

**PREGNANCY AND EARLY PARENTING TRAJECTORIES
AMONG YOUNG PEOPLE EXPERIENCING STREET-
ENTRENCHMENT: A QUALITATIVE STUDY**

by

Reith Charlesworth

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The following individuals certify that they have read, and recommend to the Faculty of Graduate and Postdoctoral Studies for acceptance, a thesis entitled:

Pregnancy and early parenting trajectories among young people experiencing street-entrenchment: a qualitative study

Submitted by Reith Charlesworth in partial fulfillment of the requirements for the degree of Master of Arts in Interdisciplinary Studies

Examining Committee:

Dr. Danya Fast, Assistant Professor, Department of Medicine, UBC

Co-Supervisor

Dr. Jane Buxton, Professor, School of Population and Public Health, UBC

Co-Supervisor

Dr. Andrea Krüsi, Assistant Professor, Department of Medicine, UBC

Supervisory Committee Member

Abstract

Background: Qualitative research demonstrates that, among youth who use substances in the context of entrenched poverty and homelessness, pregnancy is often viewed as an event that could change the trajectories of their lives. However, young people’s desires and decision-making regarding how to make changes do not always align with the perspectives of various professionals and systems regarding how best to intervene.

Methods: This study draws on 14 months of longitudinal qualitative interviews and ethnographic fieldwork with 16 youth (under 29 years of age) to explore how pregnancy and early parenting shaped their trajectories. Eight of the 16 participants self-identified as Indigenous.

Findings: The young people who participated in this study described pregnancy as a life event that could stabilize tumultuous romantic relationships and deepen a sense of romantic love in the midst of the everyday emergencies of substance use, homelessness, and poverty. As “moral assemblages,” romantic relationships shaped decision-making surrounding pregnancy and parenting on the streets, including the decision of whether or not to enter treatment. Consistent with previous research, pregnancy was envisioned by youth as a turning point that might allow them to realize different kinds of futures. However, intervention by child protection, healthcare, and criminal justice systems were often at odds with what youth envisioned for themselves, their families, and the future. In particular, interventions that separated young couples were often perceived by youth as destabilizing the very relationships that they felt would allow them to successfully navigate a pregnancy and create a family.

Conclusions: This study highlights how a disjuncture between youth’s decision-making surrounding pregnancy and parenting and the systems that are intended to help them can further entrench young

parents in cycles of loss, defeat, and harm that can be powerfully racialized. Two young people were not in romantic relationships during their pregnancies and were better able to navigate child protection and healthcare system demands and draw on other kinds of social support to ultimately maintain custody of their children. However, these fragile success stories further underscore the need for structural interventions that provide access to housing and income among vulnerable young parents.

Lay Summary

Youth who are unstably housed and using drugs often view pregnancy as an opportunity to find stable housing, eliminate drug use, and build a family. Although these goals are supported by the various systems youth interact with, they are not often realized. To investigate these outcomes, this study explores how 16 youth navigated pregnancy and early parenting in the context of unstable housing, poverty, and drug use in Vancouver. Study findings show that youth in romantic relationships often chose to “stay together no matter what” even as child protection, healthcare, and criminal justice system interventions mandated their separation (e.g., to attend drug use treatment). This disjuncture often resulted in the apprehension of children by child protection services, which had devastating impacts on parents. To address these, this study outlines key considerations for interventions for youth who are navigating pregnancy and parenting in the context of unstable housing and drug use.

Preface

This research was nested within a program of research led by my co-supervisor, Dr. Danya Fast.

This thesis is my original and unpublished work, completed in collaboration with my supervisory committee. The conceptualization and design of this thesis, including research questions, was led by me, with critical input and guidance from my co-supervisors, Dr. Danya Fast and Dr. Jane Buxton.

The study data was collected by me, with guidance from research team member Madison Thulien. I then coded and analyzed the data, and wrote this thesis, with mentorship from my supervisory committee, Drs. Danya Fast and Jane Buxton, and research team members Madison Thulien and Daniel Manson. Ethics approval for this study was obtained from the University of British Columbia Behavioural Research Ethics Board (#H18-03256).

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List of Abbreviations

ARYS: At-Risk Youth Study

BC: British Columbia

BCCSU: British Columbia Center on Substance Use

CCO: Continuing custody order

CPS: Child protection services

DTES: Downtown Eastside

DTS: Downtown South

FIR: Families in Recovery combined care unit at BC Women's and Children's Hospital

MCFD: Ministry of Children and Family Development

SRO: Single-room occupancy hotel

VACFSS: Vancouver Aboriginal Child and Family Services Society

YAC: Youth Advisory Council

YPPP: Youth Pregnancy and Parenting Program

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Dedication

This thesis is dedicated to the individuals who participated in this study, and all the other young parents who have lost custody of their children in the context of systemic discrimination and socioeconomic disadvantage.

Chapter 1: Introduction

1.1. Pregnancy and parenting in the context of street-entrenchment and substance use

Among young people who use drugs in the context of street-entrenchment (i.e. those experiencing homelessness or unstable housing, frequently in the context of other kinds of overlapping exclusion along axes of race, class, ability, sexual orientation, and gender identity), the discovery of a pregnancy is often framed by healthcare and child protection service (CPS) professionals, systems, and services as a “rare strategic opportunity...to connect with especially vulnerable individuals at a moment when they yearn to change their lives” (Smid et al., 2010, p. 151). Research demonstrates that these young people often feel similarly; a new pregnancy represents a chance to make big life changes, such as reducing or eliminating substance use and exiting street-based homelessness (Auerswald & Eyre, 2002; Begun et al., 2019; Comfort et al., 2015; Smid et al., 2010). As an important “turning point,” pregnancy has the potential to be a moment when the goals of various professionals and those of young people align. And yet, desired changes in youth’s lives are not often realized, resulting in numerous harms for vulnerable young parents that include experiences of child apprehension and periods of drug use relapse and bingeing, street-based homelessness, and mental health crisis (Begun et al., 2019; Smid et al., 2010).

This thesis explores what happens when young parents’ desires and decision-making regarding how to make changes in their lives do not align with the perspectives of various professionals and systems regarding how best to intervene. Drawing on 14 months of longitudinal qualitative interviews and ethnographic fieldwork with 16 youth ages 21 to 29, I explore how these young people navigated pregnancy and early parenting while contending with the demands of child protection, criminal justice, substance use treatment, and acute and community-based healthcare systems across time. While the youth in this study envisioned pregnancy as a turning point that might allow them to move away from intensive substance use and street-entrenchment and realize

different kinds of futures, interventions by child protection, healthcare, and criminal justice systems were often at odds with what youth envisioned for themselves, their relationships, their families, and the future. In particular, interventions that separated young couples were often perceived by young people as destabilizing the very relationships that they felt would allow them to successfully navigate a pregnancy, create a family, and parent a child. I demonstrate that this disjuncture between youth's desires and decision-making surrounding pregnancy and parenting and the systems that are intended to help them can further entrench young parents in cycles of loss, defeat, and harm that can be powerfully racialized for Indigenous parents. The two young people who were not in romantic relationships during their pregnancies and early parenthood were better able to navigate child protection, healthcare, and criminal justice system demands and draw on other kinds of social support to ultimately maintain custody of their children. However, these fragile success stories further underscore the need for structural interventions that provide access to housing and income among vulnerable young parents.

1.2. Study setting

This study was conducted in Greater Vancouver, in the Canadian province of British Columbia (BC). BC is an epicenter of the current North American overdose crisis, where the emergence of illicitly manufactured fentanyl and its analogues in drug markets has resulted in dramatic increases in overdoses. Since a public health emergency was declared by the Government of BC in April 2016, nearly 7000 people have died of a drug overdose, including 1300 young people under 30 years of age (BC Coroners Service, 2020). This ongoing public health emergency exacerbated the harms experienced by the young people who participated in this study, and increased the level of risk associated with pregnancy-related decision-making among both youth and the various professionals involved in their lives.

In BC as elsewhere, the difficulties of navigating pregnancy and parenting in the context of street-entrenchment and substance use are significantly intensified for Indigenous young people, because contemporary systems and services are built on hundreds of years of colonial policies and practices rife with racism (Turpel-Lafond, 2020). Indigenous peoples and communities are resilient, strong, and heterogenous, characterized by a variety of cultural practices, languages, and resistance movements. However, the intergenerational effects of governmental policies such as the Indian Act of 1876, the Indian Residential School system, and the Sixties and Millennium Scoops (throughout which thousands of First Nations, Métis, and Inuit children have been taken from their families and placed into foster care or put up for adoption) have systematically deprived Indigenous people of equitable opportunities for health and wellbeing, including access to land, income, education, housing, and food security—all of which contribute to disproportionate rates of substance use, poverty, and related inequities (Boucher et al., 2019; Firestone et al., 2015). In Canada, there are currently three times more Indigenous children in foster care than at the height of the residential school era (Blackstock et al 2020), and the rate of child welfare investigations into Indigenous families is between 4.2 and 8 times higher than for non-Indigenous families (Truth and Reconciliation Commission of Canada, 2015).

Indigenous communities throughout Canada have repeatedly called on all levels of government to “recognize and address the egregious health and social inequities among First Nations, Inuit, and Métis peoples that are a direct result of colonial policies, practices, and institutions of previous and current governments” (Boucher et al., 2019, p. 5). Such efforts require equity-oriented interventions which seek to dismantle racism and other forms of oppression that systematically disadvantage Indigenous people with respect to opportunities for health and wellbeing. This thesis takes up the call for research that centers and responds to the ways that colonialism, systemic racism, and other oppressive forces influence health and healthcare access

among Indigenous peoples, including among young people who are navigating pregnancy and early parenting in the context of street-entrenchment and substance use.

My study centered on the Downtown South (DTS) neighborhood of Vancouver, with a limited amount of ethnographic fieldwork occurring in suburbs outside of the downtown core. The DTS neighbourhood is where the majority of drop-in services and shelters for youth experiencing street-entrenchment are located. It is adjacent to the Downtown Eastside (DTES) neighbourhood, which has “long been imagined as the ‘proper’ destination of the visibly homeless, addicted, and mentally ill in Vancouver” (Fast & Cunningham, 2018, p. 240). The DTES is also a racialized space, where over one third of the neighborhood’s inhabitants are Indigenous.

Although there has been a “scaling up” of housing for low-income people who use drugs in both the DTS and the DTES, including youth-dedicated government-subsidized supportive and temporary modular housing (Fast & Cunningham, 2018), the majority of participants in my study were experiencing street-based homelessness (i.e. sleeping outside) in downtown Vancouver at the time of their own or their partner’s first pregnancy. As I will describe in more detail, experiences of homelessness and unstable housing continued for many young people across the study period, because the supportive and temporary modular housing available to young people currently includes very few family housing options that would allow young couples to reside together with their child or children.

Vancouver is home to some of the most comprehensive and progressive programs for young parents who use substances in Canada. Families in Recovery Combined Care Service (FIR, also known as FIR Square) is the primary medical service delivery and residential substance use treatment program for pregnant individuals in Vancouver. Opened in January 2003 at BC’s Women’s and Children’s Hospital and considered a “pioneering example” (Seaman, 2004), FIR is the first program of its kind in North America. The combined care unit provides medical care and

social support for people who are or were using substances during pregnancy, as well as infants exposed to substances. Adopting a harm reduction approach, the goals of the program are to reduce substance use and other behaviours that can cause harm, and keep newborns with their families of origin whenever possible (BC Women's Hospital and Health Center website, n.d.; Seaman, 2004). Pregnant individuals involved in FIR's programs participate in weekly care planning meetings with community and/or family supports, the FIR medical team of doctors and nurses, and CPS social workers from the Ministry of Children and Family Development (MCFD) or, for Indigenous parents, from Vancouver Aboriginal Children and Family Services Society (VACFSS). The program includes efforts to secure safe housing, substance use treatment, financial and legal aid, and parenting programs for pregnant individuals and new parents. Since 2004, a long-term goal of the program has been to create a second-stage housing and treatment program for parents and their babies, as "the lack of this type of support prevents families from staying together" (Seaman, 2004, p. 2). However, at the time of writing, this second-stage housing and treatment program has yet to be created.

Sheway Pregnancy Outreach Program (Sheway), located in the DTES, is another popular service hub offering health and social support for pregnant individuals and their children, as well as supportive family housing. The program serves individuals in Vancouver who are unstably housed or homeless and using substances and is guided by a philosophy that combines social justice and feminism (Salmon, 2013). Sheway also adopts a harm reduction approach and aims to address the social determinants of health by offering a spectrum of health and social services to "meet parents where they are at." Sheway prioritizes keeping children and infants with families, and generally advocates against CPS involvement unless absolutely necessary. Sheway's programming explicitly acknowledges the impact of systemic racism on the health and social outcomes of Indigenous parents (Salmon, 2013).

In addition to FIR and Sheway, which serve individuals of all ages, Vancouver’s Youth Pregnancy and Parenting Program (YPPP) offers services specifically tailored to young parents 24 years of age and under, including nutrition counselling, one-to-one sessions with a support worker, and parent-infant drop-in classes until babies are 18 months old (Vancouver Coastal Health website, n.d.).

The British Columbia Center on Substance Use (BCCSU)—a provincial organization that seeks to develop and evaluate evidence-based approaches to substance use care—recently published a set of guidelines detailing clinical recommendations for the treatment of opioid use disorder during pregnancy (BCCSU, 2018). These guidelines are oriented by research demonstrating that fear of losing custody of children is a barrier to accessing health and social services among pregnant and parenting populations (Kenny, 2018; Smid et al., 2010). The guidelines also highlight research underscoring the numerous negative long-term health and social outcomes associated with state apprehension of children and infants, emphasizing that involving CPS should only be considered “with the collaboration and consent of the pregnant patient” (BCCSU, 2018, p. 23). The guidelines focus on how to establish collaboration and trust with individuals, emphasizing the need for “a non-judgemental, trauma-informed, and culturally safe approach to care that accommodates patients’ individual choices and circumstances” (BCCSU, 2018, p. 9). Here, trauma-informed care is defined as professionals’ awareness of potential past trauma experienced by the patient (namely, physical and sexual abuse), a commitment to fostering trusting therapeutic relationships, and prioritizing patient choice. Cultural safety refers to “health care professionals adopt[ing] a humble, self-reflective clinical practice that positions them as respectful and curious partners when providing care, rather than as a figure of higher knowledge and authority” (First Nations Health Authority, 2017, p. 3). The BCCSU guidelines advocate for pregnant individuals to have access to a full range of harm reduction services (e.g., overdose prevention sites, sterile consumption supplies like needles for injection and glass

pipes with plastic or vinyl tubing used as mouthpieces for smoking, take-home naloxone kits, education on safer substance use). They emphasize integrated and individualized treatment plans, stating that residential treatment should be “considered in collaboration with, and with the consent of, the patient,” particularly for individuals experiencing “comorbidities and complex medical and psychosocial needs, as well as those with unstable housing and social circumstances” (BCCSU, 2018, p. 18). Long-term planning for housing and other health and social supports after exiting residential treatment is also emphasized (BCCSU, 2018).

Despite the existence of these specialized and progressive programs in Vancouver, my study demonstrates that many young people are not adequately supported as they navigate pregnancy and early parenting in the context of street-entrenchment and substance use. In this context, youth must simultaneously contend with the various everyday emergencies of poverty and addiction alongside their pregnancies and early parenthood, including frequent evictions, unstable housing and homelessness, food insecurity, mental and physical health crises, and interactions with law enforcement. They must also contend with the demands of various professionals, services, and systems including healthcare (acute and community-based), housing, child protection, income assistance, and criminal justice systems. My findings support previous work which demonstrates that these systems and services are often fragmented and experienced as punitive by those they are designed to serve (Comfort et al., 2015; Lopez, 2011, 2014). I show that, when individuals with complex health and social needs fail to navigate these fragmented and punitive systems and services, they not only risk becoming categorized as “resistant to treatment” (Buckley & Bigelow, 1992; Comfort et al., 2015, p. 101), but may simply disengage from much needed care and support. For those in this study, the result was devastating and often racialized cycles of loss, defeat, and harm, which, somewhat paradoxically, created a sense of being both utterly unsupported by and “trapped” within systems designed to help them.

1.3. The youth

As mentioned above, the majority of participants were unhoused or unstably housed at the time that they first learned about a pregnancy. Eight of the 16 young people self-identified as Indigenous, which is important to highlight in the context of anti-Indigenous racism within child protection, healthcare, and criminal justice systems in Canada. Many participants were sleeping and spending most of their time outside with a romantic partner. Some had rooms in rundown, privately-owned single room occupancy hotels (SROs), and a few had rooms in supportive or temporary modular housing buildings.

All participants were engaged in some form of substance use, most commonly the daily use of fentanyl and/or crystal methamphetamine (crystal meth). It should be noted that while some youth still referred to using “heroin,” or stated more generally that they used “down” (a slang term for illicit opioids), it is generally recognized that illicit opioids obtained in Vancouver’s street-based drug markets now consist primarily of illicitly manufactured fentanyl. It is for this reason that I use the term “fentanyl” throughout this thesis.

While I did not explicitly ask all participants about their childhoods, many participants mentioned that in their own childhoods they had experienced caregiver and residential instability, chronic poverty, and CPS involvement. And yet, almost all participants were excited to learn about a pregnancy, and saw it as an opportunity to dramatically change their lives and build a loving family. Participants’ longed to give their children the stability that had been missing in their own childhoods, and avoiding CPS involvement was understood by youth as essential to achieving this. When these desires were not realized, it amplified a sense of being trapped within a system whose control extended not only across their own lives, but also across generations.

Sixteen young people participated in this study, and my analysis draws on this broader data set. However, I have chosen to focus closely on the experiences of 10 participants in my findings chapter. These participants are introduced below. All names are pseudonyms, and I have omitted or altered information that could be used to identify them.

Jasmine

Jasmine is an Indigenous woman who was 21 years old at the time of her first interview in May 2019. She has one child, who was two years old at this time. Her child was in her older sister's custody throughout the time period of this study, and Jasmine did not have contact with them. Jasmine was primarily using fentanyl and crystal meth, but also used crack cocaine, alcohol, and cannabis regularly. When we met, she was living in a supportive housing building for young women after being homeless for approximately 10 months. Over the course of this study, she moved out of this supportive housing building into a privately-owned SRO so she could stay with her partner, William.

Dylan

Dylan is an Indigenous man who was 23 years old when we first met in May 2019. His family of origin experienced CPS involvement when Dylan was a child, although he did not share any more details about this with me. Dylan has one child who is two years old and is in the custody of Dylan's former partner, Amanda. Dylan and Amanda were homeless for several years before Amanda became pregnant, and continued sleeping outside until Amanda accessed Sheway late in her pregnancy. Throughout this study, Dylan was attempting to maintain more regular contact with both his child and Amanda, with whom he had an on- and off-again relationship. Dylan explained to me that, upon their baby's birth, CPS social workers restricted his access to his child because of his lack

of housing and employment. Dylan was living in a supportive housing building at the beginning of this study in May 2019, but lost access to that housing in the autumn of 2019 and remained homeless for the duration of the study period. While Dylan did not like discussing his substance use with me, as I got to know him he shared that he primarily used fentanyl and crystal meth but was trying to reduce or eliminate his use of these. He also regularly drank alcohol, which he described as a form of harm reduction that helped him to reduce his use of fentanyl and crystal meth.

Violet

Violet is a white woman who was 24 years old at the time of our first interview in June 2019. She has full custody of her only child, who is four years old. During Violet's childhood, her family of origin experienced MCFD involvement, and she underwent periods of separation from her mother as a result. Violet currently resides with her mother and child in a suburb of Vancouver, where she has lived since shortly after giving birth to her child. Upon discovering her pregnancy, Violet entered the substance use treatment program at FIR and has been abstinent from all illicit substances since that time. Prior to her time at FIR, she was homeless and injecting fentanyl and crystal meth daily. For Violet, pregnancy was also an opportunity to leave her child's father, who was emotionally and physically abusive. Violet and Christine (who is introduced below) are the only two participants in this study who were not in a romantic relationship when their children were born.

Elijah

Elijah is a 26-year-old Indigenous man who moved to Vancouver from a small reserve after his mother died six years ago. His partner, Kayley, was five months pregnant when Elijah and I met in November 2019, and she gave birth to their child in February 2020. Elijah almost exclusively used alcohol, although he would use crystal meth very occasionally (once every 4-6 months). He had a

room at a privately-owned SRO throughout this study, although he spent most nights with Kayley at her family's home. This cohabitation occurred despite a restraining order prohibiting the two of them from having any contact. Elijah had a long history of criminal justice system involvement. His interactions with law enforcement in Vancouver were characterized by regular instances of physical violence.

Liam

Liam, a 21-year-old white man, had been living at a long-term, second stage recovery home for approximately three months when we met over the phone in November 2019. He has one five-year-old child whom he has not seen in two years. His former partner and the mother of their child, Lisa, maintained custody with the support of both her own and Liam's parents. At the time of his child's birth five years ago, Liam was in a juvenile detention center. After his release, he stayed with Lisa and their child at his parents' home until CPS became involved and issued a no-contact order that prohibited him from seeing Lisa and their child. Lisa ended their relationship at that time, and Liam became homeless. At that time, his use of fentanyl, crystal meth, and crack cocaine intensified. He cycled between homelessness, short-lived stays in privately-owned SROs, and juvenile detention centers until he entered residential substance use treatment in the summer of 2019.

Christine

Christine is a 27-year-old woman of mixed Indigenous and white ethnicity. Both Christine and her current partner, Jordan, had experiences with CPS in their own childhoods, which they described as extremely negative. Christine was 33 weeks pregnant with her second child when we met in September 2019. Christine had been abstinent from all substance use other than cannabis since her first child was born in 2015. Prior to that, she smoked fentanyl daily in Victoria, BC, with

her former partner. Like Violet, Christine described her former partner as abusive. After discovering her first pregnancy, Christine was able to leave him and moved from Victoria to a suburb of Vancouver to live with her mother. CPS became involved upon her child's birth and custody was transferred to Christine's mother. Christine stayed with her mother intermittently over the next five years, while she cycled between periods of street-based homelessness, shelter stays, and couch surfing with friends with Jordan. About two weeks before her second baby was born, Christine and Jordan found market housing with roommates in a suburb outside of Vancouver. She maintained custody of this baby, and at the end of this study was attempting to regain custody of her first child.

Farrah and Curtis

Farrah, a 26-year-old Indigenous woman, was several months pregnant when I interviewed her and her partner, Curtis, a 24-year-old white man in November 2019. They had been together for about two years, during which time they had primarily been sleeping outside. When they learned about the pregnancy, they were living together in a tent in Oppenheimer park, the site of Vancouver's largest tent city at the time. Farrah was connected with Sheway, where she and Curtis received help in accessing temporary modular housing. Both Farrah and Curtis primarily used crystal meth and occasionally fentanyl. Despite expressing interest in participating in follow up interviews when we met in November 2019, neither of them responded to invitations for further participation in this study.

Katie and Mike

Katie, a 27-year-old woman of mixed Indigenous and white ethnicity, and her partner, Mike, a 29-year-old white man, have been together since they were adolescents. Katie's family of origin experienced CPS involvement, and she was placed in foster care as a child. Katie and Mike have two

children together, both of whom were in MCFD custody at the time that I met them in October 2019. At that time, they were actively trying to regain custody of both. Katie had been abstinent from all substance use since the birth of their second child over one year ago. Mike had been abstinent from all substance use for about nine months. Prior to that, he had experienced a significant relapse when Katie was admitted into FIR during her second pregnancy. Before Katie went to FIR, the couple was cycling between periods of street-based homelessness and couch surfing with friends, and using fentanyl and crystal meth. In January 2020, Katie and Mike's children were transferred from MCFD to VACFSS custody, which they hoped would accelerate the process of reunification.

1.4. Notes on positionality

As I describe further in Chapter 3, my positionality (i.e., how I am positioned within social and political structures) should be considered when interpreting the results of this thesis. I am a white, settler graduate student. I am not a parent, and on average, I was about 8 years older than the participants in this study. Overall, I perceived that most of the young people I spent time with for this study seemed to become comfortable talking about their experiences with me, and I developed particularly close relationships with five participants. However, in my fieldnotes, I frequently explored how power dynamics shaped by age, race, and class might be affecting the research process and outcomes. For example, I often wondered how my positionality was being “read” by youth participants in the context of fieldwork interactions and interviews, and how this affected what was said and went unsaid about interactions with various systems, services, and professionals.

All participants in my study had numerous past negative experiences with child protection, healthcare, and/or criminal justice systems, and many would refer to “the system” as a single entity. I often wondered how participants understood academic research to fit into this “system,” and

whether they perceived me as a professional who may have had some form of power over the circumstances of their lives, including whether or not they maintained or regained custody of their children. Over the course of an interview, and especially as closer relationships were developed with a small number of participants, I tried to clarify that my role was to hold space for young people to tell their stories on their own terms without judgement or consequence. Participants such as Dylan, Christine, Violet, Katie, and Mike initially provided idyllic depictions of their romantic relationships, as well as early parenthood. However, as we got to know each other over multiple interviews and fieldwork outings, they all admitted that the situations in which they found themselves were more complicated. The shifting and nuanced ways in which young people depicted their relationships, lives, and desires for the future as they became more comfortable interacting with me demonstrates the value of longitudinal qualitative and ethnographic research and constructivist approaches to knowledge production, which I define in Chapter 3.

1.5. Outline of the thesis

This thesis examines how a group of young people navigated pregnancy and parenting in the context of street-entrenchment and substance use in Vancouver. In Chapter 2, I use a narrative review to survey the relevant literature regarding pregnancy, parenting, and substance use among young people experiencing street-entrenchment. Chapter 3 describes the methodologies and theoretical frameworks used to inform the collection and analysis of data for this thesis. This chapter also situates me as an interviewer and academic, and I reflect on how my positionality potentially influenced the data collection and analysis processes. Chapter 4 describes the study findings. In Chapter 5, I discuss the implications of study findings for policy, practice, and future research.

Chapter 2: Literature Review

This study draws from diverse bodies of literature in order to query gendered and racialized experiences of romantic love, pregnancy, and early parenting among youth experiencing street-entrenchment and substance use. I used a narrative review to survey connections between relevant literatures described below. A narrative review is particularly useful for obtaining a broad perspective on a topic because, rather than attempting to locate *all* relevant literature, it identifies pivotal papers and expert authors. Narrative reviews are commonly used for qualitative and anthropological research studies that have no predetermined hypotheses. The conceptual and theoretical foci continually emerged and shifted across my study period, as I engaged with young people and their unfolding stories over time. By weaving together insights from divergent literatures, a narrative review reflects this inductive and iterative research method.

In my study, romantic relationships and romantic love played a significant role in shaping young people's decision-making, priorities, and trajectories. I therefore begin the literature review with a description of romantic love in the context of street-entrenchment and substance use, and how it is theorized in the literature. I then move to a description of what is demonstrated in the literature regarding young people's understandings and perspectives of pregnancy in the context of street-entrenchment and substance use. Following this, I examine the highly gendered nature of existing research and services focused on pregnancy and parenting. Finally, I describe the often-racialized cycles of loss, defeat, and harm that are well-documented among adult parents following the loss of child custody.

2.1. Characterizing romantic love and relationships in the context of homelessness and substance use

Ethnographic work has illustrated the importance of understanding social bonds among adult populations that are unhoused and using substances (Bourgois & Schonberg, 2009; Proudfoot, 2017). In this context, reciprocal sharing of scarce drugs, resources, and emotional support incurs mutual economic and moral debts that “[seep] into the common sense of what becomes desirable in family, friends, and lovers” (Karandinos et al., 2014, p. 10). Bourgois and Schonberg (2009, p. 83) describe how this “economy” of sharing and mutual obligation among homeless heroin users in San Francisco is “not simply a pragmatic, economic, or logistical necessity; it is the basis for sociality and establishes the boundaries of networks that provide companionship and also facilitate material survival.” In other words, social bonds shared between people who use substances are a central part of navigating everyday life in contexts of poverty and street-based homelessness.

The social bonds formed by young people experiencing addiction and street-entrenchment are often romantic in nature (Joly & Connolly, 2018). Previous work has explored how being in romantic relationships can make it easier for youth to navigate the everyday emergencies of life on the streets, including unexpected pregnancies, than if they were alone (Begun, 2015; Begun et al., 2019; Smid et al., 2010). These relationships allow young people to pool material resources. More importantly, romantic relationships can “contribute positively to the identity of [young people] by helping them to look at themselves differently and to consider alternatives to life on the street” (Blais et al., 2012). In other words, being involved in a romantic relationship can inspire young people to imagine and plan for dramatically different futures.

While romantic relationships can be a significant source of pleasure, sociality, and material and emotional support for youth in contexts of street-based homelessness, they are also linked to experiences of pain, violence, instability, and uncertainty in daily life. For example, research has shown that young people’s romantic relationships sometimes complicate their attempts to procure sufficient amounts of drugs, or avoid law enforcement in the context of street-entrenchment (Joly &

Connolly, 2018). Romantic relationships that were framed by young people as positive in one circumstance could be described as harmful in another (Cronley & Evans, 2017; Joly & Connolly, 2018; McCarthy & Casey, 2008).

Context-specific understandings of relationships often contrast with those of professionals working with street-entrenched youth in child protection, healthcare, and criminal justice systems. These professionals tend to focus on the harms associated with youth's romantic relationships and typically frame them as a negative influence on health and social outcomes (Joly & Connolly, 2018; Smid et al., 2010). For instance, healthcare professionals in Smid et al.'s (2010) study believed that relationships formed in the context of substance use and street-entrenchment were inevitably linked to violence and relapse, and therefore generally excluded young men from discussions about their partners' pregnancies.

However, dichotomous perceptions of young people's romantic relationships as either "positive" or "negative" do not fully account for the ways that these relationships powerfully shape experiences and outcomes of pregnancy and early parenting among young people who use drugs. While romantic relationships can be a source of resilience, harm, and survival for young people who use drugs in the context of street-entrenchment, reducing romantic relationships to any of these descriptors is problematic.

Some have suggested that romantic love, and by extension, relationships, are better conceptualized as "moral assemblages" (Zigon, 2013, p. 202) composed of diverse and sometimes contradictory discourses (e.g., media, popular culture), as well as individual embodied dispositions shaped by particular life trajectories (e.g., entrenched poverty, homelessness and addiction). As moral assemblages, romantic love and relationships issue "unavoidable demands" that guide decision making about how to remake oneself and live in particular moments. In this manner, Jarret Zigon (2013) has described how romantic love became central to the rehabilitation trajectories of two

people who used heroin in urban Russia. Formed during their struggle to abstain from using heroin while expecting a baby, Zigon (2013, p. 213) argues that the couple “acted on the expectation that love would shatter their very [addicted] way of being in the world—love, after all, was what they hoped would lead them away from heroin.” In this context, love became an event through which this couple attempted to reshape their subjectivities and open up new possibilities for their futures.

Zigon describes how the couple’s relationship deteriorated over time and they eventually began using heroin again. This is why staff at the rehabilitation center that the couple attended used their story to warn others about the ways that romantic love interferes with the intention to remain abstinent from substance use. According to Zigon, however, evaluating the impacts of the couple’s romantic love solely in relation to the imperative to remain abstinent misses the other kinds of opportunities and imaginaries of the future that were opened up by this love and relationship in a context of struggle, despair, and substance use (see also Lenhard, 2017, p. 322). In order to more fully understand how individuals make decisions in complex situations, we must attend to the ways that romantic love and relationships constitute moral assemblages that produce a “set of ethical practices individuals can utilize in moments of dilemma,” including the discovery of a pregnancy or the beginning of parenthood in a context of entrenched poverty, homelessness, and substance use (Zigon, 2013, p. 202).

2.2. Pregnancy as turning point?

As described in the introduction, among young people who use drugs in the context of street-entrenchment, the discovery of a pregnancy is often framed by professionals in child protection and healthcare and systems as a “strategic opportunity” (Smid et al., 2010). Research demonstrates that these young people also often view a new pregnancy as a turning point (Auerswald & Eyre, 2002; Begun et al., 2019; Comfort et al., 2015; Smid et al., 2010). Previous work shows that young people

navigating pregnancy in the context of homelessness and substance use generally recognize that they need to make drastic changes to their daily lives in order to parent their children (Begun et al., 2019; Smid et al., 2010). However, young people describe a variety of challenges and barriers to achieving these goals, including housing unavailability, ongoing poverty, and a lack of access to the formal employment market (Knight et al., 2017; Krusi et al., 2010). Despite a convergence in how CPS and healthcare professionals and youth frame pregnancy as an important turning point, desired changes and transitions away from street-entrenchment and substance use are often unrealized. Instead, pregnancy and early parenting can instead catalyze numerous harms for vulnerable young parents, including experiences of child apprehension, periods of drug use relapse and binging, street-based homelessness and mental health crisis, and disengagement from services (Begun et al., 2019; Kenny et al., 2015; Kenny, 2018; Knight, 2015; Smid et al., 2010). This disengagement from services is particularly alarming because young people who are experiencing street-entrenchment and using substances are vulnerable to a variety of health and social harms, including fatal and non-fatal overdose – risks that are exacerbated for Indigenous young people because of the racism embedded in child protection and healthcare systems (Kerr et al., 2009; Lyons et al., 2019; Mitra et al., 2015; Turpel-Lafond, 2020; Werb et al., 2008).

Young people's understandings of what their futures should or could look like are shaped by their individual histories with various professionals, services, and systems, including child protection, healthcare, and criminal justice systems. These histories become a part of the moral assemblages described in the previous sections, and are revealed in the ways that young people often talk about their romantic relationships and desires to create a family. For example, previous research demonstrates that young people who were in foster care during their own childhoods often express desires to build loving and stable families as a way to “do better than” or “undo” the harms of their own pasts (Begun et al., 2019; Smid et al., 2010).

Smid et al.'s (2010) ethnography of unhoused young parents documented that the majority of youth hoped that pregnancy would be a catalyst for transforming their lives, and envisioned becoming parents alongside their romantic partners. However, due in part to past experiences with CPS and the foster care system, as well as the substance use treatment and mental health care systems, young parents, and especially young mothers, were profoundly fearful of seeking help. This fear led many participants to avoid accessing services, choosing instead to prioritize their romantic partners in decision-making surrounding pregnancy and parenting. Despite young people's best efforts, newborns remained in their parents' custody only rarely. Smid et al. highlight that the three mothers who maintained custody of their children relied on their own families of origin for support rather than on romantic partners. The authors conclude that the service landscape for unhoused pregnant youth "often results in counterproductive alienation from and hostility to services (and in some cases cycles of even more self-destructive behaviour) because of the frequent emphasis on child custody over and above supporting youth in obtaining the housing, employment, and mental health and drug treatment needed to maintain custody" (Smid et al., 2010, p. 153). This reliance on families of origin for support highlights a disjuncture between youth's visions of pregnancy as a pathway to a more stable life with their romantic partner, and the "structural constraints of poverty, inadequate services, and inability to access resources through other means" (Smid et al., 2010, p. 151).

2.3. Gendered experiences of young fathers

Smid et al. (2010) also highlight how a service landscape for pregnant mothers can exclude fathers. For example, several young women in their study had the option of securing supportive housing for themselves and their children, but were unwilling to leave their male partners unhoused. This inevitably precipitated the removal of their children by CPS.

In general, services for young pregnant or parenting people are often remarkably gendered, frequently focusing on young mothers and excluding young fathers (Mnizak et al., 2019; Smid et al., 2010). This perpetuates sexist assumptions that women are the natural bearers of responsibilities attached to pregnancy and parenting, and that young fathers are, at best, unnecessary and, at worst, unfit as parents. It also upholds heteronormative ideas of family that exclude trans and queer youth. It should be noted here that much of the previous literature about young parents focuses on cisgender individuals in heterosexual relationships, and the experiences (and even existence) of trans, non-binary, Two-Spirit, and queer youth are largely unaccounted for (Dietz, 2020; Lowik & Knight 2019). It is worth stating here that not all pregnant people are women, and not all pregnant people are in romantic relationships with men. The lack of queer and trans participants in my study and others is a major limitation to understanding the pregnancy and parenting experiences of all genders and sexual orientations in the context of street-entrenchment and substance use.

Although young men generally report positive and optimistic attitudes towards pregnancy and parenting (Begun et al., 2019), there is a dearth of parenting services available to them in North America (Davies, 2016; Devault et al., 2008; Mnizak et al, 2019). Fathers are a mostly unaddressed population in both the service and research landscape. For example, Mnizak et al.'s (2019) ethnographic study of young parents in heterosexual relationships illustrates how negative stereotypes of young fathers as “hard to reach” or “uninvolved” are perpetuated by the lack of services dedicated to this population. In Mnizak et al.'s study, many young fathers either avoided or missed out on basic parenting information (for example, regarding feeding, sleeping, child safety, or enrichment activities), or relied heavily on their co-parents for information. Young men reported various barriers to attending parenting programs, such as inconvenient hours of operation, policies restricting men, and exclusionary cultures (many gender non-specific parenting programs operate de facto as programs for mothers).

Recent research demonstrates that men’s exclusion from parenting programs can place strain on co-parenting dynamics and a greater burden of responsibility on young women (Catherine et al., 2019). Moreover, the lack of support for young fathers can become especially detrimental if the co-parenting relationship deteriorates, as they become further isolated from parenting (Mnieszak et al., 2019). In turn, young mothers are faced with additional challenges related to single parenting, which can impact children’s long-term development (Catherine et al., 2019). All of these challenges are exacerbated among young people who are navigating pregnancy and parenting in the context of street-entrenchment and substance use (Begun, 2015; Kershaw et al., 2014).

When pregnancy occurs in the context of street entrenchment, healthcare and CPS interventions frequently necessitate the separation of couples for a period of time—typically so that one or both young people can enter residential substance use treatment without the “distraction” of their romantic partner (Smid et al., 2010). Unfortunately, rather than supporting youth in achieving their goals, forced separations can often set off destructive cycles of loss, defeat, and harm for young parents of all genders.

2.4. Cycles of loss, defeat and harm

Negative and traumatizing experiences during pregnancy and early parenting can create numerous harms, both across young people’s own lives, and across generations. The negative impacts of adversities experienced during pregnancy on fetal and early childhood development are well understood. It is recognized that promoting healthy development as early in the life course as possible is more effective than later remediation of health and social problems (Hertzman & Boyce, 2010; Marmot et al., 2010).

Yet, a recent cohort study of young, first-time pregnant women demonstrates that, despite Canada’s high-income status and longstanding commitment to equity in healthcare and social service

access, disturbingly high levels of disadvantage exist for many young mothers in British Columbia and Canada that, in turn, impact their children's development (Catherine et al., 2019). All of the young women who participated in this cohort study had experienced some level of "socioeconomic disadvantage," defined as having low income, attaining less than high school education, and/or being a single parent. Furthermore, most participants had experienced a combination of housing instability, mental and physical health issues (including substance use before and during pregnancy), intimate partner violence, and childhood maltreatment. What is striking is that the findings from the cohort study reveal that these factors, many of which significantly pre-dated pregnancies, were linked to additional health and social adversities during pregnancies and early parenthood among young women. Disturbingly, less than a third of study participants had received income assistance entitlements. Concentrated disadvantage (defined as experiencing two or more indicators of socioeconomic disadvantage listed above) for mothers places children at risk for a range of long term developmental, health, and social problems. Catherine et al. (2019, p. 8) conclude that "reaching these populations and addressing avoidable adversities during early pregnancy—thereby also increasing children's life chances—is a societal imperative." The findings from this recent cohort study powerfully demonstrate that public policy remedies must extend beyond healthcare interventions to address housing and income inequalities.

Research demonstrates that families and parents who have low-incomes, and in particular those who are racialized, are more likely to experience child custody loss, and less likely to experience reunification (Trocme et al., 2004). Devastating experiences of child custody loss have been shown to intersect with drug-related harms, including overdose (Thumath et al., 2020). A recent cohort study (Thumath et al., 2020) found that the loss of child custody was associated with significantly increased odds of unintentional, non-fatal overdose among mothers in BC. In particular, Indigenous mothers who had experienced loss of child custody had over twice the odds

of unintentional overdose than non-Indigenous women who had not lost custody, after adjusting for education, food insecurity, and sex work (Thumath et al., 2020). As I will address further in the next section, this finding is especially disturbing given the long history of state-sanctioned removals of Indigenous children from their families, including the current disproportionate rates of CPS investigations and child custody loss for Indigenous families. A recent systematic review revealed that losing custody of a child can have similar psychological effects on parents to the death of child, characterized by prolonged periods of grief and feelings of inadequacy and guilt (Marsh & Leamon, 2019). The lack of support offered to parents following child apprehension can intensify psychological distress, contributing to parents' substance use (Marsh & Leamon, 2019; Thumath et al., 2020).

Kenny (2018) has further illustrated how the loss of child custody can have a number of disastrous impacts on health and well-being on mothers in addition to heightened risk of overdose. Kenny (2018) identifies three interconnected trajectories associated with child custody loss among female sex workers in Vancouver: a proliferation of stress, including suicidality and grief; increased poverty (a finding that was more pronounced among Indigenous participants); and increased social displacement through the loss of other close relationships and/or disengagement with services. The women in Kenny's study recognized child apprehension as a critical turning point that had negative health, social and economic consequences. Following an apprehension, mental distress and substance use intensified, and engagement with health and social services and economic opportunities declined, leading to increased poverty and isolation. The majority of women described feelings of futility and emptiness. Many women described the loss of other close social relationships (such as romantic partners, family members, or service providers) following the loss of custody, which further impacted their abilities to manage accelerating substance use and mental health crises.

Importantly, Kenny emphasizes that none of the women in her study felt adequately supported, in either the short- or long-term, in the aftermath of losing custody of their children.

2.5. Racialized cycles of loss

The role of the colonial past and present must be central to discussions of the harms of contemporary CPS systems, as well as those generated by addiction, socioeconomic marginalization, and barriers to healthcare access. For many Indigenous peoples, addiction is intimately, intergenerationally linked with dispossession, displacement and forced poverty. As Garcia (2010, 2014) argues, experiences of addiction and care in the present are informed by historical and ongoing colonial policies and practices that have resulted in the loss of land, culture, and familial ties for Indigenous Peoples.

There are significant continuities between the historic, state-sanctioned removal of Indigenous children from their families and their placement in residential schools, the Sixties and Millennium Scoops, and current CPS and government care systems in Canada (Barker et al., 2019; Blackstock, 2015; Sinclair, 2007). The official closure of the residential schools by the federal government almost thirty years ago has given way to the ongoing removal of Indigenous children from their homes by provincial child welfare ministries, ushering in what Pearce et al. (2019, 53) call “a new era of Indigenous child apprehension” in Canada. In fact, CPS in Canada is commonly described by activists and researchers as “the new residential school system” because of striking similarities in the ways that children are being removed from their communities of origin by agents of the state, and “their connections to their families, nations, lands, and cultures... being irreversibly destroyed” (Muree Martin & Walia, 2019, p. 112). A recent media report by the Canadian Broadcasting Corporation emphasizes that Indigenous children are largely being apprehended due to poverty (Sterritt, 2017).

A report from the Vancouver Downtown Eastside Women's Center detailing the experiences of Indigenous women underscores the racialized impacts of high rates of custody loss on children and parents' physical and mental health (Muree Martin & Walia, 2019). For example, many mothers reported increased substance use following child apprehension. The rate of suicide attempts is 2.82 times higher and the rate of death by suicide is more than four times higher for women who have experienced child custody loss in Canada (Wall-Wieler, 2018). Among the women in Kenny's (2018) study, self-rated health was poorest for women who had experienced two generations of CPS system involvement (in their own childhoods, and then again with their own children), the majority of whom were Indigenous.

Once placed in government care, children and youth face increased risk for a multitude of physical and mental health harms. In 2016, 120 children and youth died while in or receiving services from CPS in BC, and the provincial Representative for Children and Youth office receives 200 critical injury and death reports for children and youth every month (Sherlock & Culbert, 2017). The cycles of loss, defeat and harm that are created by child apprehension are perpetuated across generations as youth in government care "age out," once at the age of majority (19 years old), and then again at 24 (Muree Martin & Walia, 2019). Each time, youth's access to supports are restricted or eliminated, and many are faced with unstable housing or homelessness, economic precarity, and worsening mental health and substance use issues. Approximately 60 percent of youth experiencing homelessness in Canada were previously in government care (Muree Martin & Walia, 2019).

Even as child protection, healthcare, and substance use treatment systems and services are working towards becoming more culturally safe (First Nations Health Authority, 2017), Indigenous peoples continue to encounter explicit racism and discrimination in these systems and services, leading many to disengage with health and social services entirely (Turpel-Lafond, 2020). A recent report investigating the healthcare system in BC reveals that 84 percent of Indigenous peoples have

experienced racism and discrimination that then discouraged them from seeking necessary care (Turpel-Lafond, 2020). Systemic racism perpetuates cycles of inequity, particularly among those experiencing socioeconomic marginalization and the stigma of concurrent mental health and substance use issues. Among Indigenous young people who are navigating pregnancy and early parenting in the context of street-entrenchment and substance use, avoiding racist services and systems can have devastating impacts on the health and social outcomes of both parents and children, including the cycles of loss, defeat and harm described above (Kenny, 2018; Muree Martin & Walia, 2019; Thumath et al., 2020).

In sum, addressing the negative health and social impacts of CPS and healthcare interventions on young Indigenous parents is inseparable from larger, continued project of addressing the ongoing impacts of colonial violence. For Indigenous young people, the challenges of navigating pregnancy and early parenting in the context of street-entrenchment and substance use are complicated by intergenerational trauma and ongoing impacts of settler colonialism and systemic racism.

2.6. Summary of literature and situating this thesis

Previous ethnographic research has demonstrated that young people navigating pregnancy in the context of street-entrenchment often prioritize their partners in decision-making. My study builds on this to explore how, when framed as “moral assemblages,” romantic relationships can issue demands for particular kinds of action – for example, the demand to “stay together no matter what,” even as this means avoiding residential substance use treatment or violating restraining orders. Viewed through this lens, we are able to better understand moments when young people’s decision-making clashes with the mandates of child protection, healthcare, and criminal justice systems, even when there are shared goals.

Although young people of all genders generally report optimistic attitudes towards parenting, there is a significant lack of research and services dedicated to parents who are not mothers, and especially those navigating pregnancy and parenting in the context of street-entrenchment and substance use. My study contributes to the growing body of literature documenting the impacts of child apprehension and involuntary separation from romantic partners on young fathers. Unfortunately, however, my study does not contribute to filling knowledge gaps regarding the experiences of trans, Two-Spirit, non-binary, and queer youth experiencing pregnancy and parenting.

Consistent with previous qualitative research, the young people I worked with viewed pregnancy as an opportunity to connect with services and supports, secure housing, and reduce substance use, as well as to shift their self-images and stabilize often tumultuous romantic relationships. However, also consistent with previous research, the majority of pregnancies did not result in these outcomes, and in fact often initiated cycles of loss, defeat, and harm that could be shaped by systemic racism in child protection, healthcare, and criminal justice systems. The lack of support for vulnerable parents following child apprehension is well documented (Kenny et al., 2015; Kenny, 2018; Smid et al., 2010; Thumath et al., 2020), and is an experience that resonated deeply with participants in my study. For many of them, and for Indigenous participants in particular, the cycles of loss, defeat, and harm that they experienced following child apprehension were all too familiar, and left many with a sense of being both utterly unsupported by and “trapped” within systems designed to help them.

Chapter 3: Methods

3.1. Theoretical framework

This study explores the critical disjuncture between young parents' desires and decision-making surrounding pregnancy and parenting and those of the various systems that are intended to help them. In order to do so, it utilizes critical phenomenology and ethnography in order to develop granular, nuanced understandings of young people's everyday lived experiences across time. Critical phenomenology foregrounds individuals' understandings of their everyday lived experiences, while critically situating these experiences within social, political, and historical contexts that are themselves shaped by power relations (Garcia, 2010).

My study methodology is informed by a philosophical orientation to truth and knowledge that can be best characterized as a combination of constructivist and social-critical paradigms. Constructivism is founded in the idea that individuals derive or "construct" unique understandings of the world around them through human interactions (Guba and Lincoln, 1994). "Reality" is understood to be rooted in individuals' perceptions, and is thus multiple and contingent rather than based in some objective set of truths that can be uncovered (Green and Thorogood, 2004). Within a constructivist paradigm, knowledge is co-produced through interactions, including interactions between a researcher and research participants. The contexts in which knowledge is produced is viewed as inseparable from interpretations and analyses. Reflexivity, a practice that involves reflecting on how the researcher themselves contributes to the co-construction of knowledge, is paramount to a constructivist paradigm (Denzin and Lincoln, 2011). Phenomenology and ethnography are both theoretically consistent with constructivism because of their focus on individuals' own understandings of their experiences, and how these understandings are co-produced through situated encounters across time (Guba and Lincoln, 1994).

According to a social-critical paradigm, reality and knowledge are shaped by power, and one of the primary concerns is to critique the institutions and ideologies that support inequality and oppression (Guba and Lincoln, 1994). Taken together with the objectives of constructivism, a social-critical paradigm posits knowledge as not only socially constructed, but also shaped by overlapping socio-economic, political, and historical power structures (ibid.). Reflexivity also takes on additional dimensions when constructivist and social-critical paradigms are brought together, because the researcher must consider not only their impact on the research, but also how unequal power relations between themselves and participants shape the co-production of knowledge (Denzin & Giardina, 2015; Denzin and Lincoln, 2011). A social-critical paradigm is particularly salient for researchers working in contexts of marginalization, as is the case for my own research with young people who are navigating pregnancy and parenting in the context of street-entrenchment and substance use. My study focuses on the ways that broader power structures impacted the experiences of the young people I followed across time, including experiences of health and social harms.

Drawing on the methodological and philosophical paradigms that I employ, the aim of this study is not to provide an objective depiction of the lives of the young people I followed. Rather, this study seeks to generate insights into the lived experiences and perspectives of young people on pregnancy and parenting as well as romantic relationships, substance use, substance use treatment, and their aspirations for their futures. In doing so, I identify how services, systems, and professional can better serve the needs of these youth.

3.2. Recruitment of participants

All participants were recruited from the At-Risk Youth Study (ARYS), an ongoing prospective cohort study of over 1,000 youth experiencing street-entrenchment and using

substances in Greater Vancouver that began in 2005 (Wood, Stoltz, Montaner, & Kerr, 2006). At the time of enrolment in the ARYS study, cohort members are between the ages of 14 and 26 years, experiencing street-entrenchment, and self-report the use of illicit substances in the past thirty days. Once enrolled, ARYS cohort members participate in two study visits annually to a frontline research office located in the DTS neighborhood of Vancouver. These visits involve completing an interviewer-administered health and social questionnaire. Participants do not “age out” of the study or leave the study if their substance use and housing circumstances change over time. ARYS participants consent to being contacted about other studies conducted via the frontline research office.

For the purposes of my study, ARYS cohort members between the ages of 14 and 29 were eligible to participate if they had current or past experience navigating pregnancy (their own or a partner’s) and parenting at any point across their lives. Eligible youth were identified by ARYS interviewers, who informed me if they knew of or encountered anyone who might be eligible based on their responses to the bi-annual ARYS questionnaire.

Invitations to participate in my study were sent to potential participants through their indicated preferred method of contact in the ARYS database. Those participants who indicated an interest in the study by replying to my initial invitations through emails, Facebook messages, or phone calls were then provided with more information about the study objectives and methods. Initial invitations were sent to approximately five young people at the beginning of recruitment in May 2019. As additional eligible youth were identified by ARYS frontline staff during bi-annual study visits, I used purposive sampling to ensure that the youth I recruited to my study represented a diversity of experiences related to navigating pregnancy and parenting (i.e., having custody of children versus not having custody). I also recruited some young people through their romantic partner. Romantic partners were invited at participants’ discretion—if frontline ARYS staff made me

aware that an eligible individual had a partner, I would invite them both and offered to do interviews individually or as a pair. Otherwise, if partners were mentioned during interviews, and the participant was on good terms with the partner (or former partner), I would mention they were also potentially eligible for participation in the study.

Sixteen youth participants were recruited to participate in this study. I chose to closely follow the experiences of a relatively small number of participants across time because my research aim was better served by conducting multiple interviews and fieldwork with a small but highly engaged, “information-rich” group of participants than it would be by conducting only a single interview with a larger number of youth (Adams, 2015). Recruited participants ranged from 21 to 29 years of age at first interview, with a median age of 25. Some participants were currently pregnant while participating in the study, while others reflected on past pregnancies and their experiences as young parents in subsequent years. Participants were between the ages of 16 and 26 when they first learned about a pregnancy, with a median age of 22. Eight participants self-identified as Indigenous, seven participants self-identified as white, and one participant did not want to disclose their ethnicity. Four participants were in romantic relationships with partners who were simultaneously enrolled in the study (for a total of 8 youth). Six participants were in romantic relationships at the time of the study, but their partners were not enrolled in the study. The remaining two participants were not in romantic relationships for the duration of the study.

Ethical approval (H18-03256) for all study activities was obtained from the University of British Columbia’s Behavioural Research Ethics Board. The guidelines outlined by this administrative body are consistent with the those detailed in the Tri-Council Policy Statement (see CIHR, NSERC, and SSHRC, 2018).

3.3. Interviews

Consistent with a critical phenomenological methodology, the primary form of data collection for this study was longitudinal, in-depth, semi-structured interviews (Guba and Lincoln, 1994). I created a semi-structured interview guide based on an existing ARYS qualitative interview guide, supplementing it with additional questions regarding pregnancy and parenting. Both the existing interview guide and the additional pregnancy- and parenting-related questions were developed through conversations with the ARYS Youth Advisory Council (YAC) and existing literature detailed in the previous chapter. The ARYS YAC is a group of roughly ten youth who have current or former experience with substance use and street-involvement, and includes youth who have experienced pregnancy or parenting in this context.

First-time interviews were scheduled to take place at the ARYS research office at a time convenient for the participant. Prior to each initial interview, I obtained written and verbal consent, and each participant completed a brief socio-demographic questionnaire. Consistent with an ethnographic methodology, follow-up interviews were conducted with participants in the settings of their everyday lives whenever possible. Situating our conversations in the day-to-day routines of young parents often prompted new lines of questioning that did not come up in our more formal conversations at the ARYS research office. In total, thirty-seven interviews were conducted with 16 youth participants. Interviews with participants occurred over approximately one year, beginning in May 2019, with follow-up interviews continuing until July 2020.

Interviews with youth were initially designed to elicit broad discussions of their experiences navigating pregnancy/pregnancies and parenting, with a focus on how these experiences intersected with substance use and substance use treatment trajectories. As interviews progressed, questions increasingly focused on participants' past and current decision-making related to pregnancy and parenting in the context of romantic partnerships and other kinds of social support. The interview questions also became focused on youth's interactions with a variety of service providers and

systems, including child protection, healthcare, and criminal justice systems. All interviews were audio-recorded, and loosely guided by the use of semi-structured interview guides, which evolved across the study period to include greater focus on emerging themes. Informed by a constructivist understanding of knowledge production, participants largely guided our conversations according to their own priorities and ways of understanding their circumstances (Thorne, 2000). I wrote fieldnotes after each interview to document other critical observations that were not captured by interview recordings. Documented details included where the interviews took place, other things that were happening in these places during our conversations, reflections on body language (young people's, and my own), and my initial reactions to the experiences that participants shared with me and how they might have been shaped by intersubjectivity (i.e., how our respective subjectivities contributed to the co-production of knowledge). Fieldnotes were an opportunity for me to engage in a reflexive practice that contributed to my emerging interpretations of the data (Eakin and Gladstone, 2020).

Interviews lasted approximately one hour and participants received a \$30 honorarium for their time. Each participant was offered the opportunity to do follow-up interviews every one to three months, although not all participants were interested or able to participate in follow-up interviews. Young people experiencing street-entrenchment often experience rapidly changing life circumstances, so it is entirely possible that some youth were interested in follow-up interviews but could not participate due to changing circumstances. Follow-up interviews were completed with 11 participants, including three of the four enrolled couples (for a total of 6 participants), who I typically interviewed as a pair. All participants who completed follow-up interviews completed more than one. During follow-up interviews, participants reflected on how their circumstances had shifted (or not) during the time between our conversations. Follow-up interviews were also an opportunity for me to discuss my emerging interpretations of the data with participants, and more explicitly

involve them in the co-creation of the study findings. Revisiting data with participants is often called “member checking” in qualitative research; however, consistent with a constructivist paradigm, my intention in discussing previous interviews with participants was less to “check” the accuracy or validity of my study findings than it was to illicit new, deeper, and more complex insights.

As the study progressed, I was also introduced to three ARYS cohort members (two Indigenous women and one white man) who were older than the 29-year age limit of my study, but who had navigated pregnancy and parenting as youth. As ethnography is an inductive and iterative practice (O’Reilly 2012, 30), I decided to conduct supplemental interviews with these individuals in order to deepen my understanding of the themes I was interested in. My conversations with these “expert informants” also provided retrospective perspectives on how pregnancies affected young parents over longer time periods, helped me to more fully understand the evolution of the CPS and healthcare landscape in Vancouver, and shaped the analyses presented in this thesis. As these expert informants are not considered participants in this study, none of them are presented in the introduction or findings chapters of this thesis.

3.4. Fieldwork

In October of 2019 I began conducting fieldwork, which is a hallmark of ethnographic methodologies and includes spending extended periods of times in the places where participants spent their days (Ladner, 2014). Fieldwork was conducted with four participants (including one couple) and one expert informant. I conducted two main types of fieldwork activities for this study. First, I maintained regular (at least monthly) contact with fieldwork participants through phone calls, text messages, emails, and messages sent over Facebook Messenger. These multiple forms of contact allowed me to follow-up with this group of individuals even as some of them experienced dramatic shifts in their substance use, housing, and relationships over the course of the study. I also

conducted fieldwork outings, which involved more informal conversations with individuals in the places they regularly frequented, including parks, coffeeshops, and residences. These conversations were audio-recorded and summarized by me, rather than transcribed verbatim. Engaging with youth in these non-research environments opened up different kinds of conversations and allowed me to gain new insights into the stories youth shared with me (Ladner, 2014). These outings typically lasted one to two hours, and participants were compensated for their time with a \$30 honorarium. As with interviews, I wrote observational fieldnotes after each fieldwork outing, which documented events and contextual factors that were not necessarily captured in audio recordings, and provided an opportunity for me to engage in reflexivity. My fieldnotes included reflections on interactions with participants' children who sometimes accompanied us on fieldwork excursions.

3.5. Data analysis

Interviews and recordings from my fieldwork outings were transcribed verbatim by an external transcriptionist contracted through the University of British Columbia, who removed all identifying details (e.g., names, addresses). I checked each transcript for accuracy. All interview and fieldwork data was managed and organized using *NVivo 12* software. After reading through the transcripts of early interviews and my handwritten fieldnotes, I generated an initial coding framework that captured broad emergent themes (e.g., romantic relationships and decision-making) and analytic categories (e.g., systemic racism, gender). As my fieldwork progressed and I conducted more interviews, I revised these codes or created new ones to reflect the evolution of themes or patterns in participant responses. As is common in phenomenological and ethnographic methodologies, data collection and analyses occurred concurrently as the study progressed. This allowed me to rework and refine the coding framework based on subsequent interviews and fieldwork in an iterative and generative process.

Eakin and Gladstone (2020) have recently described how thematic coding is just one part of the analytical process for researchers working within paradigms that seek to interpret, rather than simply describe. Consistent with constructivist understandings of knowledge, I was not interested in weighing the veracity of participants' stories, nor in simply describing cross-cutting themes. Instead, I was attempting to "theorize" from the coded data, relating descriptive and analytic categories to each other, in order to generate new knowledge (Eakin and Gladstone, 2020). Working within a social-critical paradigm meant that it was important to continually situate my emerging findings in relation to broader power structures – in particular, how structures like settler colonialism and systemic racism, socioeconomic inequality, and forced poverty shaped individual experiences with pregnancy and parenting.

Over the study period, my evolving interpretations of the data were discussed with participants and expert informants during follow-up interviews and fieldwork outings. The ARYS YAC also engaged in discussion regarding my evolving findings during bi-weekly meetings across the study period.

3.6. Reflexivity

Writing about the marginalization, poverty, and violence experienced by the young people in this study presents a number of ethical challenges. First, working within constructivist and social-critical paradigms has forced me to recognize that writing is never an innocent act. All of the participants in my study were engaged in forms of substance use that are both highly criminalized and stigmatized by the wider worlds that they inhabit. By describing the substance use practices that young people were engaged in, in many cases at the same time as they were navigating pregnancy and parenting or attempting to regain custody of their children, this study risks unintentionally reproducing dominant narratives that "demonize" these young people as bad parents and romantic

partners. Therefore, by conducting this study, I was aware that I had become implicated in fierce debates about the politics of representation within anthropology (Vargas-Cetina et al, 2013) and public health (Greer et al, 2017). I navigated these issues by working collaboratively with young people at every opportunity; for example, by reiterating parts of participants' stories from previous interviews during follow-up interviews, and asking explicit questions regarding my interpretations. I also consulted with the ARYS YAC regarding decisions about what language to use and avoid in my writing.

As residents of one of the most researched areas in the world (Neufeld et al, 2019), the young people I worked with were acutely aware of these politics of representation. Consequently, all of the stories that young people shared with me during interviews and more informal conversations were inherently performative. Participants were undoubtedly careful to frame their interactions with me and narratives about romantic relationships, pregnancy, parenting, treatment, etcetera, in particular ways. This is not to say that these young people were dishonest, but rather that what youth chose to say – and not to say – was shaped by the who, when, how, and why of our encounters (Fabian, 1990; Denzin & Lincoln, 2011). As Charles Briggs (2007, 565) has argued, in contexts of marginalization such narratives are often less about truth than an attempt to “rejoin an imperfect society, sharing its aspirations and contradictions.”

A core group of young people became highly invested in this research. These participants reached out to me frequently by phone or online with requests to schedule interviews and fieldwork outings. This was especially the case for participants in romantic relationships, many of whom I interviewed together. A constructivist approach to knowledge production forced me to reflexively consider some potential reasons why these relationships were presented to me in the ways that they were, and what that meant for my analysis. As I got to know these young couples, it became clear that their commitment to my research was at least in part shaped by a desire to present their

romantic relationships on their own terms. Most often, young people underscored the senses of love, devotion, and dignity that these relationships engendered. It was clear that young people's romantic relationships were rarely if ever acknowledged on these terms by the various professionals and systems in their lives.

Young people's desires to present their relationships in a particular light was clear from what they said, but also from what they did not say. For example, many participants (especially young men) mentioned legal or CPS orders that prohibited them from having contact with their partner and child, but chose not to disclose the details of how those orders were issued, or insisted that they were issued without reason. While I do not want to exclude the possibility that at least some of those orders were issued unjustly (and take very seriously young people's insistence that such orders were shaped by systemic racism), I also want to acknowledge key omissions in my data. In writing this thesis, my aim is to stay close to the ways that young people portrayed themselves and their romantic relationships to me, while also acknowledging the often painful, violent, and unstable complexities of romantic relationships in settings of entrenched substance use, poverty, and homelessness (Bourgeois and Schonberg, 2009).

Chapter 4: Findings

4.1. Romantic relationships as “moral assemblages” that shape decision-making

Young people who were in romantic relationships described how their day-to-day lives largely revolved around these unions. Youth described spending “every moment” with their romantic partner: moving through the city, generating income, buying and using substances, socializing, and resting together. Consistent with previous research (Bourgois & Schonberg, 2009; Joly & Connolly, 2018), romantic relationships were a source of pleasure, sociality, and material and emotional support as well as the frequent cause of emotional pain, physical violence, and instability or uncertainty in daily life. Pregnancy was described by both young men and young women as a happy – if also at times overwhelming – event that could stabilize oftentimes tumultuous romantic relationships and deepen a sense of romantic love between partners. Jasmine, a 21-year-old Indigenous woman, was living in a low-barrier supportive living facility, separated from the father of her child, William, and using crystal meth and fentanyl daily when we met in May 2019. She reflected on her pregnancy from two years before:

I came outside and showed him the test. He fucking jumped – my partner and his buddy, they just jumped up and gave each other a big hug and got all excited and happy, you know? I still remember that moment very clearly in my head. Like, sitting outside of the house, watching them just be happy that, you know, we’re gonna create a life. Me and my partner were scared, but my partner knew we were going to have our son and keep him. He was, like, damn proud of that. We wanted to be his parents.

Curtis, a 24-year-old white man who used crystal meth daily and fentanyl occasionally, had recently obtained supportive housing with his partner, Farrah, after being homeless for several years. He described Farrah’s current pregnancy in November 2019 in similarly optimistic terms as Jasmine:

Honestly, [the pregnancy] has made us fucking get closer, less fighting. We've seen the ultrasound, and it's made me – it's really bringing back love, intimacy, you know? It's amazing. And I'm just thinking about life in the future, and how it's not going to be a letdown to myself, to the baby, to her [his partner Farrah], to anybody. It's a miracle and a half. It's motivation to change our lives.

With the exception of one couple, all participants who were in romantic relationships (whether their partner was enrolled in my study or not) described envisioning becoming parents together and maintaining custody of their children when they learned about a pregnancy. Dylan, a 23-year-old Indigenous man, was using alcohol to curb his fentanyl and crystal meth use when we first met in May 2019 (using one substance to “get off” another is a strategy that many young people employed; see Fast et al., 2014 and Paul et al., 2020). He described his attachment to his partner Amanda's pregnancy one year prior, and the idea of becoming a father:

Every time she would be sleeping, I would always just stay up all night and just talk to him. And he would kick back and then I would tell him that I was really, really excited for him to come, you know? To be born. And that I would be a really, really great father and everything. And then he would always kick back, and it was really great.

Young couples articulated a strong belief that it was their romantic relationships and the romantic love that they shared which would ultimately allow them to successfully navigate a pregnancy, create a family, and parent children, despite living in contexts of ongoing material deprivation. As “moral assemblages” (Zigon, 2013) composed of multiple, diverse, and sometimes contradictory discourses, romantic relationships included gendered notions of how a young man should take care of and provide for his partner and future child. This notion, and how it shaped

decision-making, is evident in how Dylan described taking care of Amanda during her pregnancy in the context of ongoing homelessness:

We were actually homeless for like, a year while she was pregnant, and we were sleeping [outside] at [an alternative high school]. Since she was pregnant, I knew that it would be, like, a stupid idea to let her carry anything, so I carried all the bags and I made sure that she didn't have to carry anything and that she was always eating, out of the both of us. You know? If only one of us had a chance to eat, I would make sure she was eating. I would make sure she was okay, and you know. I'm glad I was able to be there for her.

Gendered notions of how a young man should support and provide for his partner intersected with embodied dispositions shaped by the demands of substance use, homelessness, and poverty to powerfully shape decision-making surrounding pregnancy and parenting. Both young men and young women often described how important it was for a couple to “stay together” throughout pregnancy, childbirth, and early parenting in order to continue to protect and provide for each other, especially when individuals had experienced CPS involvement during their own childhoods, as Dylan had. When faced with the dilemma of whether or not one or both partners should go to residential treatment, and therefore separate for a period of time, many young people decided that what was right for them was to “stay together,” even as healthcare professionals issued stern warnings that doing so would mean CPS involvement and most likely losing custody of their child after birth. For example, when Dylan’s partner, Amanda, accessed the residential program at Sheway late in her pregnancy, the outreach workers there strongly encouraged Dylan to access a different residential treatment program in anticipation of their child’s birth. But Dylan’s assessment of the situation was different:

I didn't want to leave her, because what if she needed me? Before she was pregnant, we were homeless, and then while she was pregnant, we were homeless. And through those three years, she really couldn't rely on anyone except me. And she knew that I was the only one that was there for her and would always be there for her, and I was always willing to help her, you know, no matter what. And that was when our relationship was the best.

Elijah, a 26-year-old Indigenous man, described a thought process that was remarkably similar to Dylan's. When we first met in November 2019, Elijah was living in an SRO and using alcohol daily, which he described as his "disease." Elijah had a restraining order preventing him from seeing his partner Kayley, who was 5-months pregnant at the time. He explained that the police had intervened when they found the two of them drinking alcohol in a park early on in Kayley's pregnancy, although Elijah seemed unwilling to disclose all of the details of what happened during this event. He said the police officers pulled over and "forced" Kayley to sign the restraining order. Elijah's parole officer (PO) suggested he complete some form of substance use treatment before his court date in early December 2019. He had decided not to go, and continued to see Kayley, despite the restraining order:

It's just that I would have been trapped inside for two weeks when my girlfriend needs me right now. It's hard to do that when she's pregnant and she needs me. Like, I'm pretty sure I'll go back [to treatment] when she doesn't. I've never left her side for three years, besides the three months I was in jail.

In moments of dilemma, such as the decision of whether or not to go to residential treatment, young people grappled with a "range of possibilities for morally being in the world and ethically working on oneself" (Zigon, 2013, p. 202). As a form of moral assemblage, romantic

relationships also included ideas about what it means to be a good partner and create a “real” family and home together with another person. These notions were profoundly shaped by the negative experiences young people had endured during their own childhoods marked by caregiver and residential instability, chronic poverty, and CPS involvement. Young people juxtaposed the romantic relationships and love that they shared with their partners on the streets, and the kinds of families that they wanted to create together, with the lack of stability, support, and affection that they had experienced growing up. When I first met Dylan in May 2019, he told me about his father:

Growing up, he would always get mad at me and make me feel bad. [He] put me in such a bad, you know, time of my life. Once I was nineteen, and I met the mother of my son, we were done with my dad. We packed everything and just moved out and went to go live homeless.

When I commented on Dylan’s dedication to parenting in the same interview in May 2019, he responded, “Well, my dad wasn’t really that much of a dad for me. I wanted to be an actual dad and actually spend time with [my son] and talk to him and hang out with him and [Amanda].” As Jasmine, who experienced tumultuous relationships with her family of origin, explained to me about her partner, William, “I’ve never had that type of comfortability before. It’s just nice to know that I can have that type of relationship.” As they navigated pregnancy and early parenting, many youth vowed to do better than their own parents had, frequently determining that being a good partner and parent meant “spending time together” and “staying together” no matter what.

However, the “unavoidable demands” (Zigon, 2013) of the hustle for money, substances, food and other basic necessities could sit uneasily with or directly contradict the other discourses at play. In Elijah’s quote above for example, he insisted on not leaving Kayley’s side while simultaneously admitting that he did leave her for three months while he was in jail. In February 2020, about a month after Kayley gave birth to their baby, Elijah was arrested again for stealing

liquor and spent several more days in jail, unable to contact Kayley while she cared for their newborn. In the context of entrenched poverty, substance use, and criminalization, the moral assemblages guiding young people’s decision-making were often composed of contradictory logics: the obligation to one’s romantic partner and the need to procure and use substances or attempt to avoid law enforcement.

4.2. Turning points and “falling through the cracks”

The young people who participated in this study – both those who were in relationships, and those who had left relationships shortly after learning of their pregnancies – generally viewed pregnancy as an event that could change the trajectories of their lives. In this way, youth’s experiences converged with the perspectives of child protection, healthcare, and criminal justice systems, which also identify pregnancy as a unique “window of opportunity” in which it is possible to alter the life trajectories of young people who use substances (Finnegan, 2013). Despite this convergence of perspectives, the young people who participated in this study were not always connected with services and supports, including substance use treatment, at the first opportunity.

Violet, a 23-year-old white woman, described her pregnancy as pivotal to making a number of changes in her life. At the time of our first interview in June 2019, Violet had been abstinent from all illicit substances other than cannabis for over three years (much of this time was prior to the October 2018 federal legalization of cannabis in Canada). Prior to 2016, she injected crystal meth and fentanyl daily. During 2016, she discovered that she was six months pregnant after she experienced an opioid overdose and was taken by ambulance to an emergency room. While in the hospital, Violet recalled experiencing strong motivation to change her life, including an inclination to stop using substances. As she recalled:

With everything that was going on in the months prior – I mean, I was getting beaten by my ex, I was on and off the streets. I lost everything over and over and over again. I got really sick of it all and just wanted out.

While in the hospital, however, Violet was not connected with substance use treatment or other kinds of support. She was discharged back to homelessness, and spent a week on the streets “failing to figure things out” on her own. However, the discovery of the pregnancy ultimately led Violet to reach out to her mother, who she had a good relationship with despite her mother’s own prior history with substance use, which had led to CPS involvement throughout Violet’s own childhood. Violet’s mother was able to help to get her admitted into FIR, where she began methadone maintenance therapy and counselling sessions. As Violet reflected:

It’s like, I had a chance, finally, right? The pregnancy was the main thing – something to, like, to get me out of [substance use and homelessness]. It made me realize, like, I need to take shit fucking serious here because this is a major point in my life where I could go down one path or I could go down the other.

For young people in romantic relationships that they wanted to leave, pregnancy was an opportunity to build other kinds of social support (namely, a relationship with their own mothers), which then became integral to making life changes, including entering treatment or pursuing natural recovery. Similar to Violet, for another young woman named Christine, discovery of her pregnancy compelled her to reach out to her mother. For both young women, the support of their own mothers was what allowed them to make significant life changes following the discovery of a pregnancy. As I will describe further, this familial support was also integral to regaining custody of their children after they gave birth.

Christine, a woman of mixed Indigenous and white ethnicity, was 27 years old when we met in September 2019. She described her first pregnancy four years prior as “an eye-opener” that set in motion a series of changes. At that time, she was staying with friends in Victoria, BC, and smoking fentanyl daily with her then-partner, whom she described to me as “super abusive.” Like Violet, Christine discovered she was pregnant in an emergency room when she was admitted for the treatment of severe opioid withdrawal symptoms. And yet, she was discharged without any connection to substance use treatment or other kinds of supports. She then determined that her best approach to stop using fentanyl would be to “lock herself in her apartment for three weeks and detox cold turkey,” even though she believed that doing so might pose a risk to her life and her pregnancy. After she successfully detoxed, Christine fled from Victoria to live with her mom in Greater Vancouver. Similar to Violet, Christine’s mom had experienced CPS involvement when Christine was a child, although the two of them maintained a close relationship. By the time Christine moved in with her mom, she was 37 weeks pregnant. Christine described being “all alone” at this time, although her mother continued to provide emotional and financial support for Christine throughout the end of her pregnancy and into early parenthood.

When I met Farrah, a 26-year-old Indigenous woman, in November 2019, she was three months pregnant and had been cycling in and out of remand centers for the past several years. It was in a remand center that she first discovered that she was pregnant. Like her partner Curtis, Farrah used crystal meth daily and fentanyl sporadically. When I asked Farrah if she was connected to any pregnancy-specific supports or substance use treatment during her stay, she replied that, “they kind of gave me more food and stopped putting my handcuffs behind my back and stuff. I don’t know if they really connected me with anyone, but, you know – I could, like, ask for a snack or something.”

Farrah was held at the remand center for one week and then discharged to homelessness. She returned to her partner Curtis and the tent they shared in Oppenheimer Park. She told him about the pregnancy, and as described above, the two began imagining a different kind of future together. They told an outreach worker that regularly visited Oppenheimer Park about the pregnancy, and Farrah was connected with Sheway, where she received the support she needed to secure temporary modular housing with Curtis. Despite ongoing challenges related to their substance use and the inability to access treatment together – an issue I will later explore in detail – Farrah and Curtis were ecstatic about being “given what they needed – a place, money” to create a different kind of future for their family.

For Violet, Christine, Farrah, and Curtis, the discovery of a pregnancy was a turning point that allowed them to re-envision the future and make desired changes, although these changes happened in spite of “falling through the cracks” (as a number of youth put it) at various points. Violet, Christine, and Farrah were all discharged to homelessness after discovering their pregnancies in an institutional setting. Christine then managed her recovery and pregnancy “on her own” with the help of her mother. Violet, Farrah, and Curtis were ultimately reconnected with the healthcare system with the help of a parent and outreach worker, respectively. However, while Violet’s six month stay at FIR was generally positive, her transition out of the program after she had given birth represented for her another instance of falling through the cracks. Violet thought that FIR would assist her with securing stable housing and “fighting off the Ministry,” so that she could maintain custody of her child with her mother’s ongoing support. However, she left FIR without stable housing in place, which ultimately prompted the MCFD to become involved. Violet managed to independently arrange housing with her own former foster parents, who agreed to provide 24-hour supervision to fulfil MCFD requirements, and was therefore able to maintain custody of her child

for a time (see below). Violet had requested to live with her own mother, but that option was rejected because of her family's former involvement with the MCFD when Violet was a child.

For many youth, pregnancy did not end up changing the trajectories of their lives in the ways that they had hoped. Other than Farrah and Curtis, youth participants who were in relationships and unstably housed were not able to access housing that they could live in with their partners, something they all described desiring. Furthermore, ongoing challenges associated with poverty and managing substance use were made more complicated by pregnancies. For example, while initially excited about her pregnancy and hopeful that she could reduce her substance use, Jasmine described how she and her then-partner, William, felt like they “didn’t know how to ask for help,” as the weeks wore on. Initial excitement was replaced with a growing sense of ambivalence about becoming parents. Jasmine and William were the only youth who expressed this ambivalence openly, however; all of my other study participants expressed strong motivation to parent their children after birth or a desire to regain custody from the MCFD, even as they continued to navigate entrenched poverty, homelessness, and substance use.

4.3. Becoming parents under the gaze of “the system”

All of the young people who participated in this study became parents under the gaze of CPS, whether it was via the MCFD or VACFSS. This surveillance took several forms, including the use of supervision orders issued by CPS social workers that restrict contact between young people and their children and partner, and child apprehensions.

As described above, for the Indigenous participants in my study, experiences with CPS must be understood as a form of ongoing and often intergenerational colonial violence that separates Indigenous children and youth from their families and cultures. Most often, these separations lead to serious harms for these children that continue to reverberate across their lives (Blackstock, 2015;

Sinclair, 2007). CPS investigations are forms of surveillance, institutionalization, and control that the state directs towards Indigenous bodies. This is not to say that CPS involvement for Indigenous families is never necessary or warranted; however, recognizing the intersections between colonial violence, control, and CPS interventions is critical to interpreting my study findings.

Regardless of race, all of the young people in this study had their children apprehended for periods of time. The event of child apprehension was described by youth as abrupt and traumatic, and usually led to the breakdown of romantic relationships and periods of mental health crisis and substance use relapses and bingeing. Violet and her newborn child had been living with Violet's foster parents for only a month when she was told that there would be an unexpected meeting with MCFD social workers the next morning. She recalled being informed at this meeting that she was being evicted from her foster parents' home because they had decided they could no longer provide 24-hour supervision, and Violet would therefore be losing custody of her child:

No one would tell me why I was getting kicked out. No one would give me any chances to figure anything out. I kept trying to — there were two [MCFD] social workers there, and I kept trying to ask, like, “Why aren’t you guys doing your job and trying to, like, figure something else out? This is your job. Why didn’t you tell me in advance? Like, this is a complete set-up. This is not a proper way or professional [way] to do your job.” And they just kept shutting me up and not wanting to hear. And [saying] like, “You’re out, we’re taking your kid, figure it out.” I was like, “Where am I supposed to go last minute? I’m gonna go on the streets and relapse.” I mean, what the fuck.

Similarly, as Christine described: “They [CPS social workers] just show up with the police and apprehend. They don’t discuss it with you, they don’t give you a warning, they don’t tell you that it’s going to come.” Seven months after the birth of their child, Jasmine and William had come to a realization that “it was for the better” for Jasmine’s sister to take custody. However, the event of her

child being apprehended by “a [CPS] social worker and a couple cops” was still enormously traumatic and precipitated a period of entrenched homelessness and substance use, as well as losing the support of her family. Jasmine explained that the event was so traumatic that it triggered a “major manic episode,” during which she had a violent interaction with a family member and was subsequently charged with assault by the police officers present:

When they came, he [her baby] only had a long-sleeve onesie on. He didn't have pants, he didn't have a jacket, he didn't have shoes or nothing. It was the [CPS] social worker and police officers' fault. Like, if they apprehend a baby, they should do it in a more formal way, right? Instead of just, like, “Oh, here, give me the baby, let's go.” [Then] I got kicked out [of her family's house] and left homeless and charged [with assault against a family member, during the apprehension] and everything, so, um, yeah, that's where it started, my 10-month spree of drug use, homelessness, you know, addiction.

No participants recalled any mental health or other forms of support being offered to them in the immediate aftermath of experiencing a child apprehension. Instead, young people framed their interactions with the CPS social workers who were in charge of their and their children's files as overwhelmingly negative and shaped by discrimination against people who were, as Christine put it, “low income and Native.” Youth consistently used language like “they are sabotaging me” and “she hates me” to describe their relationships with their CPS social workers. When I first met Katie, a 27-year-old woman of mixed Indigenous and white ethnicity (whose own childhood had been marked by CPS involvement), and her partner Mike, a 29-year-old white man, in October 2019, both of their young children were in foster care and they were beginning the process of attempting to regain custody. As they described, encounters with CPS social workers could leave young parents exhausted and feeling like they were “never getting anywhere” despite working hard to “make progress”:

Reith: *There's so many [CPS social] workers I can't keep them straight.*

Katie: *Yeah, like, both our sons have their own [CPS social] workers, and then we have our own [CPS] social worker—*

Mike: *We've had four [CPS] social workers. The first one that got us to sign the CCO [continuing custody order, which legitimizes permanent foster care], immediately after we signed the CCO, she was gone. And—*

Katie: *Then it was a new [CPS] social worker.*

Mike: *Then it was a new [CPS social] worker. And then, by the time we thought we were making progress, we got a new worker again. Like, every time, we thought, "Hopefully this time. Okay, it can't be as bad as the last one." And we never got anywhere.*

CPS involvement, whether with MCFD or VACFSS, meant that the youth who participated in this study were presented with a steady stream of CPS social workers who managed their files. Young people's CPS social workers changed frequently, and their files were frequently transferred. The content of these files often diverged dramatically from how participants envisioned themselves as romantic partners and parents.

Liam, a 21-year-old white man, was in a juvenile detention center when his child was born four years ago, and experienced a supervision order prohibiting him from seeing his child without MCFD supervision upon his release several months later. At the time, Liam was using crystal meth and fentanyl daily, and eventually began injecting. After a fight with his partner, Lisa, when their child was about a year old, he was issued a no-contact order that legally prohibited him from seeing either of them. Unlike supervision orders, no-contact orders are issued by law enforcement and legally prohibit all contact between the individuals involved. Liam continued to cycle in and out of juvenile detention centers; at least twice because he broke the conditions of the no-contact order by

continuing to talk to Lisa. Lisa maintained custody of their child with the support of her parents, and eventually ended her relationship with Liam and refused to let him see their two-year-old child. In the summer of 2019, Liam voluntarily accessed a residential treatment program, citing his desire to “be a good father” as motivation to reduce his use. Liam was living at the program’s second-stage recovery home when we met over the phone in November 2019:

In the Ministry’s defense [of implementing the supervision and no-contact orders], my file didn’t look very good, right? Like, I had a lengthy criminal record, you know, a history of addiction. I get where the fear comes from. But, I like to think that I’ve been trying and that I have a different personality than a lot of these people who are just not really giving a fuck. And for me, it’s been something that’s been seriously important to me – that I know I have the potential to be a good father. It’s just, you know, it feels like a lot of the time I don’t really have the opportunity to prove that. It’s tough when they [CPS social workers] don’t see the day-to-day stuff. They don’t see what you’re doing to make your life better. They only see you maybe once a week, for an hour in the office when they ask you some questions.

Violet similarly described:

She [the MCFD social worker] didn’t get to know me or anything, just read the file and assumed I was a fuck-up and wanted to take my kid away instantly. She set me up to fail pretty much, and I mean before she even met me. She did everything she could so I couldn’t have my kid.

Despite maintaining a long period of abstinence from substance use as she attempted to regain custody of her child, Violet continued to struggle to demonstrate the progress she was making to a series of MCFD social workers. As Violet described, even with regular “clean” toxicology screens, a common requirement for mothers under MCFD surveillance,

She [the MCFD social worker] didn't even think I was clean, I mean, it took, like, half a year for her to acknowledge my urines [toxicology screens] and realize I was clean. She didn't come in and assess [the toxicology screens]. She was basing everything off of what she read on paper [in her file]. It was, "Oh, your parenting skills aren't good enough. You're too young to know what you're doing. You OD'd while you were pregnant. You're not clean, you need to go to treatment."

Young people who were in committed romantic relationships – a commitment that was often deepened by the events of pregnancy and childbirth – seemed to have the most difficulty navigating their interactions with a steady stream of CPS social workers. Youth expressed tremendous frustration and confusion regarding the ways that CPS social workers endeavoured to “break couples apart” and “did nothing to keep families together.” Dylan experienced a supervision order immediately upon his child’s birth in 2018, which prevented him from visiting Amanda or their child without VACFSS supervision until he completed substance use treatment and secured housing and employment. A year later, he identified this supervision order as the catalyst for Amanda ending their relationship:

When we had the [VACFSS] social workers show up in our life, we were together and we were in love with each other and we wanted to stay with each other. But then by the time the [VACFSS] social workers left, they basically broke us apart, they basically made her hate me, and they basically made her not want to be with me, and then made her have another kid with another person, right? It's like, the whole supervision order broke us apart.

Although Christine wanted to leave her romantic relationship at the time of her first pregnancy, she reflected on what she perceived as the exceedingly common practice of involuntarily separating young couples who are navigating pregnancy and early parenting:

The [CPS social workers] break families up. It is super important that if you end up homeless and stuff like that, that you guys stay together. But, the fathers can't stay [at women-only housing sites]. Or the fathers can't come to your floor in the shelter to help out with the kids. Or, no kids are allowed on the men's floor.

In addition to facing restrictions in housing buildings, shelters and drop-in services, young fathers were often legally prohibited from seeing their children and romantic partners for periods of time through supervision, no-contact, and restraining orders. CPS social workers' apparent efforts to separate young people were understood as destabilizing the very relationships that youth felt would allow them to successfully navigate a pregnancy, create a family home, and parent a child. For example, Mike concluded that it was the no-contact order that he was under while Katie was attending FIR Square – and the way that both of these interventions “separated them” – that ultimately caused their plans to “fall apart” and his own life to “go downhill.” It was at that time that he relapsed on fentanyl for six months.

Similarly, Dylan attributed a growing sense of anxiety to the supervision order he received when his and Amanda's child was born. Without Amanda's support, “getting housing and a job” – the very requirements of the supervision order that prevented Dylan from seeing Amanda and his child – seemed impossible. Overwhelmed by the situation, he began avoiding meetings with his VACFSS social worker altogether.

Elijah believed that the legal mechanisms used to separate him from his partner were shaped by systemic racism. Like CPS investigations, policing and the criminal justice system more broadly have long been characterized by the surveillance, control, and criminalization of Indigenous bodies. Elijah described how this sense of being surveilled, controlled, and criminalized left him feeling “almost broken inside.” He had been on probation for almost the entirety of the previous 6 years:

The cops downtown, they don't care, they just – sometimes it seems like they're racist. Because they have issues with some certain people down there and they make it hard for certain types of people. They picked on me and my brother a lot. And they were always breaking in my room [at the SRO], searching my room and stuff. They just make life hard.

Despite the various ways that young couples were separated from each other and their children, many continued to communicate with partners or see their children secretly, risking further legal consequences. Liam went back to a juvenile detention center twice because he continued to talk to Lisa. Elijah secretly visited Kayley despite the fact that she had been “forced” to sign a restraining order against him so that he could avoid a charge and jail time. Elijah was told that the only way that the restraining order would be lifted was if he attended a substance use treatment program.

4.4. The imperative of substance use treatment

Upon learning about a pregnancy, the young people in this study began envisioning different kinds of futures: futures that included stable housing, steady employment or adequate income support, and, for many, a deepened commitment to and connection with their romantic partner. Youth acknowledged that reducing or eliminating intensive substance use was critical to realizing these futures, and most were open to the possibility of some form of substance use treatment. To this extent, young people's understandings of what was required to change the trajectories of their lives aligned with the CPS imperative that a young person engage in substance use treatment if they wanted to maintain or regain custody.

Yet, a painful sense of frustration and confusion often arose as young people attempted to make progress in the ways demanded by CPS social workers and were continually denied custody of their children, as well as the forms of support – namely, stable family housing – that would allow

them to “prove” that they could be good parents. Violet and Katie underwent treatment at FIR during their pregnancies. Even after successfully completing a treatment program during pregnancy and maintaining abstinence from substance use (demonstrated through regular urine toxicology screens), after the births of their children both young women were denied custody. Katie recalled:

Even though I was clean [when I gave birth] they still took away my son. They told me to go to treatment, said they'd give him back in three months. Well, I went to treatment, finished the treatment, and they still didn't give me back my son.

Despite a deep sense of disappointment at not regaining custody, Katie maintained abstinence from all substance use, and was able to move in with her own parents. At that time, her partner, Mike, was on Suboxone and couch-surfing with friends. Mike had relapsed on fentanyl for six months while Katie was at FIR. In her absence, he had become homeless and significantly depressed. When I met the couple in October 2019, Mike had been living with Katie and her parents for several months and the couple was attempting to begin the process of reunification with their two children. Eventually, in January 2020, Katie and Mike's children's files were transferred from the MCFD to VACFSS after Katie disclosed her Indigenous ancestry. Both Katie and Mike were optimistic about this transfer; they felt like the social worker from VACFSS was “working *with* [them]” and wanted to help them re-gain custody of both of their children. However, the new worker mandated that both parents attend residential treatment before receiving housing support, despite the fact that Katie had been attending out-patient treatment and maintained abstinence from substance use for one year following the birth of her second child, and Mike had maintained a Suboxone prescription for nine months.

Reith: *And so, is [the requirement to go to residential substance use treatment] basically just to check a box?*

Katie: Well, no, that box is already checked. Like, I was clean for the year, going to different treatment centers, different places, and they won't tell me when me and Mike can have our own place together, and, like, live our – live our life.

Mike: I've been waiting to get into [residential] treatment, just to get things going to get to the next step of being able to have custody of our sons and live independently. Like, it's almost like we've been hung out to dry. It's like, okay, now that we've gotten clean, you want us to go back to [residential] treatment again for whatever reason, and now we're kind of left in limbo to, like, maybe fuck up before we can do any better. Like, we're being left in that grey area between, like, you've done it, and you're almost there.

As Mike described, being “left in limbo to maybe fuck up” was a disastrous situation for many youth. The frustration, confusion, and exhaustion that was generated by continually attempting and then failing to meet the demands of CPS social workers and POs could lead to periods of mental health crisis and substance use relapses and binges. Some young people became increasingly resigned to the fact that they were “not getting anywhere” (as Mike put it) despite their efforts to “make progress” and demonstrate that they could be good parents.

The young couples who participated in this study described how CPS social workers and other service providers frequently mandated that each parent attend a separate residential treatment program as a condition for maintaining or regaining custody, getting a place together, and co-parenting. As Dylan described, “they told us that we have to focus on ourselves and improve our own lives and then maybe we could see if we could be a family after that.” These directives were contradictory to young couple’s visions for themselves, their relationships, their families, and the future, and therefore often viewed as an “obstacle” to addressing the more important issues of “staying together” and creating a family and home. Elijah explained:

I just want to get all this [treatment] stuff over and done with because my PO is predicting if I get this daytox [outpatient treatment program] over and done with, they might just drop the charges and lift the restraining order. And that would have to happen in order for us to get a place together. But all this is an obstacle.

In the previous section, we saw that attempts by CPS and law enforcement to separate young couples were understood as destabilizing the very relationships that youth felt would allow them to successfully navigate a pregnancy, parenting, and family life. In the same way, the imperative to enter substance use treatment in isolation from a romantic partner revealed a critical disjuncture between young couples' desires and decision-making surrounding pregnancy and parenting, and the systems that are intended to help them. Several youth indicated that they would have attended residential treatment if they could have done so as a couple. In the absence of this kind of opportunity, many made the decision not to attend residential treatment at all, or left residential treatment early in order to reconnect with their romantic partner and, in some cases, children.

4.5. Cycles of loss, defeat and harm

The young people who participated in this study were navigating multiple, crushing forms of loss, including the loss of their child or children to “the system” and the loss of close connections with romantic partners to no-contact and restraining orders. They were also navigating various forms of defeat. Young people experiencing pregnancy and early parenting were most frequently offered support in the form of substance use treatment; although, as the experiences of “falling through the cracks” described by Violet, Christine, Jasmine, and Farrah demonstrate, even this support was not always provided at the earliest opportunity. However, all of the youth who participated in this study indicated that it was stable housing, employment, or income that they most

desperately needed in order to create a home for their child. Unfortunately, youth received little institutional support in accessing any form of stable housing and employment. Moreover, the various mechanisms that separated young couples meant the loss of a critically important form of material and emotional support. Recall that Dylan was told by VACFSS social workers that he had to secure housing and employment before he would be allowed to see Amanda and his child. In the absence of institutional and intimate support, Dylan experienced challenges in accessing even “low-barrier” work experience programs. Over the course of this study, Dylan was enrolled in at least three such programs, but either stopped attending or was kicked out. He explained:

Like, I barely had any, like, work experience, or any, like, qualifications, right? It was harder for me to, like, basically, uh, get a grasp on the program, and get a grasp on what we were actually doing, right? It was just really awkward.

Dylan also struggled with the complicated administrative processes involved in accessing low-barrier housing. Although he was living in supportive housing at the beginning of this study in May 2019, he was evicted in the autumn of 2019 due to substance use-related complaints, and became homeless again. He described attempting to get a spot in another supportive housing facility, which required phoning regularly to maintain his spot on the waitlist. However, Dylan could rarely make it past the automated menu options: “I don’t really get what they mean when – like, I try to call sometimes and then I only make it to the, like, in the menu, and that’s it, and I don’t even know where to go.”

Dylan became increasingly despondent between the autumn of 2019 and the spring of 2020, as he attempted to navigate homelessness, poverty, substance use, and meeting the various expectations his VACFSS social worker had set out in order for him to reconnect with Amanda and see his child. As he summarized in early 2020:

I asked [Amanda] the other day, I was like, “Do you honestly see a possibility of us ever being reunited as a family? Honestly?” Like, that’s all I’ve been stressing about lately and I just want to know if I should keep going, trying to be motivated at this, or if I should just give up because, like, I don’t know which way it’s going to go. I’m just feeling too overwhelmed. I’m feeling too exhausted, honestly. I just can’t seem to get out of bed for nothing. I just hate it. It’s just not what I expected I had to go through to be a parent. Why am I the one that has to go through all this? Like, all I ever wanted was to have a family.

A year earlier, Dylan had told me how he longed to be “an actual dad” for his son, unlike the role his own father had played in his life. Now, it seemed to Dylan that that was hopelessly out of reach; instead, an intergenerational cycle of absent fathers was being perpetuated. Like all the other young men in this study, Dylan was not aware of any mental health or other supports that he could access to help him cope with the multiple losses and overwhelming sense of defeat that he was experiencing. Instead, he turned to what he referred to as “unhealthy coping outlets” – namely, the use of alcohol, crystal meth, and fentanyl.

For many youth, frustration surrounding “getting nowhere” with CPS social workers, treatment programs, and housing and employment searches could make youth feel like “giving up on” their plans for the future, and lead to periods of mental health crisis and harmful substance use relapses and binges. Indeed, Katie and Mike felt like their CPS social workers were waiting for them to do just that:

Mike: Even with the Ministry giving more – not lenience, but opportunities and more kind of hope, rather than just tugging you along and just waiting for you to fail – but even then, I kind of feel like they’re just waiting until something goes wrong then you just throw up your hands and give up. And I’ve done that already where I was like, “Okay, well, I can’t do it, I give up,” and I went right back to my addiction.

Katie: *It was like she [the MCFD social worker] was threatening us, like, "You guys will always be in the system."*

For the Indigenous young people I followed, cycles of loss, defeat and harm at the hands of “the system” were deepened by the intergenerational trauma of colonialism, child apprehensions, and violence. Jasmine, William, Farrah, Dylan, Amanda, Christine, Elijah, Kayley, and Katie are all Indigenous. In 2018, shortly after the birth of his child, Dylan was attempting to manage his social worker’s expectation that he attend residential treatment while also dealing with the disappearance of his sister. At this time, there was immense public pressure for the Canadian Government to investigate the overwhelming number of missing and murdered Indigenous women that had long been an issue across the country, and a National Inquiry was underway to investigate the systemic causes of this violence (National Inquiry into Murdered and Missing Indigenous Women and Girls, 2019a, 2019b). The stress of his sister’s disappearance led Dylan to leave treatment early. Shortly after, Dylan learned that his sister had died by suicide. When the National Inquiry’s final report was published a year later, it would conclude that various forms of violence experienced by Indigenous women, including suicide, are shaped by colonial oppression and violence (National Inquiry into Murdered and Missing Indigenous Women and Girls, 2019a, 2019b).

Dylan told me that he did not receive any mental health or other kinds of support to help him deal with this trauma. It is not possible for me to know whether this help was offered, or whether Dylan, like many of the other youth who participated in this study, felt like he didn’t know how to ask for help or where help might come from. After leaving treatment and learning about the death of his sister, Dylan became significantly re-entrenched in homelessness and intensive injection crystal meth and fentanyl use.

4.6. Maintaining custody in the shadow of “the system”

At the end of this study, Violet and Christine were the only two participants who had regained custody (Christine consistently maintained custody of her second child). They did this by providing proof of long-term abstinence from opioids and stimulants (in the form of urine analyses) and maintaining housing at their mothers’ residences. Katie and Mike were beginning the process of regaining custody of both of their children. Despite these outcomes, each of these youth expressed ongoing frustration with their inability to pursue meaningful employment or education opportunities and secure their own family housing. Young people also described significant ongoing financial struggles and persistent fears of future MCFD or VACFSS involvement.

After she lost custody of her child, Violet moved in with her mother and endured a year of legal battles with the MCFD before she eventually regained custody, largely through the advocacy of a doctor from FIR and the ongoing support of her mother. At the conclusion of this study, Violet continued to live with her child at her mother’s home in a suburb of Vancouver, a situation that she was both grateful for and critical of. She would prefer to live independently with her child while maintaining some form of employment, but described ongoing financial struggles and barriers to maintaining employment while parenting. Additionally, Violet described consistent fears of future MCFD involvement, regardless of her current stable circumstances: “I’m, like, kind of stuck in, like, a paranoia of some sort,” she reflected in early 2020.

Katie and Mike’s long-term goal included opening a family treatment center in the Vancouver area – the kind of centre that they believed would have helped them navigate pregnancy and early parenting. However, like Violet, Katie also expressed fears regarding how she and Mike might never be able to escape their history of involvement with “the system”:

Like, me and Mike – our kids have been in foster care. So, ten or twenty years from now, [say] we’re like, doing so good, have jobs and careers, and blab, blab, blab. But just because our kids were in foster

care, even though twenty years later we're doing so amazing in life, if we ever wanted to try to take in foster kids or open up our own daycare, we're screwed for life. We'll never be able to do any of that.

When I first met Christine in September 2019, she was eight months pregnant with her second child. She had maintained abstinence from all illicit substances since the discovery of her first pregnancy nearly five years ago, although she had cycled in and out of homelessness throughout that time. Her oldest child lived with Christine's mother, and Christine visited regularly. After delivering her second child in October 2019, Christine and her partner of about two years, Jordan, found affordable market housing in a suburb of Vancouver. Shortly after they had moved in, they made the nearly two-hour trek by transit to the ARYS office to introduce me to their newborn, and Christine told me about her future plans:

I was talking to Jordan – I'm thinking in January, I'm going to do online schooling to become a community support worker. It's only six months, and then I can take the additional three-month program and it'd be a community support worker/ mental health and addictions worker. They need people like me, that's been on both sides.

Several months later, when I took a turn making the journey on transit to visit Christine at her home, she expressed frustration at not making progress towards her goals. Christine emphasized that the daily demands of parenting an infant and housekeeping while Jordan was at a minimum-wage job during the day were barriers to completing her online education. She also did not have the financial resources to get out and socialize, causing her to feel isolated in her neighborhood, which was far removed from her social networks. Additionally, the market housing that Christine and Jordan had been able to afford meant that they were living with roommates. Christine expressed typical frustrations at having to deal with roommates, but also a deep fear that her roommates'

irresponsibility (towards keeping up with rental payments, for example) could lead to CPS intervention. She also worried about her own ability to keep up with social assistance and healthcare-related appointments:

God forbid you show up with puke on your shirt because you've got a baby. "You're a dirty person, you don't do your laundry. That's it, you're getting a Ministry call."

Christine had achieved the key markers of success expected by her many CPS social workers: she had stopped using opioids and had maintained a long period of substance use abstinence, and secured market housing. And yet, Christine described being “angry at everybody” and “very, very frustrated.” She reflected that, until she did not have to worry about how to secure basic amenities on a daily basis, her options for furthering her education or career goals were limited. Somewhat paradoxically, young parents like Christine, Katie, Mike, and Violet expressed a sense of both being utterly unsupported by “the system,” as well as being trapped within it.

Chapter 5: Discussion

5.1. Summary of findings

This thesis explores how pregnancy and early parenthood shaped the trajectories of 16 young people experiencing ongoing street-entrenchment and substance use. My findings reveal a critical disjuncture between youth's desires and decision-making surrounding pregnancy and parenting, and the systems and services that are officially intended to help them. For all of the youth who participated in this study, this disjuncture ultimately resulted in child custody loss. At the time of writing, only two young women, Violet and Christine, were able to regain custody.

Consistent with the experiences of young people in other studies, those I worked with envisioned pregnancy as a turning point that might allow them to move away from intensive substance use and street-entrenchment and realize different kinds of futures. Young couples described pregnancy as a life event that could stabilize tumultuous romantic relationships and deepen a sense of romantic love in the midst of the everyday emergencies of substance use, homelessness, and poverty. As “moral assemblages,” romantic relationships powerfully shaped decision-making surrounding pregnancy and parenting on the streets, including the decision of whether or not to enter substance use treatment. Most youth sought to “stay together no matter what,” even if that meant not going to residential treatment or leaving treatment early, and violating restraining and no contact orders.

Interventions by child protection, healthcare, and criminal justice systems were generally at odds with youth's visions for themselves, their relationships, their families and the future. In particular, interventions that separated young couples were often perceived by young people as destabilizing the very relationships that they felt would allow them to successfully navigate a pregnancy, create a family, and parent a child. Many youth had the sense that the systems they were drawn into throughout their pregnancies and early parenthood were actively “working against them”

even when they tried to “do everything right,” resulting in a painful sense of confusion and frustration. In some cases, youth were asked to obtain housing and employment that seemed non-existent or exceedingly complicated to access. Under these kinds of pressures, desires to make significant changes in their lives following the discovery of a pregnancy could collapse, and young people became entrenched in cycles of loss, defeat, and harm that included experiences of child apprehension, substance use binges and relapses, and periods of street-based homelessness and mental health crisis. Given the number of participants whose families of origin had experienced CPS involvement during their own childhoods, these cycles of loss, defeat, and harm seemed to extend both across their own lives as well as intergenerationally. Importantly, the harms associated with these cycles were powerfully racialized. For Indigenous young people who continue to experience the effects of Canada’s colonial legacy, the racism and violence that permeate the child protection, healthcare, and criminal justice systems made accessing and working within these systems difficult or impossible, often with devastating effects.

While four of the young women in this study received significant, albeit time-limited, support from FIR and Sheway, it did not ultimately allow them to maintain custody of their children after giving birth. Even Violet and Christine, who had positive experiences at FIR and Sheway and were ultimately able to regain custody of their children, remained profoundly fearful that any contact with services and systems could present a risk to their custody rights. Importantly, these services offer little to no support to the male partners of pregnant individuals. Consequently, the young fathers who participated in this study experienced significant harms when their partners were drawn into women-only programs, leaving them isolated, and in some cases, without housing. At other times, young fathers were more forcibly excluded from their partner’s (via restraining orders) and children’s (via no-contact and supervision orders) lives. The result of these separations and

exclusions for young fathers like Elijah, Liam, Mike, and Dylan could be periods of substance use binging and relapse and street-based homelessness, as well as incarceration for violating conditions.

It is salient that the two young people who were not in romantic relationships during their pregnancies and early parenthood were better able to navigate CPS demands. One reason that these individuals were more successful was that they were able to attend substance use treatment programs mandated by CPS without needing to consider what that would mean for their romantic partners and relationships. These youth were also better able to mobilize other kinds of social support – namely, the support of a parent – to regain custody of their children.

Yet, Violet’s and Katie’s experiences demonstrate that completing substance use treatment programs during pregnancy and following giving birth did not guarantee obtaining and keeping custody of children. They also experienced significant frustration with and confusion about the systems and services that were ostensibly designed to help them. Violet’s and Katie’s fragile success stories also underscore the need for structural interventions that provide access to housing and income among young parents experiencing unstable housing and homelessness and ongoing poverty. This study identifies a dire lack of accessible family housing, adequate income assistance, and mental health supports following the loss of child custody for young people navigating pregnancy and early parenthood in the context of street-entrenchment and substance use.

5.2. Implications for practice and policy

A recent report by Turpel-Lafond as part of BC’s Addressing Racism Review (2020) details significant instances of racism in the province’s healthcare systems. The report (2020, p. 184) calls for an “integrated and comprehensive change approach where actions in relation to systems, behaviours, and beliefs are purposefully designed in relation to one another,” that must also, “reflect the fact that to fully achieve the benefits of progress in any one area requires advancements in the

others.” My work reflects the necessity of this recommendation, demonstrating how Indigenous young people’s experiences of racism within systems such as CPS and criminal justice can impact their health outcomes as they navigate pregnancy, early parenthood, unstable housing and homelessness, and substance use.

All participants identified having their children apprehended as another kind of “turning point” – this time, a profoundly negative one – after which many experienced drug use relapses and binges, and periods of mental health crises. These effects were most pronounced amongst Indigenous participants. For instance, Jasmine and Dylan became homeless after losing access to their children, and Elijah described being “broken inside” after a restraining order prevented him from seeing his partner and getting off probation. Many participants (half of whom are Indigenous) had experienced apprehension and government care in their own childhoods, which created a deep fear of “the system.” However, for Indigenous young people, negative experiences with CPS during their childhoods could combine with more recent experiences of racism in healthcare and criminal justice systems to strongly discourage them from accessing any much-needed health or social services during pregnancy and early parenthood, especially when they feared losing custody of their own children (Turpel-Lafond, 2020).

The BCCSU’s (2018) guidelines acknowledge the damage that these persistent fears can create. They recommend that all pregnant individuals receive unencumbered access to individualized and trauma-informed treatment plans, and recognize the importance of offering integrative services that support individuals across systems of care to prevent them from falling through the cracks during transitory periods. Yet, my study demonstrates that these recommendations are still far from being realized across much of the substance use care landscape in Vancouver and elsewhere in the province. The child protection, healthcare, and criminal justice systems in BC remain largely fragmented and siloed, and the lack of coordination between them results in young people regularly

disengaging from care, including during moments when they are open to making significant changes in their lives and eager to access support. Some of the participants in this study were not connected to resources or services such as FIR, YPPP, or Sheway at the earliest opportunity. For example, Christine and Violet discovered their pregnancies in emergency rooms, and Farrah in a remand center. As participants described, learning that they were pregnant represented a possible turning point – an opportunity to make big changes in their lives, including reducing or eliminating their substance use. However, instead of being connected to FIR, YPPP, or Sheway, Christine, Violet and Farrah were each released to homelessness. This failure to connect vulnerable, pregnant young women to available services early in their pregnancies demonstrates a lack of the “integrated and comprehensive” approaches to care outlined by Turpel-Lafond (2020). It exposes a significant gap across healthcare, criminal justice, and other systems.

Gaps across multiple systems allow vulnerable, young pregnant individuals to slip through the cracks at multiple points throughout pregnancies and early parenthood, until it is deemed necessary for CPS to become involved. Given Catherine et al.’s findings (2019) regarding the sheer volume of young mothers experiencing significant socioeconomic disadvantage in BC, connecting pregnant individuals experiencing street-entrenchment to specialized, harm-reduction and trauma-informed community-based services, such as FIR, YPPP, or Sheway, should be an imperative for acute healthcare and criminal justice systems.

However, even among participants who were able to access FIR, Sheway, or YPPP, a lack of low-barrier, supportive family housing in the city presented perhaps one of the largest challenges to the young people who participated in this study. The creation of adequate and safe spaces for children and extended families in downtown Vancouver is critical to fostering the safety of Indigenous women and girls (Muree Martin & Walia, 2019). Vancouver has several gender-inclusive housing programs for “women-led” families that support pregnant and parenting individuals (like

the Budzey, operated through RainCity Housing, and Sorella House, operated through Atira Women's Services). However only one couple in this study (Farrah and Curtis) were able to access supportive housing together, and it was intended to be temporary until the birth of their child. Low-barrier, long-term supportive family housing that also supports young fathers is urgently needed to address this shortfall. Programs like FIR, which have recognized the necessity of establishing housing for young parents and families, have thus far been unable to realize plans to build a second stage combined housing and treatment program for parents and their babies.

Without stable housing that could accommodate them, their romantic partners, and their child or children, participants in my study struggled to make other necessary changes in their lives, including moving away from substance use. The study by Catherine et al. (2019) identifies a need to extend supports for young women experiencing significant disadvantage beyond healthcare, to encompass adequate and equitable housing and income. A lack of action in addressing oftentimes intergenerational, systemic income- and housing-related inequities reflects a failure on the part of the BC government to fulfill their fundamental obligations regarding international child rights (BC Child, Family, and Community Service Act, 1996; UN Convention on the Rights of the Child, 1989). These obligations include protecting young people and their children from harm, and ensuring adequate housing, income, and parental/caregiver supports. Even when the participants in my study regained custody of their children and were able to maintain long-term abstinence from substance use, they expressed profound dissatisfaction with their current situations, which continued to be characterized by chronic poverty. These young people questioned whether they would ever be able to pursue the kinds of futures they desired for themselves and their children. The lack of available family housing meant that they relied on family members for shelter, or lived with roommates in areas of the city where they felt more isolated from their social networks. Despite young peoples'

best efforts, many were left with the sense that they may not be able to provide their children with a better childhood than they themselves grew up with after all.

The young people who participated in my study were also significantly harmed by the ongoing criminalization of substance use. When young parents such as Jasmine, Liam, and Elijah were arrested, incarcerated, or remanded for substance use-related charges, it negatively impacted their abilities to make the changes in their lives that would ultimately allow them to parent children. Recommendations from Muree Martin and Walia (2019) include expanding non-policing options for responding to public intoxication and other “criminal” behaviour that is directly linked to substance use. Importantly, the report recommends including responses that are led by community members rather than law enforcement. Indigenous-led community approaches are critical given that Indigenous young people are currently disproportionately policed and criminalized (Muree Martin & Walia, 2019). Expanding non-policing options for substance use-related crises could provide an essential opportunity to connect individuals such as Jasmine, Liam, and Elijah with community-based organizations, supports, and resources.

Participants in this study who were in romantic relationships lamented a lack of residential substance use treatment and recovery programs that they could attend with their partner. My research demonstrates that young people’s romantic relationships were often at the very center of their lives, day-to-day survival, and desires for the future, and powerfully shaped pregnancy- and parenting-related decision-making. The imperative that they separate from their romantic partner in order to attend a residential treatment program prior to or following the birth of their child struck many youth as undermining the very thing that would allow them to successfully navigate a pregnancy, create a family, and parent a child. Youth frequently made the decision to “stay together no matter what,” even as it inevitably initiated CPS involvement and apprehension of their children. An individual-focused approach to substance use treatment and recovery may work well for some

individuals, and in particular those who have broader support networks that include supportive family members. Both Violet and Christine used their pregnancies as opportunities to reconnect with their mothers and were then able to rely on them for emotional and material support (although, in Violet's case, this reconnection was complicated by intergenerational CPS involvement). For others, however, treatment and recovery programs that work with young couples may be far more successful in mediating the harms of substance use during pregnancy than individual-focused approaches.

Mandated separations from partners and children had a distinct impact on the young men in my study. Many participants, including young men, described parenting a child as the most important role of their lives. When romantic and parent-child relationships were "taken away" or individuals did not have the opportunity to "prove" that they could successfully parent and build a family, the result was often periods of substance use relapse and bingeing, street-based homelessness, and mental health crises. This study underscores that separating young couples and restricting access to children creates situations in which the harms associated with street-entrenchment and substance use are often amplified (Kenny, 2018; Thumath et al., 2020). As in Kenny's study (2018), the participants in my study were not aware of any mental health supports that could be accessed in the aftermath of losing custody of their children or being separated from their partner. Muree Martin and Walia (2019) and Catherine et al. (2019) have made important recommendations regarding broadening and expanding policies and programs beyond healthcare, and to encompass children and families. My study extends this recommendation by demonstrating that there is a need to ensure that these policies and programs include young fathers. In undertaking this important work, it must be recognized that even low-barrier programs and services can be intimidating for youth who have experienced years of street-entrenchment and substance use, and must include comprehensive supports for things like transitioning to employment and stable housing.

Finally, my study demonstrates that young people have important knowledge regarding child protection, healthcare, criminal justice, housing, and other systems. It also demonstrates the necessity of designing and delivering these services in ways that are consistent with what young people envision for themselves, their families, and the future. Young people should be meaningfully involved in the design, implementation, scale-up, and evaluation of interventions intended to help them. In addition, Indigenous-led initiatives are essential to addressing the systemic racism that permeates child protection, healthcare, and criminal justice systems (Muree-Martin & Walia, 2019; Sinclair, 2007).

5.3. Implications for future research

This study points to several directions for future research. First, there continues to be a need for a more complete understanding of the collateral consequences of court-ordered family separations on birth parents and potential alternative directions for CPS interventions (Kenny, 2018; Muree Martin & Walia, 2019; Thumath et al., 2020; Turpel-Lafond, 2020). My findings support Kenny's (2018) recommendation that future research position a family's CPS history as a structural determinant of health. This could be broadened to include individuals' histories with multiple systems, including healthcare and criminal justice systems. More broadly, there is a need for ongoing research regarding how young people navigating pregnancy and early parenting in the context of ongoing street-entrenchment and substance use move across multiple systems and services. This work could focus on when youth are effectively connected to care, and track periods when they disengage from care or fall through the cracks. In a city like Vancouver, where available programs for vulnerable young people who use substances far exceed those in rural, suburban, and even other Canadian urban centers, a disturbing number of young parents nevertheless described experiences of falling through the cracks at various points during pregnancies and early parenthood.

Future research must also focus on the experiences and perspectives of young fathers, as well as trans, Two-Spirit, queer, and non-binary young people who are navigating pregnancy and parenting in the context of street-entrenchment and substance use. Unfortunately, my study reflects the heterosexist and gendered nature of research in this area, which also characterizes available services for pregnant and parenting individuals (Dietz, 2020; Lowik & Knight, 2019; Veal et al, 2016). A binary and exclusive approach to service provision in this area has resulted in the majority of services for “parents” being dedicated to mothers, with negative impacts for young people of all genders. Exploring the experiences of young people who are not straight and cisgender as they navigate pregnancy, parenting, substance use, and street-involvement is a critical area for future research that would benefit from qualitative approaches.

5.4. Strengths and limitations of this research

This study demonstrates the value of a longitudinal, qualitative and ethnographic approach. In “following” a small group of participants over the course of one year, I was able to closely examine the overlapping individual, interpersonal, social, structural, and environmental dynamics that shaped young people’s trajectories, including their engagements with various services and systems as they navigated pregnancy and early parenting in the context of street-entrenchment and ongoing substance use in many cases. The relationships I developed with young people across time allowed me to have conversations and make observations that would not have been possible in the context of a one-time qualitative interview in an office setting. Maintaining contact with this small group of participants through Facebook Messenger, text, phone, and email also allowed me to keep up with changes in their lives at times when it would not have been possible for them to meet in person to conduct a more formal interview.

One limitation of my study is that the perspectives of various service providers (e.g., CPS social workers, healthcare professionals, probation officers), policy and decision makers, and other relevant stakeholders (e.g., family members) were not captured. These individuals could have provided important insights into how and why decisions related to child protection (e.g., child apprehension, supervision and no contact orders), law and order mandates (e.g., restraining orders), and the imperative of substance use treatment were made. Importantly, generalizability was not a goal of my study. The experiences and perspectives of the 16 young people described herein are not representative of *all* young people who are navigating pregnancy or parenting in the context of street-entrenchment and substance use, whether in Greater Vancouver or other similar settings. The young people who participated in this study are perhaps most representative of those who are highly street-entrenched, and engaged in the most intensive forms of substance use, including the daily use of crystal meth and fentanyl.

Another limitation of this study is that the intergenerational effects of CPS interventions, while reflected in my work, were not the main focus. These effects could be drawn out more in future research, including how CPS interventions impact Indigenous families intergenerationally. With regard to the latter, there is a need for Indigenous-led research that centers the voices, perspectives and experiences of Indigenous young parents, and utilizes Indigenous methodologies.

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