Living With and Within the Rules of Domestic Violence Shelters: A Qualitative Exploration of Residents' Experiences

Author: Catherine Rebecca Glenn

Boston College
Lynch School of Education

Department of Counseling, Developmental and Educational Psychology
(Counseling Psychology)

LIVING WITH AND WITHIN THE RULES OF DOMESTIC VIOLENCE SHELTER: A
QUALITATIVE EXPLORATION OF RESIDENTS' EXPERIENCES

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CATHERINE GLENN

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Abstract

As domestic violence (DV) shelters have proliferated across the country over the last three decades, there has been a corresponding increase in the number of rules to which shelter residents must adhere. This qualitative content analysis study represents the first research to explore IPV survivors' experiences living with emergency DV shelter rules. Eight clusters emerged from interviews with 11 survivors: 1) Entering the shelter in a vulnerable state; 2) Perceiving staff-resident relationships as empowering or disempowering; 3) Making sense of the rules in the context of these relationships; 4) Experiencing staff enforcement as collaborative or hierarchical; 5) Experiencing the rules' impact on daily life; 6) Coping with rules; 7) Coping in the shelter generally; and 8) Making recommendations. Results suggest that less boundaried staff-resident relationships, less restrictive rules, and flexible, consistent, and collaborative enforcement lead to more positive experiences for residents. Recommendations are made for shelter practice and future research.

To Lisa Goodman

Thank you for being a constant source of strength, wisdom, hilarity, enthusiasm,

brilliance, honesty, inspiration, support, and guidance throughout these past six years.

Chapter One: Introduction

Over the past three decades, the domestic violence (DV) movement, fueled in large part by feminist organizers, has dramatically increased public awareness of the prevalence of intimate partner violence (IPV), influenced the creation of a web of shelters and other support services for victims, and transformed the criminal justice system's response to survivors (Goodman & Epstein, 2008). Along with such achievements have come challenges. Early activists promoted feminist political ideologies, including the privileging of survivors' voices; the promotion of egalitarian relationships between "helpers" and "helpees"; a conceptualization of domestic violence as a socio-cultural problem rather than an individual problem; and a focus on consciousness raising efforts to unite survivors and counteract self-blame and isolation (Epstein, Russell, & Silvern, 1988; Ferraro, 1983; Rodriguez, 1988; Schechter, 1982). But as the domestic violence movement grew from a grassroots campaign to a mainstream services system, it became increasingly embedded in large and bureaucratic service systems (Chang, 1992; Donnelly, Cook, and Wilson, 1999; Goodman & Epstein, 2008; Hague & Mullender, 2006; Rodriguez, 1988; Schillinger, 1988). Government and private funders pressured agencies in various ways to eschew the very feminist political ideologies that underlay their work, creating an enormous tension for many DV service providers, who wanted to hold on to their feminist beliefs and processes but found this increasingly difficult as they expanded and entered the mainstream. Nowhere have these tensions been more poignantly experienced than in DV shelters.

DV shelters emerged directly from the philosophical and political core of the feminist DV movement. Early shelters were usually small operations created and run by survivors. Shelter staff promoted a socio-political understanding of DV, focused on consciousness-raising efforts and sisterhood, eschewed hierarchical power structures, and tried hard to remain independent of outside service providers and funders who, they believed, implicitly maintained a patriarchal system that oppressed women (Epstein, Russell, & Silvern, 1988; Ferraro, 1983; Rodriguez, 1988; Schillinger, 1988). Shelters were run as safe havens in which survivors and their children lived for as long as they needed in order to piece their lives back together.

But as shelters proliferated and as more and more women sought help from them, shelter advocates were forced to turn to mainstream sources of funding, including government agencies, and thus became increasingly intertwined with and accountable to bureaucracies. In contrast to early domestic violence activists, mainstream funders viewed shelters as a service, residents as clients, and staff/volunteers as employees (Epstein, Russell, & Silvern, 1988; Schillinger, 1988). They required that staff hire professionals rather than survivors; measure success based on specific externally defined criteria, such as securing stable housing or leaving an abuser; and imposed screening criteria concerning who could enter shelters (Chang, 1992; Haaken & Yrugai, 2003; Hague & Mullender, 2006; Rodriguez, 1988). These changes, in turn, shifted dramatically the culture and context within which survivors were supported.

One reflection of the transformation of shelter life over the last few decades is the proliferation of rules in shelters across the country. Although rules existed in early

shelters, they were much less specific than they are today and usually consisted simply of "no men, no liquor, and no drugs" (Martin, 1976; Ridington, 1977, as cited in Haaken & Yrugai, 2003, p.55). But, as shelters became more widespread and accountable to the requirements of funders, and as a more diverse population of women sought help in shelters, rules concerning who could be admitted and how residents should behave once admitted became more ubiquitous and detailed. Indeed, in most shelters today, there are myriad rules related to entry criteria, the confidentiality of the shelter's location, contact with outsiders, chores, parenting, curfews, parenting/support groups, case management, substance use, and violence (Chang, 1992; Goodman & Epstein, 2008; Rodriguez, 1988; Haaken & Yrugai, 2003). Moreover, these rules do not exist in a vacuum. The ways they are created and enforced both reveal and maintain the general culture and power structure within shelters; and the way they are experienced by residents depends on the complex histories and identities that women bring to shelter life.

Survivors come to shelters, in many cases, at the most vulnerable time of their lives. Their shelter experiences play a critical role in helping them heal from abuse and establish a new way of thinking about themselves and their options for the future. Thus, their experiences of shelter rules themselves, as well as the conditions of shelter life that the rules implicitly and explicitly emerge from and shape, are critical to understand in order to ensure that shelter residents are empowered and strengthened by their shelter stays.

Yet, prior to this study, no research to date has explored women's responses to shelter rules as a specific area of study. Existing literature offers only anecdotal evidence

of what women's experiences with rules might be, and suggests that women's experiences are mediated by a range of ecological factors such as one's various identities and past experiences, the structure and culture of the shelter itself, and larger socio-cultural forces that cause inequality and oppression in the lives of many. This dissertation study attempted to expand upon these anecdotal data by employing qualitative content analysis to explore women's experiences of living with and within the rules of domestic violence shelters. In order to ensure that interviews with survivors captured the full range of influences on women's perceptions, the study built on Bronfenbrenner's ecological model as a general framework. Findings have implications for future research, for survivors, for those who work and volunteer in shelters, for those who are involved in DV services in general, and for those who work with trauma survivors in other contexts.

Chapter Two: Literature Review

The first section of this literature review describes the prevalence and impact of IPV in general, as well as the nature of help-seeking among survivors. The second section describes the history of the domestic violence movement, highlighting how its rapid evolution has influenced the structure and functions of DV shelters specifically. The third section explores the concrete nature of current shelter rules as well as how they can be understood at a broader theoretical level. Finally, the last section builds on Bronfenbrenner's ecological framework to organize the disparate scholarship on individuals' responses to rules.. In particular, it highlights theory and research describing the multiple contextual influences on people's experiences of rules and services in general, as well as women's experiences of shelter rules in particular.

Prevalence of IPV

In the largest study of IPV prevalence to date, Tjaden and Thoennes (2000a) conducted a national survey using random digit dialing of 8,000 men and 8,000 women, and found that a quarter of all women experience IPV at some point in their lives. The prevalence and severity of IPV among the women in the study was significantly higher than that among the men (Tjaden & Thoennes, 2000a). IPV affects women from all walks of life, regardless of race, ethnicity, religion, class, sexual orientation, immigration status, disability status, or age (Tjaden & Thoennes, 2000b), and DV advocates have worked hard to show that IPV crosses lines of race, culture, and class. At the same time, recent research demonstrates a higher prevalence of IPV among marginalized women such as immigrants, the homeless, low-income women, and women with disabilities

(Browne & Bassuk, 1997; Browne, Salomon, and Bassuk, 1999; Goodman & Epstein, 2008; Ozer, Best, Lipsey, & Weiss, 2003; Puzone, Saltzman, Kresnow, Thompson, & Mercy, 2000).

Impact of IPV

The impact of IPV on women's physical and mental health has been well-documented. IPV is one of the leading causes of physical injury to women in the United States (Rand, 1997), with injuries ranging from bruises to broken bones to brain injuries (Acevedo, 2000; Jackson, Philp, Nuttal, & Diller 2002). In addition, it is estimated that 30% of women murdered in the U.S. are murdered by an intimate partner (Puzone et al., 2000; Rennison & Welchans, 2000). The long term impact of physical injuries and the emotional toll of experiencing IPV can lead to chronic health conditions, such as chronic pain or stomach problems (Coker, Davis, Arias, Desai et al., 2002; Coker, Smith, McKeown & King, 2000).

In terms of mental health, studies have found that IPV can lead to symptoms of depression, post-traumatic stress disorder (PTSD), anxiety, substance use/abuse, and suicidality (Clark & Foy, 2000; Davidson, Hughes, Blazer & George, 1991; Golding, 1999; Hien & Hien, 1998; Helzer, Robins, & McEvoy, 1987; Kessler, Sonnega, Bromet, Hughes, et al., 1995; Lemon, Verhoek-Oftedahl & Donnelly, 2002; Resnick, Kilpatrick, Dansky, Saunders & Best, 1993). The isolating effects of IPV often result in a diminished social support network for survivors, intensifying their risk for developing mental health difficulties (Andrews, Brewin and Rose, 2003).

In addition, IPV often has a negative impact on women's economic stability, affecting their jobs, housing, access to transportation, and benefits (Browne, Salomon, & Bassuk, 1999; Bybee & Sullivan, 2005; Goodman & Epstein, 2008). This occurs in multiple ways. For example, an abuser might stalk his partner or sabotage her efforts at maintaining work/independence, or might maintain tight control over a woman's access to transportation. A woman might avoid work if she is afraid of the abuser hurting her children while she is away, might get thrown out of housing because of an abuser's violence, or might be either too badly hurt physically or too badly shaken, terrified, or traumatized emotionally to get to work or to maintain a job (Farmer & Tiefenthaler, 2004). The compounding impact of IPV on women's physical health, mental health, social support networks, and economic stability can lead to an increased vulnerability to further abuse and violent victimization (Lebowitz & Roth, 1994; Ozer, Best, Lipsey, & Weiss, 2003). Thus, IPV creates a web of vulnerabilities for survivors, making it difficult to manage the abuse itself and to cope and heal in its aftermath.

Coping and Help-Seeking Among Survivors

Battered women use a broad range of strategies to manage and cope with abuse, only some of which involve seeking help from public domestic violence services or formal help sources. Much of the literature on battered women's coping strategies is grounded in Lenore Walker's theory of "learned helplessness," which posited that as women's repeated attempts to cope with or stop the abuse fail, many eventually develop a

pervasive sense of helplessness both in response to the abuse and more generally (Lenore

Walker, 1979, 1984).

Over time, ecologically-minded researchers and theorists have challenged the

theory of learned helplessness and other binary formulations of women's coping

strategies as falsely depicting battered women as either passive/helpless or active

(Goodman et al., 2003; Gondolf & Fisher, 1988; Hage, 2007; Hage, 2006; Kocot &

Goodman, 2003; Rothenberg, 2003 Waldrop & Resick, 2004). Instead, they point out the

fluid nature of battered women's coping, which may shift over time depending on a range

of contextual factors such as one's economic resources, the extent of other crises

(Goodman & Epstein, 2008), whether or not one has children and how old they are, the

severity of the abuse (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000a), one's

available social supports (Kocot & Goodman, 2003), and one's racial, ethnic, cultural, or

immigrant identity (Hyman, Forte, Du Mont, Romens, & Cohen, 2006).

Illustrating this more contextualized approach, in one longitudinal study of over

400 women, Goodman and colleagues (Goodman, Dutton, Weinfurt, & Cook, 2003)

found that the coping strategies that participants reported using fell into six major

categories: resistance (e.g. fighting back), placating (e.g. trying to calm the abuser),

safety planning (e.g. changing locks), informal support (e.g. staying at a friend's house),

formal support (e.g. formal DV services), and legal (e.g. filing a restraining order or

calling the police). Some of these have traditionally been understood as active (e.g.

resistance) and some as passive (e.g. placating). But the Goodman et al. study showed

that as the violence increased, so did women's use of strategies within each one of these

categories. For example, as placating strategies increased, so did resistance strategies. In this case, the contextual variable of violence severity influenced the use of strategies across categories. The study made clear that all women are active in trying to manage and cope with abuse.

A number of studies have explored the prevalence of survivors' use of one particular coping response; that is, help-seeking from different types of public systems. The National Violence Against Women survey, for example, found that only 27.8% of female domestic violence survivors reported their most recent experience of violence to the police (Tjaden & Thoennes, 2000b). In the same study, only 17.9% of female respondents reported obtaining a restraining order. Another study of 406 participants attending an ambulatory clinic found that only 12% had been asked about domestic violence by their doctors, and only 8% of women who had experienced physical abuse by their intimate partners reported the incident to their doctors (Caralis & Musialowski, 1997). Although there are very few studies that investigate the proportion of survivors who utilize shelter services, one Canadian survey of married women who had experienced domestic violence found that only about 13% of participants sought help from shelters when they needed to escape the abuse, whereas 77% chose to stay with friends/relatives. The remaining women found alternative residence or stayed in hotels (Rodgers, 1994).

Seeking Shelter

A woman who enters a shelter chooses to live with strangers, abide by potentially rigid rules, and move into a new geographic community in order to escape her abuser. A

battered woman is therefore likely to try a variety of alternative coping options before making the decision to enter a shelter. Thus, it is not surprising that the small body of research exploring specific characteristics of women who utilize domestic violence shelters indicates that these women are among the most vulnerable of IPV survivors. They are more likely than other survivors to be financially destitute, homeless, drug addicted, or isolated from social networks (Krishnan & Hilbert, 1998; Schillinger, 1988). In addition, they report more frequent abuse than do survivors who do not seek shelter services (Gondolf & Fisher, 1988). It has also been noted that African American women utilize shelter services less frequently than White women (Donnelly, Cook, van Ausdale, & Foley, 2005). The reasons for this are complicated and highly debated, but some point to the lack of outreach done in African-American communities and African-American women's hesitancy to seek services that they view as lacking cultural or racial sensitivity (Donnelly, Cook, van Ausdale, & Foley, 2005).

Although few researchers have explored women's experiences in shelters, existing research indicates that many women rate their shelter experiences favorably, especially in comparison to other DV-related services (Bowker, 1988; Bowker & Maurer, 1985; Donato & Bowker, 1984; Few, 2006; Gordon, 1996; Tutty, Weaver, & Rothery, 1999). One study consisting of in-depth interviews with 63 shelter residents found that, of all aspects of their shelter stay, participants most appreciated having a safe refuge from their abusers, the care and support of staff, and the support of and social connection to their fellow residents (Tutty, Weaver, & Rothery, 1999). Unfortunately, many studies that examine women's experiences in shelters do so as part of larger projects that aim to

examine women's overall experiences with DV services; thus, such studies rarely go into much depth on women's specific reflections on their time in shelters.

Domestic Violence Shelters: Origins and Development over Time

The impressive successes of the anti-domestic violence movement, which began in the 1970s, led to the proliferation of shelters for battered women across the country. These developments, in turn, transformed the way shelters operate today. Such shifts, highlighted above, serve as the foundation for the current study, which focuses on the development of rules in DV shelters as an outgrowth of the changes in shelter structure over time.

The women's movement and early DV advocacy. The domestic violence movement began in the United States in the 1970's as an outgrowth of the larger women's movement. In the late 1960's, many women (mostly White and middle-class) began to form "consciousness-raising groups," in which they discussed the shared experience of being women in this country. As women began to open up about their private and individual experiences, some began to talk about the violence occurring within their own homes and to connect it to violence in other women's lives and to the larger social institutions that did nothing to prevent it (Goodman & Epstein, 2008). Thus, the domestic violence movement emerged from and built on the early methods of the women's movement.

Early DV advocates, many of whom were themselves survivors of IPV, emphasized the social roots of violence against women, insisting that "the personal is

political" (a phrase attributed to Carol Hanisch, 1969). They believed that women were controlled and abused in their homes and in society because they live in a culture driven by patriarchy, where women are devalued, seen as second class citizens, and treated like the property of men (Schechter, 1982). Advocates therefore went beyond a focus on keeping individual women safe and beyond viewing domestic violence as a problem between two people in a relationship, to emphasize the macro, social level causes of violence against women, including societal views concerning gender roles and equality (Chang, 1992; McDonald, 2005; Schechter, 1982).

Early activists developed a range of responses to DV, including shelters, support groups, hotlines, legal assistance, political activities to raise social awareness of gender inequalities and IPV, and individual advocacy (Donnelly, Cook, & Wilson, 1999). In each of these contexts, DV advocates embraced women's movement values by adopting an egalitarian approach built on communal rather than hierarchical or individualistic principles. For example, early advocates argued against the presence of professionals in DV services, wanting the movement to be fueled and controlled by survivors themselves (Pahl, 1985; Rodriguez, 1988). They also emphasized consciousness-raising interventions that aimed to empower survivors of abuse and promote a collective struggle against an unjust and patriarchal system (Schechter, 1982). Nowhere was this more evident than in shelters, a core part of the domestic violence response.

The "womb" of the DV movement: Shelters as independent manifestations of socio-political understanding of DV. Domestic violence shelters developed in the U.S. and England in the early 1970's. Since then, they have become mainstays of the DV

movement. The first DV shelter in the U.S., called Transition House, opened in Boston in 1974 and continues to help women escape and heal from violence today. Shelters offered women safety and respite from abuse. The earliest shelters were often located in rented houses, and entry criteria were relaxed, if existent at all (Binney, Harkell, & Nixon, 1981; Donnelly, Cook, & Wilson, 1999). Staff workers were often survivors of domestic violence themselves, so there was rarely a clear boundary line between residents and staff. In fact, tasks were often shared; residents were often in charge of day-to-day functioning, whereas the staff held responsibility for fundraising and management of the program (Pahl, 1985). Counseling and advocacy efforts were the domain of both staff and residents, as support groups and consciousness-raising meetings encouraged women to help and support each other as sisters. Women and their children would stay anywhere from a few days to a few months or even longer (Panzer, Phillips, & Hayward, 2000).

The shelter movement's socio-political understanding of DV. Women who worked and lived in Transition House and many other early shelters emphasized a *social*, rather than an *individual*, solution to domestic violence reflected in their focus on sisterhood, consciousness raising, political action, egalitarianism, and empowerment (Davis, Hagen, & Early, 1994; Goodman & Epstein, 2008; McDonald, 2005; Pahl, 1985; Rodriguez, 1988; Schechter, 1982; Shillinger, 1988). They believed that by focusing on these values and activities, they could show that domestic violence is not an individual concern, dependent on the particulars of a given intimate relationship, but instead is a widespread social pandemic that is impossible to disentangle from the existence of cultural patriarchy. In many ways, shelters epitomized all that the women's movement stood for; indeed, "shelters became the womb of feminism—maternal spaces of

protection, guided by egalitarian principles rather than hierarchical or paternalistic

models" (Haaken & Yrugai, 2003, p.53).

Early shelters' independence from the mainstream.

Many early shelters were small and self-reliant, serving limited numbers of

women and valuing independence from mainstream bureaucracies (Davis, Hagen, &

Early, 1994; McDonald, 2005; Rodriguez, 1988; Schechter, 1982). This was not

accidental. Early DV advocates believed that larger social institutions were part and

parcel of the existing patriarchal system that had to be transformed (Schillinger, 1988;

Stark, 2004). For example, the mental health system had traditionally blamed women for

the abuse they experienced, portraying victims as masochistic, instigating, or playing the

role of victims (see Gondolf & Fisher, 1988; Grigsby & Hartman, 1997; Herman, 1992,

for discussions of this). The police and courts had historically neglected even to

recognize domestic violence as a problem, and made few efforts to protect victims

(Goodman & Epstein, 2008). Those who created and worked in early shelters wanted to

separate themselves as much as possible from these systems, choosing not to rely on

government funding and remaining locally run and politically active (Chang, 1992;

Rodriguez, 1988; Schillinger, 1988; Stark, 2004).

It was not until the late 1980's, as shelters became more widely known,

understood, and accepted that critics from inside and outside the movement began to

question shelter activists' choice to remain separate, claiming that it left shelters isolated,

inward-looking, and unable to reach sufficient numbers of women in need. Moreover,

shelter staff themselves soon found it increasingly difficult to keep their oases protected,

as the demand for them grew exponentially and they found themselves without the

resources to meet the growing need (Bonisteel & Green, 2005; Donnelly, Cook, &

Wilson, 1999; Stark, 2004).

Shift of DV shelter services towards mainstream. These shifts created

enormous tension for shelter staff. How could they balance holding onto feminist values

with meeting survivors' needs? Many feminists had to choose between joining the

mainstream – the very system they were trying to fight —and going bankrupt due to

inability to fund their services (Donnelly, Cook, & Wilson, 1999; Pfouts & Renz, 1981;

Schillinger, 1988).

Refusing to be co-opted. In response to this conflict, some shelter staff refused to

be "co-opted" a term that Rodriguez (1988) used to refer to shelters that became

mainstreamed into more traditional systems. Because those outside agencies generally

approached service provision from a more hierarchical and structured perspective and

shied away from political activity or philosophy, Rodriguez viewed any collaboration

with them as a massive departure from the revolutionary beliefs underlying the early

shelter movement. She critiqued such "co-opting" of shelters, warning of the dangers

shelters risked when they invited bureaucracies into their worlds – bureaucracies that she

described as "guises" or covers for dangerous systems that prize "efficiency" and aim to

"function as a system of hierarchy and control" (p. 215). She and many others believed

that once shelters allowed outside funders in, the cultural values of those systems would

infiltrate shelter culture. They worried that traditional funding sources and agencies

would call for more traditionally structured power dynamics within the shelter, which in

turn could dilute the social and political aims of early shelter advocates (Srinivasan &

Davis, 1991).

Partnering with mainstream funders and governmental agencies. Most shelter

staff members were unable to act on this kind of purist stance, however, and chose to

open up to regulation from outside funders and governmental agencies in order to

continue serving women in need. This, despite the compromises that would be entailed.

As Schechter (1982) described, when shelter staff perceived the reality of their choice

between closing a shelter that did not have enough money to survive versus applying for

funding from government agencies and outside institutions, "women were forced into

taking money with strings attached" (p.42).

Thus, many shelter workers began to seek funding from the very agencies from

which they had initially tried to isolate themselves (Stark, 2004). This partnership with

the state had the intended positive effect of bringing enormous numbers of resources into

the movement. From 1980 to 1994, the numbers of shelters in the U.S. increased from

about 300 to more than 1,200 (Donnelly, Cook, & Wilson, 1999), and today, the National

Domestic Violence Hotline, the most widely used phone line resource for DV services,

has 1,715 shelters in their database (National Domestic Violence Hotline operator,

personal communication, September 15, 2008). Many more women have been able to

access shelter services as a result of funding from governmental agencies. But, as the next

section describes, the unintended, though feared, negative consequences of this

partnership were no less profound.

Changes in shelter practice and structure. In their book tracing community responses to DV, Goodman and Epstein (2008) outline four major consequences of the domestic violence movement's partnership with the state, focusing specifically on shelters. These include: more hierarchical organizational structures and staff professionalization; a greater degree of specialization; increased attention to measurable outcomes; and tighter entry criteria. All of these changes, discussed in more detail next, contributed to the proliferation of rules within DV shelters.

Hierarchy and professionalization. First, larger systemic regulatory pressures forced DV shelter service providers to develop more conventional, hierarchical organizational structures and hire traditionally credentialed staff (Dobash & Dobash, 1987). This is a natural outgrowth of the traditional values of many agencies and funders, where professional identities and clearly demarcated and hierarchical roles are the norm. The line between residents ("clients") and staff ("service providers") thus became much sharper, constraining the egalitarian spirit of many shelters and reducing the sense of community so important to early shelters. Indeed, some funders even explicitly discouraged staff from "fraternization" with residents (Chang, 1992, p.47).

Greater specialization. Second, in order to make services fit with the mission of the agencies of which they became a part, many domestic violence advocates began to specialize, becoming justice system advocates, hospital advocates, or housing advocates, for example. Shelter offerings became more specialized, with trained professionals providing specific services, rather than the whole shelter community providing support, counseling, and advocacy for each other. As a result, staff members became less likely to know and understand the totality of their residents' situations. In addition, the overall

cultural climate moved from a focus on IPV as a socio-political problem to an emphasis on IPV as a clinical problem requiring specialized expertise (McDonald, 2005).

Focus on outcomes. Third, in order to meet funder mandates, shelters began to focus on highly refined and easily measurable "outcomes" that were often distinct from the stated, personal needs of individual survivors, and marked a departure from the more revolutionary, social and political goals of the early shelters (McDonald, 2005). "Success" became equated much more tightly with whether women left their abusers or found independent housing.   It was therefore less possible for a woman to seek shelter simply to get respite from an abuser, whether or not she was ready to leave him/her yet (Krishnan, Hilbert, McNeil, & Newman, 2004).

Tighter entry criteria. Fourth, in order to achieve these outcomes, shelters began to develop clear criteria limiting shelter eligibility, a significant shift from the open door policies of earlier shelters. As discussed above, this meant that many women in need, particularly those with overlapping problems, were at risk for being kept out of the shelters (Donnelly, Cook, & Wilson, 1999; Grigsby & Hartman, 1997).

Expansion of rules. Along with these structural changes came programmatic changes within shelters. In particular, the establishment of a large number of rules governing residents' lives became the norm. A number of authors with intimate knowledge of the growth of domestic violence shelters have recorded their own observations concerning how and why this expansion in rules occurred. Some of these authors note that the proliferation of rules appeared to be simply an attempt to establish safety, confidentiality, and predictability for shelter staff and residents alike as they tried

to meet the needs of the rapidly increasing number and variety of women seeking

services (Donnelly, Cook, & Wilson, 1999; Olsen, n.d.)

Some authors also point out that overwhelmed staff created rules amidst the chaos

of shelter life and then never returned to question those rules. For example, Olsen, a

former shelter staff worker, (Olsen, n.d) described how singular incidents at the shelter

where she worked led to universal rules that the staff never re-examined or questioned.

As one instance of this pattern, if a resident had something stolen from her, a rule might

be established that all personal possessions get locked up. Another former shelter staffer

(Curren, n.d.) observed that her colleagues were so overwhelmed by the day-to-day chaos

of simply running the shelter that they rarely stopped to reflect upon the rapidly growing

list of rules they were creating.

Other authors make more of a direct connection between the requirements of

funders and the expansion of rules in shelters, noting that funders' demands for more

structure were met with the creation of more rules (e.g. Chang, 1992; Donnelly, Cook, &

Wilson, 1999). For example, funder requirements about who should receive shelter

services led to rules about who should be admitted to shelters. Regulations requiring

evidence of success, as defined through a top-down process, shaped rules concerning

what women should be working towards, such as finding stable housing or leaving an

abuser, rather than allowing each woman to define for herself what she needed from her

shelter stay (Smyth, Goodman, & Glenn, 2006). Indeed, shelter workers reported that the

pressure they experienced from funders to enforce rules often ran counter to their

feminist beliefs (Chang, 1992; Rudrappa, 2004), as they found themselves "spying on,

telling on, and ordering around the very people whom they had come to help" (Holden,

1997, p.124). Some reported experiencing a tension between their goals to empower and support survivors of domestic violence and the need to enforce rules that many of them found infantilizing and demeaning to the residents (Holden, 1997).

Also, in some cases, more stringent rules were created by professional staff that operated within a more traditionally hierarchical power structure (Donnelly, Cook, & Wilson, 1999; Koyama, 2003). It seems that the more staff workers viewed residents as clients and abusive situations as individual problems to be solved through services participation (rather than seeing battered women as sisters in a shared struggle to change society), the easier and more logical it became to create and enforce rules to help women stay on the "right" path and to remove women who could not do so.

Summary of changes. Overall, these changes moved shelter services closer to traditional, individualized models of service provision and away from the politicized, social, feminist understanding of IPV that shelters grew from. In fact, to qualify for funding, shelters often had to downplay their feminist philosophy, and many funders actively dissuaded shelter workers from promoting an outright feminist or politicized perspective (Agnew, 1998; Donnelly, Cook, & Wilson, 1999; McDonald, 2005; Potuchek, 1986). These shifts served as the backdrop for the current study, which sought to understand shelter residents' experiences of living with and within shelter rules as a window into women's experience of the "new" shelter climate.

Shelters Today: What is the Basic Structure and Who Seeks Services?

Today, there are two types of DV shelters available to survivors. The first and most common is the emergency shelter, where women in crisis can usually stay for up to three months (Tutty, Weaver, & Rothery, 1999). These shelters are usually (though not always) "hidden;" that is, their location is confidential (Haaken & Yrugai, 2003). The reason for this is that many women who flee abusers are at risk for serious harm, even death. In fact, a woman is *most* at risk for being murdered by an abusive partner in the period immediately after she leaves him or her (Fleury, Sullivan, & Bybee, 2000). If one woman's abuser knows where she is, all women in that shelter may be placed at risk.

After staying in an emergency (sometimes called *first stage*) shelter, women can sometimes move into a transitional living program if space if available (e.g. *second stage*), where they can stay anywhere from six months to two years to work towards long-term emotional stability, financial stability, permanent housing, and employment. Second stage programs are sometimes hidden and sometimes public. Today, all shelters – whether first or second stage – offer a range of services to women in addition to safety from their abusive partners. For example, most shelters provide counseling, links to resources, support groups, advocacy, and legal help (Krishnan & Hilbert, 1998; Krishnan et al., 2004; Tutty et al., 1999).

Many, if not most, shelters today operate at full capacity, and the need for shelter services continually grows. As just one example, a New York City hotline reported receiving over 80 calls per day for the 4-5 spaces that open up in New York shelters on a daily basis (Roberts, 1998, as cited in Panzer et al., 2000). Research with DV service providers confirms their inability to keep pace with the number of women seeking

services (Eastman, Brunch, Williams, & Carawan, 2007), and many survivors call

hotlines seeking services only to find that there are long waiting lists for beds (Grisby &

Hartman, 1997).

Rules in DV Shelters. As already noted, early shelters had very few rules. Most

centered on two basic prohibitions: no men or substances (drugs or alcohol) were allowed

into the walls of the shelter. But, as shelters have become more mainstreamed, the

number of rules and the breadth of behaviors they encompass have increased dramatically

(Chang, 1992; Donnelly, Cook, & Wilson, 1999). What changes have actually occurred,

and what types of rules exist today? Below, I describe some of the most common rules in

shelters across the country today, all of which were also identified by participants as

present in the shelters they were in.

Entry criteria. First, as noted above, shelters have developed an increasing

number of screening criteria for shelter entry. This development is in large part the result

of state regulations (Chang, 1992; Davis, Grisby & Hartman, 1997). In addition, many

shelters refuse women with complex or overlapping problems, such as substance

addictions or mental illness, the idea being that such women might be less successful in

their use of services (Chang, 1992; Donnelly, Cook & Wilson, 1999; Dorian, 2001;

Gaddis, 2001; Goodman & Epstein, 2008; Grisby & Hartman, 1997; Rothenberg, 2003;

Stark, 2004). Some authors have noted that there are shelters that do not offer services to

women who openly plan to return to their batterers (Donnelly, Cook, & Wilson, 1999;

Loseke, 1992); women with HIV/AIDS (Grisby & Hartman, 1997); women who identify

as lesbian or bisexual (Grisby & Hartman, 1997); or women who have physically fought

back against their batterers or worked as prostitutes.

Although this study did not focus directly on rules related to entry criteria, such rules shape the climate for women who do gain entry into a shelter. For example, some women might hide aspects of their lives or situation in order to get into the shelter, and then worry that they will be "found out." In addition, the fact that there even are entry criteria might create a general awareness among residents that they could be kicked out of the shelter at any time. Entry criteria represent a piece of a larger shelter context that has shifted towards being more rule-bound in nature (Chang, 1992).

Rules within the shelter. Once women are admitted to the shelter, they face another set of rules concerning appropriate behavior within their new residence. These rules fall within a few broad categories: confidentiality (e.g., who can know where the shelter is; who residents can and cannot contact; who can take residents to or from the shelter); health and safety standards (e.g., chores related to cleanliness inside the shelter, such as doing the dishes, keeping rooms clean, etc.); parenting; and community living (e.g., curfews, bedtimes, attendance at support groups, who has access to medications, engagement in various services offered by the shelter, etc.) (Olsen, n.d.; also see Osmundson, n.d.; Cosgrove & Flynn, 2005; Grigsby &Hartman, 1997; Holden, 1997; Pahl, 1985; SafeLink Hotline worker, personal communication, March 18, 2007). Although this is certainly not an exhaustive list, it represents many of the basic rules that are common to shelters across the country.

Confidentiality. With regard to confidentiality, in many hidden shelters, which represent the majority of DV shelters in this country, women are prohibited from telling *anyone* where they are, and sometimes have to quit their job or school because an abuser could easily follow a woman back from either of these places and harm her or others in

the shelter (Schillinger, 1988). In fact, in many shelters, women are expected to have no contact with their abuser or anyone in their social network who might know the abuser (SafeLink Hotline worker, personal communication, March 18, 2007).

Health and Safety. Rules related to the health and safety of residents usually pertain to daily cleaning and maintenance chores that residents must complete. Often shelters have chore charts that organize what each resident is responsible for in terms of cleaning or organizing. Most shelters require that residents be responsible for maintaining the cleanliness of their rooms (SafeLink Hotline worker, personal communication, March 18, 2007). These rules also usually prohibit any substance use by residents within the shelter (Schillinger, 1988)

Communal Living. Communal living/community-member rules often pertain to time and space constraints, as well as required meetings or services that residents are expected to engage in. In terms of time, these rules limit how late women can be away from the shelter, when women and children need to be asleep, and when meal times occur (Holden, 1997). Rules related to space might require that certain areas be designated for eating food, smoking, recreation (for the children), and the storing of medications and other belongings. These rules might also require that women attend a certain number of support groups, classes or meetings with case managers or counselors per week (Schillinger, 1988). They can also regulate more specific behavior, such as prohibiting swearing in the shelter (Holden, 1997).

Parenting. Parenting rules may require participation in a parenting class, prohibiting yelling at or hitting children, not allowing children to be unsupervised for any length of time, and requiring that children be asleep by a certain hour (Cosgrove & Flynn,

2005; Holden, 1997; SafeLink Hotline worker, personal communication, March 18, 2007).

What Do We Know about Rules at a Theoretical Level?

Moving from the pragmatic to the conceptual, this section briefly defines institutional rules and explores some common characteristics of rules that likely impact individuals' experiences of them. This discussion highlights the situational and interactive nature of rules.

The nature of rules. How have theoreticians understood the nature and purpose of rules? Given that shelters are types of institutions, the characterization of rules offered by Sell and colleagues (Sell, Lovaglia, Mannix, Samuelson, & Wilson, 2004), is particularly useful here because these authors focus on institutional rules. Sell and colleagues (2004) write that, "*... rules are general laws or principles that specify who may do what and when they may do it*. Institutional rules may be formal or informal, stable or unstable." (p.48, italics added). Rules represent an important aspect of a given institution's underlying culture, values, and power structures.

Stability. It is important to note that the above definition emphasizes two aspects or levels of rules: stability and formality. Stability is the extent to which a rule remains the same or is flexible across contexts. Clearly, some social and institutional rules are more stable than others; the basic rule that one should not kill people is fairly stable across most societies, whereas rules concerning hugging or physical contact might vary from place to place. The stability of a rule is also greatly impacted by the individual or body who enforces it. For instance, even if a school has a general policy of no gum-

chewing in class, one teacher might enforce it, whereas another teacher might ignore students who chew gum. In this case, the rule would not be stable across contexts or situations.

Formality. Rules also vary in their level of formality; that is, the clarity with which they are articulated as rules within a given institution. For example, some rules are clearly articulated: no sexual contact between therapists and their clients. Other rules are less formally explicit, and sometimes are just "understood" without ever being spoken. These are usually more culturally based rules, such as don't roll your eyes at a supervisor at work; or keep your children quiet in a movie theater.

Rules as interactive and reflective of existing social structures. Institutional rules are active entities that often come to life through interpersonal interaction. They must be created, communicated, and enforced by and for individuals. Rules thus inevitably create and reflect social relationships between the rule creators/enforcers and those who are supposed to follow them. Such relationships encompass power dynamics that can be experienced in both positive and negative ways. These power dynamics might be created through the rules themselves, and/or they might echo already existing power dynamics and inequalities that are present in larger society, such as those that relate to class, race, gender, religion, status, or more, as will be discussed below.

An Ecological Framework for Understanding How Women Might Experience Rules

This section describes the ecological perspective of the current study and then uses an ecological framework to organize a discussion of the various factors that we

initially considered as possibly influencing women's experiences with DV shelter rules. Relevant theory and research are integrated throughout.

Larger ecological framework. A number of theoreticians have developed ecological models to organize scholarship on how contextual variables at multiple levels of people's lives interact to shape development and well-being (see Bronfenbrenner, 1979, 1986, 1995; Kelly, 1986, 2006, Kelly, Ryan, Altman, & Stelzner, 2000). This study employs developmental psychologist Uri Bronfenbrenner's model to consider the multiple and interacting variables that contribute to women's perceptions and experiences of shelter rules. Bronfenbrenner (1979, 1986) proposed six levels of environmental contexts influencing development. It is important to note, however, that because his system was geared towards understanding the development of children, some of the contextual levels he proposed involve the child's caregivers' interactions with other formal systems. Because most children have very few direct contacts with formal systems (i.e. this is usually mediated through their parents), it becomes complicated to apply the model to adults, who do have direct interactions with formal systems. After the description below of the different environmental levels Bronfenbrenner proposes, I note all modifications I have made in order to best tailor the model to the adult, domestic violence survivor population of this study.

The *individual-system* represents one's internal biological and psychological makeup. The *micro-system* represents interactions between an individual and members of her immediate contexts, such as family, friends, and partners, as well as neighborhood or school. The *meso-system* represents interactions between the different categories of an

individual's micro-system; interactions between them and individuals in more formal contexts, such as the interaction of family or friends with members of one's workplace; or interactions among individuals across formal contexts, such as that between a welfare worker and a housing worker on behalf of an individual. One commonly-used example of the meso-system is the interaction between parents and staff at their child's school. The *exo-system,* according to Bronfenbrenner, represents the impact of larger social settings and structures that the individual likely does not have direct contact with on the individual's immediate context and experience. He used this level to understand situations like the impact of a parent's loss of a job, for instance, on the home life of a child. The *macro-system* represents larger social norms, cultural beliefs, and values, as well as larger social occurrences, such as war or economic depression. Finally, the *chrono-system* represents changes over time in an individual's interactions with his/her multiple contexts, or in the interactions between those contexts.

Modifications to Bronfenbrenner's model. Some authors have made modifications to Bronfenbrenner's model in order to understand the needs and contexts of individuals with specific shared experiences. I borrow here almost exclusively from Campbell and colleagues' re-formulation of Bronfenbrenner's model to apply to their research on survivors of sexual assault (Campbell, Dworkin, & Cabral, 2009; also see Weisz, Tolman, & Bennet, 1998, who focus on domestic violence services from an ecological perspective). First, they situate the micro-system level as representing the individual's immediate social support structure, in the form of friends, family, and peers (Campbell et al., 2009). Because informal social support is such an essential component of a survivors' healing process (Kocot & Goodman, 2003), it makes sense for informal

social supports to be represented by a major ecological level, such as the micro-system, and to have interactions occurring within the individual's informal social support network be distinguished from those that occur at other levels of her help-seeking efforts, such as more formal systems and resources.

Campbell and colleagues define meso-system level interactions as representing, "processes that contribute to linkages between systems and/or other individuals in the ecological environment" (2009, p.7); and the exo-system as including interactions that occur at the level of "formal systems with which individuals may or may not have contact" (in press, p. 7). With the micro-system including the informal network interactions and the meso- and exo-system levels representing the more formal support/resource network interactions, the distinctions between meso- and exo-level interactions become difficult to decipher. Campbell and colleagues therefore combine Bronfenbrenner's meso- and exo-systems, believing that both levels represent interactions involving at least one formal system level (also see Neville & Heppner, 1999, for a discussion of this). As one illustration, a woman's exo-system level interaction with the welfare system as a helping resource could lead to the interaction of the welfare system and a public housing system on her behalf, technically a meso-system level interaction. The authors thus use a combined meso/exo-systems level to signify all possible interactions between survivors and larger formal systems, or between formal systems and other formal systems, and distinguish such interactions from the informal interactions with her social support network, (e.g. family, friends, and partners), represented by the micro-system category.

In the current study, I similarly combined the meso-system and exo-system to represent any interactions that include formal systems – between the survivor and the formal system directly, between people in her support network and formal systems, or between formal systems and formal systems. I also replicated Campbell and colleagues' decision to include race not solely as an individual level factor, but also as a macro-system factor, given that race is both an individual identity and a larger social and cultural factor (Campbell, Dworkin, & Cabral, 2009).

Although we cannot assume that any one ecological level or factor will or will not be salient for a given shelter resident, an ecological approach allows for multiple possibilities to emerge as contributors to women's experience with shelter rules.

Individual-system. At the individual level, a diversity of personal characteristics, such as age, physical and mental health, intelligence, and sexual orientation might influence residents' experiences with shelter rules.

Mental Health. Residents might experience active symptoms of a range of mental health difficulties, including Post-Traumatic Stress Disorder (PTSD) or depression, which could interfere with their perception of the rules and their ability to follow them. For example, a depressed resident might feel unable to get out of bed or to clean her room. A woman with active symptoms of PTSD might be too frightened or hyper-vigilant to attend group sessions with other residents, or might be so detached and avoidant emotionally that she doesn't fully understand the rules or neglects to ask for clarification when they are explained. Substance use might be closely linked to other psychological difficulties, as women can sometimes turn to drugs and alcohol to manage symptoms of

anxiety and PTSD. If a woman hides her substance use problem in order to be admitted into the shelter, she would then have to face the difficulty of maintaining sobriety or of hiding her substance use from others, both of which could cause a great deal of stress.

Sexual orientation. Studies have suggested that women who identify as LGB, and whose batterers are also women, face a range of obstacles in accessing DV-related services (Grigsby & Hartman, 1997; Renzetti, 1996). How this might translate into women's experiences with rules in shelters is unknown, but we might imagine that if LGBT-identified residents feel unwelcome or out of place, they may feel less positive about and invested in the shelter, and therefore less invested in abiding by shelter rules. Sexual orientation could also be captured at other ecological levels, such as meso/exo-level (e.g. if those in the shelter downplay the impact of lesbian or same-sex battering), or at the macro-level (e.g. if the ways that society fails to recognize same-sex battering impacts a resident's approach to being in the shelter, such as if she has internalized homophobia).

Financial stability. Although little research has been done on the impact of class on women's ways of coping with DV (Goodman, Smyth, Borges, & Singer, in press), we might imagine a range of possible difficulties around rules that could come up for women facing economic distress. Many women who enter shelters are in economic crisis, often as a consequence of the abuse itself, and might understandably feel incredibly frustrated and scared about this. Curfews and requirements to attend meetings and meet with counselors, while possibly aimed to *help* women find jobs, could potentially exacerbate anxiety about wanting to get out and find work. In other words, time spent within the

shelter could be anxiety-provoking if it serves as a reminder of how desperate a survivor's situation is. Women might also feel angry and frustrated at rules that require them to quit jobs, work, or school in order to stay at the shelter. Such rules would be included under the "no contact" category, since many batterers seek their partners out at work or school, or other places where they know the woman will likely be, and therefore some shelters require that residents leave in order to stay safe and to keep the shelter safe, since batterers could follow them back to the shelter. To have to quit a job or leave school and enter complete financial chaos could bring up a lot of feelings and reactions in residents related to these rules; they might need the shelter and agree to the requirements, but doing so could impact their stay and their perception and experience of other rules. In the section on macro-level interactions below, I go into more detail about how we proposed that class could factor into women's experiences of shelter rules.

Age. Research suggests that services for older battered women are limited (Straka & Montminy, 2006; Vinton, Altholz, & Lobell- Boesch, 1997). And yet, research also indicates that if DV services, such as shelters, tailor their programs to the needs of older survivors, older women are likely to utilize such programs (Vinton, 1992). It is unclear how older shelter residents might experience shelter rules, but we might imagine that if they represent a minority among younger women, then their overall shelter experiences, as well as their experiences of the rules, could be impacted by this fact. For example, older women might have physical limitations that make certain chores impossible; they might need ready access to medications to which most shelters allow only staff access; they might be severely isolated due to the dual factors of the abuse and age (Vinton, Altholz, & Lobell- Boesch, 1997), and therefore might have difficulty with no-contact

rules when it comes to contacting their batterer. Finally, it also could be true that older residents find it difficult, shameful, or demoralizing to follow rules that are set and enforced by staff members that are younger than them. On the other hand, very young residents could feel infantilized by rules, or might still be in a developmental stage where an intrinsic part of their growth involves rebelling against rules and authority.

Although this accounting likely only scratches the surface, it provides a sense of the many ways that individual characteristics could shape women's experiences with shelter rules.

Micro-system. At the micro-system level, although research consistently demonstrates the role of social support in helping women cope with domestic violence (Kocot & Goodman, 2003), no research to date has explored how social support might influence a woman's experiences in shelters. It is possible, however, that the extent to which women have social support networks within and outside the shelter could influence their experiences of shelter rules.

Take the case of "no-contact" rules, for example, which prohibit residents from contacting their abusive partners or other members of their support networks. Anecdotal evidence suggests that some women feel frustrated by these rules while others feel fine with them (Linda McMaster, Program Director for Reaching Out About Depression, personal communication, March, 3, 2007). Women's level of isolation might explain these varied reactions. An extremely isolated woman, for example, might feel a strong internal pull to contact the abuser – her only access to intimate connection – even if this means violating the no-contact rules. Conversely, the same woman may feel that she has

no choice but to follow this rule since she has nowhere to go and no one to turn to if the shelter kicks her out. Similarly, if a woman has school-age children, she might be inclined to adhere to the no-contact rule (and others) for fear that her children will be removed from her if she gets thrown out; this may be true even if she feels that it is bad for her children not to have contact with her partner or other members of their community. For women who are very connected to social supports within their communities – such as their neighborhoods, their children's schools, or their local churches – avoiding contact with these places could be especially difficult. They might have to choose between violating a rule and maintaining their own sense of connection and identity (Smyth, Goodman, & Glenn, 2006).

For women whose families or friends are unsupportive, who blame them for the abuse or encourage them to stay with an abusive partner, their experiences in the shelter and living with the rules could be impacted. For example, a woman whose social network members have heaped blame and shame on her for entering a shelter might experience the rules as further evidence of her shameful situation (e.g. having to do chores such as cleaning the bathroom). For those who have been taught by friends and family (and their batterers) to maintain secrecy and not reveal anything, or those who, when they *have* sought help from family or friends, have been rejected or blamed, it might feel impossible to take part in support groups or to talk with counselors or case managers about their situations, which could mean that they avoid such meetings or have negative feelings about going. On the other hand, those women whose social network members have offered positive support and feedback about their decision to enter a

shelter might approach the shelter with a more positive or open perspective, which could then positively influence their experiences of the rules.

Meso-system and exo-system. The meso- and exo-system level factors that might impact women's experiences with shelter rules include the shelter setting itself and residents' experiences with other domestic violence services and social service systems in the present and in the past. This section describes the potential influence of several shelter setting level variables --including the level of residents' participation in the creation and enforcement of the rules, the relationship between staff and residents, residents' perceptions of staff, and the values underlying the rules -- as well as the potential influence of residents' experience with prior systems.

Level of residents' participation in creation and enforcement of rules. Regarding the shelter itself, the extent to which residents have a voice in the creation or enforcement of the rules represents one important lens to understand how the shelter as an exo-system variable influences survivors' experience of those rules.

Research shows that the level of voice people have in the creation of rules impacts their experiences of those rules. For example, Thibaut and colleagues (Thibaut, Friedland, & Walker, 1974), in their exploration of social determinants of rule compliance, shows that two factors in combination influence whether or not people comply with rules: a) the extent to which they believe the rules benefit both themselves and those who create them; and b) the extent to which individuals are able to participate in the creation, enforcement, and negotiation of institutional rules. Thus, individuals' experiences of the rules depends on how much they believe the rule-creators and rule-

enforcers care about their well-being, versus how much they care about control and power, and on the level of voice rule-followers are able to have in the creation and enforcement of the rules. This suggests that the more invested individuals are in the rules, the more likely they are to follow them. Although the authors mainly focus on rule *compliance*, we might imagine that these two factors would impact other rule-related experiences, such as how rules are perceived, understood, and experienced by those for whom they are created.

To extend this idea to shelter life, we might wonder about the extent to which residents experience the rules as being beneficial to them and the extent to which they experience themselves as having a voice in the creation or enforcement of the rules. We might also guess that the more voice and power the residents have regarding the rules, the more willing they might be to abide by them and the more positively they might feel about their experiences in the shelter overall. For example, if women experience the rules as being part of a living document, one that is flexible and open to their feedback, perhaps they will be more likely to accept them. But if the shelter does not value residents' voices when it comes to the creation or enforcement of the rules, then this too, might impact how women experience them.

Research suggests that a majority of residents – though by no means all of them – *want* to have a say in at least the creation of the rules. In one early mixed methods study of 42 women who had been in domestic violence shelters, 60% of the participants reported believing that rules should be *created* jointly between staff and residents, versus 33% who felt that "those in charge" should have sole responsibility (Pahl, 1985). In this

same study, only 36% of participants reported believing that the rules should be enforced jointly between staff and residents, versus 55% who said that "those in charge" should have sole responsibility for this (Pahl, 1985). Only 29% of participants reported that staff should solely decide who is asked to leave the shelter, whereas 57% reported that such decisions should happen jointly between staff and residents. It is unfortunate that this study has not been replicated more recently. Nevertheless, such findings suggest that a substantial number of residents want a voice in certain aspects of the rules, such as the creation of rules or decisions about consequences if a rule is broken. The study also shows that some women may not want to take on certain rule-related responsibilities. Thus, the shelter-level factor of the extent to which women feel that they have a voice in the creation or enforcement of rules was important to consider when exploring their overarching experiences of living with the rules.

Structural relationship between staff and residents and residents' perceptions of staff. The relationships between staff members and residents can take a number of different forms. One DV advocate proposed that the relationship between a staff member and a resident follows one of a range of templates, including parent/child, teacher/student, drill sergeant/recruit, employer/employee, rescuer/victim, or teammate/teammate (Hobart, 2006). Clearly, this list represents a continuum of power relationships that moves from the hierarchical and differentiated to the increasingly egalitarian. As discussed throughout this chapter, although there is much variability, the general tenor of staff-resident relationships has moved somewhat from the egalitarian towards the hierarchical. Shelter rules are increasingly created, communicated, and upheld by people who have authority, making the existence of rules tightly connected to

the existence of larger power structures (Becker, 1973, cited in Armaline, 2005). As Armaline, whose work focuses on homeless shelters for youth, writes, "relationships between rule makers, rule enforcers, and those subject to rules are essentially relations of power—the doing of rules, rule breaking/bending/following, and rule enforcement is the process by which power relationships manifest and change. In the environment of shelter life, both staff and residents are active participants in this process" (Armaline, 2005, p.1142).

In addition to and closely related to the nature of the structural relationship between staff and residents at a given shelter, the perception that residents may have of those who create and enforce the rules – the people in power – could influence their experiences of the rules. Tyler's (2006) theoretical discussion on legitimacy and rules echoes this point. Defining legitimacy as "the belief that authorities, institutions, and social arrangements are appropriate, proper, and just" (Tyler, 2006, p. 376), he argues that legitimacy can be obtained in a number of ways, including, as it is in many social institutions, through the process of rule creation and interpretation, which he calls rational bureaucratic authority. But this kind of legitimacy, Tyler asserts, may be one of the more difficult to maintain and uphold unless people believe in the positive intentions and basic rationality of a given rule-creating authority. He argues that people are more likely to accept and abide by rules if those rules are perceived as being enforced in a fair manner. We might imagine, therefore, that residents' perception of the "fairness" of the rules and of those who create them could be one shelter-level factor that affects their experiences of living with the rules.

At the same time, one's perception of the fairness and good-intentions of those in power can depend on the power that a given group or individual has. Tyler (2006) posits that dominant groups – those with more power or privilege -- are more likely to follow rules and legitimize institutions, whereas "it is not in the interest of subordinate groups – those with less power – to defer to the authorities and institutions that dominant groups have created to serve their interests" (p. 391-392). Some have argued that when shelter rules are enacted within a de-politicized context and more traditionally hierarchical relationships, they may be experienced as part and parcel of a larger power structure that subordinates women – particularly vulnerable women (Stark, 2007). Thus, the hierarchical structure of the staff-resident relationship as well as the perception that residents have of the staff, are important ecological factors to consider when exploring the experience of living with shelter rules. There also may be an interaction between the exo-level factor of the power structure within a shelter and the macro-level factor of the level of social privilege or power a given person has due to her social location.

Values underlying the rules. The values inherent in the rules themselves represent another shelter-level variable. Underlying any attempt to control behavior are values and beliefs about how individuals "should" and "should not" behave, or, in this case, what it takes to be a "good" resident (Ferraro, 1983; Schillinger, 1988). Tyler (2006) points out that the extent to which people may be willing to abide by a given set of rules (or see them as legitimate) stems in large part from the extent to which the values of the rules are in accord with their own values. Although clearly one major overarching value of shelter rules is the *safety* of the residents and staff, other values could also be viewed as present. For example, some rules have been criticized as prioritizing women's autonomy over

connectedness, potentially requiring them to cut themselves off from social supports in order to access or maintain services (Goodman & Epstein, 2008). Rules that require women to avoid all contact with their abusers or anyone who might know the abuser, as well as expectations that women accept housing options that might be far away from their community, could fall into this category. In addition, some of the rules related to parenting could reveal underlying beliefs about what "good" parenting is and who is allowed to provide guidance on child-rearing. Sleep, meal, and curfew rules that regulate residents' schedules could stem from an infantilizing view of residents; the implication could be that their daily habits *need* outside regulation, or the shelter knows what's best for a resident better than the resident herself. These are just a few ways that the rules themselves could include explicit and implicit values or beliefs that residents might perceive differently depending on their own situations and lenses. It was important to learn from the participants themselves what values they perceived to be underlying the shelter rules and how these shaped their experiences.

Other formal systems. Women's experiences with other "formal" systems, such as hospitals, schools, courts, previous shelters or other DV services, as well as other social services, represent another meso/exo-level factor that could affect their experiences with rules. Women might have had previous experiences with system-level rules in any or all of these arenas, and those experiences could color their experiences of rules in shelters. For example, if a woman's previous experiences with the welfare system taught her to mistrust professionals, or the welfare rules felt confusing, unfair, or arbitrary, she might be less inclined to trust or respect the shelter staff or to follow the rules in the shelter. She could also experience the rules as a painful reminder of these experiences. As

an alternative example, if a woman had a positive experience with the court system, she might enter the shelter feeling more optimistic about the staff's ability and willingness to help her.

In addition, if residents are involved in other systems-related services *while* they are in shelters, such as the courts, employment services, benefits systems, etc., those experiences might directly influence how they perceive shelter rules. As one illustration, if, during her shelter stay, a woman is mired in a painful court process where she feels misunderstood or ignored, some of those feelings might carry over into her shelter life, shaping her experiences in the shelter. Finally, a woman's previous experiences with DV or homeless shelters could influence her approach to the one where she currently resides. For example, if she had been thrown out of a shelter previously for breaking the rules, the rules might be especially salient or painful for her. She could be more likely to follow the rules out of fear of being thrown out again, or she might be less likely to follow the rules out of a mistrust and dislike of shelter rules in general.

Macro-system. At the macro-system level, we might consider the ways that various forms of systemic oppression and inequality could influence the ways that women experience living with the rules. To name a few, racism, classism, or cultural perspectives on domestic violence could influence how survivors and staff members interact with each other on issues involving rules.

Race. With regard to race, for example, for a resident of color, a rule might be perceived differently depending on whether a White shelter worker or a shelter worker of color is enforcing it. Anecdotal support for this notion comes from two White female

staff members from separate shelters in the Boston area (one DV-focused, one for

homeless women), both of whom indicated that the assignment of rules by White shelter

staff members was sometimes experienced by residents of color as being racist (e.g. when

White staff members asked residents of color to do chores like cleaning the bathroom)

(Katya Fels Smyth, Founding Executive Director of On The Rise, personal

communication, February 20, 2007; Linda McMaster, Program Director for Reaching

Out About Depression, personal communication , March 3, 2007). Macro-level

inequalities that exist in our society can thus be potentially brought into rule-related

interactions with staff and residents, regardless of the good intentions of either party.

Shelter staff members themselves may view residents' differently depending on

their race and ethnicity and the cultural characteristics that sometimes accompany these

social locations. With regard to race, in Haaken & Yrugai's study (2003) of 51 executive

directors/staff at DV coalitions across 50 states, an African-American woman who was

both a shelter staff member and the director of an African-American Providers Network

believed that Black women appeared to have briefer stays in DV shelters possibly

because they were more likely to be kicked out for violating rules of non-violence. She

pointed out that although Black residents' behavior sometimes did include actual physical

violence, it also included "more subtle forms of expressive behavior—for example

talking loud or yelling" that was then interpreted as violent by staff (p.63-64). These

findings are echoed in Taylor's (2005) qualitative study of 21 African American

women's experiences with DV services in general. Participants of color spoke of being

rejected from shelters because they were viewed by (mainly White) staff as being

"hostile" (p. 1480). Haaken and Yrugai (2003) warn that "…talking loud, swearing,

moving fast, arguing—all these behaviors might be viewed through a racist, paranoid lens as disturbing indicators of a threatening proneness to aggression" (p. 63). Thus, for black women and potentially for other women of color as well, the rules – particularly the enforcement of the rules – might feel oppressive or unfair to them. They might experience the enforcement of the rules as being influenced by racial stereotypes. This perception could understandably impact their overall experience in the shelter as well as their healing process.

Class. In addition to racial dynamics, responses to rules might echo oppressive power dynamics related to class for residents. Research on homeless women's experiences in shelters provides evidence that some residents experience shelter rules as reinforcing stereotypes of low-income and homeless women. For example, in one study that focused on homeless mothers who had lived in "strengths-based" shelters (non-DV homeless shelters that focused on helping residents identify their strengths and resources), participants reported that the shelter rules often felt stressful and stigmatizing (Cosgrove & Flynn, 2005). They reported feeling watched and judged by staff members, and connected these experiences to the social stigma they experienced as directed at them on a daily basis as poor and homeless mothers. Rules related to parenting (e.g. attending parenting classes or not being allowed to discipline one's child in certain ways) particularly tapped an existing vulnerability in these women, one connected to the social stereotype that homeless women are bad mothers. The authors note that although the staff were sensitive and tried to meet women where they were at, "it took time for their sensitivity and respect to offset the effects of the cultural scapegoating of women living in poverty" (Cosgrove & Flynn, 2005, p.134). In this example, the women's feelings of

stigma caused them to feel disempowered and judged; the experience of disempowerment that they felt over the course of their lives shaped their responses to rule-related actions of the staff.

Cultural perceptions of DV. Cultural views of domestic violence can shame women for being victims or even blame them for their predicament, often leading to the internalization of blame by survivors (Boonzaier, 2008; Towns & Adams, 2000; Wood, 2001). For example, cultural beliefs about how love and romance should be, with a woman being swept off her feet by a knight in shining armor, can create in DV survivors feelings of self-blame, or pressure to stay when relationships are abusive (Towns & Adams, 2000). In addition, cultural beliefs about gender, especially regarding the ways that women should be nurturing and forgiving, might cause women to feel forced to excuse the violence they experience and to blame themselves for not being better or more loving as women (Wood, 2001).

In turn, women's internalized cultural blame and shame may shape their responses to rules. For example, if residents internalize shame or blame, they might experience shelter rules as yet another way for society to punish or blame them for what they've experienced. Parenting rules in particular could trigger shame related to their abilities as mothers; they might have internalized cultural stereotypes of what a good mother or wife should be like, and if being in a shelter doesn't fit that definition, parenting rules could trigger existing shame. They might also perceive shelter staff as holding those same negative social beliefs about domestic violence and about survivors, which might impact their experiences of rule-related interactions with staff members.

Chrono-system. One chrono-system level factor that might impact women's experience of rules is a history of abuse, both in terms of IPV and other forms of abuse and violence, such as childhood sexual or physical abuse. A core characteristic of abusive relationships is the misuse of power (Panzer, 2000, Stark, 2007). Abusers often change rules without warning, and expect victims to intuitively know the rules for not getting hurt or insulted. Such experiences often sensitize survivors to themes of power and control in relationships they have with others, such that it can become easy to get triggered emotionally by a situation in which a survivor perceives herself to have less power than another, or experiences another person as wanting to exert control over her. In such situations, which, trauma-informed theorists warn can be common when survivors interact with service providers (e.g. mental health professionals, social workers, or advocates), survivors can re-experience similar feelings and reactions that had initially been developed in response to the abuse (Cocozza, Jackson, Hennigan, Morrissey, Reed, Fallot, & Banks, 2005; Domino, Morrissey, Chung, & Nadlicki, 2007; Dutton, Goodman & Bennett, 1999; Harris & Fallot, 2001; Markoff, Finkelstein, Kammerer, Kreiner, & Prost, 2005; Resnick, Kilpatrick, Dansky, Saunders & Best, 1993). It is therefore likely that the tone, clarity and consistency with which the rules are explained and enforced would be particularly salient for survivors of past as well as current abuse.

As an illustration of this process, one qualitative study of 56 Australian women prison inmates found that the inmates were rarely equipped with the proper information about what the rules were in the prison. The narratives of the participants revealed that "fairly trivial offenses and penalties connote the idea of parental authority. One can lose privileges for abusive language, disobeying an order from an officer, or failing to appear

at one of the daily roll calls" (Easteal, 2001, p. 94). These experiences triggered memories of the inmates' past traumatic experiences when power had been abused, such as childhood abuse and domestic violence. This example illustrates the ways that women's prior experiences of abuse can influence their experiences of rules.

Summary of ecological framework. As is illustrated above, an ecological framework provided a useful heuristic for exploring women's experiences of living with and within shelter rules. First, the model allowed us to consider multiple levels of women's contexts that could impact their experiences of shelter rules. At the individual level, factors such as age, sexual orientation, and physical and mental health, among others, might be influential. At the micro-system or immediate, informal, and interpersonal level, a woman's social supports and relationship with friends, family, and intimate partner could play a crucial role in her healing process and experience of the rules. At the meso/exo-system or formal systems level, the shelter structure itself, as well as one's experiences with DV services and systems such as criminal justice, mental health, welfare, housing, and medical systems could influence how a woman approaches and experiences shelter rules. At the macro-system or larger socio-cultural level, a woman's experiences of racism, classism or other forms of oppression could factor into her experiences of the rules, as could other larger systemic inequalities and cultural values. Finally, at the chrono-system or temporal level, a woman's history of abuse and violence could sensitive her to potential themes of power or control that can sometimes be present in rule-related interactions.

An ecological model also allowed for a recognition of the possible interactions and relationships that can exist across and between those levels. And finally, the model was flexible enough not to result in the imposition of any expectations on the study, but instead offered a framework for considering the multiple influences on women's experiences with shelter rules. Although the research discussed above provides a starting point, no research prior to this study had specifically explored women's experiences with rules in shelters as an area of research.

Literature Review Summary and Research Question

In sum, few studies explore women's subjective experiences in DV shelters, and, to our knowledge, no research to date specifically addresses and explores women's experiences of living with the rules in DV shelters or *how* or *why* women experience living with shelters rules in a given way. Given the large numbers of women seeking services in DV shelters, the impact of shelter utilization on women's ability to heal from abuse, and the ubiquity of rules within shelters across the country, the lack of research exploring this issue is surprising. To address this gap in the literature, the current study used an ecological framework to explore the contextual influences on how women make sense of, negotiate and manage rules in DV shelters, how this occurs within a larger shelter culture and environment, and the impact of these processes on their well-being.

As described in more detail in the next chapter, this study used qualitative descriptive analysis to explore women's experiences of living with and within shelter rules. Qualitative descriptive analysis enables the exploration of a given phenomenon or experience, from participants' perspectives. Its goal is to develop a clear and thorough

summary or description of the phenomenon of interest. Qualitative description is less interpretive than other qualitative approaches such as grounded theory or phenomenology; the goal is not to develop a theory, but instead to create an accurate summary (Sandelowski, 2000).

As Sandelowski (2000) notes, qualitative descriptive analysis can be especially useful in understanding questions such as, "What are the concerns of people about an event? What are people's responses (e.g., thoughts, feelings, attitudes) toward an event? What reasons do people have for using or not using a service or procedure? Who uses a service and when do they use it? What factors facilitate and hinder recovery from an event?" (p.337). These questions are consistent with those at the heart of this study, which were as follows:

- How do residents of emergency domestic violence shelters experience living with shelter rules? That is, how do they understand and live with and within shelter rules? How do residents understand aspects of a positive rule-related experience versus aspects of a negative rule-related experience?

Within this broader research question were the following sub-questions:

- What problems or concerns do residents face as part of living with shelter rules?
- How do residents manage these problems, concerns, or challenges??
- What is the impact of residents' experiences living with shelter rules, particularly with respect to the healing process?
- How do various ecological factors across multiple contextual levels influence residents' experiences of living with and within the rules?

- What can shelters do to best meet the needs of residents when it comes to creating,

  communicating, and enforcing the rules?

Chapter 3: Methods

The study used a qualitative approach to address the questions of interest for three overlapping reasons: First, because qualitative approaches are exploratory and inductive, they are useful for examining phenomena that have not been researched before (Hage, 2006). Very little research exists on women's experiences with shelter rules; indeed, this study represents the first formal attempt to examine the nature of these experiences. Second, qualitative approaches are able to capture intricacy and complexity without reducing data to a few variables. Women's experiences of living with shelter rules represent a phenomenon that is complex, multi-faceted, and highly contextually dependent – not one easily reduced into discrete variables. Third, qualitative methods are useful for exploring the experiences of marginalized or oppressed groups – such as violence survivors -- whose voices are often not represented in research. Qualitative methods allow for these voices to be heard directly, without the imposition of researcher-defined constructs and measures (Hage, 2006). Because qualitative research has the capacity to amplify voices that are often silenced or ignored, it can be considered a tool for sociopolitical transformation – shifting the way a situation is framed and understood, leading to new avenues for change (Cosgrove & Flynn, 2005; Moe, 2007).

A variety of philosophical commitments and specific methods are subsumed under the umbrella of qualitative research. The next four sections 1) describe the constructivist paradigm that undergirds the qualitative descriptive methodology used in the current study, 2) delineate two specific perspectives – symbolic interactionism and

the ecological model – that helped frame the questions of interest, 3) discuss the nature

and goals of qualitative description, and 4) describe in detail the research process itself.

Constructivism

The current study built on a constructivist paradigm, which holds that meaning is

entirely co-constructed, rather than objective or separate from the meaning-maker.

Constructivist researchers refute the existence of any absolute or universal truth,

believing that truth and meaning are relative, co-created through interaction and

communication, and dependent on context (Denzin & Lincoln, 2005). Constructivist

approaches therefore emphasize the importance of understanding 1) the subjective

standpoint of the researcher; and 2) the socio-political commitments undergirding the

selected topic, as these are critical contributors to the results that are presented.

With regard to the researcher's subjectivity, the constructivist perspective holds

that data do not simply "emerge" on their own; rather, they are sought after, discovered,

and analyzed by a *person*, who has her or his own subjectivity to contend with and parse

out from the data itself. Research thus inevitably includes interpretive processes that are

filtered through the researcher's worldview (Charmaz, 2005, 2006). In my own case,

there are a few important lenses and potential biases that I needed to acknowledge from

the outset; I needed to continuously bracket and consider how these influenced my

analysis and interpretation, as well as keep an eye out for any other possible biases,

beliefs or assumptions that were triggered or elevated during the research process. I

describe aspects of my standpoint and situatedness below in the section on reflexivity.

With regard to the socio-political undercurrents of constructivist research,

Charmaz, advises researchers to identify "tensions between complicity and

consciousness, choice and constraint, indifference and compassion, inclusion and exclusion, poverty and privilege, and barriers and opportunities" (2005, p.510). In this study, themes of complicity and consciousness arose in participants' experiences of following or breaking the rules and in moments when they stood up for themselves in rule-related interactions; themes of choice and constraint certainly emerged in participants' discussions of how much they felt constrained by the rules and the degree of choice and power they felt within the shelter as whole, and how that impacted their rule-related actions; themes of compassion or indifference were present in participants' understanding of how the rules and the enforcement of the rules were managed by staff members (e.g. in a compassionate or indifferent manner), as well as their impressions of the general staff-resident relationships in the shelter; themes of inclusion and exclusion, poverty and privilege, and barriers and opportunities were present in participants' understanding of systemic and societal stereotypes that they saw reflected in the way staff approached them, especially when they felt that the approach conveyed negative judgements. Domestic violence is clearly a socio-political issue, as it represents socially- and culturally-sanctioned oppression of women through violence. In addition, shelters are political entities; they require funding, exist in society, need cooperation from police officers and the criminal justice system, and need to hire, fire, and train people. As domestic violence survivors, shelter residents are already placed within a context where themes of power, choice, barriers, and compassion are front and center. In participants' past experiences of abuse, power had likely been misused, their choices had likely been constrained and narrowed, and a lack of compassion for their own needs and voices was likely the norm. As is discussed in detail above, rules are political in that they are

manifestations of values and power structures. Finally, actually interviewing women about these issues is a political process: their voices are not often heard. I had to be particularly careful to attend to the existence of power differentials between the participants and myself, particularly during the recruitment and interview processes. Part of this involved being transparent about who I was and why I was interested in conducting this study. At times, this involved letting participants know during recruitment meetings that I was not a survivor of domestic violence and never had to stay in a shelter. It also meant being upfront about the fact that this project was helping me meet requirements for graduation.

Symbolic Interactionism and the Ecological Model as Guiding Perspectives

Within the broad paradigm of constructivism, two specific perspectives informed the methods used in this study: Blumer's symbolic interactionism, and Bronfenbrenner's ecological model.

Symbolic interactionism. Symbolic interactionism is a sociological perspective developed by Herbert Blumer (1969) that flows from a basic constructivist paradigm. Symbolic interactionism holds that human beings are essentially interacting creatures, and that all behaviors thus represent an interaction between an actor and the environment. This view can be contrasted with traditional social and psychological theories of behavior that locate the impetus for behavior in outside constructs (e.g. stimulus, drives, culture, or cognition), thus rendering the individual fairly passive, or in the best cases, robotically responsive. The following assumptions flow from Blumer's tenet that human beings are essentially interactive: (1) human beings act toward things (objects, institutions,

situations, or other people) on the basis of the meaning that the things have for them; (2) the meaning attributed to things in life arise out of the social interaction that a person has with others (between the first two one can see the dialectical nature of the theory, where (the first tenet involves an individual acting based on meaning, and the second tenet involves deriving meaning from action); (3) meanings are modified through an interpretive process in which people engage when they encounter things (Blumer, 1969). In other words, meanings are not static entities, but instead are constantly changing "social products" (Blumer, 1969, p. 5); and 4) meaning-making occurs not only through interaction with one's environment, but also with oneself. Blumer noted that the human being is "an organism that engages in social interaction with itself by making indications to itself and responding to such indications" (Blumer, 1969, p. 14). All meaning-making and subsequent behaviors are therefore interactive processes.

Symbolic interactionsm's fit with the current study. Symbolic interactionism fits with the current study's use of qualitative descriptive analysis because both focus on the importance of meaning making and interaction, which are essential to any understanding of how women experience living with shelter rules. Three aspects of Blumer's theory were particularly relevant to the current study: 1) his conceptions of role taking, 2) his notion of how human interactions create and uphold rules, and 3) his ideas about joint action.

Role Taking. Blumer asserted that people take on roles through action. As an example, he described a robber asking his/her victim to put his/her hands up. In this imagined situation, each person, based on the actions of the other, defined his or her

role(s): through the robber's actions, the victim became someone who is being robbed, and through the victim's actions of putting up his or her hands, the robber actually became someone who robs (Blumer, 1969).

The interactions central to this study were those between residents of domestic violence shelters and the shelter staff. These inherently involved a range of potential roles that, when enacted, infused rules with specific meanings. For example, at a basic exo/shelter-system level (see discussion above on Bronfenbrenner's model), individuals enacted roles as staff members and residents. But residents also enacted individual roles as domestic violence survivors; at the meso/exo-system level, as women who have had difficult or positive experiences with service providers; at the macro-system level, as women of color or low-income women who have experienced discrimination; and, at the chrono-system level, as survivors of experiences of abuse.

Objects and Rules. Blumer used the term "objects" to refer to anything that is defined within cultures and societies through interaction. Objects can be as literal as furniture or as abstract as laws. The meaning of these objects is not fixed, but instead depends on the context within which people define them. In the current study, shelter rules represented "objects". Rules are, without question, social creations, whose meanings are created and upheld via the process of social interaction, and which are established and followed by people. As Blumer asserted, "It is the social process in group life that creates and upholds the rules, not the rules that create and uphold group life" (p.19). He suggested that this process is especially true for interactions within social institutions. In this study, I was interested in understanding how the social structure and

interaction processes within the shelter - between residents and staff - created and upheld the shelter rules.

Joint action. Consistent with the chrono-systems level of Bronfenbrenner's model, described above, Blumer believed that joint or collective action stemmed from all aspects of a given context as well as what came before it. In research, Blumer wrote, one must consider the ways that "joint action not only represents a horizontal linkage, so to speak, of the activities of the participants, but also a vertical linkage with previous joint action" (1969, p. 20). Applying this notion to the current study meant considering how women's actions and interactions were influenced not only by the actions of those around them, but also by past experiences of interactions (e.g. with their abusive partner(s)) that for one reason or another felt similar. It also meant considering how the history of the DV and shelter movements contributed to specific interactions between staff and residents, particularly in terms of the recent professionalization of staff.

Bronfenbrenner's ecological model. As discussed above, constructivism holds that exploring context is vital in order to understand the relative meaning or truth of a given experience. Bronfenbrenner's ecological model was a useful frame within which to consider the range of contextual variables that might impact women's experiences of shelter rules.

Ecological model as framework, not theory. Bronfenbrenner's ecological model is not a theory as much as it is a framework for understanding the contextual nature of human experience. Theories propose some relationship between constructs, whereas the ecological model simply states that people exist and develop within a range of contexts,

which can be thought of as levels. Factors at each level interact with individuals in unique ways, and the framework does not aim to describe the nature or salience of these processes. Thus, I believe that the ecological model acts as the "universe", so to speak, of the current study, not as an *a priori* theory.

Ecological model's congruence with symbolic interactionism. Bronfenbrenner's ecological model fits with symbolic interactionism. Both approaches to understanding human behavior share the assumptions that people are not passive but active in engaging with the world around them. Both emphasize the essential influence of social processes and internal meaning-making processes on the human condition. And both highlight the role of context, or embeddedness, in shaping our experience. Bronfenbrenner's ecological model simply provides a way of describing and categorizing different contexts.

Ecological model's congruence with qualitative content analysis. Qualitative descriptive analysis, as a methodological approach to data analysis (described in more detail below), focuses on the description and categorization of various dimensions of a given experience, based on participants' subjective formulation of that experience. An integration of the ecological model into this study's qualitative descriptive methodology led me to ask explicitly about the multiple contextual factors that may have impacted how participants made meaning of their experiences.

Qualitative Descriptive Analysis

The current study used a qualitative descriptive analysis approach, which is a general approach using content analysis to develop descriptive profiles of experiences,

and is described by Downe-Wamboldt (1992), Sandelowski (2000) and Athleide (1987), and expanded upon by researchers such as Granehiem and Lundman (2004), Hsieh and Shannon (2005), and Elo and Krygas (2007). The goal of qualitative content analysis is to "provide knowledge and understanding of the phenomenon under study" (Downe-Wamboldt, 1992, p. 314). Unlike some other qualitative approaches, the goal of qualitative descriptive analysis is not to develop a theory of underlying processes, but instead to describe and capture the phenomenon of interest as thoroughly and accurately as possible. This is achieved by staying close to the data, identifying and categorizing all the components that make up the phenomenon of interest, and identifying the connections and threads that tie these various categories and themes together. Qualitative descriptive approaches aim to describe the phenomenon of interest in everyday terms, rather than in abstract or conceptual language. The findings should provide new knowledge and awareness of an under-researched topic so that recommendations for action (e.g. future research, policy changes) can be offered (Elo & Kyngas, 2007).

According to Sandelowski, qualitative descriptive analysis exists as the foundation of nearly all qualitative investigations, even those using other qualitative approaches, such as grounded theory or phenomenology. She wrote, "All inquiry entails description, and all description entails interpretation" (2000, p.335). Because its main purpose is to describe, rather than theorize, qualitative descriptive analysis has been dismissed as a non-rigorous methodology. To refute this, qualitative researchers have asserted that qualitative descriptive analysis is an important approach unto itself, and have taken steps to clarify its defining features (see below and Elo & Kyrgas, 2007; Graneheim & Lundman, 2004; Sandelowski, 2000).

The researcher conducting qualitative descriptive analysis can use one of three different types of content analysis: directed, summative, and conventional (Hsieh & Shannon, 2005). Directed content analysis uses an existing theory or prior research to guide the analysis and coding processes. Summative content analysis aims not to infer meaning but to explore use of language and specific words in communication and meaning making. Conventional content analysis aims to "describe a phenomenon" (Hsieh & Shannon, 2005, p.1279). This study's exploratory and inductive framework fit with the third of these, conventional content analysis. In conventional content analysis, codes and themes are identified by staying close to the data, and researchers avoid imposing any prescribed theories or categories on the data itself. A qualitative descriptive researcher always examines the manifest content of the data, what is said on the "surface" (Sandeloswki, 2000), and has the option to also examine latent content (Elo & Kyngas, 2007), to notice and analyze the *way* that participants communicate, rather than just what they communicate.

Although the goal of conventional content analysis is not to develop a theory, this does not mean that no conceptual or interpretive work takes place. In qualitative content analysis, as researchers identify categories that describe and capture the phenomenon of interest (an interpretive process in and of itself), they move towards identifying the patterns and themes that thread the categories together in order to "build up a model, conceptual system [or] conceptual map" (Elo & Kyngas, 2007, p.108; Downe-Wambolt, 1992; Hsieh & Shannon, 2005). Conceptual models can trace and indicate relationships among the various categories by using such visuals as a tree diagram (Morse & Field, 1995).

Research Process

The next section describes the following elements of the research process used in this study: recruitment; data collection, data analysis, and memo writing. The section ends with a discussion of how rigor and validity/credibility were ensured.

Recruitment. I recruited participants from The Second Step program (TSS) in Newton, MA. The Second Step is an umbrella organization that provides a range of programs and services for survivors of domestic violence. One main program is a transitional living program (TLP), which has two locations where women are housed. The program is for survivors of domestic violence who have taken steps to end their abusive relationship and want support as they transition to creating emotional and economic stability in their lives. Many of the women who take part in the programs offered at The Second Step have previously utilized emergency domestic violence shelters located in Massachusetts and other parts of the country.   They are referred to The Second Step by staff at those shelters. The Second Step admits residents into their TLP using the following criteria: 1) applicants must not currently be in an abusive relationship; 2) applicants must not currently be using substances such as drugs or alcohol (being "in recovery" is fine); 3) applicants must agree to be involved in TSS groups and also in some sort of "activity" outside of the program, such as a job, job training, or school/education; and 4) an applicant's abuser must not live in the immediate area of the shelter or have connections in the area that could put her at risk. However, these entry criteria are somewhat flexible, according to one staff member who wrote in an

email that, "It is our practice to accept and not decline someone for services" (Personal Communication, Ruth Woods-Dunham, August 10, 2010).

Because the women involved in The Second Step were not currently in emergency DV shelters and had ended their abusive relationships, they were in a more stable position than women who were residing in emergency DV shelters to speak about and reflect upon those experiences. My goal in recruiting from The Second Step was therefore to diminish the potential risks that are involved in discussing what was likely to be a very personal and painful time in their lives.

Participants were recruited at both TLP sites. I attended two community meetings at each site, the first round was in April of 2009, and the second was in January of 2010 (in the second round, participants were recruited from only one site). Each meeting included seven or eight women, for a total of 22. Of these, two reported in the meetings that they had never stayed in emergency shelters and therefore did not meet criteria for the study. Of the remaining 20, most were highly interested in and supportive of the intent of this study. In addition to the 11 who did participate, two who said they might be interested in being interviewed but wanted to wait until the first few women were interviewed and be contacted in a few months, but when I contacted them, their numbers had been changed and they had left the program at that point. An additional woman was interested in participating but we were unable to find a time that worked to meet, as her schedule was quite packed, and eventually, after trying for a few weeks to schedule a meeting time, agreed that it might not work for her to be a participant. The remaining six women declined to participate in the study. Of these, at least three spoke to me

specifically about their interest but said that they were either getting ready to move out of the TLP and needed to put their energy towards that, or had work schedules that made them feel too busy to participate. The remaining three women were simply not interested in participating or declined to volunteer a reason why they did not want to participate. The eleven participants were interviewed on site at their place of residence in common rooms that were made private for the interviews. Interviews lasted anywhere from an hour to an hour and a half.

Maximum variation sampling. Maximum variation sampling is the attempt to gather and recruit as diverse a sample as possible when a study's sample size is small (List, 2004). This is often a particular challenge for qualitative studies because the goal is not to generalize findings in the same way as quantitative studies. At the same time, those who engage in qualitative methodologies aim to recruit as wide a sample of their population of interest as possible. In this case, my population of interest was women who have resided in emergency domestic violence shelters. I succeeded in recruiting a sample of participants who varied in terms of demographics (e.g. race and ethnicity, class, education, and age), where they currently were in their lives (e.g. looking for housing or work versus planning to move into housing and having a job), and aspects of their shelter stay (e.g. how long they stayed, number of shelters they had resided in prior to coming to The Second Step).

Initial contact with potential participants. I conducted the initial recruitment by attending various "house meetings" that the residents in the transitional living program conduct weekly. This ensured that I met all potential participants on their own ground. It

also provided a time for me to discuss the project informally, answer questions, and

encourage potential participants to contact me later with any further concerns or

questions. Attending house meetings and community meetings also helped me develop

familiarity with the program and the participant population as a whole and to document

any questions and concerns they might have (Charmaz, 2005).

In all aspects of the recruitment process, it was made clear that the women of The

Second Step had no obligation whatsoever to participate in the project, and that their time

with The Second Step program was in no way be impacted by their decision to participate

or opt out.

Data collection. Below, I discuss the interview process and structure, and then go

on to describe the coding and analysis process. In order to ensure that I truly understood

the phenomena of interest at the most thorough level possible, I chose to conduct

interviews and analyze data simultaneously, so that new interviews and/or observations

were conducted on the basis of each level of analysis. In this way, I was able to determine

and address possible gaps in my understanding of the experience of living within shelter

rules. I initially conducted seven interviews, analyzed the data at a basic coding level, and

then identified areas where an incomplete understanding persisted. I modified my

interview questions to address those gaps and develop a more complete picture of the

phenomena of interest.

Interview process. Interviews were approximately one to one-and-a-half hours in

length, and took place at The Second Step program, in private rooms within the houses.

Interviews were semi-structured. Participants were offered transcripts of their interview.

Each participant was given a $20 gift certificate for taking part in the interview, and was provided with a debriefing at the end of each interview. All participants reported feeling safe at the end of their interviews, and most expressed their unsolicited appreciation for the opportunity to share their experiences.

Interview structure. The format of the interview was open-ended, particularly at the start of each interview. This was to allow the participants to fully identify for themselves the most salient aspects of their experiences of living with and within shelter rules. However, as mentioned above, if participants neglected to mention any factors related to the different ecological levels, I asked them open-ended questions about each one. At no point did I delve into experiences that went beyond how women experience rules.

The broad interview questions were as follows:

- First, tell me a little bit about yourself (age, # of kids, when in shelter, what shelter if comfortable, length of stay), whatever you are comfortable with sharing briefly, and how long you have been out of the emergency shelter.
- Try to remember what you were thinking when you first entered the shelter in terms of what you were expecting or hoping it would be like. Please tell me a little about what your expectations were going into it. (Probes: What were you hoping for? What did you think it would be like? Did you have any concerns? If so, what were they? Did you know anything about the rules? Did you know or think there might be rules? If so, what did you know?)

- When you first got there, what was it like for you? (Probes: How were you welcomed into the shelter? How did the reality of the shelter meet or not meet your expectations? What was the sense that you got from the staff when you first arrived/first impression? Please give examples.)

- What were the rules at the shelter you stayed at? (We may talk about these more as we go, but if there is any way to list them up front at the start of our time together, that would be helpful).

- How did you learn about the rules? If you can, be as specific as possible, giving as many examples as you'd like. (Probes: Did the staff provide any sort of orientation? Who told you about each rule? Were you told about what would happen if a rule was broken? What were those conversations like? Did you feel able to ask questions during these conversations or during the orientation? Were there any other ways that you learned about rules besides being told directly about them? What were those moments like? Was there anything in terms of learning about the rules in the shelter that would have been helpful for you that you did not get?)

- Can you say a little about what you remember to be your initial reactions to the rules? When you learned about them, what did you think? (Probe: What were your initial thoughts? What were your feelings? How did you manage or deal with your reactions? What about initial reactions to the way the staff communicated them to you or talked about the rules, any reactions to that?)

- What did you understand as the reasons for the rules? (Probe: In other words, why did you think they were there? How did you understand their presence in the shelter?)

- Who did you talk to about your reactions to the shelter rules? (Probes: Shelter residents, certain staff members, friends or family outside of the shelter? What did they say? What did you say?)

- Do you know what the process was like for creating the rules in the shelter? (Probe: Who was in charge of this, in your perspective? Any thoughts or feelings about that? Were there any ways that residents had a say in the rules?)

- How were the rules enforced in the shelter? (e.g. did you see anyone, like staff, addressing the rules with residents, or with you?) Who was in charge of this? Were there any ways that residents had a say in the ways that rules were enforced? (Probe: Please explain if you witnessed or experienced any enforcement of the shelter rules. Any thoughts or feelings about how the rules were enforced? How did you understand it? Do you have feedback for the shelters about this?)

- What is an example of an interaction you had with a staff member regarding the rules? (Probes: For example, were you ever written up? Did you ever ask for an exception? Other interactions? How did these feel to you? How did you understand them? What were your thoughts? What was the result of this interaction? How did you feel afterwards? How do you feel now, looking back?)

- Were there any moments when you let loose or held back intense feelings about the rules? Any moments that you would consider "turning points" for you in terms of your stay in the shelter (e.g. times you almost left or wanted to leave or became very upset)?

- Do you have examples of how the shelter rules might have helped or hindered your ability to cope in the aftermath of the abuse? (e.g. did the rules hold you back in any

way? Did they help you move forward? In terms of your emotional wellbeing, like depression or anxiety that might have been related to the abuse or to leaving your abuser, did the rules help you feel any better, or worse?)

- In what ways might your identity (any aspect of who you are that is important to you) have impacted how you understood or experienced the rules, or impacted your interactions with staff about the rules? (e.g. what do you think most impacted how you felt about the rules? Did your experiences of the rules remind you of any other experiences or feelings you have had in your life?)

- Do you have any thoughts about how shelters could make women's experiences of rules in the shelters more effective or better in your opinion? (Probes: If you could create a list of rules for shelters, what would they be? If you could give feedback to the staff at the shelter you stayed in, what would you say? What would you tell them about how to manage and enforce the rules for women in domestic violence shelters? What would you most want them to know about your experience?)

- If women do not discuss the range of ecological levels that are described above and the interview feels as if it has nowhere else to go, I will ask the following questions, and will use the lead-in:

There are a number of things that could influence how people experience shelter rules. It could be very different for every person, so there are no right ways to think about this. I am going to ask about some of the things that could possibly have impacted how the rules were for you. I ask about each one because it can be hard for people to think of them, and yet at the same time these might not be influential for all you at all. So please do not feel at all pressured to identify with anything that does not fit your experience.

- For some people aspects of who they are (their age or race) can affect how they understand or deal with the rules. Does anything related to that resonate for you?

- For some people their situation or their state of mind (like if they were really really scared or confused or sad) while they were in the shelter, can affect how they understand or deal with the rules. Does anything related to that resonate for you?

- For some people, the ways that other people in their lives (like family and friends) react to them being the shelter could influence what it's like for them while they are in the shelter. Does anything related to that resonate for you?

- For some people, there are certain aspects of the shelter itself – like the way it is run or structured – that can influence what it's like for them to be there or to deal with the rules. Does anything related to that resonate for you?

- Some people have had really good or really bad experiences with service providers (like DTA officials or housing workers), and this can influence how they feel in the shelter. Does anything related to that resonate for you?

- Some people have been treated really badly in life because of their race or because they've had no money or have been homeless or other things that people in the world can unfortunately judge others for. Those experiences can sometimes influence the way we deal with things like rules. Does anything related to that resonate for you?

- Some women have had many experiences of being mistreated in their lives and those experiences influence how they deal with lots of other kinds of situations, like living in the shelter. Without having to talk about any specific experience you've had of being mistreated, does anything related to that resonate for you?

- We are coming to the end of our time together. Before we end, though, I would love to hear if there is anything that you think I should have asked about or anything you'd like to talk about related to your experiences in the shelter and living with the shelter rules?

Constant Comparative Methods: The Coding Process. The purpose of coding in qualitative content analysis is to develop a complete description of a given phenomenon. The analysis process requires that researchers stay close to and immersed in the data without imposing theory a priori, developing codes and then categories that best describe what is happening, and eventually creating a model or conceptual system of the phenomena of interest (Elo & Kyngas, 2007; Downe-Wambolt, 1992).

Codes, categories, and clusters (or themes), each described below, were developed in this study using a process called constant comparison (typically referred to as central to Ground Theory, but also useful in other types of qualitative analysis). Researchers using constant comparative analysis search for similarities and differences in the process of comparing data with codes, codes with codes, and, as the analysis progresses codes with categories, categories with categories, codes with clusters, categories with clusters, and clusters with clusters (Charmaz, 2006). This process helped me identify the nuances of common experiences for different interviewees, and the possible connections – at a larger, more conceptual level – between categories and clusters in the data that may allow future researchers and practitioners to further develop an understanding of women's experiences living with shelter rules.

Data analysis process. In the spring of 2009, I conducted seven interviews, transcribed them, and conducted initial coding. First, I listened to each interview without coding (Downe-Wambolt, 1992; Hsieh & Shannon, 2005) while reading the transcripts, not only to make sure that they had been transcribed correctly but also to get a sense of each interview as a whole (Tesch, 1990). After conducting initial Level I and II coding (see below), I conducted four more interviews in the winter of 2010. Below, I describe the full coding process utilized for each interview.

Level I: In-vivo or open coding. The coding process began with in-vivo substantive coding, during which I kept close to the data and used the participants' words as much as possible. In-vivo codes (also called "open" codes by Elo & Kyngas, 2007), were "active, immediate, and short" (Charmaz, 2005, p. 517), and helped to capture the unique perspective or language of participants as they describe their experience or reveal moments of intense meaning (Charmaz, 2006). I coded within the transcripts as I listened to the seven interviews at the in-vivo level, coding line by line and keeping the codes active and close to participants' words (Charmaz, 2006; Downe-Wambolt, 1992; Hshieh & Shannon, 2005). For example, many participants in this study spoke about feeling that the shelter environment, as well as the rules and the ways they were enforced, made the shelter "feel like a prison". I coded this "feeling like prison" at the level one stage of coding to stay very close to the words of the participants and to keep the code active.

Once all level I codes within the transcripts were complete, I moved them into a table format, with codes in one column and the text alongside in another column, so that I could best track the coding process and get the data ready for more condensed coding.

Level II: Categories. Categories represent condensed in-vivo codes. A category

represents a "group of content that shares commonality" (Graneheim & Lundman, 2003,

p.107). Although some qualitative researchers once believed that categories had to be

mutually exclusive (e.g. Krippendorff, 1980), as more contextual understandings of

human experience have emerged, it has become widely accepted that experiences or

aspects of experience can be included in multiple categories (Graneheim & Lundman,

2004). Although this level of coding sometimes involved moving away from the exact

words of the participants, my goal was still to stay as close to the data as possible and

avoid interpretation and conceptualization, thus keeping with the "manifest" content or

meaning (Graneheim & Lundman, 2004).

At this point in the coding process, I tried to condense and summarize some of the

major themes and patterns that I saw in the in-vivo codes to create a draft of Level II

codes (categories) (Graneheim & Lundman, 2004; Weber, 1990). I began to compare

codes across interviews in order to condense and clarify initial codes, see where codes

relate, and determine how to classify them as "belonging" to one specific category rather

than another (Dey, 1993; Elo & Kyngas, 2007). As analysis and identification of

categories proceeded, codes within the categories were also identified (Graneheim &

Lundman, 2004). To stay with the same example above, women spoke of the shelter

feeling like a prison in many contexts, and as I began to examine these codes, I saw that

most were related to the general culture and environment of the shelter, particularly in

terms of staff and resident relationships. Eventually most of these codes were included in

the Level II category *Just treatment and hierarchy*. However, one participant's

experience of feeling like a prisoner fit more with the nature of the enforcement of the

rules, and another participant's experience of feeling like a prisoner fit more with the

outcomes of living with shelter rules. Their experiences were coded differently and

centered more on the enforcement and outcomes of shelter rules, respectively. Staying

with those prison codes that related to *Just treatment and hierarchy*, that category was

broken down into subcodes including *Feeling judged and disrespected*, and *Staff

isolating from residents*. Depending on the nature of participants' experiences of feeling

like a prisoner or experiencing the shelter as being like a prison, their descriptions were

coded into one of these subcodes within the larger category of *Just treatment and

hierarchy*.

Second round of interviewing and coding. At this stage of the analysis, I also

conducted four more interviews, in the winter of 2010. During the second round of

interviews, I altered the semi-structured interview questions only slightly, to reflect areas

that I had not anticipated but had come up in early interviews and needed more

description or explanation (such as the process of entering the shelter or ways that women

managed having intense feelings while in the shelter), and to get more at the deeper

experience of the participants (e.g. changing, "Tell me a little bit about the shelter you

stayed in." to, "When you first got there, what was it like for you?", to get more at their

lived experience of the shelter, rather than a surface-level description of the shelter itself).

Once the four new interviews were transcribed, I went through the same initial

coding process as in the first round, listening to each one through first without coding,

conducting in-vivo line by line coding, and then condensing these into categories. At this

point, all interviews were coded at the second level. Two examples of this are found at the end of this document (Tables 1 and 2).

Level III coding: Clusters. Clusters (or concepts) allowed me to represent and clarify the relationships between the categories that had now been developed. The goal of cluster coding was *not* to impose an analytic structure onto the data, but instead to clarify the analysis and to begin to tease out the larger framework or "threads" connecting identified categories and sub-categories, at a more abstract and conceptual level than the earlier codes (Elo & Kyngas, 2007; Graneheim & Lundman, 2004). Clusters cut across categories and wove the categories together, identifying relationships between them and capturing meaning at a more latent, rather than manifest, level (Graneheim & Lundman, 2004). It is recommended that researchers identify between 10 and 15 clusters of categories in order to most effectively organize a large number of categories/codes and to present a full description of the phenomena of interest (Morse & Field, 1995). In this small study, there were eight clusters.

Once I had revised the Level I and II codes to be simpler and more refined, I began honing my sense of the clusters that included and explained these codes at the larger level. At this point in the analysis, no new codes were emerging, and I was seeing repetition of codes and underlying themes again and again, suggesting that I had reached saturation (see below) and simply needed to clarify what was already coded. I compared within and between interviews to hone the codes and took memo notes to track my coding ideas and monitor potential biases or assumptions. During this process, I developed a separate document for each proposed cluster with appropriate categories,

codes, and quotes included. If quotes fit in more than one place, I made sure to include them in all appropriate categories and codes. To continue with the prison example above, women's experiences of feeling like a prisoner in the shelter (those that specifically were coded into the *Just treatment and hierarchy* category), were coded into a Level III cluster called *Shelter environment and staff approach*. This cluster helped capture these experiences at the highest, most conceptual level.

At this final stage of the coding process, in order to simplify as much as possible and cut out anything extraneous, I counted the number of quotes in each code, category, and cluster and made sure that at least three participants contributed to each code; this was to ensure that each code (and eventual category) was robust enough to be considered in the findings (Sandelowski, 2001). At this point in the analysis, I also got rid of all extraneous codes and categories that I had held onto from previous coding drafts. These were codes that had been modified or subsumed in later coding rounds, but I had kept them in the drafts to ensure that I did not lose any early ideas. I checked through these to make sure that in the process of modifying and condensing codes, I had not lost important concepts or wording that really captured an aspect of the women's experiences. Once these were cleared out as needed, I drafted an outline of all levels of coding, without explanation or quotes, to ensure that I was capturing the full story of participants' experiences.

Memo-writing. In addition to the above coding methods, memo-writing provided an essential way to track my ideas and thoughts related to the analysis and push the analysis forward. Memo-writing represents the more inductive aspects of analysis, while

coding represents the more deductive aspects (Hutchinson & Wilson, 2001). Memos were informal and in my natural voice (Charmaz, 2006). Early memos helped me flesh out early codes and categories and get a sense of what the data were showing. Advanced memos helped compare and describe the qualities of the various categories that were identified through the coding process (Charmaz, 1995, 2006). I utilized two types of memo-writing throughout the data collection and analysis processes: memos on myself as a researcher and memos on the coding/categorization process.

Self-as-researcher. Memo-writing allowed me to explore and bracket my reactions to the research setting, participants, and the research process. I was able to track my experience of the participants and also document brief descriptions of each of them.

Coding memos. Coding memos allowed me to investigate and track the coding process itself as it unfolded. Documenting the process of how I developed or condensed certain codes provided an audit trail, an essential component of any research project in order to document all coding decisions (Elo & Kyngas, 2007). I bolded and capitalized all major coding decision within my coding memos. For example, at the Level I stage of coding, I wrote memos on possible themes and patterns that I was beginning to sense within each interview and across interviews, using an informal voice (Charmaz, 2006; Elo & Kyngas, 2007; Hutchinson & Wilson, 2001). Two examples of my memos at this stage with the dates in parentheses are:

1) Maybe "coping" or "getting through" could be a category? Everyone copes with the frustrations of the shelter in her own way. (August, 2009);

2) Shelter culture/environment could be a category – the women seem to describe the general culture of the shelter a lot. (August, 2009).

At the Level II stage of analysis, I wrote memos to track the thoughts behind my coding choices and to begin to consider possible clusters (e.g., Level III codes). Examples of coding notes at this stage are:

1) LEARNING ABOUT THE RULES seems to be a big category of codes as well. (December 2009); 2) How to code racial and cultural issues? Feels like an aspect of the culture of the shelter itself – I am now putting SHELTER CULTURE in all of these. (December 2009); 3) There is a larger code here around staff's approach with residents: CULTURE – somehow related to power and freedom and control: GIVING RESIDENTS CONTROL (January 2010); 4) RULES HINDERING ACCESS TO RESOURCES – this is part of rules causing hardship! But do I need to code this each time? I decided to do so. (January 2010).

Saturation. I continued the process of gathering more data to continually refine categories and clusters until *saturation* was achieved. Saturation meant that no new properties, categories, or clusters/themes were found with continued data collection. My goal in the study was to gather data that covered and explained women's experiences living with shelter rules with maximal comprehensiveness, as content analysis is used to develop a "comprehensive summary of an event in the everyday terms of these events" (Sandelowski, 2000, p.336). Thus, the purpose of the second round of gathering data through interviews was to continue to fill existing codes and to see if, with new data, new

codes were present. I continued this process until the gathering of new data provided no new information and saturation was achieved. Once no new information was gleaned by the gathering of new data, I could be confident that I had gathered enough data to describe the fullness of participants' experiences with shelter rules. The categories were clear and fully fleshed out and the patterns that connected them were becoming increasingly decipherable.

Rigor,Validity, and Credibility. The concepts of rigor, validity, and credibility overlap with the concepts of reliability and internal and external validity in quantitative research. Rigor is the extent to which I can show that the findings have been developed using a thorough, precise, and well-documented process of collection and analysis. This process is documented above. Validity, also described as "trustworthiness" in many qualitative studies, is the extent to which findings of a given study can be considered authentic, trustworthy, and reliable (Elo & Kyngas, 2007; Granehein & Lundman, 2004; Guba & Lincoln, 2005). The two are inter-related; rigor is a way to ensure validity of a study. In qualitative descriptive analysis, *descriptive validity* means that other readers would agree that the accounting of events or experiences reflects the fullness or breadth of participants' experiences, and *interpretive validity* means that the interpretations of those events by the researcher reflect the meanings that participants gave to these events (Sandelowski, 2000). Interpretive validity means that the researcher has developed categories and identified the patterns and connections between these categories in a way that fully depicts the complexity of the phenomenon of interest (Elo & Kyngas, 2007).

Validity is also dependent on credibility, which represents the degree of confidence one can have that the intended focus and goal of a study has been achieved through the data collection and analysis processes. It is similar to the concept of internal validity, used in quantitative studies (Morrow, 2005). Granehein and Lundman (2004) describe multiple ways that one can ensure the credibility of findings, each of which is reflected in this study. First, consistent with their recommendation to choose participants who vary in multiple ways, I interviewed participants who varied in terms of age, race, and ethnicity. Second, they recommend selecting "the most suitable meaning unit" (p.110), meaning that in the analysis process, one should avoid coding data as either paragraphs or in single words or phrases, the former because too many meanings could be included in one unit, and the latter because it risks overly fragmenting the data. In this study, I chose to stay relatively broad rather than narrow in the meaning units I coded; this was to ensure that I retained the context and full meaning of the participants' words. Third, they argue that credibility requires that codes and categories accurately and fully reflect and capture the data. They recommend using quotes to show clear connections between the codes and the data, which I have done below in Chapter 4; and to "seek agreement" among co-researchers (p. 110) described in a later section below called *peer review*.

Below, I describe the ways that ensured the rigor of the research process and the credibility and validity of the findings using peer review, member checking and feedback sessions, and reflexivity.

Peer reviewing. To assure descriptive validity and credibility of findings, researchers can use peer reviewing (Graneheim & Lundman, 2004; Lincoln & Guba, 1985). Although some controversy exists as to whether or not this is necessary, with Sandelowski (1993) arguing that this step has questionable outcomes given the subjective nature of all coding, I, along with Granehiem and Lundman (2004), believe that an essential aspect of ensuring the validity of the findings is to confirm that other readers would agree on coding decisions. This does not mean exact replication, and does not require that researchers code the same data separately in order to come to the exact conclusions and codes, but simply that a "dialogue among co-researchers" about coding decisions is present and active throughout analysis (Graneheim & Lundman, 2004). Peer reviewing allowed me to check the results of my analysis with my dissertation chair and methodology committee member multiple times throughout the research process. Although they did not separately code interviews, at each stage of coding (e.g. Level I, Level II and Level III), and then additional times as the coding became more solidified, I shared my results with them at various points in the process and altered or condensed codes based on their shared feedback.

For example, after conducting the first round of interviews, I shared with my dissertation chair some of my Level I codes for the first few interviews. She recommended that I make these simpler, as I had many codes for even small amounts of text because I had wanted to ensure that I coded every aspect. I had coded, even at the Level I stage, in too detailed a way, and her feedback helped me return to this stage of the coding process with more clarity.

Once I completed the Level I codes and had begun to identify possible Level II codes for the first round of interviews, I sent a table including both levels of codes with the text of the interviews to my dissertation chair and methodology committee member. They approved the codes with feedback about how to simplify and condense the codes. We also came to agreement on some basic themes in the data. I then cleaned and revised the in-vivo and categorical codes at this point to reflect their feedback.

After incorporating their feedback and updating my Level I and II codes, I met with the methodologist on the committee to complete a brief audit of the coding thus far and to discuss my ideas and memos about possible clusters (Level III codes). He shared ideas for modifying codes and approved moving forward with the coding with an eye towards condensing and simplifying. We spoke about my ideas for possible clusters that contained and explained the smaller codes at a more general and inclusive level (Downe-Wamboldt, 1992; Hsieh & Shannon, 2005), and he gave me feedback on these as well. This meeting also served as a way for the two of us to discuss possible biases or assumptions that might impact the coding process as a way to engage in reflexivity, described below.

At this point, I completed the second round of interviews, and went through a full process of coding these modifying existing codes and beginning to identify clusters. When I believed that a draft of clusters, categories, and codes were clear, I passed them on to my dissertation chair, who recommended that I simplify even more. We examined a few of the clusters together and realized ways that I was unnecessarily complicating some of the codes. The methodology support committee member was brought into our

discussions via email and agreed with her recommendations. With their shared recommendations for how to clarify and simplify, I went through my penultimate round of coding.

When I had worked through the codes again, I passed the coding documents over again to the Chair and methodology committee member. They provided an audit and approved the coding with the shared recommendation that I continue to eliminate and collapse categories in order to decrease the number of codes readers would need to digest. Using two peer reviewers continually throughout the analysis process helped me ensure rigor in the analysis process and validity of the findings.

Member checking. Member checking is an important way to ensure rigor. Member checking was utilized during the actual interviews to ensure that I understood and heard the participants accurately (Guba & Lincoln, 1985). Throughout each interview, I reflected back what I heard participants say and asked clarifying questions. I also offered to send transcripts of interviews to anyone who was interested in receiving them (one did), allowing them to check the verification of the data.

Reflexivity. In addition to memo-writing, described above, I used other mechanisms to ensure that I was aware of my own subjectivity and how my own perceptions might influence the data collection and analysis process throughout the research, a concept called reflexivity (Guba & Lincoln, 2005). Reflexivity has been emphasized as an important way to maintain rigor in qualitative analysis (Hall & Callery, 2001). It pertains to the importance of recognizing what researchers subjectively bring to the research, in terms of their assumptions, beliefs, identities, and goals. The concept of

reflexivity fits with the constructivist framework of this study, as constructivist

approaches recognize that all researchers have a "standpoint" or situatedness that

inevitably influences their work, acts as a lens through which they see the world (see

Collins, 1990, Smith, 1990, 1991). To the fullest extent possible, I explored how my

unique standpoint could have filtered into my analysis, as described next.

Personal identity and philosophy. I am a White, Jewish gay-identified, Feminist,

middle-class, politically liberal woman who has been raised with a good deal of

economic privilege and a great deal of educational privilege. My parents were politically

active during the 1960's and 1970's, particularly in the Civil Rights Movement and

Women's Movement. I was raised with an awareness of and responsibility to fight social

inequality across race, class and gender lines, and remember distinctly a pin that struck

me at a very young age (perhaps at nine years old) that my mother had that read,

"Question Authority". I have often thought back to this pin and how it captures the

philosophy I absorbed from my parents while growing up. And, although I always

respected authority, I rarely followed or agreed with it simply because it existed. Indeed,

I have questioned it, again and again, and continue to do so today. In my privileged

world, rules have always needed to be explained and justified before I will follow them.

As a child, I was often struck by the differences in my working class friends' families,

where parents often justified their demands and rules with the response, "Because I said

so"; my friends had to follow the rules of the household (created and enforced by parents,

always) or else suffer punishments – physical, verbal, or removal of cherished objects or

events from one's life – things that I was never threatened with. These experiences,

coupled with the knowledge I was taught early on that those in power are responsible for

maintaining or challenging inequality, meant that I came to this study with an inherent, almost innate suspicion of authority and rules.

Personal experiences. I am not a survivor of domestic violence and I have never lived in a shelter, as one interviewee asked me quite pointedly when trying to understand why I was interested in this study. People may wonder why I would study something I haven't experienced, and yet this is one of the very reasons that I want to study and understand how women live with shelter rules, so that I and others who may not have had their experiences can still help in the most effective and sensitive way possible. In some ways, I hope that the fact that I am not a survivor of domestic violence and have been fortunate thus far to not experience any major traumas in my life will help me achieve some level of objectivity in this study, as I do not have personal experiences as a survivor that overlap with those of the participants. I have, however, worked with and been close to trauma survivors over the course of my life and profession, as I discuss below.

Work experiences. I worked in a program for low-income women with depression called Reaching Out About Depression for two years, and was part of many conversations with the women about the ways that the rules and the enforcement of rules by workers in the many social programs they were involved in (e.g. SSI/SSDI, Foodstamps, TAFDC, public housing, etc.) caused them to at times feel demeaned, judged, controlled, and dismissed. For women who already felt blamed and judged by society for being low-income, overweight, a single mother, an abuse survivor, these experiences often triggered internalized negative beliefs about themselves, and sparked my interest in the ways that interactions with systems can at times re-open or exacerbate existing emotional wounds, and, in the worst situations, can actually be experienced as

re-traumatizing. I became increasingly sensitive to and interested in the ways that social inequalities get played out at every level.

Also in my work in ROAD, I helped develop an advocacy program, and struggled with how to create structure (i.e. rules), while also maintaining the program's focus on flexibility and on feminist and empowerment theories, both of which value egalitarian, collaborative approaches to development and practice. Over time, as I realized how important structure and rules were to the program's growth and to the well-being of the women in the program and the advocates who worked within it, I came to understand that rules and structure were not by nature oppressive, and I worked to stop equating the two in my own mind. However, I remained fascinated by the exploration of this issue, and aware of how important it is to be sensitive to the potential for rules and structure to feel oppressive, especially when working with marginalized folks.

Similarly, my work as a clinician has led me to examine how rules impact the therapy relationship. My approach has always been to explore each situation on a case-by-case basis, rather than keeping rigidly to any rules. However, as with my work in ROAD, at times this approach to clinical work has left me exhausted and wishing for a clearer roadmap for myself concerning boundaries and rules (an example might be allowing someone to come late multiple times or miss sessions and still continue in therapy when a clinic has a waiting list of people needing services). These experiences have helped me empathize with what I imagine to be the needs of those who run and work in domestic violence shelters. I expect that they enter their work with the best intentions: to help women in need. And then they come up against the needs of the shelter and/or the needs and requirements of the agencies involved in the shelter, not to mention

the frustrations of working closely with people in crisis, which can cause them to feel

helpless, burnt out, or even taken advantage of. I understand how they might in those

moments crave or turn to rules and structure to provide some anchor in the midst of what

can feel like very chaotic and difficult work. It is my experiences of relating to those

feelings that has helped me approach this study with a commitment to not vilify or

stereotype shelter workers, who are likely doing their best.

Summary

Briefly, the current study utilized qualitative content analysis to explore women's

experiences living with rules in emergency DV shelters. Below, in the chapter on

research findings, I describe in detail the clusters and codes that were identified in the

analysis process, and provide multiple examples of participant quotes as a way to

illustrate these.

Chapter 4: Findings

This section describes the results of our study exploring women's experiences living with rules in emergency domestic violence shelters. I conducted eleven semi-structured interviews with IPV survivors living in a transitional living program (TLP), following their stays in a variety of emergency shelters. I refer to the interviewees as participants when speaking of them as a group, and refer to their pseudonyms when providing a direct quote. Psuedonyms were assigned based on the order in which I interviewed the women, so the first interviewee received a pseudonym beginning with "A" (Amy), and the second interviewee a pseudonym beginning with "B" (Bette), and continuing through the alphabet (i.e. Carol, Diane, Elly, Flora, Gina, Helen, Ingrid, Jenna, and Kim).

Participants

The study included eleven participants, whose ages ranged from early 20's to early 40's. Five were in their 20s, four were in their thirties, and two were in their 40's All but one participant identified as mothers. One had grown children who did not accompany her to the shelter, and one's child was in the custody of child services while she was in the emergency shelter. Three women reported being pregnant at some point during their stays in emergency shelters. In terms of race and ethnicity, five women identified as Caucasian/White, two as Black (one African-American, one African), and

four as Latina. One participant struggled with communicating in English, and unfortunately, interpreters were not available for this study. Because this participant very much wanted to share her experience, I gave her space and time during the interview to express herself, reassured her frequently that she was doing fine and was expressing herself clearly, and checked in with her multiple times during the interview to ensure that I was understanding her correctly. This was a briefer interview, approximately 45 minutes, because I was aware of the extra energy she was putting into the discussion. All eleven participants had left their last emergency domestic violence shelter at least three months prior to the interview.

Contextualizing the findings

Although the focus of the study is on women's experiences of rules, what emerged from their interviews was that the rules existed within a much larger context. This fits with the general ecological approach of the study, which holds that experience and meaning are contextual and dependent on a number of factors. The data suggests that participants' experiences of rules in shelters are framed by factors related to the larger shelter culture and environment; past experiences of abuse/DV; social stereotypes and assumptions about DV survivors; level of and access to social supports; and individual factors, such as personality, work history, and age. The data provides a larger picture of participants' experiences moving through the shelter as a whole, of which their experiences living with the rules were a part. Thus, in order to understand their experiences of the rules, aspects of their overall shelter experience needs to be understood as well.

Ecological Framework. Although the initial intent of the study was to explore and explain women's experiences of the rules from an ecological perspective, a qualitative descriptive approach requires staying as close to the natural structure of the women's narratives as possible to create an accurate picture of their experiences. To best capture the narrative of participants' experiences and to create a full picture of their journey living within the shelter and living with the rules specifically, I will discuss the results in a sequential manner that fits with their journey within shelters. In the following chapter, I will explore how the results might be understood ecologically and fit within specific ecological levels.

Overview of clusters

Below, I review the clusters and categories that capture participants' descriptions of their experiences living with shelter rules. I will explore each in detail and provide examples of relevant quotes. As a brief summary, participants' discussions of their experiences living with shelter rules led to the development of eight clusters, which are as follows: 1) Readying to enter the shelter; 2) Shelter environment/staff approach; 3) Making sense of the rules; 4) Staff enforcement of the rules; 5) Short-term impact of the rules; 6) Coping with the rules; 7) Coping in general; and 8) Recommendations for shelter practice. All of these except the first are broken down further into categories, some of which include smaller codes to account for the breadth and depth of participants' descriptions.

Readying to enter the shelter. In this small cluster, participants described their expectations and levels of distress before entering the shelter. There are no categories for

this cluster, as it is quite small and serves simply to provide important contextual information about women's experiences of entering emergency shelters. Participants spoke about their expectations coming into the shelter and their feelings and emotional state upon entry.

Participants spoke about their hopes and expectations for entering the shelter. Most[1] said simply that they did not know what to expect, but three identified their hopes for finding a safe and supportive place of refuge away from the abuse: One participant, Bette, said, "So I was think, I'm gonna be like you know, somebody, the people's going take care of me, like you know, to forget about the situation I am… I was looking for you know, safety place. Ingrid echoed this statement, saying, "I didn't really know anything about it. I just wanted to get out of [name of town] for my safety and my daughter's. I really didn't know what to expect. [I was looking for] just a secure, safe place for me and

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[1] Sandelowski (2001) recommends using specific terms, such as few, some, many, or most, to denote the number of participants in a given study who spoke of a given experience or meaning in the data. She recommends that "most" refer to 50% or more of the sample, and "few" or "rarely" to refer to less than 20%. However, she also recommends that in studies with less than 25 participants, it is best to report concrete numbers to avoid being misleading (e.g. reporting that 50% said something in a study of two people is misleading). In this study of 11 participants, I use the signifier "most" for anything said by 6 or more participants and "few" or "some" for anything said by 3 or less. Otherwise I report the exact number.

my daughter." Helen said that she was "really hoping for the support, to try to figure out what to do from there."

While some participants might have held positive or hopeful expectations, about half participants also discussed managing a high level of distress and fear upon entering the shelter. Jenna said simply, "It was very scary," and Amy said, "I was just scared to death." Helen pointed out how chaotic the period of transitioning into the shelter felt, saying, "You're just trying to get your own bearings together... A lot of women are literally walking in with the clothes on their back so you don't know how you're gonna get the food, how you're gonna get around, so you don't know what you're gonna do from there."

Summary. Given the participants' hope, fears, and high level of distress as they entered the shelter, it makes sense that they spoke a great deal about how they were welcomed and treated once in the shelter by staff, described in the next category.

Shelter environment and staff approach. The second cluster of codes relates to the shelter environment and the general approach of staff towards residents. Two major codes emerged within this cluster: The Support category includes participants' descriptions of the level of support they felt from staff, both emotionally and practically. The Just treatment and hierarchy category includes participants' descriptions of the level of respect and fair treatment they felt from staff, as well as the nature of the hierarchical relationship between staff and residents. Participants spoke of the degree to which they felt supported and treated in a just manner both in terms of their transition into the shelter and once settled in.

Support. Participants spoke about the degree to which they felt supported emotionally and practically by the shelter staff. Most spoke of ways that they lacked support in the shelters, with only a few pointing out ways that they felt supported practically or emotionally. It is important to note that the women's descriptions of the level of practical support they received also reflected some aspects of the level of emotional support they felt from staff. The two are not mutually exclusive, but for the purposes of clarifying, the two themes are presented separately here.

Practical support. Most of the participants spoke of lacking practical support in the shelters, particularly in terms of resources such as food and housing supports. Jenna highlighted the need for food when entering the shelter:

So I was brought in the middle of the night by a police officer in a back door with no lights a girl answered the door…I was brought to our room with no food, no nothing. So they said that there was community food which, community food ended up being like expired canned goods. So I had stuck some oatmeal in my bag so I think I made the kids oatmeal… It was just like ok, here's your room, good luck. They were not very helpful.

Bette and Amy also discussed how difficult it was to get food and other necessities once in the shelter. Bette, who said she could not shop for her own food for one month because of rule restrictions that required her to stay in the shelter, said:

That first month, one [staff member], she buy one small pack for the white, for rice, she buy tomato, she buy oil, she buy one gallon for milk, and one um box for eggs…And she says to me this is for *two* weeks. And

she gave me you know the little soap at the hotel, they people use…This is

the soap I need to use me and my children, and this small small lotion. She

give it to me. It was really bad. Really really bad.

Helen discussed her own experience of not receiving needed practical support

when faced with a difficult situation in the shelter:

I remember one of [the shelters], they had lice. I've never had lice in my

life. Now, I'm at the shelter and I have lice. Now one staff person, I was

like what am I supposed to do? I have no money. They didn't even offer

the product to get rid of the lice. [Interviewer: So what were you supposed

to do?] I don't know. You don't know. Call your abuser and ask him for

money so you can get rid of it or can I come home and take care of this?

Three participants, Helen, Bette, and Jenna spoke about being aware that the

shelter had donations that they believed never got to the residents. Jenna described how

at the shelter she was in:

The place that I was at, got a lot of donations and none of them were given

to us. They were all put downstairs into like the cages and we never saw

any of them. Food, a lot of food, every week they would get boxes and

boxes of food and we never saw of it. We're not sure who they were for

but we never received any of them.

Getting housing was a pressing practical concern for all participants, and most

spoke about the ways that they felt unsupported by staff in this process. Jenna said,

They did not help with housing, the place I was at. They didn't help with

housing at all. They didn't even really help with transitional housing, they

just said here's a list to make some phone calls. They didn't help with

people, almost everybody didn't know the area, So they didn't help with

like getting groceries. They just handed you a bus schedule and said like

good luck.

Other residents echoed this sense of lacking housing support from staff. Bette

spoke about how a resident told her to call and put her name down on a waiting list for

transitional housing, and feeling upset because, "Nobody [no staff member] told me

about that, nobody's show me the list, nobody's says to me oh you need to call the place

before you leave here." Flora experienced a similar lack of support, and said, "You're

basically doing all your housing on your own…They just throw it [a book of listings] at

you to go and apply for housing." Helen was also given a book of listings and understood

that, "You have to do your own leg work independently." Carol spoke about having "so

much distrust" for her housing worker that she did all of her housing search on her own

and then surprised the staff at the shelter when she was placed in transitional housing.

Only one participant spoke positively about receiving help finding housing. Ingrid

said:

There was this big book with all these TLP's in it and we just went

through every single one of them together and called and called and called

and wrote letters and everything and they helped me get out…I don't

know what I would have done if they hadn't helped me.

Emotional support. Most participants also described the degree of emotional support they received from staff, with the majority describing feeling unsupported emotionally. For example, Amy spoke of having a panic attack and wanting to leave her children at the shelter while she sought medical help, saying,

> When I had the panic attack, they said um, like there was just no support there, they said the kids had to go into DCF [child services], while I went to the ER. So that was like, ok, forget it, I'm not gonna go. I'm gonna stay with my kids and freak out. It was like a 3 or 4 day panic where I couldn't eat or sleep. It was really horrible…and they made it worse.

Helen described the unfortunate consequences of not receiving emotional support while in the first shelter she stayed in:

> Yeah I was very down when I was there and very depressed. And had just experienced severe trauma and I was suffering from massive depression at that time plus in the meantime I was pregnant and going through a pregnancy and feeling very isolated and no money, no nothing. I just kind of left at that period and during that time nobody really checked. And two months later I'm back to his father… I think that if I would have had somebody check in and been consistent, I really don't think I would have gone back.

Although most participants described lacking emotional support from staff, three participants spoke specifically about the emotional support they received from staff being helpful and positive. They emphasized the beneficial impact of the staff having an open

and embracing attitude towards them. Flora described the positive emotional support she felt at the shelter:

> Oh my god I was so happy that I was at the shelter I was at. And the greeting was so warm and good. And they were so happy, they just, the shelter I had arrived to, they just had their whole kitchen and everything remodeled, and it was so nice. And they said welcome aboard, we're so happy we just got our kitchen remodeled and we're just happy to have another resident come in to have the grand opening. So it was like a heartwarming and it made me feel good… The staff was so supportive.

Flora went on to describe how grateful she felt to be supported emotionally by staff members when one of her family members committed suicide while she was in the shelter. Ingrid described the support she felt from her advocate, with whom she felt she could talk freely and safely, saying,

> We have to meet with advocates once a week and we could talk about anything, anything under the sun…Just whenever I had to talk to staff about something I was going through I could go to them and knowing that what I say would stay in that room and it wouldn't leave and I was able to just totally vent. And the staff would just sit there and listen and give their feedback if you wanted it… They just made me feel secure, made me feel safe like I guess they understood what I was going through.

Elly described the emotional support she received from staff at the shelter she was

in and of how it gave her a feeling of safety, similar to what Ingrid spoke about above.

She stands out as the only participant who described feeling a supportive sense of

togetherness or community between staff and residents:

(Interviewer: Yeah and I if you could give like the one thing that helped

you stay?) Well…kind of like had like a real sense of family, staff and the

residents, which was like the big thing cause I never had that and I never

really had anything to do with my family. It was just safe feeling in so

many ways. It was easy to talk to the staff and the people there. I wasn't so

guarded as I usually am. Yeah it just felt safe in every way. .. They'd try to

do different things, suggest different things, bring different things to the

house… Just we had a lot of fun there…Everyone would sit down to eat

together once a week.

The degree of support that women felt from staff was closely connected to the

nature of the hierarchical relationship between staff and residents in the shelter and the

related level of respect and just treatment residents felt from staff, which is described

below.

Just treatment and hierarchy. Participants' discussions of their experiences with

the larger shelter and staff culture returned again and again to the degree to which staff

treated them with respect or judgment, and their experiences of the power dynamics

between staff and residents. The category is made up of three codes: Feeling judged and

disrespected, Staff isolating from residents, and Lack of just treatment based on demographics.

Feeling judged and disrespected. Most participants described feeling disrespected and judged in their interactions with staff, with these two experiences closely tied. Amy said, "As far as welcoming, not really, they looked down upon us, so I felt like you know, this loser coming into a place, and that people were judging me." She also spoke of feeling "judged" by staff "as bad parents, just because we're in the shelter". Ingrid felt similarly, saying, "Like some of them were just like look down on you like you're just whatever and none of them looked at as a person, as an individual and… Just their persona, their attitude was just very oh I'm better than you, I'm not in a shelter." Diane put it this way, "Certain things you tell people, they redefine you, they re-judge you or they think, I feel they think of you as a lesser person. And that's exactly the word I was looking for, I felt like I was a lesser person, like they were above me and I was beneath them." Carol spoke of ways that the staff at the shelter she was in "kinda judge[d] women as a whole". Helen spoke of ways that she perceived newly trained staff, saying, "They'll try to diagnose you and you know it's a very obvious if you can like pick it up. But they don't have any understanding to really what it is that you've endured."

Three participants emphasized feeling judged and disrespected by staff in a way that seemed rooted in suspicion. In the section below on enforcement, more participants described being tracked or watched as a way to enforce the rules in ways that reflect this underlying suspicion. In this code, participants speak of a more general underlying

suspicion staff held towards residents. Amy described feeling suspected when she first arrived at the shelter:

> When you walk in, like I'll go from when I walked in the door, they go through all your bags, to make sure you know you don't have anything. So like women of domestic violence, they're, it was almost like they were treating us like we were criminals, or like women with drug problems, which is totally separate from a DV victim. So that right off the bat was like well, you know, then they take your cell phone and kind of send you up to your room.

Diane said, "I feel like I'm a child that's not trusted or suspicious of. Why am I treated like I'm suspicious of something or I'm up to no good?" Similarly, Carol spoke emphatically about ways that staff at her shelter assumed that many of the residents were trying to take advantage of the system:

> Their answer to all of that was that we know, we've been in this business for a long time and we know who's faking and we know who's trying to get over. That was their answer for everything. That's why they treated the women, the way that they did, it's because they thought everybody was just scamming to try to get housing…You always being told, we know who running game…that means you judging every woman that comes through this door [sic].

She continued by sharing a story about how far staff members might take their suspicion, saying,

> One friend, lady that I met…her boyfriend [swelled up] both of her
>
> eyes…When they faxed over the police report and her picture on the
>
> police report, they told her, We don't see any black eyes, that's just the ink
>
> off the off the paper…She had to go to the police department and actually
>
> get a picture to show them that she had those black eyes.

Staff isolating from residents. One of the most salient themes to emerge from most participants' descriptions of their experiences of the larger staff and shelter culture was their sense that the staff removed and isolated themselves from the residents in a way that created an unfair sense of hierarchy and division. Many experienced this as the staff sending a message that they did not really care about the residents. Kim spoke about the ways that at the shelter she was in, she disliked when staff members didn't talk with residents and spent their time locked into their computers. Amy said that "it was like the office was forbidden… Almost like they were you know keeping themselves safe from us, like as if we were in a prison and they were like the wardens. It was really horrible." Ingrid explained the feeling that the staff isolating themselves gave to residents in her shelter:

> The few staff members that would lock themselves and then would you go
>
> knock on their door to ask them something they would act like you were
>
> bothering them…you barricaded in your office makes us feel like you

know you don't want to deal with anybody. That's how the majority of the

house felt…I don't feel like I can talk to them.

Other participants understood this dynamic as suggesting that some staff cared

little about their work or the residents than others and were seemingly there to do their

job and leave. Gina said:

There's people who come here and it's like they sit in the office, they talk

to you only if you talk to them...They just make you feel like ok I came

home, I did my chores let them know your chore's done, go upstairs and in

your room. Kind of keep to yourself… There's this staff lady on Sundays,

she just sits in the office, doesn't talk to anybody, keeps to herself, only

answers questions you ask her.

Flora described a similar difference between how involved and accessible staff

members were at the shelter she was in:

There's some staff that really gets involved with the residents and really

make them feel comfortable…Some of them just come in and they just

basically get in and you have to talk to them and they just get into their

jobs and just come in, it's just another day to them…They don't get in to

see if the residents are doing their job, if they're ok… [They're] just

strictly into their position and not good communicator(s).

Unfair treatment based on demographics. Most participants described

experiencing a lack of just treatment within the shelter based on race, ethnicity, or some

other aspect of their demographic. Some described the ways that such inequalities within the shelter created an unfair hierarchy between certain residents or between staff and residents. For example, Carol described the way that,

> We were actually separated in this house here. They had all the Spanish women on one floor and they had all the Blacks and Whites on the third floor, and I questioned why that was. And they never gave me a straight answer.

Ingrid spoke of experiencing a similar division between residents who were Latina and those who were not, saying:

> Just some of the staff member who was very lenient towards people that were Spanish and I could just see it. I'm like we're in 2009 and I don't know why there's racism but you know you could see that there was… And [other residents] felt the same way. The ones who were black and the one who were my, my Caucasian they felt the same way…[The Latina residents] could get away with murder but if I did the same thing I'd get in trouble for it.

Bette described wondering if some of the obstacles she faced getting resources and moving forward in the shelter had to do with her race and immigrant status. She spoke of the compounding difficulties of being an immigrant woman of color:

> Sometime I was you know, think about maybe [it's about] like race or, different culture…The [other Black] ladies from [the U.S.] they all's may

hurt the same like me but for me it was *more*…Like [one Black resident],

when, when she needs something, because she's from here, she know *all*

the stuff, she know, she knows so many things, because she from *this*

country. So she's always says to me, I'm American, so no one can doing

nothing [to] me [sic].

Flora also spoke of the obstacles and difficulties that some residents faced due to

being non-English speakers:

I think just the language was a little problem. That seemed to be a big

one…[The] shelter didn't have bilingual like Spanish speaking…they had

one lady that would come in every now and then [but] she didn't stop in

enough. There was always something coming up, she was very

busy…And there was times it caused a lot of confusion with chores and

issues and half the time the residents [would be] saying I don't understand,

I don't understand.

Two other women, Jenna and Helen, described experiencing a lack of just

treatment when staff treated them as not belonging in the shelter because they were White

and had different backgrounds than some of the other women in the shelter.

And I remember once I was sitting with this woman and she was across

the desk from me... When she was reviewing my work history and my

educational background she said well with your background I don't even

really understand why you're here… you don't fit the type. You're not the

norm of what we see which to me how can you it affects economical, age

and races across the board. (Helen)

I know that my age, ethnicity, color, background experience [impacted the

way staff saw me]…I think that in that place I was much different from

everybody else [and] I got the feeling from some staff that I just didn't

belong… Someone had said oh you can get discounts [at a store] if you're

homeless, and I had made the joke like oh so what do we bring, our shelter

letter? And somebody turned around and said they wouldn't believe you

anyways. You don't look like you're supposed to be here… I think that's

the only problem I have with the D.V shelters is depending on them is

there's a stereotype of who's supposed to be in here…just because I went

to school and I did these types of things and this is who I am it doesn't

change the fact that I was abused just as much as you did. And I still need

to be safe and my kids still need to be safe. (Jenna)

Summary. Participants' descriptions of the larger shelter environment and staff

approach made up this second cluster, which includes two main categories, support, and

just treatment/hierarchy. Support includes participants' experiences of receiving both

practical and emotional support from staff, with participants expressing a particular need

for more support around finding housing. With regard to just treatment and a fair sense of

hierarchy, there were three main codes: Feeling disrespected and judged, Staff isolating

from residents, and Unfair treatment based on demographics. Nearly all participants

spoke about disliking when staff members isolated themselves from residents or judged

residents. Some spoke of being treated with suspicion and how this seemed to stem from unfair assumptions or judgments about the residents as a whole. The shelter environment and staff approach with the residents then filtered into their experiences of the rules and how they made sense of them, which we turn to next.

Making sense of the rules. This cluster represents how participants understood and made sense of the shelter rules and the process they went through to eventually agree or disagree with a given rule. This cluster includes three categories. First, participants described the initial process by which they learned about the shelter rules. Next, participants described their understanding of the positive and negative aspects of a range of shelter rules, leading to the second and third categories within the cluster: individual factors that influenced how participants made sense of the rules, and contextual factors that shaped their perceptions. The latter category consists of two smaller codes, safety and inconvenience, which were two contextual factors that participants identified as determining their level of agreement with the rules.

Learning about the rules. All participants spoke of receiving a handbook of the rules or being given a verbal list soon after they arrived at the shelter. However, only two women spoke specifically about receiving more information or explanation of the rules beyond a simple list or handbook. Flora explained that at the shelter she was at:

> They were very informal and also that is also on the written paper work. It
> is writing, specifying, explaining in full detail the reason why you have to
> be in at a certain time. And also they fully explain because of the safety
> behind that which I fully agreed with it.

She described also having to fill out a consent form to make "sure I understood all the policies and procedures and I accepted it and understood it." Ingrid described receiving a full explanation of why the rules were in place as well, saying,

[The staff was] very calm and collected and they would read me the list of rules and then they would go into detail of why they had the rules and certain examples of what had happened in the past so they had to reinforce it.

This was not the case for the majority of the participants however, as most reported that while they appreciated receiving a handbook or being told the list of the rules by the staff, they would have liked having more information or explanation. Some of their specific experiences are detailed below. For example, two participants spoke about the ways that their state of mind when they were told about the rules might have made it difficult to digest them as a list without explanation:

Now that I'm out looking back I think because of the trauma of that period of time it would have been much more beneficial to have somebody sit with me and kind of explain it. (Helen)

The handbook was good because it had the rules there but I think as they were saying it [telling her the list of rules on the first night], it kind of all wasn't registering still. (Jenna)

Two spoke about not fully knowing what the rules were without receiving a sufficient explanation of them by staff:

[The staff] give me a book…The policy book…[But] no one explain me

nothing about, you cannot go outside, da da da da for one month. You

cannot call nobody [sic]. (Bette)

They didn't even explain the chores to me. So I'm doing the chores all

wrong. I'm cleaning like as if I would be cleaning in my home. And

[another resident] was like, No, they don't want it done like that…I was

like, well, no one told me nobody told me, so how would I know? So she

she showed me how they wanted the dishwasher loaded. They wanted the

dishwasher loaded a certain way, they wanted the refrigerator wiped down

a certain way, food rotated out. But no one told me. (Carol)

Individual Factors. Most participants described the ways that their personal

histories, demographics, or personalities impacted their experiences of the rules and how

they made sense of them. For example, two women reflected on the ways that some of

the rules might have been created for the "typical" survivor, which they felt they were

not:

I kind of tend to think a lot of times shelters tend to make their curfews…

because of the children. But I don't have children so I mean like ok you're

thirty-eight years old, you don't have kids but you have to be in at nine

o'clock. (Elly)

Because my case was not like my abuser was not (lethal), but some

woman they're abusers are crazy and are looking for them…the rules are

for everybody, but some woman [are in] more danger. (Kim)

Ingrid spoke about the ways that her age impacted her experience of the rules, saying,

> I guess I'm a bit younger so maybe like I don't want there to be rules but also I understand that they have to be there for safety … I guess cause most twenty year olds, twenty-five year olds don't really want to follow any rules. I want to do what I want, when I want.

For Jenna, her past experiences, especially work-wise, impacted her ability to accept the rules:

> I had never been homeless before. I had worked and had a full time job…I just think I had better people skills than some other women and I tend to be a people pleaser anyways so that helped me with the rules because I just kind of did it and that's what I do. And you know I worked in banks and I worked in nursing homes so my whole work experience were rules, rules, rules, and even if I didn't agree with them you have to follow them.

Most participants' past experiences of abuse also shaped how they made sense of and experienced the rules. Most described ways that the nature of the rules reminded them of past abuse. (Some also emphasized that how the staff *enforced* the rules created this reminder; their quotes are included below in the staff enforcement category). Kim admitted that at times the rules felt so difficult that she thought about returning to her abuser: "Sometimes I think no no no it's better with my abuser…because it's the same." As Gina put it:

And the phone, you could only use the phone for fifteen minutes at a time.

And you had to write down on a log who you were calling, why you were

calling them, and what time you started talking and time you finished talking,

the phone number you called and the person who was talking to. So it kind of

everything was so controlling. I was just like oh my god am I getting myself

into a worse situation? Where everything is like monitored…It made me feel

like I was leaving a domestic violence situation to kind of be in a jail pretty

much. Leaving my abuser where he didn't let me go out, he didn't let me do

anything, I couldn't have my own life to kind of going to the same thing.

Ingrid spoke of having a similar experience, saying, "The chores or the rules kind

of was like ok I'm leaving one controlled setting and I'm getting into another."

Contextual factors. In addition to describing specific individual factors,

participants identified two major contextual factors that shaped their perception of and

experience of the rules: safety and convenience.

Safety. All participants discussed the role of safety in their thinking about rules.

Most participants discussed being most willing to accept rules that they experienced as

truly being there for their safety, the safety of the other women, and the safety of the

children in the shelter. Kim put it simply, saying, "I understand they [the rules] are there

for our safety."   The following quotes illustrate participants' willingness to accept rules

that they perceived as being in place for their safety:

I think it was a lot of it was alright. They were based like on rules nobody

can disclose the location, you can only come here once, there's curfew

times, you can't leave for X amount of days…A lot of it was basic safety

rules… It was a place I knew I had to be temporarily and in an order for it

to work in that type of setting and to know that people are safe and home

and that somebody else's abusers not coming things of that nature. (Helen)

The chores, the curfew, you couldn't leave until six in the morning,

everything was there for a reason like it's for your own safety. They're not

trying to be in your business, they're trying to you know tell you what to

do but it's for your own safety (Gina)

I feel they're running a facility that's highly secured. And protecting

myself just as well as the residents [sic]…When someone first goes into

that transition of hiding I think it's very important for it to be as strict as

possible as far as definitely for safety. Because once it becomes a public

place there's no safety. So and if that's part of one of the rules, that should

be a rule. And I fully agree with that. (Flora)

Other women emphasized the specific importance of having safety rules in order

to protect residents from each other or from themselves. Carol described living in a

dangerous area and ways that some residents brought that danger into the shelter:

I could understand why there were rules because I seen women break a lot

of the rules or do things that they shouldn't a been doing in the house

…The house that we lived in was a big beautiful house but it was in a

drug-infested area and there was even situations where a couple women

smoked weed in the house. I mean, you know, the kids were smelling

marijuana. They were drinking in the house. So I can understand why the

rules are in place about why, you know you don't keep medications in the

room and they had to be locked up by the staff. I understand those.

(Carol)

Two other participants shared similar beliefs, based on their safety concerns when

living with other residents who might have substance abuse or mental health difficulties:

For the safety of the residents and also the children because some people

come from different backgrounds they might have been abusing, substance

abuse possibly…They have a lock boxes in the office and they tend to

keep your medications just because of the safety that children could get a

hold of it or another resident. And it could become a problem because of

the condition of some women come into the shelter really stressed out and

very depressed and also for the safety of the children which is very very

important. And I didn't have a problem with that. (Flora)

I understood too that living with people like that girl that we lived with

who was always under something you wouldn't want to risk having

medicine in your drawer or whatever and then one day you come and…it's

not there anymore or somebody over dosing on it or kids going in there

and grabbing it cause rooms weren't locked or anything. (Gina)

Rules about the chores were also understood by some participants as being

necessary for safety. As Bette said, "The chore was, is ok…because we need to keep the

house you know clean, it's really important for the children. So I'm like grateful [for] the chore rules." Gina spoke about understanding that when it came to the dishwashing chore, "You understand that's for sterilization purposes. And you know, even though it's a pain in the butt to have put three or four loads because of the pots and pans, you had to do it."

Most other participants, like Gina with her "pain in the butt" statement above, acknowledged having frustrations with the rules. However, four of the residents specifically spoke of the ways that the need to ensure safety overrode their annoyance so that in the end they accepted a rule that felt in place for safety even if it was one that bothered them. For example, when talking about the medication rules, Jenna said, "I think I probably just thought it was silly like this is ridiculous but again I could be like, ok I get it if I drop it and this kid ingests it and something happens it's they're liable and I would feel horrible." When it came to describing her reaction to the majority of the rules, she expressed even more frustration, but still highlighted her underlying understanding of why they were there, saying,

> I hated [the rules]. I felt like I was very angry, not angry at these people
> cause I didn't really think of them, I was angry that I was in this situation
> and that I felt like all of my rights had been taken away so I didn't like
> them. I understood like I tend to be the type of person that can think it
> through so like I understood like I know why we have to be in the house at
> seven o'clock. I know why my car can't be here. But I didn't like them. I
> hated them.

Other women echoed this sentiment of feeling frustrated with certain rules but understanding that they were in place for safety. Ingrid said,

> The chores or the rules kind of was like ok I'm leaving one controlled
> setting and I'm getting into another but at the same point I understood why
> they had to certain things cause if people just did whatever they want
> when they want it wouldn't be safe for the other women and children…I
> knew it was for my safety and everyone else so I just kind of had to build
> a bridge and get over it.

Gina described her own similar process, where she initially felt shocked by the curfew rule but eventually came to understand its presence:

> For example like the curfew at first I was kind of like oh my gosh seven
> o'clock is so early but then I was like you know what, if that's what I have
> to do to be here that's fine. And the reason why they did it is because you
> know in the wintertime it gets dark early because curfew in the summer
> time is eight-thirty…You never know if your abuser is going to be
> following you…Like you never know if he's gonna be mad, driving
> around, walking around, whatever and he sees you and then ya know he
> follows you home, anything like that. And it's past seven o'clock, it's
> pitch black, you can't see anything, who knows what could happen to you.
> So I understood that, ya know. And that was fine with me cause I
> understood it's for my own safety.

Elly expressed a similar experience of coming to terms with a rule that bothered her but she knew was in place for safety. She described how at first she didn't mind the curfew, because when she got to the shelter, "I was so depressed I just wanted to stay in my room all day". But as she became less depressed and wanted to go outside more, she said:

[I] dreaded that having to be in at nine o'clock even though there was nowhere for me to go cause I didn't know the area at all. It was just so like wait what I'm thirty-seven when I went there and I have to be in at nine o'clock. You know? But I understood it was for safety purposes and what not."

Although most participants, as shown above, reported accepting rules that existed for their safety, three specifically also pointed out that a rule meant to create or ensure safety could cease to feel that way if it was overly strict or severe. Describing a rule that was meant to increase the safety of the residents but did not contribute to her feeling safer in the shelter, Jenna said:

Like I had, we had had a threatening against the house by one of the abusers and so our house kind of got locked down…I came to find out a rule I wasn't even aware of was that if there was a problem outside the door or outside of the house at anytime…they will not open the door. They don't let you in…They will not compromise anyone's safety that are within the house for anybody who's not inside the house. So if you were being attacked outside, they will not let you in. They will just call 911 and

hope for the best…I did not like that rule. That rule made me feel sick to

my stomach especially cause me and another woman walked our children

to the bus stop everyday. And we had come to find out that this person

knew specific things about women in the house. And then they were like

well if he should try to do something you're not gonna be allowed in [if]

he's outside…so that I had a big problem with.

Bette explained her reaction when she was told that the rules she struggled with so
much were there for her safety:

Someone was tell me…You know, this is safety place, so the rules is for,

you know, to keep, you know the residents safe, so it's safety she was told

me about that. (Interviewer: Did you think that, did they feel like they

were there for you safety? The rules?) Not really. No. Not for my safety.

No. It's, it was too much… The rules for the children [are] really really

bad. To keep the children medicine is wrong. The rules to walk 50 or 60

minutes [from the bus stop to get to the shelter] is wrong.

Inconvenience. Most participants also spoke about struggling to accept rules that
felt overly inconveniencing, where the energy going into the rule did not feel worth the
outcome or consequences of the rule. Amy described morning meetings that felt like they
had little purpose, saying,

We had a meeting every morning at 9 o'clock we had to be in the living

room. And like if you came down in your pajamas, they [would] you

know, write ya up. You had to come down dressed into the living room

with your kids. So that was a big inconvenience because they would just

say like, what are your plans for today.

Helen discussed how some of the rules were inconveniencing for parents of young

children:

And they had a lot of rules for the children too. And sometimes that's a

little bit difficult…One of the shelters you couldn't go downstairs and

make a bottle after a certain time. If your baby's hungry, how do you not

do that? You can't utilize the kitchen after this time.

Bette also reflected on the inconvenience and seeming absurdity of some of the

rules for the children:

The house was *so small*. And you cannot leave your son like, this is my

room [*gestures the space*], and I just, maybe I go in my room for few

minutes, and my son is in the kitchen… [The space] is really small, so

when you, you stay in your room, you can open your door and you can see

somebody sitting in the kitchen. So it's possible to have a warning for that.

You cannot leave your son, even he's old, he have a control, you know,

but you cannot do that.

Ingrid discussed feeling inconvenienced by having to wake staff up to take her

migraine medications at night, saying,

Even if it was over the counter it had to be in their possession which in a

way was very inconvenient cause I tend to get migraines and they just

come and if it's in the middle of the night I hate to have to go down there

cause they can sleep on their shift if it's overnight. And I hate having to go

and wake the person up.

Flora described the ways that some of the curfew rules made it inconvenient for

women who worked. She said,

Cause in the area I was at transportation was a problem, public

transportation for them to get in at a certain time. And also they don't

allow them to leave too early in the morning, I think the earliest they could

leave was five-thirty or six. And some of them had to leave a head start to

get to work close to seven. So there were some issues there."

Summary. In this cluster participants described how they learned about and made

sense of the rules. They described the process of how they learned about the rules, with

most learning about them by receiving a handout or book, or by being told the list of rules

by staff upon entry/orientation to the shelter. Although this was helpful, they spoke of

either appreciating a full explanation for why rules existed (only two participants), or, as

most participants reported, wanting more information about the rules and the reasons

behind the rules. Participants also spoke about how they made sense of the rules and what

caused them to accept or struggle with certain rules. Their perceptions relied on

individual factors, such as demographics (e.g. age, work history) or history of abuse, as

well as contextual factors, such as safety and convenience. Regarding safety, participants

distinguished between rules that felt present to keep them safe and rules that did not, and

explained ways that they were much more likely to accept a rule, even one they disliked,

if it felt necessary to ensure safety in the shelter. They also talked about the occasional

rule that, although there for their safety, nevertheless felt overly severe and punishing.

Participants also described their frustrations with rules that felt unnecessarily

inconvenient. Beyond factors influencing women's perceptions and acceptance of the

rules themselves, participants' also described factors that influenced their experiences of

the ways that shelter staff enforced them, as is shown in the next cluster.

Staff enforcement of rules. This cluster illustrates how participants experienced

staff enforcement of the rules. This cluster includes two main categories: Rigid versus

flexible enforcement, and Control and power.

Rigid versus flexible enforcement. Nearly all participants spoke in detail about a

range of ways that they experienced staff enforcement of the rules along the dimension of

flexibility versus rigidity. Overall, participants showed a preference for enforcement that

felt more flexible, and they described various aspects of rigid enforcement that felt

distressing to them. Two codes are within this category: Rigid/Strict enforcement, and

Flexible/open enforcement.

Rigid/strict enforcement. Most residents described ways that the staff generally

enforced the rules in a strictly or rigid manner that left little room for flexibility, or as

Diane put it, "Rules are rules and regulations are regulations. Books by the book." Kim

echoed this sentiment, saying, "Nobody talk because the rules are rules and so you have

to follow the rules and that's it." Jenna said, "Most of their rules were unbendable." And

Helen described the enforcement of rules as being "textbook" and without any "compassion."

Most participants also gave specific examples of the staff's rigid adherence to the rules even after they tried to engage staff members to discuss the possibility of exceptions. Jenna, who said above that the rules on the whole were enforced in an "unbendable" manner, gave the following examples of this with rules she had asked for exceptions around:

> So my car was unbendable. It wasn't even allowed in city town limits of where I was staying. That was unbendable whatsoever. They would not let me they had said like if we find out that your car is even in the town you'll be asked to leave the shelter. That was unbendable… My hope was that I would be able to keep my oldest at his school and I'm like I will drive him everyday... But that was not bendable. The schools were not bendable. They wouldn't let me home school my oldest son; they said that wasn't an option for me. What else? Obviously giving your location was non-bendable.

Amy described her experience of wanting to visit a dying family member and asking the staff for an exception to travel and curfew rules:

> They didn't let you leave even um, when I ask if I could come down for Christmas. I told them you know my grandfather's getting old, and this may be his last Christmas that I'd like to spend with him, and they wouldn't let me go … And then it turned out, [*gives a date*], we lost my

grandfather. So. Just you know, one little exception. They do allow

overnights like if someone's sick and they get a note from the hospital…

She just said that there's no exception unless I got a letter from the

hospital stating that he was like dying.

Kim described the staff's strict adherence to rules when she, too, asked for an

exception by asking staff to take her to the hospital for her daughter, saying:

My daughter was sick a lot…it's hard, sometimes I [had to] take the bus to

take my daughter to the hospital…[She would tell the staff] you can help

me, my daughter is sick, and [they would say] no I can't leave the house.

Gina described a similar experience of trying to work out her difficulties with

medication rules that led to her having to retrieve her asthma medication from staff

members multiple times per night:

I remember one time I asked one of the staff can I just like take my asthma

pump with me? She's like, you can sign it out only if you're leaving the

house and you need to take it with you but as soon as you come back you

need to sign it back in. And I said to her I need it in the middle of the

night. And she's like well you can just come down and ask for it. And I

said to her, my feet are super swollen, I'm pregnant, I don't want to have

to be coming down every hour, two hours…This lady she was very rude.

She said if you feel you need your asthma pump every two hours let me

know we'll have to call an ambulance cause you have a breathing

problem…she could have explained, it's an inhaler we can't have you take

it upstairs or keep it or whatever for x and y reasons. But you know said it

in a nicer tone.

Bette discussed ways that the rules felt unbendable in her case when it came to

parenting and curfew:

I was um, at the market and it was the time to pick up my son, and because

he knows the place, so the bus drop him and he walk at the house, by

himself. To get [to] the house before me…two minutes...I come back, he

was at the shelter, so the director said this is bad, you cannot do that, and

she gave me a warning for that.

Amy experienced a similar toughness and lack of flexibility when it came to the

enforcement of parenting rules, when her daughter got into a cleaning product in the

bathroom:

I mean, I'm a mother, like if I thought she ingested I would have had her

out the ER…I was on the phone with my mother telling her that [*name of*

daughter] was cleaning the bathroom, making a joke out of it. Like I gave

her a bath, I gave her a drink and just make sure she was ok. But they

listen to your phone calls on the house phone, so that's how they found

out. And then when I was up in my bedroom the director and one of the

staff members came knocking on my door and said we heard that [*name of*

daughter] got onto the 409, we need to take her to the emergency room –

do you think she needs to be going…and I had to like sign a thing saying I

didn't accept medical care … Not very comforting…accusing me and

making it to be my fault, like the two of them knocking on my door with

this paper for me to sign, and made me very upset.

Four participants specifically described times when they tried to speak up about their rule-related needs but were treated harshly by staff members who insisted on strictly or rigidly enforcing the rules. (Their descriptions of their experiences show some factors inherent to the category following this one, *Control and power*). Helen said:

I've had people in the past push me and say you need to go for a Section 8,

this is what you need to do. And you need to fill out this paperwork. And

then like there's no reason for me to go that route because when I'm

working and I get stabilized and get my head out of my butt again I won't

qualify for that. No! You need to do it. You need to do it... It was just very

textbook for the majority for the whole of the staff of "A" needs to be

done if you don't it then "B" is the repercussion; so either do it or get out

type of attitude.

Flora experienced a similar situation when one staff member said to her:

You know you're gonna do the rules today and this is just the way it is

today, I don't feel you did your chore. Well I did do my chore. Well that's

just the way it is, I think you need to do your chore again. That kind of

approach and it was very harsh.

Gina described a similar experience of staff enforcing the rules strictly and

silencing residents' questions when it came to the rules:

The staff would like tell you like you should know that. They tell you like

oh well that's black, oh well that's black. Well, why? Because it is, you're

supposed to know that…Instead of taking the time, instead of taking the

time and explaining to you why that's black they'll be like well because it

is and that's what is and that's that, period.

Diane spoke of wanting her child to attend school while she was there and having

her request silenced:

My kids need to be in school. Absolutely not, not until you're in a whole

place to live. Ok. But but - No I said that's the end of it, that's the way it

is, that's our rule. And that was cold. She didn't want to hear another thing

I had to say.

Flexible/open enforcement. The above examples highlight participants'

frustrations with the lack of flexibility in the staff approach to rule enforcement.

However, six participants also gave examples of appreciating moments when the staff at

the shelters they stayed in did in fact enforce the rules in a more flexible, open manner.

Regarding housing rules, Elly gave the following example of the flexible approach to

enforcement at the shelter she was in:

They were very good even in like giving you choices, like if you got

accepted in one program, a transitional living program, if you went there

and you didn't like it it's not like they'd say well you take what you get or

you had to leave. As long as you hadn't been sitting there for months just

like sitting, waiting for the perfect place…They didn't want you to move

onto somewhere that you wouldn't be comfortable. They did their best to

accommodate you…I was told a lot of places are like once you're

accepted somewhere you're out of here. And they weren't like that at all.

Just doing above and beyond in a lot of cases.

Other participants gave examples of experiences when the shelter staff members

showed flexibility and openness to the residents' requests for exceptions and collaborated

to come up with solutions to rule-related problems. Jenna, who described the enforcement

at the shelter she was in as generally unbendable above, gave one example of staff

flexibility in enforcement, showing that women's experiences were not homogenous,

even within a given shelter.

[My children] had visitations [with their father]. And there was such a

distance between where their father was and where the shelter was and I

didn't have my car so they were you know they had said, if you were a

little bit late for curfew on days of visitation as long as you let us know

we'll say it's ok. . So that was only if they knew prior and like I had been

calling them…so curfew was the only thing that was possibly bendable

and only for case-by-case situation. It wasn't like an everyday thing.

Flora described two instances in which a similar willingness by staff to accept

requests for exceptions occurred for her in the shelter:

There was a few times I was on heavy medication for my illness and we have check-in in the morning and sometimes if you miss one too many and you get written up... [she told the staff], I want you to know before if I ever run late, if someone could come wake me up or come and get me because the medication I'm on, I might oversleep…They worked with me very well and…they'd check on me sometimes because of the fact that I was late [to morning meetings]. So when I did come downstairs… I would say yes, I overslept this morning, I'm so sorry I was late, did I miss anything? And they would say yes, and they'd let me know if it's something really serious and they'd joke with me.

She went on:

I also have from my abuse, I have a physical injury, I'm right handed and I have a serious injury in my shoulder, so the only chore I can't do is vacuuming. So I didn't have a problem. I said I don't have a problem doing any chores. It's just that I just hope you don't allow me to vacuum and try to switch with another resident if they don't mind because I have an injury there and I'm not supposed to be pulling and pushing. And I never had a problem.

Kim explained a similar flexibility at the shelter she stayed in when she struggled with completing her chores because her toddler daughter was always moving right behind her as her constant shadow. She told staff members:

I can't keep my daughter in the room while I do my chore… [and they

said] ok I can watch her while you done your chore [sic].

Control and power. The most nuanced category within the cluster of staff

enforcement of the rules relates to the balance of staff and resident control and power.

All participants described aspects of staff enforcement that that either increased or

decreased their felt degree of control and power in relation to the staff. Within this

category, participants identified the following three themes: Being watched or tracked,

Controlling versus giving control, and Degree of consistency in enforcement. It is

important to note, and is described in each code, ways that certain aspects of the shelter

culture, described in the cluster on shelter environment and staff approach above, are

echoed here in participants' descriptions of enforcement (e.g. being treated with

suspicion, being reminded of abuse, lack of fair treatment based on demographics).

Being watched or tracked. Most residents described feeling watched or tracked by

staff in the shelter as part of the rule enforcement. This category repeats themes shown

above in participants' descriptions of the ways that the larger staff approach to them felt

rooted in suspicion. As noted above, Amy described the ways that staff members would

listen to their conversations and video tape residents in the shelter. She also spoke about

ways that the staff would inspect residents' rooms randomly:

We had no privacy, they like went through our rooms and stuff…when we

were not in the house, when we didn't know.

Diane also spoke about random room checks at the shelter she was in, and called these

"violating" to her. Carol echoed this, saying, "They would do room checks unnecessarily,

you know, that kind of thing."

Bette described two ways that she felt tracked as a resident by the ways staff enforced the rules:

> And after one month, I start to go outside, walk, and do everything by
> myself. But when you you go outside, someone go next to you, to see
> where you going. How long you can come back…If you want to make a
> phone call, um, only for the hospital, maybe if you have an appointment
> with you know the doctor it is really important and you go in the office,
> and somebody sit next to you, like a policeman.

Gina described a similar experience of being tracked or watched, in this case with the phone rules:

> You cannot have a cell phone, you have to let them know who you're
> talking to, they had a caller I.D if you received a phone call after a certain
> time, you would be like out of there the next day and yeah, it was bad. The
> case manager had a caller I.D in her office and she would know if the
> phone rang after a certain hour and who the call was for. So ya know, my
> opinion, it was a pretty bad place to be…You're in a cage and you can't
> move, you can't do anything.

Controlling versus giving control. Most participants gave at least one example of ways that the staff acted overly controlling in their approach to enforcement, as if to show that they were the sole power. Very few participants spoke of ways that the staff gave them control in the form of choice or voice in the enforcement of the rules. There are

three sub-codes within this category, Feeling controlled/Lacking power, Control

reminding of abuse, and Being given control/power.

Feeling controlled/Lacking power. Bette described the power staff had to imbue

her with the constant fear of being kicked out of the shelter if the rules were not followed:

You cannot call nobody you can, you cannot go outside. This is the rule,

if you go outside, um, before the one month is over, you out. We can make

put you out.

Helen and Jenna described two experiences in detail that illustrate the lack of

power that they felt they had with staff when it came to the rules:

I think because the rules are so generically tailored that it doesn't leave my

personal situation is that I have the connection to law enforcement. I am

very traceable, my son and I. I tried to tell them if I give you this [her

town location for a required food stamp application], he'll find me. And

it's happened over and over. [The staff stays] well, here's a restraining

order process, here's this. And I've tried to tell them, I've tried that. It

doesn't work. For me it's not a good fit. I don't want to give you this,

here's my reasoning behind it. And I remember being pushed and pushed

and pushed and pushed you need to do this. This is what needs to be done,

knowing that it was going to compromise both of our safety and that he

would find me in a matter of minutes. They did not take the time to try to

be more creative to get what they needed but also to protect me in that

way. And it came down to if you don't disclose it, then you need to go. So

I had to disclose it and he found me and I was back again. (Helen)

So the only one problem I had in the shelter was there was a bad storm and my kids had no boots, no hats, no gloves, no nothing and I had told the staff that and they weren't able to get them anything. And I had been told that school had been cancelled by another mother in the house so we went back to bed. And then when I got up in the morning I checked the news and realized it hadn't been cancelled. So I went into the office and I stupidly said, oh school wasn't cancelled? And they're like, no! Your children aren't in school? And I said, no, you know I thought it was cancelled but they're gonna stay home because the weather is really bad and I don't have a car, at this time the bus had already come and gone…If I had to taken them public transportation to get to school we would have had to walk over a mile. They had no boots, no gloves, no hats, no nothing. And I said no, I'm not taking them to school. They're gonna stay home with me today. And I was then told an hour later, you're gonna be written up if you don't take your kids to school. It's mandatory that they go…I felt that rights as a parent were taken away like a right to say no I don't feel comfortable with him going to school today, he doesn't have proper clothing, I don't have proper transportation and it's a right as a parent to say he doesn't have to go to school today, he can stay home. They were like no. (Jenna)

A few of the women focused on ways that the lack of power they felt in the enforcement of the rules seemed connected to the staff having "control issues". They experienced the staff as unnecessarily wielding their power in forceful ways though the

rule enforcement, creating an unnecessarily controlling shelter environment. Amy said

that in her shelter, "There was this director who had like a total power trip like she would

come in and walk around like the warden." Carol used the same word "warden" to

describe the staff at the shelter she was in, saying,

> I mean, they would do room checks unnecessarily, you know, that kind of
>
> thing. And they would come in like they're *wardens*. They would be three
>
> together marching through the house like they were wardens...That's why
>
> I said some of the staff member had control issues. Serious control issues.
>
> Because, the lady who ran the shelter…she would come in and if
>
> something wasn't done the right way, she would, yelling, and you know,
>
> why did this happen, and I would literally be looking at her, and she's
>
> yelling at the women!

She goes on to give an example of this director being overly controlling

and misusing her power while enforcing the rules:

> The day after Christmas, they loaded my children up with some wonderful
>
> gifts for Christmas… So of course there's gonna be the wrapping paper on
>
> the floor. They decided to do room checks the day after Christmas. And
>
> they came into my room and the head lady comes in there throws her arms
>
> around talking about, "Your room is a *fuck*-ing mess! *Clean* it up!" And I
>
> said, "Excuse me?" And from there she and I got into this verbal
>
> argument. And I told her, I said, this was a big mistake for me to move
>
> here. Because you don't come in my room and talk to me like this in front

of my kids… I've been independent for so long and now here somebody

got this rope around my neck. So it was hard. It was really hard. I've

always been self-sufficient, and not had to answer to anyone, you know,

and it wasn't like…here I am, I have a 10 year old and a five year old, and

they see their mother being told when to sit and how to sit.

Control reminding of abuse. Most participants also connected the controlling

nature of staff enforcement to ways that abusers behave. Some of their quotes are

captured above in the contextual cluster on the larger shelter environment and staff

approach with residents, where they spoke of how the general staff approach towards

residents reminded them of past experiences of abuse. Here, they speak specifically of the

ways that the rule enforcement had the same effect. Helen pointedly described the

connection between control and abuse:

I think one of the biggest things is that when you leave where you've left

to go into a DV shelter, your life has been controlled, manipulated,

abused; you've gone through all the realms...Most of us would never

dream of walking away from everything that we have just for, you know,

ha-ha's. And I think when you walk away from that and then you walk

into an environment where it's almost as if the control's continuing. I

understand there are reasons where safety measures need to be in place but

I also, we weren't criminals and I really know how to clean up after

myself and take care of my belongings and do what I have to, to help

maintain a house. And I think on the whole the majority of the women saw

coming in have that capability. But see for me to take somebody that's

been through abuse and trauma and then try to control them even further

makes no sense.

She went on to describe a painful experience of witnessing a late resident get

locked out of the shelter:

I've seen like the curfews. I've seen women get locked out because they

were two minutes late which was I couldn't even start to comprehend that.

I saw one girl who was highly under the influence. She had been severely,

severely beat before she came. She said she never had alcohol or addiction

problems, but she went out and drank herself to oblivion. And what they

did was they locked her out…The consequences, they were very general,

what it stated in the books as I recall. But watching how it transitioned

with people, it was really bad…That was almost as if reliving more

trauma.

Other residents shared Helen's feelings, and discussed the ways that when staff

enforced rules in ways that felt controlling or that robbed residents of power, they were

reminded of actions that abusers took. Ingrid described how,

When I was living in [*names state*] my dad was very controlling, very,

every little thing had to be in his way and if it wasn't it was just awful.

And then I left that and it had to be their way[the staff's] or you got

written up…[I felt] controlled because they told me if you don't do this x,

y and z will happen and there are ramifications to your actions. I'm like ok

well this is kind of like when I was living in [*names former home state*].

Kim had a similar experience and described the staff enforcement at the shelter she was

in as creating a feeling of "pressure - my daughter's father is like the pressure, don't do

this do this, and it's the same thing, you have rules, and sometimes it's crazy." Amy

said:

> I was scared, I was like great, now you know I left a controlling
>
> environment and came into one that was the same if not even worse,
>
> without the physical abuse, but, but it was emotional abuse.

Carol also spoke of the ways that overly controlling staff enforcement could

remind residents of ways that abusers might behave:

> I mean the rules, I can understand why they did have rules, but it's like
>
> you have to be sensitive to someone's situation, because you got a person
>
> that's coming out of a controlled situation. You gotta be sensitive to that.
>
> You can't look at every woman and say ok I know you running
>
> game…because these women been getting their ass beat, you know… It's
>
> not necessarily that they said it, it's the attitude. They made it clear that
>
> they would put you out. Yeah. And no one should have to live with the
>
> fear of being removed from home when they have nowhere else to go, you
>
> know? Because that's what abusers do. They do the, if I leave, how you
>
> gonna survive, that type of thing, and women already go through that

when they're being abused by men, or verbally and physically so you

shouldn't have to come to a safe haven and hear that from someone that's

supposed to keep you safe.

Being given power/control. In contrast to the general lack of power

participants describe having above (the feeling, as Jenna put it, that when it came

to enforcing the rules, "they [the staff] don't care what your input is"), a few

participants spoke about having the opposite experience in terms of the level of

control they had when it came to the rules. Only three women spoke about this,

two in particular – Elly and Flora, making this a small but important theme within

this category. First, Bette spoke about how important and meaningful it was for

her to be given the opportunity to give feedback to staff about the rules in her

shelter:

> If I wanted to say something about the rules, for me, I just want say
>
> because in the last shelter I come from, they give me chance to talk, they
>
> give me a chance to like, if I want to say something to change something,
>
> it's gonna be helpful for them and for, you know, the other people's
>
> coming…[It made me] feel like I'm somebody in the world.

Elly and Flora each described multiple instances when the staff at the shelters

they stayed in found ways to share power and give the residents voice and choice when

enforcing the rules. It is perhaps not a coincidence that they were also the two

participants who spoke above in the cluster on the larger shelter culture and staff

approach to residents about feeling very supported and treated with respect and warmth

by the staff at the shelters they stayed in. The following vignettes describe two instances when they were given some measure of control and choice when it came to the rules in their two shelters:

When they had issue with the kids at night when it's time for the women to do their chores and everybody to go to bed, kids are still up late running around… And it got to the point where we started determining all children should go to bed at eight, no later than seven-thirty eight o'clock. And the moms…say I can't do my chore, my kids, my kids, my kids and then the other residents were saying I can't do my chore too many kids are running around. So the staff member, she handled it very well. During staff meeting and check in they explained well this is what we came up with we decided that all the children should be in bed at eight, you have from eight until ten to do your chore, once your children are asleep, you have until ten o'clock to get your chore done. And everybody agreed to it and so now the residents were ok…I mean the staff was allowing the residents to come to a decision on their own and that was very important making them feel like they're [an] important part of the decision with their children. (Flora)

We had a group meeting on Thursday night and they would ask us you know once we finished like one topic or whatever they would say these are things we were thinking about doing next, how do people feel about this? Or would you prefer to do that? It was like it was kind of like they tried to give us as much control of our lives as they could without being

like alright just run nilly-willy all over the place, ya know?...You're still

not being like everything controlled for you like you were in your abusive

relationship. You know it's just that little bit of control that was given

back to you…Sometimes we would decide who was gonna do what chores

amongst ourselves. They were like well as long as it gets done we don't

care…I think it really does condone us to have a sense of control back you

know especially if you've been not allowed to do things for so long that

just like you know I'm gonna go to the store now or I'm gonna paint my

room and I'm gonna paint it whatever color I want and no one is gonna

tell me no and I won't get whacked for it. It's just little things like that.

(Elly)

Degree of consistency in enforcement. Participants also described

experiences with staff enforcement in which the issue of consistency was most

prominent. This was a relatively small code, with only four women commenting

about staff's lack of consistency or fairness in rule enforcement. For example,

Helen described witnessing general favoritism and trying to make sense of it in

the shelter she was in:

I saw favoritism if a certain family was favored they appeared to get

more… Just for some reason a staff person would have a connection to a

certain family. So they would bring them things in or let them bend the

rules a little bit if they came in late or maybe didn't get to their chore. So it

wasn't really at times across the board and I really can't say too much on

that because maybe there were certain circumstances…You know you just

figure that there's favorites. You just really don't have the power to do

anything about it or say anything so you just kind of let it go.

Ingrid and Carol, however, viewed the favoritism and lack of fairness in shelter

rule enforcement in the shelters they were in as being based on race and ethnicity,

echoing their comments above in the cluster on the larger shelter environment, where

they both spoke of experiencing unjust treatment based on race/ethnicity. Ingrid

described an experience where she became upset after witnessing a resident's child

playing with laundry detergent:

> There were a lot of Spanish women in the shelter and they could do no
>
> wrong. They could do something that's horrible but then some of the staff
>
> would be like well she couldn't have done it…Some of [the staff] were
>
> Spanish. Some were Caucasian. Some were Black. But the Spanish ones
>
> just tend to favor the other Spanish residents and it wasn't really fair…
>
> There was one instance where the mother was downstairs doing something
>
> and her kid was playing in laundry detergent…God forbid he puts it in his
>
> mouth, burn his mouth, burn his esophagus or kill him. I mean you have to
>
> watch your kids… The staff that was on really didn't say anything. Oh
>
> well she doesn't know any better… Some of [the staff members] were
>
> more stern about the rules and some of them were like… she doesn't
>
> speak English, she doesn't know.

Carol described being denied a housing extension even though she knew other

residents had received them:

So I understand why rules are in place, but it was just like how the staff

executed, or you know they were showing favoritism with the girls. They

knew one girl broke a rule but they didn't say anything because they like

that particular girl…it was this one, she was Spanish, it was one young

lady who was way over her time at the house. She was supposed to have

moved out two months prior to when I got there and they gave her an

extension and when it was time for me… I was still pregnant and I wanted

to complete my pregnancy because I had already started a prenatal care,

but they told me they weren't giving me an extension. And I was like

why're you not giving me an extension, you gave [*name of other woman*]

one? Oh that was a different circumstance… And this girl, she had even

said at the meeting that there's no more extensions for anyone, but she

had give all her Spanish girls the extensions. But when it came to the *other*

races there were no extensions, she can't do it. So.

Summary. Participants described a range of experiences with staff enforcement of

the rules. Their descriptions fall within two main categories within the larger cluster. The

first was Rigidity versus flexibility, with two codes within this: Rigid/Strict enforcement

and Flexible/open enforcement. Participants expressed a preference for more flexible

approaches, but predominantly spoke of having experiences in which the staff enforced

the rules in a ways that were more rigid and strict than flexible. The second category was

Control and power, and had the following codes within it: Being watched/tracked,

Controlling versus giving control, and Degree of consistency in enforcement. The code

Controlling versus giving control was further broken down into three sub-codes: Feeling

controlled/Lacking power, Control reminding of abuse, and Being given power/control. Participants generally spoke of feeling frustrated or upset when staff enforced the rules in ways that felt overly controlling, and spoke of appreciating being given some measure of control or choice when it came to the rules. As is likely clear from their descriptions, participants' experiences in the shelter were impacted by the nature of staff enforcement. In the next cluster, we see their descriptions of the specific ways that living with the rules impacted them, particularly in the short-term.

Short-term impact of living with the rules. This cluster represents the ways that the enforcement of the rules impacted participants during their stay in the shelters. Participants' descriptions of the ways that living with the rules impacted them fell into two categories: Resources and progress, which were the effects of the rules on their ability to access needed resources; and Emotional distress. The category of emotional distress includes three codes: Distress caused by the rules' effects on participants' children; Feeling upset and depressed, and Feeling isolated because of the rules.

Resources and Progress. All but one participant expressed frustration with the ways that the rules limited their access to resources. In some cases, these were resources that they needed for their well-being and survival, such as food or medication, and in others, it was resources such as jobs or housing that could potentially help them move forward and out of the shelter.

Most participants spoke specifically of about having difficulties getting medications when they needed them because of the shelter rules. Although two stated that the staff members were helpful in addressing their concerns about medication rules, most were not so fortunate. Amy explained that for her:

At that time of dispensing medications no one was available, like they

were busy or weren't there, a lot of times the office was locked, and you

couldn't even have access to medicines. I mean, I'm talking baby Tylenol

and everything.

Bette's experience in particular stands out because it involved trying to get her

sick child his medications:

And for me, my son had to take the medicine two time a day. Because the

seizure. And one time, two time this happen to me, three time, I get the

office and no one, nobody's in the office. And for two days my son's

miss…He doesn't take the medicine so he was sick. And this happened

three time [sic].

She described later in her interview that her son's condition was so serious that

his doctor called the shelter and told them that they needed to give her access to his

medications. When the shelter refused, Bette decided to hide the medications so that she

could control when he got them. This is discussed in a category below about actions that

participants took to manage and cope with living with the shelter rules. In addition to her

son's medications, Bette also struggled with having access to food because of shelter

rules that they not leave the shelter for the first few weeks they were there. Because of

language barriers (she was just barely learning English and had been told that her shelter

would have a French interpreter, which it did not), and being not only new to the area but

also to the country, she had difficulties finding ways to get food. She had to rely on the

help of other residents to get food. She said:

And I was like, I stay in this place for one month, I cannot call nobody,

just stay in, in the room, in the house, for one weeks over to one weeks,

almost two weeks, I don't have food. *Yes*."

Amy also felt that her access to food was limited by the shelter rules and the staff's enforcement of them:

You weren't allowed to leave the house without someone accompanying

you, which meant that like if you couldn't go food shopping, or you want

you wanted to go do something, you *couldn't*, because most of the time

the staff would say no.

Access to housing was also affected by the rules for some residents. Helen described ways that the rules limiting transportation made it difficult to get around to search for housing options:

They gave a book to seek out transitional houses from there.... And if you

have, let's say I left my vehicle behind, if you no longer have a vehicle or

means of transportation and no money something like a three month T-

Pass would have been phenomenal, you know? To be able to get around.

A few participants also described ways that the rules impacted their access to work, a key to financial independence. Jenna said, "I had to quit my job, which is obvious." Flora explained how the rules impacted other residents' access to available jobs:

It's pretty tough because I know some of them [other residents] only found

positions to work in the evening and some of them consist of like ten or

eleven. So that was kind of a tough one…They couldn't take the job because they wanted everybody in the rules to be in at seven…And also they don't allow them to leave too early in the morning… Some of the women were very frustrated. They had to continue seeking employment. So it kinda held off them financially… Having a financial problem in shelter is a big problem.

Emotional Distress. Participants spoke about the ways that the rules and the enforcement of the rules in the shelters they were in caused them emotional distress, with nearly all participants contributing to this category. There are three codes within this category: Impact of the rules on children, Feeling upset/depressed and Feeling isolated.

Impact of the rules on children/Parenting concerns. Five participants spoke of their concerns for the ways that the rules impacted their children's emotional well-being. As mentioned above, Bette had difficulties getting her son's medication. She expressed her frustration at the ways that the rules caused her son to miss his medications, saying, "He don't have the medicine for nothing. He had the medicine, the first prescription, because he is *sick*!"

Jenna spoke of the impact of the rules on her children, who the rules prohibited from being present during house meetings:

We had a meeting that night and I had to go to the meeting. My children were supposed to be in bed by the time of the meeting, now my children usually can't sleep without me so they were hysterical.

Helen also spoke about rules that kept children out of meetings, and expressed particular passion and frustration at the impact of such rules on children's well-being in the shelter:

A lot of the kids, when they're leaving, a lot of them especially like my son, I'll keep it on my son, he wanted to feel the sense of security of with me and during the meetings they would expect us to have our child up in the room sleeping and we could not have the child with us. And to me that was another form of trauma. I just pulled him from everything he knew and now you're telling me that I need to make him sleep up in this strange room in this strange house away from everything he's ever known so I can sit here in this meeting and listen to a bunch of BS that doesn't fit me in any way, shape or form and won't for probably a year from now. And I would get really upset. I would…I think the rules regarding your children and expecting to separate from them is actually abuse in a way. I think that needs to go.

Feeling depressed and upset. Four women described experiences that fell within this code, making it a small theme. Gina spoke about ways that the dynamics around the rules led to her wanting to be out of the house:

And even on the time that you are home you just try to tend to stay out as much as possible cause that's when it starts getting depressing and you just don't want to deal with it. That's how I felt.

Helen said that after having staff push her to disclose her location for a food stamp application, her abuser found her, which she feared would happen. She felt dejected: "You feel almost as if how do you express it? Like just to give up." Bette described experiencing a similar feeling after she had applied to a TLP and a staff member at the shelter she was in answered the phone and told the people at the TLP that she wasn't ready to move, even though she had her documents in order. As she described it:

> "I called [the TLP] and they say ooooooh but [*her name*], but, we are
> sorry, oh, we call[ed], so we don't have a place available now because
> someone says you no ready to keep this place, you don't have paper, you
> don't have nothing. I say, *what?!* And I start to cry. I don't want to talk
> with nobody, don't want to see nobody, just stay in my room, me and my
> children, go out, come back, and at this time, I say, this is enough. I need
> to get outta here...Now I'm better but before, you cannot see my face
> because all the acne's coming, because when I depressed, when, you
> know, depression, my face come in, the acne everywhere. It was really
> bad, because it affect me so much.

Feeling isolated. All participants described having no-contact rules and curfews at the shelter they were in. Five participants specifically described struggling with feeling isolated from loved ones while in the shelter because of these rules. Bette spoke about feeling upset that her family abroad had no idea she was in the shelter until after a month, because the staff would not allow her to contact them. Gina said:

My biggest thing was it kind of felt like they wanted to have you in a place

like no one can visit you, no one can know where you live. And I

understand that it's a domestic violence shelter and that it's for your own

safety but it just made me feel like they were trying to keep you from the

world.

Amy in particular struggled with feeling isolated, as she was close with her family:

They really isolated you from the outside world, not only like your abuser,

but my family lives in [*names state*] and like they were not allowed to

contact me, nothing. I just felt like I was in like a halfway house or like a

prison… I'm very close with my family. We have like 30 people over for

Thanksgiving, and I wasn't allowed to go down, they weren't allowed to

come up. So when Christmas came um, it was devastating. [I was] having

like a lot of anxiety problems because I'm isolated from my family.

Jenna explained how the strictness of the rules about where she could go isolated

her from family members:

Mostly what I hated was they had very specific things about where I

personally could go and could not go even though like they called them

danger zones and my danger zone was [*names area*], which was where

their dad was residing in when I left. But they decided that my danger

zones were other places as well. And those other places were anywhere

my family resided. So I was no longer allowed to see my family. I

couldn't go to my grandparent's house, I couldn't go to my father's house,

I couldn't go anywhere. The only family member I could go see was my

brother because he was living in [*names city*] at the time. So I wasn't even

allowed to go to [*names city*], which was where all my family had lived

cause they thought that he could possibly look for me there so I was

alienated from almost all of my family… That was probably the hardest

part. I couldn't go to friend's houses and I just became very secluded.

Summary. In this cluster, participants described the impact of living with the

rules, with their experiences falling into two main categories. The first category related to

ways that the rules and the enforcement of the rules impacted their access to resources,

some of which affected their progress moving out of the shelter. The second category

involved the emotional distress that they described experiencing as a part of living with

the rules in the shelter. They described three main codes within the category of emotional

distress: Impact of rules on children, Feeling depressed and upset; and Feeling isolated.

Participants coped with these experiences in a range of ways while in the shelter, which

leads to the next cluster, exploring how participants described coping with living with the

rules and the enforcement of the rules, and how they coped in general within the shelters.

Coping with the rules. Women can respond to and manage shelter rules in a

range of ways. For example, they can follow or ignore a rule, and can speak up or remain

silent about their rule-related frustrations. This cluster includes participants' descriptions

of the many ways that they coped with living with the rules in the shelter. Their responses

are highlighted by two main categories. The first is Facing lack of choice and power,

which includes two main codes: No choice but to follow, and Biting one's tongue. The

second category is Taking action to address rule-related concerns, which includes

participants' descriptions of ways that they directly asked for exceptions or express their

rule-related concerns with staff members, or, in rare cases, chose to ignore a rule.

Facing lack of choice/power. In this category, participants described ways that

the lack of power they felt in the shelter caused them to feel as if they had no choice but

to follow the rules or to hold back from speaking up about rule-related concerns. The two

sub-codes reflect this: No choice but to follow, and Biting one's tongue.

No choice but to follow. Most participants reported feeling as if they had no

choice except to follow the rules, especially when they considered that the consequences

of not breaking a rule or speaking up about their rule-related frustrations could be

homelessness. Amy described signing a warning that she received and disagreed with

related to parenting rules, "I signed the paper. You know I'm always very cooperative …

But it hurt me on the inside." The actual word "choice" came up numerous times in

quotes related to this code. Elly spoke of feeling frustrated with the curfew rules but said,

"I got used to it. I had no choice but to get used to it." Others expressed a similar

sentiment:

> I sign, ok ok [physically demonstrating]…I think why do I have to put all
>
> the information, but I say well it's not my house. I'm agree I'm agree for
>
> everything. When you are in another place that is not your house, you
>
> have to [accommodate]. Ok ok I say to everything. (Kim)

> I was just told the rules and then I just followed them…I tend to be a
>
> people pleaser anyways so that helped me with the rules because I just

kind of did it and that's what I do…I kind of just had that mindset like I

didn't have a choice. (Jenna)

Diane, Elly and Gina emphasized their precarious situations in terms of being

homeless if they left the shelter:

But when you have no choice what are you gonna tell them, no? You can't

tell them no. That's incompliance. So what do you do? You're damned if

you do, you're damned if you don't. How do you not, how, how, how,

how does one tell them that you don't want to comply? It's either you

listen or you don't. If you don't you're out on the streets and with two

children. You do whatever it takes. (Diane)

I really didn't have any other options unless I wanted to go to [*names*

city]. I didn't have any family I could turn to or friends I'd tried to turn to

in the past, it just brought the violence to that house and I didn't want that

happening…and they all had kids especially just couldn't do that. I was

like this is the last ditch effort, I had to go to this to this confidential

location while everything calms down and do what I gotta do so I'm not

on the street. (Elly)

It's either that or nothing cause you know I couldn't go back to the

apartment where we had lost the lease because the landlord didn't want us

to come. She was gonna put everything in storage. She was just

done…and I couldn't go to my moms. I didn't want to go somewhere he

could find me, ya know what I mean? So what was I supposed to do? I had

no other choice. (Gina)

Biting one's tongue. Five participants described feeling that they had no choice

but to bite their tongues and silence themselves from speaking up about rule-related

frustrations. They believed that speaking up would not change anything or could get them

into trouble with staff. Carol simply said, "I pick and choose my battles". As Jenna put it,

The rules were so strict about everything I didn't want to say anything to

staff about anything because I feared that something I would say would be

something wrong and I would get into trouble…I just didn't want to be

thrown out for something that I accidentally said even if I didn't realize

that there were certain rules so I just didn't say anything to staff.

Kim spoke about deciding to no longer speak up after a staff member who had

enforced the rules with an iron fist was complained about by residents, but then allowed

right back into the shelter:

Somethings I didn't like, but sometimes I say it's ok I don't want to talk

because when you talk it's problem…When I talked to director about the

woman and she come back more rude, so. And she knows who talk, who

did the complaint.

Ingrid and Helen expressed a similar sentiment of holding back from sharing their

rule-related concerns out of the belief that speaking up would cause nothing to change:

Yeah I mean probably after the first day or two and I'm like for the long run it's gonna be better for me if I just listen to them and follow what the rules are…I'm just like I'm just gonna bite my tongue cause it's not worth me getting kicked out… Cause other residents complained about whatever and they're like it didn't go anywhere. So I'm like why bother? (Ingrid)

We did bring it up every once in a while [frustrations with the rules]. And maybe like your chore wasn't done or something. And I'd be like I can't even get out of bed, I don't know what I'm doing right now. And it was pretty much this is the rules here…And so in my mind I'd be like whatever… Typically I just try to do whatever needs to be done just to kind of pacify things…As I look back in that environment, we pacify our abusers that's why we are where we are and things have happened.
(Helen)

Directly addressing rule-related concerns. Although some women coped by staying quiet and following the rules, others spoke up. Those who did had mixed success. In some cases, women chose to break the rules, although this was rare. In this category, women described ways that they tried to speak up about their rule-related frustrations, collaborate with staff to address rule-related concerns, or – in the rare case – ignore the rules. There are two codes within this category: Asking for exceptions and Ignoring a rule.

Asking for exceptions. Nearly all participants in this sample spoke of asking the staff for at least one rule-related exception. Some examples were illustrated above in the

category related to staff enforcement of rules, where residents' requests for exceptions were most often denied. One example was Helen's experience of asking not to put her address on her Food Stamp application for fear that her abuser would find her. Another was Amy's request to visit her dying grandfather. Yet another was Carol's request for a housing extension. All of these requests were denied by staff.

Flora, in contrast, emphasized the importance of residents communicating their needs to staff. In addition to examples above where she asked for some flexibility around being late to meetings because of her medications and around chores due to an injury, she also would call to let staff she would be late for curfew, and this was accepted in the shelter she was in. She described her approach to addressing rule-related concerns with staff:

> I found that…if you call [the staff] and say I'm on my way, I'm running a little late, I'll be there, they're lenient… It doesn't hurt to call and say I'm running into a little problem with transportation, or whatever, but I'm running late, I'm on my way...They don't know. They can't read minds... You just can't come in and say well I'm late there was traffic. That's after the fact. They need to know that you're concerned, you're following the rules, you're ok and that you're on your way and you show them you appreciate their help… The [residents] that were more successful is when they sit down and they really talk to the staff like if they have a particular issue like if they have a doctor's appointment or something really urgent and they go talk to the staff. It would get done and it's very successful.

But if they complain about a particular chore and they don't communicate right away and it's after the fact now you've just set that staff member off and it's harder to understand … it's not gonna get answered in a proper way and then it escalates and causes a problem…I think it's all about communication.

However, she was one of only a small number of participants who experienced asking for exception and having it accepted by staff. Although most participants asked for exceptions, only three other participants besides Flora spoke of having them granted when they approached staff. Carol was one:

> Actually, they let me break a rule because they were supposed to be keeping my money for me in a lockbox but I didn't trust that. And I told [my worker], you let me keep my money in the bank. I'll show you that I am saving money…because I just don't trust my money being here. Because they were too relaxed with the women walking inside the office. And that's what me and my children are surviving off of, is my disability and my savings account. So she was like ok yeah, we agree with it, and you can keep the money in the, in the bank but you just gotta save the money.

She spoke later in her interview of being asked out of blue by this worker to show evidence that she was saving, when she had not been asked to show any evidence of savings for weeks. She described the staff member as acting quite shocked to see that she had indeed saved a good deal of money.

Ignoring a rule. Other than approaching staff with requests for exceptions, some residents coped with living with the rules by ignoring or breaking them. This was rare, with only three participants giving examples of ignoring a rule. Amy described two examples of ignoring a rule: using her phone and keeping medications in her room:

> They went through my room, and we're not allowed to have like anything like even Tylenol in our room, and I had Tums cause I have a bad stomach, and they wrote me up and they wanted to terminate me just for having Tums in my room.

> They wouldn't let you use your cellphone. They held it in a safe, but I was often having to talk with my attorney, cause this was when I first got up here and shit hit the fan, so I, was written up once for using my cell phone outside.

Bette described two instances where she broke the rule in order to care for her son and ensure that he had what he needed to stay healthy in the shelter. In one situation, she broke one rule to avoid breaking another:

> And I said ok. This is enough for me. I'm gonna keep my my son medicine in *my* room. If it's the time to put me out, they're gonna put me out. I'm I'm not gonna, you know, sleep in the street for one day, no. Somebody's gonna take care of me, because I think, I'm not doing something wrong, and this is really important. I'm here because my children, you know, was abused, and I was abused too, but I want something better, but not to keep my son, making him sick again, and I

keep the medicine in my room, for the last time, like a one month before I

leave…They was ask me for the medicine, and I say, I cannot. I say, I'm

really very very sorry. But this is my son medicine. It's not for the shelter.

All the woman make a dinner at five. Sometime you cannot do it because

you know some people like, one lady's have four children, so she keep all

the table, you cannot eat, you're just waiting, and when the time is up at

7:30, everything is stop. So sometime I need to keep, you know the snack,

something in my room for my children. I hide [it]...Because the time is

over and when the staff know your children or your son you know your

children stay in, in the kitchen, you gonna have a warning. This is bad, so.

Carol described challenging an informal rule that she cook for her children rather

than feed them "take out". She used her actions to show the staff her belief they could not

tell her how to parent:

I love to cook when I'm in that mood to cook. But because I had to take

care of a sick mother, I chose not to cook. And every day my children

were eating fast food, either McDonald's, Burger King…Miss [*names

staff member*] was like, you need to start fixing those kids some decent

meals. I'm gonna write you up one of these [days]. And then the next day

I pissed her off cause I came in the house the next day with McDonalds.

So. She was like, You don't never cook for those children! It's ok they

eat! You know? They eat. At that particular time, I'm I'm pregnant I don't

wanna cook. My feet are swole. I don't wanna cook. And she threatened to

write me up. Then I came in the house just to test her. I came in the house

with McDonald's. Cause you can't tell me what to feed my kids. As long

as they eat. I, I, I clearly thought they were crossing a line.

Summary. Participants described coping with living with the rules in a number of

ways. The two most prevalent approaches among this sample of women were facing their

lack of power by choosing to follow a rule or not speak up about rule-related frustrations;

and taking the initiative to directly address rule-related concerns, either by approaching

staff and perhaps asking for an exception, or, in rare cases, by consciously ignoring a

rule. It is important to note that some participants tried *both* speaking up about their

concerns *and* simply following a rule or biting their tongues about their frustrations.

There was a process whereby some participants initially tried to speak up about the rules

and then chose to silence themselves when the staff response felt dismissive or

unsupportive. A clear example of this was Bette, whose decision to break a rule and hide

her son's medications came after multiple attempts to ask for exceptions and negotiate

with staff. Participants' process of coping with living with the shelter rules is part of

larger process, however; in the next category, they describe ways that they coped and got

through their general shelter experiences.

Coping in the shelter in general. Participants coped with their shelter stays in a

range of ways. Above, we saw how they coped specifically with the rules and the

enforcement of the rules. In this cluster, participants described coping with their larger

shelter experience. The four main categories within this cluster describe ways that

residents: challenged staff stereotypes and assumptions to assert a positive sense of self;

internally pushed themselves to get through; coped through relationships with others; and

thought of leaving shelter and/or returning to an abuser.

***Asserting sense of self and challenging stereotypes*.** This was the largest category; it represents five participants' descriptions of how they coped by challenging and confronting stereotypes that they felt staff imposed on them as residents. Some participants described ways that they disagreed with staff stereotypes and assumptions in their own thoughts, and others (often the same participants) spoke of directly challenging these beliefs with staff members.

Challenging assumptions internally. Four women internally challenged stereotypes and assumptions that they perceived staff held of them. Jenna described feeling frustrated with staff stereotypes of DV survivors when she said,

I think that's the only problem I have with the DV shelters is depending on them is there's a stereotype of who's supposed to be in here and it's not so much based around this is a domestic violence shelter. Just because I went to school and I did these types of things and this is who I am it doesn't change the fact that I was abused just as much as you did. And I still need to be safe and my kids still need to be safe.

Bette echoed the sentiment that DV does not discriminate and happens to all types of women:

So I just want to say, if, because the violence we come from, when somebody want to make you know, violence with you, he don't think about the colors, he don't think about the culture, he don't think about nothing. Only make something bad with you. So. Everybody's the same.

Other women felt most offended by the implication that they could not take care of themselves or make decisions as adults. Diane asserted her sense of self as a capable adult:

I felt like a little child being checked up continuously to see if I did my math or I did this, if I did that. I felt like well who are you to check up on me? I'm an adult with two children of my own… I'm, I'm a very strong woman. I'm very independent. So, I'm at the bottom of my life right now I've hit bottom and I need you guys right now to kinda help me out of this low. So please don't judge me.

Carol expressed similar feelings when reflecting on being told by staff that she needed to be seen around the shelter more often, with the implication being that her time away meant that she was not getting her tasks done:

I know the type of person I am, I just don't sit back and wait for someone to do anything for me, I try to figure things out on my own and for her to tell me that, when I'm out, you know trying to make things happen for me and my children, trying to find out where the housing authority is at, who I need to speak to as far as DTA, what do I need to do cause I'm pregnant.

Confronting stereotypes directly with staff. Four participants described confronting stereotypes and standing up for themselves with staff. Helen described her frustration with a staff member who judged her as not fitting the "type" of a survivor of IPV:

She said well with your background I don't even really understand why
you're here… you don't fit the type. You're not the norm of what we see
which to me how can you it affects economical, age and races across the
board. But each and every line she gave me until the point that I was
feeling totally under serviced and demeanored [sic] and to somebody that
has had absolutely no experience, life experience in this area she's just
maintaining her interaction with me through the book so I told her that I
hoped that a day would never come, no that it wasn't too long ago I was
sitting on the other side of the desk and that if a day ever comes that you
are in need like I find myself today that you're not treated the way you
treated me today and I walked out. But you get that a lot.

Bette, who had been so hurt and disappointed by the lack of support she received
in the shelter, asserted her equality and sense of self as a survivor with staff:

The first shelter, I was thinking in my mind, I'm just you know, a person
who have the blood and has, you know – I say that one day, I was really
mad, and I say, I have a blood like you, same like you. I eat like you. I do
everything like you, I, I take shower, like everybody. So why the peoples
can make me like different, than you know, other people. So. I say that
one day in the first shelter.

Carol described asserting herself when the director yelled at her in front of her
children because she had not yet cleaned up Christmas wrapping paper in her room:

I was pissed, I was going to DTA. And I was going to make a complaint, I
didn't care who it was and she knew that, and I think that's why she

apologized, cause I was like I want the number to SafeLink, I wanna get

outta here, because you don't handle me like that. And I was like imagine

if you were in my position and somebody came and talked to you like that,

what would you have done?...It was just like you know what, don't talk to

me like that, you know? I'm not one of your *pets* down there, you know,

you you, don't address me like that. You could have pulled me to the side

and spoke to me and said hey look, I don't like the way your room is

looking, could you please clean it up…I said, because I'm I'm an adult,

I've been taking care of my kids. Don't come talk to me as if I'm a child.

Diane described standing up for her sense of self in the face of stereotypes and

having her perception denied:

I think I was being judged by certain workers. I mean because I worked

with many people and I think some of them judge you, even though you

they say they don't judge you, but I know deep down inside that they're

judging…I just get this sense…And it's scary when I feel that and I try not

to feel that vibe off of people but I do. And I don't like to feel somebody

judging. And I've mentioned it to them before and they're like, oh no no

[*her name*] no no, you must be wrong. And I'm like, no no no I know

what I'm feeling. You're tense around me or just uncomfortable around

me because I'm homeless and you've got a home to go to everyday and

you have a car and I don't.

Pushing self through/ coping internally. Participants described ways that they coped and got themselves through the shelter not only by challenging stereotypes and assumptions, but also by motivating themselves to keep going and to push through what was a difficult experience for nearly all of them. They did this in a number of ways, such as by reminding themselves that the shelter stay was temporary, or doing or thinking of other things (such as what they could do once they were out).

Some women described that reminding themselves that the shelter stay was temporary, or, related to this, that they would soon have more freedoms and a better life once out of the shelter. Jenna described how this helped her get through, along with other useful strategies she used:

So I just kind of, my whole thing was if I can just come here and take care of the kids and not care about anybody else then I would be ok. I was kind of just like I need to take care of my kids and our routine's not gonna change and I'm not gonna make friends with staff or residents so I just need to get this done with and I knew that eventually my outcome was to, I was gonna come here. I mean I didn't know that I had already made connections here so it was just a process I needed to just like get through it and then hopefully it would be better at the end. So that's how I coped. I just kept thinking this is only for a short period of time, it's not gonna be forever and I just need to keep thinking about the future and about the kids and I would strategically plan my day so that I wouldn't have any down time so that I couldn't really think about anything and I did a lot of reading.

Kim thought about her eventual apartment and what could do once out of the shelter that would involve a change from being with her abuser:

[I would think about] when is my apartment coming…[and about] personal development, because things I couldn't do when I was with my abuser, now I can do.

Carol was perhaps the most emphatic about ways that reminding herself that the shelter stay was temporary helped her cope, along with prayer:

I kept telling my children it's just temporary, you know my thing is, it's temporary, don't worry about it. You know, God gonna move us. And it was temporary, you know, and I tell my children about every situation, whatever's going wrong, it's just a temporary situation, don't never focus on the bad all the time…This is just a small part of your life, ten years down the road you'll look back and say wow, I went through that. You know, but don't never focus on the [*unintelligible*] and wrap stuff around it cause then you'll get caught up in the moment, you'll get caught up in the emotions. And that's how I teach my kids. And I used to tell them every night we would pray, you know like God move us, because I wasn't getting any offers from housing and I really didn't want to stay in the area.

She went on to describe how in addition to reminding herself that the shelter stay was temporary, she coped by keeping her feelings to herself and reminding herself of past obstacles overcome:

Well my feelings, I, I kept them in. I mean. Cause I knew it was a

temporary situation… [I told myself], I can get through this. I got through

getting my ass beat, I can get through this [*laughs*].

Ingrid also pushed through by reminding herself that she had got through other

difficult experiences:

I mean I've been treated bad since the time that I was five so it's like ok so

from five up to twenty-four, I've been treated like crap my whole life so

this was like when I got treated like crap at the shelter it wasn't any it

didn't really, I was like ok, well I was kind of used to it.

Other women relied on individual aspects of their coping style to help them cope

and to push them through their stay in the shelter, as the three quotes below illustrate:

So the first week I probably cried almost everyday but other than that I'm

in, what's it called, like an internalist so I never let loose. I just don't do

that by nature. (Gina)

I can't say much because even though I was pregnant when I was there,

I've always been on the go. I've always been on the go like I've always

kind of been doing something. (Jenna)

I'm really emotional. I just let everything out…No yeah I just usually let

everything out and cry about it. (Ingrid)

***Coping through relationships with others*.** Most women spoke about coping

through their relationships with other people, but this was not something that many

participants spoke about in much detail. Two women, Ingrid and Jenna, mentioned

talking with family or friends as a way to cope, but for most participants, such

communication was limited by no contact rules. Three women spoke briefly about

feeling helped by getting emotional or practical support from other residents in the shelter

(Amy's reflection on the relationships between residents was striking, as she said that the

staff at the shelter she was in dissuaded the residents from socializing or becoming close,

and that they weren't allowed in each other's rooms). Otherwise, Ingrid and Elly both

spoke at length in their interviews about the ways that the support they received from

staff members helped them cope and get through their shelter stays. In addition to

receiving housing support, which she spoke about above, Ingrid also discussed how her

advocate's emotional support helped her through:

> "[It] just it helped me get through it easier knowing that I could to talk to
>
> someone about anything, anything under the sun without them saying
>
> anything to anybody else…Just knowing that it will stay between me and
>
> you and won't go to any of the other staff members is really nice…There
>
> were a few [staff members] I guess that helped me get through it.
>
> Elly described how:
>
> I think I would have given up and abandoned ship if I didn't like it. I don't
>
> think I would have even lasted there a few months. I liked it. (*Interviewer:*
>
> *Yeah and I if you could give like the one thing that helped you stay?*)
>
> Well…kind of like had like a real sense of family, staff and the residents,
>
> which was like the big thing cause I never had that and I never really had
>
> anything to do with my family. It was just safe feeling in so many ways. It

was easy to talk to the staff and the people there. I wasn't so guarded as I usually am. Yeah it just felt safe in every way.

Thinking of leaving the shelter/Returning to abuser. Five participants discussed wanting to leave the shelter and/or return to their abuser at some point during their shelter stay as a way to cope with difficulties. Three participants described thinking about leaving, but not actually doing so:

Sometimes I think no no no it's better with my abuser…because it's the same. (*Interviewer: What made you stay?*) Because I feel a little free. (Kim)

I wasn't trying to hear it. So, they left me alone, I cleaned the room up and I called my friend and I was like I'm getting the hell outta here, I said cause I'm not with this. (Carol)

I don't want to talk with nobody, don't want to see nobody, just stay in my room, me and my children, go out, come back, and at this time, I say, this is enough. I need to get outta here.

Two women, however, Gina and Helen, did indeed leave the first shelters they stayed in because the rules felt too overwhelming to live with:

But before going to [*name of shelter*] I had been at [*name of shelter*] which is also in [*name of city*] And I was there for only one night cause it freaked me out how you had to be home by seven. It was in a place where you couldn't park your car on that street, and I was pregnant. I was like what am I gonna do when I'm seven or eight months pregnant and there's ten feet of snow outside? And so I was there for one night… That evening,

the same girls that lived there were telling me, ya know I've seen people

be here for three years and they've never gotten housing…that same night

I packed all my stuff and I left the next morning.

She thought of leaving at the second shelter as well:

"When I got to [the second shelter], like it was just like oh my god. Do I

really want to be here? Do I really want to go through all of this? And I

just thought I was better off going through what I was going through back

at home.

However, she chose to stay in the shelter because by that time the abuse had

worsened considerably. Helen described her own process of leaving the first shelter she

was in, and enduring years of further abuse because of how overwhelming it felt to give

everything up and not receive sufficient support in the shelter:

I just remember feeling what do you do? They have the food. I had a bed

to lay in but it was very short term. Where do I go from here? I walked

away from my job. My medical was going to end because I walked away

from my job. I didn't tell anybody where I was going. I just kind of upped

and left everything behind. But I think that if I would have had somebody

check in and been consistent, I really don't think I would have gone back.

But it's like you're about to have a baby, I have no income, I have no way

to get around, transitional programs are calling are all filled, it's a three

month wait here and then maybe another shelter three months and then

another three months and who's gonna deliver your baby with you?

There's just like so much that I just figured at that point I have a house, I

have a job, I have let me go back [to my abuser]… For me, I pushed

myself a couple times to get it done and then finally I just left. I went

home…At that point if there would have been some services and

somebody would have checked in and helped snapped out of it, I don't

think I would have. So I ended up going back and then it wasn't until six

years later that I left again. So in that mean time there was a six year

period that I went through hell and back again.

Summary. In this cluster, participants described coping in general with their

shelter stay. Their experiences show the ways that they asserted a sense of self and

challenged stereotypes, both within themselves and directly with staff; tried to push

themselves through and coped internally; coped through relationships with others; and

thought about leaving the shelter and/or returning to their abusers as a way to cope. Many

participants utilized more than one of these coping strategies in order to make it through

the shelter. The obstacles that many participants had to cope with, both in terms of the

rules and their shelter stays in general, led them to make specific recommendations for

how shelters might make improvements or maintain positive aspects of the shelter

experience.

Recommendations for shelter practice. Participants made clear

recommendations for how shelters might improve residents' experiences. Their

recommendations fell within two main categories: recommending that the staff be more

sensitive, aware, and proactive regarding residents' needs; and that staff be more flexible

and open with rules/enforcement. Their recommendations reflect what they emphasized

in previous categories and codes as the most difficult or positive aspects of their shelter experiences.

Staff more sensitive, aware, and proactive regarding residents' needs.
Participants overwhelmingly recommended that the shelter staff be more sensitive, aware and proactive regarding residents' needs. Although participants varied in how they believed staff should accomplish this, their recommendations fell along some common themes, such as staff being more sensitive to the needs of DV survivors; staff being survivors in order to ensure that awareness and sensitivity; and staff directly addressing individual needs rather seeing all residents as a monolithic whole.

Increase awareness of and sensitivity to needs of DV survivors. Most prevalent among participants was the recommendation that shelter staff become more aware and "sensitive" to the needs of DV survivors, as the following quotes illustrate:

> The staff would have to go through a sensitivity course, on how to be
> sensitive and not to judge everyone as a whole. They would have to go
> through that type of training…on how to be sensitive to women of
> domestic violence, what to expect, how to deal with the emotions. (Carol)

> I would make sure that all staff was trauma trained. I'm not sure that
> everybody was. Meaning like knew how to deal with - I know that they
> knew how to deal with them - but just more sympathetic…I don't think we
> need to be handled with gloves, but I think that they just need to they need
> to be more DV based. (Jenna)

"I think more awareness. I think everybody should be in tune to substance

abuse, mental health issues, how to deal with post traumatic stress disorder

or trauma injuries, everything...And if they, in shelters, could kind of look

at that a little bit more and realize it's not a place that we had anticipated

growing up as little girls. I wanna grow up and go to a DV shelter and be

told what to do and how to do it and be separated from my child and lose

everything that I have. You know? It was a circumstance that happened

and grasps us without even knowing what was transpiring but to be

sensitive of the people coming in and kind of work with them individually.

That's it. (Helen)

And I just want to say if, in my mind, domestic violence shelter is

supposed to be *different* than homeless shelter maybe. Because it's the

woman come from the bad situation. Difficult situation. The women don't

have a control for their life. Is really different, so, the people like social

worker, like advocate for domestic violence, need to pay really attention

about that. It's really serious. (Bette)

Like they just, I feel they should be a little more sensitive towards people

especially when they're just coming out of a very tough situation. (Gina)

A few participants also spoke about ways that the shelter DV meetings often

reflected a lack of awareness of DV and therefore could be changed:

At that time you're still wondering, what did I wrong? Did I make the

wrong choice? Should I go back? What about my pets? What about this?

What about…Keep it in the then and now…Now I'm involved with a DV

group and my mind is in a much different spot now that I've been able to

provide some type of foundation and have an idea of where I'm going.

Where those first three months I think it's imperative I think to do more of

an 'Are you ok?' And a more supportive you did the right thing." (Helen)

Sitting in group and one person might be like all right I'm ready to talk

about what I've been through but the next person might just like it might

like completely trigger them and send them into a tailspin. So group things

should be more general and surface kind of, you know? Not real in depth

things, don't try to get an answer out of everybody...Plus I think for most

of us it's very hard to trust people especially in the beginning so you want

to sit and tell your story to people you don't know? Not me. You have a

better chance in seeing God. (Elly)

Be a survivor too. Four participants explained their belief that in order to ensure

staff truly understood the experiences and needs of residents, they should be survivors

themselves. The following two quotes illustrate their recommendations related to this

theme:

I personally think that women that are that have *been* in domestic violence

would make the best advocates for domestic violence. (Carol)

I guess maybe have or try to get more people to work there who have been

through it…That way you can have a better understanding of what they're

going through…I guess knowing that someone has been through it

themselves, they can better relate and have a better understanding… [The

staff will] know what [the residents are] going through and they can have

just a better understanding of ok well they feel like this because, you know

not someone who will be like well there's no reason for this and this and

this. (Ingrid)

Directly explore and address individual needs. Four women recommended that

staff ask more directly and frequently about residents' individual needs and support those

needs individually, rather than as a whole. Carol spoke about the ways that she wished

staff would "judge women by case by case situation and not as a whole, because

everybody's situation is different." Both Jenna and Helen described the importance of

addressing residents' needs individually:

I think I would make it more on an individual basis than a straight across

basis and that I would actually even like taking safety plans…On an

individual basis. So that's what with all the rules, almost all the rules

except for giving out the address and contact with the abuser, I would

probably want the rules to be on an individual basis… like going through

like a safety plan and like what things are safe and what things aren't for

you. (Jenna)

Try to do some type of individual service plan and what it is that I needed.

And [at the shelter she was in], it was instead of individually tailored, it

was more of a whole for everybody [but] individuals are so different and

have such different needs and reasons. It might be a core reason but it

varies tremendously. (Helen)

Helen went on to speak about how important it is for staff members to ask

residents about their needs directly, to actively inquire and learn about their experiences

and needs while in the shelter:

So give us the tools to believe in our move and to move forward and the

avenues that we need to get there…What can we do to better incorporate it

to meet the needs of what you guys need? Are you ok? A lot of the women

in that I've noticed, don't know how to ask for help. I'd see women

walking miles on end instead of asking, is there anyway I can get a token

for the bus or something?

Diane's recommendation falls along similar lines:

I do believe that staff with rules and so forth ya know, I mean they're all

doing it from handbooks, going by books, referring from books but you

actually got to mediate with people more…They actually need to

physically sit up here and actually be a part of us for a day so they can see

what I'm talking about…I want them to absorb and feel the emotions that

we're feeling. So when you vent out to them, when you're having your

one on one meetings, they feel for you. But then they kind of go back to

the handbook and you're like no! I want you to come upstairs and feel the

vibe. I want you to feel the rules.

Approach rules and enforcement with flexibility and sense of shared power.
Participants recommended that shelter staff approach the rules with more flexibility and with a deeper commitment to share power with residents. This makes up that second category in their recommendations, with two codes: Be more flexible and Share power and empower.

Be more flexible. Nearly all participants believed that staff should approach the rules and enforcement with more flexibility. Elly put it simply: "I think there has to be some special circumstances for things so you have to be flexible and not like with an iron fist." Flora expressed her similar view, saying, "A little bit more flexibility would be more helpful."

Some focused on the ways that flexibility could come in the form of giving residents some time to settle in and get used to the shelter before necessarily having to meet all of their rule-related obligations:

> Stop, ya know, like giving us, cramming too much in, shoving housing,
> this is what your housing is, this is what this is. And it's just too much,
> you know? Just give us a first month of leeway…to transition around the
> structure, the rules, the services and getting familiar with everything.
> (Flora)

> You kind of experience shell shock when you first [come into the shelter].
> You're in shock. So maybe the first initial meeting might just be to
> orientate somebody to where the things are that they're gonna need just to

maintain. Give them a little space, let them kind of just rest for a minute and regroup. (Helen)

Other participants focused on recommendations and ideas for how staff could be flexible about *specific* rules, such as medications or housing:

Just let the residents have [medication] in their rooms or have it in a higher level where a child can't reach it. I have chronic knee pain and migraines so it's a real inconvenience my having to go to staff, I mean now [at the TLP], I can have it in my room and that's fine but at the shelter it was pretty inconvenient. (Ingrid)

Most DV shelters it's a 90 day program, and you're not gonna find a house in 90 days. So I think that's one of the rules I think should be changed that they should extend the time out maybe 6 months and then from there, and, most of the women were afraid because the time was running out, when their time did expire they did have to go to other places, other shelters that kind of thing. So. That was mostly what women were stressed about. It's because you don't get housing in 90 days. It's a long process. (Carol)

Like curfews that's understandable but at times be open to it that there may be reasons behind why somebody's ten-fifteen minutes late and not just to assume but to kind of work with it to find out and if it is something that falls within the norm of why somebody might be late to work with

that instead of just to shut the door. 'You have to be in at eleven or the door's locked.' (Helen)

Share power and empower. Finally, four participants made recommendations for increased flexibility in ways that relate to the power dynamics between staff and residents, specifically that staff members approach the rules and enforcement with a greater sense of shared power. This was a small but salient code. Flora believed that when allow women to make their own choices, it helps "give people a sense of self." Jenna recommended that staff:

> Give you more control or at least feel like you had more control because you're coming from a place where you had no control and you're going into another place where you have no control over your life. But then like you have options and that you get to decide…You get to help in how you're gonna keep yourself safe because also ultimately you leave the shelter and you are responsible for keeping yourself safe...So maybe letting the women take part, not in the rule decision meaning like the handbook, but like taking part in their own safety plans. (Jenna)

Helen expressed a similar idea:

> The rules I feel like could be totally redone. I think it could be more of a community living with a general outline of guidelines…I think to more, offer more of a community meeting and figure out it as a group how to maintain the house and have them involved…To kind of tailor that with life experience and who's in the house would be huge...It not only

empowers the women to feel a sense of independence, it empowers them

to feel kind of like it's their home even though they know it's only

temporary.

Summary. This cluster describes participants' recommendations for how shelter

staff can facilitate a more positive experience for residents living in the shelter. Their

recommendations fit into two categories -- that staff become more sensitive, aware and

proactive regarding residents' needs; and that staff approach the rules and enforcement in

a more flexible and empowering way. Residents described the importance of staff being

aware of and trained in trauma and domestic violence, with some believing that survivors

would make the most effective and sensitive staff members. They believed that staff

should be more active in asking residents about their individual needs. They also

described the importance of approaching enforcement of the rules with openness and

flexibility, giving women some leeway and time to settle in when they first arrive at the

shelter, and utilizing a more community-based, empowering approach that allows

residents to take back control even in small ways.

Below, in Chapter 5, we discuss the results in light of relevant theory and

research.

Chapter 5: Discussion

The purpose of this study was to understand and explore residents' experiences living with shelter rules, given their proliferation over the last few decades, as detailed in Chapter 2. The results of this study suggest that the process by which survivors learn about, make sense of, experience, and cope with shelter rules is complex, nuanced, and dependent upon a number of factors. Using the eight clusters identified in the results section as a guiding framework, the first section of this discussion summarizes the findings in light of research specifically focused on shelter residents' experiences. The second section discusses salient factors at multiple ecological levels that contribute to participants' experiences living with shelter rules. The third section describes the limitations of this study and explores implications for practice and research, respectively.

Overview of Findings

Participants in this study described eight overarching themes representing their experiences living with DV shelter rules. These include: 1) Entering the shelter in a particular state of mind as a result of their abuse and the chaos of deciding to seek shelter services; 2) Perceiving the ways that staff members related to them, as evidenced by their accessibility and the degree to which they treated residents as individuals; 3) Making sense of the rules; 4) Experiencing staff enforcement of the rules; 5) Perceiving the rules' impact; 6) Finding ways to cope with the rules; 7) Coping in the shelter in general; and 8) Reflecting on their experiences and making recommendations.

In the next section, we consider all but one of these in light of relevant research, Because the eighth theme highlights participants' recommendations for shelters, we will explore it in a later section devoted to recommendations for practice and future research.

Entering the shelter: Initial experiences. Participants described entering the shelter in a state of fear, confusion, and distress as a result of the abuse that had triggered their shelter entry, the internal struggle that preceded their decision to leave their homes and partners, and the process by which they got to the shelter. By their descriptions, this process was sometimes chaotic and frightening (e.g. waiting to be picked up by a police officer, being taken to an unknown location in the middle of the night, entering through a backdoor).

Participants' descriptions of their feelings of vulnerability and fear upon entering the shelter are consistent with existing literature suggesting that women who seek services in DV shelters are often among the most vulnerable of IPV survivors in terms of the severity of their prior abuse (Lyon, Lane, & Menard, 2008; Tutty et al., 1999), mental health (Campbell, Sullivan, & Davidson, 1995; Helfrich et al., 2008), and lack of resources (Goodman & Epstein, 2008). Such vulnerability creates a host of complex needs that survivors bring with them to their shelter stay. The results of a recent longitudinal survey study of 3,410 residents of 215 domestic violence shelters across eight states, which was published while this study was being conducted, offers useful quantitative information to frame the results, and is referred to throughout this chapter. Lyon et al.'s study found that "immediate safety, information, help with emotional issues, and housing" were the most pressing needs reported by shelter residents, with safety

being the most prominent among these (Lyon, Lane, & Menard, 2008, p.12). This same

study found that 25% of respondents felt concerns upon entering the shelter that centered

on fearing the unknown (Lyon, Lane, & Menard, 2008). Given such intense vulnerability

and complex needs, shelter residents understandably look to shelter staff for a sign that

they can feel safe and supported emotionally and practically in their shelter.

The results of this study suggest that participants' views of the shelter and its staff

are in large part dependent upon their experiences of their initial entry. Participants

reported two distinct ways in which they experienced the welcome they received by staff.

A few reported feeling comforted by the warm welcome and orientation to the shelter

they received, such as when staff asked about the their needs, showed them around the

shelter, answered their questions or offered some flexibility with the rules for their first

days there. One participant described the welcome she received as "heartwarming." This

set a tone of comfort during her shelter stay, both because being shown around helped her

feel familiar with the environment and because the warmth of the staff gave her the sense

that they understood her needs and wanted to support her.

But most participants in this study described a less positive welcome, such as

when they were shuffled into the shelter, "like cattle" as one participant put it, brought to

their bedrooms without orientation to the shelter or assistance with their belongings, not

provided food or information about how to get food, or had their belongings rifled

through with seeming suspicion by staff. Participants who described these behaviors

interpreted them as indicating that shelter staff members did not understand the intensity

of what they were going through, were unable to meet their needs, or judged them in

some way. As a result, they described feeling stunned and increasingly emotionally (if not physically) vulnerable in an unfamiliar and alien setting. For most participants, these initial perceptions, developed within the first few hours of their shelter entry, seemed to hold over the long-term, suggesting that the initial welcome and orientation to the shelter holds a great deal of weight in setting the tone for residents' overall experiences while in the shelter.

Relationship between staff and residents. Once participants entered the DV shelter, the nature of their relationships with shelter staff strongly influenced their experiences of the rules and overall shelter stay, particularly the degree to which they felt emotionally and practically supported. As mentioned above, participants came to the shelter looking to staff for safety, emotional support and information about resources and next steps. To have these needs addressed, positive communication and the development of supportive relationships with staff were essential.

It is therefore not surprising that participants were quite sensitive to feeling judged, silenced, or ignored by staff members, and perceived such behaviors as indicating that their needs might not be met in the shelter. When this occurred, they understandably became more distressed. Participants' perceptions of their relationships with staff were dependent upon two main components: the degree of emotional support they received from staff, particularly as it was evidenced in terms of staff accessibility, and the degree to which they felt staff treated them as worthy individuals rather than as just one part of a monolithic entity, or as less deserving than others. Both of these factors are considered briefly below.

Staff accessibility. When pressed about how they understood emotional support, many participants talked about the degree to which staff members were accessible to residents in the shelter. A few participants described a high degree of staff involvement in their daily lives. This engagement made them feel comfortable and connected within the shelter environment. One participant even described running errands with staff members and participating in social activities, such as an ice cream social, together with staff and residents. She described this as giving her a sense of "family" in a way that helped her feel secure, connected, and understood within the shelter. Unfortunately, her experience among participants was unique.

Most participants felt that staff segregated themselves from residents, and understood this behavior as reflecting negative perceptions and assumptions on the part of staff towards residents. They felt hurt, perceived as inferior, or at a loss for what to do when staff members isolated themselves in the shelter, such as by staying in their offices or at their computers, or by locking themselves off in an area of the shelter that residents were not allowed to access.

These findings are consistent with those of the large scale survey of shelter residents mentioned above (Lyon, et al., 2008), which found that although shelter residents reported a pressing need for emotional support (with 93% of respondents reporting this as a need), this was one of the *least* met needs, with 11% of respondents reporting that they got "none of the help they wanted" in this regard.

Participants' emphasis on staff accessibility also lends substantive support to evidence from one qualitative study of 63 shelter residents in which participants reported

feeling sensitive to the physical accessibility of shelter staff (Tutty, Weaver, & Rotherty, 1999). Indeed, the availability of staff was "the most commonly raised concern" among those interviewed (Tutty et al., 1999, p.912). As in the current study, some of Tutty et al.'s participants interpreted staff unavailability as meaning that the staff did not care. Extending such research, participants in this study interpreted staff unavailability as evidence that they viewed their work solely as a job, purposely chose to isolate themselves, or looked at the residents as inferior. These perceptions, in turn, gave rise to participants' feeling a lack of power within the shelter, and made them less likely to reach out to staff. As one participant said about staff members who isolated themselves from residents, "I don't feel like I can talk to them."

Conversely, when shelter staff members were more physically accessible, participants felt that staff understood them, viewed them as equals, and *wanted* to help and support the residents. This helped them feel more known, cared for, and secure in the shelter, and more likely to reach out to staff for emotional help or help around the rules.

Feeling treated as individuals versus as a monolithic whole. Separate from participants' perceptions of staff inaccessibility, many participants described feeling viewed as a monolithic whole, judged, or seen as "less than" by staff. With regard to being judged, some believed that staff members expected them to conform to the prevalent image of the battered woman as impoverished or poorly educated (Donnelly, Cook, & Wilson, 2004). A few mentioned their worry that staff perceived them as bad parents, fitting with research on the experiences of mothers in homeless shelters (non-DV) (Cosgrove and Flynn, 2005), while a few others felt that shelter staff treated them as

incapable of making sound decisions as adults. Finally, a few participants experienced

staff as being generally suspicious of the motives of shelter residents, believing that they

came to the shelter to get housing and not for refuge from IPV.

As for feeling "less than," half of the participants spoke of the ways that staff

seemed to privilege certain residents over others based on racial/ethnic factors. This was

true for three White participants, who felt that staff acted on the belief that survivors of

color, specifically Latinas, were more deserving of services, and for two Black

participants, one of whom felt that Latina residents were privileged in the shelter and one

of whom felt that her immigration status led to her not getting the appropriate support, as

she experienced language barriers and staff members making assumptions about what she

could qualify for in terms of benefits. One other participant spoke of witnessing Latina

residents struggling with language barriers in the shelter she was in and receiving little

support. Some of these perceptions developed in response to how rules were enforced,

discussed below, but many participants noted that staff's general attitude towards them

made them feel that they were perceived as inferior.

These findings are consistent with existing research on the experiences and

perceptions of shelter staff and directors, some of whom may hold stereotypes about

survivors (e.g. Donnelly, Cook and Wilson, 2004). These stereotypes, in turn, may

influence who shelter workers view as "appropriate" for services (Donnelly, Cook, &

Wilson, 2004, p. 713), as a "good client" (Ferraro, 1981, p.430), or as "good women"

versus "bad women" (Haaken & Yrugai, 2003, p.64). This study, however, is one of the

first to deeply explore *shelter residents'* perspectives and experiences of feeling judged

by staff. Although Lyon and colleague's (2008) large survey study on DV shelter residents, referenced above, found that many participants reported feeling "ashamed" when entering the shelter and prepared for judgments, feeling judged was not a commonly reported experience. The few participants in the latter study who *did* report feeling judged or disrespected echoed similar frustrations as were raised by participants in this study, such as feeling treated like children, talked down to, or experiencing the staff as showing favoritism to Latina residents. However, these experiences were the exception, while being more standard among participants in this study.

It is unclear why participants in this study so frequently described feeling judged and stereotyped by staff members, and in such a range of ways. One possibility might be that the more in-depth personal interviews conducted in this study allowed for those deeper experiences to emerge. Indeed, in about half of the interviews in this study, it took at least fifteen to twenty minutes before participants discussed or disclosed experiences of feeling judged by shelter staff. Although the study conducted by Lyon and colleagues included a qualitative component, this was gathered through open-ended questions on a survey. Thus, it is possible that it might take time and a more interpersonal format for women to disclose negative or shaming shelter experiences in research studies.

Making sense of the rules. Moving from the general shelter environment to participants' perceptions of shelter rules in particular, participants learned about the rules and then determined the degree to which they accepted these based on three main factors: the amount of explanation and information about the rule they were given; the degree to which they perceived that the rules were truly in place for the safety of the residents, and,

conversely, the degree to which the rules felt inconveniencing or unnecessarily restrictive.

Amount of information provided about rules. Although all participants received a rulebook or handbook describing the rules and consequences for noncompliance, there was a great deal of variability in terms of how much information was provided about the creation or meaning of the rules. Some participants appreciated the way that staff explained the reasons behind the rules (e.g. learning that medication needed to be locked-up because once, a child got into someone's medicine). Those who received such information communicated a sense of relief that the shelter staff had sound reasons for each rule, and an evolving sense of trust in staff generally. Those who did not receive this kind of information, by contrast, felt less confidence in the intentions of staff when it came to the rules.

Safety versus inconvenience/restriction. Related to the importance of rule explanations in creating a sense of trust, participants were overwhelmingly more likely to accept rules that they believed were in place for their safety, even when such rules felt frustrating or difficult to follow, such as rules that required them to return to the shelter by a certain time or rules that prohibited them from having contact with people in their informal social support networks.

They were less likely to accept rules that felt unrelated to safety, and therefore unnecessarily restricting or inconveniencing, such as rules defining how chores should be done (in very specific steps); what kind of clothing was appropriate and when (e.g. must be dressed for morning meeting); how children should be supervised (e.g. mothers must

be in the same room with their children at all times, even if children were in eyesight); where and when women could obtain their own medication (at certain hours and only from staff); or by when new housing must be obtained (even when those deadlines felt impossible to meet).

Overall, findings related to participants' perceptions of shelter rules themselves support and expand upon prior research on residents' experiences with rules. For example, in the Lyon and colleague's survey (2008), participants reported having difficulties with the following rules (with percentage of respondents reporting each problem in parentheses): "time limits (16%), curfew (14%), child discipline and monitoring (13%), and chores (13%)" (p.86). As with participants in this study, participants in the Lyon and colleagues' survey anecdotally reported frustration with rules that felt overly restrictive or did not seem to allow for individual needs. The current study expands on these findings, however, by showing that participants seemed more sensitive to the level of restriction when they perceived the rules to be disconnected from their own safety, and therefore unnecessarily controlling or inconveniencing. In these cases, many participants connected restrictive rules to past abuse, causing a great deal of distress.

Enforcement. Although participants reported strong reactions to the rules themselves, to a large extent their experiences living with the rules were inseparable from the ways staff enforced the rules. Particularly salient were the level of flexibility staff demonstrated, reflecting the degree of power and control they were willing to share; and the degree of consistency in staff enforcement.

Power and control as reflected in rule enforcement. Participants described wide variation in the degree to which rules were enforced in rigid versus flexible ways. Most participants noted that shelter rules were strictly enforced in a "textbook" or "unbendable" way. Requests for exceptions or modifications to rules for these participants were often denied, and consequences for breaking rules were reiterated, often in the form of warnings. When participants perceived that rigid enforcement of the rules denied their individual needs or was not in their best interest, they felt a lack of control and power in relation to staff members.

This feeling was intensified by what many perceived to be excessive tracking and monitoring of their rule compliance. For example, many participants reported that staff members accompanied them outside of the shelter (or required residents to write down details of when and to where they departed); tracked phone calls; conducted random room checks to search for forbidden items; or videotaped activity within the shelter. In fact, most participants, at some point in their interview, used the word "jail" or "cage" to describe their experiences living with the shelter rules; two described the staff as "like wardens", thus conveying this sense of being constantly watched and lacking power when it came to the rules. This finding illustrates what Koyama, a former shelter resident described as the "policing gaze" of shelter workers (2003. p.2).

It is important to point out that a few residents noted that staff tried hard to meet their individual needs, making exceptions and modifications to the extent possible. These participants described staff members as inviting feedback about the rules, negotiating or collaboratively addressing rule-related concerns with residents, or allowing residents to

make decisions within the shelter, such as painting a room, or choosing a holiday to visit

family members or friends, They interpreted such enforcement on the part of staff to

suggest that their needs mattered, that the staff cared about them and wanted to help, and

that the staff valued them as women who could make sound decisions on their own.

Those participants who were given some measure of control and power when it came to

the rules spoke of these experiences as empowering, and as creating an enormous

difference in their shelter stay.

Controlling enforcement reminding of abuse. Perhaps not surprisingly, many

participants discussed ways that surveillance behaviors by staff could remind them of the

controlling or micro-regulating behaviors of their abusers (Dutton & Goodman, 2005;

Stark, 2007, 2009). Similarly, being threatened with consequences, such as getting

thrown out or having child services called, could remind them of ways that abusers

threaten punishments for noncompliance or disobedience (e.g. Dutton & Goodman, 2005;

Pence & Paymar, 1993). One participant eloquently drew out this connection, noting that

at her shelter,

> They [the staff] made it clear that they would put you out. And no one
>
> should have to live with the fear of being removed from home when they
>
> have nowhere else to go, you know? Because that's what abusers do.

These findings are consistent with Westlund's (1999) concern that shelter services

could inadvertently replicate abusive dynamics given that, in her opinion, "the typical

domestic violence shelter is itself an environment of high surveillance and discipline"

(p.1055). It is perhaps unsurprising that the aspects of enforcement that participants were

most sensitive to relate to power and control, as both are so salient in abusive dynamics (Stark, 2007; Panzer, 2000; Westlund, 1999; Schillinger, 1988).

The reverse appeared to be possible for the few participants who experienced staff enforcement as more flexible and collaborative in nature. Such an approach to enforcement helped them feel a newfound sense of control and power over their lives. As one participant put it, "it's just that little bit of control that was given back to you". It seems that when residents are allowed to make decisions and have some power and voice when it comes to shelter rules, they not only notice and appreciate it, but experience it as a way to counter the lack of power and control they experienced in their abusive relationships (Gaddis, 2001; Goodman & Smyth, 2010; Stark, 2007, 2009; Westlund, 1999). Shelter staff members likely do not intend to create a situation where residents "live in fear" as this is the very experience that they are trying to help residents escape. Below, in the sections exploring ecological factors contributing to the results, possible factors that might lead to creation of such dynamics are considered.

Inconsistent enforcement. The level of consistency with which staff enforced the rules also impacted participants' experiences, and four participants spoke about their frustrations with enforcement that they perceived to be inconsistent – based on racial/ethnic factors or on simple favoritism. Similar to enforcement that was overly controlling or rigid, inconsistent enforcement could cause residents to feel powerless: as one participant said when reflecting on the presence of favoritism in the shelter she stayed in, "You just really don't have the power to do anything about it or say anything so you just kind of let it go." A similar feeling as well as mistrust towards staff was

present among the few participants who perceived staff's inconsistent rule enforcement to be based on racial and ethnic factors within the shelter.

Such findings fit with research suggesting that shelter residents are sensitive to favoritism displayed by staff towards certain residents (Lyon, Lane, & Menard, 2008). It is important to note however, that participants in this study described such favoritism as especially harming when staff members who differed from them racially, ethnically, or economically gave preferential treatment to those with similar backgrounds to themselves. Such results are consistent with Donnelly, Cook and Wilson's (2004) concern that shelter staff might make decisions about who to serve and how to serve them based on which residents "fit the battered woman stereotype, *those women they see as similar to themselves*, or those they perceive as sharing organizational values" (p. 716, emphasis added). What is clear is that residents are likely to be sensitive to signs of favoritism or inconsistent enforcement, and may view such enforcement as indicative that their needs are not understood or prioritized by staff. We might imagine how such experiences negatively impact their sense of security and connection within the shelter, potentially leading to feelings of isolation, an outcome described in the next section on how living with the rules impacted participants.

Short-term impact of living with shelter rules. The results suggest that the most difficult consequences of living with shelter rules for residents include an inability to parent their children as they wish to, isolation from informal social supports, and lack of access to practical resources. These three consequences are described next.

Impact of living with the rules on parenting. The results suggest that

participants' perception of the rules was in part dependent on the impact the rules had on

their ability to parent. Five participants in this study emphasized the negative impact of

rules that required them to separate from their children, such as needing children to be in

bed at a certain time (often when residents needed to complete their chores), or

forbidding the presence of children at meetings. Participants emphasized that separating

children from their mothers, especially during the first few days in the shelter, could be

scary and upsetting for the children. One participant even described such rules as

potentially re-abusive to her son, who had also endured the abuse they had just escaped.

These findings compliment those of a qualitative study investigating the

experiences of 17 homeless mothers staying in "strengths-based" homeless (non-DV)

shelters, which found that the majority of participants expressed frustration with

parenting rules that they felt interfered with their ability to parent in the ways they felt

were most appropriate for their children (Cosgrove & Flynn, 2005). The results of this

study add to these findings by suggesting that survivors of IPV might have particular

difficulties with parenting rules that require them to separate from their children.

Residents' concerns about wanting to make their own parenting choices are

important in light of research suggesting that survivors of IPV are no different as parents

than non-abused women. For example, one study examining the impact of IPV on the

quality of maternal parenting for eighty IPV survivors found no impact of abuse on

parenting; in fact, the authors of the study emphasized the strengths and intensely

nurturing qualities evident in the women's parenting approaches (Sullivan, Nguyen,

Bybee, & Juras, 2000).

Isolation from social supports. Isolation from friends and family was, according

to participants, one of the most difficult aspects of their shelter stays, sometimes leading

to feelings of depression and anxiety. All participants described ways that living with

shelter rules meant to ensure safety required that they limit or completely cut off contact

to social network supports. This reality has been identified and discussed in existing

literature as a common cost of entering a shelter (Smyth, Goodman, and Glenn, 2006;

Haaken and Yrugai, 2003). As described above in Chapter 2, entry rules usually require

that survivors move to hidden locations to protect against abusers' finding them (Haaken

& Yrugai, 2003; Olsen, n.d.) and no-contact rules often forbid communication with one's

abuser as well as family, friends, and other members of one's community once in the

shelter, at least for a period of time (Goodman & Smyth, 2010; SafeLink Hotline worker,

personal communication, March 18, 2007).

Being isolated from social supports was described by half of the participants as

the most difficult aspect of shelter life. For one participant, it was particularly painful not

to be able to contact her parents who lived in another country to let them know that she

was safe. Others spoke about feeling upset when they were unable to visit family

members or friends, especially during holidays or family events. A few participants

directly connected their experiences of isolation while in the shelter to symptoms of

depression and anxiety. In contrast, the few participants in this study who were in shelters

that allowed some flexibility with contact rules expressed intense appreciation for being

allowed to do things like let family members know they were safe, attend family functions (e.g. funerals and holiday events), or have pre-approved visits with friends or family.

These results are consistent with literature highlighting the importance of social support for survivors of IPV. A large body of literature has emphasized the protective nature of informal social support (e.g. friends, family, and loved ones) when it comes to mental health for survivors of IPV. For example, studies have shown that among survivors (both those in shelters and in the community), positive social support is related to fewer symptoms of depression, PTSD and anxiety (Campbell et al., 1995; Coker, Watkins, Smith, & Brandt, 2003; Kocot & Goodman, 2003; Goodkind, Gillum, Bybee, & Sullivan, 2003; Tan, Basta, Sullivan & Davidson, 1995); more positive views of oneself, such as lower self-blame (Barnett, Martinez, & Keyson, 1996); and a generally higher quality of life (Goodkind et al., 2003; Tan, Basta, Sullivan & Davidson, 1995). Evidence also suggests that positive social support can help protect women from re-victimization (Bybee & Sullivan, 2005). These findings reveal the tension that shelters contend with between keeping residents safe and supporting their emotional wellbeing – and eventually, their physical safety once they leave the shelter.

Isolation from practical resources. Many participants found that living with shelter rules limited their access not only to emotional resources and supports but also to available practical resources. These participants described, for example, that entering the shelter meant having to quit their jobs, having to be accompanied by staff to any community location, even the supermarket, and relying on staff for every instrumental need, even food. Curfew rules limiting access to certain jobs meant that their financial

independence was jeopardized; rules determining when residents could be in the kitchen limited access to food for themselves and their children; and medication rules frequently led to missed doses or lack of access, even for a child in one case. Participants described ways that shelter-imposed obstacles to obtaining critical resources were often damaging to their progress moving out of the shelter and to their general sense of independence.

Conversely, the few participants who reported that shelter staff supported their access to practical resources were helped immensely in their active attempts to move through and out of the shelter. For example, one participant spoke about her gratitude that staff members sat with her and went through a folder of available transitional living programs (TLP), and she credited them with helping her get into a TLP program. Another participant spoke about her relief when a shelter staff worker told her, after she had been in the shelter for nearly a month, how to apply for Food Stamps. Another participant expressed her appreciation for the collaboration of staff workers in finding a way to remind her to take her medications before she left the shelter each morning.

Such results are consistent with research suggesting that the availability of practical resources can have important positive consequences for survivors, not only in terms of stabilization and safety but also in terms of mental health and quality of life (Bowker, 1984; Goodkind, Gillum, Bybee, & Sullivan,, 2003; Levendosky, Bogat, Theran, Trotter, von Eye, & Davidson., 2004). For example, Levendosky and colleagues (2004), in their comparison study of 145 pregnant survivors of IPV in the community to 58 non-battered women, found that practical support was uniquely associated with reduced anxiety and increased self-esteem among the IPV survivors. Similarly,

Goodkind and colleagues (2003), in their study of 137 IPV survivors exiting shelters, found that tangible support offered by friends and family was *the* most significant predictor (negatively) of depression among participants. These authors have posited that practical support might be so important because it allows survivors to address and solve situational stressors beyond the abuse itself, enabling them to feel more confident about moving forward from the violence. The results of the current study expand upon this important literature by suggesting that the practical support that women receive from shelter *staff* may be equally critical to participants' sense of confidence and actual capacity to build their lives following the abuse. Conversely, a lack of such support may set women back in this regard.

Coping with rules. All participants struggled to manage the rules in ways that maximally met their external and internal needs. Some survivors did so by challenging or trying to change the rules and others did so by trying to manage themselves within the context of the rules. Lazarus and Folkman (1984) developed a useful conceptual distinction between two types of coping. In their model, problem-focused coping is used to manage specific problems by altering the stressor itself, while emotion-focused coping functions to regulate and alter emotional distress associated with stressors (Tamres, Jamicki & Helgeson, 2002). With regard to domestic violence in particular, Chang (1989) made a similar conceptual distinction between strategies used to control violence and strategies used to keep the sense of self intact. Although this dichotomy can become blurred over time, it is nevertheless helpful as a way to think about the way participants approached and negotiated shelter rules. Further, the utilization of available social supports can be present in both types of coping, with seeking instrumental support

usually considered a form of problem-focused coping, and seeking emotional support considered a form of emotion-focused coping (Tamres et al., 2002).

With regard to problem-focused coping, all participants spoke of trying to engage and work collaboratively with staff members, at times, by sharing their rule-related concerns or asking for exceptions when needed. Most asked for at least one exception to a rule, such as asking for modifications to curfew time to visit family or friends; extensions on time limits to find housing; changes to medication rules that would allow them easier access; or changes to chore requirements due to individual physical limitations. When this worked, participants experienced their voices and needs as being acknowledged and prioritized by staff.

But if a collaborative approach failed (e.g. staff members denied exceptions), which was common, a few participants understandably turned to more intense resistance strategies, such as breaking a rule (e.g. hiding medications or food); and a few discussed leaving the shelter altogether when nothing else seemed to work. Taking these more intensive resistance actions was rare, however, possibly because of their fears of being kicked out of the shelter if they did not follow the rules. Interestingly, about half of the participants turned to strategies that would be considered emotion-focused only *after* trying these more actively resistant coping strategies.

As for emotion-focused coping, it was equally common for participants to choose to silence their rule-related frustrations due to a felt lack of power and voice within the shelter. Most expressed their concern that speaking up could get them in trouble, and the precariousness of their situation led them to avoid taking any chances that could lead to

them being out on the streets. Instead, they used what Goodman and colleagues (2003) have called placating strategies. These are strategies that allow women to survive in abusive situations by attempting to pacifying the abusive partner rather than resisting him or her. Similarly, participants in this study tried to find ways to manage their stress and sense of powerlessness, rather than to change the rules themselves, despite the stress that living with the rules induced. They spoke about keeping their rule-related frustrations to themselves and following the rules as best as they could, even those that they struggled to accept. They justified these actions by saying that they did not believe that speaking up or challenging staff members would lead to any positive changes, and in fact could put them at risk within the shelter. They believed it was most beneficial for them to remain silent and push through.

One participant explicitly drew the connection between using placating strategies with her abuser and using these same strategies in the DV shelter:

> Typically I just try to do whatever needs to be done just to kind of pacify
> things. As I look back in that environment, we pacify our abusers. That's
> why we are where we are and things have happened.

The results point to the connections between residents' choice of coping strategies and the relational dynamic between staff and residents within the shelter.

Coping in general. Beyond coping with the rules specifically, participants used a variety of strategies to cope with life in the shelter more generally. As with coping with the rules, many of these coping strategies fit within the framework of emotion-focused

versus problem-focused coping. Participants relied on social support irrespective of the type of coping they used.

With regard to emotion-focused strategies, participants spoke of coping in a range of ways, such as challenging perceived negative stereotypes or judgments that staff directed at them; looking to the future, when they hoped to have more freedom, opportunity, and stability in their lives; reminding themselves again and again of the temporary nature of their shelter stay, or considering past obstacles they had managed to overcome. These strategies are all considered under the umbrella of the emotion-focused coping strategy of *positive self-talk*, which was defined in one meta-analysis study of gender differences in coping as "making self-statements that encourage oneself to feel better (e.g., reminding oneself of the good things in life) or that reassure oneself that he or she is capable of handling the stressor" (Tamres, Jamicki, & Helgeson, 2002, p.15). This meta-analysis found that positive self-talk was one of three coping strategies statistically shown to be more commonly utilized among women than among men (in additional to *seeking emotional support* and *ruminating*) (Tamres et al., 2002). Thus, it is perhaps not surprising that so many participants in this study reported utilizing positive self-talk coping strategies to manage during their shelter stay. Additionally, participants' choice to engage in positive self-talk to challenge perceived judgments from staff likely helped to preserve a sense of self as being autonomous and deserving of respect (Chang, 1989), so essential in the aftermath of abuse.

With regard to problem-focused coping, many participants described active attempts to cope with and alter the stressors of what they experienced to be an untenable situation: a shelter environment in which they felt mistreated and overly controlled or

restricted. Four participants described verbally and directly challenging staff around the perceived unfair treatment and judgmental attitudes they had repeatedly experienced while in the shelter. These participants had all, it seems, reached a boiling point. As they challenged staff members' treatment and perceptions of residents, these participants insisted that staff imagine being in their shoes and appreciate that the staff and the residents were fundamentally no different from each other. They seemed not only to be defending their own sense of self, but actively trying to alter staff members' perceptions and treatment of shelter residents. Finally, two participants who experienced the shelter environment as especially oppressive focused not on confronting the staff but on leaving the shelter altogether. This was their way of altering their situation and managing the stressors of living in the shelter.

As for relying on social supports to cope, some participants managed to navigate the stressors of the shelter environment through their relationships with other people, and utilized these supports to address both instrumental and emotional needs. Although this strategy was often frustrated by no-contact rules and a general lack of staff-resident closeness reported among participants, it was nevertheless described as critical by a minority of participants, particularly the few who relied on support from shelter staff workers. Three participants described feeling emotionally helped by support from friends and family outside of the shelter; three participants briefly described receiving instrumental support from fellow residents; and two participants described in detail the ways that emotional support from staff members helped them make it through their shelter stay. Despite these reports, however, it is striking that relatively few participants spoke of using relationships to cope while in the shelter, especially given research

described above demonstrating the positive and protective influence of social supports for survivors of IPV. It seems that participants relied more on positive self-talk strategies to get them through their shelter stay than on strategies that would involve more active outreach to others, which may be due to their relative isolation within the shelter.

Summary. The above discussion of the process of living with shelter rules deepens existing knowledge on the needs, resources, experiences, and coping strategies of survivors of IPV who reside in shelters. The results of the study make clear that living with shelter rules can be a difficult and potentially triggering experience for residents, one that can lead to a sense of disempowerment, hopelessness, and isolation. Conversely, living with shelter rules can be a relatively positive experience that can lead to newfound feelings of personal empowerment, hope for the future, and a sense of connection to others and needed resources. The results make clear that residents' experiences are determined by a range of contextual factors and not simply the rules themselves.

The seven clusters explored above represent the step-by-step process by which DV shelter residents experience living with shelter rules. Moving from the concrete to the conceptual, this process can be distilled into three primary components. First, IPV survivors appear to enter the shelter highly attuned to any experiences, rules, or interactions that they perceive as attempts to exert control or power over them or further isolate them from needed resources. This is not surprising, given these are the very dynamics that are typically central to IPV.

Second, participants' experiences of shelter rules once they enter are reliant on their experiences of the broader shelter environment. In addition to the nature of the rules

themselves, participants are strongly influenced by the structure of the staff-resident relationships and the staff's enactment and enforcement of the rules within the shelter. These three elements are inextricably linked such that, for example, when staff members demonstrate tighter boundaries and more hierarchal relationships, participants are more likely to perceive the rules as overly restrictive and staff enforcement as overly rigid or controlling. By contrast, when staff members are more emotionally and physically accessible and integrated in the shelter, participants are more likely to perceive the rules as reasonable and staff enforcement of the rules as flexible and fair.

Third, residents make choices about how to navigate and cope with shelter rules depending on their experiences of this shelter environment, particularly in terms of the degree to which it echoes or counters the dynamics of power, control, and isolation common to intimate partner violence. Residents' coping choices appear to be particularly dependent on the nature of the relationships between themselves and staff workers within the shelter, so that when these relationships are characterized by mutuality, support, respect, shared power, and non-judgment, then residents cope with the rules in ways that are more collaborative and problem-focused in nature. Conversely, when these relationships are perceived as boundaried hierarchical, distancing, and insensitive to individual needs and goals , then residents cope with the rules in ways that are more emotion-focused or, in rare cases, intensely problem-focused in the form of active resistance or outright rejection of the shelter.

As we examine the results described above from an ecological perspective, it becomes evident that two factors are most critical in influencing residents' experiences of

shelter rules: 1) Individual/Chrono factors related to experiences of trauma; and 2) Meso-Exo factors related to the realities of current shelter life. This brings us to a consideration of the results from an ecological framework, discussed next.

Understanding the Results from an Ecological Framework

In the following sections, we consider the results of this study using an ecological framework, to explore relevant research and theory. First, we consider theoretical and empirical research that explains women's experiences at the Individual level, including literature on the impact of past experiences of abuse (conceptualized in Chapter 2 as a Chrono-level factor) and research on burnout or Secondary Traumatic Stress (STS) among shelter workers. Second, we consider theoretical and empirical findings that help explain women's rule-related experiences at the Meso-Exo levels, including social-psychological research on rule-enforcers and rule-followers, and literature on how shelter staff come to develop emotional and physical boundaries.

Individual level factor I: Experiences of IPV and the development of cognitive schemas and symptoms of PTSD. As described above, from their first moments on, participants in this study paid keen attention to the degree to which their individual needs would be acknowledged and prioritized by shelter workers, how much their behavior would be regulated and monitored, whether they would be allowed to make decisions about their lives within the shelter, and how much freedom they would have to connect to outside supports and resources. Those who perceived a more controlling shelter environment often associated their experiences with what they thought were similar dynamics present in past experiences of abuse. Those who perceived more

flexibility and support in the shelter environment noted that these new experiences had

the potential to counter the effects of prior abuse. Below, we review common tactics of

abuse to which participants were particularly attuned to as they appeared, albeit in diluted

form, in the shelter. We then consider two pathways by which past abuse experiences

could lead to current sensitivities: through the development of cognitive schemas and

through the symptoms of PTSD.

Common abuse tactics: Power, control, and social isolation. As noted earlier,

participants in this study evidenced a high level of attunement to dynamics of control,

power, and isolation played out in the context of shelter. A review of dynamics of

intimate partner violence helps to illuminate possible reasons behind participants'

attention to these factors. Michael Johnson and his colleagues (see, e.g. Johnson &

Leone, 2005) distinguish between two types of IPV: *situational couple violence* and

intimate terrorism. The former is composed of discrete arguments between partners that

do not develop into any discernable pattern. The latter, however, involves the purposeful

engagement of a range of behaviors on the part of the abuser in order to exert control

over his partner (Goodman & Epstein, 2008; Johnson & Leone, 2005).

Intimate terroristic behaviors may include using coercion and threats (e.g.

threatening to report victim to welfare); using intimidation (e.g. smashing or destroying

things); using emotional abuse (e.g. putting a victim down, making her feel crazy or

guilty); using economic abuse (e.g. preventing a victim from working, controlling her

access to money); using male privilege (e.g. defining roles in the home; treating a victim

like a servant); using children (e.g. threatening to take the kids or harassing a victim

through child visitations); minimizing, denying, or blaming (e.g. not taking a victim's

concerns seriously; causing her to believe that she caused the abuse); or using isolation

(e.g. controlling and limiting who a victim sees, where she goes, and what she does)

(Pence & Paymar, 1993; Stark, 2007, 2009). The latter may be especially pernicious in

that, by limiting a survivor's access to her informal social support networks, the abuser

effectively cuts off the victim from people who could help her deal with the abuse, and

creates complete dependency on him or her (Goodkind et al., 2003; Ptacek, 1999).

Furthermore, survivors' isolation from existing supports can temporarily intensify when

they decide to leave an abuser and enter a concealed shelter.

Victims of intimate terrorism, when compared with women experiencing

situational couple violence, have been found to report more severe violence, more

physical injuries, higher rates of PTSD and depression, and greater interference with

daily activities (such as missed days of work due to the abuse); they are also more likely

to leave their abusers and seek help through IPV-related services (Johnson & Leone,

2005). Thus, survivors of intimate terrorism are vastly overrepresented among those who

seek IPV-related services, and appear to compose the majority of shelter residents (Lloyd

& Taluc, 1999; Zweig, Schlichter, & Burt, 2002).

It makes intuitive sense that when victims of intimate terrorism – likely the

majority of our participants – move from a coercive, controlling and isolating context to a

new setting containing a range of new interpersonal dynamics, they would be attentive to

signs of their past experiences being replicated in the new environment, and appreciative

when such replication does not occur. Beyond intuition, two bodies of research and

theory support the link between women's past abuse and their current attunement to dynamics of power, control, and isolation.

Trauma and cognitive schemas. A brief exploration of theory on the impact of trauma on individuals' cognitive schemas helps to illuminate one possible pathway by which shelter residents might develop heightened attention to dynamics related to power, control, and social isolation. Cognitive schemas are the conceptual frameworks that all people use to make sense of and organize experience (McCann & Pearlman, 1990; Derry, 1996). Cognitive schemas can be about the world, the self, or others. Based on Piaget's cognitive development theory (1971), cognitive schema theorists assert that cognitive schemas are developed in our early years and then revised based on new information in two ways: first, individuals can *assimilate* experiences into existing internal cognitive schemas, so that they do not change their basic beliefs about the world, others, or themselves. Second, when new information gleaned from their experiences cannot be assimilated into existing schemas, individuals *accommodate*, or modify their cognitive schemas, to account for this new or challenging information (Horowitz, 1990; Jind, 2001; McCann & Pearlman, 1990).

Multiple theorists and clinicians have explored the modification of individuals' existing cognitive schemas in the wake of trauma (e.g. Derry, 1996; Horowitz, 1990; Janoff-Bulman, 1983, 1985, 1992; McCann & Pearlman, 1990; Resick, Monson, & Chard, 2007). As McCann and Pearlman write, "Trauma, by definition, requires accommodation or modification in schemas" (1990, p. 7). They propose five schema domains that are usually affected and modified by trauma (McCann & Pearlman, 1990),

and many since have used these to understand ways that survivors process and make meaning of traumatic events (Pearlman & Saakvitne, 1995; Pearlman, 2003; Resick, Monson, & Chard, 2007; Varra, Pearlman, Brock, & Hodgson, 2008). The five schema domains include *safety* (belief in the possibility of relative security); *trust* (the capacity to depend on oneself and others); *esteem or self-worth* (holding oneself and others in positive regard); *intimacy* (the capacity to feel connected to oneself and others); *control,* and *power* (also referred to as independence, and defined as the capacity to manage and have control over one's own life and have some effect on others) (McCann & Pearlman, 1990; Resick, Monson, & Chard, 2007).

We can see how natural and understandable disruptions in survivors' cognitive schemas, caused by IPV and requiring accommodation of previously held beliefs, could lead to a greater focus on dynamics related to power, control, and social isolation once in the shelter. For example, to make meaning of her experience of IPV, a survivor could accommodate her basic beliefs about the world being a safe place, potentially leading to the belief that individuals may not always have her safety in mind, and thus to a heightened awareness of shelter rules or interactions with shelter workers that she perceives as either prioritizing or threatening her sense of safety. A survivor's previously held beliefs about how much control she can have over life, disrupted in the wake of losing control to her abuser, could lead her to be attentive to any sign that staff members are trying to exert control over her or limit her freedoms or connections to others. Previous positive beliefs about herself that were disrupted by constant abuse could lead to a survivor entering a shelter feeling guilty or blaming herself for her current situation

and sensitive to cues or signs of judgment on the part of staff. Such possibilities are speculative, of course, but important to consider in light of the results.

Disruptions in cognitive schemas, in turn, may contribute to the development of symptoms of Post-Traumatic Stress Disorder (PTSD) in trauma survivors (Horowitz, 1990, 1993), discussed next.

Symptoms of PTSD. Research on the mental health sequelae of IPV suggests another possible pathway by which survivors may enter shelters with heightened attention to situations and rules that invoke the experience of being controlled or being isolated from known supports and resources. As mentioned in Chapter 2, studies estimate that over 60% of survivors of IPV struggle with symptoms of PTSD, compared to approximately 1-12% of the general population (Davidson, Hughes, Blazer & George, 1991; Helzer, Robins, & McEvoy, 1987; Kessler et al., 1995; Resnick, Kilpatrick, Dansky, Saunders & Best, 1993). This number has been found to be even higher among shelter residents, with one meta-analysis of studies of PTSD among IPV survivors finding that 31-84% of shelter residents meet full criteria for PTSD (Jones, Hughes, & Unterstaller, 2001).

PTSD symptoms fall into three main clusters: re-experiencing symptoms, such as nightmares and flashbacks; avoidance symptoms such as numbing or avoiding reminders of the trauma; and arousal symptoms, such as hypervigilance, increased startle response, or irritability (APA, 1994). Symptoms of hypervigilance cause individuals to be constantly watchful and on guard, specifically for reminders, cues, or triggers related to the trauma they have experienced. Although sometimes deliberate, hypervigilance can

also be a non-conscious behavior caused by the adaptation of the body to chronic stress

or trauma (Conoscenti, Vine, Papa, & Litz, 2009). For survivors of IPV, reminders of the

trauma could include experiences or perceptions of being controlled, restricted,

dismissed, threatened, or isolated by a person who holds some degree of power over

them. Although we do not know what proportion of our participants experienced

symptoms of PTSD, it is likely that many did, and that their attention to aspects of living

with shelter rules that felt especially limiting, controlling, and isolating was in part a

product of hypervigilance.

Individual Factor II: Burnout and secondary traumatic stress among shelter

workers. Shelter workers are under enormous pressure to support and keep safe

survivors of trauma while balancing multiple roles and responsibilities, often without

common employment amenities like health insurance or re-imbursement for travel

(Arnold, 2009; Wies, 2008). A consideration of research on advocate burnout and

secondary traumatic stress (STS) can illuminate shelter staff behavior, as perceived by

participants.

Burnout. Many participants described staff as lacking in emotional and physical

accessibility, judgmental, or dismissive. To the extent that staff did in fact evidence these

behaviors – something our study cannot verify – burnout may help explain them.

Burnout can develop in the face of overwhelming or excessive job-related stressors and

demands, resulting in the "tendency to treat clients in detached and dehumanized ways"

(Brown & O'Brian, 1998, p. 383; Maslach, 1976).

Research has found support for the presence of burnout among shelter workers and has explored possible reasons for its development. Regarding the presence of burnout, one study of 123 female shelter workers found that 20% met criteria for emotional exhaustion, 12% for depersonalization or emotional distancing, and 12% for lack of personal accomplishment, which compose the three main components of burnout (Baker, O'Brian, Salahuddin, 2007). As for the reasons for burnout among shelter workers, a recent study found that shelter workers can develop frustration and resentment towards residents over time as they see survivors return to abusers or rotate through shelter services (Dunn & Powell-Williams, 2009). Similarly, Brown and O'Brien's (1998) study of 91 shelter workers found that participant burnout was related to feelings of frustration that developed when residents returned to batterers, feelings of anger towards abusers, and pain and horror at hearing residents' accounts of abuse. The study also found that the more participants endorsed symptoms of emotional exhaustion and depersonalization, the more likely they were to cope by using "mental disengagement" when at work (Brown & O'Brien, 1998, p. 384), a characteristic that this study's participants found so difficult when they felt its presence among staff.

One can imagine that to the extent that shelter workers described by our participants were experiencing burnout, they may indeed have engaged in emotional and physical distancing or disengagement. Moreover, such disengagement may have resulted in staff members' seeing participants less as individuals and more as a monolithic group of survivors. Conversely, those participants who perceived staff members as deeply engaged and able to respond to them as individuals may have been in shelters where workers suffered less burnout.

Secondary traumatic stress (STS). The physical and emotional distancing and strict or controlling enforcement patterns that many participants described could also be the result of secondary traumatic stress (STS) among shelter workers. STS has been defined as "the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995, p.7, as cited in Slattery & Goodman, 2009, p.1359). STS is considered to be a normal response to work that involves continual exposure to trauma and violence described and experienced by one's clients.

STS parallels symptoms of Post-Traumatic Stress Disorder (PTSD), specifically re-experiencing symptoms (e.g. intrusive memories of the trauma, nightmares); avoidance or numbing symptoms (avoiding anything that reminds a person of the trauma, feeling cut off emotionally from others); and arousal symptoms (e.g. irritability, hypervigilance) (APA, 1994). In other words, those who work with trauma survivors can begin to develop symptoms similar to those of survivors themselves, due to the indirect exposure to their traumas.

The presence of STS has been well-documented among mental health workers (e.g. Bober & Regher, 2006), social workers, (e.g. Bride, 2007), and DV and sexual assault workers (e.g. Baird & Jenkins, 2003). Less is known about STS among DV shelter workers, in spite of the fact that they are chronically exposed to traumatic material. However, one study of 148 DV advocates – from shelters and other DV agencies – found that 47.3% met full criteria for PTSD (Slattery & Goodman, 2009). Many others likely evidenced some of the symptoms of PTSD without meeting full criteria.

Given the high prevalence of STS among DV advocates, including shelter workers, it is likely that many of the staff workers observed by this study's participants were themselves suffering from symptoms of STS. This may, in turn, explain behavior that appeared distancing, controlling, or suspicious. For example, emotional and/or physical distancing could serve to protect them from hearing details of residents' trauma and therefore from further distress. Or, arousal symptoms such as hypervigilance or irritability could cause staff members to become vigilant about keeping residents safe from abusers; such vigilance could intensify their efforts to strictly enforce rules that limit residents' contact with the outside world.

Conversely, staff members who were not struggling with symptoms of STS might have been more open to and emotionally engaged with residents and more able to offer support for residents to deal with the consequences of their experiences of trauma and abuse.

Meso-exo level: Impact of shelter environment on residents' experiences living with shelter rules. In this section, we consider the salient shelter-related factors that participants described as influencing their experiences living with shelter rules in light of theory on rules described above in Chapter 2, and recent research on the experiences of shelter workers. Specifically, we describe two dimensions of rule development and rule-related behavior that contribute to role-followers' perceptions of rules and their capacity to follow them. These include the values underlying the rules and the complex nature of the relationship between rule-enforcers and rule-followers, the latter of which includes the perceived legitimacy of those in authority positions, the

degree to which enforcement is perceived as fair, and the degree to which rule followers

have a voice in the development of the rules. We conclude this section with a brief

contextualizing discussion of the reasons that rule-enforcers – in this case, shelter

workers – may have developed the style of rule-enforcement described by participants.

This meso-exo level context combines with the individual level factors of burnout and

STS, described earlier, to possibly explain why so many participants in this study

perceived shelter staff in negative ways.

Values underlying rules. The values that participants perceived as underlying the

rules were critical in determining their acceptance of specific shelter rules. Specifically,

participants were overwhelmingly willing to accept rules that they perceived as being

founded upon the value of safety. Even when a rule felt frustrating or inconveniencing,

participants were willing to accept it if they determined that the rule was truly in place for

their safety. However, when the rules were perceived and experienced as overly

inconveniencing or restrictive in ways that caused participants to question whether or not

their safety was truly being valued and prioritized, they were much less likely to accept

them, and usually experienced distress. This finding fits with existing literature described

above, in Chapter 2, suggesting that individuals are more likely to accept and follow rules

that are in line with their values (Darley, Tyler, & Bilz, 2003; Robinson & Darley, 1995;

Tyler, 2006).

Relationships between rule-enforcers and rule-followers. Participants

emphasized multiple ways that their relationships with shelter staff set the tone for their

experiences living with shelter rules, a finding that is consistent with existing research

and theory on how the relationships between rule-enforcers and rule-followers shape

individuals' acceptance of, and compliance with rules (Thibaut et al., 1974; Tyler, 2006).

As Thibaut and colleagues wrote, an individual's perception of and willingness to follow

a rule is "dependent upon the nature of the individual's interdependent relationship with

the rule maker" (1974, p. 792). Below, a number of inter-related components of this

relationship, are considered: 1) the legitimacy of the shelter staff (e.g. the rule-enforcers)

from the perspective of the residents (e.g. the rule-followers); 2) residents' perception of

the degree of fairness with which the rules are enforced by shelter staff; and 3) the degree

of shared power and voice residents have in the enactment of shelter rules.

Legitimacy. As mentioned briefly in Chapter 2, when the rules or rule makers are

perceived as having legitimacy, individuals are much more likely to accept them (Tyler,

2006). Legitimacy is defined as, "a psychological property of an authority, institution, or

social arrangement that leads those connected to it to feel that it is appropriate, proper, or

just" (Tyler, 2006, p.375). Social psychologists have found that viewing an authority as

legitimate allows individuals to follow that authority's rules voluntarily, rather than out

of a sense of fear or because of rewards or punishments. Indeed, authority based on

coercion or through rewards and punishments requires a tremendous amount of energy

and surveillance on the part of the rule enforcers to ensure that the rules are followed

(Ford & Johnson, 1998; Tyler & Huo, 2002, ch. 7; Tyler, 2006).

Yet, the majority of participants did not experience the rules or the rule-enforcers

(i.e. the staff), as having legitimacy. What factored into their perception, or lack thereof,

of shelter staff as a legitimate authority? The results suggest that it was not solely the

nature of staff communication and enforcement of the rules themselves that participants

interpreted as indicative of staff legitimacy, but also the degree to which staff members

positively welcomed residents, were integrated with and available to them, and expressed

a complex understanding of their needs. Thus, the results suggest that all aspects of

shelter staff-resident relationships form the basis for staff's legitimacy as authority

figures in residents' eyes.

Interestingly, many participants also seemed to evaluate the level of staff

legitimacy in part based on personal characteristics or experience, as shown by their

nearly ubiquitous recommendation, discussed below, that staff members be survivors.

This suggests that *survivor* status, rather than having a degree or certificate, might give

staff greater legitimacy in residents' eyes. Given participants' expressed desire to have

their complex needs understood and addressed by shelter staff, it makes sense that they

might expect staff members who had walked in their shoes to have the best chances of

fully understanding them and managing authority with fairness. Yet, even when

authority figures are quite different from rule-enforcers, holding greater status or coming

from dominant groups (e.g. due to race, educational, profession) (Major et al., 2002;

Major & Schmader, 2001), individuals are more likely to interpret their actions as fair

and nondiscriminatory if those authorities themselves are seen as fair, discussed next

(Hegtvedt, Clay-Warner, & Johnson, 2003; Hegtvedt & Johnson, 2000; Tyler &

McGraw, 1986).

Fairness. Legitimacy, in turn, both contributes to and arises from rule-followers'

perceptions of the fairness and justice of authorities. In fact, research has shown that

perceived fairness dictates the degree of legitimacy given to an authority, which subsequently dictates the meaning and fairness individuals perceive in that authority's actions, in a mutually reinforcing cycle. As Tyler wrote, "Legitimacy may provide a framework through which actions are evaluated and judged to be just or unjust" (2006, p. 384). Individuals are more likely to follow and accept rules that they perceive as being enforced fairly (Tyler, 2006) and as being in place to benefit them, versus benefiting the rule-enforcers (Thibaut et al., 1974).

Consistent with this idea, participants expressed a great deal of concern about how fair and just staff members were in their general interactions with residents and in their communication and enforcement of the shelter rules. When they felt mistrustful of staff's intentions towards them or experienced staff members as exerting power and control in unfair ways, such as by favoring certain residents over others, judging or making assumptions about residents, or being overly controlling or strict in rule enforcement, participants struggled with living with shelter rules, and at times were reminded of past abuse dynamics.

We can see this reality reflected in the results on participants' approach to coping. For instance, when participants perceived staff members enactment of the rules as fair, they were more likely to manage rule-related difficulties and even rule-related "procedural injustice" without feeling personally mistreated or disempowered, usually through a direct collaboration with staff (Hegtvedt & Johnson, 2000, p 306). When they did not perceive enactment of the rules as legitimate, they often felt personally maligned,

dismissed, and unnecessarily restricted, and utilized more emotion-focused coping to manage their distress and get through their shelter stay.

As noted in Chapter 2, rule formality (the degree to which rules are communicated) and rule stability (the degree to which they are consistent across contexts) are two aspects of rules that influence individuals' perceptions of their fairness (Sell et al., 2004). Consistent with these findings, the results show that participants evaluated the fairness of staff enforcement of the rules in part by how well they communicated about the rules and how consistently they were enforced. Regarding the former, participants on the whole craved more information about the rules and the reasons behind the rules, particularly when such information helped them see the reasons behind the creation of a given rule. Here we see an overlap of formality and values, described above, as the more information and evidence participants had about a rule being developed due to safety concerns, the more willing they were to accept that rule, even when they viewed it as difficult or frustrating. As for the stability of the rules, participants identified consistency as an important component of rule enforcement, especially in terms of race and ethnicity, with a few participants perceiving staff behavior as discriminatory in this regard.

Shared voice and power. According to social psychological research, the degree of vertical hierarchy and imbalance of power between the rule enforcers and rule followers greatly impacts individuals' perception and experience of the rules (Sell et al., 2004; Thibaut et al., 1974). Specifically, the more participation and shared power individuals have when it comes to rule creation and enforcement, the more likely they are to feel positive about the rules and to follow them (Thibaut et al., 1974).

This study's results also suggest that the level of fairness perceived in staff members' approach to communicating and enforcing the rules depended in part on nature of the power dynamics between staff and residents. When participants experienced these relationships as more egalitarian, the rules and the enforcement of the rules were generally experienced as fair, whereas the opposite held true when participants experienced their relationships with staff as being especially boundaried and hierarchical.

Indeed, the few participants who were able to collaborate on rule-related decisions or allowed to have some voice and choice when it came to the rules described these experiences as particularly positive, and one participant eloquently described how being able to give feedback to the staff about the rules helped her to "feel like I'm somebody in this world." Conversely, and described in detail above, the entrenched boundaries between staff and residents that some participants experienced understandably threatened their sense of being active participants in the enactment of rules within the shelter. Consistent with research, these participants were more likely to have negative views of the shelter rules and to follow them with some difficulty and distress.

Contextualizing shelter staff's rule-related behaviors. In light of the results of this study and research above showing that the relationship between staff and residents is especially influential on individuals' experiences with rules, we briefly turn to literature showing the tremendous pressures that shelter staff workers are under to behave "professionally" in relation to residents in increasingly boundaried ways.

A number of advocates and theorists have critiqued the ways that the presence of professionals within more traditional power structures implicitly encourages the

development of more deeply entrenched boundaries between staff and residents within

shelters (Chang, 1992; Dunn & Powell-Williams, 2009; Gaddis, 2001; Holden, 1997;

Stark, 2007, 2009; Wies, 2008; Loseke, 2001; Panzer et al., 2000, Westlund, 1999).

Research on the experiences of shelter workers supports this concern. A number of

studies have shown that shelter workers feel tremendous pressure to act in a

"professional" manner, not only by creating rigid emotional boundaries, but also rigid

physical boundaries between themselves and residents (Dunn & Powell-Williams, 2007;

Thapar-Bjorkert & Morgan, 2010; Wies, 2008). In fact, research suggests that shelter

staff can feel pressure to do so even when such boundaries are at odds with their beliefs

about how to work with survivors (Chang, 1992; Dunn & Powell-Williams, 2007;

Holden, 1997; Wies, 2008).

For example, in one qualitative study of the experiences and perspectives of 35

shelter workers and 15 long-term DV advocates, many participants described their belief

that "being professional" required them to be more emotionally and physically distanced

and boundaried with shelter residents. They described professional behavior as including

not showing their emotions, not disclosing personal information, clarifying that they were

not the residents' friends, and in some cases, spending much of their time in areas of the

shelter that were far away from residents' rooms (Wies, 2008). Although these

participants described ways that becoming more professionalized brought them respect

and status when advocating for survivors outside of the shelter, they also acknowledged

that it came at a cost. One participant described disliking "the segregated feeling," that

she herself contributed to, believing that it created "an illusion of power differential"

(Wies, 2008, p.226), and another participant eloquently spoke of her frustration that the

pressure to be professional "creates a hierarchy and it creates a distance between us and the women we serve" (Wies, 2008, p.231).

Combined with the above discussion on rules and the results of this study showing that participants felt dismissed, unsupported, or judged when staff members were physically or emotionally distanced and segregated from them, these quotes make clear that the pressures for staff to differentiate themselves as professionals from residents can negatively impact both residents and staff alike.

Summary of ecological framework. The above sections review research on salient ecological factors that influence participants' experiences of living with shelter rules. First, at the individual level, the nature of IPV and its impact on residents' cognitive schemas and mental health may determine, to some extent, the shelter dynamics to which they are most attentive. Also at the individual level, staff burnout or secondary traumatic stress (STS) may contribute to some of the behaviors that participants found particularly difficult when it came to living with shelter rules. Second, at the meso-exo level, the values underlying rules and the complex nature of the relationship between rule-enforcers and rule-followers influence the degree to which individuals accept and follow institutional rules. Specifically, participant perceptions of shelter rules are shaped, in part, by the values they perceive as underlying the rules; the degree of legitimacy and fairness residents perceived staff to possess as authority figures; the level of hierarchy and boundaries between staff and residents; and the related degree of voice residents had when it came to the rules. Finally, at the meso-exo level, specific pressures on staff members to become more physically and emotionally boundaried as part of becoming

"professional" may impact their behavior, and subsequently, participant experiences with shelter rules.

Recommendations for Research and Practice

Following a brief review of the limitations of this study, the following section discusses the implications of these results for practice and research.

Limitations to the study. There are several limitations to this study. With regard to sampling, although we purposely chose to recruit participants from a Transitional Living Program (TLP) in order to avoid interviewing women living in emergency shelters, recruiting solely from a TLP program may have biased the results in two different ways: First, TLP residents have in some sense successfully moved through emergency shelters, as evidenced by their gaining admission into a TLP. Thus, important information about women who are "unsuccessful" in their emergency shelter stay may not be represented in this study (Haaken & Yrugai, 2003; Smyth, Goodman, & Glenn, 2006). One might imagine that such women could be even more critical in their descriptions of living with shelter rules.

Second, participants' experience of the TLP itself may have shifted their perceptions of their time at emergency shelters. TLP rules tend to be less restrictive, and residents form longer-term relationships with each other and with staff. It is possible, therefore, that TLP residents, looking back, may have become biased towards perceiving their emergency shelter experiences in a more negative light than they would have before their TLP stays. Further, such retrospective negative perceptions could have been

intensified if TLP residents shared stories of their shelter stay with each other. Ultimately, it is impossible to know how such processing or discussion might have influenced the meaning participants gave to their shelter experiences, but it may have created a more monolithic narrative than would have been the case if they had never discussed their prior emergency shelter experiences.

In addition to the sampling bias inherent in our choice to sample TLP residents only, the sample is also biased in that all participants in this study reported escaping heterosexual abuse. Thus, the study provides no insight into the potentially unique experiences of residents who escape same-sex abuse (Grisby & Hartman, 1997; Renzetti, 1996). Finally, all participants resided in shelters that were in fairly urban areas. The results may therefore not capture the experiences and needs of rural survivors, a population research shows often has limited access to appropriate DV services (e.g. Few, 2006).

Beyond sampling-related limitations, the credibility of these results is somewhat attenuated by the fact that we were not able to organize a feedback session with participants, as we had originally hoped to do. This was partly due to the transient nature of the population, as once the analysis was complete, the majority of participants' contact information had changed. Unfortunately, it was also not possible to meet with other residents (i.e. those who had not been interviewed as part of this study), at TSS to see if they could provide feedback on the results based on their experiences in emergency shelters.

Implications for shelter practice. Despite these limitations, the results of this study suggest the potential utility of a number of changes to current shelter practice, both specifically in terms of the rules, and more generally in terms of the structure and dynamics of the relationships between staff and residents within emergency DV shelters.

We make these recommendations, detailed below, with the awareness that large-scale changes in emergency shelter culture cannot be implemented without an even broader transformation of the systems in which shelters are embedded. To take one example, it would be impossible for shelter staff to become more flexible in their approach to rule-enforcement (recommended below) without addressing the broader pressures that contribute to relatively inflexible rule enforcement. These broader pressures include mandates from funders to show evidence of success as measured by residents' adherence to a set of specific standards; or to show evidence of professionalism via the creation of professional hierarchies and boundaried relationships with residents. We therefore offer the following recommendations with the understanding that larger structural changes are likely necessary before shelter staff might fully implement some of them.

In addition, it is important to note here that our data are composed of participant perceptions, not staff behavior. Given the absence of firsthand information on shelter staff experiences or our own independent observations of shelter life, it would be irresponsible and presumptuous to offer our own recommendations about what staff should do differently. Instead, all but one of the following recommendations emerge directly or indirectly from participants, and therefore represent resident perspectives on

how shelters need to change. Only the final recommendation – that concerning staff training – goes beyond the views of participants themselves.

With these caveats at the forefront, the results suggest the following: First, shelter staff might improve residents' experience in shelters by responding with greater sensitivity to the *shared and individual needs* of residents. Second, the relationships between shelter staff and residents should be built on a foundation of *shared power and collaboration*. Third, shelter workers should help residents to *maintain critical relationships* outside the shelter. Fourth, shelter workers must be provided with adequate *training, support, and supervision* in order to help them best meet the needs of residents and to prevent the development of burnout and secondary traumatic stress (STS).

Respond to the shared and individual needs of trauma-survivors. Participants in this study were united in their recommendation that staff members must be more highly attuned to residents' shared histories of psychological trauma. Building on this recommendation, we suggest that staff members develop greater awareness of how aspects of the coercive dynamics of abuse can be unintentionally replicated in the shelter environment. This recommendation fits squarely with the discussion above on ways that survivors' cognitive schemas, modified in the wake of IPV, as well as the possible development of symptoms of PTSD, can sensitize them to signs that shelter staff members misunderstand, judge, distance from, or unnecessarily exert control over them (Derry, 1996; Horowitz, 1990; Jones, Hughes, & Unterstaller, 2001; McCann & Pearlman, 1990; Resick, Monson, & Chard, 2007). As Evan Stark (2009) has articulated, when those who work with survivors do not have a deep understanding of the coercive

tactics common to IPV, "the oppression battered women experience is disaggregated, trivialized, normalized, or rendered invisible" (p.1510).

This recommendation is also in line with trauma-informed theories developed specifically to prevent re-traumatization in service provision and to promote empowerment and healing among trauma survivors. Trauma-informed theory places emphasis first and foremost on understanding survivors' need for safety, respect, and acceptance, acknowledging survivors' strengths, and understanding the full impact of violence and victimization on survivors' lives (Elliott et al., 2005; Harris & Follett, 2001).

Perhaps the frequently articulated participant recommendation that survivors be hired as staff members reflects the import they accord to having their experiences as trauma survivors fully understood by shelter staff (Rodriguez, 1988). When residents learn that a staff member is a survivor, they appear to assume that she or he will understand them, have their best interests at heart, and interact with them in a fair and just manner. When a staff member is not openly a survivor, it may be even more essential that she or he communicates a deep understanding of the needs of IPV survivors in order to be viewed as a legitimate and fair authority figure in their eyes (Tyler, 2006).

Alongside the need for staff to understand survivors' shared attunement to dynamics of coercion, residents made a corollary suggestion that staff need to understand their unique needs as individuals (Fonfield-Ayinla, 2009; Smyth, Goodman, & Glenn, 2006; Goodman & Epstein, 2008). Participants noted again and again that a one-size-fits-all approach does *not* work when it comes to shelter service provision and shelter

rules. With regard to shelter rules specifically, shelter staff could consider each resident's needs in a variety of ways. For example, they could consider the lethality of a resident's abuser, which could lead to allowing her more (or less) outside contact or freedoms; they could offer greater flexibility around curfew rules in order to accommodate a resident's current work situation, which might, in turn, enable her to keep her job while in the shelter; they could account for resident's physical disability, which could lead to flexibility around the chores that she is assigned. Indeed, just as staff members' communicating an understanding of residents' shared needs as survivors counters their fears of being unsupported or judged, communicating an understanding of survivors' unique needs as individuals counters their fears of having their individual realities denied or minimized (Pence & Paymar, 1993). The importance of flexibility in rule enforcement is also considered next in the section on shared power.

Collaboration and shared power. The results of this study suggest that shelter residents must be given more power and control over their own lives within the shelter. Sharing power with residents has the potential to create a more positive and empowering shelter environment, one that offers a counter-example to past experiences of abuse (Chang, 1992; Davies, Lyon, & Monti-Catania, 1998; Ptacek, 1999; Rodriguez, 1988; Stark, 2007; Westlund, 1999).

Drawing from participants' accounts, we suggest that giving participants more power and control involves a shift in the nature of the overall relationship between shelter workers and residents, away from relatively rigid professional boundaries and vertical hierarchy, and towards a more egalitarian style of staff engagement with residents

(Chang, 1992; Gaddis, 2001; Rodriguez, 1988).   This would not represent an easy shift, but it does seem clear that "professionalism" should not be equated with hierarchy and rigid boundaries; indeed, shelter workers can be open to and engaged with residents emotionally without diminishing their roles as professionals (see Goodman, Glenn, Bohlig, Banyard, & Borges, 2009 for an example of how this issue was negotiated in a community-based advocacy program for low-income women).

More egalitarian relationships between staff and residents could be developed in a number of ways. First, staff workers could "personalize their communication with residents" (Rodriguez, 1988, p.219) leading to the development of more "intensive and affective ties between staff and residents" (Chang, 1992, p. 51). This would require that staff members be open emotionally to residents, share aspects of their personal lives, and become involved with residents in all aspects of daily life (e.g. cooking together, joining in on daily chores, or spending "down" time getting to know each other) rather than isolating themselves in separate areas of the shelter. In these ways, staff-resident relationships could move beyond the dichotomous roles of professional (rescuer) versus client (victim) to become more multidimensional (Hobart, 2006).

Second, residents could be given more responsibility to manage and maintain the shelter space. For example, they could be in charge of daily activities such as choosing and purchasing shared food and basic amenities, managing cooking and cleaning responsibilities, decorating the shelter space, or determining nightly social events.

Third, shared power between staff and residents requires a more flexible and collaborative approach to rule enforcement specifically (Goodman & Epstein, 2005). The

results of this study make clear that residents benefit from being given as much choice and freedom as possible when it comes to the rules, both at an individual and community level. Regarding the former, staff should provide regular opportunities for participants to make independent decisions, and to discuss and resolve collaboratively rule-related problems. For example, residents could be encouraged to make individual choices about parenting, such as what and when their children eat, when they go to sleep, and what kind of emotional care and discipline they should receive.

Regarding rule-related choice and freedom at the community level, residents could be given more responsibility for developing a rule and policy structure that works for them. For example, they could be encouraged to work collaboratively to find a solution to the problem of how to get the chores assigned and completed on time, or when meetings should be held and which types of meetings should be prioritized (e.g. meetings on house management, psycho-educational topics, available resources and services, or parenting). It also seems particularly empowering for residents to have opportunities to provide feedback to staff about their experiences with the rules and to see their feedback affecting change within the shelter.

This set of recommendations related to shared power and collaboration are consistent with trauma-informed theories' emphasis on the importance of building provider-consumer relationships based on relational collaboration, maximizing choice and control for survivors in the recovery process, and inviting consumer input and feedback (Elliott et al., 2005; Harris & Follett, 2001). The focus on the importance of shared power is also consistent with research on rules and social relationships showing

that shared power among rule-enforcers and rule-followers is related to an increased

likelihood that individuals will accept and follow institutional rules (Thibaut et al., 1974).

Indeed the absence of strong power differentials and the presence of shared responsibility

contribute to greater attachment of individuals to a group, in this case the shelter, and to

the group's overall purpose, in this case, effective management of the shelter as well as

greater safety and wellbeing for shelter residents and (Lawler, Thye, & Yoon, 2008;

Lawler & Yoon, 1993),

   Help survivors maintain social networks outside the shelter. Participants in this

study strongly recommended that shelter staff recognize and prioritize their relationships

with informal social supports and resources outside the shelter (Goodman & Epstein,

2008; Goodman & Smyth, 2010; Schillinger, 1988; Stark, 2007, 2009). Research

described above has shown the strong positive relationship between emotional and

instrumental support and survivors' mental health and physical safety (e.g. Goodkind et

al., 2003; Levondosky et al., 2004; Riger et al., 2002; Rose, Campbell, & Kub, 2000). It

is therefore essential that shelter rules and enforcement not further isolate residents from

available supports and resources.

   Staff could support residents' relationships with informal network members in a

number of ways. First, echoing the earlier recommendation concerning shared power,

staff members could approach rules related to outside contact and access to community

resources as collaboratively as possible. Any form of contact with informal social

support networks – e.g. talking with a friend by phone, visiting a family member outside

the shelter, or leaving to attend a family functions – can be helpful in alleviating a

survivor's distress. The same applies to contact with already-established community institutions– e.g. the participant's place of employment, her child's school, her church, or her old grocery or retail stores. Such access to community and social ties may be especially critical for women of color and survivors from other traditionally marginalized groups, who tend to be more reluctant to use shelter services and to be more heavily reliant on community connections to help them move forward and heal in the aftermath of IPV (Donnelly et al., 2005; El-Koury, Dutton, Goodman, Engel, Belamaric, & Murphy, 2004; Goodman & Epstein, 2008; Goodman & Smyth, 2010; Moe, 2007).

We acknowledge that there is a real tension between keeping residents safe and making the shelter walls more permeable to outsiders (Arnold, 2009). However, given the critical role of informal social support and community ties in improving survivors' mental health and keeping them safe from re-abuse, we believe that it is a tension with which shelter workers must critically engage in order to provide the most appropriate and effective services possible.

Protecting and caring for staff. All of the above recommendations require that staff members be given adequate support to do their job. They cannot be attentive, collaborative, and emotionally present with residents if they are exhausted, burnt out, overworked, or suffering from secondary traumatic stress (STS). As described above, shelter workers experience a great deal of pressure and stress to provide services and support to survivors of IPV, and usually within a job context that offers little pay and no benefits (Chang, 1992; Wies, 2008). The results of this study suggest that the wellbeing of staff workers filters down to impact residents' experiences in the shelter. We therefore

believe that shelter staff workers not only need support and supervision simply to remain capable of effectively doing their job, but also to prevent negative mental health outcomes such as burnout and STS, both of which can have harmful consequences for residents.

A number of factors have been found to protect against the development of burnout and secondary traumatic stress (STS) among shelter workers. In terms of preventing burnout, the presence of social support of staff outside of and within the shelter (Baker et al., 2007; Brown & O'Brien, 1998), and more realistic work expectations set by supervisors (Baker et al., 2007; Brown & O'Brien, 1998; Chang, 1992) have both been found to protect against burnout among domestic violence advocates. In fact, Chang (1992), in her in-depth examination of one shelter's organization and service-provision over a period of years, emphasized the protective influence of "staff -affirming and -supportive supervising" in helping to prevent burnout among the shelter staff members (p.50).

In terms of secondary traumatic stress (STS), factors that prevent its development overlap with those that protect against burnout. These include support and supervision within the shelter and shared power among staff (Slattery & Goodman, 2009). Such shared power could take the form of consensus decision-making processes and equal pay among all staff members. Even when a flat hierarchy in a shelter is not possible, we believe that it is essential for shelter staff workers to feel as, understood, supported, and empowered within their work environment as it is for shelter residents. As much as possible, shared power among staff, inter-staff support and collaboration, and effective,

consistent supervision must be present in order to help shelter staff members do their best in a very difficult and stressful job.

Implications for future research. Several implications for future research also emerge from these findings. First, although the results of this study provide important and provocative information about the experiences of shelter residents, it is a qualitative study that was designed to bring forth as wide a range of participant experiences as possible, not to determine their relative prevalence. These results need to be explored further through quantitative research that would assess the relative prominence of residents' positive and negative experiences living with shelter rules, as well as contributors to each. The recent study by Lyon, Lane, and Menard (2008) represents one important contribution in this regard, but leaves a number of unanswered questions. For example, what predicts women's varied experiences in shelters? How do factors such as severity or length of abuse, mental health (e.g. depression or PTSD), level of social support, and shelter-related factors such as staff-resident relationships, contribute to participants' experiences in shelters?

Second, future research might also explore how shelter staff understands the rule structure in their shelters and the forces that have led to their development. What would they like to change, and what prevents them from doing so? Third, the important and complex relationships between shelter staff and residents should also be explored in future research. Qualitative research could identify and explore directly those factors that contribute to a healthy staff-resident relationship within shelters, from both the perspectives of shelter staff and shelter residents. Quantitative research could measure the

extent to which these factors currently exist in shelters across the country, and the impact

of these factors on both staff workers' and residents' experiences.

Fourth, future research could also compare the experiences of survivors in more

traditional provider-client modeled shelters to those of survivors in shelters that openly

utilize a more feminist or egalitarian approach to shelter services. Such research would

help identify salient differences between the two models and outcomes for survivors, and

could potentially provide evidence to funders of the utility of more collaborative models.

Finally, at a broader level, it would be useful for future research to explore

consumers' experiences with rules in other services for trauma survivors, to see if similar

salient factors impact their experiences with and perceptions of institutional rules and

programs. For instance, it would be useful to explore individuals' experiences with rules

in non-DV homeless shelters, psychotherapy and drug-treatment programs, VA hospitals,

and social service programs such as Transitional Aid to Families with Dependent

Children (TAFDC) and public housing. Such research, conducted using qualitative and

quantitative methodologies, could provide useful information about program

management, staff training and supervision, and effectiveness of service provision in

programs that serve trauma survivors.

Conclusion

The ubiquitous presence of rules across emergency DV shelters today is in part an

unintended negative consequence of the gradual shift in shelter practice towards greater

professionalization and standardization. This represents the first study to explore

residents' experiences living with shelter rules as a lens through which to understanding women's broader experiences in contemporary emergency DV shelters. Findings suggest that residents' experiences living with shelter rules are impacted by a number of contextual factors that echo or counter dynamics of power, control, and social isolation that are common to IPV. In direct and indirect ways, participants called for shelter staff to respond more comprehensively and sensitively to the shared and unique needs of IPV survivors; to shift the nature of their relationships with participants towards greater mutuality and shared power, and more flexible boundaries; to enforce rules more flexibly and collaboratively; and to support residents to stay as connected as possible to existing social support and community ties. Further, we believe that for staff to follow these recommendations, they need to be provided with the necessary support and supervision. We acknowledge that these recommendations may require structural shifts in shelter practice, and encourage those who work with IPV survivors to engage in a critical exploration of how to address the very complicated tensions between needing to keep shelter residents safe and needing to encourage and value their independence, empowerment, and healing. Doing so may require new research explorations into staff, as well as participant, experiences.

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Table 1

Example of Second Level Coding: Helen

Category	In-Vivo	Data
SPEAKING UP FOR SELF WITH STAFF	Having unique situation that impacted rules (being traceable)	R: I think because the rules are so generically tailored that it doesn't leave my personal situation is that I have the connection to law enforcement. I am very traceable, my son and I. When I tried to, when I tried to tell them if I give you this [her location for foodstamp application], he'll find me. And it's happened over and over. Well, here's a restraining order process, here's this. And I've tried to tell them, I've tried that. It doesn't work. For me it's not a good fit. I don't want to give you this, here's my reasoning behind it. And I remember being pushed and pushed and pushed and pushed you need to do this. This is
ASKING FOR EXCEPTION/ BEING DENIED	Speaking up with staff about rule-related needs; asking for exception; Being pushed by staff to follow rule that put her in danger	
STAFF PUSHING HER TO FOLLOW RULE CAUSING HARM/RISK		

		what needs to be done, knowing that it was going to compromise both of our safety and that he would find me in a matter of minutes. They did not take the time to try to be more creative to get what they needed but also to protect me in that way. And it came down to if you don't disclose it then you need to go. So I had to disclose it and he found me and I was back again.
STAFF PUSHING HER TO FOLLOW RULE CAUSING HARM/RISK	Staff not respecting woman's unique situation; staff not being creative about how to meet her unique rule-related needs	
ENFORCEMENT OF RULES CAUSING HARM/ RISK	Outcome: resident being forced to disclose address and being found by abuser	

Table 2

Example of Second Level Coding: Ingrid

Category	In-Vivo	Data
STAFF PROVIDING POSITIVE EMOTIONAL SUPPORT (talking, understanding) LED TO HER FEELING SAFE	Staff support helping her feel safe/ secure; staff seeming to understand res's experience	R: They just made me feel secure, made me feel safe like I guess they understood what I was going through so that kind of also helped. (I: How did you know that they understood?) They just talked with me and just some of the things they were saying made me feel like ok maybe she understands what I'm going through.
	Staff talking with resident helping her feel safe and understood	I know one of the staff members had told me about part of their story. And that made me feel like ok, she's been through this, she knows. (…it sounds like that made a difference?) Oh absolutely.
	Knowing that staff was survivor helped her feel more understood	R: Just whenever I had to talk to staff about something I was going through

STAFF AS

SURVIVOR

HELPING

Being able to vent with staff; appreciating that staff really listened to her; staff providing feedback; knowing staff maintained confidentiality helped her vent

STAFF OFFERING

SUPPORT

(EMOTIONAL)

What's the difference between this one and the first category (staff providing positive emotional support)

I could go to them and knowing that what I say would stay in that room and it wouldn't leave and she just I was able to just totally vent. And the staff would just sit there and listen and give their feedback if you wanted it.