

**ARCHITECTURAL DESIGN FACTORS OF DOMESTIC VIOLENCE
SHELTERS THAT AFFECT OUTCOMES FOR FEMALE DOMESTIC
VIOLENCE VICTIMS: A NATURALISTIC INQUIRY TO ESTABLISH
GROUNDED THEORY FOR FUTURE RESEARCH**

A Dissertation

by

LAURA ELIZABETH PRESTWOOD

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

May 2010

Major Subject: Architecture

Architectural Design Factors of Domestic Violence Shelters That Affect Outcomes for
Female Domestic Violence Victims: A Naturalistic Inquiry to Establish Grounded
Theory for Future Research

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Approved by:

Chair of Committee,	Mardelle M. Shepley
Committee Members,	Frances Downing
	Lou Tassinary
	James Varni
Head of Department,	Glen Mills

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ABSTRACT

Architectural Design Factors of Domestic Violence Shelters That Affect Outcomes for Female Domestic Violence Victims: A Naturalistic Inquiry to Establish Grounded Theory for Future Research. (May 2010)

Laura Elizabeth Prestwood, B.S., Meredith College; M.F.A., Winthrop University
Chair of Advisory Committee: Dr. Mardelle M. Shepley

Designing domestic violence shelters for women must be considered from a feminist perspective, inclusive of theories of embodiment, as the female victim's emotional state (mind) is a critical component in determining her overall state (i.e., level of distress). The primary objective of this study (Specific Aim 1) was to identify the mental and emotional state of female domestic violence victims upon entry into a shelter as a means of establishing specific user needs which should directly impact the design of the shelter. The primary hypothesis (Hypothesis 1) was that upon entry into a shelter environment, victims are experiencing high levels of distress compared to normative controls. The secondary objective of this study (Specific Aim 2) was to identify shelter users' perceptions of the current shelter environment in which they lived as a foundation for matching specific design criteria with the specific needs of the female domestic violence victim (i.e., stress reduction) in an attempt to understand the relationship between user needs and individual design characteristics of the shelter. The secondary exploratory hypothesis (Hypothesis 2) was that anxiety or stress is reduced over time;

therefore, the architectural design of a shelter that promotes independence will result in less distress among domestic violence victims utilizing the shelter.

Thirty-three domestic violence victims in Fort Worth, Texas participated in focus groups and interviews conducted over a four-month period of time in 2009. Qualitative analysis of this data yielded four emergent themes: (1) loss of independence and control: the second layer of fear; (2) the search for security; (3) reconnecting to self; and (4) expressions of humanity. Quantitative analysis was utilized to measure participant stress levels at three intervals during their thirty day shelter program: (1) within the first twenty-four hours of shelter entry; (2) seven to ten days after shelter entry; and (3) fourteen or more days after shelter entry. Findings of this researcher have been utilized to generate design objectives that can be extrapolated to apply to other locations of shelters and could impact the design of new facilities as well as the redesign of current shelters.

DEDICATION

To the domestic violence victims of SafeHaven who spent Saturday afternoons with me sharing their time, personal stories, and experiences for this research project.

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I must express my deepest and most sincere gratitude to the thirty-three domestic violence victims who participated in this study. Clearly there would be no research study without their time and voices. I will be forever grateful to these amazing women who I hope today are survivors of domestic violence. I trust that my life's research will serve them, and others, well.

I am equally thankful for the members of my dissertation committee who embraced me as a doctoral student, supported my study, and encouraged me throughout the process. I would like to thank my committee chair, Dr. Mardelle Shepley, for encouraging me to take a sabbatical and come to Texas A&M University in 2007. Dr. Shepley's steadfast support and enthusiasm has carried me over the past three years. I am grateful for committee member Dr. Frances Downing who introduced me to the writings of Maurice Merleau-Ponty and theories of embodiment, treasures which gave me a language and context for my thought. I am also grateful for committee member Dr. Lou Tassinari who came to this study from a different perspective and encouraged me to examine alternate stances toward a more complete understanding of the research data. Finally, I am grateful for committee member Dr. James Varni who shaped my research methodology from day one and kindly gave of his expertise and insight. Each of my committee members gave selflessly of their time and brilliance and I am honored to have worked with them throughout the course of this research.

I also want to extend my gratitude to the many wonderful professors with whom I have worked at Texas A&M University. It was a privilege to study with Dr. Yvonna

Lincoln as I elected to take a naturalistic approach to my research. Likewise, it was a privilege to study with both Dr. Claire Katz and Dr. Sara Alpern as part of my Women's Studies Graduate Certificate program. Dr. Katz guided me through feminist theory and helped me formulate my feminist stance. Dr. Alpern's passion for history was dynamic and led me into a deeper exploration of the historical context of my research agenda. Thanks also go to my friends and colleagues and the department faculty and staff in the College of Architecture for making my time at Texas A&M University such a wonderful experience.

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Finally, I must thank my mother and father for their encouragement, patience, love and support not only through the doctoral process but always in life. You took me from broken to whole.

NOMENCLATURE

CSC	Client Services Center
DV	Domestic Violence
FG	Focus Group
I	Interview
IPV	Intimate Partner Violence
IRB	Institutional Review Board
PTSD	Post Traumatic Stress Disorder
R001	Respondent Unique Coding from Focus Groups and Interviews
SEQ	Self-evaluation questionnaire
STAI	State-Trait Anxiety Inventory

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CHAPTER I
INTRODUCTION AND STATEMENT
OF THE PROBLEM

Introduction

Domestic violence victims are under a great deal of stress at the time of entry into a domestic violence shelter; therefore, the architectural design of domestic violence shelters must be sensitive and appropriate to the specific needs of this highly vulnerable population. Intimate partner violence (IPV), a primary component of domestic violence, represents a severe stressor for the abused (Mahoney, Williams, & West, 2001). Intimate partner violence may include physical as well as emotional distress with long term psychological effects for the victim (Saltzman, Fanslow, McMahon, & Shelley, 2002). Stress is also a well established component of hospitalization and impacts patients psychologically, physiologically, and behaviorally (Ulrich, 1991). Domestic violence victims residing in a domestic violence shelter are akin to patients in a traditional hospital in that both “patients” are healing and under stress during the duration of their stay. “Stress provides a scientifically grounded framework for understanding how environmental design affects health outcomes” (Ulrich, class lecture, September 4, 2007). Theories of supportive design posit that healthcare environments should be

This dissertation follows the style of *Journal of Consulting and Clinical Psychology*.

designed for coping with stress (Ulrich, 1991). Research also contends that patient stress levels may be reduced if the environment provides patients with a sense of control for environmental features (i.e., noise, light); positive distractions (i.e., views of nature); and access to social support (i.e., presence of family) (Ulrich, 1991). Furthermore, research suggests patients with high levels of social support experience lower stress levels and exhibit higher levels of wellness (Ulrich, 1991). As it is scientifically credible to associate patient stress reduction with social support, providing domestic violence victims with appropriate shelter accommodations promotes social support and improves outcomes for the individuals.

Design research and design practice offer distinct yet different insights into design solutions. Design research (i.e., doctoral studies) and design practice need to inform each other in an ongoing reciprocal dialogue. Design research provides a forum removed from the time constraints of practice in order to more deeply examine a problem and provide recommendations for practice. Taking these recommendations, design practice can put these theories, as posited by the researcher, into practical application after which both design research and design practice can examine the outcomes and collaborate with each other in determining the next steps. Together design research and practice may provide viable solutions for the design of domestic violence shelters. Ultimately, however, viable design solutions must also be inclusive of the victim's voice as documented and analyzed via a naturalistic inquiry in design research. A sensitive analysis of domestic violence victim's comments is a necessary and missing

key component to creating appropriate domestic violence shelters that are designed for the specific needs of this vulnerable population.

Design research and design practice are intrinsically interwoven components of Architecture. As such, these components are relational and should inform and reinforce the other within the broader context of the body of knowledge integral to both architectural research and design. Similarities in process provide design research and design practice with a recognizable route for ideation exploration and exchange. Differences in methodology for design research and design practice provide reference and insight for the creation of new, expanded knowledge and application for Architecture.

Florinel Radu's essay "Inside looking out: a framework for discussing the question of architectural design doctorates" (2006) posits a framework of eleven aphorisms in examination of the relationship between architecture and research, specifically research at the doctoral level. Radu's arguments provide a platform from which to frame further inquiry into the relationship between design research and design practice. Additional scholarly examinations (e.g., Downing, 2000; Groat & Wang, 2002; Hamilton, D.K., 2003b; Ulrich, 1991) of both design research and design practice reinforce Radu's stance that design practice yields architectural design that is the equivalent of scientific or research knowledge and as such provides a scholarly foundation for design research and vice versa.

Definition of Terms

In *Architectural Research* (1984), editor James Synder defined architectural or design research as “the systematic inquiry directed toward the creation of knowledge” (Groat & Wang, 2002, p. 7). Scientific research creates new knowledge aimed “at the improvement of human life...through the advancement of knowledge” (Radu, 2006, p. 346). Architectural or design research examines issues of direct relevance to the practice and study of architecture for “the improvement of human life...through the transformation of the physical environment” (Radu, 2006, p. 346).

Frances Downing (1987) referred to architecture not as the resulting end product or built environment, but rather as the plan upon which the built environment is determined. Radu (2006) framed architectural design as the end product of architectural practice and as such architectural design serves as a form of tangible architectural knowledge for examination and critique: architectural design contributes to architecture as research. Radu (2006) maintains “architectural design is to architecture what research is to science” (p. 345). Architectural design is the creation, end result, or production of the design process followed in design practice: design practice yields architectural design. Likewise, research yields knowledge that stands as the creation, end result, or production of research. This study builds a body of knowledge for the design of domestic violence shelters.

Similarities in Process

Radu (2006) posits “the process of architectural design is close to the process of knowledge creation in the sciences” (p. 346) and “architectural design is a process that

incorporates and reconstructs knowledge” (p. 347). Design research inquiry is akin to design practice defined as a “systematic cycle of programming, design, and evaluation” toward a design solution (Groat & Wang, 2002, p. 7). As Groat and Wang (2002) further posit, architectural or design research necessitates a reduction of elements in how they are “categorized, analyzed, and presented” so that knowledge can emerge in varying magnitudes via manifold measures. Design research, therefore, is conducted by means of formally accepted quantitative and qualitative research methodologies. Architectural design, however, does not naturally conform to *a priori* expressions but rather constructs, examines, deconstructs, and re-examines knowledge through the design process (Radu, 2006). Likewise, design practice follows a formally accepted design process under varying degrees of expression and leniency and as such according to Radu (2006) is on par with scientific research. Built environments and design objects serve as the end products of architecture and stand in place of written objects (i.e., in comparison to other disciplines) as the end product of architectural research; therefore, built objects must be considered as scholarly expressions in the absence of written expressions in architecture. Design research examinations of existing built environments such as domestic violence shelters serves to further inform design practice as these design research inquiries establish, challenge, or confirm design criteria upon which the built environment is planned.

Differences in Methodology

It is ideas that make architecture; not floors, walls or ceilings. The physical product – a room, building, street, park, or complex – is the climax to the search, combination, manipulation and culmination of many varying and changing ideas a designer generates and tests during the design process (Downing, 1987, p. 63).

Radu (2006) argued that design practice and disciplinary specificity should define architectural research conducted formally, specifically at the doctoral level.

Radu's line of reasoning is evident in the current trend in the design industry for an evidence-based design approach to problem solving: this conflation of design research and design practice is defined as "the deliberate attempt to base design decisions on the best available research evidence" (Hamilton, D.K., 2003a, p. 2). Prior to this intentionality in the design process, design was based on ideas, historical precedents, and theories without formal inquiry and examination (Groat & Wang, 2002). Evidence-based design provides a formal academic approach to the systematic design process intrinsic to the design industry and as such the evidence-based design process closely approximates the scientific research process in a "search for the verifiable" (Hamilton, D.K., 2003a, p. 2). Hamilton (2003a; 2003b; 2004a; 2004b) further contends that evidence-based design is a fluid process, continually seeking new information for integration into the design solution and as such cannot rest on static data. Evidence-based design bridges the contextual gap between design research and design practice by providing a tangible methodology for direct applicability in design practice. Immediate and measureable outcomes from the evidence-based process stand to further inform research and practice.

Correlation to the Problem

An architect must approach the design practice process from an analytical perspective (Downing, 1987). Design practice entails "...a kind of tacit knowledge creative professionals possess which cannot be separated from their perception, judgment, and skill" (Seago & Dunne, 1999, p. 16). Design practice is as varied as the individuals drawn to the field: life experiences shape and inform design decisions. Designers imagine a different world in the future (Downing, 1987). Whereas design practice is the daily application of design knowledge in problem solving everyday projects, design research often examines projects theoretically. Both design practice and design research approach the problem from the perspective of inquiry and each follows systematic, though varying, steps to arrive at an end goal of new knowledge. Radu contends that this new knowledge is a creative result of the process rather than a product of the process; therefore, "architectural practice is a primary element in the creation of knowledge" (Radu, 2006, p. 346).

Architectural research involves problem-solving with conjecture-analysis or "'like' problem/solution relationships" (Downing, 1987, p. 887). Architecture is a collaborative profession drawing on the creative and analytical skills of allied professionals. Critical thinking, a primary component of evidence-based design, guides architectural practice toward the best solution for a specific design problem (Hamilton, D.K., 2003a; 2003b; 2004a; 2004b). While no solution will be perfectly arrived at during the process, design research can provide valuable parameters in framing the design solution within a reasonable context. Design research with its constructs may not allow

for variability throughout the research design whereas design practice may ebb and flow as data is assessed, assimilated, and incorporated or discarded. Design research often yields myopic answers to broader societal questions whereas design practice may yield broader answers in more rapid timing. Each is driven from a point of inquiry and requires creativity, though applied differently perhaps. Design research in conjunction with design practice may yield the most fruitful knowledge. Hamilton, D.K. (2003a; 2003b; 2004a; 2004b) posits that complex and contradictory architectural design insights move designers toward innovative approaches to problem-solving by means of a different creative application. However, Hamilton also points out that not all design decisions will be evidence-based.

Previous studies of domestic violence victims have documented the negative and long term affects of domestic violence and abuse on the victim's mental health, particularly the prevalence of depressive disorders (e.g., Barnett, 2001; Dienemann, Boyle, Baker, Resnick, Wiederhorn, & Campbell, 2000; Follingstad, Brennan, Hause, Polek, & Rutledge, 1991; Golding, 1999; Sackett & Saunders, 1999; Saunders, Hamberger, & Hovey, 1993). While these studies have extensively explored the cognitive faculties of the abused, these studies have not correlated the impact of the built environment on the victim's ability to cope and overcome depression and stress in the presence of social support. An evidence-based design approach to the research problem provides a new vantage point for inquiry and examination with regard to this vulnerable population and outcomes.

Evidence-based design requires that practitioners draw from recent research not only in architecture but also in other relevant fields such as environmental psychology, sociology, and anthropology (Hamilton, D.K., 2003a; 2003b; 2004a; 2004b). Design research, or action research, “stands a very real risk of losing those qualities of originality, iconoclasm, energy, style, and wit” if it falls prey to the traditional research methodologies (Seago & Dunne, 1999, p. 12). As evident in one example cited by Seago & Dunne, “one of the greatest challenges involves the coherent linkage of the written and studio aspects of the project within a research context” (Seago & Dunne, 1999, p. 13-14). Dunne’s work “uses research through the design process to explore an approach that allows the development of critical responses and a skeptical sensibility towards the ideological nature of design, for the purpose of stimulating original aesthetic possibilities” (Seago & Dunne, 1999, p. 14).

Hamilton concedes that evidence-based skills are acquired over time and with practice that entails “mastery of the literature search, the use of applied research methodologies in the field, and an understanding of the intellectual rigor needed in the interpretation and reporting of findings” (Hamilton, D.K., 2004a, p. 8). Dunne’s research methodology (Seago & Dunne, 1999) serves as an example of architectural research which does not conform to traditional research methodologies and thereby offers “a different conception of the role of the design researcher/intellectual” (p. 16). In fact, each example presented by Seago and Dunne (1999) provides new conceptual models for analysis and critique in an emerging design research field.

Design is intended to be informed by research. As designs are developed they are also continually re-evaluated based on documented hypotheses generated in the initial design phase of a project and measured as outcomes further along the project timeline (Hamilton, D.K., 2004b). These projects represent design practice action research. “Action research constitutes a kind of science with a different epistemology that produces a different kind of knowledge, a knowledge which is contingent on the particular situation, and which develops the capacity of members of the organization to solve their own problems” (Susman & Evered, 1978, p. 601).

Downing (1987) posited problem-solving via a link between memory and the creation of new places during the architectural design process. Architectural memory, which is the link, requires that the architect draw from a vast array of abstract and concrete phenomena constructed from “a complex web of cultural philosophy, value systems, events and artifacts” which inform the designer and creative process (Downing, 1987, p. 63). Participant voices in this study provided the lead researcher with key links that inform design. Downing (1987 & 2000) further contends that imagery exploration occurs both naturally or holistically as well as analytically in a simultaneous and amalgamated fashion.

Design research and design practice should inform each other and serve as reciprocal entities in an evolving contemporary architectural context. An architect’s role varies not only from project to project but also within projects as she wrestles with ambiguous and evolving issues throughout the design process (Downing, 1987, p. 87). “Design-decision research embeds the researcher into the actual process” thereby

creating “one community” comprised of both researchers and designers (Groat & Wang, 2002, p. 113). Dunne’s methodology (Seago & Dunne, 1999) provides an example of the researcher becoming part of the discourse. Likewise, Radu (2006) posits “there is no axiological difference between architectural design and scientific research” (p. 350). Furthermore, Hamilton (2003a; 2003b; 2004a; 2004b) asserts that the integration of design research into design practice requires an orderly design process beginning with clearly established project goals that provide logical opportunities to integrate design research during the programming and pre-design phases of the project. Design research, therefore, is an integral component of the design process in design practice; consequently, this design research study serves as a vital link to inform design practice in establishing design criteria for domestic violence shelters, criteria derived from domestic violence victims residing in a current domestic violence shelter.

Significance of Study

Experiences of the individual are directly related to factors in the individual’s environment and can link identity with place. Designing domestic violence shelters for women must be considered from a feminist perspective, inclusive of theories of embodiment, as the female victim’s emotional state (mind) is a critical component in determining her overall state (i.e., level of distress). Feminist theory posits that existing power structures often omit or devalue the female view. Lost female voices are critical for understanding a holistic perspective in contemporary social contexts. Theories of embodiment contend that the body and mind are extensions of each other and this interaction determines an individual’s way of observing and understanding her

surrounding environment: reason does not happen outside of the body (Merleau-Ponty, 2006). Research studies among varied demographics of women have indicated that for domestic violence victims, social support systems can positively impact their psychological welfare and improve outcomes, often alleviating negative mental health issues such as depression (e.g., Cohen, Underwood, & Gottlieb, 2000; Ozer, Best, Lipsey, & Weiss, 2003). The result is improved psychological well-being (i.e., lowered levels of distress) in the long run (Bosch & Bergen, 2006; Coker, Smith, et al., 2002; Coker et al., 2003; Kaslow et al., 1998; Kemp, Green, Hovanitz, & Rawlings, 1995; Thompson et al., 2000).

Certain feminist perspectives contend that design has traditionally and exclusively represented the male perspective. Designing domestic violence shelters must be considered from a feminist perspective, inclusive of theories of embodiment, as the female victims' emotional state (mind) is a critical component in determining her overall state (i.e., level of distress). While previous studies have examined the physical and emotional state of domestic violence victims these studies have not examined the architectural design of shelters especially as the built environment relates to specific user needs.

Previous studies about domestic violence have focused on victims' mental health needs as well as emergency shelter policies, procedures, and programs (Campbell, et al., 1995; Crnkovic, et al., 2000; Davis, et al., 1994; Fisher & Shelton, 2006; Johnson, et al., 2004; McShane, 1979). These studies have not examined the physical needs of victims as defined by the design of the built environment and specifically the design of

emergency shelters for domestic violence victims. This study builds on previous studies by focusing on the impact of design elements within the built environment upon the domestic violence victims and the relationship between built environment factors and distress levels among occupants of that environment.

This study seeks to identify key design elements for the built environment, which should be included in the program of a domestic violence shelter or transitional housing. Key design elements have been determined by specific user needs of the domestic violence victims in a shelter environment as these needs were expressed in focus groups and interviews. Program is defined by the design profession as the careful analysis of the functions of intended users and user activities for a given space (Ching, 1987). Program, for this study, entailed user requirements and activity requirements only. Additional programming criteria, such as space analysis, dimensional requirements, and desired qualities, relationships, and furnishings, must be applied to specific physical locations which can be addressed in subsequent research studies. Identifying fundamental programming elements is the foundation for establishing design criteria of future shelters and transitional housing built in direct response to the specific needs of this population.

This study contributes to knowledge about interior design, architecture, sociology, anthropology, environmental psychology, and domestic violence by providing designers, researchers, and health professionals with user specific design criteria for creating domestic violence emergency shelters that are sensitive to the needs of this vulnerable population. Additionally, data from this study establishes a foundation and framework for future studies.

CHAPTER II

REVIEW OF LITERATURE

Initial literature search descriptors for this proposal included: domestic violence, shelters, emergency shelters, transitional housing, women, gender issues, woman abuse, gender studies, interior design, architecture, interior design program, programming, victim's rights, family violence, abused children, abused women, mental health professionals, embodiment, theories of embodiment, and healthcare design. Preliminary sources, databases, and published literature reviews for this proposal include:

SocINDEX, AnthroSource, InformeDesign, Journal of Interior Design, Journal of Environmental Psychology, Environment and Behavior, Journal of Community Psychology, Psychology of Women Quarterly, Social Work, Family & Community Health, Home Economics Research Journal, Journal of Family Violence, Journal of Mental Health, and Housing and Society.

Research contends that a strong relationship exists between people and place (Eshelman & Evans, 2002; Gosling et al., 2005; Gustafson, 2001a; Gustafson, 2001b; Korpela et al., 2001; Manzo, 2005; Smaldone et al., 2005). Place is defined in this study as emergency shelters for domestic violence victims. People in this study are female domestic violence victims. Theories of embodiment address that which is intrinsically entrenched within the human psyche (Merleau-Ponty, 2006). Furthermore, embodiment theories connect human to place and guide reactions to those places (Lakoff & Johnson, 1999; Langer, 1953; Merleau-Ponty, 2006; Merleau-Ponty, 2004). Place can be

architecturally constructed [i.e. built environment] or naturally constructed [i.e. nature]. Therefore, if humans have a strong embodied connection to place, and embodiment is how one comes to know and relate to the world, then embodiment issues are integral to architectural design in response to the human inhabitant. An examination of perceptions of domestic violence victims in a domestic violence shelter forms a critical component toward an understanding of embodiment issues for this vulnerable population.

Embodiment

Merleau-Ponty (1945) demonstrated how intellectual thought separates us from ourselves and our lived experiences in the world and among others. From a phenomenological perspective, Merleau-Ponty (1945) posited that we come to understand ourselves and the world through our bodies as the locus of experience. We cannot separate our understanding of the world into intellectual or empirical categories because in so doing we divorce ourselves from our very essence and way of perceiving. Therefore, the relationship between embodied realism and significant form can be further examined within the personal experiences of place, specifically domestic violence shelters for this study.

Embodied realism uses our bodies as locators for our minds: reality is shaped by embodiment (Lakoff and Johnson, 1999). Significant form and logical form are vehicles for understanding (Langer, 1953). This comprehension is based in the discussion of discursive logic versus presentation logic. From these biases, we come to understand meaning. Our experiences cannot be removed from the context of the background though that background can never be completely understood (Merleau-Ponty, 2006).

Merleau-Ponty demonstrates how intellectual thought tends to separate us from ourselves and our lived experiences in the world and our experiences among others. From a phenomenological perspective, Merleau-Ponty posits that we come to understand ourselves, and by extension our world, through our bodies as the locus of experience. We cannot separate our understanding of the world into intellectual or empirical categories because in so doing we divorce ourselves from our very essence and way of perceiving or knowing. Therefore, the relationship between embodied realism and significant form can be further examined within the personal experiences of place, specifically in concepts of home.

Lakoff and Johnson (1999) discussed an embodied realism, or reality shaped by embodiment, which becomes evidence as we make use of our bodies as locators for our minds. Marx' (1979) discussion of a "middle state" alluded to this concept. Langer (1953) discussed significant form and logical form as vehicles for understanding, a comprehension based in the discussion of discursive logic: two forms of human expression, discursive and presentational, emerged. Language, the immediate discursive vehicle, unfolds in a hermeneutic manner whereas presentational expression evokes memory attached to symbols. "Symbols of sentience" provide rich tapestries of emotive threads woven into mental images (Langer, 1953; Downing, 2000). We understand memories, the past, and the emotive qualities of place through metaphor (Downing, 2000).

Pattern language of metaphorical memory was implied as Downing (1969) and Handlin (1979) addressed "the house beautiful". Frances Downing (2000) situates this

knowledge in the discourse of embodiment and builds upon Langer's early writings. Downing (2000) provides a foundation for examining questions of feminism and the individual in design and architecture especially as memory of place forms feminist perspectives of design. From these biases, we come to understand meaning. Merleau-Ponty (1945) believed that the objects of the world are perceived as practical objects; therefore, the relationship between embodied realism and significant form can be further examined within personal experiences of place. For domestic violence victims, the emergency shelter provides a critical contextual environment in which an understanding of self [i.e. embodiment] results from the experience(s) of place [i.e. built environment or shelter].

Space becomes an important concept for understanding our bodies with regard to the relationship of container and content: as such "space is not the setting (real or logical) in which things are arranged, but the means whereby the position of things becomes possible" (Merleau-Ponty, 2006, p. 161). Merleau-Ponty (1945) posited that shortcomings in the empiricist and intellectualist approaches to understanding space resulted in neither approach fully explaining the body's relationship to space and perception. As a sensing entity, the body responds to and anticipates the environment: humans co-exist in inseparable layers of place and time, a co-existence that provides a depth not between objects but as an opening of perception of things not fully recognized. "Movement is a displacement or change of position, even if it cannot be defined as such" (Merleau-Ponty, 2006, p. 311). The body, therefore, is a 'body in motion' and movement cannot occur without a body in motion: the acts are reciprocal. Through motion the body

understands and receives information about space and the body initiates motion: the body becomes the site of experience, not an object in and of itself (Merleau-Ponty, 2006). Architectural design should strive to merge the functionality of the building structure with the specific human needs and tasks to be performed in that space.

Merleau-Ponty (1945) also posited that the past and present must be examined in their immediate context or the “horizon of meaning”. “Remembrance is not particularly an act of knowledge, but rather an act of in-sight – of ‘seeing’ or conceptualizing meaning within experience” (Downing, 2000, p. 10). As such, meaning embodies symbolism linked to individual ideas and expressions of life. Meanings for domestic violence victims are linked to situational experiences with an abuser as well as healing experiences in a domestic violence shelter. Merleau-Ponty (1945) argued that analysis could discover meaning only within that which was being analyzed because “we are caught up in the world and we do not succeed in extricating ourselves from it in order to achieve consciousness” (p. 5). Downing (1969) strove for domestic architectural design of meaning in order to provide homes of importance and meaning appropriately suited to the individual’s needs. Downing (1969), Handlin (1979), Hildebrand (1999), and Downing (2000) illustrated that memory and meaning are multi-layered entities of embodiment.

Psychology and physiology are not parallel sciences but rather two different and distinct accounts of behavior: one concrete, the other abstract (Merleau-Ponty, 2006). These sciences do not accept the body as a transmitter of messages or exclusively as sensory apparatus or conductor but rather each theory arrives at different meanings of

sensation based on the original orientation of the scientist or philosopher. Therefore, original orientation frames the meaning of sensation within the context of a particular science or discipline (Merleau-Ponty, 2006). For Downing (1969), Hildebrand (1999), and Downing (2000), the original orientation to place is centered in the intrinsically personal that intuitively emerges from those obscure and imperceptible places within the human psyche, places deeply saturated with feeling, meaning and significance: places situated in embodied realism. As a constructivist the lead researcher contends that understanding the domestic violence victim's experience informs the appropriate design criteria to be implemented.

Understanding Domestic Violence

Domestic violence is defined by the American Medical Association as a pattern of "coercive behaviors that may include repeated battering and injury, psychological abuse, and sexual assault" perpetrated by a current or former intimate partner to control his or her partner (Brown, 2006, p. 2). The National Coalition Against Domestic Violence (2007) defined domestic violence as "the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another". The 1992 National Violence Against Women Survey found that 52% of women reported being a victim of physical violence and 18% reported being victims of rape or attempted rape (Tjaden & Thoennes, 1992). Intimate partner violence (IPV), a component of domestic violence, affects 5.3 million women in America annually (Tjaden & Thoennes, 2000c). IPV negatively affects victims' mental health leading to high rates of depression and emotional disorders (e.g., Barnett, 2001; Dienemann, Boyle,

Baker, Resnick, Wiederhorn, & Campbell, 2000; Follingstad, Brennan, Hause, Polek, & Rutledge, 1991; Golding, 1999; Sackett & Saunders, 1999). Furthermore, intimate partner violence is a significant and extreme stressor for victims (Mahoney et al., 2001). For many women, home and family embody the values of everyday life, values women traditionally hold dear and values that society reinforces (Cole, 1973; Friedman, 1989; Spain, 1992; Torre, 1977; Wright, 1981). If, however, home is the site of abuse, victims must seek shelter elsewhere to escape the abuse.

Domestic abuse and intimate partner violence were not in the public domain in American until the 1970s. Wife abuse was brought to mainstream American at the 1977 International Women's Year Convention held in Houston, Texas (Pleck, 2004). With the mainstream recognition that abuse of women was a significant social problem, support resources began to emerge most notably with the introduction of emergency shelters (Davis et al, 1994). Campbell et al. (1995) reported that domestic violence victims seek emergency shelter within hours of the abuse when they are frightened enough to flee their home. Berkley, California opened the first domestic violence shelter and Rape Crisis Hotline in the United States in 1972 (Pleck, 2004); however, models for shelter programs and community-based services were not wide spread until 1976 (Sullivan & Gillum, 2001). The design of emergency shelters, however, has not been evaluated since their inception in the 1970s.

Emergency shelters provide temporary housing for victims with no other outlet. Shelter users often have minimal resources and do not feel empowered: shelter programs and facilities must enhance social support networks (Fisher et al., 2006). Personal living

spaces must serve numerous functions such as providing safety and security, a place for personalization and self-expression, and a venue for social interaction (Gosling et al., 2005). Designing domestic violence shelters for women must be inclusive of theories of embodiment because the female victim's emotional state (mind) is a critical component in determining her overall state (i.e., level of distress).

Shelters and transitional housing should provide safety as a key element for domestic violence victims (Delahay, 2003). Emergency shelters and transitional housing, however, often provide poor and restrictive physical environments (Johnson et al., 2004). Domestic violence survivors need comprehensive programs and facilities to support their exit from violent situations (Delahay, 2003). Shelters must create clear objectives for acute care (Johnson et al., 2004).

Domestic violence facilities and programs must provide physical and psychological support for victims because the victim often feels powerless in the abusive situation and these feelings can lead to long-term psychological issues such as depression (Fisher et al., 2006). In 2003 Fisher et al. conducted a descriptive study in Houston, TX to determine socio/demographic variables and major health issues of domestic violence survivors utilizing the Volunteer Initiative versus Violent Act Clinic or VIVA Clinic. Findings from this study established a baseline of quantitative information about clinic visitors.

Emergency shelter must be designed to address the psychological needs of the end users. Quality services and care for domestic violence victims must be determined through meaningful conversations with the women and children utilizing domestic

violence services (Delahay, 2003). Fisher et al. (2006) found that management of domestic violence victims still needed to be identified especially with regard to providing social support for women coping with the psychological impacts of domestic violence. Johnson et al. (2004) utilized qualitative methodology to explore women's views about Drayton House and similar facilities in the United Kingdom. Drayton Park Crisis House provides transitional housing designed for the maximum privacy and safety of the end users: this facility is responsive to the individual needs of its women-only clientele and as such may suggest design criteria for domestic violence shelters when data from other studies is compared to the findings at Drayton Park Crisis House.

Manzo's (2005) study indicated a need for research that acknowledged user individuality and the role of culture and race in place experience and meaning. Emergency shelters and transitional housing become temporary homes for domestic violence victims with no other outlets. Shelter users often have minimal resources and do not feel empowered: shelter programs and facilities, therefore, must enhance social support networks (Fisher et al., 2006). Rapoport (1998) contended that one must be aware that the meaning and significance of activities taking place within a particular setting will be a factor in the occupants' acceptance of the built environment. This study is situated in the proposition that personal outcomes are directly correlated to experiences in the built environment.

Feminism, Embodiment, and the Architecture of Home

“What are we missing that we look so hard for in the past?” (Rybczynski, 1987, p. 13)

Home is more than mere sticks and stones: home represents one’s joys and sorrows over a life time and is defined by love, contentment, and security (Haagen, 1950). Home not only shelters the family but also provides connections to the land around (Downing, A.J., 1969; Haagen, 1950). North Americans have long associated meanings of family and social life with the connection between architecture and experience; therefore, American identities are intrinsically tied to one’s self-conscious about where and how one lives (Wright, 1981). For domestic violence victims home is the site of abuse. Fleeing home is often the only option for many women if they hope to escape the abuse and break the cycle of violence. Domestic violence shelters, therefore, become surrogate homes for displaced women and children seeking refuge from an abuser. As surrogate homes, shelters become the locust for connecting to one’s sense of self to place, the shelter.

‘Sign-vehicles’ are rich sources of information from memory and experience of an individual and as such become accessible and carried in many different manners such as verbal symbols, actions, and furnishings (Goffman, 1959). As a result, one’s home or dwelling place may represent an external ‘furnishing’ that embodies the individual’s sense of self and conveys that self to the external world. Examining a feminist perspective offers new insight into the realm of domestic architecture and embodiment especially in the study of domestic violence shelters as the design of the built environment impacts outcomes for the inhabitants.

Humans are bound by our perceptions of the world we inhabit and these perceptions are not constructed but rather must be described; therefore, in order to understand oneself in the context of the world, one must question every known assumption and re-examine the world and preconceived notions in an attempt to arrive at a deeper understanding of meaning via perception as the fundamental basis (Merleau-Ponty, 2006). Intellectual thought separates us from ourselves and our lived experiences in the world and among others. From a phenomenological perspective, we come to understand ourselves and the world through our bodies as the locus of experience: we cannot separate our understanding of the world into intellectual or empirical categories because in so doing we divorce ourselves from our very essence and way of perceiving (Merleau-Ponty, 2006). Therefore, the relationship between embodied realism and significant form can be further examined within the personal experiences of place, specifically home.

If knowing is the art of creating according to many critics and philosophers then mastery of a chosen field is achieved, in part, from one's understanding which may be steeped in personal experience based on social construction and memory (Downing, 2000; Franck, 1989; Sanders, 1996). An architect, therefore, constructs what she knows (Franck, 1989). Likewise a feminist examines problems in the world from what she has experienced. Feminist, however, does not mean exclusively feminine. An examination of design contributions to American domestic architecture via a feminist lens illustrates the significance of designing from one's unique perspective in response to a specific problem and unique population. Contemporary feminist criticism challenges and

changes perceptions of women in design. An understanding of female contributions in the history of architecture as well as an understanding of socially constructed concepts about gender differences, especially in learning and comprehension, is at the root of the lead researcher's constructivist stance for this study. The researcher contends that as a feminist and as the lead researcher, she is especially suited to establish a rapport with the study participants and thereby arrive at a deeper understanding of design criteria needed in domestic violence shelters.

Women and Architecture

Addressing women in architecture must begin with an examination of feminism and feminist theories which define and challenge the social construction of gender. Societal norms, constructed from an affluent, European white male perspective, define women's roles and their socially acceptable personal development. Women defining their rightful place within architecture and design sought connections to their own world. Initially this often meant that women in architecture were drawn to and comfortable with designing domestic structures because these structures dealt with home and family and reinforced a comfort that presumably existed in the home as the only world to which most women had been exposed. For many women, the home and family embodied the values of everyday life: values that women traditionally held dear to them and values that society reinforced (Cole, 1973; Friedman, 1989; Spain, 1992; Torre, 1977; Wright, 1981). A woman's focus on domestic structures, however, did not mean that she had no interest in the commercial realm. Pioneer female architects accepted the architectural opportunities afforded to them and in time moved beyond the domestic sphere.

Architectural design from this feminist perspective, which links gender with home, reflects the process by which we are intrinsically relational in our environment and thereby incapable of extricating ourselves from the external. Merleau-Ponty's argument (1945) is based on perceptual experience which illustrates that there are meaningful patterns to our experiences and that perception is bound in the immediate stimuli which are part of our pre-objective realm: it is only in this pre-objective realm that we can understand sensation. Home is often a significant space for women because as they mature they frequently begin to feel the need to connect to things, especially those things within their immediate grasp. Female instincts of connection result in women creating an "ethic of care" by which females through emotion respond to the needs of others (Franck, 1989). Socially constructed gender differences are often attributed to the divergent female and male approaches to life; therefore, in one feminist approach to design, it could be argued that these socially constructed gender differences play out in one's chosen profession such as design or architecture. Knowledge, according to empiricism, is therefore based on meanings associated with the present data and this data evokes memories leading to comprehension of the present data (Merleau-Ponty, 2006). For Merleau-Ponty, objects have no individual identity removed from memory and past associations: the past and present must be examined in the context of the 'horizon of meaning', or where the two meet.

Until the rise of the feminist movement, architecture and architectural history focused exclusively on male accomplishments and overlooked or devalued female contributions to the profession. Each feminist developed a personal definition of

feminism for him/herself: these definitions were based on a person's education, ideology, and race (Humm, 1990). Women and feminists first gained an opportunity to be educated in traditionally male dominated architectural design schools in the late 1960s, less than a decade before public awareness highlighted the need for domestic violence shelters.

Gender, therefore, became a significant factor in determining which avenue an architect could take as a career path (i.e., men worked in the commercial area while women worked in the domestic area). Domestic architecture became the acceptable female realm because women were considered better suited to layout and design domestic spaces, as opposed to commercial spaces, because societal norms were founded on the idea that the tasks associated with the home were the tasks to which women were drawn and even more successful (Agrest, 1996; Ball, 1980; Franck, 1989; Lorenz, 1990; Wright, 1981). Women were left with the domestic or more humanistic realm which often allowed for introspection about the occupants of that space.

As women ascribed meaning and significance to 'home' these artifacts began to embody the politics of their creators. Winner (1980) contended that artifacts be evaluated not only in their context but also within their historical milieu. Winner asserted that relationships created by artifacts become routine extensions of the landscape, both metaphoric and physical, and thereby become accepted norms within the social fabric of society.

Feminist architects, therefore, provide a new technology in the design process when they approach design from a divergent perspective. As Winner argued for an

understanding of the political agenda as the driving force behind the creation of new innovation, he also suggested that the political also defined the human relationship to that technology or artifact. Winner maintained that the greatest opportunity for any change occurs at the introduction of a new technology but only when there also exists a full understanding of the politics behind the creation. A resulting technology or artifact cannot be assumed as a non-gendered or unbiased innovation. Contemporary feminist approaches to design often begin with an understanding or compassion for the unique individual or population for whom the space is being designed.

Feminists, as women in architecture, analyze things differently (Franck, 1989). Knowledge of these differences provides insights into unique strengths and diversities such as a feminist approach to analysis and understanding replete with unique qualities like a woman's presumed connection to others and objects (Franck, 1989). A feminist architect's desire for connection might extend beyond placement of structures to include a close relationship with their work as well as with their clients. From this empathetic perspective a feminist architect creates the foundation for a client-architect partnership in pursuit of a successful design solution.

Architectural feminists use many methods of analysis each taken from the individual's specific focus, training, and background (Humm, 1990). From a feminist architect's point of view the most important thing in design is the success of that design as measured by the actual end user (Humm, 1990; Torre, 1977). Architectural feminism seeks an equal voice for women and as such provides a foundation for the design of domestic violence shelters.

The function of design is to build bridges that extend beyond the existing barriers. These bridges place the designer on the human level in concert with an analytical design approach. Feminism in architecture serves as a liberating force not only for oppressed women but also works to erase the injustices that women have felt for years (Torre, 1977). As a social movement, feminism needs continued support and organization so that the fight for equality in the architectural field can be won.

Significance of Place: Implications for House and Home

A strong relationship exists between people and place (Eshelman & Evans, 2002; Gosling et al., 2005; Gustafson, 2001a; Gustafson, 2001b; Korpela et al., 2001; Manzo, 2005; Smaldone et al., 2005) and theories of embodiment address that which is intrinsically entrenched within the human psyche (Merleau-Ponty, 2006). Embodiment theories, therefore, connect human to place and guide human reactions to those places (Lakoff & Johnson, 1999; Langer, 1953; Merleau-Ponty, 2006). Place, whether architecturally constructed (i.e., built environment) or naturally constructed (i.e., nature) provides humans with a strong embodied connection to place, and embodiment is how one comes to understand and relate to the world. Embodiment issues are integral to architectural design in response to the human inhabitant.

For domestic violence victims, home is most often the site of abuse. Upon entering a shelter, domestic violence victims project their ideas of home onto the shelter environment especially as victims seek healing and a transition to independent living free from an abuser. A shelter design, therefore, must be inclusive of widely acceptable concepts of home in order to provide the desired environment for domestic violence

victims. Understanding concepts of home as these concepts relate to security, shelter, and identity, informs architectural design and research.

Home has been defined not only as “one’s own dwelling place; the house in which one lives” but also as “a place of refuge and rest” (Webster’s Dictionary, n.d.). Ideals of family and home are echoed by prolific writers from literature, religion, and design: each author’s perspective drew upon deeper feelings or embodied meanings associated with home and nature thereby shaping American perception about significance of domestic architecture and place (Downing, 1969; Handlin, 1979; Hildebrand, 1999).

Stowe’s (1868) *House and Home Papers* distinguished between house and home stating:

There are many women who know how to keep a house, but there are but few who know how to keep a home. To keep a house may seem a complicated affair, but it is a thing that may be learned; it lies in the region of the material; in the region of weight, measure, color, and the positive forces of life. To keep a home lies not merely in the sphere of all these, but it takes in the intellectual, the social, the spiritual, the immortal. (p. 21).

Home rituals appear bounded in concepts of convenience, efficiency, leisure, ease, pleasure, domesticity, intimacy, and privacy (Downing, 1969; Rybczynski, 1987; Stowe, 1868; Wright, 1981). Rybczynski (1987) addresses these attributes speaking of comfort in the home as subjective experiences of satisfaction for the individual. Comfort, however, may stem from deeper roots than the physical: embodied realism better defines one’s comfort by addressing not only the physical but also the psychological attributes of domestic experience or lifestyle which contribute to one’s knowledge of home.

Home, therefore, is more than mere sticks and stones: home represents one's joys and sorrows over a life time and is defined by love, contentment, and security (Haagen, 1950). Downing (1969) believed that the design of home had evolved beyond the need for mere shelter and had become an embodied personal expression of the individual occupant. Domestic violence victims utilize a domestic violence shelter as an interim home while transitioning from an abuser to independent living. Meanings associated with family and social life have strong connections to architecture and experience: human identity is intrinsically tied to one's self-conscious about where and how one lives (Wright, 1981).

Connection to Place: Architecture and Nature

Responses to nature are extensions of humankind (Hildebrand, 1999). Downing (1969) sought to integrate the landscape and architecture resulting in unique, individual expressions of home. Scully (1955), Marx (1979), and Peters (1989) wrote of American domestic architecture stating that it emerged from an intuitive response to and connection with the land. Specifically, Marx' (1979) discussion of a "middle state" addressed man's place within the pastoral ideal of America as nature's garden: a utopian vision emerged from the landscape in response to man's connection to nature's bounty. Unlike Marx (1979), Peters' (1989) and Scully's (1955) arguments did not formally acknowledge concepts of embodiment although issues of embodiment lie in the threads of each author's grounded theory. These threads are further interwoven in context with contemporary works by Lakoff and Johnson, and Langer.

Man's connection to nature includes prospect and refuge: "Refuge is small and dark; prospect is expansive and bright" and both must coexist in order to have relevance (Hildebrand, 1999, p. 22). Buildings as refuge serve as examples of planned sanctuaries for the protection of man from the hostile natural environment to which he would otherwise be exposed (Hildebrand, 1999). Man's idealization of nature is problematic for design: emotional responses to nature are deeply embedded or embodied in humans (Hildebrand, 1999). Nature and architecture have charged meaning as evident in survival instincts ingrained in mankind's psyche which draw man to certain appealing scenes that hold him because of the characteristics these scenes or places embody. Selection is not for or against but rather an extension of embodied associations with place and objects over years of evolution and adaptation: associations serve as "imprints" linked to human senses – sight, smell, taste, sound, and touch – and as such exist from the moment of active individual being (Hildebrand, 1999). Architectural studies have shown the positive relationship between patient outcomes in healthcare when patients have views to nature (Ulrich, 1984).

Space becomes an important concept for understanding our bodies with regard to the relationship of container and content (Merleau-Ponty, 2006). As a sensing entity, the body responds to and anticipates the environment with inseparable layers of place and time, a co-existence that provides a depth not between objects but as an opening of perception of things not fully recognized. Through motion the body understands and receives information about space and the body initiates motion: the body becomes the site of experience, not an object in and of itself (Merleau-Ponty, 2006). "Remembrance

is not particularly an act of knowledge, but rather an act of in-sight – of ‘seeing’ or conceptualizing meaning within experience” (Downing, 2000, p. 10). Meaning embodies symbolism linked to individual ideas and expressions of life. Analysis can uncover meaning but only within that which is being analyzed because “we are caught up in the world and we do not succeed in extricating ourselves from it in order to achieve consciousness” (Merleau-Ponty, 2006, p. 5). Downing (1969) strove for domestic architectural design of meaning in order to provide homes of importance and meaning appropriately suited to an individual’s needs. Downing (1969), Handlin (1979), Hildebrand (1999), and Downing (2000) illustrated that memory and meaning are multi-layered entities of embodiment.

Design of Domestic Violence Shelters

Emergency shelters provide temporary housing for victims with no other outlet. Shelter users often have minimal resources and do not feel empowered: shelter programs and facilities must enhance social support networks (Fisher et al., 2006). Personal living spaces must serve numerous functions such as providing safety and security, a place for personalization and self-expression, and a venue for social interaction (Gosling et al., 2005). Designing domestic violence shelters for women must be inclusive of theories of embodiment because the female victim’s emotional state (mind) is a critical component in determining her overall state (i.e., level of distress).

Perception of home is rooted in embodiment. Merleau-Ponty (1945) posited that perceptual experience illustrates that meaningful patterns comprise our experiences and this perception is bound in the immediate stimuli which are part of our pre-objective

realm: we can understand sensation only in this pre-objective realm. Creating a safe, inviting environment for women in domestic violence shelters requires an understanding of design principles and embodiment. Humans respond to the environment based on issues of embodiment; therefore, theories of embodiment must be an integral component in the sensitive design solution for vulnerable populations such as domestic violence victims.

CHAPTER III

THEORETICAL FRAMEWORK

Samples and Variables

The long-term general overall goal is to establish design criteria for domestic violence shelters that are sensitive and responsive to the specific needs of female domestic violence victims utilizing the shelter. The primary objective of this study (Specific Aim 1) is to identify the mental and emotional state of female domestic violence victims upon entry into a shelter as a means of establishing specific user needs which should directly impact the design of the shelter. The primary hypothesis (Hypothesis 1) is that upon entry into a shelter environment, female domestic violence victims are experiencing high levels of distress compared to normative controls. The secondary objective of this study (Specific Aim 2) is to identify shelter users' perceptions of the current shelter environment in which they live as a foundation for matching specific design criteria with the specific needs of the female domestic violence victim (i.e., stress reduction) in an attempt to understand the relationship between user needs and individual design characteristics of the shelter. The secondary exploratory hypothesis (Hypothesis 2) is that anxiety or stress is reduced over time; therefore, the architectural design of a shelter that promotes independence will result in less distress among female domestic violence victims utilizing the shelter. Therefore, the rationale for this research is that if female domestic violence victims are experiencing high levels of distress at the time of entry into an emergency shelter then the architectural design of the

shelter could provide opportunities to reduce or alleviate distress. A conceptual model for this study is provided below (see Figure 1).

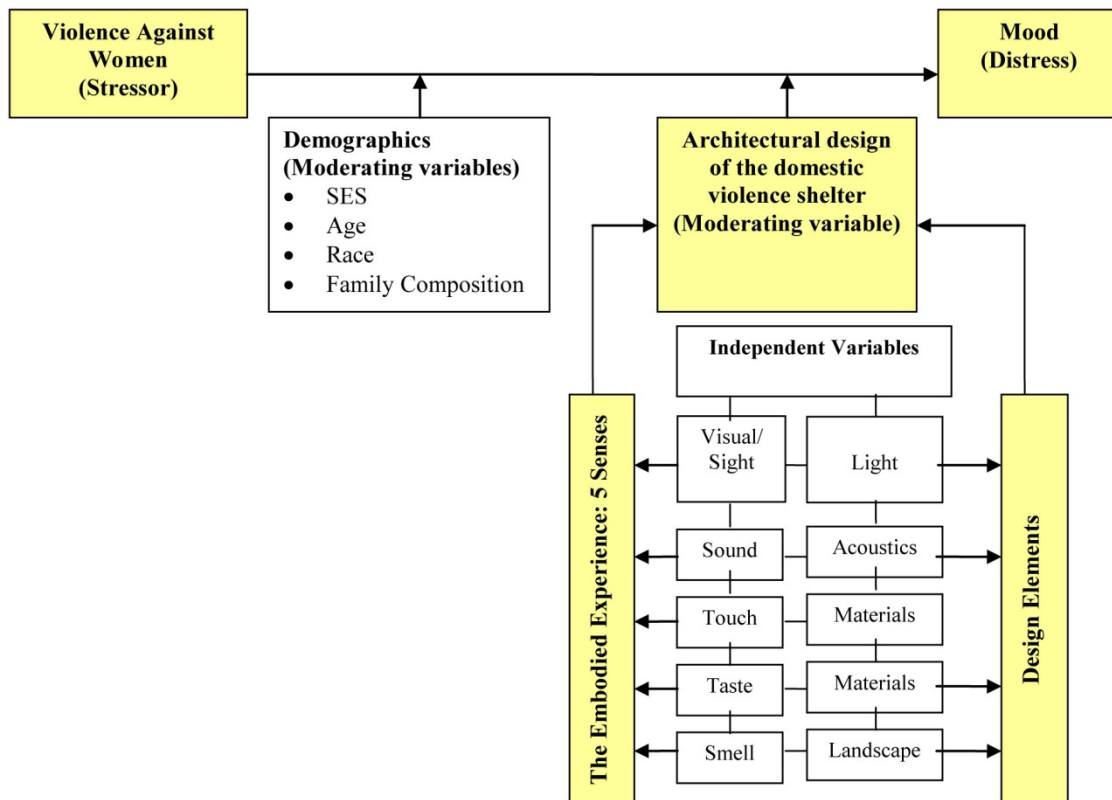


Figure 1. Conceptual Model

As illustrated in the conceptual model, the researcher was interested in investigating the relationship between moderating variables and their impact on distress levels of the domestic violence victims in the shelter. Design elements for the physical environment (i.e., lighting, acoustics, etc.) and their relationship to an embodied experience for the domestic violence victim (i.e., sight, sound, etc.) can be investigated

during future studies based on the grounded theory established in this study. Philosophy of embodiment combines the idea of body with mind or spirit: body and mind are fused into a single being and this fusion determines a person's way of observing and understanding the surrounding environment (Merleau-Ponty, 2006). It is important to study the design of a domestic violence shelter from the theory of embodiment as the victim's emotional state (mind) is a critical component in determining the victim's state (i.e., level of distress). Grounded theory established in this study provides a foundation for future research. Future studies, based on this conceptual model, can be conducted to investigate the effect of different independent variables from the design elements, such as color, materials, and acoustics, on mood or distress levels for domestic violence victims in a shelter.

Phenomenological studies seek to understand an experience from the participants' point of view: research focuses on a particular phenomenon as it is typically lived and perceived by human beings. In-depth semi-structured focus groups, semi-structured interviews, the administration of designed questionnaires, and the administration of the STAI Form X-1 (State) Spielberger State-Trait Anxiety Inventory, were be utilized for this research study. Purposeful sampling yielded $n = 30$ in the focus groups and $n = 3$ in interviews. Analysis of data searched for "meaning units" and themes that reflected various aspects of the experience as relayed by the women in the focus groups and interviews. The unit of analysis was local domestic violence victims and survivors affiliated with SafeHaven of Tarrant County located in Fort Worth, Texas.

All focus group and interview participants were volunteers. Documentation was collected over a four month period.

Research Tools

In conducting this study, the researcher addressed numerous research questions with the participants through the focus groups and interviews. Similar questions had been addressed by previous research studies but none of these previous research studies had applied the data toward an analysis of the architectural design in order to determine the purposeful design of domestic violence shelters. Initial questions leading this inquiry were captured in the researcher's participant observations and reflexive journal during summer and fall 2008, as well as the researcher's ongoing reflexive journal throughout the research project. These questions included:

- At the point when a domestic violence victim seeks shelter, what is that person's emotional and physical state?
- Are there commonalities/emergent themes among domestic violence victims seeking emergency shelters and/or transitional housing?
- If domestic violence victims display common emergent themes (i.e., depression, distress), then how might the design of the emergency shelter impact the outcome for the victim?
- Can the design professional (i.e., interior designer or architect), through careful research and observation, establish purposeful criteria by which emergency shelters should be designed? If yes, what would the design criteria be for predicting a successful shelter design?
- How can the built environment shape the human response to the environment?

Questionnaires and focus groups covered these topics and others as they emerged during the focus groups. Future research projects must focus on these concepts independently and in more detail. These initial questions, formulated during participant observations by the researcher, led to the hypotheses for the initial research project.

Hypothesis 1(primary) was that upon entry into a shelter environment, female domestic violence victims were experiencing high levels of distress. Distress levels were initially measured by administering the Spielberger State-Trait Anxiety Inventory STAI Form X-1 (State) within the first twenty-fours of entry into the shelter environment (See Appendix D). STAI Form X-1 (State) is widely accepted and utilized in determining self reported levels of anxiety among adults at a particular moment in time.

This research study utilized the Spielberger State-Trait Anxiety Inventory (STAI) as the quantitative self-assessment instrument. Spielberger's self-evaluation questionnaire first appeared in 1966 as the STAI Form X-1, a self-report instrument for evaluating a person's emotional state at a particular time and under specific circumstances (Spielberger et al, 1983). The STAI, considered the definitive instrument in measuring anxiety among adults, differentiates between temporary conditions (state) and long term conditions (trait) and has not only been utilized in psychological studies but also in a variety of other disciplines such as anthropology, fine arts, and sociology. This study examined temporary conditions utilizing the STAI Form X-1.

STAI Form X-1 was revised in 1972, 1976, 1979 and 1983. Each revision was based on measures to improve the instrument's validity and administration. In 1983 an alternate version of the STAI Form X-1 was introduced as the STAI Form Y-1. STAI Form Y-1 was introduced to improve clinical analysis in psychiatric and psychoanalytical applications. Form Y-1 included three revisions: (1) inventory items closely related to depression on Form X-1 were replaced with items more closely related to clinical anxiety diagnosis; (2) language was updated to facilitate usage and validity

among high school students and other less educated individuals; and (3) anxiety-present inventory items were reduced to accommodate more anxiety absent inventory items. Despite these three revisions, STAI Form X-1 and Y-1 remained highly correlated and valid for utilization as a self-evaluation questionnaire for research studies. For example, correlations between the state-anxiety questionnaire Form X-1 and Form Y-1 among female college age students was ($r = .96$) where $n=96$. Likewise, the correlation between the state-anxiety questionnaire for Form X-1 and Form Y-1 among female high school age students was ($r = .97$) where $n = 222$. While Form Y-1 has higher psychometric properties, research studies based on Form X-1 such as this study can be “readily generalized to Form Y-1” (Spielberger et al, 1983, p. 23). Form X-1 was utilized in over two thousand research studies that examined and confirmed the reliability and validity of the instrument for research (Spielberger et al, 1983).

Form X-1 was selected as the measurement instrument for this study after careful review and analysis of the differences between Form X-1 and Form Y-1. Particular attention addressed the three areas of changes from the 1983 revisions and supported the use of Form X-1 for this study. First, this study was developed to examine stress among domestic violence victims especially as that stress might be expressed in depression or states of depression in a current setting or situation. Form X-1 included terminology that best examined depression (i.e., I feel calm). Spielberger et al (1983) purported that “the primary virtue of Form Y is that it is a “purer” measure of anxiety that is relatively more independent of depression than Form X” (p. 48). Second, participants in this study did not include high school students as participants had to be eighteen years of age or older.

National shelter demographics indicate that the typical resident is approximately thirty-five years old with two children and little or no income (Sullivan & Gillum, 2001).

Demographic information provided by participants indicated ages from 18 – 59. As numerous study participants were from lower socioeconomic standings the lead researcher was available to clarify any terms if questions arose during administration of the STAI Form X-1. No study participant expressed confusion about the terminology during the study, a fact that might have resulted from the STAI Form X-1 being written at the sixth-grade reading level. Third, Form X-1 included thirteen anxiety-present inventory items and seven anxiety-absent inventory items allowing the researcher to more fully examine stress and anxiety in the site of study as conditions at that site were a critical component in evaluating the current setting as a moderating variable to participant stress. Finally, Form X-1 was utilized for this study because information from participants was not utilized for clinical diagnosis as the lead researcher was a doctoral student, not a clinical psychiatrist or medical professional and Form X-1 was utilized because it best examines the conditions under which the participant is experiencing at the moment of the self-evaluation questionnaire administration.

Additional self-report instruments such as the Beck Depression Inventory were also examined but not adopted for this study. While the Beck Depression Inventory is widely utilized in screening, coding, and interpreting cognitive abilities among populations under distress, this inventory was not utilized for this study in part due to the extensive time required to complete the full battery of self report questions (Beck, Rush, Shaw, & Emery, 1979). Furthermore, the Beck Depression Inventory is most closely

correlated to diagnostic criteria of the American Psychiatric Association and as such is utilized for symptomatological analysis by the medical profession, of which the researcher is not a member (Wiebe and Penley, 2005).

Further information about the emotional state of the domestic violence victims was determined through focus groups and interviews utilizing a survey questionnaire designed during Summer 2008 (See Appendix A). During focus group meetings and interviews, participants completed the second Spielberger State-Trait Anxiety Inventory STAI Form X-1 (State). At the time the second STAI Form X-1 was administered, participants had been in the shelter 7 – 10 days and had completed an initial STAI Form X-1 during their first twenty-four hours in the shelter. Focus group participants who remained in the shelter beyond the time of their focus group meeting or interview date, voluntarily completed the STAI Form X-1 after 14 or more days in the shelter and while the lead researcher was on site to conduct a subsequent focus group or interview. The addition of multiple intervals allowed the researcher to examine the trajectory of when and how stress levels varied over time spent in the shelter. Data collected from the study's research participants, via the STAI Form X-1, was compared to the normative values about women available from the Spielberger Manual. Focus groups and interviews included open-ended questions. At the start of each focus group or interview, each participant received, reviewed, completed and signed an Informed Consent Form (See Appendix B) and a Demographic Survey (See Appendix C), both developed in Summer 2008.

The secondary objective of this study (Specific Aim 2) identified shelter users' perceptions of the current shelter environment in which they were housed as a foundation for potentially matching specific design criteria with the specific needs of the female domestic violence victim (i.e., stress reduction) in an attempt to understand the relationship between user needs and individual design characteristics of the shelter. The secondary exploratory hypothesis (Hypothesis 2) was that the architectural design of a shelter that promoted independence would result in less distress among female domestic violence victims utilizing the shelter. The relationship between perceptions of the current shelter and distress level were evaluated through qualitative analysis methods inclusive of content analysis and coding. Content analysis and coding, in a non-linear fashion, provided careful analysis of human interaction with simultaneously interacting variables: natural, behavioral, and built environments. Analysis of domestic violence victims' human health needs in relation to the built environment's ability to support these needs was assessed.

Subjects

The phenomena of interest were female domestic violence victims and their specific special needs in an emergency shelter. The researcher was particularly interested in the relationship or significance between person and place under these particular circumstances and phenomena. Variables associated with domestic violence victims emerged through the semi-structured qualitative focus groups and interviews.

Research Site

This study utilized Fort Worth, Texas as the site of observation. Fort Worth offered similar demographics to other shelters across the county that draw broadly from urban and outlying communities. While domestic violence victims come from every socioeconomic group, it is well documented that poor women experience higher rates of violence (Davis, 1999, Greenfeld et al, 1998; Kaplan, 1997; Kurz, 1999; Lyon, 2002; Raphael, 2000; Russo, Denious, Keita & Koss, 1997). Demographic information about research participants is found in Table 7. According to the US Census Bureau (2006) Fort Worth-Arlington, Texas had 1,926,352 total populations as of July 1, 2005. Tarrant County has 1,620,479 total populations as of July 1, 2005. 8.3% were 65 years of age or older. 13.3% were African American. 4.0% were Asian. 22.5% were Hispanic or Latino. The balance was Caucasian.

The Bureau of Justice statistics (2006) reported nearly 31% of women were victims of domestic violence and cases crossed all ethnicities and socioeconomic groups. The National Coalition Against Domestic Violence (2007) reported that one in every four women will experience domestic violence in her lifetime with an estimated total of 1.3 women suffering from intimate partner abuse annually. Incidents of domestic violence were reported at 67.3% to 69.2% in the state of Texas as compared to other states with averages from 25% to 54% (Honeycutt, Marshall, & Weston, 2001). Reports indicate that domestic violence was most prevalent among welfare recipients but did cross all socio-economic levels (Tolman & Raphael, 2000). Furthermore, Honeycutt et

al. (2001) reported that victimization crossed ethnic groups and included reports from Caucasian, Latina, and African American women specifically.

According to the Domestic Violence and Sexual Assault Data Resource Center all fifty states within the United States provide some form of legislation covering domestic violence and intimate partner violence but definitions of each offense vary (Justice Research & Statistics Association, 2010). Data from the 2007 National Census of Domestic Violence Services indicated that in the state of Texas 3,962 domestic violence victims were served by some state agency every day. Of that total reported number, 2,321 sought refuge in emergency shelters or transitional housing affiliated with local domestic violence service providers. On average, domestic violence hotlines in Texas handled 73 calls per hour. Additional services provided each day included counseling, legal aid, child counseling or advocacy, group counseling, and transitional housing. While these additional services were provided by approximately 92% of local Texas domestic violence agencies, only 35% of these agencies were also able to provide some form of transitional housing (National Network to End Domestic Violence, 2008).

Upon entry to an emergency shelter, domestic violence victims are more likely to discuss their situations and emotional state thereby leading to fuller documentation and research findings in these settings (Fisher et al., 2006). Therefore, focus groups were conducted after a victim had been in residence at the shelter for 7 – 10 days. This time period allowed the client to be duly processed and for shelter client advocates to best determine individual needs and ability to participate in the study. These statistics were consistent with common shelter trends (Davidson et al., 1989).

Research was conducted in conjunction with the Fort Worth, Texas location for SafeHaven of Tarrant County, a domestic violence shelter. SafeHaven is the leading and sole local resource specifically for domestic violence victims in Tarrant County and the immediate surrounding area. SafeHaven has a facility in Fort Worth and another in Arlington, Texas. SafeHaven of Tarrant County was created in February 2006 when Women's Haven of Tarrant County in Fort Worth and The Women's Shelter in Arlington combined resources. SafeHaven provides a 24 hour emergency crisis hotline, counseling and legal services, emergency shelters, and transitional housing. Victims can receive bilingual and educational services as well as law enforcement partnerships. SafeHaven's mission is the reduction of family violence through the services provided to victims and families (SafeHaven, 2007). In 2005 alone SafeHaven served 3,000 domestic violence victims.

Reflexive Journal, June 16, 2008. Today we sat in the dining area for a brief chat while I was pulling crackers and milk for a morning snack for some of the pregnant clients. The client was feeding her little girl graham crackers with peanut butter. She was bragging about her independent little girl and how much she loved her children. Then she began to volunteer some information about her abuser and how she knew she had to get out of there. As I sat and listened I realized that many of these women need someone to sit and listen. I also realized that being familiar with me made the client more comfortable to open up. I wonder if conducting focus groups with this vulnerable population would be successful only if I had an established relationship with the women. Trust is an important criterion.

From June 2008 through December 2008, the researcher conducted participant observations on site. The researcher continued to volunteer at the shelter throughout the research project. As a volunteer, the researcher participated in handling calls and assisting victims in the emergency shelter as well as in transitional housing. Through this

consistent interaction, and as a survivor of domestic violence, the researcher established trust among the staff, volunteers, and residents. Focus group participants were aware that the researcher was a domestic violence survivor. The researcher contends that this personal disclosure was essential in establishing not only trust and rapport with participants but also in establishing the researcher's credibility among study participants as they opened up in the non-threatening environment of the focus group. As a survivor of domestic violence the researcher contributed both her etic and emic perspectives which informed the data collection process and outcomes. Data analysis measures were carefully selected with this potential influence in mind.

Key informants were selected during the sampling process to ensure that an emic perspective of the domestic violence victim was reflected. Etic perspective was provided by the graduate committee members who, unlike the researcher and volunteers, were not domestic violence survivors. SafeHaven counselors and directors provided an ongoing etic perspective where appropriate.

Sampling procedures evolved throughout the study in response to emergent themes and populations. Under the supervision of the shelter director, and in compliance with the ongoing Institutional Review Board process, the researcher initially determined that focus groups should be conducted on site at varying times of day over a four month period (March – June 2009). Once the data collection process began, it was apparent that 4 p.m. each Saturday afternoon yielded the best participation as this day and time did not conflict with mandatory nightly shelter meetings for residents. All subsequent focus groups and interviews were conducted every Saturday from 4 – 5 p.m. beginning March

9, 2009 and ending June 13, 2009. Focus group and interview methodology, informed consent forms, demographic questionnaires, and administration of the STAI Form X-1 were approved for use by the Texas A&M University Institutional Review Board (IRB) in February 2009 prior to the start of data collection. During this four month period of time, shelter clients were asked to voluntarily complete the Spielberger State-Trait Anxiety Inventory STAI Form X-1 (State) during their intake meeting upon entry into the shelter, which occurred within the first twenty-four hours of shelter entry. From all shelter admissions during this four month period, a total of 30 focus group and 3 interview participants were used as the sampling unit and were documented by focus groups and interviews, as applicable. This sample size provided reliable data representative of the accessible population and applicable to the larger target population.

The shelter director and shelter counselors continued to identify eligible domestic violence victims for participation in the study. This selection process was based on the client's first 4 – 7 days in the shelter. During this initial phase, clients were heavily involved in the retelling of their abuse during counseling sessions with shelter professionals. From these counseling sessions the trained psychologists and counselors first determined whether the client was a true domestic violence victim as opposed to a homeless person or someone else who was abusing the system. Next, trained professionals determined whether the client might benefit from participation in a focus group or interview and, if so, the client was referred to the researcher for a weekly focus group session. This internal assessment process involved client participation in mandatory group meetings and individual counseling sessions required of all shelter

clients during the first week of a shelter stay. Internal assessment was critical as many victims often conceal their abuse for fear of retaliation by the abuser (Gerbert et al., 1996; Gondolf, 1998; Smith, 1994); wrestle with personal interpretations of their experiences often questioning themselves (Lindhorst, Nurius, & Macy, 2005); and they might also deny or marginalize their experience (Gondolf, 1998; Smith, 1994).

Eligible victims were offered the opportunity to participate in one of the regularly scheduled focus group with the researcher. This internal screening and selection process ensured that focus group data was not skewed by non-victims of domestic violence and that participants would not be jeopardized emotionally by their participation. Furthermore, this internal assessment process did not rely on the researcher's uninformed assessment of a potential victim's truthfulness in recounting the events that classified her as a domestic violence victim. Purposeful screening for abuse by trained professionals has been shown to more accurately identify true abuse cases especially among victims seeking to achieve personal safety (Leconte, Bland, Zaichkin, & Hofheimer, 2004). Screening included asking direct questions about past experiences of abuse as these questions related specifically to safety and risk for the individual (Hamberger & Phelan, 2004).

Focus group data, collected over a four month period of time, and field observations during and prior to this same period of time, served to document this in-depth study. During Summer and Fall 2008 SafeHaven staff members and counselors, as well as graduate committee members, worked with the researcher to modify the VIVA questionnaire into an appropriate semi-structured questionnaire for the focus groups to

be conducted at SafeHaven. Questionnaires were administered after the domestic violence victim's initial visit to SafeHaven in order to avoid compounding the intensity of the initial emergency shelter contact. Initial sampling strategies were based on Gall et al.'s (2005) convenience category, drawing from current and recent domestic violence victims associated with SafeHaven.

CHAPTER IV

METHODOLOGY

Introduction

Development of a research tool is contingent upon the research module development methodology for a given study. Self-report questionnaire development requires a systematic approach to ensure validity of the test instrument for research purposes (Dillman, 2007; Groat & Wang, 2002; Leedy & Ormrod, 2005; Shadish et al., 2002). Dillman (2007) maintains the design of a questionnaire must be simple and narrowly defined in order to focus respondent answers for the specific phenomenon of interest for the study. Meticulous planning during the questionnaire development and critical analysis of the self-report questionnaire yielded a reliable research instrument.

Previous research studies suggest that domestic violence victims are more likely to admit facts about their abuse if asked during an interview format as opposed to an independent survey (Family Violence Prevention Fund, 2004; Morrison, Allan, & Grunfeld, 2000; Saunders et al., 2005; Taket, 2003). Furthermore, previous studies also indicated that disclosure of domestic violence was not reported when victims are asked to use written formats (Campbell, 2000; McClosky & Grigsby, 2005). Direct, open-ended questions (Feldhaus et al., 1997) provided the most accurate and full information from victims (Caralis & Musialowski, 1997; Hayden, Barton, & Hayden, 1997).

Summer 2008 was spent undertaking two specific tasks: (1) module development and (2) participant observations. The researcher also maintained a reflexive journal

throughout the research project. Each task informed the questionnaire development process, directly impacted the data collection for spring and summer 2009, and yielded the following documents: Appendix A. Focus Group Questionnaire; Appendix B. Informed Consent Form; and Appendix C. Demographic Survey Questionnaire.

Questionnaire Development Methods

Numerous researchers and research teams provide scholarly publications about research methodology. Although each publication provides a differing approach from professional and academic experts, four examples were most relevant to the architectural design research for this study. These four include the work of Groat & Wang (2002), Leedy & Ormrod (2005), Dillman (2007) and Varni (1999).

Groat & Wang (2002) offered seven key considerations in developing a survey questionnaire (p. 221):

1. Goals
2. Response Formats
3. Clarity in Phrasing the Questions
4. Question Order
5. Format
6. Instructions
7. Ethics.

Leedy & Ormrod (2005) provided a more detailed sequential twelve-step outline for constructing a questionnaire (p. 190-192):

1. Keep it short.
2. Use simple, clear, unambiguous language.
3. Check for unwarranted assumptions implicit in your questions.
4. Word your questions in ways that do not give clues about preferred or more desirable responses.
5. Check for consistency.
6. Determine in advance how you will code the responses.
7. Keep the respondent's task simple.

8. Provide clear instructions.
9. Give a rationale for any items whose purpose may be unclear.
10. Make the questionnaire attractive and professional looking.
11. Conduct a pilot test.
12. Scrutinize the almost-final product carefully to make sure it addresses your needs.

Dillman (2007) presented in-depth analysis and direction for the development of questionnaires with particular attention to two objectives: reduction of non-responses and “reduction or avoidance of measurement error” (p. 81). Dillman addressed the development of a self-report questionnaire by specifically providing key planning insight for the graphic format, order, and appearance of the questionnaire as these elements expressly related to self-directed respondent questionnaire interaction, questionnaire response rates, and multi-media venues.

A fourth reference was the twelve step 1998 PedsQL Module Development Methodology by J.W. Varni, PhD (personal communication, June 5, 2007). Varni’s PedsQL is widely acknowledged as a credible research instrument and this model provided a proven methodology for instrument development and testing (Roizen et al., 2008; Scarpelli et al., 2008; Varni et al., 2006; Varni et al., 2008). Varni’s methodology frames the following section in which the questionnaire development for this project is outlined.

Research Protocol and Qualitative Questionnaire Development

The following methodology was adopted and utilized for the dissertation and as such informed the development of a semi-structured focus group and interview questionnaire (See Appendix A) under the direction of Dr. James Varni, graduate committee member. A description of the questionnaire development process pertinent to this project is included as part of the methodological steps because the relationship of the methodology and questionnaire development is integral to the resulting semi-structured interview format developed and employed for this research.

First, the research project began with a review of the pertinent literature, specifically from the previous five years: the empirical literature provided condition-specific insight about the issue to be studied (Leedy & Ormrod, 2005; Varni, 1999). Additionally, the literature review provided a framework for the research questions, identified what was already known about the topic, presented other findings that could inform the current research project, and offered methodologies for consideration from previous studies. For this study the constructs included perceptions of stress, perceptions of emotional distress, and client satisfaction among domestic violence victims in shelters. This first step established the three main topics to be covered in the semi-structured focus group and interview questionnaires: perceptions about (1) entering a domestic violence shelter; (2) daily life in the shelter; and (3) exiting or anticipating exiting the shelter (Groat & Wang, 2002).

Second, the researcher interviewed professionals in the field to be studied based on the review of literature. Specifically the researcher worked with the director of

SafeHaven as well as the client services coordinator and select client advocates or counselors. Information from these professionals further framed the research problem into a single goal to be examined: domestic violence victim's perceptions about the shelter experience. This step also involved the creation of a conceptual model (See Figure 1) intended to clearly identify the "domains of interest and the specific constructs to be measured" (Varni, 1999). This step provided clarity for each question's purpose by isolating the goals for investigation (Groat & Wang, 2002).

Third, the conceptual model was utilized to ascertain specific domains or topics for the development of a "written semi-structured interview format" (Varni, 1999). For this study, domains/topics included intake distress level and exit stress level. Determining the format for the responses occurred at this phase of the development process (Groat & Wang, 2002). For the dissertation, a semi-structured format was selected to support the naturalistic inquiry approach.

Fourth, the lead researcher employed the domains to develop a "semi-structured open-ended interview format" for focus groups or interviews (Varni, 1999). The specific domains from step three were used to organize the discussion. At this step, questions were developed with particular care for clarity (Groat & Wang, 2002). Questions were carefully crafted to be non-leading, direct (i.e., one query per question), free of negatives, threatening language, or ambiguity, and to allow for single answers (Dillman, 2007; Groat & Wang, 2002).

Fifth, during the spring and summer of 2009 the researcher conducted focus groups or interviews to gather information about the specific domain of study (e.g.,

distress level symptoms or problems for the targeted population). This process involved copious note or audio-taping during the focus groups or interview. Each participant was provided with a written informed consent form indicating the perceived risks and values associated with participation. After each focus group or interview, the researcher transcribed the notes and audiotape. Careful review of the transcripts via content analysis revealed themes and content for further research. Content analysis placed the identified distress related symptoms or problems into appropriate content areas.

Focus groups and interviews also provided insight into the questionnaire question order. Questions proved to be arranged in a logical fashion with care given to avoid asking more important items at the end of the questionnaire (Dillman, 2007; Groat & Wang, 2002). While responses can suggest format changes for the questionnaire none were uncovered during this project (Groat & Wang, 2002). Institutional Review Board (IRB) approval was received prior to beginning the study with subjects and ongoing IRB renewals were maintained. Development of the research protocol and questionnaire preceded this as each document was reviewed as part of the process.

Sixth, content analysis was also conducted by an independent reviewer/rater to verify the lead researcher's data analysis. The researcher then compared her own analysis with that of the reviewer and discussed any variances with the reviewer to ensure accurate coding during the content analysis. The independent reviewer assisted the researcher in determining appropriate categories in arriving at a consensus on the domains that emerged from the focus groups and interviews. While feedback from the

independent reviewer could highlight improvements for question order and questionnaire format changes, none were noted in this study.

Seventh, content analysis domains were next circulated to different qualitative researchers and reviewers for verification of appropriateness (Varni, 1999). Although a Likert 5-point scale is recommended to determine the respondents perceived agreement with the statement (1 = strongly disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree), the experienced researchers who served as reviewers verbally indicated their agreement in one-on-one sessions with the lead researcher for this study. The final domains were returned to both external reviewers for comment and review.

Next, the questionnaire was revised to correct any grammar or syntax errors and to enhance readability. These minor additional revisions were made to the instrument based on feedback from the shelter director and staff (Varni, 1999). In the fall 2008 the questionnaire was pretested among a sample of the target population under conditions identical to the planned field test. Cognitive debriefing techniques were employed to reveal any additional problems with questionnaire administration and respondent comprehension. Revisions were made to the questionnaire and circulated among the target population for final review and comments (Varni, 1999).

Ethics was of the utmost importance in this research project and especially in the development of the research methodology. Previous research (Morales-Campos, Casillas, & McCurdy, 2009) contends that support group settings, such as the focus groups utilized for this research project, offered benefits for the participants because the women were able to hear from others as well as talk about their own concerns while in a

supportive setting inclusive of counseling. The questionnaire was accompanied by an Informed Consent Form for each respondent. The Informed Consent Form clearly outlined the intent of the study; what participants were expected to contribute; what risks, if any, were part of the research study; how data would be collect, stored, and disseminated; and who the respondents could contact with questions after their participation. Additional information was provided from the Institutional Review Board at Texas A&M University and from the director of SafeHaven .

Developing the Qualitative Questions

A critical component to the focus group and interview questionnaire development and success was the construction of the questions and format. Self-report questionnaires must be easily understood by a variety of participants and response rates are key to the research (Dillman, 2007). For this study, participants had a printed copy of the questions but the researcher read each question aloud as the focus group or interview progressed. Participants responded verbally during these meetings which were audio taped with the permission of participants and as outlined in the Informed Consent Form. Brevity was important: each question was constructed to be to the point and of import for the study (Leedy & Ormrod, 2005; Dillman, 2007). Instructions were clearly stated so respondents would complete the focus group or interview and provide useable data for the study (Leedy & Ormrod, 2005). Given that question order influences participant responses, particular care was paid to the first question and subsequent question order (Dillman, 2007).

Questions were grouped by topic moving from the time of entry to the shelter, through daily life in the shelter, and finally to an anticipated exit from the shelter. Additionally, each question avoided assumptions and sought single answers. It is important to note that more difficult questions fell closer to the end of the questionnaire because the respondent was more invested in the completion of the task at that point and therefore more likely to answer uncomfortable questions in completion of the focus group or interview (Dillman, 2007).

Questions were written in clear language devoid of technical jargon and ambiguity. Care was given to avoid leading questions or words that suggested desired answers. Question order followed a logical progression for the respondent and avoided jumping from topic to topic (Dillman, 2007). Again, question order started with entry into the shelter, followed by questions about daily life in the shelter, and concluded with questions about exiting the shelter.

Developing the Qualitative Questionnaire Format

Dillman (2007) maintained that questionnaire format was a critical factor for success. Respondents vary so a “common stimulus” was required because self-report questionnaires rely on the respondent’s visual abilities. Visual language included both text and graphics: each guided respondents through the questionnaire in an ordered fashion. Graphic visual language included “location (or spacing between elements), shape, size, brightness (shading or color), simplicity and regularity, and a consistent figure-ground format” (Dillman, 2007, p. 96). The final questionnaire format integrated

the two languages, text and graphics, in a defined navigational path inclusive of key visual guides at multiple levels (Dillman, 2007).

Each research model reviewed provided insight into the rigorous self-report questionnaire development process with a scrupulous emphasis on the consequences of thorough question development and succinct questionnaire format or design. The self-report questionnaire as the test instrument was developed with scholarly rigor and assessment.

Participant Observations

Participant observations were conducted in June 2008 and August – December 2008. During these time frames the researcher served as a volunteer at SafeHaven. During June 2008 the researcher was on site every other day for various volunteer shifts. The goal of this independent research was to become familiar with the day-to-day life in a domestic violence shelter. A component of that goal was not only to gain access into the facility but also to establish a foundation of trust with the staff and administrators: this trust was critical for maintaining an ongoing research agenda on site. Despite the intensive time on site during June 2008, the researcher felt that additional volunteer time was required to truly understand the phenomenon of interest; therefore, the researcher continued to volunteer from August through December 2008. Additional time in the shelter allowed the researcher to become fully integrated into the shelter environment. Over time, and with a variety of site analyses, emergent trends became apparent and informed the final research questions.

From the initial field experience in May 2008, the lead researcher hypothesized that the built environment at this particular site would increase client stress/distress with regard to security, socialization, and refuge. The facility appeared to: (1) lack adequate security policies, procedures, and measures; (2) minimize areas for client gathering and/or socializing in groups; and (3) lack any areas for private reflection, solitude, and escape. Each of these perceived inadequacies were further thought to significantly impact client stress levels during the duration of a shelter stay. Ultimately, the dissertation research questions were refined to the following: How does the built environment (domestic violence shelter design) help, hinder, and/or affect (1) client perceptions of stress, (2) client perceptions of emotional distress, and (3) overall client satisfaction (with the shelter experience and outcome)? Furthermore, the researcher drew from participant observations to pose additional research questions including: Who are the stakeholders in a domestic violence shelter (i.e., administrators, victims)? What are the needs of the stakeholders, specifically the women and children (victims) staying in a domestic violence shelter? How does the architectural design of the shelter help or hinder meeting those needs?

Participant observations also led the researcher in determining the dissertation methodology. Constructs of interest would be examined via (a) semi-structured interviews with random sample focus groups participants and (b) self-report questionnaires (STAI, Form X-1) administered at three intervals throughout the participant's shelter residency. Each focus group would ideally consist of no more than six participants for a total population of $n = 30$. Selected excerpts from the researcher's

participant observations and reflexive journal are included as these provide insight into the research project development and emerging research themes.

Qualitative Data Management

The process for qualitative data management, analysis, and writing was based on the methodology of Lincoln & Guba (1985) methodology. This approach facilitated analysis of large amounts of qualitative data by providing an organizational structure and audit trail for content analysis among other types of qualitative inquiry. The process described here within was followed by the lead researcher during this study.

Initially, the lead researcher worked with the shelter staff at the site of study to schedule focus groups for a variety of days and times that might best match the schedules of shelter clients. During this initial trial period, March 2009, the researcher discovered that the highest participation rate fell on Saturday afternoons at 4 p.m., just before the dinner hour. After that discovery, all subsequent focus groups and interviews took place during a one hour Saturday 4 p.m. time frame. The researcher returned to the shelter each Saturday afternoon from March – June 2009, with some exceptions due to scheduling conflicts, until the study had yielded the desired outcome ($n = 33$) for focus groups. On three meeting dates only one participant joined the lead researcher. Interview sessions were documented as interviews and included in the overall data collection above $n = 33$. Some weeks shelter clients did not wish to participate and therefore there was no data collection on that particular date. All attempted and successful meeting dates are reflected in Table 1.

On average three to five women attended each focus group. Following approval of the study by the Texas A&M University Institutional Review Board, participants were selected based on the process previously outlined and by oral invitations given by shelter staff at various support group sessions. The criteria for the selection of participants to be interviewed included (1) being 18 years old or older, (2) seeking assistance for violence or abuse from January 2009 until June 2009 at SafeHaven, and (3) speaking English. During screening with shelter counselors, the women also received information on the purpose of the focus groups and decided voluntarily whether they wished to participate in that week's scheduled focus group. Previous research indicated that victims should have multiple opportunities and venues for discussing their experiences of abuse (Allard, Abelda, Colten, & Cosenza, 1997). Counselors were available to participants prior to, during, and after focus groups and interviews.

Of fifty-seven women screened thirty-three participated in focus groups or interviews. The focus groups and interviews were conducted in a private conference room located adjacent to the shelter counselor's office suite and directly behind the centrally located Client Services Center. Focus groups were conducted in English. The researcher read aloud the appropriate consent form while participants followed along with their individual copies, verified that the women understood the informed consent form, addressed any participant questions or concerns, and obtained each participant's signed informed consent prior to the start of the session. Participants received no compensation for participation. All interviews were tape-recorded and ranged in length from 24 to 64 min. To maintain confidentiality, all participants were assigned a

numerical identifier. Confidentiality was of particular concern for and by domestic violence victims (Hamberger & Phelan, 2004); therefore, this study employed numerous measures to ensure that confidentiality was maintained and that participants were provided with informed consent forms prior to the start of focus groups and interviews.

Each focus group was recorded with the permission of participants in compliance with the Informed Consent Form that each participant signed prior to participation in the focus group [See Appendix B]. Pertinent details about each session, also reflected in Table 1, include day of week; time of day; focus group or interview designation; length of focus group or interview, internal unique coding for each group; number of participants; recording device employed; date of initial transcription; length of transcription time; date of subsequent transcription and coding sessions.

The recording device was modified after the third focus group as the initial device produced poor voice quality and recorded excessive background noise [See Table 1]. Furthermore, the initial recording device was not compatible with the Dragon Naturally Speaking software. The original audio files, with the exception of the first three focus groups, were saved to a folder on the lead researcher's computer titled Original Recordings. These original recordings were utilized throughout the transcription period. All electronic files were backed up daily to an external hard drive in the researcher's home office as well as an external hard drive in the researcher's work office. In order to maintain confidentiality for participants, each external hard drive was kept in a locked file cabinet when not in use by the lead researcher. Additionally, each external hard drive was password protected.

Within twenty-four hours of a focus group, the lead researcher prepared the initial transcript. All focus group and interview transcripts were transcribed verbatim. Dragon Naturally Speaking was instrumental in the first round of transcription, after the new recording device was utilized, as this voice activated software allowed the researcher to orally dictate from the original transcription recordings. However, because focus groups involved more than one participant, Dragon Naturally Speaking could not be utilized for independent analysis of recorded sessions. The time frame for transcription can be found in Table 1.

The researcher independently coded each transcript and met regularly with qualitative researchers to discuss emerging themes and coding options. Variances in coding or transcriptions were discussed and resolved in tandem with the external reviewers. Once consensus was reached about coding categories or content, the final transcripts were converted into data units. The researcher met monthly to reconcile coding and data unit meaning.

Table 1
Focus Group Master Schedule

Date of Group	Day of Week	Time of Day	Length of Group (h:m:s)	Group Code	Type	Recorder Type	Participants	Initial Transcription	Second Transcription	Trans Time (h:m:s)	Transcription Review, Edit, & Format
03-09-09	Monday	7 pm	0:42:30	A	FG	TR	3	03-09-09	05-05-09	4:15:00	05-28-09
03-16-09	Monday	7 pm	0:45:00	B	FG	TR	4	03-17-09	05-26-09	5:40:00	06-22-09
03-26-09	Thursday	7pm	0:27:30	C	IN	TR	1	03-26-09	05-25-09	2:30:00	06-22-09
03-28-09	Saturday	4 pm	0:45:19	D	FG	ICD	6	03-29-09	05-22-09	8:45:00	06-23-09
04-11-09	Saturday	4 pm	0:37:59	E	FG	ICD	3	04-11-09	05-21-09	3:15:00	06-24-09
04-18-09	Saturday	4 pm	---	---	---	---	0	---	---	---	---
04-25-09	Saturday	11 am	---	---	---	---	0	---	---	---	---
05-02-09	Saturday	4 pm	0:43:01	F	FG	ICD	4	05-03-09	05-07-09	3:45:00	06-26-09
05-09-09	Saturday	11 am	0:24:26	G	IN	ICD	1	05-09-09	05-19-09	00:45:00	06-27-09
05-16-09	Saturday	4 pm	0:43:01	H	FG	ICD	5	05-16-09	05-18-09	3:50:00	06-27-09
05-23-09	Saturday	4 pm	0:45:33	I	FG	ICD	3	05-23-09	05-24-09	3:15:00	06-28-09
06-13-09	Saturday	4 pm	1:04:13	J	FG	ICD	3	06-14-09	06-18-09	4:25:00	06-28-09

Legend

Abbreviation	Description
A, B, C, D, E, F, G, H, I, J	Alphabetical group coding
FG	Focus Group
IN	Interview
TR	Tape Recorder: Sony TCM-359V Cassette-Corder
ICD	IC Recorder: Sony ICD-P620
h:m:s	Hours:Minutes:Seconds

During each focus group or interview, the primary investigator took notes and sketched a diagram of the table configuration in which each participant was identified by number 1 through six and the primary investigator's location was identified with the letters PI [See Table 2]. As each participant completed the Informed Consent Form [Appendix B], Demographic questionnaire [Appendix C], and STAI-1 form X-1 Excerpt [Appendix D], the lead researcher coded these documents to the corresponding table sketch which indicated seating locations during the focus group. This numbering system was also utilized to match participant STAI-1 forms from the initial intake process with weekly session participants. The table numbering system was integrated into on-site coding of every participants demographic questionnaire and STAI-1 completed as part of the focus group or interview. These weekly numbered sketches were also utilized to date and number each participant's STAI-1 form administered during the participant's intake process. Table 2 is also inclusive of the color coding assignment for each group as described with Table 3 [See Table 3].

Table 2
Table Configuration Diagram

Focus Group A	03/09/09	Focus Group F	05/02/09
Focus Group B	03/16/09	Interview G	05/09/09
Interview C	3/26/09	Focus Group H	05/16/09
Focus Group D	03/28/09	Focus Group I	05/23/09
Focus Group E	04/11/09	Focus Group J	06/13/09

For data management, each focus group was assigned a letter designation as well as the corresponding date. Furthermore, each focus group was assigned a color [See Table 3]. The color coding system was instrumental in printing color coded cards so that

sets of data could be easily identified by the lead researcher based on unique color assignment for each date of data collection.

Table 3
Color Coding System for Cards

Coding	Type	Date	Paper Color	R-O-Y-G-B-I-V
A	FG	03/09/09	Light red	
B	FG	03/16/09	Pink	
C	I	03/26/09	Orange	
D	FG	03/28/09	Goldenrod	
E	FG	04/11/09	Yellow	
F	FG	05/02/09	Green	
G	I	05/09/09	Lime Green	
H	FG	05/16/09	Blue/Teal	
I	FG	05/23/09	Light Blue	
J	FG	06/13/09	Violet	

Once off site, the lead researcher converted each weekly number assignment into the master matrix of participant number [See Table 4] and recorded by hand the master coding number on each participant's paperwork. Each participant was assigned a unique number by the lead researcher in order to maintain anonymity in the transcripts [See Table 4]. For the time of assignment, all material was coded with the unique numbering system and is reflected in the subsequent transcriptions, unitized files, and cards for sorting in order to maintain participant confidentiality.

Table 4
Participant Chart for Coding

Date Of Group	Group Type	Focus Group & Interview Code	Participant Number Assigned Day Of Group	Race/Ethnic Group**	Abbreviated Number*	Overall Participant # (R#_DateGroupTypeCode)
03-09-09*	FG	A	R1	AA	R001	R001_030909FGA
	FG	A	R2	C	R002	R002_030909FGA
	FG	A	R3	H	R003	R003_030909FGA
03-16-09*	FG	B	R1	C	R004	R004_031609FGB
	FG	B	R2	C	R005	R005_031609FGB
	FG	B	R3	AA	R006	R006_031609FGB
	FG	B	R4	H	R007	R007_031609FGB
03-26-09*	IN	C	R1	AA	R008	R008_032609INC
03-28-09**	FG	D	R1	C & H	R009	R009_032809FGD
	FG	D	R2	C & H & NA	R010	R010_032809FGD
	FG	D	R3	AA	R011	R011_032809FGD
	FG	D	R4	AA	R012	R012_032809FGD
	FG	D	R5	AA	R013	R013_032809FGD
	FG	D	R6	C	R014	R014_032809FGD
04-11-09**	FG	E	R1	AA	R015	R015_041109FGE
	FG	E	R2	AA	R016	R016_041109FGE
	FG	E	R3	H	R017	R017_041109FGE
05-02-09**	FG	F	R1	AA	R018	R018_050209FGF
	FG	F	R2	C	R019	R019_050209FGF
	FG	F	R3	H	R020	R020_050209FGF
	FG	F	R4	C	R021	R021_050209FGF
05-09-09**	IN	G	R1	AA	R022	R022_050909ING
05-16-09**	FG	H	R1	AA	R023	R023_051609FGH
	FG	H	R2	H	R024	R024_051609FGH
	FG	H	R3	C	R025	R025_051609FGH
	FG	H	R4	AA	R026	R026_051609FGH
	FG	H	R5	C	R027	R027_051609FGH
05-23-09**	FG	I	R1	C	R028	R028_052309FGI
	FG	I	R2	C	R029	R029_052309FGI
	FG	I	R3	H	R030	R030_052309FGI
06-13-09**	FG	J	R1	C	R031	R031_061309FGJ
	FG	J	R2	C	R032	R032_061309FGJ
	FG	J	R3	C	R033	R033_061309FGJ

* Taping Device: Sony TCM-359V Cassette-Corder. V-O-R ** Taping Device: Sony ICD-P620 IC Recorder
* Number utilized in transcription, unitizing, & cards. ** Per participant demographic questionnaire

Transcription

Each focus group was transcribed into a word document. Pages were formatted to include a unique header to identify the type of transcript (i.e., focus group or interview), date of data collection, identity of lead researcher, and page numbers formatted for page # of # total pages. Participant pseudonyms were not included in the header as there were multiple participants in each focus group. Participant's unique numbers were included throughout the transcript in lieu of participant names. Files were saved under Original Transcription Files and named to indicate type of event [i.e. focus group or interview], letter designation [A – J], and date of event [Table 5].

In addition to the header on each page, pages were formatted with line sequential line numbers and a wide margin to the right to accommodate notations during the editorial process [See Appendix E]. Margins were especially useful for notations while unitizing the transcripts for data unit cards. Each transcript was saved by focus group, or interview, name and date.

During transcription, observational notations were added based on the lead researcher's notes from the individual focus groups and interviews. Brackets were used throughout the transcripts to denote the researcher's interpretation [See also Appendix E]. The initial transcription occurred within twenty-four hours of the focus group or interview. During this initial session, the lead researcher played back the recording and transcribed the content. This process took three to six hours per focus group. Once completed, the initial transcripts were saved in a file noted as such and held for the next

round of edits in order that the researcher could continue with the next focus group the following week.

The second extensive round of transcription occurred in late May 2009. During a ten day period, the lead researcher dedicated one day per focus group or interview to revisit each transcript. The lead researcher again listened to the audio from each session and read the typed transcript as the dialogue unfolded. This method allowed the researcher to edit each transcript, stopping to replay portions of the tapes as required for clarification. Editorial corrections in the second round included spelling, punctuation, and grammar. Additionally the lead researcher continued to add insights and notations in brackets to indicated significant events from the individual sessions such as body language or tone of voice of participants. During this phase the lead researcher also began coding by underlining, italicizing, and bolding key words or phrases that seemed to be part of emergent themes from the larger data set. While these items were deemed important at this junction the lead researcher recognized that these perceived key items might not remain relevant with further analysis. The lead researcher was careful not to emphasize everything in the transcripts but only key elements that stood out as significant at this point in the process. This second round of transcription edits was saved in a new file noted as such. Finally, the lead researcher printed each transcript. Utilizing these printed copies, the researcher again listened to each focus group or interview audio file and manually noted further revisions or clarifications to the transcripts. These manual edits were then used for the final electronic file revisions. Transcription audio and word files were randomly pulled for external review. This external review was part

of the audit to ensure accuracy in documenting the data. Finally, the files were saved in a file for unitizing. Files were saved as Formatted Files Ready for Unitizing [Table 5].

Table 5

File Naming Structure

A Original Recordings	E Unitized Transcription Ready for Cards
B Original Post Focus Group Notes	Focus Group A Unitized
C Original Transcription Files	Focus Group B Unitized
Transcription 000_030909a_t030909	Focus Group D Unitized
Transcription 000_031609a_t052909	Focus Group E Unitized
Transcription 000_031609b_t052909	Focus Group F Unitized
Transcription 000_031609c_t061309	Focus Group H Unitized
Transcription 000_032609a_t052809	Focus Group I Unitized
Transcription 000_032609b_t052809	Focus Group J Unitized
Transcription 002_032809a_t052509	Interview C Unitized
Transcription 002_032809b_t052509	Interview G Unitized
Transcription 002_032809c_t052509	F Cards Ready for Printing
Transcription 004_041109a_t052709	Focus Group A CARDS READY FOR PRINTING
Transcription 004_041109b_t052709	Focus Group B CARDS READY FOR PRINTING
Transcription 007_050209a_t052609	Focus Group D CARDS READY FOR PRINTING
Transcription 007_050209b_t052609	Focus Group E CARDS READY FOR PRINTING
Transcription 007_050209c_t052609	Focus Group F CARDS READY FOR PRINTING
Transcription 010_050909a_t052809	Focus Group H CARDS READY FOR PRINTING
Transcription 012_051609a_t052309	Focus Group I CARDS READY FOR PRINTING
Transcription 012_051609b_t052309	Focus Group J CARDS READY FOR PRINTING
Transcription 014_052309a_t052409	Interview C CARDS READY FOR PRINTING
Transcription 014_052309b_t052409	Interview G CARDS READY FOR PRINTING
Transcription 017_061309a_t061909	
Transcription 017_061309b_t061909	
D Formatted Transcription Files for Unitizing	
Focus Group A_030909	
Focus Group B_031609	
Focus Group D_032809	
Focus Group E_041109	
Focus Group F_050209	
Focus Group H_051609	
Focus Group I_052309	
Focus Group J_061309	

Data Unit Creation and Formatting

After the third revision to the transcription files, the lead researcher printed all transcripts and began creating data units. Data units are defined as sections of data that

can stand alone and still make sense as an independent segment divided from the larger transcription file. Each data unit expresses a unified idea that is unique from the text immediately preceding and following the unit (Lincoln & Guba, 1985). Each transcript was manually marked with the symbol / to indicate breaks for individual data units. As the data was unitized, lead researcher questions, participant responses, and key sections of data were copied and repeated in italics to clearly indicate the original prompt for each response from card to card. By italicizing these repeated elements the lead researcher was able to determine the sequence of comments and to preserve data from and for emergent themes. Once all printed transcripts had been manually unitized, the lead researcher returned to the electronic files and formatted the data units saved as Formatted Transcription Files for Unitizing (Table 5). The repetition of key elements aided in organizing and analyzing the individual units as part of the larger data set. Copied text was not only italicized but also included in brackets to further set the text off as repetition for clarity. This process entailed the addition of a unique symbol being placed at the beginning of each data unit to flag that significant point for card creation later. The lead researcher utilized the following symbol, ☺, as the key for unit breaks. During this process the lead researcher was further able to correct for spelling and grammatical errors as well as to further clarify participant tone or body language in notations marked by brackets.

Once unitized by the addition of the unique symbol, the lead researcher re-read each transcription file to confirm that the selected data unit breaks were as needed. Next each data unit was followed by a paragraph break to make the creation of cards easier.

The combination of the paragraph break and unique symbol, ☺, made it easier for the lead researcher to create individual cards for analysis. At this point the final unitized transcription files were saved as Unitized Transcripts Ready for Cards (Table 5).

Each unitized transcript was next formatted into individual cards. The page size was adjusted to print on 4" x 6" index cards. Each card retained the unique header indicating the focus group or interview designation, date of event, page # of # total pages [See Appendix F]. Once formatted each transcript was saved as Cards Ready for Printing [Table 5]. Each card set was printed on unique color paper (Table 3). Unitization yielded 1,049 cards for content analysis sorting.

Card Sort and Analysis

Data units were categorized for content or thematic analysis. There were six card sorts but each sort followed the same process. First, an individual card was read and reviewed and then placed on a table by category. Initial categories had been determined by the lead researcher during post focus group reviews but were expanded upon based on content of each data unit. Initial emergent themes were recorded in the researcher's reflexive journal throughout the research process. Self adhesive notes were utilized to label each pile of cards during each sort. Each card was read and then the researcher determined the pile to which that card should be added. If no appropriate fit was evident, a new category was created based on the data in the card. The initial sort continued this way until all cards had been divided into forty-three piles.

Next the lead researcher reviewed the categories as recorded on the self adhesive notes looking for connections between stacks of data units. Initial recorded categories

revealed correlations and suggested data units should be re-examined with these similarities in mind. Each card was noted by category and then shuffled for a second sort. The second sort followed the same process as the initial sort but self adhesive notes from the initial sort were combined into six broad categories: control/independence and rules; desired separations; integration and access to nature/outdoor; empathy; security and anxiety; and solitude. The lead researcher noted that two of the resulting six stacks were very small and suggested an important subtheme. Again cards were noted by category and then reshuffled for a third sort.

The third sort followed the same process as the previous two sorts. As each card was read the lead researcher placed the data units into the streamlined categories. The third card sort yielded five broad categories: control and independence; desired separation; integration of nature; empathy and expressions of gratitude; and security. If a card sort did not result in cards from all ten sessions then it was determined that the data set could not be a stand-alone theme but could be included as a subcategory within the larger theme. Each card was noted by category and reshuffled for another sort.

The fourth sort followed the same process as the previous three sorts. The resulting four broad categories were: independence and control, inclusive of rules; desired separations; security and anxiety; and empathy. Of particular note during the fourth sort was the discovery that each sort had cards for each focus group of interview which had not been the case in previous sorts. Each card was recorded by category but not reshuffled for the next sort.

The fifth sort involved working with each of the four broad categories independently. Cards were read and analyzed within the broader category to which the card had been assigned. If the card content was not consistent with other cards in the broader category, that card was placed to the side and noted with a question mark. As the lead researcher continued this process within each of the four categories, clear subcategories began to emerge within each group. Once all four broad categories had been sorted and reassigned if required the lead researcher did a final card sort. This sort retained the four broad themes from the previous sort only shifting individual cards between broader categories. Again each card was recorded by category but not reshuffled for the next sort.

The sixth and final card sort examined each card not only within the broad category to which it had been assigned (i.e., control) but also as that card fell into a subcategory of the four broader themes. As subcategories were determined, self adhesive notes were utilized to further divide and categorize data units. Data units were not included in an emergent theme category if the card reflected the standard focus group introductory directions or the standard closing statement and remarks. The final breakdown of cards is recorded in Table 6. Each theme was represented in every focus group and interview.

Table 6
Final Card Sort Analysis

Categories & Subcategories	Card Totals
Independence and Control	
Control of Self	126
Control of Rules	68
Control of Outcomes	96
Security and Anxiety	
Security from an Abuser	58
Anxiety about entering a shelter	72
Security/Anxiety about leaving a shelter	67
Separations	
Emotional Separations	
Community Living	20
Isolated from Family	17
Solitude	25
Nature and Outdoors	21
Physical Separations	
Security from thief	23
Private rooms	35
Bathrooms	10
Kids/Noise	43
Nurse Office	9
Library/Reading Area/Coffee Shop	18
TV Area/Videos	26
Computer Room	20
Fitness Area	7
Hobby/Craft Area	5
Wheelchair Access	17
Empathy and Gratitude	
From/for professionals	125
From/for each other	90
Gratitude and thanks	20
Unused Cards	31
Introductory Directions	
Closing Statement	

Quantitative Data Methodology

The Spielberger State-Trait Anxiety STAI Form X-1 was given to participants with printed instructions on the form. During each focus group the lead researcher read the instructions aloud while participants read silently. The lead researcher reiterated that all answers should be based on how the participant felt at that particular moment in the shelter. Altering the instructions to indicate a specific time was a suggested practice for research studies as outlined in the Spielberger et al (1983) manual. When both the state-anxiety and trait-anxiety inventories are utilized in the same study, the state-anxiety inventory is always administered first as the administration of the trait-inventory instrument can influence scores on the state-anxiety inventory due to the emotional climate created by the administration of the trait-anxiety inventory (Spielberger et al, 1983). Because participants only completed the state-anxiety inventory and did not also complete the trait-anxiety inventory, which typically accompanies the state-anxiety inventory on the reverse side of the page, participants were able to focus expressly on how they felt in that moment instead of potentially confusing their general feelings from the trait-anxiety inventory. The lead researcher was careful not to use the term anxiety in discussing the instrument as per the administration guidelines found in the Spielberger Manual.

Participants completed the STAI Form X-1 at three intervals during the study. Repeated administration of Form X-1 provided data over a participant's thirty day shelter program and residency. The first self-evaluation questionnaire (SEQ1) was completed during the participant's shelter intake process that occurred within the first

twenty-four hours after shelter admission. The second self-evaluation questionnaire (SEQ2) was administered seven to ten days after shelter entry and as part of a weekly focus group led by the lead researcher. A third self-evaluation questionnaire (SEQ3) was administered by the lead researcher fourteen to twenty-eight days after shelter entry only if the participant had already completed a focus group. Study participants completed the initial self-evaluation questionnaire (SEQ1) in approximately ten minutes. Study participants completed the second (SEQ2) and third (SEQ3) questionnaires in approximately five minutes at the start of a weekly focus group. These time frames for completion are consistent with the normative values for participants (Spielberger et al, 1983). Each participant answered every inventory question at all three times of administration.

CHAPTER V

DATA ANALYSIS AND RESULTS

Data collection and analysis focused on the immediate needs of domestic violence victims at the time of emergency shelter entry. Data was collected and analyzed with regard to the victims' mental and emotional state. Careful attention was paid to field observations of how the physical environment (i.e., levels of privacy, independence, etc.) supports the needs of these victims. Data collection methods and analysis were modified as emergent themes or patterns were discovered. Methods of data collection for this study included participant observation, focus groups, interviews, document and media analysis, and questionnaires (Gall et al., 2005). In future phases of the research project, tests and other self-report measures could be incorporated.

Domestic violence victims, who participated in four or more appointments and maintained contact with counseling services provided by the shelter, were more likely to successfully complete an intervention program and live successfully after shelter life (Fisher et al., 2006; Ham-Rowbottom et al., 2005) Based on this information, this research project tried to identify SafeHaven end users who had consistently participated in continued and routine meetings with SafeHaven counselors thereby increasing the probability that they would continue the research project interviews and reviews throughout the project timeline. SafeHaven's Executive Director implemented the 7 – 10 day waiting period, as previously discussed, prior to involvement in the focus groups. The sequence of data collection and analysis follows.

Hypothesis 1

First, the STAI was administered to all shelter clients during the intake meeting during the period of study. Client participation was voluntary. Focus group volunteers selected during the initial 7 – 10 day period completed an additional STAI at the start of the focus group meeting. Shelter participants remaining in the shelter beyond the focus group meetings were voluntarily asked to complete the STAI prior to the start of a subsequent focus group although study participants could only attend one focus group. Data collected from the STAI inventory guided the researcher and shelter staff in the ongoing participation selection process as well as in data collection and analysis. Additionally, the administration of the STAI at intervals allowed the researcher to track stress levels over an extended period of time.

Second, focus group demographic questionnaires were utilized to poll current shelter clients at SafeHaven. The initial questionnaire, adapted from the VIVA questionnaire, determined basic demographic information through the use of open-ended questions in aggregate form which provided this statistic about study participants. Current SafeHaven clients were eligible to volunteer for a focus group once they had successfully completed required meetings and training during the first 7 – 10 days in the shelter. Factors to be assessed included, but were not limited to, the following: ethnicity (Caucasian, African American/Black, Hispanic, Asian/Pacific Islander, Native American, Other), age, previous domestic violence experiences, previous domestic violence shelter admissions (yes or no), children, education level, and annual income (See Appendix C and Table 7).

Table 7
Demographic Survey Questionnaire Frequencies

	Frequency	Percentage
Age		
18 – 24	7	21.2
25 – 29	3	9.1
30 – 39	10	30.3
40 – 49	8	24.2
50 -59	5	15.2
Race		
Caucasian/White	13	39.4
African American	12	36.4
Hispanic	6	18.2
Other	2	6.0
Education Level		
High School: No Diploma	5	15.2
High School Graduate or GED	16	48.5
College Degree	5	15.2
Advanced Degree (Masters, PhD)	1	3.0
Other	6	18.1
Annual Income Level		
Less than \$10,000	21	63.6
\$10,001 - \$20,000	4	12.1
\$20,001 - \$30,000	4	12.1
\$30,001 - \$40,000	2	6.1
\$40,001 - \$50,000	0	0
\$50,001 - \$60,000	0	0
Over \$60,000	1	3.0
No response	1	3.0
<i>Note. n = 33</i>		

Third, focus groups were utilized to provide thick descriptions of the domestic violence victim's emotional state and perception of emergency shelter life and services. Focus groups helped explain the phenomena of domestic violence needs upon entry into

an emergency shelter at this particular geographic site. As patterns emerged they were examined as causal or relational if appropriate (Gall et al., 2005). While focus groups did not make definite claims about preferred courses of action, the data collected in this project was analyzed through appropriate theoretical frameworks as emergent themes developed and suggested appropriate methods of analysis. Focus groups were semi-structured permitting the lead researcher to examine emergent themes and topics in weekly sessions as data evolved and the relationship and trust between the lead researcher, study participants, and shelter staff deepened. Triangulation was utilized to enhance to soundness of the research findings and to insure the etic perspective was accurately reflected with carefully managed etic influence.

Fourth, fieldwork included participation observations on site to identify behaviors and relationships among victims. Cases were determined through opportunistic sampling strategies (Gall et al., 2005). The Fort Worth SafeHaven site was the study setting. Focus groups took place on the SafeHaven premises. Volunteers were interviewed at the same site of their initial contact with SafeHaven. In other words, victims were not required to travel to alternate SafeHaven facilities for the interviews.

Focus groups provided insight into the emotional state of domestic violence emergency shelter users in Tarrant Count. Victims utilizing the facility represented phenomenon being studied: life in the shelter and user needs from the built environment. Fisher et al. (2006) reported that minority victims are less likely to report domestic violence incidents due to communication gaps and access to health care workers. However, this research project assumed a higher minority participation rate due to local

demographics, bilingual services, and access to facilities; therefore the data provided may prove to be groundbreaking ethnic research.

Hypothesis 2

Fifth, the researcher utilized content analysis to identify emergent themes and concepts. Data collection utilizing triangulation was used with statistical analyses incorporated to compare self-evaluation questionnaire responses with focus group and interview comments as both relate to study participant stress levels. Efforts were made to incorporate an organizational framework that allowed interdisciplinary components to be integrated into the research as themes emerged.

Additional methods to determine the validity and reliability of the coding framework established by the lead researcher included external reviews from qualitative experts among the researcher's colleagues who reviewed transcripts of interviews they did not conduct. External reviewers met with the lead researcher to discuss the coding framework and determine by consensus the final coding to be utilized. Once all transcripts had been coded, external reviewers were given an additional transcript to review for coding consistency. This process was utilized throughout the transcription and coding portion of the research project.

This study was submitted to the Institutional Review Board(s) of Texas A&M University and the Executive Director and Client Services Coordinator of SafeHaven. Entry into the research setting and cooperation of the research participants had been established by the researcher's ongoing work with SafeHaven. The researcher hoped that

personal experience in the shelter would continue to provide a common ground in order to have volunteers feel more comfortable participating and sharing their stories.

SafeHaven of Tarrant County carefully screens and tests all volunteers, including the researcher. Confidentiality of SafeHaven's clients is of the utmost importance. As an established organization, SafeHaven has numerous ethics and human relations policies in place. Prior to beginning this research project, the researcher provided the director with the research proposal and discussed all aspects of the project in detail. Additionally, SafeHaven staff members have had an opportunity to review all materials (i.e., questionnaires, focus group questions) and provide input. Other possible threats included violence: all research was conducted on site to ensure volunteer safety.

All participants were strictly volunteers. If a viable candidate wished not to participate then an alternate was selected. Volunteers who agreed to participate signed written authorizations to the terms of the study (See Appendix B Informed Consent Form). Volunteers were allowed to maintain anonymity for their safety. All focus groups, interviews, observations, and questionnaires were administered on site at SafeHaven which served as a neutral site during the study. No participants were contacted outside of SafeHaven nor will their personal information be published except under pseudonyms. SafeHaven staff were on hand to observe all aspects of the research project to ensure compliance with their review board policies. Regular written reports were submitted to the Institutional Review Board (IRB) at Texas A&M University as well.

Quantitative Analysis and Results

Statistical analysis of the self evaluation questionnaires (Appendix D) was evaluated in correlation to stress levels among participants. Three independent tests of the self-evaluation questionnaire at each of the three time points were conducted. To hold the experiment-wide error rate to .05, a statistical significance level of ($p \leq 0.02$) was adopted.

Each participant's self-evaluation questionnaire was scored as a single value. Raw scores range from a minimum score of twenty to a maximum score of eighty. Each inventory item is ranked as either as an anxiety-present statement or as an anxiety-absent statement. An inventory item ranking of four indicates "the presence of a high level of anxiety" (Spielberger et al, 1983, p. 12). Ranking is reversed for anxiety-absent items. Normative values of same aged adults were provided in the Spielberger manual in aggregate form (See Table 8).

Table 8
Spielberger Normative Values Means, Standard Deviations, and Alpha Coefficients for Working Female Adults in Three Age Groups

	Ages 19 – 39	Ages 40 – 49	Ages 50 - 69
S-Anxiety			
Mean	36.17	36.03	32.20
SD	10.96	11.07	8.67
Alpha	.93	.94	.90

Standard scores for normal female adults ranged from 35 to 105 for the state-anxiety inventory. These scores were further categorized within the three age groups indicated in

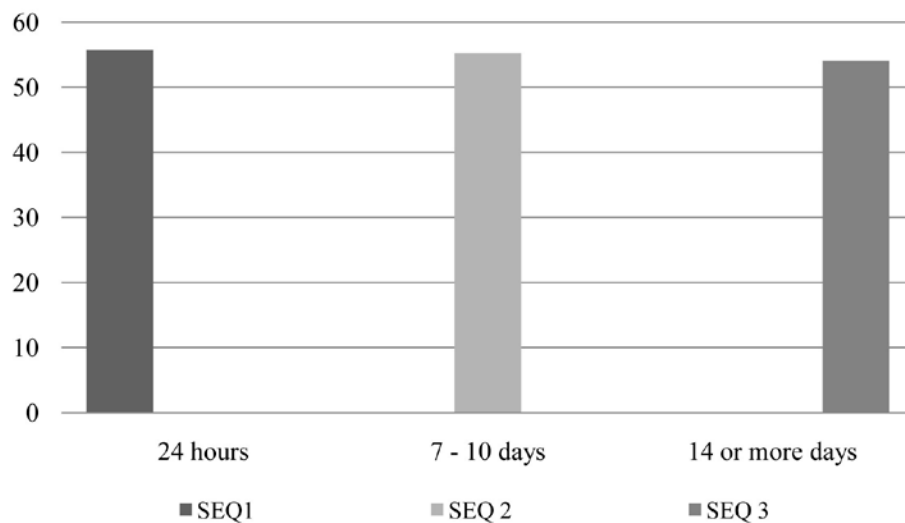
Table 8. Each raw score outcome of 20 to 80 was matched to each standard score within the age categories. The normative values were compared as a single score to the corresponding single raw score for each participant self-evaluation questionnaire at three intervals, SEQ1, SEQ2, and SEQ3, to arrive at the mean values for this study (See Table 9).

Table 9
Means, Standard Deviations, and Alpha Coefficients for Study Participants in Three Age Groups and for Three Independent Tests

	Ages 19 – 39	Ages 40 – 49	Ages 50 - 69
SEQ1			
S-Anxiety			
Mean	56.55	55.62	52.8
SD	14.21	12.32	11.35
Alpha	.95	.95	.95
N	20	8	5
SEQ2			
S-Anxiety			
Mean	55.5	54.75	55
SD	12.52	19.16	17.86
Alpha	.94	.94	.94
N	20	8	5
SEQ3			
S-Anxiety			
Mean	53.5	57.75	50.6
SD	12.04	5.85	11.99
Alpha	.96	.96	.96
N	20	8	5

Participant anxiety levels in this study were higher than the normative values in all age categories and at all three times. Results from this study suggest that anxiety and stress levels among participants remained elevated and static over the thirty day shelter residency period (See Table 10).

Table 10
Stress Levels Among Study Participants



Results also support the primary hypothesis (Hypothesis 1) that upon entry into a shelter environment, female domestic violence victims are experiencing high levels of distress compared to normative controls. The secondary exploratory hypothesis (Hypothesis 2) was that anxiety or stress could be reduced over time if the architectural design of the shelter promoted independence which resulted in less distress among female domestic violence victims utilizing the shelter. Data from this study suggests that the current shelter environment did not reduce stress. When this data is combined with

participant interview data, findings suggest the high level of stress may be reduced over time if the architecture of the shelter provided stress reduction elements as revealed in the qualitative analysis section that follows.

Qualitative Analysis and Results

“Meaning is constructed in the moment that memorable experience is merged with the present” (Downing, 2000, p. 71)

Final content analysis yielded four emergent themes [See Table 11] with multiple subcategories in each. Each broad category is discussed independently in the Discussion section that follows.

Table 11

Content Analysis Emergent Themes

Theme One.	Loss of Independence and Control: The Second Layer of Fear
Theme Two.	Search for Security
Theme Three.	Reconnecting to Self
Theme Four.	Expressions of Humanity

Daily Life in a Shelter: A Typical Shelter Program

Today over 2,000 shelters exist in America (National Research Council, 1998). SafeHaven of Tarrant county is consistent with other national shelters in terms of their policies and programs. Shelter programs have numerous commonalties and may be supported through churches, civic organizations, universities (Pleck, 2004; Sullivan & Gillum, 2001). Most shelters provide hotline services to screen calls and determine the

best course of action for the individual. If a shelter stay is deemed the most appropriate remedy, the domestic violence victim is provided with information about coming into the shelter. Most shelters do not pick up women directly from their homes as this scenario poses a danger not only for the victim, but also for the staff member and potentially for other shelter residents and employees if the abuser follows the victim to the shelter. In many cases the victim is directed to a neutral safe location such as a hospital or police station. From that safe pick up point, the victim is brought into the shelter by either shelter staff or law enforcement. Shelter programs vary as to whether a victim is given directions to come directly to the shelter (Sullivan & Gillum, 2001).

Shelter programs are based on a thirty day maximum stay for victims and their children. Extensions to the thirty days are offered as needed when the resident is making satisfactory progress toward their independent living status, but is perhaps waiting on final court documents such as child custody or restraining orders. While in the shelter, women are provided with housing inclusive of meals and laundry facilities, counseling, and legal aid (Postmus, 2003b; Sullivan & Gillum, 2001). Community living is the standard in shelters with women sharing bedrooms, bathrooms, and household chores. Rules are structured with required house curfews, designated bedtimes, and mandatory weekly counseling sessions. Studies have shown that women who utilize counseling reduce the likelihood of experiencing violence again (Sullivan, 2000; Sullivan & Bybee, 1999).

Policies vary with regard to admitting children and teenagers into the shelter. While most programs will accept all teenage age girls, programs typically do not accept

teenage boys beyond the age of twelve or fourteen. These policies are based on concerns about how battered women and children may respond to the presence of a male in their midst, especially if that young man is muscular and looks older than his actual age (Sullivan & Gillum, 2001). Shelter policies carefully outline the restrictions for male teenagers in an attempt to provide an atmosphere of respect for all shelter residents.

Setting for This Study

The lead researcher's experience with the study participants can best be measured in expressions of gratitude and thanks. Over a four month period the lead researcher met with thirty-three women in dedicated focus groups and interviews held on Saturday afternoons.

Reflexive Journal, June 4, 2008. I was surprised by the shelter's clients (how polite and thankful they were toward me). We had been informed during volunteer training that clients represented all socioeconomic levels and races though the majority would be lower income individuals. We had also been informed that very seldom would a client say thank you or please and we were instructed not to take that personally.

Rapport with study participants was key to the success of the project as research has shown domestic violence victims are reluctant to share their personal stories unless they perceive the researcher as empathetic (Davies, 2000; Shebib, 2003). Active listening, genuine interest, and trust were key elements that the researcher had to establish with participants in order to build rapport for the success of the project (Ambuel, Hamberger, & Lahti, 1997; Ellsberg et al., 2001; Gerbert et al., 1996; Lindhorst & Padgett, 2005; Postmus, 2003a). Rapport provides a foundation for the voluntary disclosure of personal abuse stories (Lindhorst, Meyers, and Casey, 2008).

After volunteering in the shelter for nine months, the lead researcher began conducting weekly focus groups and interviews. For the next four months, the lead researcher was on site every Saturday from 3:30 – 5:30 p.m. Shelter residents had been notified of the weekly focus groups once their case manager deemed them an appropriate candidate for the project.

The lead researcher would arrive early enough to set up the conference room. Focus groups and interviews were always held in the conference room directly behind the Client Services Center. This corner room provided views to nature and privacy from the noise in the resident halls. The room contained two 36” x 72” tables that had been placed together to form a large square table configuration with four equal sides. There were eight chairs, two per side of the table, arranged around the table each week (See Table 2). The lead researcher, or primary investigator, was always seated in the same location for each focus group or interview. The conference room also contained a large dry erase board which was not utilized for the meetings. Participants had often utilized this conference room for other weekly group sessions so they appeared to feel comfortable in this setting.

After I, the lead researcher, conducted focus groups for a few weeks, residents grew accustomed to seeing me on site and some even began to referring to me as “the focus group lady” despite the fact that the lead researcher wore a photo identification badge, a requirement of all shelter staff, employees, and vendors. The only shelter occupants that did not wear photo ID badges were the domestic violence victims. Week after week as the lead researcher returned, participants from previous weeks would come

by to say hello before that week's group began. Often these women were waiting on the bench outside the conference room or in the dining hall through which the lead researcher had to pass to reach the Client Services Area to get a key to unlock the conference room. The lead researcher could count on at least two former participants for a visit each week. These women took delight in updating me on their progress especially when they had secured their housing and were close to moving out of the shelter. These former participants also served as the best marketing agents for my research project. They were always telling me that they had a new roommate and that they had told her all about "the focus group lady." They went on to instruct these new recruits about what they needed to do to participate in the study. I was always amazed at their excitement about what she was doing. Even women who had participated but seemed very reluctant to be doing so would come back by and tell me how much the group helped them and how much they appreciated that experience.

Empathy was both spoken and demonstrated in countless moments of expressed gratitude and thanks. Participants ended each focus group by thanking the lead researcher for spending time with them and for caring about the shelter and outcomes [R008, Interview C, 03/26/09, page 55; R017, Focus Group E, 04/11/09, page 125; R020, Focus Group F, 05/02/09, page 147; R019, Focus Group F, 05/02/09, page 147; R022, Interview G, 05/09/09, page 40; R026, Focus Group H, 05/16/09, page 138; R030, Focus Group I, 05/23/09, page 110; R029, Focus Group I, 05/23/09, page 110; R031, Focus Group J, 06/13/09, page 70; R033, Focus Group J, 06/13/09, page 70]. "We appreciate you coming all the way out here and taking time out of your Saturday to come

out here” [R027, Focus Group H, 05/16/09, page 138, page 1308-1309]. Gratitude was also seen weekly when participants from previous focus groups would stop by the conference room before that week’s focus group with the intent of saying hello to the lead researcher and with the intent of giving updates on their personal successes for the week. “I’m just counting my blessings because it (life) could always be worse” [R022, Interview G, 05/09/09, page 31]. Gratitude was further manifested by past participants encouraging new shelter residents to participate in the focus group when they were eligible. Focus group participants championed the cause and marketed the group by word of mouth.

Residents were most thankful for the support of the shelter program, staff, and volunteers, inclusive of community members who made donations of food, clothing, or other services and supplies. “I hate to say this. I’m kind of glad that it (domestic violence) happened because otherwise I wouldn’t have had this, this type of therapy for free, you know, and it has helped me so immensely. I mean it’s unbelievable since I’ve been here, to help me so much” [R022, Interview G, 05/09/09, page 15-16, line 103-106]. Social support initiatives, such as the focus groups and interviews, provided opportunities for victims to be actively engaged in a venue that they perceived as a positive and valuable outlet for coping with their emotional state (e.g., Dunkel-Schetter, Folkman, & Lazarus, 1987; Dunkley, Blankstein, Halsall, Williams, & Winkworth, 2000; Holahan & Moos, 1987).

As participants filed out of the conference room each Saturday afternoon, they often were kind enough not only to thank the lead researcher for spending time with

them during the session but also to express well wishes for the ongoing research project.

“Good luck to you with your research” [R008, Interview C, 03/26/09, page 55]. “This (focus group) is good. You’re doing good” [R001, Focus Group A, 03/09/09, page 60].

“When are you (the primary investigator) coming back?” [R016, Focus Group E, 04/11/09, page 125].

CHAPTER VI

RESULTS & DISCUSSION

Theme One. Loss of Independence and Control: The Second Layer of Fear

Reflexive Journal, May 2, 2009: The women didn't know what a shelter was going to be like [before coming into the shelter] and then they come in and there are all these rules. The women talk about how they left a house with his rules [the abuser] and now they are in a shelter with somebody else's rules and they [the women] have this loss of independence. In leaving their abuser part of what they were trying to do is regain some independence and regain some self-worth and they don't feel that they're getting that by coming into an environment with so many rules. That lack of independence, because they do not have control over things in the shelter, constantly worries the women. There is a schedule in the shelter which is very regimented and the women seem to understand and appreciate the schedule in some respects but they resent it too because they are busy all the time, with so many rules and responsibilities, that they are afraid of breaking a rule and getting kicked out. So they live in a second layer of fear – fear that they'll mess up and get thrown out. The loss of independence and fear of getting kicked out are common concerns I hear in the focus groups.

A loss of independence or control that created a second layer of fear under which participants lived while in the shelter emerged as the dominant theme. Fear of an abuser was the first layer of fear and often the primary reason the women sought shelter. Control, or lack thereof, and a loss of independence emerged as four distinct categories: (1) control of self; (2) control over entering a shelter, (3) control of imposed rules and limitations; and (4) control of outcomes. Each of these categories directly impacted the victim's ability to exert her independence and regain a feeling of self worth. Previous studies have documented the harmful effects of domestic violence as these effects directly relate to a victim's sense of self-worth or value, attributes linked to an individual's understanding of self in relation to others (McCann, Sakheim, & Abrahamson, 1988).

1. Control of Self. Especially as this control relates to the choice to enter a domestic violence shelter, control of self emerged as participants answered focus group questions about entering the shelter. Question 1, “What made you decide to come into the shelter when you did?” yielded the most responses with respect to control of self as that control relates to control over life situations and choices such as entering the shelter. One participant indicated that she came to the Fort Worth shelter from the state of Kansas because “I wanted to be back where I was happy. I lived here [Fort Worth] before and I was happy then so I decided to come back to happy” [R001, Focus Group A, 03/09/09, page 2, line 13 – 15]. She continued to explain how she planned her return by slowly placing personal items in the homes of her neighbors and family until she had enough money saved for a bus ticket. At that point, she loaded six full suitcases with personal necessities and returned to Texas and entered the shelter by choice [R001, Focus Group A, 03/09/09, page 6]. This participant’s calculated plan to leave an abuser was not the norm as seen in discussions about the choice to enter a shelter; however, her careful planning over time is consistent with findings in other studies. Most victims of domestic violence leave and return to an abuser multiple times before exiting an abusive relationship (Bell, 2003). For many women, the decision to leave can take up to eight years (Horton and Johnson, 1993) and may result in a process of leaving and returning multiple times before exiting the relationship for good (Dobash and Dobash, 1979).

Other participants echoed the desire for a return to “happy” deciding to come back to Fort Worth from out of state in order to find shelter in a city where they once had been happy [R006, Focus Group B, 03/16/09, page 2]. Participants also cited their use of

the internet to research Safe Haven of Tarrant County before making their relocation plans to Texas. For some participants, the research process included not only internet searches but also multiple telephone conversations with the shelter staff in anticipation of returning to Fort Worth [R006, Focus Group B, 03/16/09, page 3]. In each of these examples, women were attempting to take charge of their situation and make an informed decision about leaving an abuser. Studies have shown that access to domestic violence resources via the internet and other formal systems provides women with valuable resource in making an informed decision about available services in their community, state, or surrounding states (Davenport et al, 2008; Edwardsen & Morse, 2006; Peckover, 2003; Westbrook, 2007). Access to these electronic resources, however, does not replace the need for informal networking (Harris et al, 2001; Morrison et al, 2006).

Speaking of entering the shelter one participant said, “When I came in here, my whole, my whole, identity was stolen from me, so they're helping me get it back and if it wasn't for them, (pause) I don't know how I would get it back. So it kind of brightens up my day when I, when I reach the goals that they set, that I'm setting for myself, or that I have talked to my caseworker and set with them. It brightens up my day” [R008, 03/26/09, page 42, line 296-300]. Other participants indicated that they came into the shelter with a plan of action for life in the shelter [R002, Focus Group A, 03/09/09, page 16]. For many women, that plan included “working to get out of here [the shelter]” and on to an independent life without their abuser [R001, Focus Group A, 03/09/09, page 17, line 156]. Another participant maintained that she was trying to return to a state of

independence saying, “I’m taking care of my business of getting up out of here because I like to be independent and I don’t want to have to depend on anyone for help” [R008, Interview C, 03/26/09, page 12 – 13, line 87-89]. This same participant indicated earlier in her interview that she knew she deserved better treatment than what she received from her abuser and “it frustrated me emotionally because I had to walk and look in the mirror everyday at myself” [R008, Interview C, 03/26/09, page 9, line 65-67]. Her choice to enter a shelter was under her control and directly related to her sense of self-worth. Most domestic violence victims enter a shelter only when they have no other outlet and most often because of limited personal financial independence: entering a shelter often means that the women must accept some form of federal assistance such as welfare (Postmus, 2003b).

Many expressions of control centered on examples of when and how participants felt a lack of control over their person and situation. Reflecting specifically about the time of shelter admission, participants often spoke of how overwhelming the experience was especially given how physically and emotionally exhausted they were at the time of shelter entry [Focus Group E, page 32, 33, 34, 38, 60]. Personal independence included a desire to take control of the shelter intake process. Participants spoke about going through the intake process within hours of entering the shelter even when they were admitted after midnight. “They’re [shelter staff] asking me questions and filling out stuff, and I was thinking through all of this and I was thinking in my head, ‘why can’t you do this tomorrow?’” [R012, Focus Group D, 03/28/09, page 28, line 172-174]. Participants continually spoke of being tired and overwhelmed and therefore wished to

defer the intake process until later the next day. Other women recounted their intake experiences recalling how they were fighting sleep while they waited at the police station or safe pickup point before they even arrived at the shelter for the intake process [R023, Focus Group H, 05/16/09, page 15]. Given the option, these women expressed a desire to complete the intake process after resting. Speaking of the shelter entry process and her personal needs at the time, one participant established “I need rest because I came in badly bruised but I also need mental [rest] because I was really confused, really shook up” [R020, Focus Group F, 05/02/09, page 50, line 345-346]. In response to this participant’s comment, another focus group participant added, “All you really want to do is just lay it down. And you just want to lay down and rest” [R014, Focus Group D, 03/28/09, page 28, line 175-176]. Due to mental and physical exhaustion at the time of shelter admission, participants cited the need for rest not only before beginning the intake process but also before tackling the daily regimen of shelter life and, more importantly, the steps toward their return to independence.

Control of self comes with the recognition that change must also ensue. “We have to change our whole lives around [because of choosing to leave an abuser]” [R012, Focus Group D, 03/28/09, page 37, line 233-234]. Elements related to change were also discussed in context with participants’ disbelief that they had let someone abuse them in the first place. Participants often questioned how and why they let this (abuse) happen to them [R013, Focus Group D, 03/28/09, page 38]. Depression was cited repeatedly as an emotion experienced when the participants felt they lacked control of self. Suicidal thoughts were another contributing factor in the decision to enter a shelter. Participants

recalled making the decision, “when I was ready to just maybe take my life” [R020, Focus Group F, 05/02/09, page 2-3, line 20-21]. During focus groups participants also stated that thoughts of suicide often surfaced before entering the shelter and these women shared their personal accounts of how they felt a lack of control over themselves in the abusive situation. “Yeah, I’ve been having suicidal thoughts. See, I was concerned I was going to kill myself” [R032, Focus Group J, 06/13/09, page 5, line 43-44]. Women spoke of their decision to take control of the situation when they realized that they wanted to hurt themselves because of the abuse [R020, Focus Group F, 05/02/09, page 2].

Repeatedly participants spoke of being confused and depressed because of the abuse they endured. Healthcare professionals and researchers alike have documented the long-term negative effects of domestic violence on female victims citing lifetime emotional and physical consequences (Brackley & Williams, 2008; Dong et al, 2004; Tjaden & Thoennes, 2000c; Dearwater et al, 1998). Confusion coupled with depression often resulted in women not feeling in control of their senses and citing that they often could not recall what day it was or what time it might be. With this realization many women confirmed, “I just went into myself. I shut myself off from everything, from everyone, so communicating or talking to people was real hard. I didn’t trust anyone” [R020, Focus Group F, 05/02/09, page 38, line 272-274]. Due to long term manipulation by their abusers, women often suffer long term emotional issues from the abuse.

2. Control of Choice to Enter a Domestic Violence Shelter. Control of choice to enter a domestic violence shelter also emerged with focus group questions about entering the shelter. Participants commented about control of self. One participant indicated that she was in great emotional pain and that particular pain served as a motivator for her to leave her abuser and enter a shelter because she had to make a change [R025, Focus Group H, 05/16/09, page 6]. Question 1, “What made you decide to come into the shelter when you did?” and Question 2, “What was your biggest concern about entering a shelter?” yielded the most information about entering a shelter by choice. In both instances, women responded with comments about how helpless they felt because they had no control over what was happening to them with their abuser [R026, R027, Focus Group H, 05/16/09, page 24]. For most shelter residents, the decision to enter a shelter occurred when the women felt they had nowhere else to go [R008, Interview C, 03/26/09, page 20; R028, Focus Group I, 05/23/09, page 2]. Women also cited that they “could not plan when you were coming” into a shelter because you never really knew the moment that you would leave [R006, Focus Group B, 03/16/09, page 89, line 600-601]. With no other options available to victims, the choice to enter a shelter is made for many women often leaving the women feeling demoralized. Due to prolonged abuse, victims become increasingly depressed and withdrawn especially as the victim’s sense of self worth diminishes (Aguilar & Nightingale, 1994; Barnett, 2001; Cascardi & O’Leary, 1992; Lynch & Graham-Bermann, 2000). Women also indicated that the choice to enter a shelter was evident when their children began to experience the abuse as well. When asked about what led to their decision to enter the shelter, one

participant responded, “My children. I could...(pause)...I was in my own little prison. So I, uhh, decided to get out. There was no way I could live...(pause)...and go inside...(pause)...so I decided to take my life back” [R018, Focus Group F, 05/02/09, page 6, 37-39]. Many participants remarked that they had no choice but to enter a domestic violence shelter with this decision often enforced by others, especially law enforcement [R022, Interview G, 05/09/09, page 2].

While many women voluntarily chose to enter the shelter, others were encouraged or persuaded by law enforcement agents. Interactions with law enforcement provided great stress for these women as those situations placed the women in a position of no control. Fear, anxiety, and anger emerged as participants spoke about their encounters with law enforcement. Women expressed frustration with the legal system speaking of having so many questions asked and of being flooded with so much information that they could not absorb in the moment of their exit from the abuse. Upon reaching the police station safe pickup point, “You expect, I did, that there would be a magic wand and they would just wave it and be like, this is what you need to do, and this is what you need to know about this, and these are the people you need to talk to about this, and this is where you need to go to get this. There are so many questions. So many questions” [R019, Focus Group F, 05/02/09, page 37, line 259-262]. When law enforcement could not wave this “magic wand”, domestic violence victims felt further victimized.

One participant spoke of her involvement in the creation of domestic violence shelters in the early 1980s. She organized safe havens including offering her own home

as part of what she termed ‘an underground railroad.’ She and collaborators also helped find counseling for women in need. To this participant’s dismay, she now found herself in need of the very services she helped established thirty years earlier. Her dismay was evident as she stated, “and the rebel that I am, over the last thirty years, and now I see that nothing has changed” [R031, Focus Group J, 06/13/09, page 60, line 714-715]. She was concerned about how women, thirty years later, were still fighting for their identity and the right to take their children when they left.

Still other participants had a family history of domestic violence. During the summer of 2008 while the lead researcher was volunteering at the shelter and conducting participant observations, she witnessed this family cycle during an intake process.

Reflexive Journal, September 18, 2008: “Today the staff was overloaded with requests and intakes. People were coming in all day long. It got so busy in the afternoon that the staff sent me out front to meet a new intake and her son. When the cab arrived I gave the driver his voucher and then turned to help the woman out of the cab. She was pleasant and stood clutching her purse or small bag in one hand and her young son’s hand in her other hand. She stood silently staring up at the shelter. I welcomed her and told her they were safe now. She began slowly shaking her head from side to side. Again I reassured her they were okay and she said, ‘it looks the same’ as she took in the sight of the shelter building. Assuming she was a repeat client I asked her when she was last in the shelter, expecting her to say May or June because the summer had been very busy. She smiled slightly pointing toward her young son and saying, ‘when I was his age’. I stood frozen like a statue. Was it possible that this twenty-something year old woman had been in the shelter with her own mother when she was five or six years old like her son?”

Recounting her personal experience one participant stated, “and when I was going through my little thing (domestic violence), I didn’t want to be a statistic because this (domestic violence) is home for me. This hits home” [R022, Interview G, 05/09/09, page 37, line 259-261]. This same participant continued explaining, “I think I would rather

have had the physical than the mental and emotional abuse because it just chips away your self-esteem. It takes away your (pause), your fiber of yourself. You don't know who you are. It's like, where did I go?" [R022, Interview G, 05/09/09, page 37-38, line 262-266].

Control of self viewed as independence was also expressed when participants spoke of control of others such as their abusers, children, and other shelter residents. These concerns emerged not only during questions about entering the shelter but also during questions about daily life in the shelter. After contacting the shelter hotline, women who are admitted into the shelter are instructed to go to one of the designated safe pickup points in town, many of which are local police stations. Many participants entered the shelter with children and often spoke of concerns related to child care issues. Of particular concern was the process of working with Child Protective Services (CPS) to establish primary or sole parental control for the children.

One aspect of controlling children involved monitoring their behavior. Residents with children are not permitted to leave their children unattended unless the children are in a sponsored shelter activity during the day. During times of the day or week with no scheduled children's activities, mothers stay busy babysitting their children in addition to caring for themselves. "I have my daughter here, so you know, [laughing to herself] I'm running up and down, going here and you know, stuff like that" [R017, Focus Group E, 04/11/09, page 42, line 285-286]. Other participants chose to enter the shelter when they could not control the actions of their abusers, especially when these actions placed their children in harm's way. One pregnant participant spoke of being kicked repeatedly

in the stomach by her abuser. Fearing for the life of her unborn child, she chose to enter the shelter [R023, Focus Group H, 05/16/09, page 7].

When asked about daily life in the shelter and the biggest frustration, participants overwhelming cited the structure and rules in the shelter. Women often expressed frustration with themselves because they had tried to stand up to their abuser, in order to change the situation, but without success. “For me the experience [of entering a shelter] was, they reduced me from a confident professional woman down to a child” [R031, Focus Group J, 06/13/09, page 15, line 153-154]. The experience of seeking help and then falling under someone else’s rules was very demoralizing for participants.

3. Control of Imposed Rules and Limitations. Control of imposed rules and limitations emerged during questions about daily life in the shelter but this subcategory was also echoed in the initial questions about entering the shelter especially as those questions related to leaving an abuser. “Oh, the rules! Rules are rules” [R002, Focus Group A, 03/09/09, page 33, line 325]. Participants also often responded that they were tired of “his” rules, the abuser, so the women decided to enter a shelter because they wanted to return to self-sufficiency, to independence, not only for themselves but also for their children [R016, Focus Group E, 04/11/09, page 4]. In these examples women were demonstrating their initial impetus to regain control and care for themselves and their children.

Participant Observation, June 10, 2008: There are numerous rules by which the clients must comply. Some of the simple house rules are that if you can work, you must go to work each day. Regardless of having a job or being able to work, all clients must be up and out of their rooms by 8 am. Clients are not permitted to hang out in their rooms all day although a few abuse this and sleep all day. Clients must be back in the shelter by 6:30 *p.m.* each night. There are exceptions for work release but as a general rule, lock down begins at that time. There are mandatory house meetings each night at 9:30 *p.m.*. The house meeting is preceded by counseling sessions at 8 *p.m.*. The counseling sessions are for the women and the children.

It seems that by being in the shelter during the day hours I am missing the real client experience as most are gone during the day. If a client does not have a job, part of her assignment is to go out and interview. The shelter provides resources for the women to be able to conduct a job search. The shelter, however, does not have an area where these women could use the computer or internet to conduct any work. Case managers can schedule computer time for a client in a vacant office if the case manager feels this is necessary. The lack of control over basic tools and functions seems depressing to me. How do the clients feel when they have been stripped of everything including the freedom to help oneself?

Women also expressed frustration with a lack of control or independence selecting where and how they spent their time in the shelter. Participants felt that the shelter rules limited their freedom of choice. “Yeah, I think that it’s [the shelter] controlling, you know, and you’re just getting out of a controlling relationship” [R014, Focus Group D, 03/28/09, page 56, line 371-372]. Another participant spoke of the shelter’s structure and indicated, “all the structure, I mean for me, it’s like being back with him [the abuser]....and it [the structure] just makes me flash back [to her time with the abuser]” [R029, Focus Group I, 05/23/09, page 37, line 343-344 and 346]. As much as the women complained about the rules, however, they were accepting of some structure because they wanted consistency. Consistency was apparently lacking when weekend staff did not enforce the rules in the same manner as the weekday staff. Several participants commented that the rules were in place for their own safety and for that

reason they accepted the rules whether they liked them or not [R012, Focus Group D, 03/28/09, page 177].

Control associated with rules and regulations also included a desire to ensure that other shelter residents were not only following the program but also assuming ownership of their responsibilities, whether that was shelter chores, parenting, or maintaining shelter confidentiality. Participants were concerned about peers who did not share in the workload [R002, Focus Group A, 03/09/09, page 34]. “If you don’t do your chore, then we all suffer. I shouldn’t have to do your chore and mine!” [R002, Focus Group A, 03/09/09, page 33, line 329-330].

Of particular concern was a division between women with children and women without children. Mothers spoke of trying to parent in the shelter environment and how the structure of the rules and regulations made that difficult. Women without children voiced their concerns about unattended and misbehaving children. Studies have shown that most women entering a shelter are not prepared for community living arrangements and the stresses that come with those circumstances, especially the imposition of new rules and regulations (Sullivan & Gillum, 2001). Participants understood that the rules were in place to help support a community living environment and without these there would be chaos. “It would be nice if the moms here, some of the moms here, realize that not everybody understands that, the rules are rules. They’re not just, we hate you so no we don’t like your kids” [R005, Focus Group B, 03/16/09, page 59, line 392-394]. Chores are required of all shelter residents. Women alleged that the execution of chores

needed to be more closely monitored to ensure that the outcome was acceptable [R005 & R002, Focus Group B, 03/16/09, page 63].

When asked what the biggest frustration about shelter life was for residents, women repeatedly emphasized the rules, regulations and limitations [R008, Interview C, 03/26/09, page 21]. Additional frustrations included lack of choice over where and how to spend the day in the shelter as well as a lack of time to complete tasks, especially tasks associated with access to technology like the internet and computer [R008, Interview C, 03/26/09]. After speaking of the frustrations with the limitations, the women contended that these instances heightened their level of depression [R008, Interview C, 03/26/09]. Other residents freely maintained that they liked the structure and knowledge that everyone was working with the same rules and regulations [R012, Focus Group D, 03/28/09, page 54]. “I just feel like there should be an order, and a process, and I don’t mind following the rules or the process” [R012, Focus Group D, 03/28/09, page 54, line 364-365]. Participants who had been in different shelters often interjected by stating that previous shelters were far more stringent about rules and enforcing the rules so that this particular shelter was not quite like that [R021, Focus Group F, 05/02/09, page 53]. Women with children were especially grateful for the rules and structure because they claimed that these gave them time to attend to other issues while their children were participating in shelter programs [R021, Focus Group F, 05/02/09, page 56].

Daily curfew rules were another source of frustration where women expressed feelings of not having control over their environment [R016, Focus Group E, 04/11/09,

page85; R017, Focus Group E, 04/11/09, page 85]. “I’ve never had a curfew a day in my life so it’s trying to get used to it, getting used to being in here at a certain time...so it’s like my freedom is limited” [R008, Interview C, 03/26/09, page 26, line 174-175 and 177]. Another participant spoke in favor of the rules stating, “So I like that I’m on a schedule because I’m not used to rules, at all! And now I have to do what is the rules and I have to get out into the real world and do things for myself instead of like depending on my mama or my sister or my older sister to get to help me out” [R015, Focus Group E, 04/1//09, page 56, line 398-401]. These women felt that the rules gave them a sense of independence in that the rules provided a structure and some boundaries from which to begin. “I think they’re trying to make it more like a family, like the routine of cleaning...for the most part it’s, you know, it’s close to family like what you would do at home” [R022, Interview G, 05/09/09, page 10, line 65-69].

Many frustrations were expressed with regard to the daily shelter schedule as that schedule prohibits working in the computer room. Women spoke about how they needed to spend their days outside of the shelter going to job interviews, working on transitional housing, and caring for their children. As this required them to be out during the work day, they expected the shelter rules to support their need to continue working after they returned to the shelter; however, the daily schedule included dinner at 5 p.m. followed by chores and then group meetings at 7 p.m. with the mandatory house meeting every night at 10 p.m.. Due to the meeting schedule, the computer room was not available for resident use from 5 to 10 p.m. and after midnight when it’s lights out for everyone. The women complained about how they lost control over their own ability to continue work

or housing related matters online due to the rule that the computer room be closed [R016, Focus Group E, 04/1//09, page 112]. Participants felt as if the structure was especially overwhelming during the first few days in the shelter, “So the third day, which was a good day because I felt like I had accomplished something” [R026, Focus Group H, 05/16/09, page 36, line 326-327].

Participants also felt that the rules, and of particular import the inconsistent enforcement of the rules, was another barrier to self control. Numerous participants spoke of inconsistencies in the weekday versus weekend staff members and the enforcement of rules [R016, Focus Group E, 04/11/09, page 119]. “Not knowing the rules and then not doing, you know, what they asked you to...following the rules...not breaking them” [R013, Focus Group D, 03/28/09, page 6, line 31-32] was a common concern voiced with regard to being in control of the shelter experience and the decision to stay or be exited from the shelter. Fear of breaking the rules was the cornerstone to the second layer of fear participants experienced while living in the shelter.

4. Control of Outcomes. Control of outcomes emerged most prominently during focus group questions that centered on exiting the shelter, or anticipating an exit. Decisions about outcomes related back to the lack of control that women felt in the relationship with the abuser especially as this lack of control required the women to enter a shelter. Control of personal outcomes focused on the future specifically as that destiny was impacted by housing, job, finances, legal matters, and the stay in the shelter. [“return to happy”, FG A, line 13]. Previous studies have indicated that domestic violence victims view financial independence as a critical component required for

breaking their abusive relationship (Wuest & Merritt-Gray, 1999) Women repeatedly cited concerns about being able to manage their legal matters inclusive of restraining orders against their abuser [R028, Focus Group I, 05/23/09, page 10]. “Before you can move on, you’ve got to get the legal stuff taken care of and out-of-the-way” [R028, Focus Group I, 05/23/09, page 101, line 906-907].

Job loss and separation from supportive family and friends was another aspect of personal control that these women lost. Several participants spoke of losing employment and being driven away from their routine because of their abuser’s control which severely limited the women’s control and independence [R019, Focus Group F, 05/02/09, page 92]. Since many of these women were on welfare and therefore in a lower socio-economic standing, their status often posed a barrier to employment (Lindhorst, Oxford, & Gillmore, 2007; Riger & Staggs, 2004). Another participant acknowledged, “He got to the point where he just took control. Control over my life” [R020, Focus Group F, 05/02/09, page 127, line 991-992]. As a result of that control by her abuser, this same participant went on to state, “I’m not sure that I’m ready to make decisions on my own right now” having lost her sense of independence and self control [R020, Focus Group F, 05/02/09, page 127, line 992-993]. Participants hoped to regain their self confidence and ability to think independently by entering a shelter program that they felt would change their personal outcome in a positive manner [R018, Focus Group F, 05/02/09, page 142; R020, Focus Group F, 05/02/09, page 143]. Research contends that social support is paramount to a victim’s ability to overcome adversity: social support is a coping resource (Holahan & Moos, 1987; Holahan et al., 1995; Lakey &

Cohen, 2000). Of particular import are studies which have documented decreased victim disengagement such as denial or avoidance where victim's perceived high levels of social support (Fleishman et al., 2000; Holahan & Moos, 1987).

Many women enter the shelter understanding that the outcome is directly related to their actions while in the shelter. Speaking of herself and her roommate, one participant indicated, "We are serious about working to get out. I've been here twenty-three days. I'm exiting soon too. I'm just waiting on my housing paperwork. Everything else is in place" [R002, Focus Group A, 03/09/09, page 18, line 162-164]. "It's (the shelter experience) what you want to join in. Just be a part of it. Make the best of it. Make the best of it" [R030, Focus Group I, 05/23/09, page 45, line 419-420]. Other women felt that their control over outcomes was directly linked to not falling back into old patterns of behavior [R029, Focus Group I, 05/23/09, page 91].

Reflexive Journal, June 6, 2008. It also seems very odd to go into the shelter for a few hours and leave it all behind to return to my "nice" and "normal" life when my shift is over. I feel guilty for being free to leave and go about my life independently. I find myself thinking about the women I've met and wondering if they are doing well. It is especially difficult to return to the shelter every other day only to discover that some of the women have gone. Often they leave only to return to their abuser. I am starting to understand the frustration of the case workers.

With regard to contributing to outcomes, several women spoke of wanting the option to defend themselves during the weekly case manager meetings during which shelter staff determine who will remain in the shelter and who will be exited for that week. These women view the opportunity to defend themselves as an important step toward control over their shelter outcome stating the importance of being able "to stand

up for yourself and know what's going on about you. That's good. It would be nice to be a part of the decision about your stay" [R001, Focus Group A, 03/09/09, page 56, line 556-557]. Other women echoed the desire to advocate for their extensions when required [R006, Focus Group B, 03/16/09, page 114; R005, Focus Group B, 03/16/09, page 118].

Many women spoke of secure housing as their key to exiting the shelter [R019, Focus Group F, 05/02/09, page 123]. When asked about voluntarily leaving the shelter one participant responded that she would be ready as soon as she had her housing voucher because then "I'm able to go out and find me a place to stay. I think I would leave and go stay the rest of my time over there [at the new housing location]" [R008, Interview C, 03/26/09, page 41, line 287-288].

Other women expressed their desire to stay in the shelter only as long as they viewed the program as helpful stating, "I'll stay only until I get the help and I'm strong enough to be like, you know, no more of [gesturing about the abuse]" [R013, Focus Group D, 03/28/09, page 111, line 823-824]. Many viewed public housing as the end goal from the shelter experience indicating that by achieving public housing they had been exposed to an opportunity they would not have otherwise had [R014, Focus Group D, 03/28/09, page 118]. "I'll be so happy, you know (laughing), to get into my place and start my life with my daughter" [R017, Focus Group E, 04/11/09, page 96, line 798-799]. Many women were overwhelmed, however, when they realized that their housing was finally in place. One participant spoke of anxiously waiting for her housing voucher and upon receipt, she emphasized through tears, she couldn't believe that "this is finally happening" [R016, Focus Group E, 04/11/09, page 102, line 851].

When asked about voluntarily leaving the shelter after working out transitional housing many women responded that they would be ready because “at that point you’re okay and you can make choices in your life” [R010, Focus Group D, 03/28/09, page 130, line 986-987]. Other participants summarized the exit process indicating that they would be ready not only when their housing was settled but also when they had a job [R017, Focus Group E, 04/11/09, page 52; R016, Focus Group E, 04/11/09, page 53; R020, Focus Group F, 05/02/09, page 192; R021, Focus Group F, 05/02/09, page 121; R018, Focus Group F, 05/02/09, page 122; R019, Focus Group F, 05/02/09, page 135]. Speaking of needs prior to a shelter exit, one participant summarized that portion of the focus group stating, “Housing. Finances. Security. The three things that everyone needs” [R031, Focus Group J, 06/13/09, page 46, line 547-548].

Control over outcomes also emerged as women spoke about shelter resources such as the computer room, access to the internet, and access to a telephone. These desired separations emerged more fully in participant statements related to their reconnection to self, the third broad emergent theme. Repeatedly, however, in discussions about control and independence, these women expressed a desire for more computer time to complete online applications not only for employment but also for housing. These women felt that lack of access to resources impeded their ability to control their personal outcomes [R016, Focus Group E, 04/11/09, page 115]. As the women began the interview process for employment they were often hesitant to list a shelter telephone number on their resumes and yet they understood that employers needed to be able to reach them. Participants expressed great concern that not having a

telephone number listed on a resume would look “bad or weird” to a potential employer and perhaps jeopardize their employment options [R020, Focus Group F, 05/02/09, page 93]. Participants viewed the telephone as “a lifeline and a must” among their basic shelter needs in order to control their personal outcome [R020, Focus Group F, 05/02/09, page 91, line 663]. This lifeline was also viewed as a necessity for staying in touch with family members especially when shelter residents were concerned about the health and well being of their family [R008, Interview C, 03/26/09, page 40].

Other women who had been in this or other shelters before spoke about how they left the shelter without fully participating in the shelter programs during their previous visits. Furthermore, these women acknowledged that they were back in the shelter again because they did not leave fully prepared in previous visits because they did not stay long enough to gain the “useful tools and information that would keep them from coming back” [R020, Focus Group F, 05/02/09, page 11, line 75]. Many of these women acknowledged that by not taking full advantage of the shelter program they had not made the necessary changes to provide the independence and control needed for long-term life changes [R018, Focus Group F, 05/02/09, page 12].

As they approached the end of the thirty-day program, women expressed mixed emotions about that milestone. Smiling, one participant declared, “Tomorrow will be twenty eight days for me and my plan is to exit” [R006, Focus Group B, 03/16/09, page 27, line 178]. Many participants indicated that the whole point of being in the shelter was to work toward independence [R020, Focus Group F, 05/02/09, page 101; R021, Focus Group F, 05/02/09, page 101]. Regardless of the issue of control the participants

commented that overall they needed to be “sure that you have enough time to do all the things that you need to do” before being exited [R018, Focus Group F, 05/02/09, page 102, line 760-761]. Veteran shelter participants often spoke up during focus groups to assure the new shelter participants that one shelter stay was not the end. “At that point (exiting the shelter), make a call to another shelter. If you still need more time, you just call another shelter” [R021, Focus Group F, 05/02/09, page 116, line 884-885]. The bottom line for these women is an understanding that “you got to break that cycle (of abuse)” [R021, Focus Group F, 05/02/09, page 141, line 1117]. Again, women spoke of how out of control their lives had gotten and how making a change by entering a shelter was the only way they knew to regain control of the long-term outcomes in their lives [R022, Interview G, 05/09/09, page 35-39]. Many participants feared that they would not be able to take control of their lives and make the necessary changes to ensure an abuse-free future. “I want to change but I don’t think I can. I don’t know. I probably won’t. I don’t know.” [R023, Focus Group H, 05/16/09, page 26, line 231-232].

Of interest to the lead researcher were the instances when the focus group participants took “control” of the question and answer session. Of particular interest were the discussions about the design of the existing shelter and the possible implications for a new shelter design. In one focus group, a participant pulled out her notepad and began drawing blocks of space on the paper. “I was sitting here trying to draw our plans on a piece of paper” [R033, Focus Group J, 06/13/09, page 38, line 443-444]. Other women in different focus groups would sometimes gather paper and begin drawing their layouts as well. Participants were very enthusiastic and appeared to feel

empowered by the sense of choice in designing a shelter. These participants took their sketches with them as they left for dinner. One group in particular planned to continue working on their design together over dinner. The June 6, 2009 focus group was especially inspired by their design session. Participants excitedly added their thoughts about the design of a “dream shelter”. One participant suggested adding a swimming pool and another participant quickly jumped in to counter that suggestion with all the possible liability issues. The participant making the original suggestion responded, “Well, but see what I was thinking is, I’m just designing the place. I’m dreaming (smiling to herself)” [R033, Focus Group J, 06/13/09, page 28, line 330-331] to which the naysayer quickly replied, “Okay, that’s right. We’re dreaming. Let’s go! Let’s go with it. Okay, put that pool in there!” [R031, Focus Group J, 06/13/09, page 28-29, line 333-334]. This same focus group decided that they should apply for a grant to fix the shelter. “I know. I’ve always said that I wish that the President of the United States would be a welfare mom (like me) because nobody else knows how to stretch it (resources) to get more than a welfare mom!” [R031, Focus Group J, 06/13/09, page 43, line 516-518].

Overall the women expressed how demoralizing it felt to have a lack of control over even the most basic things. In healthcare studies, patient outcomes are directly linked to user control, social support, positive distraction such as views to nature (Ulrich, 1991). Participants were frustrated by the reason they were in the shelter in the first place [R022, Interview G, 05/09/09, page 15]. “I’m getting my life together and I’m done with abuse and everything” [R031, Focus Group J, 06/13/09, page 54, line 644-

645]. Overwhelmingly participants spoke of their desire to regain independence and exert some control over their personal well being, their choice to move into a shelter, their living environment especially as this correlated with the rules of community living, and ultimately the desire to regain independence as this impacted their ability to control outcomes for their lives. One participant said it best stating, “I like to be independent and I don't want to have to depend on anyone for help” [R008, 03/26/09, page 13, line 88-89].

Theme Two. Search for Security

Reflexive Journal, April 11, 2009: The women are very anxious about going to a shelter because the word shelter has a very negative connotation for them. Anxiety about the word “shelter”: (1) not getting in; (2) getting kicked out; (3) environment; (4) next steps. Most of the women associate shelter and concepts of the shelter with homeless shelters, things they consider very negative. The women make reference to local homeless shelters and how in those shelters it's a place to lay your head but there are no resources for you. It's just a cot. You can't stay during the day. There are no resources for you at these shelters. A cot and a dinner meal and you have to be out in the morning. The concern is that a lot of men are at these shelters and these women do not want to be around men and they especially don't want their children around men because they are afraid that they'll be abused or molested. Many of these women have been molested and abused. Women are leery of being around men and don't want their children to experience that. They are very anxious about wanting to be sure that the abuse/molestation does not happen to their children. I repeatedly heard the concern about being exited from the shelter. The women worry a lot about getting everything done so they won't be exited before they are ready to leave.

The search for security, and the anxiety about related issues, emerged as the second dominant theme during focus groups and interviews. Security was revealed in three subcategories: (1) security from abuser; (2) security of self and personal belongings in a shelter; and (3) security upon exiting the shelter.

1. Security from an Abuser. Security from an abuser emerged in the initial focus group questions about entering a shelter. Understandably safety and security from the abuser were the primary reasons that women sought shelter in the first place and therefore security from an abuser once the women were inside the shelter was of grave concern for these women [R015, Focus Group E, 04/11/09, page 5; R019, Focus Group F, 05/02/09, page 4; R021, Focus Group F, 05/02/09, page 7; R027, Focus Group H, 05/16/09, page 4; R030, Focus Group I, 05/23/09, page 3; R033, Focus Group J, 06/13/09, page 6]. “It’s scary when you don’t know anyone in where you’re going” [R006, Focus Group B, 03/16/09, page 23, line 147-148]. When describing their emotions at the time of the shelter entry, many participants stressed simply, “there’s no word to describe it. You just come in and you feel like everything is unknown” [R033, Focus Group J, 06/13/09, page 18, line 199-200]. The transition from an abuser to the shelter was anxiety producing for participants. Once settled into the shelter, participants often commented on feeling calm, “knowing that you’re safe and just knowing that you’re okay” [R015, Focus Group E, 04/11/09, page 22, line 150-151]. Participants not only feared their abuser but men in general, “I don’t know about all these other women, but after what I’ve been through, I’m not comfortable being around a man. I don’t even want to look at a man!” [R002, Focus Group A, 03/09/09, page 12, line 116-118]. Fear of men was echoed during focus groups [R005, Focus Group B, 03/16/09, page 34].

The shelter layout is divided into a client side and an administrative side (See Figure 2). Noticeably the shelter staff on the client side was all female. Any male employees were located on the administrative side where residents were not permitted.

Often participants acknowledged that they did not feel safe anywhere including the shelter [R027, Focus Group H, 05/16/09, page 29].

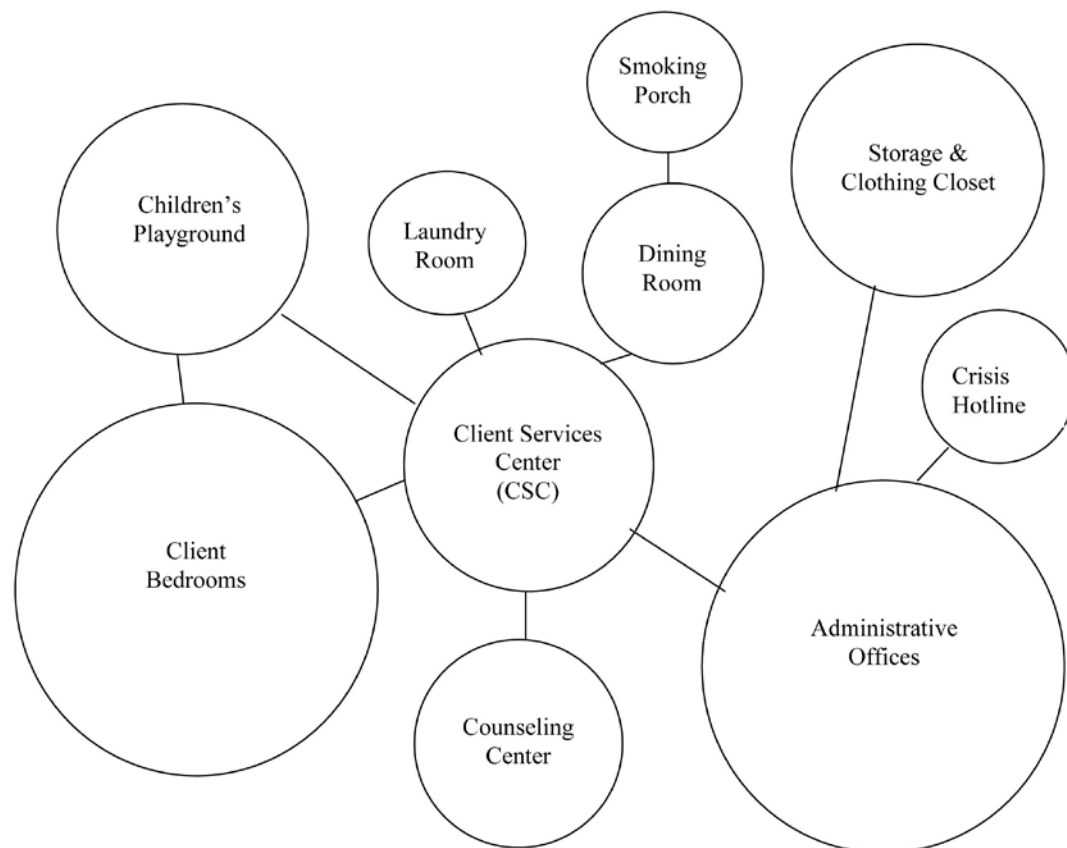


Figure 2. Bubble Diagram

Participant Observation, June 20, 2008: This afternoon I arrived at the shelter expecting D2 to buzz me in from the front door. D1 was away on vacation and I had been asked to come into the shelter for the second half of D2's shift to help out during the busier part of the day instead of coming in at 3 *p.m.* when things are quieter. At the front door, I pressed the call button, identified myself and that I was here for my volunteer shift. Instead of being quickly buzzed into the facility like I've become accustomed to, I was delayed while there was some discussion about who I was and if I could be let into the shelter. As I waited for what seemed like an eternity, I began to think about how frustrating the waiting process is for shelter entry. The clients cannot enter the shelter through the front door: they can only enter through the main gate or the lower parking lot door. While their identity is verified, they wait, locked out of their safe shelter. What if their abuser followed them to the shelter? Would they be buzzed in before the abuser approached them at the gate or door? If the abuser approached them, and if they were buzzed in quickly, would they safely enter the facility without the abuser following and also gaining access to the site? What would happen if the abuser made his way into the shelter? There is a second secured entry point from the main gate and from the lower parking lot door but clients come and go from these areas so often, anyone could slip into the main part of the building? What if the abuser fatally wounded the client? I was still thinking about these security scenarios when I was finally buzzed into the shelter for my shift.

Security from an abuser continued to surface throughout the focus groups especially as the women discussed the daily activities which required leaving the shelter (i.e., interviews, housing). During focus groups, women often stated their fears about their abuser discovering the shelter location and finding them and their children [R001, Focus Group A, 03/09/09, page 5; R029, Focus Group I, 05/23/09, page 13]. Many participants spoke of their dependence on public transit and the concern that their abuser, knowing of this dependence, would be watching for them on buses and at bus stops around town [R027, Focus Group H, 05/16/09, page 98]. Participants expressed concern that their abuser would follow them back to the shelter if he saw them or their children out in public [R003, Focus Group A, 03/09/09, page 13; R007, Focus Group B, 03/16/09, page 6; R008, Interview C, 03/26/09, page 4; R020, Focus Group F, 05/02/09,

page 119; R026, Focus Group H, 05/16/09, page 93]. “If my ex followed me here then I would have to do a quick exit” [R022, Interview G, 05/09/09, page 27, line 173]. “I’ve always wondered what, I’m not trying to predict anything or jinx anything, but if some guy was to come here (to the shelter), what would they do? Just call 9-1-1 or what would happen?” [R013, Focus Group D, 03/28/09, page 176, line 1398-1400]. Often participants asserted that they would leave the shelter early in the morning in an attempt to complete their daily tasks and return to the shelter early enough to avoid an abuser who might be up and out in the same areas where they needed to go [R018, Focus Group F, 05/02/09, page 45]. Fear of an abuser was often quite extreme with participants indicating that the only way they could survive was to be in a secure place [R005, Focus Group B, 03/16/09, page 5; R008, Interview C, 03/26/09, page 2; R012, Focus Group D, 03/28/09, page 2]. Security from an abuser was understandably a fundamental concern for the domestic violence victim. This concern for personal safety resonated throughout the focus groups. Security from an abuser resurfaced during questions about exiting the shelter. Again participants spoke of needing security from all men, the gender of their abuser. Speaking of her entry process to the shelter, one participant recalled how the shelter staff scheduled a cab to pick her up from the safe pick up point, “I was scared to get in the cab with some man I didn’t know! How did I know that he was going to get me to the right place? I had to trust him and I didn’t!” [R001, Focus Group A, 03/09/09, page 10, line 95-97]. Another focus group participant recalled her cab ride to the shelter, “Okay, Lord. Am I really gonna walk down this dark street and get in this car with a stranger? A strange man?” [R006, Focus Group B, 03/16/09, page 21, line 136-137]. By

contrast, when women were picked up by a female shelter staff member, the participant felt at ease and safe. Speaking of her pick up from a secure location, one woman indicated that the shelter worker greeted her and said, “You’re in a safe place now. You’re gonna be alright”, [R014, Focus Group D, 03/28/09, page 15, line 84-85]. This participant continued by stating that she believed and trusted the staff member and knew at that point that she would be okay entering the shelter.

When questioned about whether they felt safe and secure once in the shelter, many women responded affirmatively [R010, Focus Group D, 03/28/09, page 156; R012, Focus Group D, 03/28/09, page 157; R014, Focus Group D, 03/28/09, page 158; R013, Focus Group D, 03/28/09, page 159]. Participants were also concerned about security for their children and issues of security weighed on their minds throughout the day and night increasing their worry or anxiety levels. “It’s like all this stuff is flipping, like flipping channels. Like it goes back and forth to the violence and then it comes back to where you’re at now and then back to the violence and then back again” [R030, Focus Group I, 05/23/09, page 32-33, line 295-297].

2. Security in a Shelter. Security in a shelter encompassed two dominant ideas, which were revealed during questions about entering the shelter, as well as questions about daily life in the shelter. First, as previously noted, participants were very anxious about the word ‘shelter’ as these concerns related to entering a shelter. Women expressed concerns about what a shelter environment would be compared to their perceptions of shelters. Second, participants also expressed anxiety about entering a shelter because of their concerns about personal safety once they were in a shelter.

Personal safety included security from abuser as well as security from other shelter residents, a concern fueled by the fear of the unknown with shelter residents. Participants expressed anxiety about getting into the shelter because they feared they would not be taken into the program. Once in the program participants also worried about being exited prior to the thirty days.

“I didn’t want to come to a shelter. Shelters are for poor, homeless, nasty people. I’m not a poor, homeless, nasty person. I didn’t want to be up in here with that” [R002, Focus Group A, 03/09/09, page 3, line 21-23]. Most participants did not know what to expect upon entering the shelter despite checking online prior to entering [R001, Focus Group A, 03/09/09, page 8]. Other participants spoke of a shelter stating, “it’s a scary word” [R005, Focus Group B, 03/16/09, page 11, line 67; R017, Focus Group E, 04/11/09, page 2]. Participants continually referenced shelters as places for men who are homeless and drug addicts, not women and children [R005, Focus Group B, 03/16/09, page 11; R007, Focus Group B, 03/16/09, page 13; R008, Interview C, 03/26/09, page 17; R021, Focus Group F, 05/02/09, page 109]. Prior to deciding to enter the shelter, participants wanted assurances about the physical structure such as knowing “that it’s a nice building” where “you can stay for an extended, you know, amount of time” [R017, Focus Group E, 04/11/09, page 9, line 70-71]. Many women were concerned about being placed in a facility with strangers [R007, Focus Group B, 03/16/09, page 16]. “I don’t want to live in the ghetto. I don’t want to be out with homeless people and crack heads and gang bangers. I was terrified (to enter the shelter)” [R005, Focus Group B, 03/16/09, page 19-20, line 121-123]. The fear of the shelter being like a homeless shelter was

especially disconcerting for women with children as they feared homeless men would be in the facility and they did not want their children around strange men [R011, Focus Group D, 03/28/09, page 7]. Many of these concerns were generated from previous personal experiences in homeless shelters [R014, Focus Group D, 03/28/09, page 11; R012, Focus Group D, 03/28/09, page 12]. Often these same women commented on how surprised they were to discover that the domestic violence shelter was nice and clean [R005, Focus Group B, 03/16/09, page 14]. Referencing her arrival to the shelter one participant stated, “And I saw how clean and nice it was and that made me feel very much calmer” [R017, Focus Group E, 04/11/09, page 20, line 136-137].

Some participants expressed concerns about the emotional state of other shelter women as this emotional state impacted their own personal safety. “I was afraid of being around people that had a lot of, you know, mixed emotions just like me, you know, and I was just frightened about it” [R022, Interview G, 05/09/09, page 3, line 22-23]. Still other women shared concerns about whether shelter residents had undergone drug testing, citing examples of suspicious behavior they feared potentially jeopardized them and other shelter residents [R006, Focus Group B, 03/16/09, page 31].

Physically the shelter is set back significantly from the street, providing an initial layer of security for residents and residents cite this design feature as something they perceive to add to the security level [R011, Focus Group D, 03/28/09, page 160; R014, Focus Group D, 03/28/09, page 161]. Multiple entry check points add to the complex security layer and provide residents with a level of perceived safety [R010, Focus Group D, 03/28/09, page 160]. The consensus among focus group participants was that the

physical structure most closely resembled a nursing home, a discussion point that often brought laughter to the group [R012, R012, R014, Focus Group D, 03/28/09, page 163]. Another group suggestion was that the design should look like an apartment complex or something residential that was not out of the norm [R012, Focus Group D, 03/28/09, page 167]. Regardless of a nursing home or apartment complex façade, participants indicated that the facility had to be gated, preferably with a security guard on duty [R012, Focus Group D, 03/28/09, page 170 and 175; R010, Focus Group D, 03/28/09, page 171]. During the June 6, 2009 focus group, one participant brought up a recent incident in a New Jersey shelter where an abuser, male, entered a shelter and killed several employees and residents, including his wife. Focus group discussions quickly turned to personal safety in the shelter and the concern, again, about safety from the abuser. Participants balk at the idea that the shelter location is secure, "...it's [the shelter] supposed to be safe because it's supposed to be a confidential building. But where I came from, every single person knew where the shelter was, and they'd be like, 'oh, you're going over to the shelter?' and 'I know where it is'." [R031, Focus Group J, 06/13/09, page 62, line 739-742].

3. Security Issues Related to Exiting the Shelter. Security issues related to exiting the shelter were strongly expressed as focus group questions turned to discussions of anticipated exits. Beyond the anxiety about being secure in a new independent living setting (i.e., transitional housing) women were concerned about their ability to remain in the shelter without being exited for breaking a rule or not meeting their weekly goals in the program. Participants repeatedly voiced concerns about the

length of the shelter stay, 30 days. Women worried that they would not be able to accomplish in thirty days what they needed to accomplish in order to move to an independent living situation upon exiting the shelter [R022, Interview G, 05/09/09, page 25; R026, Focus Group H, 05/16/09, page 57; R027, Focus Group H, 05/16/09, page 58; R030, Focus Group H, 05/16/09, page 58; R023, Focus Group H, 05/16/09, page 62]. Study participants did not feel secure that they would not be exited from the shelter before they felt ready to leave. Shelter policies stipulate that a resident can and will be exited immediately from the shelter, prior to the end of the thirty day program, for two specific violations associated with shelter security. First, residents will be exited if they return to the shelter after curfew and without prior staff notification of the need to return after the 6 p.m. nightly curfew. Second, and more egregious, residents are immediately exited if they reveal the shelter location to anyone. Other grievances (i.e., not completing daily chores) can add up and result in an early exit but these grievances come with ample warnings and the opportunity to comply because they do not pose an immediate security risk for anyone in the shelter. As a result of these policies, residents do not feel secure that they will have shelter residency for the full thirty days. A thirty day program proved to be a great stress producer for participants.

Again participants voiced their concern about being exited from the shelter prior to the completion of the thirty day program [R021, Focus Group F, 05/02/09, page 113; R030, Focus Group I, 05/23/09, page 56; R028m, Focus Group I, 05/23/09, page 60]. Some participants indicated that the fear of being exited prior to the completion of the program made them feel as if their life was “in danger again” [R020, Focus Group F,

05/02/09, page 114]. Participants feared not only for themselves but also for their children [R030, Focus Group I, 05/23/09, page 108]. Women with children voiced concern about losing their shelter place due to noise made by their children [R003, Focus Group A, 03/09/09, page 24].

Most participants were not ready to leave the shelter by the end of thirty days and articulated that feeling as terrified [R007, Focus Group B, 03/16/09, page 91; R018, Focus Group F, 05/02/09, page 105; R019, Focus Group F, 05/02/09, page 105; R021, Focus Group F, 05/02/09, page 105; R023, Focus Group H, 05/16/09, page 106; R030, Focus Group I, 05/23/09, page 105; R028, Focus Group I, 05/23/09, page 106]. Fears associated with exiting the shelter may directly contribute to elevated stress levels immediately prior to their exit. “I’m not ready to leave. I’m terrified to leave the shelter” [R002, Focus Group A, 03/09/09, page 43, line 423]. In addition to their fear of leaving the shelter the women expressed concerns about continued safety from their abusers [R003, Focus Group A, 03/09/09, page 44]. Studies have shown that women in shelters report that environment to be very supportive and effective in helping the victim overcome adversity and leave an abuser (Sullivan & Gillum, 2001; Bowker & Maurer, 1985; Tutty, Weaver & Rothery, 1999). Often participants discussed having panic attacks as they were in the final days of their program at the shelter as they realized that the support system would be gone [R028, Focus Group I, 05/23/09, page 89; R030, Focus Group I, 05/23/09, page 90]. “I think it (exiting the shelter) is scary because here you have a little support system and someone you can turn to if you’re feeling lost and somebody will put you back on the right path but yet I’m scared. I’m excited but I’m

more scared than I am excited” [R005, Focus Group B, 03/16/09, page 92-93, line 637-640]. Most participants repeatedly stressed that they were not ready to leave the shelter [R012, Focus Group D, 03/28/09, page 108]. Other women claimed that they would not leave. “I’m not planning on going. I’m not to that point yet. I’m not thinking about that” [R013, Focus Group D, 03/28/09, page 109].

The fear of not being ready to leave the shelter was often coupled with the concern that they would return to their abuser because something was wrong with them [R013, Focus Group D, 03/28/09, page 109; R011, Focus Group D, 03/28/09, page 110; R010, Focus Group D, 03/28/09, page 110]. According to the National Coalition Against Domestic Violence, the cycle of abuse includes: intimidation; emotional abuse; isolation; minimizing, denying, and blaming; using children; economic abuse; male privilege; and coercion and threats (2007). The central theme in the cycle of abuse is power and control of and by the abuser. “And I told my caseworker, if you put me out I’m gonna go back (to my abuser). And she just looked at me like are you crazy?” [R013, Focus Group D, 03/28/09, page 112, line 839-840]. The decision to return to an abuser was mentioned as “all I knew” and therefore the only option upon a shelter exit [R010, Focus Group D, 03/28/09, page 115, line 864]. For other women, returning to an abuser was cited as a possibility because they were still so in love with him, the abuser [R014, Focus Group D, 03/28/09, page 134; R012, Focus Group D, 03/28/09, page 135; R010, Focus Group D, 03/28/09, page 136; R030, Focus Group I, 05/23/09, page 49]. Studies have shown that domestic violence victims and intimate partner violence survivors may suffer from Post Traumatic Stress Disorder. Regardless of the presence of PTSD, domestic violence

victims often remain emotionally attached to a former abuser especially if the victim was also a victim of childhood abuse (Scott & Babcock, 2010). Participants also spoke of being nervous about their pending shelter exit [R012, Focus Group D, 03/28/09, page 131; R010, Focus Group D, 03/28/09, page 131]. Habitually participants regarded their exit as possible only if their new housing was far away from their abuser such as on the opposite side of town [R015, Focus Group E, 04/11/09, page 86].

Repeatedly participants were concerned that after leaving the shelter they would fall into the same patterns of behavior and make the wrong decisions again resulting in another abusive relationship [R016, Focus Group E, 04/11/09, page 87; R017, Focus Group E, 04/11/09, page 88; R020, Focus Group F, 05/02/09, page 104; R026, Focus Group H, 05/16/09, page 132]. Despite concerns about leaving the shelter many participants acknowledged that the shelter program was not a permanent solution and they understood that they needed to take responsibility for making changes in their lives [R015, Focus Group E, 04/11/09, page 97-98].

Participants again and again cited secure housing as a requirement they needed to obtain prior to exiting the shelter [R019, Focus Group F, 05/02/09, page 123; R020, Focus Group F, 05/02/09, page 130; R027, Focus Group H, 05/16/09, page 107; R033, Focus Group J, 06/13/09, page 52; R032, Focus Group J, 06/13/09, page 66]. Many feared that transitional housing would not be secure and that they would lose the support from the shelter [R021, Focus Group F, 05/02/09, page 136]. Regardless, participants readily admitted that they really wanted a home, a place of their own that was secure [R018, Focus Group F, 05/02/09, page 137]. Studies have repeatedly indicated the strong

connection between person and place (Eshelman & Evans, 2002; Gosling et al., 2005; Gustafson, 2001a; Gustafson, 2001b; Korpela et al., 2001; Manzo, 2005; Smaldone et al., 2005). The fear of being independent was often voiced. “I’m realizing that, you know, these women are afraid to be on their own. They’ve been in a dependent relationship, abusive relationship, and now they’re facing, you know, I’m facing the same thing with this transitional housing, it’s providing that security” [R019, Focus Group F, 05/02/09, page 145, line 1149-1152]. In general, the fear of the unknown drove many of the participants’ concerns [R026, Focus Group H, 05/16/09, page 10].

Theme Three. Reconnecting to Self

Reflexive Journal, May 22, 2009: The women talk about spaces they need, spaces that they don’t have. Women without children want to be separated from women with children because those women are not used to being around kids. Women who have children also talk about having separation but they want separate areas based on kids’ age groups so that toddlers are together, and pre-teens are together, etc .and these groups are not mixed. They don’t want younger kids lumped in with older kids. They are especially anxious about having teenage boys around their small children. There is a lot of concern about this mixing of ages.

Moms also want some separation from their own children: some time for themselves. The shelter rule is that the children must be with their mother at all times unless the child is attending one of the shelter run programs, groups, or activities. This doesn’t give the moms any time to accomplish their goals and get some down time. The moms are trying to look for jobs and housing and having their children with them is counterproductive, frustrating.

The women speak of a need for more access to on-site resources. I hear requests for more time on the computer for job hunting, etc., more down time, more privacy, and time to sleep. All of these requests are coupled with a lot of complaints about noise in the shelter – especially noise from children, the TV, other residents. Where can these women find any space or time to possibly comprehend any of what they’ve experienced much less what’s ahead?

As participants spoke about daily life in the shelter, it became quite clear that an emergent theme centered on their need to reconnect to self as part of their healing

process. Often this theme, reconnecting to self, was revealed in their discussions about (1) emotional separations from loved ones as well as discussions about (2) desired physical separations in the shelter layout. Speaking of the limitations about the current shelter, one participant declared that “if you start thinking, there’s only four places then [to spend the day in the shelter]...which are the living area, dining area, your room, and the patio” [R030, Focus Group I, 05/23/09, page 40, line 376 and 378-379]. As the women described their preferred physical separations it seemed likely that the need or desire for emotional separation was key to reconnecting to self. Emotional separations spoke to the mental state of the study participants as they moved through the thirty day shelter program. Physical separations yielded numerous insights about the physical structure, insights that serve to inform possible design recommendations for this and future studies. Possible design recommendations may take shape as significant form which results from ‘expressed objects’ that capture the life or inherent meaning of that experience. Downing, 2000].

Participant Observation, June 27, 2008: As I watched the smoking porch on the security camera (when I could not physically be in close proximity to the smoking porch), I was again reminded of my perception that this shelter provides no places of solitude or reflection. Could the high volume of activity affiliated with the smoking porch be some expression of seeking solitude? Is the attraction more than the smoking and socializing? Is the access/integration/view of nature a draw for going to the smoking porch?

Emotional Separations

Emotional separations were revealed in discussions of (1) isolation from family and loved ones, (2) realities of community living, and (3) desired solitude inclusive of access to nature. A key component to the emotional state of these women was not only

their own feelings of fear and embarrassment about having to even enter a shelter but also their concern about having family members learn about their abusive relationship [R019, Focus Group F, 05/02/09, page 13]. These emotional aspects were often heightened by a genuine fear that they would not be accepted for a shelter program [R021, Focus Group F, 05/02/09, page 15]. These factors are critical to understanding how scared and confused the women are at the point of shelter entry [R021, Focus Group F, 05/02/09, page 36]. “I really didn’t know what to expect (when entering the shelter)” [R022, Interview G, 05/09/09, page 7, line 49].

Participants often confirmed that they felt very isolated in the shelter. Isolation included the physical isolation from others but more tellingly the emotional isolation from family and friends who served as a support system [R008, Interview C, 03/26/09, page 25; R019, Focus Group F, 05/02/09, page 25; R020, Focus Group F, 05/02/09, page 138]. “I feel isolated from the world” [R008, Interview C, 03/26/09, page 27, line 185]. Being removed from parents and children was especially difficult often resulting in depression [R008, Interview C, 03/26/09, page 25; R022, Interview G, 05/09/09, page 17]. Being “alone again” was the phrase commonly used to describe the isolation that sparked depression [R033, Focus Group J, 06/13/09, page 53]. Speaking of the isolation from family one participant declared, “I can’t even put it into words but I know it has to be the way that it is set up” [R022, Interview G, 05/09/09, page 17]. Several women worried that something would happen to their family members while they were in the shelter and that the family would not be able to contact them to let them know [R008, Interview C, 03/26/09, page 40]. Participants expressed frustration with not being able to

have family members come to the shelter for visitation so that the shelter residents did not have to go across town and potentially run into their abuser again [R008, Interview C, 03/26/09, page 29-30; R031, Focus Group J, 06/13/09, page 11]. Studies have shown that women who have suffered intimate partner violence and are also at or below the poverty level will experience increased “stress, powerlessness and social isolation” (Goodman et al, 2009, p. 307) factors that must be considered when addressing the needs of domestic violence survivors in an emergency shelter. Participants understood, however, that the isolation was a security measure for their own protection. “We’re supposed to be like hidden (emphasis on the word hidden)” [R012, Focus Group D, 03/28/09, page 76, line 510].

Issues about community living also surfaced during discussions about emotional separation. “Community living sucks” [R002, Focus Group A, 03/09/09, page 37; R005, Focus Group B, 03/16/09, page 69]. Often participants described how the current shelter needed to be larger not only to help with community living but also to be able to accommodate more residents as the need arose [R027, Focus Group H, 05/16/09, page 66; R031, Focus Group J, 06/13/09, page 23]. “Everybody’s always doing something. It’s like a nest of bees” [R030, Focus Group I, 05/23/09, page 34, line 313]. Participants complained about the pressure and stress of sharing everything from a bedroom to the dining area [R006, Focus Group B, 03/16/09, page 68]. Ironically participants grew to depend on each other in the shelter and began to discuss desirable community living set ups during discussions about the physical separations required for a shelter. Design suggestions included shelter campuses that looked like duplexes or apartments along cul-

de-sacs [R014, Focus Group D, 03/28/09, page 169]. Participants especially liked the concept of independent living units that resembled houses and shared a community center [R012, Focus Group D, 03/28/09, page 172; R013, Focus Group D, 03/28/09, page 173]. Independent living units were especially popular as part of a phased program that would help women transition to independent living [R010, Focus Group D, 03/28/09, page 174].

Participants continually requested solitude during their shelter stay. Solitude, as an emotional component, accompanied the request for physical locations removed from others in the shelter. Activities for times of solitude included reading a book [R005, Focus Group B, 03/16/09, page 49; R006, Focus Group B, 03/16/09, page 50]. Places of solitude were requested when women felt as if they had reached a “breaking point” [R006, Focus Group B, 03/16/09, page 94, line 648]. Women wanted the opportunity to choose when to socialize or to be alone. “And I’ll socialize but if I’m in the corner by myself and somebody sees me there it’s because I’m there because I want to be there, so I just want, you know, sometimes to be away from everybody else to be only about myself” [R006, Focus Group B, 03/16/09, page 95, line 651-654]. Areas for solitude were described as peaceful and quiet, often designated as away from children [R008, Interview C, 03/26/09, page 38; R019, Focus Group F, 05/02/09, page 74; R020, Focus Group F, 05/02/09, page 89]. Describing a place for solitude, one participant said “just somewhere where you could just relax and don’t be (pause) and be stress free and don’t have to worry about nothing” [R008, Interview C, 03/26/09, page 49]. These places of solitude were further described as places to sit alone and think through the recent events

and what needed to take place next during the shelter program without having to expose these raw emotions to everyone else in the shelter [R008, Interview C, 03/26/09, page 52]. Most women complained that the only quiet time in the shelter is actually during the night while children are asleep [R008, Interview C, 03/26/09, page 53]. “I like being left alone” [R020, Focus Group F, 05/02/09, page 27, line 201]. Other women requested places of solitude for reading their Bible, praying, or practicing their particular religious customs in private [R022, Interview G, 05/09/09, page 9]. Intermittently the conference room, site of the focus group meetings, was cited as a place for participants to slip away from the crowd for some solitude [R026, Focus Group H, 05/16/09, page 77; R025, Focus Group H, 05/16/09, page 78]. Another requested place of solitude was a private bedroom [R022, Interview G, 05/09/09, page 21].

Participant Observation, June 26, 2008: The smoking porch appears to be a gathering place in the evenings for many women – even some nonsmoking clients will go out and sit and chat. I’ve spent some time on the smoking porch visiting with clients during my shift. Tonight I was out there on three different occasions to deliver clothing items to individuals and to relay messages from Client Services Center (CSC). Each time I appeared on the smoking porch, the group of women (approximately ten) greeted me by name and invited me to come out and visit. They were sitting on the picnic table benches, the picnic table tops, and in rocking chairs. One or two women were standing beside or leaning against the porch columns. Tonight the women were laughing and enjoying the company of others. They appeared happy and as if life was “normal”. I began to wonder why the smoking porch might have this affect. Surely it was not the nicotine alone that created this atmosphere. The more I observed the smoking porch the more I realized that this is the only “adult only” area on site. This is the one place that mothers can disappear for some space while leaving their children either in supervised childcare or alone in their room. The women seemed “free” out here: this area seems to give them some independence.

At regular intervals during the focus groups, participants described places of solitude as inclusive of outdoor settings. Describing her desired outside area one

participant simply declared, “More trees. More nature.” [R033, Focus Group J, 06/13/09, page 25, line 292]. Contact with nature can improve mood among other health related outcomes (Rodiek, 2006; Ulrich, 1999). Case studies of gardens, in healthcare settings, designed with the atmosphere of an urban park found that users enjoyed walking through the park, sitting in the park – especially with views of nature, and looking out at the park from an indoor setting. These case studies further discovered that users preferred a variety of seating types and arrangements in the garden and that gardens were not utilized if they were inaccessible or not visible (Marcus and Barnes, 1999). Growing evidence also suggests that “spending time outdoors can improve health and quality of life for many frail, elderly seniors” (Rodiek, 2006).

Specifically, restoration from stress can be impacted by time spent in a garden: gardens can be classified as planned areas with nature such as green vegetation, flowers, and water (Ulrich, 1999; Ulrich et al, 1991). Participants regularly admitted to spending time outside whenever they needed a few minutes to themselves [R005, Focus Group B, 03/16/09, page 67]. A common gathering spot was the smoking porch. Women gathered there whether they were smokers or not [R012, Focus Group D, 03/28/09, page 98; R021, Focus Group F, 05/02/09, page 78; R019, Focus Group F, 05/02/09, page 79; R022, Interview G, 05/09/09, page 22]. “So we go out on the smoke porch because it’s like the only place we can go where you have fresh air besides the children’s playground” [R008, Interview C, 03/26/09, page 16].

Participant Observation, June 8, 2008: Along the east or back side of the building are two interior courtyards. Both courtyards are completely fenced in and do not provide entry from any exterior location. I do not know, however, if these courtyards have exit/emergency gates. The first courtyard immediately adjacent to the garage is the client smoking porch and courtyard. This courtyard is only accessible from the dining area and clients are only permitted to smoke on the smoking patio. Children are not permitted in this area. The entire facility is smoke free with the exception of this courtyard. The first eight feet of the smoking porch is covered and provides seating at picnic tables. The grass area beyond shows little signs of use or foot traffic. The smoking porch is a secured access point and the women must use the call button to be let back into the facility. This is perhaps the busiest call button on site.

One common request was for an outdoor garden space, park, or picnic area [R010, Focus Group D, 03/28/09, page 98; R017, Focus Group E, 04/1//09, page 61; R015, Focus Group E, 04/11/09, page 81]. “I would prefer like garden, gardening or a garden like where you could, like in the middle of it, have like a bench there where you could just go and be one with yourself” [R008, Interview C, 03/26/09, page 48, line 352-354]. Requests for outdoor spaces were clearly delineated as areas not for children [R014, Focus Group D, 03/28/09, page 101; R013, Focus Group D, 03/28/09, page 101; R012, Focus Group D, 03/28/09, page 101; R017, Focus Group E, 04/11/09, page 61]. Stress is manifested in psychological, physiological, neuroendocrine, and behavioral aspects. Supportive garden design theory links the effects of nature to health outcomes (Ulrich, 1999). A key element to livable communities has been defined to include a variety of options for mobility which shift people out of the built environment and into the natural setting which may connect them with their community (Novelli, 2007).

Physical Separations

Reconnecting to self was often evident in discussions about desired physical separations. According to Pleck (2004), “efforts to help abused women or incest victims are only as good as the living conditions for single mothers and their children” (p. 203). While many participants voiced frustration with the current shelter layout, their common sentiment was driven by the desire to reconnect to self as part of their healing process. Physical separations and discussed space improvements included: (1) security, (2) private bedrooms, (3) bathrooms, (4) kids/noise, (5) nurse office, (6) library, (7) TV/Video area, (8) computer room, (9) fitness area, (10) hobby/activity room, and (11) accessibility issues. In all of the subcategories, the need for an accessible environment was echoed by wheelchair bound participants. Speaking of her own experience with accessibility, one participant stated:

But wheelchair access, you know, I'm not talking about a wheelchair ramp that goes straight up like this [gesturing straight up in the air with her hand at a sharp angle]. I'm talking about a nice gentle ramp and, you know, like some of the things that ADA set out. You know, a lot of people have shaved on wheelchair stuff like, you know, being able to go through doors [R031, Focus Group J, 06/13/09, page 20, line 494-498].

Personal living spaces must serve numerous functions such as providing safety and security, a place for personalization and self-expression, and a venue for social interaction (Gosling et al., 2005).

“Well, the one (shelter) that I left was more like a home. We each had our own individual rooms and we could lock our rooms” [R031, Focus Group J, 06/13/09, page 20, line 230-231]. Other participants felt that a dorm-like setting would be acceptable with the exception of the long hallways. “These long hallways, you know, something

may be lurking out there” [R022, Interview G, 05/09/09, page 19, line 127-128].

Requests for a shelter that resembled a home were numerous [R013, Focus Group D, 03/28/09, page 164; R014, Focus Group D, 03/28/09, page 165; R011, Focus Group D, 03/26/09, page 165]. When speaking of a shelter that resembles a house, on participant avowed, “it does kind of make you feel better when it (the shelter) looks like a house” [R014, Focus Group D, 03/28/09, page 166, line 1318-1319]. As illustrated by authors and scholars, an individual is shaped by her environment and is intrinsically tied to place (Downing, A.J., 1969; Haagen, 1950; Wright, 1981).

1. Security. Security of self and of personal belongings emerged as a consistent concern among shelter residents as focus group questions turned to daily life in the shelter. Many women cited that they came into the shelter with very few possessions and they could not afford to lose what they brought with them. “When you’re running, you gotta keep your things close” [R006, Focus Group B, 03/16/09, page 31-32, line 200-201]. Currently the shelter does not provide locked storage for residents; therefore, women have to carry any valuables with them wherever they go during the day making it difficult to achieve what they need to accomplish during a day. Participants affirmed repeatedly that they worried about losing their possessions [R001, Focus Group A, 03/09/09, page 39; R002, Focus Group A, 03/09/09, page 39; R028, Focus Group I, 05/23/09, page 80] . “I worry all day, afraid about somebody’s gonna steal all my stuff, and that’s all I have” [R005, Focus Group B, 03/16/09, page 78, line 523-524]. Participants requested small closets with locks and keys in order to secure their belongings [R005, Focus Group B, 03/16/09, page 79; R006, Focus Group B, 03/16/09,

page 80]. Residents did not like having to lock valuables in the Client Services Area: their preference was for easily accessible and controllable personal locking storage [R027, Focus Group H, 05/16/09, page 112]. Other suggestions included the addition of personal lockers like those found in schools and bus stations with an understanding that shelter staff members could open the locks if required [R028, Focus Group I, 05/23/09, page 81; R030, Focus Group I, 05/23/09, page 81].

Numerous healthcare studies have shown the correlation between stress reduction and patient control, a correlation that can be applied to DV shelter residents and user control in that environment (Berry et al, 2004; Brannon & Feist, 2007a; Brannon & Feist, 2007b; Carey, 2005; Hamilton, D.K., 2003a; Hamilton, D.K., 2003b; Ulrich et al, 2004; Ulrich, 1999; Ulrich, 1991). “You’re always worried that somebody could take (your belongings). You’re supposed to carry your purse around with you” [R028, Focus Group I, 05/23/09, page 79]. The desire was to have dedicated storage spaces that were secured whether they were located in each personal room or in the public hallways [R028, Focus Group I, 05/23/09, page 83]. Personal storage needs included basic supplies as well as the request for locking storage. “There’s no sense of security. People come in and out of your room anytime of the day or the night that they want (because there are no locks)” [R031, Focus Group J, 06/13/09, page 21, line 241-242]. Residents complained about not having clothes hangers despite having a closet with shelves [R029, Focus Group I, 05/23/09, page 75]. Bedrooms do not include dressers, only closets. Women complained about needing drawer storage space for personal belongings.

Without drawer storage, women resorted to piling their clothing on the floor [R030, Focus Group I, 05/23/09, page 77].

Participant Observation, June 18, 2008: Wednesday afternoon is the weekly case management meeting. It is held in the executive board room which is located in a separate office suite along the north corridor just before the stairwell. I visited this office suite during my volunteer training tour of the facility. It is odd to have an administrative function in the middle of client bedrooms. None of the functions in the facility are co-located: everything is scattered about. As I understand from staff, this conference room is also where the shelter board meetings happen one Thursday evening each month. Since the conference room is located deep within the shelter, board members (male and female) would pass through client areas. To access the conference a board member would park in the employee parking lot or along the street, buzz into the facility at the front door, independently (without escort) wind through the administrative suite to the client side entering the client dining area, walk north through the client dining area, pass the CSC, continue down the corridor passing the client TV area, pass approximately ten client bedrooms and one communal bathroom with showers, before arriving at the office suite at the north end of the corridor just before the stairwell door. I suppose some board members might enter the facility from the client parking lot, entering the north stairwell and progressing to the main level and south down the client corridor toward the office suite. Either way, these monthly meetings present an interruption to the shelter life and the privacy of the clients. A better design solution would place the conference room in the administrative suite so that non-client activities could be housed in an area that does not intrude on client privacy.

2. Private Bedrooms. “We all need our space” was the underlying theme for discussions about the physical layout of the shelter especially as design discussions turned to the bedrooms [R005, Focus Group B, 03/16/09m, page 96, line 661]. Many women spoke about how they were not accustomed to living with others in a community living arrangement with shared bedrooms and this set up was very upsetting for them from a privacy and quiet perspective [R006, Focus Group B, 03/16/09, page 96; R008, Interview C, 03/26/09, page 32; R012, Focus Group D, 03/28/09, page 80; R023, Focus Group H, 05/16/09, page 45; R033, Focus Group J, 06/13/09, page 27]. A lack of

privacy is noted as a common concern among shelter residents (Sullivan & Gillum, 2001). Participants voiced their concerns about not being permitted to stay in their rooms during the day because the shelter rules stipulate that they be out in common areas during the day [R008, Interview C, 03/26/09, page 14]. Often women spoke of being emotionally and physically tired upon shelter entry and needing the opportunity to rest in a quiet private room for extended periods of time as they began the healing process [R019, Focus Group F, 05/02/09, page 35; R021, Focus Group F, 05/02/09, page 51; R020, Focus Group F, 05/02/09, page 52]. Participants cited the need for their own dedicated space where they could comfortably retreat from other shelter residents while they tried to get their life back in order after the abuse: this personal healing was something the women wanted to do in private [R022, Interview G, 05/09/09, page 32; R022, Focus Group H, 05/16/09, page 11]. “There are too many people in one room and there’s not enough space to put things and there’s not enough privacy” [R027, Focus Group H, 05/16/09, page 45]. Often participants expressed feelings of guilt when discussing shared bedrooms. For example, participants spoke of how the bedrooms only had one overhead light. This design resulted in times when women needed to turn on a light and could not do so without disturbing everyone else in the room [R027, Focus Group H, 05/16/09, page 47; R023, Focus Group H, 05/16/09, page 48]. Women wanted to be able to move freely in and out of their bedrooms and to sit up and read without feeling that they were disturbing roommates. Often residents requested bedside independently controlled lamps [R027, Focus Group H, 05/16/09, page 51; R025, Focus Group H, 05/16/09, page 51; R026, Focus Group H, 05/16/09, page 52]. When further

questioned about private rooms some participants indicated that a shared room with no more than two adults would be acceptable [R023, Focus Group H, 05/16/09, page 50]. The need for locked personal storage surfaced again as participants discussed the need for dressers and closets inclusive of hangers [R030, Focus Group I, 05/23/09, page 73; R033, Focus Group J, 06/13/09, page 27]. These requests initially surfaced as participants expressed concern for the safety of their personal belongings in the shelter. Participants were discouraged to have to leave personal belongings on the floor or in bags in their bedrooms [R028, Focus Group I, 05/23/09, page 76]. Speaking of a locking bedroom door, one participant stated, “That’s the way that it’s (the bedroom) private” [R033, Focus Group J, 06/13/09, page 27, line 311]. Independent temperature control in the private rooms was also desired. Many women admitted to propping their hall doors open at night to help with air circulation; however, this solution to the temperature issue often increased the noise level from room to room and disturbed sleeping residents [R005, Focus Group B, 03/16/09, page 53].

3. Bathrooms. Numerous complaints were made about the current dormitory style hall bathrooms with regard to everything from water temperature and pressure to privacy [R013, Focus Group D, 03/28/09, page 78; R014, Focus Group D, 03/28/09, page 78; R012, Focus Group D, 03/28/09, page 79; R011, Focus Group D, 03/28/09, page 79; R016, Focus Group E, 04/1//09, page 44; R017, Focus Group E, 04/11/09, page 44]. Privacy concerns were voiced about the shower layout and the shower curtains which did not seem to adequately cover the entire shower entry [R013, Focus Group D, 03/28/09, page 82; R014, Focus Group D, 03/28/09, page 82]. Women spoke about how

disturbing it was to them and others to have someone walk in on them in the bathroom if they were not yet covered with a robe [R012, Focus Group D, 03/28/09, page 80]. At other times there were requests for bathtubs and Jacuzzis in addition to showers [R016, Focus Group E, 04/11/09, page 46; R017, Focus Group E, 04/11/09, page 46; R015, Focus Group E, 04/11/09, page 46]. Still other requests were for private bathrooms with each private bedroom. Healthcare studies have illustrated the positive effects of private patient rooms over shared patient rooms with respect to improved physical and emotional states as well as reduced length of stay (Berry et al, 2004; Ulrich et al, 2004; Ulrich, 1991). These requests were most often shared from women who had just been released from the hospital and therefore had mobility limitations that made it difficult to move down the hall to a shared bathroom. “I had to move to another room that was a little bit closer to the bathroom but it’s (the new room) further away from getting help and getting my medicines and stuff (from the CSC)” [R027, Focus Group H, 05/16/09, page 38, line 343-346]. This comment points not only to the need for bathrooms in close adjacency to bedrooms but also a centrally located Client Services Area especially in relation to severely injured residents.

4. Kids/Noise. The need for quiet space and time was continually voiced in focus groups. “You can tell when the kids are gone. It’s loud when they’re leaving and it’s loud when they come back” [R005, Focus Group B, 03/16/09, page 97, line 671-672]. Participants repeatedly stated that the only times when the shelter was quiet was when the children were gone for a field trip or outing or late at night when the children were asleep [R006, Focus Group B, 03/16/09, page 98]. “I don’t think there’s any other way

to put it besides its hard to get used to” [R005, Focus Group B, 03/16/09, page 71, line 468-469]. Studies have indicated that shelter residents often do not look forward to being in a setting with other women and children (Sullivan & Gillum, 2001). Most often participants requested separate wings for women with children so that women without children would not have to be subjected to the noise and activity level while they were already under stress [R001, Focus Group A, 03/09/09, page 23; R003, Focus Group A, 03/09/09, page 25; R006, Focus Group B, 03/16/09, page 55; R005, Focus Group B, 03/16/09, page 56; R019, Focus Group F, 05/02/09, page 65; R021, Focus Group F, 05/02/09, page 70; R018, Focus Group F, 05/02/09, page 72]. Participants without children understood that kids will make noise and that sometimes that noise cannot be helped, especially with babies [R002, Focus Group A, 03/09/09, page 23; xx].

Participants also spoke of how the private rooms in the children’s wing should be designed with side doors to adjoining rooms and bathrooms in order that mothers could easily tend to their children at night without having to prop open the bedroom doors to the hall thereby letting the noise of a crying child drift down the hall [R006, Focus Group B, 03/16/09, page 53].

Speaking of the noise associated with children one participant stated, “I can’t get used to the noise” [R001, Focus Group A, 03/09/09, page 38, line 378]. Other participants compared the shelter noise level and chaotic status to that of a Chuck E. Cheese children’s restaurant [R005, Focus Group B, 03/16/09, page 38]. Participants were especially sensitive to the noise from children if the participants were sick and

trying to rest and could not because of the noise [R027, Focus Group H, 05/16/09, page 79].

Women with children also expressed concern about high noise levels in the shelter from other children and from adults. Of particular concern was the loud television late at night. Mothers with children found the television noise to be distracting often making it very difficult to settle their small children and get them to sleep [R007, Focus Group B, 03/16/09, page 73]. From a design standpoint, the location of the television room in proximity to the bedrooms is not conducive to noise separation and should be addressed as design criteria for improvement.

Participant Observation, June 24, 2008: The shelter was calm and very quiet when I arrived this afternoon. Most of the children were out for a field trip to the movies. The mothers who stayed behind were taking the time without their children to catch up on laundry, case manager meetings, and errands. Very few mothers were actually resting in their rooms. In fact, one mother who came to the CSC for more laundry detergent joked that she would like to take a nap while her children were out but she didn't feel like she could waste the valuable free time on sleep. Mothers are required to keep their children with them at all times. Children cannot be left alone in the rooms while mothers go to meetings or do daily chores. In fact, the shelter provides up to four hours of supervised childcare per day. Mothers typically utilize this service when they must attend meetings or go for job interviews. If a child is running a fever, however, the mother may not leave her child in the supervised childcare.

Women with children also expressed the need to have time away from their own children in order to take care of their personal needs. "The only thing that is difficult here in the shelter (for me) is that you have to be with your kids all the time" [R021, Focus Group F, 05/02/09, page 32]. These same mothers indicated that their children complained about this as well, especially when it came to using the bathroom and always having to be escorted by a parent. As a norm, shelters require women to be in charge of

their children's whereabouts at all times though programs vary with respect to the amount of childcare programs and support offered to aid women in the daily care of their children (Sullivan & Gillum, 2001). Women with children also expressed concerns about having the necessities required for feeding babies during the night. The dining room provides a microwave twenty four hours a day but there is not access to a refrigerator for milk and juice twenty four hours a day. Mothers often complained about needing a small dorm style refrigerator in the accessible part of the dining room or in their private bedrooms [R030, Focus Group I, 05/23/09, page 86].

In addition to concerns about noise from children, participants repeatedly expressed the need for separation from children in many shelter areas that were designated as off limits to children at certain times of the day but had children in those areas because some parents did not control the kids [R016, Focus Group E, 04/11/09, page 70; R033, Focus Group J, 06/13/09, page 31]. These areas included the computer room and television viewing area among others and are addressed in more detail in the following design criteria sections. Participants stated that children often entered these adult spaces and were noisy so that the adults could not concentrate and complete necessary tasks in their designated computer time [R017, Focus Group E, 04/11/09, page 71]. "And it's like my needs are not being met because I'm (in the computer room) trying to look for a job, so I'm trying to check emails about existing jobs and I can't (because of the noise from children)" [R016, Focus Group E, 04/11/09, page 71]. The underlying sentiment was "You know, segregate us, because my nerves can't take these children much more" [R033, Focus Group J, 06/13/09, page 33, line 379-380].

5. Nurse Office. At the time of this study the shelter did not have a dedicated nurse's office or medical station with twenty-four hour on-duty personnel and basic medical supplies inclusive of pain medications and bandages [R030, Focus Group I, 05/23/09, page 92; R028, Focus Group I, 05/23/09, page 93]. The Client Services Center (CSC), centrally located within the shelter [See Figure 2], served as the nerve center for all activities including the dispensing of personal medications. Residents were not permitted to keep prescriptions or over-the-counter drugs in their rooms or among their personal belongings. As a result, residents had to return to the CSC anytime they needed to take a medication. The CSC also supplied band aids, aspirin, Neosporin, and the like. Residents were often anxious about retrieving their medications, such as inhalers for asthma, in a timely fashion when needed [R027, Focus Group H, 05/16/09, page 115; R023, Focus Group H, 05/16/09, page 116].

Participant Observation, June 4, 2008: Although I have not observed the intake procedure yet, I understand that when a woman enters the shelter she turns over all medications to the intake specialist. The medications are logged in the client's file and the client signs off on what she has brought with her into the facility. The shelter and CSC do not oversee how much medication a client takes: patients are self-medicating. Whenever a client wants or needs her medication she must come to the CSC and request her meds. Medications are stored in plastic bins inside of cabinets behind the work counter. A client's first name and last initial are written on a note card which is adhered to the plastic bin with tape. The medications are also recorded in a three ring binder. Inside this binder there are alphabetical tabs. Behind each tab blue sheets list each client's medications. Three columns list medications per sheet (one drug per column). The drug name and dosage and dosing is recorded on the first line of each column. On the subsequent lines is a place for date, time of day, client initials, and employee/staff/volunteer initials. When a client wants medications, she is permitted to pull her medications from the bin and the employee records what is being taken and the client signs off on this documentation each time. Clients can take medications as directed or as they wish. If a client abuses her medications it may be grounds for dismissal from the shelter.

On many occasions, residents requested that the shelter design should include a dedicated nurse's office with a full time nurse on duty. This request was especially important among residents who had recently been released from the hospital and who needed ongoing medical attention when tending to bandages from surgery [R028, Focus Group I, 05/23/09, page 94]. Nurses have historically worked in the community not only to provide healthcare needs but also to prevent IPV. Nursing programs for IPV survivors are directed at empowering the victims as well as preventing future abuse (Brackley & Williams, 2008). Design suggestions for this type of space included descriptions of school nurse offices where patients waited in chairs until the nurse could see the next patient unless there was an emergency in which case that person went straight in to seek medical attention [R030, Focus Group I, 05/23/09, page 93].

6. Library. Numerous requests were made for a library or reading area inclusive of a coffee shop with an emphasis that the space be designated for adults only [R019, Focus Group F, 05/02/09, page 75; R026, Focus Group H, 05/16/09, page 82]. Currently the shelter provides a children's library but does not offer an adult library [R016, Focus Group D, 04/11/09, page 83]. Participants felt like it would be easy to get book and magazine donations for the shelter [R012, Focus Group D, 03/28/09, page 92]. Requests were made not only for classic literature but also for self help books and resources "to give you courage" and help the women better understand what they were experiencing [R027, Focus Group H, 05/16/09, page 83; R026, Focus Group H, 05/16/09, page 85]. Participants liked the idea of a separate sitting area to just sit in lounge chairs or little sofas and talk and read a book [R020, Focus Group F, 05/02/09, page 69; R023, Focus

Group H, 05/16/09, page 71; R024, Focus Group H, 05/16/09, page 124]. With respect to sitting around and getting to know each other, one participant stated, “but see, without comfortable chairs, you can’t do that” [R027, Focus Group H, 05/16/09, page 124].

Descriptions of the library clearly delineated this space as a room with a door and windows and the space included requests for casual seating, internet availability, and television access [R021, Focus Group F, 05/02/09, page 75]. “I think the major thing is to maybe have a room that’s set aside, that has the lights just right, not too bright, not too dark, and has comfortable places to curl up for reading” [R027, Focus Group H, 05/16/09, page 71, 666-668]. Resident descriptions of the library area resembled the design criteria for modern day Starbuck’s Coffee Shops with both “warm drinks and cold drinks and a little snack” [R027, Focus Group H, 05/16/09, page 75]. Participants described this library area as a place you could go to relax and not worry [R027, Focus Group H, 05/16/09, page 75].

7. TV/Video Area. Entertainment options for adults were commonly requested as desired separations from entertainment options for children [R023, Focus Group H, 05/16/09, page 76; R027, Focus Group H, 05/16/09, page 76]. Participants suggested that there should be a television area for adults only, a second television area for children only, and a third television area for parents and children because the adults need time to relax without the children and mothers need down time to enjoy being with their children [R020, Focus Group F, 05/02/09, page 77]. These three needs cannot be met in one common television rom.

For the adults, the television room was not only a place to watch television but also an area to talk and socialize with other adults without having to be concerned about watching children's programming all the time [R021, Focus Group F, 05/02/09, page 81; R020, Focus Group F, 05/02/09, page 82; R019, Focus Group F, 05/02/09, page 84]. "So if my kids are watching Sponge Bob Square Pants constantly I'll think, the adults really don't care too much for that" [R020, Focus Group F, 05/02/09, page 86, line 614-615]. Participants indicated a desire to watch television as well as play video games. "I could sit and play video games all day long" [R008, Interview C, 03/26/09, page 35, line 238]. Participants frequently listed a television viewing room as a desired area they would like to have in the shelter [R014, Focus Group D, 03/28/09, page 89; R012, Focus Group D, 03/28/09, page 90]. Participants referenced having a television area as something that made the shelter feel more like a home [R012, Focus Group D, 03/28/09, page 91]. Television and movie options were cited as possible things to alleviate the boredom many participants experienced in the shelter [R013, Focus Group D, 03/28/09, page 103].

Requests for video games, television, and movie viewing were often described as areas that should not have set times or schedules for use so that these electronics were accessible all the time [R008, Interview C, 03/26/09, page 37; R020, Focus Group F, 05/02/09, page 59; R022, Interview G, 05/09/09, page 23]. "It kind of feels like home when everybody gets around there (the television)" [R011, Focus Group D, 03/28/09, page 90, line 641]. Some participants thought that a theater style television/movie viewing room would be ideal for the adults [R022, Interview G, 05/09/09, page 23].

Again, the proximity of the television/video area to bedrooms must be considered as a design criteria. Participants complained about the current television area being centrally located and immediately adjacent to many bedrooms [R020, Focus Group F, 05/02/09, page 64; R021, Focus Group F, 05/02/09, page 68; R018, Focus Group F, 05/02/09, page 87].

8. Computer Room. Repeatedly participants cited a need for separate computer rooms: one designated for adults only and another designated for children only [R017, Focus Group E, 04/11/09, page 73; R029, Focus Group J, 05/23/09, page 85]. Routinely participants expressed a need for additional computer time [R001, Focus Group A, 03/09/09, page 30; R002, Focus Group A, 03/09/09, page 30; R006, Focus Group B, 03/16/09, page 52; R015, Focus Group E, 04/11/09, page 78; R016, Focus Group E, 04/11/09, page 78; R017, Focus Group E, 04/11/09, page 79]. Computers were viewed as a vital requirement not only for employment searches but also for researching housing options and remaining in touch with family members via email [R005, Focus Group B, 03/16/09, page 51]. Participants also expressed concern and frustration because many residents lacked basic computer skills [R021, Focus Group F, 05/02/09, page 63]. As a result, participants saw a need for a much larger computer room and perhaps a computer training room set up as part of that space or as an entirely different space because they viewed computer skills as vital to their success outside the shelter [R020, Focus Group F, 05/02/09, page 97; R019, Focus Group F, 05/02/09, page 98; R025, Focus Group H, 05/16/09, page 86; R023, Focus Group H, 05/16/09, page 86; R026, Focus Group H, 05/16/09, page 87]. “I spend a lot of time in there (the computer room)” [R018, Focus

Group F, 05/02/09, page 99]. Many participants liked to spend time in the computer room because they felt like during that time they were doing something productive and learning something new [R021, Focus Group F, 05/02/09, page 95; R020, Focus Group F, 05/02/09, page 96; R018, Focus Group F, 05/02/09, page 96]. Access to technology (i.e., internet) is a critical component for domestic violence victims not only when seeking shelter but also when employment and resources toward independent living (Davenport et al, 2008).

Interestingly as participants discussed the need for more computers and more computer access they simultaneously requested accessible literature not only for learning about using computers but also for learning about how to conduct a job search, how to prepare resumes, and how to interview [R027, Focus Group H, 05/16/09, page 90]. These requests might indicate a need to have the library/resource area conveniently adjacent to the computer room.

9. Fitness Area. Participants requested access to outdoor spaces not only for solitude as discussed in the previous section about desired emotional separations but also as places for exercise and fitness.

Participant Observation, June 26, 2008: As I reflected on the smoking porch I also realized that during any given shift, the most activated call button is the one at the smoking porch. I've joked about wanting to stand at that door and pass out stop smoking gum each time someone buzzed to be let back into the building. Now I realize that smoking may not be the primary agenda for going out to the smoking porch.

The smoking porch is approximately fifteen feet deep and forty feet wide under the covered roof. Beyond the covered portion, the yard extends for approximately another thirty to forty feet in both the eastern and southern directions. The building creates a barrier along the northern and western sides. The solid wood fence provides visual privacy inside the grassy area. After curfew, many women will go out and roam around the small grassy area to “work

off steam” as they tell me. I realize that the facility has no adequate secured area for the women to work out and reduce stress.

Requests for indoor recreational spaces were also heard. Recreation rooms were described again as places designated for adults only [R014, Focus Group D, 03/28/09, page 84; R013, Focus Group D, 03/28/09, page 84]. The consensus seemed to be that a full gymnasium with a basketball court would be desired [R017, Focus Group E, 04/11/09, page 74-75]. Ironically, many women assumed the shelter itself would be a giant gymnasium with cots and not private rooms or spaces much like homeless shelters [R002, Focus Group A, 03/09/09, page 7]. Some participants again echoed a desire for a swimming pool [R012, Focus Group D, 03/28/09, page 86; R014, Focus Group D, 03/28/09, page 86]. While participants felt that the adult recreation area should include televisions they did not want the recreation area combined with the television viewing room [R010, Focus Group D, 03/28/09, page 87; R013, Focus Group D, 03/28/09, page 88]. Although participants did not list specific recreational *equipment* or games desired they repeatedly requested that there be a wide variety [R010, Focus Group D, 03/28/09, page 88; R014, Focus Group D, 03/28/09, page 88].

10. Hobby/Activity Room. Although not consistently requested, several participants expressed a desire for a hobby or activity room, again for adults only. Often participants did not know where to spend time during the day and expressed frustration with boredom that might be alleviated with activity areas [R008, Interview C, 03/26/09, page 34; R013, Focus Group D, 03/28/09, page 62; R012, Focus Group D, 03/28/09, page 65; R020, Focus Group F, 05/02/09, page 90]. Participants who requested hobby or

craft areas described the space as the size of the conference room, approximately fifteen feet wide by fifteen feet deep, in which our focus groups met and indicated that a similar table configuration would work [R014, Focus Group D, 03/28/09, page 85]. Discussions about desired hobbies and crafts could be addressed in future studies to further shape these design criteria.

11. Accessibility. Throughout the focus groups injured participants repeatedly voiced concerns about the lack of accessibility in the shelter. “That’s what I’m saying. It’s (the shelter) not handicap accessible” [R028, Focus Group I, 05/23/09, page 73]. Women in wheelchairs found that room doorways were too narrow to navigate; many bedrooms were non accessible due to the furniture layout and lack of an appropriate turning radius or clear floor space for a three point turn; and bathrooms did not provide accessible showers or toilets with the exception of one large accessible private bathroom next to the client services area [R028, Focus Group J, 05/23/09, page 62; R030, Focus Group J, 05/23/09, page 64; R031, Focus Group J, 06/13/09, page 35]. As room assignments were done on a first-come first serve basis, those in need of accessible facilities were not always located conveniently to these spaces. Another challenge for wheelchair bound participants was basic maneuvering through the narrow hallways and in bedrooms and bathrooms.

Participant Observation, June 26, 2008: Tonight we took in one woman with three children, a second woman with one child, and an elderly woman. The elderly woman is wheelchair bound. When I went to prepare her room (as assigned by the Client Services Center staff) I quickly realized that she would not be able to maneuver in that cramped space. The room held four beds, two with trundle beds below, and the layout blocked one of the two closets and left only a 24” wide entrance space once the door was fully extended to the opened position.

I tried to push the beds closer together to make the room accessible but it was clear this would not be a suitable arrangement.

Prior to tonight, I wondered if clients with special needs could be accommodated in the facility. Clearly wheelchair access is difficult. There is one large accessible bathroom immediately across from the Client Services Center. It has a roll in shower and grab bars at the toilet: clearly it meets the Texas Accessibility Standards. The other client bathrooms do not appear to meet the guidelines. I made certain to show this client which bathroom would be the best for her to use. Later in the evening, as this client maneuvered through the shelter I noticed how the corridors were nearly impassable when she was rolling along and another client was trying to pass. I now think the corridors are less than 5' wide as I originally estimated.

Injured women also complained not only about having difficulty maneuvering through the shelter but also about feeling called-out when they had to request special favors. For example, the elevator in the shelter only functions with a key. Women felt that by having to ask for the key and then return the key they were singled out and made to feel as if they were imposing on the staff [R030, Focus Group J, 05/23/09, page 65]. Accessibility issues extended to the dining room where injured women indicated they could not comfortably maneuver through the serving line much less carry a food tray to a dining table [R028, Focus Group I, 05/23/09, page 71]. Storing clothing in the closets was also impossible since the closets only offered standard height clothes rods

Basic entry into the shelter was perhaps the most difficult aspect for women in wheelchairs. The shelter is located on a steep grade making the climb up the driveway to the client entry impossible without the assistance of someone else or a motorized wheelchair [R031, Focus Group J, 06/13/09, page 39-40]. One wheelchair bound participant knew of the Americans with Disability Act (ADA) requirements and stated that ADA guidelines should be utilized at the shelter to make the building and grounds accessible for all [R031, Focus Group J, 06/13/09, page 42]. If clients opted to enter on

grade at the lower door, they were trapped in the stairwell with no access to elevator because the elevator is key accessible only.

Security was a design feature discussed often in the focus groups. When the June 13, 2009 focus group began sketching their ideas security was at the forefront of their plans. Discussing the desire for a gated residence one participant remarked, “That’s a good thing too. That’s even a good designer thing to add to our dream shelter. A fence” [R033, Focus Group J, 06/13/09, page 47, line 559-560].

Theme Four. Expressions of Humanity

Reflexive Journal, June 13, 2009: There are some very real concerns about the shelter staff. The women really want the shelter staff to understand what they, the women, have been through. The women say some staff are not nice and that makes them feel bad and they’ve already been through a bad experience and don’t want to have another bad experience in the shelter.

I’m always blown away by how these women seem to really care for each other --- or at least they act that way in the group sessions. They are always encouraging the newer residents and cheering the ones who are ready to move out. They even get excited about the idea of seeing each other on the outside once they are back to independent living. It’s really beautiful to witness that level of care from people who are so wounded and have so little.

Expressions of humanity emerged not only as spoken elements throughout the focus groups but also and perhaps more telling as physical expressions of support for each other. Two subcategories emerged with women expressing the desire for (1) empathy from professionals and with women demonstrating (2) empathy for each other and from peers. Interactions between focus group participants promoted communication during weekly sessions and also served as a component of the healing process (Morales-Campos, Casillas, & McCurdy, 2009).

1. Empathy from Professionals. Empathy from professionals emerged as an issue during questions about daily life in the shelter. Regarding the shelter counselors, participants felt that they first needed to be sensitive to what a domestic violence victim was experiencing [R002, Focus Group A, 03/09/09, page 52]. “I mean as far as running a women’s shelter, I prefer to (pause), if you’ve never been through it (domestic violence) then don’t try it (working in a shelter)” [R008, Interview C, 03/26/09, page 45, line 320-322]. Discussion-points centered on shelter staff and volunteers. Participants often remarked how uncertain they felt about entering the shelter because they did not know what to expect. For this reason, participants were especially in need of empathy from shelter staff from the initial contact on the hotline through the initial intake process [R011, Focus Group D, 03/28/09, page 30; R028, Focus Group I, 05/23/09, page 26; R031, Focus Group J, 06/13/09, page 7]. “They’ll help you if they know you’re serious. They’ll get you going” [R001, Focus Group A, 03/09/09, page 50, line 490-491]. Speaking of her intake process, one participant commented, “I was like bewildered too...and there was a little bit more compassion this time than there was the last time” [R033, Focus Group J, 06/13/09, page 13-14, line 142-143]. Often participants commented on how everything they needed, including a meal, was supplied for them immediately during the intake process [R018, Focus Group F, 05/02/09, page 23; R027, Focus Group H, 05/16/09, page 20]. “You need soap, toothpaste, they got ‘em. They get you set up as soon as you get in here” [R001, Focus Group A, 03/09/09, page 14, line 135-136]. Positive, caring interactions upon arrival promoted the perception of support from the shelter staff [R008, Interview C, 03/26/09, page 8; R011, Focus Group D,

03/28/09, page 25]. Participants repeatedly spoke of having their needs met by staff members and by the vouchers they received to purchase items from the shelter's resale shop [R006, Focus Group B, 03/16/09, page 84; R005, Focus Group B, 03/16/09, page 86]. Participants felt that the level of counseling provided was amazing and the key to their success in breaking the domestic violence cycle in their lives [R018, Focus Group F, 05/02/09, page 140; R028, Focus Group I, 05/23/09, page 26; R030, Focus Group I, 05/23/09, page 68]. Both group and individual counseling were most often cited as the best resource provided by the shelter and the most readily accessible resource for residents [R006, Focus Group B, 03/16/09, page 48; R012, Focus Group D, 03/28/09, page 143; R014, Focus Group D, 03/28/09, page 144; R020, Focus Group F, 05/02/09, page 125]. Research indicates that domestic violence victims benefit not only from professional counseling but also from non professional relationships in which they can discuss and share their experiences of abuse in multiple venues (Allard, Abelda, Colten, & Cosenza, 1997; Ellsberg et al., 2001; Gondolf, 1998; McCloskey and Grigsby, 2005). Participants were appreciative not only of the counseling they received while living in the shelter but also of the counseling they are eligible to continue receiving after they leave the shelter [R012, Focus Group D, 03/28/09, page 137; R013, Focus Group D, 03/28/09, page 137; R016, Focus Group E, 04/11/09, page 91; R015, Focus Group E, 04/11/09, page 92; R017, Focus Group E, 04/11/09, page 93].

Participants were especially complimentary of how the child advocates in the shelter were especially good with the children, even though the participant did not have children of her own [R005, Focus Group B, 03/16/09, page 87]. Participants with

children also expressed appreciation for how helpful staff members and child advocates were with their children [R002, Focus Group A, 03/09/09, page 32]. Mothers in the shelter were very appreciative of the support provided for their children. Time and again mothers spoke very highly of the child advocates and praised their efforts in taking care of their children's best interests while in the shelter [R011, Focus Group D, 03/28/09, page 66]. In fact, women without children often commented on how much they wished they had children because of the excellent resources in the shelter for the children [R005, Focus Group B, 03/16/09, page 88].

Not all staff-resident interactions were perceived as positive. Residents had mixed reviews of the treatment they received from shelter staff versus shelter volunteers. "The staff really wants to help you and they want to help you get out of here. The volunteers bring in their bad moods or whatever. We don't need that. We have our own problems. Leave yours at home" [R002, Focus Group A, 03/09/09, page 15, line 142-144]. Perceptions were distinctly different between weekday staff and weekend staff. "And we asked for something and they're (the weekend staff) like, well, this is something you should ask for during the week" [R006, Focus Group B, 03/16/09, page 40]. Participants cited examples of how the weekday staff carefully place the breakfast items out for the residents whereas the weekend staff leave the residents to take care of the breakfast on their own [R015, Focus Group E, 04/11/09, page 69]. Over and over again participants remarked that staff members and volunteers alike should not bring bad attitudes into the shelter because the residents had already been through enough without that stress [R017, Focus Group E, 04/11/09, page 110]. Other participants spoke of their

intake process as being just like talking to their abusers because the experience was very mechanical and unsympathetic to their plight [R030, Focus Group I, 05/23/09, page 19; R029, Focus Group I, 05/23/09, page 21]. “I’m not saying they need to prescreen everybody that works here but it’s like maybe it’s been that they work here, that they’ve worked here too long where it (working here) has hardened them” [R005, Focus Group B, 03/16/09, page 111, line 804-806]. Many times participants felt frustrated when they were following their counselors guidelines but making slower progress than the counselor thought they should [R020, Focus Group F, 05/02/09, page 106].

Participants with physical injuries such as broken ribs or arms, stitches from surgery, or wheelchair bound, repeatedly expressed their frustration with what they perceived as insensitivity in the assignment of house chores. Often injured women were assigned chores such as mopping which they did not feel fell under light duty as directed by their hospital paperwork [R029, Focus Group J, 05/23/09, page 96; R031, Focus Group J, 06/13/09, page 64]. Participants felt, however, that they had opportunities to freely express their frustrations through the shelter grievance box [R001, Focus Group A, 03/09/09, page 54]. “That grievance box is a good thing. A real good thing. I think they take that seriously” [R002, Focus Group A, 03/09/09, page 54, line 533-534].

Volunteers were often perceived as negative people who place guilt upon residents. “My dignity has been kicked. I’m homeless. I don’t need guilt from you (the volunteer). That’s not right. It just isn’t” [R002, Focus Group A, 03/09/09, page 28, line 273-275]. Other volunteers were perceived as helpful and giving; for example, such as the group that provided manicures one Saturday morning [R014, Focus Group D,

03/28/09, page 95]. Some participants did not believe that volunteers took their jobs very seriously at the shelter [R005, Focus Group B, 03/16/09, page 36].

At times participants likened the shelter to a prison. “They (the staff) treat us like prisoners. They treat us like children” [R014, Focus Group D, 03/28/09, page 46, line 287-288]. Participants who had previously been denied shelter entry spoke negatively about the shelter process of being turned away in a time of need [R014, Focus Group D, 03/28/09, page 124; R012, Focus Group D, 03/28/09, page 124; R010, Focus Group D, 03/28/09, page 147; R013, Focus Group D, 03/28/09, page 147]. It is estimated that nationally, three out of every four women who seek shelter are turned away due to limited shelter space and great demand (National Coalition Against Domestic Violence, 2007). High demand for shelter prompts facilities to impose nightly curfews in order to better manage available beds for other women in need (Sullivan & Gillum, 2001).

Overwhelmingly participants voiced the need for empathy from law enforcement. Often participants were brought into the shelter by police and the women felt that the police were not sympathetic to their experience. Speaking of her ride to the shelter, one participant stated that the female officer was cold and matter-of-fact stating “well, you know, you just seem like you needed a ride” [R012, Focus Group D, 03/28/09, page 21, line 118-119]. Other participants commented on the same experience and felt that in general the police were not helpful at all [R014, Focus Group D, 03/28/09, page 22]. Participants recounted how police officers were frequently unsympathetic about taking women to the shelter. Studies support claims that law enforcement agents often marginalize or disregard the claims of domestic violence

victims because in many cases the woman will later drop the charges or recant her story (Belknap, 1995; Ferraro, 1989; Iovanni & Miller, 2001). Other studies illustrate that officers often believe women choose to remain in their abusive relationships and are responsible for the violence they experience (Ferraro, 1989; Saunders, 1995).

Recalling her shelter entry experience, a participant said that the officer said, “okay, I got another one” and “dang, Safe Haven, I just left from up there” [R011, Focus Group D, 03/28/09, page 24, line 144 – 146]. “I don’t know who has to write the letter for it to get to him (President Obama), to them (the Federal government), if I had to do it, but they need to know that the police, you know, are not helpful at all!” [R012, Focus Group D, 03/28/09, page 149]. This concern was echoed by other participants [R014, Focus Group D, 03/28/09, page 149]. Continuing her argument, the participant declared, “And they need to know that we’re important enough. We’re important enough to vote for you and we should be important enough to try to do something, you know? And they need to know that” [R012, Focus Group D, 03/28/09, page 150, line 1185-1188]. “They (law enforcement) need to know that they have criteria to be doing when they work with domestic violence, to show a little more concern, and put a little more care into what the woman is going through” [R012, Focus Group D, 03/28/09, page 151, line 1195-1197]. Participants often laughed about law enforcement agents referring to them snidely as “Texas’ finest” [R019, Focus Group G, 05/02/09, page 20, line 150].

2. Empathy for and from Peers. “We’re just alike. You know, we’re sisters” [R032, Focus Group J, 06/13/09, page 48, line 577]. Many participants feared that they would be scared and alone and unable to relate to anyone in the shelter [R025, Focus

Group H, 05/16/09, page 9]. What transpired in focus groups, however, revealed a great deal of empathy and support for each other. Many women were perplexed and even stunned that this had happened to them. “I kept thinking, is this my life? How did this happen? Can this be? [R025, Focus Group H, 05/16/09, page 31, line 282]. Domestic violence victims struggle with painful emotions, such as embarrassment and shame, spawned by their abuse experience (Ellsberg et al., 2001; McCloskey & Grigsby, 2005; McNutt, Carlson, Gagen, & Winterbauer, 1999; Smith, 1994).

Similar sentiments were voiced when participants wondered if they would receive the help that they needed while in the shelter [R030, Focus Group I, 05/23/09, page 24]. When one participant expressed concern about leaving her children with staff members that she didn't know, other participants in her focus group assured her that the staff was trustworthy and that her children were in good care [R001 & R002, Focus Group A, 03/09/09, page 32]. As participants shared their personal stories, they also indicated that they wanted to find answers for themselves as well as to help others: outreach is documented as a common practice of empathy for others among domestic violence victims in support groups (Morales-Campos, Casillas, & McCurdy, 2009).

Residents often noticed resources that needed to be improved or provided. For example, one participant with very young children noticed that the programs catered to children in that young range but not older kids. She indicated that in the future she would like to return to the shelter to help provide the needed programs for older children and teenagers [R016, Focus Group E, 04/11/09, page 109].

Caring expressions for each other often surfaced during focus groups and often in comical ways. Early in the focus groups, a participant with children expressed concern about being able to provide clothing and toys for her children. Other focus group participants quickly chimed in to tell her about Berry Good Buys, the shelter's resale store. These women assured the concerned mother that she would receive a voucher to use in the store and that she could find everything that she needed there, adding excitedly, "Oh, and go on quarter Thursday! Everything's a quarter. You can spend four bucks and walk out with everything you need!" [R002, Focus Group A, 03/09/09, page 40]. Other focus group participants were supportive of newer residents, especially if that new resident had well behaved children. R005 and R006 were very complimentary of R007's parenting skills and the resulting behavior of her children while in the shelter. "You know, seeing your kids (addressing R007), and your kids are really nice, and you can tell a parent who takes care for their kids" [R006, Focus Group B, 03/16/09, page 57, line 369-370]. Again R001 and R002 spoke positively about R003 during their focus group indicating that R003 made her children clean up after they had been playing in the television area and she always made sure that they were quiet and respectful of others [Focus Group A, 03/09/09, page 21]. When younger pregnant women expressed pain or discomfort related to their pregnancy older women in the group would chime in and offer advice from their personal experiences such as, "You need to cut off that coffee. It's making the babies sick. They don't like it" [R026, Focus Group H, 05/16/09, page 40, line 365-366]. Still other participants spoke of wanting to help new shelter residents when those women felt so pulled to return to their abuser [R010, Focus Group D,

03/28/09, page 120; R014, Focus Group D, 03/28/09, page 120]. “I’ve been there. I’ve been her” [R012, Focus Group D, 03/28/09, page 105, line 766].

Speaking about a new resident (R024) in her focus group who had recently been assigned to share her room, the roommate indicated, “I shared with her so she wouldn’t feel so lost, that feeling that’s not so great” [R027, Focus Group H, 05/16/09, page 35, line 313-314]. Another participant spoke of the same new resident saying, “You should have seen her the first night she got here...but now if you see her, you’re like, she’s doing terrific. If you’d seen her then, you’d know she’s doing all right cause I actually seen her smile yesterday” [R026, Focus Group H, 05/16/09, page 33, 292-295].

Participants often spoke positively about receiving this type of support from other women indicating that the care and nurturing was unbelievable and by receiving this level of support they were able to “chip away” at their problems [R022, Interview G, 05/09/09, page 14].

Often roommates would participate in the same focus group and speak of how they had bonded and stuck together since they arrived in the shelter [R001 and R002, Focus Group A, 03/09/09, page 19; R005 and R006, Focus Group B, 03/16/09, page 66;]. Participants were very appreciative of the support system they found with other women in the shelter [R001, Focus Group A, 03/09/09, page 46]. “I’ve only been here for a few days, and I can see how everybody talks to each other and it just kind of gives it (the shelter) a home atmosphere” [R010, Focus Group D, 03/28/09, page 90, line 644-645]. Participants also voiced their sadness over anticipating losing that support system when they exit the shelter [R001, Focus Group A, 03/09/09, page 46]. Speaking of this

support system one participant said, “Whatever I can make for me here before I leave and go, that’s what I got” [R027, Focus Group H, 05/16/09, page 135, line 1278-1279].

Speaking in favor of having a roommate one participant felt that everyone needed the opportunity to be in a setting where they had to learn to compromise with a roommate without hostility and grief [R026, Focus Group H, 05/16/09, page 69]. Again the issue of lighting in the bedrooms surfaced as something about which residents needed to be sympathetic in order to live with others [R027, Focus Group H, 05/16/09, page 54].

“There’s enough support and resources here really to get things done in a short time” [R020, Focus Group F, 05/02/09, page 57, line 383-384].

Focus group participants were very encouraging of other participants for whom English was a second language. Often these focus group participants would apologize to the primary investigator for having what they deemed poor English. Other focus group participants were quick to jump in and assure these women that their English was good [R001, Focus Group A, 03/09/09, page 38]. When a native English-speaking participant indicated that she wanted to learn Spanish so that she could be a bank teller, other participants encouraged her saying, “You’ll get there. That’s a great goal!” [R001, Focus Group A, 03/09/09, page 49, line 479].

When focus group participants got frustrated by their slow progress in the program other participants jumped in telling them to be patient and to keep working with the counselors and they would reach their goals [R031, Focus Group J, 06/13/09, page 58-59]. Participants were also very accommodating in yielding the floor to someone who

was anxious to speak about a particular topic or question [Focus Group H, 05/16/09, page 43-44].

Participants did not have empathy for women in the shelter who they viewed as “working the system” [R001, Focus Group A, 03/09/09, page 26]. In these cases participants expressed frustration at the “fakes” claiming that these women knew what to say to be granted shelter entry but these women were clearly not true domestic violence victims because once inside the shelter they slept all day, went out after curfew, and came back late after apparent partying [R002, Focus Group A, 03/09/09, page 26-27]. Screening practices during a hotline crisis call are intended to accurately assess the woman’s safety and history with the two-fold purpose of providing shelter to those in need while accurately weeding out those who are not in need (Hamberger & Phelan, 2004; Leconte, Bland, Zaichkin, & Hofheimer, 2004).

Participants often spoke of the desire to keep in touch with each other after exiting the shelter. Several times they excitedly spoke about the possibility of running into each other at post-shelter counseling sessions and how it would be exciting to catch up and have each other over for visits in their new apartments [R033, Focus Group J, 06/13/09, page 55].

Participants also expressed empathy for the women who had yet to enter the shelter. Hotline volunteers man the telephones in the client services area twenty four hours a day. For this reason, shelter residents must be patient when they cannot be immediately served by a CSC representative. Participants understand that the person on the telephone is in greater need than they are and they wait patiently [R033, Focus

Group J, 06/13/09, page 13]. “Be one of them (the other women in the shelter), the bees, and join them, the bees” [R030, Focus Group I, 05/23/09, page 42, line 391-392].

Often participants expressed an interest in returning to the shelter as a volunteer after they were settled into independent living because they had received such good care and now they wanted to pay it forward to other women in need [R017, Focus Group E, 04/11/09, page 106; R033, Focus Group J, 06/13/09, page 63; R031, Focus Group J, 06/13/09, page 68]. Speaking of successful shelter residents one participant stated, “Maybe they could come back and volunteer and all and help the other women. You know, let them know that I’ve been there. I’ve been in your same shoes and you can do it” [R026, Focus Group H, 05/16/09m, page 136, line 1290-1292]. Having a connection to other women who had succeeded after the shelter program was very much desired [R006, Focus Group B, 03/16/09, page 104; R026, Focus Group H, 05/16/09, page 133; R027, Focus Group H, 05/16/09, page 122]. Shelter residents bonded and created a sense of community and support for each other. “I have friends here (in the shelter). I know I have friends here” [R017, Focus Group E, page 105, line 871-872].

CHAPTER VII

CONCLUSIONS

Validity of Study

Reflexive Journal, May 16, 2009. It happened again today: another focus group, a lot of shared stories and common complaints. This particular Saturday, however, the words really began to strike a new chord in my mind especially as I left the shelter. It's getting more difficult to go in, conduct a focus group, and then drive away. Today I didn't record my post focus group notes with my hand held device while I drove home. Instead, I drove home in silence. The only noise I could stand was the sound of the car as I drove.

I feel so guilty when I leave the shelter. Every Saturday I go in to conduct my focus group. Every Saturday I carry the weight of the words spoken in group. And every Saturday, while these women shuffle out of the focus group and into the dining hall for dinner, I get to leave. I feel guilty when I'm at home working on the transcripts. Earlier this week it was a beautiful sunny day. I took a break to sit out on my deck and eat lunch. In the distance I could hear neighborhood children laughing and playing in their yards. I could hear cars driving through the neighborhood and on the highway in the distance. I even noted the sound of airplanes passing overhead as travelers headed to various destinations. All these normal activities that I enjoy are lost for the women in the shelter. I feel guilty because I'm out here and they are in there (the shelter)...all the more reason to take this research seriously and turn this into something of merit. I owe it to these women.

The intent of this study was to establish a foundation upon which future research can be conducted toward the goal of creating sensitive and appropriate design criteria for domestic violence shelters, which aid female domestic violence victims in their transition from an abusive relationship to independent living. A key component to this successful transition is a reduction in stress levels among victims. Theories of embodiment contend that an individual is significantly impacted by their experiential relationship to their surroundings; therefore, the researcher posits that the design of the built environment represents a significant opportunity to positively, or negatively,

impact stress reduction among domestic violence victims during their shelter residency. While this case study examined one shelter and thirty-three participants, both the quantitative and qualitative findings from these participants yield a rich data source from which the researcher can establish grounded theory initially expressed here as preliminary design guidelines. Furthermore, findings from this research illustrate that the study site is consistent with the national norm for domestic violence programs, shelters, and clients; therefore, it is feasible to suggest that the findings from this study can be generalized to the broader population of domestic violence victims' needs and incorporated into future studies for the improvement of the built environment, the domestic violence shelter.

Quantitative data from this study, collected from the thirty-three participants via the Spielberger STAI Form X-1, indicates that stress was not reduced over time at the study site. Data illustrates that participants experienced significantly elevated levels of stress not only at the time of shelter admission but also at two additional intervals during their thirty day shelter residency. Continued quantitative self-evaluations administered at these three intervals further indicates that stress levels among the study population not only remain elevated but also remain constant and above normative controls throughout the thirty days. Based on the stress level data collected in this study, the researcher contends that the built environment of the study site not only had significant attributes which did not reduce or eliminate stress but rather compounded and exaggerated stress levels. Changes in the design of the built environment, proposed as design guidelines, provide significant opportunities to positively impact stress reduction among domestic

violence shelter clients. Paired with the quantitative findings, data from the qualitative component of this study provides insight into specific potential changes for the built environment as expressed by the domestic violence victims themselves.

Qualitative data collected during focus groups and interviews from this study indicates that certain elements found in the built environment contributed to sustaining high stress levels for the women as articulated in their transcripts. Furthermore, focus group transcripts illustrate that the absence of other built environment elements also added to the stress levels or contributed to sustaining heightened levels of stress among study participants. Therefore because this domestic violence shelter is similar in design to other but not all domestic violence shelters, the stress producing elements identified as currently existing in this shelter as well as those stress reducing elements which did not exist in this particular shelter can be indicative of factors which suggest design guidelines. These guidelines will support a sensitive and appropriate built environment for domestic violence shelters that will reduce or alleviate stress over time for victims. Findings of this researcher have been utilized to generate design objectives that can be extrapolated to apply to other locations of shelters and could impact the design of new facilities and/or the redesign of current shelters.

Listening to the voices of the women that are impacted not only by domestic violence, but also by the physical structure of the ensuing shelter to which they flee, is paramount to aiding stress reduction during the transition from victim to survivor. In this study, the voices of women were documented through qualitative focus groups and interviews. As discussed in the research study aims, the researcher sought to investigate

the emotional state of female domestic violence victims at the time of entry into an emergency shelter as a foundation for establishing design criteria for the built environment. The intent of this study was to utilize qualitative analysis to establish a frame of reference reflecting how this vulnerable population reacted to this particular shelter's physical design as that architectural design impacted the study participants' abilities to reduce or alleviate stress. A secondary objective was to establish a quantitative baseline for measuring the stress levels of women while residing at a shelter.

Limitations of Study

An inherent limitation of this study exists because the study focused on one case study; however, the literature review and resulting study data from this unit of analysis corroborate the lead researcher's claim that the study site, programs, policies, and participants are consistent with national shelters and clients. Furthermore, this research study revealed that study participants were experiencing stress levels above normative standards, a measurement which again is consistent with the literature about domestic violence victims' emotional states.

Sampling bias was another potential limitation in dealing with domestic violence victims who utilize shelters. Demographic data from this study when compared to other studies, however, illustrates that participants were representative of the typical classifications of shelter users. Therefore, it is feasible to suggest that data collected from these study participants can be generalized to other shelter participants in different shelter locations for the improvement of design characteristics of the built environment.

A final potential latent limitation of the research study may emerge from the client's familiarity with the researcher; however, the researcher contends that study participants were more honest and forthcoming with personal information during focus groups and interviews because they were comfortable with the researcher. The lead researcher initially entered the shelter during summer 2008 to conduct participant observations during the month of June.

Reflexive Journal, June 24, 2008. I am becoming a familiar face at the shelter. Clients recognize me and speak to me now even outside of the CSC. The CSC manager has recently encouraged the CSC staff to get out of the CSC during the day and to mingle with the clients more. As a volunteer I've already been able to do this. It makes a difference when the clients become comfortable with you. I wonder how conducting focus groups will work if I select sites and show up for these sessions without prior interaction at those shelters. How might the information provided differ from say information gathered at this shelter where I'm known and accepted? Does being known alter my objectivity? Is it better to be less vested with the clients when conducting the focus groups?

The lead researcher continued to volunteer and informally observe at the shelter throughout the remainder of calendar year 2008 prior to beginning focus groups in early 2009. While study participants are only in the shelter for thirty days, participants would have seen the researcher at numerous intervals throughout their shelter stay, thereby making participants familiar with the researcher. It is plausible that participants were more open during focus groups because a level of trust had been established by the mere fact that the researcher was onsite with regularity and perceived to be one of the shelter staff.

Recommendations and Design Guidelines

Reflexive Journal, April 11, 2009. It will be interesting to see all of the transcripts together because I think I'm hearing consistent themes that could really lead to some exciting directions for this research...I just won't know what I've really got until it's all before me to be analyzed.

Data from this study provides insight into plausible design guidelines which can be examined in the context of a proposed 'ideal' shelter design. Design guidelines or criteria for an 'ideal' shelter are also supported by entries from the researcher's reflexive journal as well as the researcher's twenty years of professional design practice experience.

Initially the researcher's inquiry was shaped by participant observations onsite at the domestic violence shelter during summer 2008. Participant observations, coupled with reflexive journal entries during this period, guided the research study questions and lead to the resulting study methodology.

Reflexive Journal, June 28, 2008. From my field experience this summer, I hypothesize that the built environment, at this particular site, may increase client stress/distress with regard to security, socialization, and refuge. The facility appears to: (1) lack adequate security policies, procedures, and measures; (2) minimize areas for client gathering and/or socializing in groups; and (3) lack any areas for private reflection, solitude, and escape. Each of these perceived inadequacies could significantly impact client stress/distress.

Continued field research, participant observations, and focus group data and analysis yielded the design guidelines provided here within:

1. Site plans must provide multiple levels of actual and perceived security inclusive of physical barriers (i.e., gates) as well and visual barriers (i.e., plant, walls) without producing a facility that resembles a maximum security prison or jail.

2. Landscaping should be functional as well as aesthetically pleasing to victims of domestic violence. Care should be given to avoid plantings that domestic violence victims perceive to appear as 'hostile' (i.e., cacti) or uninviting.
3. Access to the site and facility must be monitored 24/7 and include multiple check points in a series of entry points. In other words, at a minimum security check points should happen at parking lot entries, gated sidewalk entries, intermediate gated sidewalk entries, facility entry points (i.e., doors), and internal airlocks or stairwells. These multiple monitored security check points should be minimally invasive and must also permit quick access at the initial check points so that victims are not held outside of the actual and perceived security barriers thereby increasing the victim's sense of insecurity and vulnerability to the outside world and their abuser.
4. The architectural design of the shelter must provide places for solitude and reflection inclusive of interior and exterior settings. Interior settings may include private bedrooms, small reading areas, meditation rooms, and inglenooks. Exterior settings may include gardens, labyrinths, small parks and nature trails.
5. Access to nature must be provided in secure, internally located areas (i.e., healing gardens, vegetable gardens, flower gardens, small parks/green areas) removed from property site lines from the street or passersby. These areas must also provide multiple opportunities for solitude (i.e., benches, chairs, swings, hammocks) as well as socialization (i.e., picnic tables, garden fire pit) within the natural environment.

6. Exercise or fitness areas must be provided onsite for use by the women and children not only for physical health but also for emotional health especially stress reduction. Fitness areas may include indoor walking tracks, gyms, pools, and aerobic areas while outdoor areas may include playgrounds, basketball courts, tennis courts, and small parks. Again, any outdoor space should adhere to the security guidelines for the emotional well being of the victims.
7. The architectural design of the shelter should create self sustaining “communities” within the shelter inclusive of shared amenities (i.e., laundry room, kitchenettes, parlors).
8. Family style kitchenettes should be provided in addition to the communal dining room so that women and children can prepare snacks and bottles as required outside of regular dining hall hours.
9. Private bedrooms and bathrooms should be included for shelter residents in lieu of shared bedrooms. Bedroom furniture should accommodate children from infants to teenagers.
10. Shelters must provide lockable bedrooms for all private rooms to provide clients with some level of personal control while in residence. Furthermore, shelters may provide lockable lockers in common areas. Staff should maintain master keys for all lockable areas in order provide maximum access for employees in case of emergencies.

11. Separate wings should be included to divide women with children from women without children. Careful attention should address the acoustics between these areas to provide the maximum reduction in noise.
12. Elements of the built environment (i.e., water fountains, furniture, material selections) must be considered not only from the perspective of adults but also from the perspective of children.
13. Appropriate care and services for children becomes an important element of the shelter program as these programs provide support for the needs of the domestic violence victim. Spaces must be provided to support these programs.
14. Shelters should provide multiple service areas (i.e., laundry rooms) throughout the shelter for client use.
15. Shelters must provide centrally located Client Services Areas inclusive of a medical or nurse's office.
16. Shelters should include an onsite Call Center located away from the central Client Services Area in order to maintain confidentiality and quiet.
17. Shelters must include a counseling center that is centrally located yet away from private bedrooms in order to maintain a division between public and private functions within the shelter.
18. Shelters should provide designated employee/volunteer parking separate from resident parking. Employee/volunteer parking can be visible to outsiders while resident parking should not be visible to outsiders in order to prevent abusers from identifying cars that belong to victims residing in the shelter.

19. Site plans should include remote delivery access and loading docks that provide ease of deliveries for shelter needs and donations but maintain privacy for shelter residents. Ideally delivery access would not be shared with either the employee/volunteer parking lot or the resident parking lot.
20. Shelters should provide adequate onsite storage for a basic clothing closet separate from the receiving area for donations and shelter supplies. The clothing closet should be located conveniently to the Client Services Area in order to better facilitate the retrieval of needed items without requiring staff to leave their post.
21. Shelters should provide a separate administrative wing inclusive of a board room for routine activities. Board members should not have to enter the client areas of the shelter to gain entry into the board room.
22. Shelters should provide a variety of spaces for use by residents during a thirty day program. Suggestions for spaces include coffee shop, library, media room, and computer lab. Care should be taken to provide dedicated spaces for adults only in addition to dedicated spaces for children.
23. The architectural design of shelters should incorporate a variety of scales and textures to promote areas of both prospect and refuge for shelter residents and employees.
24. The architectural design of shelters must provide the maximum opportunities for user control (i.e., lighting, locks).

25. Shelters should provide secure visitation areas onsite for invited family members to meet with residents during their shelter residency.

Considerations for Future Studies

As this research study was not intended to provide an extensive inquiry about all victims of domestic violence or all elements of domestic violence shelters, future studies should be conducted to examine key factors that were isolated and therefore not examined as part of this study. Furthermore, future studies could be conducted based on insights revealed in the researcher's reflexive journal entries throughout the study. Nine initial considerations for future studies are briefly addressed in this section.

First, future studies should be conducted to compare existing shelters in an effort to gather information about design criteria and environments that might be suitable for stress reduction among domestic violence victims in shelters. A comparative analysis of multiple shelters might yield more extensive design criteria while increasing the validity of the proposed design guidelines from this study. Comparisons from local, state, and national shelters could provide a broader foundation for establishing definitive design criteria for domestic violence shelters that contribute to stress reduction among residents. Furthermore, future studies of multiple sites should also examine possible differences for urban versus rural locations.

Second, future studies should include interviews with shelter staff, counselors, and administrators from multiple sites in addition to continued interviews with domestic violence victims in the shelters. Information gathered from shelter employees may provide insight about potential disconnects between what shelter clients expect and need

versus what shelter staff expect and need. A comprehensive longitudinal study involving all stakeholders (i.e., administrators, counselors, victims) at multiple sites would provide a more thorough analysis of user needs that directly impact design guidelines.

Third, future studies should examine the needs of children of victims of domestic violence. For this study, the researcher documented whether participants brought children with them to the shelter and then took into consideration that for these victims, having their children in the shelter may represent a significant stressor during the shelter stay. Furthermore, numerous entries in the researcher's reflexive journal highlight the need to include children in the discussion and design decisions about domestic violence shelters.

Reflexive Journal, March 28, 2009. There was a woman in today's focus group who seemed very distracted during our session. I noticed that she did not contribute much at first and that even once she was drawn into the conversation, she continually looked at her cell phone. I wondered if she was marking the time and anxious to get out of the group --- if this was making her uncomfortable I didn't want her to be there. Later as the group progressed and began talking about children she revealed that she had brought her children with her to the shelter. She further revealed that they were in the shelter provided daycare and she needed to be on time to pick them up before dinner. It appeared that she wasn't able to fully focus or be "in the moment" because she was worried about her children and her responsibility to pick them up according to the shelter policies about childcare. It must be very stressful for the women with children to have to juggle their own stuff while also tending to the needs of their children. I can't even imagine. Fortunately, the other moms in today's group assured this participant that it would be okay, her children were being well cared for in the shelter program, and she would be able to get her children in time to go to dinner.

Of import with regard to the needs of children, the researcher noted during this study that shelter numbers were highest during the summer months. Shelter staff indicated that the increase was directly related to when school was out for summer recess: mothers

wait to enter a shelter at a time when they can also bring their children with them.

Specific needs of children under stress must be addressed, therefore, to ensure that the needs of the second tier of shelter users, the children, are met.

Fourth, future studies should be conducted to address the specific user needs for lesbian shelter residents as these women have particular safety concerns due to the gender of their abuser.

Reflexive Journal, June 13, 2009. Today I conducted the final focus group. After we were done and as the women left for dinner, one participant stayed back and asked if we could chat for a moment. I agreed. After the other participants were gone, the remaining participant closed the conference room door and took a seat next to me. She again thanked me for conducting the study and for letting her participate. She continued by revealing that she was a lesbian and she had not been comfortable revealing that among her shelter peers. According to her, she had not shared that with anyone other than her counselor and she didn't want the other women to know, in case that fact made them uncomfortable. Then she continued by requesting that I consider another study that would specifically look at the needs of lesbian victims of domestic violence. She told me that she felt that gay women and perhaps men did not get considered for these types of things and she just wanted to ask me to consider taking a look at it. I thanked her for sharing her personal perspective and told her that she was in fact the second participant during the study to request a study for gay women. This fact seemed to please her. She smiled broadly, thanked me again, and assured me that what I was doing was good. After she left the room I made another notation to consider a future study that would address the specific needs of gay and lesbian men and women in shelters.

Future research should also consider transgender, gay, and bisexual victims of domestic violence as part of the discussion.

Fifth, future studies might examine the needs of male victims of domestic violence. While the literature suggests that men are less likely to seek shelter when in an abusive situation, there are abused men in need of shelter especially among the gay

community. Often male victims must resort to homeless shelters as a place of refuge from an abusive relationship.

Reflexive Journal, May 16, 2009. Homeless shelters are a common topic in focus groups especially when participants describe what they thought the domestic violence shelter would be like. And many of these women admitted that they've stayed in homeless shelters before if they were not able to get into a domestic violence shelter --- this one or another. When the women describe homeless shelters, they always talk about how you get a meal for dinner, a cot to sleep on that night, and then you're forced out again in the morning. The women talk about how it's noisy and smelly and full of men and people with mental problems. The women worry that if they end up in a homeless shelter their children will not be safe from men and they won't be safe from men. And the women are concerned about what you do during the day once the homeless shelter puts you back on the street. Where do you go? How do you stay safe? Can you keep out of sight from your abuser? How will you care for children and your personal belongings if you're a 'bag lady'? And how do you put your life back together if you have no way to clean up and go out to interview or find housing? The homeless shelters sound very depressing and don't appear to offer the services that victims of domestic violence really need.

Interviews with male victims of domestic violence would provide insight into their specific needs, needs which may suggest design criteria for shelters expressly designed for men. Furthermore, design criteria revealed in these studies may also begin to suggest design improvements which could be extrapolated for the design of homeless shelters which often serve this vulnerable population.

Sixth, a future study could be conducted in a format that allowed participants to engage in the design process. Participants might draw or sketch simple ideas as part of a semi-structured focus group conducted in the manner of a design charrette. On two occasions during this study, participants began to doodle as they discussed design needs in the shelter. The unsolicited doodles illustrated the participants' abilities to visually communicate ideas about the architectural design of their desired shelter environment. A

future study in this format could be designed with predetermined bubble diagram elements or words that participants are asked to group based on perceived needs and required adjacencies. Landscaping selections might also be included in the design study in order to determine domestic violence victim perceptions of inviting versus hostile plantings for green spaces.

Seventh, future studies inclusive of quantitative measurements of stress must address the validity of the instrument utilized in this study, the Spielberg STAI Form X-1, as well as the resulting data. While stress was not reduced over time at the study site, this outcome measurement could be because of the actual built environment but it could also be because of the instrument used to measure stress. A future study might include the administration of both the Spielberger state and trait inventory items as the inclusion of both instruments could reveal that one item (i.e., trait) might remain constant while the other item (i.e., state) might fluctuate or vice-a-versa. Another approach for measuring participant stress might be to utilize a different quantitative assessment instrument entirely. A different instrument (i.e., Beck Depression Inventory) might have stronger psychometric properties and analytical validity thereby potentially yielding more comprehensive data and an entirely different study outcome with regard to stress levels over time in relation to the built environment. Regardless of quantitative instrument employed, study findings can further be validated not only by the comparison of study participant stress levels as compared to normative controls but also by the comparison of study participant stress levels with another highly stressed population

such as post traumatic stress disorder victims as this added measure may better determine the state of the study participant stress levels.

Eighth, future studies can be conducted by independently examining individual themes or subthemes from this study to provide additional depth of knowledge for a particular phenomenon or design factor. In-depth analysis of these areas can provide greater depth of knowledge about the phenomenon of interest as a single moderating variable in the study. Data from these future studies can further direct future design guidelines for domestic violence shelters that support wellness among employees and victims.

Ninth, a future study could be conducted after the researcher completes a proposed plan for a future 'ideal' shelter design based on the design guidelines from this and subsequent studies. An architectural floor plan, three-dimensional renderings and fly-throughs could be presented to multiple shelter stakeholders (i.e., administrators, counselors, clients) as well as potential funding agencies (i.e., private, government: local, state, and federal) with the intent of not only soliciting additional feedback for design improvements but also increasing awareness of the built environment's long term impact on victims of domestic violence.

Regardless of the direction selected for future studies among domestic violence victims, studies must continue to address shelter user perceptions of the built environment in relation to stress. Stress directly relates to user outcomes not only at the time of shelter entrance, residency, and exit but also for the remainder of the victim's life. Above all other research design parameters, however, future studies must address

participant safety and confidentiality, as was done in this initial study. Findings from this research study and these potential future studies stand to dramatically impact outcomes for future generations of women and children that are victims of domestic violence.

Reflexive Journal, June 27, 2008. Today was my last volunteer shift at the shelter during summer session I. I had mixed emotions about leaving. I have enjoyed my time in the shelter and especially enjoyed feeling like I'm giving back to the community – specifically to female victims of domestic violence. I will definitely continue my volunteer status once I am back in Fort Worth after summer session II.

My experience in the shelter has been eye opening. Just today as I left one of the clients was crouched down in the hall just outside of the CSC. As I started to pass her on my way out I noticed that she was crying. I stopped to check on her – she is one client with whom I've become attached. As she wiped tears from her face I couldn't help thinking how demoralizing it must be to have no privacy in the shelter. There was literally nowhere for her to go and cry in peace. So there she was, in the hall, trying to blend into the background. The incident struck me as a moment that would further compound a client's emotional distress. There needs to be some humanity brought into the design of these places. I wonder what will happen to her. I wonder what will happen to all the women I've come to know over the past month. If they are lucky, they will no longer be in the shelter when I return. How many more will pass through, though, while I'm away?

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APPENDIX A: FOCUS GROUP QUESTIONNAIRE

Focus Group Questionnaire [Adapted from JW Varni, PhD with permission.]

Participant # _____

Domestic Violence Module Development Focus Group Open-Ended Questions (Female Adult Victims, 18 or older)

Focus Group Questions

Entering the Shelter¹

1. What made you decide to come into the shelter when you did?
2. What was your biggest concern about entering a shelter?
3. What was your shelter intake process like including the crisis call/screening, arrival at the pick-up-point and shelter, and initial contact with volunteers and staff?
4. How would you describe your physical and emotional state at the time you entered the shelter?

Daily Life in the Shelter²

5. Describe a typical day in the shelter. Where and How do you spend your time in the shelter?
6. How is the shelter like you expected? Different than you expected?
7. Since arriving at the shelter, what is your biggest frustration about being in the shelter?
8. What feature of the shelter is most stressful to you? What feature of the shelter is least stressful to you?
9. Where do you spend the majority of your time while in the shelter? Where would you like to spend more time while in the shelter?
10. What kinds of things do you worry about?

Exiting the Shelter³

11. If you chose to voluntarily leave the shelter, what might be the reason for that decision?
12. How do you think you will feel about leaving the shelter (when it is your turn to leave)?
13. When do you think you will be ready to leave the shelter? Why?

Other⁴

14. Is there anything else about your experience of domestic violence that is important to your quality of stay in the shelter?

¹ Questions in this section are intended to assess the domestic violence victims' perceptions of stress and levels of emotional distress at the time of shelter admission. These data may provide cues for design improvements for the built environment in direct response to specific client needs.

² Questions in this section are intended to assess the domestic violence victims' perceptions of stress and levels of emotional distress during their shelter stay. These data may provide cues for design improvements for the built environment in direct response to specific client needs.

³ Questions in this section are intended to assess whether or not the domestic violence victims' perceptions of stress and levels of emotional distress are linked with a voluntary or involuntary shelter exit. These data may provide cues for design improvements for the built environment in direct response to specific client needs.

⁴ Questions in this section are intended to provide the domestic violence victims with a forum for addressing other concerns about their shelter stay. These data may provide cues for design improvements for the built environment in direct response to specific client needs.

APPENDIX B: INFORMED CONSENT FORM

Dissertation Research
January 2009

Dr. Mardelle Shepley
Laura Prestwood

INFORMATION SHEET

Introduction

The purpose of this form is to provide you (as a prospective research study participant) information that may affect your decision as to whether or not to participate in this research.

You have been asked to participate in a research study conducted by graduate student Laura Prestwood, under the direction of her graduate committee in the College of Architecture at Texas A&M University, College Station. This research study is in partial fulfillment of the dissertation. The purpose of this study is to conduct semi structured focus groups. You were selected to be a possible participant because of your current or previous experience in a domestic violence shelter.

What will I be asked to do?

If you agree to participate in this study, you will be asked to participate in a focus group with the graduate student. The focus groups will be approximately one and one-half hours long. Subsequent focus groups may be conducted for clarification of the focus group transcripts and will vary from 15 – 30 minutes each. Your participation may be audio recorded with your consent. As part of the focus group, you will be asked to complete a demographic survey and a STAI Form X-1 (State), Spielberger State-Trait Anxiety Inventory. Data collected from the demographic survey and the STAI Form X-1 will be used in aggregate form only and will not be tied to you by name.

What are the risks involved in this study?

The risks associated with this study are minimal, and are not greater than risks ordinarily encountered in daily life.

What are the possible benefits of this study?

You will receive no direct benefit from participating in this study; however, data from this initial research project may provide a foundation for further research associated with Violence Against Women and the design of improved domestic violence shelters.

Do I have to participate?

No. Your participation is voluntary. You may decide not to participate or to withdraw at any time without your current or future relations with this shelter or Texas A&M University being affected.

Will I be compensated?

There is no direct compensation for your participation in this study; however, your participation will be documented for your case manager.

Who will know about my participation in this research study?

This is a confidential study. The records of this study will be kept private and only utilized in the dissertation research. Aggregate data from the study may be published but identifiers linking you to this study will not be included in reports that might be

Dissertation Research
January 2009

Dr. Mardelle Shepley
Laura Prestwood

published. Research records will be stored securely and only Laura Prestwood will have access to the records.

If you choose to participate in this study, you may be audio recorded. Any audio recordings will be stored securely and only Laura Prestwood will have access to the recordings. Any recordings will be kept for 10 years and then destroyed.

Is there anything else I should consider?

You may refuse to answer any question during the focus group with no explanation of why you decline to answer. All research questions will be related to your experience and/or expertise with regard to a domestic violence shelter. If you agree to participate and be audio taped for the focus group, you may change your mind within 10 days after the interview, by contacting Laura Prestwood at 817-917-9910. You have the right to request that the audio tape of your portion of the focus group discussion be destroyed within 10 days after the interview.

Information gathered during the focus groups and documented on audio tape will be utilized by the primary investigator, Laura Prestwood, not only for the dissertation research but also in future publications. The tape will be securely stored in a locked cabinet in the office of Laura Prestwood.

Whom do I contact with questions about the research?

If you have questions regarding this study, you may contact Laura Prestwood, TAMU Graduate Student, 817-917-9910, laura_prestwood@tamu.edu or Dr. Mardelle Shepley, Dissertation Committee Chair, TAMU College of Architecture, 979-845-7099, mshepley@archmail.tamu.edu.

Whom do I contact about my rights as a research participant?

This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. For research-related problems or questions regarding your rights as a research participant, you can contact these offices at (979)458-4067 or irb@tamu.edu.

Participation

Please be sure you have read the above information, asked questions and received answers to your satisfaction. If you would like to be in the study, please sign and date the document below and return to Laura Prestwood at the time of the interview. Your signature indicates your willingness to participate based on the terms outlined in this document.

 Laura Prestwood, Principal Investigator date
 TAMU Graduate Student

 Focus Group Participant date
 SafeHaven of Tarrant County

APPENDIX C: DEMOGRAPHIC SURVEY QUESTIONNAIRE

Demographic Survey Questionnaire

I would appreciate your cooperation in providing information being gathered for statistical analysis as part of this research project. This information will be kept strictly confidential and will be represented only in aggregate form. Thank you.

GENDER:

- Male
 Female

RACE/ETHNIC GROUP:

- Caucasian/White
 African American/Black
 Hispanic
 Asian/Pacific Islander
 Native American
 Other _____

AGE:

- 18 - 24
 25 - 29
 30 - 39
 40 - 49
 50 - 59
 60 or over

IS THIS YOUR FIRST VISIT TO A DOMESTIC VIOLENCE SHELTER?

- Yes No

If no, counting this stay, how many times have you been in a domestic violence shelter within the past twelve months?

- 1 time
 2 times
 3 or more times

HOW LONG HAVE YOU BEEN IN THE SHELTER DURING THIS STAY?

- Less than 24 hours
 1 - 3 days
 4 - 7 days
 8 - 13 days
 14 - 21 days
 More than 21 days

HAVE YOU RECEIVED AN EXTENSION TO YOUR SHELTER STAY?

- Yes No

If yes, how many extensions have you received during this stay at the shelter?

- 1
 2
 Other _____

DID YOU BRING CHILDREN WITH YOU TO THE SHELTER FOR THIS STAY?

- Yes No

If yes, how many children are with you at the shelter?

- 1
 2
 3
 Other _____

HOW LONG HAVE YOU EXPERIENCED DOMESTIC VIOLENCE WITH YOUR CURRENT SPOUSE OR PARTNER?

- Less than 1 year
 1 - 3 years
 4 - 6 years
 More than 6 years

HAVE YOU EXPERIENCED DOMESTIC VIOLENCE WITH A FORMER SPOUSE OR PARTNER?

- Yes No

If yes, for how many years?

- 1
 2
 3
 Other _____

EDUCATION LEVEL:

(Check all that apply)

- High School (No Diploma)
 High School Graduate or GED
 College Degree
 Advanced Degree [Masters, PhD]
 Other _____

ANNUAL INCOME LEVEL:

- Less than \$10,000
 \$10,001 - \$20,000
 \$20,001 - \$30,000
 \$30,001 - \$40,000
 \$40,001 - \$50,000
 \$50,001 - \$60,000
 Over \$60,001

SHELTER INFORMATION:

City: _____
 State: _____

**APPENDIX D: SPIELBERGER SELF-EVALUATION QUESTIONNAIRE. STAI
FORM X-1, EXCERPT**

SELF-EVALUATION QUESTIONNAIRE

Developed by C. D. Spielberger, R. L. Gorsuch and R. Lushene

STAI FORM X-1

NAME _____ DATE _____

DIRECTIONS: A number of statements which people have used to describe themselves are given below. Read each statement and then blacken in the appropriate circle to the right of the statement to indicate how you *feel* right now, that is, *at this moment*. There are no right or wrong answers. Do not spend too much time on any one statement but give the answer which seems to describe your present feelings best

	NOT AT ALL	SOMEWHAT	MODERATELY SO	VERY MUCH SO
1. I feel calm	①	②	③	④
2. I feel secure	①	②	③	④
6. I feel upset	①	②	③	④
7. I am presently worrying over possible misfortunes	①	②	③	④

APPENDIX E: SAMPLE FOCUS GROUP TRANSCRIPT EXCERPT

Focus Group B 03/16/09 Prestwood Page 2 of 2

47 **R005:** I mean it's a scary word like. I didn't know what was gonna be like that
48 at that point really didn't care.

49 **PI:** The word shelter were scary?

50 **R005:** Yeah. Becase to me, it wasn't, I don't think of a **safe** shelter. When I
51 think shelter I think a **homeless** shelter, dirty people that I see walking
52 around, you know, doing drugs but that's what I was like **God** I'm glad to be
53 in here instead of with people like that.

54 **PI:** Okay, so then kind of the unexpected. Not knowing.

55 **R005:** That's scary. Yeah. Not knowing.

56 **R007:** Well it's not, for me, when the police come. I'm so afraid. I know I'm
57 not **safe**. And I think like her it's like you know like a **homeless**.

58 **R005:** And you don't like to think of yourself but that's what you are now.
59 **Homeless**.

60 **R004:** Yeah. That's hard.

APPENDIX F: SAMPLE UNITIZED CARDS

Focus Group E 04/11/09 Prestwood Page 11 of 12

- 80 ☺ **PI:** Okay. How about for you ladies? [What was your biggest concern
81 about coming into a shelter?]
- 82 **R016:** What was the question?
- 83 **PI:** What was your biggest concern about coming into the shelter?
- 84 **R016:** Mine was, because this is the second time, would I get it. Would it
85 just...would I get the help that I needed, you know?
- 86 **PI:** Is this your second time at the shelter?

Focus Group E 04/11/09 Prestwood Page 12 of 12

- 87 **R016:** Yes.
- 88 **PI:** Okay, so concerns about whether or not it was gonna work?
- 89 **R016:** Yes.
- 90
- 91

VITA

Name: Laura Elizabeth Prestwood

Address: Texas Christian University, Department of Design, Merchandising
and Textiles, TCU Box 298630, Fort Worth, Texas 76129

Email Address: l.prestwood@tcu.edu

Education: B.S., Interior Design, Meredith College, 1990
M.F.A., Interior Design, Winthrop University, 1999