To the Graduate Council:

I am submitting herewith a dissertation written by Jean Croce Hemphill entitled "Discovering Strengths of Homeless Abused Women." I have examined the final paper copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Nursing.

Joanne Hall, Major Professor

We have read this dissertation
and recommend its acceptance:

Acceptance for the Council:

Vice Chancellor and Dean of
Graduate Studies

Sincerely Yours

DISCOVERING STRENGTHS OF HOMELESS ABUSED WOMEN

A Dissertation

Presented for the

Doctor of Philosophy

Degree

The University of Tennessee, Knoxville

Jean Croce Hemphill

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DEDICATION

This dissertation is dedicated with unconditional love to Bill, Michael, Benjamin, and my parents, Alexander and Dora Croce.

To the women who represent the epitome of strength:
Joannie, Dora, Joanne, Marge, Joanna, Ellen, Myra, Stephanie, Diane, Sandra, Debra, Priscilla, Mary, Jean, Rita, Flossie, Anna, Carla, Mary Beth, Frannie, Michelle, Angelina, Beatrice, Theresa, Marsha, Isabella, Lucille, Blanche, Angel, Julia, Janice, Carol, Lois, Kiera, Jacqueline, Kathleen, Lillia, Mary Helen, Loretta, Judy, Christina, Regina, Becky, Janice, Julia, Arlene, Zeita, Lisa, Karen, Anne, Teri, Joan, Celine, Jeri, Lois, Paula, Ginny, Martha, Billye, Sharon, Beth, Phyllis, Dottie, Linda, Denise, Shirley, Anne, Jan, Jana, Donna, Dottie, Linda, Barb, Pearl.

And especially to all of the homeless, abused women who continuously keep me in awe of their strength and resilience.

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I would also like to thank my committee members who gave me encouragement along the way when I needed it the most.

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ABSTRACT

The purpose of this qualitative study was to investigate the experience of discovering strengths of homeless abused women. An emancipatory feminist and existential phenomenological research design was used. Seventeen homeless abused women participated in facilitative dialogues that explored experiences of strength, and assisted in consciousness raising and then discovery of each woman's own strengths. There were four levels of analysis used to identify a thematic structure. The thematic structure was derived from the various themes of strength that were facilitated in the dialogue and expressed in the words of the women. These various themes were clustered and organized within a larger categorization of global themes representing (a) characteristics of strength, (b) strategies used by the women to feel strong, and (c) barriers that the women must overcome within their environments. This research expands Draucker and Stern's (2000) model of forging ahead in a dangerous world and Neuman's Systems Model's model of perceptions of women's created environments (Neuman, 1995; Neuman & Fawcett, 2002). Through reading women's words describing their life experiences, this research provides a different way of viewing homelessness and abuse of women. Nurses will more readily understand the personal resources of homeless abused women that can be used for empowerment and health enhancement.

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Chapter 1

Introduction

Purpose

The purpose of this qualitative study was to investigate the experience of discovering strengths of homeless abused women. Allowing women, themselves, to tell their story provided a contextualized understanding of what their perception of personal strength encompassed. A woman's created perception of an experience gives meaning and understanding to a phenomenon of interest. This study views perception of strength as a resource. A thematic structure of the strengths of homeless abused women was sought through phenomenological inquiry. Through an understanding of life experiences, nurses will be able to more readily understand the personal resources existing within women surviving homelessness and abuse.

The goal of this study was to engage homeless abused women in a dialogue that facilitated discovery of her perception of her personal strengths. Explicit goals included three specific things:

1. Provide opportunity for emancipatory dialogue with homeless abused women by engagement into dialogue.
2. Facilitate homeless abused women's recognition of the presence of strength through a process of consciousness raising and discovery.

3. Leave something positive with the participant women that resulted in opportunity for their empowerment.
4. Demonstrate that nurses can help women use discovery of strength in practice.

Statement of the Problem

Women who are homeless and live in violent environments demonstrate unrecognized strengths while trying to endure obstacles in their attempts to preserve health. However, these challenges provide an opportunity for the person to develop personal resources that may enhance resilient survival. Many times when women experiencing these stressors enter the health care system, the interaction of the environmental stressors with the woman's health is overlooked. Stereotypical assumptions and ethnocentric attitudes that equate poverty with laziness, and a lack of research that examines positive characteristics of homeless women, contribute to propagation of myths that negatively impact health delivery. Nurses are concerned with responses to illness and health promotion. Nurses provide care that is both problem focused and health enhancing. Nursing research needs to explore health with a focus on personal strengths. This is an area that is vastly understudied. Unique survival characteristics that manifest within homeless abused women as they maneuver in dangerous environments should be recognized as strengths. There is a need to direct research toward delivery of care that strengthens the inherent positive health of persons who survive despite multiple internal and external stressors. Nurses must recognize

women's experiences, give voice to the thoughts and actions of women and use these to mutually develop nursing care.

Since the researcher has been engaged for over 12 years in health care activities with women who are living within a homeless state, she comes to this research with a perspective influenced by this experience. This perspective has resulted in personal opinions and assumptions about the health related conditions of homeless women, and of the health care system in general. Although mutual goal setting, flexible care provision, and decreased structural barriers have been important to the provision of health care to homeless women, a fundamental understanding of their perceptions of their personal strengths is missing. Identifying strengths is essential for future development of specific primary care interventions that build on these individual strengths.

Discovery of women's personal strengths is obscured in our health care delivery since the prevailing perspective of health care is one that focuses on deficits. The stressors that are commonly endured by homeless abused women have been evident in the literature. These stressors that are present in the internal and external environments cannot be ignored. The struggle for basic shelter, food, and survival by necessity precludes noticable active participation in health promotion.

Both societal and health system disenfranchisement of homeless women only exacerbates the difficulties they face when trying to maintain health. Because women living within a homeless, abusive world face extraordinary life circumstances, working with them to actively identify their strenghts while they exist within homelessness will hopefully provide greater understanding of how to develop primary care interventions that are based upon personal resources.

Validating and valuing women's perception of personal strength is a means of empowerment. Women experiencing homelessness have little opportunity to express their needs within an accepting and empowering environment that promotes health. Exploring the concept of homeless women's understanding of personal strengths will elucidate much more about what specific health care practices are necessary for women to seek help and obtain the quality care they deserve. A model of a resiliency-focused research is necessary so that client centered achievable objectives allow for enhanced health and well-being.

Research in the area of homeless women's health is limited in several areas. This research is an initial step in the process of future development of interventions that specifically build on personal strengths as relevant to health behaviors. Health care interventions must be developed by the participants of health care in collaboration with nurses. A large amount of primary care research is based upon social expectations resulting in unrealistic behavioral change. Extricating components of health and building upon personal strengths provides a different perspective of how health is maintained or changed, and how health can be affected.

Assumptions

Personal assumptions include a belief that homeless abused women have strengths that are unrecognized by health professionals, and that homeless abused women will be able to talk about them and identify them in a phenomenological interview. Inherent in the method is the assumption that there is mutual participation of the researcher and the person participating in the study.

Other assumptions in this study include (a) Women who are homeless have strengths that they are able to identify, (b) Woman focused health care can only occur when there is an engagement and mutuality within the relationship, (c) Women who are homeless experience greater difficulties with rigid, traditional/conventional methods of care, (d) Therefore designing more effective nursing care with homeless abused women will only occur when nursing care is tested within the context of the women's lives while they survive in dangerous environments. (e) An essential understanding by nurses of the personal resources of women living within homelessness, without boundaries of safety, and disaffiliated from society is needed, (f) Women's homelessness is most accurately seen within the context of isolation and disaffiliation from society and it is assumed that women feel this disconnection.

Lived Experience of Strength of Homeless Abused Women

This study was concerned primarily with homeless abused women's lived experience, through dialogic discovery of their perceptions of their personal strengths. Philosophically, this study was inspired by the feminist perspective that values and validates women's experiences that seeks to give voice to homeless abused women's world from their vantage point, interests and values (Hall & Stevens, 1991; Parker & McFarlane, 1991), of Husserl's phenomenology of being in the world (Thomas and Pollio, 2002), and Neuman's (Neuman & Fawcett, 2002) concept of client-nurse perception.

The phenomenon of strength was expressed by women within the context of homelessness and abuse. Understanding of the phenomenon of strength is expressed in the words of the women. This study extends the interpretive framework of Draucker and Stern's (2000) model of forging ahead in a dangerous world: creating a safer life: discovering strengths, and Neuman's Systems Model's worldview of human perception, understood as women's created environments (Neuman, 1995; Neuman & Fawcett, 2002).

Draucker and Stern's theory of creating a safer life, discovering strengths, was derived from narratives of women who survived violent life experiences. The Neuman Systems Model directs researchers to study patients' perceptions and assess personal health resources. Directing the nurse to consider patient perception views the patient as a collaborator and allows her a choice in health care decision –making (Breckenridge, 1999).

Method

The study design used an emancipatory feminist research design and an existential phenomenological, qualitative approach (Harding, 1998; Kvale, 1996; Pollio, Henley, & Thompson, 1997). Use of existential-phenomenological research methods provides opportunity for the expression of knowledge of the lived experience. Dialoguing is part of both existential phenomenology and feminist theory and was used as the method by which homeless abused women talked about their perceptions of personal strength.

Existential phenomenology, as a research method, is derived from Husserl's phenomenology of consciousness. Thomas and Pollio (2002) have developed this into a contemporary research method in nursing. The method, described by Pollio, Henley, and Thompson (1997), allows for description of the lived experience by describing the phenomenon using the words of the participant. It also allows for development of a thematic structure that describes the interrelatedness of the phenomenon (Pollio, Henley, & Thompson, 1997).

The Dialogue

Participants were asked to respond to three central questions:

1. Characteristics: Tell me about your strengths.
2. Strategies: What kinds of things do you do to make you feel strong?
3. Barriers/Obstacles: While you (are) were experiencing homelessness, how did you overcome problems and hardships?

Consciousness raising was manifested by women's ability to discuss stories of strength. Telling their stories demonstrated a process of discovering strengths. Consciousness raising was part of the facilitative process of story telling that allowed discovery of strengths. Using reflection on specific words or meanings of the participant facilitated discovery of strengths by promoting discussion and explanation of the women's own words and stories.

Scientific Rigor

Criteria used to evaluate and substantiate scientific rigor included bracketing, meaning units in context through the interpretive research group, saturation, and insuring

rigor through reflexivity, credibility, coherence and saturation (Hall & Stevens, 1991; Kvale, 1996; Thomas & Pollio, 2002).

Participants

The number of participants was based upon saturation, that is, when consensus occured among members of the research group that redundancy was evident in narratives. Obtaining narratives from participants who differ witnin ethnic or sociocultural groups produced variations, and allowed accurate discernment of the phenomenon of strength (Thomas & Pollio, 2002, p. 41). Pollio, Henley, and Thompson (1997) advocate for "situational diversity" (p.51), which is provided in five to ten interview transcripts.

Summary

Women's positive characteristics are underrepresented in the nursing and health literature. Homelessness and violence have insidious effects on the health of this most vulnerable segment of the population. The presence of violence against women is an endemic problem; the pervasiveness of violence against homeless women is a major health concern. The goal of empowerment of persons living within stressful environments is to discover, identify, and strengthen resilient characteristics. Strengthening interpersonal connections between health care provider and client that engages and empowers should be a goal for health care providers. This nursing study assisted homeless women to discover and recognize their own their strengths, which may lead to interventions that improve overall health or affect quality of care. This optimistic view of human and environmental health is distinctively and appropriately a part of nursing.

Chapter 2

Review of Literature

The purpose of this literature review is to provide the reader some background about women's lives, and to also set forth this researchers' interpretation of the literature, assumptions, biases, self-perceptions, and preconceptions of strength as it relates to homeless abused women. The discussion will begin with an environmental review of stressors homeless abused women face, including homelessness, abuse, system barriers, and social disenfranchisement. Then, within this context, homeless abused women's strengths will be reviewed in the literature.

Women's Environmental Stressors

Violence

Domestic violence and domestic homicide are primarily crimes against women (U.S. Department of Justice, 2001). Victimization research validates the premise that there are substantially higher levels of violence against women and children and that women are consistently more likely than men to be targets of abuse of all kinds: emotional, sexual, and physical (Campbell, Harris, & Lee, 1995; Feldman, 1995; Sampselle, Bernhard, Kerr, Opie, Perley, & Pitzer, 1992; U. S. Bureau of Justice, 2002). It is estimated that one in ten women are abused by their partners; some sectors of health professionals have increased screening, however, screening average ranges from less than 10 % to 93% (Dickson & Tutty, 1996; Ortiz & Ford 2005). Tjaden and Thoeness (1998)

estimated that approximately 1.9 million, that is, 52%, of 8000 women surveyed within the United Stated said that they were physically assaulted both in childhood and adulthood. According to a study commissioned by the United States Department of Justice, females were raped or sexually assaulted at a rate many times that of males. Nearly 25% of women and 7.6% of men surveyed said they were raped and/or sexually assaulted at some time in their lifetime (Tjaden & Thoeness, 2000). The consequences are considerable: childhood sexual victimization and adult rape experiences result in poorer social and psychological outcomes (Gary & Campbell, 1998; Zweig & Vicary, 2000). Also, there is a positive and consistent association between interparental hostility and emotional conflict and male and female youth problem behaviors (Buehler, Anthony, Krishnakumar, Stone, Gerard, & Pemberton, 1997).

There is a high prevalence of abuse histories in homeless women throughout their lives, with prevalence rates ranging as high as 82% to 92% (Browne, 1993; Clarke, Pendry, & Kim, 1997; Humphreys, 1995; Langford, 1999; Pardeck & Rollinson, 2002; Robrecht, & Anderson, 1998). Stories of violence within homeless women's families of origin demonstrate the pervasiveness of multiple types of abuse (Anderson, 1996; Pardeck & Rollinson, 2002). Battering occurs in repeating patterns, however even if women predict impending violent episodes, attempts to alleviate the violence do not decrease its occurrence (Langford, 1996).

Also, women who are homeless experience higher level of abuse. The presence of lifetime domestic violence, defined as both present and past history of abuse, was found to occur more frequently in homeless women (Zachary, Mulvihill, Burton, & Goldfrank, 2001). Situational ambiguity prevents abused women from initially recognizing the

dangers of abuse. Women living in abusive environments focus mainly on their own personal failings because they believe they alone are responsible for the violence directed toward them (Lempert, 1997).

The concepts victimization and violence are many times used interchangeably. The concept of woman victimization includes persecution, discrimination, or oppression. The concept of violence implies aggression, cruelty, and physical assault. The terms victimization and violence were used in this study to connote both of these concepts in order to portray an encompassing image of violence that includes physical and emotional assault, sexual aggression, and implicit and explicit threats to inflict harm. The definition of physical assault includes behaviors described as slapping and hitting to using a gun or other type of injurious weapon. Altogether, they provide an inclusive interpretation of all levels of violence, including emotional, physical, and sexual (Browne, 1993).

Homelessness

The reemergence of the problem of homelessness in the United States over the past two decades led to federal, state, and local homeless programs. Political, economic, and social factors contributed to an explosive rise of homeless persons in the late 1970's, 1980's, 1990's, and into the 21st century. Public awareness in the 1980's led to passage of the Stuart B. McKinney Act (PL 100-77) as an emergency measure to alleviate some of the suffering. The new section 340 of the Public Health Service Act mandated by Title VI-A of the McKinney Act provided funding for the Health Care for the Homeless Program.

The Stewart B. McKinney Act, 42 U.S.C. § 11302, et seq. (Title 42, 2003), defines a person as homeless who "lacks a fixed, regular, and adequate night-time residence and... has a primary night time residency that is: (a) a supervised publicly or privately operated shelter designed to provide temporary living accommodations, (b) an institution that provides a temporary residence for individuals intended to be institutionalized, or (c) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings." This interpretation of homelessness is restrictive and describes only a segment of the homeless population who are found in large, urban communities where tens of thousands of people are living on the streets. People experiencing homelessness in rural or in less concentrated, or smaller cities, are more likely to be women and children, less likely to live on the street or in a shelter, experience episodic periods of homelessness, and more likely to live with relatives in overcrowded or substandard housing (U.S. Department of Agriculture, 1996). Therefore, homelessness was viewed in this research within a broader social context and viewed as instability in maintaining a permanent residence at any time during the woman's life.

Homelessness and poverty are almost synonymous. The episodic homelessness of those living in poverty occurs for multiple reasons. Families living in poverty have difficulty with the constantly rising costs of housing, fuel, food, child care, health care, and education. Families with children are among the fastest growing segments of the homeless population. Female-headed families have long represented the fastest growing segment of homeless persons in the United States (Francis, 1991; Bassuck & Weinreb, 1993). In its 2003 survey of 25 major cities in the United States, the United States Conference of Mayors found that families comprised 40% of the homeless population, an

increase from previous years (United States Conference of Mayors, 2003). Nationally, the Urban Institute found that approximately 39% of the homeless population is made up of children (Urban Institute 2000). Vissing (1996) indicates that families comprised of single mothers and children make up the largest group of people who are homeless in rural areas.

Moreover, extreme poverty is growing more common for children, especially those in female-headed working families. This increase can be traced directly to the declining number of women and children lifted above one-half of the poverty line by government cash assistance for the poor (Children's Defense Fund and the National Coalition for the Homeless, 1998). Decreasing incomes and increasing unemployment means that a higher and higher proportion of income must go towards housing. Also, housing instability due to lack of affordable housing and rigid housing policies contribute to intermittent homelessness (Lindsey, 2000). The social structures that maintain families in poverty, with the majority being female headed families, mean that those families suffering poverty are only an illness, an accident, or a paycheck away from homelessness.

Abused women who live in poverty are often forced to choose between abusive relationships and homelessness. In 1998, the United States Conference of Mayors found that 34% of the cities they surveyed identified domestic violence as a primary cause of homelessness (United States Conference of Mayors, 1998). Nationally, approximately 50% of all women and children experiencing homelessness are fleeing domestic violence (Zorza, 2001). Langford (1999) found a lifetime prevalence rate of abuse of 82 % in an initial analysis of homeless women. The greater severity of homelessness, defined as

length of homelessness, engaging in subsistence activities and victimization during childhood were significant predictors of major violence perpetrated against homeless women (Wenzel, Leake, & Gelberg, 2001).

The homeless state has long been associated with increased incidence and increased severity of both physical and behavioral health concerns. Health concerns of homeless persons include exacerbation of chronic illnesses such as hypertension, respiratory illnesses, diabetes, arthritis, gastrointestinal disorders, HIV disease, and a reemergence of tuberculosis (Gelberg, Linn, Smith, Miller, Bachorik, Forte, Lusis, Antonarakis, 1989; Kitazawa, 1995). Women who find themselves in the direst of circumstances experience higher rates of infectious disease, affective disorders, and chronic illnesses (Flaskerud, & Winslow, 1998). Flynn (1997) found a significant relationship between learned helplessness and low self-esteem as factors that have a negative effect on health practices of women who are homeless.

Homeless women in the United States are a diverse group. They represent all segments of our society and include the chronically poor, the socially indigent, all ethnicities, immigrants, undocumented persons, abandoned adolescents, single and married women, and women with children fleeing violence. Women comprise up to 60% of the homeless population who access service agencies, and are the fastest growing group of those with AIDS in the United States; homelessness can be both the cause and effect of illness (Gillette, 2001; Rosenheck, Bassuck, & Saloman, 1998). Additionally, the gender and ethnic disparities of those living in poverty are disturbing. Demographically, current and former AFDC recipients are predominantly women (96.4% and 93.5% respectively), and greater than 59% of this population is "non-white" (Loprest

& Zedlewski, 1999, p.3). The majority of those receiving TennCare in Tennessee are ethnically diverse women and children.

Rural women of all ethnic backgrounds confront profound problems that urban women do not experience. Rural women reported significantly less social support, less education, less income, more physical abuse as well as encountering abuse earlier in their relationships, more childhood physical and sexual abuse, and worse overall health and mental health compared to urban women (Logan, Walker, Cole, Ratliff, & Leukefeld, 2003). Moreover, a greater percentage of abused Hispanic women living in rural areas had thought of and/or attempted suicide because of their experiences with domestic violence (Krishnan, Hilbert, & VanLeeuwen, 2001).

Latina migrant workers are among the most isolated and invisible groups (Adler, 1996). Women may have little or no contact with support services, and face the overwhelming barriers of language, ethnic hostility or indifference from authorities, and over-burdensome work (Adler, 1996; Dimmitt, 1995; Stern, 1992). Hispanic women have difficulties accessing women's screening and prenatal care, and experience higher rates of abuse and endure higher rates before reporting it than do Caucasian women (Records & Rice, 2002). Rural Hispanic women had the highest probability of obtaining inadequate prenatal care (Miller, Clarke, Albrecht, & Farmer, 1996).

Also, among the hidden rural peoples, are Native American women situated in rural areas on tribal land. Their historical roots and culture are often lost or diminished, and they find themselves trapped, surrounded by poverty and mired in hopelessness (Adler, 1996; Mill, 1997). Along with geographic isolation, lack of transportation, long distances between neighbors, inadequate health services or safe shelters, fear of

immigration authorities, and a cultural heritage of independence all combine to maintain isolation and poor health care. Longstanding racial and ethnic disparities among Hispanic, African Americans, and American Indian/Alaska Native receiving prenatal care remained much the same from 1993 to 2003 (Healthy People 2010). Healthy People 2000 (United States Department of Health and Human Services, 2000) directed communities to make organized and proactive efforts to close these disparities in health care delivery by 2010, but this has not happened, and will not happen unless societal structures and attitudes about gender and ethnic equality change.

A most serious health threat to women who are homeless is the higher rate of victimization (Brown, 1993; Zorza, 2001). Reported rates of physical and sexual assault in homeless women range from 58% to 63% (D'Ecrole & Struening, 1990). Homelessness has long been associated with childhood physical and psychological abuse, sexual abuse, and subsequent separation from home (Cuomo, 1999). The homeless state itself puts women at risk for physical and sexual violence and trauma. Women who survive on the streets and who also suffer from multiple physical health problems, behavioral health problems, or are under the influence of substances are even more vulnerable to attack and less likely to seek help afterward.

Moreover, interpersonal violence in homeless women's relationships is high especially if physical or mental disabilities are present (Fischer, 1992). In a pilot study of homeless women accessing health care at a nursing center, Langford (1999) found a rate of the prevalence of lifetime interpersonal violence among homeless women of 82%, an experience within the past year at 36%, and any incident of forced sex at 21%. The

pervasiveness of violence against homeless women makes research on new ways of understanding their health imperative.

Population based studies focused more on identifying descriptors of this heterogeneous population, identifying health and disability problems among homeless people, evaluating social and economic risk factors that contribute to the homeless state, and identifying population specific risk factors for homelessness (Bassuck, Buckner, Weinreb, Browne, Bassuck, Dawson, & Perloff, 1997; Bloom, Bednarzyk, Devitt, Renault, Teaman ,Van Loock, 2004; Burt, 1992; Cuomo, 1999; Jahiel, 1992). These macro-focused research studies with homeless persons are important because they provide the information necessary to identify the barriers and obstacles present in the social and health structures that are population specific. However, with the health and social infrastructure identified, the time for study of the positive qualities of persons who are homeless is long overdue. Homeless and abused women should no longer remain invisible. The people who control the structures of the health system should hear their voices.

System Stressors

Systems barriers are prevalent but invisible to the health care providers who care for homeless abused women (Perley, 1992). An estimated 15.6 % of the population in the U.S, or 45 million people, were without health insurance coverage in 2003, up from 15.2% and 43.6 million people in 2002 (DeNavas-Walt, Proctor, & Mills, 2004). Female poverty rates for female headed households increased from 26.5% and 3.6 million in 2002 to 28% and 3.9 million in 2003 (DeNavas-Walt, Proctor, & Mills, 2004). Low

educational levels contribute to the social structure that maintains women in poverty, making it less likely that those persons will enter higher skilled jobs with higher pay. Only 41% of those currently receiving some type of public assistance have finished high school. In Northeast Tennessee, the rate rises to 66% in some rural counties (Washington County Health Council, 1999). Cities and localities are concerned about the problem of homelessness because of increasing numbers of homeless in local business areas; if people are out of work there is no taxable income.

Multiple system barriers including lack of insurance coverage, rigid workplace settings, and lack of public transportation or child care, prevent access to prevention and acute health services, leaving emergency services as the option of last resort, and only as their conditions worsen (Carter, Green, Green, & Dufour, 1994). Nearly one-third of those who left the government assistance rolls to go to work have returned to government assistance, but their time limited benefits are ending. Health insurance will no longer be available to them, leaving emergency room health care as their only option (Loprest & Zedlewski, 1999).

Episodic, emergency health care lacks the continuity of care that homeless, abused women need when dealing with complex health issues. Hatton (1997) found that women living in homeless situations suffer from complex health problems that they find difficult to manage. Moreover, in our society, single parenthood forces women to neglect their health needs. They are the primary support for dependent infants and toddlers, and lack choices for affordable child care that would give them the ability and freedom to access needed preventative women's health services as opposed to emergency room care (Silver, & Pañares, 2000). Health care providers and the literature opt to blame the victim

rather than consider restructuring systems that would decrease or eliminate this disparity that perpetuates classism in health care access.

The literature, however, defines health seeking or personal health management for homeless women only in terms of either primary or tertiary systems utilization (O'Toole, Gibbon, Hanusa, & Fine, 1999; Stein, Anderson, Koegel, & Gelberg, 1999). Use of emergency services as a primary care option is viewed as a personal flaw of the woman. Instead of evaluating structural and economic barriers to preventative health care, and the system barriers that ignore and restrict secondary prevention that ultimately results in tertiary care use, the homeless woman is viewed as (a) unconcerned with prevention, (b) negligent with regard to essential health promoting activities, and (c) wasting precious health care resources. Health care providers need to better understand the system barriers that many women face when trying to survive homelessness and abuse, especially in a system that neglects their needs, as the numbers of homeless women with children continue to rise.

The literature on homeless persons predominantly focuses on access to health that may or may not be structurally or geographically accessible. Also, the theory of competing needs of homeless persons has been suggested as a barrier to accessing medical care (McMurray-Avila, Gelberg, & Breakey, 1998). However, the theory of competing needs still views important health care priorities as those identified by the health professional, rather than those identified by the client. Engagement into health care presumes that the client becomes a partner in that care. Health care environments that support client and provider relationships have not existed (Tiedje & Starn, 1996). The

health care emphasis on pathology has caused the strengths evident within homeless abused women to be undiscovered and then used as a resource.

There are no studies that examine homeless abused women's perception of their strengths. This study has significance because the majority of literature emphasizes negative and pathological characteristics of homeless women while under-recognizing the strengths that mobilize their positive health factors in the face of extreme adversity (Flynn, 1997; Goodman, Saxe, & Harvey, 1991).

Social Disenfranchisement

Homelessness places women in an environment of disaffiliation from both themselves and from others. Social disenfranchisement and disaffiliation separates homeless women from relationships with self and others by exacerbating their fear of being alone in an uncertain world. Fear, both actual and perceived, increases and magnifies the uncertainty within them. This fear and uncertainty has been associated with increased incidence of drug and alcohol misuse of homeless women which in turn increases their risk of repeated victimization (Nyamathi, Bayley, Anderson, Keenan, & Leake, 1999).

Violent victimization of homeless women is detrimental to their overall health. However, within this atmosphere of abuse and victimization, Murray (1996) found that homeless persons describe social rejection, social humiliation and disapproval as the worst of the interpersonal interactions that they experience. This social rejection and social disapproval have also been associated with greater amounts of perceived loneliness (Segrin & Kinney, 1995).

Loneliness has been defined as a feeling of emptiness, restlessness, shyness, and boredom (Russell, Peplau, & Ferguson, 1978). Intrapersonal processes of loneliness, a poor sense of belonging, and lack of meaningful attachments to significant others have been shown to significantly and negatively influence health (Hagarty & Williams, 1999; Hagerty, Williams, Coyne, & Early, 1996; Nyamathi, Bayley, Anderson, Keenan, & Leake, 1999).

Increased perceived loneliness has been positively associated with lower self-rating of health status and with presence of chronic illness (Russell, 1996). Although much of the literature describes loneliness as a major concern of homeless persons (Carter, Green, Green, & Dufour, 1994; Murray, 1996), a mediator of depression (Hagerty & Williams, 1999; Joiner, 1997), and a factor associated with drug misuse and dependency (Nyamathi, et al., 1999), few nursing studies have addressed or attempted to understand the abilities and personal resources that homeless abused women have within them as they confront the serious environmental effects of homelessness and abuse.

Strength of Homeless Abused Women

Perception

Neuman (Neuman, 2002) requires that nurses strive to understand their clients' perceptions of nursing care delivered on the client's behalf. Client's perceptions must be evaluated prior to development of an intervention specific to the client. The intervention should decrease system stress and increase individual, positive factors of their health, thereby strengthening the person's system. Perception is protective and Neuman

describes this type of perception as the created environment. The created environment must be peeled away like "onion skins" in order to understand the client, and to use that understanding when developing collaborative nursing interventions. (Betty Neuman, personal communication, March 23, 2001). Evaluating homeless abused women's perceptions of their innate strength not been clearly documented.

Perceptions of Health

Societal prejudices about health problems facing the poor are harsh in their denunciation of the societal structures that perpetuate the poorer health of those living in poverty. Societal neglect and denial of the challenges faced by the poor in maintaining health has resulted in lack of change to the barriers they face. Despite the fact that the literature demonstrates that health care providers are most commonly the first persons to whom victimized women present (Mackey, 1992), those same health professionals historically have not provided appropriate care for them (Hoff, 1995; Mackey, 1992). Increased awareness and recognition of abuse by health care professionals is the first step in changing societal and structural barriers faced by homeless, abused women's attempt to maintain health.

In particular, homeless, abused women are often stereotyped as not knowledgeable or delinquent about their health when attempting to access complex systems, especially when they enter those systems with increasingly worsening health. In contrast to this assumption, Alley, Macnee, Aurora, Alley, and Hollifield, (1998) found that homeless women actively engage in health promoting behaviors, and that homeless women actively seek health care while in the process of leaving an abusive relationship.

Their work challenges the misinterpretation that homeless women facing crises are passive and uncaring about their health. The authors demonstrated that homeless women actively try to engage in health promoting behaviors.

Research regarding perceptions of what health means to persons who are homeless makes evident that they have an understanding of health shaped by their functional abilities, as do most people. Homeless persons' definitions of health have a present versus future orientation. The few studies that consider homeless person's perceptions of health describe their understanding of personal health using their own words. Health to homeless persons was described as: an individual being able to feel good, doing what they feel is needed for health in the immediate present, and having a feeling of safety (Carter, Green, Green, & Dufour, 1994; Clarke, Williams, Percy, & Kim, 1995). Persons who are homeless also describe personal understanding of health as an ability to maintain individual function. They also emphasize that they know when they are well or sick, and because of this understanding they want to be treated with respect when entering the health care system (McCabe, Macnee, & Anderson, 2001).

Perceptions of Strength

There is a paucity of literature dealing with the positive aspects, and the strengths of homeless abused women. Those who see the woman within the context of their environments of homelessness and abuse suggest that the women actually exhibit positive abilities that result in a pattern of actions beneficial to their survival. These attributes have been described as the ability to maintain a positive orientation in the face of adversity, focus, determination, conceitedness, help-seeking and health promotion (Alley,

Macnee, Aurora, Alley, & Hollifield, 1998; Mill, 1997; McFarlane, Soeken, Reel, Parker, & Silva, 1997; Montgomery, 1994). Homeless abused women's internal resources have been defined within some literature as remarkable survival abilities. Homeless abused women have been shown to demonstrate internal strengths, including endurance, and tenacity (Baumann, 1993; Francis, 1991).

Montgomery (1994) asked women who had survived and escaped homelessness to identify their own personal, interpersonal, and intrapersonal strengths. Many of the women she interviewed had been escaping abuse as the cause of their homelessness. The strengths the women identified were those that they were forced to draw from within themselves. They described themselves as exhibiting self-determination, tenacity, positive orientation. They identified that they understood the importance of meaningful relationships with others, and defined their actions as purposeful, rational, and guided by their own moral structure. Leaving abusive homes, without any resources with resulting homelessness, was identified by the women as an act of "hope and courage" (p.38) and an ability to envision a new reality. This optimistic orientation contradicts the negative image that usually portrays homeless abused women.

Interestingly, Montgomery (1994) defined homelessness broadly, not only in the literal sense of being without a permanent domicile, but also as a "disruption of basic sustaining connections and affiliations that include loss of consistent place to live and temporary or permanent disaffiliation from friends and family" (p. 37). She identified women's search for connectedness and relationships as integral to their health, and she identified the struggle of the women to create meaningful lives as a process of homelessness.

Themes of women's personal strengths are expressed in terms of adaptation, presence of family, community, care, interconnectedness, avoidance as control, and keeping safe, being without, creating order out of disorder, and nurturing relationships (Anderson, 1996; Hall, 1996; Humphreys, 1995; Langford, 1996; Mill, 1997; Schaefer, 1995). This literature suggests that women who interact with multiple stressors within the environment of violence somehow find a way to create order out of disorder. The ability of abused women to create order out of disorder, that is, organize their lives around the turmoil of violence, lends credence to the understanding that homeless abused women are resilient survivors (Anderson, 1996; Hall, 1996; Humphreys, 1995; Mill, 1997; Neuman, 1980; Schaefer, 1995).

Behaviors adopted by women using strategies of survival that appear acquiescent and passive have been described in the literature as exhibiting learned helplessness (Walker, 1984). However, some research disputes this view of abused women as helpless, passive victims. Despite the presence of danger, there is a pattern in abused women's lives that exhibits survival. In a sample of marginalized women in which 50% were unstably housed, Hall (1996) describes abused women as resilient survivors living in "habitats of horror" (p.44). These studies contribute to an understanding that homeless abused women possess strengths that generally go unrecognized. They provide a different view of homeless abused women who struggle daily to maintain their lives.

Smith, Smith, and Earp (1999) reconceptualized measurement of women battering that uses an experiential approach that grounds measurement in women's lived experiences. In their view, current measurement and outcome indicators are inappropriate to effectively capture data and constrain understanding and identification of effective

programs. They developed the Women's Experiences with Battering Scale from phenomenological interviews with battered women. The emphasis was on operationalizing the "enduring condition of battering" rather than focusing on discrete events such as the number of times assaulted. The burden is removed from the woman to remember specific dates or events or frequencies of abuse. Rather, the experience of living with abuse is the focus. The important point is that one must recognize the experiences of vulnerable, homeless abused women as dynamic and a process that changes over time, not simply as a tally of isolated events.

Resilience

Women living homeless and facing current or recent abuse are frequently blamed for living in these situations. They are depicted as people who choose to remain homeless, enjoy abuse, or have inherent weaknesses that cause them to stay homeless so as to "work the system". Yet, women facing almost insurmountable stressor states often show strength and resilience. Resilience encompasses many attributes, including strength. This resilience has not been recognized and has yet to be elicited from homeless abused women.

Elsass (1992) and Weaver and White (1997) observed characteristics of oppressed cultures living in different areas of the world. Overriding themes of danger, violence, struggle, terror, adversity, trauma, and /or historical trauma, and uncertainty, and resistance preceded cultural survival and adaptation in the South American Indian groups who were considered resilient. The researcher found that resilience in those tribes that survived war and oppression were able to assimilate into a dominant culture but also

continued to preserve tribal customs, define member roles that supported group survival goals rather than individual ones, and preserve and pass down historic memory of past injustices. Resilience and strength were described as a compendium of survival skills. Elsass (1992) termed this survival as cultural resiliency, and contends that historical knowledge of cultural origins, a parallel to the personality trait of a sense of self, is a strong factor in the survival of oppressed communities. In these cultures, the community as a group exhibited survival, a type of resilience, after times of adversity.

Analogous to this understanding of resilience in oppressed cultures, homeless abused women have exhibited resilient traits while concurrently suffering oppression and physical and psychic pain. Much of the research on women who are homeless and abused concentrates on their deficiencies, including high levels of depression, low self-esteem, and substance addiction. post-traumatic stress disorder, and multiple disturbances of the self, which leads them to feel helplessness, loneliness, isolation, mistrust, and affective withdrawal (Bohn & Holtz, 1996; Cicchetti & Toth, 1995; Ladwig & Anderson, 1992; Mackey, 1992).

Amidst this turmoil, critical strengths and personal characteristics have been identified in very small research reports. Constantino and Bricker (1997) found that abused women perceived their personal belonging, defined as social supports, to be low, but paradoxically found that they reported high association and communication with family and friends throughout their ordeal. These women sought and maintained their strength by frequent contact with their family and friends, while at the same time their perception of social supports was low. Also, Rew, Taylor-Seehafer, Thomas, and Yockey (2001) found that resilience correlated positively with social connectedness, and

negatively with loneliness, hopelessness, and life-threatening behaviors in homeless youth. Although homeless youth were disconnected from family and friends, had fewer resources, and relied solely on themselves, they developed an "interior toughness" (p.39).

Resilience is also viewed as an entity within a living being that mounts a defense against external stressors, and is described as protective against a harsh environment (Walker & Meyers, 2004). Defense against stressors, from this viewpoint, suggests that there is a finite amount of change that a system is able to endure and adapt. When this happens, the system must internally reorganize in order to survive. That is, resilient factors are protective. Individuals are described as demonstrating internal traits of resilience when they are able to face adversity, overcome negative effects of stress, and restore equilibrium to their lives (Valliant, 1993). Internal factors or personality traits that are considered protective are social competence measures of flexibility, empathy, sense of humor, even temperament and coping skills (Lindenberg, Solorzano, Krantz, Galvis, Baroni, & Strickland, 1998; Luthar & Cicchetti, 2000).

Resilience has been described as personality traits including problem-solving skills, abstract thinking, an ability to develop alternative solutions, autonomy, internal locus of control, self-esteem, self-efficacy, self-discipline, goal directedness, achievement motivation, and future orientation (Calvert, 1997; Rutter, 1989). Self-satisfaction, coping ability, and goal attainment are also considered central to the presence of health and resilience, and all have been considered protective personality traits against adversity (Aroian, Schappler-Morris, Neary, Spitzer, & Tran, 1997). Rutter (1987) defines a more encompassing term as a "well established feeling of self-worth along with confidence one can cope" (p.327). Rutter goes on to explain that the protective function of resilience

"does not simply reside within the individual. Intrinsic qualities that may be relevant to a person's constitutional vulnerability may also influence other people's reactions to that person" (p.327).

Wagnild and Young (1993) speak of resilience as an innate personality characteristic that is present in individuals. They conceptualize resilience on a continuum, with characteristics of flexibility representing high resilience and characteristics of inflexibility representing low resilience. Resilience is demonstrated when the person is able to face adversity and "restore equilibrium" (p.165) to their lives and overcome the negative effects of stress. They suggest that resilience remains stable over time. Rutter (1987) considered resilience as central to personal survival; a trait essential to women living in environments of homelessness and violence.

Survival instincts that promote resilience require flexibility. Flexibility is manifested in abused women's ability to "transform their perception of self" (Lempert, 1997, p. 149). Shir (1999) found statistical significance of high adaptability in abused women and postulated that the woman is responsible for keeping the abuser's environment stress free, therefore flexibility is necessary as a protection from danger. Neuman (1995) suggests that flexibility and change are necessary in order for growth to occur and new goals and structures to emerge (pp.6-7).

Polk (1997) describes a theory incorporating resilience as an inherent "motion toward health" (p. 2). Resilience is defined as dispositional, relational, situational, and philosophical patterns. The dispositional pattern refers to the physical and the psychosocial attributes that include personal relationships and a sense of self. Physical attributes include traditional educationally measured intelligence, good health,

temperament, good physical appearance and athletic competence. Relational patterns refer to roles and relationships that influence resilience. There is an intrinsic and extrinsic component. The intrinsic characteristic refers to person-to-person interaction and is sought in order to derive comfort and intimacy. The extrinsic characteristic is manifested in "willingness to seek community support" (p.6). The emphasis, from this point of view, is that resilience is innate and sometimes instinctive, but is expressed by the person herself.

External environmental factors that suggest that resilience can be nurtured include a caring, supportive environment either from within the family or outside the family. Cicchetti and Garmazy (1993) suggest that the availability of this support may be the critical component in the manifestation of resilience. Quantitative measures of resilience have consistently revealed empirical ambiguities and conceptual limitations. Therefore, a different method of inquiry is necessary for evaluation of resilience in those in whom resilience is unrecognized.

Socially constructed definitions of resilience have traditionally been derived from those who are seen as externally successful in society. The difficulty with these definitions is that many are gender based and socially constructed aspects that parallel socially defined success, and do not consider gender and social circumstances when defining characteristics of resilience.

Thriving as Strength

O'Leary (1998) describes a model of thriving as a state just beyond resilience. Thriving includes central vision, recognizing strengths, mobilizing resources in the face

of challenge, and subordinating personal goals for the collective good. O'Leary and Ickovics (1995) suggest that these conceptualizations of thriving demonstrate persons' abilities to recover from adversity beyond homeostasis and equilibrium. These authors suggest that thriving is more than returning to baseline, but rather a step beyond (p. 129). O'Leary and Ickovics (1995) believe that the ability to enhance personal resources necessary for resilience and thriving evolves and changes over time.

Hope as Strength

Elements of resilient survival are evident in those who have experienced adversity, suffering, and violent environments. Hope has been described as a survival mechanism that mediates the experience of pain, loss and suffering (Snyder, 1998). Snyder (1998) defines both trait and state hope. He defines trait hope as a sense of agency and goal-directedness that is manifest across different situations. He distinguishes state hope as hopeful thinking that applies to a given situation in a particular point in time. Higher levels of trait hope have been associated with higher levels of coping and health perception in women with cancer (Irving, Snyder, & Crowson, 1998).

Snyder (1998) also suggests that there is an enduring, cross-situational subjective level of hope (p. 355). Emphasis is placed on a cognitive movement toward goal directed pathways. This future directed expectation is a manifestation of trait hope, and Snyder suggests that the foundation is started in childhood.

Berman (1999) found major differences in the experience of violence between children who had escaped a war torn country and children who lived with an abusive parent. The children who faced family violence on a daily basis perceived the violence as

normal. They had few positive or happy memories of home life and suffered their pain and sorrow alone and in isolation. Paradoxically, many of these children who had experienced daily family violence expressed feelings of hope, confidence, and a future orientation that things might turn out okay. The authors seemed to express some disbelief that these children displayed a "capacity to find surprising resources" (p.62) amidst their adversity. Also, adolescents who lived in an environment of pervasive violence expressed the same level of hope as those who did not live in an environment of violence (Hinton-Nelson, Roberts, & Snyder, 1996).

A study by Herth (1996) showed that nurse provided health care to sheltered homeless men and women resulted in increased hope as compared to those who had no access to the nurse managed care. Also, Tollett & Thomas, (1995) demonstrated that hope can be instilled in homeless men though a specific nursing intervention. These studies demonstrate that human emotions are not irrelevant in the development of hope, and that the quality of emotions may reflect a person's perceived level of hope in difficult situations, but that it is neither static nor absent.

Self-efficacy as Strength

Bandura (1977) describes self-efficacy as a sense of personal mastery and persistence in the face of adversity. There is evidence that supportive positive relationships are associated with increased self-efficacy (Rutter, 1987). Self-efficacy has been associated with higher levels of self-help (LeFort, 2000). Developmental tasks are accomplished throughout life, and self-efficacy is not set only during childhood, but throughout life (Carter & McGoldrick, 1999). Self-efficacy is modified by life

experiences (Rutter, 1987). Self-efficacy expectations are based upon performance accomplishments and vicarious experience (Bandura, 1977). However, the vicarious experience of homeless women includes victimization, violence, unprotected environments. This is the context within which homeless women must develop endurance and strength.

Summary

Although there is a significant amount of research that describes the health problems of the homeless, there a paucity of research that engages homeless abused women as participants (McMurray-Avila, Gelberg, and Breakley, 1998). This study proposed that homeless abused women would be able to engage in dialogue and tell their stories of strength.

Facilitating homeless abused women's discovery of their personal strengths by engaging her into dialogue that raises consciousness and empowers is unique. There is a need to move beyond counting the number of times assaulted. Providing a flexible health care environment and initially focusing on establishment of the dynamics of positive relationships through incremental engagement and self-discovery is an initial step in the process of strength enhancement.

Chapter 3

Design and Method

The purpose of this qualitative study was to investigate the experience of discovering strengths of homeless abused women. The specific aim of this study was to facilitate a participant's discovery of her perception of her personal strengths. This chapter presents the conceptual framework, the context of homeless, abused women's lives, design and methodology, the dialogue, protection of human subjects, and scientific rigor. Discovery of personal strengths was defined as the process of engagement in a facilitative dialogue that focused on her strengths, and allowed her to begin to recognize them. The dialogue began with engagement of the woman into a conversation. Participants were asked to respond to three central questions centering on characteristics of strengths, strategies that she used to manifest strength, and obstacles that she overcame while living in an environment of homelessness and abuse. Consciousness raising and empowerment, in the process of discovery of strengths, was manifested by the women's ability to discuss stories of strength, describe her perception of her characteristics of strength, identify the strategies she used to manifest strength, and the obstacles she overcome by drawing on strength.

Through this emancipatory dialogue, I wished, not to just take the women's expressed words and feelings to use only for my own purpose, but rather to leave something positive with the women: an intimation of empowerment. The purposes of this study are (1) to provide the women an opportunity to recognize something affirming

within themselves, (2) to assist them to recognize their particular strategies of strength that they used to overcome devastating obstacles within their environments, and (3) to give them the opportunity to talk about their characteristics of strength and recognize their unique abilities that otherwise go unrecognized.

The Context of Women's Lives

Homelessness

Homelessness is viewed as an environmental stressor. Since most of the homelessness experienced by women is episodic, is of short duration, and occurs when overwhelming stressors interrupt her life, it is defined as an external environmental stressor that occurs when a woman lacks a regular, fixed, adequate nighttime residence and/or manifests instability in living accommodations or resides in a public or private emergency shelter operated for temporary living, or a place not designed for use as a regular sleeping accommodation (Rosenheck, Bassuck, & Saloman, 1998). Furthermore, homelessness is also manifested by feelings of isolation and hopelessness that results from loss of social connectedness.

Violence

Violence is viewed as an interpersonal environmental stressor. The presence of physical and emotional abuse of women lives within their memories throughout their lives (Draucker & Stern, 2000; Draucker & Madsen, 1999; Hall, 1996). The consequences include poorer health status, longer states of homelessness, higher incidences of behavioral health problems and higher rates of physical and sexual

victimization of homeless women (Brunette & Drake, 1998; Nyamathi, Keenan, & Bayley, 1998). The assumption in the literature is that homeless abused women are unconcerned about their health. This research proposed to engage homeless abused women in a dialogue so that they can discover their perceived strengths and to identify them using the women's own words; demonstrating their resilience in the context of social disaffiliation.

Methodology

The study design used an emancipatory feminist research design and an existential phenomenological, qualitative approach (Harding, 1998; Kvale, 1996; Pollio, Henley, & Thompson, 1997). Use of existential-phenomenological research methods provided opportunity for the expression of knowledge of the lived experience. Dialoguing is part of both feminist and existential phenomenology theory. Dialoguing, from the feminist perspective, engages persons whose lives are affected by an issue under study in the context of social and cultural oppression (Minkler, 2000; Olesen, 1998).

In this study, consciousness raising was part of the method of inquiry. Henderson (1995) describes the method of consciousness raising as the predecessor to intervention in participatory research. Consciousness raising, in this study, was part of the facilitative process of discovering strengths. By engaging in the dialogue using specific questions about characteristics of strength and strategies used to manifest strength, the woman engaged in a dialogue that was designed to raise her consciousness, that is, her understanding about the presence of her own strengths. She used this as a process of discovery by telling her stories of strength. This was consistent with the assumption that

homeless abused women have inherent strengths that are many times not discovered and stay unidentified. The homeless abused women who participated in this study provided the knowledge that describes her strengths.

The feminist philosophy influenced how the dialogue progressed. The woman was invited to participate. Engagement into dialogue occurred first. Through egalitarian language, the woman was given permission to express her own thoughts. As the co-participant, the dialogue was facilitated woman by asking for explanation of words, clarifying meaning, and allowing the woman to focus on identifying her own stories of strength. The guiding interview allowed for shared authority and balance of power (Soltis-Jarrett, 1997). Hence, the dialogue is a type of empowerment (Hoff, 1992). In order for the dialogue to be emancipatory, we must realize that the women's actions and understandings reflect her situation in the world. Therefore it is important to describe the environment and the women's perceptions of her environment in order to help her understand her perception of strengths.

The use of existential phenomenology as method of analysis, as described by Thomas and Pollio (2002), guided the interpretive process. This method of analysis of the lived experience requires that the phenomenon be expressed using the words of the participant. The women's words are continuously viewed in relation to the whole person (Neuman & Fawcett, 2002; Pollio, Henley, & Thompson, 1997).

Procedure

Method

A qualitative research design—specifically, intensive dialoguing—was used. Dialoguing and analysis of the narrative text of homeless, abused women was the qualitative method of inquiry. Use of qualitative research methods provides opportunity for the expression of knowledge of the lived experience. Inherent in the method is the assumption that there is mutual participation of the researcher and the person participating in the study. The goal is to engage the woman as an active collaborator in order to provide an authentic picture of her lived account. The method is a type of consciousness raising.

The Dialogue and Research Questions

The data collection began with engagement of the participant in a phenomenological, consciousness raising dialogue, lasting 60 to 120 minutes. All participants were asked to respond to three central questions:

1. Characteristics: Tell me about your strengths.
2. Strategies: What kinds of things do you do to make you feel strong?
3. Barriers/Obstacles: While you (are) were experiencing homelessness, how did you overcome problems and hardships?

The research questions were framed within existential phenomenology and emancipatory perspective so as to focus on the women's experiences of strength. Consciousness raising was facilitated by refocusing the woman to think about her

strengths throughout the dialogue. The woman's environmental context was homelessness and abuse. The intentionality of the experience was described as what the woman was trying to do with her experience of strength (Porter, 1998).

The dialogue was one that assisted the woman to discover her own strengths. What is told in the narrative is shaped by the relationship between the researcher and participant, especially if telling one's story and really feeling heard effects empowerment (Clandinin, & Connelly, 1998; Hutchinson, Wilson, & Wilson, 1994; Parker & McFarlane, 1991). The researcher as co-participant was a facilitator in this process. Facilitation in this sense meant guiding the woman and promoting continued discussion of the phenomenon of strength. There was shared authority in the interview. The woman was recognized as the one with the understanding and the one having the expertise of the phenomenon. The interviewer facilitated the flow of the interview by using the woman's own words to shape clarifying questions. The responses to clarifying questions were the woman's own perception of her experience with strength (Thomas & Pollio, 2002). Pollio, Henley, and Thompson (1997) suggest this procedure for dialogic interviews when the topic is complex (p.348). The narrative was then transcribed verbatim by the author into computer-based text; the transcriptions were subsequently compared to the tape to ensure accuracy.

Bracketing

Husserl is recognized as the one who established the principle of bracketing (Swanson-Kauffman & Schonwald, 1988; Thomas & Pollio, 2002). Husserl posits that the natural world of the phenomenologist must be placed in brackets so that the

transcendental consciousness of the phenomenon remains. Bracketing serves to hold in abeyance one's prejudgments so as to become more receptive to the participant's perception. Fawcett (Fawcett, personal communication, March 22, 2001) posits that the nurse should self-identify her own perceptions and compare them with the participant so as to assure that the participant's perception is recognized. The bracketing interview assists the researcher to put aside personal beliefs, knowledge, and experiences with the phenomenon. It allows one the freedom to recognize personal bias so that one may recognize the influence these beliefs have on interpretation. Bringing forth preconceived notions allows clarity when interpreting. There is a setting aside of personal opinions and bias that allows the meaning of the participants to be extracted versus interpretation that is based on researcher preconceptions. The dialogue is a "path to understanding the life world of the co-participant, it must be allowed to emerge freely rather than be constrained by predetermined injunctions" (Pollio, Henley, Thompson, 1997, p. 33).

Bracketing occurs before interview interpretation begins. Prior to interviewing, a bracketing session was held with a member of the interpreting group experienced in the phenomenological technique. A member of the research team, also considered a co-researcher, interviewed the researcher as if she was a participant. The transcript of the bracketing interview was analyzed to determine biases and presuppositions (Pollio, Henley, & Thompson, 1997). Addressing bias, that is, by taking into account the perceptions and views of the researcher, allows the researcher to be "reflexive about her views" (Olesen, 1998).

The bracketing interview brought forth personal assumptions and bias held by the author about homeless abused women. The bracketing interview was recorded on

audiotape and transcribed verbatim. The process of audio taping and participating in an interview allowed this researcher to understand how participants in the study might feel in such a situation. I chose the person who interviewed me from the Phenomenology Research Group at the University of Tennessee, Knoxville. I was interested in her perceptions of my bracketing because she was studying forestry, a field unrelated to health or nursing. She was insightful and astute and helped me clarify meanings of words, phrases, and opinions that I had taken for granted. For example, she asked me to expand upon my understanding of homelessness. I began by talking about statistical demographics of the population, characteristics of groups, and categorical reasons why women may become homeless. I had to fill the void of silence or thought with numbers. I understood what the participant may also experience at the beginning of the interview. However, after a few minutes, I began to discuss how I felt about the homeless women I had encountered in practice. I discovered that I assumed that homeless women were disenfranchised and without friends or support. I found that I also spoke a great deal about the systems that created barriers to care and that I assumed that all homeless women had difficulties with these barriers. My understanding of abuse of homeless woman also came from my experiences providing care to them. I assumed all were reticent about the abuse, unable to talk about it, and because of this, were unable to negotiate systems. I remembered my personal experience with abuse by colleagues and how the experience made me feel alone. I assumed the women who participated in this study would also express this loneliness. The discussion also brought out a deeper understanding of my own understanding of abject loneliness. I realized I had more

understanding of the phenomenon than I realized and hoped that this understanding would make me a better interviewer.

Interpretation

Interpretation was based upon the method described by Pollio, Henley, and Thompson (1997). A hermeneutic approach was implemented in three ways: group interpretation by discussion within the research group, idiographic interpretation by development of a model, and nomothetic interpretation that is naming the themes (Pollio, Henley, Thompson, 1997). The Phenomenology Research Group at the University of Tennessee, Knoxville College of Nursing assisted with the group interpretation. This group of experienced multidisciplinary researchers, representing the disciplines of nursing, psychology, educational psychology, English, foreign languages, and various graduate students, meets weekly for transcript analysis. Group interpretation involves the co-researcher, me, and the interpretive group. The transcript was read aloud with pauses in which the group discussed individual meanings and interrelationships of meanings. The function of the group reading was to orient the interpretive group to the nature and complexity of the data, and to assist me in organizing the qualitative data. Part of this process occurred during participants' dialogue. An understanding of the phenomenon occurred by allowing the participant to express her ideas, feelings, and meanings. The interviews were transcribed by me to include words, pauses, sensory descriptions, nonverbal behavior and phenomena. Further analysis of the transcript was analyzed by me, the co-researcher, who dwelled with the descriptions after both mine and the group's initial reading.

The second level of analysis took place with the original group of experienced researchers. The transcript was read out loud to the interpretive research group to further dwell with the descriptions. Parts of the transcript were identified as significant through group discussion. These areas of significance were analyzed so as to bring out different meanings contained in the words. Areas of significance also included identifying metaphors in the text, and discussing symbolic meanings. At the second level of analysis, there was identification of meaning units, which have significance for the phenomenon. Kvale (1996) defines natural meaning units as a condensation of expressed meanings that flow from the words. Identifying meaning units is an interpretive technique that describes how parts of the transcripts are read and the meaning is related back to an understanding of the whole text. These meaning units became the basis of the developed themes (Thomas & Pollio, 2002). The group interpretive process was done on four of the texts, while the majority of the interpretive process was done by the author.

The third level of analysis was done by me, the co-researcher. Ideographic interpretation occurred when the co-researcher described participant experiences of the phenomenon, and developed summaries of the descriptive interpretation noting meanings and patterns. At this point, there was clustering of initial thematic meaning. Themes were interpreted by staying close to the words of the participant by extracting the woman's perceptions of her strengths through her words. Using the woman's words verbatim provided for interpretation from the perspective of the person who was living the experience; that is, the one who is being of the world (Morse, 1994); a view that is conceptually similar to Neuman's (2002) premise of client perceptions that shape the person's created environment, and philosophically similar to phenomenology's relating

of the part to the whole (Thomas & Pollio, 2002). Interpretation of the text using the participants' own words was also a means of expressing the woman's perception of the strength in the context of homelessness and abuse. Comparison of the previous findings and common relational themes were extracted, and more global themes were identified that described the phenomenon of strength. The group evaluated whether these summary descriptions were supported by the data.

The fourth level of analysis was a discussion with the research group about the central concepts and themes. In this step, the meaning units were formulated into themes in terms of the specific purpose of this study. In order to complete the hermeneutic circle, more nomothetic thematic descriptions are identified and viewed in the context of all of the other interviews, with similarities interpreted (Pollio, Henley, Thompson, 1997, pp. 50-51). If there was a question, the transcript was taken back to the research group for consensus. The original audiotapes were available if desired. The essence of the phenomenon of strength was synthesized by narrative themes and then a thematic structure was developed. The thematic structure was presented diagrammatically. Follow-up interviews for clarification were attempted.

Protection of Human Subjects

Prior to contact with potential participants, approval was first obtained through the College of Nursing's Human Subjects Review Committee, and then by the University of Tennessee, Knoxville Institutional Review Board (see Appendix A). All participants received a stated overview of the study and received an informed consent form (see Appendix B) before answering the screening questionnaire (see Appendix C) and having

their dialogue recorded on audiotape. The overview statement that was read to the woman was:

> "The purpose of this study is to assist homeless abused women to identify their personal strengths. The best source of this information is from women who have experienced homelessness and abuse. Immediately after giving informed consent, the participants were asked to respond to demographic questions of age, ethnic group, and length of homelessness and previous homelessness, general health status, sleep, and religious affiliation and experiences with violence."

If the participant had no experience with homelessness or violence, she did not participate in the dialogue. The screenings were conducted in a private room within the nurse-managed clinic (see Description of Facilities p. 51). The women were asked if there was another place at which she felt more comfortable, such as a coffee house, using the same safety precautions outlined in the safety protocol described in a following section. None of the women requested a different space outside the clinic.

Screening

The participants were asked to respond to demographic questions of age, ethnic group, and length of homelessness and previous homelessness, general health status, sleep, and religious affiliation, and respond to two questions about the presence of abuse in their lives. The demographic and abuse questions were read to each participant by the researcher. The responses were used as a screening mechanism to determine eligibility to

participate in the dialogue. These results were cited in aggregate form so as to protect identity of the participants.

Dialoguing

The dialogues were recorded on audiotape and were conducted within a maximum 2 hour period. The interviews were conducted in the clinic in a private room. The participant was allowed to suggest a private area of her choice if that was her desire, using the same safety precautions outlined in the safety protocol described in a following section. None of the women requested that the dialogue occur in a different space outside the clinic.

Participants

Participants were self selected in order to protect the abused woman from possible harm. Phenomenological philosophy and method require that purposive sampling be used since only those who have experienced the phenomenon may participate. Signs and flyers asking women to participate in a research project were distributed to program directors of a day shelter and a homeless clinic in Northeast Tennessee. Women using the day shelter or clinic, who expressed interest, were directed by the case manager, shelter director, or clinic nurses to the director of the clinic. The director of the clinic was the contact person available for the women. She made the women available for screening and/or interview after they had completed their visit(s) to the social service provider or the clinic. Women were eligible who met a minimum of one of the following criteria: (a) Resided in any emergency shelter or temporarily with family, friends, strangers as determined on the demographic questionnaire, Part 1; (b) were 21 years of age or older; (c) spoke English;

and d) had a positive history of abuse as determined on the demographic questionnaire, Part 2. (see Appendix C). The questionnaire was read to all participants.

Protection Measures Specific to This Study

The research was guided by a "safety protocol" recommended by Parker, Ulrich, and Nursing Network on Violence Against Women (1990) when conducting research in the area of domestic violence. This protocol assured that issues of participant safety unique to woman abuse were included in the design. Safety guidelines specific to this design were:

1. The conceptual framework and method were specifically designed for this study using abused women's safety as one focus.

2. The co-researcher asked the woman about safety and determined if it was a safe time to talk with her. The meeting room was physically separated from the clinic rooms. If the woman was accompanied by a partner who may have posed a potential threat to her participation, she was not given a flyer to participate by the agency or clinic director.

3. The participants were self-selected.

4. This co-researcher was available in a private meeting room in the rear of the clinic for participants' access. The room was protected by a solid door separating the room from the clinic area.

5. Known victims of domestic violence from the local domestic violence shelter were escorted by the clinic director into the privacy of the meeting room.

6. The consent form was designed to be read to the woman, who then made her own decision to a) discard it before leaving the room, b) keep a copy, or c) return it to the researcher. A description of the specific design of the informed consent is discussed under Informed Consent. An abbreviated contact information card was given to participants. I discussed with each woman how she felt she could be safely contacted, or how she could safely contact me, my faculty advisor, or the University of Tennessee Human Subjects Review Committee Chair, if she desired, during and when the study was completed.

7. The women were instructed on confidentiality of the interview contents and results. During the process of transcribing the audiotape recordings, the researcher removed any participant names, identifying characteristics, and others' names used within the interview by deleting actual names on both the tapes and the transcripts, and replacing them with participant pseudonyms and number identifiers. The participants were asked to refrain from using names so as to protect confidentiality. Audiotapes will be destroyed by erasure within a year after data analysis is complete.

8. All data are stored in a locked file and handled only by those involved in the data collection or analysis. Only the researcher has access to the signed consent forms which are stored in a locked file available only to the researcher. When committee members reviewed raw data transcripts a confidentiality form was signed (Appendix D). The completed informed consents will be retained in a locked room within the College of Nursing on UTK campus for three years and then destroyed by shredding.

9. There was risk of participants becoming emotionally upset because of the questions and interview. As an experienced nurse, I have had at least 15 years experience

working with vulnerable populations, and caring for domestic violence victims. I have been involved in crisis intervention with victims of violence, have taught courses on intimate partner violence, and developed non-threatening approaches to vulnerable participants, and have provided resources and support to patients or participants. However, no participants expressed any discomfort during or after the dialogue.

10. The participant was instructed that she was free to decline to participate at any time without fear of recrimination.

11. The twenty-four hour crisis numbers of appropriate organizations located in the Knoxville area were given to participants at the end of the interview with instructions to keep the list available in a safe place. Those organizations and telephone numbers were:

Mobile Crisis: 539-2409

Police: 911

Family Crisis Center Shelter for Women: 637-8000

Joy Baker Center: 522-4673

Serenity Shelter for Women and Children: 971-4673.

Informed Consent

Potential participants were approached only after they accessed the day shelter and/or clinic, and self identified to staff that they wanted to participate. Women using the day shelter or clinic, who expressed interest, were directed by the case manager, shelter director, or clinic nurses to the director of the clinic. The director of the clinic was the contact person available for the women interested in participating. She made the women

available to me for screening and interview after they had completed their visit(s) to the social service provider or the clinic. Having the staff ask potential participants if they would like to participate after they have completed their business with the day shelter or clinic avoided the possibility of coercion by the researcher or agency. There was no relationship between the researchers and participants.

All participants received a stated overview of the study and a copy of an informed consent form (see Appendix B) before being screened and interviewed. The consent form included the description of the study, voluntary participation, freedom from physical or psychological harm and distress, and confidentiality information (Polit & Hungler, 1983). The informed consent was divided into two forms: the information page and the signature page. This allowed the participant to safely discard anything she felt would subject her to harm if found by her abuser. This researcher kept the signature page locked with the confidential files.

Description of Facilities

The Volunteer Ministries Day Program is designed for homeless persons and operates 10 hours a day, six days a week. The Peoples' Clinic is the health clinic associated with Volunteer Ministries that is available to homeless or indigent persons. Clinic hours of operation are 9:30- 2:30 PM. The Volunteer Ministries day shelter is located on South Gay Street, Knoxville, Tennessee, and has a waiting area with windows and doors that are screened from direct sight by those walking on the street. The clinic is located behind the day shelter on the same city block with a solid front door for access. Clinic access is provided by referral from the day shelter. There are two exam rooms near

the entrance. The screening and interviews took place in a private room away from the exam areas.

Scientific Rigor

Criteria used to evaluate and substantiate scientific rigor included bracketing of the interviewer, identifying meaning units in context through the interpretive research group, achieving saturation, and insuring rigor through reflexivity, credibility, and coherence (Hall & Stevens, 1991; Kvale, 1996; Thomas & Pollio, 2002).

Reflexivity

There should be an awareness of feelings and attitudes, and recognition that multiple realities exist (Hall & Stevens, 1991). Reflexivity was established through bracketing by making known this researcher's own values, assumptions, characteristics and motivations.

Credibility

Credibility was established by faithful interpretation of the words within the text (Hall & Stevens, 1991). The group discussion and consensus on meaning units, themes, supporting text, and thematic structure that occurred in group interpretation supported credibility. Interpretation was a reflective process and the words disclosed meaning through identification of themes and metaphoric insight from the text. Credibility was also established by incorporating women from varying ethnic groups, colors, ages, educational levels, and socioeconomic stations.

Coherence

Coherence occurred at the fourth level by looking across all interviews for themes describing diverse experiential patterns that manifested from diverse situations. Looking across all interviews was not done to establish the ability to generalize, but to "improve interpretive vision" and to obtain a global understanding of the experience of the phenomenon of strength (Pollio, Henley, & Thompson, 1997, p.51).

Methodological Concerns

Abstractly, strengths of women living within abusive environments may provide a plethora of concepts and researchable relationships with the potential to scientifically inform nursing practice. Value-laden definitions of human perceptions and behaviors proliferate. Interventions that measure outcomes according to socially constructed behavioral expectations have demonstrated minimal success in behavior change because they are viewed linearly, and because insidious preconceptions of a "right way to change" are rarely questioned. For example, women who continually return and remain in abusive relationships are considered failures. However, there is a cultural social stigma attached to single females. If we measure "success" of an intervention with abused women as the quantity of those who leave, how do we include the fact that many are homeless and some are murdered as a result? These definitional and socially constructed values surrounding women living in abusive environments are concerning, and require continued exploration.

Summary

This study is concerned with discovering strengths of homeless abused women. The important benefits to this study include:

1. Qualitative methods can identify concepts and theory that can extend and clarify quantitative data in future research tool development, exploration of health implications, and nursing interventions with homeless abused women.

2. This study adds to the small amount of research data concerning women who are homeless and their experience living in violent environments.

4. Some persons find it satisfying and beneficial to share experiences with a health professional.

5. Empowerment of women through consciousness raising so as to identify strengths is a unique method.

6. Qualitative methods view the person holistically.

Chapter 4

Results and Analysis

This study used an emancipatory feminist research design and an existential phenomenological, qualitative approach to investigate discovering strengths of homeless abused women. The thematic structure was derived from verbatim transcripts of dialogues with women who had lived within an environment of homelessness and abuse. Each participant was asked to tell stories that identified her strengths. The dialogue was facilitative and asked the woman to identify characteristics of strength, strategies that she used to manifest strength, and barriers or obstacles that she had to overcome within the environment of homelessness and abuse. These characteristics of strength, strategies used to manifest strength, and barriers within the environment that were overcome by using strength were expressed as themes derived from each woman's own words.

In this chapter, participant attributes describing the participants will be presented, followed by a thematic structure of the narrative themes. The dynamic relationship of each theme to the thematic structure will be presented, and an illustration of the thematic structure will be presented. Afterward, each global theme along with their respective descriptive themes that were developed from the words of the participant will be described through excerpts from the dialogues. Analysis of themes and global themes are presented within each thematic section.

Participant Attributes

Participant attributes were gathered on each woman who volunteered to participate using the Survey Screening Questionnaire (See Appendix C). The Survey Screening Questionnaire was used to identify women who had experienced homelessness and abuse. Only women who had experienced both situations participated in the dialogue. There were 19 women screened. Seventeen homeless, abused women participated in the dialogue. Two of the dialogues were lost due to a recorder malfunction; therefore, 15 dialogues were completed and analyzed.

The results of the Survey Screening Questionnaire are presented in Tables 1 - 5. All of those screened were homeless at the time of the study. Seventeen of the women screened (89%) were abused by someone. Eight of the seventeen (42%) were abused by multiple persons that included ex-husbands, partners, and family members. Twenty-one percent were sexually assaulted by their husbands, followed by 16% who were sexually assaulted by multiple persons that included ex-husbands, partners, and family members. Their ages ranged from 22 to 56 years. The women were ethnically diverse, representing African Americans, Caucasians, Native Americans and mixed race individuals. Thirty-seven percent (seven of the women) graduated from high school, while 32% (six women) had some college education.

Table 1: Survey Screening Questionnaire—General Demographic Data

Demographic Data Total Participants=19	**%**	**n**
Age	**%**	**n**
18-24	5%	1
25-34	68%	13
45-54	16%	3
55-65	11%	2
Ethnic Background	**%**	**n**
African American	26%	5
Caucasian	58%	11
Native American	5%	1
Mixed race	11%	2
Annual Income	**%**	**n**
No Response	11%	2
$0 - $10,000	84%	16
$10,001 - $20,000	5%	1
Highest year of education completed	**%**	**n**
9	21%	4
11	11%	2
12	37%	7
14	32%	6
GED if no HS graduation	**%**	**n**
Yes	16%	3
No	42%	8
Religious Affiliation	**%**	**n**
Yes	89%	17
No	11%	2

Table 2: Survey Screening Questionnaire—Health-related Data

Health-Related Data Total Participants=19	**%**	**n**
Health Perception	**%**	**n**
Excellent	5%	1
Good	58%	11
Fair	21%	4
Poor	16%	3
Place You Received Health Care	**%**	**n**
Community Health Clinic	21%	4
Doctor's office	16%	3
Nurse's office	5%	1
Emergency Dept	68%	13
Health Dept	42%	8
Private Office	0%	0
Sleep	**%**	**n**
Good	16%	3
Fair	53%	10
Poor	32%	6

Table 3: Survey Screening Questionnaire—Homelessness Data

Homelessness Data Total Participants=19	**%**	**n**
Homelessness Status	**%**	**n**
Yes	100%	19
No	0%	0
Length of Homelessness	**%**	**n**
< 6 months	42%	8
7 months to 1 year	26%	5
1 to 2 years	16%	3
> 2 years	16%	3
When Homeless, Place You Stayed	**%**	**n**
Domestic Violence Shelter	26%	5
Family	58%	11
Emergency Shelter	89%	17
Strangers	16%	3
Street	37%	7

Table 4: Survey Screening Questionnaire—Relationship Data

Relationship Data Total Participants=19	**%**	**n**
Marital Status	**%**	**n**
Boyfriend	32%	6
Married	11%	2
Separated	26%	5
Other	32%	6
Relationship Status	**%**	**n**
One Steady	47%	9
None	47%	9
Two or more	5%	1

Table 5: Survey Screening Questionnaire—Abuse Data

Abuse Data Total Participants=19	**%**	**n**
Ever Abused by Someone?	**%**	**n**
Yes	89%	17
No	11%	2
Ever Battered by Someone?	**%**	**n**
Yes	89%	17
No	11%	2
If Battered, by Whom?	**%**	**n**
Husband	0%	0%
Ex-husband	11%	2
Partner	11%	2
Family member(s)	11%	2
Stranger	5%	1
Multiple	42%	8
No abuse	11%	2
Sexual Activities Against Your Will?	**%**	**n**
Yes	58%	11
No	42%	8
If Sexually Assaulted, by Whom?	**%**	**n**
Husband	21%	4
Ex-husband	0%	0
Partner	0%	0
Family member(s)	5%	1
Stranger	11%	2
Multiple	16%	3
No abuse	11%	2
Afraid of Partner or Anyone?	**%**	**n**
Yes	32%	6
No	68%	13

Thematic Structure

The experience of discovering strengths revealed themes that were present within the words of the participants. The themes expressed by homeless abused women were interpreted using the words of the participant. There are quotations from the dialogue that illustrate each theme. These express the participants' definitions and understandings of their perception of personal strength. The thematic structure was derived from the various themes of strength that were facilitated in the dialogue and expressed in the words of the women. These various themes were clustered and organized within a larger categorization of global themes representing (a) characteristics of strength, (b) strategies used by the women to feel strong, and (c) barriers that the women must overcome within their environments.

The dialogue was focused on three aspects of strength: how the women described personally feeling strong, the strategies they used to become strong, and what barriers they had to overcome in order to attain strength. In the dialogue, existential phenomenological principles facilitated the women discovering and naming their strengths. The characteristics of strength were defined in the thematic structure as Balance. The strategies used by the women to feel strong and maintain strength were defined in the thematic structure as Protection, and the barriers that had to be overcome were defined in the thematic structure as Environmental Obstacles. Themes that describe Balance are (a) Stood My Ground and Falling Back Weak, (b) Getting Away and Holding it Through, and (c) Being with Others and Being on My Own. Themes that describe Protection are: (a) It's Like We're a Wolf Pack, (b) Watching My Back, and

(c) I Been Blessed. The themes that describe Environmental Obstacles are (a) Being in the Mix and (b) It's Hard.

The thematic structure may be represented by a sphere which situates the woman, represented by a central circle, to the themes. The three dimensional sphere includes the environment of homelessness and abuse that encompasses the woman. The environment expresses representative themes that the women viewed as barriers and obstacles; challenges to daily living. The solid circle within the environment represents the woman, and the solid outline of the circle of the woman represents the themes of protection. The open lined circle overlaps and interconnects to the woman's circle and represents interaction with others. The circle is discontinuous because strength manifests as engagement and disengagement with others as necessary. The arc at the base of the circle represents the themes that define the global theme of Balance. A schematic representation of discovering strengths and the interrelationships of the themes are presented in Figure 1.

The thematic structure that describes the characteristics of strength, Balance, encompasses the themes Stood My Ground and Falling Back Weak, Getting Away and Holding it Through, and Being with Others and Being on My Own. These themes are dualistic. Characteristics of strength are distinctive in homeless abused women because of this dualism. The women constantly decide how to respond in an urban survival game. The dualistic nature of the theme Balance results from the woman's perception of her experience at a particular point in time. She balances the opposing forces and then decides her plan of action. Balance is the characteristic of strength represented in this

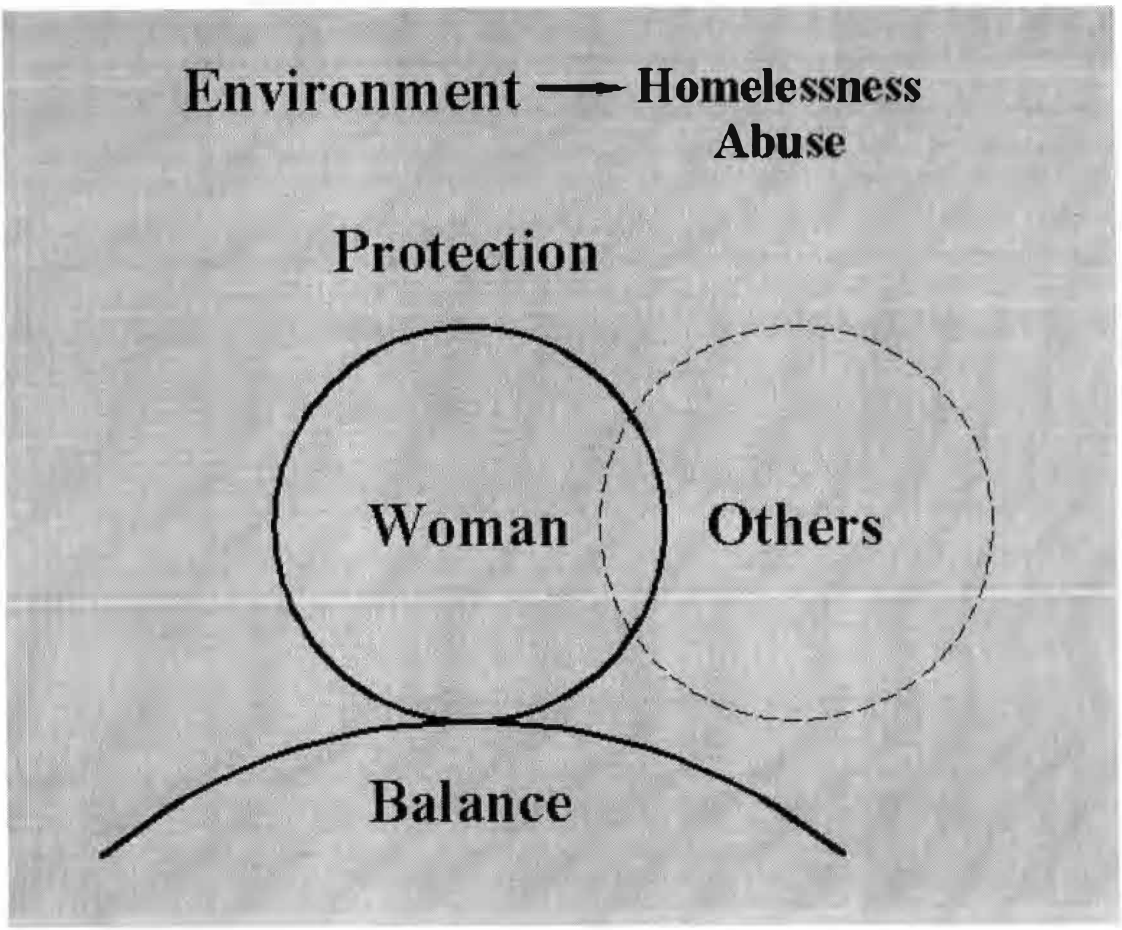

Figure 1: Thematic Structure

theme. Balance describes the duality of this characteristic of strength. The women's words express this distinctive feature of their strength. Constantly balancing stressful situations requires flexibility when confronting homelessness and abuse. Homeless abused women's strength must be flexible and unrelenting. Specific responses may appear like opposites but in fact are unifying because there are elements of each that overlap, with balance as the explanatory concept.

The strategies used by the women to feel strong were defined in the thematic structure as Protection. The themes encompassed within this thematic structure are, It's Like We're a Wolf Pack, Watching My Back, and I Been Blessed. These themes were strategies that the women used in order to make them feel strong. These strategies occur in response to the hostile environment, and although decisions made in response to hostile environments encompass many factors, these words reflect homeless abused women's own words conveying their unique responses. The strategies of strength exemplify how the homeless abused women in this study confront risk. They exemplify vigilance, group protection, and the hope of better life circumstances. The women spoke of stressors that enter their world, and the strategies they use to manifest strength are perceived as a form of protection of themselves.

The barriers that had to be overcome were defined in the thematic structure as Environmental Obstacles. The themes that are encompassed within this structure are Being in the Mix and It's Hard. The environment presents countless obstacles to the women in their attempts to remain strong. The characteristics and strategies of strength are distinctive in these women because of their interaction with the environment of homelessness and abuse; they create their strengths within the context of the harsh

environment of homelessness and abuse. All three of the global themes and their respective descriptive themes expressed in the words of the participants are represented in Figure 2.

Themes of Strength

Barriers to Attaining Strength—Environmental Obstacles

Being in the Mix and It's Hard

It is necessary to begin with the stories the women tell about how they lived; descriptions of their environments, and the context of their lived experience. Stories of their life experiences and self-descriptions of their surroundings provide the context necessary for richer understanding of their lived experience of homelessness and abuse. This background describes the milieu in which homeless abused women lived using their own words. The words lend credence to the untold energy these women need and use to live day to day.

Being in the Mix

The metaphor of being in the mix describes the background environment of the women's milieu of living on the street and being exposed to interpersonal violence. Being in the mix means that the women are surround by people who are dangerous to them. Being in the Mix also alludes to the woman as a participant in unhealthy behaviors, especially substance misuse. It is used in this study as a metaphor for the lives of homeless women as victims of both exploitation and violence.

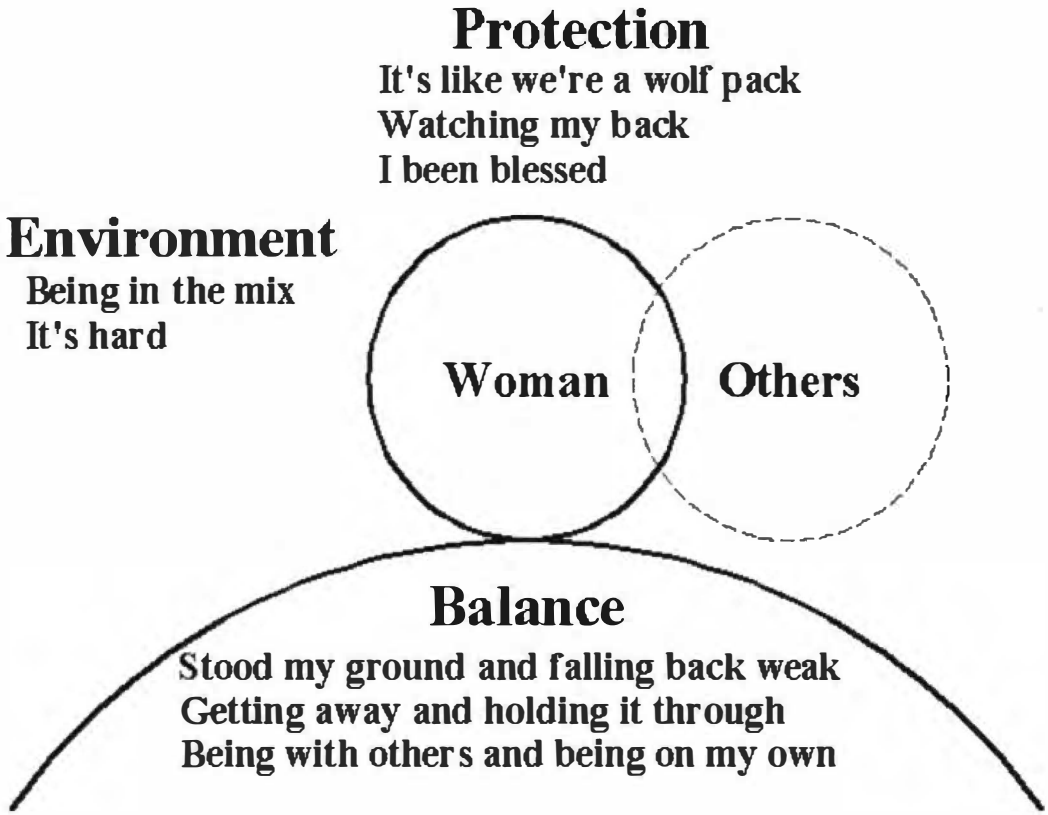

Figure 2: Words of Participant Women

Maxine talks about Being in the Mix. If one stays in "the Mix", the woman may find herself exploited or in trouble. Maxine describes how she exhibits strength even while being influenced by others within the mix participating in behaviors she is trying to avoid. She has decided to be strong on her own. She tells a story about how other women fall into the trap and lean on bullies, but she does not make this mistake because she is strong. She has a dichotomous view of men and divides them into two groups: god-like and bullies. In the following excerpt, Maxine describes the exploitation and domination many women experience while living on the street with abuse.

> "…You have to be strong to be homeless. 'Cause it's just a lot of mix out there. If you ain't careful you'll get yourself in the mix. You realize that these girls wit these boyfriends that ya'll checks, I just , I actually feel sorry for them because their boyfriends take their checks, not see them for weeks, you know, spendin' their money on dope for the boyfriend, you know."
>
> "So now I just keep back from the group like my friend said, you know, run along, go to the library, find somethin' to do, it ain't nuttin' but ridin' the trolley all day.

It's Hard

The theme of It's Hard is seen as an external stressor. All of the women described hardships through which they have lived while homeless and abused. They tell how difficult it is to find a place to rest or eat while homeless, how difficult it is to stay safe, how difficult it is to forget their past abuse or mistakes, or how hard it is to stay away from licit or illicit substances. They worry about access to the homeless shelter and whether it will remain available to them in the future. Describing the hard environment is

important because it illustrates the context of the women's lives as they grasp for something better than just survival. Stories of adversities and sufferings, which make up the theme of It's Hard, are present in every dialogue and are integral to understanding how struggle is interwoven within their stories of strength. The stories describe a constant struggle during which there is no respite. Life is hard for these homeless abused women, and they express It's Hard repeatedly, which adds emphasis and explanation to their stories.

Sally tells her story of living on the streets with an abusive partner. She talks about how difficult it is over time to keep this painful time of out of her thoughts.

> "It, it's hard to deal with. It was hard to deal with, but it takes time. I put it, I put it behind my big huge safe that I have in the back of my head I call it. You know with all my bad stuff I stuck it back there and locked it up. So, every time they find the combination and try to come out, I always change the combination on 'em where they can't come out. So if you don't think about it and you don't' let it get to you, you're better off if the more you think about it the worse you're gonna get."

Amelia talks about negotiating herself within the environment of homelessness and about the difficulties she has during her life on the street trying to find shelter, warmth, cleanliness, and food. It is especially difficult in the cold months when the shelters do not have enough beds available for the numbers of people needing shelter.

> "We survive here and there. We know all the places we can go eat. We know where we can sleep, but if there are no more beds in the shelter, that's the hardest point. We have to find a safe place, warm point, comfort point. And there's a couple places out here that we

> go if need be. Most of us don't like to camp, but if we have to, we have to. And then others just don't wanna be in a shelter because they don't like it. But, hey, the way I see it is that it is a warm place, it's clean, it's a roof over our head and a bed for us to lay on, take showers nightly, it's clean. And if someone don't like that there's somethin' wrong with 'em. And it's hard out here but we do survive as we can."

Amelia is surrounded by events out of her control and she cannot stop and rest. The places she gathered with others and rested and ate are no longer available. She needs to walk and stay out of sight or risk arrest.

> "It's harder now than it was before. Use to we could go underneath the bridge every night except for Wednesdays and Saturdays and eat. Wednesdays we'd go up to the square and eat and have church service and you know, everything. And now it's just harder because you gotta keep movin'out here, ya gotta keep movin', keep movin', keep movin', keep movin', keep movin', just so you won't get a citation or go to jail."

Rhoda reiterates the difficulties of constant walking without rest that the homeless must handle in order to survive. They are not welcome in public view so must remain transient so as to become invisible. In retrospect, she views herself as physically more healthy because of the forced exercise, demonstrating an ability to remember something positive from her experience:

> "Well, it was hard. It was hard, it was terrible. The guy I'd been with for 10 years, uh, I don't know what happened to him. He just didn't care about anything no more. I think he got on drugs or sumpthin. He didn't care if he had a place to live. But I had to walk

everywhere: walk and walk and walk. But I felt better, actually, physically. Better than now."

Michaela describes how arduous it is to remain substance-free while living on the street:

"...Actually I feel a lot better now that I'm clean. Um, I have some health problems to take care of but I don't feel like there's anything I can't do right now dat will make me go back to using. I feel pretty strong right now. That's a hard thing, I mean I don't know if you've talked to many addicts but that's a hard road to come by. You know, and go in the right direction is really hard, it's real hard. And I, I had tried for the last three or four years to get clean and I couldn't do it."

Sasha reveals the abuse she and her family sustained. Because her abuser was released from prison and lives in her home town, she left. She says she was not afraid of him herself, but afraid of the difficulty she had controlling her negative emotions toward him. Her family suggested that she to try to establish her life several hours away, while at the same time continuing to maintain contact with her adult children:

"I got an ex-husband that use to abuse me, my mother... Uhhum. Oh yeah. Yeah my ex-husband, he raped my grandmother and our daughter. And he supposedly went to counseling and he's still denying it. And if I was there I'd kill 'im. My grandmother was seventy-eight and our daughter was a year and a half. Yep, so..."

Rita describes a time in the recent past when abuse she endured from her husband resulted in her homelessness. She has difficulty maintaining work and rent because she is plagued by multiple illnesses:

"...if it wasn't for my children, and my son is five ten, uh, and he had to take a, one of those metal baseball bats after him and then he went after my son and I stepped in between them and then he hit me so hard I blacked out. ...Yeah. It's really hard. And I was in fear for my daughter, you know I have a seventeen year old daughter, but I've got her in a safe place right now and my son has moved out on his own. So I'm prayin' she's in a safe place, that I have no phone or anything to get in contact with her so it's really, really hard."

Lydia tells the story of how she tried to end her homelessness and reliance on the sex trade to make a living. Her story is alarming and makes the words "it's hard" sound like understatement:

"[B]efore I had met my husband and we got married. I use, I use to, to walk on the streets then, you know. Once I got married I didn't want to work on the streets no more. That's how I got burnt. So, uh, he took me out in the field, and the next night I know he mix it wit some gasoline, wit some gas and mixed it wit some alcohol or sumptin, and drove me to a field and dashed it on me. But it's hard for me to talk about, but it's been about 22 years but I still think about it. And that's when he was drivin' the cabs then.

Kathy graphically describes the chronic, physical violence against her:

"Black eyes, cuts, beat up, thrown out windows, almost broke knee, hit wit a golf club, got cut wit a box cutter [short laugh].

The theme It's Hard represents difficulties, obstacles, and suffering associated with homeless and violent environments. There are constant barriers these women face that require cleverness, persistence, and staying power while living on the streets. The

women readily tell their stories of endurance. Many activities that seem routine, such as staying clean or taking a rest, are difficult to maintain while homeless. The women describe looking for places to rest or the difficulties of staying clean to maintain health, which are things that require prolonged endurance. The importance of the environment on healing is exemplified in the words of Lydia. She described a time when she had her own apartment, and said her "nice' apartment was healing. This is an example of the healing nature of a positive environment.

Maxine describes her perception of community development and how it impacts people who are homeless: move them out of sight from the rest of the community. She knows the hardships of living on the street and sees new renovation and building construction in the area of the shelter as evidence that the homeless will face even more displacement becoming far removed from their areas of respite:

> "I can imagine it getting' to be winter it's gonna be even more hard, it is, 'cause I get the feelin' that day room's not gonna be around too much longer with them buildin' them apartments up there. I, I, I can't say dat, but I can just imagine that when people start movin' in, bein' that type of money, they're not gonna want that. They are already makin' the homeless, hard on the homeless down there at the shelter."

Characteristics of Strength—Balance

Stood My Ground and Falling Back Weak

Stood My Ground and Falling Back Weak is a theme that is frequently represented throughout the women's stories of strength. Stood My Ground is a theme that

denotes confidence, self assuredness, and assertiveness. Stereotypes of homeless abused women do not depict them as appearing confident and assertive. However, the women told stories that exemplified these qualities. The times when they exhibited confidence, self assuredness, and assertiveness were important enough to them to relate to me. Each woman held the perception that when she stood her ground in a particular situation she influenced the outcome of the situation, to her advantage. Each woman was certain that her actions affected the situation, sometimes by changing the direction of events.

Falling Back, Weak is the counterpart to Stood My Ground. This theme reveals the women's periods of uncertainty, doubt, or insecurity. These emotions must be hidden from others because any show of vulnerability will subject the woman to exploitation. It takes strength to always hide emotions. Therefore, homeless abused women learn stoicism in the face of their adversity. The women know when they are tired and need a rest, and it is at this time they actively seek help so that they can experience a time of renewal. These themes, woven together give a picture of self-defined characteristics of strength exhibited by homeless abused women: confidence, assertiveness, self-reliance and stoicism.

Stood My Ground

Michaela tells her story about being a single, pregnant teenager. Her family wanted to send her away in order to hide her from society. But she was not ashamed and exhibited extraordinary assertiveness and self-assuredness while resisting her family's decision. She talks about standing her ground with her family:

> "When I was eighteen, no I was seventeen, I got pregnant and they wanted to send me away to a school for unwed mothers and I

> refused to go. Because they didn't want me goin' to graduation pregnant. And I refused, I absolutely refused. I still have my grand mother, I said, I've gone twelve years through school and you're tellin' me I can't receive my diploma? And my dad, well he was kind of disappointed because I was pregnant at the time, I was pregnant with my daughter and, uh, they finally had to give in to me because I refused to go to the other school. They, they, they tried for about three months to get me to go to this school for unwed mothers and I absolutely refused. And I stood my ground and my daddy told me that was the proudest day he ever, that was his, he, how did he? A proud moment for him. That's how he put it. He said, 'cause you stood your ground, he said, I thought they were right at first, but, he said, I understand where you're comin' from. You worked hard to earn the right to walk across the stage."

Amelia also tells a story of standing her ground with her family. She lived for years enduring the sexual abuse of her father. This story of strength represents a turning point in her life. She tells a narrative of how she gains greater perspective of the pain of her situation. Her decision to keep herself safe from a family member resulted in her homelessness, but she remained steadfast in this decision, even with the consequence that resulted in her living on the street:

> "I'm not takin' you back into my life I've forgiven everything you've done to me, but I can't change what I've done decided. I'm sorry, but if you're going to throw me out like this, quite frankly, I never was anything to you. Just someone who could clean your house, cook your food, take care of your other two kids. So, mom, I'm not takin' it any more, I'm finally stickin' up for myself. I'm finally puttin' my feet to the ground. I'm sick of it."

Maxine exerted physical strength and assertiveness that turned into aggressiveness and intimidation when she defended herself against exploitation while homeless. She sat across from me during the interview. Her imposing height and weight, confident pose, shoulders back, and straightforward delivery accented her daunting energy. She used physical power to give credence to her façade of toughness. Her story literally illustrates standing her ground:

> "They know not to too much mess wit me. I'm easy goin' but I ain't to be messed with period. You know, since I lit into a couple of 'em when I first got here, I had a couple of fights up here wit men, and I had to act up real bad, real bad, real bad. I had to let it out, I had to let the devil out of me, you know, but after then, them couple times, people know not to mess with me, they say, that mean ass woman there. Even white folks say, there's that mean ass woman she'll fight you in a minute you, boy, watch her, she means what she says. Heard a white boy say this mornin', I just turn around and say, what do you mean? He says, you don't take no shit, I wish I could be like you. You just tells 'em like it is, you don't bite your tongue."

Amelia presents a philosophical understanding of her homelessness as a search for a better life in the future. She considers standing on her feet as assertive self-determination. She views homelessness as a test of her stamina, and especially her individualism. She has an expectation for a better future. She is currently pregnant for the first time and expresses the determination that her life will improve. However, she also tells of other homeless women's desires to reconnect with their children:

> "There's a reason why we're out here and there's a reason why we're tryin' to get up on our feet, too. Most of us have got kids that

we're tryin' to get back. We are, we've got someone that we're tryin to prove to, hey I can do this, I can get up on my feet, I don't have to have you. But it's hard out here. But we all do it because we have to."

Falling Back Weak

Falling Back Weak is a metaphor for showing emotional reactions, such as expressing anxiety, which is interpreted as appearing vulnerable while living on the street. The women frequently told their stories using this opposing term when they were trying to illustrate an significant characteristic of strength necessary for survival. To avoid Falling Back Weak requires that one must hide any emotion or feeling, and strength is expressed by maintaining stoicism, not "falling". The women see this as the ability to maintain a strong presence. Any of their actions that imply vulnerability may result in exploitation; therefore homeless abused women must outwardly remain stoic and emotionless, while constantly assessing the cues from their environments. Maxine defines this stoicism as "attitude", a characteristic that prevents her exploitation and hides any emotion that may be taken for defenselessness. She is efficacious, humorous, and assertive as she tells her stories:

"I keep an attitude so I don't have to be bothered. I don't have to, I mean it's mean to be that way, but I don't have to worry about you askin' for too much, you know. I don't have to ask, you, hear you every ten minutes, can I have a cigarette, do you have a cigarette, you know, 'cause people take, Buddy thought about it this morning when he asked me for a cigarette. I said, a quarter. And I made him pay me for those two cigarettes. That's how you do it. Stop 'em real quick, a quarter. Cig a quarter."

Homeless abused women are forced to hide the need for personal renewal because the men on the street take advantage of the women and use it as a time of attack. Maxine describes "falling weak"; how she feels and how she hides weakness from those men whom she considers dangerous. There is strength in the resolve she uses to hide her feelings:

> "I'm basically, I'm blessed. But I, I fall weak sometimes, but I don't let them see it. I don't let them see it, that's for sure. They see me fall weak, they say, we got her where we want her. So I don't let them see me. I cry sometimes, you know get frustrated, I'm ready to go, just down there, you know, I don't let them see it. They'll never know. You know you have them magic moments. But it is, it's hard, it is."

Amelia describes the violence perpetrated against homeless women who "fall" and it is noticed by others on the street. Her story tells of how she recognizes other women who are vulnerable to predators and danger because they outwardly reveal qualities of naiveté and inattentiveness. Falling Back, Weak are words of warning, and the theme represents a dimension of strength the women possess in order to demonstrate strength: stoicism and vigilance. Amelia is proud that she is able to mentor and assist other women who are new to street life develop these characteristics. She tells a story about predatory people who are dangerous to naïve women new to homelessness:

> "When I hear someone that has some kind of predicament that I've had, what makes me more stronger is givin' them good advice on what not to do and what to do. You just gotta learn how to survive out here and if you don't know how to survive, you're just gonna fall more like, more down and under than what you were. Because

> then people start followin' you, start, you know, watchin' what you do, OK, I know what she's doin', I know when to follow her. I know when to rob her. I know when to do this to her and when to do that to her. There are some people out here like that. Then there will be men that will follow you. That's her daily routine. He'll follow her and catch on to her daily routine. Then he'll find a spot and, you know… I mean it's hard out here. But then there's also those nice people out here. You gotta know which is which."

It is unfortunate that any emotional expression is considered weakness by homeless abused women. However, they balance this by self-recognition that their constant stoicism will lead to frustration and need for renewal. Times of respite are necessary for restoration. Outwardly showing feelings of fatigue is perceived as weakness because the women know this will be interpreted as defenselessness. They describe themselves as women who are particularly susceptible to predators, and any show of emotion places them in vulnerable positions where there is no physical protection. When frustration occurs during these times, the women search for help off the street. This is what facilitates their help seeking.

Another understanding of "fall back" is expressed by Michaela who views it as dependence, and, in her mind, weakness. Michaela speaks proudly of her ability to raise her daughter alone and that she herself is strong because she demonstrates independence. Her independence and self-reliance result in her success at raising her daughter as a single mother. She continues to manifest self-reliance and independence because she says that she does not have to take help from, that is, "fall back" on her daughter:

> "She is my pride and joy. She is my pride and joy. I couldn't be more proud of anything that I've done in my life than I am with my

child. She's a good mother-I'm a grandmother now and I'm getting' ready to be a grandmother again and she raises her son like I raised her: to be strong. To be strong. And the one thing that is makin' her upset is that I won't fall back on her. I have this thing about fallin' back on my family, if I can't do it on my own, it shouldn't be done, you know, and she wants me to come stay with her but I told her no. She's got her own family to raise, you know. I've done my job, you know. She's nineteen years old now so she's on her own. And that's the best thing that ever happened to me was having my daughter."

Patricia speaks of her of strength as getting herself up. She is on a trajectory and considers herself a better person who is not going back; also viewing falling back as a metaphor for dependence. Strength comes from a comparison with other's weaknesses; her strength emerges against her perception of the greater weakness of others:

"I really wanted to do this myself and I actually think the place I came was the best place of all 'cause I see that other people have it a lot worse than I ever thought, and that really gives me strength to know I'm gonna get my self up out of here and I'm not gonna go back to what I had. And it's just gonna take a little time and I just have to be patient, but somehow I'm gonna be a better person. I live with a lot of regret, which makes it hard to be strong when you have a lot of regret. Right? It really does."

The theme of "Stood My Ground and Falling Back Weak" represents a trajectory of strength. The stories represent strength as a trajectory. Each of the women saw themselves as averting danger to themselves and then moving toward something better. They viewed themselves as having the ability to affect the events around them

independently and through their own personal strength. Because of their characteristics of independence and stoicism, they were proud to recognize these experiences as personal strength. The stories illustrate important transitions in the women's lives that represent times of strength. Their words provide an image of those who stand their ground as a point in time where strength arcs upward. Those who fall back, weak are on the descending arc. However, even in perceived weakness, they recognize that they need time for rest and respite and seek help. The women continue to survive. Living within the context of homelessness and abuse emphasize the burdens, tribulations and miseries these women face. Having this understanding of the context of their lives allows me to challenge the idea that a need for respite is weakness. It should more appropriately be viewed as a time of help seeking necessary for recovery and revitalization. Supports for this type of recovery should be much more available to them.

Getting Away and Holding It Through

Getting away from danger represents one of the most fundamental responses of human nature. The "fight or flight" response is understood biologically as an instinctive reaction to life-threatening situations. However, women in a patriarchal society are customarily taught that subservience to male domination is the acceptable female role. Therefore, the fact that many abused women maintain submissiveness in the face of their partner's episodic, explosive abuse negates the idea that sudden, instinctive fear always stimulates flight. These homeless abused women told stories of how they were able to endure abuse and balance their lives around violent relationships and environments. Some, however, later and in stages discovered that they no longer wanted to stay in their

abusive situations. There are patterns of a process of leaving. The act of Getting Away represents a transition; an epiphany that the women experience; a sudden realization that there needs to be change. The act of Getting Away occurs suddenly but the process leading to these transitions with epiphanies is individual and arduous. A realization to leave is a response to the feeling that the woman is unable to maintain stability. She can no longer compensate for, adjust, balance, her life. She has reached a nadir which causes an epiphany, transition. Getting Away is a response that occurs over time; the woman moves along the arc, moving up and down, until she reaches the nadir-the precipice that stimulates flight from a violent situation so that balance and stability returns to her life. The stories the women tell about episodes of Getting Away are viewed as a time of strength that exemplifies an ability to finally call forth their own fortitude.

It takes strength to both move oneself to escape, but also to hold through, that is endure, the environmental forces of danger, pain and alienation that represent violence and homelessness. Holding it Through represents homeless abused women's abilities to persevere, endure, and maintain personal control within a hazardous or grueling environment out of her control.

Getting Away

Getting Away represents the point in time when the woman can no longer balance the demands of an abusive relationship. She is no longer able to maintain equilibrium in her life. She is no longer able to adjust and feels out of control. Getting Away is a process and these women are at different places on the arc of balance. Some are thinking about it and some tell stories of how they finally reached nadir and left.

The dialogues of these homeless abused women tell the story of this process of Getting Away. The sequence of the stories represents a progression of women at different points in their balancing abilities.

Sally tells her story about a time in her abusive relationship when she reaches a decision that she must take action and get away:

> "Well, basically, I was real scared, real fragile, I got married at the age of 18 and my mother arranged this marriage to get me out of the house because my step dad use to beat us and call me outside my name and stuff like that. See, I been abused since I was born 'cause my mother's side of the family didn't like me because I resembled my father and they can't stand my father. So I didn't know I had a father until I was about 24 years old. Didn't know I had a mother until I was 12. I got married when I was 18 and didn't know this guy was abusive at all. But he was the, um perfect body, the perfect attitude and everything. Until all of a sudden one day he got, he started drinking. So, he got me hooked on cocaine, he got me hooked on drugs. So the more drugs I took to relieve the pain of him beatin' on me. All of a sudden he started beatin'; well I kept on tryin' to get away. At first it was hard to get away. I mean, you love the guy, after so many years you love him, you care for him, you can't leave. I finally got to the point where I came about, I say, an inch from breakin' his neck with a cast iron skillet when he was asleep. That's when I left him."

And:

> "What I did, I took the worst of it and told myself I'm not going back there. In other words, if I see it comin' I go, uh, uh, and I walk away."

To Amelia, strength was described in her story about leaving her abusive home when she was only a preteen. We dialogue about her decision to get away from her father who molested her. Amelia tells her story about how she acted upon her decision to leave her abusive father. Amelia reveals the initiation into a life of abuse starting at the age of nine. She told her story about living a life of fear and after 3 years of outward acquiescence, she discovered the strength, at 12 years old, to finally leave. She sees her decisive action to leave at such a young age as a mark of her personal strength. She describes in her narrative how she was alone in her decision to leave because her mother did not believe her abuse happened. Because she did not have the support of her mother, she kept her thoughts of escape to herself. She finally came to a realization that she could no longer tolerate the abuse and had to act. This next story describes her story of strength and lays bare her decision that resulted in her flight from her abuser and separation from her family:

> "The one more important time in my life when I was strong was when my dad started molestin' me at 9 years old. And he would molest me after he sent my sister and brother went to bed and my mom be at work or at home in bed. He molested me and tol' me that if I ever told anybody he'd kill my mother and my sister and my brother, and that he could get away with it. At 12 years old, when I finally got the guts and nerves to face him-I come home from school one day and my sister and brother had just come off the bus and I tol' them to go put on their play clothes and I'd clean the house. My dad come home from work drunk and uh, he come after me and had the sliding glass door open but the shades closed and I had the fence cracked open so I could kick it and run. I run

down the street to one of my friend's house, called the police and he got arrested and everything else."

As a result of her actions, Amelia was placed in foster care. At the age of 18, she was released from her legal safety net. She no longer had familial or social supports that might assist with her future self-sufficiency, as demanded of adults by our culture. Instead, she ended up surviving on the streets because her abuser still lived within her family of origin making it impossible for her to return home. She has lived in homeless shelters since the age of 18 (she was almost 22 at the time of this dialogue), and intermittently worked menial jobs that provided only temporary relief from homelessness with enough money to cover her living expenses.

When these women decided they needed to get away from abuse and the street, they stayed in a homeless shelter, with friends or with strangers. One woman describes leaving the streets and temporarily living with a friend when she becomes frustrated. When faced with the adversity of abuse and the danger of the street, Maxine demonstrates internal efficacy in order to get away from that environment:

> "I'm like in between, 'cause Sheva says, you come and you go; you come and you go. We see you today, we might not see you for three or four days, you know, you come and go, you know, like I said, my friend , this friend I go over and stay with him and his wife, you know, to get away when I want to get away, when I get frustrated with here. I get away."

> "...like I said, my friend , this friend I go over and stay with him and his wife, you know, to get away when I want to get away, when I get frustrated with here. I get away....So I could actually stay with my friend but I don't want to cause a problem for him

and his wife and his child, you know, 'cause they're in the system so I said I'd just stay at the shelter but when I really get frustrated and need a break I sneak over and stay over there."

To Sally, taking action to leave her abuser was her time of strength. Sally describes how she discovered her strength to finally leave her abuser. When she left, she was homeless, but she considers herself strong at that moment. She even talks about her earlier decision to seek help from this abuse. She sees a psychiatrist but at the time dismisses advice to leave the situation:

"I been to the psychiatrist, and all they tell me is to divorce him."

Control of her own situation was removed from her, and she admits that she did not find it helpful to be told to leave. It was through her own process of discovering strength that resulted in her ability to leave her abuser. She describes the impetus to leave as "I couldn't be afraid no more". The fact that these women balanced, maintained and adjusted themselves to such unsettling situations leads me to believe that they have a different type of understanding of danger and fear. I visualize it as in the model where the woman is maintaining balance in her life of violence. However, as she rolls toward a personal precipice she comes to an epiphany and realizes she must take control in order to maintain balance.

"He use to stalk me, threaten to kill me, this that and the other if I didn't, I left him and stuff like that. I got to the point the where I couldn't take it, I couldn't be afraid no more. So I told myself that I wasn't going to be afraid. I moved, he was in Colorado, I moved out of that state to where nobody knew where I moved to and I

started over. Ok, I took the experience from him and I put it as a, nobody's going to do that to me ever again."

Rhoda tells her story of having a sudden insight to make a decision to leave her homeless life by leaving her homeless boyfriend. Rhoda had been homeless for one or two years. She was unable to quantify her homelessness. She remembered how she was unable to monitor time. When asked about her length of homelessness she answered:

"A year or two, I can't really remember. I don't…I lost track of time."

She then tells her story of being overwhelmed by her homeless situation and having a sudden insight that she needed to think of her own health and seek help. She attributes her continuity in this relationship that thrust her into homelessness and abuse to "being overwhelmed"; then the sudden discovery to get out and away from her homeless situation. She was trying to maintain a relationship by maintaining a balance between familiarity in a destructive relationship as opposed to breaking away and regaining control:

"I walked, walked to town and filled out the application. I told them I was homeless, diabetic, I 'm havin' anxiety disorders and I had to have a place to live. And I got it! I don't know why I didn't do it before? … I never really thought about it. I was mentally…crazy at the time. I lived. Overwhelmed by the situation. It just hit me one day- do this."

The fact that women expressed the desire that they did not want to be afraid any longer brings an end to the experience the fear perpetrated by others of outside of the control of these homeless abused women. This characteristic feeling of sudden insight to

take action, and not being afraid anymore seemed to occur as a spontaneous discovery-as an epiphany. The women told themselves they did not want to be afraid, but it was a sudden collective discovery of their own inability to continue to be afraid or that it was time to seek help that seemed to be an impetus for escape from homelessness and physical and personal abuse. The women expressed this as a motivation that provided the strength they needed to finally get away from the abuse. When abused women express the knowledge that they cannot be afraid, this may give them the motivation and strength to leave a dangerous situation. The women discovered that they were able to take decisive action when they finally allowed themselves to no longer experience fear and be afraid. Does this make them safer? Studies demonstrate that women who leave abusers are more likely to be killed. Addressing the entrenched gender inequalities inherent in cultural, social and political structures of society must be addressed. Keeping the voices heard of those who are viewed and gain the least in our societies is imperative.

Lydia has escaped abuse and homelessness. She reveals how she overcame the process of struggle to get away from the environment of substance misuse that included herself and her associates. Her solution was to move to another state where she was a stranger, and away from her friends and a living environment permeated by substance misuse:

> "Just had to pray, be strong, you know what I'm sayin'. Get away from that environment, you know what I'm sayin', get along, stop druggin', lot o' thing, you know changed 'cause I moved to another state. You understand what I'm sayin'. I don't know nobody wit all them drugs and everything."

Kathy tells about the difficult process of struggle to balance her external and internal environments of homelessness, abuse, and substance addiction. She sat with me in dialogue with new laceration over her right brow that she says was the result of a fight with someone over money she made in the sex trade. She had allowed the nurses to evaluate and treat it but incongruously presented to me with a persona of indifference about her physical assault. The poignancy of this dialogue is that within the words, she expresses a profound desire to get away from her self-addictions to illicit drugs, the situational homelessness with its ubiquitous violence and its readily available illicit substances, but does not know how. She thinks daily about dying or being killed, and her desire to wake up alive day by day becomes one impetus she needs to get away.

However, she is still trying to balance her life amidst all of the violence and the cacophony of the streets. She illustrates in the following passage that she still lacks the clarity that she needs to reach a transition or epiphany. She remains mired in ambiguity. Does this make her weak? The importance of the questioning is that she is still searching for an answer. If she stops searching, then she loses all control. She simply wants to remain alive so she can eventually understand herself. She desires escape but has not reached her nadir for transition. Therefore she continues her balancing act between violence and homelessness. In this dialogue she realizes her situation. She is the one woman with whom I was able to have second dialogue. This passage from her first dialogue awakened some clarifying thoughts within her.

Kathy: "I jus' pray. I get away."

[Q.] "When you pray, what do you ask?"

[A.] "Not to let me die. Give me strength to get away from this stuff that I do and things that I do and drugs that I do."

She is asking not only to get away from the immediate environment but also to get away from herself as a user of illicit drugs. She views just waking up in the morning as strength. How does this woman "get away" from herself? In the previous passage, she no longer sees herself as invulnerable and recognizes her need for personal change. She is discovering the need for purpose and self-control of her life and is questioning, not only me, but also herself as to this paradox inherent in the illness of substance addiction. She is acutely aware of the close proximity of her physical death, and at the same time remembers another self that was not always so out of control. She searches for freedom from the addictions by trying to detach herself from her current uncontrollable body and understands a characteristic of strength as basically daily survival.

Holding It Through

Holding it Through conveys a type of strength that personifies endurance. When the women expressed endurance, they told stories of survival and physical stamina. Graphic descriptions of abuse, illness, substance addictions, dangerous exposures are ever present in their environments. Some were not able to express how they endured, but exemplified their physical survival and endurance by detailing the horrors that were present in their lives. They want to illustrate their personal endurance and physical strength by telling me graphic accounts of their horrific suffering. These words of Lydia, presented again in this theme, and expanded to demonstrate Holding It Through:

"I use, I use to, to walk on the streets then, you know. Once I got married I didn't want to work on the streets no more. That's how I

got burnt. So, uh, he took me out in the field, and the next night I know he mix it wit some gasoline, wit some gas and mixed it wit some alcohol or sumptin, and drove me to a field and dashed it on me. But it's hard for me to talk about, but it's been about 22 years but I still think about it."

"... But wish I could change those years back now. I really, I real. 'cause now these days life is just messed up. You know I use to do drugs but I don't drug no more. I got through all that. I'm tellin' ya."

Lydia tells the story about her subsequent recovery that included pain, skin grafts, and physical dependence. She endured the physical recovery with the help of her family and by her determination.

"You know they had to take the meat where you be the strongest. And a burn right here. You know, when he throw it at me I put my arm up like that. And my chest, right here (points to her left forearm and upper anterior thorax); the skin grafts." (she points to the abdomen).

She ascribes referred strength from her sister while hospitalized: "Oh, my sister, Macy, use to come to the hospital, comb my hair and joke wit me, stuff like dat....Oh it pain. It hurt. Me 'specially, since I had to learn to walk all over again like a baby."

Sally tells the story of her past physical abuse with an expression of disbelief and incredulity that she was able to preserve her stability and sense of balance:

"Um, you name it, it happened, gun taken to your head, knife in your stomach, your leg getting' skinned down to the meat, a

broken foot, cracked rib, you know, broken nose, all that stuff. I went through seven and one-half years of that. I survived it. "

Laura was homeless and had been the victim of a recent rape and even at her young age, she has lived on the streets for over 2 years. She talks about her danger with an awareness of her situation and is trying to maintain balance. The following passages from Laura's dialogue represent Laura on the precipice and trying to "hold through":

"You'd be surprised what I done been through. I've been through so much: beat on, stabbed, raped. You know, a lot of people say you get raped by somebody that you know, they're right. You know. You never can tell what might happen nowadays anyway."

Laura's story of "holding through" reveals the hopelessness and uncertainty of her homeless situation and how she perceives this time in her life. She viewed her ability to cope with the hopelessness and uncertainty of homelessness as "patience". She described how she had lived on and off the street for 10 years. Currently, she was waiting for her case worker to find a rehabilitation hospital for her that was close to where her boyfriend was beginning rehabilitation. She spoke of how she had just recently been barred from the local homeless shelter because she had a physical confrontation with another woman. Although she expressed that she was ready to "give up", she continued the dialogue. Near the end of the dialogue, she began to explain strategies that she might use so as to be allowed back in the shelter. She knew the shelter directors personally and expressed some confidence in her ability to negotiate a short stay off the street in the homeless shelter:

"Right now I'm just ready to give up to be honest with ya. But I know I cain't. You know, we just have to learn how to deal with things. You know, just learn how to be patient and deal with it....

But, just havin' to deal with it. Hopefully, I won't be out here too much longer. "

Because of the precariousness of her situation, and her initial expression of hopelessness, however, I told her that she must talk with the clinic nurses before she left. I introduced her to the director and she was escorted to a clinic room. I do not know what happened to her after that, although the clinic staff related that they had spoken to her in the day shelter a week later. At that point, she was allowed by the staff to stay in the shelter.

Sara is an interesting woman who experienced homelessness because she had difficulty keeping her disability money safe from theft and exploitation. She perceived that her strength was recovery of her physical strength that was manifested unquestionably several years prior to this dialogue. At the time she spoke of, she was seriously ill with cancer:

> "Mercy, well, ironically, well my sister, being a nurse, she was good at that, although I was, she only had to help me a couple of days. I never had to use the bedpan or anything. And I had a nice, I lived in a nice apartment, two bedroom, two bath, and central air. That helped pull me through. I couldn't get in a tub, or somethin', for almost two years. I was that weak. I be daffled. I was really like out of it. Although, I went, I walked every day and fast, you couldn't tell by lookin', you know, except that I kept my head covered most of the time, that was a thing that seemed to help me through."

She attained physical strength by exhibiting self-efficacy. Her self-efficacy is evident in her measured goal setting and goal attainment. Her successes over her physical

challenges helped her overcome the uncertainty of terminal illness. Covering her baldness that resulted from her chemotherapy allowed her to be seen in public. Hiding the loss of her hair allowed her to walk as exercise and develop physical strength that she perceived as instrumental in her recovery. She was cocooned in her own living space, of which she was noticeably proud, and it is this environment that she attributes to helping her "pull through", and heal.

Holding it Through also includes maintaining self-respect while living on the street. There is humiliation and shame associated with homelessness. The ability to maintain self-respect while feeling the scorn of those who walk past you is a strength that requires endurance. Amelia considers this quality a special strength particular to homeless persons:

> "We just stick our heads up high and just don't care about what people say or think. We know why we're out here. We're out here for mostly the same reason: our family. We're just holdin' it through until we get a place. We just keep holdin' it through. But it is hard out here on the streets."

Women who escape danger while at the same time maintaining endurance exemplify the theme of Getting Away and Holding it Through. The theme Getting Away and Holding it Through are not contradictory. "Getting away" from a hostile environment and persistently "holding it through" represent degrees of stamina and endurance. It takes energy, stamina, and endurance to move oneself away from danger and uncertainty. And it takes endurance to maintain oneself through the times of hardship. Holding it through represents homeless abused women's ability to endure and persevere within an environment swirling around the person that is hazardous or out of her control. Holding it

Through conveys the internal means of endurance that occurs when there are dangerous and painful experiences to bear, and the constancy of struggle in their attempts to maintain order within disorder. It is the ordinary necessities of living that provide comfort. Whether it was an external stressor such as finding a place to rest, or living with an abusive partner, or if it is an internal stressor such as resisting substance use or overcoming life-threatening disease, the women endured.

Being with Others and Being on My Own

Strength manifests in the duality of Being with Others and Being On My Own. The women expressed the need for interconnection regularly in their dialogues as a characteristic of strength. Women spoke of the interconnectedness they had with their children. Some of these homeless abused women's strongest moments were identified as their life experiences of being with their children. At other times, however, the feeling of personal aloneness provided strength. This dichotomy provides insight into the women's resources and dispels the idea that social supports are always what women need to be strong.

Being with Others

Michaela expresses her strength as being with her child and raising her child. She talks of this strength against the context of tragedy that occurred because of repeated loss of her pregnancies due to physical illness: uterine fibroid tumors. She appears to mourn the loss of what she sees as her life's purpose. She seems view her loss as punishment at being denied the chance to fulfill her discovered life's purpose of being a mother to more

than one child. However, she recognizes her strength as culmination of successful motherhood that is exemplified in her one thriving child :

> "I was really, I think that has my most, the strongest thing about me is that I was meant to be a mother. I was meant to be a mother. I love kids. I love kids. You know, I've lost seven. Out of my eight children, she's the only one that lived."

She begins and ends her stories by referencing her daughter as her strength. The beginning:

> "I was in school, my major was political science, I was raisin' my daughter, living in [State] and I felt pretty confident about who I was and where I was going. And everything was pretty much picture perfect in my life. And then I didn't have any misgivings or I wasn't afraid of where my next meal was comin' from and I wasn't upset about where I was gonna live because I had all of those things and I had provided all of those things for my daughter."

The end:

> "...my daughter is my strong point. ...Yes! She is my pride and joy. She is my pride and joy. I couldn't be more proud of anything that I've done in my life than I am with my child. She's a good mother-I'm a grandmother now and I'm getting' ready to be a grandmother again and she raises her son like I raised her: to be strong. To be strong."

Michaela's connection with her daughter leads her to tell a story about how her daughter was strong. Her daughter keeps her grounded and makes her stronger in the midst of another violation: a robbery.

> "My child and I got robbed um, we just moved into an apartment and we got robbed. And, I guess this might be a strong story about my daughter 'cause it shows how much, oh God, how much when it comes to your children it's hard not to have pride in the way that they do things and see things. I was so proud of her. When we got robbed, I had just bought her school clothes and things like that and she looked at me and she said, Mama, she said, I'll give up my lunch money for the week so you can go buy groceries. And I looked at her and I said, there's no need for you to do that, you know, she was eight years old. Eight years old when she said, Mama, I'll give up my lunch money so you can go and buy groceries. And so, within a week I had us in another place to live, yeah, and a freezer full of groceries. It took some doin' without me havin' to call back here to get help from my family. It took some doin."

Karol spoke about a time with her children as her strength. Her connection to her children demonstrates no self-pity about her homeless situation. In response to the question, tell me a story about when you were strong she said,

> "I guess my children depending upon me, you know I can't really sit around and feel sorry for myself; to continue to try to get things moving and I would say my children have everything to do with it, in my case."

Remy demonstrates that children do not have to be physically with the woman in order for the connection of being with engenders strength in the midst of loss. Her children were removed from her by Department of Human Services (DHS):

> "DHS has got my son. Safest place for him right now. I'm tryin' to work on getting a house, you know, the only way I can be strong is

I've only got me and my son left. I have a nine year old that I can never see again."

Karol also remains connected to her children while physically separated from them. Worrying about her children's welfare keeps her connected to her children:

"It helps when I write to them because they can work when they can find work, so, that sort of settles me down a little bit. Worrying, are they eating, are they able to get medical care, are they inside, are they warm, are they clean, are they cold, are they hurt, has somebody been mean to them? Those are the same things we all worry about."

Being with others also includes parents and friends. In the words of Michaela:

"Well, my mother is a user so I can't really fall back on her like I really need to sometimes. My dad on the other hand has found God again and where we didn't have a relationship the first thirty-five years of my life now we do. Now we do. We're talkin'. We're talkin'. I'm proud of him and a lot of it has to do with the fact that I'm not usin' anymore. I couldn't get help from my dad while I was usin', so. Now I can get all the help in the world [laughs]. Yeah."

There is a reversal of parents' functions in her life. She and her dad both found God. She's proud of him. There is a contrast between her mother and her father.

To Betty, the death of a mother is a time of strength, and it is this connection with her mother that dominates her dialogue. Betty is strong when she needs to be and exhibits characteristics of strength by maintaining a connection to her deceased mother. Betty is strongest when a critical issue arises. Strength resulted as a response to trauma that

demands it. She was catapulted by trauma to strength. Betty still feels the connection when she describes her relationship with her mother:

> "I do believe the strongest time that I've ever been in my entire life was, uh, when my mother passed. We were extremely close."

> "…The relationship between myself and my mother, we were I think closer than a mother and daughter should be in a sense, you know, if you can understand that. We were extremely, obsessively, excruciatingly close as mother and daughter. And, in fact to this day if anyone were to say anything against my mother I think, you know, I would literally fight. That was my upbringing, um, thank goodness. And, you know, there isn't a day that doesn't go by that I don't think of her um, because she was such a wonderful, wonderful human being, and I do believe and I do know that she is in heaven with our Lord."

Maxine describes the strength she gains from her friendship with a person who acts as a guiding companion to her:

> "And then I got a good close friend from Stratton, he helps me stay strong. He kinda stays on me, you know. You got to do it this way, so. That's a good support right there, you know. Day room was tellin' me, he always comes for you and helps you out and fixes you up. Between God for my friend, 'cause I really don't have no family."

Kathy refers to a number of people living on the street who are her friends. Her world is that of the streets. Whereas, most people think about the chaos of living on the street, Kathy finds friendship:

"If you know the people like I know 'em, you'll love 'em too. You know, all my friends is out there."

Laura talks about particular behaviors that engender strength within her when she is with her significant other. She attributes her strength as outside of herself but situated within the two of them as a couple. She recognizes strength, but the future challenge remains, however, that will empower Laura to attribute strength to dwell within her own self.

"He sits down and he talks to me, we do a lot of stuff together. He's there for me when I need him. You know, he tries to get out and work when he can work through the day labor places, you know, he does the best he can do for us. We're tryin' to find a place right now. When he leaves I'm gonna be workin' on that. See, I can't get nobody to help us with the money to get the place."

Being on My Own

Being on my own is a mechanism of strength that enables the woman to proclaim independence and to detach herself from others that embody, to her, the dark side of social support. From this unique aspect of women's perception of independence, evolves the self awareness that they are themselves free from others, in these cases, men, who dominate their experience of living that resulted in an oppressive existence. At the same time, this emerging self awareness allows them to divulge aspects of their personalities that give their individual existence meaning and purpose, such as self-introspection and helping others.

Also, by recognizing the necessity of self-detachment and disengagement from those around them who are threatening, they exhibit abilities of self preservation. This dimension of Being on My Own draws attention to their capacity to resist the neediness of emptiness, and the neediness of dependence that draws them to those who take advantage of them. They view themselves as different because they resist the forces that they know can overtake victimized women on the street and in their previous homes every day.

Sasha expresses strength as being on her own, making decision about her own life:

> "Well, I think I'm strong because I been here October the eighth was a year and that's the first time I've ever been on my own."

Sasha also identifies particular activities that help her feel strong. In one sentence she states to me how she is strong. She describes the dualism of being with others and being on her own. She feels it is her duty to help others who find themselves in a homeless abusive situation. Her paucity of words expresses the duality of this characteristic of strength in one sentence. Sasha demonstrates how she retreats into herself while at other times tries to give experiential advice to other women living within abuse and violence. She uses both self introspection and purposeful actions to maintain her strength:

> "I read a lot, uh, go to the library. I help people with their problems. I'm real good at that. I can't do nothin' about mine but I can help people with theirs. I don't know what to do about mine but I can help you with yours. You know, I talk a lot. And at night I stay at the homeless shelter or I stay with friends. Next month

I'm gonna get me an apartment, and hopefully a roommate.
Female. [Laughs] Female."

Patricia demonstrates the dualism of being with others as strength and being on her own as strength. Her children give her strength but she chooses an environment away from any of her family and describes it as the strongest time in her life.

"OK, when I was strong. Well, when I had all my kids [Laughs]."

Patricia and the children are interrelated with strength. She then locates herself chronologically while expressing the times of her strength:

"Two moments of strength in my life: when I had all my kids and now that I have left behind everything."

She gives historical frameworks of strength in her life:

"And actually I've been pretty strong all throughout my life, the strongest at this moment of my life at forty-two. I almost went someplace else where I've had family that would have helped me, do you know what I mean? But I really didn't want that either, I really wanted to do this myself and I actually think the place I came was the best place of all 'cause I see that other people have it a lot worse than I ever thought, and that really gives me strength to know I'm gonna get my self up out of here and I'm not gonna go back to what I had."

Sally describes how she maintains her sense of self by physical separation and self-detachment; independence from a boyfriend while in a relationship with him. The homeless state affords her the ability to be on her own while at the same time avoiding abuse even as she engages in a relationship with another:

> "You see I've also been raped. I get to where sometimes I don't trust men. I mean, I don't trust what they say. I'm in a relationship with a boyfriend right now but I'm afraid to move in with 'im. I don't know what's gonna happen behind the closed door. You know, the situation we're in now is fine. I feel safe because he's on one side, uh, we stay at the shelter, he's on one side, I'm on the other, even though we're together, we're separate. There's a wall between us when we sleep."

Maxine speaks also of being single and why a solitary time of life affords her independence and strong sense of self. She defines a friend that gives without making demands. The other men she meets on the street demand things that are exploitative to her as a person and she won't have them:

> "I don't have a boyfriend, that's my favorite thing to tell, I don't have no boyfriend, it's just me. To have a boyfriend would be a sign of weakness."

Maxine puts forth a persona of detachment and exhibits her power in order to maintain a sense of herself, her personal balance, while remaining separate from others.

> "I had to tell this girl the other day, she's like, you know nothin' bothers you. I wish I could just be laid back the way you are, you're just laid back speak what's on your mind and keep on goin'. You know, she says, well you know you get mad, you cuss, you know you've pissed her off. I's like, really? She's like, really. I's like, am I really that laid back? She's like, yeah, I noticed the mens just kinda stay out of your way. Just like a science, they know I ain't puttin' up with their shit, that weak shit and junk, therefore I ain't goin'. I was tellin' Jared up there, you got me messed up with some of your kin folks. Tommy said, we go down there in that

> graveyard. I told him, let me tell you somethin', sittin' down in that day room. I said don't you ever as long as you live disrespect me like that. You look at me if you though, you thought about your child folks.... Yes, you know you have to be strong willed and strong minded, you know to survive these streets. You got to be strong, I mean you know you got to be strong."

Betty reiterates this learned detachment as she attempts to negotiate living arrangements in the homeless shelter. She qualifies the detachment as a necessity of her homeless situation, which she describes in her narrative as one that required polite engagement and disengagement. She explains that she reacted to her shelter stay with detachment because she had an unpleasant confrontation with another shelter client who, to Betty's understanding, had spread some rumors about her. When she confronted the woman, Betty said she was a victim of retaliation when the client stepped on her injured foot:

> "Since I have been staying at the local shelter downtown, um, I mind my own business, that's for sure, you know. And that's not against my upbringing."

Strategies for Strength—Protection

Themes of strength as the perception of protection explicitly occur because of the environment of homelessness and abuse. Homeless abused women saw these strategies as signs of their resourcefulness and proficiency at circumnavigating their dangerous environments. The themes of strength of homeless abused women that define Protection are "It's Like We're a Wolf Pack," "Watching My Back," and "I Been Blessed." These

themes of protection were identified in the dialogues as strategies the women used to make them feel strong. The importance of the themes of protection is that the perception of safety provides the women a sense of order in the midst of disorder, situational control in the midst of turmoil, and purposeful action in the face of social and structural inactivity regarding their plight. The strategies that help the women maintain a perception of strength reveal that living within the environment of homelessness and abuse requires developing their perception of protection from danger.

Watching My Back

In stories of strength that describe Watching My Back, the women describe how they are strong: they must constantly be vigilant for assaults against themselves and, also, against other women. Watching My Back and watching other's backs is metaphor for staying vigilant as a group. The women perceive this type of strength as one that requires vigilance, astute observation, instinct, and by use of cooperative group processes. Women tell stories about their concern to keep each other safe, and they use these abilities to maintain personal safety. The global theme of Protection demonstrates strength that emphasizes the perception of protection by the use of intuition and community as strategies. Specifically, these strategies do not include use of physical force, or use of weapons. Amelia describes watching backs:

> "You gotta know how to watch your back. You gotta know how to do this. You gotta know how to defend for yourself. You gotta know how to stick up for yourself."

Having friends on the street is considered a strength because there are more women in groups who are available to watch out for each other. Also, women watch out

for each other because homeless abused women acknowledge that women are in fact more vulnerable to become victims of violence in homeless environments.

Kathy describes her method of how she and others watch out for each other. Kathy, in response to the question, 'How do you survive prostitution?' provides the following answer:

> "Very carefully. I don't jump into any car and every car....My instincts. I have a very strong instinct on who I can trust and who I can't trust. If I don't trust ya, I ain't getting' in."

Kathy also talks about groups of people engaging in reciprocal protective actions. It was in her second dialogue that she specifically talks about her friends and the strength she perceives she derives from her affiliation with them. Her narrative about her friends was related in the second dialogue, not as a result of her first spontaneous dialogue. She reflected on the question of her strength and returned to tell me about them. She describes her personal network of people who watch out and take care of each other. There is also a network of people who watch out/take care of each other; her strength is in the number of people she counts as friends who keep her safe:

> "I got lovable people out there. They always watch my back. God, I got about 30 of 'em....I watch more female backs than males cause I know what they're goin' through....I mean like der, I watch 'em what cars they get in and the people's face and uh, the driver's license, I mean the tag license."

Kathy extends the meaning of Watching My Back to include knowledge of who does and who does not pose a threat to the homeless abused woman. Kathy describes her instinctual abilities to determine who she can do business with in the sex trade. She

recognizes and uses her instinct as her source of strength/protection. Kathy used her own perceived strength of a strong instinct about danger to take specific actions that she thinks preserved her safety. She also tried to avoid people and places where she perceived the presence of danger. She sees her perception of self-protection as a unique gift: her unique strength of an instinct to stay safe.

Watching My Back includes the strategy of knowing the environment of the streets. Maxine is familiar with her environment and takes particular precautions to stay out of unpopulated areas when she walks around town.

> "I don't do much walkin' in areas, though.... I don't, I don't go no where that there's not people flowin'. I stay out in the open, never take, my friend told me never take a back cut, never take a side cut. Stay straight on streets that you know they're gonna be on."

It's Like We're a Wolf Pack

"It's Like We're a Wolf Pack," a vivid metaphor for group protection, is a telling description of people coming together to form alliances in order to afford individual and group protection and survival on the street. Amelia views her strength as her ability to see herself as a protective mother wolf. Those new to living on the street are referred to as her "cubs." She sees her role as a knowledgeable caretaker for those with less experience and wisdom. She perceives this to be a rare ability that the majority of those living a homeless existence do not possess:

> "It's hard out here to survive. Everyone's out here for themselves. There's only a few out here for others and the newer ones out on the street don't know nothin'. That's what we're all here for-for them. To get them strong and use to it and once they're strong and

use to it, we'll back off.... It's like we're a wolf pack. We all fend for ourselves but when the cubs come in, that's when we're there. It's hard out here."

Amelia describes her ability to assist other women living on the street to recognize the danger that is apparent to her but not to them. She willingly shares her knowledge and resources with new, less experienced women who enter street life. This is in direct contrast to the arrogance of the business and working world unavailable to homeless persons: those hierarchical structures in society that oppress and control people for power in order to avariciously control resources. Amelia's strength is in her willingness to share her observational and instinctual abilities that allow her to recognize cues from safe people versus dangerous people. This challenges the view of homeless abused women as docile victims. They are victims of societal structures that do not recognize their unique abilities, but in fact blame them for the environments in which they live.

Lydia tells her story of interdependence best when she heals from her burns, inflicted by her abuser. She is fortunate to have a supportive family:

"For one thing, it stopped me off the streets a lot. You know getting off the streets and stuff. At that time I was young."

[Q.] "Beside the fact that you had to go live with somebody, how did that get you off the streets?"

[A.] "Because I had to have someone to help me. You know what I'm sayin', I had to stay wit my mom. You know what I'm sayin', I had, I had to have someone run my bath water, you know stuff like that, cause, you know, I had, you know, to soak these grafts,

you know, to take my bandage off, cause, you know when they take my bandages off- Whoo! Shoo! That's painful."

In each case the women use their own survival strategies unique to the situation. They seek out means of protection through a process of self discovery that they perceive as unique strengths specific to living on the streets. Sometimes the strategy involves the individual woman using her own strong traits, such as instinct and knowledge of the environment. At other times the strategies involve group processes and interdependence, such as when the women used their knowledge to surround themselves of protective but nurturing group processes, as illustrated in the metaphor of the wolf pack. The women use both knowledge and intuition to problem- solve and negotiate living in harsh circumstances. They rely on their own instincts and form friendships and social bonds with those they like and with whom they feel safe companionship.

I Been Blessed

The religious theme of I Been Blessed includes thematic elements of Lord, God, Faith, the Bible, Prayer and Blessings. This theme represents women's relationship with a powerful other that is engrained and enculturated into their lives. God is viewed as a powerful rescuer in times of need. The women are never alone if they have belief. Life is so difficult for homeless abused women, an omnipresent, powerful, and giving sentient being gives them hope that there must be something better, and that better time can happen with divine intervention. They look to a sentient being that is always available to them in times of need. Many times the need for introspection is fulfilled in the availability of churches. Betty is a woman in middle age who survived a fire in her

apartment building that resulted in her current homelessness. She relies on her faith at her times of loss.

> "Well, there's my faith that keeps me going, you know. I do believe, I know this in my heart of hearts, my mom is in heaven, and I do believe in the Lord…"

And:

> "I have to say my faith, I absolutely do if I hadn't had the Lord to turn to, you know, I know I would have been totally lost, you know."

Sally, Remy, Laura, and Betty all spoke of the personification of spiritual strength as something available to them all the time. Sally, Remy, and Betty look outside themselves and view God as a rescuer. They attribute their survival from abuse to an outside force. Faith is spiritual strength to these women. When human beings or social structures fail the woman, she sees faith as a resource. In the words of Sally:

> "And God also helps a lot. He, stuck he, he, he pulled me through 'em. Otherwise I wouldn't be here, as many kicks and beatings I got. So, He puts me in some doozy predicaments and I get out of 'em."

Remy comments:

> "I go to church, I pray, I do. I've asked Him to help me 'cause I know I can't do it by myself. If I was by myself right now, there'd be no tellin'. There'd really be no tellin' what would happen. I know it's been rough."

As Betty related:

"I know that what is getting me through this literally is the fact that I hang on to my faith and I leave it all in the, all in the Lord's hands to see me through this."

Laura believes God is a source of hope to her:

"Right now I'm just ready to give up, to be honest with ya. But I know I cain't. You know, we just have to learn how to deal with things. You know, just learn how to be patient and deal with it. Hopefully, God will make things happen. You know, take it in His hands and make it realize, make people realize what they're doin' is wrong. But, just havin' to deal with it. Hopefully, I won't be out here too much longer."

Lydia attributes help with survival and endurance overcoming burns inflicted on her by her husband to the Lord. She tells her story of how she believes that the Lord helped her cope with the disfigurement of her burn scars.

"…'cause, you know it took me at least, you know, about two years to, you know feel more respectable about myself. I use to be ashame'. I use to wear turtlenecks all the way up here [points to the bottom of her chin] to hide my scars, but now, you know, I wear stuff like this, you know, cause it don't bother me like it use to [points to her scooped neck sweatshirt]. I use to be ashame. Then I use to have to wear a glove on my hand, like, you know, when you get burnt. You've seen them gloves and all dat. Yep. But the Lord brought me out of it, though. He still bless me I've been here 41 years. You know."

Maxine views her spiritual other as a friend who faithfully supports her. Feelings of powerlessness lead Maxine to rely on God. When she feels abandoned and alone, and when she perceives no other viable connection with another, she relies on her spirituality.

> "When I fall weak, I always turn to God. 'Cause I know He don't let me down. He don't fail me. He might not do what I want him to do which is His decision, takes time for me to understand it, but I get it together and He gives me the answer why He wants me to do this. So, dats, dats, dats, my partner, that's my friend, you know. I trust Him highly and I just love Him, in my heart 'cause I been wantin' to do this, and I want to do- when everything else has turned it's back, He's been there for me. So that's what keeps me strong. Christ. Really."

Blessings are those good things that happen because of the intercession of the spiritual other. Lydia gives a recitation of blessings: blessings result from her strength in her faith in God. She equates blessings with spiritual strength:

> "Oh, He bless me since I been here, you know I been in Knoxville, lets see, wit my new husband, we been here about, we come from Natchez, to here, we stay in Natchez on month, so we be here about two month, but the first month, about three weeks, this lady tol' me about this efficiency apartment like we had that you get in two to three weeks, so we were blessed in two to three weeks so we not at the mission no mo'. You know, not stayin' on the streets. And, uh, he blessed us to get a bed, you know. We had a TV, a black and white TV, but it went out though, He blessed us wit that, so, but my husband went to work today . I hope he get off early enough so we can go to the pawn shop to try to find one 'cause it cold out there, it cold , I wanna be watchin' TV I don't wanna be sittin' up there lookin' at no walls. So, uh, He bless me to get the

eye glasses, you know what I'm sayin', the abuse, my husband abused me that why my eye is like this. [Points to right eye] Yeah, UhHu You know what I'm sayin'. Yeah. So just in time the doctors caught the glaucoma, you know, I have to use eye drops every night for the rest of my life. For the rest of my life. Yep. They caught that in time you know I coulda' been blind."

The spiritual theme suggests that the women look to a masculine savior who will deliver their needs. The masculine savior is the predominant cultural phenomenon in our understanding of religion. This perpetuates the idea that men are our saviors and providers. God is seen as a savior, a man who provides to those who are deserving of his grace. Although the women do not express this perspective, in some respects, this image may perpetually subvert feminine strength. It may be beneficial to reframe this understanding of God as male and also as a liberator rather than a rescuer.

Despite the cultural implications, the belief in God with the power to heal provides the women a sense of hope. They did not portray false religiosity but rather talked about their spirituality with a sense that it was their best hope of healing. The environment of homelessness and abuse is many times out of their control. They believe basically that there is an omnipotent, divine entity always there to protect and provide for a better future. These homeless abused women used whatever available symbol of the almighty that was culturally ingrained within them. Whatever the stereotype of an almighty that they perceived, they consciously nurtured a dwelling place within themselves for a spiritual presence, giving it an identity and personality: a spiritual element that they identify as derived strength.

There is also the possibility that religious belief and a belief in God that results in intense prayer allows for periods of focused introspection. There is short supply of introspective, nurturing safe places on the street. The women want and need this reflective time and the associated respite it provides. The connection to the spiritual provides the woman with some hope for the future. Even if this life provides little solace, a better life in the next may be something that the women have in which to believe.

Chapter 5

Discussion

The purpose of this study was to investigate the experience of discovering strengths of homeless abused women. This chapter will present theoretical implications, elaboration on the themes, discussion of the findings, and implications for practice, education, and research, and conclusion. This study used an emancipatory feminist research design and an existential phenomenological, qualitative approach to derive a thematic structure from verbatim transcripts of dialogues with women who had lived the experiences of homelessness and abuse. Each participant was asked to engage in a dialogue that assisted her to discover stories about her strengths. The dialogue was a facilitative one that included guiding questions: Tell me about your strengths, what kinds of things do you do to make you feel strong? And, while you (are) were experiencing homelessness, how did you overcome problems and hardships? The experience of discovering strengths revealed themes expressed in the words of the women. Consciousness raising was observable because the women were able to talk about stories of their personal strength.

The experience of discovering strengths revealed that homeless abused women described themes within a unique thematic structure that represents interaction of perception and reaction to environment. The characteristics of strength were defined in the thematic structure as Balance. The strategies used by the women to feel strong and maintain strength were defined in the thematic structure as Protection, and the barriers

that had to be overcome were defined in the thematic structure as Environmental Obstacles. Themes that express Balance are "Stood My Ground and Falling Back Weak," "Getting Away and Holding it Through," and "Being with Others and Being on My Own." Themes that express Protection are "It's Like We're a Wolf Pack," "Watching My Back," and "I Been Blessed." The themes that describe Environmental Obstacles are "Being in the Mix" and "It's Hard."

The thematic structure is a sphere that situates the woman, represented by a central circle, to the themes. The three dimentional sphere includes the environment of homelessness and abuse. The environment expresses representative themes that the women viewed as barriers and obstacles; challenges to daily living. The inner circle within the environment represents the woman, and the solid outline of the circle of the woman represents the themes of protection. The arc that balances the woman's circle represents the dualistic themes. The thematic structure was expressed as a diagram that represents the relationship of the themes to each other.

Participant Attributes and Strength

An extensive search of the literature yielded few references to homeless abused women's ability to identify or discover their strengths. The concept of strength of homeless abused women is important to nursing because nurses encounter homeless and abused women in all areas of the health care system. Therefore, nurses must understand that homeless abused women's positive assets should be explored so as to understand their experiences of their health, the social circumstances that impact health, and their

own perceptions of personalized health care. We as nurses do not know enough about homeless abused women's perceptions of their own health and individual resources.

Screening of this group of participants, 68 % (n = 12 of 17) rated their health as good to excellent. Since the majority of literature, and my personal practice experience, supports the premise that persons living in poverty and in a homeless state suffer more chronic illnesses and receive care later in the course of those illnesses, this finding should lead us to question how we understand homeless abused women's perception of their health. These women are undoubtedly a segment of the most downtrodden within our society and readily recognize the social ills that accost them daily. Yet the women participating in this study tell stories about how they confront adversity head on, and that they express some hope in their perception of their lives and their health.

Discovering Strengths

This study blends the philosophies of emancipatory feminism, which values and validates women's experiences within their social contexts, and Husserl's phenomenology of being in the world (Thomas and Pollio, 2002), the philosophy of conscious expression of human phenomena. The feminist philosophy seeks to give voice to homeless abused women within the context of their lives, (Hall & Stevens, 1991; Parker & McFarlane, 1991). Husserl's phenomenology of being in the world is concerned with the lived experience of the conscious understanding of a phenomenon.

Also, emancipatory feminist philosophy posits that social factors are important in the production of scientific knowledge. The process of inquiry must begin from an explicitly social location by producing knowledge from the lived experience of persons

who have traditionally been excluded from knowledge production. The result is a more generally useful body of knowledge (Harding, 1998). The feminist design emphasizes work with an oppressed group, and that it must be emancipatory and participatory. In this study, the oppressed group was homeless abused women. There was recognition and empathy for shared sufferings, but in the context of these sufferings, a process of discovery could take place.

Husserl's (1913, 1952) phenomenology is part of the conceptualization that seeks to understand a person's lived experience of a phenomenon. Husserl's phenomenology is concerned with understanding things from within. Husserl (1965) maintained that consciousness was the area that needed to be investigated. The phenomenon experienced by the person is what is perceived within the context of the natural world. This perceived phenomenon exists in consciousness, and experiencing is consciousness in that perception is existent (Husserl, 1965). Phenomenology seeks to reduce the phenomenon to its essence. Husserl describes the science of phenomenology as a description of the 'things themselves,' that is, their essence (Thomas & Pollio, 2002, p. 9). This study expands the understanding of the conscious phenomenon by starting the phenomenological dialogue with an unexpected phenomenological question: Tell me about your strengths. Discovery of the presence of the phenomenon of strength was expressed within the dialogue. The context of violence and homelessness in these women's lives is important to understanding of their experience. This context shaped their understanding of how they perceived their strength, expressed using their words.

This study informed two nursing frameworks and their specific concepts: Neuman's Neuman's Systems Model's (Neuman, 1995; Neuman & Fawcett, 2002)

concept of perception, and Draucker and Stern's (2000) model of forging ahead in a dangerous world. This study is concerned primarily with perceptions of patients' strengths. Neuman (2002) describes human perceptions in her conceptualization of the created environment. The created environment is one that is perceptual, developed by the woman, and serves as type of protection. Neuman views the person as a system surrounded by defenses and that penetration of defenses weakens the system. The perception of protection through a created environment is one method of maintaining health.

Neuman proposes that the nurse must probe clients' perceptions pertaining to their health. The woman's created environment is her perception of her personal response to environmental stressors. How the woman expresses the created environment depends on perceived resources she brings to a particular experience. Since the created environment of the person is in constant interaction with the environment, the objective is one that tries to support client health (Neuman & Fawcett, 2002). A woman's created perception of an experience may influence her health state. Understanding homeless abused women's perceptions of strengths gives meaning to women's understanding of health in the context of homelessness and abuse.

Neuman defines health as wellness, while wellness is broadly defined as wellbeing, strength and vigor. Discovering strengths is similar and supportive of Neuman's (2002) concept of client resources that sustain wellness. Neuman (2002) assumes that determining existing levels of positive energy resources available in the defense against stressors, assists the woman with movement toward wellness. Neuman states that the nurses' responsibility is to assess these energy resources use them to

develop interventions that balance stressor impact on the system, and then restore maximal available health. She emphasizes assessment of client perception and nurses are required to assess client perception of health and illness. Facilitating homeless abused women's ability to articulate their strengths is the first step in development of interventions that defend against stressors.

This study informs Neuman's model and uses her concept of perception by asking homeless abused women cue into their perceptions of strength, similar to the concept of resources. Neuman specifically directs nurses to assess client perception. This study demonstrates how a nurse can actively facilitate discovery of strength of homeless abused women. Also, the active discovery of strengths of homeless abused women supports Neuman's model of person centered care. The thematic structure of homeless abused women's discovery places her within the central circle, and the themes of Protection support Neuman's concept of defense. The strengths of homeless abused women are also defined as Balance, and this thematic structure extends Neuman's model and suggests that when homeless abused women encounter stressors, they attempt to balance themselves using their strengths. This provides an alternative view to Neuman's concept of a sudden stressor breaking through a line of defense. In this attempt to maintain balance, there is movement along an interfacing arc, with imbalance occurring as the woman moves closer to the precipice.

This research informs and expands the theory of forging ahead in a dangerous world: creating a safer life as described by Draucker and Stern (2000). The theory of creating a safer life was derived from narratives of women who survived violent life experiences. The middle range theory of creating a safer life: discovering strengths was

used with homeless abused women. It was derived from the voices of women who told their stories of survival from sexual abuse. Women told of their ability to create a safe place within themselves through a process of personal self-discovery of their strengths (Draucker & Stern, 2000).

Draucker and Stern (2000) contend that the nature of the violent environment and the extent of the violence influenced how the women forged ahead. Self-healing occurred when the abused women in their study developed self-improvement strategies that allowed them to feel safe. They created a safer life both within and outside themselves that they described as healing, and found that they were able to heal when they discovered their strengths. The women in their study describe how they, on their own, found inner resources that allowed them to leave violent relationships, see themselves as self-sufficient, competent and confident. They created a safer life for themselves by discovering their strengths and by "reclaiming the spirit" during which they accomplished goals such as getting an education, leaving abusive families, and allowing time for healing without the abuse from an intimate partner (Draucker & Stern, 2000, pp. 395, 397).

The Thematic Structure of Discovering Strength

Discovering strengths is the theory and this research used existential phenomenological method to describe a process of discovering strengths. Homeless abused women used narrative storytelling as the method of discovering strengths. Women told stories of their lives that demonstrated times when they were strong. The environmental themes represent the unique circumstances that have an effect on the

women and provide the background/context from which strength emerges. Themes of strength are described in dichotomous, polar terms. This demonstrates the effects of the environment; the situation that shapes and effects the type of response. The resources of the woman at that point in time determine which specific type strength is manifested.

This is consistent with Neuman's model (2002) of nursing in that the person's perception is a line of defense, is surrounded by lines of defense, and allows the person to react to an environmental stressor. It is also consistent with her premise that resources must be assessed. Neuman (2002) also emphasizes the nursing assessment of resources so as to develop nursing interventions that are tailored to the person's weakest variables. In this research, assessment of resources moved beyond assessment by an objectified nurse developing a plan and imposing it on the client. Neuman requires assessment of the perception of the client as integral to development of a mutual intervention viewing environmental influences only as stressors. The nurse does more than assess. She is a facilitator in the discovery process of client perception of personal strengths, that is, those individual variables that provide the resources to overcome stressors to the woman. This research supports the importance of assessment of personal resources, strengths, in that engagement into dialogue and consciousness raising is empowering. The women become part of the process, which is emancipatory, by discovering and defining their own strength, versus being told by an outside 'expert'. This is, rather, a participatory process of discovery.

Lessons Learned

Facilitative Interviewing

Emancipatory feminist design using phenomenological, qualitative approach was used in the interview with homeless abused women. A facilitative interview was used in order to assist with discovery of personal strengths. The phenomenological interview requires exploration of the phenomenon of interest, strength. The homeless abused women in this study were actively engaged to tell stories about their perception of their strengths. These women who lived in extremely stressful environments had to be assisted to think about their strength. When initially asked to tell stories about their strength, they paused, and paused at the unexpectedness of the question. At the time of initial questioning, there was a sudden realization, an epiphany, and then consciousness raising that stimulated them to think about their strengths. Their ability to continue to dialogue about their strengths indicated consciousness raising.

Engagement into dialogue that produces an epiphany is a technique that needs further research, and is a technique that should be incorporated into nursing education. By structuring the research questions such that the stories of strength were emphasized, the women paused, thought about their understanding of the question, and then had little difficulty exploring the phenomenon of personal, innate perception of their strengths. None of the women expressed fear or uneasiness with the tape recording process. After the dialogue, four women expressed satisfaction by asserting they felt the process was beneficial. For example, Betty states: "Yes. I think this was well spent conversation."

Several of the women who participated in the dialogues returned to the clinic and asked the staff for a follow up interview. Since returns were not anticipated, the women were unknowingly turned away by clinic staff. However, after learning that some women were asking for a follow up interview, the author was able to re-interview one woman. The participant purposefully returned to tell of her specific strengths. Her initial dialogue was spontaneous, however, the spontaneity of her initial thoughts allowed her to think about her unique strengths. Future research should address longitudinal research that incorporates facilitative interviewing with homeless abused women and other groups. Engaging women in this way may lead to future interventions that are strength based and empowering to those involved.

McMurray-Avila, Gelberg, and Breakley (1998) describe specific principles that have resulted from practice interventions with the homeless, one of which is termed engagement into treatment. The process of increasing trust, developing rapport, and breaking through the loneliness is incremental. Incremental engagement into treatment is an initial step in the process of health enhancement. McMurray-Avila, Gelberg, and Breakley (1998) describe this engagement as a response to health care that is specific to homeless persons.

Facilitative interviewing requires that the co-participants make a caring connection so that the phenomenon can be fully explored. Active listening is a technique that is part of the facilitative process. The importance of the facilitative process is active engagement of the participant. The uniqueness of this dialogue resides in the fact that it is an unexpected question; homeless abused women are not considered strong. They each paused after the initial question: "tell me about your strengths". Phenomenology is

concerned with the person's known experience of a particular phenomenon, but in this research the question of strength in homeless abused women is an unexpected phenomenological question. The importance of the question reveals a premise that "you are strong". The unexpected phenomenological question of strength is unique in this study. In these women, the unexpected premise of strength awakened an understanding of their positive qualities and their personal uniqueness, illustrated by their engagement into continuing a dialogue. In order to engage clients in a facilitative dialogue the nurse must establish a connection with the person by initiating a question about their abilities.

Benner (1984) states, "almost no intervention will work if the nurse-patient relationship is not based on mutual respect and genuine caring" (p209). Intuitive thought processes were used by the women in their stories of protection. Although their circumstances do not actually protect them, they identify use their intuition in their decision making. They considered this a strength. Intuitive and experiential ways of knowing must be recognized as legitimate avenues of knowledge development in research. The caring connection as philosophical entity of facilitative interviewing may be essential in research with homeless abused women or others facing environments of struggle.

There is some precedence for the type of interviewing that empowers the individual. McGoldrick and Carter (2001) used coaching as a method of individual therapy with the goal of assisting the person to define herself proactively within the family structure. This method includes use of the person's perceptions and beliefs as they relate to their responses to their family of origin. This method is primarily used with

families, however, McGoldrick and Carter (2001) modified its use with individuals in order to assist them to observe, learn and appropriately respond to family stressors.

Also, Draucker (2003) used a form of narrative therapy in order to identify positive, strength based stories of abused men and women. She described themes as unique outcomes, that is, those stories that the person tells that are opposite to the cultural norms imposed by society on both genders. She subscribes to the premise that cultural norms of society are prescribed by the dominant culture and are oppressive to marginalized people. She refers to the women's themes as universal and similar to those in this study: rebellion, breaking free, resurgence, refuge, determination, and confidence. However, there is no specialized intervention that has been used with homeless women, and particularly homeless, abused women.

Facilitative interviewing uses a similar technique to narrative therapy except that most of the stories described in this technique are concerned with gender oppression, and are extracted from comments that were spoken as tangential to the main theme or ones that seemed to be unrelated to the general narrative. Facilitating a dialogue that focuses on strengths is new; the process has never been attempted with homeless abused women.

Implications of Themes of Strength

Environmental Obstacles: It's Hard and Being in the Mix

Being in the mix exemplifies life on the street and refers to activities that occur during life on the streets, both positive and negative. The term is used to describe hanging out on corners, finding places so that alcohol and/or illicit drugs can be consumed, and

people who are in places that may result in women's victimization and exploitation. These are areas and activities that the women should avoid. There is a large body of literature that describes the environment of homeless persons by persons who have not experienced homelessness. This literature includes description of health and disability problems among homeless people, social and economic risk that are associated with the homeless state, and identifying population specific risk factors for homelessness (Bassuck, Buckner, Weinreb, Browne, Bassuck, Dawson, & Perloff, 1997; Burt, 1992; Cuomo, 1999; Jahiel, 1992). These studies of homeless persons by those who are not living a homeless life are important as a beginning, allowing descriptive, outside, analysis of the structures that contribute to the plight of those surviving on our streets.

However, with the social infrastructure defined, it is time to allow women living the experience of homelessness to define and describe the environmental context in their own words. Allowing expression of the woman's perception of her environment defines that environment and provides a more contextual understanding of survival and strength.

The words, "it's hard", permeate the dialogues. These words represent a state of constant vigilance from which the women have no respite. They have learned to use their own resources within the constraints of societal and cultural barriers to keep themselves strong. Their stories exhibit an overall sense of urgency. Because homeless abused women must remain vigilant at all times, a state of chronic strength requires unique adaptations to the environment. Just as chronic and overwhelming stress may eventually lead to exhaustion (Kendall-Tackett, 2005), these women tell their stories of survival amidst the stress of violence and abuse. Interestingly, these stories tell us how homeless abused women adapt and survive overwhelming stressors. They turn to a higher power,

rely on introspection, search for respite, seek out others, while alternately, at times, they rely only on themselves; they remain steadfast in their positions and devise strategies that try to maintain their safety and the safety of their friends.

Both health and social systems set up to assist homeless abused women, however, need to develop sensitivity to this state of chronic strength and think of it as an urgent time of need that should precipitate support. Homeless abused women often seek help from systems but the women are faced with insurmountable barriers, such as lack of flexible child care, social services, employment or educational opportunities, or knowledgeable health care providers. Under these circumstances, they often return to their abusive situations since it is seen as the only option for survival. Many times, organized providers to homeless persons, view a segment of those living homelessness and abuse as failures because of the recurrent nature of unhealthy choices.

Homeless abused women also saw strengths within themselves as unique abilities that they used to live within their stressful environments. These unique abilities demonstrated distinctive adaptations to the environment. What their dialogues accentuate is the presence of extreme societal barriers that require homeless abused women to develop unique survival strategies. Their strategies might be considered adaptive to the immediate environment. Florence Nightingale (1859/1946/1992), in *Notes on Nursing,* defines the nursing profession's meticulous attention to a sanitary environment of fresh air, warmth, nutrition, cleanliness and sunlight as the essential elements necessary for the reparative process of nature to fight disease. This finding should inform nurses about the importance of the environment, and expand an understanding of homeless abused women's adaptation to their environment.

Stories of strength were intermixed in every case by stories of adversity. Strength was expressed not by avoidance of adversity but by engagement with it. The idea of successful engagement with adversity may be viewed as an adaptive behavior. Cicchetti and Garmazy (1993) view competent adaptation despite adversity as resilient behavior. Hunter and Chandler (1999), however, question this adaptive behavior as always leading to positive outcomes. These learned patterns of behavior, as a response to the harsh environment may be adaptive and flexible, but using tactics such as insulation, isolation, disconnecting, denial, aggression or violence can be harmful.

Antecedents to survival have been defined as terror, violence, and eradication of cultural and social affiliations (Elsass, 1992). Homeless abused women teach us that a process of struggle leads to manifestations of strength. They are able to articulate precursors to their manifestations of strength. The women in this study saw strength as something situated within the context of their own personal knowledge of their environments. These women met adversity in many of their interactions and experiences.

Homelessness and abuse of women has been, and is, a widespread affront to social justice. However, there continues to be increasing violence against women. Social structures that perpetuate female oppression include centuries old ideas about cultural, educational, and religious views of women as objects, owned by their fathers and husbands. Workplace inequalities include suppressed wages, hierarchical and paternalistic work environments, the lack of recognition and appreciation of traditional female work as contributory to society, while giving mixed messages to women that reinforce the necessity of paid work but at the same time denying access to woman or family friendly work environments.

For example, homeless abused women leave their familiar environments in order to survive. Work available to them is minimum and less than minimum wage work that is available at evening and night time hours; times that are not conducive to child care, school schedules. The lack of transportation and difficult access to complex healthcare systems (including the unavailability of access to after-hours health care except through expensive emergency care) serve as stressors for homeless abused women. These forces of social poverty often shape the women's choices and behaviors.

Also, domestic violence survivors say their abuse was often a barrier to work, and many have reported being harassed or abused while at work. Most survivors needed social service benefits to escape the relationship and the violence. Three of these homeless abused women said that their marriages, rather than helping them out of poverty, set up overwhelming barriers to building their own autonomous lives.

Characteristics of Strength: Balance

Stood My Ground and Falling Back Weak

Strength is defined in Merriam-Webster's' Collegiate Dictionary (1974) as power, muscle, force, vigor, energy, degree of potency of effect or of concentration, embodying firmness. The implication is that strength represents physical superiority. Hunter and Chandler (1999) found that high risk, low income adolescents defined resilience as survival and the ability to stand up for the self. These dialogues of homeless abused women redefined strength as the ability to stand their ground, i.e., exemplifying confidence, assertiveness, and self assuredness. They maintained their position against

the prevailing social norms. Standing ground is a metaphor for very active behavior that demonstrates strength of will. It is a statement of the women's search for recognition of individual qualities rather than as a strategy for survival. Taking a principled stand or position is many times not a strategy for survival since it may not support the status quo. The theme "Stood My Ground" demonstrates that homeless abused women are not passive victims but rather are active participants in making their wishes known and demonstrating their individual characteristics of strength. Health care providers should learn to recognize these unique qualities.

"Falling Back Weak" is associated with expression of feelings, indecision, and vulnerability. Although the women in this study associated these actions with weakness, they had to use considerable strength when they found it necessary to hide their emotions, so as not to appear vulnerable to those who would victimize them. It was during these times that the homeless abused women would search for a place of renewal. However, the women viewed this time of need for renewal as failure. These women reflect feelings of failure that is socially reinforced to them: showing emotion is weakness and is failure.

However, from a strengths perspective, help seeking is positive. Therefore, as nurses, we must ask ourselves how we can provide times of respite to homeless abused women. These times of "falling down weak" must first be viewed as times of need for renewal and not as times of only personal failure. The environment of homelessness and abuse requires the woman to be perpetually strong. Lewis (2003) found that abused women exhibiting post traumatic stress exhibited significantly more help-seeking and service utilization of multiple service delivery areas, while those who stay with their abusers suffered more social isolation and substance abuse. Because of these patterns,

improvement in identification of abused women by health care providers is necessary. Also, interventions that recognize these patterns need development. These societal and cultural barriers manage to isolate homeless abused women and prevent societal integration, therefore requiring homeless abused women to learn strategies of strength and survival unique to them. Since system and cultural barriers prevail, the strength the women expressed in this research represents homeless abused women's internal resources, ones they learned from cues they received within their environments, and from their perceptions of the environments.

Homeless areas and health care settings should facilitate respite and learn to recognize homeless abused women's help seeking as a positive step toward recovery. It is important to support the homeless abused women's efforts to move toward a transition in her life, however minor it is considered.

Getting Away and Holding It Through

Getting away was described frequently as a characteristic of strength because women who had been abused found that the act of escaping the violence was difficult, and the fact that they could get away was viewed as an accomplishment. Although getting away meant homelessness for some, the alternative to stay in a dangerous, untenable situation was no longer an option. Also, the women distanced themselves from their environments of homelessness and violence. This personal distancing provided a buffer from the violence. This research demonstrates that homelessness is a consequence of interpersonal violence for these women.

Another aspect of getting away includes the discovery by the women that they can no longer feel afraid. When abused women express the awareness that they cannot be afraid, this gave several of them the motivation and strength to leave a dangerous situation. The women discovered that they were able to take decisive action when they finally allowed themselves to no longer experience fear and be afraid.

These women think of violence and danger as normative. They talked about their perceived strength with fresh lacerations, suffering from a current rape, and then returned to their life situations of homelessness and abuse. Further exploration into perception and understanding of violence, danger, and control is necessary in homeless abused women.

Getting away illustrates the sudden urge to upset the balance. Getting away has less to do with protection; but more with the realization that the woman can no longer yield to another's preordained destiny for her. She must now take control at the time she reaches her nadir. Expressions of transition, identified within the narrative text, are reflective of the lives of women living within violent environments and who are attempting to escape substance addiction on the body and the self, in order to gain insight into their own self-integrity. This self awareness is an expression of their perseverance and strength, but especially, it is a process that is punctuated with understandings that may or may not result in change. These sudden understandings, categorized as epiphanies, was found to be central to contributing to positive life transitions in women substance abusers who survived childhood sexual abuse (Hall, 2003)

These research findings validate previous research by Landenburger (1989), who describes a stepped process of entrapment in and recovery from an abusive relationship. The final step in the recovery process, according to this theory, is that the woman makes

the decision not to tolerate the abuse and either leaves the relationship or, if she stays, becomes mindful of the need for her partner to change and seeks help. Homelessness and violence are the most inhumane and intolerable of environments, and women demonstrate courage in their process of getting away.

Herth (1996) found that the personal attributes of perseverance and endurance were described as "not giving up" (p.747). Baumann (1993) found that homeless mothers were tenacious. Not only did they actively seek solutions to their homelessness, they tenaciously met the problems of homelessness. Glaiste and Abel (2001) described inner strength as a mechanism of healing by women. They found that strength is "the part of the person that will not give up" (p. 192). Development of daily survival techniques is similar to Schreiber, Stern, and Wilson's (2000) concept of being strong. Being strong was also found to be an antecedent to depression. "Being strong" was understood by Black West-Indian Canadian women as being a consistent way of life. Homeless abused women also exist using this constancy of daily endurance. This focus reframes the idea of homeless abused women as only capable of passive assimilation into society and exhibiting learned helplessness.

When the woman discovers that it is time to "get away", professionals should view this as the initial step to strength of mind and strength of will that may sustain a move toward a personal transition. True dialogue results in engagement and promotes self-discovery of strength by both client and healthcare provider. Expression by homeless abused women of their inner voices supports self-introspection. This expression should be encouraged and elicited during assessment and interaction, as well as included in the plan of care. This research demonstrates the enormity of strength these women

posses in the context of homelessness and the continued risk of abuse. During the ordeal of homelessness and violence, "Holding It Through" represents perseverance and endurance. As exemplified by the stories, the women demonstrated their search for independence and control of their lives. These are resources that nurses and other health providers should empower the client to use or employ.

Being with Others and Being on My Own

Being with Others versus Being on My Own demonstrates a dichotomy of perceived strengths in homeless abused women. Strength was defined as being with others. Despite the plethora of literature that describes homeless women as disconnected, this research demonstrates that homeless abused women actively maintain connections with their friends and their children. Homeless abused women seek friendships and support from those living homeless lives. They recognize the importance of those supports, and connection to others was thematically expressed as important to strength. This connection to others as strength supports Neuman's (2002) model of interaction. Nurses can be a positive "other" and should intervene by connecting with the woman in times of crisis and in times of strength.

The findings of this project modify the view of "being with others" and describes the presence of others as connected that extend beyond the physical boundaries of the woman. Despite the disenfranchisement of homeless persons from mainstream society, the women proudly described filial or social connections to children or others while they themselves were living on the streets. Even when the children were not physically present with the woman or had been removed from her care, the need for the women's

human connection with their children remained strong. Children seem to have the greatest impact on women's search for connections. Thus, maintaining connection with children and women are important areas of intervention and care.

Preserving and protecting is manifested in the lives of homeless abused women with children in their willingness to meet the needs of their children. Humphrey's (1995) sample of homeless battered women expressed worry about their children's future safety in the world. Worry is forcefully defined as work. Although these women expressed worry about many environmental problems and indignations, they worried a great deal about their children and their children's ability to remain safe from unknown terrors in the everyday world; a world of dangers unrelated to their abusive intimate experiences. The feeling of worry demonstrates that there is a need for protection. The worry about children and others then is a method of preserving aspects of their self; their being. This "ability to satisfy needs" is a component of personal power (Wolman, 1999, p.189). This goal toward satisfying their children's needs expresses homeless abused women's personal power as strength.

There is a distinct difference in these women's stories of Being on My Own that expands the phenomenon of aloneness, as opposed to loneliness, a construct representing a pathologic view involving social distress, isolation and self-alienation. One aspect of being on my own that was manifested in the dialogues was one that has elements of existential aloneness. Existential phenomenology is concerned with the experiences of everyday life. Existential aloneness occurs as discovery of a deepening sense of self-understanding and understanding of others, and a shared human existence. Thomas

Merton (1961), a religious existentialist, invokes the idea that loneliness leads to the highest fulfillment of connection to others.

The process of contemplative aloneness is described by Draucker (1992) as a personal residence. The women talked about the need to separate from others because this separation gave them strength. Separation represents a respite from the struggles of abuse and homelessness. Studies of resilience recognize this ability to separate the self. Resilient adolescents living in violent environments define resilience as being insular, disconnected (Hunter & Chandler, 1999). Elsass (1992) describes an antecedent to survival as self-imposed isolation. Separation was important to the women because it afforded them time to think and process their situation. They engaged and disengaged as necessary in order to feel strong.

Creating personal distance is a mechanism by which the women remove themselves, even for a short time, from the cacophony of homelessness and abuse, and from active life circumstances. Creating personal distances includes physical self-removal or a more personal movement away from self understanding or self reflection. Personal distancing is different from escape since all of the women maintain continuous awareness of the episodes and are unable to remove themselves from external environments of danger. Young and Erickson (1989) suggest that this distancing is considered psychic numbness, and may lead to alienation and isolation for those experiencing traumatic stress. Therefore, engaging the person to discover their understanding of this process of creating distance is necessary for accurate assessment of homeless abused women's situation and an understanding of where they are situated in the healing process.

Strategies of Strength: Protection

An encompassing theme of protection surrounds the themes of strength, and strength itself is an expression of guarding the physical and psychic self. However, perception is always protective. The harsh environmental circumstances that homeless abused women endure belie the perception of protection with which they surround themselves. They endure because there are limited choices for them in a society with minimal supports for women on the margins. Keeping the voices heard of those who are viewed as marginalized and living cultural inequities, and who benefit from the least in our societies is imperative. Advocacy by nurses is, in fact, required by the code for nursing, and is one of the standards for advanced practice for registered nurses.

The troubling aspect of homeless and abused women is that they may feel a sense of freedom from violence and oppression only as a transient reality. There is a great deal of recognition that health screening and intervention by health care providers is a key to identification and initiation of intervention with abused women (Kass-Bartelmes, 2004; Robrecht, 1998), but intervention still only includes appropriate methods of identification and subsequent referral to other outside resources.

How do we assist this woman with dialogue that moves her toward self-awareness of danger? How do we assist women who do not have supportive families or friends? Little evaluation of intervention processes for the safety of homeless abused women is evident. Additionally, disparities in the delivery of health care to homeless women are, in general, still increasing (United States Preventive Services Task Force, 2004). Living outdoors and engaging in any type of employment, licit and illicit, constitutes increased

risk of victimization of homeless women (Wenzel, Koegel, Gelberg, 2000). Protective processes are essential and they must move beyond homeless women's individual attempts. Homeless women require comprehensive assistance in establishing and maintaining safe and permanent residences, many require assessment and ongoing intervention to deal with mental and substance misuse, and they need appropriate educational and training opportunities to protect them from victimization. They also require comprehensive support services that sustain exits from homelessness.

It's Like We're a Wolf Pack

Nothing describes life in a community better than the metaphor of life on the street as being a wolf pack. The older, experienced women in the group acted as protectors of the less experienced women. These homeless abused women recognized interdependence among other women as necessary for survival. They instigated and provided group protection for other homeless women, with whom they may or may not have had a personal connection. They viewed themselves a member of a community that functioned interdependently.

In Anderson's (1996) study of homeless women, abuse and betrayal in families of origin result in a "lack of connectedness" in those living on the street (p.40). They describe their past lives while living with their families of origin as living in unprotected and unsafe environments. This supports the premise that homeless abused women will both promote and seek group protection from those persons available to them, including others on the street, with whom they may not have any personal connection.

Decisions regarding health, education, and self-sufficiency are important. Self-sufficiency should not negate the hidden supports that are present for those of us who are deemed "successful" in society. Interventions with homeless abused women may need to use facilitative interdependence within a supportive community. Homeless abused women should be viewed as partners in any research, intervention, and health care delivery; they must be given the opportunity to direct their care, and they need to be welcomed into a supportive community, as opposed to forced isolation in shelters and on the streets.

Watching My Back

Homelessness and the risk of violence lead women to heightened awareness and guarding (Hodnicki, Horner, & Boyle, 1992). Heightened awareness occurred when women were on the street and danger threatened. While living on the streets, women understood their vulnerability to violence and had to be hyper-vigilant. This is exhausting work. Watching my back is the description of activities that women have to do to actually remain safe. They anticipated problems, were careful, and evaluated situations that potentially placed them in danger. This particular type of perceived strength is defined by homeless abused women as a self protective process: protection from the environment from others, and from the self.

Does this perception of keeping safe by watching out for yourself and others actually make the women safer? Being a homeless woman—especially one who supports herself in the sex trade—is associated with more than triple the likelihood of sexual assault; a statistic not associated with other predictors of victimization (Rodgers &

Roberts, 1995), and many services for homeless persons are located in high crime areas. Homeless women are much more likely to be victimized or sexually assaulted than homeless males (Kushel, Evans, Perry, Robertson, & Moss, 2003). Proximity to higher-crime areas of shelters and services places homeless women at higher risk. Communities must move toward community safety for homeless abused women. Risk reduction should include safe places that homeless women can access as needed.

There is an assumption in the literature that the basic survival needs of homeless persons must be met before interventions that enhance or increase health can be effective (McMurray-Avila, Gelberg, & Breakey, 1998). However, this propagates the assumption that a paternalistic relationship of enforcing a predetermined level of care on individuals who are in need is effective. Humanistic caring and support in nurse-patient interactions has been shown to positively affect coping strategies in patients following nurse-patient interaction (Latham, 1996). Providing safe environments within the health care setting, and allowing self-expression of health needs has been demonstrated to positively affect women's empowerment (Paradis, 2000). Paradis (2000) considers this an ethical mandate in any research with homeless abused women.

I Been Blessed

Spirituality has long been used as a mechanism of healing. Historically, nursing was grounded in religious communities and spirituality was considered the essential component to healing the body (Minkowski, 1992). Neuman (2002) describes the spiritual variable as innate and basic component of the client system. Contemporary

nurses have suggested that this spiritual variable should be viewed within the basic structure of humans as a source of power, strength, and healing (Reed, 1993; Roy, 1997).

Spirituality was expressed by homeless abused women as a personification of both a personal rescuer and giver. In an environment of rapid change, and uncertainty, the stability and certainty of a personal savior who will always be available is a source of strength to the women, was evident. The spiritual other was expressed as a relationship. The relationship with God, expressed by homeless abused women, was one of friend, confidant, and trusted parent. The women did not express doubt in their belief in the spiritual other. Living in an environment of unknowns reinforced a belief in a known entity; someone or something that will provide for her personal needs.

Nurses, whose clients perceived that they provided a caring and supportive environment, and who had high expectations, inspired an intrapersonal spirituality in their clients (Pullen, Tuck, & Mix, 1996). Nurses enhanced a process of wellness by integrating nurse caring relationships with client goals in order to attain increased spirituality, connectedness, and healing (Francis, 1991; Pullen, Tuck, & Mix, 1996). Therefore, the nurse can facilitate strength from the environment.

Sole belief in the spiritual other as a personal savior seems to give homeless abused women some respite from chronic strength. Chronic, continuous strength was exhausting. Each woman describes this feeling of spirituality as a refuge that gave them some relief. Giving up that strength to a spiritual other served as a respite. Also, recognizing that certain sources of stress are out of their immediate control gives the woman a sense that she has control over her beliefs and that their may be some hope still available to her. Strength has been tacitly defined as hope and hope- engendering

strategies (Herth, 1996). Homeless females defined hope as "being tough" (Herth, 1996, p748). They viewed themselves as strong, tough, stubborn, and being a fighter, which gives them the ability to go through the hoping process.

Interestingly, religiosity was not apparent in their descriptions of their spirituality. Also, they did not see themselves as necessary sufferers, which many mainstream religions promote of vulnerable populations.

Discussion of Implications for Nursing

Relevance for Practice

The process of identifying, researching, and applying a positive attribute that contributes to health is an important phenomenon. Nursing professionals are engulfed by the pessimism of the illness model. Focusing on a person's strengths can have recognizable positive effects on clients in the practice setting. This phenomenon has been inductively observed by this nurse throughout many years of practice, therefore lending some credence to its effects on client health response. The long-term physical, personal, psychological, and social devastation that occurs as a result of homelessness and abuse against women makes it all the more imperative that nurses research and explore new and positive interventions that empower, advocate and support the most vulnerable of society. Draucker (2001) suggests that clinicians who work with women who have had violent environments integral within their lives should be approached therapeutically in ways that do not label their responses as healthy or unhealthy. Neuman contends that nursing practice is holistic and that integrating the client's perception of health is integral to care

provision. As nurse researchers we must look at the person from this wholeness perspective.

The results of this study have implications for nurses in various practice settings. Nurses encounter homeless women in outpatient settings, the community, hospitals, emergency departments, practitioners' offices and clinics, and other service providers. Nurses encounter abused women in the same settings and the literature demonstrates that nurses do not recognize or acknowledge women's abuse. Nurses are in a unique situation because nurses are most often the first health professionals to come into contact with women in these dire circumstances. Nurses are accessible health care providers. They take histories, make diagnoses and then intervene as necessary. Many times patients will tell the nurse important information about their health and their responses to treatment that they will not tell other providers. Providing a flexible health care environment, such as providing areas that are exclusively used for women's health care, is necessary for safety. Essentially, focusing on establishment of a trusting relationship that recognizes the person's need for protection should be a goal of nursing practice.

Although it is difficult to engage women who are stigmatized to talk openly about these issues, nurses must recognize that the impact on health of homelessness and abuse demands that they address their impact on women. This research informs nursing practice by focusing on a process of engagement into treatment or intervention development. Storytelling is a type of empowerment, hence a type of intervention (Hoff, 1992).

McMurray-Avila, Gelberg, and Breakey (1998) recognize that there is more than quality of care involved in providing health care to persons who are homeless. They suggest that engaging the client in treatment is a first step in attending to the needs of

homeless persons. Caring is an integral part of the nurse-patient relationship, and when used as an intervention, emphasizes relationship characteristics that are integral to healing (Morse, Bottoroff, Neander, & Solberg, 1991; Patel, 1996). This study demonstrates that a facilitative dialogue can be the first step in the engagement process, incorporating a caring persona, which is a first step toward empowerment.

The vast majority of literature concerning abused women presents the view that the outcome must always be one that separates the woman permanently from an abusive situation, despite the risks of harm after separation (Carter & McGoldrick, 1999). However, only focusing on predetermined expectations ignores and negates the relational nature of women's interaction patterns and their strengths that they exhibit to deal with their marginalization. Mackey (1992) refutes the simplistic position that the only outcome of intervention is immediate separation from the problem. Terminating an abusive relationship is a process. Understanding that a relationship is harmful to personal health only occurs after a process of sorting out patterns, such as has been shown in this study. More research into this process is essential for development of future interventions.

One problem with studies of women living with abuse histories, homelessness, and substance addiction is that standardized interventions have largely been ineffective. Community intervention studies that focus on changing risky behaviors have produced minimal effects in poor inner city women (Lauby, Smith, Stark, Person, Adams, 2000). Coping defenses formed as a result of trauma are deeply rooted, resistant to change, and connected to survival at a primal level (Bratton, 1999). They have been repeated and reused multiple times to the exclusion of development of more appropriate coping skills. The person needs to know that these responses to trauma are normal human responses in

light of what is known about trauma survivors. They can be viewed as creative responses to the confusion of abuse and the chaos of homelessness. Redefining these responses changes the self-definition from weak victim to strong survivor (Bratton, 1999). Transitions towards healing occur when the women are able to tell their stories and face these past experiences and look inward and demonstrate a determined effort toward self-understanding, consciousness raising, and discovery.

Any practice interventions with homeless abused women should address the limitations of standardized approaches to outcome measurement, which is expecting an unrealistic outcome to any life pattern behavior change. Yalom (1985) states: "not only must the general strategy of outcome assessment be altered, but the criteria for outcome must also be reformulated" (p.535). He references clinical researchers who demonstrated the feasibility of individual outcome measurement for patients involved in group therapy. Patients are examined prior to any treatment and experienced clinicians propose what a potential change might be for the patient in therapy. The patient and predictions are reevaluated at the conclusion of therapy for results. Therapy is considered a "multidimensional laboratory for the living, and it is time to acknowledge this factor in outcome research" (p. 535).

Yalom (1985) also recognizes the time limitations that present as potential barriers to any therapeutic group process. He considers the life of the group in some circumstances to be only a single session. Homeless abused women can be considered as such a group. One of the major goals of this group is to engage patients in a therapeutic process that will motivate them to continue "Efficiency demands activity on the part of the therapist" (p. 468). The group can be activated through activities that emphasize

strengths, through personal interaction between therapist and participants, and by supporting their expressed feelings and defenses. Members must feel safe before they can learn to trust. Support is given quickly and directly and openly acknowledges the person's strengths, intentions, personal efforts, contributions and risks. The positive aspects of defense mechanisms are emphasized.

Engagement of homeless abused women into an outpatient treatment plan is difficult at best. McMurray-Avila, Gelberg, and Breakey (1998) delineate some initial principles of health care delivery to homeless persons that include outreach engagement, respect for individuality, development of trust and rapport, and flexibility. Because of increased mobility, tracking for long-term follow-up measures many times is difficult. Consequently, change in behaviors, feelings or attitudes must be considered in small, short-term increments. Change is not a linear process. Each individual changes and experiences healing at his or her own rate. Pattern identification, recognition and incremental steps should be initiated. Therapeutic engagement should be the initial step in a process of involvement in treatment.

Relevance for Education

Women's health has been defined from the viewpoint of the predominant perspective of biomedicine. Most of the characterizations have included negative images of the body as the self; a deficient self wracked by disease. Women as metaphor in the health care education and literature represent two aspects of the female persona: the biomedical cultural and the culturally socialized one. Our understanding of women's health experiences is mediated through the language of the dominant culture, and the

dominant culture associates the process of female health as one that is insufficient, in decline and in decay (Tomlinson, 1999; Zeitlyn, & Rowshan, 1997). Within this culture, there is an assumption of linear progression from illness to wellness; from suffering to complete relief, from rags to riches. Anything identified as dis-ease is seen as a struggle that is overcome and must progress like a race from start to finish; the linear track.

Women facing conditions of homelessness and abuse are viewed from the same linear medical deficits model of health. This enculturated health care narrative is objectified by metaphors that mechanize women's health. Economic production, failed reproduction, declining health, and a view that the body is composed of reducible parts that are interchangeable or replaceable objectifies women's health care (Gadow, 1994; Martin, 1987). By acknowledging the myth within these metaphors, nurses begin a process of changing the expressed metaphors of health to those which are grounded within the personal understanding of the women living the health experience.

Education of nursing professionals must address the issues of the health care needs of homeless abused women by viewing them from a strengths perspective, and by actively facilitating dialogue with them. Educating nurses on new methods of mutual communication with homeless abused women will facilitate understanding of the women's unique responses to health and illness. Active listening is a term used by educators of health professionals as a necessary component of client interaction. Bub (2004) iterates the expressed need of patients to be heard and validated, and that listening is an active professional skill. However, students of health care need instruction on providing this type of communication. Teaching this process engagement into a facilitative dialogue, that raises consciousness and empowers the woman, can be

incorporated into the interview experience. Teaching students the process of facilitative dialogue provides specific instruction on how to develop relevant interview skills especially with persons who may be difficult to engage into health care.

The educational process that incorporates facilitative dialoguing also should incorporate strength identification and a process of discovery. Assessment of strengths allows the health care student to move away from only a deficits model of health care. Viewing clients as partners in care can be facilitated through the dialoguing and discovery process. Assisting students to actively engage a client as a partner, and learn to help her discover her strengths, provides students the opportunity to partner with the client. Discovering strengths also allows for an understanding of the uniqueness of each person. The findings of this research demonstrate that homeless abused women want to be known for their unique strengths. The idea that unique strengths can affect a homeless abused woman's experience of her health should be one that is incorporated into the educational process of mutual development of the plan of care.

Relevance for Research

The perception of homeless abused women themselves as strong, therefore, is a new phenomenon. This research challenges the literature that only use models of vulnerability when describing homeless abused women. Nurses must recognize strength as personal ability. Interventions with homeless abuse women should recognize this expression of strength and use it as a strategy to involve the patient in care.

Inherent in this research is the assumption that there is mutual participation of the researcher and the person participating in the study. The goal is to engage the woman as

an active collaborator. Reesman (2000) found that time was an important factor with abused women in terms of their decision to leave an abusive relationship. In this group of rural abused women, it took a period of time for them to eventually find resources within and outside themselves that gave them the ability to leave abusive situations. Likewise, this research with homeless abused women suggests that chronological time is a consideration in discovery of strengths. Considering that many of the women returned to attempt a second interview (although turned away by clinic staff) suggests that time for reflection affects their discovery. The one woman who was interviewed a second time made a purposeful effort to recount her strengths. She wanted me to know that she had many friends on the street. This is important since future research needs to focus on sequenced interviews over time. Future research with homeless abused women needs to include time for reflection in the method.

Nurses are in a unique position to act as a social support for homeless abused women. There needs to be more research into homeless women's perceptions of social supports, research into how homeless and abused women understand their social supports, how they choose supports and their particular characteristics.

Homelessness and abuse are major health indicators that reflect the nature of the health of these women. The environmental context of homelessness and abuse must be acknowledged by nurses as important social indicators that affect the health of women throughout their lives. Assessment for the presence of abuse and homelessness in women's lives is only a first step, and intervention research that includes the woman as partner in the process is necessary for future research and practice. Homeless abused women should be allowed to understand their abilities and not their deficits. Facilitating

consciousness raising of their strengths leaves something positive with homeless abused women: empowerment.

Homeless abused women who participated in this research lived in the present reality and discovered their strengths influenced by ever present barriers. Interventions need to be developed in which the woman is a collaborator, and which are based on identifying unique strategies within their present reality. Also, facilitating identification, discovery, consciousness raising, and recognition of unique strengths of homeless abused women should be done longitudinally to evaluate the effect over time, and evaluate how this process relates to homelessness and abusive episodes.

When dialogue is audio taped and transcribed as prescribed by existential phenomenology, the words of the woman expresses the phenomenon of living the experience. Future research could include the videotapes of facial expressions of homeless abused women during dialogue, using digital imagery so as to allow for identity protection. This could expand understanding of the women's experiences and their consciousness of strengths.

More research needs to be focused on homeless abused women's abilities, and interventions developed using their identified strengths. Also, future nursing research should design nursing interventions that identify or facilitate sources of social support for homeless abused women, and how women identify and choose their supports. Researchers and practicing nurses who provide client directed care should also recognize the importance of homeless abused women's ability to provide self care. Instead of top down, patriarchal interventions, the women should be incorporated into emancipatory interventions that include them as partners.

Living in an inherently dangerous homeless environment with few internal and external supports drives women back to familiar circumstances, forcing them back to the status quo for mere survival. However, the reality that women maintain balance and control in untenable situations should cause us to think about how they perceive violence and danger. An understanding of violence and danger to homeless abused women remains unknown and is an area that requires future research. Social and cultural circumstances are not flexible and do not allow adaptation to those without hidden supports. Understanding of their perceptions of their lived experience of danger they encounter living in homelessness and with abuse is an area of inquiry that needs further study.

Although both literature and logic support an all or nothing solution to this life-pattern, namely, leave a violent, stressful relationship permanently; this stance negates the importance of human connectedness. It also negates differences in interpretation and processing of difficult life events. The importance of close, personal relationships is considered an innate need (Yalom, 1985). A sense of belonging and attachment behavior is instinctive (Baumeister & Leary, 1995), and is gender mediated (Hagerty, et al., 1996). Even women's communication patterns are embedded linguistically with relationship themes (Carter & McGoldrick, 1999).

Women living within these stressful environmental circumstances need interventions that understand gender related differences, and that enhance this innate need for connections with others outside the violent environment. Reesman (2000) established that women who permanently stay out of violent relationships recognized their self-reliance, but also spoke of a "guardian angel" or "savior" who helped them to feel better

about themselves. The rescuer often helped the abused woman both to leave the relationship and to remain out of it as well. Research that supports self-reliance or self-care must be coupled with system changes that advocate for community supports and also community structural supports, including transportation, accessible and flexible health care, child care, a living wage, and flexible family friendly work environments.

Most importantly homeless abused women must not become simply objects of a treatment, social program, or research project. Many times researchers use vulnerable populations for their own edification, and then leave them without any tangible benefit to participation. This research demonstrates that the most fundamental element of research on health care provided to homeless abused women must be structured around the idea of participatory and emancipatory designs. Consciousness raising about homeless abused women's perception and discovery of their human strengths is an ethical imperative.

Homeless abused women are stereotyped as an underclass in society; therefore, their choices and lifestyles are constantly questioned. They are frequently blamed for their circumstances. The purpose of research with homeless abused women is not to advocate for choices that lead to behaviors that hurt others, such as exploitation, manipulation of others' vulnerabilities for the purpose of self-serving gains, such as those perpetrating abuse against others. The focus of future research must be such that the women themselves learn to facilitate interventions that support their own independence. Independence includes learning decision making processes in life choices, identifying abusive environments and relationships, and healing.

Conclusion

Discovering strengths of homeless abused women revealed themes of strength that challenges the view that they are passive victims. The women were engaged as active collaborators in order to provide an authentic picture of the lived account of strengths. Since this study provided a description of homeless abused women's perceptions of their lived experience of strength, it gave voice to this specific group of women living in oppressive environments. Strength, which is present in the women, was discovered and described by the women using their own words extracted from their stories of strength. This study explored the efficacy of facilitative dialogue that can be used to assist victims of homelessness and violence to mutually identify personal strengths as resources. The dialogue was also an emancipatory one that empowered the woman to talk about and discover her strengths.

In this study, facilitating discovery of homeless abused women's perception of their strengths provided insight into an engagement process uniquely used with homeless abused women. Nursing care needs to develop from an understanding of homeless abused women's experiences, in addition to an understanding of how their perceptions shape their response to health. Nursing care needs to more readily evaluate homeless abused women's perceptions of their personal strengths and resources so as to facilitate development of specific intervention strategies. Raising the consciousness of homeless abused women by allowing them to recognize their strengths is a method of empowerment. Facilitating homeless abused women's discovery of strength, and using

their personally identified perception of their strengths to develop future nursing interventions empowers them to participate in their care.

This study supports the premise that homeless abused women have strengths and are able to identify them. These findings challenge stereotypical views that only see homeless abused women as helpless; that emphasize problems and vulnerability while excluding the presence of strengths and resources. Discovering strengths challenges the view that homeless abused women are ineffective in navigating life processes, and calls for changes in health care delivery, culture and societal structure so that they are actively engaged as partners in their care and that the care mutually provided facilitates healing.

This study also increases understanding of personal protective factors used by homeless abused women in their quest to remain healthy and safe. Strength was seen as the woman's ability to identify the characteristics of strength, and develop strategies that facilitated survival from day to day while living on the street and within environments of violence.

This study of discovering strength changes the focus away from a deficits view and refocuses on homeless abused women as capable of possessing and discovering their strength, just as the premise of emancipatory feminism of empowerment suggests. Rather than viewing homeless abused women as passive, this study demonstrates that they are women who can recognize and articulate, when asked, abilities and strengths. Strengths of homeless abused women remain unrecognized. Discovery of strengths should be used to develop future interventions with homeless abused women that can result in a redirection of resources towards prevention and health cost savings. Discovering strengths of women enduring within lonely, violent and homeless environments will give

nurses a greater understanding of homeless women's resources available for health, health-seeking behaviors, and healing.

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Appendices

Appendix A

Institutional Review Board

THE UNIVERSITY OF TENNESSEE

Institutional Review Board
Office of Research
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
865-974-3466
Fax 865-974-2805

10/03/2002

IRB#: 6265B

TITLE: Identifying Strengths in Homeless Abused Women

Hemphill, Jean Croce
Nursing
1812 Galen Dr.
Johnson City, TN 37605

Hall, Joanne
Nursing
1200 Volunteer Blvd.
Campus

The points of clarification you submitted to this office for the above-captioned project satisfied the reviewers and the IRB, thus your project has been approved.

This approval is for a period ending one year from the date of this letter. Please make timely submission of renewal or prompt notification of project termination (see item #3 below).

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

The Committee wishes you every success in your research endeavor. This office will send you a renewal notice on the anniversary of your approval date.

Sincerely,

Brenda Lawson
Compliances

THE UNIVERSITY OF TENNESSEE

Institutional Review Board
Office of Research
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
865-974-3466
Fax: 865-974-2805

10/04/02

IRB# 6265B

TITLE: Identifying Strengths in Homeless Abused Women

Hemphill, Jean Croce
Nursing
1812 Galen Dr.
Johnson City, TN 37605

Hall, Joanne
Nursing
1200 Volunteer Blvd.
Campus

This is to inform you that your Form D request for modification in the above protocol has been approved. This approval does not affect the original approval date.

Responsibilities of the investigator during the conduct of this project include the following:

1. To obtain prior approval from the Committee before instituting any changes in the project.
2. To retain signed consent forms from subjects for at least three years following completion of the project.
3. To submit a Form D to report changes in the project or to report termination at 12-month or less intervals.

We wish you continued success in your research endeavor.

Sincerely,

Brenda Lawson
Compliances

THE UNIVERSITY OF TENNESSEE

Institutional Review Board
Office of Research
404 Andy Holt Tower
Knoxville, Tennessee 37996-0140
865-974-3466
Fax: 865-974-2805

Date: 11/20/2003

To: Hemphill, Jean Croce
Nursing
1812 Galen Dr.
Johnson City, TN 37605

From: Brenda Lawson
Compliances

Subject: Annual Review and Progress Report:
Project Involving Research with Human Subjects

IRB #: 6265B

IRB-APPROVED RENEWAL

Project: Identifying Strengths in Homeless Abused Women

Initial Approval Date: 10/03/2002 Last IRB Approval Date: 11/20/2003

Approval Expires: 10/03/2004

In response to our request regarding annual review and a progress report of the above protocol, you indicated that the study is still active and that there have been no changes with regard to the use of human subjects in this project since the last date of review. Therefore, the Institutional Review Board has approved the protocol until **October, 2004**, which coincides with the anniversary month of your initial approval date.

If there should be any modifications in the project before the date of next annual review, please submit them, utilizing a Form D, to the Compliances Office immediately for review. Requests for your next annual review will be sent to you approximately one month prior to the expiration date.

THE UNIVERSITY of TENNESSEE
Institutional Review Board
Office of Research
1534 White Avenue
Knoxville, Tennessee 37996-1529
Phone: (865) 974-3466
Fax: (865) 974-7400

Date: 10/22/2004

To: Hemphill, Jean Croce
Nursing
1812 Galen Dr.
Johnson City, TN 37605

From: Brenda Lawson
Compliances

Subject: Annual Review and Progress Report:
Project Involving Research with Human Subjects

IRB #: 6265 B

IRB-APPROVED RENEWAL

Project: Discovering Strengths in Homeless Abused Women

Initial Approval Date: 10/03/2002 Last IRB Approval Date: 10/21/2004

Approval Expires: 10/03/2005

In response to our request regarding annual review and a progress report of the above protocol, you indicated that the study is still active and that there have been no changes with regard to the use of human subjects in this project since the last date of review. Therefore, the Institutional Review Board has approved the protocol until **October, 2005**, which coincides with the anniversary month of your initial approval date.

If there should be any modifications in the project before the date of next annual review, please submit them, utilizing a Form D, to the Compliances Office immediately for review. Requests for your next annual review will be sent to you approximately one month prior to the expiration date.

Appendix B

Informed Consent Form

The University of Tennessee
The University of Tennessee Office of Research
Research Compliance Services

INFORMED CONSENT FORM

INFORMED CONSENT STATEMENT
Identifying Strengths in Homeless Abused Women

INTRODUCTION

You are invited to participate in a research study. The purpose of this study is to explore the use of a wholistic nursing assessment that will assist homeless abused women to identify their personal strengths. The best source of this information is from women who have experienced homelessness and abuse.

INFORMATION ABOUT PARTICIPANTS' INVOLVEMENT IN THE STUDY

In choosing to participate it is important that you understand the following:

1) You are 21 years of age or older.
2) Your participation is completely voluntary.
3) You will be asked to answer questions on a short questionnaire that gives information about yourself and will be used to determine whether you are eligible to participate in the interview part of the research. This should take five to ten minutes to complete.
4) The audiotaped interview will last approximately one hour (maximum two hours total) in a place of your choice.
5) You will be asked to share your understanding of your personal strengths. Some questions will follow and will be guided by your comments and responses. The interview is audiotaped so that the researcher can use your exact words to compare your words to others who have had similar experiences.
6) The interviews will be transcribed into written form to allow for analysis.

RISKS

The risks involved are minimal. You will receive information for referral for assistance or the researcher may refer you for help in the case of an emergency.

BENEFITS

This study may contribute to the limited amount of knowledge that we have about those women who are homeless and abused. Also, some persons find it satisfying and beneficial to share experiences with a health professional.

Initials_____

CONFIDENTIALITY

1) Your name will not appear on the tape or the transcript or on the questionnaire.
2) You may be contacted by the investigator following the interview and during the analysis in order to clarify interpretation of your experience.
3) Upon completion of the study, the transcripts and the code book with your name linking the tape and questionnaire to your name, will be destroyed.
4) It is possible that this study will be published or presented in a public forum, such as a professional conference. Consent to participate also means consent for the edited data to be used in such a publication or presentation.
5) Declining to participate will not change your eligibility or how you are treated at the clinic or shelter.
6) You are free not to answer any question or questions, and you may withdraw at any time without penalty.
7) You may remove and keep these cover pages if you like.

Your name will be known only to the investigator and will be kept in a locked file with the tape and transcripts at the University of Tennessee, Knoxville College of Nursing. All data will be stored in a locked file and handled only by those involved in the data collection or analysis, any publication or presentation will report data as an aggregate.

The information in the study records will be kept confidential. Data will be stored securely and will be made available only to persons conducting the study unless participants specifically give permission in writing to do otherwise. No reference will be made in oral or written reports which could link participants to the study.

COMPENSATION

Participants will receive $5.00 and a packet of hygiene items for their participation in this study. Participants will be eligible for total compensation if they withdraw from the interview prior to its completion. If only the questionnaire is completed, $2.00 and a hygiene kit will be given for the participant's involvement,

EMERGENCY MEDICAL TREATMENT

The University of Tennessee does not "automatically" reimburse subjects for medical claims or other compensation. If physical injury is suffered in the course of research, or for more information, please notify the investigator in charge: Jean Croce Hemphill MSN, ARNP, BC, FNP
1812 Galen Drive
Johnson City, TN 37604
423-926-7820 or

Faculty advisor: Joanne M Hall, RN, PhD, FAAN
University of Tennessee College of Nursing
Knoxville, TN 37996-4180
865-521-4158

Initials_____

CONTACT INFORMATION

If you have questions at any time about the study or the procedures, (or you experience adverse effects as a result of participating in this study,) you may contact the researcher, Jean Croce Hemphill MSN, ARNP, BC, FNP, at 1812 Galen rive, Johnson City, TN 37604 and 423-926-7820.
If you have questions about your rights as a participant, contact Research Compliance Services of the Office of Research at (865) 974-3466.

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate without penalty. If you decide to participate, you may withdraw from the study at anytime without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed you data will be returned to you or destroyed.

The University of Tennessee, Knoxville is eager to ensure that anyone in a research study is treated fairly and with respect. If you have any concerns about how you were treated in this project, contact Research Compliance Services at (865) 974-3466.

Initials_____

CONSENT

I have read the above information. I have received a copy of this form. I agree to participate in this study.

Participant's signature _____ Date _____

Investigator's signature _____ Date _____

Appendix C

Survey Screening Questionnaire

Survey Screening Questionnaire

Thank-you for agreeing to answer these survey questions. Your input is valuable since it will help to understand the health needs of women.

Part 1.

Please answer each of the following questions about yourself by checking the box that is the best answer.

Age

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55-65
- ☐ older than 65

Ethnic background

- ☐ African-American
- ☐ Native American
- ☐ Inuit
- ☐ Latina
- ☐ Asian
- ☐ Caucasian
- ☐ Other _____

In the past 6 months, where have you received health care (check ALL that apply)

- ☐ emergency department
- ☐ community health clinic
- ☐ health department
- ☐ private health provider
- ☐ doctor's office
- ☐ nurse's office

Marital Status

- ☐ Married
- ☐ Separated
- ☐ Living with a male partner
- ☐ Boyfriend
- ☐ Other

Relationship Status

- ☐ Have one intimate partner
- ☐ Two or more intimate partners
- ☐ No intimate partner

Have you ever been without a permanent place to live?

- ☐ Yes
- ☐ No

When you were without a permanent residence, where did you stay?

- ☐ Street
- ☐ Emergency shelter
- ☐ Domestic violence shelter
- ☐ Family/friends
- ☐ Strangers
- ☐ Others

How long were you (or have you been) without a permanent residence?

- ☐ 6 months or less
- ☐ 7 months but less than 1 year
- ☐ 1 – 2 years
- ☐ greater than 2 years

Have you ever been without a permanent place to live?

- ☐ Yes
- ☐ No

Highest level of education completed

- ☐ Less than 5th grade
- ☐ 7th Grade
- ☐ 9th Grade
- ☐ 11th Grade
- ☐ 12th Grade
- ☐ Some college
- ☐ College graduate

If you did not graduate high school, do you have a GED?

- ☐ Yes
- ☐ No

Annual Income Level

- ☐ 0 - $10,000
- ☐ $10,001 – $20,000
- ☐ $20,001 - $30, 000
- ☐ Greater than $30,000

My sleep is generally

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

My health is generally

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor

Religious affiliation

- ☐ Yes
- ☐ No

Part 2.

Please answer each of the following questions by checking the box that is the best answer.

1. Have you *ever* been emotionally or physically abused by your partner or someone important to you? □ Yes □ No

2. *Within the last year*, have you been hit, slapped, kicked or otherwise physically hurt by someone in your life? □ Yes □ No

   If Yes, by whom (circle all that apply)

   Husband Ex-husband Partner Stranger Same gender partner Multiple

   Total number of times _____

3. *Within the last year*, has anyone ever forced you to have sexual activities? □ Yes □ No

   If Yes, by whom (circle all that apply)

   Husband Ex-husband Partner Same gender partner Multiple

4. Are you afraid of your partner or anyone you listed above? □ Yes □ No

Name of person completing form _____

Appendix D

Transcriber and Reviewer Confidentiality Form

Transcriber and Reviewer Pledge of Confidentiality

As a transcribing typist or reviewer of this research project, I understand that I will be hearing tapes of confidential interviews. The information on these tapes has been revealed by research participants who participated in this project in good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement. I hereby agree not to share any information on these tapes with anyone except the primary researcher of this project. Any violation of this agreement would constitute a serious breach of ethical standards, and I pledge not to do so.

_____ _____

Transcribing Typist/Reviewer Date

Vita

Jean Croce Hemphill was born in Camden, New Jersey on May 22, 1954 of first generation immigrant parents. Raised in Nashville, TN, she attended St. Cecilia Academy. She was awarded a Bachelor of Science in Nursing from The University of Tennessee, Knoxville, in June, 1976. She fulfilled various nursing roles in hospitals in Nashville, TN, Seattle, WA, Knoxville, TN, and Johnson City, TN.

In December 1985, she was awarded a Masters of Science in Nursing, emphasis on primary care nursing, from The University of Tennessee and was subsequently certified as a Family Nurse Practitioner. Following graduation, she moved to Johnson City where she was employed in numerous professional and academic settings. Appointed an Assistant Professor in the Department of Family/Community Nursing at East Tennessee State University, she served for 11 years as the director/coordinator providing advanced nursing care, directing operations, fund raising, and acquisitioning grants for the Johnson City Downtown Clinic, a nurse-managed primary health care service for homeless and low income patients. Her support of and interest in homeless and abused women is further evidenced in her active service in a number of community and professional associations concerned with social justice, and numerous published papers and presentations.

As she pursued a doctor of philosophy degree in nursing, Ms. Hemphill has been employed as the Clinical Coordinator, Department of Surgery at the James H. Quillen Veterans Affairs Medical Center, Mountain Home, TN, as an Advanced Nurse Practitioner. She resides in Johnson City with her husband, two sons, two dogs and a cat.