey conducted in the United States, the prevalence of homelessness among youth, ages 12–17, was estimated to be 7.6%, or 1.6 million youth in a given year (Ringwalt, Greene, Robertson, & McPheeters, 1998). In Canada, there are no official statistics on homelessness, a situation that has led to criticism by the United Nations Committee on economic, social, and cultural rights. However, it has been estimated that there are thousands of homeless youth in Canadian cities who are without safe and adequate housing (Begin, Casavant, & Chenier, 1999). Further, there is evidence that the population of homeless youth has increased during the past two decades, despite the fact that Canada, like the United States, is a country with abundant material and social resources (Novac, Serge, Eberle, & Brown, 2002).

The dominant discourse on homelessness is one that depicts the homeless population in a variety of stigmatizing and derogatory ways. Traditionally, the notion of homelessness has conjured up images of railroad-hopping hobos, vagrants, alcoholics, and bums, with adjectives such as "poor," "lazy," and "stupid" among the more common terms used to describe this group. Implicit in these portrayals is the presumption that most homeless people are "vaguely crazy" adult men. While there are numerous flaws inherent in the prevailing stereotypes, most important

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among these is the fact that they are wrong and contribute to misunderstandings regarding the social and political context of homelessness. Further, homelessness has less to do with stupidity or laziness than it has to do with a system that does not provide the basic necessities of life to all its citizens. For many adolescents who find themselves homeless either by choice and/or necessity, life on the streets is often seen as a way to escape what they consider to be intolerable and oppressive conditions at home (Barry, Ensign, & Lippek, 2002; Rew, 1996).

The reality is that homelessness affects virtually every sector of the population. According to a national survey on homeless youth in the United States (Ringwalt et al., 1998), males were considerably more likely than females to report they had recently become homeless, but this finding varied according to setting. Samples from shelters reported either equal numbers of males and females or a greater number of females, while samples of street youth and older youth who were homeless were more commonly males. This survey also indicated that no differences were related to racial or ethnic group (Ringwalt et al., 1998). While local studies tend to document that homeless youth generally reflect the racial and ethnic makeup of their local areas, three local studies also report overrepresentation of members of racial or ethnic minorities relative to the local community (Cauce, Paradise, Ginzler, Embry, Morgan, Lohr, & Theofolis, 2000; McCaskill et al., 1998; Owen, Heineman, Minton, Lloyd, Larsen, & Zierman, 1998). Findings regarding sexual orientation vary, but most studies report that the number of gay, lesbian, bisexual, and transgendered youth who are homeless is comparable to the national average of about 10 percent (Robertson & Toro, 1998).

For homeless girls and young women, violence is often an integral part of their family history and current reality (Kipke, Simon, Montgomery, Unger & Iversen, 1997; Novac et al., 2002). Many have either directly experienced or witnessed multiple forms of violence in their homes and communities (Kipke et al., 1997; Rew, 1996). Sexual harassment is a ubiquitous and often insidious form of gender-based violence that is commonly experienced by homeless girls (Berman & Jiwani, 2002; Kipke et al., 1997; Novac et al., 2002).

One result of the persistent mythology surrounding homelessness is that little research has been conducted among the diverse groups affected by this problem. While knowledge about homelessness in general is sparse, even less is known about homelessness among youth. With respect to homelessness among girls and young women, there are astonishingly few published studies. Most of the research related to women's health has focused almost exclusively on the health of adult women, with attention to girls and adolescent females notably absent (Berman & Jiwani, 2002). The small body of research concerning female adolescent health has generally

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focused on reproductive health issues, including teen pregnancy, sexually transmitted diseases and HIV, and "risk-taking" behaviors (Ensign, 2001). Overall, the unique needs and challenges faced by this group have been largely ignored in the scholarly literature and gender-based concerns have been subsumed under the generic, gender-neutral category of "homeless youth."

Much of the current research on homelessness has utilized a biomedical model with attention to adverse health problems and individual pathology (Cauce et al., 2000). While this focus yields important information, it detracts from an analysis of the broader social, political, and cultural contexts that contribute to homelessness, or the importance of gender in shaping experiences of homelessness among adolescent females. Similarly, few investigators have examined how being homeless affects the health status of girls, their capacity to engage in health-promoting activities, or their access to health care, despite evidence that obtaining adequate health care services is a particular challenge for this population (Ensign & Panke, 2002). Understanding the distinct vulnerabilities that homeless girls and young women face is essential and further research is clearly needed. Such knowledge will enable health and social service providers to develop appropriate programs, policies, and practices.

The primary purpose of this feminist narrative study was to explore the intersections between homelessness and health among adolescent girls, with particular attention to the influence of contextual factors such as violence, gender, and poverty. A secondary purpose was to examine how these young women access health care, barriers they encounter, and factors that contribute to their health promotion. Underlying these purposes was the assumption that the stories told could be used to raise awareness and/or sensitivity of the health care reader to the issues and challenges faced by these girls/women; this alone can begin the process of change, which is an aim of feminist theory.

LITERATURE REVIEW

The process of becoming homeless during adolescence often has antecedents in childhood. Many researchers have observed a history of violence, including exposure to the abuse of their mothers, within the families of homeless youth (Cauce et al., 2000; Robertson & Toro, 1998; Rotherman-Borus, Mahler, Koopman, & Langabeer, 1996). Several investigators have reported a high incidence of physical, sexual, and/or emotional abuse among this population (Morrell-Bellai, Goering, & Boydell, 2000; Rew, Taylor-Seehafer, & Fitzgerald, 2001; Robertson & Toro, 1998; Warren, Gary, & Moorhead, 1994). Other factors thought to contribute, directly and indirectly, to homelessness among adolescents include conflicts within the family over sexual activity and/or orientation, school-related

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difficulties, pregnancy, money, and drug use, as well as abuse between parents/step-parents, parental substance abuse, and lack of parental support (Busen & Beech, 1997; Morrell-Bellai et al., 2000; Novac et al., 2002; Rotherman-Borus, Parra, Cantwell, Gwadz, & Murphy, 1996).

Homelessness and Health

Girls and young women who are homeless are exposed to many different physical and mental health problems including unwanted pregnancy (Greene & Ringwalt, 1998) and self-harming behaviors (Novac et al., 2002). Findings from several studies of homeless adolescents have indicated that girls who reported a history of sexual abuse were also likely to have low self-esteem (Rotherman-Borus, Mahler, et al., 1996), and were more likely to have attempted suicide than males (Rotherman-Borus, Mahler, et al., 1996). In addition, findings of several studies have found that homeless adolescents are at risk for sexually transmitted diseases (STDs) (Dematteo et al., 1999; Bailey, Camlin, & Ennett, 1998), depression and suicide attempts (Rotherman-Borus, 1993; Sherman, 1992), substance use/abuse (Bailey, Camlin, & Ennett, 1998; Rotherman-Borus, Mahler, et al., 1996), respiratory problems (Ensign & Santelli, 1998), and dermatologic problems (Deisher & Rogers, 1991).

The particular vulnerabilities of homeless girls and young women have been highlighted by several investigators (Ensign & Panke, 2002; Kipke et al., 1997). According to Kipke and colleagues (1997), homeless girls are more likely to experience street and gang-related violence than girls who are not homeless. Physical and sexual assault is a common type of violence that many of these girls face routinely. Several key informants who participated in case studies of homelessness among females, ages 12–24 years, stated, "Violence was the most important issue facing homeless women, more so than mental health or addiction problems" (Novac, Serge, Eberle, & Brown, 2002, p. 62).

Montgomery (1994) described the tendency among homeless girls and young women to trade sex for money, shelter, and other basic needs in order to survive. As Montgomery noted, survival sex is often the girls' only means of ensuring their survival on the street. While prostitution clearly has short-term monetary benefits, it also exposes these young women to a multitude of long-term health problems, including STDs, pregnancy, and physical and sexual assault (Barnard, 1993).

Access to Health Care

Relatively little is known about homeless adolescents' access to health care (Klien et al., 2000). However, there is general consensus that homeless youth have inadequate access to primary health care services and seek

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health care only when their conditions become unbearable (Derosa, 1999; Ensign & Gittelsohn, 1998; Geber, 1997). As several investigators have reported, the hospital emergency department is the most common point of access into the health care system among this population (Klien et al., 2000).

Homeless adolescents face numerous barriers and challenges when attempting to access health care. Negative responses, ranging from subtle forms of disrespect and innuendo to more blatant expressions and acts of hostility, on the part of health care professionals have been reported (Ensign & Panke, 2002). Other barriers that have been described in the literature include the lack of money to pay for prescriptions; no means of transportation to and from health facilities; lack of dental coverage; and, in Canada, inability to obtain a health or identification card due to the lack of a permanent or fixed address (Crowe & Hardill, 1993; Ensign & Panke, 2002; Geber, 1997).

While the studies conducted to date have yielded important insights regarding aspects of homelessness among adolescents, knowledge about the health of this population and access to health services is limited. In addition, the importance of gender, including the unique challenges faced by homeless girls and young women, has received little scholarly attention (Ensign & Santelli, 1998). Much of the current literature has primarily focused on their medical needs and investigators have relied almost exclusively on quantitative research methods. As a result, little is known about how girls and young women "make sense" of their experiences of homelessness, how they interpret and respond to those experiences, and how homelessness in turn shapes their health.

METHOD

Design

The study was approved by the ethics committee at the University of Western Ontario, Department of Research Ethics, London, Ontario. A feminist theoretical and methodological lens has been used to guide the current investigation. While this perspective encompasses many diverse ideas, most writers agree that feminist research is concerned with questions that are of importance to women, analyzing the circumstances of women's lives and is embedded in the personal experiences of women (Webb, 1993). Women's experiences, needs, and ideas are valued in feminist inquiry. Contextual factors such as class, religion, ethnicity, age, and education also shape values and interpretations of women. A feminist perspective acknowledges women's daily experiences as linked to the larger political, social, and economic structures (Hall & Stevens, 1991).

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As a theoretical perspective, feminist theory acknowledges the experiences of homeless adolescent girls and young women as a valued source of knowledge and uses that knowledge to contribute to change toward social relevance (Thorne & Varcoe, 1998; Wuest, 1995).

Narrative, or "storied" data were collected regarding the experiences of homelessness and health. Narrative research is a qualitative approach that can be used to gather one's experiences and stories. The telling of one's story encompasses the participant's beliefs, values, and intimacies, and allows the participant to make sense of their experiences through the telling of their stories about phenomena of interest. With respect to the current study, narratives were a powerful way to capture the experiences and insights of homeless adolescent girls. Through storytelling, these girls were able to reconstruct their individual realities and provide meaning to their lives. In the process, larger social, political, and economic issues that influence their everyday experiences of health were revealed (Stevens, 1993). Through a thematic analysis of the narrative data, the girls' experiences could be captured, their stories could be told, and the meanings of these stories could be uncovered.

Participants

A purposive sample of 10 homeless girls and young women was obtained. Participants were recruited through a community agency that provides services to homeless youth in a Southwestern Ontario city in Canada. The participants ranged in age from 16–21 years and included girls and young women who had run away from their homes ($n = 9$) as well as one participant who was forced by her mother and step-father to leave home; these girls are referred to in the literature as "throwaways" ($n = 1$). Criteria for inclusion in the study consisted of girls and young women who identified themselves as currently homeless or had been homeless in the 12 months prior to the conduct of the research. All participants had left home for the first time when they were between the ages of 16–18. Racially, the sample included eight girls who identified themselves as Caucasian and two girls who reported that they were Caucasian and Aboriginal. Most of the participants stated that they had left their homes in order to get away from "difficult situations." With respect to past histories of violence, five of the participants reported that they had been sexually abused by their fathers and/or male acquaintances, and two of the participants indicated that they had been physically abused in their home by their parents and siblings. Respondents stated that, while homeless, they had slept in a variety of different locations within the previous 12 months, most commonly in a shelter ($n = 9$). At the time of the interviews, four participants were living in a shelter, four were living in rented apartments

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with friends or boyfriends, one had returned to her parents' home, and one was living in a rooming house.

Data Collection

Participants were given the choice of being interviewed either individually or in a small group. Five of the participants were interviewed individually and two group interviews, each consisting of two or three participants, were conducted. During the face-to-face interviews, which were tape recorded and lasted approximately one and one-half hours, open-ended questions were asked in order to elicit the participants' stories about homelessness. Typically the interviews began with a broad open-ended question that invited the girls and young women to describe their lives before they left their homes and the circumstances that led to homelessness, what life "on the streets" was like for them, and what life is like now. In addition, participants were asked to discuss their current health status and their experiences with the health care system. Data collection continued until there was a sufficiently rich pool of stories about homelessness to conduct a meaningful analysis and saturation of themes was achieved.

Data Analysis

The analysis of narrative data entailed a reconstruction of interpretations of the participants' experiences and categorization of those experiences into themes and patterns. This process consisted of a search of the data for the elements of narratives, namely action, characters, setting, and plot (Sandelowski, 1990). A thematic analysis of the narrative stories was conducted and entailed (a) reviewing audiotaped interviews and field notes, (b) transcribing tapes verbatim, (c) reading transcripts, and (d) coding for categories and themes (Elder & Miller, 1995; Stevens, 1993). Although it was not possible to conduct follow-up interviews to share emerging findings with the participants, data analysis was conducted simultaneously with data collection. All names used are pseudonyms.

FINDINGS

Analysis of the narrative data resulted in the identification of six central themes, or story lines. Together, these reflected the participants' experiences and thoughts regarding homelessness, perceptions of their health status and capacity to engage in health promoting activities, and access to health care. As this analysis will reveal, their stories contain inconsistencies, tensions, contradictions, and incongruities, all of which reflect the

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realities of life on the street for adolescent girls and young women. In the next section, six themes are presented that reflect the participants' experiences and perceptions of homelessness and health and access to health care. These are (1) a semblance of liberation; (2) homeless, helpless, and desperately seeking control; (3) girlhoods denied; (4) minimizing health concerns; (5) the interconnectedness of homelessness, violence, and gender; and (6) an elusive health care system.

A Semblance of Liberation

Many of the participants either implied or stated explicitly that homelessness provided a welcome respite from oppressive conditions at home. As several of the girls and young women explained, from their perspective homelessness was preferable to their family environments, which typically included exposure to violence and substance abuse. Almost all of the participants stated that they had left home, at least in part, because they had been physically and/or sexually abused. Lindsey stated that she left home when she was 16 after she had been raped by a family member's fiancé. Hailey endured repeated physical and emotional abuse from her mother, father, and sister until she left home at age 17. Describing the type of violence she suffered at home, Hailey stated, "I was beaten most of the time . . . [my mother] beat me on the toilet the day before I left home . . . like even my sister would beat me." Some of the young women explained that leaving home and becoming homeless afforded them a sense of freedom and control over their lives that they were not able to experience while living at home.

Although several of the participants explained that leaving home led to feelings of helplessness, they also explained that leaving home had allowed them to regain a stronger, more confident sense of themselves, and at least some semblance of liberation, even if only for a brief period of time. The girls quite literally chose to free themselves from rapes, beatings, and sexual and verbal abuse that they routinely encountered while living with their families even when the alternative, homelessness, was fraught with uncertainty, challenges, obstacles, and in some cases, more violence.

Homeless, Helpless, and Desperately Seeking Control

The story of homelessness for the girls and young women who took part in this research is most aptly described as a story about intense feelings of helplessness. Helplessness was also associated with a pervasive sense of danger. Many of the participants described feelings of fear and uncertainty when they spoke of being homeless.

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The girls and young women typically used adjectives such as "difficult," "hard," "horrible," and "scary" to describe their lives on the streets. One participant summed up her feelings about homelessness when she said, "I'm actually getting pretty sick of it."

Several of the girls expressed fears associated with life on the streets. Morgan, who is 16, left home because her parents wanted custody of her daughter. She had been living on the streets for the past six months and described her fears about life on the streets. "I'd rather put up with a shelter than be on the street, [I'm] scared about who is walking by or whatever, it's too scary." Ann, who spent many years being physically abused by her father, poignantly summed up her feelings about homelessness. "I felt like I wanted to die, but I just never did it." As these comments collectively reveal, feelings of helplessness and fear were articulated by virtually every participant and were an integral part of their everyday lives.

Many of the girls identified their inadequate shelter as a factor that contributed to feelings of helplessness. Ann stated, "It's not very nice knowing that you don't have a place to go." In addition to inadequate shelter, insufficient money was a chronic problem that compounded their feelings of helplessness. Some of the girls described their discomfort regarding the need to obtain money for food and the associated dependence on others for the fulfillment of basic needs. Ann states, "It's degrading to go out and beg for money."

Girlhoods Denied

Almost all of the girls and young women told about experiences in which they felt that they were judged negatively by others because they were homeless. In particular, they described their interactions with health and social service workers, and those in positions of authority, namely police officers, who would, from the girls' viewpoint, routinely ignore their pleas for help.

The participants stated that they were frequently called degrading names and told to "get a job." Ann is a recovering drug addict who was forced to endure demeaning name-calling and verbal assaults while living on the streets. "They called me junkie, you know, crackhead and stuff like that . . . they can't understand anybody that's homeless . . . [they would say], oh why don't you just go and get a job?"

Nikki, age 19 and living in a shelter at the time she was interviewed, described being on the receiving end of stereotypical and judgemental behaviors and attitudes, as well as more blatant forms of harassment, from persons in authority. She explained how such experiences made her feel:

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> [There are] a lot of stereotypes, especially with the police officers . . . I find they look down on you, like I was harassed by a police officer because I was caught in the mall sleeping underneath the stairs because I had no place to go and they told me that I was a "worthless piece of crap" and that I should get a job and stop being a bum, and I felt that I was very low in self esteem and that they just made that even worse and made me feel like I was nothing.

The desire of participants to be treated like "normal" people, their distress regarding stereotyping, as well as the demeaning and belittling treatment on the part of adults whom they encountered, were common sentiments expressed by the participants. They had left their homes for life on the streets and were trying to regain some sense of normalcy in their lives only to encounter unsympathetic treatment and judgemental attitudes by others. The underlying message conveyed to these young women was that they were somehow to blame for the circumstances of their lives, that they had "chosen" to become homeless, and that they had the power to change those circumstances. Such messages decontextualize and trivialize the lives of girls on the streets and overlook the reality that most had come from harsh environments, often characterized by multiple forms of violence.

Minimizing Health Concerns

"It's not like they're dying or anything" is a comment that was shared by 17-year-old Megan and that captures the central attitude expressed by several girls about their health and well-being, while simultaneously offering some insight into what she viewed as an acceptable standard of health. The fundamental message embedded in these words is that, if they (homeless people) are not dying, then they are okay. As Crystal stated, "I get sick sometimes but I'm not like dying or anything. . . . It's not like I'm close to death or got cancer or something that crazy that would kill me anytime soon." For the most part, unless health problems interfered with daily life, created unbearable pain, or were deemed to be of an urgent nature, no action was taken to ameliorate them.

Homelessness profoundly affected virtually every aspect of the girls' health and well-being. In addition to descriptions of a multitude of physical and mental health problems including respiratory problems, anemia, hypertension, dermatologic problems, and hypoglycemia, many told about eating and sleeping difficulties. Lindsey commented on the effects of homelessness on her health, stating:

> I'm always worrying where I'm going to sleep, worrying if I can feed my boyfriend and myself, worrying if I can get that apartment or some land-

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> lord will like me . . . [homelessness] really did have an adverse effect on my health and nutrition. I dropped about 35 pounds in two months and I ended up getting about six flus in a period of two months. So I was always sick and I remember when we got kicked out of one place, passing out on the bathroom floor because I was so tired and I was so hungry. Being homeless really sucks.

Some of the girls also spoke of how homelessness perpetuated already existing emotional problems. Two of the participants noted that they had tried to harm themselves while living at home and also while homeless. When Ann lived on the streets, she struggled with drugs and withdrawal. "The withdrawal was bad enough and I'm like maybe this will just kill me. Like I would just lay there and wait."

Despite the numerous health problems that these girls endured while homeless, many tried to attain a sense of feeling healthy using their own personal health promotion strategies. As one participant shared, "On my bathroom mirror I put 'Good morning sexy, have a good day' on it. . . . It gave me a positive self-image. . . . I appreciate it and it makes me happy." Most of the girls indicated that they tried to exercise, eat healthy, and some took nutrition supplements to compensate for dietary inadequacies. A few described the importance of social support networks including friends, family, and staff members to help them cope with their everyday challenges.

The Interconnectedness of Homelessness, Violence, and Gender

Virtually all of the girls and young women in this study told of the violence in their homes and on the streets, and expressed their view that they were particularly vulnerable to violence by virtue of being female. Most talked about sexual abuse, including rape, as the most central and persistent fear they faced on the street and in shelters. According to Hailey:

> Girls get into a lot more problems. Like more happens to them . . . I was raped too, or almost raped I should say. I was living in [a tent] and this guy came up and he said do you want to come over to my tent. . . . And then he said like put your hands down my pants. I'll show you mine if you show me yours. And I was like no, and I got out of the tent.

There was a widespread perception that being homeless meant that they would continually be exposed to violence from the men that they met, and that they always had to be on the alert. Ann described how she would avoid being sexually assaulted when she was living on the street.

> You've got to dress all ugly and stuff so you don't get mugged or anything. That's what I used to do. Just so that [guys] wouldn't even look at

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> me . . . I noticed that a lot of guys were staring at me and stuff, so I started . . . putting on five different sweaters and stuff. I found out from an older woman that was the secret to it.

For almost all of the participants in this study, violence on the streets was an extension of violence they had known throughout their lives and that they had first encountered within their families of origin. Lindsey, who was sexually assaulted as a young adolescent, spoke about this continuum of violence and described how her experience shaped her current perceptions of men.

> Basically I was scared all the time because of my encounters with the guys I would meet. I'm still afraid of men and there would be sometimes that like a drunk would be walking down the street and I would be afraid of him because I'd be afraid he'd like attack me.

Over and again, the girls told poignant and profound stories that illustrated how violence was, and continues to be, a central context of their lives with multiple effects on their health and well-being. Through their experiences, it is clear that varied forms of gender-based violence influence almost every aspect of their lives and are intricately interwoven into the experience of homelessness.

An Elusive Health Care System

During the interviews, participants were asked about their interactions with the health care system. Many of the participants spoke of the challenges and barriers to accessing health care services. A recurring topic was the discrimination they believed they routinely encountered by health care professionals as a result of their homeless, and thus marginalized, status. According to Nikki, the prejudicial treatment and lack of compassion on the part of health care professionals ironically contributed to poorer health outcomes. In her words:

> I find that a lot of homeless people get more sick and they get actually worse because they don't go to a hospital because either they're afraid something might happen to them or, you know, they just don't want to go because of the way that people look at homeless people. . . . I find that a lot of people that won't go keep getting worse and worse and worse, until they actually have to end up in the hospital.

From these accounts, it is not surprising that the girls often felt dissuaded from seeking help from health care services. In addition to hospital settings, several girls told of visits to their family physicians where they encountered similarly negative and prejudicial attitudes and behaviors.

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As a result, they indicated that they no longer trust their physicians and only go to see them when they consider their health situations to be urgent or dire.

The participants described a number of other barriers to their ability to access health care services. Prominent among these was lack of money for food, medications, or transportation. Inadequate health insurance coverage was another barrier the girls faced. Many spoke about not having coverage for dental and optometrist services. Some of the girls were also refused care because they didn't have their health care card.

Most of the girls and young women indicated that they tried various agencies, including hospitals and social service agencies, but only returned to those that they perceived to be helpful to them. Some had gotten to know the staff at specific social service agencies and had established trusting relationships with staff members. The young women described how they felt comfortable accessing these services and talked about specific staff members who were helpful to them.

DISCUSSION

Through the stories they told, the girls and young women who took part in this study shared much about the challenges, obstacles, and fears associated with living on the streets. As well, their stories revealed a great deal about the social conditions that are associated with homelessness among adolescent girls. Most notable among these was the chronic violence that they experienced, both within their families of origin, as well as in their communities while living on the streets. Almost all of the participants reported that they had experienced sexual and/or physical abuse that had often contributed to their decision to leave home and become homeless. These findings extend a small but growing body of literature that links violence in the home to adolescent homelessness (Morrell-Bellai et al., 2000; Rew et al., 2001).

Often, living on the street was the only choice that some of these young women felt they had in order to escape from intolerable conditions at home. However, once on the street, many of the girls spoke of feeling helpless with respect to the situations that surrounded them on a daily basis. Inadequate access to food, shelter, and safety contributed to their feelings of helplessness. Instead of receiving warmth, caring, and compassion when they sought health or social services, they faced discriminating and judgemental attitudes and a lack of services that were sensitive or responsive to their unique needs. As the girls and young women explained, these encounters engendered a sense of sadness, fear, and anger, which ultimately appeared to have a negative influence on their health and well-being.

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Almost all of the girls described similar health problems that they experienced while homeless including unwanted pregnancy, depression, and anxiety. These findings are consistent with those described by other researchers who have examined the health of homeless adolescent youth (Ensign, 2001; Ensign & Santelli, 1998; Rew & Horner, 2003) and contribute to the emerging body of knowledge related to the health of homeless adolescent girls and young women. With an understanding of the health problems these individuals are likely to experience, it becomes possible for health and social service agencies to deliver appropriate, effective, and gender-specific care and to develop policies that are based on the lived realities of these girls' lives.

A central finding of this study relates to the gendered context of homelessness. Many of the young women stated that they were vulnerable to violence because they were females living on the street with limited means of achieving safety. Some of the participants expressed a fear of being assaulted, physically and sexually, and implemented their own survival strategies to prevent this from occurring and to minimize harm. For some, they aligned themselves with other males in a variety of ways as a means of negotiating their safety in what they perceived to be a hostile and dangerous environment. While it has been suggested that all girls are "at risk" for violence (Berman & Jiwani, 2002), the results of the current study lend support to the fact that girls on the streets are particularly vulnerable to violence, despite efforts to protect themselves. These findings also indicate that there are currently few services, programs, or facilities, including shelters, that are responsive to the needs of this population and that are capable of ensuring their safety.

The girls and young women who participated in this study shared openly their experiences of homelessness and expressed a desire for their stories to be shared with others. They told of the challenges encountered when trying to access health care services and expressed their view that the negative attitudes and insensitivity of health professionals deterred them from seeking help when it was needed. As Deisher and Rogers (1991) reported, insensitivity of health care providers regarding the needs and concerns of homeless adolescents promotes mistrust, which, in turn, further exacerbates their health problems.

The findings from this study contribute to an understanding of homelessness as experienced by girls and young women. However, several limitations are noteworthy. The difficulty with recruiting an ethnoculturally diverse sample, despite efforts among the research team, limits the relevance of findings to nondominant populations. Given the realities of racism and homophobia in North American communities, research with young women of color and lesbian girls who are living on the streets is essential. Further research is needed to understand how the intersecting

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vulnerabilities of socially marginalized homeless girls and young women shape the health experiences of this group.

A second limitation involves sample size, which may lead to an underrepresentation of this population. However, this limitation may also be considered a strength. Methodologies associated with small sample sizes often can elicit information-rich data that cannot be obtained from more traditional approaches. Another limitation of this study is the inability of findings to be generalized to the larger population of all homeless adolescent girls. While generalizability of findings is not a specific objective within qualitative research approaches, it is possible that findings may be transferable to other homeless adolescent girls in similar situations.

A fourth limitation of this study involves the sharing of research findings with participants. Because of the transient nature of the homeless population, it was not possible to engage in a process of "negotiated meaning" regarding the interpretation of their stories. A final limitation in this study is that data were not collected from health or social service professionals. Although the participants shared many stories regarding their encounters with these individuals, a more comprehensive understanding of the young women's experiences requires input from those who work with female adolescents in the health care and social service settings. A fundamental aim of feminist research is the generation of knowledge for the purpose of action and change. Such change may occur at the individual level, or at the broader sociopolitical structural level, or both (Berman, Ford-Gilboe, & Campbell, 1998). Through the telling of their stories in the current investigation, it appeared that new insights were gained and a process of changed consciousness had occurred on the part of both the participants as well as the researchers. While it is not possible to ascertain with certainty the degree to which individuals were changed by their participation in this research, the results are being shared with several organizations that provide services to adolescent females. Similarly, as a group of Caucasian middle-class researchers, we have been moved and changed by the stories we have heard. As nurses, we recognize the need to widen our view to examine not only the experiences of individuals, but to contemplate how those experiences are shaped by broader social and political contexts. Notions regarding women's health must be extended to embrace considerations about the health of girls and young women, and the multiple and intersecting sites of violence and oppression that they encounter.

CONCLUSION

The experiences of adolescent girls related to homelessness, violence, and discrimination are interwoven into all aspects of their health and well-

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being. This study has provided important knowledge about the nature of the health problems encountered by this group and the challenges they face while living on the streets and in their efforts to obtain satisfactory health and social services. However, further research is clearly needed. Nurses have many opportunities to utilize the knowledge from this study to implement and develop appropriate and gender-specific programs and policies that are based on a recognition of the unique needs of this population. Support groups involving peers and staff that deal with sexuality, drug use, relationships, and pregnancy are required. Gender-specific programs that allow girls to explore the issue of violence, including ways to keep themselves safe, are also appropriate within this population. More specifically, programs that explore with girls the types of dangers encountered on the street, that teach self-defence strategies, and that foster awareness about the sex-trade industry have the potential to promote a sense of security and the capacity to survive. Programs such as personal counselling services that examine the gendered nature of violence should be implemented. Many of the girls in this study indicated that they were discouraged from seeking health care services because of the judgemental and discriminating attitudes on the part of health care providers. It is imperative that health care and social service providers acknowledge their own beliefs, values, and reactions toward homelessness and adolescents before they attempt to intervene on behalf of this group. Programs directed toward health care workers that address the health of homeless youth and the challenges they routinely face when accessing care can only work to foster an understanding of this population. Nurses are also in an ideal position to listen to the ideas, knowledge, and insights of these girls and to work collaboratively with them in the development of programs and policies that reflect the realities of their lives. Beyond the development of programs and policies, nurses need to work actively, and in partnership with girls, to challenge the root causes of homelessness and devise strategies aimed at its elimination. Nurses have many opportunities to act as advocates for this population. Beyond advocacy at the individual level, advocacy is needed in the realms of political action and social justice. Nurses can be actively involved in the lobbying process and can play a leading role in the development of health and social service policy. In particular, policies are needed that address health coverage, welfare services, and housing. Offering these girls the opportunity to become involved with social services to assist them with food, social assistance, employment, and housing is also necessary for them to better their current situations. Ultimately it is hoped that such initiatives will foster a sense of empowerment among the girls, will enable them to have a greater sense of control over the conditions of their lives, and will give them a repertoire of strategies they can use to promote their own health and well-being.

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