

An Analysis of the Correlations Between Intimate Partner Violence and Homelessness in a
Canadian Urban Centre

Disclaimer:

The views and recommendations expressed within this report are those of the principal investigator and may not necessarily reflect the views of the funding body (Employment and Social Development Canada), or the organization that administered the grant within the community (Canadian Association for Equality).

The principal investigator is an independent contractor, who was contracted by the administering organization to complete this research project and produce a report highlighting the research findings. The investigator and research team did not have any institutional affiliation at the time the data was collected from participants. Furthermore, the principal investigator and research team does not have any affiliations with the funding body, administering organization, or with any of the organizations that participated in the data collection process. The funds for this project were released and managed by the administering organization. The funding body, the organization that administered the grant, and any of the organizations that participated in this study were not involved in the writing of this report.

Table of Contents

Executive Summary	5
Introduction	8
Positionality Statement and Land Acknowledgement	9
Overview of Existing Literature	9
Snapshot of Homeless in Canada	9
Current Extent of Homelessness in Canada.....	10
Definitions of Homelessness.....	11
Factors Contributing Towards the Rates of Homelessness in Canada	11
The Correlation Between Intimate Partner Violence and Homelessness	12
Definitions of IPV	12
Trends in the Extant Literature Pertaining to IPV and Homelessness	13
An Overview of Male Intimate Partner Victimization	15
Factors Affecting the Homelessness of Indigenous Persons	16
Disproportionate Representation of Indigenous Persons Among the Homeless Community ...	16
Pathways to Homelessness and the Role of Intergenerational Trauma.....	17
The Housing First Model	19
Brief Overview of the Housing First Model	19
Effectiveness of the Housing First Model	20
Methodology	21
Data Collection Instrument	22
Ethical Considerations	23
Operationalization of Key Variables	24
Participating Organizations.....	26
Sampling Method and Sample	26
Sample Characteristics.....	27
Data Analysis	29
Bivariate Analysis	29
Patterns and Trends Among Male Victims and Non-Male Victims.....	32
Challenges Facing Indigenous Persons.....	33
Participant Perceptions of Existing Supports.....	34
Association Between Independent Variables.....	36

Regression Analysis	37
Discussion	38
Recommendations	42
Administrative Information.....	43
Declaration of Conflicting Interests	43
Funding	43
References.....	44

Executive Summary:

This study was commissioned to assess the prevalence of intimate partner violence (IPV) victimization among individuals who accessed abstinent (non-drug and non-alcohol) emergency homeless shelters and drop-in centres in a Canadian urban centre. For the purposes of this study, shelters are designated as organizations that provide an overnight residence to their clientele, whereas drop-in centres are organizations that provide services to their clients during their regular operating hours, but have no overnight shelter. Specifically, this study aims to examine:

- How prevalent is IPV victimization among clients of abstinent emergency shelters and drop-in centres in the sampled Canadian urban centre?
- What are the rates of IPV victimization among male and female clients of abstinent emergency shelters and drop-in centres in the sampled Canadian urban centre?
- To what extent, if any, does IPV victimization contribute to the homelessness of males who have experienced this form of violence?
- Are there any correlations between IPV victimization and homelessness among clients of abstinent emergency shelters and drop-in centres in the sampled Canadian urban centre?
- Among clients of abstinent emergency shelters and drop-in centres in the sampled Canadian urban centre, is IPV victimization correlated with mental health concerns?
- Among clients of abstinent emergency shelters and drop-in centres in the sampled Canadian urban centre, is IPV victimization associated with addictions?
- What is the level of client satisfaction with regards to the services offered by abstinent emergency shelters and drop-in centres in relation to IPV victimization?

300 participants, who identify as clients of shelters and drop-in centres, were provided with quantitative surveys that assess their experiences with IPV, homelessness, mental health concerns, and addictions. The surveys were collected during a three-month period; and were collected at shelters and drop-in centres across the Canadian urban centre. The sample was drawn from 5 organizations, as this was the number of organizations that agreed to participate in the study. Each of the participating shelters and drop-in centres are abstinent organizations, and as such the results of this study can only account for some abstinent organizations. In addition to the use of quantitative surveys, this study aimed to conduct semi-structured interviews with shelter staff in order to determine if there were any gaps in service delivery with regards to the supports offered to address IPV victimization. However, due to an insufficient number of participants, semi-structured interviews with shelter staff were abandoned and survey participants were provided with a 15 item Likert scale. The 15 item Likert scale assesses the level of satisfaction the clients had with the existing supports provided by shelters and drop-in centres to address IPV victimization. The results of this study suggest that:

- Individuals who experienced IPV victimization were over 3.7 times more likely to have experienced homelessness when compared to individuals who were not victimized, and this relationship is statistically significant
- Males who experienced IPV victimization were also 3.55 times more likely to have experienced homelessness, when compared to males who were not victims of IPV, and this relationship is statistically significant
- IPV victimization was correlated with homelessness, addictions, and mental health concerns; and these relationships are statistically significant at a 95% level of confidence
- Males and females within the sample experienced similar rates of IPV victimization; but females were more likely to report being physically and sexually victimized than males
- The findings suggest that IPV within the sample is bilateral in nature, as approximately 75% of the sample indicates being involved in a relationship where they were victimized but also perpetrated acts of IPV against their partner
- There is a gap in the existing services provided by emergency shelters and drop-in centres, as participants indicated that the organization they were staying or visiting in did not provide adequate legal, medical, and mental health support to address their IPV victimization
- Indigenous participants were more likely to report being the victims of IPV than non-Indigenous participants
- Indigenous men were more likely to have experienced IPV victimization when compared to non-Indigenous men
- Male identified individuals were nearly two times more likely to indicate that they would attend a “men’s domestic violence shelter” as opposed to attending a “domestic violence shelter”
- Despite similar rates of reported victimization, female identified individuals were nearly two times more likely than their male counterparts to self identify as a victim of IPV
- Due to a lack of data, this report cannot comment on the IPV victimization of individuals from the LGBTQ2+ community; as nearly all of the sample identified as heterosexual

This study does not make any causal claims, but this study does highlight that a correlation between IPV victimization and homelessness exists. This study finds that individuals who experienced IPV victimization experienced higher rates of homelessness and had higher rates of addictions and mental health concerns than their counterparts who did not experience IPV victimization. However, it is important to note that the findings of this study are not generalizable as the sample was not drawn at random. This pattern was also present within male identified victims as these individuals appeared to have greater rates of addictions, mental health concerns, and homelessness when compared to their male non-victim counterparts.

This study advocates for the implementation of the Housing First Strategy, and advocates for resources to be provided to allow existing and future shelters and drop-in centres to have a broader range of services available for victims of IPV. The recommendations also suggest that emergency accommodations be made available to men who are leaving violent situations, and

that a gender inclusive family shelter may be accessed by males who have experienced violence and trauma. Furthermore, this study recommends that additional resources be made available for community agencies that provide counselling for IPV victims. The additional resources are intended to ensure that existing services are expanded to allow both male and female identified victims of IPV to receive trauma-informed services. Finally, this study also suggests that emergency shelters and drop in centres that work primarily with Indigenous persons be provided with additional resources that allow these organizations to hire additional staff, ensure that their organizations can support the complex needs of their clientele, and continue to deliver culturally appropriate programming.

Introduction:

Research on the nature of homelessness is essential to understanding the complexities associated with this social issue, and research can also highlight new areas of inquiry that previous studies may not have adequately addressed. Homelessness has been identified as a pertinent and pervasive social issue within Canada and is an issue that has become more prevalent within Canadian communities (Gaetz, DeJ, Richter, and Redman 2016; Gaetz, Donaldson, Richter, and Gulliver 2013). This study examines the correlation between intimate partner violence (IPV) and homelessness and seeks to determine if emergency supports are meeting the complex needs of victims of IPV. This study aims to address several research questions:

- How prevalent is IPV victimization among clients of abstinent (non-drug and non-alcohol) emergency shelters and drop-in centres in the sampled urban centre?
- What are the rates of IPV victimization among male and female clients of abstinent emergency shelters and drop-in centres in the sampled Canadian urban centre?
- To what extent, if any, does IPV victimization contribute to the homelessness of males who have experienced this form of violence?
- Are there any correlations between IPV victimization and homelessness among clients of abstinent based emergency shelters and drop-in centres in the sampled urban centre?
- Among clients of abstinent emergency shelters and drop-in centres in the sampled urban centre, is IPV victimization correlated with mental health concerns?
- Among clients of abstinent emergency shelters and drop-in centres in the sampled urban centre, is IPV victimization associated with addictions?

An analysis of IPV victimization among the homeless community is significant as previous research has mostly failed to assess the correlations between male IPV victimization and homelessness. Previous research has largely focused on the equally important topic of victimization of female identified individuals and its relationship to homelessness (Gilroy, McFarlane, Maddoux, and Sullivan 2016; Sullivan, Bomsta, and Hacskaylo 2016; Beattie and Hutchins 2015). By addressing a gap in the existing literature, this study seeks to inform and contribute to the academic and political discussion regarding the challenges faced by the homeless community. This report will offer an extensive literature review that provides insight into a wide array of issues relevant to the understanding of homelessness in Canada. The literature review addresses the nature and extent of homelessness in Canada, the associations between homelessness and IPV, and highlights the challenges facing homeless Indigenous persons. This report will also address the methodology used within this study, provide a data analysis section that evaluates the bivariate and multivariate relationships between variables,

discuss the significance of the findings of this study, and this report will also offer a series of recommendations that may be implemented by provincial, municipal, or federal legislators. Before engaging with the content of the literature review, it is important for the author to address their positionality.

Positionality Statement and Land Acknowledgement:

I would like to make a land acknowledgement and offer a positionality statement, which aims to acknowledge the land rights of Canada's Indigenous Peoples. This research was collected on land that is the traditional territory of many Indigenous nations, including the Mississaugas of the Credit First Nation, the Anishnabeg, the Chippewa, the Wendat, Neutral Persons, and Haudenosaunee. This land is home to many individuals who identify as First Nations, Six Nations, Metis, Neutral, Inuit, and as members of other Indigenous nations.

I am a researcher and a settler engaged in an area of analysis that is pertinent to the experiences of Indigenous persons and explores the ongoing history of colonialism in Canada. This report seeks to collect data in a manner that is respectful and empathetic towards the experiences of Canada's Indigenous persons. The history of colonialism and cultural genocide within Canada is disturbing, and I believe that it is the responsibility of every Canadian to work towards reconciliation and healing. This report uses the term 'Aboriginal' in relation to official government language, and it is not my intent to forcefully impose this term on a culturally and ethnically diverse group. I would also like to thank the numerous Indigenous community partners, allies, and participants that have contributed to this research, as their support and contributions have made this research possible. The following section of this report provides an extensive overview of the existing literature pertaining to homelessness.

Overview of Existing Literature:

A Snapshot of Homelessness in Canada:

This section of the literature review aims to provide a broad overview of the nature and scope of homelessness in Canada. This section will define homelessness, examine the extent of homelessness in Canadian urban centres, and highlight the different forms that homelessness can take. The significance of exploring the academic understandings of homelessness is that it will provide this study with a more direct focus on the nature of homelessness in Canadian urban centres. Furthermore, this section of the piece also provides an overview of what dominant research has considered as the contributing pathways towards homelessness in Canada.

Current Extent of Homelessness in Canada:

To more adequately assess the various challenges that contribute towards homelessness, it is imperative to quantify and examine how the extant literature has conceptualized homelessness. Recent enumerations of homeless figures vary, and this has mostly been the result of different researchers using different interpretations of homelessness (Belanger, Awosoga, and Head 2013). Gaetz et al. (2016) indicate that at least 235,000 individuals experience homelessness every year in Canada, and approximately 35,000 Canadians are homeless on any given night (5). The numbers provided by Gaetz et al. (2016) are supported by other research that places the number of homeless persons in Canada at approximately 250,000 at any given time (Belanger et al. 2013:14). However, Belanger et al. (2013) indicate that some estimates suggest that approximately 900,00 Canadians experience homelessness every year and this figure includes persons identified as couch surfing or being otherwise precariously housed (14). Adults aged 25-49 are believed to comprise more than 52% of the homeless population in Canada, and much of this cohort is composed of men (Gaetz et al. 2016: 32). Although men may constitute the majority of homeless individuals, the changing demographics of homeless persons indicates that more women, families, and youth are experiencing homelessness at levels that researchers are not accustomed to seeing (Gaetz et al. 2016). With regards to the demographics of homelessness, Gaetz et al. (2016) suggest that 27.3% of homeless persons are women and 18.7% of the total homeless population are youth, who are unaccompanied by adults (5, 32). Additional research suggests that adult men aged 25-55 represent 47.5% of the homeless population, and 73.2% of shelter users are men aged 16 and older (Homeless Hub 2018 [d]). Furthermore, families are staying in shelters nearly twice as long when compared to individuals who access shelter supports; and this is demonstrated in the sense that families remain in shelters for 20 days more on average when compared to individuals (Gaetz et al. 2016: 30). An additional finding concerning the rate of families living in shelters is that almost 90% of families in shelters are headed by a woman or female-identified individual (Gaetz et al. 2016: 32). It is essential to indicate that research has also matured to incorporate and assess additional cohorts within the homeless population.

In addition to the existing statistics, various intricacies exist within the homeless population that inform this study. Numerous estimates suggest that Indigenous persons comprise nearly 1/3 of all homeless persons, and this is disproportionate to their representation within the population (Belanger et al. 2013:14; Gaetz et al. 2016:5, 32). Gaetz et al. (2016) also indicate

that almost a quarter of homeless persons are those aged 50 and above, and this cohort has seen their representation in the figures of homelessness increase when compared to previous years (32). Furthermore, Gaetz et al. (2016) suggest that veterans accounted for over 2% of the total homeless population within shelters. The research findings addressed in this literature review are significant, as they provide a broad overview of the extent and nature of homelessness in Canada. A wide array of definitions highlight what it means to be homeless, and as such, this study will provide a definition that has been in wide use throughout the academic research.

Definitions of Homelessness:

The conceptualization of what constitutes being homeless is a topic that has become the subject of intense debate. This study will employ a definition of homelessness provided by the Canadian Observatory on Homelessness [Homeless Hub] (2018 [a]), and this definition is used by researchers like Belanger et al. (2013). The Homeless Hub (2018[a]) identifies homelessness as an extreme condition of poverty that includes a range of living conditions from being absolutely homeless and living on the street, to being precariously or under-housed, residing in a shelter, or couch surfing. The significance of the definition provided by the Homeless Hub (2018[a]) is that the definition demonstrates the fluid nature of homelessness, and this definition can be used to represent the true nature of homelessness within Canada more adequately. Furthermore, categorizations of homelessness are considered as being either brief in nature (less than 30 days), short term (less than one year), or chronic or entrenched homelessness (more than one year) (Belanger et al. 2013). Being able to define what constitutes homelessness is significant, as this can allow researchers to better understand what factors contribute to homelessness.

Factors Contributing to the Rates of Homelessness in Canada:

The extant literature identifies a wide array of factors that contribute to the rates of homelessness in Canada. It is essential to indicate that there are many structural factors related to the history of colonialism within Canada that affect the homelessness of Indigenous persons, and these factors are outlined in greater detail in a subsequent section of this literature review. This specific section, however, aims to focus on the broader causes of homelessness in general. Poverty is among the key contributing factors towards homelessness in Canada, as a lack of income can prevent an individual or families from accessing housing, food, childcare, education, and medications; and as such those who live in poverty may be an emergency away from being

absolutely homeless (Homeless Hub 2018[b]). A lack of affordable housing is a contributing factor that influences the rates of homelessness, and this is demonstrated in large urban centres where families and individuals may experience higher rates of being precariously or under-housed due to rising costs of rent and rising costs of living (Homeless Hub 2018 [b]). Furthermore, a lack of affordable housing can also be facilitated by landlord or other forms of discrimination that prevent individuals from accessing affordable housing, (Homeless Hub 2018 [b]; Belanger et al. 2013). The Canadian Homelessness Research Network also indicates that ‘system failures’ contribute towards homelessness, and this is demonstrated in situations where there is inadequate discharge planning and transitional support for individuals who are being released from correctional or mental health facilities (Belanger et al. 2013; Homeless Hub 2018 [b]). Furthermore, immigrants and refugees may turn to the homeless sector for assistance when established systems either fail or are unable to meet the needs of these clients (Homeless Hub 2018[b]). Personal troubles or circumstances such as job loss, mental health crisis, addictions, relational problems, exposure to trauma and abuse, and exposure to domestic violence, including intimate partner, are also identified as a key contributing factor towards homelessness in Canada (Homeless Hub 2018 [b]; Belanger et al. 2013; Menzies 2009). The focus on domestic violence in relation to homelessness is important, as it can provide new research directions as to how the correlations between domestic violence and homelessness function and can also provide an opportunity to address the existing gaps in the extant literature pertaining to Canadian homelessness. The following section will examine the correlations between intimate partner violence and homelessness in greater detail.

Correlations Between Intimate Partner Violence and Homelessness:

Definition of Intimate Partner Violence:

Intimate partner violence, otherwise referred to as IPV, is a term that encompasses any act of physical, emotional, psychological, financial, or sexual violence inflicted by an individual against their intimate partner, spouse, or dating partner (Homeless Hub 2018 [c]; Sutton and Dawson 2018; Sinha 2012). Furthermore, current definitions of IPV have been made applicable to individuals involved in a sexual relationship with one another and to those who are in a dating relationship; whereas early conceptualizations of this term were primarily applied to individuals who are married or are common-law married (Sutton and Dawson 2018; Sinha 2012). IPV is applicable in cases involving both current and former partners (Sutton and Dawson 2018; Sinha 2012). It is essential to indicate that this report is solely focused on intimate partner violence, and

its conceptual focus does not include instances of what is commonly referred to as family violence, which is where acts of violence are perpetrated against non-spousal family members (Sinha 2012). Sutton and Dawson (2018) assert that low levels of educational attainment, low socioeconomic status, adherence to traditional gender roles are among the numerous factors correlated with IPV (4). Although much of the academic literature has assessed the reasons why men engage in IPV, post-structural feminism does indicate that women can also use violence against their intimate partners, but their reasons for doing so cannot necessarily be comparable to the reasons why males engage in violence against women (Sutton and Dawson 2018: 4). Alberta Human Services (2008) indicate some women may engage in abusive behaviours as a means of establishing and maintaining control in a relationship, and to prevent their male partner from leaving (2). There have been numerous studies assessing the relationship between IPV and homelessness, and many of these studies have guided this current research project and the measures it seeks to evaluate.

Trends in the Extant Literature Pertaining to IPV and Homelessness:

Much of the existing literature pertaining to the relationship between IPV and homelessness has placed an emphasis on the victimization of women or those who identify as female (Homeless Hub 2018 [c]; Gilroy, McFarlane, Maddoux, and Sullivan 2016; Sullivan, Bomsta, and Hacskaylo 2016; Beattie and Hutchins 2015). Although this research project primarily focuses on the self-reported victimization of homeless men, this study also utilized female participants; and as such the previous research can highlight the challenges faced by victims of IPV. This report does not aim to minimize the levels of violence faced by any particular gender identity and aims to advocate for solutions that reduce levels of violence against women, men, and other gender identities. The existing research can also be utilized to demonstrate the relationship between IPV and homelessness.

Much of the existing research suggests that women who experience IPV are more likely than their counterparts who have not experienced IPV to become homeless (Homeless Hub 2018 [c]; Sullivan et al. 2016; Kirkby and Mettler 2016; Beattie and Hutchins 2015). Women who exit the relationship are often faced with immediate financial strain and turn to transitional housing or emergency shelters to escape the immediate risks to their physical safety (Kirkby and Mettler 2016; Beattie and Hutchins 2015). The homelessness that emerges as a result of intimate partner violence is often the result of an individual having a lack of financial resources to find new

accommodations, an individual losing their employment or schooling, being affected by mental health concerns thus limiting their ability to work, and some women unfortunately are rendered homeless when they turn to emergency accommodations as a form of protection from their abusive partners (Gilroy et al. 2016; Beattie and Hutchison 2015). Housing instability is reported to be four times more likely among women who have experienced IPV and is identified as a significant contributing factor in approximately 25% of cases of women who become homeless (Gilroy et al. 2016: 87). Among women who left their relationships and turned to emergency accommodations, Beattie and Hutchins (2015) identify that individuals aged 25-34 were the most likely to have sought accommodations at a shelter; whereas women aged 65 and older were the least likely to request emergency accommodations due to IPV. Gilroy et al. (2016) found that depression, anxiety, and post-traumatic stress disorder was common amongst homeless women; and the mental health challenges faced also affected an individual's ability to attain and maintain their employment (Gilroy et al. 2016). Furthermore, Beattie and Hutchins (2015) found that approximately 70% of women who had turned to shelters were fleeing a current partner; and this was a more likely outcome when compared to women who turned to a shelter to avoid a former intimate partner.

Although some women fleeing abuse sought emergency accommodations, Beattie and Hutchins (2015) report that many were often turned away because of overcrowding within the shelters. With respect to their future outcomes, Gilroy et al. (2016) found that individuals who experienced intimate partner violence were more likely to experience housing instability; and this is attributed to the adverse consequences associated with victimization. 24% of respondents in Beattie and Hutchins' (2015) study indicated that they did not know where they were going after departure from an emergency shelter, 21% indicated that they had found accommodations without their partner, and 7% of women stated that they were returning to their previous living accommodations with their partner. The trends in the extant literature are significant as they point to a number of conclusions that can inform this and future studies.

The trends in the extant literature suggest that individuals who experience IPV are more likely to have experienced housing instability, employment-related issues, and adverse mental health outcomes (Gilroy et al. 2016; Beattie and Hutchins 2015). Furthermore, the existing literature also suggests that Indigenous women were three times more likely to have been the victims of IPV when compared to their non-Indigenous counterparts and were less likely to have access to emergency accommodations (Homeless Hub 2018 [c]). However, as previously

mentioned, the existing research mostly fails to assess the experiences of male victims of intimate partner violence; and as such this study aims to address this gap in the literature. Before exploring the prevalence of male IPV victimization in the homeless community, it is crucial to assess some of the key findings in the existing research focused on the victimization of males.

An Overview of Male Intimate Partner Victimization:

Men who are victims of IPV are described by researchers as a hard to reach population (Douglas, Hines, Dixon, Celi, and Lysova 2018). Furthermore, Douglas et al. (2018) assert that male victims of partner violence often have their experiences denied by the public and professionals tasked with supporting them. Although IPV is amongst the most complex of subject matters to assess, Douglas et al. (2018) suggest that heterosexual males and females report similar rates of perpetration and victimization. In a meta-analysis of studies evaluating IPV amongst heterosexual individuals, it was revealed that males and females had similar rates of victimization (Desmarais, Reeves, Nicholls, Telford and Fiebert 2012). Furthermore, the US National Intimate Partner and Sexual Violence Survey found that when only considering physical and psychological aggression approximately half of victims identify as male; and approximately 4/10 men identify as being the victim of a sexual offence (Douglas et al. 2018: 3; Black et al. 2011). From a Canadian context, it was found that males and females experienced similar levels of victimization within spousal relationships and males also reported similar rates of physical, sexual, emotional, and financial abuse, within the context of their intimate relationships when compared to females (Douglas et al. 2018; Burczycka 2016 [a][b]). However, it is essential to indicate that women were more likely to experience severe instances of physical violence and were also more likely to experience PTSD and other mental health concerns at rates higher than their male counterparts (Burczycka 2016[b]: 7). Burczycka (2016 [a][b]) states that women were two times more likely to be sexually assaulted, beaten, or threatened with a weapon; and that men were nearly 3.5 times more likely to be bitten, kicked, and hit with an object (7). Although men are identified within the course of several studies as having similar levels of victimization, Douglas et al. (2018) indicate that men are less likely to receive support from the police and domestic violence agencies and are less likely to discuss their victimization. The findings in the literature review are significant as they indicate that more research may be required with regards to the levels of victimization experienced within the homeless community, but also suggest that research should attempt to explore and gain insight into the help-seeking behaviours of victims of IPV. Before exploring the nature of IPV victimization amongst the

sample within this study, it is important to explore the nature of homelessness in relation to Indigenous persons.

Factors Relating to the Levels of Homelessness Experienced by Indigenous Persons:

In addition to addressing the factors that contribute to homelessness, this review of literature examines the factors affecting the homelessness of Indigenous persons. This literature review will provide an overview of quantitative and qualitative studies that assess the extent and root causes of homelessness within the Indigenous population. Furthermore, this section provides an overview of the role of intergenerational trauma in relation to the homelessness of Indigenous persons. It is important to consider the unique factors that affect the rates of homelessness amongst Indigenous persons, as an understanding of the nature and pathways to homelessness can help inform policies aimed at alleviating homelessness. The following section will provide a quantitative overview of Indigenous homelessness in Canada.

The Disproportionate Representation of Indigenous Persons in the Homeless Community:

Prior to exploring the systemic factors that have contributed to the rates of homelessness among Indigenous persons, it is essential to understand the broad scope of this social issue. Belanger, Awosoga, and Head (2013) engaged in a study to enumerate the number of Indigenous homeless persons in urban centres, as this was an area of research that had substantial methodological limitations and is identified as a gap in research. Through their quantitative analysis of Indigenous urban homelessness, Belanger et al. (2013) indicate that 6.97% of the Indigenous urban population experiences homelessness and this in comparison to a rate of only .78 amongst the general population (4). The findings suggest that 1 in every 15 Indigenous persons in urban centres are homeless, whereas 1 in every 128 non-Indigenous persons are homeless; suggesting that Indigenous persons are eight times more likely to be homeless than their non-Indigenous counterparts (Belanger et al. 2013: 14). Belanger et al. (2013) also indicate that Indigenous urban homelessness is a social issue throughout Canada, as opposed to being centralized in Western Canada. With respect to the geographic concentrations of homelessness amongst Indigenous persons living in urban centres, Belanger et al. (2013) find that major urban centres such as Toronto, Vancouver, and Ottawa have lower percentages of Indigenous persons who are homeless when compared to cities like Brandon, Regina, Prince George, and Winnipeg. Although the proportion of homeless Indigenous persons is lower in major urban centres, it appears that the number of homeless Indigenous persons is higher in these urban centres when

compared to smaller cities (Belanger et al. 2013). Although 75% of homeless persons in Regina, Saskatchewan were homeless, this accounted for approximately 2550 persons; whereas Toronto had a rate of 16%, but a real number of over 4300 persons (12-13). The statistics provided by Belanger et al. (2013) are stark and indicate that Indigenous persons are more likely to become homeless, and as such it is important to understand what systemic factors affect the pathways to homelessness.

Pathways to Homelessness and the Role of Intergenerational Trauma:

Understanding the role of colonialism and structural disadvantage when assessing the various pathways to homelessness experienced by Indigenous persons is critical to understanding the nature of Indigenous homelessness. Cyzewski (2011) argues that colonialism exerts significant influence on the political, social, and economic realities facing Indigenous persons. Furthermore, Cyzewski (2011) asserts that colonialism and its continued impact must be viewed as a societal determinant of Indigenous health. Pervasive societal beliefs attribute Indigenous homelessness to individual failure, but these dominant perspectives often ignore the complex macro level factors that contribute to Indigenous homelessness (Belanger et al. 2013; Cyzewski 2011). Factors such as landlord discrimination, low income, social and material exclusion, cultural dislocation, and a lack of affordable housing have been identified as key contributing factors that affect the rates of homelessness among Indigenous persons (Christensen 2017; Belanger et al. 2013). Furthermore, it is important to consider that many Indigenous persons released from correctional custody are also faced with a lack of support and assistance in attaining housing and this institutional failure can lead to higher rates of homelessness amongst this cohort within the population (Homeless Hub 2018 [b]; Belanger et al. 2013). The research assessing some of the key contributing factors that leads to homelessness amongst Indigenous persons is important as it demonstrate the broader scale and systemic nature of homelessness. It is important to consider that additional systemic factors must also be assessed in relation to the homelessness of Indigenous persons.

The role of intergenerational trauma is critical to understanding Indigenous homelessness, as it allows researchers and policy advocates to understand the horrific nature of cultural genocide and colonialism. The concept of intergenerational trauma has been identified by Menzies (2009) as a potential contributing factor towards the rates of homelessness experienced by Indigenous persons. Although a wide array of research has assessed the role of

mental illness, poverty, social isolation, and a lack of affordable housing in relation to homelessness, Menzies (2009) argues that research must continue to focus on the relationship between the homelessness of Indigenous persons and intergenerational trauma. As stated by Evans-Campbell (2008), intergenerational trauma refers to:

“A collective complex trauma inflicted on a group of people who share a specific group identity of affiliation- ethnicity, nationality, and religious affiliation. It is the legacy of numerous traumatic events a community experiences over generations and encompasses the psychological and social responses to such events” (P. 320).

The trauma facing Indigenous communities emerges from the disturbing, extensive, and pervasive nature of historical and contemporary Canadian colonialism, which has been enacted as a multitude of assimilationist policies that have sought to destroy Indigenous languages, cultures, knowledge, practices, traditions, and ways of life (TRC 2015; Menzies 2009; Menzies 2007). The use of residential schools, the use of the provincial child welfare system, and events like the ‘Sixties Scoop’ are identified by Menzies (2009;2007) as being several examples of the destructive assimilationist policies that have adversely affected Indigenous persons. The term ‘residential school syndrome’ has been coined to refer to the adverse effects of trauma that resulted from exposure to the residential school system (Brasfield 2001). Individuals who have survived institutions like residential schools and the child welfare system are believed to have higher rates of mental health conditions, higher rates of suicidality, and higher rates of substance abuse when compared to the general population (Menzies 2009; Brasfield 2001). Menzies (2007) suggests that exposure to the residential school and provincial child welfare system has resulted in children and grandchildren of survivors witnessing the adverse psychosocial consequences of the psychological, physical, and sexual abuse experienced by survivors of the residential school system. As a result of the exposure to the adverse effects of colonial institutions, children of survivors are inadvertently exposed to maladaptive coping behaviours, which may then project the trauma onto future generations (Menzies 2009; 2007). The exposure to trauma and maladaptive behaviours is largely believed to affect homelessness, as individuals experience a sense of communal, familial, and cultural dislocation and disconnection, and this creates a pathway to street-based homelessness (Belanger et al. 2013; Menzies 2009; 2007). Menzies (2009) indicates that those who experience intergenerational trauma often exhibit limited education and employment histories, have more involvement with the mental health system, possess a sense of familial, cultural, and communal disconnection, have increased levels of

substance misuse, increased levels of criminal justice system contact and involvement, increased exposure towards family violence, and have lower levels of social capital.

The various individual, communal, national, and family level consequences of intergenerational trauma can contribute towards higher rates of homelessness, as these factors may result in lower incomes and lower rates of educational attainment, higher rates of familial disconnection, higher rates of justice system involvement, a higher rate of substance misuse, and higher rates of mental illness, which in turn can all adversely affect the ability of individuals to find or afford adequate accommodations (Belanger et al. 2013; Menzies 2009; Menzies 2007). The significance of Menzies' (2009; 2007) research is that it suggests that the factors that affect the homelessness of Indigenous persons is the result of systemic issues that relate to the historical and contemporary processes of colonialism. As such, it is important that this study acknowledge that any proposed solutions to homelessness of Indigenous persons support the findings of the Truth and Reconciliation Commission and aim to address the intergenerational trauma that contributes to the rates of homelessness within Canada. The following section will analyze an evidence-based practice aimed at alleviating homelessness.

The Housing First Strategy:

When analyzing the multitude of responses that can be implemented towards addressing the issue of homelessness, the adoption of an evidence-based approach is necessary to ensure that resources are directed appropriately. This section of the article will focus on existing research that demonstrates the effectiveness of the *Housing First Model*. This area of the literature review will provide an overview of the central tenets of the *Housing First* approach and then provide literature that measures its efficacy.

Brief Overview of the Housing First Model:

The Housing First strategy is an innovative response to homelessness that is based on a recovery model and intends to provide homeless persons with immediate access to housing, and subsequent supports to address whatever challenges they may be facing (Gaetz, Scott, and Gulliver 2013; Greenwood et al. 2013; Goering et al. 2011). Individuals who reside in Housing First facilities are provided with a wide array of services, informed by the principles of Assertive Community Treatment, to seek treatment for any mental health or addictions concerns they may experience (Gaetz et al. 2013 [b]; Greenwood et al. 2013; Goering et al. 2013). The Housing First approach is regarded as an innovative solution to homelessness, as it does not place any

precondition on clients; whereas ‘treatment first’ programs may require individuals to make substantial lifestyle changes to be considered for housing (Gaetz et al. 2013 [b]). The guiding philosophy of the Housing First model is that housing is a human right and should be made available to all (Gaetz et al. 2013 [b]). Clients can be selected through referrals from hospitals or can be referred via outreach teams, and it is important to indicate that participation is voluntary and that clients do have input into what kinds of housing arrangements they will be provided with (Gaetz et al. 2013 [b]). In addition to being provided with a multidisciplinary support system that enacts Intensive Case Management or Assertive Community Treatment plans according to their individual needs, clients are also provided with a wide array of supports that allow them to make a transition into permanent and stable housing (Gaetz et al. 2013 [b]; Goering et al. 2011). Gaetz et al. (2013 [b]) indicate that the guiding principles of the Housing First approach are: (1) clients are provided with immediate housing, regardless of their perceived readiness for housing, (2) the rights of the client are paramount and clients are provided with some degree of self-determination in deciding where they live, (3) Housing First is based on a recovery oriented approach that aims to address other issues that a client may have, (4) Housing First is informed by the needs of clients, and services are provided based on the needs of the client, and (5) Housing First aims to provide clients with the opportunity to experience reintegration (5-6). The significance of the Housing First strategy is that it provides individuals with shelter, but also provides them with services that aim to address factors that may contribute to their homelessness, such as addictions or mental health concerns. As with any approach, it is important to assess the evidence that supports the use of the Housing First model.

The Effectiveness of the Housing First Model:

The effectiveness of the Housing First model must be considered in order to determine its potential efficacy as a societal response to homelessness. Gaetz et al. (2013 [b]) indicate that individuals who were supported by Housing First programs generally tend to remain housed after a one-year period. The residential stability is consistent among those with and without complex mental health and addiction needs. Although Gaetz et. al (2013[b]) placed their focus on a number of different Canadian cities, the City of Toronto (2007) also commissioned study on the use of the Housing First approach and produced a plethora of findings indicating support for Housing First. The City of Toronto (2007) found that 88% of respondents who were placed in Housing First units indicated being satisfied with their accommodations and many of these respondents reported an improved mental outlook because of the security and stability provided

by their housing arrangements (1). Furthermore, respondents in Housing First units reported that their health outcomes had improved, their mental health had improved, and their levels of stress had improved as a result of their participation in the Housing First program (City of Toronto 2007: 1). Gaetz et al. (2013[b]) further echoed the findings the City of Toronto's (2007) report as a large number of studies was referenced that found that the quality of life of those being served under the Housing First model improved. With respect to the use or misuse of substances, 17% of respondents indicated that they completely stopped using alcohol and 31% of those who used drugs indicated that they had completely stopped their use of drugs (City of Toronto 2007: 1). The significance of this finding is that it suggests that individuals who receive treatment as part of the Housing First strategy can receive supports that allows them to address their use of substances, and this was a finding that was also indicated by Gaetz et al. (2013[b]). Although this review of literature addresses a limited review of studies, the work of Gaetz et al. (2013[b]), Goering et. al (2011) and the City of Toronto (2007) all indicate that the Housing First strategy is associated with improved quality of life outcomes, higher levels of residential stability, and improvements in rates of substance use. The significance of highlighting the empirical support in favour of the Housing First strategy is that it highlights the importance of evidence-based research. Prior to advocating for the use of the Housing First model, it is important to outline the methodological components of this study.

Methodology:

The initial intent of this study was to use a mixed methods approach, relying on the survey responses of clients of the shelters and drop in centres and interview responses from employees of the organizations. However, due to a lack of interview participants, this study instead relied on a quantitative approach to gather and analyze the data. The purpose of the interviews was to determine if staff believed that the existing levels of support provided within shelters and drop-in centres was adequate in meeting the needs of their clientele. To obtain this information in a quantitative sense, a 15 question Likert scale item was included within the survey and this allowed the clients to provide their own assessment of whether they felt the services offered met their needs. Prior to exploring the characteristics of the sample, it is essential to understand the organization and structure of the data collection instrument. Understanding the organization and structure of the data collection instrument can be used to provide insights into the strengths and limitations of this study.

Data Collection Instrument:

Respondents were provided with a thirteen page self-report survey, which included a survey item that assessed intimate partner violence victimization and perpetration. The item included 24 questions to ensure that the survey did not become too lengthy for the participants, and additional questions asking about their perceptions of their experiences. In addition to the use of a survey item used to assess intimate partner violence victimization and perpetration, this study also used a health screening questionnaire to gauge levels of depression and anxiety among respondents, a 15 question Likert scale item assessing participant satisfaction with existing services, and a survey item that provided insight into the demographic factors of each participant.

Within the domestic violence questionnaire four sets of questions were used to assess psychological violence perpetration and victimization, four sets of questions were used to assess physical violence perpetration and victimization, and four sets of questions were used to assess sexual violence perpetration and victimization. The answers obtained from the responses to this questionnaire were used as indicator variables for what category the participant's experiences with violence would be coded as. The survey item was used to determine what extent physical, sexual, and emotional perpetration and victimization was present within the sample. Furthermore, participants who only indicated that they engaged in abuse, whether it was physical, emotional, or sexual, were coded as "only perpetrators", participants who only indicated they were abused either emotionally, physically, or sexually were coded as "only victims", and participants who indicated that they had perpetrated and victimized were coded as "Dual IPV", indicating that there was a duality or reciprocal nature to their IPV.

A health questionnaire was used to provide the author with an indication as to the mental health of the respondent, with a specific emphasis on levels of depression and anxiety. The remainder of the survey instrument was used to determine the demographic characteristics of the respondent, their current housing status, their help seeking behaviours related to their IPV victimization, their use of substances and whether they considered themselves to have an addiction. Finally, a Likert scale was used to determine the current degree to which respondents felt their needs were being met by the shelters and drop-in centres they were accessing.

The survey instrument utilized a mix of closed and open-ended questions. The use of open-ended questions was specifically utilized to allow respondents to provide responses that may otherwise not have been captured by the finite response categories provided by a more

traditional close-ended questions (Neuman and Robson 2012). The use of open-ended questions was also significant, as it allowed the study to expand its scope to focus on specific topics that were not initially at the centre of inquiry at the beginning of the study. This was most evident with Indigenous respondents who indicated their involvement with residential schools and the child welfare system in response to the final question of the survey. The final question of the survey asked respondents if there was any additional information they would like to disclose, and many participants advised that they had experiences with the residential school system or the provincial child welfare system.

Ethical Considerations:

Due to the sensitive and personal nature of the questionnaire several ethical protections were put in place. This project was completed by an independent researcher who did not have any institutional affiliation. The researcher was also advised that since the project is not conducted under the auspices of any institution, research ethics boards at institutions would not review this project. Furthermore, no institutional resources were used in the completion of this project. As a result, the researcher implemented a number of best practices to ensure that ethical protections were enacted. The first of these protections ensured that an individual who was either certified as a counsellor or an individual who had training in providing brief crisis intervention services were always present when the surveys were being conducted to ensure the psychological well being of the research participants. Participants were provided with an informed consent form that highlighted the risks associated with participation and were advised that they could terminate their involvement in the study at any time. Furthermore, the participants were provided with brochures and pamphlets of community resources that they could either visit or call in the event they wanted counselling support after the completion of their survey. Pamphlets to a 24-hour crisis line were among the materials provided to each of the participants. In addition, participants were also advised that they were able to request brief intervention services from the research team's counsellors if they required them, and a designated room was provided to the researchers at each facility to access if it was required. Furthermore, participants were also provided with the option of having the survey read to them, or conversely, they could complete the survey on their own.

Participants self-selected into this study and were provided with a \$10 gift card as compensation. There were no preconditions set upon how many questions had to be answered in

order to receive the gift card; participants who elected to not answer any of the questions were still provided with a \$10 gift card. Participants were also advised that the gift card was not linked to the completion of the survey, and they did not have to answer any questions in order to receive the gift card. Furthermore, participants were advised to not put their names on the actual survey instrument, and this was done in order to ensure confidentiality and anonymity. Participants were also asked if they were under the influence of narcotics or alcohol, and if they indicated that this was the case they were not allowed to participate in the study. Finally, participants were reminded that their participation in the survey was completely voluntary and they could terminate their involvement at any time in the study. The raw and anonymized data were only made available to the research team and were destroyed at the completion of this study, but were kept in secure physical and electronic locations only accessible to the principal investigator. The raw and anonymous data were not provided to any of the participating organizations, the administering organization, or any of its representatives.

Operationalization of Key Variables:

This study relied on the use of self-report data to determine the prevalence of several key indicators. Intimate partner violence is defined as any act of physical, emotional, psychological, financial, or sexual violence inflicted by an individual against their intimate partner, spouse, or dating partner (Homeless Hub 2018 [c]; Sutton and Dawson 2018; Sinha 2012). For the purposes of this study intimate partner violence was further categorized as six distinct categories; based on responses given by participants to the questions posed in the domestic violence questionnaire.

- Sexual violence is operationalized as any act of sexual or contraceptive violence inflicted by the participant against their partner and was coded as such if the participant indicated they were abusive towards their partner in this manner on the questionnaire.
- Sexual victimization was coded as any instance where the participant identified being the subject of sexual violence as per their responses to the items in the questionnaire. If a participant indicated any exposure to abuse of this nature, they were coded as a victim
- Physical violence is operationalized as any instance where the participant inflicted physical violence against their partner and is coded based on their responses to the questionnaire.
- Physical victimization is operationalized as any instance where the participant was physically assaulted by their partner, and is coded based on any response to questions on the questionnaire indicating they were victimized by this form of violence
- Psychological violence is operationalized as any act of psychological manipulation that a participant has inflicted upon their partner, and is coded as any response indicating the prevalence of this behaviour on the questionnaire

- Psychological victimization is operationalized as any instance where the participant identified being the subject of psychological manipulation and is coded based on any response indicating that they experienced this form of abuse on the questionnaire

The three distinct categories of violence and the three distinct categories of victimization were used as indicator variables for IPV. If the participant satisfied any one of the three categories of abusive behaviour, they were classified as a perpetrator of IPV. If the participant also identified with any one of the three categories of victimization, they were also classified as victims of IPV. As such it is important to note that individuals may have been coded as solely victims of IPV, solely perpetrators of IPV, or be involved in a relationship where IPV was dualistic in nature.

Similar to the concept of IPV, self-report data was also used to assess whether an individual classified themselves as being homeless. This study uses the nominal definition provided by Homeless Hub (2018 [b]) that homelessness is defined as any state of poverty where an individual is living on the street, in a shelter, or views themselves to be otherwise precariously housed. This study did not use a measure of homelessness that was contingent upon the amount of time an individual remained homeless, but instead focused on any period that an individual may have identified as being homeless. Participants were classified as homeless if they indicated “yes” to any one of the following questions:

- Do you identify as being homeless?
(1) Yes (2) No
- Are you living in a shelter?
(1) Yes (2) No
- Are you living on the street?
(1) Yes (2) No
- Are you living in precarious housing (couch surfing, temporary accommodation- not including shelter or the street)?
(1) Yes (2) No

With regards to measuring addictions, this study utilized self report data and individuals were coded as having an addiction, if they indicated that they had an addiction. The addiction was further categorized into ‘alcohol addiction’, if the participant indicated that they were only addicted to alcohol, ‘drug addiction’ if the participant indicated that they were addicted to illegal or prescription drugs, and ‘drug and alcohol addiction’ if the participant indicated that they were addicted to both drugs and alcohol, and ‘other addictions’.

Participating Organizations:

A collection of forty different organizations that offered shelter and drop-in services to homeless individuals was compiled using numerous search engine queries. Among the forty organizations, three of the organizations were advocacy organizations and did not provide a place of shelter or services to clients; and as such they were removed from the sample of shelters. Of the remaining 37 organizations, all were contacted and five agreed to participate in this study. Three of the participating organizations provided drop in services where individuals were able to access the facility during operating hours, and two of the shelters visited provided overnight accommodations for their clients. Each of these organizations are located in the sampled urban centre. Furthermore, each of the organizations that participated in the study are abstinent facilities that did not allow visitors to ingest alcohol or narcotics, while the clients accessed their facilities. The abstinence policy associated with the participating agencies is significant, as this study may not have had access to individuals with serious addictions and as such the generalizability of this study may have been jeopardized.

Sampling Method and Sample:

Criterion sampling was used to determine if an eligible participant was able to participate in the study. Criterion sampling was used to ensure that staff of shelters were not involved in the data collection process. The participants had to indicate that they were clients of the organization in order to participate in this study and they also had to indicate that they were over the age of 18 to participate. Individuals under the age of 18 were not permitted to participate in this study under any circumstances. Potential participants self-selected into the study and were asked if they were either residing in or visiting the shelter or drop-in centre, and if they held employment within that organization. Furthermore, participants were asked if they had used or had been under the influence of alcohol or any narcotic that may have inhibited their ability to understand the purpose of the survey and their rights as a survey participant. Individuals under the influence of drugs and alcohol were not permitted to participate. The use of purposive sampling is significant, as it provides the author with access to the population of inquiry and ensures that the data is not compromised by individuals who do not fit the scope of this study (Palys and Atchison 2014). However, it is important to consider that the use of purposive sampling limits the generalizability of this study to the broader population. The sampling method is important to discuss, as it will allow this piece to transition towards discussing the characteristics of the sample.

Characteristics of the Sample:

The demographic characteristics of the sample are important to consider, as they provide an overview of the diversity of this sample and provides an opportunity to assess whether the sample is representative of the broader population. With regards to the gender of the respondents, Figure 1 demonstrates that 77% of valid respondents identified as 'male', with 'female' comprising the next most frequent category with 18% of respondents (n=286). With regards to the racial composition of the sample, Figure 2 highlights that Caucasians accounted for approximately 44% of valid respondents, while Aboriginal and Black were the next most frequent responses with 29% and 8% respectively (n=283). With regards to the age of participants, Figure 3 reveals that participants aged 46-55 years of age were the most frequent respondents of this survey accounting for approximately 39% of valid respondents, while individuals aged 18-25 were the least frequent age group accounting for only 2 % of respondents (n=282). Figure 4 indicates that heterosexuals accounted for an overwhelming majority of respondents, comprising over 80% of the sample with 'other' being the next most common sexual orientation identified by participants with approximately 10% of the sample identifying with this classification (n=270). Figure 5 demonstrates the broad array of income dispersion amongst the respondents with the most common income figure being reported as \$0-4,999, which accounted for approximately 40% of the sample, and 80% of the sample identified making some amount under \$14,999 (n= 270). With respect to the living conditions of the participants, 26% (n=265) of participants indicated that they lived on the street, 35% indicated they lived in a shelter (=267), and 30% (n=261) indicated they were precariously housed. When assessing the length of homelessness, 34% of participants reported they had been homeless for more than one year, and this was the most frequent duration of homelessness in the study (n=245).

GENDER — Gender of Participant

		Freq.	Percent	Valid	Cum.
Valid	1 Male	220	73.33	76.92	76.92
	2 Female	51	17.00	17.83	94.76
	3 Transgender	4	1.33	1.40	96.15
	4 Transitioning	8	2.67	2.80	98.95
	5 Other	3	1.00	1.05	100.00
	Total	286	95.33	100.00	
Missing	.	14	4.67		
Total		300	100.00		

Figure 1: Frequency table of the self reported gender of respondents.

ETHNIC — Ethnicity of Participant

		Freq.	Percent	Valid	Cum.
Valid	1 Caucasian	125	41.67	44.17	44.17
	2 Black	24	8.00	8.48	52.65
	3 South Asian	10	3.33	3.53	56.18
	4 Latin American	10	3.33	3.53	59.72
	5 Aboriginal	83	27.67	29.33	89.05
	6 Asian	6	2.00	2.12	91.17
	7 Middle Eastern	5	1.67	1.77	92.93
	8 Other	14	4.67	4.95	97.88
	9 Multiple Ethnicity	6	2.00	2.12	100.00
	Total	283	94.33	100.00	
Missing	.	17	5.67		
Total		300	100.00		

Figure 2: Frequency table of the self reported ethnicity of respondents.

AGE — Age of Participant

		Freq.	Percent	Valid	Cum.
Valid	1 18-25 Years	6	2.00	2.13	2.13
	2 26-35 Years	36	12.00	12.77	14.89
	3 36-45 Years	54	18.00	19.15	34.04
	4 46-55 Years	111	37.00	39.36	73.40
	5 56-65 Years	59	19.67	20.92	94.33
	6 Over 65	16	5.33	5.67	100.00
	Total	282	94.00	100.00	
Missing	.	18	6.00		
Total		300	100.00		

Figure 3: Frequency table of the self-reported ages of participants.

SEXORI — Sexual Orientation of Participant

		Freq.	Percent	Valid	Cum.
Valid	1 Heterosexual	217	72.33	80.37	80.37
	2 Homosexual	12	4.00	4.44	84.81
	3 Bisexual	15	5.00	5.56	90.37
	4 Other	26	8.67	9.63	100.00
	Total	270	90.00	100.00	
Missing	.	30	10.00		
Total		300	100.00		

Figure 4: Frequency table of the self reported sexual orientation of respondents.

INCOME — Income of Participant

		Freq.	Percent	Valid	Cum.
Valid	1 \$0- 4,999	105	35.00	38.89	38.89
	2 \$5000-9,999	50	16.67	18.52	57.41
	3 \$10,000-14,999	61	20.33	22.59	80.00
	4 \$15,000-19,999	25	8.33	9.26	89.26
	5 \$20,000-24,999	14	4.67	5.19	94.44
	6 \$25,000-29,999	5	1.67	1.85	96.30
	7 \$30,000-59,999	7	2.33	2.59	98.89
	9 80,000-99,999	1	0.33	0.37	99.26
	10 \$100,000 or more	2	0.67	0.74	100.00
	Total	270	90.00	100.00	
Missing	.	30	10.00		
Total		300	100.00		

Figure 5: Frequency table of the self-reported income levels of respondents.

Data Analysis:*Bivariate Analysis:*

A crosstabulation of the data reveals similar patterns of self-reported victimization and perpetration among participants who identify as male and female. Cumulatively, when considering all three forms of intimate partner violence analyzed in this study 79% of male respondents were coded as having experienced some form of victimization and 77% of male respondents were coded as having perpetrated some form of violence against their intimate partner (n=219). Conversely, 82% of women were coded as having been victimized within the context of their intimate partner relationship and 74% were coded as having engaged in some form of IPV against their intimate partner (n=51). With regards to the specific breakdown of each form of IPV, this study found that

- 76% of male respondents indicated being psychologically abused by their intimate partner, and 75 % of male respondents indicated being psychologically abusive towards their intimate partner (n=219).
- 60% of male respondents self-reported as being victims of physical violence in their intimate partner relationships, and 52% self-reported as having perpetrated physically against their intimate partner (n=219).
- 33% of male respondents self identified as having been sexually victimized by their intimate partner; and 32% indicated that they had been sexually violent towards their intimate partner (n=219).
- 78% of female respondents indicated being psychologically victimized by their partner, while 76% of female respondents self reported as having been psychologically violent towards their intimate partner (n=51).
- 73 percent of female respondents indicated being physically victimized by their partner, and 73 percent also indicated being physically violent towards their partner (n=51).
- 51% of female respondents indicated being sexually victimized by their intimate partner and only 35% self reported as having been sexually violent towards their intimate partner (n=51).

The cross tabulation of gender and the different forms of intimate partner violence assessed in the data is significant, as it highlights that both male and female respondents report similar rates of IPV victimization in categories like psychological abuse. However, substantive proportional differences exist in the sexual and physical victimization experienced within the sample, as women were more likely to be victimized in this manner compared to the male respondents. Considering the similar rates of IPV among men and women within this study, it is exceptionally interesting to note that only 30% of male respondents identified as victims of domestic violence, whereas 59% of female respondents identified as victims of domestic violence. In addition to the self-identified perceptions of victimization, this study also assessed indicators of mental health and substance use among the sample. This study found that:

- 66% of male respondents indicated having experienced depression that they linked to their victimization (n=168)
- 48% of male respondents indicated having experienced some form of anxiety that was linked to their victimization (n=163)
- 81% of female respondents indicated having experienced depression that they linked to their victimization (n=44)
- 72% of female respondents indicated having experienced some form of anxiety that they linked to their victimization (n=43)
- 17% of male respondents indicated having had suicidal thoughts as a result of their victimization within the context of their intimate partner relationships (n=166)
- 11% of male respondents indicated having attempted suicide as a result of their IPV victimization (n=168)

- 40% of female respondents indicated having had suicidal thoughts as a result of their victimization (n=45)
- 30% of female respondents indicated having attempted suicide as a result of their victimization (n=43)
- 53% of male respondents indicated having used alcohol to cope with their IPV victimization (n=166)
- 49% of male respondents self-reported as having used drugs to cope with their IPV victimization (n=164)
- 65% of female respondents self-reported as having used alcohol to cope with their IPV victimization (n=43)
- 56 % of female respondents self-reported as having used drugs to cope with their IPV victimization (n=43)

The wide range of adverse effects that victimization has had on both male and female respondents is highlighted by the mental health concerns that are associated with depression, anxiety, and suicidality amongst both cohorts. The use of substances is also an interesting component to highlight as substance use appears to be a coping strategy that is prevalent among both gender identities. The mental health and substance use concerns seen in the victims of intimate partner violence is significant, as previous research has attributed mental illness and addictions to homelessness (Homeless Hub 2018 [b]). It is also important to examine the various help seeking behaviours that the cohort undertook to examine what, if any, differences exist among the two most frequent gender identities analyzed within this study. This study found that:

- Only 22% of male respondents indicated that they would attend a domestic violence shelter (n=172)
- 45% of female respondents indicated that they would attend a domestic violence shelter (n=42)
- 40% of male respondents indicated that they would attend men's domestic violence shelter (n=203)
- 28% of male respondents indicated that they sought counselling to address their IPV victimization (n=167)
- 54% of female respondents indicated that they sought counselling to address their IPV victimization (n=44)
- 46% of male respondents indicated that they disclosed their victimization to their friends (n=169)
- 35% of male respondents indicated that they disclosed their victimization to their family (n=168)
- 64% of female respondents indicated that they disclosed their victimization to their friends (n=42)
- 39 % of female respondents indicated that they disclosed their victimization to their family (n=41)

- 19% of male respondents reported that they disclosed their suicidal thoughts to their partner as a means to seek help (n=63)
- 42% of female respondents reported that they disclosed their suicidal thoughts to their partner as a means to seek help (n=26)

The help seeking behaviours of participants also reveals another dichotomous relationship between the experiences of male and female victims of IPV. The self-report data indicates that males are less likely to disclose their victimization and were almost two times less likely to attend counselling to address their victimization when compared to female respondents. Arguably the most interesting finding within the analysis of help seeking behaviours is the proportion of men who would attend a domestic violence shelter. Men were almost two times more likely to indicate that they would attend a men's domestic violence shelter, as opposed to attending a gender-neutral domestic violence shelter. This finding is significant, as it may imply that males attach a stigma to their victimization and the various adaptive coping strategies, like counselling or attending a shelter, that they may employ to address the adverse effects of their victimization (Douglas et al. 2018).

Patterns and Trends Among Male Victims Compared to Non-Victimized Males:

The following statistics highlight the differences between males who were coded as victims of intimate partner violence and males who were not coded as victims of intimate partner violence. The following data set only includes male-identified respondents, and all other genders were coded as missing for this set of crosstabulation analysis. This study found that:

- 78% of male victims of IPV identified as being homeless (n=174)
- 52% percent of male non-victims identified as being homeless (N=48)
- 78% of male victims of IPV identified as being addicted to a substance or activity (n=167)
- 57% of male non-victims identified as being addicted to a substance or activity (n=47)
- 52% of male victims of IPV identified as being addicted to drugs (n=157)
- 32 % of male non-victims identified as being addicted to drugs (n=46)
- 61% of male victims of IPV identified as being addicted to alcohol (n=157)
- 30% of male non-victims indicated that they were addicted to alcohol (n=46)
- 30% of male victims of IPV identified that they were addicted to a combination of drugs and alcohol (n=157)
- 13% of male non-victims identified that they were addicted to a combination of drugs and alcohol (n=46)
- Among males who indicated that they experienced moderate to extreme depression, 84% of those males also experienced intimate partner victimization (n=82)

- Among males who indicated that they experienced moderate to severe anxiety, 85% of those males experienced intimate partner violence (n=59)

The aforementioned findings are significant, as they no longer compare the trends in victimization among different gender identities but examine the effects of victimization within one singular gender identity. The statistics provided through the cross tabulation are significant, as they demonstrate a strong correlation between male victims of IPV, and the rates of homelessness, addictions, and mental health concerns experienced by this population. The findings suggest that males who experience IPV victimization are more likely than their non-victim counterparts to have an addiction or a mental health concern, and to be homeless. The specialized focus on males is one aspect of this study that demonstrates the challenges and the prevalence of male intimate partner victimization. It is also important to discuss, that this study also extended its analysis to Indigenous persons as well.

Challenges Facing Indigenous Participants:

Among Indigenous respondents, this study indicates that 86% of Indigenous respondents experienced intimate partner victimization (n=83). Conversely, the rate of intimate partner victimization was 78% across all other ethnic groups (n=199). In addition to the findings on the rates of intimate partner violence victimization among Indigenous persons, this study also found that 80% of valid Indigenous respondents had an addiction (n=78), whereas only 70% of participants belonging to all other ethnic groups had an addiction. Crosstabulation of data also finds that:

- 86% of Indigenous respondents reported being the victim of IPV (n=83)
- 78% of non-Indigenous respondents reported being the victim of IPV (n=199)
- 85% of Indigenous males reported being a victim of IPV (n=59)
- 76% of non-Indigenous males reported being a victim of IPV (n=162)
- 51 % of Indigenous respondents indicated having a drug and alcohol addiction (n=72)
- Comparatively, only 20% of non-Indigenous respondents indicated having a drug and alcohol addiction (n=185)
- 70% of Indigenous respondents indicated having an alcohol addiction (n=72)
- Comparatively, only 42% of non-Indigenous respondents had an alcohol addiction (n=185)
- 58% of Indigenous respondents indicated having a drug addiction (n=72)
- Comparatively, only 43% of non-Indigenous respondents indicated having a drug addiction (n=185)
- 72% of Indigenous respondents indicated that they were homeless (n=82)

- The rate of homelessness among non-Indigenous persons within this sample was also 72% (n=199)

Although a similar rate of homelessness was found between Indigenous and non-Indigenous persons, it is important to assess this finding in relative terms as opposed to absolute terms. The City of Toronto, citing the 2016 Census, advises that 46,315 Indigenous persons reside in Toronto; contributing to 0.016% of the total population of the city of Toronto (City of Toronto 2018). However, 29% of the sample in this study is Indigenous, suggesting an overrepresentation of Indigenous persons in the homeless community, in proportion to their representation within the population. The findings from the analysis of several crosstabulations demonstrate that Indigenous persons also have higher rates of intimate partner victimization, and higher rates of addictions when compared to the broader sample. Furthermore, the data also suggests that Indigenous men are also more likely to have experienced victimization when compared to non-Indigenous men. These findings are significant, as they align with previous research that indicates that Indigenous communities face higher levels of addictions and intimate partner violence, when compared to other ethnic groups (Belanger et al. 2013; Menzies 2007). Menzies (2007) attributes the higher rates of addictions, and violence to the colonial history of Canada, as Menzies (2007) indicates that the residential school system and other colonial institutions have been responsible for instilling a durable pattern of intergenerational trauma that has created a sense of cultural dislocation and have contributed to the breakage of familial and communal bonds, which may be reflected in the rates of interpersonal violence and substance abuse among Indigenous persons.

Participant Perceptions of Existing Supports:

This section of the piece assesses the degree to which participants felt satisfied with the current emergency supports in place at the shelters and drop-in centres to address their IPV victimization. 15 Likert scale statements are used, with the respondents indicating the degree to which they agree with the statement; on a scale from “strongly disagree”, “partially agree”, “neutral”, “partially agree”, and “strongly agree”. The Likert scale used in this study was marred by missing data, as many of the participants chose not to complete the Likert scale or indicated that the question was not applicable. As such, non-response and questions marked as not applicable were coded as missing values. However, it is important to indicate that these findings can be used to highlight the recommendations made by this report, which are made to ensure that existing emergency accommodations can meet the complex and diverse needs of the homeless

population within this Canadian urban centre. This report finds that there appears to be a gap in the existing services provided by emergency shelters and drop in centres, as these institutions, from the perspective of their clientele, do not provide adequate levels of legal, medical, and social support for victims of IPV (Figure 6). Figure 6 is also significant as it demonstrates that approximately 18% (n=168) of respondents attended a shelter or drop-in centre to avoid a former partner and 13% (n=165) indicated they attended a shelter or centre to avoid a current partner; and these findings would suggest that accessing shelters is a technique used by individuals to escape abusive or otherwise dangerous relationships (Gilroy et al. 2016; Beattie and Hutchins 2015).

Approximately 65% of participants indicated that they disagreed with the statement that the shelters or drop-in centres they were either visiting or staying offered legal (n=216) and counselling services (n=162), and approximately 57% (n=216) of participants indicated that they were not comfortable bringing their children with them to the organization they accessed. The statistics represented in figure six are significant, as participants have indicated that a service gap exists, as current emergency accommodations may not provide adequate levels of support to individuals who have been affected by intimate partner violence. The use of the Likert scales demonstrates that emergency shelters and drop-in centres may require more resources to address the issue of IPV victimization, and the responses of the participants also indicate that emergency shelters and drop-in centres may have to improve their existing programming to better meet the needs of their clientele.

Question	% Strongly Disagree	% Partially Disagree	% Neutral	% Partially Agree	% Strongly Agree
In a shelter to avoid a current partner (n=168)	60.71	7.14	14.29	4.76	13.10
In a shelter to avoid an ex partner (n=165)	64.85	8.48	13.33	4.24	9.09
Counselling offered at shelter (n=162)	45.68	11.11	19.14	12.35	11.73
Legal services offered at shelter (n=216)	44.91	11.57	15.74	11.11	16.67
Access to mental health worker offered at shelter (n=220)	39.09	7.73	19.55	10.91	22.73
Shelter offers participants a place to	48.15	8.80	22.69	8.80	11.57

meet their children (n=216)					
Participant comfortable bringing their children to the shelter (n=215)	50.70	6.98	16.74	9.77	15.81
Crisis intervention services offered at the shelter (n=215)	39.07	8.37	24.65	8.37	19.53
Participant can come to shelter in an emergency situation (n=219)	35.62	7.76	20.55	12.79	23.29
Participant feels staff are trained to adequately address domestic violence (n=142)	33.80	6.34	21.83	14.08	23.94

Figure 6: Participant assessment of 10 of the most pertinent shelter performance indicators related to IPV.

Associations Between Independent Variables:

There is a high degree of correlation between the independent variable of victim of intimate partner violence and the numerous control variables that will be used throughout the course of this study. Using a chi square analysis, this study finds that the independent variable used in this study is highly correlated with the control variables of addiction, mental health concerns, drug addiction, alcohol and drug addiction, and alcohol addiction. Figure 7 Provides the chi square, p-value, and Cramer's V score of the relationship between each control variable to the independent variable. The significance of the high degree of correlation among the independent and control variables is that multicollinearity may affect the statistical significance between the independent and dependent variables within this study. To account for potential multicollinearity, specific variables may be removed from the regression analyses conducted to assess the relationship between variables.

Variable	Chi Square	Cramer's V	p-value
Addiction	10.1928	0.1922	0.001
Drug Addiction	7.6298	0.1710	0.006
Alcohol Addiction	13.6116	0.2284	0.000
Drug and Alcohol Addiction	8.0334	0.1754	0.005
Mental Health Concerns	22.3279	0.3031	0.000

Figure 7: Correlations Between Control Variables to the independent variable ‘Victim of IPV’

The correlations between the control and independent variables are all statistically significant at the 95% level of confidence and the Cramer’s V score for each variable suggests that the association between the variables ranges from weak (0.15-0.20), to moderate (0.20-0.25), and to strong (0.30-0.35), all of which are acceptable to varying degrees (University of Toronto n.d.).

Regression Analysis:

A binary logistic regression is used to examine the effect of the independent variable of victim of intimate partner violence to the dependent variable of homelessness. This section will also control for a number of variables, including addiction, drug addiction, alcohol and drug addiction, and alcohol addiction. When performing a logistic regression on the relationship between being a victim of intimate partner violence and its effect on homelessness, this report finds that individuals who identified as being a victim of IPV were 3.73 times more likely to identify as homeless; and this relationship was statistically significant (0.000). The odds ratio of 3.73 emerged when factoring the control variables of addiction, drug addiction, drug and alcohol addiction, and alcohol addiction into the equation and this relationship was statistically significant at the 95% level of confidence (0.000).

```
Logistic regression          Number of obs   =      256
                             LR chi2(5)           =      18.37
                             Prob > chi2          =      0.0025
Log likelihood = -133.66441   Pseudo R2       =      0.0643
```

HMLESS	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]	
VICIPV	3.734706	1.301651	3.78	0.000	1.886204	7.394763
ADDICT	1.084191	.5877685	0.15	0.881	.3746685	3.137361
DRGADD	1.599628	.9491248	0.79	0.429	.4999953	5.117664
ALCADD	1.378346	.7871777	0.56	0.574	.4500228	4.221649
DALADD	.4983667	.3562258	-0.97	0.330	.1227783	2.022909
_cons	.897599	.3106323	-0.31	0.755	.4555194	1.768715

Note: _cons estimates baseline odds.

Figure 8: Logistic regression assessing the relationship between a series of independent variables and homelessness.

When assessing the victimization of male-identified individuals, the logistic regression indicated that males who experienced intimate partner violence victimization were 3.55 times more likely to experience homelessness when compared to males who did not experience victimization (0.001). This relationship exists when controlling for drug addiction, alcohol

addiction, addictions, and drug and alcohol addiction, and the relationship between male victimization and homelessness was still statistically significant. The odds ratio suggests that males who experienced IPV were more likely to experience homelessness when compared to males who were not victimized.

```

Logistic regression      Number of obs   =      201
                        LR chi2(5)              =     15.04
                        Prob > chi2            =     0.0102
Log likelihood = -107.38981      Pseudo R2       =     0.0655

```

HMLESS	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
MALVIC	3.549566	1.336887	3.36	0.001	1.696617 7.426201
DRGADD	1.495889	.9604121	0.63	0.530	.4250097 5.265019
ALCADD	1.100523	.6791928	0.16	0.877	.3283037 3.689114
DALADD	.5630039	.4335664	-0.75	0.456	.124453 2.546932
ADDICT	1.364414	.8162861	0.52	0.604	.4223758 4.407511
_cons	.8374322	.3147739	-0.47	0.637	.4008668 1.749441

Note: cons estimates baseline odds.

Figure 9: Logistic Regression assessing the relationship between male victimization and

Discussion:

The goal of this study was to advance research on the correlations between intimate partner violence victimization and homelessness; with an emphasis on the victimization of male identified individuals. This study cannot and does not intend to make any causal claims, as this study was unable to establish temporal order with respect to the relationship between intimate partner violence and homelessness and this study could not rule out rival plausible explanations for why an individual became homeless (Palys and Atchison 2014). Due to the sampling method selected, the results of this study are not generalizable to the broader population. As a result of the inability of this study to make any causal claims, all findings presented in this study are portrayed as having a correlational relationship.

This study found that intimate partner violence was correlated with homelessness, as logistic regression was used to demonstrate that individuals who experienced IPV victimization were more likely to have been homeless when compared to their non-victimized counterparts. Furthermore, this study found that men who experienced IPV victimization were more likely than men who did not experience IPV victimization to be homeless, and this finding was statistically significant at the 95% level of confidence. This study also found that intimate partner victimization was correlated with mental health concerns, addiction, drug addiction, alcohol

addiction, and drug and alcohol addiction; possibly indicating a link between IPV victimization and addictions and mental health. The link found between IPV and mental illness/addictions is representative of other research that has suggested that victims of IPV often are affected by mental health concerns (Gilroy et al. 2016; Burczyca 2016 [a][b]).

The measures used in this study demonstrate a strong correlation between intimate partner violence and homelessness; and highlights the similarities and differences between the nature and context of intimate partner victimization between male and female identified individuals who access services at pro-abstinence based shelters and drop-in centres in the sampled Canadian urban centre. This study finds that male and female identified individuals experienced similar rates of psychological victimization; but females identified as being victims of physical and sexual abuse more frequently than their male counterparts. It is also important to indicate that 75% of the sample was coded as being involved in an intimate partner relationship where IPV was reciprocated between both partners and dualistic in nature (n= 297). The rates of victimization highlighted within this study contribute to the extant literature on male intimate partner violence victimization, as this study produced findings similar to those of Douglas et al. (2018), Burczycka (2016[a][b]), and Black et al. (2011). Both male and female-identified victims of IPV were also identified to have experienced mental health concerns as demonstrated by the prevalence of depression, anxiety, and suicidal behaviours among both cohorts. This report finds that at least two thirds of male identified individuals experienced some form of mental health concern, which the participants attributed to their intimate partner victimization and that almost one fifth of male respondents had suicidal behaviours that they attributed to their intimate partner victimization. However, it is important to note that despite the mental health concerns that affected male respondents within this sample, less than one third of respondents stated that they sought counselling. Conversely, female-identified individuals were nearly two times more likely to seek counselling to address their intimate partner victimization. The adverse effects of intimate partner violence were also found to have been correlated with the use of alcohol and/or drugs, as approximately half of male respondents indicated that they used substances to cope with their victimization. Arguably the most interesting finding within this research originates from the rates of male-identified individuals who stated they would access a men's domestic violence shelter. Male respondents were nearly two times as likely to have indicated their willingness to attend a male domestic violence shelter, when compared to their willingness to attend a "domestic violence" shelter. The numerous help seeking behaviours explored in this

study are significant, as they contribute to the existing literature by highlighting the type and extent of help-seeking behaviours among male and female victims of intimate partner violence.

When assessing the experiences of homelessness among Indigenous participants; it is important to consider the colonial history of Canada, and the intergenerational trauma that has occurred as a result of the residential school system and the provincial child welfare system (Belanger et al. 2013; Menzies 2009; Menzies 2007). The challenges facing Indigenous persons are unique, in the sense that the systemic discrimination faced by this population has contributed towards higher rates of family violence within Indigenous communities, higher rates of substance abuse, higher rates of familial, communal, and cultural disconnection, higher rates of mental health concerns and homelessness, lower rates of educational attainment, and higher rates of criminal justice system involvement among Indigenous persons (Belanger et al. 2013; Menzies 2009; Menzies 2007). This study found that Indigenous persons were more likely to have experienced intimate partner violence when compared to non-Indigenous persons and were also more likely to have an addiction to drugs, and alcohol when compared to non-Indigenous persons. A consideration of the history of cultural genocide and colonialism within Canada is a necessary step in not only moving towards reconciliation, but also developing approaches and policies that better meet the needs of Indigenous persons facing homelessness and intimate partner violence.

Furthermore, it is also important to note that participants reported to disagree with statements assessing the adequacy of existing supports offered in emergency shelters and drop-in centres. Participants reported that the shelters they were residing in or the drop-in services they were accessing did not provide adequate counselling and legal services, and a majority of participants indicated that they did not feel comfortable bringing their children to the existing emergency accommodations they were accessing. The findings from the Likert scales are significant as the findings suggest that existing emergency accommodations require additional resources to more adequately meet the needs of their clientele, with regards to their IPV victimization.

It is important to indicate that this study does have limitations that must be considered. This study was not able to determine with certainty, when an individual may have experienced their intimate partner violence victimization. It is unclear whether the victimization occurred during a participant's period of homelessness or if the victimization occurred beforehand. As

such, this study cannot determine causality or make any causal claims, as the principle of temporal order has not been satisfied (Palys and Atchison 2014; Neuman and Robson 2012). Furthermore, since the domestic violence questionnaire only encompassed 24 questions, it is possible that some individuals may have been the victim of IPV and unable to identify with the limited questions posed. In addition, the questions that assessed physical violence did not examine incidents where the threat of physical violence was used to coerce an individual; and as such this does present some notion of a weakened construct validity. Although this study used an item that was only assessed 24 questions directly related to victimization and perpetration, in order to ensure that the instrument was not too lengthy, future studies should venture to include the more robust questionnaires within their study. In addition to the limitations associated with the construct validity of the domestic violence questionnaire, this study was not able to rule out the effects of rival plausible explanations, such as mental illness, unemployment, social isolation, and intergenerational poverty, on homelessness (Palys and Atchison 2014; Neuman and Robson 2012). This study was also conducted in organizations with abstinence policies with regards to the use of drugs and alcohol, and this may make the generalizability of this study's findings to the broader population problematic, as this study may not have captured an accurate representation of the broader homeless population within the urban centre.

This study is also cross-sectional in nature and is unable to explore the longitudinal effects of intimate partner violence on homelessness. Since the sample was not drawn at random, the results of this study should not be regarded as being generalizable to the overall homeless population but should be used to inspire future research projects on this topic. Furthermore, this study was also affected by missing data, as many male participants did not consider themselves to be victims of intimate partner violence, despite having experienced it, and this resulted in participants not answering questions related to the effects of domestic violence victimization. Recommendations for future studies should include the use of a mixed methods approach, with particular attention being given to the use of semi-structured interviews, as this may allow a researcher to more adequately understand how intimate partner violence contributes to homelessness (Palys and Atchison 2014). The findings of this study, although correlational in nature, are significant as they can inform future policy options.

Recommendations:

This study advocates for the use of evidence-based techniques to combat the issue of homelessness, and this section of the study focuses on the potential recommendations that may be implemented to assist homeless persons who are living with intimate partner victimization.

This study suggests:

- Work towards an implementation of the Housing First model, to ensure that individuals have access to supportive housing, as opposed to relying solely on emergency supports
- Providing agencies that work with primarily Indigenous clients with additional resources to implement domestic violence and intimate partner violence counselling programs.
- Providing agencies that work with primarily Indigenous clients with additional resources to have Elders and street-based workers on staff in order to reach segments of the Indigenous homeless population that are residing in the streets
- Providing agencies that work with primarily Indigenous clients with additional resources to have programming that aids in the healing process that may emerge as a result of the intergenerational trauma faced by the Indigenous community
- Providing drop-in centres with additional resources to keep their doors open for a longer period of time during the winter season, in order to ensure that those individuals who are living in the street received shelter for a longer period of time; and this may provide relief to overnight shelters
- Ensure that after care workers, are not hired by a central agency, and instead are attached to existing organizations, as these organizations may have developed a rapport with clients that may be in supportive housing; which may in turn allow for the Housing First strategy to be at its most effective
- Provide resources to shelters and drop-in centres to hire counsellors and/or social workers trained in responding to the needs of individuals facing intimate partner victimization
- Provide shelters and drop in centres with resources to implement a legal support program for individuals affected by intimate partner violence, such as providing access to a duty counsel
- Provide shelter and drop in centres with resources to implement job training programs to assist individuals seeking employment; by providing them with programs and skills that allow for them to economically integrate themselves within society
- Ensure that male victims of intimate partner violence have access to facilities that provide emergency accommodations to men fleeing violence

- Provide resources to establish an emergency domestic violence shelter, that is accessible for individuals of all gender identities. This shelter should also be accessible to families.
- Ensure that family shelters are provided with the resources to ensure that parents feel comfortable bringing their children to the shelters
- Provide resources to ensure that a male or gender inclusive domestic violence shelter, can also address issues such as addictions and mental health among its clients; and ensure that this facility operates as in both an emergency and transitional housing capacity
- Provide additional resources to community agencies that provide counselling services to victims of IPV, for the purposes of expanding services to meet the needs of victims of all gender identities
- Provide emergency shelters and drop-in centres with the resources to provide staff with improved training to address IPV victimization

Administrative Information:**Declaration of Conflicting Interests:**

The author and research contributors declare no potential conflicts of interest with regards to the research, data collection, authorship, and submission of this article. The author is an independently contracted individual with no affiliation to the government body funding the study or to the community organization administering the funding grant.

Funding:

The author discloses receipt of the following funding and financial support for the research, authorship, and publication of this article: This research was supported in full by a grant to Dr. Paul Sandor and Dr. Don Dutton, from Employment and Social Development Canada's *Innovative Solutions to Homelessness* initiative. The funding was granted to the Canadian Association for Equality, who then contracted the independent author to design and author this study. Once again, the authors would like to indicate that they do not maintain any affiliation with the governmental funding body or administering organization.

References

- Alberta Human Services. 2008. "Men Abused by Women in Intimate Relationships". Retrieved March 31, 2019 (<http://www.humanservices.alberta.ca/documents/PFVB1100-men-abused-by-women-booklet.pdf>).
- Beattie, Sara and Hope Hutchins. 2015. "Shelters for Abused Women in Canada". Ottawa, Ontario: Statistics Canada. Retrieved March 31, 2019 (<https://www150.statcan.gc.ca/n1/pub/85-002-x/2015001/article/14207-eng.htm#a4>).
- Belanger, Yale, Olu Awosoga, and Gabrielle Weasel Head. 2013. "Homelessness, Aboriginal People, and the Need for a National Enumeration." *Aboriginal Policy Studies* 2(2): 4-33.
- Black, Michelle, Kathleen C. Basile, Matthew J. Breiding, Sharon G. Smith, Mike L. Walters, Melissa T. Merrick, Jieru Chen and Mark R. Stevens. 2011. "The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report". Retrieved March 31, 2019 (https://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf).
- Brasfield, C. R. 2001. Residential school syndrome. *BC Medical Journal* 43: 78-81.
- Burczycka, Marta. 2016 [a]. "Section 1: Trends in self-reported spousal violence in Canada, 2014" Ottawa, Ontario: Statistics Canada. Retrieved March 31, 2019 (<https://www150.statcan.gc.ca/n1/pub/85-002-x/2016001/article/14303/01-eng.htm>).
- Burczycka, Marta. 2016 [b]. "Family Violence in Canada: A Statistical Profile, 2014". *Juristat*: 1-77. Retrieved March 31, 2019 (<https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2016001/article/14303-eng.pdf?st=8i6RxZbW>).
- Christensen, J. 2017. *No Home in a Homeland: Indigenous Peoples and Homelessness in the Canadian North*. Vancouver, British Columbia: UBC Press.
- City of Toronto. 2007. "What Housing First Means for People: Results of Streets to Homes Post-Occupancy Research." Toronto, Ontario: City of Toronto. Retrieved March 28, 2019 (<https://www.homelesshub.ca/sites/default/files/attachments/txqjqfm0.pdf>).
- City of Toronto. 2019. "Land Acknowledgement." Toronto, Ontario: City of Toronto Retrieved March 31, 2019 (<https://www.toronto.ca/city-government/accessibility-human-rights/indigenous-affairs-office/land-acknowledgement/>).
- Czyzewski, K. 2011. Colonialism as a Broader Social Determinant of Health. *International Indigenous Policy Journal*, 2(1).
- Desmarais, Sarah L., Kim A. Reeves, Tonia L. Nicholls, Robin P. Telford, and Martin S. Fiebert. "Prevalence of Physical Violence in Intimate Relationships, Part 1: Rates of Male and Female Victimization. *Partner Abuse* 3(2): 140-169.
- Douglas, Emily M., Denise A. Hines, Louise Dixon, Elizabeth M. Celi, Alexandra V. Lysova. 2018. "Using Technology to Conduct Focus Groups with a Hard to-Reach Population: A Methodological Approach Concerning Male Victims of Partner Abuse in Four English Speaking Countries". *Journal of Interpersonal Violence*: 1-24.

- Evans-Campbell, T. "Historical Trauma in American Indian/Native Alaska Communities: A multilevel framework for exploring impacts on individuals, families, and communities." *Journal of Interpersonal Violence* 23(3): 316-338.
- Gaetz, Stephen, and Erin Dej, and Tim Richter, and Melanie Redman. 2016. *The State of Homelessness in Canada 2016*. Toronto: Canadian Observatory on Homelessness Press.
- Gaetz, Stephen, Fiona Scott, and Tanya Gulliver. 2013 [b]. *Housing First in Canada: Supporting Communities to End Homelessness*. Toronto: Canadian Homelessness Research Network Press.
- Gaetz, Stephen, Jesse Donaldson, Tim Richter, and Tanya Gulliver. 2013 [a] *The State of Homelessness in Canada 2013*. Toronto: Canadian Homelessness Research Network Press.
- Gilroy, Heidi, Judith McFarlane, John Maddoux, and Cris Sullivan. 2016. "Homelessness, housing instability, intimate partner violence, mental health, and functioning: A multi-year cohort study of IPV survivors and their children." *Journal of Social Distress and the Homeless* 25(2): 86-94.
- Goering, Paula N., David L. Streiner, Carol Adair, Tim Aubry, Jayne Barker, Jino Distasio, Stephen H. Hwang, Janina Komaroff, Eric Latimer, Julian Somers, and Denie M. Zabkiewicz. 2011. "The At Home Chez Soi trial protocol: A pragmatic, multi-site, randomized controlled trial of a Housing First intervention for homeless individuals with mental illness in five Canadian cities." *British Medical Journal Open* 1(2): 1-20.
- Greenwood, Ronni Michelle, Ana Stefancic, Sam Tsembris, and Volker Busch-Geertsma. 2013. "Implementations of Housing First in Europe: Successes and Challenges in Maintaining Model Fidelity". *American Journal of Psychiatric Rehabilitation* 16: 290-312.
- Kirkby, Chelsea and Kathryn Mettler. 2016. "Women First: An Analysis of a Trauma-Informed, Woman-Centred, Harm Reduction Housing Model for Women with Complex Substance Abuse and Mental Health Issues." Toronto, Ontario: Canadian Observatory on Homelessness. Retrieved March 31, 2019 (<https://www.homelesshub.ca/sites/default/files/attachments/2.1%20Kirkby.pdf>).
- Menzies, Peter. 2007. *Understanding Aboriginal Intergeneration Trauma From a Social Work Perspective*. *The Canadian Journal of Native Studies* 27(2): 367-392.
- Menzies, Peter. 2009. "Homeless Aboriginal Men: Effects of Intergenerational Trauma". Retrieved March 28, 2019 (<https://homelesshub.ca/sites/default/files/attachments/6.2%20Menzies%20-%20Homeless%20Aboriginal%20Men.pdf>).
- Neuman, W.L, Robson, K. 2012. *Basics of Social Research: Qualitative and Quantitative Approaches*. Toronto, Ontario: Pearson Education.
- Palys, T., Atchison, C. 2014. *Research Decisions: Quantitative, Qualitative, and Mixed Methods Approaches 5th Edition*. Toronto, Ontario: Nelson Education
- Sinha, Maire. 2012. *Family Violence in Canada: A Statistical Profile, 2010*. *Juristat*: 1-107.

- Sullivan, Cris M., Heather D. Bomsta, and Margaret A. HacsKaylo. 2016. "Flexible Funding as a Promising Strategy to Prevent Homelessness for Survivors of Intimate Partner Violence". *Journal of Interpersonal Violence*: 1-17.
- Sutton, Danielle and Myrna Dawson. 2018. "Differentiating Characteristics of Intimate Partner Violence: Do Relationship Status, State, and Duration Matter?". *Journal of Interpersonal Violence*: 1-25.
- The Homeless Hub. 2018 [a]. "What is Homelessness". Toronto, Ontario: Canadian Observatory on Homelessness. Retrieved March 28, 2019 (<https://homelesshub.ca/resource/what-homelessness>).
- The Homeless Hub. 2018 [b]. "Causes of Homelessness". Toronto, Ontario: Canadian Observatory on Homelessness. Retrieved March 28, 2019 (<https://www.homelesshub.ca/about-homelessness/homelessness-101/causes-homelessness>).
- The Homeless Hub. 2018 [c]. "Domestic Violence". Toronto, Ontario: Canadian Observatory on Homelessness. Retrieved March 28, 2019 (<https://www.homelesshub.ca/about-homelessness/legal-justice-issues/domestic-violence>).
- The Homeless Hub. 2018[d]. "Single Men". Toronto, Ontario: Canadian Observatory on Homelessness. Retrieved March 28, 2019 (<https://www.homelesshub.ca/about-homelessness/population-specific/single-men>).
- Truth and Reconciliation Commission of Canada [TRC]. 2015. "Honouring the Truth, Reconciling the Future". Retrieved October 15, 2018 from (http://www.trc.ca/websites/trcinstitution/File/2015/Honouring_the_Truth_Reconciling_or_the_Future_July_23_2015.pdf).
- University of Toronto. N.D. "Cross Tabulation with Nominal Variables". Toronto, Ontario: University of Toronto. Retrieved March 28, 2019 (http://groups.chass.utoronto.ca/pol242/Labs/LM-3A/LM-3A_content.htm).