

How Women in Domestic Violence Shelters Experience Empowerment

by

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Abstract

Domestic violence shelters offer services key to ending intimate partner violence, but the effect of a shelter stay on women has received little research attention. The present qualitative study examined how a shelter stay affects women's sense of empowerment, and addressed the following questions: (1) How do women in shelter define empowerment? (2) What are the empowerment experiences of women in shelter? (3) How do shelters support, or hinder, women's empowerment process? Nine interviews were conducted and analyzed using Fraser's (2004) narrative method, which situates personal stories within their social context. Four interrelated empowerment processes emerged: *self-reflection*, *gaining clarity*, *acquiring knowledge*, and *building community*. Three primary shelter elements impacting empowerment were: increasing safety, forming connections, and promoting self-efficacy. This research situates a stay in shelter within the process of empowerment and highlights interpersonal, organizational, and structural influences on women's empowerment. Suggestions regarding shelter practices and system policies are made.

Keywords: intimate partner violence, domestic violence shelter, intervention, empowerment, intersectionality

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For the nine women who shared their stories with us-

Stories break silence and nourish those who work, feel, and dream.

— Carmen Naranjo

Table of Contents

Abstract	ii
Acknowledgments	iii
Dedication	iv
Table of Contents	v
List of Figures	viii
Chapter 1: Background	1
1.1 Intimate Partner Violence	1
1.2 Intervention	8
1.3 Shelters.....	11
1.4 Intervention Outcome Measures	20
1.5 Empowerment	22
Chapter 2: The Current Study	35
2.1 Purpose and Research Questions	37
2.2 Methodology	37
2.3 Theoretical Perspectives	38
Chapter 3: Method and Data Analysis	40
3.1 Setting	40
3.2 Participants	41

3.3 Procedure	42
3.4 Data Analysis Procedures and Interpretation.....	45
3.5 Verification	49
Chapter 4: Findings.....	53
4.1 How did women define empowerment?	53
4.2 Differences Among Participants	55
4.3 The Empowerment Process in Shelter	59
4.4 What is happening in shelter to either facilitate or hinder these processes?.....	79
Chapter 5: Discussion	107
5.1 Limitations	107
5.2 The Process of Empowerment for Women in Shelter	119
5.3 The Impact of Shelter Services on Women’s Empowerment.....	116
5.4 Recommendations.....	133
5.5 Strengths	137
5.6 Contribution	138
References.....	139
Appendix A- The Empowerment Process Model (Cattaneo & Chapman, 2015).....	170
Appendix B- Recruitment Poster/ Handout Information	171
Appendix C- Consent to be Contacted	172

Appendix D- Script to Prospective Participants at the Time of Initial Contact.....	173
Appendix E- Overview Script.....	174
Appendix F- Informed Consent Form.....	175
Appendix G- Demographic Information Form	178
Appendix H- Narrative Interview Questions and Probes	182
Appendix I- Coding System.....	184
Appendix J- COREQ Checklist	190

List of Figures

Figure 1: The Empowerment Model Specific to Women in Shelter..... 60

Chapter 1: Background

1.1 Intimate Partner Violence

What is intimate partner violence? Intimate partner violence (IPV) has been defined in a number of ways, but at its core, IPV is an act committed by a current or former partner that results in physical, sexual, or psychological harm (General Assembly resolution 48/104, 1993). This includes acts such as kicking, pushing, and slapping, but also things like verbal attacks and threats, denying access to money, stalking, and rape. IPV remains a largely hidden issue due to a plethora of reasons including: the threat of victim blaming (Fairbairn & Dawson, 2013); inadequate awareness of, and access to, IPV resources; fears of losing custody of children; feelings of shame; and fear of retaliation by the abuser (Dal Grande, Hickling, Taylor, & Woollacott, 2003; Sugg, 2015). Rates of IPV are likely underestimated by politicians, medical service providers, the media, the police, and other institutions. The view that IPV is an ‘other’ problem can affect the ability of friends and family to recognize a victim’s need for help and support. Researchers’ estimates of IPV rates in North America vary substantially (Tjaden & Thoennes, 2000) but researchers agree that rates are shockingly high.

A recent estimate of the lifetime rate of female IPV victimization in North America was a staggering 1 in 3 (Black et al., 2011). In Canada, there were 90,307 victims of police-reported intimate partner violence in 2013 (Beaupré, 2014). Approximately 80% of these victims were women. Manitoba was the province with the second highest rate of police-reported intimate partner violence. The rate of female IPV victimization that was reported to the police in Manitoba in 2013 was 832.9 per 100,000 women. However, this is an extremely conservative estimate of female IPV victimization in Canada – it is estimated that only 31% of *all criminal*

incidents are reported to police (Perreault & Brennan, 2010). Therefore the number of unreported incidents of intimate partner violence is likely significantly higher than these statistics show. The 1993 Violence Against Women Survey (VAWS) found that 51% of Canadian women aged 16 years or older had experienced at least one incident of physical or sexual assault (Status of Women Canada, 2002). Of these women, 45% reported that they had been victimized by a current or former partner (Status of Women Canada, 2002; Sev'er, 1997). That is approximately one quarter of all Canadian women, and that does not include women who have experienced different forms of abuse (e.g., psychological abuse).

IPV is a serious global health issue (WHO, 2013; Hägglom & Möller, 2006). Many researchers have studied the physical and psychological effects of IPV on victims including depression (e.g., Beydoun, Beydoun, Kaufman, Lo, & Zonderman, 2012), increased risk of self-harm and suicide (e.g., Klonsky, 2007; Sansone, Chu, & Wiederman, 2007), post-traumatic stress disorder (e.g., Woods, 2005), and other health consequences (e.g., Okuda et al., 2011; Plichta, 2004). IPV exposure is also associated with negative effects on children including emotional and behavioural problems and in some cases injury or death (Evans, Davies, & DiLillo, 2008; MacMillan & Wathen, 2014). Child exposure to parental violence has come to be recognized as a form of child maltreatment. In addition to the numerous disastrous effects that IPV has on victims (Black, 2011; Lagdon, Armour, & Stringer, 2014; Sugg, 2015), it is important to recognize that IPV affects *everyone*. IPV results in a significant economic burden being placed on society due to costs associated with doctors' visits, hospitalization, criminal investigations, court proceedings, incarceration, social services, unemployment and loss of production etc. (Envall, Eriksson, & Marnell, 2006; Kruse, Sørensen, Brønnum-Hansen, & Helweg-Larsen, 2011; Max, Rice, Finkelstein, Bardwell, & Leadbetter, 2004). Recent studies of

the estimated cost of IPV in Canada report that the direct costs of IPV total upwards of \$1.9 billion per year, while the total costs of IPV in Canada (including estimates for pain and suffering) are more than \$7.4 billion per year (McInturff, 2013). To put that number in perspective, that means that the cost of IPV in Canada is approximately \$212 per person per year.

With the feminist movement and the advancement of feminist theory, domestic violence began to emerge from the shadows. At its core, feminism views gender inequality and power relations as the cause of partner violence (Volpp, 2005). Feminism asserts that the cause of violence against women is gender oppression due to the patriarchal nature of the culture. Violence against women is the most extreme point along the oppression continuum (Richie, 2000). The abuse women experience in relationships involves control tactics and efforts to ensure compliance. Feminists have worked tirelessly to bring the issue into the public eye. These attempts have been successful, particularly over the past two decades. Violence against women has begun to be recognized as a serious civil rights and health issue by governments and agencies around the world (Haaken, 2010; Nicolson, 2010).

In intimate relationships, we know that violence is a tactic that can be employed by both sexes. However, there is currently an intense debate over the extent to which women perpetrate acts of violence in relationships. Some studies have found that women commit acts of aggression in intimate relationships just as frequently as do men, a concept known as gender symmetry (see Dutton & Nicholls, 2005; Straus, 2006). In these studies, the majority of the instances in which women were the aggressors were not situations of self-defense. Other studies, however, have found that men are the primary perpetrators of violence in intimate relationships (e.g., Buss, & Duntley, 2011). This discrepancy is likely the result of differing definitions of IPV. Some studies

include any act of aggression perpetrated by a partner in any context, while others specify more ritualized or systematic acts of violence designed to coerce an intimate partner (i.e., intimate terrorism; see Johnson, 2006). In another study, researchers found that while men and women were equally emotionally abusive, women were significantly more likely to be victims of physical and sexual abuse (Coker, Derrick, Lumpkin, Aldrich, & Oldendick, 2000). Regardless of the extent of women's participation in partner violence, researchers have consistently found that the consequences of male-to-female partner violence are far more serious than female-to-male partner violence (Ehrensaft, Moffitt, & Caspi, 2004; Jordan, Campbell, & Follingstad, 2010; Kaighobadi, Shackelford, & Goetz, 2009; Tjaden & Thoennes, 2000). Women more frequently sustain severe injuries as a result of IPV. Research has also shown that, in general, women victims of partner violence experience a broader range of negative psychological outcomes than male victims (Afifi, MacMillan, Cox, Asmundson, Stein, & Sareen, 2009).

That being said, there has been a shift from the traditional feminist perspective that posits that men are primarily the abusers and women the victims, towards a gender-neutral view, as evidenced by the use of the term "intimate partner violence" (Bumiller, 2010). Although this view promotes inclusivity, the gender-neutral view is based primarily on the assumption that rates of male-to-female violence and rates of female-to-male violence are approximately symmetrical (see Dutton & Nicholls, 2005). While we cannot deny that men can also be victims of IPV, some feminist researchers fear that this shift to gender-neutrality will mean that the impact of patriarchy and gender-based oppression will be disregarded, rather than incorporated into a larger picture of domestic violence (see George & Stith, 2014). Without a deeper understanding of the context, the significance, and the effects of the violence, important gender differences can be lost. The focus of the remainder of the literature review, and the focus of the

proposed study, will be on heterosexual women who have experienced IPV. This is because women are more often in a position of less power and because the consequences of IPV perpetrated by men against women are more severe. There are significant gaps in the research in this area. I want to be clear that I am not disregarding the experiences of male victims. George and Stith (2014) assert, “recognizing that not all IPV victims are women does not mean that services designed to support female IPV victims should be reduced or eliminated” (p. 185). Similarly, recognizing that not all IPV victims are women does not mean we should adopt a gender-neutral view, and it certainly does not mean that research focusing solely on women and the services available to them should not be conducted. It is also important to note that, although partner abuse among same-sex couples has been well documented, this research focuses solely on heterosexual women (see Waldner-Haugrud, Gratch, & Magruder, 1997).

Who experiences intimate partner violence? We know that approximately one in four Canadian women is the victim of a physical or sexual assault at the hands of a current or former partner (Status of Women Canada, 2002). If we were to include women who experienced other forms of violence (e.g., psychological) that number would increase substantially. While the prevalence of IPV for all women is high, some women are at increased risk. The factors that influence the likelihood of being a victim of IPV are complex and interrelated. The ways in which gender oppression is linked to a number of structural factors such as race, ethnicity, sexual orientation, and socioeconomic status cannot be ignored. Recently there has been a push to examine a diversity of experiences of ‘other’ women who face numerous forms of oppression- an issue called intersectionality (Crenshaw, 1994). An intersectionality perspective posits that inequities are the result of intersections of different social locations, systemic influences, and experiences. The violence that women experience is influenced by a number of dimensions of

their identities. The dominant discourses identifying discrimination based on race, sexual orientation, age, or class, for example, rarely consider the intersection of these structural factors with patriarchy, or any of the other oppressions. This leads to the marginalization of individuals who find themselves belonging to more than one category (Crenshaw, 1994; see also Bograd, 1999). Individuals experiencing double, triple, or even quadruple oppression must live within multiple overlapping systems that relegate them to second-class citizen status; a focus on only one source of oppression does not fully capture their experiences. Intersectionality is not about simply adding up the number of oppressions, rather it highlights the importance of considering all sources of oppression, as well as privilege, and the complex ways in which they interact to produce experience.

Research has consistently shown that younger women, women with fewer years of formal education, and women of lower socio-economic status are more likely to experience IPV in their lifetime (Capaldi, Knoble, Shortt, & Kim, 2012). Women cohabitating with a partner, who are often younger, less educated, and experience more life stressors, are more likely to experience partner violence than women who are either dating or married (Capaldi et al., 2012). The risk of IPV is also greater for women with young children and pregnant women (Magdol, Moffitt, Caspi, & Silva, 1998; see also Fusco & Fantuzzo, 2009). As well, women with physical health impairments, physical disabilities, and mental disabilities are more likely to be victimized (Hahn, McCormick, Silverman, Robinson, & Koenen, 2014; Brownridge, 2006; Curry, Hassouneh-Phillips, & Johnston- Silverberg, 2001). They are often more isolated than other women, and more dependent on others.

Acculturation stress has been associated with IPV, so newcomer women are particularly vulnerable to experiencing violence at the hands of their partners (Capaldi et al., 2012). Lower

acculturation is also associated with decreased help-seeking (West, Kantor, & Jasinski, 1998). Witnessing family violence in one's family of origin, and the experience of child abuse, have been found to increase the risk of experiencing IPV later in life (Friesen, Woodward, Horwood, & Fergusson, 2010; Renner, & Slack, 2006). Further, substance abuse is connected to IPV. Research has found that women are at increased risk of IPV if they or their partner abuses substances (DeMaris, Benson, Fox, Hill, & Van Wyk, 2003; El-Bassel, Gilbert, Schilling, & Wada, 2000). Women are also more likely to develop a substance use issue if they are victims of partner violence, which creates a vicious cycle (see Ashley, Marsden, & Brady, 2003).

In the U.S., Black and Hispanic women are more likely to experience IPV due, in part, to the intersection of various risk factors including economic disadvantage and discrimination (Field & Caetano, 2003; Field & Caetano, 2005). Similarly, in Canada, the rate of IPV is appallingly high among Indigenous women (see Brownridge, 2009). Indigenous people in Canada today experience substantial socio-economic disadvantage. According to the 2006 Canadian Census, 21.7% of Indigenous people had incomes below the low-income cut-off (LICO) after tax, compared to only 11.1% of non-Indigenous people. Indigenous people were almost twice as likely to have completed less than secondary school compared to their non-Indigenous counterparts. Additionally, they have lower employment rates and are 4 times more likely to live in crowded dwellings compared to non-Indigenous Canadians (Daoud, Smylie, Urquia, Allan, & O'Campo, 2013). In addition, Indigenous people must deal with the far-reaching and intergenerational effects of colonization and, specifically, the residential school system that impacts survivors, their families and friends, and their communities (see Alfred, 2009; Bombay, Matheson, & Anisman, 2014). As a result of these and many other factors, the rate of IPV among Indigenous women in Canada is significantly higher (3 times; Perreault &

Brennan, 2010) than non-Indigenous Canadian women and the violence Indigenous women experience is often more severe (e.g., sexual assault, assault with a weapon; Statistics Canada, 2011).

1.2 Intervention

The longer an abusive relationship continues, the more likely the violence will escalate (Feld & Straus, 1989 as cited in Oths & Robertson, 2007). Research has shown that, *without some form of intervention*, once violence is present in a relationship it is likely to continue (Lawson, 2003), and earlier use of violence in a relationship is associated with increased risk of future violent acts, and with continuing relationship problems (Holtzworth-Munroe, Meehan, Rehman, & Marshall, 2002). As such, intervention strategies are key to ending violence in relationships. There are a variety of types of interventions available, although, as we shall see, there is frequently very little evidence that documents the effectiveness of these interventions.

What types of interventions exist? One focus of intervention is the perpetrator of the violence. A first intervention involves the criminal justice system and arresting the perpetrator. Following the Minneapolis Domestic Violence Experiment (MDVE; see Sherman & Berk, 1984) it was suggested that arrest was an effective deterrent for abusers. However, although arrest policies have been extensively reviewed, the evidence surrounding their effectiveness is inconclusive and contradictory (Dobash, 2003; see also Bumiller, 2010). Another intervention targeting abusers are treatment programs, usually exclusively for men, which focus on accountability and victim safety. Abusers might access these programs voluntarily, or abusers may be mandated by the courts to attend. There is little evidence to support the effectiveness of these intervention programs for abusers (see Stover, Meadows, & Kaufman, 2009; Stith et al., 2012; Tolan, Goran-Smith, & Henry, 2006). There are very high dropout rates and rates of

noncompliance (e.g., Eckhardt, Holtzworth-Munroe, Norlander, Sibley, & Cahill, 2008).

Eckhardt et al. (2008) report that abusers often attend the rehabilitative programs without the desire to change. This may be due to “the coercive reason for referral and criminal justice elements involved in such programs” (p. 471; see also Bumiller, 2010).

There are also interventions that focus on the couple. In particular, there is the option of conjoint couples counseling for couples in which both partners choose to remain in the relationship after violence has occurred and who want to work towards an abuse-free relationship. This intervention is controversial for a number of reasons including: a fear that the abuser will not take responsibility if the focus of the intervention is the dyad, a fear that a therapist will take a neutral stance and not hold the abuser accountable, and a fear that victims will not feel comfortable speaking freely in conjoint counseling sessions or that speaking out may result in more severe violence (see Stith & McCollum, 2011). Despite these concerns, Stith and McCollum (2011) suggest that conjoint couples counseling may be beneficial if a thorough assessment is completed and a variety of conditions (e.g., abuser takes responsibility) are met, if therapists have advanced training in IPV and are enmeshed in a community of IPV service providers, *and* if special precautions are taken to ensure safety (e.g., individual sessions, teaching negotiated time-out). Although relatively few studies have evaluated the effectiveness of couple interventions, there is some promising evidence that it can result in significant decreases in couple violence in carefully screened couples (see O’Leary, Malone, & Tyree, 1994; Stith, McCollum, Amanor-Boadu, & Smith, 2012; Stith, Rosen, & McCollum, 2003). Studies have found that couple interventions are at least as successful in decreasing violence as individual or gender-specific treatments (McCollum & Stith, 2008; Stith et al., 2003). In addition, studies have found that couples counseling does not increase the female partner’s risk of experiencing

further violence, a commonly cited concern (see McCollum & Stith, 2008; Stith, et al., 2003; Stith et al., 2012).

Finally there are interventions that focus on the victims of IPV. The Canadian IPV rate appears to have remained the same over approximately the past decade (Statistics Canada, 2013). However, the extent to which women victims of IPV access resources appears to be slowly but steadily increasing (Statistics Canada, 2013). Recent studies have reported that women now disclose violence significantly more, and that abused women are more likely to access a variety of possible resources including shelter services (Du Mont, Forte, Cohen, Hyman, & Romans, 2005). Interventions that target the victim of IPV are often referred to as advocacy interventions because of the role that helpers play in assisting the women. These interventions typically focus on educating women about IPV, promoting safety behaviours (e.g., creating a safety plan), and referring to additional resources (e.g., housing, legal etc.; see Bair-Merritt et al., 2014; Stewart, MacMillan, & Wathen, 2013).

Counseling is another more long-term intervention that is available for women who have experienced IPV. Both individual counseling and group counseling has been shown to benefit women who have experienced partner violence (e.g., Echeburúa, Sarasua, & Zubizarreta, 2014). Counseling for female victims of IPV is often offered within a feminist framework, and frequently focuses on exploring the effects of partner violence, discussing coping strategies, and skill building (see for example Sharma, 2001). In a study by Rinfret-Raynor and Cantin (1997) counseling led to significant increases in the women's self-esteem, assertiveness, and social adjustment. Other types of counseling (e.g., career counseling; see for example Chronister, Harley, Aranda, Barr, & Luginbuhl, 2012) are also options for women coping with the effects of IPV.

Often, advocacy interventions and counseling interventions are embedded within the shelter intervention (e.g., Johnson & Zlotnick, 2006; Johnson, Zlotnick, & Perez, 2011). Interventions for women who have experienced IPV will necessarily differ depending on where women are in dealing with the violence. For example, women who are in relationships in which they are currently victims of violence have needs that differ from women who have left abusive partners and are dealing with the emotional aftermath of the violence. The advocacy interventions and counseling interventions mentioned above may occur throughout the process. In the present study, I focus on interventions relevant to women who are in crisis and seeking support from shelters.

1.3 Shelters

Shelters continue to be regarded as a key IPV intervention strategy with approximately 1 in 10 abused women accessing shelter services (Coker et al., 2000). Until the 1980s, shelters were generally independently run, however, as the demand for shelter grew, many shelters expanded into larger organizations and came to rely on government funding (Glenn & Goodman, 2015). Domestic violence shelters are places, often with confidential locations, where abused women are housed temporarily, and where they receive information and support. The most common types of assistance available to women within domestic violence shelters include: safety and protection planning, advocacy, transportation services, individual short term counseling, housing referrals, teaching life skills and parenting skills, financial assistance, legal services, and group counseling (Burczycka & Cotter, 2011). Some shelters offer culturally sensitive programming for minority and Indigenous women (see Bent-Goodley, 2005). The majority of domestic violence shelters in Canada accommodate women with children, offering childcare and other services for mothers (Statistics Canada, 2013).

On April 16th, 2014- the most recent Statistics Canada “snapshot day”- there were 627 shelters (including transition homes, second stage housing, and emergency shelters) available to abused women across Canada (Beattie & Hutchins, 2015). On that day, there were 4,476 women and 3,493 dependent children residing in those Canadian shelters (Beattie & Hutchins, 2015). Sixty-nine percent of the women who reported abuse were in shelter as a result of violence perpetrated by a current partner, while 17% were there due to violence perpetrated by a former partner. Other abusers included family members, caregivers, or authority figures. According to Statistics Canada, there are 32 shelters with 926 beds available to women victims of IPV in Manitoba (Beattie & Hutchins, 2015). During the 2013-2014 fiscal year, there were 2,841 admissions to domestic violence shelters in Manitoba. The highest rate of IPV among Canadian provinces is in Saskatchewan followed by Manitoba. It should also be noted that approximately half of Manitoba shelters provide services to clients residing on reserves (see Statistics Canada, 2013).

Of the residential facilities for abused women in Canada, approximately 13% are classified as “emergency shelters for women,” on which I will now focus (Beattie & Hutchins, 2015). In Manitoba, 36% of shelter admissions are to emergency shelters for women. Over eighty percent of those women and children reported that they were fleeing an abusive situation. In Manitoba there are 10 emergency shelters for women. A 2004 survey of residents of domestic violence shelters in Manitoba conducted by The Manitoba Association of Women’s Shelters found that women stayed an average of 25 days in shelter in Manitoba (Hagedorn, 2005). Most provincial guidelines limit shelter stays to approximately three weeks (Tutty, 2006). The province of Manitoba caps their funding of shelter stays at 30 days and, if clients need to stay longer, paperwork must be filled out and submitted before they are granted an extension.

Although there is no longitudinal data on the length of stay in domestic violence shelters in Canada, the length of stay in homeless shelters (to which victims of IPV must sometimes turn) has increased between 2005 and 2009 (Human Resources and Skills Development Canada, 2012). This is likely associated with increased difficulty accessing housing (Tutty, 2006).

Shelter benefits. There are many benefits of coming into shelter. It goes without saying that the physical separation of partners drastically reduces the risk of violence within that relationship. Shelter stays are therefore very effective in reducing the *immediate* risk of IPV (Berk, Newton, & Berk, 1986; Gilroy, Maddoux, Simes, Fredland, & McFarlane, 2014). Another important immediate benefit is the feeling of safety associated with being removed from the violent situation and the related dangers (Dichter & Gelles, 2012). While in shelter, women are provided with a variety of supports. In addition, the very act of disclosing violence and the subsequent help-seeking may increase women's agency and self-care abilities, which have been identified as protective factors for depression in women victims of IPV (Campbell & Lewandowski, 1997). Researchers have found that women seeking help for IPV enjoyed participating in groups with other women who had experienced IPV because they could learn from the experiences of those other women, and because of the support and understanding of the other women. The women reported that this helped them identify the consequences of the relationship violence and to begin to heal (e.g., Grauwiler, 2007).

Shelter effectiveness. Little research has examined the effectiveness of shelter interventions and the impact that being in shelter has on women. Most research evaluates only certain aspects of the shelter intervention. For example, studies have looked at social support within shelters (e.g., Carlson, McNutt, Choi, & Rose, 2002; Grauwiler, 2007) and how this affects the women residents. Other studies have examined women's sense of control while

working with shelter staff (Zweig & Burt, 2007). I will discuss the studies of these individual components of the shelter intervention further shortly. Little is known about the overall impact of being in shelter on women.

An exception to this is a 2006 study conducted by Tutty for YWCA Canada that reported shelters were in fact delivering the services that women residents identified as most needed. These were: emotional support or counseling from shelter staff, a safe place to stay, information about coping with stress and negative emotions, improving self-esteem, and getting referrals for housing services. They found that women endorsed items regarding changes they had experienced in shelter that concerned an increased focus on safety and reaching out for emotional support. They also found that, upon leaving the shelter environment, women reported statistically significant decreases in symptoms of post-traumatic stress. Approximately 90% of the respondents indicated that they did not plan to return to their violent partners when they left shelter. This research report used a standardized survey methodology with some open-ended questions. Qualitative interviews were also employed to gain additional context regarding the women's shelter stays (Tutty, 2006). However, this research tells us little about *how* these changes are taking place.

A large scale US study of 215 domestic violence shelters in eight different states collected survey data from survivors (including men) within 3 days of entering shelter and again as they were about to leave shelter (Lyon, Lane, & Menard, 2008). The survey asked about needs, impressions, concerns, outcomes, difficulties, and relationships with shelter staff. Participants' most important needs were related to: children, housing, community/economic/health, criminal justice system/legal system, and emotional support. The study included shelter-based outcomes related to self-efficacy, information, optimism, and

comfort with help-seeking, with at least 85% of survivors indicating that their shelter experience positively influenced these outcomes. The longer an individual stayed in shelter the more likely he or she was to positively endorse the items. Difficulties associated with shelter included conflicts with other residents, issues with privacy, trouble accessing transportation, and difficulties surrounding shelter rules (i.e., curfew, chore system, child discipline). Overall, 96% of respondents believed that they had been treated with respect by shelter staff.

A study conducted by Tutty, Weaver, and Rothery (1999) examined the impact of a stay in shelter using a mixed methods design. They interviewed 63 women after they had been in shelter for several days, and they later located 35 of those women for follow-up interviews. Women were asked what they found helpful during their shelter stay. The women's responses regarding shelter were overwhelmingly positive. Participants identified safety, emotional support from staff and from other residents, information about community resources, and childcare as being valuable to them. However, they raised some concerns regarding the shelter intervention, namely: the availability of counseling, having several different counselors, feeling judged by counselors, the availability of support groups, issues with the chore system, cleanliness of the shelter, the appropriateness of some other residents (e.g., substance use, aggressive behaviour etc.), other residents' parenting, and the availability of safe transport.

These are some of the few research reports that have evaluated shelter effectiveness and they are important in demonstrating that a shelter stay can reduce trauma symptoms and result in an intention to leave an abusive relationship. These studies also identify several areas of concern for shelter residents. However, there remain many unanswered questions about how women are impacted by being in shelter. Research is needed to connect elements of the shelter intervention and women's experiences in shelter to positive long-term outcomes, most importantly increased

safety. Clearly, more research is needed to expand our understanding of the impact of this intervention on women.

Problems associated with accessing shelter. While a shelter stay may be effective and shelters have generally been rated favourably in prior research studies (e.g., Tutty et al., 1999; Lyon et al., 2008), there are many problems associated with coming into shelter. First, research has found that past, adverse help-seeking experiences negatively affect the probability of women trying again to access services such as shelters. Studies have revealed that many women seeking help perceive IPV resources in general to be insufficient, inaccessible, or misguided (YWCA Canada, 2014). Numerous studies have revealed that women seeking help for IPV perceive the resources offered in response to IPV as not readily available, insufficient, misguided, and that responses can be downright harmful (Grauwiler, 2007; Pratt- Eriksson, Bergbom, & Lyckhage, 2014; YWCA Canada, 2014). “Narrow eligibility criteria, long waiting lists, and multiple service access points” are all important issues for women trying to access IPV services (YWCA Canada, 2014, p. 14). Some studies have found that women are largely dissatisfied with the support services available to them. They often encounter service providers who are apathetic, suspicious, or not adequately informed, and they frequently feel that they are being blamed, interrogated, or ignored. Indigenous women, in particular, face persistent discrimination, prejudices, and stereotypes when they report experiencing IPV (Canadian Network of Women’s Shelters and Transition Houses, 2013).

The fact that experiencing IPV impacts a variety of areas (e.g., custody and access, housing, social assistance etc.) that are dealt with through a variety of different organizations means that inadequate or inaccurate information can result in tremendous difficulty for women attempting to navigate the systems (see YWCA Canada, 2014). The women reported that they

often received no emotional support from service providers, and that they were given the run-around when trying to access desired services (Pratt- Eriksson et al., 2014). These experiences with services may affect the likelihood of women accessing shelter services. When women “expose themselves” and are not offered the protection of an empathetic and understanding relationship with a variety of care providers, and when previous encounters with service providers across a number of systems go poorly, these women may be hesitant to ‘try again’ to access similar services including shelters (Grauwiler, 2007; Pratt- Eriksson et al., 2014; YWCA Canada, 2014). These previously damaging encounters may also negatively impact women’s relationships with shelter staff if they access shelter services.

Unfortunately, even if a decision has been made to access a shelter, a significant number of women and children will not be admitted. There are two main reasons for this denial of services. First, many shelters are simply full. Although substance use issues, mental health issues, and being on a ‘non-admit’ or ‘caution’ list were among the reasons women were denied shelter, shelter being full was the most commonly cited reason for turning away women and children in need (56%; Beattie & Hutchins, 2015). As shelter utilization increases, so too does the number of individuals who simply cannot be admitted (see Tutty et al., 1999). On snapshot day in 2014, 338 women and 201 accompanying children in need of shelter were turned away (Beattie & Hutchins, 2015). There are often substantially more requests for shelter services during the summer months, likely because many women have school-aged children and are concerned for their children’s welfare. A stay in shelter could mean either the child missing school or changing schools, so mothers will often wait until school is out to seek help (Oths & Robertson, 2007; see also Tutty, 2006). This research indicates that shelters struggle to cope during these are peak times for shelter service requests. There can also be difficulties gaining

entry to shelters associated with lag and lead times. I am aware of certain shelters that have policies requiring a request for shelter services to be made within a certain period of time following a violent episode, otherwise their situation is not considered “urgent” enough and the perception is that shelter resources would be better spent elsewhere (see also Macy, Rizo, Johns, & Ermentrout, 2013).

There can also be certain groups of women whose needs exceed what shelters are able to meet. For example, Fowler (2007) found that in a US shelter for abused women approximately 60% were classified as “alcohol-dependent,” and 55% were classified as “drug dependent.” The vast majority of shelters do not accommodate women with mental health issues and addiction problems (Tutty, 2006, YWCA Canada, 2014). Despite the fact that mental health and addiction issues are often a consequence of experiencing IPV (El-Bassel et al., 2000), shelters tend to enforce a ‘zero tolerance’ policy when it comes to substance use or conflicts between residents. Women with readily apparent mental health issues are typically referred to other services (YWCA Canada, 2014). The ‘zero tolerance’ policy *does* make sense; on a whole, shelters simply don’t have the resources, and the staff simply don’t have the training and expertise, to effectively deal with these problems. A safe environment must be maintained for all shelter residents. However, the inability of the population of women experiencing mental health and addiction issues to access or remain in shelter means that they are not receiving important - perhaps vital - services when they are most vulnerable. The fact that there is no coordinated system to assist victims of IPV with mental health and addiction issues means that they are more likely to fall through the cracks, and are at increased risk of homelessness and experiencing further violence.

The shelter environment. Finally, the shelter environment itself may present challenges to women. Entering a shelter, particularly if the shelter is in a confidential location, means a significant decrease in informal social support from friends and family. Shelter policies put in place to maintain the shelter's confidentiality and safety (i.e., no visitation, nearby drop off and pick up spots etc.) often make it difficult for women to continue to maintain the same close relationships as before. Many shelters such as those in which this research took place, have firm policies restricting a woman's coming and going from shelter. These include 48-hour rules, whereby women are required to remain in shelter for the first 48 hours after being admitted, and other regulations such as curfews. Being aware of these policies is important because social support, both informal and formal, is a well-documented protective factor against many of the negative consequences of IPV such as anxiety and depression (e.g., Carlson et al., 2002). Shelter living may increase the formal supports available to women, but informal supports may fall by the wayside.

In addition, shelters are confronted with two huge challenges, namely funding and staffing (Canadian Network of Women's Shelters and Transition Houses, 2013). As Gengler (2012) details in her research on empowerment initiatives within domestic violence shelters, the way shelters operate has changed drastically over the past 4 decades. In the beginning, shelters were primarily run by women volunteers who were often survivors of IPV. Since those women had a deep understanding of the struggles of the residents, shelter living was generally less constrained by rules, and more democratic. Over the course of time, there has been a shift, due to funding requirements, towards the creation of many more rules and policies. In this way, shelter living can become much like the controlling environments that the women in shelter are trying to escape (Bumiller, 2008). One example of the strict policies in place is shelter intake procedures,

many of which are highly invasive (Canadian Network of Women's Shelters and Transition Houses, 2013). There has also been a move towards hiring shelter staff better qualified to oversee the running of a successful organization but often distanced from the women in shelter. Now, shelter staff are often middle-class, English-speaking white women, while the women residents are racially and ethnically diverse, and frequently of lower socioeconomic status (Gengler, 2012). This divide between shelter workers and shelter residents has the potential to result in discomfort and conflict.

In summary, shelters are widely used by women and their children fleeing situations of IPV. Shelters can be very effective in reducing the risk of violence, increasing feelings of safety, and providing women with a variety of desired resources and services. Shelters, therefore, are potentially a very important resource for helping women to be safe and begin the healing process, although there are also many challenges to providing this service. Further, there is the potential for the way in which services are provided to be at odds with what shelters are trying to accomplish. More research is needed to develop our understanding of the ways in which shelter stays affect women.

1.4 Intervention Outcome Measures

Termination of the abusive relationship (Patzel, 2001), and self-reported incidence of abuse (see Wathen & MacMillan, 2003) are the primary outcome measures used in studies of intervention effectiveness. Although, in the interest of achieving safety, it is evident why these outcomes are important, there are also a number of limitations of these markers of effectiveness. First, it is important to note that the end goal of intervention is not to move the victim towards terminating the relationship in which IPV has occurred. The purpose of intervention is simply to try to permanently end the abuse, whether apart or together (see Burkitt & Larkin, 2008). There

is an assumption that ending a relationship in which abuse has occurred is the best way to end the violence (see Butts Stahly, 2000; Peled, Eisikovits, Enosh, & Winstok, 2000). Many interventions may operate with this in mind. Despite the variety of options available, many programs across a range of social service systems emphasize leaving (Grauwiler, 2007). This is not surprising given the critical concerns surrounding victim safety. However, little research has been done to support this claim (Brown, 1997). In terms of self-reported experience of partner violence, one issue is that there is consistent, significant evidence that abuse is underreported (see Beaupré, 2011). Women may underreport the abuse they experience after receiving services for a variety of reasons including feelings of shame or failure, and fears of retaliation by the abuser (see Dal Grande et al., 2003). In addition, both of these frequently used outcome measures are dubious because they do not necessarily speak to a woman's readiness, willingness, and ability to take action, deal with the effects of the violence, and work to ensure her safety in the future (Brown, 1997).

A recent longitudinal study conducted by Bell, Goodman, and Dutton (2007) found that women who left their partners did in fact fare better than women who stayed with their partners, but only if they remained out of the relationship for a prolonged period of time. 'Fluid' women, who ended their relationships and then returned, and 'together then apart' women, who delayed leaving their partners, experienced the worst outcomes in terms of subsequent violence. This is important because it implies that a woman's readiness to come to terms with the violence and be confident in her decision to leave her relationship is a necessary step before she can terminate the relationship effectively. Women who stayed in their relationship throughout also experienced less physical violence, although they had a higher rate of psychological abuse than the women who left (Bell et al., 2007). One explanation is that there are means by which the women who

choose to stay may effectively alter the balance of power in the relationship without terminating it. This could also imply that the woman has taken some sort of effective action to change the physical abuse dynamics. As was noted, however, assessing the occurrence of all forms of abuse is needed to fully determine if women are in fact safe. While victim safety is a requirement of any intervention (see George & Stith, 2014), assessing safety by determining self-reported violence or relationship termination may not be the best outcome measure.

There is a need to look at how effectiveness can be measured. While ending the relationship and reducing incidences of violence may be useful markers of “success”, there are also limits to these measures. A common goal of intervention in IPV is to equip women to take action that is in their best interests. This focus on agency or empowerment is frequently found in the IPV literature (e.g., Cattaneo & Goodman, 2015; Sullivan & Bybee, 1999; Zwiig & Burt, 2007). The concept of empowerment may be useful to consider when assessing the effectiveness of intervention. As we will see, it has been found to be associated with safety *as well as* a host of other positive outcomes.

1.5 Empowerment

What is empowerment? The problem with the body of research around empowerment is that a consistent definition or model of empowerment is not employed. Many researchers, from Swift and Levin (1987) to Goodman and colleagues (2014) have noted that there is a critical lack of agreement regarding how empowerment should be defined and measured (see also Morgan & Coombs, 2013). Further, the fact that empowerment has become synonymous with the idea of ‘doing good’ has led to much confusion that is hindering efforts to advance the concept (Swift & Levin, 1987). There has recently been a push to put forth a comprehensive definition of the term, as well as a clearly specified model of the empowerment process. What follows is a brief

summary of the evolution of the concept of empowerment (see Cattaneo & Chapman, 2010), the critical issues in defining empowerment, and how empowerment has been used in previous studies related to IPV.

The concept of empowerment was first developed in the context of community psychology (Rappaport, 1981; Rappaport, 1987; Zimmerman, 1995; Zimmerman, 2000). Empowerment was presented as an alternative to the ‘needs versus rights’ dialectic. The focus on needs of any vulnerable or marginalized population was criticized for creating an expert/non-expert dichotomy wherein professionals and service providers researched, developed, packaged, and administered interventions to individuals who were merely passive repositories. On the other hand, focusing primarily on rights was criticized for relying so much on each individual’s freedom and independence that it became a policy of benign neglect. Empowerment transcends the needs versus rights issue by allowing service providers to enhance “the possibilities for people to control their own lives”, and by “seeing people as full human beings who have both needs and rights” (Rappaport, 1981, p. 15).

Rappaport (1987) was one of the first to put forth a definition of empowerment as it relates to psychology. He initially defined empowerment as essentially *mastery*, or a sense of gaining control (p. 122). However, this conceptualization was criticized for lacking a key aspect of interpersonal connection and cooperation. Riger (1993) expressed concern that, although individuals’ perceptions are often deeply connected to their behaviour, if we focus exclusively, or even primarily, on one’s sense of personal empowerment without connecting it explicitly to action within a larger sociopolitical context, then “the political becomes personal, and ironically, the status quo may be supported” (p. 281). The same criticism arose when the focus of definitions of empowerment shifted to goal achievement (see for example Mechanic, 1991).

While goals that are personally relevant are integral to the empowerment process, the goals must be related to increasing power, and the end goal must be an actual increase in power rather than a purely psychological sense of increased power.

Empowerment, then, is conceptualized as a multilevel construct that operates at the individual level, as well as within communities and organizations (see Kim et al., 2007; Gutierrez, 1994; Schulz, Israel, Zimmerman, & Checkoway, 1995; Zimmerman, 2000). Some definitions of empowerment were developed to include social participation as a key component. Rappaport (1995) next conceptualized empowerment as involving thoughtful participation within one's community with the goal of having the individual "gain equal access to, and control over, resources" (Cattaneo & Chapman, 2010, p. 648). While this includes a social element, the definition is too limiting. Only personal access to and control over the resources is examined, and in this conceptualization the desired outcomes are not personalized. One's ability to acquire resources is one element (i.e., the ability to effect change), but it does not speak to the "personalized" changes individuals will create once they have the means. Resource acquisition is not the goal; it is the means to the end.

Criticisms. It is not difficult to understand why the concept of empowerment has been tricky for researchers to define and measure. There are several concerns that must be addressed (from Cattaneo & Goodman, 2015). First, some researchers (e.g., Zimmerman, 1995) believed that it would be helpful to look specifically at empowerment as encompassing a range of positive elements. These elements included concepts such as self-efficacy, self-esteem, agency, social support, and optimism (see also Hunter, Jason, & Keys, 2013; Taylor & Stanton, 2007). However, defining empowerment as an "umbrella concept" (Cattaneo & Chapman, 2010) comprised of a host of other concepts actually led to greater problems with defining it. No one

definition of empowerment was agreed upon, and the concepts were not integrated in a meaningful way.

Secondly, empowerment is both a process and an outcome. Most studies involving empowerment have measured empowerment as an outcome only (e.g., Johnson et al., 2005; Song, 2012; Wright et al., 2010). In terms of studies of victims of IPV, the desired outcome is generally the termination of the relationship with the abuser (e.g., Patzel, 2001), or a cessation of abuse following an intervention (e.g., Sullivan & Bybee, 1999). There appears to be a dominant discourse around the effectiveness of interventions; an effective intervention is one that results in the termination of the relationship with the abuse and/or the cessation of violence.

Empowerment, then, is defined by these two actions. There are two problems associated with viewing empowerment solely as an outcome. First, the creation of outcome measures necessitates taking individual pieces of the process and equating them with the whole. This means that the process is not studied in its entirety and also that findings cannot be compared because researchers have conceptualized the construct in a variety of different ways (Cattaneo & Chapman, 2010, p. 649). Secondly, the fact that specific outcomes are identified means that *other* personalized outcomes (what I will refer to as *sub-discourses*) are missed. This creates two interconnected problems: first, empowerment should involve the creation and pursuit of personally meaningful goals, and second, evaluating individuals based on goals that are not necessarily their own can potentially be disempowering.

A contribution of the construct of empowerment is that it merges the concept of the individual with the concept of social systems so that one cannot be studied without the other (see also Swift & Levin, 1987). Personal empowerment is not only a psychological experience, but involves relationships to others and to social structures. The construct of empowerment

recognizes the complex interplay between individuals and others within a social context that shapes these interactions and experiences. Individual experience can only be understood within this context. Finally, it is important to note that empowerment can occur within a number of different areas of one's life, and empowerment in one area does not imply empowerment in another area. Empowerment will also look different for different people and in different social contexts (Zimmerman & Warschausky, 1998). Attention to the unique experiences of individuals within their social contexts is critical to understanding empowerment.

Conceptualizations of empowerment specific to intimate partner violence. An empowerment model called The Empowerment Process Model was developed by Cattaneo and Chapman (2010) and refined specifically for women who have experienced IPV by Cattaneo and Goodman (2015; see Appendix A). The model addresses all of the above concerns. Cattaneo and Chapman (2010) define empowerment as:

An iterative process in which a person who lacks power sets a personally meaningful goal oriented toward increasing power, takes action toward that goal, and observes and reflects on the impact of this action, drawing on his or her evolving self-efficacy, knowledge, and competence related to the goal. Social context influences all six process components and the links among them (p. 647).

There are three interconnected elements in their model: (1) defining or refining meaningful, power-oriented goals and objectives; (2) carrying out actions towards goal achievement, and (3) observing and reflecting on one's current situation, and the impact of their actions in relation to goal achievement (Cattaneo & Chapman, 2010, p. 647; see also Cattaneo & Goodman, 2015). Key aspects of this same iterative model of empowerment can be seen in Worell and Remer's (2003) pillars of empowerment, Hahn and Postmus' (2014) economic empowerment model, and

other researchers' conceptualizations (see also Swift & Levin, 1987). Likewise, Kasturirangan (2008) describes personal empowerment as an ongoing circular process involving constant evaluation, goal setting, and goal-directed behaviour. This model is used in the context of personally meaningful, power-oriented goals that differ from person to person and from context to context. The model takes into account both psychological change, and observable changes in power. When personally relevant goals that will increase power are identified, the authors assert that the individual will be motivated to engage in the "behavioural components of the model - gaining relevant knowledge, building competence, and taking action" (Cattaneo & Chapman, 2010, p. 652).

There are also four related constructs included in their model specific to survivors of IPV (Cattaneo & Goodman, 2015). The first is self-efficacy: the expectation that "one can successfully execute the behaviour required to produce the (desired) outcome" (Bandura, 1977, p. 193); it is one's ideas about what he or she is capable of accomplishing (Cattaneo & Chapman, 2010). Self-efficacy is impacted by each individual's social context and life experiences, and is an important determinant of positive change and can be impacted both by intrapersonal experiences (e.g., personal achievements), and by interpersonal experiences (e.g., modeling or verbal encouragement). The stronger the sense of self-efficacy, the more a person will actively engage in efforts to enact positive changes. The second construct is knowledge, which is associated with coming up with a course of action. This knowledge is often a critical understanding of one's sociopolitical situation and the systems within which one finds oneself (see Brown, & Ziefert, 1988). Research has supported the idea that individuals who are aware of the power dynamics at work within their lives, and the systems they are enmeshed in are more successful in attaining their goals (see Chronister & McWhirter, 2006). The third component is

competence. This involves determining skills that one is lacking, and developing those skills. This is a sense of knowing how to do something rather than feeling that one will be able to accomplish a goal (self-efficacy) or knowing what to do (knowledge). The final construct, which was added to the updated model, is building or accessing community resources. This entails determining what resources are required, becoming aware of the available resources, and either accessing those resources or working to create new resources (Cattaneo & Goodman, 2015).

Models like The Empowerment Process Model specific to survivors of IPV (Cattaneo & Goodman, 2015) provide a comprehensive framework within which to understand the broader processes underlying survivor's empowerment. However, more research is needed to expand on empowerment models such as this. The empowerment process will likely be different for different populations of women, in different settings, at different points in the recovery process. Additional research is required to develop a richer and deeper understanding of the empowerment experiences of specific sub-groups such as women residing in domestic violence shelters.

Past research on empowerment in IPV interventions. Empowerment interventions are recommended for individuals who have experienced trauma, including women victims of IPV (see Herman, 1992). Empowerment is often a central goal of IPV services. This is viewed as a means to combat the lack of control and power victims feel in their relationships and in the patriarchal society (see Cattaneo & Goodman, 2015). Victim-centered interventions, referred to in the research literature as 'advocacy interventions,' often *assume* empowerment is the goal. In reviewing the research on empowerment in IPV interventions we will see that no research to date has examined empowerment in accordance with potential limitations and/or using a clearly specified definition or model of empowerment. In particular, empowerment is frequently

operationalized as the provision of a specific service or group of services by an advocate to a victim of IPV. These services include: assertiveness training, self-defense classes, job counseling, and literacy and language training (see Hyman, Guruge, Stewart, & Ahmad, 2000); contact information for shelters or housing agencies, contact information for legal services, a safety plan (see Stewart, MacMillan, & Wathen, 2013); and general IPV information (see Ramsay et al., 2009).

Sullivan and Bybee (1999) studied the effect of a 10-week post-shelter advocacy intervention program on reducing violence among women who had stayed in shelter for at least one night. They randomly assigned women to the intervention group, or to a control group who did not receive the advocacy services. The advocacy intervention consisted of assisting with the development of a safety plan, helping to increase social support, and helping to increase access to resources - all elements assumed to be part of empowerment (see Sullivan & Bybee, 1999). These women were studied over the course of 3 years (Bybee & Sullivan, 2002; 2005). They found that the women in the advocacy intervention group experienced less physical violence than the control group at 12, 18, and 24 months follow-up. Compared to the control group, the intervention group also reported a higher quality of life, more social support, and increased ability to access resources (Sullivan & Bybee, 1999). The researchers discovered that the increases in perceived quality of life were a protective factor against later re-abuse (Bybee & Sullivan, 2002). These studies support the idea that social interaction, access to resources, and the resulting improvements in quality of life do in fact lead to a decreased risk of re-experiencing physical violence (see also Goodman, Cattaneo, Thomas, Woulfe, Chong, & Fels Smyth 2014).

Additional research suggests that process elements are important to outcome. For example, Zweig and Burt (2007) found that the higher a woman's sense of control during

interactions with an agency, the more helpful she perceived the agency's work around safety issues. Their prior research (2003) on satisfaction with the court system suggests that increased confidence in protection planning associated with empowering interactions with agencies might help to ensure that women engage in a greater number of safety behaviours, and may be more willing to seek additional help with issues surrounding safety. This could suggest that women with a higher sense of control are at decreased risk of experiencing further violence. In an exploratory qualitative study by Patzel (2001), women who successfully left their abusers identified a variety of personal experiences that helped them end their relationships and cope with the abuse. Women described experiencing a turning point and reframing their situation so as to view it differently. They described developing agency through self-education, self-expression, and their faith. They also discussed the process of developing what the authors termed 'self-efficacy,' although this was not described in detail (p. 735). In all of these studies, however, it is unclear how these components of empowerment are related, and how they are experienced within shelter. Although these concepts all relate to empowerment, it is unclear *how*.

Johnson, Worell, and Chandler (2005) developed a 28-item measure of personal empowerment in women called the Personal Progress Scale - Revised (PPS-R). The measure was developed based on an empowerment theory proposed by Worell and Remer (2003) and on 10 empowerment outcomes proposed by Worell (1996). The theory of empowerment is based on four pillars of women's personal empowerment: (1) understanding one's identity (i.e., examining the culture and minority groups she belongs to), (2) understanding the systems within which she finds herself (i.e., examining the sociopolitical context), (3) working towards equal interactions (e.g., becoming assertive, developing egalitarian relationships, and striving for economic independence), and (4) valuing oneself and other women (e.g., becoming aware of personal

strengths, trusting one's own judgment, and respecting other women and things traditionally viewed as 'feminine') (Worell & Remer, 2003). The PPS-R was found to measure 7 factors: "(a) perceptions of power and competence, (b) self-nurturance and resource access, (c) interpersonal assertiveness, (d) awareness of cultural discrimination, (e) expression of anger and confrontation, (f) autonomy, and (g) personal strength and social activism" (Johnson et al., 2005, p. 118). In this initial study, the authors identified a subsample of 86 women who had experienced partner violence. They found that abused women who met criteria for PTSD scored significantly lower on the PPS-R than did abused women who did not meet criteria for PTSD, even when controlling for general psychiatric symptoms (see Johnson et al., 2005). This study makes an important contribution to the definition and measurement of empowerment in women who experience IPV, but does not specify the process of empowerment.

The PPS-R has since been used in two studies of women who have experienced IPV and are residing in shelter. In a first study by Wright, Perez, and Johnson (2010), the measure was used to explore the idea that empowerment may mediate the relationship between IPV and psychological distress. They found that Black women in shelters in the US had generally experienced more severe forms of IPV than White women, but were less psychologically distressed. It was discovered that level of empowerment mediated the relationship between IPV and PTSD and depression. Another study by Johnson, Zlotnick, and Perez (2011) examined the effectiveness of a cognitive behavioural treatment of PTSD for women in shelter. The intervention was called HOPE: Helping to Overcome PTSD through Empowerment. They found that the treatment was associated with a host of positive outcomes, most notably higher levels of empowerment as measured by the PPS-R and a significantly decreased risk of re-abuse after 6

months (Johnson et al., 2011). Both of these studies focus on empowerment as an outcome/one-time measure.

In summary, existing research suggests that empowerment is connected to mental health and overall wellbeing. Several studies support the idea that empowerment experiences result in increased safety, improvements in overall quality of life, a sense of hope for the future, and decreases in symptoms of depression and post-traumatic stress disorder (PTSD; see Catteano & Goodman, 2010; Howell, Miller, Lilly, Burlaka, Grogan-Kaylor, & Graham-Berman, 2015; Johnson et al., 2005; Song, 2012; Sullivan & Bybee, 1999). We can use these studies as a framework for understanding how empowerment might operate effectively within the shelter environment. While the construct of empowerment appears to be useful in studying IPV, there is a significant lack of information concerning the *process* of empowerment, and the role of shelter services within each woman's ongoing process of empowerment. As we have now seen, research in this area has examined certain elements of the shelter intervention (e.g., safety planning with an advocate) but has not looked at the overall experience of staying in a shelter. Further, these studies have conceptualized empowerment as an outcome (e.g., a higher score on the PPS-R) rather than as a process. There is a huge gap in the literature in terms of determining how a stay in a domestic violence shelter impacts the empowerment process.

Issues with empowerment in interventions. One of the main purposes of IPV interventions is to allow victims to regain power after having been disempowered through experiencing abuse. However, some researchers and advocates have put forth criticisms of the empowerment process within interventions, and even of the concept of empowerment itself. One criticism is that many interventions could potentially take power away from the victim and limit her choices (Kasturirangan, 2008). This is particularly relevant for legal interventions (see

Herman, 1992), although this may also be an important issue for shelter interventions. Shelters undoubtedly strive to provide women with access to a variety of resources, thereby offering them choices. However, strict shelter policies, and interactions with staff if uneducated about the needs of diverse groups of abused women, could actually result in a decrease in women's available options. Women might not be permitted to engage in certain behaviours, and conversely, they may be required to engage in others. In an effort to provide the best possible aid for women, shelters have often taken for granted the fact that women need additional services (i.e., counseling) instead of simply temporary emergency housing (Liebow, 1993). As a result, many shelters developed policies mandating participation in these programs (Gengler, 2012). The notion that shelter staff are monitoring the women residents' participation in required programs, and ensuring that they are in compliance with the multitudinous shelter policies draws attention to the power discrepancy within shelter. Gengler (2012) suggests that women who are aware of this (even subconsciously) may attempt to resist participating in the programs or may do so only begrudgingly.

Minority women in particular might experience difficulties conforming to the ideas behind the dominant IPV discourse and the associated shelter practices (Cole, 2009; McDermott & Garofalo, 2004). Empowerment strategies applied without considering the needs of women who are further oppressed due to race, socioeconomic status, age, religion, language, ability, or other such structural factors are doomed to be less effective, if not ineffective and potentially harmful. While most Canadian shelters indicate that they provide some types of culturally sensitive programming (e.g., smudge ceremonies, access to materials in other languages), there is no information about how accessible these programs are (Statistics Canada, 2013). Without programs that recognize diversity, cookie-cutter domestic violence interventions can further

contribute to the marginalization of these women by failing to recognize, or disregarding their unique wants and needs (Crenshaw, 1994). Further, women who are undecided about whether to remain with their partner, or those who choose to stay, are often not the focus of the empowerment strategies used in interventions. Tensions can emerge between these women and service providers who hold different beliefs and want to work towards different goals (Peled et al., 2000).

Ironically, the way service workers and agencies often conceptualize empowerment is by equating it to activism on the part of staff and volunteers, rather than any sort of action taken by the victims (McDermott & Garofalo, 2004). A related criticism calls into question the very use of empowerment rhetoric. Gengler (2012) states that the idea of empowerment implies that women need staff and advocates to empower them since they are unable to successfully direct their own lives (Gengler, 2012). It has been suggested that this narrow view of empowerment (i.e., personal factors rather than sociopolitical and cultural factors) may be comforting to advocates involved with IPV interventions since the blame is shifted almost entirely onto the women (Kolb, 2011). I argue that this is also comforting for society as a whole since such a viewpoint absolves us of any responsibility, whereas acknowledging the systemic inequalities that lead to violence against women would require that we examine the ways in which we are all involved (for further discussion see Berns, 2004). In this way, advocates need to ensure that they themselves are able to recognize the impact of the *context* on the individual, so that they are able to help victims of IPV do the same, and so that the focus is not on an individual's supposed shortcomings.

Empowerment is a major goal of advocates and programs, and while their intentions are good, some of the strategies employed can also disempower women. Approaches that are intrusive, that reframe a woman's experience according to a dominant discourse of how victims

of IPV are expected to act or what they are expected to want, or that assume that they don't know what is best for them can be especially harmful (McDermott & Garofalo, 2004). Service workers must be aware of these tensions and work to ensure that the empowerment process is not itself something used to limit women. Sensitivity to intersectionality is a key aspect of such intervention. Women's values, desires, and decisions will not all be the same, and each woman's beliefs (about what is best for her) and strategies for ending violence, achieving psychological growth, and working towards equality need to be respected. Flexible approaches that take into account these individualized beliefs and goals need to be incorporated, and women should be assisted in forming and working towards *individualized* goals (for further discussion see Hunter et al., 2013; Kasturirangan, 2008; Kasturirangan, Krishnan, & Riger, 2004; Peled et al., 2000; Wright, Perez, & Johnson, 2010). Further, recognizing how structural factors shape women's experiences and the options that are available to them is critical to understanding women's experiences in context.

Chapter 2: The Current Study

There is a significant lack of research concerning the effect of coming into shelter on women victims of IPV. We know that coming into shelter represents a huge upheaval in the lives of women seeking refuge, however, we have not comprehensively examined the effect of this change on women in relation to long-term outcomes such as improved mental health, overall increases in quality of life, and increased safety. In particular, in spite of the various issues identified with coming into shelter, researchers have yet to evaluate potential harms associated with the shelter intervention (Wathen & MacMillan, 2003) with regard to specific processes and outcomes.

Several research reports (Tutty, 2006; Tutty et al., 1999; Tutty, 2006; Lyon et al., 2008)

indicated that women were largely satisfied with the shelter services they received, although they identified several areas of concern. However, studies such as these are generally large-scale examinations of women's overall perceptions of domestic violence services that fail to provide in depth information, or theoretical bases for their findings. Much more research is needed in this area to begin to understand how a stay in shelter affects women. Satisfaction with IPV services has not specifically been tied to increases in safety or positive psychological outcomes. It is possible for women to be satisfied with services but not empowered. Similarly, it is possible for women to be dissatisfied with services, yet empowered. As I have shown, other research supports the notion that empowerment can be an important way to gauge the effectiveness of shelter services. Empowerment is a helpful construct in IPV research and practice because it can be affected by the actions of allies and personalized by the women who have experienced IPV (Burkitt & Larkin, 2008; Cattaneo & Goodman, 2015). It is connected to a host of positive outcomes. Further, with regard to the pertinent question of safety in particular, whereas the goal of safety ultimately rests with the potential perpetrator, the empowerment process is under the direct control of the women and their supporters, and has been associated with increases in safety over time.

There is no research to date that explores the individual empowerment experiences of women who have experienced IPV and are residing in shelter using a clearly articulated conceptualization of empowerment. To do this, one needs to examine the individual within the context of her sociopolitical and cultural environment, to study empowerment as both a process and an outcome, and to examine empowerment in a variety of personally meaningful areas. This study sought to further research on empowerment processes as experienced by women in shelters using in-depth interviews with women in shelter to develop an understanding of the

empowerment experiences taking place at this time in the healing process. The Empowerment Process Model specific to women who have experienced IPV developed by Cattaneo and Goodman (2015) was used as a guide when formulating questions. As discussed above, this model provides a clear conceptualization of empowerment as an iterative process of goal setting, taking action, and evaluating impact.

2.1 Purpose and research questions

The purpose of this exploratory qualitative study was to develop an understanding of the personal empowerment processes of women residing in domestic violence shelters. I sought to explore what the process of empowerment looks like specifically for women residing in domestic violence shelters to expand on our knowledge of this time in the “rebuilding” process (i.e., to develop our understanding of where a stay in shelter fits within the broader empowerment process) and to develop a model specific to this population. I also wanted to examine the ways in which shelter practices and policies aid or hinder that empowerment process. This allowed me to identify strengths and weakness of the shelter intervention and to make recommendations as to how to remedy those.

In light of the lack of research in this area, three broad research question were examined:

1. How do women in domestic violence shelters define empowerment?
2. What are their personal empowerment experiences?
3. How do the different elements of shelter interventions contribute to, or hinder, their process of empowerment?

2.2 Methodology

Narrative qualitative methodology was used to address the research questions. A narrative method fits well with the research questions for a number of reasons. Briefly, narrative

research allows storytellers to situate themselves within their sociopolitical and cultural context. This type of research also allows the researcher to express her/his impressions of the participant's life context. Second, narrative research allows women to tell their stories of empowerment, which implies that a "process" will be described as well as a current "outcome." Finally, narrative research allows women to tell stories about empowerment experiences in a variety of life areas. Narrative research seems a particularly good fit for empowerment research because an individual's goals may be shaped by allies, but are ultimately highly personalized goals that are determined by the individual. These would necessarily differ depending on each person's experiences and identity. As such, the use of a narrative method addresses all of the criticisms/ concerns identified above.

2.3 Theoretical perspectives

This research was anchored in a feminist understanding of IPV with a focus on intersectionality. In light of the recognition of multiple layers of oppression, feminist intersectionality puts forth three main ideas: (1) that social groups to which individuals belong each have their own unique characteristics; (2) that power relations are influenced by the social structures within which all individuals are situated; and (3) that because of this, interactions between different social identities (e.g., race, religion, age etc.) can result in "multiplicative negative effects on health and well-being" (Kelly, 2011, p. 43). The goal of feminist intersectionality research is to understand the ways in which individuals who are members of more than one social group are oppressed, or privileged, and to use that knowledge to work towards equality and justice. Acknowledging group differences and negotiating how each group can work together is the foundation for creating a unified society of women. The ways in which

an intersectionality approach was applied in this research will be addressed in the Data Analysis and Interpretation section.

Similarly, this research was also carried out with an awareness of a postmodern perspective. Postmodernism advocates a critical suspicion of truths that we have taken for granted. Broadly, post-modernists believe that every individual's reality is filtered through his or her identity (Eagleton, 1996). This means re-examining identities, frameworks, grand narratives, or universal explanations and understanding the ways in which these are limited. It is an understanding that there exist innumerable "realities." Postmodernism is conscious of essentialism in terms of what constitutes human nature and what is universal. This essence is insufficient to examine the lives of people at the margins since it is based only on the experiences of the dominant/privileged group; namely White, middle-class, heterosexual males of Western European origin (Richter, 2007; see also Bhabha, 2004). Postmodernists view this dominant worldview as only one of many equally valuable frameworks. The goal of feminist postmodernists is to identify and attempt to understand the multiple realities constructed by individuals. The concept of intersectionality - how one's experiences as shaped by their sociopolitical, linguistic, and cultural situation (Eagly & Riger, 2014) - is useful in identifying the experiences of individuals who live in complex social environments.

Narrative research empowers women by inviting them to tell their stories and recognizing their independence and ability (Polletta, 2009). The personal empowerment of many women, which involves developing and nurturing relationships with other women, is the foundation of a greater empowerment of all women. This is a crucial goal in terms of combatting gender inequality and structural oppression, and the primary goal of feminists today. As such, empowerment theory fits well with a feminist framework. In addition, in an article discussing a

new feminist perspective on IPV, George and Stith (2014) advocate for non-essentialism and an intersectional perspective. They assert that essentialism tends to create binaries and binaries in turn lead to the development of borders that impede groups from working together to solve problems. They state, "...if oppressor groups and the oppressed along various identity markers were willing to dialogue across multiple borders and intersections, then there might be hope of offering services to victims of IPV that are nonheterosexist, nonsexist, nonracist, nonclassist, nonoppressive" (p. 186). This research fits with that intersectional perspective.

Narrative research helps to ensure that, although there are some common goals identified by both shelter residents and supporters, important sub-discourses that do not fall exactly in line with traditional views of victim empowerment are not missed or ignored. An empowerment framework fits well with research and knowledge of diversity because it advocates finding numerous solutions to problems of living in a variety of settings, rather than focusing only on one centralized, one-size-fits-all solution (Rappaport, 1987). And, narrative research also allows for women of diverse backgrounds the freedom to share the stories they want and in the ways they want. Consequently, this type of qualitative inquiry fits with my postmodern framework as well.

Chapter 3: Method and Data Analysis

3.1 Setting

This study took place in two Winnipeg domestic violence shelters (Willow Place and Ikwe Widdjiitiwin), both of which have confidential locations. Generally, these shelters house a number of abused women and their children. They live in shared dormitory-type rooms. Their meals are provided for them, and childcare services are designed to be available as needed. The group therapy sessions that the residents attend also take place within the shelter. I passed all the

required security checks for Willow Place and I had been volunteering there for the past 3 years. I completed a similar security check process that was required to conduct research at Ikwe Widdjiitiwin. As such, I am not new to the shelter environment, and I have “adequate knowledge of, and contact with the marginalized ‘Other’ to actually begin to understand the experience of these individuals;” a huge concern for qualitative-oriented researchers (hooks in Richter, 2007, p. 2010). That being said, my volunteer roles have generally been off-site for the past two years, so it was *highly* unlikely that shelter residents would know me in that capacity, which could have potentially biased their responses. In addition, this study was conducted in conjunction with a larger project headed by my advisor, (“The Changing Face of Women’s Shelters”; Hiebert-Murphy, Graham, & Kenyon, 2016) for which I conducted 100 interviews with women in these two shelters shortly after they arrived. Through that process, I made initial contact with seven of the nine participants. Staff at both shelters were involved in the development of the larger project and were supportive of my research.

3.2 Participants

Nine heterosexual women residing in shelter who had experienced violence at the hands of a present or former partner participated in this study. I was upfront with participants both regarding my involvement with the shelters and the ways in which the results of the study would be presented to the shelters. Data collection for this project began in August 2015 and ended in October 2015. A purposive sampling technique was used to ensure that women belonging to a variety of different groups were represented. No women who were interested in participating, and who I was able to successfully make contact with were denied participation. In accordance with the purposive sampling technique, I approached the two final participants, as I wanted to further diversify my sample. I consulted with staff members at one of the two shelters who

helped me to identify women with certain demographic characteristics I was interested in. Recruitment continued until I felt that a diversity of experiences were represented.

All participants were over 18 years of age. The mean participant age was 28.8, with ages ranging from 23 to 39. The average length of current shelter stay was 17.4 days. Although one of the eligibility requirements was to have been residing in shelter for 10 or more days, one woman (Kianna) who left shelter briefly and then returned to the same shelter, was interviewed 8 days after returning. Length of shelter stay therefore ranged from 8 to 42 days. Two of the women identified as White, two identified as Métis, four identified as Status First Nations, and one woman was an immigrant from South Asia. Participants' level of education ranged from grade 10 to some college. Seven of the nine women had children, and one was pregnant for the first time. Of the mothers, two had experienced the death of a child. The number of times the participants had previously been in shelter ranged from zero to four. Five women reported a history of mental health issues, six women reported a history of substance use, and five women reported a disability or long-term illness.

3.3 Procedure

Participants were recruited using posters (Appendix B) that were placed in common areas and near to the private phone area, and they were asked to speak with a staff member if they were interested in the study. Next, participants were asked to fill out a form indicating that they consented to be contacted about the study (Appendix C). I was on site at either of the two shelters throughout the majority of the recruitment and data collection periods to follow up with any women who had consented to be contacted (see Appendix D for follow-up script). This guaranteed that I was able to meet with participants as quickly as possible, which was important as the length of each woman's stay in shelter is generally unknown. I also coordinated with the

childcare staff at each shelter to try to make certain that, whenever possible, childcare was available to the women interested in participating in the study. Five of the interviews were conducted at Willow Place and four were conducted at Ikwe Widjiitiwin. Participants met with me in an unoccupied private space on-site. Before commencing the interview, I described the study in detail to the potential participants (Appendix E). I then provided them with the informed consent document and explained the meaning of informed consent (Appendix F).

Demographic information. Next, in accordance with the purposive sampling technique, brief demographic information was collected at the beginning of the interview. This included questions pertaining to age, sexuality, race, relationship status, number of children, socioeconomic status, physical disabilities, number of times in shelter etc. (Appendix G). The seven women who I had previously made contact with had already provided this information, but demographic information was checked and any changes were noted.

Narrative interview. Next, the women participated in a narrative interview. All conversations were audiotaped and then transcribed. The average time to complete the interview was 49 minutes. Interview times ranged from 30 to 73 minutes. All interviews were conducted in an empathetic, yet neutral way so as not to bias participant responses. The interview schedule evolved after the first two interviews to include a general open-ended question about their time in shelter up to that point: (1) “Can you tell me about your time in shelter so far?” Next participants were asked questions based on The Empowerment Process Model conceptualization. They were asked about their wants and needs and the associated goals: (2) “Can you tell me about what you want for your life?” Next, women were asked about their experiences carrying out actions aimed at achieving their goals thus far: (3) “Can you tell me about ways that you’re

working towards getting the life that you want?” These questions were supplemented by probes about the shelter’s impact on these processes.

Participants were then asked what the term empowerment means to them: (4) “The goal of many shelters is to make women feel “empowered.” Can you tell me what empowerment, or being an empowered woman, means to you?” Participants were then asked about evaluating their current situation: (5) “Can you tell me about how being in shelter has affected your ability to get the life you want?” Specific prompts regarding the shelter stay were also developed based on past research and knowledge of the shelter environment and included in the interview schedule. Some probes in this section were also based on the woman’s demographic information and relevant to her specific context, for example: “How do you think (gender/ethnic background/ability/SES etc.) has affected your time in shelter? Finally, participants were asked: “Did the experience of being in shelter affect how empowered you feel? How?” If a response was vague or incomplete, participants were prompted to provide additional information. For the detailed interview schedule, please see Appendix H.

Debriefing. Following the completion of the interview, participants were debriefed, and referred again to the list of potential resources on the consent form should they experience distress following the interview. I did not ask for contact information to send out the summaries of the research due to the fact that women’s housing was flux. Further, it may not have been safe to send a summary to an address they provided since that summary would disclose that they were a resident in a domestic violence shelter. I explained that a summary of the findings will be available for them to access at the shelter at the conclusion of the project. Women who were interested in the findings were also referred to the contact information for Dr. Diane Hiebert-Murphy, my advisor, who would discuss the status of the project with them and answer any

additional questions. Each participant received a \$25.00 honorarium as a thank you for her participation.

To protect participant confidentiality, each participant was given the opportunity to choose a pseudonym by which she would be identified. All identifying information was stored in a locked cabinet or secured on a password-protected computer and kept at the University of Manitoba.

3.4 Data Analysis Procedures and Interpretation

Fraser's narrative method. Data was analyzed in accordance with Fraser's (2004) narrative method. This method fits well with the feminist, intersectionality, and postmodern frameworks of the proposed research because it goes beyond a personal or textual analysis and strives to situate the narrative culturally and systemically, thereby allowing for discourse analysis. This method parallels empowerment theory because it takes into account, not just an individual/psychological perspective, but it also connects it to the storyteller's sociopolitical and cultural world.

Fraser outlined seven analytic steps that I followed in my analysis of the data. The first step was hearing the participant's story and experiencing the emotions captured within the story, then recording those feelings. Thoughts and emotions that I experienced during the interviews and after they took place were recorded, and the experience of conducting the interviews was discussed during several meetings with my advisor. The second step was transcribing the audio recordings of the interviews. I transcribed the first four interviews, while a research assistant transcribed the latter five. I listened to each interview multiple times to re-experience it and to make note of additional details of the participants' presentation of their narratives (e.g., laughter, pauses, sighs, tearfulness), although a more detailed transcription of performative elements of the

narratives (as described by Riessman, 2008) was not done. I documented my new reactions to the content throughout this process. The transcripts were checked several times for transcription errors. Step three involved interpreting individual transcripts: separating each narrative into smaller story segments, identifying the main points of each story segment, and examining the words used (i.e., coding; Creswell, 2014). Each transcript was coded line by line and my thoughts, feelings, and questions were recorded throughout this process. The fourth step was looking at “domains of experience,” namely the intrapersonal, interpersonal, cultural, and structural elements of each story and how they are linked. Each transcript was (re)coded for each of these elements. For the coding system employed in this research please see Appendix I. Step five was an extension of step four wherein I examined how dominant discourses may have shaped the telling of the story as well as its interpretation. Dominant ways of thinking and assumptions that emerged from the data were noted. The sixth step involved comparing stories. Summaries of each transcript were prepared identifying the main points related to overarching themes/stories. Stories were grouped together according to similarities and differences among them and again these smaller segments were analyzed line-by-line (i.e., triangulation; Creswell, 2014; Stake, 2010). I was sure to note any shocking, inconsistent, or counter-intuitive findings. Each step of the data analysis, and each research decision was discussed with my advisor and meticulously noted.

For the seventh step, my advisor and I evaluated how well the findings addressed my initial research questions, and discussed how to best represent the findings. The fit between the data and the research questions was examined, and this informed the framework for presenting the findings. The decision was made to separate the Findings section into two parts: one describing the empowerment process of women in shelter, and another identifying elements of

shelter that impact this process. Likewise, the Discussion section was divided into two parts: one examining the theoretical implications of this research, and another related more to the applied nature of this research and including a number of recommendations. A descriptive model illustrating the empowerment experiences of women in shelter was also generated during this final step of Fraser's method.

Intersectionality. How was intersectionality incorporated into this research? Cole (2009) notes that there are no guidelines put in place to help researchers create a plan to address research questions situated within the framework of intersectionality (p. 170). She presents three questions that researchers can ask in order to begin to conceptualize the ways individuals are impacted by the different social groups to which they belong.

The first question asks who belongs to a particular category (pp. 171-173). Answering this question involves examining diversity within the group we are studying. In this study, that group is the heterosexual women victims of IPV residing in shelter. Virtually all sub-groups within this group have not been sufficiently represented in past research, and include women with disabilities, women with mental health issues, women with substance use problems, and older women, for example. Groups that have been ignored by past research were acknowledged and I worked hard to incorporate these voices into my research.

Cole's (2009) second question is about the role of inequality in these individuals' lives (pp. 173-175). To answer this question she highlights the importance of seeing an individual's social identity not as a personal characteristic, but rather as a result of the intersection of a variety of social structures and processes (p. 173). This also involves recognizing that individuals' social context will affect their beliefs, their opportunities, the obstacles they face, and the resources they are able to access (see also Cattaneo & Chapman, 2010, p. 652).

Background information was obtained to try to develop an understanding of the ways in which each woman's experience within social systems and institutions had shaped their lives.

Additional such information obtained during interviews was noted and aided in increasing my understanding of each woman's social context. Information concerning intersectionality was also inferred.

Finally, the third question involves examining similarities among individuals and groups (pp. 175-176). Cole asserts that we should not only be looking to identify differences among individuals or groups. This is the way to transcend boundaries and discover common ground shared by different people - the basis for forming coalitions to effect change on a large scale. In this study, both similarities and differences among participants are discussed, often using an intersectionality approach. Further, this research situates the experiences of women in shelter within broader models of empowerment and within empowerment theory. As such, this research highlights not only similarities among the empowerment experiences of women in shelter, but also among those of all survivors of IPV, and even within the context of empowerment in general. Aside from that, my hope is that the research has been presented in such a way as to highlight not just the unique experiences of these women, but also their humanity and their underlying similarities to us all.

In summary, my study was designed to elicit information about intersectionality. My purposive sampling technique allowed me to connect with individuals with various identities so that women whose voices have been underrepresented in IPV research could be heard.

Throughout my interviews I structured my questions so as to try to gain insight into the social world of the participant, and to explore how she is impacted by various interrelated systems and category membership, with a focus on her experiences of empowerment. Finally, in the data

analysis phase, I examined both similarities and differences across participants in terms of their empowerment experiences with an awareness of structural elements that may be woven throughout the women's narratives. Intersectionality was inherent in my method and it was used as a guiding framework throughout data analysis in order to further our understanding of the ways that social context affects the experience of a stay in shelter (see Hiebert-Murphy, Ristock, & Brownridge, 2010).

3.5 Verification

Ensuring that high quality qualitative research is produced involves the researcher, the participants, and also the audience. This research was conducted with special attention to Tracey's (2010) criteria for excellent qualitative research. In terms of verification, rich rigour, sincerity, credibility, and resonance are particularly important. *Rich rigour* refers to the complexity and wealth of the data, as well as transparency in terms of how the data are transformed and arranged in the final report. Conducting rigorous research necessitates that researchers ensure that they have collected sufficient data, spent sufficient time in the field, and been thorough and diligent throughout the research process (Tracey, 2010). To ensure this research was rigorous, I continued to collect data until I felt that a sufficient level of diversity among participants and experiences was obtained, and I have provided readers with a detailed account of how the data analysis was conducted. I transcribed the first four interviews, and a research assistant transcribed the remaining five interviews. I reviewed all transcripts and checked for accuracy and errors.

Sincerity is the goal of providing an open and genuine account. This involves a process of self-reflexivity that requires knowing oneself and examining how the researcher, as the instrument of research, is affected by her/his background, beliefs, and biases. Data auditing can

also enhance the sincerity of a research report (Tracey, 2010). To convey the sincerity of my report, I kept a reflexive journal including thoughts related to past experiences involving IPV, shelters, and shelter residents (Creswell, 2014; Eagly & Riger, 2014; Stake, 2010). I sought to be conscious of how my social position, values, and experiences could potentially affect my understanding of the data. As a middle-class, educated woman from a Western culture, my social context was quite different from many of the women residing in shelter. I have engaged in this research with a critical eye to what each of those aspects of my identity means and how it has shaped who I am. In short, while I have tried to identify my thoughts and biases and to make note of these throughout the research process, my identity has affected this research. My goal is to be as transparent as possible about how this might have happened. Notes were reviewed by, and discussed with my advisor. In addition, I have kept detailed records of all the research decisions made at each step of the research. I have stated how the project changed as the research progressed, and I have identified the unexpected developments that took place throughout the study.

Credibility is vital. Credibility in qualitative research has many components. First, the research should be believable and reasonable, and create in the reader a feeling of confidence in terms of acting and making decisions in line with the report. This is accomplished by providing the reader with long, rich, passages of text, which I have done. By using rich passages of direct quotation I aim to allow the readers to take the perspective of the participants and form their own opinions of the analysis. Second, the report might include triangulation and/or crystallization by using multiple researchers, theoretical frameworks, or methods to either “converge on the same conclusion” or to open up a more multifarious, profound understanding of the issue (Tracey, 2010, p. 843). This research was reviewed at each step of the process by my advisor, and we

discussed similarities and differences in our interpretations. The use of feminist, intersectionality, and post-modern theoretical frameworks both confirmed the interpretation of the data was valid, but also served as a reminder of the complexity of the research and the need to represent different perspectives. Related, credibility can involve multivocality: the inclusion of many voices allows for the expression of different opinions. Collecting data from a number of women staying in shelter allowed me to examine a variety of different perspectives. This research presents both similar and diverse viewpoints, and aims to demonstrate the intricacies and complexities of women's experiences in shelter.

Lastly, there is the concept of *resonance* or “research's ability to meaningfully reverberate and affect the audience” (Tracey, 2010, p. 844). The aesthetic quality of the final report is connected to resonance. If a report is written clearly in a powerful and engaging way, and tailored to the target audience(s), the reader will experience the information in a more powerful way. The goal is to give the reader an emotional experience of personal knowing that they can use to make choices based on what they've intuited (Tracey, 2010). I have worked to create a final report that is clear and easy to read, yet also complex and evocative. On a similar note, Tracey (2010) explains that a crucial step in terms of conducting good qualitative research is ensuring that the way the research is presented does not cause any (further) harm to the research participants and the population. She writes, “stories about people who are poor, stigmatized, abused, or otherwise marginalized can serve to further negatively portray such people - even if that is not the intent of the author” (Tracey, 2010, p. 847). As a researcher, I have tried to examine the ways in which my research report might be misinterpreted, and have taken precautions to try to make sure that the research does not result in any negative consequences for the people involved. This involved primarily working to ensure that the

participants in this study were presented as accurately and fully as possible. The aim is to provide the reader with a rigorous, sincere, credible, and concise report, while at the same time allowing the stories, the struggles, and the personalities of the women interviewed to shine through and touch the reader.

In addition, I have used the consolidated criteria for reporting qualitative studies (COREQ; Tong Sainsbury, & Craig, 2007; see Appendix J). The COREQ is a 32 item checklist that “aims to promote complete and transparent reporting among researchers and indirectly improve the rigor, comprehensiveness and credibility of interview and focus-group studies” (p. 350). The COREQ checklist looks at three areas: the characteristics of the researchers and their relationships with the participants; the theoretical framework within which the study is situated, how participants are selected, the setting within which the research takes place, and how data is collected; and how the data is analyzed and how the findings are reported (Tong et. al., 2007). All of these areas have been explicitly addressed in this final report. This research was conducted and reported using the COREQ as a guide.

Other Considerations. In research such as this, and particularly when it involves vulnerable populations, there is a concern that the presence of a researcher could bias participants’ responses. The interview methodology, which situates the interviewer and the interviewee as equals, is an attempt to remedy that issue (Eagly & Riger, 2014). While I am familiar with the shelter environment and the issues facing the women I will be interviewing, my sociocultural identity as an educated, middle-class woman will likely still affect the balance of power (see Swift & Levin, 1987). Meeting with the majority of participants on two occasions (i.e., once for a larger study of women as they entered shelter and again for this study) may have helped with the development of rapport and decreased the power imbalance. Member-checking

can be an important way to increase credibility. This allows researchers to listen to participants' feedback and gives them the opportunity to collaborate and elaborate on their findings in accordance with participants' responses (see also Eagly & Riger, 2014). However, due to the nature of the population and safety concerns associated with contacting participants following the interviews, member-checking was not feasible.

Finally, some researchers have cautioned against collecting "feedback" information from service users without clearly explaining how it will be used. Holosko and colleagues (2001) state that when organizations invite users to share their feedback, and then appear to ignore or disregard it, the sharing of feedback, rather than empowering individuals, may actually contribute to their disempowerment. This is particularly true of vulnerable populations who have frequently felt that their voices are not being heard. Transparency is the key for avoiding this negative outcome (Holosko, Leslie, & Cassano, 2001). In this case, I was sure to clearly explain that the research study was being conducted for my Master's thesis, through the University of Manitoba, not for the shelters. I sought to ensure that the participants understood that the grouped findings would be shared with shelter staff and that they may or may not choose to use this information in future decision-making.

Chapter 4: Findings

4.1 How did women define 'empowerment'?

Participants were asked: "The goal of many shelters is to make women feel 'empowered.' What does being empowered, or being an empowered woman mean to you?" This question was really twofold. First women worked to retrieve an idea of what 'empowerment' means more generally, almost a dictionary definition. They were then asked to create a personalized explanation of what 'empowerment' means in their lives. Understanding the complexity of the

question in this way provides us with an interesting way of looking at the responses. The answers given by participants confirmed that empowerment is a complicated construct. Many women were unsure of the word's meaning. Some women ended their answers with an upward inflection and looked to the researcher to see if they were correct in their definition. Alexe, an immigrant woman originally from South Asia, simply explained that 'empowerment' was not a familiar term. Kianna, a woman with a developmental disability (FASD) and significant mental health and substance use issues, also stated that she did not know what the term meant. It is interesting that shelters frequently use this term to refer to the goal of their services considering the confusion surrounding its meaning not only in academia as we have discussed, but more importantly, among the women seeking help, who often have limited opportunities for education, experience mental health and substance use issues, and who are in crisis.

Among the women who did explain what the term meant to them, the responses were similar and captured a sense of working towards completeness, resiliency, and independence. Responses differed based on the woman's experiences and focus. For example, Chavez, who experienced years of severe violence and was still struggling to cope with the murder of her son, said that an empowered woman is "someone who has overcome everything in their lives, their grief and insanity... able to survive." Kira, a Métis woman who described her feeling of being an outcast in both her First Nations community and the White community, explained that, to her, being empowered means:

I feel strong. I feel beautiful. I feel good about myself. I don't feel dirty. I don't feel negative. I feel stronger about myself. I feel like when I walk down the street I don't feel insecure. I feel more like I can be myself.

Penny, who had been homeless and was forced into the sex trade by her partner, provides another example of how definitions of empowerment are personalized. Extremely appreciative of the help she was receiving, and inspired by the work of the shelter staff, Penny's idea of being empowered centered on choosing to help other people. She stated:

To me empowerment is when I'm helping people. So I don't know if that's really what empowerment is to other people, but to me it's like the feeling of giving I feel. I can tell you when I feel empowered. It's when I'm giving back, when I'm doing something that makes me feel good, not something I'm forced to do or that causes me like pain to do it, you know? Doing something you want to do because it feels good doing it.

Often included in their answers were statements indicating acknowledgement of past disempowering experiences. The term "overcome," used by Chavez, demonstrates this. This was also evident in Jess' response of, "Empowered means I got my life back." These individual conceptualizations of empowerment, therefore, tell us something very important. Women who were able to generate these definitions appeared to have been able to look back on their past experiences, examine where they are now, and establish an ideal eventual outcome to which they aspire.

4.2 Differences Among Participants

Throughout the interviews, some women spoke mainly about empowering experiences and stated that they felt that their empowerment had increased during their stay in shelter. On the other hand, some women spoke primarily about disempowering experiences and indicated that they felt that their empowerment had not increased during their shelter stay. Each woman interviewed for this study told of both empowering and disempowering experiences. Penny, Kaitlin, Jess, Samantha, and Alexe stated that they felt that, overall, their stay in shelter

contributed to their empowerment. Chavez, Kianna, and Kira indicated that, for them, staying in shelter was, at times, very disempowering. Gigi acknowledged that she felt her stay in shelter had been both empowering and disempowering. Several factors may have influenced the empowerment experiences of these women. For example, with the exception of Penny who had been in a shelter one time prior, the women who spoke mainly of empowering experiences were new to shelter. The women who found their shelter stay less empowering had all been in shelter multiple times. They may have been disillusioned with shelter, and more aware of the extent to which shelters are able to help to affect change across various systems.

Another difference that emerged involved mental health and substance use. Of the five women who indicated an increased sense of empowerment, Kaitlin, Jess, and Alexe did not report any history of mental health issues. Penny described her serious mental health problems, but stated that she was taking medication to treat her symptoms and that she was being supervised by mental health professionals with whom she had good relationships. Samantha had previously seen a mental health professional for therapy and was no longer concerned about that aspect of her mental health. Both Penny and Samantha were well-educated White women, which likely positively influenced their ability to access these services. Similarly, while Kaitlin, Samantha, and Alexe reported no history of substance use, Penny and Jess had successfully completed treatment programs and were maintaining their sobriety, something they were both very proud of. On the other hand, Chavez, Kianna, and Kira, all reported mental health and substance use issues that had not been adequately addressed.

In addition, the intersection of race, ability, and age may have contributed to the disempowerment of certain women in shelter. For example, Kianna and Kira both identified as Métis women. Of this, Kira said, “I’m not accepted in the White community. I’m not accepted

in the Native community. People look at me differently.” This feeling of not belonging to either culture may have been a contributing factor for the Métis women. Chavez and Kira were the oldest women interviewed (both 39 years old). Both women lived through a period of overt systemic and social discrimination against Indigenous people and cultures, and Chavez even attended residential school.

Several women reported disabilities, with three reporting disabilities that had a large negative impact on their functioning. Samantha, through living with a very serious physical ailment, is under the care of medical professionals and taking medication to manage her symptoms. Kianna revealed that she is living with Fetal Alcohol Spectrum Disorder (FASD), which has a profound impact on her daily living. She explained:

It’s hard to keep yourself together in here with the FASD and it’s hard to cope. It’s hard to listen. It’s hard to do things on your own sometimes. You struggle with reading and writing. You struggle with like talking. You struggle with like learning how to sit still to talk to somebody and what not, somebody that wants to sit there and listen to you, and if they don’t want to listen to you, you get mad.

Kira also described her experience living with excruciating back pain that was the result of an injury inflicted by her partner. Throughout her interview she referenced her pain numerous times and she actually needed to stand during the second half of the interview because the pain became too intense if she remained seated for long periods. Kira described an interaction with a counselor at one shelter who she felt did not understand her. She stated, “You’re supposed to support me! You’re not here to write all this negative stuff. They said that I was more concerned about my pain in my back than I was concerned about my kids.” Both women indicated that they

did not feel that shelter staff had a good understanding of the ways in which their disabilities were affecting their lives. Ability, then, may be another important factor to consider.

Framing all of these other intersections is the critical issue of poverty. The participants in this study were poor women. Any women who were not receiving social assistance were in the process of applying for it. When asked in what bracket their yearly income was, some participants laughed and replied, “The lowest one.” Though not often addressed explicitly in the interviews, poverty had a profound impact on the experiences of participants. Poverty means a lack of choices. This includes educational opportunities, which affects employment options. None of the participants were employed at the time of the interview, and only two women mentioned ever having a job. This means that participants were not socially connected through work, and more isolated. The lack of choices also includes accessing childcare. It includes the availability of clean, safe, and affordable housing and the communities in which one lives. Of struggling to obtain housing through Manitoba Housing, Penny stated:

They denied me twice! When I had my son. And that was a huge struggle for me and my son, and probably would have prevented a lot of things in hindsight - happening that have happened - because I was so struggling financially.

It includes access to services such as healthcare, mental health care, and treatment programs, and other programs that are mandated by the child welfare system. It also affects the ability to access shelter, with many women in rural areas or on reserves needing to travel great distances to find safety. Sometimes this is due to lack of shelter services, other times, this is due to the close knit nature of small communities where little remains private and women may be easy to locate.

Chavez, for example, stated:

It's sad. The majority of women here come from First Nations. They have to leave their reserve! ...It's sad the women have to leave just to come and get help that they need, when really we're the protectors and the caregivers for the - the people around - the kids!

The experience of oppression and privilege as a result of the intersections of race, ability, age, mental health, class, education and others is complex and nuanced.

4.3 The Empowerment Process In Shelter

The analysis of participants' narratives revealed four components to the process of empowerment while women are in shelter. The first is *self-reflection*. This involves women looking back at their lives to situate their life experiences within a coherent and beneficial framework. The second is *gaining clarity*, particularly as it relates to the ability to set goals. Women gain clarity through improving their mental health and through feeling safe and secure. The third is *acquiring knowledge*. Women increase their sense of empowerment when they are able to increase their understanding about the systems at play in their lives and learn more about IPV. Finally, women identified *community-building* as an empowering experience. Becoming a part of a community of women who have similar life experiences both within and outside of shelter increased women's social support and motivated them to help others and create change. These elements related to women's empowerment process in shelter are all interrelated. For a diagram outlining the core elements of the empowerment process of women in shelter, please see Figure 1.

Shelter as providing space and support for self-reflection. Women described empowerment experiences occurring within shelter related to self-reflection. Two variations of self-reflection emerged. The first was self-reflection related to the experience of intimate partner violence, including reflecting on the decision to come into shelter. The second was self-reflection

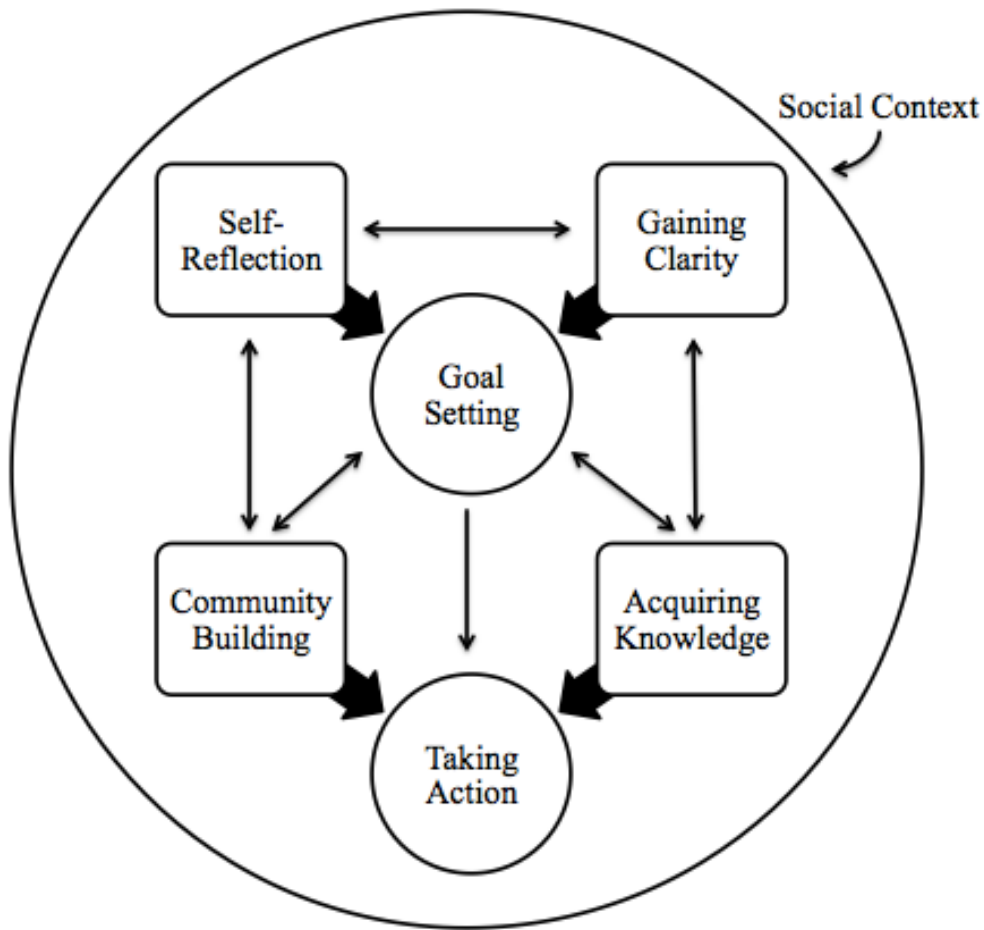


Figure 1. Empowerment Processes for Women in Shelter

related to past mistakes. The result of this process of self-reflection appears to be two-fold. First, women are able to put their experiences in context. Secondly, women are able to accept past experiences and focus on the future. This process of self-reflection involves creating a narrative, or framework, within which to understand their experiences.

Self-reflection related to intimate partner violence. The women's narratives illustrate a process of self-reflection as a means to understand the effects associated with being victimized by an intimate partner. Examining the changes that occurred in their lives because of the violence they experienced is beneficial for many reasons. This allows women to provide themselves with context for their current experiences. Some women are hard on themselves while in shelter because they perceive it as a failure. For example, Gigi stated:

It's kind of frustrating. It kind of makes me sad because I always thought my life would be different - like not here. And I'd have my own place already and be doing this or going to work. And I'd have my spouse with me helping me out... but that didn't work.

Reflecting on the effects of the violence in their lives might allow for self-compassion and understanding. Kaitlin was able to recognize that, despite her promise to herself not to collect welfare ever again, she truly needed that financial support. She stated:

I have been without income for a month and a half and it's been hard because I'm so used to working. I'm so used to, you know, having my own income and the last time I've been on welfare was when I turned 18... I just promised myself that I wouldn't be on it ever again, you know? I'm 24, and I've been working ever since, and going back on it is just kinda hard for me. But, you know... I do need the help.

Further, this ability to examine their lives before, during, and after experiencing violence in their relationships appears to help women to better understand their potential for growth. For example, Jess compared her life with her ex-partner to her new life away from that relationship:

He's not there to tell me what I got to do and what to spend my money on.... I can go back to school without having to ask my ex. I can go back to work too without him being there, so that's empowering. With my kids... The way I'm living now is way better than it was 2 years ago.

She acknowledged the numerous things she had gained the ability to do since leaving her relationship.

Jess later described the “new again” feeling she experiences, framing her current experiences in relation to her past experiences before her abusive relationship began. She stated, “(I’m) not saying it’s different, it’s all new again.” Similarly, Samantha told about feeling that she has her “strengths back,” which indicates that she recognized that she had these “strengths” before, that she lost them, and then that she has regained them. Kaitlin explained:

Before the relationship, I was already on my own basically. Like I said, I used to have my own vehicle. I did used to rent my own place. I was fostering, and you know, the relationship was really... was a real set back... But now it's just getting myself back up there (laughs).

In each of these cases, the women recognized that they previously had more power and more of the outcomes they desired for their lives. Casting their current experience in relation to their past experiences enables women to recognize their ability to recover the things they've lost and thrive. In addition, reflecting on a time before their abusive relationship began might decrease loneliness and reduce the possibility of women returning to their abusive partners due to a sense

of not being able to make it on their own. Alexe described this feeling as one of “How can I survive without anybody?” and discussed the importance of what she calls “the courage to live without.” This is another way in which self-efficacy may increase as women recall their lives without their partner. The ability to evaluate how the abusive relationship has affected their lives provides women with a sense of self-compassion, and a better understanding of their own ability to regain what they’ve lost and continue to grow.

Self-reflection related to the decision to come into shelter. One key aspect of self-reflection that emerged when women discussed their experience of IPV was related to their decision to come into shelter. Women spoke about coming into shelter and the trade-offs associated with coming into shelter. Some women spoke about being far from family and feeling lonely. Alexe, for example, stated, “I have 2 dogs and I just love them like crazy. They are my heartbeat and right now I am thinking like, I am incomplete without them and my mom and my younger sister. They are my everything.” Through self-reflection, and developing an understanding of the costs and benefits of shelter, women are able to better appreciate the shelter intervention. For example, Kaitlin stated:

It takes a lot of patience really, ‘cause you want to be at home and you want to be with your family, but you gotta give up some stuff to live and get to where you want to be basically. It’s tough. It’s taking a toll on me too, you know, ‘cause I do get so lonely and I want to be with my family, but in order for things to work I have to be here... But it didn’t take me long to realize the support I was getting here. The first couple days I was kinda cooped up, you know, and I didn’t realize right away (laughs).

Reflecting on the fact that staying in shelter is not an easy thing to do, and gaining an understanding of both the positive and the problematic elements associated with a stay in shelter,

appears to help women retain a feeling of control regarding their decision to be there. Women are able to commit to the shelter intervention because they have evaluated the pros and cons and have decided that a stay in shelter is their most beneficial option. Self-reflection about hardships associated with coming into shelter allows women to examine and appreciate the hard work they've put into the process of coming into shelter and participating in shelter life. Jess stated:

It's kind of getting lonely out here 'cause the family that I'm close to is in the reserve, and seeing my aunty last night, I kind of did want to go back to the reserve. But then I thought in my head, like the same stuff's gonna happen all over again to me if I do go back, and all of this would be like nothing I worked for, even though I worked for it.

Jess discussed the exchange of the comfort of home and family for things she has been working hard towards while in shelter, like safety and success. This acknowledgment of the progress that they've made in their lives appears to motivate women to remain in shelter and to continue to create change in their lives.

Self-reflection related to past mistakes. Another aspect of self-reflection that emerged involved reflecting on past mistakes. This process is important for women because it allows them to come to terms with the things they have done. This also provides an opportunity to pick out the positive changes they have made in terms of their own identities, by which I mean: who they feel they have become, the way they think about themselves now, and the characteristics that now define them. For example, Jess described a time in the recent past when she was addicted to prescription pills. She spoke about becoming sober and "realizing (her) wrongs":

So I feel more empowered than I did before... I feel better than I did before. I don't have that much people putting me down.... They can all have that negativity because really my friends are all just pill heads, weed heads, drunks. So like me becoming - me

being more sober, I'm realizing my wrongs. They can still be stupid, I don't care, it's not me. I'm done there. I'm over that so I feel more empowered by that too. I can tell them no.

She then told the story of a cousin who contacted her to ask about an unkind rumor about her that was going around:

It's like, okay, you know what? Just don't talk to me... So that was the end of that. He didn't bother texting me back so I think I just told him straight off right then and there. Which was weird but I give myself a pat on the back because usually I'd be scared... But yeah, it's better and I have more control of my life and my kids' lives. So yeah, I feel better than before.

Reflecting on her past enabled Jess to both accept, and gain distance from that part of her life. She said, "It's not me," which is a powerful indication of her change of identity. She then detailed characteristics that now define her: being sober, not being "stupid," the ability to say 'no' and set boundaries, not being scared to stand up for herself, and having more control of her life and her children's lives. Self-reflection is therefore an empowering experience because it helps women to accept and distance themselves from their past, and focus on positive changes they've made and positive characteristics they've developed.

Shelter as helping women achieve clarity in goal setting. Identifying goals they wish to work towards is an important part of the shelter intervention, and of the empowerment process of women in shelter. The goals identified by women were nearly identical and fell into the following categories:

- (1) Obtaining desired outcomes within systems: Housing, Financial, Child and Family Services, Education, and Employment

- (2) Obtaining support: from family, from romantic partners, from friends, contributing to a community of women who have experienced IPV
- (3) Being healthy and independent: improving mental health, healing from abuse, being sober, and being independent (e.g., own transportation, living on own, travelling etc.)
- (4) Parenting (for women with children)

Each woman's ability to engage in the goal setting process is affected by a number of variables.

Women described a process of gaining clarity and being able to devote the physical and psychological resources necessary to reflect on their current life situation as a part of their goal setting process. Participants linked this clarity to distancing themselves from negative influences, improving mental health, and feeling secure.

Clarity through distance from negative influences. Being in shelter plays an integral role in this process of gaining clarity through creating physical and psychological distance between the women and negative influences such as substances, "bad people", and abusers. For example, Penny discussed the impact of entering shelter on her ability to maintain her sobriety and on her ability to "stay out of trouble":

Shelter has kept me sober. Um, it's kept me on track I guess... I think it's just helped me stay sober and off the streets... So, I've been able to stay away from bad people and stay off the street - like stay... out of trouble (laughs) because I've been able to come here.

Perhaps most importantly is the distance that is created between women and their abusers. This ability for women to remain apart from abusers has long been viewed as a key strength of the shelter intervention. Participants stated that being away from the abusive situation was a tremendous relief and was an important empowering experience in itself. The following exchange with Samantha demonstrates this:

Researcher: Can you tell me about the best experience that you've had since coming into shelter?

Samantha: I think just getting here and being away from the abuse.

Researcher: And what did that feel like when you first got here?

Samantha: It was like a weight was lifted off of me, yeah.

Penny provided another example of this sentiment, saying, "I just feel like honestly since I've left (ex-partner) I feel more empowered every day and I feel better every day. I feel better (laughs) everyday. The more I'm away from him. So, this has been a good thing." Penny explicitly connected the separation from her abuser to her process of empowerment. Women are better able to focus and evaluate their lives through being removed from negative influences such as substances, unhealthy acquaintances, and abusers.

Clarity through improving mental health. Participants linked clarity to changes in their health, in particular those related to their mental health and their sobriety. Women described shifting their focus onto their own needs and looking to take care of themselves. When she spoke of her ability to think clearly and plan, Samantha stated, "I've been able to, you know, focus on myself more, which is, I think, what I needed to do." She later explained, "Well now that I've been able to start healing again, (I've been able) to set goals for myself." Likewise, Alexe spoke about how shelter staff wanted to work with her to ensure she was emotionally stable before she began making important decisions:

They are like the first step... They were saying that they were just making me stable, emotionally, so I can think. At least I can think things. So now I can feel that, yes, because of them, because they make me stable, after God, they make me think like that. They give me time to think... You shouldn't finalize things in the beginning when you

are sad or mad or heartbroken. If you will do this you can just make bad decisions. So don't do that. So this thing helps me to think about my future.

This quote demonstrates two important points. She noted that emotional stability and in particular coping with feelings of anger and sadness were paramount to her ability to make decisions. She also indicated that time was important when it came to her ability to plan for her future.

Shelter also helps women to develop a routine, which in turn creates stability and can help to increase mental health. Penny, a woman with mental health and substance use issues, talked about this at length. She stated, "If I stop sleeping, I can stay up for like three days without drugs. Like, I'll just stay up and like worry about things and stress. And here it's like, well everyone's in bed. I'll go to bed. That helps me."

She also explained:

So on a normal day when you're living on the street, or just even at home, I wouldn't have the structure that I have here. So like always getting up every day - not sleeping all day and being sad or whatever would happen. You know, if you're at home, you don't sometimes get up. I get up everyday here, and eat breakfast everyday and then I eat lunch... I've even brushed my teeth and washed my face more (laughs). Just 'cause I'm here... It just feels like you're in more (of a) routine here. So that's given me more control of my emotion mind - being able to stay out of my emotion mind... Like more in my wise mind, like they say. 'Cause I've slept... It makes you all together feel better everyday.

Structuring one's environment can be an invaluable tool for women who benefit greatly from this type of predictability and order, and who, like Penny, may never have had a routine before. In

this type of environment, women with mental health, substance use, or self-regulation issues will find stability and find that healthy habits (e.g., taking medications, getting a proper amount of sleep) become easier to stick to.

Clarity as a result of feeling secure. In addition to the shelter environment creating distance between negative influences and helping residents to establish a routine, the shelter can act as a safe place. This was alluded to in the quotes above when Penny used the term “taken care of” or when she described shelter staff packing her a lunch. Penny later explained:

Penny: But there’s lots of freedom during the day. They kind of let you make your own days... I can choose to sit and watch TV and play with the kids, or I can choose to go out and I know I have somewhere safe to go back to. I can choose to go out and go for a walk... and go to my appointments. And you always know you have somewhere to come back to.

Researcher: It sounds like knowing that you have this place that’s a safe haven means that you’re able to make those decisions without worrying about other things?

Penny: Yeah! Exactly. That’s exactly what I’m trying to say... feeling safe when you’re making (decisions). Feeling like you’re not hurting other people, you’re not hurting yourself... I’ve done a lot of things I didn’t ever want to do - and been forced to do... Doing it and knowing that you’re doing it ‘cause you want to and it’s gonna make you better, make your life better.

Throughout her interview Penny referenced the shelter as a safe home base. She states, “I know I have somewhere safe to go back to,” and describes how this trust in the availability and reliability of shelter decreases her anxiety and allows her to explore her world (i.e., go for a walk, go for appointments) and focus on making positive decisions. Kaitlin seemed to echo this

sentiment: “Here it’s just, you know - well it’s different people definitely. And it just feels comfortable, safe. I’ve never had that before so... unless it was my mom (laughs).” Gigi also felt this way:

Researcher: What does being in shelter mean?

Gigi: It’s a safe environment for you. Like for me and my child and like, you come back to a safe place and we can eat - we’re not starving or anything... it’s helping.

These powerful exchanges highlight the importance of shelter being available and reliable. When residents perceive this it produces a feeling of security and creates a space where decisions can be made and goals can be developed.

Shelter as a place to gain knowledge for empowerment. Another aspect of empowerment that emerged from the data was related to acquiring knowledge. Women spoke of two different types of knowledge: knowledge about systems, and knowledge about intimate partner violence. Developing a better understanding of the way in which various systems affect their lives is an empowering experience for women because they feel it is a first step towards better navigating those systems to obtain desired outcomes. With regard to learning about IPV, women are able to perceive patterns and commonalities, and to recognize the ways in which abuse affects their lives. Knowledge can be personalized and used in a variety of ways in each individual’s life to create positive change.

Increased understanding about systems. Increasing their understanding of the various systems they are interacting with is an extremely important aspect of the empowerment process for women in shelter. Women are involved with various systems including the housing system (Manitoba Housing), the financial system (Employment and Income Assistance); the child welfare system (Child and Family Services [CFS]); the legal and justice systems (Legal Aid;

Mediation; Police; Victim Services) etc. Navigating these overlapping systems can be difficult, time consuming, and overwhelming. For instance, the CFS system is connected to the housing system because women must generally obtain safe permanent housing prior to regaining custody of their children. The ability to develop a better understanding of how to interact effectively with these systems was a significant empowerment experience for participants who actually had this opportunity. For example, Jess explained that speaking with her mediator and learning about her rights as a parent enabled her to feel more in control of her current situation and begin taking action toward her primary goal, namely getting her children back from her mother. She stated:

My mom said she was gonna call the cops. I guess she thought that she had all this power or something, that she still had custody but she didn't know that I still have custody, and I just learned that within last week that I've got custody.

Acquiring knowledge about systems therefore helps women to refine or revise their goals, develop more informed strategies, and begin taking action.

One key area specified by several women, was increased understanding about protection orders. Kaitlin told the story of using the possibility of obtaining a protection order against her ex-partner and his family to get them to stop contacting her.

I'm applying for a protection order because my ex's family is also contacting me... I didn't do it yet, but I did use it to them.... And I actually felt confident and brave, you know, to actually stick up for myself. I didn't want to, just 'cause I still care for that family... but I wasn't going to allow that to happen anymore. But I did tell her, like you know, I'm sorry but I can't do this anymore. If you keep harassing me, calling me, I'm going to get a protection order on my ex, and if I have to, I'll do it to you too. And then ever since then nothing... So that, for my safety, is good so far... And I hope it stays that

way.... You know, and it's a big relief. Like that stuff happening to me was just such a big negative, you know. Oh my god, so stressful and frustrating and so many feelings, just you know, being hurt all over again. And then knowing that they're just leaving me alone again. It's just a big relief. Like finally! It feels good.

Gigi also received information and support from shelter staff when it came to her dealing with an issue regarding a protection order. She described how shelter staff let her know that if she did not want to obtain a protection order Manitoba Housing could not force this on her.

Gigi: So they told me, oh, you don't have to do this, you don't have to get a protection order.... And then she's like, be thorough what you want to say... I wrote a letter. And they helped me fix it up, print it, and put some more stuff in it that sounds appropriate for what it is, and take things out that you don't want in there.

Interestingly, the beneficial knowledge obtained regarding protection orders is not simply about how to put one in place, but also about understanding how and when one can be used.

An important case of increasing understanding about systems is that of Alexe, an immigrant woman from South Asia. Throughout her interview Alexe emphasized how important her education about systems and the associated resources was to her. The first step for her was when she met with someone from Immigration to ask about her immigration status and her rights. She stated:

They were telling me that, you have rights, like every Canadian citizen has, so you are eligible for every single thing: Legal Aid, Welfare, Housing and all this stuff.... I have a future, I can live.... I mean, I had hoped that yes I can live here, because before that I was thinking he will send me back and there's no future over there... I was thinking like my future is ruined.

Alexe's story demonstrates the importance of women knowing that there are systems in place to support them. Gaining information about systems may be particularly important for some women. For Alexe, learning that she was not going to be deported like her husband had so frequently threatened her was literally vital. She had been considering suicide until that day, and the meeting described above was the reason she decided she would live.

Education about intimate partner violence. One primary goal of IPV interventions is to help women recognize intimate partner violence through educating them about warning signs, patterns of abuse, risk factors, and consequences. The aim of this sort of education is to better equip women to make decisions regarding their relationships and ultimately to help women stay safer. Only one participant referred to this process specifically as an empowering experience, but the implications are important to discuss. It was again Alexe who explained how helpful education about IPV had been for her. She told a powerful story about learning what is and is not a crime in a relationship:

Before that he didn't let me know anything. I was unaware (of) every single thing, like what are the legal things for me, what I should know. These people are letting me know that it is a crime. It is not. It is a crime. It is not. And, if you are married to someone, that doesn't mean you have to do everything with him.... If you're not comfortable, you can say I'm not and he can't touch you. If he will, he might get charges on him. I never knew that thing. They are telling me so many different things and I'm learning everything now and every day almost.

She also described learning about the cycle of abuse, saying, "They just try to tell me the circle and this abuse circle and all, and how I'm going through (it). I shouldn't make myself feel bad or sad. I didn't do anything. He did." Alexe discussed the awareness she now has about how IPV

is defined, and what is unacceptable in a relationship. She described a process of learning new information about IPV everyday. She also spoke about learning to understand the consequences of abuse and how to cope with the feelings of shame or sadness many women experience.

Learning about IPV and how it affects the victim is an empowering experience and can lead, as in Alexe's case, to a shifting of blame from the victim to the abuser. Freedom from the burden of responsibility for the abuse likely an important factor related to coming to terms with the abuse and planning for an abuse free life.

It is likely that this experience was explicitly described as 'empowering' by Alexe only because this was essentially her first experience understanding intimate partner violence, and specifically in a Canadian context. It is therefore more likely that the information stood out to her over other women. Many of the other participants had engaged in counseling centered on IPV before, sometimes even during previous shelter stays. It is also probable that Canadian-born women, socialized in a culture where IPV is viewed as a criminal act, did not find the information as shocking, despite finding it helpful. As such, other women likely benefitted from education about IPV, though prior experiences made the benefits less striking and therefore less likely to be explicitly named as an 'empowering experience.'

Shelter as a place to build community. Community building within shelter is part of the empowerment process for women residing in shelter. Women described beginning to create this sense of community through forming relationships with others in shelter by learning about them, and through increasing feelings of solidarity by engaging in the sharing of experiences specifically related to intimate partner violence. Women identified both giving and receiving support as beneficial. The ability to create a sense of community on a larger scale was also discussed.

Women discussed the process of gaining knowledge through forming relationships as an experience that increased their sense of power. Penny, for example, identified her relationship with her older roommate as being “helpful” for her. She stated:

My roommate for instance, she’s like a 50 year old woman or whatever, and she’s got mental health problems too, and she was abused when she was a child, and she has a history of bad relationships her whole life and I really see a lot of myself in her and vice versa. So she was really helpful. We just happened to get paired up in a room together, so that’s been really nice. You know, and she was like, I’ll pray for you and, I love you and all this stuff, and that was really nice. And we gave each other our phone numbers. So that’s a positive relationship, and we’re going to plan to go to coffee together when we stay out of shelter and stuff.

Gigi spoke about beginning to form friendships as a result of her daughter connecting with other women’s children, and getting to know people.

Gigi: It gets lonely, but oh well. I have (daughter) and some of the girls I’ve met that are really nice (sighs). Keep me going (sighs).

Researcher: Okay, so forming friendships in shelter too.

Gigi: Yeah!

Researcher: Okay. Can you tell me a little bit about how that happened?

Gigi: Well, I don’t know. I’m like the longest person that’s been here right now (laughs). And it’s just me getting to know everyone, not their situations or anything, but especially with the kids. They interact and it’s easier. They interact and then we interact.

She stated that the resulting friendships “keep her going” when she’s feeling lonely, which speaks to the connection between the feeling of belonging that develops throughout this community building process, and mental health.

The participants also told stories about engaging in conversations directly related to the experience of IPV. The women found this helpful because they no longer feel alone in their experience, they feel motivated and understood by others, and they learn from others and are offered suggestions. For example, Gigi explained:

It helps me and makes me feel good that other people are - It’s not that they’re going through what I’m going through, but they have relations to what I’m going through. And they like to talk about it. And it makes me feel good that like I’m not the only one, and we’re trying to be strong about it because we’re all here and we wanna grow. And we wanna learn not to do the same mistakes.

Women also discussed an important feeling of not being alone. For example, Kaitlin stated, “I thought I was the only one, so it’s comforting.” Jess expressed that listening to other women share about IPV was helping her to grow and feel safe sharing about her own experiences, saying, “I can talk about what I’m feeling during the day or what I found out the night before. Plus they give you suggestions like what are the goals that you needed help with parenting and anger management and that.” In addition, she explicitly stated that meetings like this helped her with goal setting, which is an integral part of the empowerment process. Alexe also highlighted the importance of group meetings to discuss IPV experiences:

We have to share things. We have to share experience. We can share experiences and we can learn from them as well.... So we can learn, if we’re talking to each other, we can share experiences, then we got to know that, oh if we go back, he will do this thing again.

So these little lessons. It is very helpful and we can help each and everybody. The ladies over here are very helping, yeah, they are very caring and all.

She viewed group meetings as an invaluable learning experience and recognized that this sort of sharing and learning can create positive change. She also described the environment during these meetings as one that is “caring.” These narratives support the idea that sharing about IPV experiences is greatly appreciated, and aids in creating bonds between women in shelter.

Participants were also interested in becoming involved in a wider community of all women affected by partner violence. Some took the opportunity to share their own messages for other women experiencing violence. Penny, for example, hoped that other women would have the same positive experience in shelter that she was having, and suggested being open with the counselors. She stated:

I hope that other people are feeling the same way that I am, like who are here (laughs). I hope everyone’s getting a good feeling about being here. I think it should be a positive experience for everybody, and I hope that if they’re not having a good time that they would get like proper - and tell the counselors and stuff. Like, I hope they’re having a good relationship like I was.

Kaitlin wanted to let other women know to find courage and come to shelter. In her message she asserted that she understands how they feel:

To all the other women out there that are in abusive relationships - that they definitely come here. And find that courage to leave. ‘Cause I know how it feels too. It feels like you’re stuck and stuff like that, and having no place to go, and just be stuck in the relationship ‘cause you think that’s your life. I just pray that they find the courage to come here (laughs).

Messages like those delivered by Penny and Kaitlin show fellowship (i.e., “the same way that I am”; “I know how it feels too”). These types of messages also allow women to highlight and celebrate their own successes by setting themselves up as role models or mentors.

Chavez and Penny also discussed wanting to contribute to a wider community of people like themselves through pursuing a related career. Penny, inspired by her experience in shelter and the staff, saw herself doing something similar. She declared:

I want to go back to college and I want to give back to people and help people who've been in my situation and stuff... I really want to help people... I can more specify, being here. I'm looking at everybody's jobs and I'm like, hey, I could do that, or it's something that I would want to do. And I could help people in my position, you know?

Chavez, passionate about helping other First Nations women like her, told about her desire to be a counselor. She said:

I really wanted to go into counseling, you know?... But I can't because I have an open case file, which - I want to get my kids out of there. I want to do something with my life. I graduated my grade 12 this year... and I'd like to go on to higher things and CFS seem to be holding me back 'cause they want me to go to this, go do that all the time, you know?

Beginning to contribute to community building on a larger scale, outside of shelter, was an empowering experience for women in shelter. Women saw themselves as “helpers” and took pride in their potential ability to change other women's lives for the better. Some women described their desire to contribute to community-building in a career capacity. However, this longer-term goal is associated with many barriers (i.e., having an open CFS case file, education requirements, etc.).

4.4 What is happening in shelter to either facilitate or hinder these processes?

Several elements of shelter services will be discussed. Each of these aspects of the shelter intervention maps onto the empowerment processes discussed above in a variety of different ways. Throughout the interviews, women identified three primary elements of shelter services that impact their empowerment. The first is *increasing safety*. Safety was connected to women's mental health, to feeling safe being in shelter, and to leaving shelter. A second element of the shelter intervention is *forming connections*. This was linked to women's relationships with shelter staff, to community-building within and outside of shelter, and to women creating meaningful connections to their own pasts. A last element of being in shelter that will be discussed is *promoting self-efficacy*. This was associated with consciousness-raising, and also with power dynamics in shelter. Developing our understanding of these elements of shelter services will allow us to better comprehend the complex and convoluted ways in which the shelter intervention can promote or undermine the empowering processes of women in shelter.

Increasing Safety. A foremost goal of domestic violence shelters is to increase women's safety. Several important aspects of safety in shelter were identified and discussed by participants. The first was safety related to the mental health of women in shelter. Safety was also associated with feeling physically secure in shelter. Another crucial part of helping to increase women's safety pertained to leaving shelter, and involved women feeling secure that they can return to shelter and continue to receive support and resources from the shelter.

Mental Health. Safety was associated with improved mental health. Many women identified counseling sessions as being important to their mental health. Shelters strive to provide both individual counseling sessions, and group counseling sessions to all women who enter shelter. In general, women stated that they found these meetings helpful. Jess, for example

explained that the meetings helped her to manage her anger and begin to cope with her other “issues.” Alexe, who spoke a lot about her struggle coping with the host of negative emotions that she experienced as a result of leaving her husband, told of the open and accepting nature of the counselors and the benefits of counseling sessions: “They talk to me and they let me take my inside things out and they let me talk and sometimes they just share.” Staff also educated her about the importance of not making hasty decisions during an acute phase of her crisis, which she said was beneficial. She stated, “She was saying don’t finalize anything when you are sad or mad or things like that. If you want to go back, you can go back, but if you don’t want to go back, you can stay here.” Likewise, Penny explained: “I’m feeling really like – ‘cause you get so much counseling and one-on-one I feel like I’m in a pretty good place emotionally.” Samantha also spoke to the benefits of counseling in shelter. She stated:

The services here that I have had, for the first month, you know, counselling every day, and now that I’ve been here for more than a month, it’s, you know, if I ask or it’s at least every other day. And, you know, I’ve been able to work through some of the things.

The counseling provided in shelter is one important way in which to improve mental health and increase a woman’s sense of safety.

Unfortunately, sometimes women do not receive the help they need while in shelter. Shelter staff try their hardest to ensure that all resources that were promised are made available to women. Chavez’s interview shows this. She explained that the shelter manager was looking after her children so she could participate in the interview, saying, “They were being left with the head honcho here.” Despite this huge effort, sometimes shelter is simply not able to ensure services are available. Some participants described situations where they were unable to attend counseling sessions for a variety of reasons. For example, Gigi, told stories about difficulty

attending group counseling. She explained that there was a lot of confusion surrounding the question of whether childcare would be available so she could participate in the group session:

Gigi: There's some things they have to work on, like with the childcare. Like if they're gonna have it or not gonna have it... 'Cause some of us do want to go to group. Like I wanted to, and then I was told different, so then I went to bed.

Researcher: And what does it feel like when you can't go to group?

Gigi: I enjoy it. It's really insightful to me. Like, just hear it and I can work on myself and this and that. And when I can't do it, it just, I don't know, gets me kind of frustrated. 'Cause I wanted to go... And it's nice to get away, and (daughter) can interact with other kids and play and stuff like that.

Difficulty scheduling childcare was an issue that negatively impacted women's ability to participate in the group counseling sessions they found so useful. As well, lack of communication about counseling sessions came up a number of times. Kianna, exasperated, exclaimed: "How am I supposed to go to programs when they don't tell me when a program is?" Other women spoke about how they wished shelter could increase the number of counseling sessions offered in shelter, and that shelters could be more flexible about when counseling sessions were offered.

The issue of improving women's mental health becomes even more critical when women are experiencing mental health crises. For example, Kianna explained:

You know, sometimes I feel so depressed in here. Sometimes I want to kill myself, like you know, I feel so depressed, overwhelmed and very confused at the same time and I just don't know what to do with myself. I get like that. I get those thoughts in my head but then I talk to a counselor when a counselor gets that time to talk to me, but now I

don't get that time. I get mad. I get frustrated. They ask me why I get mad. Obviously because you're not talking to me or giving me my time to talk to you. Like I need to spit something out. I need to tell somebody something. I need to tell you what's going on with me, but no, I don't get that time, 'cause it's short-staffed.

Kianna, experiencing serious symptoms of depression, was not in a place where she was able to use the tools and resources available to her within the shelter. First, her pressing mental health concerns needed to be addressed. She stated that speaking with a counselor was useful for her and decreased her symptoms, but that counselors were not always available when she needed them. In addition, Kianna was a very difficult woman to communicate and connect with as a result of a variety of factors including her FASD, but also her depression. This may have created a vicious circle where she was more likely to reject help, and where counselors struggled to reach out to her.

Safety in shelter. One key aspect of increasing safety that emerged involved feeling safe in the shelter environment. This was influenced by a variety of different elements. For example, shelters have a number of policies in place to ensure women's safety during their stay. Many women appreciated shelter policies that they understood were in place to keep them safe. A discussion with Kaitlin shows this:

Kaitlin: I came past my curfew yesterday 'cause I went for a movie and I didn't get out of the theatre 'til 9:30, and oh my god, I was rushing back and my phone died, and I was coming from... far. But yeah, I made it back and I had to talk to them about that.

Researcher: Okay, and how did that talk go?

Kaitlin: So yeah, it wasn't too well, but they were pretty calm about it. You know, just making sure it didn't happen again, you know. Because, um, they were about to call the

cops. And you know, they were trying to contact me. And thank god I showed up in time before they did... It made me feel secure I guess. You know, somebody's looking out for me (laughs). And it felt good.

Kaitlin's experience of shelter policy in action was reassuring to her, despite her initial worry that she would be in trouble. She said that shelter staff remained calm in the face of this stressful situation but they explained that they would have contacted the police if she had not returned when she did. This experience became a positive one for Kaitlin because it showed that the staff care about whether she comes back or not and it also shows that safety precautions are followed and staff take action when they are concerned for a woman's safety.

Location. One concern that was raised by many women was in the area in which the shelter was located. Many shelters are located in core areas, and some women felt that the areas in which their shelters were located were dangerous. One woman told the story of a large, unattended dog roaming into the outdoor playground area of one shelter. Another woman told a story about witnessing two women fighting near the bus stop closest to the shelter. There was a story told about encountering prostitutes just outside of the shelter. One woman spoke about "scammers" and "boosters" in the area taking advantage of people and stealing property. She explained that she had needed to become "street-savvy" and was teaching another resident those same skills. Mothers in particular were concerned for the safety of their children. When asked to speak about why she felt shelter was "scary," Chavez explained:

Well there was a shooting that first week we were here. This man got killed here- hit and run. It was on this corner (gestures) there's the back lane - the street right here by his garage. And then there was a shooting over here (gestures in a different direction)! ... I get scared. I usually come in early just to make sure my kids are safe. It's the area it's in.

It's a challenge! The Liquor Mart's right there. People on the street are saying, hey, want some drugs?... I'm pushing my kids and my kids have to see all that so, the area is just...

I think it's inappropriate to have this in this area.

Other women noted the availability of alcohol and drugs in these areas as well. On the other hand, most women referenced the availability of public transit, and the ability to walk to various services or centers that were located in the same area. So, while women appreciate the accessibility of shelters in these areas, the geographic locations of shelter may be decreasing women's sense of safety.

Theft. Another issue raised by many of the participants was that of theft within shelter. Women reported feeling concerned that their belongings would not be safe while they were staying there. Penny, for example, explained, "I get worried that my stuff's all going to get taken." And this fear is not unfounded. Several women told stories about having personal belongings stolen from them while in shelter. Here again, the issue of poverty emerged. Poor women who arrive in shelter with very little and feel financially deprived may resort to theft as a means of obtaining goods they want or need. When asked about the worst experience they'd had in shelter, both Samantha and Gigi responded that having items stolen from them was the worst experience. Samantha had money stolen out of the pocket of a jacket she hung on the back of a chair while serving herself food in the shelter dining area. She stated that she felt "violated" by the theft. The term violated is a strong reminder that experiencing theft while residing in shelter means women are being re-victimized. Gigi explained, "I was kind of disappointed 'cause it's supposed to be a place where they help you and your stuff is supposed to be safe." When this happens, the perception of shelter as a place where they will be safe is damaged. Sometimes, when this happens, the results can be devastating. Kianna, frustrated by her previous experience

in shelter, left and went to the house of an aunt where she hoped she could stay for a time.

Unbeknownst to her, her ex-partner had developed a friendship with her aunt and was there when she arrived. She was taken from her aunt's house, then forcibly confined and beaten until she was able to escape and she re-entered the shelter. When asked what the final straw was, why she had decided to leave shelter, she simply said, "I was getting stolen from. Nobody should be getting stolen off while in a shelter. You're in a shelter."

Leaving shelter. The sense of security and calm that develops as a result of feeling that shelter is going to be reliably available is related to empowerment. While speaking to her before her interview, Samantha revealed that Victim Services had contacted the shelter and arranged for her to stay for as long as she needed. The following discussion with her highlights the sense of security that exists when women are not concerned about being required to leave shelter before they feel ready, as well as the importance of having housing set up to that feeling of readiness:

Researcher: You mentioned Victim Services, and they'd called, and they said that it's not safe for you to go and stay elsewhere?... How does that make you feel?

Samantha: Safer... I view it as a safe place. I know that my ex can't get in here so I feel safe here.

Researcher: What will that look like for you when you feel '100%' and when you feel able to leave?

Samantha: I think that will start with being done with the counselling that I've done and continuing that, having my own place where I feel safe, being able to just, you know, have a place that I can go to where I don't have to worry about someone following me in there.

Unfortunately, due to a number of factors both within and outside of shelter, situations such as Samantha's where a woman's safety and readiness dictate her length of shelter stay are rare. As such, the thought that shelter will not always be an available resource for women creates problems. Many women are acutely aware of the fact that they are only able to stay in shelter for a maximum of thirty days. What is important to understand is that knowing that their time in shelter is running out, and not feeling that they have the appropriate amount of time or resources to organize a more permanent housing solution is a disempowering experience for women because it decreases their sense of security in shelter. Chavez discussed this:

I'm down to my last week and a half. I gotta get outta here by the 7th. If I don't have anything by then, then what? They're gonna let me go? Boot me out?! You know?... I'm not gonna go to the Salvation Army! It's even worse there to try and bring a kid up there!... That's what they did to this other woman. She's gone there now, and she's pregnant... At Sunrise Village or whatever. You gotta be constantly on the lookout, you know? Especially when you have small kids. I don't know. I'm just stressed.

Even her language indicated her lack of control over this situation. She said, "That's what they did to this other woman," which tells us that she does not feel like a participant in the decision making process, she feels like things are being 'done to her.' This also shows the sense of 'shelter (staff) versus me' that begins to manifest itself when women feel they are being treated unfairly, regardless of the level of control individual staff members, or the shelter organization as a whole, has over this situation. The idea of shelter as a reliable 'home-base' is diminished or ceases to exist for women who are counting down the days until they must leave shelter and who do not yet have anywhere else to go.

Getting kicked out. Another difficult situation for shelters occurs when individuals break shelter rules and the decision is made to ask them to leave shelter. This was referred to by one participant as “getting kicked out.” Kira, a woman with mental health and substance use issues had been “kicked out” of one shelter twice. She explained that the first time was because of a misunderstanding with another resident involving a racial slur. She then stated, “I had to go back to him ‘cause I had nowhere to go.” The second time, she said, was when she was caught smoking in the washroom at night.

Kira: That was the last time I was there and I just felt really, like I did it to myself. I screwed up myself - Like getting caught inside the bathroom smoking cigarettes!... and yet they’re so harsh about it... Me and this other chick that I met. She was good friend. She went back to her ex after she got kicked out.

Researcher: You both got kicked out because of this?

Kira: Yeah. And then she went back to her ex. I didn’t go back. I couldn’t, because (of) that thing, that court order, ‘cause if I did go back, I’d end up in jail for 30 days again.

Researcher: For breaching?

Kira: Yeah.

This woman’s story highlights the reality that some of the women in shelter will choose to go back to their abuser if they are no longer able to access the domestic violence shelter. In Kira’s case, she seemed to rank the domestic violence shelter as her first choice, then going back to her abuser, then a homeless shelter, and finally jail. Kira later spoke at length about her experience in a homeless shelter after the second time she was kicked out of shelter. She told of feeling uncomfortable and unsafe, saying: “I felt so out of place. I felt like, oh my God, everybody was just looking at me all the time and telling me I’m beautiful, and I’m like, okay thank you, but

then I felt like Ugh.” This lack of positive or acceptable choices if one is forced to leave shelter is disempowering, and again speaks to the dangers these women can face due to a lack of viable housing options.

Forming Connections. Another key element of the shelter intervention involves women forming connections, and healing through connection to others and to themselves. Relationships with shelter staff are an important type of connection identified by women. Residents’ relationships with staff members are affected by consistency and by the type of support provided by staff members. The importance of a client-centered approach was discussed. Forming connections with other shelter residents through building-community is another type of support valued by women. They also identified community-building on a larger scale through connecting with individuals outside of shelter who had lived similar experiences. Finally, creating meaningful connections to their own pasts is important for women in shelter. This allows them to create order of their experiences and frame them in a positive or beneficial way.

Relationships with shelter staff. Relationships with staff members in shelter play a crucial role in creating empowering experiences for women in shelter. Meeting with counselors and staff members is a large part of many shelter interventions. One important point noted by several women was that having the same counselor throughout their shelter stay, and therefore a contact person who knows them and their story was very beneficial. For example, Kaitlin stated:

I get a lot of help from (counselor). She’s one of my favourite staffs. I feel very comfortable with her. Yeah, she’s very open with me and I’m open with her, so it’s good to have a favourite I guess. I always look forward to seeing her here... She’s basically helped me since I got here... That’s like the only one that I would rather talk to, you

know? 'Cause she knows like everything. It feels like she knows my situation and she knows how to try and help me. And she does help me a lot.

In contrast, some women talked about being frustrated when they were required to re-tell their story if they were bounced from counselor to counselor. In addition, meeting with counselors frequently was mentioned as something useful for residents. For example, Penny stated, "I trust the counselor here and I didn't have a relationship with the counselor (at the treatment center). And it could be because we meet here daily."

Client-Centered Approach. Several women told stories about the importance of staff taking what I will refer to as a client-centered approach. Several women stated that their interactions with the staff in shelter, especially the counselors, were the best experiences they'd had in shelter. That speaks to the magnitude of the impact of staff interactions on the shelter experience, and highlights the importance of shelters fostering positive interactions between staff and residents. Women described elements of this 'client-centered approach' including effective communication, engagement, understanding, and making the woman feel valued. For example, Penny stated:

For me what makes me feel good after an interaction with a counselor is when they like take you aside and they say, okay, and they really listen to what's going on... So it's like they let you have that moment and they really assess the situation rather than kind of like - I understand they're busy, but then they should say, well I'm busy, can we do this in a minute? When they give you that added time it makes you feel like they value what you're saying, that it's important to them.

Developing positive relationships with shelter staff is a key component of women feeling secure in shelter, and their ability to participate in counseling sessions where they start to heal and

improve their mental health, gain knowledge about available resources and about IPV, and engage in the process of contextualizing their experiences. When women have negative interactions with staff members it can negatively impact their ability to create or engage in those empowering experiences.

Women described some interactions with staff members that hindered their sense of empowerment. In contrast to the ‘client-centered approach,’ these interactions involved elements of ineffective communication, disengagement, lack of understanding, and not making women feel valued. For example, Kaitlin described trying to discuss her Manitoba Housing application with a staff member (not her primary counselor) and having the woman simply repeat, “be patient.” Kaitlin contrasted this response to the response she then received from her counselor:

She just approaches it better, you know? Not straight out like that. I don’t know... Or she’ll even let me try if I wanted to like - like let me call. She just kinda leads me in a way you know? Like I want to do it myself. Like if I need help, she’ll help me, you know? I had some hard times with a couple other staff about that... It’s hard. Once I’m motivated I just go for it and, you know, when you hear that it’s just kind of like, ugh. It gets you down a bit.

Kaitlin’s story illustrates what must be one of the most difficult issues residents, and staff also, must face in shelters, namely how women stay motivated while waiting for access to resources. Kaitlin provided an answer. Rather than reinforcing the idea that the situation is outside of her control, her counselor encouraged her to be in contact with Manitoba Housing directly so she was doing all she could to obtain her desired outcome. She also explained that her counselor was “leading,” or guiding her in a way so that she was provided with advice and support if she needed it, but she was making her own decisions about how to proceed.

Chavez brought up another detrimental element related to staff members trying to relate to the women in shelter.

And they always say, I know what you feel. I know what you feel. No they don't know what I feel! They don't come and ask me, How are you feeling? They don't do that. They just - if you're talking - Oh, I know how you feel. I know what you're feeling. I been there. I been there - I been everywhere. Like ugh! Oh my god! Don't say stuff like that! That's just unprofessional.

There is a tension between showing understanding and compassion, and coming across as belittling, as in this case where Chavez described staff members disregarding her experience, assuming they know how she is feeling and what she has been through, and presenting themselves as superior because of this supposed knowledge. These types of statements are certainly not client-centered.

A related issue that emerged involved staff being willing to apologize when they are wrong or when they make a mistake. This idea emerged in two narratives, Chavez's and Samantha's. Both women experienced extremely negative interactions with staff members, but the effect of these interactions on each woman's shelter experience was impacted by the staff member's response following the negative incident. Samantha stated:

There was one incident when I met with the counselor... she was asking me about my daughter who passed away and I was like, you know, I've dealt with this... She just kind of kept on the situation and said something like, the only thing I can relate that to is my cat dying....Every time I see her and every time I meet with her, if I were to continue to use her, I would always think she compared my daughter's death to a cat... She did

apologize to me and she said she understands why I want a new counselor because it's something that I'll always remember her saying.

Samantha was able to move past the hurt and frustration caused by the staff member's thoughtless and insensitive remark, and appreciated the staff's apology and expression of understanding. She later stated that she liked shelter, that she felt safe in shelter, and that she knew that help was always available. In contrast, Chavez described an incident where a staff member interrupted a gathering of women and children and scolded the women for not performing their assigned chores. The staff member's demeanor during the interaction caused the women and their children to feel on edge and decreased their comfort in shelter, which in turn negatively affected their ability to relax, and their desire to socialize and participate in shelter life in the same way:

Last night a staff, she came, and this was the first time we all seen her. And we were having fun. There was three clients in the playroom with all our kids. Our kids were getting together. They were bonding! Blending! And then all of the sudden the staff comes in there and raises her voice. Everybody just went quiet... I was shocked. We were all shocked. She scared my daughters... It made us feel like kids... I think I just lost all the respect as of last night. 'Cause, they scared my daughters! These are my babies that I try to protect. That's why we were in here! And right now my heart's not here anymore, you know? I don't feel safe with this kind of person to come and yell at me in front of my small kids, or anybody's kids. You know? That wasn't right.

Chavez later stated, "At least that woman could have apologized for to my kids for yelling! And scaring! But instead she didn't!" The negative interaction with the staff member caused Chavez to feel less safe in shelter, scared her children, and undermined her role as a parent because she

was unable to protect her children from that negativity. She referred to this event numerous times throughout her interview as though she could not move past it. She explained that she had “lost all respect” for shelter and that her “heart” wasn’t in shelter any longer. This is a powerful example of how one negative interaction with a staff member can have a profound impact on the shelter experience and hinder the process of empowerment. Although it is not clear to what extent the staff member apologizing would have helped to defuse this situation, we know that this is something Chavez wished had occurred.

Vouching. As we have seen, connecting with shelter staff involves feeling heard and understood. One other aspect of the connection between residents and staff involved staff members backing residents during interactions with systems or when women are trying to access resources. Some women referred to this as shelter staff “vouching” for them. For example, Jess explained that the shelter manager had spoken with her mediator to confirm she was in shelter and to help quash rumours spread by her mother that she was unreliable. She explained:

And they talked with my mediator too just to confirm that I was here and that I wasn’t lying because my mom told my mediator that I was a manipulative like liar or something, so they thought that and they asked for one of the staff members and the manager came on and the manager told them that I was staying in the women’s shelter.

This “vouching” for women shows them that shelter staff are truly allies, not simply providers of information. They are willing to support them and validate them. Vouching for women is a gesture of good faith that sends women the message that shelter staff recognize that they are trying hard and that they are doing their best. The opposite is also true. Kianna, who did not feel connected to shelter staff, described an instance when she was trying to access a treatment program and she wanted members to become more involved and help her to connect with the

program. She exclaimed, “They don’t sit there and they don’t vouch for you. They don’t even make the calls. You go do it yourself. Go do it. So basically you just have to do everything on your own here.” Kianna’s statement again speaks to the importance of a connection with staff members wherein they feel/are able to vouch for residents. It also tells us that without meaningful staff connections women can feel isolated and alone, and may be less able to recognize the many other beneficial aspects of shelter.

Community-building. One empowering experience identified by several women was becoming a part of a community of individuals affected by IPV. This type of community-building can influence the process of self-reflection through providing women with ways to conceptualize their experiences based on other women’s experiences. It can increase feelings of belongingness and help women to feel better supported. Women are also able to share information and ideas that might help others in navigating systems. As discussed above, the stories involving community-building centered mainly on the community of women receiving shelter services. Shelters facilitate this process in a variety of ways. Shelters can provide women with opportunities to support each other through developing friendships. For example, Kira described forming a new friendship with another younger woman in shelter:

I met a new friend... so we’re hanging out. We just walk around together, do things together... She needs all her IDs, so I’ve been helping her try, showing her where to go and what to do and trying to make her street savvy so she doesn’t end up in the wrong crowd kind of thing. So me and her, we get along good. I make her laugh a lot (laughs).

Participants spoke about these types of connections forming through sharing a room with another woman, through gathering to chat or play games, and by getting to know mothers through children interacting. At first, adjusting to the communal environment is difficult for

some women, especially shy women who find it more difficult to interact with unfamiliar others.

Kaitlin described overcoming this obstacle:

At first it was kind of hard, because of a new environment and getting to know people.

Especially from being in an isolated relationship and coming here, staying with people.

It's kind of hard, but I got used to it, 'cause now I'm more comfortable and happy.

Several other residents mentioned needing time to become comfortable in the communal shelter environment that is so very different from an isolating abusive relationship.

Another barrier to building community associated with forming friendships in shelter involves negative interactions with other residents. Often these negative interactions center on a feeling of lacking privacy, experiencing theft, or a feeling of being taken advantage of by others. For example, Gigi related a story about a resident who was disturbing her while she was caring for her daughter in her room. This resident had also stolen property from one of the other residents. Gigi explained:

I'm busy with my daughter. And I told her, hey, no, come back later. And she'd knock on (the door) again, and I was like, kay, come back later! And then I yelled at her... I'm trying to put my kid to sleep. Jeeze. And then I found out that she had a pair of name brand sunglasses, and they're my friend's... She's like, and if no one claims them I'm just gonna sell them... She gave them back to me. I was like holy!

This lack of privacy and theft impedes the development of positive, trusting relationships with others in shelter and can foster negative emotions. These barriers to community building were apparent also in Jess' interview where she talked about other residents in shelter not doing their share of the chores:

Yesterday some of the dishes just sitting there and I just did them. It wasn't my chore but I still did them, and then the person that came in that was supposed to do them, she goes, oh somebody magically did my chores. Like ah, I did that. It's maddening. They just stay in their rooms until somebody does them and they come out after.

This feeling of being taken advantage of can create resentment, and bar women from forming deep interpersonal relationships with other women in shelter.

Shelter also supports women in sharing their experiences specific to IPV with one another. The participants described this mainly occurring in open group sessions where they were given time and space to discuss their experience of partner violence with others. Chavez explained:

Chavez: It's where we share our own feelings and our own experiences. Not to, you know, take it out of the sharing circle.

Researcher: You get to talk about whatever you want?

Chavez: Whatever. Whatever you feel. No worries that someone is going to go and blab it around. My daughters, they sit in there too.

A related barrier is the inability to attend these open group sessions where women stated that they learned about the other women's experiences of IPV and, perhaps more importantly, where they had the opportunity to share their own stories. Like the counseling sessions discussed above, the ability to attend these open group sessions is affected by the number of sessions held and the flexible scheduling of sessions, as well as the availability of childcare. For example, Penny stated: "I think they should have more classes and more group." The inability to attend open group sessions due to infrequency of group meetings, inflexibility of group times, and no

childcare available during group times decreases women's opportunities to participate in and contribute to this aspect of the community building process.

Community-building outside of shelter. A second type of community-building emerged, which involved a desire to become a member of a larger community of individuals affected by IPV. Recall the messages that Kaitlin and Penny had for other women who were experiencing partner violence. The sharing of stories is a recurring theme and intricately tied to the empowerment of women in shelter. Here, sharing stories is a way to reach out and support other community members. The idea of sharing stories is made explicit by Chavez, who says: "They need to know these women's stories over there! These women need to share their stories on the reserves now, instead of running away, or you know, getting sent away!" Telling their stories and sharing their experiences is a skill that these women have, and one that they could use to begin to contribute to and create change in these larger communities.

One important barrier related to community-building is connected to an intrapersonal feeling of "readiness." This feeling of "readiness" can be influenced by dominant views and assumptions, and is an example of how the attitudes of others, including shelter staff, can hinder women's efforts to build community. A conversation with Penny shows us that she did not feel she was "ready" to contribute to community building:

There's a third bed. It's like constant girls in and out. Like that leave right away... And it's sad because you know they go back to something not healthy probably. That's why they leave right away I think... But it also makes you just want to be stronger for them and just kind of makes you want to do better so you can help people like them when I get better myself, you know? It's like, I want to-- well, you know-- that poor person! I wish they could have been stronger-- whatever it is. Not stronger, but I wish they could have

stayed themselves or whatever... I gotta stay strong so I can help people like that. So I can have a job and do that.

Chavez also indicated that she is struggling with the notion of “readiness.” She stated, “I’ve gone to so many counseling, so many different things I’ve been through. And counseling! And still counseling! Like, how much do I have to go through before I can help somebody?!” And:

It’s hard to live amongst other women in here. Especially when you want to help. That’s the thing. Like, me, I’m at a point where... I don’t know how to explain it. I want to help but I’m not allowed to... I have to just go back from trying to offer help when me myself I need my own help, you know what I mean?

The view of self as “unready” appears to be closely tied to assumptions held by women in shelter about who is able to “help” or contribute and how and when.

Their statements highlight the assumption that women need to be “better,” or healed completely before they are able to offer help. Women cannot “need their own help” at the same time as helping others or contributing to these communities. This assumption then affects these women’s sense of self-efficacy, decreasing it and sending them the message that they aren’t capable of helping yet, despite their desire to do so. It also seems to suggest that the way to contribute is by formally entering an ally role (i.e., volunteer, career). The assumption that women need to be recovered, and that helping requires entering formal ally roles means that women in shelter are likely not engaging as much in community building activities sharing their IPV experiences in shelter, forming friendships in shelter, or sharing their stories outside of shelter because they likely do not fully appreciate these activities as ways to contribute to community building because the importance of these more achievable tasks has not been emphasized.

Connecting to the Past. Throughout this section and others I have alluded to a third type of connection, namely the connection to one's past. The ability to engage in a process of critically examining different experiences that women have had in their lives, allows them to organize those experiences. Creating order enables women to work towards a coherent and personally meaningful framework within which to understand the hardships they've endured, the victories they've won, and the hard work they've put in. Women are able to both celebrate their successes, and understand their disappointments by connecting their current situations to their pasts. The frames of reference they create can be positive and motivating. Kaitlin showed many examples of this type of contextualizing her experiences. For example:

Before, like when I was in the relationship, I didn't really see much. I basically seen myself still in that relationship, in that negativity, with all that stuff that was going on. Was basically stuck in the same spot.... If I didn't come here, I'd probably be still... stuck... I did a lot coming here. A lot of progress has been done.

As Kaitlin indicated, the ability to come into shelter itself can be viewed as a turning point, a new beginning. Therefore, the mere availability of shelter can be a powerful influence on women's ability to connect current experiences to one's past in a meaningful way.

This process of connecting to one's past is influenced by each woman's current context, and can be facilitated by gaining clarity, by acquiring knowledge, and by interacting with others to discover how they might frame an experience. Speaking with counselors and engaging with other residents is therefore an important part of this process. Through their interactions with counselors, women are able to tell the stories of their lives, including their struggles and mistakes, and their triumphs and hard work. Counselors are able to listen, and validate those experiences. For example, Penny states, "I want everyone to know that I am sober and I am

trying really, really, hard.” In addition, shelter staff can help women through providing information about the reality of various systems and about IPV. Shelter staff are therefore able to foster the self-reflection that is so vital to this process through speaking with residents. For many, they serve as a respected source of validation, which is motivating for women in shelter. They also provide women with information women may use to clarify or begin to investigate the causes of some experiences.

Likewise, engaging with other shelter residents is useful for women connecting their past to their present in a useful and positive way. Gigi described it in this way: “It shows from a different person - point of view - that like it happens to other people and I could change it if I want to.” If we take this idea one step further, we can see that successfully working to create their own stories through connecting with their past allows women to then share those stories with others. As we have seen, this sharing of experiences helps to build community with other women in shelter and beyond. Kaitlin stated:

Last night we all sat in the sitting room there- me and four other girls. We’re all friends now. You know, just sitting there. We’re playing cards, listening to music, whatever - sharing stories. It’s kind of positive to me, you know having, like a group of friends as well, instead of being alone.

Promoting Self-efficacy. One last main goal of the shelter intervention is to promote self-efficacy among residents. Two key areas relating to this are examined. The first is consciousness-raising and promoting awareness of structural issues affecting the lives of women in shelter. The second is power dynamics in shelter. This included shelter rules and policies, and interactions with staff. The process of goal setting is examined in detail.

Consciousness-Raising. One process related to promoting self-efficacy that shelters engage in involves consciousness-raising. This involves helping women to become more aware of socioeconomic and political issues that are affecting their lives. This is essentially education about structural issues affecting women in shelter. One participant, Kira, described her experience involving consciousness-raising that took place in shelter related to the effects of colonialism, prejudice, and racism. She stated:

Kira: She does a program where we watch Our Native Heritage... She said, one white guy said that he wanted to wipe out all the Indians... He was running the government... I can't believe that he would actually say that. I mean, nobody did anything about it? This is our land and yet we're so low - the lowest of the low. These White people look at us differently and I can just see the racism...

Researcher: So how does it feel for you to be learning more about this?

Kira: I feel hatred, (it) makes me so angry. I just feel really - it just pisses me off... I asked her, I said, why are you guys always asking us all the negative stuff and yet how can we get rid of it and how do we feel better about ourselves instead of just thinking about and talking about all the shit that's happened to us that's bad?

Researcher: Did you get a good answer?

Kira: Yeah, she said we're gonna all talk about it next week on Monday and Tuesday.

We're gonna talk about how we can make ourselves feel better and how - what kind of movies or programs we could take that would help us become more empowered, I guess.

The education that occurs in shelter related to various socioeconomic and political issues facing women from different backgrounds facing numerous oppressions has the potential to be a powerful tool contributing to empowerment through increasing knowledge. Most women

appeared to enjoy learning about these issues in the open group sessions, which are sometimes facilitated by Indigenous Elders. Even Chavez indicated that the sharing circle program facilitated by an Elder was very beneficial for her. However, as Kira's story demonstrates, knowledge of the prejudice and inequality affecting their lives alone is not enough. Women need to be provided with skills and resources so that they may be able to effect change, and use their newfound knowledge to improve their lives. Without such means, women feel helpless; women feel "hatred."

Power dynamics in shelter. Shelter policy and structure refers to the rules, regulations, and requirements that have been put in place, and the environment that is created within shelter as a result of these. As we have seen, the shelter routine involving curfew, meal times, and the provision of personal hygiene items can create a positive structured environment, particularly for those suffering from mental health and addiction issues. Several exchanges with Penny showed this. She stated, "I like (curfew) because I get to always have an excuse to be at home early and like, and it helps with sleep." And:

Researcher: Can you tell me specific things that you've done since being in here that have given you more control over your life?

Penny: The routine. Having a routine here - getting up everyday, eating meals everyday. The ability to become familiar with their environment and the rules that are in place can provide women with a sense of comfort and the opportunity to engage in activities like self-reflection or goal setting. In addition, most shelters have regularly scheduled counseling sessions, both individual and group, for women to participate in. This provides them with ample opportunity to connect with counselors, advocates, and other women residents and learn from those encounters.

Shelter policy and structure, therefore, affects all aspects of the empowerment process described by women in shelter.

However, women's narratives illustrated a tension between that beneficial routine and a well-organized and familiar environment conducive to improving health, and a feeling that shelter is restrictive and overbearing. For example, Kaitlin spoke about fearing that she would not be able to accomplish anything while she was confined to shelter for the first 48 hours of her stay. Gigi, who reminded me multiple times throughout her interview that she had been on her own and without the help of her family for much of her life, described feeling frustrated with the various rules in place and the supervision provided by staff members. She stated:

Gigi: I'm so used to being by myself and doing things on my own and it's just - I don't like rules really. But there's rules. And everything just bugs me now...Stupid rules.

Reminds me of when I was a kid.

Researcher: Does that affect how empowered you feel?

Gigi: Yeah, I guess so. It kind of diminishes it a little bit because I'm watched all the time. I'm so used to doing my own thing and being by myself all the time. It's hard being watched... But it's totally understandable because it's a shelter, and like there are rules.

You can't do whatever you want because it's tied to our safety. Just have to pull through it. It will be over soon.

This reflects the sentiment expressed by many women that being required to follow shelter rules made them feel almost as though they were children again. Chavez also stated, "You hear them everyday, you gotta do this, gotta do this, gotta do this, gotta do this. Like hearing it everyday? Come on! You don't have to tell us everyday. It's just, ugh, starting to feel like I'm the kid in

here.” They described a shift from feeling supported by allies to feeling they are being supervised or lectured by authority figures.

This type of regimented living where women are overseen, or “watched,” can send the message that women cannot be trusted to make positive choices (related to their needs, their children’s needs, and the needs of the community of women in shelter) on their own. This implicit message might decrease women’s self-efficacy, and certainly the feeling of being forced to obey rules one does not necessarily understand or agree with in order to retain housing decreases self-efficacy. Of note, Gigi attempts to justify the rules that are in place, saying, “It’s totally understandable... because it’s tied to our safety.” This is likely something explained to women as they enter shelter, but Gigi does not appear to have a good understanding of exactly how the rules are tied to safety.

An illustrative example of the power dynamics in shelter surrounds parenting in shelter. Shelters have a number of policies in place regarding the care of children in shelter. Chavez spoke at length about this. She referred to rules restricting children’s ability to help with chores or contribute to life in shelter. She explained, “In here, we’re not allowed to let them do nothing besides play, play, play and that’s not what life’s about in our society.” Likewise, she spoke about shelter rules regarding the ways in which children could and could not be disciplined. She explained, “We can’t even discipline our own kids on our own terms. We have to follow guidelines.” Later, we had the following exchange:

Researcher: Is there anything else that you feel you have either gained from being in shelter, or has been taken away from you in shelter?

Chavez: Well disciplining my children is one of them. You know I can’t - I’m not allowed to - yell at my kids, or talk to them - talk to them basically! They’re not allowed

to- I'm not allowed to... There's so many rules in here that... I can't even teach my children how to be young ladies!

These rules appear to create uncertainty and fear, especially for women who have had involvement with Child and Family Services who, like Chavez, may begin to overthink each interaction with their children. Shelters strive to support mothers, while also responding to the needs of residents' children who have themselves been impacted by the violence. The above example shows that sometimes these shelter rules and policies related to children may decrease the sense of power of residents.

Goal Setting. Another important area in which discussions of power dynamics emerged was around goal setting. The participants talked about the process of goal setting. Some women had already established some of the goals they were working towards before shelter staff became involved:

Chavez: But I do have long-term goals. I want my kids back. I want to get a driver's (license). You know? Stuff like that. I wanna get a more education... I was already in the process of reunifying with my kids in (Northern Community) and all of this still.

Others appeared not to have engaged in an individual process of identifying goals, and may have only begun to think of goals during meetings geared towards this that take place with counselors within shelter. As such, being in shelter is extremely important in the goal setting process. Alexe stated:

After coming here, yes because of my counselor, I can say that, after God, I am being able to think about my goal, or whatever I want to get that, I will get that. After coming here, I am thinking I have more power and all, so I am very strong now.

For most women the goal setting process they engaged in with their counselors was helpful. This is likely especially important if they have not yet been able to engage in this type of process individually due to feeling overwhelmed, mental health issues, or substance use issues. Gigi described the benefits of the one-on-one sessions where goal setting is involved. She stated, “(They’ve) given me a push to work for the goals that I have set there. They help you to do it and they give you one-on-one sessions (for) how you can do that. And you want to work towards your goals for the future.” Likewise, Penny explained:

It’s made me feel like I’m able to reach those goals, probably, a little bit more. It’s easier to have it all mapped out for me almost, you know? Like the counselors, for instance, today I couldn’t figure out my morning, and they sat down and helped me figure out what I was doing this morning. You know what I mean? So it’s been really good to have those people like that.

However, for others, this process was unhelpful. Kira, a participant with self-reported mental health, and addictions issues who was involved with various systems (e.g., CFS), told the story of her one-on-one meeting with a counselor to discuss goal setting:

I looked at her and I’m like, you’re not helping me here. She was trying to get me to, uh, focus on myself, and I said, I am focusing on myself. I’m trying to get my kids back. I’m trying to get my life back. I want to get a new place and somewhere far away where I can protect them and they can go to school and school is starting right away, and I need my kids back I told them. And they, she was like, no, no, no, we’ve got to focus on you right now ‘cause we need to focus on you. And she’s going on, like using big words and I’m like, okay... so I just drowned her out. She asked me to write a portfolio or something of what I wanted to do when I got out of there. And then I’m like, you guys are supposed to

help me with that stuff and yet she was just - It just seemed like a bunch of bullshit to me...

While Gigi and Penny felt that the sessions provided them with help planning out their goals and with information about how to work towards those goals, Kira described a situation where she did not feel heard, and where she felt belittled and overwhelmed. Individuals with complex needs such as Kira are likely more challenging to work with during these sessions, and require additional support on the part of shelter staff.

This study found that women's empowerment while in shelter is connected to several important processes: *self-reflection*, *gaining clarity*, *acquiring knowledge*, and *building community*. These processes are intricately interconnected and can look different from one woman to the next. Shelters are involved in the empowerment process by working to increase residents' safety, by helping residents to form connections, and by working to promote self-efficacy in residents. As has been shown, these shelter elements can impact empowerment in both positive and negative ways.

Chapter 5: Discussion

5.1 Limitations

Empowerment is an ongoing process that is different for each woman, and the stay in shelter is only a small part. I have only examined women's empowerment at one point in time, during her stay in shelter. Further I have not sought to examine each woman's empowerment continuously over the course of her shelter stay. Thus the data may not be representative of the shelter experience as a whole. I attempted to address this issue by collecting data from women who had been in shelter for at least a week, and who had been residing in shelter for varying lengths of time. The women who were interviewed for this study were all "successful women"

who had remained in shelter for a longer period of time than many. It is not uncommon for women to leave shelter within the first few days. As such, this research is not generalizable to all women who enter shelter. However, the aim of the project was to discuss the empowerment process as it occurs in shelter with women familiar with the experience of being in shelter. The empowerment process is not linear, with many women returning to shelter several times. Recall that Manitoba has one of Canada's highest rates of shelter re-entry. This study will therefore be applicable to the many women who might later choose to remain in shelter for a longer period of time. Future research may wish to examine the reasons some women leave shelter quickly after being admitted.

It is important to examine this research within an intersectionality perspective. The experiences described by women and the emergent empowerment processes are not simply affected by the experience of violence. They are situated within a network of interpersonal, organizational, and structural influences. Race, ability, age, mental health, substance use, and class have shaped their experiences. Poverty is a critical issue affecting this sample of women, which raises the point of transferability. This research was conducted in shelters for abused women in Winnipeg with women who were poor and predominantly Indigenous. As such, the findings of this study are not necessarily transferable to middle-class women, whose experiences in shelter may differ significantly. This is both a strength and a limitation of the study, as although the findings may not be transferable to the population of abused middle-class women, a large proportion of women seeking shelter in North America are poor women, and in Canada Indigenous women are also more likely to access shelter services (Beattie & Hutchins, 2015; Canadian Network of Women's Shelters and Transition Houses, 2013). Likewise, this study focused solely on heterosexual women who have experienced IPV, and as such the results may

not be transferable across genders and sexual orientations. Future research is needed to study the empowerment processes in men and in LGBTTTQ* (Lesbian, Gay, Bisexual, Trans*, Two Spirit, Queer, Questioning, Intersex, and Asexual) individuals.

5.2 The Process of Empowerment for Women in Shelter

This thesis analyzed the experiences of women who experienced intimate partner violence and were residing in a domestic violence shelter. The empowerment process in shelter emergent from this research consists of four interrelated elements: shelter as providing space and support for self-reflection, shelter as helping women achieve clarity in goal setting, shelter as a place to gain knowledge for empowerment, and shelter as a place to build community. Some may have noted that although each of the empowerment processes identified by women in shelter is related to safety (e.g., improving mental health), and empowerment is itself connected to increasing safety, working to increase physical safety was not explicitly named as empowering in this study. This is likely an artifact of the study. By nature of being in shelter, safety is addressed. Women may not have talked explicitly about being safe because they already felt safe. However, related to this is the idea that if shelter staff attempt to emphasize the concepts of personal power and individual choice with regard to safety, this could be perceived as disempowering, since women could infer that instead of their abusers, social services, or society as a whole, blame for the violence has been shifted onto them (Berns, 2004). It is therefore likely that increasing physical safety did not arise more frequently because: (a) women already felt safe, and (b) discussions with staff related to safety might not have been perceived as empowering. Again, many different elements connected to safety were explicitly linked and discussed at length.

While staying in shelter, participants reported empowering experiences related to reflecting on their lives. This self-reflection involved primarily reflecting on their experience of

partner violence and the subsequent decision to come into shelter, and also on past mistakes they have made. This element of the empowerment process of women in shelter is related to narrative therapy (White, 2011). Two of the foundational principals of narrative therapy are the following (adapted from Etchison & Kleist, 2000):

- 1) Once an individual is able to separate himself or herself from a problem, they perceive themselves as able to create change.
- 2) Identities are not static, and each moment individuals have the opportunity to create alternate stories that capitalize on their strengths and their desired outcomes.

Self-reflection involves the construction of a coherent and personally meaningful narrative that contextualizes experience and separates the woman from her “problem –saturated story” (White & Epston, 1990). The woman is able to examine herself objectively. The possibility of change is then created because women are able to think, perceive, imagine, and make decisions according to the new, beneficial narrative (Sarbin, 1986). This process of self-reflection can incorporate the awareness of socioeconomic and political issues facing women in shelter, which can help to create the useful narrative framework. This consciousness-raising is a key element of many conceptualizations of empowerment that posit that changes in one’s consciousness and working to develop an understanding of oneself in relation to society is required (e.g., Freire, 1970; Gutierrez, 1994; Gutierrez, 1995). This perspective is consistent with the feminist conceptualization of partner violence that seeks to expose and explore society’s condonation of men’s superiority over, and aggression towards women, and the socialization of women to be submissive.

The second empowering process described by women was gaining clarity. Women described their sense of control over their lives increasing as they were able to think more clearly

and begin to set goals for themselves as a result. Research has consistently shown that substance use issues, mental health issues, and the experience of intense stressors (crisis) are associated with difficulties in cognitive functioning (Elliott, Bjelajac, Falot, Markoff, & Reed, 2005). For example, depression is tied to deficits in working memory, rumination, the inability to employ cognitive strategies to regulate negative affect, and difficulties pursuing goals and planning a future (Gotlib & Joormann, 2010; Riger & Krieglstein, 2000). Likewise, alcoholism is associated with attention, memory, and executive functioning deficits (Uekermann & Daum, 2008). Making strides in addressing their substance use and improving their mental health is not only an accomplishment many women take pride in, but also allows them to begin to examine their lives and determine goals. Gaining clarity through effectively addressing substance use and through beginning to cope with the effects of trauma and mental health issues can therefore facilitate goal identification.

Participants also described an empowering process in shelter that involved acquiring knowledge. Women described empowering experiences related to increasing their understanding of the systems with which they were interacting and also related to learning about intimate partner violence (e.g., risk factors, cycle of abuse, consequences). The knowledge women spoke of involved understanding how the systems they are enmeshed in operate, and the ways in which power is exercised in their lives. Often women in shelter are involved with systems such as police departments, the justice system, and child protective services, within which women may have had prior negative experiences, and which may seem impossible to work with (Nichols, 2013). A better understanding of systems allows women to begin to strategize and take action towards individual desired outcomes. Women also found learning about intimate partner violence specifically empowering, including the ways in which societal forces contribute to or

influence their experience of violence (Kasturirangan, 2008). Prior research supports this idea that individuals who better understand these power dynamics are better able to successfully attain the goals they set (Chronister & McWhirter, 2006).

Finally, women spoke about “helping” or creating community. We know that mutual-help settings have long been thought to be valuable for women experiencing IPV because they are linked to women developing more effective coping techniques, shifting their locus of control to be more internal, becoming more hopeful, and forming relationships that are interdependent rather than dependent (Hartman, 1987). Participants spoke not only of the benefits associated with building community within shelter, but also of the desire to contribute to a wider community of like individuals outside of shelter. The ideas that emerged fit well with previously developed models of community building (e.g., Mancini, Nelson, Bowen, & Martin, 2006) wherein the giving and receiving of support, the sharing of information, and mutual trust is the foundation of community. It follows that as the sense of community grows, individuals begin to feel a sense of shared responsibility for the well-being of the community and each of its members. Community members start to engage in opportunities for addressing the needs of the community and threats to community safety (Bowen, Martin, Mancini, & Nelson, 2000, p. 7). As we have seen, this development of community leads to a variety of positive short-term outcomes such as a reduction in isolation, and a reduction in the risk of negative health consequences as a result of increased social support and agency (Mancini et al., 2006; Campbell & Lewandowski, 1997; Carlson et al., 2002). In addition, community-building results in mobilization for collective action, which sets the stage for achieving larger-scale community-wide results like an increase in safety, increases in health and wellbeing, and a strong sense of community and community satisfaction (Mancini et al., 2006).

These findings fit well with previous conceptualizations and models of empowerment, especially those that specifically address women who have experienced IPV. This study supports the conceptualization of the empowerment process as varying depending on the individual and the context (i.e., contextual determinism; Zimmerman, 1995; Cattaneo & Chapman, 2010; Cattaneo & Goodman, 2015; Kasturirangan, 2008). This is apparent in the diversity of experiences within each of the elements of the empowerment process identified above. We see that the same characteristics of empowerment for survivors of partner violence identified by other researchers apply: consciousness-raising and identity-building; goal setting; acquiring knowledge; and social participation. These elements are all complex and interrelated.

Kasturirangan (2008), for example, writes about “self-determination” (p. 1466). This refers to developing one’s identity in the way one wants, and being respected throughout this process (Kasturirangan, 2008; Prilleltensky & Gonick, 1994). As such, it is also connected to self-reflection as individuals engage in the process of creating and “revising” their narrative frameworks and thus their identities. Related, consciousness-raising (or conscientization; Summerson Carr, 2003) was found to be inherent in the empowerment process in shelter at various stages. Knowledge of resources and barriers to resource access, and the development of a “critical awareness” of the societal forces that impact access to resources are important concepts that emerged in this study, particularly in relation to goal formation and taking action (Kasturirangan, 2008, p. 1467; Zimmerman, 1995). Goal setting is a key component of most conceptualizations of empowerment (e.g., Cattaneo & Goodman, 2015). This refers to the activity of setting goals, and the ability to then access necessary resources to work towards achieving those goals. This concept is thus related to gaining clarity and acquiring knowledge so as to set goals and work towards them. Previous discussions of empowerment have also

described the process of community-building through engaging in social participation (Zimmerman, 2000). This involves developing mutually supportive relationships and beginning to actively engage in the process of working to effect change on a community-level (Zimmerman, 1995). The findings of this study also confirm findings of previous studies of survivor-identified ‘helpful’ elements of shelter intervention, in particular gaining clarity and having shelter as a ‘safe haven,’ and developing and maintaining relationships with other residents in shelter (Tutty et al., 1999). Each of the four empowerment processes that emerged from the narratives of women in shelter maps onto previous conceptualizations of empowerment.

However, while other models and conceptualizations of empowerment have been designed to encompass the ongoing empowerment experiences of the population of women who have experienced intimate partner violence, the findings illustrate that certain specific aspects of the model are of more importance for women in shelter. The findings highlight the complexity of the concept of goal setting, in particular. Some conceptualizations of empowerment (e.g., Zimmerman, 1995) assume that individuals have established goals they wish to work towards. These models focus instead on “beliefs that goals can be achieved, awareness about resources and factors that hinder or enhance one’s efforts to achieve those goals, and efforts to fulfill the goals” (p. 582). Others (e.g., Cattaneo & Chapman, 2010) include the development of goals as an integral part of the empowerment process (see The Empowerment Process model; Appendix A). These researchers describe a process that involves an individual analyzing various possible goals and choosing the best goals for them at that time. This also includes breaking down the process of achieving the goals and determining sub-goals. Goals are re-examined as the circumstances of the individual change (Cattaneo & Goodman, 2015). This research expands on prior research by discussing the underlying processes that facilitate the development of goals for women in shelter.

Not explicitly connected to the goal setting process in previous literature are the processes of self-reflection and gaining clarity. These processes emerged as critically important for the establishment of goals for women in shelter. Through self-reflection women are able to contextualize their experiences, create a meaningful narrative, and claim their identities. As women engage in this process, the possibilities for their lives begin to emerge. Goals congruent with the framework and identities they are creating, or have created, become apparent. Women become motivated. Consciousness-raising, so as to understand power dynamics at work in their lives, and the development of a personalized ‘definition’ of empowerment are also related to the process of goal setting. Another crucial process affecting goal setting is gaining clarity. Particularly important for this population of women who frequently struggle with mental health and addiction issues, gaining clarity allows women to begin to distance themselves from negative influences, to begin to focus on and address their mental health needs, and to work towards sobriety. Most importantly perhaps, gaining clarity stems from women feeling safe and secure in shelter. Goal setting was therefore affected by women achieving a state of increased clarity where they have the psychological resources available to engage in the process constructively.

This study both confirms the applicability of previous conceptualizations of empowerment, and extends that research. I have presented four empowerment processes that emerged based on in-depth interviews with women in domestic violence shelters. Participants spoke primarily about the goal setting process, and about preparing to take action to work towards their goals through acquiring knowledge and forging community connections. Self-reflection and gaining clarity were found to be important processes intricately connected to the development of goals. These had not been explicitly identified or discussed in previous research. This focus on processes surrounding goal setting, more so than taking action or evaluating

impact (see Cattaneo & Goodman, 2015) highlights the most significant area associated with empowerment for women in shelter. This is linked to interviewing women who were only just beginning their process of empowerment as they move from violence to non-violence, some of whom had been in shelter for a relatively short time. This research contributes to our understanding of the empowerment process of women in shelter and has enabled the development of a model specific to this population at this point in time (see Figure 1). As such, this study has highlighted empowerment processes shelters should focus on. This research has also expanded our understanding of the ways in which shelter services impact these women's empowerment. It is to this that I will now turn.

5.3 The Impact of Shelter Services on Women's Empowerment

How does a stay in shelter affect the empowerment process of women residing there? This study examined the ways in which women's empowerment can be facilitated or hindered as a result of shelter services. Women's experiences centered on three main elements of shelter: increasing safety, forming connections, and promoting self-efficacy. The following is a discussion of the ways in which tensions related to the delivery of shelter services at the interpersonal, organizational, and systemic levels can impact each of these elements of shelter and thus women's empowerment. This type of research allows us to understand the ways in which shelter services might "help some women, leave some women without help, and cause harm to others" (Kasturirangan, 2008, p. 1466).

The Interpersonal. A main tension that emerged at the interpersonal level centered on the idea of client-centered care. In this study, I found that many women in shelter appreciated the opportunity to make decisions and take action on their own while being supported and encouraged by staff (e.g., Kaitlin, Samantha, Jess). These women found it disempowering when

they were unable to move forward without assistance or at their desired pace (e.g., Kaitlin). Some women indicated that they felt staff were too forceful and domineering (e.g., Chavez). Other women, in particular those with unaddressed mental health and substance use problems, stated that they did not feel supported enough (e.g., Kianna, Kira) by shelter staff. Several women told stories of staff behaviour they deemed “shocking” or inappropriate, incidents that may be tied to an often stressful shelter environment and the serious demands placed on shelter workers. This study highlights the complicated relationships between shelter staff and residents and how the level of support each woman needs varies.

A client-centered perspective posits that the ‘client’ or the woman in shelter is the problem solver (Martin, 2011). The goal of the client-centered approach is to allow the woman to develop her sense of independence and personal responsibility (p. 66). This is also known as a strengths-based approach, where individuals’ skills, capabilities, values, hopes - their potential - is accounted for (Saleebey, 1996). Intricately tied to empowerment, client-centered care, or the strengths-based approach seeks to situate the ally and the client not along an expert and non-expert dichotomy, but rather as two members of a team working towards the growth and personal development of the client (Saleebey, 1996; Rappaport, 1981). This approach steers away from the view of individuals as vulnerable, ill, or damaged, and was a reaction to the perceived widespread ‘pathologization’ of individuals in North American culture (Saleebey, 1996). This approach takes into account the fact that individuals are the experts on their own life, that they are capable of learning from their mistakes, and that they have unique knowledge and talents. Many shelters proudly specify their use of this approach in their ‘shelter philosophies’ or their ‘clinical frameworks.’

As we have seen, it can be difficult for staff to adopt a strengths-based approach. Well-intentioned staff may be perceived as too directive or as not trusting the woman's competence because they are invested in the wellbeing of clients and desperately trying to create positive outcomes *for* them (Arizona Coalition Against Domestic Violence, 2000; Gengler, 2012). Staff members who perceive themselves as the 'rescuers' of abused women and children may engage in disempowering practices such as not communicating effectively with residents, being pushy or overbearing, being inflexible, working towards goals *they* perceive as paramount, and not taking into account their own biases and assumptions and how this affects the services they are providing (Arizona Coalition Against Domestic Violence, 2000). This style of interacting with residents negatively impacts survivors of domestic violence, as they may feel belittled, unheard, frustrated, and confused. The results have obvious negative effects on the empowerment process of women in shelter outlined in this research with regard to, for example, the time and support required for contextualization and self-reflection, receiving validation, determining one's own goals, and/or acquiring information about personally relevant resources or subjects. This may also contribute to residents' feeling of not being 'ready' or yet able to contribute to community-building.

This type of interaction with residents can also have a detrimental effect on staff who might then say or do things that negatively effect residents' empowerment. In this study, women described a number of incidents where they felt pressured, dismissed, attacked, or hurt by staff members. Staff may become frustrated and overwhelmed in the face of residents' choices (e.g., to return to a violent partner when it is suspected the abuse will occur again) and also when working within systems that can restrict and invalidate the work residents are trying to accomplish with the help of shelter staff (Brown & O'Brien, 1998). A possible result is

‘burnout,’ a psychological syndrome that occurs when individuals are subjected to persistent stress at work (Maslach, Schaufeli, & Leiter, 2001). Like many other social service agencies, or jobs centered around ‘people work,’ shelters have high turnover rates and shelter staff frequently suffer from burnout (Merchant & Whiting, 2015; Baird & Jenkins, 2003; Baker, O’Brien, & Salahuddin, 2007). Burnout can lead to emotional exhaustion, dehumanizing residents, and feeling like a failure at work (Maslach & Jackson, 1981). Workers suffering from burnout may develop pessimistic and indifferent attitudes towards residents, other staff members, or shelter in general, all which can have a significantly damaging effect on the care residents are receiving in shelter. The organizational factors affecting burnout will be discussed shortly.

The client-centered approach can lead to positive outcomes in shelter (Few, 2005). In this study, women described the creation of an environment of mutual respect as a result of shelter staff learning about and from the client (see also Haj-Yahia and Cohen, 2009). Women also spoke of realizing, with the help of shelter staff, the resilience, skills, and knowledge they developed through their life experiences. This can help women to reflect on and (re)organize their past experiences, and discover the possibilities for their lives. Staff validation was found to be an important part of this process for some women (Davis & Srinivasan, 1995). As we have seen, this type of self-reflection, or contextualization, is an important empowerment process for women in shelter. When this approach is adopted, women are encouraged to see that they have the ability to create change in their own lives and help themselves. A strengths-based approach is also tied to fostering a sense of ‘readiness,’ discussed above. Allies work with women to understand their wants and needs so as to best aid in the pursuit of the women’s goals. Women are supported in their efforts to create, and to be proud of, their identity. Through this collaborative team member - team member approach, a plan and responsibilities are negotiated,

and women can hold staff accountable (Hobart, 2006). Women feel more capable of accessing community resources (Wettersten et al., 2004). Women are not pathologized or stigmatized.

On the other hand, a purely client-centered approach is not always beneficial. Some women need more intense and structured approaches. In particular, women with severe and complex mental health and substance use problems may not benefit from a less directive method. In this study, some women stated that they wanted more intensive interventions and more support in shelter (e.g., more frequent counseling, help with depression, more assistance with goal setting). Several studies support the connection between accessing shelter services and increased preponderance of mental health and addiction issues (e.g., Helfrich, Fujiura, & Rutkowski-Kmitta, 2008). In a study of 100 women in domestic violence shelters in Winnipeg, 64% of women reported that they had sought mental health care, and 54% reported that they had sought help for their use of drugs or alcohol (Hiebert-Murphy et al., 2016). Lack of education, or cognitive disabilities (e.g., FASD) is another factor that may prompt a shift in the approach adopted to one more reliant on the expertise of shelter staff and their ability to provide targeted information. Women may not have the cognitive, emotional, or even physical resources required to actively engage in the process of determining how to take positive, healthy, empowering action. Contextual issues such as these must be considered.

Shelter staff face the dilemma of attempting to increase independence and self-responsibility by adopting a strength-focused approach, while at the same time struggling to protect and care for vulnerable and marginalized women who may not be in a position to engage in that process. In this study, residents' issues like chronic pain and other physical health problems, mental health issues like depression, substance use, cognitive disability, and grief were linked to difficulty participating in shelter interventions. These often overlapping issues were

associated with disempowering experiences. Women may even be a danger to themselves or others in shelter if issues are not addressed. Shelter staff must be able to draw on the client-centered approach to understand the complexities of each woman's situation and develop an individualized approach to interacting with each woman. However, shelter staff must also have an awareness of medical conditions, symptoms, and the ways in which mental health issues, substance use issues, disabilities etc. can affect functioning. Some residents are relying on staff members to take an approach, or make recommendations that will lead to increased functioning, and for some a solely strengths-based approach in the face of severe difficulties (e.g., psychosis, suicidality) can even be viewed as neglectful (Helfrich et al., 2008). It is therefore a delicate balance between fostering independence, and proactively working to protect women with complex needs. Staff members might shift their focus away from attempting to determine whose goals (i.e., the client's or their own), including assumptions about what "success" or "empowerment" looks like, they are working towards. They might instead view the issue as one of increasing informational, psychological, and physical resources, and laying the groundwork for later, more collaborative work.

The Organizational. A primary tension at the organizational level involves the rules and policies in place within shelter. This study found that, in general, women feel that shelters offer many valuable services. However, when necessary and/or desired services are not offered it negatively affects women's empowerment. While many women understand and even appreciate certain rules within shelter (e.g., curfew), some women commented on the strictness and inflexibility of shelter living and indicated that they found this disempowering. The issue of leaving shelter is critical to women's sense of security and empowerment. The leaving process is generally not under the control of shelters. Shelters' contributions to the empowerment process

are constrained by policy limiting the amount of time women can remain in shelter (i.e., a 30 day window) as well as other structural factors. In light of these larger contextual issues, many women find themselves back in shelter; their empowerment process is affected. This discussion of organizational tensions spans a number of important areas, with issues surrounding funding models, external pressures, and the desire for organization and efficiency in shelter, versus policies that are responsive to women's needs. It is interesting to note that as shelters become more organized and larger (i.e., increased number of shelter staff members and number of shelter beds), residents' level of comfort and feelings of being welcomed by other residents decrease (Lyon et al., 2008). A related organizational difficulty involves what resources shelters are able to offer, and those they are not, as well as the trade-off between the safety and needs of one woman versus the safety and needs of many women.

All of these issues are intricately tied to the funding model. Domestic violence shelters are generally non-profit, and are funded federally, and provincially and territorially through various initiatives and programs, however, 'approved' or 'core' funding is inconsistent (Canadian Network of Women's Shelters and Transition Houses, 2011). For instance, in a US study of domestic violence programs, researchers found that over half of the 90 programs surveyed operated with an annual budget of less than \$500,000, and that the average starting salary for a full-time staff member was \$29,000 (Lyon, Bradshaw, & Menard, 2011). Funding contexts likely also influence the geographic location and physical condition of shelter. In Canada, non-profits like shelters may be required to compete against each other for funding, and non-profits are often not guaranteed funding for longer than a year. The funding is frequently directed and managed by several provincial departments, which can reduce coordination and create confusion. Shelters may attempt to provide services for which they have not received

funding, or fill gaps with regard to staffing. The lack of accessible and certain funding means that often shelters may engage in fundraising activities that can consume time and resources and, as such, negatively impact shelters' ability to meet client needs (Canadian Network of Women's Shelters and Transition Houses, 2011).

In Manitoba, the Family Violence Prevention Program (through the Department of Family Services) provides funding for various agencies to support family violence services, including shelters (Government of Manitoba, 2012). Shelters in Manitoba are also supported through Employment and Income Assistance (EIA) per diem funding, and through grants obtained from community foundations (Family Violence Prevention Program & Manitoba's Women's Shelters, 2014). Manitoba's 10 provincially funded shelters are all owned and maintained by the province. As a result of these types of funding models, shelters often find themselves torn between utilizing resources to seek out and obtain funding, or instead putting those resources towards providing shelter residents with services. Likewise, as Manitoba shelters are funded, owned, and maintained by the government, they must meet standards identified by their funders (Family Violence Prevention Program & Manitoba's Women's Shelters, 2014). If shelters fail to meet the requirements, punitive actions, including the withdrawal of funding, may be undertaken (Family Violence Prevention Program & Manitoba's Women's Shelters, 2014).

This research found that many women appreciate the various services provided by shelters including housing referrals, one-on-one counseling, group counseling sessions, culturally appropriate services (e.g., meetings with Elders), safety checks after curfew, and childcare. Some women found the highly structured environment conducive to increasing health and mental health. The findings also speak to the need to ensure women have sufficient independence and free time, which creates opportunities for (informal) positive interactions with staff, other

residents, and even with social supports outside of shelter. Various rules and regulations are put in place by shelters that endeavor to meet the standards of shelter service outlined by funders. Rules related to issues such as the following must be developed: threats to safety, supervision and safety of children, children in need of protection, medication access and storage, withdrawal of service, admission criteria etc. (Family Violence Prevention Program & Manitoba's Women's Shelters, 2014; Glenn & Goodman, 2015). These standards are put in place both to ensure the safety and confidentiality of women and children staying in domestic violence shelters as well as the predictability of shelter services, and also to facilitate the running of shelter as an organization capable of coping with the vast number and increasing demands of women entering shelters (Donnelly, Cook, & Wilson, 1999).

When shelters are unable to offer key resources, women are negatively impacted. This issue emerged in this study particularly around the matters of childcare, and counseling. Childcare is a valuable resource that allows women to not only attend appointments and counseling sessions (Grauwiler, 2007), but also provides them with some respite so they are able to relax and focus on themselves for a short time. Frequent counseling meetings with one consistent counselor are a highly valued resource for women, even if it is just to check in with them about how they are doing rather than a full counseling session. These findings echo the findings of Tutty and colleagues (1999) who found that the availability of counseling and childcare was something women in shelter found extremely helpful. Disorganization and miscommunication between staff, or staff and residents, can be a factor that contributes to the availability of these resources. On a larger scale, lack of funding for childcare and counseling staff can have a profound negative effect on women's ability to obtain these services. Shelters can be forced to restrict or cut services entirely, staff members may be forced to take on dual

roles (such as children's counselor *and* childcare worker), and the comfort that comes with predictable access to services is lost. This type of confusion, and overwhelming pressure on staff, is another factor that contributes to burnout (Brown & O'Brian, 1998; Gengler, 2012). In fact, organizational conditions such as long-lasting, non-traumatic demands placed on shelter staff from clients, co-workers, and others, and no system in place that provides support for staff dealing with symptoms of burnout, may be even more critical factors than interpersonal conditions (Baird, & Jenkins, 2003).

This study found that women with unaddressed substance use and mental health issues described feeling less empowered and more dissatisfied with shelter services. Lack of funding means that shelters are not able to offer other types of services to women in shelter, such as addiction programs or therapy under the direction of professionals (Panzer, Philip, & Hayward, 2000). As we have seen, violence frequently intersects with mental health and addiction issues, and addressing only one of these areas without providing women with the resources to integrate their experiences with mental health and addictions can result in the further marginalization of women most in need of help (BC Society of Transition Houses, 2011; Tutty & Rothery, 1997). The focus at the government funding level appears to be on creating more shelters. Prominent figures in domestic violence shelter work and non-profit organization management have expressed concern that although increased funding dedicated to the creation of new shelters is both necessary and exciting, the funding required to run *existing* shelters and to provide programming needs to be re-evaluated (Lise Martin; Press, 2016).

Women in this study appreciated safety policies like the 48-hour policy and the curfew policy when they understood those rules and perceived that they were in place to protect them. It makes them feel cared for and secure. Likewise, policies revolving around ensuring residents are

safe from one another, and children are safe from neglectful or abusive caregivers were generally appreciated by women in shelter (see also Tutty et al., 1999). However, women targeted by these policies, or chastised for being in violation of these policies, can feel they are too strict, inflexible, or infantilizing (Gengler, 2012; Cosgrove & Flynn, 2005). Shelter organizations are tasked with “managing a potentially volatile group-living arrangement” and attempting to keep everyone safe, while also trying to meet the complex needs of as many of the women in shelter as possible (Gengler, 2012, p. 517). The desire for an efficient and well-organized communal-living environment is weighed against the desire to avoid the re-victimization and unnecessary control of women through policies that can very much resemble life with an abusive partner (e.g., curfew, surveillance, asking permission etc.; Gengler, 2012). For example, past research has shown that mothers in shelters found the experience stressful as they felt unable to teach or discipline their children the way they wanted, and unable to continue to parent according to their own style (homeless shelter; Cosgrove & Flynn, 2005). Mothers can feel frustrated, judged, and even scared that child protection services may be involved if they do not adhere to the shelter’s rules (Cosgrove & Flynn, 2005). Shelters must address two key questions: (1) Where should the line be drawn with regard to safety versus policy? (2) What is required according to the funding model?

A similar issue emerges when we examine the safety and well-being of one woman in relation to the safety and well-being of many. Kira’s story was an example of this. We know that many abused women in shelter struggle with severe mental health and addiction issues. Aside from that, some women simply do not adjust well to the structured communal living environment, which can lead to conflict with other residents or violations of shelter rules. While it is understandable that women in shelter may have difficulty managing with regard to the

effects of violence, and the upheaval associated with coming into shelter and might, for example, turn to alcohol or drugs as a coping strategy, erratic, aggressive, or harmful behaviours can put all shelter residents at risk. When this happens, women may be asked to leave shelter, a difficult situation for shelter staff and a potentially devastating consequence for the woman ‘kicked out’ (Cunningham & Baker, 2008). Shelters must determine how they define actions that put others at risk.

For instance, many shelters have zero-tolerance policies for alcohol and drugs, which is a prominent reason women are both refused entry and asked to leave (Nichols, 2013). Shelters may also require that women leave if there is conflict between residents (Penny and Kira both spoke about this practice). In the shelter environment where emotions can run high, small conflicts can escalate quickly. Theft is one concern discussed multiple times across interviews. Women reported either experiencing theft or fearing being stolen from. Theft has the potential to create conflict among residents. In a related study, numerous women expressed their desire to have a safe space in shelter to keep their belongings (Hiebert-Murphy et al., 2016). This poses a problem for shelters because private spaces might allow women to bring unsafe items (such as weapons, substances, etc.) into shelter. Residents may also be ‘kicked out’ of shelter if they fail to follow shelter rules (e.g., Kira smoking in the shelter washroom at night). In all of these cases safety concerns must be weighted against the fact that the offending woman is likely not prepared to leave shelter and that leaving shelter may compromise her safety. Shelter staff must evaluate whether they have the resources available to address these problems, for example referrals to addictions programs, or teaching or facilitating conflict resolution. In shelters where the staff members are overworked, overwhelmed, and burning out, women are likely more frequently kicked out for offenses that pose less of a risk to others. Blind adherence to rules

without consideration of each individual circumstance is ill-advised and can negatively impact staff and residents alike (Merchant & Whiting, 2015).

What happens when women are required to leave shelter? In addition to the possibility of being kicked out of shelter, the majority of women are required to leave shelter after a maximum of 30 days. In this study, women often spoke of counting down the days until they would be forced to leave and reaching the end of their 30 day stay was repeatedly brought up as a hugely disempowering experience. Shelters have little control over this timeline as it is an external limit put in place by Employment and Income Assistance, one of Manitoba shelters' key funders (Employment and Income Assistance, 2015). Studies have shown that when women are able to stay in shelter for longer periods their mental health (i.e., levels of depression and self-esteem) improves (Orava, McLeod, & Sharpe, 1996). On the other hand, when women are required to leave shelter they are often vulnerable as a result. Due to the poverty affecting the majority of women accessing shelter, many of them cannot find viable housing solutions over the course of their short stay. We know that many women will return to abusive partners because of lack of affordable housing and financial instability (Hoffart & Cairns, 2011; Davies, Lyon, & Monti-Catania, 1998). It is to these broader, structural issues to which we now turn.

The Systemic. A fundamental difficulty that emerged at the systemic level was related to the ability of shelters to connect with and work in conjunction with a variety of systems and services. The organization of various systems including housing, justice, child welfare, and healthcare systems create the bounds within which shelters and victims of partner violence must try to work. Policies insensitive to the needs and circumstances affecting women who have experienced IPV can further victimize and marginalize these women. What follows is a short

overview of the ways in which systems intersect and the effect that policies or difficulties within systems can have on women in shelter.

Lack of housing was a critical and disempowering issue that emerged in this research. Each of the nine women interviewed had yet to obtain safe, affordable housing. The women were frustrated by the lack of progress made towards this fundamental goal and afraid of what would happen when they could no longer stay in shelter if they were unable to find a home. Women who have experienced intimate partner violence are often unemployed or working minimum-wage jobs, meaning they have insufficient incomes to support independent living for them and their children (BC Society of Transition Houses, 2011). In addition, the funds women obtain from social services are not adequate to cover housing at average rental prices and other living expenses (Kothari, 2007). The lack of affordable housing for survivors of IPV is a huge and often insurmountable obstacle for women leaving shelters. In one study, of the women who left shelter and returned to their abusive partners, 42% stated it was because they were unable to obtain affordable housing (Hoffart, & Cairns, 2011). Sometimes, partner violence is connected to court orders of protection, which often include stipulations regarding contact between partners. As a result, women who wish to return to their partners may not legally be able to do so, and may even be jailed for breaching an order.

Many studies have also connected partner violence and homelessness (Tutty, Ogden, Giurgiu, & Weaver-Dunlop, 2014; Public Health Agency of Canada, 2012). Women interviewed for this study often expressed their fear of and distain for homeless shelters. The experience of violence and poverty have been found to be primary forces influencing women's homelessness, while homelessness increases the risk of subsequent violence (Decter, 2014). Women may be forced to enter homeless shelters, which do not have the same security measures in place as

domestic violence shelters and sometimes require individuals to vacate the shelter during the day (Baker, Billhardt, Warren, Rollins, & Glass, 2010). Some women forced to leave shelter before obtaining housing are able to stay with family and friends, however, reports on individuals in shelter have found that staying in a domestic violence shelter is often a last resort for people with few other choices. As such, women may have already exhausted options such as staying with friends and family prior to coming into shelter (Cunningham & Baker, 2008). Without permanent feasible housing options, women's safety is compromised.

Waitlists in Manitoba for low-income housing through the Manitoba Housing Authority, the crown corporation providing the majority of affordable housing options to women in shelter and the service women in shelter are connected with, can be extremely long. In addition, low-income housing options often have limited residences that can accommodate individuals with physical disabilities, a population overrepresented in shelters (see Brownridge, 2006). Many women who are seeking housing following a domestic violence situation may not have good credit or rental histories, and may not be able to provide the required documents for obtain housing (e.g., references from past and present landlords; Baker et al., 2010). Practices such as prioritizing women's access to low-income housing are beneficial (Decter, 2014). However, more affordable housing needs to be created.

Child welfare is another system frequently involved in the lives of women in shelter. In this study, six of the seven mothers had an open CFS case file at the time they were interviewed. All of those six mothers had children who they were trying to regain custody of. Often a paradox emerges wherein mothers are required to obtain their own safe housing apart from their abusive partners prior to regaining access to children who have been apprehended. However, if children are not living with their mother, she is unable to collect income support for the child (e.g.,

Universal Child Tax Benefit) and is therefore even less able to afford even low-income housing (BC Society of Transition Houses, 2011; Jategaonkar & Ponik, 2011). The harmful detachment of the housing system and the child welfare system is also a huge obstacle for women in shelter to overcome, and people from both sides should work to create a more beneficial and collaborative strategy for addressing the needs of this population. In addition, the child welfare system is often disconnected from shelter, with women residing in shelter indicating that connecting with child welfare is a top need for them (Tutty et. al., 1999). Increasing communication between shelters and the child welfare system, and increasing shelter staff's knowledge about how to effectively navigate the child welfare system would be tremendously beneficial for mothers in shelter (BC Society of Transition Houses, 2011). Women who do maintain custody of their children are often negatively impacted by a lack of affordable childcare services. This means those women are less able to secure employment, which reinforces the cycle of poverty (BC Society of Transition Houses, 2011; Decter, 2014).

The Justice System is also frequently involved in the lives of women in shelter. At least one of the women who participated in this study was involved with the justice system at the time of her interview. As we have discussed, court orders of protection may actually limit women's options if they decide that their best option at the time is to return to their abusive partner. In addition, as a result of many structural factors including the experience of relationship violence but also factors like poverty and lack of education, women in shelter may be involved in the justice system (Hotton Mahoney, 2015). In a study of women entering shelters in Winnipeg, 41% of residents had previous involvement with the justice system (Hiebert-Murphy et al., 2016). Justice system involvement may increase restrictions placed on women in shelter, and could potentially impact the child welfare system. The justice system's policies, and law enforcement

practices could continue to be informed by and responsive to the needs of different women who have experienced IPV, and should continue to endeavor to avoid punishing these women for making difficult choices that they perceive to be their best available option.

Finally, the ability to access community resources is another critical issue for women in shelter. Several participants indicated that continuing to attend counseling and receiving mental health services after they left shelter was a goal for them. Women also discussed their isolation in their abusive relationships and their desire to become more connected to, and supported by others. Community resources include long-term counseling and support related to the experience of partner violence (BC Society of Transition Houses, 2011). For women with complex needs, it also includes getting connected to specialized mental health care and addictions programs to address ongoing mental health and substance use issues. Other community-based supports women may require include opportunities to gain skills that may help women obtain employment (Baker et al., 2010). Locating and forming connections with services and agencies such as these can be difficult, though the creation of a strong supportive network is extremely beneficial and sometimes absolutely necessary for women as they leave shelter. Policies and initiatives should work to ensure that community resources are readily available to women in shelter.

Women's empowerment while in shelter is shaped by shelter-related variables at the interpersonal, organizational, and systemic levels. This study contributes to our understanding of the tensions affecting shelter and how these conflicts can impact the empowerment process of women in shelter. Of particular importance is developing an awareness of the outside influences that direct and restrict shelter's efforts to work with women to obtain desired outcomes. Through increasing knowledge about factors influencing shelter services and the difficulties shelters face, we can identify areas in which changes might be made, and circumstances under which different

approaches may be taken to better support women's empowerment in shelter. What follows is a list of certain recommendations developed as a result of the experiences of participants that may aid shelters and related systems in facilitating the empowerment process of women residing therein. These suggestions often echo the recommendations of many prior studies (for example Lyon et al., 2008), although several new insights are also presented.

5.4 Recommendations

Based on the findings of this study, there are a number of recommendations as to how shelters might improve their practices.

Interpersonal. The following recommendations at the interpersonal level concern the interactions between shelter residents and shelter staff:

- Seek out and apologize to women (and children) who may have been hurt or offended in an interaction.
- Seek out, connect with, and assess women with (suspected) mental health issues (e.g., depression) and continue to make available counseling services.
- Outline what the shelter experience looks like and what women can expect being in shelter, including some of the feelings they might experience.
- Communicate effectively with residents.
- Validate women's experiences.
- If busy, remember to check back in with residents who wish to speak with you as soon as possible.
- Beware of well-intentioned comments like, "I know exactly how you feel," which can be perceived as belittling.

- Encourage women to contextualize their experiences within an intersectional framework to increase understanding of how oppression and privilege have impacted their lives.

Organizational. The following recommendations involve shelter services, policies, and rules:

- Increase the number of staff, particularly counselors and childcare workers employed in shelters. Increase annual salaries of staff members.
- Work to ensure residents have one consistent counselor and that they are offered the opportunity to speak with their counselor on a regular basis (i.e., daily).
- Individual and group counseling sessions should be flexible and offered at various times during the day and evening so as to better accommodate different residents' schedules.
- Ensure childcare is regularly available and that a childcare schedule is provided to residents. Ensure childcare is always available for mothers during group meetings.
- Do not blindly adhere to rules, for example the 48-hour rule where women are required to remain in shelter for the first two days of their stay. Rather, treat each case on an individual basis and be willing to accommodate different women's needs.
- Provide additional information about shelter rules and policies, explaining how these are connected to safety to help women rationalize the need to follow rules and increase their sense of control.
- Develop a system whereby women are able to protect personal belongings. For example, residents might be given locking cubbies that only the woman and certain staff members have access to. Educate women about the effects of theft on community-building and safety in shelter as they enter shelter, and explain that theft will not be tolerated.

- Increase knowledge about, and connections to, services, particularly related to mental health and addictions (e.g., Anxiety Disorders Association of Manitoba, Manitoba Schizophrenia Society, Alcoholics Anonymous etc.). Invite facilitators from groups to organize meetings for residents within shelter. Organize transportation from shelter to and from group meetings. Work to form connections with workers at key programs and services with whom residents might be connected.
- Ensure staff are knowledgeable about conflict-resolution skills and strategies. Discuss the possibility of conflict between residents as women enter shelter. Offer conflict resolution training sessions for women in shelter (facilitate or invite a trainer to come periodically).
- Ensure staff are educated about, and able to assist women searching for information regarding the child welfare system.
- Discuss the issue of “vouching” for women. Determine guidelines regarding circumstances where this would be beneficial (e.g., confirming women are in shelter to various agencies or systems). Communicate these guidelines to residents who ask about staff members vouching for them.
- Help residents to become more comfortable with others in shelter by introducing new women to other residents when they are settled.
- Discuss community-building with residents and explain the benefits of supporting others and sharing experiences while in shelter. Provide women with the opportunity to share their stories and connect with other IPV survivors, not just through shelter, but also through other mediums both while in shelter and after leaving shelter (e.g., shelter newsletters, research projects, attending IPV conferences like RESOLVE, accompanying

staff to give presentations about shelter, Red Cross violence prevention training opportunities to become facilitators, etc.)

- Work to ensure the chore system is being enforced and residents are not feeling taken advantage of.
- Discuss parenting in shelter with mothers when they arrive, explaining rules and policies that are in place to ensure children's safety as well as ways in which communal-living in shelter may be quite different from the way mothers and children were living before. Invite mothers to come to staff with concerns about their parenting in shelter and work to ensure mothers do not feel undermined by staff and policy.
- Locate shelters in areas with easily accessible transit and resources/services, but outside of 'core areas.'
- Extend the maximum length of shelter stay to allow women more time to obtain housing. Educate women about the housing system and prepare them for the possibility that they may have to leave shelter prior to securing housing. Discuss all housing options and possibilities with them. Women should not be blindsided when asked to leave shelter.

Systemic. The following recommendations concern the organization and policy of the larger systems within which shelters work:

- Examine and, if needed, revise funding models to ensure that shelters have adequate resources to create recommended changes.
- Create additional second stage and permanent low-income housing.
- Examine and revise policy related to child custody/ child welfare and housing for women who have experienced IPV.

- Increase the child welfare system's understanding of shelter services and barriers facing women in shelter. Increase contact and the exchange of information between the child welfare system and women in shelter.
- Develop more sensitive policies surrounding women who have experienced IPV who are involved in the justice system.
- Create and make available (i.e., affordable) various resources such as long-term counseling both for women and children who have experienced IPV, as well as substance use treatment programs, mental health services, and healthcare services for women who have experienced partner violence.
- Make available affordable childcare.

5.5 Strengths

The information gathered for this study was filtered through the participants' own views and experiences. This is a strength in accordance with the feminist postmodern framework, as the participants' unique views and experiences are what we are interested in. In addition, the interview methodology allowed participants to provide personal information about events that I am not able to observe directly, as well as their own perceptions and feelings. I was able to probe for additional information of interest throughout the interviews. In addition, unlike most interview studies, the participants were able to complete the interview in the natural setting, namely the shelter. This may have facilitated the recall of information, and it was apparent that this helped to put the participants at ease. This research concerns a topic that is significant and thought provoking, as the experiences of women in shelter have remained largely unknown, and it is hoped that readers will be very interested in the findings of this study (see Tracey, 2010). Finally, the qualitative method and narrative interview methodology fit extremely well with the

frameworks of feminism, intersectionality, and postmodernism, and the theory of empowerment (meaningful coherence; Tracey, 2010).

5.6 Contribution

Empowerment is a crucial factor that increases the overall health and wellbeing of women who have experienced IPV. Increased knowledge in this area is critical in order to develop strategies that lead to greater healing as well as positive psychological and social outcomes. This study is the first to examine the impact of a shelter stay on women who have experienced IPV by identifying empowerment processes taking place in shelter. Past research has examined women's perceptions of shelter, their most important needs, and elements of the shelter intervention they found either helpful or unhelpful. Past research has also found that empowerment interventions for women who have experienced partner violence lead to improved mental health, increases in quality of life, and safety. The current project extends upon prior research by connecting the construct of empowerment with women's experiences while residing in shelter to discover empowering processes at work in shelter. A model of empowerment in shelter was created. This study allows us to situate the shelter experience within women's ongoing process of empowerment according to empowerment theory. This study also identifies the ways in which shelters can both facilitate and hinder the key empowerment processes in shelter. This study validates previous researchers' findings regarding helpful and unhelpful elements of shelter by connecting them to the process of empowerment. We are therefore also able to situate the empowerment processes outlined in this study in relation to several tensions affecting shelter services, and as operating within various systems. Several suggestions for how shelter staff, shelter organizations, and various systems could shift their practices and policies to better support the empowerment of women in domestic violence shelters were made as a result.

References

- Afifi, T. O., MacMillan, H., Cox, B. J., Asmundson, G. J. G., Stein, M. B., & Sareen, J. (2009). Mental health correlates of intimate partner violence in marital relationships in a nationally representative sample of males and females. *Journal of Interpersonal Violence, 24*, 1398–1417. doi:<http://dx.doi.org/10.1177/0886260508322192>
- Alfred, G. T. (2009). Colonialism and state dependency. *Journal of Aboriginal Health, 5*(2), 42-60. Retrieved from: http://www.naho.ca/jah/english/jah05_02/V5_I2_Colonialism_02.pdf
- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders: DSM-5*. Washington, D.C: American Psychiatric Association.
- Arizona Coalition Against Domestic Violence. (2000). Best practices manual. *Arizona Coalition Against Domestic Violence*, Retrieved from:
http://www.vawnet.org/Assoc_Files_VAWnet/BestPracticesManual.pdf
- Ashley, O. S., Marsden, M. E., & Brady, T. M. (2003). Effectiveness of substance abuse treatment programming for women: A review. *The American Journal of Drug and Alcohol Abuse, 29*(1), 19-53. doi:<http://dx.doi.org/10.1081/ADA-120018838>
- Bair-Merritt, M., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M., . . . Cronholm, P. (2014). Primary care-based interventions for intimate partner violence: A systematic review. *American Journal of Preventive Medicine, 46*(2), 188-194. doi:<http://dx.doi.org/10.1016/j.amepre.2013.10.001>
- Baird, S., & Jenkins, S. R. (2003). Vicarious traumatization, secondary traumatic stress, and burnout in sexual assault and domestic violence agency staff. *Violence and Victims, 18*(1), 71-86. Retrieved from:
<http://web.b.ebscohost.com/uml.idm.oclc.org/ehost/detail/detail?sid=41bb4a44-cd7b->

- 4511-a647-
b06fdb87b058%40sessionmgr120&vid=0&hid=102&bdata=JnNpdGU9ZWhvc3QtbGl2
ZQ%3d%3d#AN=9606525&db=i3h
- Baker, C. K., Billhardt, K. A., Warren, J., Rollins, C., & Glass, N. E. (2010). Domestic violence, housing in stability, and homelessness: A review of housing policies and program practices for meeting the needs of survivors. *Aggression and Violent Behavior*, 15, 430-439. doi:10.1016/j.avb.2010.07.005
- Baker, L. M., O'Brien, K. M., & Salahuddin, N. M. (2007). Are shelter workers burned out?: An examination of stress, social support, and coping. *Journal of Family Violence*, 22(6), 465-474. doi: 10.1007/s10896-007-9103-1
- Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioral change. *Psychological Review*, 84(2), 191-215. doi:http://dx.doi.org/10.1037/0033-295X.84.2.191
- BC Society of Transition Houses. (2011). Report on violence against women, mental health and substance use. *Canadian Women's Foundation*, Retrieved from:
http://ywcacanada.ca/data/research_docs/00000339.pdf
- Beattie, S., & Hutchins, H. (2015). Shelters for abused women in Canada 2014. *Statistics Canada* (Catalogue number 85-002-X Juristat), Retrieved from:
<http://www.statcan.gc.ca/pub/85-002-x/2015001/article/14207-eng.htm>
- Beaupré, P. (2014). Section 2: Intimate partner violence. In Statistics Canada. *Family violence in Canada: A statistical profile 2013*, Retrieved from: <http://www.statcan.gc.ca/pub/85-002-x/2014001/article/14114-eng.htm>
- Bell, M. E., Goodman, L. A., & Dutton, M. A. (2007). The dynamics of staying and leaving: Implications for battered women's emotional well-being and experiences of violence at

- the end of a year. *Journal of Family Violence*, 22, 413–428. doi:10.1007/s10896-007-9096-9.
- Bent-Goodley, T. (2005). Culture and domestic violence: Transforming knowledge development. *Journal of Interpersonal Violence*, 20(2), 195-203.
doi:http://dx.doi.org/10.1177/0886260504269050
- Berk, R. A., Newton, P. J., & Berk, S. F. (1986). What a difference a day makes: An empirical study of the impact of shelters for battered women. *Journal of Marriage and the Family*, 48(3), 481-490. doi:http://dx.doi.org/10.2307/352034
- Berns, Nancy. 2004. *Framing the victim: Domestic violence, media, and social problems*. New York, NY: Aldine de Gruyter.
- Beydoun, H. A., Beydoun, M. A., Kaufman, J. S., Lo, B., & Zonderman, A. B. (2012). Intimate partner violence against adult women and its association with major depressive disorder, depressive symptoms and postpartum depression: A systematic review and meta-analysis. *Social Science & Medicine*, 75(6), 959-975.
doi:http://dx.doi.org.proxy2.lib.umanitoba.ca/10.1016/j.socscimed.2012.04.025
- Bhabha, H. K. (2004). *The location of culture*. New York, NY: Routledge Classics.
- Black, M. C. (2011). Intimate partner violence and adverse health consequences: implications for clinicians. *American Journal of Lifestyle Medicine*, 5, 428–439.
doi:http://dx.doi.org/10.1177/1559827611410265
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T.,...& Stevens, M. R. (2011). *The national intimate partner and sexual violence survey: 2010 summary report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers

for Disease Control and Prevention. Retrieved from:

http://www.cdc.gov/violenceprevention/pdf/nisvs_report2010-a.pdf

Bograd, M. (1999). Strengthening domestic violence theories: Intersections of race, class, sexual orientation, and gender. In N. J. Sokoloff, & C. Pratt (Eds.), *Domestic violence at the margins: Readings on race, class, gender, and culture*. (pp. 39-49). Piscataway, NJ: Rutgers University Press.

Bombay, A., Matheson, K., & Anisman, H. (2014). The intergenerational effects of Indian Residential Schools: Implications for the concept of historical trauma. *Transcultural Psychiatry, 51*(3), 320-38. doi:10.1177/1363461513503380

Bowen, G. L., Martin, J. A., Mancini, J. A., & Nelson, J. P. (2000). Community capacity. *Journal of Community Practice, 8*(2), 1-21. doi: 10.1300/J125v08n02_01

Brown, C., & O'Brien, K. M. (1998). Understanding stress and burnout in shelter workers.

Professional Psychology: Research and Practice, 29(4), 383-385. Retrieved from:

<http://ovidsp.tx.ovid.com.uml.idm.oclc.org/sp->

[3.21.0a/ovidweb.cgi?WebLinkFrameset=1&S=JHNMFPCOIDDDMEHPNCIKBHGCAPDPAA00&returnUrl=ovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.29.30%257c0%257c00001326-199808000-](http://ovidsp.tx.ovid.com.uml.idm.oclc.org/sp-3.21.0a/ovidweb.cgi?WebLinkFrameset=1&S=JHNMFPCOIDDDMEHPNCIKBHGCAPDPAA00&returnUrl=ovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.29.30%257c0%257c00001326-199808000-)

[00012%26S%3dJHNMFPCOIDDDMEHPNCIKBHGCAPDPAA00&directlink=http%3a%2f%2fovidsp.tx.ovid.com%2fovftpdfs%2fFPDDNCGCBHHPID00%2ffs047%2fovft%2flive%2fgv031%2f00001326%2f00001326-199808000-](http://ovidsp.tx.ovid.com.uml.idm.oclc.org/sp-00012%26S%3dJHNMFPCOIDDDMEHPNCIKBHGCAPDPAA00&directlink=http%3a%2f%2fovidsp.tx.ovid.com%2fovftpdfs%2fFPDDNCGCBHHPID00%2ffs047%2fovft%2flive%2fgv031%2f00001326%2f00001326-199808000-)

[00012.pdf&filename=Understanding+Stress+and+Burnout+in+Shelter+Workers.&pdf_key=FPDDNCGCBHHPID00&pdf_index=/fs047/ovft/live/gv031/00001326/00001326-199808000-00012](http://ovidsp.tx.ovid.com.uml.idm.oclc.org/sp-00012.pdf&filename=Understanding+Stress+and+Burnout+in+Shelter+Workers.&pdf_key=FPDDNCGCBHHPID00&pdf_index=/fs047/ovft/live/gv031/00001326/00001326-199808000-00012)

- Brown, J. (1997). Working toward freedom from violence: The process of change in battered women. *Violence Against Women, 3*(1), 5–26.
doi:<http://dx.doi.org/10.1177/1077801297003001002>
- Brown, K. S., & Ziefert, M. (1988). Crisis resolution, competence, and empowerment: A service model for women. *The Journal of Primary Prevention, 9*(1-2), 92-103.
doi:<http://dx.doi.org/10.1007/BF01326530>
- Brownridge, D. A. (2006). Partner violence against women with disabilities: Prevalence, risk, and explanations. *Violence Against Women, 12*(9), 805-822.
doi:<http://dx.doi.org/10.1177/1077801206292681>
- Brownridge, D. A. (2009). *Violence against women: Vulnerable populations*. New York, NY: Routledge/Taylor & Francis Group.
- Bumiller, K. (2008). *In an abusive state*. Durham, NC: Duke University Press.
- Bumiller, K. (2010). The nexus of domestic violence reform and social science: from instrument of social change to institutionalized surveillance. *Annual Review of Law and Social Science, 6*, 173-193. doi:10.1146/annurev-lawsocsci-102209-152813
- Burczycka, M., & Cotter, A. (2011). Shelters for abused women in Canada, 2010. *Statistics Canada*, (Catalogue number 85-002-X Juristat). Retrieved from:
<http://www.statcan.gc.ca/pub/85-002-x/2011001/article/11495-eng.htm>
- Burkitt, K. H., & Larkin, G. L. (2008). The transtheoretical model in intimate partner violence victimization: Stage changes over time. *Violence and Victims, 23*(4), 411-431.
doi:<http://dx.doi.org/10.1891/0886-6708.23.4.411>

- Butts Stahly, G. (2000). Battered women: Why don't they just leave? In J. C. Chrisler, C. Golden, & P. Rozee (Eds.), *Lectures on the psychology of women* (2nd ed.). (pp. 289–306). Boston, MA: McGraw-Hill.
- Bybee, D. I., & Sullivan, C. M. (2002). The process through which an advocacy intervention resulted in positive change for battered women over time. *American Journal of Community Psychology, 30*(1), 103-132. doi:<http://dx.doi.org/10.1023/A:1014376202459>
- Bybee, D. I., & Sullivan, C. M. (2005). Predicting re-victimization of battered women 3 years after exiting a shelter program. *American Journal of Community Psychology, 36*(1-2), 85-96. doi:<http://dx.doi.org/10.1007/s10464-005-6234-5>
- Campbell, J. C., & Lewandowski, L. A. (1997). Mental and physical health effects of intimate partner violence on women and children. *Psychiatric Clinics of North America, 20*(2), 353-374. doi:[http://dx.doi.org/10.1016/S0193-953X\(05\)70317-8](http://dx.doi.org/10.1016/S0193-953X(05)70317-8)
- Canadian Network of Women's Shelters and Transition Houses. (2011). Scan on funding and policy initiatives to respond to violence against women. *Canadian Women's Foundation*, Retrieved from: http://ywcacanada.ca/data/research_docs/00000253.pdf
- Canadian Network of Women's Shelters and Transition Houses. (2013). The case for a national action plan on violence against women in Canada. *Canadian Network of Women's Shelters and Transition Houses*, Retrieved from: http://ywcacanada.ca/data/research_docs/00000307.pdf
- Capaldi, D. M., Knoble, N. B., Shortt, J. W., & Kim, H. K. (2012). A systematic review of risk factors for intimate partner violence. *Partner Abuse, 3*(2), 231-280. doi:<http://dx.doi.org/10.1891/1946-6560.3.2.231>

- Carlson, B. E., McNutt, L., Choi, D. Y., & Rose, I. M. (2002). Intimate partner abuse and mental health: The role of social support and other protective factors. *Violence Against Women, 8*(6), 720-745. doi:<http://dx.doi.org/10.1177/10778010222183251>
- Cattaneo, L. B., & Chapman, A. R. (2010). The process of empowerment: A model for use in research and practice. *American Psychologist, 65*(7), 646-659. doi:<http://dx.doi.org/10.1037/a0018854>
- Cattaneo, L. B., & Goodman, L. A. (2010). Through the lens of therapeutic jurisprudence: The relationship between empowerment in the court system and well-being for intimate partner violence victims. *Journal of Interpersonal Violence, 25*(3), 481-502. doi:<http://dx.doi.org/10.1177/0886260509334282>
- Cattaneo, L. B., & Goodman, L. A. (2015). What is empowerment anyway? A model for domestic violence practice, research, and evaluation. *Psychology of Violence, 5*(1), 84-94. doi:<http://dx.doi.org/10.1037/a0035137>
- Chronister, K. M., Harley, E., Aranda, C. L., Barr, L., & Luginbuhl, P. (2012). Community-based career counseling for women survivors of intimate partner violence: A collaborative partnership. *Journal of Career Development, 39*(6), 515-539. doi:<http://dx.doi.org/10.1177/0894845311401618>
- Chronister, K. M., & McWhirter, E. H. (2006). An experimental examination of two career interventions for battered women. *Journal of Counseling Psychology, 53*(2), 151-164. doi:<http://dx.doi.org/10.1037/0022-0167.53.2.151>
- Coker, A. L., Derrick, C., Lumpkin, J. L., Aldrich, T. E., & Oldendick, R. (2000). Help-seeking for intimate partner violence and forced sex in South Carolina. *American Journal of*

- Preventive Medicine*, 19(4), 316-320. doi:[http://dx.doi.org/10.1016/S0749-3797\(00\)00239-7](http://dx.doi.org/10.1016/S0749-3797(00)00239-7)
- Cole, E. R. (2009). Intersectionality and research in psychology. *American Psychologist*, 64(3), 170-180. doi:<http://dx.doi.org/10.1037/a0014564>
- Cosgrove, L., & Flynn, C. (2005). Marginalized mothers: Parenting without a home. *Analyses of Social Issues and Public Policy*, 5(1), 127-143. doi: 10.1111/j.1530-2415.2005.00059.x
- Crenshaw, K. W. (1994). Mapping the margins: Intersectionality, identity, politics, and violence against women of color. In M. A. Fineman, & R. Mykitiuk (Eds.), *The public nature of private violence*. (pp. 93-118). New York, NY: Routledge.
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Los Angeles, CA: Sage.
- Cunningham, A., & Baker, L. (2008). Helping abused women in shelters: 101 things to know, say and do. *Centre for Children and Families in the Justice System*. Retrieved from: http://www.lfcc.on.ca/Helping_Abused_Women_in_Shelters.pdf
- Curry, M. A., Hassouneh-Phillips, D., & Johnston-Silverberg, A. (2001). Abuse of women with disabilities: An ecological model and review. *Violence Against Women*, 7(1), 60-79. doi:<http://dx.doi.org/10.1177/10778010122182307>
- Dal Grande, E., Hickling, J., Taylor, A., & Woollacott, T. (2003). Domestic violence in South Australia: A population survey of males and females. *Australian and New Zealand Journal of Public Health*, 27(5), 543-550.
- Daoud, N., Smylie, J., Urquia, M., Allan, B., & O'Campo, P. (2013). The contribution of socio-economic position to the excesses of violence and intimate partner violence among

- aboriginal versus non-aboriginal women in Canada. *Canadian Journal of Public Health*, 104(4), 278-283.
- Davies, J. Lyon, E., & Monti-Catania, D. (1998). *Safety planning with battered women: Complex lives/difficult choices*. Thousand Oaks, California : Sage
- Davis, L. V., & Srinivasan, M. (1995). Listening to the voices of battered women: What helps them escape violence. *Affilia*, 10, 45-69. Retrieved from <http://uml.idm.oclc.org/login?url=http://search.proquest.com.uml.idm.oclc.org/docview/1302530384?accountid=14569>
- Decter, A. (2014). Meeting the promise of ending violence against women and girls: Presentation to the house standing committee on status of women. *YWCA Canada*. Retrieved from: <http://ywcacanada.ca/data/publications/00000069.pdf>
- DeMaris, A., Benson, M. L., Fox G. L., Hill, T., & Van Wyk, J. (2003) Distal and proximal factors in domestic violence: A test of an integrated model. *Journal of Marriage and Family*, 65(3), 652-667. doi: <http://dx.doi.org/10.1111/j.1741-3737.2003.00652.x>
- Dichter, M. E., & Gelles, R. J. (2012). Women's perceptions of safety and risk following police intervention for intimate partner violence. *Violence Against Women*, 18(1), 44-63. doi:<http://dx.doi.org/10.1177/1077801212437016>
- Dobash, R. E. (2003). Domestic violence: Arrest, prosecution, and reducing violence. *Criminology & Public Policy*, 2, 313-318. doi:10.1111/j.1745-9133.2003.tb00127.x
- Donnelly, D. A., Cook, K. J., & Wilson, L. (1999). Provision and exclusion: The dual face of services to battered women in three Deep South states. *Violence Against Women*, 5, 710-741. doi: 10.1177/10778019922181455

Du Mont, J., Forte, T., Cohen, M. M., Hyman, I., & Romans, S. (2005). Changing help-seeking rates for intimate partner violence in Canada. *Women & Health, 41*(1), 1-19.

doi:http://dx.doi.org/10.1300/J013v41n01_01

Dutton, D. G., & Nicholls, T. L. (2005). The gender paradigm in domestic violence research and theory: Part 1-the conflict of theory and data. *Aggression and Violent Behavior, 10*(6), 680-714. doi:<http://dx.doi.org/10.1016/j.avb.2005.02.001>

Eagleton, T. (1996). *The illusions of postmodernism*. Cambridge, UK: Blackwell.

Eagly, A. H., & Riger, S. (2014). Feminism and psychology: Critiques of methods and epistemology. *American Psychologist, 69*(7), 685-702.

doi:<http://dx.doi.org/10.1037/a0037372>

Echeburúa, E., Sarasua, B., & Zubizarreta, I. (2014). Individual versus individual and group therapy regarding a cognitive-behavioral treatment for battered women in a community setting. *Journal of Interpersonal Violence, 29*(10), 1783-1801.

doi:<http://dx.doi.org/10.1177/0886260513511703>

Eckhardt, C., Holtzworth-Munroe, A., Norlander, B., Sibley, A., & Cahill, M. (2008). Readiness to change, partner violence subtypes, and treatment outcomes among men in treatment for partner assault. *Violence and Victims, 23*(4), 446-475. doi:10.1891/0886-6708.23.4.446

Ehrensarf, M. K., Moffitt, T.E., & Caspi, A. (2004). Clinically abusive relationships in an unselected birth cohort: Men's and women's participation and developmental antecedents. *Journal of Abnormal Psychology, 113*(2), 258-270.

El-Bassel, N., Gilbert, L., Schilling, R., & Wada, T. (2000). Drug abuse and partner violence among women in methadone treatment. *Journal of Family Violence, 15*(3), 209-228.

Retrieved from <http://search.proquest.com/docview/619456081?accountid=14569>

- Elliott, D. E., Bjelajac, P., Falloot, R.D., Markoff, L. S., & Reed, B. G. (2005). Trauma-informed or trauma-denied: Principles and implementation of trauma-informed services for women. *Journal of Community Psychology, 33*, 461-477. doi:10.1002/jcop.20063
- Employment and Income Assistance. (2015). Section 9- special cases (including minors): Crisis intervention facilities. In EIA Administrative Manual. *Government of Manitoba*. Retrieved from: http://www.gov.mb.ca/jec/eia/admin_manual/9.html
- Envall, E., Eriksson, A., & Marnell, A. (2006). Costs of violence against women. A cost-of-illness analysis. *Stockholm, Sweden: The National Board of Health and Welfare*. English summary retrieved from: http://www.socialstyrelsen.se/Lists/Artikelkatalog/Attachments/9744/2006-131-34_200613134_summary.pdf
- Etchison, M., & Kleist, D. M. (2000) Review of narrative therapy: Research and utility. *The Family Journal, 8*(1), 61-66. doi: 10.1177/1066480700081009
- Evans, S. E., Davies, C., & DiLillo, D. (2008). Exposure to domestic violence: A meta-analysis of child and adolescent outcomes. *Aggression and Violent Behavior, 13*(2), 131-140.
- Fairbairn, J., & Dawson, M. (2013). Canadian news coverage of intimate partner homicide: Analyzing changes over time. *Feminist Criminology, 8*(3), 147-176. doi:<http://dx.doi.org/10.1177/1557085113480824>
- Family Violence Prevention Program & Manitoba's Women's Shelters (2014). Manitoba standards manual for women's shelters. *Family Violence Prevention Program & Manitoba's Women's Shelters*, Retrieved from: http://www.gov.mb.ca/fs/fvpp/pubs/standards_manual_for_womens_shelters.pdf

- Few, A. L. (2005). The voices of black and white rural battered women in domestic violence shelters. *Family Relations*, 54, 488-500. doi: 10.1111/j.1741-3729.2005.00335.x
- Field, C. A., & Caetano, R. (2003). Longitudinal model predicting partner violence among White, Black, and Hispanic Couples in the United States. *Alcoholism: Clinical and Experimental Research*, 27(9), 1451-1458. doi: <http://dx.doi.org/10.1097/01.ALC.0000086066.70540.8C>
- Field, C. A., & Caetano, R., (2005) Longitudinal model predicting mutual partner violence among White, Black, and Hispanic couples in the United States general population. *Violence and Victims*, 20(5), 499-511. doi: <http://dx.doi.org/10.1891/0886-6708.2005.20.5.499>
- Fowler, D. (2007). The extent of substance use problems among women partner abuser survivors in a domestic violence shelter. [Serial online] *Family & Community Health*, 30(1), S106-S108. Retrieved from: <http://web.a.ebscohost.com/uml.idm.oclc.org/ehost/pdfviewer/pdfviewer?sid=b81520c4-cb30-4ef3-80ef-a61b8b2f8e6c%40sessionmgr4007&vid=1&hid=4104>
- Fraser, H. (2004). Doing narrative research: Analysing personal stories line by line. *Qualitative Social Work: Research and Practice*, 3(2), 179-201. doi:<http://dx.doi.org/10.1177/1473325004043383>
- Freire, P., & Ramos, M. B. (1970). *Pedagogy of the oppressed*. New York: Continuum.
- Friesen, M. D., Woodward, L. J., Horwood, L. J., & Fergusson, D. M. (2010). Childhood exposure to sexual abuse and partnership outcomes at age 30. *Psychological Medicine*, 40(4), 679- 688. doi:<http://dx.doi.org/10.1017/S0033291709990389>

- Fusco, R. A., & Fantuzzo, J. W. (2009). Domestic violence crimes and children: A population-based investigation of direct sensory exposure and the nature of involvement. *Children and Youth Services Review, 31*(2), 249-256.
doi:<http://dx.doi.org/10.1016/j.childyouth.2008.07.017>
- General Assembly resolution 48/104, *Declaration on the elimination of violence against women*, A/RES/48/104 (20 December 1993), available from
<http://www.un.org/documents/ga/res/48/a48r104.htm>.
- Gengler, A. M. (2012). Defying (dis)empowerment in a battered women's shelter: Moral rhetorics, intersectionality, and processes of control and resistance. *Social Problems, 59*(4), 501-521. doi:<http://dx.doi.org/10.1525/sp.2012.59.4.501>
- George, J., & Stith, S. M. (2014) An updated feminist view of intimate partner violence. *Family Process, 53*, 179-193. doi:<http://dx.doi.org/10.1111/famp.12073>
- Gilroy, H., Maddoux, J., Simes, L., Fredland, N., & McFarlane, J. (2014). Predictors and Outcomes of Community Agency Use in Abused Mothers. *Public Health Nursing*. doi:<http://dx.doi.org/10.1111/phn.12136>
- Glenn, C., & Goodman, L. (2015). Living with and within the rules of domestic violence shelters: A qualitative exploration of residents' experiences. *Violence Against Women, 21*(12), 1481-1506, doi: 10.1177/1077801215596242
- Goodman, L. A., Cattaneo, L. B., Thomas, K., Woulfe, J., Chong, S. K., & Fels Smyth, K. (2014). Advancing domestic violence program evaluation: Development and validation of the measure of victim empowerment related to safety (MOVERS). *Psychology of Violence*, doi:<http://dx.doi.org/10.1037/a0038318>
- Gotlib, I. H., & Joormann, J. (2010). Cognition and Depression: Current Status and Future

- Directions. *Annual Review of Clinical Psychology*, 6, 285–312.
<http://doi.org/10.1146/annurev.clinpsy.121208.131305>
- Grauwiler, P. (2008). Voices of women: Perspectives on decision-making and the management of partner violence. *Children and Youth Services Review*, 30(3), 311-322.
doi:<http://dx.doi.org/10.1016/j.chilyouth.2007.10.008>
- Gutiérrez, L. M. (1994). Beyond coping: An empowerment perspective on stressful life events. *Journal of Sociology and Social Welfare*, 21(3), 201-219.
- Gutierrez, L. (1995). Understanding the empowerment process: Does consciousness make a difference?. *Social Work Research*, 19(4), 229-237. Retrieved from:
<http://web.b.ebscohost.com/uml.idm.oclc.org/ehost/detail/detail?sid=0afc05fe-11b5-4394-a5bf-f634c3050e38%40sessionmgr107&vid=0&hid=102&bdata=JnNpdGU9ZWhvc3QtG1Z2Q%3d%3d#AN=107360703&db=c8h>
- Haaken, J. (2010). *Hard knocks: Domestic violence and the psychology of storytelling*. New York, NY: Routledge.
- Hagedorn, J. (2005) Learning through our clients' eyes: The Manitoba experience. *The Manitoba Association of Women's Shelters*, Retrieved from:
<http://www.maws.mb.ca/learning%20report.pdf>
- Hägglom, A. M. E., & Möller, A. R. (2006). On a life-saving mission: Nurses' willingness to encounter with intimate partner abuse. *Qualitative Health Research*, 16(8), 1075-1090.
doi:<http://dx.doi.org/10.1177/1049732306292086>
- Hahn, J. W., McCormick, M. C., Silverman, J. G., Robinson, E. B., & Koenen, K. C. (2014). Examining the impact of disability status on intimate partner violence victimization in a

- population sample. *Journal of Interpersonal Violence*, 29(17), 3063-3085.
doi:<http://dx.doi.org/10.1177/0886260514534527>
- Hahn, S. A., & Postmus, J. L. (2014). Economic empowerment of impoverished IPV survivors: A review of best practice literature and implications for policy. *Trauma, Violence, & Abuse*, 15(2), 79-93. doi:<http://dx.doi.org/10.1177/1524838013511541>
- Haj-Yahia, M. M., & Cohen, H. C. (2009). On the lived experience of battered women residing in shelters. *Journal of Family Violence*, 24(2), 95–109. doi:10.1007/s10896-008-9214-3
- Hartman, S. (1987). Therapeutic self-help group: A process of empowerment for women in abusive relationships. In C. M. Brody (Ed.), *Women's therapy groups: Paradigms of feminist treatment* (pp. 67-81). New York: Springer.
- Helfrich, C. A., Fujiura, G. T., & Rutkowski-Kmitta, V. R. (2008). Mental health disorders and functioning of women in domestic violence shelters. *Journal of Interpersonal Violence*, 23(4), 437-453. doi: 10.1177/0886260507312942
- Herman, J. L. (1992). *Trauma and recovery*. New York, NY: Basic Books.
- Hiebert-Murphy, D., Ristock, J., & Brownridge, D. A. (2010, July). *An intersectionality approach to family violence research: Moving from concept to method*. Paper presented at the International Family Violence and Child Victimization Research Conference, Portsmouth, NH.
- Hiebert-Murphy, D., Graham, R., & Kenyon, K. M. (2016) The changing face of women's shelters. Manuscript in preparation.
- Hobart, M. (2006). Changing the script: Thinking about our relationships with shelter residents. *Washington State Coalition Against Domestic Violence*. Retrieved from: <http://wscadv.org/wp-content/uploads/2015/06/Changing-the-Script.pdf>

- Hoffart, I., & Cairns, K. (2011). Practical frameworks for change: supporting women and children in Alberta emergency shelters. *Alberta Council of Women's Shelters and the Status of Women Canada*. Retrieved from:
<https://www.acws.ca/sites/default/files/documents/PFCFinalEvaluationReport.pdf>
- Holosko, M. J., Leslie, D. R., & Cassano, D. R. (2001). How service users become empowered in human service organizations: The empowerment model. *International Journal of Health Care Quality Assurance*, 14(3), 126-133.
doi:<http://dx.doi.org/10.1108/09526860110391612>
- Holtzworth-Munroe, A., Meehan, J. C., Rehman, U., & Marshall, A. D. (2002). Intimate partner violence: An introduction for couple therapists. In A.S. Gurman & N.S. Jacobson (Eds.), *Clinical handbook of couple therapy (3rd ed)*. New York: Guilford Press.
- Hotton Mahony, T. (2015). Women and the criminal justice system. *Statistics Canada* (Catalogue number 89-503-X), Retrieved from: <http://www.statcan.gc.ca/pub/89-503-x/2010001/article/11416-eng.htm>
- Howell, K. H., Miller, L. E., Lilly, M. M., Burlaka, V., Grogan-Kaylor, A., & Graham-Bermann, S. (2015). Strengthening positive parenting through intervention: Evaluating the moms' empowerment program for women experiencing intimate partner violence. *Journal of Interpersonal Violence*, 30(2), 232-252.
doi:<http://dx.doi.org/10.1177/0886260514533155>
- Human Resources and Skills Development Canada. (2012). The national shelter study: Highlights 2005-2009. *Human Resources and Skills Development Canada*, Retrieved from: http://www.esdc.gc.ca/eng/communities/homelessness/reports/shelter_study.pdf

- Hunter, B. A., Jason, L. A., & Keys, C. B. (2013). Factors of empowerment for women in recovery from substance use. *American Journal of Community Psychology, 51*(1-2), 91-102. doi:<http://dx.doi.org/10.1007/s10464-012-9499-5>
- Hyman, I., Guruge, S., Stewart, D. E., & Ahmad, F. (2000). Primary prevention of violence against women. *Women's Health Issues, 10*(6), 288-293. doi:
[http://dx.doi.org/10.1016/S1049-3867\(00\)00066-9](http://dx.doi.org/10.1016/S1049-3867(00)00066-9)
- Jategaonkar, N., & Ponic, P. (2010). Unsafe and unacceptable housing: Health & policy implications for women leaving abusive relationships. *Women's Health and Urban Life, 10*(1), 32-58. Retrieved from: http://bcnpha.ca/wp_bcnpha/wp-content/uploads/2014/05/4-jategaonkar_ponic.pdf
- Johnson, M. P. (2006). Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women, 12*(11), 1003-1018.
doi:<http://dx.doi.org/10.1177/1077801206293328>
- Johnson, D. M., Worell, J., & Chandler, R. K. (2005). Assessing psychological health and empowerment in women: The personal progress scale revised. *Women & Health, 41*(1), 109-129. doi:http://dx.doi.org/10.1300/J013v41n01_07
- Johnson, D. M., & Zlotnick, C. (2006). A cognitive-behavioral treatment for battered women with PTSD in shelters: Findings from a pilot study. *Journal of Traumatic Stress, 19*(4), 559-564. doi:<http://dx.doi.org/10.1002/jts.20148>
- Johnson, D. M., Zlotnick, C., & Perez, S. (2011). Cognitive behavioral treatment of PTSD in residents of battered women's shelters: Results of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 79*(4), 542-551.
doi:<http://dx.doi.org/10.1037/a0023822>

- Jordan, C. E., Campbell, R., & Follingstad, D. (2010). Violence and women's mental health: The impact of physical, sexual, and psychological aggression. *Annual Review of Clinical Psychology, 6*, 607-628. doi:<http://dx.doi.org/10.1146/annurev-clinpsy-090209-151437>
- Kaighobadi, F., Shackelford, T. K., & Goetz, A. T. (2009). From mate retention to murder: Evolutionary psychological perspectives on men's partner-directed violence. *Review of General Psychology, 13*, 327-334.
doi:<http://dx.doi.org.proxy1.lib.umanitoba.ca/10.1037/a0017254>
- Kasturirangan, A. (2008). Empowerment and programs designed to address domestic violence. *Violence Against Women, 14*(12), 1465-1475.
doi:<http://dx.doi.org/10.1177/1077801208325188>
- Kasturirangan, A., Krishnan, S., & Riger, S. (2004). The impact of culture and minority status on women's experience of domestic violence. *Trauma, Violence, & Abuse, 5*, 318-332.
doi:<http://dx.doi.org/10.1177/1524838004269487>
- Kelly, U. A. (2011). Theories of intimate partner violence: From blaming the victim to acting against injustice intersectionality as an analytic framework. *Advances in Nursing Science, 34*(3), E29-E51. doi:<http://dx.doi.org/10.1097/ANS.0b013e3182272388>
- Kim, J. C., Watts, C. H., Hargreaves, J. R., Ndhlovu, L. X., Phetla, G., Morison, L. A., . . . Pronyk, P. (2007). Understanding the impact of a microfinance-based intervention on women's empowerment and the reduction of intimate partner violence in South Africa. *American Journal of Public Health, 97*(10), 1794-1802.
doi:<http://dx.doi.org/10.2105/AJPH.2006.095521>

- Klonsky, E. D. (2013). Assessing and treating nonsuicidal self-injury. In G. P. Koocher, J. C. Norcross, & B. A. Greene (Eds.), *Psychologists' desk reference* (3rd ed.). (pp. 328-331). New York, NY: Oxford University Press.
- Kolb, K. H. (2011). Claiming competence: Biographical work among victim-advocates and counselors. *Symbolic Interaction*, *34*(1), 86-107.
doi:<http://dx.doi.org/10.1525/si.2011.34.1.86>
- Kothari, Miloon. *United Nations Special Rapporteur on adequate housing, Miloon Kothari Mission to Canada*. (9 – 22 October 2007). Available from:
<http://www2.ohchr.org/english/bodies/hrcouncil/docs/10session/A.HRC.10.7.Add.3.pdf>
- Kruse, M., Sørensen, J., Brønnum-Hansen, H., & Helweg-Larsen, K. (2011). The health care costs of violence against women. *Journal of Interpersonal Violence*, *26*(17), 3494-3508.
doi:<http://dx.doi.org/10.1177/0886260511403754>
- Lagdon, S., Armour, C., & Stringer, M. (2014). Adult experience of mental health outcomes as a result of intimate partner violence victimisation: A systematic review. *European Journal of Psychotraumatology*, *5*(Special Issue): 24794
doi:<http://dx.doi.org/10.3402/ejpt.v5.24794>.
- Lawson, D. M. (2003). Incidence, explanations, and treatment of partner violence. *Journal of Counselling and Development*, *8*, 19-32. doi:<http://dx.doi.org/10.1002/j.1556-6678.2003.tb00221.x>
- Liebow, Elliott. (1993). *Tell them who I am: The lives of homeless women*. New York, NY: Free Press.
- Lyon, E., Bradshaw, J., & Menard, A. (2011). *Meeting survivors' needs through non-residential domestic violence services & supports: Results of a multi-state study, final report*.

- National Institute of Justice (Grant # 2009-IJ-CX-0027), Retrieved from:
http://www.vawnet.org/Assoc_Files_VAWnet/DVServicesStudy-FINALReport2011.pdf
- Lyon, E., Lane, S., & Menard, A. (2008). *Meeting survivors' needs: A multi-state study of domestic violence shelter experiences, final report*. National Institute of Justice (Grant # 2007-IJ-CX-K022), Retrieved from:
<https://www.ncjrs.gov/pdffiles1/nij/grants/225025.pdf>
- MacMillan, H. L., & Wathen, C. N. (2014). Children's exposure to intimate partner violence. *Child and Adolescent Psychiatric Clinics of North America*, 23(2), 295-308.
doi:<http://dx.doi.org/10.1016/j.chc.2013.12.008>
- Macy, R. J., Rizo, C. F., Johns, N. B., & Ermentrout, D. M. (2013). Directors' opinions about domestic violence and sexual assault service strategies that help survivors. *Journal of Interpersonal Violence*, 28(5), 1040-1066.
doi:<http://dx.doi.org/10.1177/0886260512459375>
- Magdol, L., Moffitt, T. E., Caspi, A., & Silva, P. A. (1998) Hitting without a license: Testing explanations for differences in partner abuse between young adult daters and cohabiters. *Journal of Marriage and the Family*, 60(1), 41-55. doi:<http://dx.doi.org/10.2307/353440>
- Mancini, J. A., Nelson, J. P., Bowen, G. L., & Martin, J. A. (2006). Preventing intimate partner violence: A community capacity approach. *Journal of Aggression, Maltreatment & Trauma*, 13(3/4), 203-227. doi:http://dx.doi.org/10.1300/J146v13n03_08
- Government of Manitoba (2012). *Manitoba's Multi-year Domestic Violence Prevention Strategy*. Government of Manitoba, Retrieved from:
https://www.gov.mb.ca/asset_library/en/stoptheviolence/domestic_violence_prevention_strategy_2012.pdf

- Martin, D. G. (2011). *Counseling and therapy skills*. Long Grove, IL: Waveland Press.
- Maslach, C., & Jackson, S. E. (1981). The measurement of experienced burnout. *Journal of Occupational Behavior*, 2, 99–113. Retrieved from:
http://www.jstor.org.uml.idm.oclc.org/stable/3000281?seq=3#page_scan_tab_contents
- Maslach, C., Schaufeli, W. B., & Leiter, M. P. (2001). Job burnout. *Annual Review of Psychology*, 52, 397-422. doi: 10.1146/annurev.psych.52.1.397
- Max, W., Rice, D. P., Finkelstein, E., Bardwell, R. A., & Leadbetter, S. (2004). The economic toll of intimate partner violence against women in the united states. *Violence and Victims*, 19(3), 259-272. doi:<http://dx.doi.org/10.1891/vivi.19.3.259.65767>
- McCollum, E. E., & Stith, S. M. (2008). Couples treatment for interpersonal violence: A review of outcome research literature and current clinical practices. *Violence and Victims*, 23(2), 187-201. doi:<http://dx.doi.org/10.1891/0886-6708.23.2.187>
- McDermott, M. J., & Garofalo, J. (2004). When advocacy for domestic violence victims backfires: Types and sources of victim disempowerment. *Violence Against Women*, 10, 1245–1266. doi:<http://dx.doi.org/10.1177/1077801204268999>
- McInturff, K. (2013). *The gap in the gender gap: Violence against women in Canada*. Canadian Centre for Policy Alternatives, Retrieved from:
<https://www.policyalternatives.ca/publications/reports/gap-gender-gap>
- Mechanic, D. (1991). Adolescents at risk: New directions. *Journal of Adolescent Health*, 12(8), 638-643. doi:[http://dx.doi.org/10.1016/1054-139X\(91\)90012-M](http://dx.doi.org/10.1016/1054-139X(91)90012-M)
- Merchant, L. V., & Whiting, J. B. (2015). Challenges and retention of domestic violence shelter advocates: A grounded theory. *Journal of Family Violence*, 30(4), 467-478. doi:
doi:10.1007/s10896-015-9685-y

- Morgan, M., & Coombes, L. (2013). Empowerment and advocacy for domestic violence victims. *Social and Personality Psychology Compass*, 7(8), 526-536. doi:10.1111/spc3.12049
- Nichols, A. J. (2013). Survivor-defined practices to mitigate revictimization of battered women. *Journal of Interpersonal Violence*, 28, 1403-1423. doi: 10.1177/0886260512468243
- Nicolson, P. (2010). *Domestic violence and psychology: A critical perspective*. New York: NY: Routledge.
- Okuda, M., Olfson, M., Hasin, D., Grant, B. F., Lin, K., & Blanco, C. (2011). Mental health of victims of intimate partner violence: Results from a national epidemiologic survey. *Psychiatric Services*, 62(8), 959-962. doi:http://dx.doi.org/10.1176/ps.62.8.pss6208_0959
- O'Leary, K. D., Malone, J., & Tyree, A. (1994). Physical aggression in early marriage: Prerelationship and relationship effects. *Journal of Consulting and Clinical Psychology*, 62(3), 594-602. doi: http://dx.doi.org/10.1037/0022-006X.62.3.594
- Orava, T. A., McLeod, P. J., & Sharpe, D. (1996). Perceptions of control, depressive symptomatology, and self-esteem of women in transition from abusive relationships. *Journal of Family Violence*, 11, 167-186. doi: 10.1007/BF02336668
- Oths, K. S., & Robertson, T. (2007). Give me shelter: Temporal patterns of women fleeing domestic abuse. *Human Organization*, 66(3), 249-260. doi:http://dx.doi.org/10.17730/humo.66.3.eh63829q28348m0q
- Panzer, P. G., Philip, M. B., & Hayward, R. A. (2000). Trends in domestic violence service and leadership: Implications for an integrated shelter model. *Administration and Policy in Mental Health and Mental Health Services Research*, 27(5), 339-352. doi: 10.1023/A:1021941129326

- Patzel, B. (2001). Women's use of resources in leaving abusive relationships: A naturalistic inquiry. *Issues in Mental Health Nursing, 22*(8), 729-747.
doi:<http://dx.doi.org/10.1080/01612840152712992>
- Peled, E., Eisikovits, Z., Enosh, G., & Winstok, Z. (2000). Choice and empowerment for battered women who stay: Toward a constructivist model. *Social Work, 45*(1), 9–25.
doi:<http://dx.doi.org/10.1093/sw/45.1.9>
- Perreault, S., & Brennan, S. (2010). Criminal victimization in Canada, 2009. *Statistics Canada*, (Catalogue number 85-002-X Juristat). Retrieved from <http://www.statcan.gc.ca/pub/85-002-x/2010002/article/11340-eng.htm#a18>
- Plichta, S. B. (2004). Intimate partner violence and physical health consequences: Policy and practice implications. *Journal of Interpersonal Violence, 19*(11), 1296-1323.
doi:<http://dx.doi.org/10.1177/0886260504269685>
- Polletta, F. (2009). How to tell a new story about battering. *Violence Against Women, 15*(12), 1490-1508. doi:<http://dx.doi.org/10.1177/1077801209347093>
- Pratt-Eriksson, D., Bergbom, I., & Lyckhage, E. D. (2014). Don't ask don't tell: Battered women living in Sweden encounter with healthcare personnel and their experience of the care given. *International Journal of Qualitative Studies on Health and Well-being*,
doi:<http://dx.doi.org/10.3402/qhw.v9.23166>
- Press, J. (2016, March 28). Budget could boost number of spaces in women's shelters. *The Canadian Press*. Retrieved from:
<https://www.thestar.com/news/queenspark/2016/03/28/budget-could-boost-number-of-spaces-in-womens-shelters.html>

- Prilleltensky, I., & Gonick, L. S. (1994). The discourse of oppression in the social sciences: Past, present, and future. In E. J. Trickett (Ed.), *Human diversity: Perspectives on people in context* (pp. 145-177). San Francisco: Jossey-Bass.
- Public Health Agency of Canada. (2012). *Family Violence and Homelessness: A Review of the Literature*. Government of Canada. Retrieved from: <http://www.phac-aspc.gc.ca/sfv-avf/sources/fv/fv-homelessness-itinerance/review-analyse-eng.php>
- Ramsay, J., Carter, Y., Davidson, L., Dunne, D., Eldridge, S., Feder, G.,... & Warburton, A. (2009). Advocacy interventions to reduce or eliminate violence and promote the physical and psychosocial well-being of women who experience intimate partner abuse. *The Cochrane Database of Systematic Reviews*, 8(3), 1-96.
doi:10.1002/14651858.CD005043.pub2.
- Rappaport, J. (1981). In praise of paradox: A social policy of empowerment over prevention. *American Journal of Community Psychology*, 9(1), 1-25. Retrieved from <http://search.proquest.com/docview/616577885?accountid=14569>
- Rappaport, J. (1987). Terms of empowerment/exemplars of prevention: Toward a theory for community psychology. *American Journal of Community Psychology*, 15(2), 121-148.
doi:<http://dx.doi.org/10.1007/BF00919275>
- Renner, L. M., & Slack, K. S. (2006). Intimate partner violence and child maltreatment: Understanding intra- and intergenerational connections. *Child Abuse & Neglect*, 30(6), 599-617. doi:<http://dx.doi.org/10.1016/j.chiabu.2005.12.005>
- Richie, B. E. (2000). A black feminist reflection on the antiviolence movement. In N. J. Sokoloff, & C. Pratt (Eds.), *Domestic Violence at the margins: Readings on race, class, gender, and culture* (pp. 39-49). Piscataway, NJ: Rutgers University Press.

- Richter, D. H. (Ed.). (2007). *The critical tradition: Classic texts and contemporary trends* (3rd ed.). Boston, MA: Bedford/St. Martin's.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage Publications, Inc.
- Riger, S. (1993). What's wrong with empowerment. *American Journal of Community Psychology*, 21(3), 279. doi:<http://dx.doi.org/10.1007/BF00941504>
- Rinfret-Raynor, M., & Cantin, S. (1997). Feminist therapy for battered women: An assessment. In G. K. Kantor & J. L. Jasinski (Eds.), *Out of darkness: Contemporary perspectives on family violence* (pp. 219-234). Thousand Oaks, CA: Sage.
- Saleebey, D. (1996). The strengths perspective in social work practice: extensions and cautions. *Social Work*, 41(3), 296-305. Retrieved from: <https://sw-oxfordjournals-org.uml.idm.oclc.org/content/41/3/296.full.pdf+html>
- Sansone, R. A., Chu, J., & Wiederman, M. W. (2007). Self-inflicted bodily harm among victims of intimate-partner violence. *Clinical Psychology & Psychotherapy*, 14(5), 352-357. doi:<http://dx.doi.org/10.1002/cpp.528>
- Sarbin, T. R. (1986). The narrative and the root metaphor for psychology. In T. R. Sarbin (Ed.), *Narrative psychology: The storied nature of human conduct* (pp.3-21). New York, NY: Praeger.
- Schulz, A. J., Israel, B. A., Zimmerman, M. A., & Checkoway, B. N. (1995). Empowerment as a multi-level construct: Perceived control at the individual, organizational and community levels. *Health Education Research*, 10(3), 309-327. doi:<http://dx.doi.org/10.1093/her/10.3.309>

- Sev'er, A. (1997). Recent or imminent separation and intimate violence against women: A conceptual overview and some Canadian examples. *Violence Against Women*, 3(6), 566-589. doi:<http://dx.doi.org/10.1177/1077801297003006002>
- Sharma, A. (2001). Healing the wounds of domestic abuse: Improving the effectiveness of feminist therapeutic interventions with immigrant and racially visible women who have been abused. *Violence Against Women*, 7(12), 1405-1428. doi:<http://dx.doi.org/10.1177/10778010122183928>
- Sherman, L. W., & Berk, R. A. (1984). The specific deterrent effects of arrest for domestic assault. *American Sociological Review*, 49(2), 261-272. doi:<http://dx.doi.org/10.2307/2095575>
- Song, L. Y. (2012). Service utilization, perceived changes of self, and life satisfaction among women who experienced intimate partner abuse: The mediation effect of empowerment. *Journal of Interpersonal Violence*, 27, 1112–1136. doi:10.1177/0886260511424495
- Stake, R. E. (2010). *Qualitative research: Studying how things work*. New York, NY: Guilford Press.
- Statistics Canada. (2011). Violent victimization of aboriginal women in the Canadian provinces, 2009. *Statistics Canada* (Catalogue number 85-002-X Juristat), Retrieved from: http://ywcacanada.ca/data/research_docs/00000181.pdf
- Statistics Canada. (2013). Measuring violence against women: Statistical trends. *Statistics Canada* (Catalogue number 85-002-X Juristat), Retrieved from: http://ywcacanada.ca/data/research_docs/00000287.pdf

- Status of Women Canada. (2002). Assessing violence against women: A statistical profile. *Status of Women Canada*, Retrieved from: <https://www.gnb.ca/0037/report/Statusofwomen-e.pdf>
- Stewart, D. E., MacMillan, H., & Wathen, N. (2013). Intimate partner violence. *The Canadian Journal of Psychiatry / La Revue Canadienne De Psychiatrie*, 58(6), 1-15. Retrieved from <http://search.proquest.com/docview/1428015171?accountid=14569>
- Stith, S. M., McCollum, E. E., Amanor-Boadu, Y., & Smith, D. (2012). Systemic perspectives on intimate partner violence treatment. *Journal of Marital and Family Therapy*, 38(1), 220-240. doi:<http://dx.doi.org/10.1111/j.1752-0606.2011.00245.x>
- Stith, S. M., Rosen, K. H., & McCollum, E. E. (2003). Effectiveness of couples treatment for spouse abuse. *Journal of Marital and Family Therapy*, 29(3), 407-426. doi:<http://dx.doi.org/10.1111/j.1752-0606.2003.tb01215.x>
- Stover, C. S., Meadows, A. L., & Kaufman, J. (2009). Interventions for intimate partner violence: Review and implications for evidence-based practice. *Professional Psychology: Research and Practice*, 40, 223–33. doi: <http://dx.doi.org/10.1037/a0012718>
- Straus, M. A. (2006). Future research on gender symmetry in physical assaults on partners. *Violence Against Women*, 12(11), 1086-1097. doi:<http://dx.doi.org/10.1177/1077801206293335>
- Sugg, N. (2015). Intimate partner violence: Prevalence, health consequences, and intervention. *Medical Clinics of North America*, 99(3), 629-649. doi:<http://dx.doi.org/10.1016/j.mcna.2015.01.012>
- Summerson Carr, E. (2003). Rethinking empowerment theory using a feminist lens: The importance of process. *Affilia*, 8, 8-20. doi: 10.1177/0886109902239092

- Sullivan, C. M., & Bybee, D. I. (1999). Reducing violence using community-based advocacy for women with abusive partners. *Journal of Consulting and Clinical Psychology, 67*(1), 43-53. doi:<http://dx.doi.org/10.1037/0022-006X.67.1.43>
- Swift, C., & Levin, G. (1987). Empowerment: An emerging mental health technology. *Journal of Primary Prevention, 8*(1&2), 71-94. doi:<http://dx.doi.org/10.1007/BF01695019>
- Taylor, S. E., & Stanton, A. L. (2007). Coping resources, coping processes, and mental health. *Annual Review of Clinical Psychology, 3*, 377-401. doi:10.1146/annurev.clinpsy.3.022806.091520
- Tjaden, P., & Thoennes, N. (2000). Prevalence and consequences of male-to-female and female-to-male intimate partner violence as measured by the national violence against women survey. *Violence Against Women, 6*(2), 142-161. doi:<http://dx.doi.org/10.1177/10778010022181769>
- Tolan, P., Goran-Smith, D., & Henry, D. (2006). Family violence. *Annual Review of Psychology, 57*, 557-583. doi: 10.1146/annurev.psych.57.102904.190110
- Tracey, S. J. (2010). Qualitative quality: Eight “big-tent” criteria for excellent qualitative research. *Qualitative Inquiry, 16*(10), 837-851. doi: 10.1177/1077800410383121
- Tutty, L. M. (2006). *Effective practices in sheltering women leaving violence in intimate relationships*. YWCA Canada, Retrieved from: <http://ywcacanada.ca/data/publications/00000013.pdf>
- Tutty, L. M., Ogden, C., Giurciu, B., & Weaver-Dunlop, G. (2014). I built my house of hope: Abused women and pathways into homelessness. *Violence Against Women, 19*(12), 1489-1517. doi: 10.1177/1077801213517514.

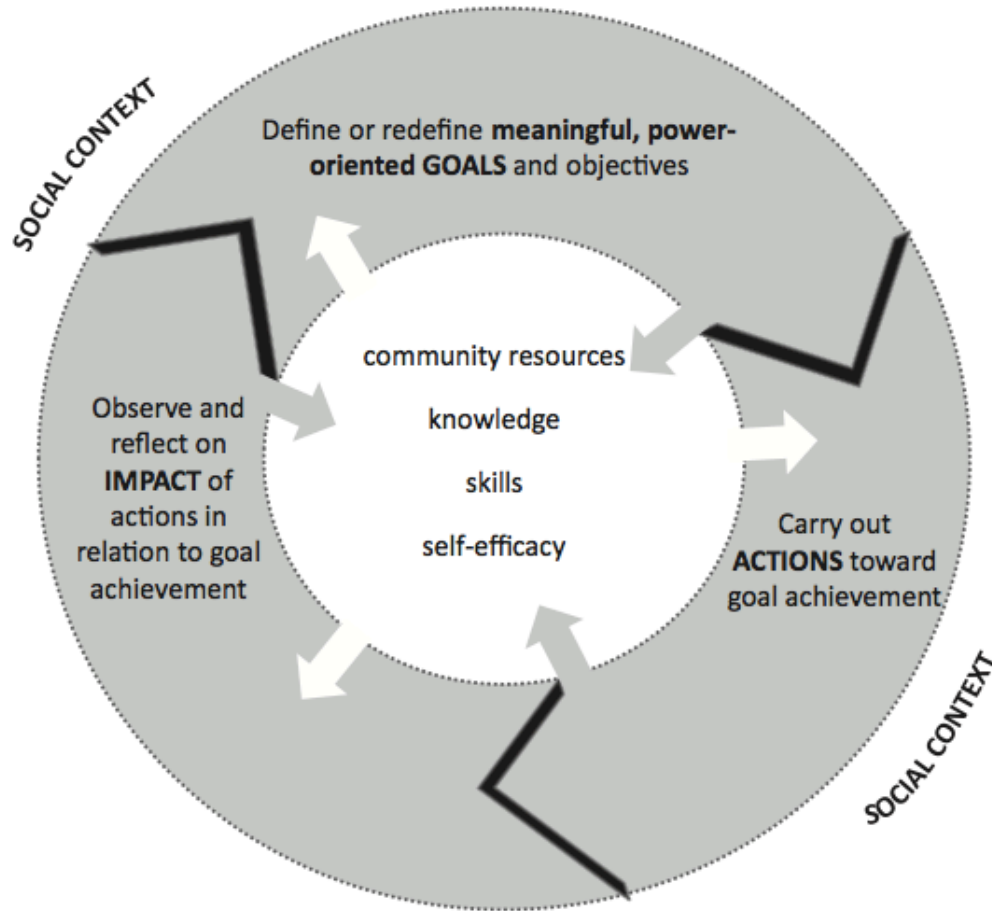
- Tutty, L. M., & Rothery, M. A. (1997). *What went right? Working relationships in women's shelters, final report*. The Alberta Council of Women's Shelters. Retrieved from:
https://www.academia.edu/1596007/What_went_right_Working_relationships_in_Alberta_shelters_for_abused_women
- Tutty, L. M., Weaver, G., & Rothery, M. A. (1999). Residents' views of the efficacy of shelter services for assaulted women. *Violence Against Women*, 5, 898-925. doi:
10.1177/10778019922181545
- Uekerman, J., & Daum, I. (2008). Social cognition in alcoholism: A link to prefrontal cortex dysfunction? *Addiction*, 103(5), 726-735. doi:10.1111/j.1360-0443.2008.02157.x
- Volpp, L. (2005). Feminism versus multiculturalism. In N. J. Sokoloff, & C. Pratt (Eds.), *Domestic Violence at the margins: Readings on race, class, gender, and culture*. (pp. 39-49). Piscataway, NJ: Rutgers University Press.
- Waldner-Haugrud, L., Gratch, L. V., & Magruder, B. (1997). Victimization and perpetration rates of violence in gay and lesbian relationships: Gender issues explored. *Violence and Victims*, 12(2), 173-184. Retrieved from
<http://uml.idm.oclc.org/login?url=http://search.proquest.com.uml.idm.oclc.org/docview/619188982?accountid=14569>
- Wathen, C., & MacMillan, H. L. (2003) Interventions for violence against women: Scientific review. *Journal of the American Medical Association*, 289(5), 589-600.
doi:10.1001/jama.289.5.589.
- West, C. M., Kantor, G. K., & Jasinski, J. L. (1998). Sociodemographic predictors and cultural barriers to help-seeking behavior by Latina and Anglo American battered women.

- Violence and Victims*, 13(4), 361-375. Retrieved from
<http://search.proquest.com/docview/619430199?accountid=14569>
- Wettersten, K.B., Rudolph, S.E., Faul, K., Gallagher, K., Trangsrud, H.B., Adams, K.,... & Terrance, C., (2004). Freedom through self-sufficiency: A qualitative examination of the impact of domestic violence on the working lives of women in shelter. *Journal of Counseling Psychology*, 51, 447-462. doi: 10.1037/0022-0167.51.4.447
- White, M. (2011). *Narrative practice: Continuing the conversations*. New York: W. W. Norton & Company, Inc.
- White, M., & Epsom, D. (1990). *Narrative means to therapeutic ends*. New York: Norton.
- WHO, Department of Reproductive Health and Research, London School of Hygiene and Tropical Medicine, & South African Medical Research Council. (2013). *Global and regional estimates of violence against women: Prevalence and health effects of intimate partner violence and non-partner sexual violence*. Retrieved from:
<http://www.who.int/reproductivehealth/publications/violence/9789241564625/en/index.html>
- Woods, S. J. (2005). Intimate partner violence and post-traumatic stress disorder symptoms in women: What we know and need to know. *Journal of Interpersonal Violence*, 20(4), 394-402. doi:<http://dx.doi.org/10.1177/0886260504267882>
- Worell, J. (1996). Opening doors to feminist research. *Psychology of Women Quarterly*, 20(4), 469-485. <http://dx.doi.org/10.1111/j.1471-6402.1996.tb00317.x>
- Worell, J., & Remer, P. (2003). *Feminist perspectives in therapy: Empowering diverse women* (2nd ed.). Hoboken, NJ: John Wiley & Sons Inc.

- Wright, C. V., Perez, S., & Johnson, D. M. (2010). The mediating role of empowerment for African American women experiencing intimate partner violence. *Psychological Trauma: Theory, Research, Practice, and Policy*, 2(4), 266-272.
doi:<http://dx.doi.org/10.1037/a0017470>
- YWCA Canada. (2014). *Saying yes: Effective practices in sheltering abused women with mental health and addiction issues*. YWCA Canada, Retrieved from:
<http://ywcacanada.ca/data/publications/00000062.pdf>
- Zimmerman, M. A. (1995). Psychological empowerment: Issues and illustrations. *American Journal of Community Psychology*, 23(5), 581-599.
doi:<http://dx.doi.org/10.1007/BF02506983>
- Zimmerman, M. A. (2000). Empowerment theory: Psychological, organizational, and community levels of analysis. In J. Rappaport & E. Seidman (Eds.), *Handbook of community psychology*. (pp. 43-63) New York, NY: Kluwer Academic Publishers.
doi:http://dx.doi.org/10.1007/978-1-4615-4193-6_2
- Zimmerman, M. A., & Warschausky, S. (1998). Empowerment theory for rehabilitation research: Conceptual and methodological issues. *Rehabilitation Psychology*, 43(1), 3-16.
doi:<http://dx.doi.org/10.1037/0090-5550.43.1.3>
- Zweig, J. M., & Burt, M. R. (2003). Effects of interactions among community agencies on legal system responses to domestic violence and sexual assault in stop-funded communities. *Criminal Justice Policy Review*, 14, 249-272. doi:10.1177/0887403403014002006
- Zweig, J. M., & Burt, M. R. (2007). Predicting women's perceptions of domestic violence and sexual assault agency helpfulness: What matters to program clients? *Violence Against Women*, 13, 1149–1178. <http://dx.doi.org/10.1177/107780120730779>

Appendix A

The Empowerment Process Model (Cattaneo & Chapman, 2015)



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Appendix B

Recruitment Poster / Handout Information

Empowerment Study

For women residents who are in shelter as a consequence of experiencing violence from a current or former partner

Are you interested in talking about your experiences?

Principal Investigator: Katherine M. Kenyon, University of Manitoba

The Research Project:

I want to learn about what women in shelters want and how they are working towards achieving their goals. I would like to hear your stories about steps you're taking towards having the life that you want. I am also interested in experiences that you've had here in shelter and how those experiences have affected what you want and your ability to change your situation.

Participation:

If you participated in the study, you would meet with me privately in a room here at (Willow Place/ Ikwe). You would provide some background information about yourself. You would also participate in an interview where you would be asked to tell me about what you want for yourself and how being in shelter has affected what you want and your ability to make decisions and take action to get what you want in your life.

How long would this take?

It will take approximately 1 hour to complete the study. You would be compensated \$25.00 for your time.

If you would like to take part in the study, please contact Katherine Kenyon. You can telephone me at (###) ###-#### or come to (room at Willow Place/ Ikwe) between 9:00 and 5:00 Monday-Friday to learn more about the study, and to set up a time for the interview.

This study is being conducted through the University of Manitoba, and funded by the Social Sciences and Human Resources Council (SSHRC) and the Tri-Council Master's Supplement Award from the University of Manitoba.

Appendix C

Consent to be Contacted

I consent to being contacted to participate in the project entitled "How Women in Domestic Violence Shelters Experience Empowerment." I understand that providing my consent to be contacted about the project and participating in the research project is NOT required in order to stay at the Women's Shelter or to receive services during my stay. I also understand participation in the research project is voluntary and that consenting to be contacted does not require me to participate in the project.

Name

Date

Signature

Appendix D

Script to Prospective Participants at Time of Initial Contact

Hello. My name is Katherine and I am the lead researcher for a project that is studying women who have experienced intimate partner violence and are currently living in shelter. My advisor Dr. Diane Hiebert-Murphy is working with me on this project. She is a professor at the University of Manitoba.

The purpose of this research is to better understand the experiences of women in shelter. We want to increase knowledge about the shelter environment and how women are feeling while they're in shelter. Another goal of this research is to ensure that the shelter intervention is as helpful as possible to women who have experienced partner violence.

To do this, we would like to talk with you about what you want in your life and how being in shelter has affected your ability to get the life that you want. We want to hear your stories.

Participation will involve being interviewed by me about your goals and actions that you have taken to change your life. This would involve asking you to talk about some of the experiences you've had while you've been in shelter. The interview would take place in an office right here at [Willow Place/ Ikwe].

Participation will take approximately one hour. You will receive a \$25 honorarium as a thank you gift for your participation.

You will be given an informed consent form to review prior to your participation. This form goes over what the research is about, your rights as a participant, and how the information you provide will and will not be used. This can be given to you now if you would like. You would be free to withdraw from the study at any time and to not answer any questions that you would prefer not to answer.

Your decision to participate will not affect the services that you receive at this shelter.

Do you have any questions?

Would you like a copy of the informed consent form to look over prior to making a decision about participating?

[If potential participants want time to review the consent form, arrangements will be made for follow-up.]

Appendix E

Overview Script

Hi. My name is Katherine Kenyon. I'm a Master's student in the Clinical Psychology program at the University of Manitoba.

I have also been a volunteer at Willow Place (another shelter) for a number of years. My volunteer jobs have included answering the crisis lines, helping with the childcare program, and most recently, I have been helping to put together some more up-to-date information for the staff who run the education groups.

This research project is about what women who are staying in shelter want for themselves and how they come to take action to get the life that they want. I want to know about specific things that have happened while you've been staying in shelter that have helped or hindered your ability to work towards the life you want.

Even though I have been volunteering with a shelter, the shelter is not running this project. This project is for the thesis I am writing for school. The staff at this shelter has agreed to help me with my project, but it is important for you to know that none of the information that you share with me will be directly available to anyone else at the shelter. My goal is to present the information that I collect from everyone who participates in this study to staff at this and other shelters, but only when the information is combined. This means that the information that you provide will not be attached to you, or even attached to the shelter you're staying in.

All of this, as well as a lot more important information is in the informed consent form. Before you agree to participate, I'd like to go over that information with you.

(Informed Consent)

Again, please remember that you can stop participating at any time.

If you're ready to get started, we'll begin with some quick questions about your demographic information. After that I'll ask you to tell me about your experiences.

I'm going to turn on the audio-recording device now.

Appendix F

Informed Consent Form

Research Consent Form

Project Title: How Women in Domestic Violence Shelters Experience Personal Empowerment

Principal Investigator: Katherine Kenyon B.A., University of Manitoba

Supervisor: Diane Hiebert-Murphy PhD C Psych, University of Manitoba, 204-474-8283

This consent form, a copy of which will be left with you for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask. Please take the time to read this carefully and to understand any accompanying information.

Purpose. The purpose of this study is to better understand what women who have experienced intimate partner violence and who are residing in shelter want and what helps them be able to take action to achieve what they want. The goal is to understand how the experiences a woman has within shelter impact her ability to get what she wants in her life. This study will help researchers better understand the unique views and needs of women in shelter and will also offer service providers suggestions as to how to better support women while they are residing in shelter.

Between 8 and 12 women will participate in this study.

Participating. If you decide to participate in this study, you will complete one interview session lasting approximately 1 hour. You will be asked some basic information about yourself, for example: your age, your employment status, your ethnicity etc. You will then participate in an interview. You will be asked about your goals and about experiences associated with residing in shelter that have affected your ability to take action to achieve those goals. You will receive a \$25.00 honorarium for your participation in this study. You will receive this cash honorarium before the interview begins.

Your decision to take part in this study is voluntary. You may refuse to participate or you may withdraw from the study at any time. Your decision not to participate or to withdraw from the study will not affect the services you receive at this shelter. This means that you can stop participating in the study at any time. Please inform the researcher if you would like to end the interview. If, at the end of the interview, you decide that you would not like the data you've provided to be used in this study, please inform the researcher.

Legal rights. Participation does not affect your legal rights, and the researchers and the University must fulfill their legal and professional obligations.

Results. We would be happy to share the results of the study with you. Since you may not know where you will be living when the study is completed (approximately December 2015), we encourage you to contact us at that time to discuss the findings and/or to request a summary of the findings. You can call Dr. Hiebert-Murphy at (204) 474-8283 to make this request. Also, summaries of the findings will be available at the shelter.

Confidentiality. When presenting the results, a summary of what we learn from all of the women in the study will be grouped together. Your name or identifying information will not be used. The findings may be published or presented in public forums and will be shared with staff at women's shelters.

Your identity. Any information that you provide as part of your participation will be treated as confidential. Your name will not appear on any of the data. The data will be stored in a secure location and only members of the research team will have access to the data with one exception: the University of Manitoba may look at your research records to see that the research is being done in a safe and proper way. There are, however, several limits to confidentiality. Although no questions will be directly asked regarding issues of abuse of children or vulnerable persons (such as persons in care), if you report that a child or vulnerable person is at risk of harm, the law requires that this information be reported to legal authorities. Also, if you share information that you or another person are in immediate danger, this information will also be shared with others. For example, if you disclose that you are planning to injure yourself, the shelter staff would be told. If you disclose that another person is in imminent danger, the Winnipeg City Police will be called. In addition, please be aware of that it is possible for research data to be subpoenaed; if this was to occur we would be required by law to make our data available to the courts.

Benefits. Participating in this study may be of some benefit to you in terms of having the opportunity to share your personal experiences. You may also experience some benefit from knowing that you are contributing to helping shelter provide better services to women like yourself.

Risks. There is the possibility that answering questions about your experiences could cause you emotional distress. You are free to stop participating at any time. If you feel distressed, you may want to consider talking to a counselor at the shelter. If you are not comfortable speaking with a counselor at the shelter, free counseling services are available from:

Women's Health Clinic at: 204.947.2422 ext. 204
Klinik Drop in Counseling at: 204-784-4067
Klinik 24 Hour Crisis Line at: 204-786-8686

University approval. This research has been approved by the Psychology/Sociology Research Ethics Board. If you have any concerns or complaints about this project you may contact the above-named persons or the Human Ethics Secretariat at 474-7122, or e-mail margaret_bowman@umanitoba.ca. A copy of this consent form has been given to you to keep for your records and reference.

Security. The data will be kept for a period of seven years after the findings are published after which time it will be destroyed (approximately May, 2024).

Contact. You are free to ask any questions that you may have about your treatment and your rights as a research participant. If any questions come up during or after the study, you can contact the principal investigator, Katherine Kenyon at ### # ## # ## #.

Do not sign this consent form unless you have had a chance to ask questions and have received satisfactory answers to all of your questions.

Statement of Consent

Your signature on this form indicates that you have understood to your satisfaction the information regarding participation in the research project and agree to participate. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities. You are free to withdraw from the study at any time, and /or refrain from answering any questions you prefer to omit, without prejudice or consequence. Your continued participation should be as informed as your initial consent, so you should feel free to ask for clarification or new information throughout your participation.

Please indicate whether or not you agree to the following:

I have read or had read to me the details of this consent form. Yes No

My questions have been addressed. Yes No

I, _____ (print name), agree to participate in this study. Yes No

Participant's Signature Date

Researcher and/or Delegate's Signature Date

Appendix G

Demographic Information Form

This demographic form asks questions about who you are and why you are in shelter. There are no right or wrong answers. Please answer based on what is true for you right now. Your answers will not be shared with shelter staff and will not affect the services that you receive while in shelter.

BACKGROUND INFORMATION

1. How old are you? _____

2. Are you currently working?

____ Yes, full-time (job: _____)

____ Yes, part-time (job: _____)

____ Yes, casual (job: _____)

____ No

Do you receive social assistance: ___ yes ___ no

3. What is the highest level of education you have completed? _____

4. What is your ethnic background? (For example: First Nations, Métis, Aboriginal, Asian, African-Canadian, Polish, Ukrainian, etc...) _____

If you are Aboriginal/First Nations, do you live: ___ on reserve ___ off reserve

5. What is your citizenship?

____ I was born in Canada

____ I am a landed immigrant or refugee (list the country you came from: _____)

____ I am a Canadian citizen, born in another country (which country? _____)

____ Other (Please explain _____)

6. How much income does your family make in a year?

____ Below \$15,000/year

____ \$15,001 – \$30,000/year

____ \$30,001 – \$60,000/year

____ \$60,001 – \$90,000/year

____ over \$90,000/year

7. Is English your first language? ___ yes ___ no

8. How many children do you have? (Including biological, step, adopted, & foster children) ____

9. What are the ages of your children? _____

10. How many children are currently living with you? _____

11. Do you have any children who are not living with you? ___yes ___no

12. If yes, where are the children?

_____ on their own

_____ with extended family

_____ in foster care

_____ other (please specify: _____)

13. How many children came with you to shelter? _____

RELATIONSHIP HISTORY

1. What is your relationship with your current partner?

___1. Married ___5. Boyfriend/girlfriend

___2. Separated ___6. Other _____

___3. Common-law

2. How long have you been together with your partner? _____

3. Do you live together? ___Yes ___No

4. Over what period of time has there been physical aggression/violence in the relationship?

5. When was the last incidence of physical violence in your relationship? _____

6. In what other ways has your partner been abusive/hurtful to you? (check all that apply)

_____ controlling behavior

_____ emotional abuse

_____ verbal abuse

_____ financial abuse

_____ other (please specify: _____)

7. Have you been in more than one intimate relationship that was abusive? ___Yes ___No

If yes, how many relationships? _____

HISTORY OF SERVICES RECEIVED

1. Before this visit, have you ever stayed at a shelter for abused women?

___yes (please specify how many times) _____ ___no

2. Have you ever received help to deal with mental health issues?

___yes (please explain: _____)

no

3. Have you ever received help to deal with your use of drugs or alcohol?
 yes (please explain: _____)
 no

4. Have you ever lived in Manitoba Housing? yes no

YOUR HEALTH AND WELL-BEING

1. Do you have any disabilities and/or long-term illnesses (conditions that have lasted or are expected to last 6 months or more)? (e.g., chronic fatigue, irritable bowel syndrome, depression, heart disease, hearing loss, post-traumatic stress, addictions issues, etc.)

yes (Please explain: _____)
 no

2. Because of a disability and/or a long-term illness, are you limited in the kind or amount of activity you can do?

yes (Please explain: _____)
 no

3. Do you have any concerns about your current health?

yes (Please explain: _____)
 no

4. Do you have any concerns about your current mental health or ability to cope with your life?

yes (Please explain: _____)
 no

5. Do you think that your use of alcohol and/or drugs causes any problems for you?

yes (Please explain: _____)
 no

YOUR SHELTER STAY

1. What happened that made you decide to come to the shelter this time?

2. In your decision to come to shelter, were you afraid of:

physical harm? ___yes ___no
emotional harm? ___yes ___no

3. How long has it been since you came into shelter this time? _____
4. How long do you think you will stay in the shelter? _____

Appendix H

Narrative Interview Questions and Probes

1. Can you tell me about your time in shelter so far? *
2. Can you tell me about what you want for your life?
 - a. Can you tell me how being in shelter has affected the goals that you have for yourself or what you want?
 - b. How has being in shelter changed the way you feel about your ability to achieve the goals you set for yourself?
3. Can you tell me about ways that you're working towards getting the life that you want?
 - a. Can you tell me about specific things that you have done in order to have more control over your life?
 - b. How has being in shelter affected the skills you need to help you achieve your goals?
4. The goal of many shelters is to make women feel "empowered." Can you tell me what empowerment, or being an empowered woman, means to you?
5. Can you tell me about how being in shelter has affected your ability to get the life you want?
 - a. Can you tell me about specific things that have happened while you've been staying in shelter that have helped or hindered your ability to get what you want out of life?
 - b. Can you tell me about the best experience you've had in shelter so far?
 - c. Can you tell me about the worst experience you've had in shelter so far?
 - d. Can you tell me about changes that you've made since coming into shelter that will increase your safety?
 - e. How do you think that being a woman/indigenous/having a disability/being poor has affected your time in shelter? (probe relevant things in her context-demographics)
 - f. Can you tell me about shelter policies that have been especially helpful to you and/or policies that you've found unhelpful?
 - g. Can you tell me about staff members who have been especially helpful to you and/or staff members who you feel have been unhelpful?
 - h. Can you tell me about positive experiences involving other residents and/or negative experiences involving other residents?
 - i. Can you tell me about how you feel about living in shelter?
6. Did the experience of being in shelter affect how empowered you feel? How?

General Probe Format:

- You said _____. Could you tell me more about what you mean by that?

- Could you tell me more about _____.

Appendix I
Coding System

Parent-Child Relationship	<p>CFS</p> <p>PARENTING</p> <p>CHILD CONC</p> <p>SINGLE</p>	<p>(CFS) CHILD REL</p> <p>CFS EXPECT</p> <p>CFS NEG</p> <p>CARE</p> <p>CUST</p> <p>PREG</p> <p>PAR SINGLE STR</p> <p>PAR PHILOSOPHY</p> <p>PAR DISCIPLINE</p> <p>PAR TEACH</p> <p>PAR ABIL</p> <p>OTHER PAR</p> <p>CHILD CHANGE</p> <p>CHILD SAFE</p>	<p>To do with CFS</p> <p>Relationship with child in CFS</p> <p>CFS expectations/requirements (SYS)</p> <p>Negative experiences with/discussion of CFS</p> <p>Who has custody of child</p> <p>To do with custody</p> <p>To do with parenting</p> <p>To do with pregnancy</p> <p>Single parent issues</p> <p>Parenting Philosophy</p> <p>Parenting Discipline</p> <p>Parenting Teaching</p> <p>Parenting Ability</p> <p>Other people parenting</p> <p>To do with other worries about children</p> <p>Concern about changes in children's lives</p> <p>Concerns about children's safety</p> <p>Being single in shelter</p>
Social Participation	<p>SP SCHOOL</p> <p>SP GIVING BACK</p> <p>SP CAREER</p> <p>SP EXPECT</p>	<p>SP DO SOME</p>	<p>Social participation through school</p> <p>Social participation through giving back</p> <p>"Do something with life"</p> <p>Social participation through having a career/ job</p> <p>Social participation expectations</p>
Goals	<p>GOAL HOUSING</p> <p>GOAL SCHOOL</p> <p>GOAL WORK</p>	<p>HLN</p> <p>HOUSING ISSUE</p> <p>HOUSING SYST</p> <p>HOUSING IMP</p> <p>SH HOUSING</p> <p>SECOND STAGE</p>	<p>Goal of obtaining housing</p> <p>Homelessness</p> <p>Housing problems</p> <p>Discussion of the housing system</p> <p>Impact of having/not having housing</p> <p>Shelter's impact on housing</p> <p>Second stage housing</p> <p>Goal of going back to school</p> <p>Goal of finding employment</p>

	<p>GOAL HEAL REL</p> <p>SUBST</p> <p>GOAL SOBRIETY</p> <p>GOAL FINAN</p> <p>GOAL HELP</p> <p>GOAL TRANS</p> <p>GOAL TRAV</p> <p>GOAL PEACE</p>	<p>SH WORK GOAL</p> <p>POS RM CHILD</p> <p>TX PROG</p> <p>DRUG STIG</p> <p>SH DRUGS</p> <p>SH SOBRIETY</p> <p>FINAN IMP</p> <p>HELP SIM OTHER</p>	<p>Shelter's impact on work goals</p> <p>Goal of having a healthy intimate relationship</p> <p>Partner as a positive role model for children</p> <p>To do with substance use/abuse/ history</p> <p>Goal of maintaining sobriety</p> <p>Discussion on treatment programs for addiction</p> <p>Stigma attached to drug/Alcohol addiction</p> <p>Discussion of drugs/ alcohol in shelter</p> <p>Shelter's impact on sobriety</p> <p>Goal of being financially stable</p> <p>Financial difficulties impact</p> <p>To do with helping</p> <p>Helping people who have similar experiences</p> <p>Goal of having own transportation</p> <p>Goal of travelling</p> <p>Goal of having a peaceful life</p>
Health	<p>HEALING</p> <p>MH</p> <p>DISABILITY</p> <p>PHYS HEALTH</p> <p>COPING</p>	<p>ANXIETY</p> <p>FRUST</p> <p>OVWH</p> <p>DEPRESSION</p> <p>LOSS</p> <p>HAPPY</p> <p>EMO STABLE</p> <p>MH STIGMA</p> <p>PATIENT</p> <p>RELIEF</p> <p>FJ</p> <p>PHYS PROB</p> <p>MED HOSP</p> <p>SELFCARE</p>	<p>Healing from DV/ Living a better life</p> <p>To do with mental health</p> <p>Discussion of anxiety</p> <p>Frustrated, hurt, disappointed</p> <p>Overwhelmed</p> <p>Discussion of depression/depressive symptoms</p> <p>Feelings of loss</p> <p>Desire to be happy</p> <p>Desire to be emotionally stable</p> <p>Stigma attached to mental health issues</p> <p>Discussion of patience</p> <p>Feeling of relief</p> <p>Feeling of being judged</p> <p>To do with disabilities</p> <p>To do with physical health</p> <p>Physical health problems/coping</p> <p>Doctor or hospital discussion/ System</p> <p>Self-care</p> <p>Coping with stress in shelter/ coping general?</p>

		CHANGE HUMOR	Adapting to life in shelter Using humor to help cope with stress in shelter
Progress	PROGRESS OWN SH ABIL RESOUR IDENT STICK UP PAST	ACCOM PAST STEPS VALID DAILY PROG RESOUR DIFF AWARE DIFFICULT MORALS	To do with progress made on own/ doing it on own Accomplishments/ Showing strength Past resources accessed/ steps taken Shelter's impact on progress/ ability/ positive change Need/ desire for validation Daily progress made in shelter Accessing resources (waiting game)/ Education Trouble accessing resources/ navigating the system Identity; Changing identity Awareness of personal issues Awareness of sociopolitical identity difficulties Regarding morals Discussion of sticking up for oneself Reflecting on the past
Power	EMP	INT MOTIV EMP ALT EMP JOB EMP OVERCOME EMP REALITY EMP BIG EMP PROGRESS EMP ANGER EMP EDU ABUSE	Discussion of empowerment Internal motivation is discussed Disempowerment /Negative consequences Empowerment related to having a job Empowerment overcoming obstacles /Substance use Empowerment understanding reality (outside world) Empowerment related to being "a bigger person" Empowerment related to making Empowerment related to anger- with awareness? Empowerment related to education Story of abuse/ consequences of abuse
Shelter Discourse	IN SH BENEFIT SIPS GRATITUDE SH POS SH CHILD	CONT	Inability to recognize shelter benefits at first Contradictions Shelter is positive comments Feeling grateful to be in shelter Positive comment about shelter (general) Reference to being in shelter as a child
Staff	STAFF	STAFF COMM	To do with shelter staff general Communicating with the staff, staff with e/o

	<p>WRITE UP</p> <p>COUNS</p> <p>PLANNING</p> <p>PROG</p>	<p>SH NOTES</p> <p>STAFF PERC</p> <p>UNDERSTAFF</p> <p>STAFF NEG</p> <p>COUNS TELL</p> <p>COUNS TRUST</p> <p>COUNS TIME</p> <p>COUNS CCENT</p> <p>COUNS NEG</p> <p>ROUTINE</p> <p>GROUP</p>	<p>To do with shelter's note-keeping</p> <p>Staff members' perceptions of women/ situations</p> <p>Evidence of being understaffed, consequences</p> <p>Negative interaction with staff outside of counseling</p> <p>Write up to air grievances</p> <p>To do with counseling and counseling staff specifically</p> <p>Sharing with a counselor</p> <p>Related to trusting a counselor/ relationship</p> <p>Related to time spent with counselor</p> <p>Related to client-centered counseling style</p> <p>Negative counseling interaction</p> <p>Planning ST and LT, managing days</p> <p>Discussion of the routine in shelter</p> <p>To do with other shelter programming</p> <p>Group meetings or group counseling/ sharing circles</p>
Shelter Life	<p>SH LIFE</p> <p>ENTER</p> <p>SH POLICY</p> <p>PRIVACY</p> <p>SH COMF</p> <p>BORED</p> <p>FLEX</p> <p>CHILDREN</p>	<p>CURFEW</p> <p>CHORES</p> <p>CHORES STAFF</p> <p>BUS</p> <p>THEFT</p> <p>CHILDCARE</p> <p>CH COUNS</p> <p>FAM ACT</p>	<p>Shelter life</p> <p>Coming into shelter</p> <p>To do with shelter policies</p> <p>Regarding curfew</p> <p>Regarding chores</p> <p>Staff involvement with chores</p> <p>Transportation – using bus tickets from shelter</p> <p>Resident's privacy while in shelter</p> <p>Theft</p> <p>Being comfortable in shelter</p> <p>Being bored in shelter</p> <p>Flexibility in shelter, leniency</p> <p>To do with children in shelter</p> <p>Childcare discussion</p> <p>Counseling and programming for kids</p> <p>Activities for families</p>
Residents	RES	<p>COMMUNAL</p> <p>CONFLICT R</p> <p>TAO</p>	<p>To do with residents of the shelter</p> <p>To do with communal living difficulties</p> <p>Conflict among residents</p> <p>Feeling of being taken advantage of by others</p>

	PROUD	CONFLICT R PROT CONN RES CONN RES POST	Trying to avoid conflict among residents Connecting with other residents Continuing relationships outside of shelter Being proud of residents/ proud of self
Leaving Shelter	LEAVE SH WO LEAVE (DIS) OTHER WO RE-ENTER	UNCERTAIN KICKED OUT GO BACK	Discussion of leaving shelter Uncertainty about leaving shelter Regarding being kicked out of shelter Discussion of women who leave shelter early Going back to unhealthy relationships Regarding other women who need shelter services Regarding coming back into shelter
Safety	AFRAID SAFE SH SAFE JUSTICE SYST EX THREAT SAFE OTHER	SAFE NC SAFE SOMED SAFE SURR SAFE BUILD SAFE DIST SAFE AREA POLICE/ RCMP P ORDER EXPECT PO SH P ORDER	Being afraid Discussion of safety Safety through no contact Safety through social media behaviours Safety through watching surroundings Physical safety of being in shelter Safety through distance between partners Area in which shelter is located Shelter's impact on safety/ safety behaviours Knowledge of/ experience with the justice system Involving the police or RCMP Involving a protection order Expectations about protection orders (DIS) Shelter's impact/ involvement with protection orders Threat to safety by ex Responsibility to keep others in shelter safe
Family	FAMILY	FAMILY CONN FAMILY SUPP ALONE	Discussion of family / Friends outside of shelter Connecting with family To do with family support Being alone/ Loneliness and reference to family
Cultural	FN	ROLES FN RESP DV FN CYCLE	Regarding First Nations communities Cultural roles First Nations response to domestic violence Cycle of violence/ intergenerational violence

	<p>CITY RT CULT REL IMM SYST</p>	<p>FROM RESERVE FN SH CULTURE RESERVE LACK FN LEADERSHIP</p>	<p>The impact of coming from reserve Cultural/ Traditional elements in shelter Resources not available on reserve Chief and Council specifically mentioned Discussion of being in Winnipeg (general)/ leaving city Further victimization, feels like re-abuse To do with cultural values/beliefs To do with religion/spirituality To do with immigration (Alexe) Discussion of systems/ “government”</p>
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Appendix J

COREQ Checklist

Topic	Item No.	Guide Questions/Description	Reported on Page No.
Domain 1: Research team and reflexivity			
<i>Personal characteristics</i>			
Interviewer/facilitator	1	Which author/s conducted the interview or focus group?	41
Credentials	2	What were the researcher's credentials? E.g. PhD, MD	i
Occupation	3	What was their occupation at the time of the study?	i / 40
Gender	4	Was the researcher male or female?	i / 51
Experience and training	5	What experience or training did the researcher have?	i / 40-41
<i>Relationship with participants</i>			
Relationship established	6	Was a relationship established prior to study commencement?	41
Participant knowledge of the interviewer	7	What did the participants know about the researcher? e.g. personal goals, reasons for doing the research	171
Interviewer characteristics	8	What characteristics were reported about the interviewer/facilitator? e.g. Bias, assumptions, reasons and interests in the research topic	50
Domain 2: Study design			
<i>Theoretical framework</i>			
Methodological orientation and Theory	9	What methodological orientation was stated to underpin the study? e.g. grounded theory, discourse analysis, ethnography, phenomenology, content analysis	35-40/45-49
<i>Participant selection</i>			
Sampling	10	How were participants selected? e.g. purposive, convenience, consecutive, snowball	41
Method of approach	11	How were participants approached? e.g. face-to-face, telephone, mail, email	42
Sample size	12	How many participants were in the study?	41
Non-participation	13	How many people refused to participate or dropped out? Reasons?	41
<i>Setting</i>			
Setting of data collection	14	Where was the data collected? e.g. home, clinic, workplace	40
Presence of non-participants	15	Was anyone else present besides the participants and researchers?	42
Description of sample	16	What are the important characteristics of the sample? e.g. demographic data, date	40-43
<i>Data collection</i>			
Interview guide	17	Were questions, prompts, guides provided by the authors? Was it pilot tested?	37/43-45/182
Repeat interviews	18	Were repeat interviews carried out? If yes, how many?	see 53
Audio/visual recording	19	Did the research use audio or visual recording to collect the data?	43
Field notes	20	Were field notes made during and/or after the interview or focus group?	45/49-50
Duration	21	What was the duration of the interviews or focus group?	41
Data saturation	22	Was data saturation discussed?	50
Transcripts returned	23	Were transcripts returned to participants for comment and/or	see 53

Topic	Item No.	Guide Questions/Description	Reported on Page No.
		correction?	
Domain 3: analysis and findings			
<i>Data analysis</i>			
Number of data coders	24	How many data coders coded the data?	49-50
Description of the coding tree	25	Did authors provide a description of the coding tree?	184
Derivation of themes	26	Were themes identified in advance or derived from the data?	45-46
Software	27	What software, if applicable, was used to manage the data?	N/A
Participant checking	28	Did participants provide feedback on the findings?	N/A
<i>Reporting</i>			
Quotations presented	29	Were participant quotations presented to illustrate the themes/findings? Was each quotation identified? e.g. participant number	53-107
Data and findings consistent	30	Was there consistency between the data presented and the findings?	53-107
Clarity of major themes	31	Were major themes clearly presented in the findings?	53-107
Clarity of minor themes	32	Is there a description of diverse cases or discussion of minor themes?	53-107