Undergraduate Review

Volume 16 Article 6

2021

Examining Gender-Specific and Trauma-Informed Care for Traumatized Homeless Women

Paulina Aguilar Delgado

Mya Nunes

Examining Gender-Specific and Trauma-Informed Care for Traumatized Homeless Women

Paulina Aguilar Delgado and Mya Nunes

Abstract

Research indicates mixed shelters do not respond adequately to the needs of homeless women that have suffered trauma-related events; as female victims, these women are part of two systematically vulnerable populations who are subject to constant revictimization when trying to reintegrate into society. The purpose of this study was to examine whether the services delivered to adult homeless women who have been affected by trauma-related events make them feel safe, and whether the services provision is both gender specific and based on a trauma-informed approach. St. Vincent de Paul's Ozanam Manor is a mixed gender transitional shelter serving homeless seniors in the Phoenix area. A recent program evaluation indicated that several of its female clients had revealed concerns of being revictimized in the shelter. This research study employed qualitative methodology, and the data was drawn from seven in-depth interviews. The analysis was conducted via naturalistic perspective to study homeless women in their own natural settings and to provide a rich, contextualized understanding of trauma and victimization experiences. The findings of the study revealed that the residents are given the assistance and support they require to heal from their trauma, and that emotional and psychological requirements are critical aspects to healing. Also, it was found that fear of men was not the main issue for women in a mixed transitional shelter. Instead, their concerns were focused on the coexistence between the female residents and the problem-solving process followed by the agency. A great percentage of homeless women have been exposed to additional forms of trauma, such as neglect, psychological, physical, and/or sexual abuse during a given stage of their lives (Hopper et. al., 2010). By understanding the dangers and challenges that a homeless woman who has been exposed to trauma may confront, the way society perceives others who have experienced similar traumatic situations, regardless of gender or color, may improve.

Introduction

Trauma-informed care is an essential tool in any caregiver facility: its role, effects, and importance are concentrated on people facing difficult and traumatic situations. Such is the case of homeless people, but homeless women are a population that is systematically disadvantaged. Undoubtedly, homelessness is a condition that affects the individual suffering and the society, which might be the indirect cause of social problems such as street-crime, economic crisis, drugs, etc. By analyzing (through direct or archival research) homelessness at its very core, linking it with trauma-informed care, and examining a strategy to understand the prevalence of trauma and its impact on human health and behavior, we can be a step ahead in combating homelessness and helping people receive proper treatment by prepared staff.

Trauma is viewed as a mental or emotional reaction to a highly upsetting or unsettling event or experience. A traumatic experience is defined as an overwhelming occurrence that develops a sense of fear, helplessness, or horror, and constant anxiety. The causes of a trauma include a wide range of events, but the effect and impact of trauma on a person can severely interfere with a person's sense of safety, coping resources, sense of self, control, and interpersonal relationships (Hopper et. al., 2010). Although the word trauma might be automatically associated with an accident or an abrupt incident, trauma might also be

caused by psychological, emotional, social, and or cultural circumstances the individual perceives as traumatic. Contrary to the common idea of trauma, homelessness is indeed a traumatic experience: being homeless entails living in a permanent survival mode, uncertain of where one will spend the night or whether there will be enough resources to get food that day. Experiencing this unsteadiness is ultimately exhausting to the individual, added to the fact that great percentage of homeless people have been exposed to three additional forms of trauma, such as neglect, psychological, physical, and/or sexual abuse during a given stage of their lives (Hopper et. al., 2010).

Reasonably, this environment is constantly feeding on itself as a cycle in which the victims become powerless and fully dependent on governmental institutions that might not be as prepared to properly manage trauma situations. Trauma-informed care, as the name states, prioritizes the psychological health of the patients through strategies based on social support, which often refers to the "social network's provision of psychological and material resources intended to benefit an individual's capacity to cope with stress" (Cohen, 2004). Social support might take many forms, which may be provided by different systems, but the association between social support and individual health lies in the fact that the person must have a solid social support net to handle stressful events, appropriately evaluate his/her surroundings and make the best decisions on his/her behalf (Sippel et. al., 2015). Moreover, because of the blurred and extended boundaries affecting the definition of homelessness; that is, the degree on which a determined person is homeless or not (people who have some shelter or depend on relatives or friends to spend the night, or on the contrary, those who do not have a place to go to), the magnitude of the problem and the consequences it rouses are diverse and complex (Shlay et. al., 1992).

However, analyzing homelessness entails evaluating the essence of vulnerability. Not only is it a difficult experience for people in general, but it represents an impossibility for those who belong to a systematically vulnerable population: women. The disadvantages women face are far greater than those of their male counterparts, even more so in homeless conditions. Thus, adding these two factors in the equation (gender inequality and homelessness), leads to a higher rate of victimization. Gender-based victimization, as well as gender-based violence, are concepts deeply rooted in the societal conception of men and women, and of course, is reflected in homelessness circumstances.

Homelessness conditions affect everyone, whether directly or indirectly, however, this situation of vulnerability is often belittled due to unacknowledged circumstances that impact the homeless population. In order to provide the right treatment for people facing homelessness situations, institutions in charge of such programs must develop and follow protocols established under the concept of trauma-informed care, and fully commit to create a safe place that promotes and nurtures social support connections for their clients.

Literature Review

The focus of this literature study is on the unique experiences of women who are homeless. It can assist with answering the questions whether women feel safe at the shelters and whether they are receiving the proper care that they need in order to return to society.

Being homeless entails living in a permanent survival mode, uncertain of where one will spend the night or whether there will be enough resources to get through the day. Experiencing this unsteadiness is ultimately exhausting to the individual. Adding to this, a great percentage of homeless women have been exposed to

additional forms of trauma, such as neglect, psychological, physical, and/or sexual abuse during a given stage of their lives (Hopper et. al., 2010). Furthermore, homeless women encounter dual victimization, by the individual(s) who directly victimize them, and by the "system": as stated in her book, *Shadow Women: Homeless Women's Survival Stories,* the author Marjorie Bard assures "we (the society), are becoming desensitized to those who do not exactly 'fit in'" (Bard, 1990).

Homelessness is caused by a variety of causes; a common denominator among them is misinformation, a factor that perpetuates and even potentiates these circumstances, however, some of the causes of homelessness for women are widowhood, poverty, divorce, and poor legal assistance (resulting in unequal division of assets), bankruptcy, loss of job, loss of household, abusive husbands, chronic illness, disability, etc. Not only that, but the hurdles homeless women endure range from gender-based violence, harassment, sexism, ageism, to emotional manipulation. The feeling of hopelessness and powerlessness, the lack of information and access to resources, poor legal representation and accessibility to legal and judicial systems are other additional setbacks for women living in the streets but coincide with the systematic disadvantages women from all social and economic backgrounds undergo (Bard, 1990).

It is important to recognize that women face hidden challenges that the system itself fails to acknowledge, which automatically translates into women being one of the more vulnerable populations in our society. For instance, the rates of violence to which women are exposed are significantly larger for women than they are for men: gender-based violence is a phenomenon that affects women of all ages, not only on the streets, but also in their home environment. The author of "Technology-Facilitated Gender-Based Violence," Suzie Dunn, states "as gender-based violence is rooted in the systemic reinforcement of gender norms and inequality, it is important to recognize how it affects these groups as well as cis-women and girls" (Dunn, 2020).

As declared above, it is crucial for care services to provide gender specific and trauma-informed care when attempting to address the demands of the population treated. Understanding these complex situations will help to alleviate the potential risks.

The re-traumatization of homeless women during their healing process while staying in the temporary residence is a big concern. This concern amplifies when the temporary residence is a mixed transitional shelter. Women's experiences of homelessness are different from their male counterparts in several ways. For instance, women appear to have distinctive risk factors peculiar to their gender that make them vulnerable for a greater incidence of mental health problems; higher rates of substance dependence; as well as greater incidence of adverse childhood trauma (Belknap 2007). Research also indicates a strong correlation between experiencing trauma-related event(s) and developing a pattern of behavior that contributes to vulnerability for re-victimization (Alatorre, 2019). When it comes to the mental health needs of women, those who have a history of abuse and do not have a proper treatment will be at-risk for future victimization (Crable et al. 2013).

The Los Angeles City Women's Needs Assessment (2019) indicates that a prevalent number of women that have been victimized will suffer at some time in their lives one or more revictimization events. This experience is intensified by being homeless. The assessment further indicates that at least 44% of women who had been a victim of a crime in the last 12 months also reported to be homeless; 27% had experienced sexual assault in the last 12 months; 53% had experienced domestic or interpersonal violence in their lifetime; more than 60% experienced

violence at some point in the last 12 months; and 25.7% reported violence as occurring constantly or often (Kuo, 2019).

Care centers and institutions must be focused to provide care based on gender specific necessities, focusing on covering such needs for males and females and their psychosocial demands. As asserted by Stephanie S. Covington in her article *Women and Addiction: A Trauma-Informed Approach*, gender-responsive/woman-centered services are defined as the "creation of an environment - through site and staff selection, program development, and program content and materials - that reflects an understanding of the realities of women's and girls' lives and that addresses and responds to their challenges and strengths." It is pivotal to be conscious of the importance of gender in environmental factors, behavioral differences, race, relationships, services, community, and socioeconomic factors; professionals in any area (especially in substance abuse and trauma) should be trained to identify, report, and address these issues from an appropriate approach and in the best interest of their patients (Covington, 2008).

Theoretical Framework

According to *Substance Abuse and Mental Health Services Administration (SAMHSA),* **trauma** is defined as "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2014). Thus, trauma is not defined as happening to a specific age, gender, socioeconomic status, race, ethnicity, or sexual orientation. The idea of trauma relates to traumatic experiences; some of the events that are categorized as traumatic involve body health and mental health. This underscores the need to properly address trauma as a part of a basic need of providing care such as healing and recovery.

Therefore, when addressing trauma, there are several approaches, and the approach taken depends on the needs of the patient. For instance, there is the *pathogenic perspective,* which "views health as the absence of disease or illness" (Keyes, 2014). The word pathogenic comes from the Greek word *pathos*, which means disease, and *genic*, which means producing/causing. Thus, *pathogenic* means capable of producing diseases. This perspective suggests that when the problem is addressed, the *status quo* is reached. Furthermore, the pathogenic perspective dominates the delivery of mental health, medical services, education, legal, and human services, as well as business models and parenting services.

There is also the *salutogenic* perspective, which takes a health promoting approach by suggesting "that humans possess an innate capacity to move toward health and well-being" (Linden & Rutowski, 2013). This approach was created by the work of Aaron Antonovsky, an Israeli American Sociologist, who asserted that "we first need to listen to someone's story with an eye for their competency and capacity rather than their brokenness, disease, or misery." Salutogenic derives from the word *salus*, which means "capable of producing health," and it assumes that health is a continuum state; there is no dichotomy between health and sickness. According to this approach, stress is omnipresent and allows for growth and development, and more importantly, this perspective uses *stress management as a means for rehabilitation*. The salutogenic perspective is built around the belief that people have a capacity to actively adapt: "Salutogenesis is a stress resource-oriented concept, which focuses on assets, strengths, and motivation to maintain and improve the movement toward health. Using this paradigm, a shift from the risk factor-disease (pathogenic) model permits the examination of health-promoting factors that accentuate a positive capability to

identify problems and to activate healthy solutions that may help individuals overcome adversity and stress" (Linden & Rutowski, 2013).

Along these lines of strength, motivation, resilience, and empathy, we can find that the core of trauma-informed care adheres to the salutogenic perspective and focuses on accentuating a person's ability for active adaptation: "Trauma-Informed Care understands and considers the pervasive nature of trauma and promotes environments of healing and recovery rather than practices and services that may inadvertently re-traumatize" (Speedling, 2019). According to this perspective, trauma-informed care underscores some core elements of human capabilities, such as resilience, effective communication, empathy, emotional management, strengthening interpersonal resources, etc.

An important addition to Aaron Antonovsky's development of the salutogenic paradigm is the Sense of Coherence (SOC) theory, which relates to the adaptive capacity of humans. Antonovsky defined the sense of coherence as "a global orientation that expresses the extent to which one has a (A) pervasive, enduring, though dynamic feeling of confidence that stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; (B) the resources are available to one to offset the demands posed by these stimuli; and (C) these demands are challenges worthy of investment and engagement" (Griffiths & Foster, 2011). Hence, to create the salutogenic goal of coherence for trauma resolution, 15 themes related to the SOC theory and general resistance resources were created, which are the *key elements* to provide coherent trauma-informed care: (1) Structure in life, (2) Predictability in life, (3) Social support, (4) Coping strategies, (5) Life meaning, (6) Responsibility, (7) Comprehension, (8) Expression of confidence, (9) Challenges that are worth investing time and effort, (10) Health/illness orientation, (11) Future orientation, (12) Past orientation, (13) Positive, solution-focused outlook, (14) Emotional connection, (15) Assured of just treatment (Griffiths & Foster, 2011). Therefore, trauma-informed care embraces a salutogenic approach by helping others have their needs met, building relationships of trust and transparency, and using stress management to rehabilitate.

The importance of providing care that has a solid and salutogenic foundation is intimately connected with the impact of trauma in individuals, both mentally and physically. Trauma is reflected not only emotionally, but also in physiological changes in the body, which means that we as individuals are in an interactive system. The constant release of stress hormones has a deep and threatening effect on both the body and mental health: "The neurohormonal systems of persons who experience PTSD are often stuck in the fight or flight mode, remaining hypervigilant or hyperalert. Clinically high levels of the hormones cortisol and norepinephrine result in hypervigilance and its related wariness and neural hyperreactivity" (Dryden & Fitch, 2007). Big events are *not* necessary to have symptoms of trauma: a simple word, sound, or smell is enough to trigger a person's trauma. For example, a woman who has been mentally or physically abused by her partner may have trauma that can be triggered when she sees any acts of violence such as those portrayed in movies or television shows. When a big traumatic event occurs in a person's life it is etched into the brain and whenever an event occurs that reminds the brain of that event, no matter how small, it will set off a trigger. Although this danger might not seem as traumatic for some, it is possible that people who have PTSD struggle more with trauma.

Small, repeated events constitute the cumulative harm effect: presence of chaotic, aggressive, and punitive

environments, as well as inconsistent practices and instability or inability to trust the situation. As humans, we are neuroceptive (from *neuroception*, how neural circuits distinguish whether situations or people are safe, dangerous, or life threatening) to our environments (Porges, 2004). It for this reason that a priority for care providers should be to create an environment that conveys life-supporting environments: to guide practice of trauma-informed care by following five principles, safety, trustworthiness, choice, collaboration, and empowerment between peers and mutual self-help (Butler, Critelli & Rinfrette, 2011).

Trauma is how the body reacts to external stimuli. Learning to manage trauma from an approach that recognizes and acknowledges individual strengths and capabilities, gives the mind and body proper time to heal and process in the best way possible for the victim. However, stress is omnipresent in our lives, and it allows us to grow and develop if we use stress management as a means of rehabilitation. In order to do this, we must learn how to manage stress, take care of our own needs, relax the body, and calm the mind, as well as having self-awareness and self-compassion. For care providers, their priority must be to own these concepts and learn how to apply them personally *before* providing help to anyone. Shelters, substance abuse centers, and other care facilities must have staff that is properly trained, equipped, and conscientious of trauma, the circumstances and consequences trauma entail for the victims and the people who surround them, assuring the safety and security of every individual involved in the healing process.

Methodology

Qualitative Design

This research project used qualitative methodology because is best suited dealing with human being facing difficult circumstances and because this methodological approach takes advantage of the in-depth, contextual nature of qualitative findings (Hanson et al., 2005). The data of this study was obtained through the responses of the participants to the interview questions; the participants elaborated as much as they felt was necessary in their answers, and because of that, the approach used in this case was interpretative and focused on comprehending the phenomena disclosed by the participants. Therefore, this study's analysis relied on the responses provided by the participants, but most importantly, in their perception of their trauma experiences and the environment of the shelter.

Description of the agency Ozanam Manor

The participants selected for this study were residents of the transitional mixed shelter Ozanam Manor, located in Phoenix, Arizona. Ozanam Manor is a program part of The Society of St. Vincent de Paul, a non-profit organization whose mission is to feed, cloth, house and heal individuals who are in times of need. Ozanam Manor's main goal is to assist their residents moving into permanent housing while providing temporary housing. Ozanam Manor offers its guests the support they need to end their homelessness, rebuild social skills, and multiple opportunities, such as classes and activities. The program is focused on offering services to homeless men and women of ages 50 and older, or people of 18 years and older with a mental and/or physical disability. Resources include small dormitories, meals, free laundry, and the assistance of

a case manager to help them get a permanent home. The program provides help for physical, mental, and spiritual needs, through collaboration with volunteers. Taking a community-based approach, Ozanam Manor acknowledges the barriers older homeless adults face day to day: finding affordable housing, access to health care, social cohesion, among many others. In the more than 35 years of service, Ozanam Manor has been successful in stimulating positive relationships between residents, and between staff members and residents, emphasizing the cooperation of the community to end homelessness (The Society of St. Vincent de Paul).

The program recognizes the vulnerability that characterizes homeless individuals within the rest of society, particularly in the way they are excluded and segregated from the community. The shelter concentrates on increasing its clients' social cohesion and resilience by (1) Offering a safe space and community, (2) Promoting social connections, and (3) Personalizing services in a trauma-informed approach. Ozanam Manor's priority is to provide a safe temporary shelter for homeless adults while helping them adjust to the community and obtain permanent housing (Matthies, 2020).

Qualitative sampling and recruitment of participants

The sampling used in this research study was purposive, meaning that the focus was to purposefully select participants that would allow to maximize the understanding of the phenomenon (Alatorre, 2016). The sample included 10 homeless women, from ages 50 and over, who suffered trauma related events and were residents of the transitional mixed shelter Ozanam Manor. Approval from the University's Institutional Review Board (IRB) was obtained before recruitment of participants. The participants of this study were voluntarily achieved through a connection with the shelter: the participants were introduced to the research project via an invitation letter that included the description of the project, the requirements, and potential benefits. The research team in collaboration with the director of Ozanam Manor scheduled the interviews, and the women signed up for the slot that was more convenient for them. Because the nature of the study revolved around the participants' perception of their past and present experiences, the team selected a sample of participants that was consistent with the description of the project: homeless women who had experienced traumatic situations, who were able to speak, read, and understand English, who felt comfortable, and were mentally capable (meaning that they did not need guardianship or assistance from others to do daily activities).

The sample was aimed to be diverse. Although initially there were 10 volunteer participants, the research team evaluated the responses of two of the potential participants and decided it was best not to include them in the study. The first of those two respondents did not qualify based on her answers to the inquiries about previous traumatic experiences; she responded that she had not been subject of any type of victimization. The second woman presented some signs of intellectual disability when being questioned: divagating in her responses, not being clear enough in her statements, etc. The decision not to include these women was reported to the director of Ozanam Manor.

Qualitative Instruments

Screening questions

1. Have you ever been harmed before you came to Ozanam Manor?

2. Can you share in a general way how you were harmed?

3. Do you feel safe at this moment? Why or why not?

Interview questions

1. Do you feel that you have staff support at Ozanam Manor to feel safe? In other words, do you feel that you and staff are working together to make you feel safe?
2. What are your expectations from Ozanam Manor, in terms of your own recovery? Do you feel that you are being empowered to help in your own recovery?
3. Do you feel that the staff interactions with you have been honest? In other words, have you felt that they are not hiding anything from you?
4. There are diverse people living and working at Ozanam Manor, with different religions, languages, and cultures, races and ethnicities, genders, and sexual orientations, including lesbian, gay, bisexual, and transgender people. Do you feel comfortable in such a diverse place? Do you feel you are welcome at Ozanam Manor? Why or why not?
5. Because Ozanam Manor is a mixed-gender shelter and has shared spaces, do you have any concerns or hesitations about your safety? Why or why not?
6. Do you have specific cultural and religious needs? Are those cultural and religious needs addressed at Ozanam Manor?
7. As a woman are there any issues and or needs from previous experiences that make you feel unsafe at this moment at Ozanam Manor?

Procedures

The participants were selected through an initial screening interview that consisted of three questions with the purpose of selecting only respondents that had experienced emotional, psychological, sexual, or any other type of abuse that would qualify as a traumatic experience. In Ozanam Manor facilities, and thanks to the support of people from the program, the respondents were placed in a private room, and accommodated with a computer connected to the research team through the platform Zoom. The interviewees had the option at all times of stopping the interview or reaching out for help to someone next door.

The screening was a brief process in which the research team got to know a little bit more about the interviewee; however, there was an explanation of the project, introduction of the researchers, and a space opened for any questions or concerns. During the screening process, ten homeless women showed up to answer the questions, eight of which qualified for the research study. The participants were contacted a week later in the same premises, and the interviews were performed, lasting from 25 minutes to 1 hour. The subjects were reminded of the rights and responsibilities of agreeing to participate in the research and written and verbal consent was asked during the interview. Additionally, the recording of the interviews was made with everyone's consent. Because of the nature of the questions, the research team allowed the interviewees to talk as much as they felt it was necessary, asking a few questions when needed and guiding the responses to the questions.

Limitations

Although the research team expected the crisis of Covid-19 pandemic to be less aggressive during the summer of 2021 due to the vaccination effort and herd immunity, it still posed a limitation as all means of communication needed to be in an online format. Additionally, because this study is of qualitative nature, and the research team could not travel and make direct observations of the phenomenon in question, which

was counterproductive in terms of the interaction with the participants for it being completely online, the major limitation within the process of interviews and screening was the impossibility of communicating in person and to make direct observations during the interviews. Since this research project was performed during the pandemic, the research team had to follow policies and regulations from both the Institutional Review Board (IRB) and Ozanam Manor, with the purpose of minimizing the risk for the researchers and the participants of the study. The only means of communication with the shelter were emails and Zoom video conferences. This allowed flexibility for the research team, since two of the researchers were in the state of Massachusetts, while the rest of the team resided in Phoenix, Arizona. However, this flexibility also presented a challenge at the time of the interviews with the women.

Given the confidentiality policies established prior to the interview process, the participants were required to be alone in the room, which in some cases was problematic because of the technical difficulties with the computer. For instance, in one of the screening interviews, the call was cut off by Zoom due to a 40-minute limit in the middle of an emotionally vulnerable moment for the interviewee. As soon as that happened, the research team reached out to the director of the shelter, and the case managers at Ozanam Manor spoke with the interviewee to make sure she was okay. Such technical incidents continued to happen on a few more occasions, but the team managed to control the situation, and unforeseen consequences were thus avoided.

Ethical Concerns

Due to the sensitive nature of the questions and the vulnerability of the participants, this research was done in a very conscientious way. The respondents were constantly reminded of the importance of their comfort, and the research team acknowledged this need as a priority of the investigation. Nonetheless, the fact that all contact was made via online, the lack of a counselor or a therapist being present with the participant, and the absence of an expert in the team restrained the researchers from asking questions or following up on some comments that could have been useful for the research. In addition, one of the respondents revealed her name accidentally, and because of the privacy and discretion regulations established for the project, the real names of the participants were not to be made known.

Another potential issue included the report of inappropriate behavior within the facility; because some of the interviewees revealed violent conduct, the researchers had the ethical responsibility of informing the director of Ozanam Manor of such demeanors.

Analysis

The qualitative analysis was conducted via a naturalistic perspective to study homeless women in their own living settings and to provide a rich, contextualized understanding of trauma and victimization experiences (Sandstrom, et al., 2003). The aim was to gather valuable information from the situation and viewpoint of the participant (Alatorre, 2012). Furthermore, a qualitative analysis is best suited when dealing with human beings facing difficult circumstances and because it takes advantage of the in-depth, contextual nature of the qualitative findings (Hanson et al., 2005). The goal for this study is in line with Onwuegbuzie and Leech's (2007) objective "to obtain insights into a particular social process and practices that prevail within specific location."

The analysis consisted of a systematic inspection of the substantive empirical data that the research team gathered through the interview process (Wengraf, 2001, Charmaz, 2001, Emerson et al, 1995). This data involved the following: interview notes and the recordings from the Zoom interviews.

The research team interviewed all participants in sessions that were usually completed in an hour's time. The narratives were created by these in-depth interviews. The data was analyzed for themes and reporting of consistent occurrences. The qualitative analysis aimed to identify common threads of trauma, fear and victimization and patterns of problematic situations which include personal and social issues (Wengraf, 2001).

The basic narrative pattern was constructed in the following three sections: first, the narrative commenced with a description of previous trauma-related events by the participant; second, participants report their sense of security and feelings of fear at Ozanam Manor; and third, participants *share their* perceptions regarding the service provision from Ozanam Manor; that is, whether it is gender-specific and trauma-informed (Emerson et. al., 1995). The agency has adopted the SAMHSA's Concepts of Trauma-Informed Approach as a standard to follow. Thus, the research project adopts and comply with the SAMHSA's definition: "A program, organization, or system that is trauma-informed realizes the widespread impact of trauma and understands potential paths for recovery; recognizes the signs and symptoms of trauma in clients, families, staff, and others involved with the system; and responds by fully integrating knowledge about trauma into policies, procedures, and practices, and seeks to actively resist re-traumatization" (SAMHSA, 2014). The raw data were *analyzed* for themes and consistent *reports of* occurrences and/or reactions from the participants. The final section of the qualitative analysis was *designed* to develop ethnographic insight into the salient behavior, conduct, beliefs, and strategies of the participants. This ethnographic process involved the selection of themes or salient aspects of victimization.

The analysis generally reflects the following strategy: "Selecting the core category, systematically relating it to other categories, validating those relationships, and filling in categories that need further refinement and development" (Strauss & Corbin, 1998). For instance, the themes chosen most reflected/described the essence of what emerged from the data; in this case the strongest, most meaningful response from the participants (Strauss & Corbin, 1998). The emerging pattern then was generated by analyzing the core themes and by articulating how all other key themes are related to the core category.

The conceptualization of the theory was built by validating events from each original transcript. For instance, when the participant continually described feelings of fear and sadness in the original transcript, the researcher thus observed that information as highly repetitive and therefore emerging as a theme, which, by further "coding" was validated as true. After integration of this conceptualization, a theoretical framework consisting of ten to twenty key themes, and then judged to be inclusive of all participants' experiences, was chosen as the basis for the emerging theory. Because the core themes, constructs, key categories, categories, and concepts originated directly in the data, this emergent model created a "grounded theory" (Strauss & Corbin, 1998).

Although ten women were screened, eight of them met a second time with the research team and were interviewed. However, after analyzing the interviews, the research time decided not to include one interview, given the particular circumstances of the situation: interviewee

G was a resident at Ozanam Manor for almost three years, an unsually lenghty period of time. Given her immigration status, the management at Ozanam Manor had been having difficulty providing the services she needed for her visa; the research team was notified, through the director of the program, that the interviewee was capable of taking care of herself without any additional assistance, but that she presented with a few signs of mental disorder that made her statements uncoincidental. For instance, such interviewee mentioned "I came through the state department by documentation by President Ronald Reagan. I arrived at Sky Harbor on January One, 1986 at 9:00 PM on Air Force One. I'm the only person in Arizona who could probably have that distinction. But however, I had a car accident that caused me to have a severe head injury and then amnesia and then my documents were stolen." For this reason, the research team agreed not to include her testimony on the grounds of biases when compared to the seven remaining interviews.

Findings

The interviews captured by the research team were labeled with letters, to keep the confidentiality and privacy of the interviewees. In this section, we will include information from the participants A, C, D, E, H, I, J.

Safety and Comfort

Physical and emotional safety are a priority for the residents at Ozanam Manor. Coming from the streets and having dealt with traumatic experiences before, homeless people most desire a safe place where they can rest peacefully. The interviewees reported they felt safe most of the time at Ozanam Manor, but some declared they have had some incidents in the past where they felt uneasy, uncomfortable, and even fearful. However, the feeling of safety (compared to the streets) was a common denominator among the interviewees, and as interviewee H shared, "They are making me real safe, because this is the only place, I could call home instead of staying outside, because in here, we are safe. Outside, we wasn't safe at all." The participants revealed they felt welcomed for the most part, except for some occasions, but that the shelter provided the safety they were looking for when they arrived; they also agreed that the shelter's premises made them feel secure.

Threat from other women

The most reported issue among the interviewees was the type of environment that existed among the women. Although interviewee D described the coexistence as "one happy family," she also mentioned that when some people engage in arguments, she tries her best to stay out of the issue. Interviewee D also stated that, "Sometimes, something be missing, and stuff like that, but oh, well, you know?" The main problem revolves around the food space in the refrigerator (assigned according to the bed number for each resident), which causes heated and verbal discussions among the women. In addition, some interviewees declared that there is a division among the female residents, and that one group of several women is mean to the rest of residents; this behavior was described by interviewee A, who said, "It's like the mean girls zone. […] And then I think sometimes there's so much bullying and it's not the staff's fault."

Some of the interviewees revealed they had felt more secure because another female resident "took them under their wing" and protected them when they encountered issues with this group of women. Interviewee C confessed she perceived them in a particular way: "There was a group that came in of about four or five women, and they would all congregate at one table, […] But this group of women formed a, I call them a thuggish gang." Interviewees I and J also reported there were a few people displaying negative behavior, such as petty and childish

behavior, stealing other's property or taking over their space, which resulted in arguments.

Interviewee C described thoroughly the type of behavior among female residents, including name calling and displaying hostile attitudes; she also revealed that she was targeted by one woman who engaged in aggressive behaviors towards her: "I was being threatened, oh, not threatened, but viciously attacked verbally by a resident here. And the person was just very vicious and angry, and one time took my food items from the freezer and threw them to the floor." Experiencing a similar situation, interviewee E shared she had been threatened by another woman, who attempted to attack her both verbally and physically: "It made me uneasy. I was always uncomfortable. I didn't feel safe because I didn't know what was on her mind. And she would always like attack me, constantly attacked me and threatened my life, threatened to kill me in my sleep." After the women began threatening the majority of the residents and staff, she was evicted from the program and there was a police report filed.

Threat from Men

When analyzing the interviews, the research team found that men do not represent the main source of threat for the women interviewed. The report of threat by men comprised of only a few separate incidents. Ozanam Manor welcomes male and female residents, and although each group has their own dormitories, sometimes the residents share common spaces, such as the lobby area. When asked how they felt about this, most of the interviewees revealed they felt safe being around male residents and that most of them had been respectful. Nevertheless, some respondents shared they hac experienced circumstances that made them feel uncomfortable, and that they were used to being aware of their surroundings. For instance, interviewee A shared that being homeless is something she had never had any contact with, and that sometimes others' behaviors caught her off guard: "I was trying to put our trash in the trash cans, and they told me we specifically have to go down the hall. So, I have to go past the men's dorm. […] And there was this one man from one of the other dorms and he was just going through the trash. And what am I supposed to say to him? I never had that interaction before." Interviewee A confessed she was a bit shocked about the situation, and that she had not shared this with anyone else but the research team.

Interviewee C asserted that some of male and female residents at the facility were having romantic relationships, which for her did not represent a problem unless others' privacy was being compromised: the participant disclosed that some of the male residents came to the women's dormitories and knocked on the windows for them to come out, "And it's right near where my little area is. So, I ignore it. I'm like, 'Are you kidding me? First of all, you open the door, you don't know to what manner of undressed any of these women might be up in here. That is just rude'". Interviewee C mentioned that, although they did not enter the women's dormitories because they were not allowed to, she was not content with these behaviors.

Another incident happened to interviewee J. She shared she felt scared when a male resident approached her while she was volunteering at the front desk in the lobby: "There was a man that came in and he came up to that counter and he said, can I ask you a favor? [..] Can you give me your number?' I said 'well, no, I don't think so. I don't just give my phone number to strangers.' I said to him, and so he got really upset and he just started cursing me and everything." At the time of this incident the respondent was alone in the lobby and had to reach out for help to one of the case managers, who were all busy with other residents. Fortunately, someone was able to help her and solve the situation.

Perception of the Agency

Overall, the interviewees stated they felt comfortable at the program, and that it had various resources that were very useful for them. Most of the respondents felt they were being empowered to reach their own goals, as well as to get permanent housing; they described the staff and management as helpful, honest, caring, available, and providers of good services. Nonetheless, the interviewees that had experienced uncomfortable situations with other residents at the shelter had additional thoughts: interviewees C and E felt that, given their experiences, the rules and regulations were not being enforced enough by the management, which made some residents feel they had privileges over the rest of women. Respondents C and E thought management did not act right away at the moment of the incidents; instead, they let the behaviors escalate, "No, I don't think they [the staff] took action right away. No. I've been feeling threatened for a good period of time. [..] I felt like I was on flight or fight, which I said to staff on a number of different occasions and documented messages to them. So yeah, that was a failure, I believe, on their part," shared interviewee C, adding that she perceived the staff was not completely honest with her on this matter, but instead reprimanded her when she answered the other woman's claims that "The staff here chastised me, I believe, for responding in kind... verbally".

The interviewees also seemed to share the perception that the staff promoted childish behavior among the residents, particularly in the refrigerator space issue, which in their perception did not solve the problem. Along those lines, interviewee J divulged her point of view regarding the lack of enforcement of rules and regulations: "We have rules and regulations and some of those rules and regulations are not adhered to on a day-by-day basis. They need to be stricter enforced: music playing when it shouldn't be, not using earphones, not respecting others' privacy, quiet time on the floor. […] In other words, make it transitional. Don't make them too comfortable because then they feel like, 'I've been here longer so I should have this much space.' It's not about that. You're here to come here to get yourself in the program and accomplish the goals you're supposed to accomplish, not make it a permanent living space".

Emotional and Mental Health Needs

The residents at Ozanam Manor understand that the experiences each individual goes through are something that marks them for life. During the interviews, the respondents brought up this important aspect of well-being and how it impacts them as residents of Ozanam Manor. For example, interviewee A talked about the lack of counseling or psychological therapy available for them at the facility: "They don't have counseling here though. And I talked to legal aid about that. They said that I could reach out to my clinic if I need counseling, but here they don't offer it." She also acknowledged its importance when being part of a community, especially when encountering issues with others: "Yes. And they have emotional problems. So, people say, 'just be kind to them because of their emotional problems.'" Interviewee C also discussed this matter by exemplifying how other residents have difficulty respecting her personal boundaries, as she declared "You guys [referring to the management at the shelter] cannot know that this woman [who attacked her verbally] is not the normal trauma survivor, or not one that should be living in this type of environment without the assistance of mental health professionals." However, some people might feel the need for more independence and proactivity as interviewee J, when she decided to take her legal situation in her own hands: "No, and I don't even know if they can [help me]. My caseworker, she has some things going on, she had a death in the family, immediate family member, so I'm not trying to put any pressure on her." She then contacted legal aid on her own.

Religious and cultural needs

Ozanam Manor is a faith-based organization that believes in the power of the community to end homelessness. Nonetheless, the clients of the shelter represent a very diverse community that naturally has differences in cultural background and beliefs. When asked about their religious and cultural needs, the participants answered they felt comfortable most of the time, with the exception of some interviewees; for example, interviewee J shared she had had an experience with a resident that made her feel uneasy when she approached her and insisted her on joining a Bible study group, "I don't want any religion pushed on me or forced on me or presented to me in a way that makes me feel like you're trying to sway me one way or the other." Interviewee C declared that, as a Black woman, she did not feel the organization was acknowledging her or the Black community, "They didn't do anything for Black History Month, Juneteenth... I know that's news for most people, but I'm from Texas," stating this was something important for her that was not addressed enough. Similarly, interviewee I shared that, as the only Native American woman in the program, her cultural needs were not addressed at the shelter.

Women's Needs

Each woman in this shelter hac experienced different traumas in their lives but, no matter their differences, many express the common thought that being a woman in this world is not easy. Most of the women interviewed, such as A, C, and J, told of how they come to an understanding that they as women have experienced a great loss and it is much harder for women to bounce back from these circumstances. They know that as women, especially those of color, the comfort of protection is not given, and inner strength and belief are the only things many of them have left to depend on. Interviewee A voiced that she was working on finding empowerment within herself; interviewee I found comfort with staying to herself and finding contentment in reading; and interviewee J recognized the power of her own mind and spirit. While these women found their thoughts and actions kept them grounded, others such as interviewee C concluded that as a Black woman she will not be protected or feel protected no matter where she is, even within Ozanam Manor. At the end of the day, the harsh reality of being a woman is that protection is not always given, threats do not only come from men, but no one can help you unless you help yourself first and find empowerment within yourself.

Perhaps a deeper analysis of interviewee responses, along with consideration of the physical design of the facility, is needed. Ozanam Manor has three dorms for 44 men and only one for 16 women. One effective technique for staff dealing with conflict among men has been to separate them by moving them to separate dorms. This method is not available for women. According to two out of three staff interviews, patterns of same gender social connection tend to differ between women and men. Women place more emphasis on forming same gender relationships and they react more strongly to problems in these relationships. If this difference is generally true, interviewees' reports of threat from conflict among women can be interpreted as indicating two ways Ozanam Manor is not optimally meeting women's needs. Although conflicts at this magnitude do not usually occur at Ozanam Manor, this represents the women's needs not being met as much as they could.

Conclusion

As discussed before, trauma is a deep wound that is hard to see and even harder to heal; however, the trauma that entails being homeless is an issue that, most of the time, is not given proper attention. As a society, we have learned that homelessness is an inevitable issue that comes with the development of urban areas, and that being

homeless is a matter of lack of will or purpose: we have, therefore, destined facilities or institutions that appear to be beneficial for vulnerable populations, in this case, homeless people. However, as a socially constructed concept, we are failing to recognize the causes, consequences, needs, collateral damages, and many other implications of homelessness: this begs the question of how we can offer proper care for homeless people, if we are not aware of the repercussions of homelessness. It is our duty to investigate, disseminate the information, and propose better care techniques to obtain better results.

Analyzing the interviews enlightened the reality these women have experienced, not only in their previous trauma, but also within the shelter. It would be easy to assume that the women living in this gender-neutral shelter would find problems with living among the men, but that issue is small. Even though this time this is a minor issue, it has an impact on the environment that surrounds the residents at Ozanam Manor. The women believe that they are in a secure and supportive atmosphere, and that there are interactions with males, but that they are more likely to clash heads with each other than with anybody else, as seen by the patterns from the interviews. Homeless women must overcome different hurdles than homeless men do because they are part of two vulnerable and victimized populations; homeless women encounter gender-based differences that make their cases much more complex and sensitive. Undoubtedly, men suffer and recover from trauma differently, and although this difference is obvious, this study focuses on the women's perspective and their own specific circumstances.

According to the program's goals, the residents are given the assistance and support they need to be able to heal from their past so they can start a better future, and although no system of care is perfect, a lot of the process relies on the efforts from both the management and the residents, emphasizing that as residents, they have to be the ones who want to improve their life. It was mentioned by a few interviewees that women more often than not find themselves staying longer in the shelter, finding a home and family. While it is true that patience is important when treating a client/patient in a trauma-informed care approach, it is also important to consider whether the time spent at the facility is efficient and whether it is assisting the residents at Ozanam Manor in achieving their goals, which include developing social skills with other residents and staff. Based on the results of the interviews, it can be inferred that emotional and mental health requirements are an important component of the recovery/healing process, and that this should be emphasized more inside the institution. The residents' and staff members' interactions with the female residents are complex and difficult to manage, especially when it comes to settling difficulties. Although Ozanam Manor is not a clinical institution, the inclusion of counseling services within the program may be beneficial to the residents and their recovery process.

When it comes to listening and trying to understand traumatic stories from different women with different backgrounds, a great part of the process prior to the interviews is mental preparation. It is critical to guarantee that the audience and interviewers are actively helping themselves in order to be able to listen and aid others with their trauma. The key to any study is to have an open mind because the method and findings do not always match the research goal. As a result, the study team used a variety of approaches to lay a firm basis before interviewing the participants, and while this procedure was effective, a sense of despair persisted; this was an opportunity to give the women a microphone and let them share their stories, but it also was a way to have contact and understand humanity, through a lens that stemmed from empathy, patience, and interest. Even though this study does not change their current life circumstances, this journey has certainly been

rewarding for the research team and everyone involved in this research project.

References

Africa Studio. (n.d.). *Homeless poor woman beggingfor money outdoors* [Photograph]. https://stock.adobe.com/images/homeless-poor-woman-begging-for-money-outdoors/201666012?prev_url=detail

Alatorre, Francisco J. (2012). "Social and political integration." In Debates on US Immigration, edited by J. Gans, E.M. Replogle, and D.J. Tichenor (Sage Publications): 416-428.

Alatorre, Francisco J. (2016). Are Tent Cities an Illusion of Success? Client's Perceptions of Neoliberal Strategies. Open Journal of Social Sciences. 4(11), 123-132.

Alatorre, Francisco. (2019). "Homelessness and Female Victimization and Offending" In Encyclopedia of Women and Crime. Edited by Frances P. Bernat and Kelly Frailing. Wiley Publications. Bard, M. (1990). *Shadow Women: Homeless Women's Survival Stories* (No Edition Stated ed.). Sheed & Ward.

Belknap, J. (2001, 2007). The Invisible Women. New York: Wadsworth.

Butler, Lisa & Critelli, Filomena & Rinfrette, Elaine. (2011). Trauma-Informed Care and Mental Health. Directions in Psychiatry. 31.

Charmaz, K. (2001). Grounded Theory. Contemporary field research. (335-352). Waveland Press, Inc.

Cohen, S. (2004). Social relationships and health. American Psychologist 59:676-684.

http://dx.doi.org/10.1037/0003-066X.59.8.676

Covington, S. S. (2008). Women and addiction: A trauma-informed approach. Journal of psychoactive drugs, 40(sup5), 377-385.

Crable, A. R., Underwood, L. A., Parks-Savage, A., & Maclin, V. (2013). An examination of a gender-specific and trauma-informed training curriculum: Implications for providers. International Journal of Behavioral Consultation and Therapy, 7(4), 30-37.

Dryden, T., & Fitch, P. (2007). Recovering body & soul from post-traumatic stress disorder. *Massage Therapy Journal*, *46*(4), 133+. https://link.gale.com/apps/doc/A171400684/AONEu=mlin_s_bridcoll&sid=bookmark-AONE&xid=0ca012a2

Dunn, S. (2020). Technology-Facilitated Gender-Based Violence: An Overview (p. 3, Rep.). Centre for International Governance Innovation. doi:10.2307/resrep27513.8

Emerson, M.R., Fretz, I.R. and Shaw, L.L. (1995) *Writing Ethnographic Field Notes*. The University of Chicago Press. Ltd, London. Griffiths, C. A., Ryan, P., &

Foster, J. H. (2011). Thematic analysis of Antonovsky's sense of coherence theory. *Scandinavian Journal of Psychology*, *52*(2), 168-173.

Hanson, W.E., Ceswell, J.W., Clark, V. L. P., & Creswell, J.D. (2005). Mixed methods research designs in counseling psychology. Journal of Counseling Psychology 52(2), 224-235.

K Hopper, E., L Bassuk, E., & Olivet, J. (2010). Shelter from the storm: Trauma-informed care in homelessness services settings. *The Open Health Services and Policy Journal, 3*(1).

Keyes, C. L. (2014). Mental health as a complete state: How the salutogenic perspective completes the picture. *Bridging occupational, organizational and public health*, 179-192.

Kuo, A. Downtown Women's Center (2019). Los Angeles City Women's Needs Assessment. Retrieved from https://www.downtownwomenscenter.org/wp-content/uploads/2020/01/DWC2019-Los-Angeles-Womens-Needs-Assessment.pdf

Linden, M., & Rutkowski, K. (Eds.). (2013). *Hurting memories and beneficial forgetting: Posttraumatic stress disorders, biographical developments, and social conflicts*. Newnes.

Matthies, J. (2020). Home is where the heart is: Exploring programmatic elements of a Shelter Community Model serving homeless older adults using a Social Determinants of Health Framework. Unpublished manuscript, Arizona State University, AZ.

Onwuegbuzie, A. J. & Leech, N. L. (2007). A call for qualitative power analysis. *Quality & Quantity, 41*(1), 105-121.

Porges, S. W. (2004). Neuroception: A subconscious system for detecting threats and safety. *Zero to Three (J)*, *24*(5), 19-24.

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014). Report Prepared by SAMHSA's Trauma and Justice Strategic.

Sandstrom, K., Martin, D., & Fine, G. (2003). Symbols, Selves and Social Reality. Los Angeles, CA. Roxbury Publishing.

Shlay, A., & Rossi, P. (1992). Social Science Research and Contemporary Studies of Homelessness. Annual Review of Sociology, 18, 129-160. Retrieved February 13, 2021, from https://www.jstor.org/stable/2083449

Sippel, L., Pietrzak, R., Charney, D., Mayes, L., & Southwick, S. (2015). How does social support enhance resilience in the trauma-exposed individual? Ecology and Society, 20(4). Retrieved February 13, 2021, from https://www.jstor.org/stable/26270277

Speedling, Barbara F. (2019) Trauma-Informed Care and Behavioral Health Services: Achieving Compliance in Long-Term Care.

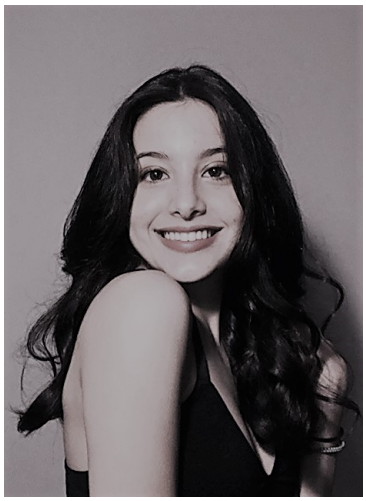
Strauss, A.; Corbin, J. (1998). Basics of Qualitative Research Techniques and Procedures for Developing Grounded Theory (2nd ed.), Sage Publications: London.

The Society of St. Vincent de Paul. (n.d.). Ozanam Manor. Retrieved from https://www.stvincentdepaul.net/programs/ozanam-manor

Wengraf, T. (2001). Concepts and Approaches to Depth Interviewing. In T. Wengraf (Ed.) Qualitative Research Interviewing (pp. 1-60). Sage Publications, Ltd.

About the Authors

Paulina Aguilar Delgado is a junior and Departmental Honors student, majoring in Criminal Justice. **Mya Marcelina Nunes** is a senior Departmental Honors student in Criminal Justice, graduating in May 2022. Mentored by **Dr. Francisco Alatorre**, Assistant Professor of Criminal Justice, Paulina and Mya were awarded an Adrian Tinsley Program (ATP) collaborative research grant to conduct this community-based research in Summer 2021. Paulina, who grew up in Ciudad Juarez, Chihuahua, Mexico, has long been interested in the areas of crime and justice, social inequality, and advocacy for those who are systemically underserved. Mya was born and raised in Boston, Massachusetts, in a single-parent household. Her family is from Cape Verde and she is a first-generation college graduate. Her interest in research was sparked by a study she conducted in her Research Methods course, about the difficulties faced by unaccompanied immigrant teens who have crossed over the U.S. border from Mexico. Both Paulina and Mya believe that having the privilege of working with vulnerable people and learning about their needs for trauma-informed care from an objective and evidence-based perspective has been a major step toward their future careers dedicated to social justice. After graduation, Paulina plans to go to law school, and Mya plans to pursue a master's degree in criminal justice and work in law enforcement leadership.



Paulina Aguilar Delgado