

Survivor: Women's Stories of Navigation and Tensions in a Domestic Violence Shelter

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Analysis of field notes and interviews with 28 survivors at an empowerment-based domestic violence shelter revealed that life at “Harbor Safe House” is complicated by three tensions: the complementary dialectic of independence versus dependence, the paradox of narrative accuracy versus narrative efficacy, and the contradiction of sufficiency versus deficiency of the system. Both empowerment and disempowerment are located within each tension. Insight into the processes of identifying tensions and their navigation is among the theoretical implications. Calls for flexibility and balance among tensions, as well as between empowerment and case management approaches, are among the pragmatic suggestions for domestic violence organizations.

Keywords: (Dis)empowerment; Domestic Violence; Narrative; Survivors; Tensions

Introduction

On average, every 9 seconds an American woman is beaten by an intimate partner; every minute another is raped, relational partners murder three women per day and, in their lifetimes, one out of four women experiences domestic violence (DV)¹ (National Coalition Against Domestic Violence, 2011). The National Network to End Domestic Violence (2013) reported that DV advocates serve more than 66,000 survivors daily.

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Many DV organizations assist women and children escaping abusive situations by providing safe harbor at DV shelters. The focus of the current project is the experiences of those assisted by one such shelter, Harbor Safe House (HSH; a pseudonym). The DV shelter, a site of complex organizational life and individual emotional volatility, is enlightened by “a tension-centered approach” to (dis)organization (Trethewey & Ashcraft, 2004, p. 82) that recognizes dialectics, paradox, contradiction, and irony, and how they are navigated. Survivors often qualify for DV shelters by expressing the details of their plights. Their stories may represent a balancing act between understanding their experiences and receiving organizational resources. As survivors accommodate their narratives to “fit” imposed bureaucratic constraints, inherent tensions are revealed.

Review of Literature

Tensions and Dilemmas of Organizing

Organizations of any kind are comprised of people, enacting interpersonal relationships, who experience simultaneous yet contradictory desires or relational dialectics (Baxter, 1988, 1990; Baxter & Montgomery, 1996) such as autonomy versus connection (i.e., separateness and togetherness), openness versus closedness (i.e., disclosure and privacy), and novelty versus predictability (i.e., change and routine). Trethewey and Ashcraft (2004) proposed that tensions such as “irony, paradox, and contradiction are routine features of organizational life” (p. 81). Though most contemporary organizations are now recognized as featuring ambiguity and incongruity rather than the once standard bureaucratic rationality, alternative organizations and feminist collectives are particularly rich contexts for investigation (Ashcraft & Kedrowicz, 2002; Trethewey & Ashcraft, 2004). For instance, Ashcraft (2001) used her observations of SAFE, a DV organization, to illustrate “feminist bureaucracy as a distinct hybrid form term[ed] ‘organized dissonance’” (p. 1301) wherein even the terms contradict; “feminist” implies empowerment and equality, while “bureaucracy” implies efficacy and control. Naturally, tensions such as instrumental versus moral, centralization/inequality versus decentralization/equality, and stability versus flexibility emerge in such organizations (Ashcraft, 2006).

Prevalent dilemmas in organizations are frequently categorized in a tension-centered approach as dialectics, contradictions, and paradoxes. Tracy (2004) examined the successful navigation of tensions inherent in the work of corrections officers, who must display consistency and flexibility as well as control and respect for inmates. She defined these tensions as “complementary dialectics, simple contradictions, or pragmatic paradoxes” (Tracy, 2004, p. 119).

Complementary dialectics are non-mutually exclusive edicts wherein one pole (e.g., control) may be used to achieve the other (e.g., respect). Corrections officers responding to complementary dialectics “attended to various norms simultaneously” (Tracy, 2004, p. 137), in effect pursuing both control and the respect of prisoners at the same time. *Contradictions* may be seen as “analogous to a slowly spinning stop or

go sign” (Tracy, 2004, p. 136) where one pole or the other is registered and acted upon; they often result in vacillation between opposing norms as context dictates. A *paradox*, or double bind, is an “injunction, such as ‘ignore this sentence,’ in which to obey is to disobey and to disobey is to obey” (Tracy, 2004, p. 137) and is often handled by simple uncritical compliance despite the associated dissonance. Stohl and Cheney (2001) delineated organizational paradoxes of structure (e.g., being spontaneous as planned), agency (e.g., doing it your way but also our way), identity (e.g., managing yourself to organizational standards), and power (e.g., being commanded to be independent).

Empowerment versus case management domestic violence advocacy

Tensions are highly evident in feminist bureaucracies that seek to empower those they serve while also providing them with direction and supervision. Typically, DV organizations emphasize either a “case management” or an “empowerment-based” approach. Case management features trained advocates identifying steps toward goals to be followed by survivors (Cole, 1999). Case management approaches may create “victim” and “rescuer” roles, which can facilitate dependency. Empowerment-based advocacy privileges survivors as *experts* about their goals and decisions and inspires advisory roles for staff (Goodman & Epstein, 2008). While “empowerment” is a buzzword in social work, its implementation is obscured by its lack of consistent definition in DV circles (Cattaneo & Goodman, 2015).

As more DV shelters adopt philosophies of empowerment, scholars struggle to find its pure application. Vaughn and Stamp (2003) located four contradictory aspects of worker/client relationships at a DV shelter: professional relationship versus friendship, home versus office environment, dictated versus chosen clients’ options, and healing versus progress on goals. D’Enbeau and Kunkel (2013), in a separate investigation of HSH that focused primarily on the perceptions and actions of its staff, determined that “organizations charged with empowering survivors of domestic violence confront paradoxes” of consistency and transparency that “inform and constrain social change organizing” (p. 141). Clearly, a tension-centered approach to organizing is profitable for DV advocacy and scholarship.

Accommodated Narratives of Violence

Wood (2001, 2004) and Stamp and Sabourin (1995) indicate the power of narrative to reveal values of dominance and deference among domestic and sexual violence survivors and perpetrators. A common thread in their analyses is the elicitation of narrative through research interviews to summarize relevant experiences. A different phenomenon regarding narrative and DV is the production, by survivors and for shelter staff, of accounts of experiences and circumstances to comply with expectations for acquiring or retaining services and resources within the system. Research (e.g., Brosi & Rolling, 2010; Enosh & Buchbinder, 2005; Lehrner & Allen, 2008; Moe, 2007; Montalbano-Phelps, 2004) reveals that, even within shelters and centers

espousing empowerment, survivors' recoveries are impeded when they tell their abuse stories in "fragmented" (Brody, 1994; Lawless, 2001) fashion to receive assistance.

Survivors' stories may shift repeatedly as they are "boxed" into acceptable, resource-friendly narrative forms. Women may accommodate stories of abuse relative to whether they are calling a crisis hotline, seeking shelter, or obtaining protection from abuse orders. According to McDermott and Garofalo (2004):

Advocates help victims reshape claims to strengthen cases. Telling a victim which elements of her story will be the most compelling may give her tools to make more powerful claims for her victimization. The advocate can acknowledge one reality and then advise about the best way to construct another, which is what happens in practice. (p. 1258)

Sometimes, if survivors do not match the "battered woman" prototype (Loseke, 1992, 2001; see also Guthrie & Kunkel, 2015), they do not get resources or services. A woman calling a crisis hotline from a safe location may receive refuge only if she reports risk to her life. Her story is "assessed, and the determination about whether or not she will be provided with safety at the shelter depends upon how she tells her story—what components are there, which ones are missing, [and] how dangerous her situation is" (Lawless, 2001, p. 50).

When a survivor accesses needed resources with properly adapted narratives, her emotional recovery may stall. A huge literature (e.g., Harber & Pennebaker, 1992; Pennebaker, 1993, 1997) attests to the healing powers of constructing distress in full personal narrative. Requiring survivors to tailor stories may deter emotional processing, sense making, and subsequent health benefits (Lawless, 2001; Wozniak & Allen, 2012).

Similarly, Tracy, Alberts, and Rivera (2007) identified opposition between full disclosure and strategic narrative in organizational storytelling. They advise those needing to report workplace bullying to distinguish the telling of therapeutic stories from the designing of stories to obtain remedies from organizational superiors. Storytelling that enhances the credibility of tellers, and promotes motivation to assist them, ought to be linear, specific, consistent, plausible, respectful of others' perspectives, and descriptive of emotions without the actual delivery of such emotions (Tracy et al., 2007). Of course, the same explicit enactment of emotion, that threatens the efficacy of the plea for help, might also be psychologically valuable to the narrator.

This research project is focused on the tensions apparent in DV organizations and shelters. We conducted this research to illuminate the relationship between such tensions, and their navigation by those who experience them, as well as the roles of empowerment and narrative in the assistance and recovery of survivors. The project is guided by a single overarching research question: What tensions (complementary dialectics, contradictions, paradoxes) are evident within a DV organization and how are they navigated?

Method

Research Context

This project investigated a nonprofit organization in the Midwest that provides shelter and advocacy to DV survivors. The allotted time survivors are "allowed" to

stay at the shelter is 30 days; formal extension requests are required to increase residencies. The organization, HSH, embraces an empowerment-based approach. Our university review board approved all methods and procedures of our research, as did key staff at HSH.

The first author completed 40 hours of training, and the second completed 56, to become HSH advocates. Over a 3¹/₂-year period, we both volunteered intermittently at the shelter (i.e., answering the crisis hotline, taking care of the shelter residence, talking to residents) and attended staff and volunteer meetings. Findings reported here represent *crystallization* (see Ellingson, 2009; Richardson, 2000) of information gathered from 164 single-spaced pages of field notes compiled during authors' participant observation of the HSH shelter and survivors, and from interviews with survivors.

Participants and Procedures

The authors conducted semistructured interviews over a 15-month period until saturation was reached (Lindlof & Taylor, 2011) with 28 female survivors of DV who stayed at HSH. Their average stay at the shelter was 21 days (range = 4–90). Some participants had multiple shelter stays. Participants self-identified their ethnicities: 20 were Caucasian (71%), 3 were African American (10%), 2 were Native American (7%), 1 was American Indian (4%), 1 was European (4%), and 1 participant identified as “Other” (4%). The average age of participants was 34 years old (range = 18–53).

Interviews averaged 60 minutes in duration (range = 20–203). Professional transcription resulted in 950 double-spaced pages so interviews averaged 34 pages in length (range = 12–102). The first author checked a sample of the professional transcriptionist's work for accuracy. Interviews centered on questions regarding: (1) constructions/experiences of DV, empowerment, and survival; (2) the role of organizational/interpersonal social support for “breaking out” of the DV cycle; and (3) tensions and barriers survivors of DV face. Pseudonyms are used to protect participants' identities.

Data Analysis

Whereas staff, volunteers, and advocates offer valuable insight, our analysis focused most on *survivors'* voices and experiences as embodied in interviews with them, which sometimes varied from others' opinions regarding what was (un)helpful for them. Sprague (2005) argues for this emic approach by advising that critical feminist researchers should “work from the standpoint of the disadvantaged” (p. 80). The authors consistently compared and contrasted survivor interviews with their own observations, as embodied in field notes, and discussions to “maintain a strategically diverse discourse” (Sprague, 2005 p. 80). Throughout our analysis of all data sources, so we could best make sense of and understand them, we took an iterative approach to coding (Fairhurst, 2014; Srivastava & Hopwood, 2009; Tracy, 2013). Our coding process was initially more inductive in nature and then became more deductive in nature.

To begin, both authors approached analysis inductively and used open and axial coding to identify recurring patterns in the data (Manning & Kunkel, 2014; Miles & Huberman, 1994). During this early portion, we independently examined interview transcripts line by line to denote initial codes derived primarily from participants' words (Charmaz, 2006). We continued to revise and refine our coding sheets via multiple passes and constantly compared codes (Miles & Huberman, 1994) until larger patterns or themes became apparent (Manning & Kunkel, 2014). We also wrote extensive memos about our coding processes (275 single-spaced pages) to productively visit and revisit what we were finding and to identify more refined and substantive categories. It became apparent that themes related to opposing tensions within organizational behaviors and discourses were emerging from the data.

At this point, we scrutinized the communication literatures regarding tensions within organizations, particularly among those that focus on DV. A more deductive approach became advisable as we compared and contrasted constructs from those literatures with what we were detecting in the data. As similarities and matches between the two became more evident, we reconsidered the organization of our data and the (re)naming of patterns we had formerly recognized.

At all junctures, we were vigilant to maintain an analysis process that was open, ongoing, and flexible. When new or unique instances arose, we evaluated them for fit with what we had already coded. When warranted, we incorporated these "deviant cases" (Lindlof & Taylor, 2011) into our findings, which led to "opportunities for insight about a different part of the 'story' behind the data that [ultimately made our] results more holistic and meaningful" (Manning & Kunkel, 2014, p. 202). We believe that this iterative process, where we let the data introduce us to the constructs that were most in play, and then reconsidered the data within the framework of knowledge associated with those constructs, was most beneficial in parsing out what there was to be learned.

Results and Interpretation

As expected, the tension between empowerment and disempowerment wielded a heavy presence within our analysis of survivor interviews and field notes from the HSH DV shelter. This was so much the case that empowerment and disempowerment did not emerge as a single tension of focus but instead were detected within the resulting tensions and, in many cases, within each pole of the tensions. For instance, within "independence versus dependence," elements of empowerment were noted within codes of independence (e.g., realizing it was okay to be alone) as well as within codes of dependence (e.g., receiving acceptance and support from others). The tensions we discovered during our data analysis—"independence versus dependence," "narrative accuracy versus narrative efficacy," and "sufficiency of the system versus deficiency of the system"—were all suffused with aspects of both empowerment and disempowerment.

Independence Versus Dependence

The tension between independence and dependence experienced by DV survivors who stayed at HSH is best considered a complementary dialectic (Tracy, 2004).

Survivors perceived empowerment as being in charge of their own lives and taking care of themselves, without needing anyone else. Independence was conceived not just as self-reliance but also as emancipation from abusers and abuse, sometimes even generating a desire to “give back” or “pay it forward” to the shelter in the future. The dependence construct exists between survivors and staff, advocates, and other survivors who help them. Dependence on others is at least a temporary means of achieving eventual independence so the two poles are not mutually exclusive and form a complementary dialectic (Tracy, 2004). Of course, continued dependence on the shelter and staff would disempower survivors and threaten long-term independence, as would a return to dependence on the abusive partner. Organizational strivings for independence that bring about dependence can also be considered to comprise irony, which Trethewey (1999) posed as the incongruity of organizing and its outcomes. Most survivors seemed to recognize the value of breaking free and setting out for themselves but many also appreciated and/or desired direction from HSH staff toward these goals.

Independence

At the time of her interview, Kelly was upbeat, focusing on her renewed sense of independence. She said, “*It’s okay to be on your own and by yourself*” and that “*it gets easier and better over time.*” Kelly said she thought it was important to be able to:

do things on my own, without the help of anybody else. Because I’ve been through a lot . . . I’ve had to deal with a lot of stuff. . . . And being able to stand up by myself, without anybody being around, and taking care of my kids empowers me.

For some, immediacy surfaced as an aspect of independence. Despite the fact that she had gone back to her abuser multiple times, Katie vowed to be “*not dropping it this time*” because “*I’m going to take care of myself.*” Similarly, Sharon put her escape in certain terms, “*I got unstuck by standing my ground, saying, ‘Enough is enough. . . . Get out of my life. I can’t handle you no more because you’re an asshole. Goodbye.’*”

Another factor of independence is willingness to be alone. Beth revealed her interesting “*motto*” (as she called it): “*It’s better to travel through life alone than poorly accompanied.*” Beth also believed that control in her life is important and empowering: “*Discovering that it’s not so scary being on your own . . . was my empowering moment. That I was capable of doing it on my own, and I don’t need to have a man hanging around.*” Riley also talked about the benefits of being alone, saying, “*[I’m] staying positive about my life and knowing that I can do this on my own and that I don’t need a man in my life.*”

Some survivors reported that they were empowered through self-sufficiency. Melanie highlighted that she liked feeling independent “*without having to rely on other people.*” Rain nominated her experience of independence as a key feature of her empowerment and “*not being under anybody’s control. I mean owning yourself, being autonomous, and knowing who you are and what you want.*” Sherrie said it is important to “*have power within yourself*” and felt it was “*her duty*” to one day come back as an advocate, as did Beverly, Kim, Kelly, Daisy, and Kiley.

Dependence

Some survivors were cognizant of their dependence on HSH. They desired coaching about how to manage their situations. Katie wished for more guidance and direction and felt that she was not ready to talk to people on the resource lists herself. Kelly felt she needed to be coached by HSH staff to get what she needed: “*They also helped me create a PFA [Protection from Abuse] document that keeps him away. . . . I also knew that they would help me write up the documents for a certificate of homelessness.*”

Our field notes revealed several instances of women working to become independent yet becoming dependent on staff to help achieve their goals. For example, one woman asked the first author for help obtaining new eyeglasses. She thought the masking tape wrapped around the glasses that her abuser destroyed would be an instant turn off to potential employers. Thus, the first author, serving as a volunteer advocate, worked with her to acquire new frames and lenses from local providers.

The Complementary Dialectic of Independence Versus Dependence

Resisting the easy path back to familiarity and security in the abusive relationship draws on survivors’ reserves of self-efficacy and strength. However, some survivors were striving to attain independence while still feeling dependent on the shelter. Kim stressed the importance of giving yourself the “*motivation [to] be there for yourself and be strong and . . . stand up and not take anybody’s abuse and . . . just be you.*” She continued, “*There’s an addiction to that abusive relationship. You can’t just walk away sometimes; you have to have that somebody to tell you that you can do it.*”

Other survivors nested their notions of independence and empowerment within a sense of individual responsibility, as well as dependence on the shelter community of staff and survivors. Even though they had started to feel a sense of personal control, they remained dependent on the shelter and its staff. Tammy said of HSH, “*You [the staff] pull your weight, we’ll pull ours.*” Moreover, Teresa identified a phenomenon wherein *acting* empowered brings more help, which further enhances empowerment:

And here it’s laid back. You can make your own choices. If you want something, you’re going to have to make it work. Don’t expect anybody to do it for you; you’ve got to do yourself. . . . One thing I’ve noticed here is if they see you helping yourself, they’re going to do what they can to help you.

Kristi also recognized the camaraderie and interactive nature of the resource-oriented support provided at HSH, “*While we’re here, yes, we have great staff and I love them to death. They show us the tools, but we’ve got to use ‘em. . . . I’m getting the tools I need, I’m getting the help I need.*”

Narrative Accuracy Versus Narrative Efficacy

Survivors at HSH provided accounts about their histories and circumstances in interviews with researchers and as evidence provided to shelter staff to attain admission, extended residence, or other valuable resources. Survivors reported adjusting their narratives to acquire benefits. Some reported telling their stories accurately but inadequately to receive assets and then embellishing them to incorporate the “right”

language. The procuring of needed outcomes, such as admission into the shelter or obtaining a clothing voucher, is empowering, but the denial of one's full story can be disempowering with regard to comprehending causality and healing emotionally. In this context, accuracy and efficacy form a complementary dialectic (Tracy, 2004), wherein accuracy leads to efficacy, but only if actual circumstances and true lived experiences match up with criteria for attaining resources. In the far more prevalent instances where this is not the case, survivors are faced with what Stohl and Cheney (2001, p. 360) labeled a "paradox of agency"; the message to them is essentially "tell us your distinctive, actual story but do it our way." As is often the case with paradox (Tracy, 2004), survivors perform uncritical compliance and simply modify their accounts to achieve efficacy. This did not involve falsification, but rather a reframing of their actual experiences to match the criteria of obtaining resources.

Narrative accuracy

Kelly's storytelling was accurate as she successfully proved her suitability for an extension. She was proactive in getting a place of her own, working toward her goals, and letting key staff know details of her situation. Kelly affirmed that honesty is the best policy. Riley also felt she could fully disclose to advocates when she would say, "I'm wanting to talk about something" and need "to get through some of the things that I need to get through."

Our field notes recounted a woman calling the shelter and telling her full story, including her request to move to the town where the shelter was located because it was where she worked. She claimed that she was also afraid of her abuser, but her accuracy and honesty resulted in a denial of shelter entrance. She became angry and demanded an explanation of why her story was "not good enough" to qualify her for entrance.

Narrative efficacy

Few of the survivors told their full, unembellished stories. Most reshaped them in fragmented or augmented ways to acquire resources. Melanie had a great deal of difficulty getting into HSH. Crisis line advocates kept telling her to call back until she "met the conditions" (i.e., her life was threatened and it was "an emergency"). She wished that staff had given her more options for admission because she endured the abuse until her personal jeopardy qualified her. Kelly admitted the existence of common knowledge among survivors, "You know, this is what you need to do and say to get a place."

Likewise, Kristi wondered aloud in her interview about the process of "getting in" to the shelter. "Well, do I have to be really beaten up? What do I have to be like? And I asked one of them on the phone: What are your requirements? . . . What do I have to say?" Similarly, when filing for a protection from abuse order, Katie admitted, "I did not know what to say on it, but [the advocate] helped me fill it out so it would work." Thus, survivors sometimes alter their stories to meet the demands of situations such as approaching the legal system for help.

When Daisy felt forced to allow her children to stay with her abuser, she was most upset with the shelter for not working with her “to tell my story better so [we] could stay just a little bit longer.” The women staying at the shelter had a keen sense of the extent to which they were deemed (un)worthy of receiving resources. Veronica reported, “Well, when you do leave, they’ll have you fill out exit paperwork and they’ll tell you, like, you can come back as long as you’re in good standing, your reasons make sense, and if you ‘fit’ the requirements.” Anna mentioned overcoming her initial rejection:

So they did deny me at first when I called. But then they were just like, “Well, is the reason you want to come here because you want to get off the streets? Are you really scared?” I was like, “Dude, I am scared.” And then they finally believed me.

In a similar vein, our field notes revealed a social worker advising the first author that one survivor would need to “prove” and “develop a story” to indicate that she was not living at home in order to secure governmental funds toward other housing options.

Moreover, after exhausting stay limits at HSH, Candice sought assistance from an advocate to secure housing at the community shelter or even a single night hotel voucher. Frustrated at every turn, she confided, “I keep trying to tell them the desperateness of my situation and changing my story, but I haven’t heard anything yet.”

Sufficiency of the System Versus Deficiency of the System

The HSH organization accomplishes and fails to accomplish institutional goals (e.g., equipping survivors to progress toward goals through efficacy, knowledge, and resources). Most observed examples of system sufficiency are empowering whereas those of system deficiency (e.g., shelter residency limitations, staff inadequacies, survivors misusing the shelter and ignoring responsibilities) are disempowering. To the extent that survivors emphasized either the shelter’s role in accomplishing personal goals and facilitating feelings of empowerment or their distress about shelter limitations, the tension of “sufficiency of the system versus deficiency of the system” reflects a simple contradiction (Tracy, 2004).

Sufficiency of the system

Survivor perceptions of sufficiency are exemplified in descriptions of empowering social support they received from staff. Rain greatly appreciated the staff: “I find that they’re very supportive. . . . It’s awesome because you have a really good support system, and women [advocates] are very social and supportive naturally.” Anna realized early in her stay that being in the shelter around “people that care” kept her on task and gave her needed structure. Katie liked that the staff “checked in on her” and shared educational resources that helped her understand DV. Sharon found staff members crucial to her healing process, “and having the advocates here—I mean I’m

glad . . . because they're the ones that are running that part of it that we don't need to be burdened with."

Sandy was grateful for perspectives she gained while at HSH. "Empowerment to me means showing me that I do have some power over my life, that I am not subject to the whim or will of whomever or whatever binds me." Barbara embraced new ideas about empowerment that she learned during her stay, saying, "Today, I don't care anymore. This is what I care about: that I get my life back, because it's mine, it don't belong to anybody else but me, period. . . . They've helped me see the hope."

Other survivors, such as Kristi, recognized how the shelter set them on the right course: "This is our house. We live here. It's our job to help each other. . . . I'm on a road to be [a] success. . . . I'm 'bloomin. I'm a flower. I'm coming from a bud into a beautiful rose." Candice praised HSH bestowment of empowerment with the comment "Empowerment in this context is being given. . . . It's a gift given to us by the staff," and equated it with acceptance and safety: "I've been accepted by advocates and residents alike for who I am or for whatever I want to be. It's very empowering." Rain also appreciated the security she enjoyed at the shelter, "Not having to worry that you're going to be abused physically or mentally. . . . [HSH] helps control who comes and goes. . . . They control that, and that gives you power."

Deficiency of the system

Apart from the positive aspects and functionality of HSH, survivors identified deficiencies in policy, resources, and the behavior of staff and other survivors. Upon arrival at the shelter, women and their families were often exhausted, overwhelmed, and scared; they needed time to absorb what had happened and to gather their thoughts and emotions. Due to the very unpopular 30-day policy for maximum stays, many survivors ran out of time to assume proactive efforts at improving their situations. Some obsessed on satisfying their advocates or obtaining an extension, and others were paralyzed by the pressure.

Sharon claimed that the "30-day policy is too limiting, and that 45 days would be so much better." Riley also bemoaned the challenges surrounding the 30-day policy:

A lot of us that come here, the first week, we're pretty much all emotionally and physically strained and tired and stressed out. . . . [I had to] get comfortable with the setting I was in, before I started pursuing trying to get a job and everything.

Likewise, Barbara doubted whether the term "survivor," which is used by advocates because of its empowering connotation, could be applied appropriately to those faced with the challenges of the policy:

Because you think, okay you're going to help me survive, but you're not; you're only giving me 30 days, so what am I surviving? Adding more to my plate. I'm already here because there's so much I can't handle. . . . You're [the staff] making me come out of my shell and have to fight for that, but too fast, way too fast.

Others reported dissatisfaction with some aspects of staff motivation, ability, and empathy. Common complaints included that staff members were at times inaccessible,

unwilling to help, or seemingly disinterested. Kim voiced this gripe directly: “Sometimes even the advocates would shut the door and it would stay shut for hours, and if you’d knock on the door and ask for something, they would act like it was such a big inconvenience.” Sandy related her exasperation in seeking assistance from particular workers, “I mean, I’d have asked her sooner, but she’d been hiding in the office [her whole shift]. . . . They’re not appropriate staff. . . . for the most part; I don’t get a sense of wanting to help.” Candice concluded that the staff was overwhelmed: “There are a few exceptions, but for the most part, I sense that they are too busy. . . . I get that sense that they don’t have the time of day.”

There were several articulations of disappointment with the staff’s inability to provide sufficient information or instruction to enhance survivor empowerment. Kiley wished they would talk to her about community resources such as churches, support groups, and job opportunities. Beth was upset that no one took her by the hand and said, “Look, you need to do this, this, this, this, and this. This is where you go or who you call to get this accomplished so that you can stand on your [own] feet.”

Sandy claimed that, except for one advocate, the staff is not very helpful. “I thought there would be advocates there that would be pointing you in the right direction of, ‘This is where you can get these resources.’ . . . But it’s not, it’s nothing like that.” Likewise, Jennifer complained:

I’ve never had one person come and say, “How are you doing? Is there anything we can do?” When you first come in, you look at all these papers and they’re like, “These are all the resources,” and you’re thinking, “Okay, so somebody is gonna explain these to me while I’m here.” Nope, that was it. It was just that pamphlet.

During their stays, some survivors worried about whether they could fully trust shelter staff. Katie observed:

There’s a lot of gossiping that goes on about the clients, or the residents, that have been there and stuff. . . . They say it’s supposed to be confidential, and it’s not. . . . It’s iffy there—if you can really trust anybody.

Another survivor explicitly named individual HSH staff members guilty of this same confidentiality breach.

Barbara also perceived that some of the staff “need to get sensitivity training.” Some, such as Candice, “found more help from a few residents here than I have from the advocates.” Likewise, Jennifer

even heard a staff say, “I don’t know anything about that stuff. You’ll have to figure it out.” . . . Because a lot of times when the girls have questions and they ask staff and they don’t know, you have to start asking, networking around the house, and then [the] girls actually know more about resources around town, or things that people can do.

Other survivors regretted that some peers took advantage of the system. Kim was sure that women misused the shelter and its services, including staying there to deal with drug addictions rather than DV. “They have let some people in that I don’t believe are in domestic relationships; they were just abusers of drugs. . . . They would come back again and make up a story, saying, ‘Oh yeah, I’m in an abusive relationship.’” Kristi

disparaged women who come to the shelter to avoid homelessness. “I feel there are women—I’m not to judge, but there are some women that just come for a place to live.” Anna agreed, “I don’t trust all the women here. . . . If you have somewhere else to go to lay your head, then you shouldn’t be here.” Barbara was especially aggrieved at residents who were enjoying “a free ride” at HSH:

[It] make[s] it harder for the ones of us that are struggling to really try to make a change in our life. What if I just now decide to come, and I couldn’t because you’re here living for free, sleeping all day long, not looking for a job, not trying to make a change.

Apparently, even some legitimate residents behaved irresponsibly or illegally. Kim alleged, “Residents don’t clean up after themselves and there are a lot of fights between residents, and when there is not an advocate there, the house is horrible.” Hailey mused, “[It] make[s] me wonder how, if a woman can’t even wash her dishes, [how] is she supposed to go out and find a new place and start over?” Survivors who sat around instead of seeking employment or permanent housing disgusted Beverly: “You still have to go out and do shit!”

Mere inactivity pales, though, next to the outlawed substance abuse that disturbs the otherwise peaceful healing atmosphere at HSH. Candice detailed the crazed weekends and concluded, “It’s empowering to make choices about what to do, but that doesn’t necessarily mean people coming in high or drunk.” Barbara objected to the contradiction between drug usage and the aims of the shelter and all of its inhabitants. “If you’re going to be drugging and drinking, then how are you making any change in your life to get better? If anything, you’re bringing to a lot of us what we left.”

Discussion and Implications

The coding of interviews and field notes from the HSH DV shelter uncovered three tensions saturated with notions of empowerment and/or disempowerment: a complementary dialectic, “independence versus dependence”; a paradox, “narrative accuracy versus narrative efficacy”; and a contradiction, “sufficiency of the system versus deficiency of the system.” To explore the nature of these tensions, and how they are navigated at HSH, we revisited them in the context of the literature on dialectics and tensions while we also considered the empowerment philosophy and the accommodation of survivor narrative as they pertain to DV advocacy.

Theoretical Implications

Complementary dialectic of independence versus dependence

The survivors at HSH shared organizational visions of empowerment as independence, as emancipation from abuse and abusers, and as self-reliance. However, to reach desired states of independence, survivors usually required material resources, encouragement, and guidance from staff, thus creating conditions of dependence. With the fundamentally opposed state of dependence serving as a step in the journey to independence, a complementary dialectic was formed between the two.

Other dialectics researchers and theorists have validated the independence versus dependence tension. A staple of the dialectical tensions paradigm (Baxter, 1988, 1990) is the autonomy/connection dilemma wherein individuals desire both sovereignty and bonding. Similarly, Vaughn and Stamp (2003) identified tension between DV shelter clients' options being chosen by, and dictated to, them.

One mode of navigating the tension between independence and dependence was finding comfort being alone. Even while desiring and receiving assistance from shelter and staff, women like Beth, Riley, and Candice realized, respectively, that "*it's not so scary being on your own*"; "*I can do this on my own and that I don't need a man in my life*"; and "*it seems like now I've finally been able to sit with myself.*" Others, like Teresa, recognized the association of independence and dependence, noting that "*if they see you helping yourself, they're going to do what they can to help you,*" and Kristi observed, "*They show us the tools, but we've got to use 'em.*"

The balance between independence and dependence is critical to successful survival. The degree to which empowerment is actually enacted depends on the extent to which survivors are treated as experts and staff as collaborators (Cattaneo & Goodman, 2015; Goodman & Epstein, 2008). To shun dependence altogether is to risk exposing survivors to failures from which they may not recover. In fact, survivors' pleas for more help and direction from staff indicate a desire for a shift towards a case management style of advocacy. Indeed, when a true philosophy of empowerment was embodied in a family crisis shelter in Hawaii (i.e., no curfews, stay limits, or chores), the environment was perceived as "chaotic" (Rodriguez, 1988, p. 247).

Paradox of narrative accuracy versus narrative efficacy

Survivors need assistance from staff with regard to establishing their worthiness for desired resources, such as shelter admission and acquisition of vouchers (e.g., for gas or clothing). Survivors often felt compelled to shape their stories to be more precise fits with existing criteria. In some cases, such as Kelly's, the plain recitation of events she had endured was adequate to obtain an extended stay; she was also most likely empowered by receiving the cognitive and emotional benefits of fully expressing her narrative.

In most cases, however, narrative accuracy was inadequate to secure resources so narrative efficacy was enacted and disempowerment ensued. Kristi wondered openly, "*What do I have to say?*" while Candice kept "*changing her story*" to acquire housing elsewhere, and Anna (over)stated her fear to secure admission. For Anna, who was not forthcoming initially, the relational dialectic of openness and closedness (Baxter, 1990; Baxter & Montgomery, 1996) was managed by the deemphasizing of narrative accuracy for the sake of efficacy.

It is as though advocates and survivors subscribe to the narrative paradigm's (Fisher, 1987) criteria for accepting the rationality of stories. One's story must embody sufficient narrative fidelity (e.g., "rings true," seems likely) and narrative coherence (e.g., "holds together," displays internal consistency). To acquire or retain services, survivors must produce accounts of experiences and circumstances that

appear real and viable, as well as compliant with organizational expectations. If interpreted by resource gatekeepers as untrue (i.e., without fidelity) or incompatible with the organization's context and policies (i.e., incoherent), stories are deemed inadequate and must be revised in order to attain crucial objectives.

At HSH, the tension between narrative accuracy and narrative efficacy often represents a "paradox of agency" that "concern[s] the individual's (sense of) efficacy within the system" (Stohl & Cheney, 2001, p. 360). Survivors were enjoined to disclose honestly but also within a preset range of expectations. As is frequently the case with a paradox, survivors responded by simply complying; they retold their stories until they "worked."

While it is empowering to access needed resources, the survivor may be disempowered greatly by adapting that narrative to do so; mental and emotional salvation may be checked by failing to fully transform struggles and distress into personal narratives (e.g., Harber & Pennebaker, 1992; Pennebaker, 1993, 1997). Accurate and complete narratives allow sequential causal connections to be made that counteract the previously formed "chaotic swirl" of confusion (Harber & Pennebaker, 1992, p. 360). A preponderance of evidence (see Smyth, 1998) indicates that these coping processes of sense making can lead to a plethora of emotional, mental, social, physical, and even physiological benefits for producers of narrative. Accordingly, Lawless (2001) asks:

Why is the story she is taught to tell better than the one she came in telling? And have we noticed that at the same time she is learning how to formulate words that will gain her services, which is a form of empowerment, we are, by telling her what to say, and when and how, serving only to disempower her once again by replacing her words with those created by the very institutions established to help her? (p. 49)

Contradiction of sufficiency of the system versus deficiency of the system

According to the testimony of many of its survivors, the HSH organization provides shelter, security, material resources, opportunities, support, and boosts to their confidence and self-efficacy. Survivor empowerment means that the organization is fulfilling its mission. Those served by HSH also freely and fully identified its weaknesses. These deficiencies included restrictive policies such as shelter residency length limitations and staff that lacked knowledge, ability, or motivation to help. Some survivors were denied employment opportunities because of nonexistent child care services; as Teresa protested, "You can't take your children job hunting. . . . [You] can't leave them out in the car. That's child abuse." Others complained that staff would hide rather than help, were not equipped to provide useful information, and did not empathize with survivors. Another deficiency in the system was its failure to curb behavior that violated shelter policy, which was particularly irksome to those who did follow the rules.

A prominent deficiency was the experience of disempowerment brought about by the 30-day residence limit. Barbara's disgust was palpable: "You're going to help me survive, but you're not; you're only giving me 30 days, so what am I surviving?" These acutely experienced phenomena are not unique to the women of HSH. Vaughn and Stamp (2003) observed a healing-versus-progress dialectic in the DV shelter they

studied wherein women felt rushed by the 30-day policy to accomplish set goals instead of recovering from the traumas they had suffered. Moe (2007) concurred, “[T]he pressure women faced in trying to reestablish their lives in less than a month was enormous. Although the shelter did provide extensions, looming deadlines were always imminent” (p. 689).

One discernable trend that surfaced within sufficiency and deficiency was that many of the same women who lauded the former also bemoaned the latter. For instance, comments by Anna, Katie, Sharon, Sandy, Barbara, Kristi, and Candice were representative of their engagements with each side of this bifurcation. This is consistent with the observation that contradictions may encourage vacillation between their opposing norms as context dictates (Tracy, 2004).

Tracy (2004) also found that contradiction may be addressed by “source-splitting” (p. 136), which is the practice of organizational members using contextual guides to divide the polar sides of the contradiction among themselves, as do interrogators who individually adopt the “good cop” and “bad cop” roles. Despite individual allegiance to one pole, divergent organizational expectations are collectively preserved. Whereas some survivors at HSH bought into the system and its philosophies and policies, respecting its mission, and vowing to serve it in the future, others used the shelter for refuge from homelessness rather than DV, refused to be proactive in pitching in around the house or in pursuing their own recoveries and life resets, or abused substances and put themselves and other residents at risk. In the relational dialectics nomenclature (Baxter, 1990), this bifurcation is labeled as the tension management tactic of “*denial*,” or opting for one pole of the dialectic and ignoring the other.

Classification of tension types

Fairhurst (2014) calls for qualitative organizational communication researchers to make contributions to knowledge by extending insight into the literature of related organizational experiences. Moreover, Tracy (2012) counsels qualitative researchers who struggle with deductive form templates imposed on largely inductive analysis processes to display transparency and sincerity and to be honest with themselves and with readers “about their methodological processes, biases, goals, and foibles” (p. 114). In fact, researchers might “embrace surprising, emotional, objectionable, or irregular data moments as opportunities for creating insight” (Tracy, Eger, Huffman, Reddin, & Scarduzio, 2014, p. 426).

Accordingly, we reveal here a surprising discovery that occurred retrospectively. After our iterative analysis that privileged induction with the identification of tensions (i.e., independence versus dependence, narrative accuracy versus narrative efficacy, sufficiency of the system versus deficiency of the system), that emphasized deduction with the assignment of types (e.g., complementary dialectic, paradox, simple contradiction) to the tensions, and that located the navigation of each by organizational members (survivors assisted at HSH), it is apparent to us that something is amiss in the literature and associated typologies. That is, the definition and illustration of the tension types are themselves dependent on the ways in which they are navigated. We expected to provide insight about the navigation tactics

that are best advised and/or most applied towards particular tension types. Instead, our actual classification of tension types was determined by definitions of those types that rely on navigation of/responses to them. For instance, as per the literature, particularly Tracy's (2004) definitions, we identified an observed tension (independence versus dependence) as a complementary dialectic because survivors were employing one pole, dependence, to achieve the other, independence. Indeed, and in fairness to her, Tracy (2004) actually presents the "three ways employees may *frame* [emphasis added] organizational tensions—as simple contradictions, complementary dialectics, or as pragmatic paradoxes" (p. 134) after reporting how corrections officers reacted to them.

This is perhaps more unanticipated than problematic. However, a significant value of most typologies in the social sciences is to highlight opportunities to determine more and less effective courses of action rather than to be determined by their enactment. As Fairhurst (2014) urges recognition of "the interactional problem that organizational members face" and direction for how "they resolve it (or not) in ways worth knowing" (p. 433), those of us interested in advancing the understanding of tensions in organizational contexts must strive to go beyond locating examples of constructs that conflate the problems (tensions) with their resolutions (navigation). Moreover, if resolutions already implemented dictate the identification of problems, how may we best offer practical suggestions to those we investigate?

Pragmatic Implications

Offered herein are five recommendations for DV organizations that subscribe to the empowerment approach, drawn from our observations of HSH and responses of the survivors it serves. Our first suggestion is to reconsider the 30-day limit for shelter stay duration. Though bed capacity and limitations of staff will partially dictate relevant rules, the need for flexibility and adaptability in this policy is apparent. Resident Daisy was asked what she would like to tell the HSH director:

Please extend my stay. Please extend my stay. Help these women. I mean, a month is nowhere near long enough. You push us way too fast. . . . A lot of us that are here really do want to be successful, we really do want to come out of this vicious cycle of abuse, of behavior . . . and a month is just not long enough.

Many survivors were so focused on their time running out that only obtaining an extension mattered to them. The time they needed to heal, process, make sense, and just be safe was sacrificed. In contrast, some survivors may use all of however much time agencies give them. A flexible approach that features individualized judgments on a case-by-case basis would better empower by displaying trust in women as experts of their own situations.

For our second suggestion, we recognize the need for DV organizations to strike a balance between fostering dependence and independence and/or between the empowerment and case management approaches. Our data revealed stark contrasts between too little and too much direction. Self-reliance and empowerment as paths to true freedom are lauded by all, yet the desire for additional instruction was a common theme.

For instance, in her field notes, the second author recounted that the empowerment philosophy did not allow her to do *more* than just give survivors phone numbers; she wanted to help them make the calls to agencies because many survivors were far too traumatized and intimidated to do it. Also, Daisy thought, “*It would be really helpful if advocates were willing to meet with us at least once a week to see where we are and what we’ve accomplished kind of thing, like hold us accountable.*” The key to balancing this dialectic may lie with advocates providing awareness and access to resources, while simultaneously allowing women to be the active agents of their own change.

Our third suggestion pertains to deficits in coping and recovery that we believe accrue with narrative efficacy, or the accommodation of survivors’ narratives. Ideally, with unlimited resources, at least one staff member would be dedicated full time to the role of primary listener. This would consist exclusively of helping women process and make sense of their harrowing experiences. As Lawless (2001) asks, “Could it be that we should learn to *listen* better, rather than teaching *her* how to *tell her story* ‘better?’” (p. 54).

A fourth recommendation pertains to the attention that must be paid to the special challenges of balancing the requirements and constraints inherent in feminist bureaucracies such as HSH (see Ashcraft, 2001, 2006). For instance, although survivors recognized deficiencies in the willingness and ability of staff to interact with them, one feature of almost any bureaucracy that attends to a large client base is the shortage of time available for service personnel to meet with clients. Likewise, the training of HSH volunteers included the bureaucratic realization that survivors needed to retell their stories within different aspects of the system in order to attain resources. Those who operate within feminist bureaucracies must come to grips with the fundamental oppositions of social work motivations and efficiency-driven realities.

Our fifth suggestion is to explore DV recovery in tandem with substance abuse and addiction counseling. Within the contradiction of the system’s sufficiency and deficiency, we recounted the substance abuse of some survivors. Consumption of alcohol and illicit drugs to self-soothe or cope is a common response in dealing with DV (e.g., Fazzino, Holton, & Reed, 1997; Stuart et al., 2006). In fact, one response to tensions or dialectics noted by Baxter (1990) is “*disorientation*,” which involves feeling overwhelmed and escaping by withdrawing or acting out. Research should explore how agencies and organizations devoted to treating both DV and substance abuse can integrate their efforts.

Conclusion

Our analysis reveals that survivors residing at a DV shelter recognize the value of empowerment philosophies and practices for fostering breaks from abuse and abusers, but also experience a variety of tensions inherent in the system that may serve to disempower them. These range from deficiencies of the system and worker skill deficits to the drawbacks of modifying accounts of their own narratives. Moreover, as discovered in D’Enbeau and Kunkel’s (2013) investigation of organizational structure at HSH, the staff itself struggles to enact empowerment due to paradoxes related to transparency and consistency. Organizations that provide shelter should

strive to balance empowerment with case management tendencies, allow flexibility for treating each survivor as her situation and intuition dictate, and provide awareness and coping skills to survivors so they may better navigate tensions.

Note

- [1] We utilize “domestic violence” (DV) to represent controlling behaviors that include physical, sexual, economic, and child abuse; isolation; coercion; and threats (DC Coalition Against Domestic Violence, 2011). We believe it is a more appropriate term for this project than “intimate partner violence” (which is gaining acceptance in many scholarly and popular circles) because the behaviors that women in our study endured were sometimes enacted by friends, bosses, or others besides intimate partners. Furthermore, the organization and shelter we investigated emphasized DV and did not make distinctions between intimate and nonintimate abusive situations.

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