

2008

Experiences And Coping Among Female Caseworkers At Women'S Shelters: A Qualitative Study

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EXPERIENCES AND COPING AMONG FEMALE CASEWORKERS
AT WOMEN'S SHELTERS: A QUALITATIVE STUDY

A Dissertation

Presented to

The School of Graduate Studies

Department of Communication Disorders

and Counseling, School, and Educational Psychology

Indiana State University

Terre Haute, IN

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

By

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August 2008

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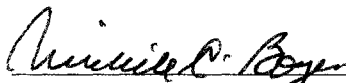
Experiences and Coping among Female Caseworkers at Women's shelters:
A Qualitative Study


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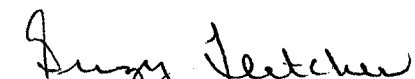
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ABSTRACT

In-depth individual interviews were conducted with 12 peer-referred participants to gain information on work experiences and coping resources utilized by caseworkers in battered women's shelters. Caseworkers' work experiences, support systems, and coping strategies are explored. A conceptual framework for experiences and coping among shelter caseworkers emerged consisting of work motivation, experiences, and coping. The themes that structure this framework are discussed in detail. Unique findings include the benefits of gradual exposure to IPV work, issues related to addressing spirituality in service provision, a symptom-development timeframe, and a wider range of shelter experiences and coping strategies. Implications for caseworkers, shelter administrators, and mental health service providers are suggested. Recommendations for conducting future research with shelter caseworkers are proposed.

ACKNOWLEDGMENTS

My gratitude goes to the participants in this research, whose sharing and efforts to accommodate the interviews into their schedule make this study possible. I am grateful to my religious community, the Sisters of Providence at Saint Mary-of-the-Woods, and my dissertation committee, especially Dr. Michele C. Boyer, the chair. Without your spiritual and academic support, I could not have completed my dissertation. Last but not least, my deep appreciation goes to my parents and my family who have endured years of missing me at important family events due to geographical distance and who have been my strongest support for my academic pursuit.

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Chapter 1

INTRODUCTION

The first shelter for abused women was opened in Minnesota in the early 1970s (Dobash & Dobash, 1992; Murray, 1988). In 1973, Women's Advocates, a consciousness-raising group in St. Paul, Minnesota, obtained a one-bedroom apartment where women who were being assaulted by their husbands could come for refuge. In responding to overwhelming requests from other abused women, the group secured a mortgage and opened the Women's House in October of 1974. Within the first month of its opening, the five-bedroom house was a refuge for 22 women and 15 children. The number of women's shelters in the United States has multiplied since then. As of 2008, there are 1,949 domestic violence programs identified by the National Network to End Domestic Violence (NNEDV). The number of existing women's shelters in the United States is indicative of the protective services that women need, especially abused women with limited resources.

Intimate partner violence (IPV) is a behavioral pattern of control that individuals use to assault or intimidate their mates. This violence takes the forms of physical, sexual, or psychological attacks on individuals by their current or former partners. It is prevalent in the United States (Eigenberg, 2001; Loue, 2001). According to the National Coalition

against Domestic Violence ([NCADV] 2004), 691,710 nonfatal incidents of violence were committed in 2001 by current or former partners of victims in the United States. More astonishingly, the NNEDV did a one-day survey on September 25, 2007, and reported that 53,203 victims of IPV received service that day from 1,346 participating domestic violence services across the United States (NNEDV, 2008). On that same day, there were 7,707 unmet service requests due to a critical shortage of funds and staff personnel. Moreover, on that day alone, 20,582 hotline calls were answered and 29,902 community members were trained for prevention and early intervention of domestic violence. IPV occurs across gender, race, ethnicity, and social economic status (Davidson & Jenkins, 1989; Rennison & Welchans, 2000, 2003; Tjaden & Thoennes, 2000). Although both men and women can be affected, most victims of IPV are women. The Special Report of the Bureau of Justice Statistics ([BJS] Rennison & Welchans) reported that in 1998, about 85% of assaults by intimate partners were against women and 50% of female victims of intimate partner violence reported a physical injury. Tjaden and Thoennes echo Rennison and Welchans with their finding that women were significantly more likely than men to be raped, physically assaulted, or stalked both in their lifetime and during the previous 12 months.

BJS statistics showed a declining number of female victims of IPV from 1993 to 1998 in the United States (Rennison & Welchans, 2000). However, shelter services for abused women have increased each year. For instance, the Indiana Coalition against Domestic Violence (ICADV) provided shelter service to 4,513 adults and 4,251 children and answered 115,397 crisis-line calls from July 1, 2004 to June 30, 2005 (ICADV, 2006), a doubled increment in two years (ICADV, 2004). These statistics provide strong

evidence for a large amount of protection and services abused women seek from their communities and an increased need for protection and services because of increased demands.

The growing requests from abused women for shelter services also lead to an increasing workload for staff members at women's shelters if the number of personnel stays the same. From my experience working with abused women and a conversation with Y. Creekbaum, a caseworker at a women's shelter for 12 years, shelter workers perform many duties in addition to providing for the emotional and physical needs of shelter residents (Y. Creekbaum, personal communication, July 30, 2003). These additional duties may include handling crisis calls, assisting residents with child care arrangements, obtaining required documents, reporting illicit or illegal activities in the shelter, and performing other duties as assigned (Creekbaum; Hawaii State Coalition against Intimate Partner Violence, 1994a, 1994b, 1994c). Performing these multiple tasks efficiently is quite challenging for workers.

Statement of the Problem

Great effort has been devoted to the investigation of the experiences of abused women and the impact of IPV on them. Yet, after searching through PsycINFO, PsycArticles, ProQuest, Social Services Abstracts, Social Work Abstracts, and the Google, it is evident that to date there have been very few studies conducted with shelter workers who work closely with abused women. The existing quantitative studies which have focused on staff members at crisis centers or shelters have been carried out by Baird and Jenkins (2003), Brown and O'Brien (1998), Dekel and Peled (2000), and Jeffrey (2006). These researchers focused on either workers' stress and burnout (Brown &

O'Brien; Dekel & Peled) or the secondary traumatization and burnout among domestic violence agency staff (Baird & Jenkins; Jeffrey).

However, shelter workers have other experiences and coping strategies they utilize when working with abused women. Because reality is constructed in the mind of each person (Golinski, 2005; Hansen, 2004), individuals who witness the same event may interpret it differently and thus their reactions may vary. Shelter workers with various family, training, and educational backgrounds may react differently and choose various coping strategies when working with abused women. The limited research on caseworkers' experiences and coping strategies indicates a deficiency of investigation in this area. It is imperative to explore the depth and richness of workers' subjective experiences and coping strategies without preset restrictions such as those identified by previous researchers (i.e., stress, burnout, or vicarious traumatization).

Purpose of the Study

The purpose of this study was to examine and better understand the experiences and coping strategies of caseworkers at women's shelters. In this study, I adopted a qualitative approach (Wertz, 2005) to collect rich information about shelter caseworkers' experiences and coping strategies in order to explore the experiences shelter caseworkers had when they worked with abused women.

Research Questions

The two research questions I posed in this study were: (a) What were the subjective experiences of caseworkers who maintain daily contact with abused women? and (b) What coping strategies did these caseworkers use?

Rationale for the Research Design

Previous researchers have investigated shelter staff members' work stress, burnout, and secondary traumatization. However, shelter caseworkers' other work experiences and the strategies they use to cope with negative experiences remained under-explored. In this study, shelter caseworkers' individual backgrounds differed from one another, and they brought those backgrounds to their work with abused women, leading to different experiences and chosen coping strategies. Thus, when studying caseworkers' experiences and coping strategies, researchers need to investigate their research interest open-mindedly to allow participants to share their experiences and coping strategies freely. A qualitative study allows researchers to attend to the participants' abundant narratives with an open mind and to reap a wealth of information from their experiences. Therefore, I chose a qualitative approach to investigate caseworkers' experiences and coping strategies.

Anticipated Significance of the Study

The findings of this study will present readers with a rich snapshot of caseworkers' experiences and coping strategies. The information gathered in this study shows the caseworkers' strengths and vulnerabilities as well as the strategies that help them cope with their experiences at work. In addition, the expected results can offer supervisors and administrators of other women's shelters new insights into the needs of shelter caseworkers that will allow them to work together with caseworkers for a better person-job fit. In return, caseworkers could provide better service to the women they serve. The findings of this study may also provide a picture of caseworkers' struggles and resilience for mental health professionals who work with caseworkers for their mental health issues.

Definitions

The term “women’s shelter” refers to closed, public sites that provide safe physical spaces at secret locations where abused women and their children can stay and be protected from their abusers. The composition of shelter residents changes frequently due to new admissions and transitional arrangements.

The term “caseworkers” refers to employed female emergency shelter staff members who currently work or who have worked in the past 12 months with abused women or the children of abused women to assist them in coping with and recovering from intimate partner abuse. Males are excluded because very few men, if any, work at women’s shelters as caseworkers. Some shelters use different titles for persons who work in the shelter such as: advocate, case manager, housemother, or case counselor.

Caseworkers’ work includes a number of routines. They screen and admit abused women and their children to shelters. After the women have arrived, caseworkers provide for their emotional and physical needs. They listen to residents’ descriptions of the violence they have experienced and give them suggestions for coping. They also ensure that residents have food, clothing, and personal hygiene items for the duration of their stay and that all shelter rules are followed. In addition, they help adult residents make safety plans and find other needed resources for surviving IPV if residents choose to leave their abuser. I chose the term caseworkers to reflect their work content and to distinguish them from therapists or counselors who provide mental health care services to abused women who reside at shelters.

Summary

Although intimate partner violence affects women and men across race, ethnicity, and social economic status, most victims are women. The growing demand for shelter services creates an increasing workload for caseworkers at women's shelters as the number of personnel in a not-for-profit organization usually does not correspond adequately with the growing demand for services.

Caseworkers at women's shelters are in charge of a variety of tasks in addition to taking care of women residents in crisis every workday. It seemed important to investigate the experiences caseworkers had when working with abused women and listening to the narratives of their traumatic events, as well as to explore the coping strategies caseworkers employed for managing their experiences, especially the negative ones.

To date, investigations of caseworkers' experiences and coping strategies are scarce. The existing published studies are quantitative ones that focus on stress, burnout, and vicarious trauma. From a constructivist perspective (Golinski, 2005; Hansen, 2004), personal reality is based on each individual's interpretation of the event. Caseworkers at women's shelters bring to work rich individual backgrounds that play important roles in their assessments of the events, and thus influence the coping methods they choose. Therefore, it is imperative to explore in a broader way shelter caseworkers' experiences and the strategies they used to cope with those experiences.

Chapter 2

LITERATURE REVIEW

Providing shelter services for victims of intimate partner violence (IPV) can be stressful and emotionally challenging (Baird & Jenkins, 2003; Brown & O'Brien, 1998; Dekel & Peled, 2000). It can be rewarding for shelter workers when the victims of IPV can successfully rebuild their lives without the fear of being hurt by their abusers. Previous researchers only investigated some of the shelter workers' negative reactions (Baird & Jenkins; Brown & O'Brien; Dekel & Peled; Jeffrey, 2006). Other aspects of their work, such as job satisfaction and the contributing factors to job satisfaction or dissatisfaction among caseworkers at women's shelters have remained unexplored. In this chapter, I will present a review of the existing research on shelter workers, some theoretical perspectives on work experiences and coping strategies, and perspectives on work stress and burnout, secondary traumatic stress (STS), and vicarious traumatization.

The Existing Research on Shelter Workers

The Baird and Jenkins Study

Baird and Jenkins (2003) investigated three occupational hazards—vicarious trauma, secondary traumatic stress, and burnout in both sexual assault and intimate partner violence agency volunteers and paid staff. The participants' titles included

counselor, therapist, psychologist, intern, crisis worker, hotline worker, caseworker, case manager, supervisor, director, and educator, with the nearly half (45.5%) holding paid jobs. Baird and Jenkins used the Sexual Assault/Domestic Violence Agency History and Activities, Compassion Fatigue Self-Test for Psychotherapists (CFST), TSI Belief Scale (Revised L), Maslach Burnout Inventory (MBI), and Symptom Checklist-90. They found that volunteer and paid staff members differed significantly on various demographic variables, such as educational level, client exposure, and working experience. Personnel who had more education were more likely to hold a paid position and to be counselors, while personnel who had less education were more likely to be volunteers and crisis workers. A positive correlation was found between trauma-work experience and MBI-PA (personal accomplishment) $r(96) = .24, p < .05$. Younger participants reported higher MBI-SUM (total score) and MBI-EE (emotional exhaustion) than their older coworkers, $r(88) = -.22$ and $-.23$ respectively, $p < .05$. However, the authors did not find that occupational exposure correlated with overall burnout, although using Pearson correlations, occupational exposure was significantly and positively related to the MBI-EE and MBI-PA. Baird and Jenkins concluded that workload and being paid as a staff member (vs. volunteer) were related to some burnout syndromes, but not to vicarious trauma, secondary traumatic stress, or general stress, and that education on and experience with trauma work had negative correlations with vicarious trauma symptoms experienced by trauma counselors.

The Brown and O'Brien Study

Brown and O'Brien (1998) looked into stress and burnout among 91 shelter workers with a mean age of 32.8 years and a mean number of 29.62 months employed in shelters in the United States. The authors used the Maslach Burnout Inventory, which consists of scales of emotional exhaustion, depersonalization, and personal accomplishment, the Perceived Social Support Scale, the Job Stress Index, the Shelter Stress Inventory (modified from the Job Stress Inventory), COPE (an instrument to measure emotion-focused and problem-focused coping styles and strategies), and the Motivation for Employment Scale (a 12-item instrument developed by Brown and O'Brien). The results of their study indicated that shelter workers experienced moderate stress levels as evidenced by a mean score of 25.61 ($SD = 8.95$) on the Shelter Stress Inventory. They also found coping strategies positively correlated with burnout and emotional exhaustion. Using a canonical correlation analysis, the researchers examined the relations between stress, social support and burnout variables. Time Pressure (job stress), perceived social support from supervisor, and perceived social support from friends and family were all significantly correlated with the burnout variables, Pillai's $V = .64$, $F(27, 234) = 2.34$, $p < .001$. Brown and O'Brien concluded that education or training, professional and individual support including workplace management, and attending to strategies for coping were important for lowering shelter workers' stress level.

The Dekel and Peled Study

Dekel and Peled (2000) examined 44 paid staff members' emotional burnout in battered women's shelters in Israel. Participants' time on the job varied—32% worked

less than half-time, 40% worked between half-time and full-time, and 28% worked full-time in their position. Their years in their current position ranged from 1 to 12; half of the participants had worked there less than five years. Participants, whose mean age was 42, completed a self-report questionnaire that contained the Hebrew version of the Maslach Burnout Inventory (MBI), After Hours Burnout questions (e.g., “Are you disturbed by clients’ problems and difficulties beyond work hours?” and “Does your work interfere with your functioning in other domains?”), and the adapted Hebrew version of the House questionnaire that measures workers’ perceived social support received. The participants reported overall low levels of burnout, except the after-hours concerns about clients’ problems, which was slightly higher than the mean measures from the MBI and the House questionnaire. Using Pearson correlations and ANOVA, Dekel and Peled analyzed the relationships between structural variables and workers’ perceptions of work-related burnout and social support. They found workers’ years of formal education, percentage of time worked, and years in current job significantly correlated with their sense of depersonalization, $r(44) = -.31, .38$, and $-.31$ respectively, all $p < .05$. The variables of age, percentage of time worked, and years in current job significantly correlated with after-hours functional disturbance $r(44) = -.27, -.35$, and $-.31$ respectively, all $p < .05$. Social support positively related to years in current position, $r(44) = .28$, $p < .05$. The authors, however, did not find a correlation between structural variables and workers’ levels of emotional exhaustion and sense of personal accomplishment. Dekel and Peled concluded that shelter workers experienced “low levels of emotional burnout, high levels of work-related emotional disturbance after-work hours, and high levels of social support” (p. 65).

The Jeffrey Study

Jeffrey (2006) focused on the secondary traumatization of workers at battered women's shelters in the United States. She hypothesized that "symptom levels of secondary traumatization in the population of shelter workers are comparable to that reported for sexual assault counselors," and "controlling for initial individual group differences, after the feedback intervention, groups of shelter workers receiving feedback demonstrate lower levels of secondary traumatization than a control group that received no intervention" (p. 19). Two hundred and sixty-seven full- and part-time paid workers at shelters participated in this study. Their mean age was 36 years ($M = 35.65$, $SD = 11.45$), with the majority being female Caucasian. Eighty-one percent of the participants had experienced at least one type of traumatic event, and 65% indicated that they had been victims of interpersonal violence. More specifically, 26% of the participants had been victims of intimate partner violence as children and 42% of the participants were victims of IPV as adults. Jeffrey investigated secondary traumatization among shelter workers using the following scales: Demographic Questionnaire (including trauma history), Impact of Events Scale (IES), modified PTSD Symptom Scale (PSS), Traumatic Stress Institute Belief Scale—Revision L (TSI), Coping Strategies Inventory (CSI), and Assessment of Coping with Traumatic Stress (ACTS).

Using a series of regression analyses, Jeffrey (2006) examined the contributions of individual variables in the initial sample ($N = 267$) to the expression of secondary traumatization symptoms. Among the findings, significant positive correlations found were social support and emotional expression as a coping strategy, $r(267) = .89$, and cognitive restructuring and problem solving strategies, $r(267) = .78$, both $p < .001$.

Workers who had more social support strongly indicated that they expressed their emotions as a coping strategy to manage job-related stress. Staff members who were more flexible with re-constructing their understanding of the challenges encountered at work were more confident with problem solving. Jeffrey also conducted a *t*-test to compare means of IES and TSI scores between the battered women's shelter workers in her study and those scores reported for samples of other trauma and sexual assault counselors. The *t*-scores ($p < .001$) for shelter workers were higher than all scores presented by trauma and sexual assault counselors in other studies.

With the completion of the initial assessment, 72 participants in Jeffrey's (2006) study also completed a follow-up assessment in which they were randomly assigned to one of three groups (control, feedback only, and feedback intervention) for testing the outcome of intervention. She used a multivariate analysis of variance to determine any pre-treatment group differences on the dependent variables (IES total score, IES intrusion, IES avoidance, PSS re-experience, PSS avoidance, PSS arousal, PSS Total, and TSI Total Score) among the three treatment groups and found no significant difference among the three groups, Wilks' $\Lambda = .93$, $F(6, 122) = .70$, $p = .65$. Repeated measures analyses were performed to explore any possible differences from pre- to post-test on the dependent variables. No statistical significance was found between pre- and post-treatment. Jeffrey concluded that (a) shelter workers experience moderate levels of secondary traumatization that are slightly more severe than those for sexual assault counselors, (b) social support is a predictor of secondary traumatization (i.e., individuals with less social support tended to experience more symptoms of secondary

traumatization), and (c) attempted interventions fail to yield significant improvement to shelter workers, although (c) may be inconclusive due to low participation.

Summary of the Four Existing Studies

The results from these studies indicate that shelter workers were affected by being exposed to trauma while working with abused women. Their work-related hazards included stress, burnout, and secondary traumatization, which they attempted to manage by using various coping strategies. Among the identified coping strategies, social support and training were identified as positive. Furthermore, the degree of impact on workers differed, possibly due to their experience and training, and the social support they received.

Factors That Influence Work Experience

In general, experiences at work can be positive, negative, or a mixture of both. Some find their work meaningful and satisfactory, while others view their job as boring and purposeless, and still others affirm the value of their job while struggling daily with various pressures of the work. According to study results on job satisfaction (Randolph, 2005), employees' motivations (Herzberg, 1966; Herzberg, Mausner, & Snyderman, 1959; Steers & Sanchez-Runde, 2002), job performance (Liden, Wayne, & Sparrowe, 2000), work perception (Wong, Hui, & Law, 1998), individual and work values (Latham & Pinder, 2005), work environment (Liden et al.), job demand (Lowe & Bennett, 2003), and job reward (Cable & DeRue, 2002; Judge, Cable, Boudreau, & Bretz, 1995) all contribute to workers' perceived job satisfaction, a major part of work experience.

Regarding work experiences in general, job satisfaction has been found to be influenced by employees' insight on the match between their occupational needs and the

occupational reward (Tziner, 1983) as well as their subjective understanding of work outcome from their work investment. This subjective appreciation of job satisfaction is affected by employees' perception of job fit. Cable and DeRue (2002) found that employees differentiated three types of job fit: person-organization fit (i.e., the congruence between an employee's personal values and an organization's culture), needs-supplies fit (i.e., the congruence between employee's needs and the rewards received in return for their job services and contributions), and demands-abilities fit (i.e., the congruence between the requirements of a job and an employee's skills). The first two forms of fit led to benefits for both individuals and organizations. The demands-abilities fit affected employees' work competence and led to increased job stress if demands and abilities were unmatched. Cable and DeRue also found that employees showed a strong preference for the needs-supplies fit, which included work-related outcomes such as employee satisfaction. Judge et al. (1995) also examined the impact of demographic, human capital, motivational, and organizational variables on the prediction of executive career success. They reported that these four variables made a powerful contribution to objective career success and career satisfaction. Among these four variables, motivational and organizational variables had a considerable influence on job satisfaction.

Person-Context Fit

Job applicants choose their jobs based on their perceived fit with jobs and agencies (Cable & DeRue, 2002; Judge & Cable, 1997). Their perceptions of job fit also affect their turnover decisions after being hired. The concept of *fit* here refers to the subjective judgment of congruence between an employee and an organization. According

to Cable and DeRue, there are three subjective fit perceptions: person-organization fit, demands-ability fit, and needs-supplies fit.

Person-organization fit perceptions. The *person-organization fit* is the congruence between an employee's personal values and the culture of the organization. When employees conclude that their values matched those of an organization and other employees at that organization, they tend to identify more with that organization and are more likely to contribute organizational citizenship behavior (OCB) or pro-social acts, which enhanced their bonds with their co-workers and agency (Cable & DeRue, 2002). The fit between employees and their agency, in the long run, increased their retention and productivity. In the case of workers at battered women's shelters, those who valued eliminating IPV by helping abused women to be independent emotionally and financially found working at a shelter, a safe and empowering place for abused women, attractive (Brown & O'Brien, 1998; McMillan, 2007).

However, when an employee's personal values conflict with those of the agency, stress occurred. The employee may try to rationalize the incongruence and continue to fulfill his or her required duties, but when the value conflict continues, either the outcome of job performance becomes less satisfactory and leads to being fired, or the employee chooses to resign and seek employment elsewhere.

Demands-ability fit perceptions. The *demands-ability fit* refers to the congruence between personal job skills and the demands of a job. Employees with the required abilities to meet the challenges of their work feel confident and satisfied with what they are doing. The more congruent a person's abilities are with the demands of a job, the

better job performance he or she displays. With better job performance, the employee's sense of achievement increases, and thus they become more competent.

For some employees, these abilities include the capability to manage the emotional disturbances aroused by working with people who are suffering. For instance, medical professionals, mental health providers, and other professionals who worked with trauma victims need the ability to maintain their emotional stability when helping their clients. Maintaining emotional stability for a long period of time (i.e., months or years), is challenging for individuals who work at crisis centers, emergency rooms, shelters for physically or sexually abused individuals, and crime scenes. Long-term exposure to human trauma causes employees' enthusiasm and confidence to wane and affects their ability to be objectively passionate. In the literature on professionals who work with trauma victims, some report being stressed (Brown & O'Brien, 1998; Dlugos & Friedlander, 2001), display sleep disturbances (Freudenberger, 1974) and burnout syndromes (Burke & Mikkelsen, 2006; Freudenberger, 1975), and suffer secondary traumatic stress (Baird & Jenkins, 2003; Hesse, 2002; Salston & Figley, 2003; Schauben & Frazier, 1995).

Needs-supplies fit perceptions. The *needs-supplies fit* is the congruence between an employee's needs and the rewards he or she receives for input at work. The basis of an employee's job satisfaction is primarily his or her subjective perception of the fit between personal needs and the rewards received for the work input (Cable & DeRue, 2002; Judge et al., 1995). When the rewards from the organization matched with the service the employee rendered, it created job satisfaction. Otherwise, disappointment and withdrawal from active work contribution occurred.

Adams (1965) proposed a theory of psychological equity in which people seek reciprocity in their relationships. He asserted that individuals invest in and gain from a relationship according to what they perceive the other party invests in and gains from their relationship. When one party's investment and gain outweighed that of the other party, a sense of inequity arises (Taris, Peeters, Le Blanc, Schreurs, & Schaufeli, 2001). This sense of inequity in a working relationship causes stress and leads to burnout.

Some individuals choose certain careers because they want to help others. Thus the non-monetary rewards that come from seeing or knowing that people were helped emotionally, spiritually, or physically are more satisfying than the salary of a particular job (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995). Yet, despite being motivated by altruism or other reasons to choose a career, individuals who do not receive expected outcomes (e.g., clients who made an effort for progress or getting better) feel discouraged and frustrated. Without proper interventions, chronic frustration and stress become a health hazard (Baird & Jenkins, 2003; Brown & O'Brien, 1998; Calnan, Wainwright, & Almond, 2000; Taris et al., 2001).

Disposition and Pre-exposure

In addition to the aforementioned subjective perceptions about job fit, researchers also proposed the impact of disposition and pre-exposure to certain situations on employees' perception of job fit and job satisfaction (Bowling, Beehr, Wagner, & Libkuman, 2005; Irving, Coleman, & Bobocel, 2005; Judge, Higgins, Thoresen, & Barrick, 1999). Individuals with high negative affectivity (NA), which is closely related to Neuroticism in the five-factor personality model, tend to experience adverse emotional states and react to the negative aspects of events (Irving et al.). Compared with those with

low NA, they are likely to report less job satisfaction. On the other hand, people with high positive affectivity (PA), which is similar to Extraversion in the five-factor model, are likely to see things positively and get involved with pleasure and enthusiasm. Researchers have found positive correlations between PA and job satisfaction (Bowling et al.; Irving et al.).

According to Helson's (1964) adaptation-level theory, early experience serves as a frame of reference by which later stimuli are judged. Individuals who were pre-exposed to a particular event tend to retrieve what they had learned in that particular situation and to use it as a resource for dealing with a later similar encounter (Bowling et al., 2005). Prior negative or traumatic experience could have a negative impact on professionals who work with trauma victims because each new traumatic event to which they were exposed may trigger a string of prior unpleasant memories (Baird & Jenkins, 2003; Lerias & Byrne, 2003).

Baird and Jenkins (2003) indicated that some individuals may be drawn to work with abused women as a result of experiencing assault or abuse themselves. There was strong evidence that a history of abuse among helping professionals further complicated their experiences of working with trauma victims; professionals who had a personal history of assault showed more traumatic symptoms than those without histories of assault (Baird & Jenkins; Follette, Polusny, & Milbeck, 1994; Lerias & Byrne, 2003). When workers were survivors of IPV, interacting with other women survivors of IPV could provoke unpleasant memories of abuse. In addition, studies on trauma indicated a high risk of developing posttraumatic stress disorder (PTSD) and somatic symptoms among abused women. The abused women may also unconsciously pass their

physiopsychological symptoms onto people who help them (Baird & Jenkins; Brady, Guy, Poelstra, & Brokaw, 1999; Cunningham, 1999, 2003; Hesse, 2002). However, the investigation of shelter caseworkers' previous experience and their current working experiences has been neglected.

Experiences of Trauma Workers

Findings from studies on professionals at crisis centers indicated that being chronically exposed to crises and having to handle emergencies efficiently and effectively can cause stress, burnout, secondary trauma stress, and vicarious traumatization in professionals (Cunningham, 2003; Follette et al., 1994; McLean, Wade, & Encel, 2003; Schauben & Frazier, 1995; Sexton, 1999). Shelter caseworkers could be affected through their work with trauma victims. Shelter caseworkers are exposed to the worst presentations of IPV when women are admitted into the emergency shelters. They listen to women's and their children's narratives of violent events, especially during the intake session. Adjustment to shelter life, particularly when abused women and their children are still going through the emotional turmoil of abuse, is very challenging to these new shelter residents and causes some of them to display disturbing behaviors (Grych, Jouriles, Swank, McDonald, & Norwood, 2000). Managing emergencies could be a frequent work demand on caseworkers. It is likely that caseworkers feel stressed at work. Some of them could also experience burnout, secondary trauma stress (STS), and vicarious traumatization.

Stress and Burnout

The term "work stress" refers to a harmful physical and emotional response to a job when a worker lacks resources or feels incapable, inadequate, or disinterested

(National Institute of Occupational Safety and Health, 1999). Prolonged exposure to stressful situations as well as demands for efficiency, high quality performance, and competition in the work environment can lead to burnout, a state of physical, emotional, and spiritual strain. Individuals in this state can become easily irritated, feel fatigued, and have frequent headaches, gastrointestinal problems, and sleep disturbances (Freudenberger, 1974). Diminished enthusiasm and confidence are also common experiences among employees who experienced burnout (Freudenberger, 1975).

The studies on stress and burnout experienced among shelter staff members showed the tremendous pressure staff members experienced when working with abused women (Baird & Jenkins, 2003; Brown & O'Brien, 1998). Furthermore, shelters operate constantly. Caseworkers often work night shifts or weekends. According to Brown and O'Brien, this situation could cause emotional exhaustion, depersonalization, and diminished personal accomplishment in some workers. They depicted a phenomenon of understaffing often found in shelters; caseworkers often had heavy workloads and some received little support from their supervisors, peers, or families. It was inevitable that some caseworkers could feel stressed, exhausted, or unappreciated, a situation which would lead to burnout.

Secondary Trauma Stress (STS)

STS refers to the sudden negative reactions people experience when helping trauma victims (Jenkins & Baird, 2002). Figley (1983) first proposed the term *secondary trauma* and later renamed it *compassion fatigue* (1995). The symptoms of STS are nearly identical to PTSD symptoms, except STS symptoms were developed among helpers of trauma victims. When these helping professionals encountered reminders of their trauma

clients, they re-experienced the traumatic event through intrusive imagery and tried to protect themselves by dissociation (Lerias & Byrne, 2003). Their ability to concentrate was challenged by thought intrusions, and they felt fatigue, helplessness, and inadequacy. Consequently, the quality and effectiveness of their service declined and their clients suffered. Furthermore, due to emotional distress, sleep disturbance, and intrusive thoughts of their clients' narratives, helping professionals' lives outside of work were affected (Eidelson, D'Alessio, & Eidelson, 2003; Follette et al., 1994; McCann & Pearlman, 1990; McLean et al., 2003).

Ample effort has been devoted to the study of vicarious influence among professionals who work with trauma victims. Some professional groups that have been studied are psychologists (Eidelson et al., 2003), counselors (Baird & Jenkins, 2003; Bell, 2003), social work clinicians (Cunningham, 2003), firefighters (Regehr, Hill, Knott, & Sault, 2003), and law enforcement professionals (Follette et al., 1994). Without manifesting the full spectrum of posttraumatic stress disorder symptoms, professionals at crisis-intervention agencies experienced intrusive imagery of their clients' experiences, incorporating painful images and emotions of their clients' traumatic memories into their own imagery system of memory through flashbacks, painful emotions, intrusive thoughts, or dreams (Baird & Jenkins). Like their trauma clients, professionals tried to avoid reminders of the specific aspects of their clients' traumatic memories (Fitzpatrick & Wilson, 1999).

Vicarious Traumatization (VT)

VT refers to harmful changes in trauma workers' views of themselves, others, and the world (Pearlman & Mac Ian, 1995). According to Pearlman and Saakvitne (1995), VT

refers to helping professionals' permanent conceptual change which is caused by their empathic work with trauma victims. Symptoms of VT include changes in cognitive frame of reference so that the individuals perceived their "identity, world view, and spirituality . . . affect tolerance, fundamental psychological needs, deeply held beliefs about self and others, interpersonal relationships, internal imagery, and physical presence in the world" (Pearlman & Saakvitne, p. 280) had been altered as a result of working with traumatized clients. In other words, the five key areas representing major psychological needs, namely trust, safety, control, esteem, and intimacy, have been affected (Pearlman & Saakvitne).

Coping

Coping is a responsive process used to eliminate or minimize negative emotions linked to the experience of stressful events (Lowe & Bennett, 2003; Snyder & Dinoff, 1999). Among frequently utilized coping strategies, adjusting to inadequate administrative processes or workload, receiving further training, seeking emotional support, and taking time for leisure or spiritual renewal were common. Some individuals used substances or emotional distance to numb their feelings. According to Lazarus and Folkman (as cited in Snyder & Dinoff, 1999), individuals utilized two levels of appraisal—primary and secondary—to decide what coping methods to use. Primary appraisal is the cognitive process that an individual uses to evaluate the harmfulness of a situation, whereas secondary appraisal is a process of searching for available resources that might help minimize harm. Depending on the evaluation outcomes of these two appraisals, the person then decides which coping strategies are the best to implement.

Lazarus and Folkman describe two types of coping: problem-focused and emotion-focused.

Problem-Focused Coping

Problem-focused coping is an effort to change or remove the source of stress. Shelter workers who participated in the Brown and O'Brien (1998) study voiced the need to employ more staff, lessen the division between supervisors and other staff, and have better communication. These suggestions were the workers' attempt to change the shelter environment and to eliminate a source of stress. Other examples of problem-focused coping have been found in training for new recruit firefighters (Brown, Mulhern, & Joseph, 2002), cutting back a counselor's client caseload (Baird & Jenkins, 2003), and providing well-organized patient information for nurses (Gelsema, van der Doef, Maes, Akerboom, & Verhoeven, 2005).

Emotion-Focused Coping

Emotion-focused coping strategies are efforts individuals make to manage their emotional responses to the stressor. The root of this type of coping could be traced to Freud's proposed concept of defense mechanisms that people utilize to avoid psychological pain or discomfort. However, defense mechanisms are different from coping strategies. Defense mechanisms attend to the past and occur unconsciously, whereas coping strategies focus consciously on the present and future. Emotion-focused coping strategies include seeking supervision, counseling, or other social support (Follette et al., 1994; Holmqvist & Andersen, 2003; Powell, Shahabi, & Thoresen, 2003). For example, Australian police officers in a study by Leonard and Alison (1999) used debriefing to process their feelings about being involved in shooting incidents. Other

ways of emotionally coping include leisure (Trenberth & Dewe, 2002), maintaining psychological boundaries between work and personal life (Dlugos & Friedlander, 2001), and spirituality (Bell, 2003; Dlugos & Friedlander; Larson, Swyers, & McCullough, 1997). Avoiding or denying a client's experiences (Baranowsky, 2002; Hesse, 2002), depersonalization (Baird & Jenkins, 2003), repressing negative thoughts, acting out aggression against significant others (Follette et al.), and substance use (Follette et al.; Wiesner, Windle, & Freeman, 2005) were also considered emotion-focused coping, but they were viewed as less effective in minimizing emotional pain and might cause more harm.

Summary

Providing shelter services for victims of IPV can be both stressful and rewarding for shelter caseworkers. The limited studies on shelter staff have been focused on the negative aspects of their experience, namely stress, burnout, and vicarious traumatization. Shelter caseworkers' experiences from various other angles remain unknown to researchers.

Attempting to find a guideline for understanding the possible experiences of shelter caseworkers, I acquired the concepts of person-context fit (Cable & DeRue, 2002; Judge & Cable, 1997) in occupational studies in addition to work stress, STS, and VT as my framework for appreciating caseworkers' experiences at women's shelters. In another attempt to comprehend some coping strategies that shelter caseworkers might use, I borrowed Lazarus and Folkman's (as cited in Snyder & Dinoff, 1999) concept of appraisal and coping types as an entrance avenue to explore shelter caseworkers' chosen coping methods.

Chapter 3

METHOD

Enriching the understanding of an experience is the primary goal of qualitative research (Polkinghorne, 2005). Previous studies on caseworkers in women's shelters provided readers with only a glimpse of their working experiences. Using a qualitative method to explore the phenomenon of caseworkers' work experience allowed me to delve into the wealth of each caseworker's unique experience and coping strategies and comprehend the observed phenomenon in a deeper way.

Philosophical Paradigm

Constructivists (Golinski, 2005) view paradigms as models that include beliefs, values, techniques, and knowledge that serve as solutions to cognitive challenges. Old paradigms cease to exist and are replaced by new ones when old ones fail to assist individuals to comprehend new situations. In this context, situations are either thoughts or events. This change of paradigm especially occurs when individuals encounter problems that cannot be solved with old skills. Finding solutions challenges individuals to find alternatives, and new paradigms thus evolve. Individuals who have the same exposure to an event, however, might interpret the incident differently.

Kant (1966) and Dilthey (1977) argue that the interactions of an external event and the individual's internal cognitive processing of the information make their perceptions of their experiences differ from one person to another. The contributing factors to this reality of diverse reactions to the same stimulus reside in the mind of each individual. This belief that reality is the product of an external event and an individual's subjective interpretation of that event is the core concept of the constructivism-interpretivism paradigm (Hansen, 2004; Ponterotto, 2005). Most of the time, people do not realize the hidden meaning of their interpretation, but through interaction and reflection, the hidden meaning of each construct can come to the surface. In a qualitative study, the interactive researcher-participant dialogue stimulates reflection and leads to researcher-participant co-constructed findings from their interactive dialogue and interpretation (Ponterotto).

Caseworkers at women's shelters react uniquely to their interactions with abused women because of the particular background each caseworker brings to her work. A constructivist paradigm could serve as a valuable instrument to uncover the various characteristics that contribute to caseworkers' experiences and their chosen coping strategies. Thus, this study was conducted using a phenomenological approach based on a constructivist philosophical paradigm.

Research Design

The design of this study was based on the purpose of the research and the underlying philosophical paradigm. My purpose in conducting a qualitative research study was to gather rich information on shelter caseworkers' experiences and coping strategies. The assumption from a constructivist paradigm is that researcher-participant

interactions will bring the participants' hidden subjective interpretation of their life events to the surface. Considering the above two reasons, semi-structured in-depth individual interviews were designed for use in this study.

Originally, two focus groups were designed as the pilot study to assist in the development of the semi-structured interview questions and to identify potential participants for this study. However, only one shelter caseworker responded to the invitation to participate in the pilot study. Due to lack of participants, the pilot study was cancelled. I proceeded to the main study, which consisted of individual interviews with shelter caseworkers.

The individual interviews were conducted at each participant's respective agency in a room where confidentiality could be maintained. Although two of the interviews were conducted by phone due to distance and a scheduling conflict, I was given a tour of the shelter when I first visited those two participants, both of whom worked at the same agency. Conducting interviews in the caseworkers' familiar context allowed participants to share their personal experience in a familiar and natural setting. Conducting interviews at participants' agencies also allowed me to observe interviewees' interactions with their clients and co-workers in their work environment. Things that were noted from my observation provided supporting evidence to the data collection.

Researcher-as-Instrument

Constructivist researchers are instrumental to meaning making and data interpretation (Morrow, 2005). They bring their personal experiences, biases, and assumptions to the research. These personal experiences, biases, and assumptions can influence participants' responses through researcher-participant interactions during the

research, especially regarding the interview process. Therefore, it is important for the qualitative researcher to keep reflexivity in mind through the entire process of the research study. Morrow suggested that qualitative researchers continue to examine the impact of those influential factors on data collection and data analysis. She also urged researchers to keep a self-reflective journal to safeguard the trustworthiness of the research. My self-reflective journal will be discussed in the section titled Safeguards for Trustworthiness.

Personal Experience with the Topic

For six years as a counselor in Taiwan I worked with abused women who had experienced intimate partner violence. I initially had some strong emotional reactions such as fear, anger, and nightmares when working with abused women. Through my work and reading in the field, I have learned the physical, emotional, and spiritual pain that abused women endure in a violent relationship. In addition, from my personal contacts with shelter caseworkers I noticed and understood that working with abused women could be emotionally rewarding as well as challenging.

Every genuine phenomenological researcher is guided by “prereflective as well as reflective insights” (Churchill, 2006, p. 85) into the nature of a formal investigation. My previous work experience with abused women inspired me to conduct this study. Due to a lack of IPV in my personal history, my first few months of working with abused women were traumatic. One of the caseworkers who worked with my clients at the shelter once told me that those uncomfortable feelings would become more tolerable later (R. Huang, personal communication, November, 1993). However, my reactions did not diminish over time. Through supervision and spiritual practices, I learned to cope with those

feelings more easily and thus could listen to my clients more attentively and provide better service.

Assumptions

Based on my experiences of working with abused women as a counselor and interacting with some shelter caseworkers in Taiwan, I maintained three general assumptions that underlie the conceptualization of this study: (a) Caseworkers at women's shelters are affected by seeing women who have suffered from being abused and by listening to their stories; (b) Caseworkers' personal histories with IPV or previous traumatic events play a role in the degree of impact they experience and the coping strategies they use; and (c) Caseworkers utilize coping strategies to maintain their well-being and work efficacy.

Biases and Bias Management

Researchers' biases are unavoidable (Haverkamp, 2005). The researchers' values, personal histories, and culturally shaped characteristics not only affect their approach to and interpretation of the observed phenomenon, but also trigger the interaction between the researcher and the participants. Even though I was cautious about my biases before going into the research, I noticed during the interviews and the analysis process that I was influenced at times by my spirituality and my work experience with abused women; I sought familiar and compatible experiences and coping strategies among the participants' stories. For instance, as a practicing Christian who believes that most people accept the existence of God or a Higher Power, when I started this research I unintentionally looked forward to hearing more about the participants' spiritual coping strategies. I even directed the first interview participant to talk about the influence of her spirituality on coping.

Later, I changed my approach of asking about participants' coping strategies to broader questions such as "How do you cope with those situations or feelings?" or "How do you take care of yourself?"

My previous experience of working with abused women also initially led me to seek comparable coping strategies in the research participants. Through the interview process, I learned to allow myself some quiet time before each interview with participants in this study; I stayed in my car for a few minutes to remind myself that I was going to listen with my heart and an open mind. After the interviews, I also spent some time reflecting on what I had just heard and my reactions to it. I also listened to the recorded interviews several times and compared what I thought I had heard with the transcripts.

Furthermore, as an Asian woman whose native language is not English, I tried to rephrase my questions when interviewees seemed not to understand my inquiry. I also paraphrased what I heard for accuracy.

Training and Experience in Qualitative Methods

I took two courses, *Qualitative Methods Inquiry* and *Advanced Qualitative Methods Inquiry*, during my doctoral training and conducted a qualitative research study, a course requirement, on farmers' lives in a Midwest state of the United States. I also co-conducted a qualitative research study on shelter caseworkers' experiences with spiritual and religious issues (Wu, Jones, & Boyer, 2004). I analyzed the data of these two studies manually. This study was my first experience of using computer software for the data analysis. I went through the data several times with different procedures to ensure that the themes which emerged reflected the participants' true voices. Debriefers and auditors were also of great assistance to ensure the representation of the participants' true voices.

Safeguards for Trustworthiness

Constructivist researchers are co-constructors of meaning and integral to the interpretation of the data (Morrow, 2005). Embracing the concept of researcher as instrument, constructivist researchers are aware of their subjectivity and manage it rigorously by “making their implicit assumptions and biases overt to themselves and others” (Morrow, p. 254) as well as by using reflexivity and presenting the voice of the participants fairly. To overcome my biases and to insure the trustworthiness of this study, I kept a self-reflective journal, used participant checks, processed the emerged themes and my reflections on data analysis with two peer debriefers, and consulted two auditors.

Self-reflective journal. Morrow (2005) suggested that researchers keep a self-reflective journal throughout the entire research study as an audit trail. This journal is an ongoing record of their “experiences, reactions, and emerging awareness of any assumptions or biases that come to the fore” (Morrow, p. 254). I followed Morrow’s suggestion closely and used self-reflection as an avenue to “accurately portray the meanings made by participants” (Morrow, 2006, p. 149). As soon as I completed each interview, I wrote down the feelings or thoughts I had during the interview as well as my impression about the interviewee and our interactions and my observations of the setting where the interview took place. It was helpful for me to track my reactions and their possible influence on the interviewee’s responses. For example, after my interview with Nancy I wrote:

I was very touched by the deep faith she showed through her verbal and facial expressions. I enjoyed our conversation. However, I hope my smiles and affirmation were not a factor in her focus on the positive aspect of religious

practice. Did she ever have doubts about God's love and support when the women whom she had helped went back to their abusers and continued to suffer?

I also added any afterthoughts to the journal during the process of data analysis. When analyzing the data from my interview with Nancy, I wrote:

Nancy probably could not admit that she had doubt or allow any doubt to linger in her mind too long. Although I did not ask her which church she belonged to, given the things I heard and observed at their agency, she and her co-workers or church members might feel they need to *totally* trust in God through their words and actions. Nancy used the word "blessing" many times: working at a Christ-centered agency is a *blessing*, being able to share faith with abused women is a *blessing*, and being able to pray with them is a *blessing*. Having any doubt might be perceived as betraying God's teaching or ungrateful to God's *blessings*.

I don't know what made me feel uneasy. I just feel something is not right. It might be the differences in expressing faith that exist between Nancy and me. I believe in God, but I have never actively invited others to go to church with me, nor have I shared my faith with them, unless they initiated the request. I value more the other's freedom of choice; Nancy values more the spreading of the Good News.

A benefit of journal-keeping was that it served as a constant reminder to check the role of my values and biases as they played out in my interaction with interviewees and in the data analysis process. It enhanced the presentation of the participants' true voice.

Participant checks. When the verbatim transcripts of the interviews were completed, a summary of the individual interview was sent to the interviewees to review

for accuracy and to add any thoughts that they believed had been missed. Along with the summary, a letter was sent to each participant to indicate the purpose of the summary copy and the participant's responsibility. Each of them was encouraged to add any afterthoughts they might have and return the transcripts to me if any corrections or additions were made; otherwise, I could assume that no changes were needed if I did not hear from them within two weeks after the transcript had been sent.

In addition to inviting interviewees to check for accuracy in the transcript summary, qualitative researchers need to reflect and interpret honestly the participant's meanings. My approach to minimizing misunderstanding and misinterpretation due to language barriers was to check with the interviewees periodically during the interview to reflect and to summarize what I had heard. The interviewees verified the accuracy of my understanding of their experience. Professional verbatim transcriptions also assisted in presenting the accurate messages the interviewees voiced.

Peer debriefers. Peer debriefers can serve as mirrors and sounding boards (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005). They can "reflect the investigator's responses to the research process" (Morrow, 2005, p. 254) and be devil's advocates who challenge the researcher to think and interpret alternatively. Two of my colleagues who had experience with qualitative studies served as debriefers. Each of the debriefers received copies of the 12 summarized interview transcriptions via e-mail. These copies were similar to the ones that were sent to participants for accuracy checks, except that all the participants' individual and corporate identities, including the name of the township they had mentioned during the interview, had been deleted from the transcriptions prior to sending them to preserve the confidentiality of the participants. After the debriefers

had read the transcriptions, I discussed over the phone, once with the first debriefer and twice with the second, the themes they had identified while reading the transcriptions. I shared with them my research and analysis procedures as well as the highlights of my reflective journal, and they gave me feedback and suggestions. Both debriefers agreed with my findings for the most part.

Auditors. Two auditors scrutinized my research process and results for trustworthiness. One, the chairperson of my dissertation committee, is experienced with qualitative inquiries and has directed many doctoral students' qualitative research projects. I met with her regularly and shared with her my research process and outcomes of each step of my data analysis. She listened very carefully and provided me with feedback and suggestions. I found my chairperson's advice valuable; it has enhanced the trustworthiness of this study.

The other auditor, a sociologist, has conducted several qualitative studies and also served as an auditor to several research projects. I met with her for the analysis process and to discuss the outcomes of the emerging themes from the data collected using the computer analysis software PQR N6. As a first-time user of the PQR N6 software, the second auditor's effort to cross-examine the appropriateness of my procedures was very important. Both auditors assisted me in assuring the rigor of this study.

Participants

Thirteen staff members who worked at women's shelters in a Midwest state were recruited to participate in this study through purposeful sampling. One of the thirteen participants was an administrator and did not work with the abused women directly. Thus, the interview with that participant was excluded from the data analysis. The rest of the

caseworkers in this study were individuals who worked with abused women and their children at women's shelters on a daily basis to assist with coping and recovering from intimate partner violence.

Table 1

Caseworkers' Demographic Information

Name	Race	Age	Ed	IPV History	A	B	C	D	E
Amber	AA	28	B	Family & friends	S	No	24	No	No
Charity	AA	48	B	Mother & friends	W	No	92	Yes	No
Denise	AS	50	B	None	M	Yes	27	Yes	Yes
Emily	C	41	H	None	M	Yes	6	No	No
Jane	C	25	B	None	M	No	4	No	No
Kim	AA	28	B	Friends	S	Yes	30	Yes	No
Mary	C	50	B	Self	M	No	144	Yes	No
Nancy	C	35	H	Self & mother	S	Yes	36	Yes	Yes
Rose	AA	42	B	Mother	S	No	92	Yes	No
Ruth	C	29	B	None	S	No	24	Yes	No
Teresa	C	23	B	Self	S	Yes	51	Yes	No
Tina	C	36	B	None	M	Yes	24	No	No

Note. Participants' names are pseudonyms.

Race: AA - African American, AS - Asian American, C - Caucasian.

Age: $M = 36.25$; $SD = 9.84$

Ed: Education; B - BA/BS, H - High School Diploma.

A: Marital Status (S - single, M - married, W - widowed).

B: Children living in the house.

C: Months of employment at current agency, $M = 45.16$; $SD = 41.99$.

D: Work mainly with women?

E: Discussion of spirituality allowed?

The participants' ages ranged from 23 to 50, with a mean age of 36.25 ($SD = 9.84$). Eleven of them identified themselves as Christians; among them, two participants specifically indicated being Catholics. One out of the twelve participants was an atheist. Nine participants had undergraduate degrees in the humanities, such as general studies, education, and social sciences. See Table 1 for additional demographic information.

The 12 participants' job titles included: director of shelter services, transitional manager, children's advocate, shelter case manager, family advocate, women's advocate, case manager, lead mentor, and children's case manager. The children's advocate or children's case manager also worked with children's mothers, especially at the intake and the handling of crises when they were on-call. These 12 caseworkers, representing five different shelters, have maintained employment in the same shelter from the start of their careers as caseworkers. Except Jane and Mary, none of the participants' former jobs or training included counseling skills or related helping skills. Jane and Mary worked in psychiatric units prior to their shelter employment,

Rationale for Sample Size

Sample size is an important concern for qualitative research. According to Sandelowski (1995), when the sample size is too small, it is difficult to reach data saturation or theoretical saturation. It also creates obstacles to attain informational redundancy. When it is too large, challenges to acquire a deep data analysis can be expected. I chose 12 interviews for this study because the information the 12 participants provided was rich and allowed me to reach data saturation relative to the experiences and coping strategies of the shelter caseworkers.

Sampling Strategies

The principle of appropriateness (Morse, 1991) requires an informant who is articulate, reflective, and willing to share with the interviewer (Coyne, 1997), as well as able to provide rich information. Using a purposeful sampling through peer referrals, I invited 13 caseworkers who were employed at women's shelters to participate in the study. However, the recruitment process was not smooth.

I had planned to conduct a pilot study and a formal study for this research. The pilot study would have consisted of two focus groups to assist with the development of the interview questions as well as to provide referrals for informants. However, none of the shelter directors responded to my inquiry for recruiting their caseworkers for the focus groups.

The original plan for the pilot study was to meet participants in a conference room in a Midwestern city to allow potential participants convenient access to the location and a safe, confidential space for sharing their stories. Participation in the study was to be voluntary and would not receive any incentive. Caseworkers who could participate in the pilot study would be excluded from the formal one and would be asked to refer potential participants for the formal study. The referred candidates for the formal study would, in turn, be asked to contact and refer others. However, due to a lack of participation, the pilot study was aborted. I proceeded with the main study after the IRB approved a modification of procedures. The main study was conducted six months after my first attempt to recruit participants for the pilot study.

The sampling strategy for the formal study involved contacting shelter directors. Two shelter directors were key components to the success of the recruitment. The sampling strategy was to engage those two directors in the recruitment task by communicating to them my evolving interest on the topic and the contribution that this study might bring to other shelters and caseworkers in the United States and Taiwan. I also described the qualifications for participation and participants' rights and responsibilities. Each participant received a \$10 gift certificate to a local retail store as a token of appreciation for her time. The directors provided names of caseworkers from

their respective shelters. One of the directors also provided contact information for several other shelters in various areas. This contact information was not listed in the regular phone books and could not be obtained from an Internet search. All the shelter directors who talked with me over the phone indicated their enthusiasm and promised to provide any assistance I needed for the study. Appointments with caseworkers referred by their shelter directors were set up shortly after my conversations with their respective directors.

Recruitment

Gaining entry. After the IRB at Indiana State University granted approval, I sent letters to 10 shelter directors in a Midwest state, followed by phone messages. Three weeks later, one of the shelter directors met with me to learn more about the nature of this study. She gave me names of the caseworkers at her agency and the contact information of other shelter directors in the same Midwest state. I contacted the caseworkers at that director's agency. One of them responded and from her, I was able to engage two other shelter caseworkers. From the referrals of other shelter directors, I recruited five more staff members who worked at women's shelters.

My other avenue for gaining entry was through a CEO of a shelter agency in the Midwest section of the United States. The CEO introduced me to several of the caseworkers at her agency. From that agency, I was able to secure five participants for this study.

Researcher roles and relationships. My main role in this study was as a facilitator. However, I also built good rapport with each participant through sharing of background as a person who had worked with abused women. The connection formed by the

similarity of the population we served helped the participants to open up to me more easily. However, the sharing of my experience also caused some miscommunication at the beginning of this study; one of the participants tried to focus on the traumatic aspects of her experience and felt confused when her experiences were different from mine. I corrected this perception by adding a comment, “Those were my initial reactions, but not everyone who works with abused women would have the same reactions. I am interested in knowing *yours*.”

Source of Data

The main source of data for this study was the individual interviews that were conducted. Each interview lasted 60-90 minutes except one which lasted for only 20 minutes. The 20-minute interview was included in the study because the participant’s endorsements were similar to those of other participants. Furthermore, her inability to engage in a longer interview provided a good example of the shelter work situation itself. Other supporting data included the researcher’s fieldnotes and reflection journals.

Interviews

Each of the individual interviews was conducted at the respective agency where the caseworker worked. Most of the caseworkers in this study did not have a personal office; they shared office spaces such as cubicles. To preserve confidentiality, some interviews were conducted in a conference room, some in an unoccupied children’s playroom. A beauty parlor (at the agency) and a very crowded “multipurpose” room were also used. Two of the interviews, however, were conducted via phone due to geographic distance. All interviews were audiotaped and transcribed verbatim. Fieldnotes with the researcher’s reflections were recorded immediately after each interview.

The semi-structured interview questions were developed prior to the interviews. Based on my interest in this study, I composed several questions and discussed them with my dissertation committee and with the chairperson of the committee. I incorporated committee members' suggestions and finalized the semi-structured interview questions, which can be found in Appendix A.

After the interviews were completed, copies of the original audiotapes were given to a transcriber for verbatim transcriptions. The transcriber signed a service contract to consent to observe confidentiality. A summary of the interview, in verbatim format, was sent to its respective interviewee for accuracy checks. Each participant was encouraged to make any additions or changes she thought necessary. Two minor typographic changes suggested by one interviewee were incorporated into the data for analysis. The other participants did not suggest any changes.

Fieldnotes

Upon the completion of each interview, I wrote down or dictated onto my audio-recorder my impression about the interviewee and our interaction, along with my observations of the setting where the interview took place. My impression of the shelter in general was recorded at that time, if I had not done so while waiting for the meeting. All the fieldnotes served as supplementary evidence when I analyzed the data and discussed the findings with my debriefers and auditors.

Shelter facility in general. The participants were very kind and welcoming. Participants from four of the five participating shelters gave me a tour of their agency prior to our interviews. Three shelters were specifically designed for shelter services and have many family rooms for abused women and their children, rooms for all donated

items (e.g., clothing, toys, beddings, house supplies, etc.), living rooms with homey settings, kitchen(s), a communal dining room, laundry rooms, and play rooms for children. They also had classrooms for educational programs or group counseling for the women and children who stayed there. One shelter, located in a large house in a residential area, also had the above facilities, but with fewer rooms. All of the shelters were equipped with surveillance cameras that monitor the traffic in the parking lot and at all the entrances. In addition, each of the four shelters had a security room that was located at the main entrance of the shelter. In that security room the staff or volunteers could observe through the monitors all the motion outside and at the entrances.

Although two interviews were conducted over the phone, I was given a tour and was introduced to almost every staff member, including the administrators, of that agency. The architecture of that agency was very beautiful. According to Rose, my “tour guide,” the shelter had just moved into that new building two years ago. The CEO of their agency was the main designer of the shelter services center, which included an administrative section, shelter, and a daycare for small children. From one of the two living rooms, a serene private backyard could be seen. Rose explained that they had tried their best to provide a safe and comfortable haven for women and children who were trying to heal their wounds from IPV.

Some of the interviews were scheduled one or two weeks before the Thanksgiving holidays. Coordinating vacation time and on-call duties was quite challenging for shelter caseworkers, especially since most of the shelters were understaffed. One of the participants chose to be on duty during the Thanksgiving weekend so that her colleagues

could spend time with their families. Although she could take time off for Christmas, she expressed feeling guilty because she knew how busy it would be for her co-workers.

A Christian faith-based shelter. One of the shelters was a Christian faith-based agency. The first sign that greeted me when I entered that shelter was a big wall decoration stating, "Jesus Is the Center of My Life." It was the only shelter that I had visited which encouraged staff members to invite shelter residents to use Christian faith and prayers for healing. However, if shelter residents chose not to practice the Christian faith, the staff members respected their decisions. Before giving me a tour, the staff member put signs at every entrance of the shelter to let shelter residents and other staff members know that she was giving me a tour. She explained that the shelter was a temporary home to the women and children who had suffered IPV. Out of courtesy, the residents needed to be notified when there was an outsider in the house, even though a staff member escorted that person. Sensitivity to the residents' needs and feelings was observed through the entire tour.

Hospitality experienced at shelters. All the participants from the five shelters were very hospitable. They greeted me warmly and spent time sharing their stories with me generously. Sixty to 90 minutes for interviews was a great amount of time being taken out of their busy schedules. However, I had their full attention during our individual interviews.

Researcher's emotional reactions during interviews. Emotional reactions to outside stimuli are unavoidable in interpersonal contacts. Qualitative researchers need to be aware of emotional arousal in the research process. I noticed that when listening to some of the experiences the interviewees shared, I had some emotions, mostly sadness

and gratitude. I felt very touched when interviewees talked about their passion for serving abused women and children. Their faces lit up when they mentioned that it was a great joy for them to be able to help even one woman to move on to a healthy and independent life and not to have to suffer from fear of IPV. However, I was frequently saddened by the traumas they shared. I felt sorrow when an interviewee recalled a traumatic event that had happened a few years ago; she had to take a day off when she read from the newspaper that one of the women whom she had worked with went back to her abusive partner and was killed by that partner.

All these fieldnote contents were discussed with my debriefers to examine how my experiences may have influenced my interactions with my interviewees and my data outcomes. My debriefers did not notice any negative impact on my interactions; neither did they find biases to my data results due to those events.

Data Analysis

Data in a qualitative research study are typically collected through interviewing, participant-observation, document analysis, literature review, or a combination of two or more of these techniques. Given its naturalistic setting and subjective approach, the process of data analysis and the interpretation of data findings are crucial in telling the true stories of the participants (Jones, 2002). Furthermore, the data resources of qualitative research usually come in various forms (e.g., transcripts, documents, fieldnotes) that are relatively unstructured and considered inappropriate to reduce to numbers. Thus, analyzing qualitative data can be overwhelming and very time-consuming. To assist with the process, I used the NUD*IST QSR N6 computer software.

Means of Analysis

My research questions were centered on *what experiences* the caseworkers at women's shelters had and *what coping strategies* they used. To examine these phenomena, I combined two sets of methods in the process of data analysis. One method was the intentional analysis for phenomenological approach (Churchill, 2006). The other method was the constant comparative method (Strauss & Corbin, 1998).

Intentional analysis. Consciousness does not exist independently by itself; it is "conscious of something" (Wertz, 2005, p. 168). The effort to gain insight into an event through the processes of perceiving, thinking, imagining, speaking, and feeling actually involves a larger process that is influenced by our individual past in a socially shared context such as our culture and collective values (Wertz). As a researcher, I needed to be aware of *how* I perceived the experiences caseworkers shared when I tried to understand their stories. That meant paying attention to the influence of my values, biases, and past experience working with abused women during the data analysis process. My self-reflection journal was a helpful tool for enhancing my awareness.

Constant comparative method. I used the constant comparative method to sort through the data and look for themes that emerged in the process. With assistance from N6 (QSR International Pty. Ltd., 2002) computer software for qualitative research, I used the constant comparative method to analyze each individual interview as well as to perform cross case analyses. The constant comparative method is a system grounded theorists employ to conceptualize the relations among the units conceptualized from raw material for research (Fassinger, 2005; Rennie, 2006). However, it is also a common method adopted by qualitative researchers across paradigms. There are three stages of

data analysis in the constant comparative method: open coding, axial coding, and selective coding.

Open coding is the process of examining and sorting the data, giving a title to each unit, and categorizing them accordingly. Axial coding is a further step for developing, expanding, and organizing the categories. In the third step, selective coding, researchers select the core category and systematically relate it to other categories, validating relationships and refining categories as needed. In addition, this final stage of analysis is designed to build toward overarching themes for an integrated explanation of what has been found (Rubin & Rubin, 1995). When the researcher has reached conceptual redundancy, this part of data analysis is complete.

N6 computer software. The computer-assisted qualitative data analysis tool QSR N6 is the newest version of NUD*IST. This qualitative data analysis software allows researchers to analyze the data from code-based research efficiently and to organize data in order. It also records all stages of the analysis process. All the documents need to be converted to plain text records before using the N6 program for the code-and-retrieve method, which relies on the user's command for the coding process.

Procedures of Analysis - Coding

To ensure the accuracy of interview transcriptions, each participant received a summary of her respective interview. She was invited to make any corrections or add any afterthoughts she perceived to be important. None of the participants made corrections or added anything, except for one interviewee who made a suggestion to change two typographical errors in her copy. An outline of data analysis procedures can be found in Table 2.

Table 2

Coding Strategy

-
1. A professional transcriber transcribed each audio taped interview and returned interview transcripts to the researcher.
 2. The researcher read the transcripts twice while listening to the audio taped interviews for accuracy of the transcripts.
 3. Each interview transcript was read a third time. The long narrative for a single message was edited for length and clarity, but the essential meaning preserved. The researcher sent a copy of the shortened version of the transcript to its corresponding participant for review, correction, and suggestions.
 4. The participants' suggestions were incorporated into the original transcripts for the first phase of data analysis—extraction of meaning-units from each transcript.
 5. The meaning-units from each transcript were compared across cases. Similar notions were grouped together with a new name that represented the grouped meaning-units. A list of major themes was created.
 6. Copies of simplified interview transcripts and the list of major themes were sent to two peer debriefers for review and suggestions. Themes identified by the peer debriefers were similar to the ones the researcher identified.
 7. The researcher discussed emerging themes with the first auditor and received suggestions for expansion. Themes were reorganized and expanded accordingly with sub-themes for clarity. Two overarching themes were identified.
 8. The researcher and the second auditor examined the researcher's N6 coding procedures and reviewed the emerged and developed themes. A third overarching theme was added.
 9. The researcher finalized the codes and the sub-themes under each overarching theme. A conceptual framework according to the emerging themes was created. The final list of themes contained three major themes and 12 sub-themes.
-

Open coding. I read the transcriptions twice. I also made notes on some of the themes among the interviewees' experiences and coping strategies that I had noticed

through reading. This process was open coding, according to the constant comparative method.

Browsing and axial coding. I imported all 12 plain text-formatted interview transcriptions into the N6 program. For easier coding, I set sentences as the text unit so that each sentence could be coded when appropriate. Each interview document was given an alias for easy recognition. A description based on each interviewee's demographic information was recorded in the *Document Description* section. Later, I added my impression about each interviewee's agency to the *Memo* section of the *Document Explorer* in N6.

The N6 program has a function called *Node Explorer*, in which all the topics, ideas, people, things, places, and so forth, in a project can be categorized hierarchically. The notion of *Node* is similar to *code* in qualitative analysis. I started to create some nodes (i.e., codes) in this section by using the themes I had noticed when I read through the transcriptions. I also categorized and expanded those themes to make them more reflective of the data. I then used the *Document Explorer* to browse the content of each interview and code them accordingly. When I came to an experience or coping strategy that had not been created, I added it under a new code.

When I finished the browsing and coding task, I printed out the first full text report that contained all the documents and a summary of the codes each interview had received. For instance, Jane's (an alias assigned by this researcher) report listed our conversation sentence by sentence. Each sentence had a number indicating its position in the text. In the top section of the full text report, a summary of the codes was listed as follows:

(1 1) /Experiences/Current Work Experience

++ Units: 2-2 59-59 74-75 77-78 81-81 95-99 110-111 124-124
137-138 140-140 144-145 157-158 176-176 183-183 186-188

(1 2) /Experiences/Past Work Experience

++ Units: 4-4 15-18 26-26 336-344

(1 3 1) /Experiences/Personal History/Abuse

++Units: 332-333

(1 3 2) /Experiences/Personal History/Educational Background

++Units: 54-54 95-96

(1 3 3) /Experiences/Personal History/Interest

++Units: 5-5 7-9

(1 3 4) /Experiences/Personal History/Marital or dating Status

++Units: 198-199 205-205 212-213

(2 1) /Coping/Individual Strategies

++Units: 166-168 194-196 198-199 201-201 222-222 226-226

(2 2) /Coping/Work Place

++Units: 59-59 73-75 192-192

(2 3) /Coping/Social Circle

++Units: 202-203 237-237 245-245 250-251 254-254 263-267

The bold numbers in parentheses were the hierarchical position of the code, followed by their titles to the right of the same line. Under each code is a list of all the units from Jane's interview document that had been coded for that specific code.

This process was the axial coding in which I organized the titles (nodes/codes) from the open coding to two main nodes, namely *Experiences* and *Coping*. Under *Experiences*, there were three sub-nodes: *Current Work Experience*, *Past Work Experience*, and *Personal History*. Under *Coping*, there were three sub-nodes: *Individual Strategies*, *Work Place*, and *Social Circle*. Later, I added four sub-nodes (*Abuse*, *Educational Background*, *Interest*, *Marital or Dating Status*) under *Personal History*. The main part of this coding process was done before browsing and coding the document, and a small portion was added during the process of browsing the documents.

Later in the process, I further expanded some of the sub-nodes. This process allowed me to look at an important theme that had evolved from a discussion with one of my auditors. We had noticed that meaning making seemed essential to the participants' experiences and their coping strategies. It was the perceived importance of doing something good for others or for the abused women and children that brought the caseworkers to their employment at women's shelters and to their seeking coping strategies to maintain and enhance their physical, emotional, and spiritual well-being as well as their professional capability to serve their clients.

Selective coding. A second set of reports from N6 was created for the purpose of selective coding that contained the individual codes with the referred content from each interview. This output from the second set of reports provided a clearer picture of and easier access to each code. I read the second set of reports several times and made notes indicating my thoughts regarding the categorization. I also discussed my coding experience and findings with my main auditor. I then made changes according to our discussion and merged some codes while others were moved to their appropriate coding.

This latter process was done by reading the coded contents and the original full text two to three times to ensure the appropriateness of code merging and selecting.

A chart entitled *Caseworkers' Experiences and Coping Strategies Check List* (see Appendix B) was created as a result of the selective coding process. The checklist served as the base for finalizing the selective coding, as well as a tool to assist my debriefers in examining the accuracy and appropriateness of my coding.

Additional Process - Analytic Induction

Morrow (2006) suggested an additional step—Erickson's analytic induction—to enhance the rigor of the investigation. This process involves a broader immersion in the data. Although the process of immersion was performed throughout the entire data analysis process, this final immersion allowed me to carefully examine the overarching themes and inconsistencies revealed in the data or results. When disconfirming evidence was detected, I contacted participants for additional information or clarification of discrepant information (Morrow). This final procedure was important for the rigor and trustworthiness of the research.

Summary

I used a qualitative research design to enrich the understanding of the experiences and coping strategies among caseworkers at women's shelters. Based on the constructivism-interpretivism paradigm (Hansen, 2004; Ponterotto, 2005), semi-structured in-depth individual interviews were conducted to investigate caseworkers experiences and coping strategies. The participants were 12 caseworkers who worked at five different women's shelters in a Midwest state. Audiotaped interviews were transcribed verbatim by a professional transcriber. The data were analyzed with the

assistance of qualitative data analysis software, PQR N6, based on the constant comparative method and Erickson's method of analytic induction. Self-reflective journals, participant checks, and consultations with peer debriefers and auditors to scrutinize the research process and safeguard trustworthiness.

Chapter 4

RESULTS

This chapter contains a description of the three major themes that emerged from the participants' narratives: work motivation, shelter work experience, and coping resources. Under each major category, sub-categories are used for a clearer presentation of each categorical theme. Participant quotes are used to provide evidence and context for each theme.

Work Motivation

Work motivation appeared to be separate from participants' current work experiences and coping resources, and yet it seemed to influence caseworkers' experiences at women's shelters and their intentions to cope. This work motivation appeared to arise from either participants' personal history of IPV, their exposure to IPV, or altruism, and contributed to participants' intention to continue IPV work. See Table 3.

History of IPV

Six out of 12 participating caseworkers had personally survived IPV or witnessed IPV among their family members prior to their employment at a women's shelter. Among those six participants, two were victims of sexual abuse or sexual assault by someone

they knew. Nancy, Mary, and Rose concluded that helping abused women in the shelter was their “mission.”

Table 3

Frequency Themes - Motivation

Participants	1	2	3	4	5	6	7	8	9	10	11	12
Source of Motivation												
History of IPV	X	X					X	X	X		X	
Exposure to IPV	X	X				X	X					
Altruism	X	X	X		X	X				X	X	

Note. The numbers above correspond with the following participants: 1 - Amber, 2 - Charity, 3 - Denise, 4 - Denise, 5 - Jane, 6 - Kim, 7 - Mary, 8 - Nancy, 9 - Rose, 10 - Ruth, 11 - Teresa, 12 - Tina.

Nancy was the only one among the participants who identified herself as a survivor of IPV. Her mother also experienced IPV when Nancy was a toddler. Nancy had been abused by her boyfriend, her daughter’s father, for five years before she broke up with him. Nancy, however, did not become involved with shelter work until six or seven years after her broken relationship because she could not deal with her emotional pain. During those years she tried to numb her feelings with alcohol and drugs. Years later, Nancy became involved with volunteer work at a women’s shelter and was led to her current position. She indicated that her initial hesitancy in working with abused women was due to her fear: “I didn’t want to interact with them too much because I didn’t want to take myself back to my experiences.” However, after having worked at her current position for three years, Nancy felt the need to continue her work to help other women who suffered from IPV. She noted that “as survivors, my mom and I felt we needed to come over here and do something to help other women.”

As a teenager, Mary was sexually abused by a neighbor; it was a story that she had never shared with anyone except her husband. Mary's initial IPV exposure came about almost 20 years ago. She went to school with a woman who was in pre-law. Mary learned about Lisa Bianco's case from that friend as well as from the news reports. According to Mary, Ms. Bianco was a shelter worker who also suffered IPV. Her ex-husband received an eight-hour pass (usually for a home visit) from the prison where he served a sentence for battering his ex-wife. He went to her house and beat her to death. When I asked Mary how she felt about Ms. Bianco's tragic death, she commented, "I was so angry. I get angry to this day. I don't understand the mentality of how somebody could do that [i.e., abuse an intimate partner and even beat her to death]."

Mary did not seek any volunteer position or employment at women's shelters right away. She was led to her current employment by her evening volunteer work providing recreational programs at a women's shelter. Mary quit her job at the Department of Family and Children (DFC) to take a case manager's position at her current agency. She has been working at her agency for 12 years. She noted: "It is a mission. I truly love it. I want to teach and help women because nobody deserves that."

Rose "grew up in a household where [her] mother was a victim of domestic violence." Rose's stepfather was the abuser. According to Rose, her mother "got out of that situation and had good support from [Rose's] grandparents." Rose originally sought employment as a clerical assistant at her agency. When the position of shelter case manager opened, she took that opportunity and has been working in her current position for more than seven years. She noted that her work at the shelter was "not just a job . . . I

feel this is what I was called to do so I try to do it to the best of my ability. . . . It's a mission."

Other participants who reported a history of IPV included Teresa, Amber, and Charity. Teresa was sexually assaulted by someone she knew when she was a sophomore in college. She started doing volunteer work at her current shelter during her college years. Although Amber and Charity had worked elsewhere, when they learned a position opened at a shelter, they took the offer and have been working at their respective agencies ever since their first involvement with shelter work. They indicated that their history of IPV was why they responded to the shelter work.

Exposure to IPV

Four participants (including three who had a personal history of IPV) had witnessed their friends being the victims of IPV or learned about a tragic incident of IPV from the mass media (in Mary's case). Five out of twelve participants did not have a personal history of IPV. They sought employment at a women's shelter for one of the two reasons: convenience (e.g., Tina, Emily, and Ruth) or interest (e.g., Jane, Denise). These five participants, although without a personal history of IPV, expressed an increase of interest in helping survivors of IPV since their involvement with shelter work.

Tina worked as a nanny for years. When she and her husband moved to their current house, she wanted to find a job related to childcare. She responded to a job opening for a Children's Advocate at her current agency. Emily's situation was similar. She worked with children as an instructional assistant for eight years and wanted to do something different, yet still with children. She also applied for a job at her agency as a Children's Advocate. Ruth had taught in an elementary school for a while. She attended a

church-sponsored one-year school program for adults and needed to work part-time. Her friend who was once an employee at a shelter introduced Ruth to work at her current agency. Ruth started with a part-time position for a year and at the end of that year, she stayed because she liked her work. Similarly, Jane's and Denise's interest in working with abused women increased after they were exposed to shelter work.

Altruism

Jane and Denise expressed that they were interested in helping women. Jane wrote a paper on IPV for one of her undergraduate class assignments. When Jane wanted to find a job different from working at a psychiatric unit, she sought employment at a women's shelter. At the psychiatric institution she had worked with some survivors of IPV. She commented, "It just fascinated me to talk to them to see how strong they were." Denise, a converted Christian, searched for answers to her questions: "What is it that I really need to do?" and "What is this [i.e., faith-in-practice] all about?" She noted that she wanted to help people, especially "to do a job where [she] could be of help to women." When Denise noticed a counselor's position open at a shelter, she applied and was offered a different position—her current one—because she was not qualified for the counselor's position. She remarked that "it was just a progression of what I wanted to help people one-on-one." Denise called her work at women's shelter "a ministry."

Amber expressed that she was always interested in social services and helping others. Charity, Kim, and Ruth have been active in their respective church activities, especially the outreach programs. Through her church, Charity helped the homeless and drug addicts on street. Ruth had been to the Third World countries with her church members several times to help women in rural areas. These participants' interest in

helping others also motivated them to help the shelter residents become independent and free of abuse.

All participants in this study indicated that they wanted to continue working at their current agency. In addition to those participants who perceived their shelter work as their mission, the participants gave as reasons for wanting to continue their careers comments such as “strong passion” (Teresa), “working at the right place” (Denise), “a feminist empowering women” (Jane and Tina), “a job with a conscience” (Tina), “enjoying working with co-workers” (Ruth), and helping shelter residents make a successful transition to a life free of violence (endorsed by most participants). However, although Teresa expressed a strong desire to work with abused women in the shelter, she might change her career if she continues to struggle financially. Yet, with her passion for shelter work, she noted that she “may come back to this work one day.”

Shelter Work Experiences

Three major themes related to participants’ shelter-work experiences emerged from their narratives: environment (experiences related to workplace), individual (experiences related to personal background and symptomology), and social life (experiences related to interactions with families and friends). Under each major theme, the clustered sub-themes are displayed (Table 4). In this section, caseworkers’ experiences will be discussed under the related themes. Due to the significant amount of descriptions, I selected the most representative quotes to express similar comments.

Table 4

Frequency Themes - Shelter Work Experiences

Participants:	1	2	3	4	5	6	7	8	9	10	11	12
Shelter Work Experiences												
Environment												
Challenges												
Stressful work	X	X	X	X		X	X		X	X	X	
Spiritual practice			X					X				
Financial strains	X	X			X	X	X			X	X	X
Support												
Peers/staff meetings	X	X	X	X	X	X	X	X	X	X	X	X
Supervisors	X		X		X			X		X		
Gradual work exposure	X	X	X	X	X		X	X		X	X	X
Training	X	X	X	X	X	X	X	X	X	X	X	X
Clients												
Worst situations	X		X	X		X		X		X	X	X
Close identification						X		X	X	X	X	
Cultural differences		X	X	X		X		X	X	X		
Negativity	X		X	X		X	X	X				
Return to abuser	X	X	X			X	X	X	X	X	X	
Killed		X					X					
Successful transition		X		X	X	X	X	X	X	X	X	
Appreciation	X	X		X	X	X	X	X		X	X	
Individual												
Contribution from the Past												
IPV		X					X	X		X	X	X
Previous work	X	X	X	X	X	X	X	X		X		X
Drugs & alcohol*		X			X		X	X				
Symptoms												
Thoughts intrusion	X	X	X	X	X	X	X	X	X	X	X	X
Avoidance	X	X	X	X	X	X	X	X	X	X	X	X
Sleep disturbances			X			X			X	X	X	
Vigilance	X			X		X	X	X	X	X	X	
Social Life												
Limited time	X	X	X	X	X	X		X		X	X	X
Understanding	X		X	X	X	X	X	X		X	X	X
Intimate relationship						X			X		X	
Influence family & friends	X	X	X	X	X	X	X	X	X	X	X	X

Note. The numbers above correspond with the following participants: 1 - Amber, 2 - Charity, 3 - Denise, 4 - Denise, 5 - Jane, 6 - Kim, 7 - Mary, 8 - Nancy, 9 - Rose, 10 - Ruth, 11 - Teresa, 12 - Tina.

Rose's symptoms occurred when she was 2½ years into her current position.

Drugs & alcohol* refer to participants who either worked with the substance abuse population or who used substances as a coping strategy.

Workplace

Under this category, participants' descriptions related to their work content and work environment were grouped into three sub-categories: challenges, supportive workplace, and clients. Challenges included stressful work, discussion of spiritual issues with their clients, and the financial strain shelters faced. Supportive workplace referred to the support caseworkers in this study received at work, including support from peers and supervisors, training, and gradual work exposure.

Challenges. The participants in this study reported that their work was quite stressful. Their schedules were interrupted frequently because they had to attend to clients' emotional and physical needs in a timely manner. Some women presented psychological symptoms during their stay. Jane noted that she and her co-workers often had "to find resources for those women," which included "referring them to mental health providers." Jane made a lot of referrals for her clients who had mental health concerns. Nancy and Denise also connected shelter residents with community resources. In addition, some children at the shelter acted out their needs or withdrew from others. Amber noted that in those situations, she "tried to be patient and understanding" to ease the children's pain. In addition, Mary remarked that "shelter residents' needs were more urgent and required more immediate attention than those who had moved to the transitional housing." Thus, caseworkers were challenged frequently by many urgent situations while working at women's shelters.

At times, participants sacrificed meal time to take care of shelter emergencies. Denise tried to eat her lunch regularly, but "sometimes it was difficult because you are always in a rush." She further noted that in trying to do well professionally, she felt like

she was being “drained” sometimes. Denise was not alone. Tina did not have time for lunch and brought it to our interview, but left it almost untouched after the interview. She noted that she planned to take a few minutes for rest before she proceeded to her next task in the afternoon.

Denise noted that she worked “four days a week for 10 hours each day, followed by three days off.” When she got home from work, she was exhausted. She further mentioned that she did not exercise (walking on a treadmill at home) for months due to her busy work schedule and fatigue after work. Amber echoed that she went to bed early on weekdays if she could. Teresa and Kim also made similar comments: Teresa did not “have time for exercise or social activities,” whereas Kim had difficulty finding time for “taking care of [herself] physically, emotionally, and spiritually.”

All participants indicated that they had to take turns being on-call. The on-call duties interrupted caseworkers’ off-work schedules. The day before our interview, Amber was on-call. She described the situation:

I just arrived at my house from work when I received a phone call from the shelter. I ended up going back to work to bring a new client to the shelter. I then went back home to eat my dinner and was called in again.

Amber further noted that it was common for her to go back to work a couple of times when she was on-call. However, the on-call hours did not count as regular hours. She, like the other participants, was “salaried and [didn’t] get paid for it,” even though they might have spent most of their weekend taking care of shelter emergencies due to being on-call.

In addition, participants reported that they needed to document every interaction they had with clients, including the programs they ran, which added to their stress level. Charity disliked this part and commented, “Unfortunately, everything is bureaucracy, even if it is not-for-profit.” Kim echoed: “We do have to document everything we do, too. So there is a lot of writing.”

Among the five participating shelters, only one allowed and encouraged staff members to use the Christian faith as a tool for assisting shelter residents’ recovery from the psychological and physical pains caused by IPV. Other agencies forbade caseworkers to mention religion or spirituality to their clients. When talking about participants’ spiritual needs, I observed a difference in participants’ reactions. Participants from the Christian faith-based shelter appeared to be happy and proud that they not only used prayers as their coping, but also “prayers as a tool” to help their clients recover from abuse. On the contrary, participants from the other four participating shelters appeared to be cautious. They chose their wording carefully when they described how they attended to shelter residents’ spiritual needs.

Denise and Nancy worked at the same agency, a Christian-based shelter. They felt positive about sharing their faith with their clients and helping their recovery with spiritual tools. Denise noted that being able to share her faith was “what [she] liked about this shelter.” Workers at her agency were “free to point everybody to Christ.” Nancy seconded Denise’s comments: “We are not only able to share experiences with the women and help them with their journey, but also pray with them. A lot of places don’t allow that and that is a huge support system.”

Charity, a minister at her church, stressed that she respected her agency's policy and her clients' rights; she would not initiate a conversation with her clients on spiritual issues. Even if her clients wanted to talk about spiritual issues, she would refer them to church leaders in the local area. She would not use the word *God*, but instead she used the phrase *Higher Power* to indicate God. Charity further commented that in the past "people got sued for religious discrimination" at her agency.

Some participants mentioned that their salary was not high. Amber remarked, "I think everybody in this field is like that. It is anybody that works for a not-for-profit agency. You know that before you go into it that the pay isn't very high." She further noted that it was "not anything to complain about." Other participants also asserted that the salary did not matter much because they perceived their work to be rewarding. Mary and Nancy even sacrificed their financial comfort when they took on shelter work. Nancy described her current financial situation:

Being a single mother in itself is hard. Paying the bills on a social work salary is hard. It is hard sometimes when my daughter wants to go to a movie and I can't give her the 30 dollars that her friend's mom gave her. I can only give her the 8 dollars to get into the movies but she understands that.

Teresa's situation was worse than Nancy's. As a single mother with a two-month-old son, she could not afford childcare or babysitting. She brought her son to work every day and her co-workers would help her watch her son while she took care of her clients' needs. On the day of our interview, she commented, "Oh, it's horrible. I get by, but we get paid on Friday and I have 20 dollars to get through the next two weeks. Diapers aren't cheap so that's a big part of it."

Two participants mentioned that they also had side jobs to supplement their income. Charity ran a home-based business, was a minister at her church, and managed a band that traveled to other cities at times for performances. Teresa did not mention specifically what side job she had, but she indicated that she was “working in alternatives.”

The national and local economic situation also affected program operation at the shelters by causing less income to the agency from donations or fundraising. Consequently, downsizing was necessary and some programs were cut or decreased. Several caseworkers noted their sense of helplessness when they could not give women or children what they could have if there were no financial strain at their agency. Mary worried about whether they could be funded next year. Amber was frustrated because she was unable to provide more programs for the children in their shelter. Tina was a children’s advocate last year and has been assigned to coordinate fundraising in addition to coordinating the interns’ and volunteers’ programs. Tina indicated that due to financial strain, her agency had “cut back one staff position.”

Supportive workplace. Every participant remarked that her agency was very supportive and empowered her to do the best work she could. Charity remarked, “We do have a pretty close support unit here because we know this job can be a high stress level job.” Similar statements were voiced across cases.

All the participating shelters had regular staff meetings, some weekly or biweekly, some several times a week. The meetings were for the purpose of informing the staff and one another where each client was in her recovery and progress. However, according to

the participants, the meetings also served as a sounding board for them to share their ideas and frustrations about the work.

Jane noted that their staff meetings could last two to three hours “because everybody was bumping ideas off each other.” She liked her agency and her co-workers: “Here at this agency, everybody knows everybody and everybody forms this tight-knit support system.” Her co-workers also noted the same thing; they felt a strong support from their colleagues.

The situation at other shelters was similar. Nancy called her agency “the best place” for work. Ruth indicated that she enjoyed working at her agency and interacting with her co-workers:

I really like people who work here and I like the environment. . . . That is kind of a rare thing to find a group of people you really like working with and that you enjoy coming to work. It is an atmosphere that is family-oriented and we take care of each other.

On a different note, Teresa was the only participant who pointed out a difference between the direct service staff and the administrative staff. Teresa noted that her direct services team members were very supportive. She and three other direct service staff (caseworkers) worked closely with their volunteers to take care of the shelter residents’ needs and to respond to their 24-hour crisis line. At the end of the day, direct service staff members were still handling some emergencies and were unable to leave at that time. By contrast, the administrative staff could “leave their unfinished work for the next day.” Teresa commented that this situation “was not very problematic during non-holiday seasons” when they had volunteers sharing the phone duties. Teresa appeared to be

stressed during our interview, which was scheduled a week before the Thanksgiving holidays.

Every participant reported that she and her coworkers worked as a team and shared clients' information with one another. A client might see caseworker A for her individual goal plan, but she also attended the educational program that was run by caseworker B. Caseworker C, who interacted with that client when she was on-call, also had a piece of information to share with caseworkers A and B. It was common to see three caseworkers presenting the same client at the staff meeting so that the team could assess the client from different aspects and develop a more holistic strategic plan for that client.

Some caseworkers talked about other support which came from their supervisors. They reported to their supervisors what they did with their clients and received feedback, which was "very helpful" for most of them who mentioned supervision. When Denise met with her supervisor, she frequently asked, "Did I do something wrong? Could I have done it differently?" She talked about "good things and negative things" she encountered that week with her supervisor at the supervision. Kim also indicated: "If I need something, I go to my immediate supervisor. She used to be an advocate so she feels the pain and things we go through. . . . There's no problem going to her with anything, even personal things."

Training also received every participant's endorsement. It appeared to be one of the significant components for efficient shelter work. Intra-agency training provided new staff with an opportunity to learn "the history, policies, and some housekeeping regulations" of their agency. It also provided a good orientation for the new employee so

that she could “shadow the more experienced ones for a week or two” before she started officially.

The five participating shelters were in the same Midwestern state. A statewide coalition offered several training programs and workshops annually, according to Amber. The topics of these training programs covered a variety of themes that caseworkers encountered frequently. Some of the topics were concerned with psychological information, such as mental illness (e.g., depression, personality disorders, SIDS) and, according to Ruth, how to work with clients with mental illness. Some topics were related to legal issues such as immigration regulations and gave caseworkers updated information about “abuse, protective orders, child and elder abuse, and immigration laws” (Charity). For children’s advocates, special topics on children’s needs and behavioral problems had previously been offered. Other topics such as cultural awareness, taken by Rose, and working with the Hispanic population, taken by Ruth, were presented a couple of times.

Among those topics, most of the participants in this study had attended the same workshop on vicarious traumatization a couple of years ago. From that workshop, caseworkers learned to “avoid stimuli associated with the trauma” (Denise) shelter residents shared. They also learned from that workshop as well as from their senior colleagues to “leave work at work.” “Leave work at work” sounded like a mantra to me when it was mentioned several times in each interview.

Several participants mentioned the benefits of gradual exposure to working with survivors of IPV. The gradual exposure helped them to become familiar with their job responsibilities and work content. Some participants started their shelter employment as

volunteers or part-time staff. Some who were hired as full-time staff had opportunities to shadow or observe other seasoned staff.

When Amber first started working at her agency, she did not have the Children's Advocate position. She was part-time and part-time weekend staff. At that time she worked in a different building where she "didn't interact with the women as much as I do now obviously." Even having had the Children's Advocate position for a year, she did it gradually: "For the first year, I was here [i.e., transitional house and administrative building]. For the first six months I was part-time and then the second six months of my first year, I was full-time. I wasn't working with the kids as much as I am now. I think that was kind of a good thing because I have learned a lot because of what goes on here." Teresa also went through a similar path as a volunteer, a part-time staff member, and then finally a full-time staff member.

Denise shadowed other staff members as part of her job orientation. After a week of training, new staff members were asked to "do shadowing for a week." Denise "shadowed on different shifts" during that week. She indicated the shadowing was helpful because it gave her "a better sense of what was going on in the shelter."

Clients. Some participants stated that when they first started working at the shelter, they felt nervous, even though they had gone through intra-agency training. Denise noted: "It was scary because I think not knowing, even though we had the training, I didn't really know what to expect. Then meeting the different women that are here was hard because there are some that are really broken." Ruth also voiced similar reactions in that she felt overwhelmed with her first real experience working with survivors of IPV. Similarly, when Teresa first worked at the shelter, she was nervous for one or two months

because she was not sure how many emergency calls she had to respond to and she worried that she might “say the wrong thing.”

Some participants indicated that they felt sorry for their clients in the beginning of their employment. Kim admitted that this was her reaction when she first worked at her agency: “In the beginning, I couldn’t stop feeling sorry for the shelter residents. I was feeling sorry for people when I was at home. I would bring things from home if they didn’t have things.”

Some caseworkers indicated that it was very difficult for them to see women and children suffering from IPV. Tina recalled a situation in which she was shocked and was unable to greet the abused woman with her usual calmness. The woman “not only had a black eye, but her whole entire side of her face was swelled up.” Tina described her reaction to the scene as a “wow, my God” moment, even though she identified herself as an atheist. She found it “hard to find words to give her some sort of pep talk.” Two caseworkers, each of whose job titles was Children’s Advocate, noted that “when the children had to be removed from their mother by the Child Protective Services, it was very difficult for [them] to watch” the situation.

When a caseworker and her client had certain resemblances, working with that client became more difficult. When Teresa was pregnant with her son, a pregnant woman similar in age and stage of pregnancy came to the shelter. The woman was also a substance user. Teresa commented: “That person was probably the hardest one I have had to deal with, a situation that I couldn’t deal with at that point and time in my life.” Teresa referred that client to one of her colleagues.

Kim talked about a similar situation, although she did not refer her clients; she realized that she was very frustrated for them. As a young single mother, Kim “worked very hard to provide [her] son with a safe home and to be strong for [her] son.” She commented on her reactions to some women with children:

[Working with] some of them is frustrating because a lot of them do have potential; they are just not ready to commit to making a change. It does affect me when I see a lot of young mothers who are not ready or not motivated for change.

You have to make an example for your children. You have to want more!

Kim further noted that she did not want those women and their children to “continue to be trapped in the cycles of abuse.” She wished those young mothers could “make changes to break the cycle and create a new life for themselves and their children.”

Mary, a survivor of sexual abuse, and Nancy, a survivor of IPV, also recalled some of their reactions, especially when they first began working at their agencies. Both Mary and Nancy worked 70 hours a week when they started. They “did whatever [they] could to be helpful.” Mary noted “that’s where you get in trouble and you are never home. I didn’t know how to pace myself.” Nancy also immersed herself in helping the families with whom she worked. She remarked, “It is easy for me to lose track of time and easy for me to want to do more and more. ”

Some participants indicated that dealing with cultural differences that existed between workers and clients was challenging to them at times. Kim experienced her clients’ negative attitudes due to her being a young African American woman:

A lot of people were very open, but some people were naive to me being an African American and me being a young woman like I haven't experienced it or I am not aware and I may not be educated enough.

Denise, an Asian American, also noted that it was sometimes annoying that some of her clients would not "look at you or even acknowledge that [she was] there" to work with them and help them.

Emily, a Caucasian caseworker, also experienced some challenges and had to find ways to earn trust and cooperation from her African American clients. She also noticed that the children who came to the shelter with their mothers had very different needs from those of the children with whom she had worked in the education field: the "needs of the children at the shelter were the basic needs of survival, such as food, clothing, and safety."

The five participating shelters housed residents of different age groups, races, ethnicity, faiths, sexual orientations, and social economic status. Most of the participating shelters discussed cultural issues at their staff meetings at times. Some caseworkers who worked with the Hispanic population were specifically encouraged to attend workshops on how to work with Hispanics.

Many women who had lived in an abusive environment for years "developed some unhealthy surviving strategies," noted Mary; manipulation and lying were very common. Caseworkers in this study indicated that dealing with residents' manipulation and dishonesty was very challenging as well as stressful. Even with years of shelter work experiences, they still "get burned enough times," commented Mary, the most experienced caseworker among the 12 participants.

A recent experience of Mary's feeling of being "burned" was with a woman with two teen-age daughters. The woman "made excuses for not attending shelter programs and left a messy room behind when she and her daughters left the shelter." She told Mary that she was "looking for a job in a bigger city and would go back to the shelter to clean their room" after her job search. The woman never did what she had promised; she did not look for a job, either. Mary commented, "I was very disappointed because I was hoping she wouldn't do this. Not just for her but she had teen-age girls that needed to see that. It scared me for them."

Some clients brought to the shelter an attitude of negativity that challenged and frustrated caseworkers. One of the big adjustments for the shelter residents was to observe shelter rules. Both Mary and Denise mentioned that "with 20-30 residents, and sometimes more, in the shelter, certain policies and regulations were required" (Mary) to maintain order in the shelter. Some women followed the rules better than others. For those who had difficulties following shelter rules, caseworkers would "try to help them adjust to the shelter living." When caseworkers enforced those house rules, they received "bitter criticism" in return at times. Denise noted that sometimes those clients "took it out on" her.

Kim also experienced clients' negativity. She had a client who "wanted to blame somebody for everything. . . . She had nobody else to blame" but Kim. Kim recalled: "Some were unable to see anything positive. Nothing was good for them. They also refused to cooperate with any program that required their participation."

Survivors of IPV usually went back to their abusers several times before they finally determined to leave forever. Mary worried about those women:

I worry especially when they go back to the abuser. I really do worry. I hope she's okay. We have told her all these things but when she's gone, we hope she does do it. A lot of us get embarrassed or feel ashamed that our clients have gone back when they shouldn't. I worry that I didn't say anything that would make her offended and if she feels she needs to come back, she could do that.

For clients who have been to the shelter a number of times and are known to caseworkers there, their return to their abuser made caseworkers worry for them more. Both Teresa and Ruth noted that they seemed to know those clients on a "deeper level" and to "become emotionally attached." Ruth noted: "I think that was a lot more devastating. . . . I realize that the deeper the relationship I have with the person, the more it affects me and my emotions." Ruth's experience was seconded by Teresa's: "We have a woman who has been here 9-10 times and those are the ones that really get to me because I know them personally."

Sometimes caseworkers learned that a former client was killed by the abuser after she had returned to her partner. That was very difficult for the shelter staff, especially for the caseworker(s) who had worked with that client. Charity received this tragic news about her clients a couple of times:

During my time here, there are those that don't make it. I have picked up a piece of the paper and seen a couple of our clients that have died as a result, have been murdered, as a result of domestic violence. It is very traumatic. . . . That is very heart-wrenching. I can tell all over the shelter that there is a sense of sadness because we knew that person. One of the ladies was killed and I had some of her things in my locker that she asked me to keep. It is very heart-wrenching.

I was saddened as I listened to Charity's story. I asked her what she did the day she learned about her client's death. She said that she was very sad and felt as though she had lost a family member. She took a day off because she was unable to focus on her work.

Mary also had a former client who was killed by her abuser. Mary had worked with her former client, Susan, for about a year. When she decided to leave her abuser, Mary and her agency made a safety plan for her. Two days before Christmas that year, Mary received a phone call and learned that Susan had been killed by her ex-husband. "It was very tragic," noted Mary and recalled her initial reaction: "I don't want to do this anymore. Believe it or not, we really do care."

Working at women's shelters had rewarding moments. Participants in this study noted two things as rewarding: women's successful transition to a new independent life and clients' appreciation. They indicated that seeing women successfully break away from their abusers and start a new and independent life was their "best reward." Charity indicated that when it happened, she felt "a great sense of accomplishment." Mary and Charity both expressed their joy when they received appreciation from their former clients and learned that their clients were doing fine.

Many survivors of IPV returned to their abusers several times before they can finally leave their abusive situation. When one woman could finally break the abuse cycle and be free of abuse, caseworkers rejoiced with her. Jane especially loved to see her clients "rediscover that they can do stuff on their own and rediscover that they don't need a partner in their life." Many times shelter residents shared with caseworkers that they were happy that they could "hold down a job, go to school and do all this stuff and make it all work."

Nancy and Teresa both noted that even if they could only touch a shelter resident's heart and make a difference in her life, "it made up for the other hundred" (Nancy). One of Teresa's clients had been in an abusive relationship for 15 years and was not allowed to make phone calls or leave her house. When that woman found her own apartment, got her first job, and lived with her children happily, Teresa felt that "that's well worth it" and she "would do it again in a heartbeat just to see that one woman."

Nancy summed up the joy and positive energy caseworkers experienced when a woman went through the program successfully:

Seeing women move into their own house that they have just bought or their own apartment that they just put the deposit down on. Seeing a child that came in three months ago that wouldn't look at anybody and wouldn't play with the kids and wouldn't smile. Then, three months later they are raising ruckus and having a good time and talking to everybody, saying words they weren't saying before when they were toddlers. Seeing a woman's face when she walks across the stage to get her GED certificate at 42. Watching a woman taking her driving test in her forties because she has never been able to drive. He would never let her. Those are the things that get me through the days when they go back into a very dangerous situation or make choices to stay with her family that aren't necessarily, from what she has shared with us, healthy.

Caseworkers who interacted with children who came to the shelter with their mothers also indicated that seeing positive changes in children's behavior was also rewarding. Mary noticed that children's behaviors changed over time and commented

that “kids really do come out of their shells when they are safe.” Amber also commented that “it [was] a reward when you [saw] them having a good time.”

Not all shelter residents were negative. Some of them were very cooperative. Many of them have continued to contact their caseworkers after they have left the shelter. They also thanked their caseworkers for the assistance they received at the shelter. For the women’s safety, caseworkers “were not permitted to initiate contact with the women after they had left the shelter,” noted Mary. When women called and let caseworkers know their current situation, it was a great comfort for caseworkers. Mary even called that “one of the greatest things and the greatest form of flattery.”

Individual

Contribution from the past. As a survivor of IPV who is still struggling for a full recovery, Nancy’s role in helping women of IPV was as a “role model” for them. She let her clients know that she had survived IPV and there were still days when she fought her “deep-rooted fear caused by years of abuse by [her] boyfriend.” From her clients’ reactions and feedback, Nancy thought her clients appreciated her being a role model for them.

Ruth did not have a personal history of IPV. She noted that this lack of IPV history was “good and bad” for her shelter work. She perceived it to be good because she was “less likely to be traumatized again by those violent stories.” However, she felt sometimes “she could not relate to those women because [she] did not have those experiences.” Tina also mentioned that not having a history of IPV kept her “own mental state stable because [she was] somewhat removed from being traumatized again” by the exposure to women’s trauma at work.

According to the participants in this study, many of their residents used alcohol as well as legal and illegal drugs. Charity noted: “Drugs and alcohol, as you know, impacts a lot of our client's lives. If they themselves are not involved with drug and alcohol abuse, it’s sometimes their domestic partner.” Caseworkers also encountered clients who had mental health problems. Participants who had worked in the fields related to substance abuse or mental health found this experience helpful. Tina and Emily also noted that they could relate to children better due to their past work with them.

Mary “worked in addiction and also on the psychiatric unit.” She “moved around the AA groups because a lot of people who were mentally ill did a lot of drugs.” Charity seconded: “I think the work I did previously before coming here, working with the homeless population, working often with drug-addicted or alcohol-addicted, helped me tremendously. It also helps me in communicating with my clients.” Nancy “used alcohol as a way of coping” when she was in an abusive relationship that had taken place many years before her employment at the shelter. She noted that she “knew why those women used drugs and alcohol because [she] had been there.” Mary, Charity, and Nancy felt confident when they worked with clients who struggled with substance abuse.

Jane, on the other hand, worked “on the inpatient unit for two and one-half years.” She noted: “On an inpatient unit you get to see people at their worst. So, that helped me a lot with different dilemmas and different emotional dilemmas that clients here get themselves into.” Kim had worked in the social services field and knew many community resources. She noted that she could use her knowledge about the available resources to help shelter residents.

Participants who had worked with children prior to their shelter employment indicated that they were able to transfer their experiences to working with the children at shelter. Amber, Emily, and Tina remarked that it was difficult for them to see children suffer from IPV. Amber tried to implement a variety of programs for children's recovery. One of the programs was to invite local college students in the music department to conduct free music therapy for the children at her shelter. Although Ruth had been an elementary teacher for years, she did not want to work with the children at the shelter. She remarked that it was too difficult for her to see children suffer from the impact of IPV.

Symptoms. Participants reported some physical and psychological symptoms from their exposure to their clients' traumas such as intrusive thoughts and emotional reactions after work, sleep disturbances, vigilance, worldview change, and avoiding things that resembled their clients' stories. Most participants indicated that they "tried not to think of women's stories after work" (Ruth, several participants echoed). Sometimes they were able to block those things out, but most of the time it was not that easy, according to Ruth, Denise, and Kim. Some of them reported physical and psychological reactions to their clients' narratives or seeing the effects of IPV on shelter residents.

Thinking about what they saw or heard at work when they got home seemed to be common. Although they all indicated that they tried to leave work at work, several participants mentioned that it was difficult to separate work from home. Emily admitted that she "always" thought of her clients even though she was home. Rose had similar struggles:

How do you not take the problems home? How do you deal with it without becoming so overwhelmed? That was a struggle for me to be able to sit down and not to take in other people's problems and their crisis and their needs; they were hopeless and helpless. How can you serve without taking on that burden?

Further, Kim acknowledged that she did not realize “how difficult it was to listen to shelter residents’ stories” because she tended “to block stuff out.” She noted that her “mind was always going” and “even if I am not thinking, I think subconsciously; it is still going.”

Rose had severe sleep problems several years ago when she was “two and one-half years into [her] current employment.” Her health became a big concern. Under doctor’s orders, she took six weeks off: “There was a time in my life doing this job that I became overwhelmed and had to take a leave of absence. It stressed me and I couldn’t balance it out.” Kim had been working at her agency for two and one-half years. She indicated that she had problems with sleep and intrusive thoughts from her interactions with her clients, especially from the stories they shared: “I have always had problems sleeping. I do sometimes probably just think of what I have to do. . . . I think my mind is always going.” Teresa also reported that she had nightmares, especially if she had “heard something about kids.” She dreamed about “what happened and what could potentially happen.” From the narratives of Rose, Kim, and Ruth, two and one-half years into the shelter employment appeared to be indicative to the development of emotional and physical symptoms.

Furthermore, things in home life could be triggers to recall the terrible stories caseworkers heard from their clients. Denise noted that when she watched “Law &

Order” and similar television programs, she felt “angry and you know it is real. It does happen to others and that’s very sad.” Several participants indicated that they tried not to watch certain TV programs, such as “Law & Order” and 911 related shows. Jane and Amber tried to stay busy after work. Amber specifically indicated that she tried to distract herself by doing something else whenever she thought of her clients’ stories after work.

Several participants indicated that after they had been working at the shelter for a while, they were no longer “naïve;” they became more cautious about dating and tried to educate their family and friends about the dangers of IPV. This was especially true of those participants who did not have a personal history of IPV. Before Kim was exposed to IPV at work, she “did not even think IPV could happen close to home.” Kim and Amber learned from their clients that IPV “could happen to anybody.” Kim commented, “People are going on dates and then people are dying the same day so I am very aware.”

Ruth described her change clearly. She did not have a personal history of IPV. Although she had helped some of her students’ families deal with domestic violence issues when she was an elementary school teacher, working in a shelter and being exposed to the survivors’ worst situations had a great impact on her. She noted, “I think sometimes my point of view of the world has changed a lot where I feel like everyone is in a domestic violence relationship. I have this mindset that everyone is getting beat up.”

Ruth’s worldview was extreme among participants. However, every interviewee stated that she was very aware of the prevalence of IPV in society and was “cautious” about being the next victim of IPV. The interviewees also reminded their family and friends from time to time about the prevalence of IPV and its impact on the individuals and the families of those involved in cases of IPV.

Ruth, Kim, Denise, and Charity mentioned that at times they had difficulty listening to their clients' narratives. Ruth's narrative illustrated her occasional emotional incapability:

I can listen to story after story and it doesn't bother me. Then one woman will come in and her story will be completely awful to me. Then I am exhausted by that. Sometimes I don't know why certain stories bother me. There was one a few weeks ago that I was really wiped out, but it was because that week I had dealt with a child getting abused. It was just a hard week.

Social Life

Limited time. Participants' personal lives were affected by their work at women's shelters, including their interactions with their families and friends. Nancy's relationship with her teenage daughter was affected during her first four months into her current position. Nancy spent many hours after work helping shelter residents and finding resources for them. She could not keep her promise to her daughter that she would be home at a certain time. It took her a long time to win her daughter's trust back.

Charity commented that "with my church, my business, I don't have time to be stressed." Her schedule was arranged three months in advance. However, emergencies occurred frequently at the shelter and Charity "had to respond to the emergency and to rearrange [her] schedule" because the shelter could not find others for a backup. Charity perceived that situation as stressful because she did "not prepare to come in to work." She did not like her schedule to be disrupted.

Understanding. Other caseworkers also noted that the irregularity of their work schedule, especially their on-call duties, affected their family and social life. When they

were on-call, they could not go far from home. Even if the events were in town, caseworkers could be called out at any time. Amber learned to warn her family members and friends ahead of time: “When I am on-call, I can be present for the event, but I need to leave as soon as I am called in to take care of an emergency in the shelter.” Sometimes Amber’s family members and friends got “a little upset.” To avoid that unpleasant situation, Amber often did not schedule anything when she was on-call. However, most of the participants stated that their family and friends could appreciate their work demands and continued to support them.

Intimate relationships. Several caseworkers acknowledged that their work had a direct impact on how they operate in their own home life, according to Rose. Rose prioritized work over romantic relationships. When she was off work, self-care was her priority so that she could be refreshed the next day for work. When her dates could not respect her needs, she would “eliminate that person from [her] life.” She also chose to be single because she did not think she could manage well both her work and family life.

Kim was cautious about the kind of people she allowed around herself and her son: “I am very leery about who I see and talk to because people are crazy and it affects my life. It makes me mindful that, if you don’t have this, this, and that then I won’t talk to you. It makes you very mindful of what you do outside of here.” Teresa shared a similar reaction: “I learned what to look for in a man so that I can avoid an abusive situation.”

Influence on family and friends. Working with survivors of IPV, caseworkers not only advocated for the safety of the women at the shelter, they also tried to help their family members and friends be aware of IPV and its impact on individuals and family life. Several participants mentioned that they usually shared their knowledge about IPV with

their family and friends. “I am very informative and let them know that this is what I do for a living. . . . I am always telling people what they can do so they will be safer,” said Kim, “I tried to be a good resource to my friends.” Rose and Teresa made similar comments. Ruth talked not only to her friends about IPV, but also to fellow passengers on planes when she traveled. Ruth stated that sometimes “people who sat next to me on the plane would tell me their own stories of being abused.”

Coping

To manage stress and challenges from work, shelter caseworkers in this study employed a variety of methods to minimize the impact of the negative aspects of their experience on their personal lives and professional development. They managed their stress and challenges through personal, social, and professional coping resources (Table 5). Personal coping resources were individual actions or resources caseworkers used to take care of their emotional and physical needs. Social coping resources were the assistance caseworkers sought from their social circles. Professional coping resources were the support caseworkers sought from their workplace and the interventions they took to alleviate work stress or to enhance their professional skills.

Personal Coping Resources

The participants in this study used or tried to use several methods to maintain their emotional and physical well-being. In this section, personal coping strategies are listed according to the frequency of being mentioned by caseworkers.

Avoidance. This strategy received the participants’ most frequent endorsement; ten of them stated that regarding the sad and violent stories they heard from their clients at work, they “would try not to think about them” when they were off work. The majority

of them said that they *tried* to “leave work at work.” Ruth specifically attempted not to think about work when she was at home. She said, “I do not want to ever think about that in my house because then it will be associated with that. . . . I try to leave work at work.” Amber also remarked that she tried not to think about “some really bad things that have happened.”

Table 5

Frequency Themes - Coping

Participants:	1	2	3	4	5	6	7	8	9	10	11	12
Coping Resources												
Personal												
Avoiding triggers	X	X	X	X	X	X	X	X	X	X	X	X
Time with family/friends	X	X	X	X	X	X	X	X		X	X	X
Acceptance		X	X	X	X	X	X		X	X	X	X
Spiritual practice		X	X			X		X	X	X	X	
Exercise	X		X		X					X	X	X
Quiet space	X					X	X		X	X		
Music		X		X		X			X			X
Social Coping Resources												
Social support	X	X	X	X	X	X	X	X	X	X	X	X
Healthy relationship										X		
Professional												
Staff Meetings	X	X	X	X	X	X	X	X	X	X	X	X
Supervisors	X	X	X	X		X				X		X
Co-workers	X	X	X	X	X	X	X	X	X	X	X	X
Flexible time	X	X			X	X				X		X
Training	X	X	X	X	X	X	X	X	X	X	X	X
Spiritual Practice			X					X				
Suggestions												
More money	X	X			X	X	X			X	X	X
More staff	X				X		X				X	X
Women's retreat		X	X			X		X		X		
Mental health days	X	X	X			X				X		
Third-party evaluator								X				
Reaching out		X										

Note. The numbers above correspond with the following participants: 1 - Amber, 2 - Charity, 3 - Denise, 4 - Denise, 5 - Jane, 6 - Kim, 7 - Mary, 8 - Nancy, 9 - Rose, 10 - Ruth, 11 - Teresa, 12 - Tina.

Participants also indicated that they would try not to watch certain TV programs, such as “Law & Order.” “Those things were so real,” commented Denise. Ruth also mentioned that when she watched TV, she had to make sure that [she didn’t] watch any programs that show family violence. She switched channels whenever she saw violent actions, such as slapping, pushing, or hitting. Yet, sometimes even after having switched to another channel, she was unable to focus on the TV screen because she thought of her clients’ situations.

Time with family and friends. The caseworkers’ second most frequent strategy was spending time with family and friends. Nine out of 12 participants indicated that on their days off, they spent time with their family or friends. On weekends Amber was “so busy with [her] family and friends” because she not only “enjoyed [her] family and friends on the weekends,” but she felt she could “kind of be in a different mind set” at those moments when surrounded by them. Others echoed her sentiments; most of them spent time with their family or friends “for comfort and support” (Jane).

Acceptance—conceptual or attitudinal change. The third most commonly utilized strategy among the participants was to accept the reality of the clients’ situations, the policies and regulations of the agency, or the caseworkers’ own limitations. Kim talked about how she dealt with challenging clients: “A lot of people aren’t motivated to make a change. . . . I think those are challenging people to work with; you want to help them, but within the 30-60 days, there is only so much you can do.”

Several participants named accepting and respecting their clients’ not-so-good decisions as challenging. Mary noted,

I think a big part is the understanding that is what [our clients] are going to do. . . .

I can't set my own goals on them. I can't do that. These are their goals. If their goal is to reconcile, then that is what they need to do.

Teresa seconded Mary's comment by acknowledging that

[My client] knows herself better than I know her. I firmly believe that if someone is forced to leave and come into the shelter to leave an abusive relationship and they really don't want to, then they will go back. I don't want to ever be that person who forces them to do that because it's not going to fit.

Mary further asserted: "I do understand where they are coming from so if they really mess up, I try to ask and look at it objectively."

Rose and Charity voiced their realization of their personal limitations—they could not say "yes" to everyone who asked for their help, and they needed to take care of themselves physically and emotionally. Rose said, "We can make an effort, but we just can't help everybody." Charity also remarked, "You have to come to the realization that you just can't save everyone that you want to. You just do the best you can."

Spiritual practice. Seven participants indicated that they prayed when they were challenged at work or heard something unbearable from their clients. All seven specified that spiritual practice was their daily routine; they began their day with prayers or a devotion. Teresa went to church daily. Charity listened to the Bible-on-CD daily. Denise noted that she went through her days at work by saying "many prayers." Denise was not alone with that practice; Nancy expressed proudly that she "prayed all the time" because her "life and work were all part of her prayers."

Exercise. Seven participants supported using exercise as a coping strategy.

Among them, only Jane and Tina exercised regularly, but the others did so whenever their time and energy permitted. Jane was in a Tae Kwon Do instructor program. She usually “went to the Tae Kwon Do center to help them out” when she was not working at the shelter. Tina, on the other hand, practiced belly dance. She had been “studying belly dance for about 12 years” at the time of our interview.

Quiet space. Quiet space here refers to finding time to be alone for self-care. Five participants tried to find quiet time either at home or in their workplace to collect their thoughts and take care of their emotional reactions to the interactions they had with their clients. Amber kept her Friday evening as her quiet time when she “usually stayed home alone without doing anything special.” Ruth also “spent time alone whenever [she could].” Both Mary and Rose set aside a period of time for quietness. Mary required her family to give her 20-30 minutes to be alone when she got home:

Do not ask me a question. Give me 20-30 minutes by myself. Don't make me do anything. I just need to have some quiet time to just let me regroup. . . . I go to the other room and I either read my e-mail, play a game, or something, but I am by myself.

Rose did the same at home:

If I am working in chaos and working with people in crisis, I don't want to go home and be in that same situation. . . . When I came from work, I needed an hour to unwind. I didn't want to talk. I just needed time to myself.

As a single mother with a six-year-old son, Kim could not have the needed quiet time when she got home; her son's needs came first. However, Kim's mother took Kim's son to her place once a month on a weekend so that Kim could have some "*me time*."

Music. Five participants enjoyed listening to music to ease their stress. Rose especially liked relaxation music: "I keep a stack of relaxation CDs in the drawer at work." She noted, "when I am in that zone where it is totally crazy in here and I think I am about to lose it, I will put in my relaxation CDs." Charity played "a bass guitar, especially on the long weekends." She also was involved in concerts "locally and out of state." She had "a full five-piece band" with which she traveled.

Other strategies. Some caseworkers mentioned setting boundaries such as "not staying in the office too long after work" (Amber), outdoor activities, counseling, sleep or napping, planning ahead, taking a bubble bath, massage, joking, reading, watching TV (non-violent shows), cooking, playing cards or bingo, making jokes (about clients' annoying behaviors), keeping a sense of humor, doing things for self, allowing time for healing, and balanced diet as good coping. Each of these methods received one to four endorsements.

Although less commonly used among the participants of this study, two of these personal coping strategies were worth our attention—keeping a sense of humor and doing things for self. Mary noted that the shelter residents who manipulated were "in their survivor mode." She noted: "I still got burned and that was okay because they were doing what they had to do. If you don't have a good sense of humor about it, then you don't need to be in this business." Nancy, on the other hand, indicated that although she attended movies or church activities or did something with her daughter during her time

off work, she had done those things for her daughter or for her church. She realized that she seldom initiated something merely because she wanted to entertain herself, so she tried to be more mindful of doing things for herself.

Social Coping Resources

Social support. All the caseworkers in this study asserted that their family and friends were very supportive of their shelter work. “They are very happy that I work here;” (Rose) “everybody supported;” (Emily) “my husband, my mom, and my church members are very supportive;” (Jane) and “my family are proud of the work that I do” (Amber) were some of the statements participants provided as evidence of the support they received.

Among the support the participants mentioned, Nancy’s appeared to be unique. Nancy noted that she had a tendency to put others’ needs over her own. She learned to “put people in [her] support system” to help her take care of herself. She called them her “accountability partners.” She went to therapy at times “to process through different things either in [her] past that was brought up or just the whole vicarious trauma thing.” She noted,

I put people as safeguards in my life to make sure that I take care of myself. . . . I am learning, just the last couple of years, to allow people to be my support. . . . Just in confessing that to the people that I have met through church, to family members, to my chiropractor, and to my doctor [that] I [need to] take care of myself. I meet with an accountability partner on a weekly basis.

Teresa knew a priest and could go to him for guidance when she needed a sounding board. She said, “If things are hard here, I find time to talk with him. I have that hypothetical situation with him, and he is very helpful.”

Several participants directly or indirectly stated that they let their family and friends know how they could be of help. Rose advocated good communication: “Communication is the key. If you don’t tell a person what you need or what you require, then how can you expect them to meet those needs?” Denise’s husband and children understood Denise’s situation and “pitched in if they knew I was working at a certain time.”

Friends with healthy relationships. Ruth was the only person who indicated that her friends who were in healthy relationships and children who did not suffer from abuse were a good counterbalance for her. “Seeing and listening to the sad things in the shelter was difficult. . . . When I was overwhelmed, I go to my friends, especially those who were in healthy relationships.” They not only provided their friendly support, but their presence also balanced Ruth’s altered worldview in which “everyone is getting beat up.”

Professional Coping Resources

Caseworkers in this study encountered challenges every day at work and sought from their workplaces resources that could address the issues at work. Two of the most common resources caseworkers had from work were support from colleagues and training provided by their agency or through the statewide coalition against domestic violence. In this section I present various professional coping resources caseworkers utilized for professional enrichment under two major categories—resources at the

workplace and training. Caseworkers' suggestions to their agencies are presented at the end of this section.

Workplace resources. The participants identified several coping resources at their workplaces, including staff meetings, co-workers, supervisors, and other minor resources, such as on-site therapists for staff and shelter residents when they needed counseling. In addition, caseworkers were encouraged by their supervisors to seek community resources for professional needs, such as legal matters and social benefits for shelter residents.

Staff meetings served as a focal point for informational exchange, strategic planning, and emotional venting. Amber noted that their weekly Friday meeting was "the place where each person went around and said what she had done that week. That was the place to learn what was going on with everybody else, too." Jane added, "Our staff meeting [could] sometimes last for two to three hours . . . because everybody was bumping ideas off each other." Staff meetings at Charity's agency were held twice a week. Charity described their staff meetings as "tremendously helpful because the resources were shared."

Caseworkers could also vent their negative emotions at staff meetings. Ruth indicated that she took care of her work stress sometimes by "talking to other co-workers and venting it out a little bit . . . [and] sometimes making jokes." She commented that "although joking was not the most appropriate thing, sometimes [they] joked about it because it made light of the situation."

Denise's agency, a Christian faith-based center, had different meetings for different staff groups. They also had quarterly meetings, which they called retreats. Their

quarterly staff meetings had a spiritual component that was not shared by other shelters.

Denise elaborated on their quarterly meetings with the following description:

Quarterly we have our retreat where we go off site and spend the whole day learning mainly, looking at the Bible and what the Bible tells us to do. . . . We get to know each other. We have lunch together with the mentors and the administrative staff.

The participants noted that their colleagues were very supportive of one another; some of them described that they were “like a family” and that they could “read each other.” Charity and her band sometimes went to other cities for performances. She noted: “If I have something that particular week and I am under contract, I will have another advocate work that week. . . . We co-workers are very good on that and try to help each other on that.” Kim had similar experiences. She felt that she and her co-workers “mend[ed] each other” and supported each other. She further noted, “If something happened or if I needed some time, they would support me because of the job we do.”

Co-workers at times also had to advocate for their colleagues. Kim had a client who was “manipulative and wrote an untruthful grievance” about Kim. Kim learned from her co-workers to “document everything [she] did” with that client and “present the evidence to [her] supervisor.” The client went to the shelter director when Kim was out one day and asked for money. The director approved it, which was “not the way it’s supposed to go.” Kim was angry at that client for being “sneaky,” but she also felt that the director “did not respect” her. She shared her frustration with her co-workers. They encouraged her to confront the director and the client. Kim did.

Supervisor's support was also a coping resource. Participants sought advices from their supervisors and discussed with them the challenges caseworkers encountered at work. Kim trusted her supervisor with her personal and professional concerns. Denise also indicated supervision sessions helpful.

Some of the shelters, such as Amber's agency, allowed caseworkers to "flex their time out." Participants could "take [their] extra work hours off" (Kim) whenever they could have one of their co-workers cover their duties. They "could even have a day off if they had accumulated that many hours, as long as there was coverage" (Tina, echoed by Amber and Kim) for the work. Kim indicated that when she needed time to take care of her son, she did "not hesitate to use those overtime hours."

Training. Training appeared to be a powerful avenue for caseworkers' professional development. Every participant voiced how training had helped her to cope with challenges from shelter work. All the participants had gone to various training sessions pertaining to their work and specific areas of interest provided by a statewide coalition against domestic violence. In addition, some shelter agencies also encouraged caseworkers to participate in other local presentations or out-of-state training.

Amber went through "20 hours of training that the coordinator provided" to learn "the history of our shelter, how to take crisis calls over the phone, how . . . to interact with the residents, and . . . the rules." She also went to conferences or workshops provided by the statewide coalition to fulfill "certain hours of continuing education each year." She felt it seemed as though she was "always going to some sort of conference or some sort of seminar to learn about something." Amber felt she "learned a lot" and said that she enjoyed the training programs.

Other participants also mentioned the benefits of attending the statewide training. Most participants had attended a conference on vicarious traumatization. Amber, Ruth, and Kim attended presentations on coping with domestic crimes and PTSD, whereas several of the participants went to the bipolar, substance abuse, OCD, and cultural awareness presentations. Ruth had attended conferences on working with the Hispanic population.

Most of the participants did not have an educational background in psychology, so they especially appreciated the conferences on mental health related issues. Ruth noted:

They do training on mental health or drug abuse, which I find really helpful because I don't have a lot of background in psychology. . . . The last one was on Personality Disorders. . . . As she described it, I could see that a lot in women that I work with but I didn't have a lot of background in that.

Tina especially liked the topics related to prescribed drugs because she and her co-workers had to ask the women during admission about their medications. Her reaction at the beginning phase of her employment was:

I felt nervous because I didn't know how to make sure whether women were able to take care of themselves or not, or whether they were mentally stable. I did not have that training for screening them prior to working here. . . . Those workshops were certainly helpful.

Spiritual practice. Denise and Nancy indicated the important role spiritual practices played in their personal and professional life. Their workplace allowed and encouraged staff members to pray for and with shelter residents. Their agency also incorporated spirituality into their organizational operations such as staff meetings and

retreat. It was common for the staff to use Bible passages as their daily life guidance. Other participants' agencies prohibited staff members to discuss spiritual issues with shelter residents. Although used spiritual practices individually everyday, some participants from secular agencies avoided talking spiritual issues when they interacted with their clients.

Participants' suggestions to their agencies. At the end of each interview, I asked the interviewee what she would suggest to her agency to better support her work. Some were suggestions, some they called "wish list items." They proposed:

1. *More money.* Being underpaid was not the caseworkers' concern. Six participants wished their agencies received more donations or had greater funding for the operation of the agency to hire more staff members and have more programs for the women and children at the shelter. Amber enjoyed the various training programs, but she only attended "the free ones." She did not go to some of the topics she felt would be "very helpful" for her work with children and their mothers because there was no funding and she "could not afford to pay it out of [her] own pocket."
2. *More staff.* Being understaffed was a reality across all participating shelters. Financial strain had caused downsizing at Tina's agency, whereas Teresa's relied heavily on volunteers to ease their workload. Tina commented, "The money thing would help get more staff. . . . I guess the money would be the answer to a lot of different changes we would like to get into."

3. *Women's retreat for staff.* Charity suggested "another women's retreat for staff."

She had attended one before and liked it very much. She suggested having another one during which the staff could process their feelings.

4. *Mental health days.* Kim noted that at their shelter there were "a lot of people who come in here. . . . They do haircuts for the women and they do massages for the women. I think they need to have that for the staff too." She further commented, "A lot of times you just need to regroup because you are taking on 10 or 12 people and their problems and issues and they hold you responsible." She felt the staff's effort needed to be acknowledged and appreciated. "If they can't give raises or incentives or gifts or raffles, they should just do something to let them [the staff] know they appreciate what their staff does and want them to stay."

5. *Non-staff program evaluator.* Nancy perceived her agency as "the best workplace" for her. She and her co-workers were open about talking about anything they thought would be helpful for their agency and the women who stayed there. However, she was concerned that there might be some blind spots that she and her co-workers could not see. Thus, "a third party that could be completely objective that could come in and listen to the residential staff would be beneficial." Her reasons for having an objective third party as a facilitator were:

The staff that deal with the women day in and day out . . . are held accountable to policy and procedure. Sometimes it is hard to communicate why that may need to be altered a little bit when the person you are sharing that with isn't in the residential area. Our immediate supervisor and other staff are very open to change, but there are still a few things that

fall through the cracks. . . . There are some things that when you just get used to following the rules, you don't think about [other alternatives]. . . . [With a third party], it would remind us to think outside the box and know we could do it and not be embarrassed or feel like we were judged for the idea we are bringing up.

6. *Reaching out to ethnic minorities and becoming familiar with immigration laws.*

Charity's agency had housed several women and children of ethnic minorities. She felt there was a need for shelters to reach out to the ethnic minorities in the population. "We need to have more resources towards minorities . . . and work more on the immigration laws," suggested Charity.

Summary

Three major themes—work motivation, shelter work experiences, and coping resources—emerged from the data analysis. Participants' motivation for working at women's shelters was often influenced by their personal history of IPV and their exposure to IPV. They all wanted to be of service to others and continue to work with women and children who survived IPV. Participants' shelter work experiences were grouped into three clusters—environment, self, and social life. They utilized three coping resources—personal, social, and professional—to cope with the challenges from their shelter work experiences. The participants' suggestions to their agencies were included in the professional coping strategies.

Chapter 5

DISCUSSION

I designed this study to explore shelter caseworkers' experiences and coping strategies. A conceptual framework of participants' work motivation, experiences, and coping (Figure 1) emerged from their narratives. Some of my findings supported those of the existing studies on shelter workers, whereas some differed. Despite the stress and challenges endured at work, the participants in this study reported job satisfaction and noted that they intended to stay on the job. Their satisfaction and intention to continue IPV work support some work theories, especially those describing work motivation, job-fit, and coping strategies. In this chapter, I will discuss the findings in the following sequence: an overview of the results, description of the conceptual framework, results comparison between the current research and the existing studies, contributing factors to job commitment, limitations, implications, and suggestions for future research.

Overview of Results

Participants of the current study identified four types of shelter work motivations: history of IPV, exposure to IPV, altruism, and intention to stay in IPV work. The first three types of motivation led participants to their current employment. These three types of motivation influenced their work experiences and coping, which, in turn, contributed

to their intention in continuing IPV work. Participants' work motivation will be discussed in detail in the section on results comparison. The identified experiences of caseworkers who are employed in shelter work include: job challenges, supportive work environment, challenges and non-monetary rewards (e.g., successful transition, clients' appreciation) when interacting with shelter clients, the impact of past experiences (including personal history of abuse and work experiences) on current job, physical and psychological symptoms (for some participants), and impact on social life. In order to maintain their emotional well-being and work efficacy, participants utilized personal, social, and professional coping resources, which included self-care strategies, social support, and professional enhancement, to reduce or eliminate stressful conditions and associated emotional distress.

Shelter work is emotionally and physically challenging. Attending to shelter residents' demands promptly and efficiently is not easy. The participants in this study are stressed, and some of them show physical and psychological symptoms that may need further attention. A supportive work environment that involves professional enrichment and non-monetary rewards partially counter-balances participants' negative work experiences. Additionally, the support that the participants receive from their social circles inside and outside of their workplaces contributes significantly to their emotional stabilization and their intention to stay at their current employment.

It is noteworthy that some of the participants' reported that their experiences are also their coping strategies. For instance, agency training and social support from family, friends, supervisors, and co-workers are identified as participants' experiences as well as coping resources. Most of the coping strategies the participants in this study reported are

healthy ones, and none of the participants reported currently using substances to cope with stress. Among participants' coping resources, training programs and social support received the most positive endorsement.

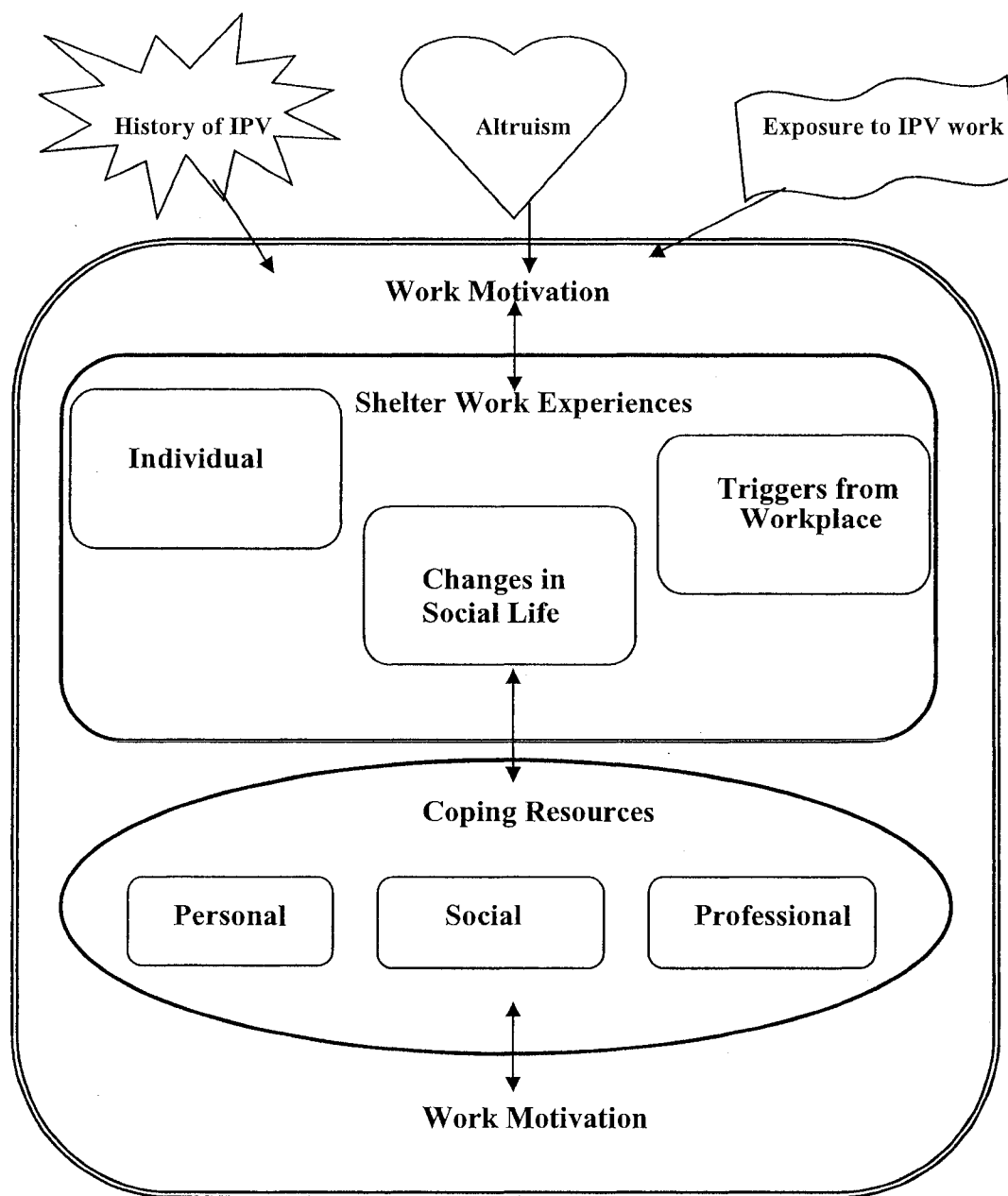
There are four unique findings in this study: the benefits of gradual exposure to IPV, issues related to addressing spirituality in service provision, a symptom-development timeframe of two and one-half years in an IPV shelter, and a wide range of shelter experiences and coping strategies. Several participants reported a gradual exposure to IPV (in shelter work) to be helpful. This reported benefit of a gradual exposure to shelter work will be discussed in detail in a later section. The second unique finding has to do with issues related to spirituality. Seven out of 12 participants used prayers as one of their main coping strategies. However, only one out of five participating shelters allowed and encouraged its employees to pray with their clients or discuss spiritual issues with them. From my observation, participants' attitude differed when they talked about addressing spiritual issues with their clients. The two participants who worked at a Christian faith-based agency appeared to be happy and proud when they described their use of spiritual practice at workplace, whereas the participants from the secular agencies seemed cautious about this topic.

Another interesting finding that is worthy of further investigation is an employment window of two and one-half years in an IPV setting after which psychological and physical symptoms appeared. A few of the participants who experienced symptoms of emotional exhaustion, STS, and VT were approximately two and one-half years into their employment at a women's shelter. I'll discuss this third unique finding in the literature comparison section related to STS and VT.

Compared with existing research on shelter workers, the participants in the current study identified a wider range of shelter work experiences and coping strategies. In addition to stress, burnout, STS, VT, social support, participants in the current study reported the following experiences related to shelter work: influences of their own past history and previous work experiences; emotional reactions to shelter residents' attitude and behavioral problems; and interference with social life. Besides seeking social support, which was an identified coping method in the existing research studies on shelter workers, the participants in the current study identified additional coping strategies that included self care and professional training.

Description of the Conceptual Framework

The *Conceptual Framework for Experience and Coping among Shelter Caseworkers* (Figure 1) depicts the interconnections I identified among caseworkers' *work motivation, shelter work experiences, and coping resources* at women's shelters. Participants' work interest, which serves as the foundation of their work motivation, is influenced in part by their personal history of IPV or their exposure to IPV from working with shelter residents. The participants' desire to bring justice, freedom, and independence to the women who suffer from IPV is present across cases and continues to motivate them to work at women's shelters. This desire also affects their experiences and their intention to seek assistance to maintain their personal well-being and work efficacy. Consequently, their experiences and coping strategies sustain and even enhance their work motivation. Participants in this study are interested in continuing their employment at their respective agencies, and their commitment to helping victims of IPV remains strong.



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Figure 1. Conceptual framework for experience and coping among shelter caseworkers

Participants who have a personal history of IPV noted that even though they did not seek a volunteer opportunity or paid position at a women's shelter prior to their current employment, they "always knew how difficult it was" (Charity) for women and

children who survived IPV. When they finally had the opportunity to work at a women's shelter, they felt that they were working at the right place. Because they do not want other women and children to experience the horror of IPV, these participants show a strong desire to contribute their experiences to help other victims of IPV. On the other hand, participants who do not have a personal history of IPV share the same strong desire to serve the survivors of IPV because they have learned through their shelter work the importance of helping survivors of IPV.

Additionally, participants who are altruistic and "always like to help others" (Amber) are motivated to assist shelter residents in need. The strong desire to serve women and children survivors of IPV impels the participants to continue their services at women's shelters. I label this urge *motivation* because its manifestation appears to be very close to the construct of *work motivation* (Pinder, 1998).

The participants' motivation to help survivors of IPV at women's shelters also creates certain expectations, which consequently affect their work experiences. For instance, Nancy, a survivor of IPV, knew how it felt to be abused. She wanted to help the families who stayed at the shelter as much as she could when she started her shelter work. She sometimes worked more than 70 hours a week because her thoughts of helping those women were compelling: "Oh, I can do this for this lady and I can help this family." Her boss had to remind her several times that "It's not about you and it's not about the work you do with them. It is about you setting things into place for the Holy Spirit to work. It's about what God can do in their lives, not you." Kim, on the other hand, did not have a personal history of IPV, although she witnessed her friend being attacked by that friend's boyfriend. Kim's initial interest was to provide shelter residents with her knowledge of

available resources in the community, such as free counseling and legal assistance. She wanted to help abused women to use those resources to break the abuse cycle. When women refused to take advantages of those resources, Kim became very frustrated.

Shelter work affected participants' personal well-being and work efficacy as well as social life. Participants' work experiences can be grouped into three categories: individual, social life, and workplace. The *individual* category contains the experiences related to the impact of personal background on shelter work and the symptomology that derives from trauma work with shelter residents. The *social life* category contains the impact shelter work has on caseworkers' social life and relationships with families and friends. The *workplace* category contains the challenges and support caseworkers encountered at work. Many participants remarked that despite the challenges encountered at work, being able to work with like-minded co-workers and being able to help women and children to break abuse cycle further motivated them to continue their shelter employment.

Caseworkers' strong desires to continue their shelter work influence them to seek resources for stress management, problem-solving, and professional enhancement. Participants adopted various methods to maintain their physical and emotional well-being and to improve their work skills. For example, Amber noted that she "will probably stay in this field for a long time" and hoped that her agency could support her attendance at paid training programs: "I usually only go to the free ones. There are a lot of trainings offered that aren't free that I think would really be beneficial for us to be able to go to."

Effective emotional management and problem-solving further enhance caseworkers' work efficacy. Through coping, caseworkers' later experiences at work

were different than their earlier ones due to changes in their perceptions of the challenges they experienced at work; most participants reported feeling less tense when being challenged by shelter residents' attitude, behaviors, or decisions to return to abusers. Furthermore, some participants reported an increase in their self-esteem since their employment at the women's shelter. Being able to empower others and being empowered in return reinforce participants' desires to serve shelter residents. Thus, the participants' work motivation, work experiences, and coping strategies are interconnected and influence one another.

Results and Related Literature

Motivation to Work at Women's Shelters

According to Pinder (1998), work motivation is a set of inner and transcendental "energetic forces" (p. 11) upon which individuals determine the expression of their work-related behavior. These energetic forces are influenced by individuals' needs, values, and the context of the workplace (Latham & Pinder, 2005). When individuals feel personally responsible for their work outcome, have a need to do something that they feel is meaningful, and are also rewarded with feedback about their accomplishment (Lawler, 1994), they are motivated to invest their energy at work. Based on their motivations, individuals make employment decisions. Thus, employees look for agencies that can provide opportunities to respond to their needs in accord with their values. When needs are met, employees are more likely to invest more effort in their work; if not, turnover or decreased productivity can be expected.

Another way to understand the participants' work motivation is in light of the feminist movement. The provision of shelter services was a response to the feminist

movement of the 1960s and 1970s when the claim was first made that the personal is political (McMillan, 2007). Feminist activists assert that power is the key issue in violence against women and that “sexual and domestic violence both reflect and determine gendered social structures” (McMillan, p. 17). To respond to the issue of violence against women, feminists have campaigned for political changes and the provision of alternative welfare in the form of shelters and crisis centers in their efforts to empower women. Today, women’s shelters worldwide continue this two-fold mission of service and empowerment. Consequently, under the guiding principle of this mission, a unique shelter culture that empowers women has been formed.

According to the participants’ narratives, several looked for employment at women’s shelters because they “want to help others, especially women.” Jane had an interest in helping others and was inspired by what she learned when she wrote a paper on domestic violence in college. She referred to herself as a feminist and enjoys seeing women “with their new discovered power.” Her altruistic needs and value of independence find a home in providing services to women of IPV. Ruth also reported that she is “always interested in helping other women” and enjoys working with her co-workers. Jane’s and Ruth’s work motivations attest to McMillan’s (2007) assertion:

Women’s altruism was strongly related to their feminist politics in that they felt the need to help others *because* those others were women and experiencing something that was gender specific, and desired not only to help the individual women but in doing so to help all women. (p. 80)

Nancy came to work at a women’s shelter for different reasons. She is a survivor of IPV and knows the difficulties survivors go through. Furthermore, as a Christian who

used “spirituality as a powerful tool” to heal her psychological wounds from IPV, Nancy values her faith highly; she wants to share her unique experience at a place where she can introduce that “tool” of faith to other victims of domestic violence. She reported satisfaction because her Christian faith-based shelter allows her to help the shelter residents with spirituality and her clients “responded well” to her interventions.

Other participants in this study indicated that they were interested in working at women’s shelters to help and empower women. The participants’ reasons include the following: “always interested in social services” (Amber), “always have compassion for people” (Charity), “to do a job where I could be of help to women” (Denise), “interest in dealing with domestic violence victims” (Jane), “nobody deserves that [abuse]” (Mary), “as a survivor I need to come here to help them” (Nancy), and “I don’t know what attracted me, but I have been in love with it ever since” (Rose). These comments are similar to those of the participants in the Brown and O’Brien (1998) study who indicated that they wanted “to assist people in need, to help stop battering and rape, and to contribute unique expertise to the program” (p. 384). The responses of the participants in this study validated those in the Brown and O’Brien study and testify to the empowerment the feminist movement advocated.

Service and empowerment continue to attract advocates to work for abused women at shelters and for survivors of IPV. According to McMillan (2007), many women who work at shelters are motivated by altruism as well as by psychological and emotional benefits (e.g., satisfaction in helping others, rejoicing with women being helped). Many survivors of IPV are motivated to be involved in anti-violence work for four types of personal reasons:

desire to “give back” after receiving help themselves; an awareness of the impact of violence on women’s lives and knowing how vital services are; a commitment to campaigning for change in procedures of the police, courts and other professionals dealing with survivors of violence; and exorcising the anger and sharing the pain they felt about their own experience of violence. (McMillan, p. 93)

Therefore, with or without a personal history of IPV, all participants in this study shared the collective experience of women as oppressed and powerless. Working at women’s shelters not only provided the participants with avenues for rechanneling their pain, but also for making a difference for those they served and for all women in the world. They were motivated by their shared sense of mission—empowering women.

Stress and Emotional Burnout

From a psychological perspective, stress refers to an unpleasant person-environment relationship (Brown & O’Brien, 1998), which can affect an individual’s physical and emotional well-being (Quillian-Wolever & Wolever, 2003). Shelters operate constantly. Caseworkers often work night shifts or weekends, especially when they are on-call. Brown and O’Brien asserted that this situation can cause some shelter workers to experience emotional exhaustion, depersonalization, and a diminished sense of personal accomplishment. Brown and O’Brien depicted a phenomenon of understaffed personnel in shelters that is also found in this study. The participants in the Brown and O’Brien study indicated shelter workers have heavy work loads, and some receive little support from their supervisors, peers, or families. The caseworkers in the current study share those views, except that they have good support at work and from their social circles.

Participants in this study experienced a lot of stress at work. They reported that they felt stressed, especially when they worked under “time pressure,” had to “handle several emergencies,” or were unable to “find resources for women.” Charity noted that she “seldom felt stressed” because she did “not have time to be stressed.” Teresa undertook many work responsibilities: running a 24-hour request center, coordinating and training volunteers, facilitating a rape support group, and doing campus prevention and advocacy work for a local university. Tina had so many responsibilities that at times she did not have time for lunch.

In the Brown and O’Brien (1998) study, the participants indicated that they were especially frustrated by certain events: “a battered woman returns to the home when future abuse is suspected,” “dealing with anger at the perpetrators of domestic violence,” and “dealing with the overwhelming pain and horror of domestic violence” (p. 384). The participants in this study also expressed frustration and feeling overwhelmed at those events.

Some events that participants in the current study found stressful are not reported in the Brown and O’Brien study. The participants in the current study noted that dealing with their clients’ negativity, close identification (resemblances) with clients, and former clients being killed were the most challenging events. Clients’ negativity tested participants’ patience. The close identification with a client reminded participants’ of their own vulnerability. The death of a former client at the hands of her abuser not only destroyed her caseworker’s hope that her client might succeed, but also stirred up the horror that client had shared and contributed a “great sense of loss” (Charity). Under those circumstances, participants’ stress levels could be severe. From the participants’

description, most were able to process their feelings with someone they trusted or at least find a day or two for self-care. Mary learned about her former client's death shortly before Christmas, when she was surrounded by her family during the holidays. She was well supported. Charity, on the other hand, received her supervisor's understanding and support when her supervisor suggested that she take more days off if she needed to.

Another difference between this study and the Brown and O'Brien (1998) study on the issue of stress is that the participants in this study experienced strong support from their supervisors, co-workers, and other social circles. The participants in the Brown and O'Brien study indicated "a need for less division between supervisors and other staff, with primary focus on improved communication" (p. 384). Social support as a buffer to work stress will be discussed in a later section.

Emotional burnout is the "mental exhaustion resulting from a chronic state of cumulative pressure or stress at work" (Weisberg & Sagie, 1999, p. 333). It occurs when an individual's capacity to process the effects aroused by outside stimuli reaches its maximum and remains without relief for a long period of time. Listening to shelter residents' narratives or documenting the content they shared could be emotionally draining. If caseworkers were not aware of their mental state and did not take time to process their feelings, emotional burnout could result. Rose had to take a leave of absence for a month and a half when she was two and one-half years into her shelter employment. At that time she was stressed and "took it [work stress] home." She "wasn't sleeping and felt like [she] had to do all this work and didn't have a lot of time." She also "didn't know how to ask for help from other people." She assumed that she "took on this position, the

case manager, and [she was] responsible and needed to do it all.” She has “learned to ask for help and accept help from [her] co-workers” since then.

In addition to working under time constraints and handling emergencies, participants in this study are also exposed daily to the problems, complaints, and struggles that abused women face. Listening to similar abuse stories can reinforce negative reactions in shelter workers and cause possible apathy or avoidance when interacting with shelter residents. However, the participants in this study did not endorse apathy or avoidance when listening to their clients’ narratives. Ruth did recall that there was a week when she “was really wiped out.” She noted that she could “listen to story after story and it didn’t bother [her] and then one woman came in and her story would be completely awful” to her and she “felt exhausted by that.” Sometimes Ruth was unable to pinpoint why certain stories bothered her, but sometimes she could. The week she felt “wiped out” was “because that week [she] had dealt with a child getting abused.” Ruth did not process her feelings that week when she listened to the story of child abuse in addition to several other awful narratives.

For various reasons, it usually takes an abused woman several attempts before she can permanently leave her abuser. Shelter caseworkers can experience frustration when they are unable to persuade abused women to make better decisions from the caseworkers’ perspective. Thus, the signs of work-related burnout such as boredom, frustration, and diminishing enthusiasm (Freudenberger, 1975) can be present among some caseworkers. However, in this study, participants endorsed frustration, but not other signs of burnout.

Furthermore, shelter caseworkers are exposed to the worst presentations of IPV when women are admitted into the emergency shelters. Adjustment to shelter life, especially when abused women and their children are still going through the emotional turmoil of abuse, is very challenging and causes some residents to display disturbing behaviors (Grych et al., 2000). Caseworkers also have to deal with the paperwork involved in documenting their interventions and interactions with shelter residents and take time-consuming on-call duties. The stress levels that are caused by the physical and emotional challenges that caseworkers face at work are considerably high. Chronic exposure to stressful work situations can cause burnout or emotional exhaustion. However, most participants in this study did not endorse sufficient signs of burnout even though they had demanding work schedules. This finding supports the result on burnout in the Brown and O'Brien (1998) study; the participants in their study did not meet the criteria for burnout. Additionally, the current finding on burnout differed from the overall burnout rate of the paid staff in the Baird and Jenkins (2003) study, where the paid staff's burnout rate was in the high range.

The lack of sufficient endorsement for burnout symptoms in the current study can be examined in light of the participants' work environments and coping strategies. It could be due to the supportive work environment and social support caseworkers perceived. Previous research has shown a negative correlation between burnout and social support (Schwartz & Stone, 1993). Another attribution can be the appropriate and effective coping strategies the caseworkers in this study used.

The participating shelters in this study were active in providing needed support to their workers. Participants learned from their supervisors and co-workers to respect and

accept clients' decisions and to understand the reasons behind their clients' destructive behaviors. For example, Teresa noted that it was difficult for her to see her clients return to their abusers. She dealt with their decisions through the following beliefs: "She knows herself better than I know her;" "I look at it as me empowering a person to not return;" and "I can't control other people's lives." Other participants also noted that they came to accept that "it is [the client's] decision and what she wants to do" (Mary); "you just cannot take it too personally" (Ruth); "it has to be their decision" (Kim); "I have been told that sometimes it could take up to seven times to actually leave and not come back" (Denise); and "we do understand that it is difficult to get out" (Nancy) of an abusive relationship. Nancy further mentioned that she dealt with that situation by "relying on the strength of God." The participants in this study coped with their work stress by finding benefits in adversity (e.g., Teresa's example), making a cognitive change (e.g., "cannot control others" "client knows better"), creating boundaries (e.g., "not to take it personally"), and accepting assistance from a Higher Power (e.g., "strength of God") in addition to emotional support at their workplace.

STS and VT

Secondary traumatic stress (STS) manifests itself in a similar way to PTSD, although to a lesser degree, and is experienced by helping professionals through their work with trauma victims (Figley, 1983; 1995), whereas vicarious traumatization (VT) refers to a subtle change in the helpers' cognitive schema beyond the PTSD symptoms (McCann & Pearlman, 1990). Helping professionals' views of themselves, others, and the world are altered as a result of exposure to graphic or traumatic material.

Daily exposure to suffering clients and their stories made participants in this study vulnerable. Thinking about what they saw or heard at work when the participants got home seemed to be common. For instance, Rose commented: "How do you not take the problems home? How do you deal with it without becoming so overwhelmed? That was a struggle for me not to take in other people's problems, their crisis, and their need." Some other participants also experienced intrusive thoughts or images that were similar to the content of their clients' narratives. Teresa admitted that at times she even had dreams that resembled the content of her clients' stories.

Furthermore, some participants indicated that they had experienced some psychological symptoms and a permanent change in their awareness of IPV in the world. For example, Kim was conscious of the danger of IPV and Ruth perceived the world as a place where "everyone is in a domestic violence relationship." Rose had to take a medical leave for symptoms of burnout and STS when she was two and one-half years into her position as a case manager. Ruth noted that she tried not to think of what she heard at work when she was at home. However, sometimes in conversations with friends, she "thought of something from work." She further noted: "Sometimes it drives me crazy." Several other participants also mentioned the recurrence of distressing thoughts and images from what they witnessed or heard at work. However, most who reported recurrent intrusive thoughts or images did not endorse any significant impairment in their daily life functioning, except for Ruth and Kim. Ruth experienced emotional exhaustion at times, whereas Kim reported sleep disturbances and fatigue.

Baird and Jenkins (2003) found that shelter workers who saw more clients endorsed a lower level of vicarious trauma than those with less work exposure. This

finding was inconsistent with the results from previous research (McCann & Pearlman, 1990; Pearlman & Mac Ian, 1995). Baird and Jenkins attributed the difference to the effect of education that had prepared counselors to deal with clients' traumas. Jeffrey (2006), on the other hand, reported a lower level of STS, which she used interchangeably with vicarious traumatization, among domestic violence workers when comparing them with trauma and assault workers.

The findings of the current study show some similarities with and differences from those of Jeffrey (2006) and Baird and Jenkins (2003)—negative correlation between experience (including training) and display of STS symptoms as well as between exposure to trauma work and STS symptoms. The data from the participants' demographic information on the current study and their reported symptoms showed that more experienced caseworkers, such as Mary, and caseworkers who had some training in the field of psychology, such as Jane, reported only occasional symptoms of STS. Although Teresa's undergraduate major was psychology, she noted that she "did not learn how to practice those theories in the textbooks" when she first began shelter work. Participants who had less exposure to traumatic material (i.e., Amber, Emily, Tina) also experienced less STS. Amber and Emily worked mostly with children, and Tina trained volunteers and coordinated fund-raising; they worked with women in the shelter when they were on-call or when they did an intake. These two findings support those of Baird and Jenkins.

The caseworkers with less experience, such as Kim and Ruth, and who were younger in age, such as Teresa, reported more frequent symptoms of STS. In Teresa's case, stress level and traumatic material also play a key role in the presentation of

symptomology; Teresa was under tremendous stress from work, family, and her financial situation, and most of her clients were victims of sexual assault. Teresa's level of stress, work with assault victims, and reported symptoms support Jeffrey's assertion that working with trauma and assault rather than with domestic violence victims has a greater impact on therapists.

Regarding VT, Ruth reported that she became more cautious when she interacted with less familiar friends or with prospective romantic partners. She also noted a worldview change. This cognitive schema change is the core component of VT. However, Ruth was aware of her cognitive change and tried to counter-balance the change by being with friends who are in healthy relationships.

The development of symptomology in shelter caseworkers after two and one-half years of employment is worth noting. Some caseworkers in this study started to experience more distressing signs of burnout, STS, and VT about two and one-half years into their employment at a shelter. Rose had to take a leave of absence due to a combination of burnout and STS when she was two and one-half years into her shelter employment. Kim had been working at her agency for two and one-half years and Ruth had been working for about two years. Both Kim and Ruth noted that they had some symptoms of burnout, STS, or VT. This time-frame seems to coincide with the participants' length of service as the mean years of service in this study (3.8 years) and in the existing studies on shelter workers are similar. Eight participants in this study were employed for less than 36 months. The mean years of service on the job was 2.5 years in the Brown and O'Brien (1998) study, 4.4 years in the Dekel and Peled (2000) study, and 3.6 years in Jeffrey (2006) study. The low mean years of service may be indicative of a

high turnover rate, especially after three years of service, possibly due to physical and emotional exhaustion or the STS and VT that shelter workers experience. Although all the participants in the current study voiced their willingness to continue their employment, a job turnover within one or two years for some of them can be expected if their psychological distress is not addressed. Therefore, it is imperative for supervisors and co-workers to pay close attention to the signs of psychological distress in shelter workers who have been employed for between two and three years.

Social Support

A difference between the findings of this study and the Brown and O'Brien (1998) study is the endorsement of support the participants received from their social circles. In general, social support has been found to serve as a buffer to work-related stress (Baruch-Feldman, Brondolo, Ben-Dayan, & Schwartz, 2002; Greenglass, Fiksenbaum, & Burke, 1994; Shirom, 2003; Spielberger, Vagg, & Wasala, 2003). Work stress is a physical and emotional response to challenges at work. Social support can provide emotional and physical comfort to individuals who need to ease the tension from difficulties encountered at work. This emotional regulatory avenue is essential to the maintenance of emotional and physical well-being as well as work efficacy (Spielberger et al.).

All the participants in this study indicated satisfaction with the support they received from their family members and friends. Amber's family and friends are very happy that she works at a women's shelter. Denise's husband and children know about her work situation and support her. Jane received emotional support from her husband, mother, grandmother, and grandmother's church. When Ruth was overwhelmed by the narratives of her clients, her friends were her best support. Other participants also said

that their family and friends were supportive of them. In addition to the support from their family and friends, the participants in the current study also indicated that their supervisors and co-workers were very supportive with comments like “Everybody knows everybody and everybody forms this tight-knit support system” (Jane), “with the support of my co-workers, it really helped me out” (Kim), and “I cannot say enough about how we support each other” (Mary). This finding is different from Brown and O’Brien’s (1998) results in that their participants reported receiving low social support. The current finding also affirmed Jeffrey’s (2006) assertion that a negative correlation exists between social support and symptom-presentation of VT, whereas there is a positive correlation between social avoidance and symptom-presentation of VT.

It is important to note that participants contributed to gaining needed support. They communicated their needs to their social circles. Because participants were aware of their emotional and physical needs, they negotiated with their family and friends about how to support them. Social support and good communication are inseparable in this case.

Benefit of Gradual Exposure to IPV

Another unexpected finding in this study is the positive impact of gradual exposure to IPV on caseworkers’ work adjustment. With or without a personal history of IPV, working at women’s shelters and being exposed to the worst situations of the shelter residents on their arrival can be overwhelming for new employees. A gradual exposure to IPV was beneficial to participants when they were first employed at shelters. Amber “was a part-time weekend staff’ member for six months and worked at the transitional house where she did not have frequent exposure to traumatic material. Her involvement with women and children shelter residents gradually increased and she became a full-time staff

member six months later. The second year, she was assigned to be a Children's Advocate and worked at the shelter daily. She perceived that gradual exposure was beneficial because she "learned a lot about what goes on here [at the shelter]" before she began full-time work. Mary was a volunteer, Transitional House Case Manager, and Shelter Case Manager before she took on her current position as Director of Shelter Services. Other participants' involvement with shelter work was similar in that they held a volunteer or part-time staff position prior to taking a full-time position at the shelter. Because they were able to become familiar with their work progressively, they could learn things gradually and at the same time learn how to take care of themselves emotionally. A gradual immersion process to shelter work can be part of the training programs the shelter administrators can consider.

Contributing Factors to Job Commitment

Motivation appears to be one of the major contributing factors to participants' job commitment and decision to stay. Other contributing factors include a good person-context fit (Cable & DeRue, 2002; Judge & Cable, 1997) and effective coping.

Prolonged exposure to stress is harmful to individuals' health and can lead to diminished confidence, enthusiasm, and productivity (Freudenberger, 1975). However, none of the participants reported health problems, diminished work enthusiasm, or decreased productivity. Instead, they are interested in continuing their services to women and children who suffer from IPV. Despite challenges encountered daily, the participants in this study are generally content with their work. Their contentment is derived from the effective interaction among several factors: work motivation, a good person-job fit with sound social support, professional enhancement (training), and a supportive workplace.

Participants' chosen coping strategies also contributed to the maintenance of well-being and work efficacy. These factors are the core elements of participants' desire to stay in their current career. In the following section, I will discuss three major factors—motivation, person-job fit, and coping (including emotion-focused coping and problem-focused coping)—on job commitment and retention.

Motivation. The caseworkers in this study indicated that despite their original reasons for seeking employment at a women's shelter, their interest in serving women and making a difference—even only a very small one—in those women's lives increased since their involvement with shelter work. Their interest in shelter work and helping survivors of IPV is consistent with the founding purpose of shelter agencies. For example, Mary, Teresa, and Nancy were drawn to shelter work because of their personal history of IPV and their belief that no one deserves to be abused, whereas, Denise, Tina, and Jane wanted to help others and empower other women. They have found a place for their intentions. Those who originally were looking for a job out of convenience, such as Ruth and Charity, have become strong advocates for abused women because they noticed that there was a need and they are able to help. Caseworkers in this study demonstrated a person-environment match.

They also valued the opportunity to help others, especially women, and perceived shelter work to be important in making a difference in others' lives. Mary noted that her work is “a mission . . . not just for a pay check.” She truly believed in her organization. Rose also echoed with a comment that “this is not just a job;” she is “called to do” this work. Ruth has been involved with helping women in need through her church for years. She feels positive about her current employment; her value of helping women in need

found congruence in shelter work for abused women. Others, such as Nancy and Denise, also found a good fit between their Christian faith and their agency's faith-based operation.

Working with colleagues who shared their personal values and social beliefs also affirmed participants' choice to work at women's shelters (McMillan, 2007). Ruth specifically voiced her contentment: "I really like people who work here and I like the environment. . . . That is kind of a rare thing to find a group of people you really like working with and that you enjoy coming to work." Nancy also called her agency "the best place" for work. Other participants added their assertions on this person-organization fit (Cable & DeRue, 2002): Jane and Tina both noted that they were feminists and valued empowering women and making a difference in those women's lives.

Caseworkers in this study exemplified work motivation (Latham & Pinder, 2005; Pinder, 1998) and person-organization fit concepts (Cable & DeRue, 2002). Individuals seek employment according to their needs, values, and the context of the workplace. Employees who work in an organization that has a culture congruent with their personal values feel positive and enthusiastic about their jobs. From my observation, the participants are content with and take pride in their careers at women's shelters. They spent time at their staff meetings learning from one another the skills and strategies that better equipped them to provide shelter services. This phenomenon was indicative of a sense of belonging and ownership—a sign of good person-organization fit.

Person-job fit. The findings of this study show that participants were motivated to choose a job according to their needs and values. Their work skills and investment of effort also matched their work demands and rewards. The unique nature of the shelter

requires that caseworkers have some basic abilities in handling emergencies efficiently and effectively. The participants had those abilities when they were offered their current positions, and their skills were enhanced by supervision and training which greatly increased the participants' abilities to handle their daily work challenges.

Participants indicated that the training their agency and the statewide coalition against domestic violence provided was "very helpful," "beneficial," and "informative." These conferences and training programs enhanced participants' work skills, both at the initial phase of their employment and in their on-going professional development. Attending training programs to improve their skills and increase their knowledge so that they can continue to maintain their work-efficacy is a form of problem-focused coping.

Although financial strains caused downsizing and decreased program provision, which added some stress to the participants, all the participants were satisfied with the alternative rewards—their clients' successful transition and appreciation. Those alternative rewards seemed to be important and persuasive to participants' intention to stay. For example, a client's successful transition out of an abusive environment plays a significant role in motivating participants' work commitment. Several participants said that they were content with what they did because they could "make a difference" in others' lives. Amber, Charity, Teresa, Kim, and Rose noted that working at women's shelters and being able to help those women brought them a "sense of achievement" (Amber) and an "increase in self-esteem" (Charity). Those successes gave participants hope and energized them.

Emotion-focused coping. In addition to intellectual abilities, the capacity to manage the emotional disturbances aroused by working with people who suffer is

important for shelter caseworkers. Working in a stressful situation, such as in emergency shelter services, caseworkers' emotional well-being is constantly challenged, but the social support they received from their families, friends, supervisors, and peers played a significant role in managing work-related stress and maintaining emotional equilibrium.

Although social support has been identified as a resource that enables individuals to cope with stress (Baruch-Feldman et al., 2002; Greenglass et al., 1994; Shirom, 2003; Spielberger et al., 2003), research on the correlation between work stress and social support has presented conflicting results. Some researchers suggest that social support had no effects on work stress (Ross, Altmaier, & Russell, 1989), whereas some implied that it was helpful, especially for female employees (González-Morales, Peió, Rodríguez, & Greenglass, 2006). In general, researchers agree that women seek and receive more support and are more influenced by social context than their male counterparts (González-Morales et al.). Social support from their co-workers, family, and friends appears to be a good emotional buffer for the participants in this study, enabling them to manage their emotional distress and, therefore, lowering the risk of burnout, secondary trauma stress, and other possible occupational mental health disorders.

Another aid to maintaining the participants' emotional well-being was the training programs in which they participated. Such training, especially the programs on preventing vicarious traumatization, is crucial to participants' current emotional well-being. Having learned the damaging impact of working with trauma victims, all participants are cautious about triggers to unpleasant intrusive feelings and thoughts from their work with victims. They avoid those triggers and practice "leave work at work" as much as they can. In addition, training related to mental health issues provides useful

information that helps participants understand their clients' situations and protect themselves by creating professional boundaries. Participants' increased knowledge about the potential psychological danger from being exposed to trauma victims and the emotional burden that they experience serve as inoculation against possible psychological harm. Furthermore, participants in this study employed a variety of self-care methods that focused on managing emotional distress without adverse effects related to substance use, a potentially unhealthy coping strategy.

Problem-focused coping. The participants encountered challenges that caused stress. Some of those difficulties could be managed by changing the source of stress, some could not. If the source of stress could not be changed, the participants tried to remove it by acceptance. For instance, Kim was tested by a "sneaky client" and a "disrespectful" decision made by her boss; she confronted her client and her boss and successfully resolved the problem. Some behavioral problems shelter residents displayed were challenging for shelter workers to handle. Although house rules were implemented to manage these situations, there were still times that the rules could not prevent shelter residents' manipulative or disruptive behavior. Caseworkers in this study accepted the situation by understanding and accepting the fact that those behavioral problems were the "survivor" skills the victims of IPV developed through years of being abused.

In summary, work commitment and retention were facilitated by participants' motivation that found a good match in shelter work and was maintained by effective coping. Working at women's shelters is demanding and stressful. However, through training, supervision, and peer-learning (staffing), caseworkers enhanced their ability to handle challenges at work. They manage their stress and solve problems encountered at

work by obtaining assistance from various coping resources. They also found energy from working in a supportive work environment with like-minded peers. Being able to feel a goodness-of-fit at their workplace brings job satisfaction to the participants and consequently strengthens their willingness to commit to shelter work.

Limitations

This exploratory investigation was conducted in a Midwestern state of the United States. All participating shelters networked with one another and received resource support through the statewide coalition against domestic violence. Thus, their experiences and coping strategies may not represent those of caseworkers from other areas of the United States. This is especially true of the caseworkers at agencies where social support and professional training are lacking.

The participants were self-selected. Those who did not participate did not have a voice in this study. The current participants' sharing of experiences heavily relied on their memory, which may have been affected by their experiences and emotions at the time of the events. Further, although the interviews took place at the participants' respective agencies, sharing their stories with a researcher, a stranger to them, might have prevented participants from revealing personal experiences that they perceived as private or shameful, such as dissatisfaction toward their agency or unhealthy coping strategies.

Due to the nature of qualitative research, the findings and their interpretation could vary from one investigator to another (Kunes, 1999, as cited in Creswell, 2003). Researchers' biases and values may create blind spots. This is especially true for me as a novice qualitative researcher when I relayed to my peer debriefers and auditors concerns regarding potential interpretations; the material I chose to share and my wording might

not accurately reflect the true picture of the collected data. Further, English is not my native language. Although several steps were taken to ensure correct wording or phrasing, the choice of words might not represent accurately the emerging themes from the data, and therefore, could potentially present readers a less precise picture.

Implications

Caseworkers from non-participating agencies may learn from the participants' experiences and examine how they utilize coping resources for self-care and professional enhancement. Although the participants in this study described their work as challenging, they continued to be optimistic about the impact their services had on the lives of the survivors of IPV. The participants also employed healthy coping strategies to manage work-related stress. Among the coping strategies the participants utilized, two aspects seemed to be the guiding principles—maintaining good self-care and separating personal life from work. Given the constant challenges caseworkers encounter daily, these two principles can be helpful for all who devote themselves to this powerful and meaningful service. As Ruth mentioned, “there is always tomorrow,” and shelter workers can always take care of their clients the following day. After-work hours are for shelter workers to take care of themselves!

The findings of this study can be helpful to shelter administrators in training and supporting their staff members. Positive aspects that the participants identified as helpful were a supportive work environment and good training. It can be beneficial for both shelter agencies and their staff members to ensure that these two identified strengths are present in the agency. The suggestions participants proposed may also be valuable for agency management, though some are more feasible than others. It will always be a

challenge for not-for-profit organizations to secure funding for agency operation. However, setting a specific day as a “mental health care day” can be helpful. This is based on the fact that even though the caseworkers were able to vent at staff meetings and with their peers, given the work stress caseworkers endure every day, a day for relaxation and processing their feelings at least once or twice a month may be more beneficial for caseworkers. It may provide a focused setting that allows caseworkers to process their feelings without the distractions of shelter business. Furthermore, allowing new employees to be gradually exposed to shelter work can lower their anxiety level and enable them to become familiar with the unique culture of a women’s shelter and adjust to work demands more easily.

Psychologists and mental health providers who provide supervision or therapy to caseworkers need to be sensitive to caseworkers’ hazardous work situation and their vulnerability to certain mental health disorders (e.g., anxiety, depression, PTSD) or syndromes (secondary trauma stress or secondary traumatization) so that appropriate and efficient services can be rendered. It is important to help caseworkers validate and normalize their reactions, especially when they experience emotional and physical distress. Further, assisting caseworkers to identify warning signs of mental illness may help prevent the development of mental disorder. Information about the possible mental health issues caseworkers may encounter and the preventive strategies caseworkers may take can be especially helpful for this population.

Future Research

The process of gaining entry to women’s shelters to conduct this study was a difficult one. One of the reasons for this was my unfamiliarity with shelter work and

shelter culture in the United States. From my observation, shelter work was very emotionally and physically demanding. Any request by a researcher to conduct research could fall to the bottom of caseworkers' list of task priorities. It can be beneficial in the future for investigators to gain entry by getting to know some insiders before conducting the research.

Further, shelter caseworkers usually work under time constraints and have to attend promptly to emergencies in the shelter. Therefore, in conducting a study with caseworkers, researchers are advised to be sensitive to caseworkers' work situations and be flexible about schedule changes. A small token incentive given in appreciation for caseworkers' participation can be an appropriate expression of gratitude for their time and efforts.

More than half of the participants in this study had a personal history of IPV. It may be interesting to further investigate the impact of a personal history of IPV on caseworkers' work performance and coping resources. The participants in this study did not report current symptoms of burnout. Although training and social support played a significant role, dispositional factors associated with the employees' maintenance of emotional well-being can be another possible direction for future study. This factor was not explored as it was not the focus of this study. Furthermore, the turnover rate and the two and one-half years window for symptomology development is worth researchers' attention. It would be worthwhile to study caseworkers in other areas of the United States or in other countries as comparisons. Last but not the least important, 7 out of the 12 participants utilized spiritual practices such as prayers and daily devotion as their personal coping resource. It may be valuable to a study of caseworkers' work efficacy

and emotional well-being to examine the impact of (a) training caseworkers to address their clients' spiritual concerns appropriately and (b) prohibiting the addressing of any spiritual concerns.

Conclusion

The findings of this study indicate a connection among work motivation, work experience, and coping that is influential in participants' perceived job satisfaction, which plays a significant role in retention. The current study also presents some unique findings - the benefit of gradual exposure to shelter work, addressing spirituality issues in service provision, a symptom-development timeframe of two and one-half years, and a wider range of shelter work experiences and coping strategies - that are worth attention from shelter administrators and researchers.

The findings of the current study regarding stress support some of those of the four existing studies on shelter workers (Baird & Jenkins, 2003; Brown & O'Brien, 1998; Dekel & Peled, 2000; Jeffrey, 2006). Caseworkers experience high stress at work and are emotionally affected through being exposed to trauma work with abused women and children. However, participants in the current study did not report functional impairment due to good coping strategies that included support from their personal, social, and professional resources. As in the Brown and O'Brien study, the participants in this study indicate training and social support as their most important coping resources. In addition, several practical coping strategies, especially active avoidance of adverse triggers and setting boundaries between work and private life, were helpful to buffer the impact of IPV work.

The findings of this study also support the concept of job-fit (Cable & DeRue, 2002). Caseworkers' personal values, needs, and skills matched their agencies' cultural values, demands, and rewards (mostly non-monetary). Being content with work and work outcome in general (e.g., being able to help women and children survivors of IPV), caseworkers were motivated to continue their service to empower women. This motivation to continue to serve and empower women is also consistent with the founding purpose of shelters inspired by the feminist movement.

The findings from this study can be beneficial to caseworkers, administrators, supervisors at other women's shelters, and mental health professionals. From the work experiences and coping strategies the participants shared, hopefully some stepping stones have been laid for all who might walk the same path or accompany those who work in this field.

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Appendix A

Semi-Structured Interview Questions

1. What brought you to this work?
2. What is/was it like for you to work in a shelter with abused women?
3. How do these experiences affect you at work?
4. How do these experiences affect you in life?
5. What aspects of your background may have influenced your experience? For example: personal and professional background, training provided at work, or experience of family or friends.
6. Please describe some of the challenges you encountered when you started your job as a caseworker in a women's shelter?
7. How do you manage these challenges?
8. What other resources or practices do you have that help you cope with the challenges of working with abused women?
9. Is there anything I did not ask that is important for me to know about your experience of working with women in women's shelters?