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Sheltered Cohort: A Restorative Approach to Relational Conflict and Disempowering Policies at a Men's Homeless Shelter

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SHELTERED COHORT: A RESTORATIVE APPROACH TO RELATIONAL CONFLICT AND DISEMPOWERING POLICIES AT A MEN'S HOMELESS SHELTER

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Master of Arts, Communication

By

Shaun A Sletten

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ABSTRACT

Although homeless shelters provide refuge, they also present several challenges that can negatively affect an individual's sense of internal and external control. A mix-method design was used to explore and address these challenges. Participants ($N = 12$) were recruited from a men's homeless shelter via the snowball method. To identify the challenges, in-person, semistructured interviews were conducted. Participants discussed barriers that included being around others who displayed abnormal and deviant behavior, and disparaging policies that censored and restricted basic decision-making processes. Once the challenges were identified, a restorative technique called *circles* was utilized to increase participants' self-efficacy and satisfaction while living in a homeless shelter. Chen et al.'s (2001) New general self-efficacy scale and a newly constructed satisfaction questionnaire was used to respectively measure participants' self-efficacy and satisfaction scores before and after a circle intervention. Although a paired sample t-test found no difference in participants' self-efficacy before and after the circle intervention (t (11) = -1.03, $p > .05$), there was a significant change in overall satisfaction (t (11) = -2.80, $p < .05$, $d = 0.87$). These results are important because it contributes to our understanding of homelessness and serves as a future vision for the application of restorative practices within a sheltered setting.

KEYWORDS: homeless shelters, homelessness, restorative justice, restorative circles, sheltered cohorts, self-efficacy, disempowered

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First, and foremost, I want to thank God Almighty for giving me another chance at life. Secondly, there is not enough space on this page to thank everyone who has helped me along the way. From the instructor who took time out of his busy day to teach me basic algebra, to the stranger who assured me that life would get better—I thank every single angel that has stood by my side along this dusty road. Something that I have learned along the way is that we are all homeless. Our home is somewhere beyond the stars where light meets light. Through our journey home, we must conquer desire and radiate love to those who need it the most. May this thesis serve as a physical symbol of God's existence; that through Him, there is nothing that is impossible.

I dedicate this thesis to my late grandmother, Geraldine Burnes, who taught me the importance of staying positive, even when going down the road feeling bad. I can still see your smile and hear your laugh. You will always be my sunshine. You will always be remembered.

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INTRODUCTION

"While there were some evenings I spent on the street…I would have preferred the shelters, there were far more nights in the shelter I would have gladly preferred camping in the street" (Herring, 2019, p. 292). This quote came from a homeless man named Randol, who spent several years fluctuating between the streets and shelters. His comment, while brief, raises the question as to why someone would ever prefer to sleep on the streets as opposed to the warmth of a shelter.

Emergency shelters can serve as an excellent foundational starting point for homeless individuals to stabilize their circumstances and domesticate themselves back into safe and stable housing. Since their basic needs are met within a shelter setting (i.e., food, water, and lodging), homeless individuals are free to pursue higher-level needs, such as employment, medical care, and permanent housing opportunities. Although homeless shelters provide a safe haven of sorts, they nevertheless present a host of unique challenges that are difficult for anyone to navigate. Past research on the matter has shown that homeless shelters can be dangerous and violent due to a lack of safety and security (Agrawal et al., 2019; Daiski, 2007). If violence is not enough, poor hygiene, coupled with overcrowding and large turnover rates, makes homeless shelters the perfect environment for tuberculosis outbreaks (Cheng et al., 2015; Connors et al., 2017; Endo et al., 2019) and bed bug infestations (Kerman et al., 2019).

More troubling is the paradox that exists between a homeless shelter's mission statement and its institutional policies. For example, many shelters claim to provide an environment that supports empowerment and independence, while simultaneously enforcing policies that require obedience and conformity (DeWard & Moe, 2010). Gregory et al. (2017) discovered that

excessive rules in homeless shelters, such as food restrictions, intensive monitoring, and strict curfews, hindered an individual's sense of autonomy and independence by reducing them to a childlike status where they constantly had to ask permission for day-to-day things.

Considering all the opportunities and challenges within a sheltered setting, it is important to understand that everyone must pass through this unorthodox environment under the direct influence of their fellow cohorts. Whether voluntary or not, each individual residing in a shelter not only has to interact with others but must unwittingly depend on them as well. Consequently, sheltered cohorts share a strong interdependency and thus play a vital role in each other's lives during their shelter stay. Past research on homeless peer interactions has shown both positive and negative results. One such study by Stablein (2011) concluded that while homeless participants bonded through commonalities, these interactions also placed them in problematic, and potentially dangerous, situations. Although this research is telling, the focus was on street peers, and not those residing in shelters.

Taken as a whole, the nature of homeless shelters, such as excessive rules, lack of privacy, and the close presence of "strangers," can adversely affect an individual's sense of empowerment, internal control, and self-worth (Miller & Keys, 2001; Pable, 2012). The outcome of this is problematic because even though basic human needs are being met, each person must still acquire a high level of self-efficacy (i.e., an individual's perceived ability to obtain the desired outcome) to overcome their current state of helplessness (Laan et al., 2016). Therefore, this study is an attempt to address the call for homeless shelters to intervene by adopting restorative practices within their facilities as a way of empowering residents by strengthening their sense of internal control. Restorative circles have been used to help build a more inclusive academic environment for students of color (Johnson, 2021), reduce gang-related violence in

prisons (Nowotny & Carrara, 2018), and assist recently homeless individuals in coping with their circumstances after a natural disaster (Tello & Garcia, 2020).

The purpose of this study is twofold. First, I will identify the challenges that sheltered homeless face during their time at a shelter by conducting one-on-one interviews. During these interviews, I will focus my examination on the influences that sheltered cohorts have on each other, as well as how the institutional rules affect their sense of empowerment and independence. Such research is important because the relational interactions that take place in a shelter are very impactful, and thus play a huge role in the success or failure of individuals exiting homelessness. Likewise, the examination into the policies of these institutions is crucial because shelter rules—like societal laws—communicate a specific way for an individual to live; however, if the message being disseminated is filled with disempowering locutions, the denizens that inhabit these demoralizing facilities will eventually lose vital social and life skills (Graham & Brickell, 2019; Gray, 2017).

Once I have identified the challenges, the next step will be to utilize a restorative technique called *circles* as a way for participants to discuss each issue and work through a decision-making process. This method of communication will not only bring a sense of unity to the group but also allow for the opportunity to *restore* participants' relationships and self-worth. I chose a restorative approach because it is an excellent platform to give a voice to those who have been silenced and disempowered—the homeless. In the end, I will reveal how adopting restorative practices in homeless shelters can serve as a tool of empowerment for those who may feel disempowered by relational conflicts and disparaging policies. Overall, this research could contribute a lot to our understanding of homelessness and serve as a future vision for the application of restorative practices within a sheltered setting.

LITERATURE REVIEW

Who are the Homeless?

Homelessness in the US has grown for the fourth consecutive year with a two percent increase between 2019 and 2020 alone (HUD, 2020). Every year, the U.S. Department of Housing and Urban Development (HUD) conducts a nationwide count (also known as a point-in-time count) during the last ten days of January to estimate how many people experience homelessness on any given night. In a 2020 report, the point-in-time count for homelessness on a single night was approximately 580,000 people (HUD, 2020). According to the same report, out of the 580,000 experiencing homelessness, roughly 354,386 (61%) individuals were living in an emergency shelter or transitional housing, and 226,080 (39%) were unsheltered (i.e., living on the streets or abandoned buildings).

Before addressing the issue, it is extremely important to have a firm understanding of who the homeless are and the causes that lead to homelessness. The answer is not as simple as one would assume. In years past, homelessness was defined as purely the state of not having a stable residence (Robertson et al., 1984). This definition, however simplistic and straightforward it may be, does not adequately account for the complex nature of homelessness. As previously noted, there are currently well over 300,000 individuals residing in emergency shelters across the United States. While these individuals have a roof over their heads, they are technically still homeless; however, they would not be considered as such under the said definition. Moreover, since the homeless community is made up of a diverse group of people, it is very difficult to construct a definition of homelessness that would serve as a complete corpus for identifying its

varying characteristics. Nevertheless, many have attempted to define homelessness in a way that would provide a common language to address the problem more tactfully.

The Canadian Observatory in Homelessness (COH) is one such organization that has developed a definition—along with a typology—that has improved the understanding of homelessness. For the scope of this paper, I will use COH's definition to encompass the differing degrees of homelessness. The COH described homelessness as "the situation of an individual, family or community without stable, permanent, appropriate housing, or the immediate prospect, means and ability of acquiring it" (Gaetz et al., 2012, p. 1). There are four typologies under COH's definition of homelessness: (1) Unsheltered or absolute homeless (i.e., living on the streets), (2) emergency sheltered, (3) provisionally accommodated (e.g., staying with friends, institutional care, temporarily renting), and (4) at-risk homeless (i.e., precarious employment and/or housing).

When considering the causes that lead to homelessness, many people make inaccurate judgments that view homeless individuals as being lazy, dangerous, and drug-addicted; however, these claims are not linked to any empirical evidence and are filled with biases and negative stereotypes (Anderson, 2020; Buch & Harden, 2011; Palmer, 2018; Shier et al., 2010; Weng & Clark, 2018). Ironically, it is these same assumptions that oppress homeless individuals even further by creating a stigma around them that ultimately serves as a barrier to exiting homelessness (Girgis, 2019; Mejia-Lancheros et al., 2021). While a criminal record and substance abuse have been noted as factors leading to homelessness (Famutimi & Thompson, 2018; Schneider, 2018), they are by far the only pathways to poverty. There have been numerous studies conducted on the causes of homelessness, all of which range from sexual abuse (Fraser et al., 2019), cognitive disability (Nishio et al, 2017), and even discrimination based on an

individual's sexual and/or gender identity (Ecker et al, 2019). Not surprisingly, one of the most prevalent causes of homelessness is loss of employment (Barile et al., 2018). Still, there are too many variables in play that one cannot point to a single cause of homelessness.

Mabhala et al. (2017) set out to create a more theoretical explanation of homelessness. What the authors discovered was that homelessness does not happen overnight but is rather a process that typically starts with being raised in an abusive environment and ends with a complete collapse of relationships due to maladaptive behavior. Furthermore, there are several variables to consider when attempting to understand the causes of this complex social phenomenon. To delve further into these complexities, consider, for example, an individual who becomes homeless after losing a job. While job loss was certainly the catalyst that led to his being homeless, it was not the cause per se. In fact, each year in the US several people find themselves in the unemployment line yet make it through without ever experiencing the hardship of losing their homes. Why is this? Simply put, those who have a higher education, support system, healthy savings, and zero debt can circumvent most financial problems that surface. Whereas the person with limited education, major debt, and no support at all is more susceptible to homelessness after an unfortunate event occurs, which in this case is job loss.

Demographics in the homeless community are wide and varied. In a 2020 report by HUD, 48% of homeless individuals self-identified as White/Caucasian, 39% were Black/African American, 23% were Hispanic/Latino, and 1% were American Indian, Alaska Native, Pacific Islander, and Native Hawaiian. The shocking element rests on the overrepresentation of African Americans and Hispanics within the homeless community, with an overall U.S. population of 12% and 16%, respectively (HUD, 2020). Perhaps most alarming is the fact that 3,598 homeless individuals were children under the age of 18 without any parental supervision. Now that I have

examined the definition, causes, and demographics of the homeless population, I would like to turn to the shelters that are designed to help.

What is a Shelter?

To put it concisely, shelters are "a place where one goes to avoid danger, and inconvenience or a place where people have no place else to go or want to go can gather" (Hurtubise et al., 2007, p. 1). The origin of shelters in the US can be traced back to Jane Addams, a feminist and peace activist who founded the Hull House which helped poverty-stricken immigrants (Michals, 2017). However, it was not until after the Great Depression that the US started experiencing a "shelter boom" throughout the nation. During this time, several thousand businesses failed, and the national unemployment rate rose to 25%. Soon, many people faced an uncertain future and found themselves living in a community of makeshift shacks known as "Hooverville"[1] (Newsela, 2017).

It was not until Franklin D. Roosevelt took office and introduced the New Deal that the US finally saw a large-scale federal response to homelessness. One such agency that formed under the New Deal was the Federal Transient Service (FTS), whose purpose it was to provide the homeless community with shelter, meals, medical and dental, and job training (Invincible People, 2021). Only to be used as a temporary solution, FTS would be phased out just two years later. In fact, homelessness itself was seen by the federal government and many community members as being a short-lived problem that would eventually go away—they were wrong.

During the 1960s, with the advent of new psychological medications, coupled with a large public outcry over the poor conditions of state hospitals, deinstitutionalization policies changed, thereby allowing thousands of mental health patients to gain asylum in communities by

[1] A derogatory term used to blame then President Herbert Clark Hoover for the Great Depression

being placed in boarding homes, single-room hotels, and emergency shelters (Lamb, 1984). Soon thereafter, the homeless population dramatically increased, and with it, shelters transformed from a temporary solution to a permanent fixture in American culture. Soon, emergency shelters would be appearing all over the nation, especially in major cities. However, the presence of homeless people flooding public spaces annoyed many in the community. To fight against such projects, several community members would go on to form an organization known as Not in my Backyard, or NIMBY for short. Members of this group did not necessarily oppose emergency shelters; they just wanted such developments to happen as far away as possible from where they lived (Franklin, 2018).

In order to appease the public, emergency shelters responded by "designing spaces so that they are less attractive to homeless people (architecture, streetscape), and controlling the behavior of homeless people through litigation" (Hurtubise et al., 2009, p. 3). However, this strategy was a failed attempt and would only make matters worse for those residing in shelters. For example, bureaucratization, domination, and punitive measures have become salient within several homeless shelters across the US, leading many to compare them to total institutions[2] (Bogard, 1997). Although most shelters provide food, water, and refuge from the outside, they also present many barriers that potentially strip an individual of all autonomy, independence, and self-efficacy (Gregory et al., 2017). Taken as a whole, emergency shelters provide a multitude of challenges that began with the admission process and continue through the duration of the shelter stay. Next, I will examine the many challenges that sheltered homeless face within a sheltering context.

[2] A term coined by Erving Goffman to describe institutions that control every aspect of a person's life.

Challenges of Emergency Shelters

Upon entry into a shelter, the potential resident must go through a verification process to evaluate if their circumstances meet the criteria for admission. Many argue, however, that shelters have restrictive admission policies that pick and choose who is a "perfect fit" for the program. For instance, Wong et al. (2006) surveyed over 300 homeless residential programs and discovered that rejected applicants consisted of those with mental health issues (43%) and physical challenges (32%). Perhaps most disturbing, there was a 61% rejection rate for individuals who suffered from drug and/or alcohol addiction. Backing this research even further, Quirouette (2016) discovered that the homeless shelter system is designed to help easy-to-serve clients while limiting resources to those with complex needs such as addiction, mental illness, and criminalization. These findings are alarming for two reasons. First, people suffering from any one of these conditions are those who need help the most. Secondly, mental health, physical disability, and drug abuse are prevalent within the homeless community and should not be a disqualifier for entering a shelter. The very exclusion of these groups echoes a need for reform when it comes to the admission process of shelters.

Mistry (2017) argued that the initial verification process was problematic because it forced shelter seekers to submit evidence showing that they have been excluded from society, thus creating shame, distrust, and negative stereotypes. In fact, the verification process can be perceived by homeless individuals as so problematic that some will avoid applying for benefits at all costs; that is, they would rather sleep on the streets than answer questions that will marginalize them even further (Ahajumobi & Anderson, 2020). Although the verification procedure is necessary when considering qualifications for shelter intake, Mistry (2017) calls for a reform that will promote a more inclusive process, thereby building a trusting relationship

between shelter seekers and staff by promoting a more reciprocal exchange as opposed to negotiated. Mistry makes an important point as the verification stage has the potential to be a starting point for relationship building among clients and agencies. Unfortunately, after the verification process is complete, more challenges await the shelter seeking hopeful.

In the event that a shelter applicant is accepted, their chances of getting a bed immediately are slim. In a study conducted by Brown et al. (2016) regarding waitlist procedures for homeless shelters, the authors discovered that some participants experienced a duration of a month until they finally gained access to shelter. As one participant in the study stated, "Perhaps we should sign up at birth" (p. 852). What is more troubling is that other participants in the same study gained rapid access, thus eliminating the idea of a 'first-come-first-served' philosophy by indicating that some individuals received favoritism over others—a form of discrimination.

The moment an individual gains access inside a shelter, they are typically screened and confronted with a barrage of policies and rules that they must follow or else be expelled from the program. Many of these rules are necessary, but others are so excessive that they ultimately oppress the already marginalized individual. A good example of this comes from a study by Abramovich (2017), who discovered that a faith-based shelter had a rule that went unchallenged for years that prohibited transgendered and gay individuals from being admitted into their facility. Moreover, shelter staff confessed that homophobic and hegemonic masculinity was not only alive and well within a shelter setting but also rampant and normalized.

Other policies are so extreme that they control where a person's body will be in time and space (Moloko-Phiri et al., 2017). Shelter surveillance can be so strict that it completely blurs the lines between protective measures and restrictive practices, into the realms of a more dominating ideology, whereby staff has autocratic power over sheltered residents (Pitts, 1996). In an attempt

to gain better insight into the perspectives of homeless mothers in U.S. shelters, Reppond and Bullock (2020) discovered that one emergency shelter controlled the daily activities of residents by making them take time each evening to write a letter to God, even though most were not religious. Participants perceived the shelter's demand as an oppressive tool used to gain more control over their lives. Furthermore, several participants described how this type of surveillance and control depleted all sense of autonomy and dignity. In a similar study, Gregory et al. (2017) documented how controlling a domestic violence shelter was by not allowing residents to bring in outside food and having to ask permission any time they wanted to visit family or friends, which in turn, "impeded survivors' ability to make their own decisions and limited access to their social support" (p. 9). Taylor and Walsh (2018) would go on to note that many homeless individuals had such a strong dislike for shelters that they deliberately avoided utilizing them due to the emaciated privacy conditions which they create. With such discriminatory policies and restrictive rules, it raises the question to what extent do these organizations truly provide services that best meet the needs of those experiencing homelessness.

Sheltered Cohorts

If excessive rules and oppressive policies are not enough, sheltered homeless must go further yet and adapt to the presence of their peers. Upon entering a homeless shelter, new residents soon find themselves living in close proximity to several other people. Typically, the new arrival discovers an overcrowded shelter (Gilderbloom et al., 2013) with an insufficient amount of living space (Ahajumobi & Andrerson, 2020; Thompson et al., 2020). As a result, sheltered residents are frequently in the presence of other cohorts. In other words, sheltered residents eat, sleep, bathe, and do other daily activities in the company of their fellow cohort, whether voluntarily or not. What is bound to happen next is an individual who loses all sense of

control over their environment, harming their psychological well-being in the process (Burn, 1992). Shelter arrivals must accept that their power to choose who surrounds them has been dismantled and replaced with an admission process that is completely controlled by staff. Moreover, sheltered cohorts depend on each other to maintain a clean environment.

Emergency shelters have been known to pose hygienic challenges for both residents and staff due to overcrowding, unhygienic bedding, and poor ventilation (Moffa et al., 2019). Research on the matter also has shown that homeless individuals tend to neglect self-care (Leibler et al., 2017). It is estimated that an average of 43,613movements are made each month between the shelter and the community (Jadidzadeh & Kneebone, 2020), thus sheltered cohorts depend on each other to exercise good hygiene practices to prevent the spread of diseases such as tuberculosis (Tibbetts et al., 2020). This interdependency that sheltered cohorts share was well documented during the onslaught of COVID-19.

During the time of COVID-19, perhaps no group was more at risk than the homeless community, especially those residing in shelters. As previously mentioned, there are well over 300,000 homeless individuals in U.S. shelters; all of whom live in close proximity to each other, thus making social distancing practices extremely difficult, if not impossible. Consequently, emergency shelters were at a heightened risk for COVID-19 outbreaks. In fact, 2020 saw three major COVID-19 outbreaks in homeless shelters in Boston, Seattle, and San Francisco (Baggett et al., 2020; Imbert et al., 2020; Tobolowsky et al., 2020).

Those residing in emergency shelters at the time of COVID-19 depended upon their fellow sheltered cohorts to follow the prevention procedures set forth by the Centers for Disease Control and Prevention (CDC) to help combat the spread of the deadly virus. However, research conducted by Sletten and Grover (2021) revealed a group of sheltered homeless who completely

disregarded health mandates, thereby negatively affecting other residents' health, relationships, and even employment. In short, although shelters provide basic needs to homeless individuals, they are simultaneously placed in a low-controlled environment that creates a type of learned helplessness (Dolwick, 2019).

A Restorative Approach to Homeless Shelters

Although emergency shelters need certain procedural policies set in place to have a structured environment that is suitable enough to meet the demands of the homeless population, it is, nevertheless, when these rules become so excessive that they ultimately disempower the very people that they set out to help. Further exacerbating the situation is the lack of overall privacy that homeless residents experience being constantly surrounded by both staff and peers; however, to think that this problem can be prevented or avoided is a long stretch from reality. In fact, my intentions are not to change shelter policies or its environment, but rather my focus here is on giving the power back to those residing in shelters through effective communication using restorative practices.

Restorative practices "is the science of building social capital and achieving social discipline through participatory learning and decision-making" (O'Connell & McCold, 2004, p. 2). Restorative practices are rooted in ancient communication structures. Healing and peacemaking circles were used by indigenous tribes to allow others to speak honestly while those around them listened empathetically (Umbreit, 2003). In the 1970s, Canadian authorities arranged for a victim and the offender to meet and share an open dialog in the hope of repairing the harm that was caused by the crime (Wachtel, 2013). The positive outcome of this meeting would lead to the victim-offender reconciliation program whose goal was to put the decision-making outcome of a crime into the hands of those affected (Zehr, 2002). Although restorative

practices were initially adopted to address crime, this method is not limited to the justice system and can be applied to a wide range of settings.

Many professionals have found a variety of ways to implement restorative practices in human relationships. Currently, restorative practices have been used for family services (Williams & Segrott, 2018), community building (Beck, 2012), and workplace conflict (Duncan, 2011), as well as in other contexts. The main goal of these practices is to build relationships through a collaboration of free expression. Circles are an excellent tool to accomplish such a task. According to Wachtel (2013), circles build community by giving "people an opportunity to speak and listen to one another in an atmosphere of safety, decorum, and equality" (p. 7). In other words, circles are designed to explore the possibility of a shared vision through the use of storytelling and personal narratives.

Usually, circles are useful when individuals "wish to engage in conflict resolution, healing, support, decision making or other activities in which honest communications, relationship development, and community building are core desired outcomes" (Circles Keepers Manual, 2004, p. 4). According to Pranis (2005), an internationally recognized trainer in circles, the process starts with participants sitting in a circle of chairs which "symbolizes shared leadership, equality, connection, and inclusion" (p. 11). Dialog is regulated by a 'talking piece' which is circulated from person to person. The talking piece only allows the person who holds it to speak. Typically, a trained facilitator, also known as a Keeper, helps guide and monitor the conversations to ensure a safe space for everyone. Circles usually, but not always, end with a resolution wherein all participants accept a specific decision or course of action.

Although circles take a different approach than traditional restorative practices, it still identifies and applies the same philosophy and ethos that makes the method so unique, such as

equality, inclusion, and respect for all, which, in turn, act in a restorative way (Hopkins, 2015). Likewise, the circle process goes beyond what a typical focus group accomplishes. Whereas circles and focus groups are similar in the fact that they are both designed to maximize understanding of the experiences of others, circles value the belief that all humans are interdependent and interconnected, and therefore, go further by connecting each perspective into a unified whole (Greenwood, 2005).

By implementing restorative circles as a standard mode of treatment, emergency shelters can provide homeless individuals with the support that is tailored to their specific needs. Through collaboration and relationship building, shelter professionals can effectively evaluate the needs of each individual by developing a partnership with residents by creating a safe space for them to communicate and be heard. This vision of "power for" instead of "power over" is a key ingredient of restorative practices and an important element of collective empowerment.

Using a restorative approach to homelessness will encourage many professionals in the field to serve others in a way that is more empowering by viewing homeless individuals as equals, thus restoring their dignity. Currently, homeless services try to help or solve the problem of homelessness (U.S. Interagency Council on Homelessness, 2014). The drawback to this approach is that it views the homeless community as being powerless and defeated. However, when one serves, they "adopt a humble stance, one where they are accompanying the process rather than being protagonist" (Tello & Garcia, 2020, p. 16). In the words of Remen (1999, p. 1), "When you help, you see life as weak. When you fix, you see life as broken. When you serve, you see life as whole." Serving others is a relationship between equals on the premise of interconnectedness and the sacredness of life. Using restorative interventions promotes this type of service and will lead to more empowering models of provisions in homeless shelters.

Overall, circles provide a platform that promotes unity and gives a voice to the voiceless. Moreover, restorative circles are a great intervention to help resolve conflicts. With the disparaging policies and almost unavoidable conflict that occurs within a shelter, the application of such practices would, at the very least, help residents process their emotions effectively by allowing them to communicate in a way that is safe and healing.

Research Questions

The first aim of this study is to identify the issues that occur from the interactions that residents have with each other, and how the shelter policies affect them. To ascertain this information, one-on-one, in-depth interviews were conducted. As previously noted, sheltered homeless face many challenges within a shelter setting (Ahajumobi & Andreson, 2020; Gilderbloom et al., 2013: Gregory et al., 2017; Moloko-Phiri et al., 2017). Therefore, to add to the body of knowledge, the following research questions are presented:

RQ_1: What challenges do homeless residents experience with their cohorts?

RQ_2: What challenges do homeless residents experience with the shelter's policies/rules?

Hypotheses

Once the problems are ascertained, I will facilitate a restorative circle to address the challenges that individuals face within a shelter setting. Restorative circles not only promote an environment that supports growth and creativity (Kligman, 2021), but research has revealed that it also teaches emotional intelligence, self-awareness, and decision-making processes (Flowers, 2020). Interestingly, emotional intelligence, self-awareness, and decision-making have all been shown to be positively correlated with self-efficacy (Hatami et al., 2016; Hepler, 2016; Wu et at., 2019). Based on this information, one would assume in theory that by implementing a restorative circle, an individual's sense of self-efficacy would increase; however, past research on the matter

has yielded no significant findings (Johnson, 2019; Johnson, 2020). Still, this research was conducted in an academic setting, not a homeless shelter. All things considered; my first hypothesis is as follows:

> H_1: Participants' self-efficacy at time two (following the circle intervention) will be significantly higher than participants' self-efficacy at time one (prior to the circle intervention).

Although past research on the relationship between restorative circles and self-efficacy has produced nonsignificant results, the same cannot be said for participant satisfaction. Several studies have shown a positive relationship between restorative circles and participants' overall satisfaction with the process (Maxie, 2019; Umbreit et al., 2002; Walsh et al., 2018). Based on this research, I predict high levels of satisfaction within the shelter after the circle intervention. Therefore, my second hypothesis is as stated:

> H_2: Participants' satisfaction with the shelter at time two (following the circle intervention) will be significantly higher than participants' satisfaction at time one (prior to the circle intervention).

METHODS

Participants

Upon Institutional Review Board (IRB) approval (see Appendix A), participants were recruited via snowball method through referrals at a local men's shelter in a large, mid-western city. Originally, there were thirteen participants in this study; however, one participant was excluded from the data because he walked out after the first round of the intervention. Therefore, the total number of participants ended up being twelve males. Participants' ages ranged from 19 to 58 years old ($M = 41.75$). The majority of participants (67%) identified as White/Caucasian, 8% were Hispanic/Latino, another 8% were Native American, and 17% endorsed multiracial. Participants varied in the amount of time spent at the current shelter, with a range of 2 to 16 weeks ($M = 6.83$). Participants shared a living space with 30 other residents in a faith-based, nonprofit organization that offered emergency shelter to homeless individuals for up to six months. All participants received a $20 Walmart gift card for their participation in the study, with an additional chance to win a $40 Visa gift card.

Procedures

This study is a mixed-methods design that was conducted in two phases. The first phase of the study was a qualitative analysis where the researcher conducted in-person, semi-structured interviews to answer the first two research questions. Before the interviews began, each participant was read a consent form that described the voluntary and confidential nature of the study. Interviews ranged in length from 11-45 minutes ($M = 36.75$). After the interview ended, each participant was asked to make a list of the days and times that would work best for them for the circle intervention.

Before the circle intervention took place, all audio recordings were converted verbatim to text through Otter.ai's transcribing software and subsequently checked for accuracy, with edits completed as necessary. The dataset contained 100 pages of single-spaced transcriptions. In order to gain an accurate description of the data, a thematic analysis was the preferred method. According to Braun and Clarke (2006), "Thematic analysis is a method for identifying, analyzing and reporting patterns (themes) within data" (p.79). In the initial stage of coding, I identified distinct concepts by reading and re-reading the interview transcripts line-by-line. After a close inspection of the data, I organized similar acts and behaviors by categorizing them in a codebook based on the meaning that was represented by one or more codes. The result was a codebook that contained a structured list of categories along with definitions and examples of each one. Next, to refine and structure more comprehensive categories, I used a constant-comparative method to determine any similarities between each category (Glaser, 1965). Finally, I selected the main themes that emerged within the data. In total, four themes emerged within the data that described the lived experiences of individuals living in a homeless shelter.

To evaluate the quality and validity of the results, I ensured that the data were aligned with Tracy's (2010) Eight Big-Tent criteria for excellent qualitative research, which included: (1) worthy topic, (2) rich rigor, (3) sincerity, (4) credibility, (5) resonance, (6) significant contribution, (7) ethics, and (8) meaningful coherence. This study satisfied a worthy topic and significant contribution because it is relevant to the current political climate, and holds practical application concerning modern problems. With well over 500,000 individuals making up the homeless population, it is imperative to have a deep understanding of this vulnerable group and the organizations that are set in place to help. Sincerity and credibility were met by ensuring that the research was authentic as possible. I have worked with the homeless population for well over

three years and understood that I could bring some biases to the research. Through self-reflection, I was able to recognize any shortcomings and put them to the side so I could present honest and credible research. Resonance and meaningful coherence were achieved through vivid language that promoted an empathetic look into the lives of sheltered homeless and was designed to hold the attention of the reader. I made sure the study was ethical by going over the procedures with the participants and ensuring confidentiality. Furthermore, I wanted to leave a positive impact on participants by explaining to them that their participation would help improve homeless shelters by better understanding their perspectives regarding the resources aimed at helping them. Finally, I established rich rigor by exercising effort and thoroughness when constructing the procedures and analyzing the data. Before the interviews, I carefully considered questions that would optimize the chances of collecting enough data to produce rich qualitative research. The length of the interviews was adequate to achieve the goals of the study. I also ensured that each transcript was accurate as possible by using the latest transcription software and reading each line several times.

In the second phase, I implemented a restorative intervention for participants to discuss each issue that emerged within the qualitative analysis. The goal was for each participant to work through a decision-making process related to their shelter experiences. Before the circle intervention began, each participant was administered a pre-intervention test of the New General Self-Efficacy Scale (see Appendix B) and satisfaction questionnaire (see Appendix C) in order to measure their current level of self-efficacy and satisfaction, respectively. The circle intervention took place at a men's shelter where participants gathered in a private room away from the general population. I then revealed the center and talking piece of the restorative circle, and explained its meaning to the participants. A beam scale or scales of justice, as it is known, was

used as the centerpiece to remind participants that their circumstances are a collective issue that demands solidarity against social injustice. As for the talking piece, a gavel was chosen because it represents authority and judgment; therefore, by handing participants the gavel, it signified that they were in control of their lives and that no one should ever judge them.

The circle began with the facilitator establishing the ground rules that are expected for everyone to follow (e.g., “Respect the talking piece,” “Listen from the heart”). Once the ground rules were established, dialog over the issues began and the talking piece circulated throughout the group. In total, the circle process lasted 1 hour and 20 minutes and contained four rounds that involved introductions, safety needs, impact statements, and conflict resolution. To answer my hypotheses, participants filled out a post-test of the NGSE and satisfaction questionnaire once the circle concluded to see if the implementation of the restorative circle increased participants' sense of self-efficacy and satisfaction, respectively.

Measures

The New General Self-Efficacy Scale (NGSE) was created by Chen et al. (2001) to measure an individual’s level of self-efficacy. The revised version of the NGSE that is utilized in this study consists of an eight-item questionnaire that is scored on a 5-point Likert-type scale from “*Strongly Disagree*” (1) to “*Strongly Agree*” (5). Participants were asked a series of questions regarding their belief in their ability to achieve a desired outcome or goal (e.g., “While at this shelter, I will be able to achieve most of the goals that I set for myself”). The alpha reliability found for the NGSE in Chen’s study was ($\alpha = .86$ and .90) with test-retest stability of ($r = .67$), indicating excellent internal consistency. Additionally, I ran a Cronbach’s alpha in the current study and found strong reliability for the NGSE pre- ($\alpha = .82$) and post-test ($\alpha = .91$).

Participants also completed a satisfaction questionnaire to determine their overall satisfaction while in a homeless shelter. The satisfaction questionnaire is measured using a 7-item, 5-point Likert-type scale that ranged from "*Highly Dissatisfied*" (1) to "*Highly Satisfied*" (5). Each question was designed to assess how satisfied participants are with the homeless shelter (e.g., "Since coming to this shelter, how satisfied are you with the shelter's ability to resolve issues that arise within the shelter?"). To test the questionnaire's reliability, the Cronbach's alpha reliability test was run and found that all seven items on the satisfaction questionnaire had excellent internal consistency for both the pre- ($\alpha = .94$) and post-test ($\alpha = .90$).

RESULTS

Qualitative Results

The first aim of this study was to identify the challenges that homeless people face during their stay at a shelter. More specifically, the study examined the influences that sheltered cohorts have on each other, as well as how the institutional rules affected their sense of empowerment and independence. Beginning with the challenges that homeless residents experience with their cohorts, the data analysis revealed two major themes: (1) abnormal and (2) deviant behavior. The former is a more extreme version of deviation that can be regarded as a form of mental illness, while the latter refers to behavior that simply *deviates* away from what is considered normal.

Abnormal Behavior

The study will begin by focusing on abnormal behavior. During interviews, many participants expressed concern and frustration regarding the abnormal behavior that other residents displayed. As mentioned in the literature review, due to deinstitutionalization policies changing in the 1960s, thousands of mental health patients were discharged from state hospitals and sent to boarding homes, hotels, and emergency shelters. Currently, it is not uncommon for individuals suffering from mental illness to gain asylum in a homeless shelter. As one participant, Philip (age 37), put it, "There's a group of guys here that have departed from the mothership years ago and have not come back." Bartholomew (age 68) agreed with Philip and even gave a warning to the newcomers of the shelter: "You don't know where somebody's mind is when they come into a place like this. They might any minute just flip completely out…There's a number of people here that are really really psychosomatic." Unfortunately, it is other residents who must experience, and try to adjust to, the abnormal behavior that is being

exhibited within their living spaces. In the current study, abnormal behavior included those who defecated and urinated in open areas, those who talked to themselves, and those who masturbated in front of others.

A few nights before the interviews, many participants claimed to have witnessed another resident get up in the early hours and urinate in the dorm. Paul (age 32) described the situation and attempted to formulate a plausible explanation as to why the incident occurred: "One resident went and he pissed on another resident's wheelchair. I don't know if it was mental illness. I don't know if he was sleepwalking. I don't know if it was on purpose." Philip described in detail how he became aware of the incident: "What woke me up was another resident slipping and falling in it and saying, 'What is this wet stuff all over the floor?'…My nose instantly smelled piss, and I was like, that's piss." It is not difficult to imagine how irritating it must have been for this individual to fall into a puddle of someone else's urine in the middle of the night.

Being exposed to a sheltered environment for the first time, Paul assumed that the situation from the previous night was a rare occurrence—he was wrong:

> I'm thinking to myself, this is a one-time thing, this can't happen twice. And a couple days later, another individual…ended up knocking over a bunch of lockers and he took a piss in the dorm…And then a couple hours later, he pissed again.

Since Paul considered this individual a friend, he cleaned up the mess and tried to cover for him by telling the others that he had spilled a Coke. After defusing the situation, Paul thought the worst was behind him—again, he was wrong:

> Finally, to cap it all off, at 3:30 in the morning, a resident was woken up by the resident who was having body function issues, butt naked on his bed, squatting. He asked him to

> get off [his bed], and the dude who's butt naked, and already peed twice in the dorm, takes a squat right there and shits on the floor.

What happened next is unthinkable. James (age 40) helped explain the unfolding of a very unusual night: "Then [he] came over to my bed. At the end of my bed was a white towel. He turned around, wiped his ass with it, and then took the towel and put it over the shit." Philip described what ensued:

> I wake up to another individual saying, "Hey, man, you're naked in my bed, please get off." And then he said, "Well I shit all over my bed, what am I supposed to do?" Then the guy tells him to really get off his bed. And when he gets off his bed, he just squats down and takes another number two.

It was never revealed what possessed the resident to urinate and defecate everywhere, but what became obvious was that he was in a confused state of mind.

Perhaps most troubling, besides the incident itself, was that the staff on duty did nothing about the situation. At a time when staff could have stepped in and called for medical assistance, they did absolutely nothing. Philip described his frustration: "I felt that staff missed some key points to protect us from him…It was chaos with this individual…And for [staff] to let him go back to sleep with everybody else was a huge red flag for me." Philip had every right to be concerned. Clearly, this individual needed to be evaluated by a certified psychiatrist or mental health clinician, but instead, the issue was ignored.

There is no doubt that the presence of abnormal behavior in the shelter had negative consequences on residents by placing them in a situation where they were surrounded by chaos. Paul put it bluntly when he stated: "You should ask yourself, would you live in an environment where you're literally risking stepping in shit and piss just for a bed and place to sleep?"

Exacerbating this dilemma even further is when staff completely ignored the situation, leaving residents to be caregivers to the offender.

Another challenge that participants mentioned was when individuals talked to themselves. Although some people naturally engage in this type of behavior, the self-talk I am referring to goes beyond the scope of what is considered internal dialog and into the realm of a mental health condition. This type of abnormal behavior is typical of people suffering from schizophrenia and can be quite shocking to those who witness it take place. Bartholomew described the challenge thus: "[It's] kind of hard to be around. A lot of people talk to themselves day in and day out. You don't know whether they're talking to you or who they're talking to." Another participant, Judas (age 48), gave a personal testimony about the amount of fear he experienced while encountering this type of behavior one morning at the shelter:

> I walked in the dining room area for breakfast. Another resident behind me scream[ed] at the top of his lungs and just flip out. I truly thought he was going to hurt me, but [another resident] informed me that he was schizo or something... I still find it hard to be around, personally.

Judas was justified in being fearful, as this erratic behavior can be quite scary to witness, especially if the message contains violent content. It can be a very uncomfortable situation for anyone who finds themselves in the presence of another individual who is being verbally loud and expressive with their intrusive thoughts.

I had the privilege to sit down with another participant, Thomas (age 18), who experienced delusions and hallucinations two weeks before the interview. Thomas gave a firsthand account of his experience: "I started seeing angels. I started seeing different aspects of my feet. The world was on my feet." He then went on to describe how the other residents, along

with the case manager, were living on his feet. In Thomas's own words: "If I were to move, they would move with me. If I put my shoes on, the world went dark. If I stepped the wrong way, they're falling off my feet." Thomas was experiencing severe psychosis, which must have been scary for both himself and the other residents who were living around him at the time.

Though Thomas was eventually sent to the psychiatric hospital for evaluation, it took staff two days to respond to his condition. In fact, it got to the point where Thomas lost all ability of facial recognition before staff finally acted: "And the second day came and that's when I started calling other people different people's names. And then [staff] finally called the paramedics." It was determined by healthcare professionals that Thomas's psychosis stemmed from the wrong combination of antipsychotic medications. Still, it was puzzling why staff would allow a resident under their care to continue experiencing hallucinations. Peter, who had been in and out of shelters for years, gave his insight as to why staff chooses to ignore this type of behavior:

> [Staff] let it be until it gets to the point where somebody would start to hurt somebody else. They don't really interact with it too much at all because they're so used to having people come in and out that's like that, that does talk to themselves.

While this explanation points to the desensitization that staff experiences, it does not warrant the action of intervening only when, as Peter stated, "somebody would start to hurt somebody else." Either way, residents agreed that this type of behavior was very difficult to be around.

Finally, participants mentioned being subjected to other residents compulsively masturbating in front of them. While masturbation is a normal part of sexual development, it turns into a serious problem when it becomes compulsive and acted out in the presence of others.

It can be extremely uncomfortable for those who are exposed to this type of abnormal behavior. Peter gave his account:

> When you're living with a bunch of guys, there are some guys that will watch porn. There is one guy that was trying to take ED medicine to help with that…And when you can hear bedsprings, you know what is going on. I mean, being a guy yourself, you know what's going on. And they stare at you while they [masturbate].

As Peter continued, he is reminded of an incident that took place at another shelter: "Not here, but at another mission, there was a guy that pulled his pants down and was asking me if I wanted to partake. I was like, no. That hasn't happened here yet and I'm thankful for that." This statement highlights a real problem. When entering a shelter, residents should not have to worry about sexual advancements from other residents. However, according to Peter, this type of abnormal behavior is the reality of homeless shelters.

Overall, many participants voiced their frustrations in dealing with the abnormal behavior of others. Moreover, participants found difficulty in adjusting to being around people with mental illness. Based on participants' responses, there is no doubt that the abnormal behavior they experienced within the shelter brought a great amount of stress and discomfort to them. Next, the research will look at another type of behavior that was equally as stressful.

Deviant Behavior

Another major challenge that participants faced was being around those who displayed deviant behavior (i.e., behavior that deviates away from what is considered the norm). Although this type of behavior is not as extreme as what is seen with mental illness, it is, nevertheless, just as impactful. Additionally, deviant behavior was determined to be more prevalent within the

shelter and thus affected residents to a greater extent. The three main characteristics that made up this behavior included theft, hygiene challenges, and conversations about past drug use.

At the time of the interviews, theft was a huge problem within the shelter. Several participants expressed anger and frustration towards those responsible for stealing their personal property. It turned out that theft was so bad that Simon (age 48) developed his own rule on how to avoid being victimized: "If I think that it's very valuable, then I keep it on me. Even when I sleep, I keep my wallet in my pocket." Another resident, Matthew (age 35), could have used Simon's advice when he had this to say: "Somebody like went through my wallet. Like went through my personal wallet." Simply put, if a resident left something unattended—even for a second—it would quickly vanish. Matthew put it plainly when he stated: "People will steal your stuff. If they see it, it's up for grabs, they'll just take it." Simon couldn't have agreed more: "When people leave things out, they disappear." Unfortunately for Matthew and Simon, they had to carry the extra burden of being victimized by other residents. If this time in their life was not hard enough, residents inherited the fear and uncertainty of being around others who were waiting at any moment to take what was not theirs. There are enough concerns while living in a shelter but having to constantly worry about theft would bring a lot of nervous discomfort to anyone who found themselves living amongst thieves.

Andrew (age 41) was another participant who not only experienced theft but also caught the offender in the act. Andrew gave a witness account of the situation:

> We all have our little food boxes here that we can put our own personal goodies in. And there's been a few times where I've seen people get into mine and other people…I was standing in front of my box and I was thinking, well maybe I didn't put it in there because it was gone. While I was standing there contemplating what I possibly could

> have done with this thing, one of the other residents comes up right behind me and puts back what was left of said item.

Instead of engaging in a confrontation, Andrew simply decided to ignore the transgression and even gave the offender advice: "I wasn't really that upset about it. I was just like, you know there's cameras everywhere, right?'" In Andrew's mind, he viewed theft as inevitable within a shelter setting: "That's one of those minor things that just happens when you live with other people. I mean, it's going to happen." To normalize this type of behavior could be Andrew's way of coping with the different challenges that residents like himself face daily. However, if Andrew is right, and theft is fated to serve as a permanent backdrop in homeless shelters, does this mean that other residents should, like himself, accept this as a normal occurrence? In any event, being a victim of theft can be difficult for anyone, especially those residing in a shelter who have very little to start.

Another problem that participants voiced was being around individuals who did not exercise good hygiene practices. When a person does not follow basic hygiene habits, they run a real risk of infections and the spread of diseases. Philip was one such participant who was well aware of the risk associated with unhygienic conditions. He even attempted to advise other residents who demonstrated unsanitary behavior about the possible dangers:

> There's a group that goes out there and picks all the cigarettes up out of the [ashtray]. I'm not a part of that group. If I don't have a cigarette to smoke, I'm not smoking. If I see someone doing it, I'd like to give them a heads-up that hey, there's another resident here that has something on their lips that you don't want to catch, so let's be mindful of that.

The resident Philip was referring to was an individual with an active MRSA infection who had been placed there by the hospital. Philip was justified in his concern. When an individual has

active MRSA, it can be very contagious and easily spread from person to person by either direct or indirect contact. Once a person is infected, MRSA can lead to serious infection on the skin, as well as in the blood.

While diseases like MRSA were a real concern for some, the majority of participants complained about residents who simply did not keep up with basic hygiene practices, such as showering and cleaning up after themselves. During the time of the interviews, there was one resident who habitually neglected to shower. His foul odor got so bad that staff threatened to exit him from the program if he did not start showering. Usually, when a resident enters a shelter, they are asked to sign an agreement to practice good hygiene. However, some residents simply fail to abide by this rule. Backing this claim further, Simon stated, "There's a lot of people here that don't clean up after themselves. Cleanliness is an issue." When people fail to keep up with proper hygiene, it can cause many problems for those around them.

Judas briefly described how unhygienic people affected him: "There's a few people that don't really shower frequently and it stinks up the whole area back [in the dorm]." Participants agreed that the odors that constantly permeated the air were hard to handle. Matthew explained his experience: "Guys have body odors and feet smells, and just don't use toilet tissues or just don't wash their hands. It affects me because [of] germs; just thinking about it affects me." While germs were of concern, adding to the severity of the situation was the Omicron coronavirus variant, which had spiked during the time of the interviews. It turned out that several residents were either currently in the hospital or quarantined in a private room at the shelter. Without a doubt, unhygienic practices negatively affected participants.

Finally, participants admitted to the difficulty of being around other residents who talked about past drug use. Many residents had a history of drug use. In fact, eight out of twelve

participants for this study (67%) confessed that the cause of their homelessness stemmed from alcohol and/or drug-related issues. While most residents were working towards sobriety, others were still active in their addiction. Even though the shelter conducts random drug tests, Philip surprisingly admitted to how he circumvents the risk of being caught: “To be honest, it’s not that hard to get around if you know how to present yourself and act accordingly…There’s still a thing called Delta 8 that you can buy at pretty much any gas station.” The Delta 8 that Philip was referring to is a psychoactive cannabinoid that contains delta-8-Tetrahydrocannabinol (a form of THC) that produces an intoxicating effect. Interestingly, Delta 8 can be bought at convenience stores, tobacco shops, and cannabis dispensaries without a medical card. Ironically, Philip was kicked out of the shelter just two weeks following our interview after testing positive for marijuana.

The challenge comes to residents who are truly trying to do better with their lives and recover from their addiction. For a recovering addict, hearing talk about drug use can have severe consequences by jeopardizing their sobriety. Andrew, who had been struggling with substance abuse for years, gave his opinion: “There are people, like myself, who are struggling with addiction and don’t want to hear your drug story. For me, personally, I don’t really care, but can definitely see how that would affect somebody else’s sobriety.” While Andrew claimed to be secure with his sobriety, Judas acknowledged his struggle: “[Residents] talk about their drug use in the past, and that really kind of makes me want to use sometimes whenever I hear that kind of talk. There’s a lot of people that don't take this seriously.” By interacting with residents who did not take sobriety seriously, Judas was put at a higher risk for relapsing. Sadly, both Andrew and Judas relapsed a few weeks after the interviews.

Simply put, the effects of deviant behavior within a shelter are far-reaching and long-lasting. Based on the interviews, it was determined that deviant behavior caused a lot of harm and stress to other residents. Whether it was the constant worry of theft or fear of relapsing, most participants agreed that being subjected to this type of behavior placed them at a huge disadvantage for success. I will now shift my focus from sheltered cohorts to the impact that institutional policies and rules have on residents.

Challenges with Institutional Rules/Policies

The second research question revolved around the challenges that residents experienced with the shelter's policies and rules. Participants agreed that there needs to be policies and rules set in place to have an orderly environment. However, it becomes a problem when rules become so extreme that they ultimately restrict an individual to the point of arrested development. The data analysis revealed two major themes: (1) censorship and (2) excessive restrictions. Censorship included anything that prevented a participant from expressing themselves through the suppression of their words and/or ideas. Excessive restrictions, on the other hand, referred to the rules that limit and control where an individual's body can be in time and space. I will begin by looking at the different challenges that participants encountered through censorship. The collection of illustrations that follow represents firsthand accounts of the censorship that participants experienced.

Censorship

Censorship in this context included the dismantlement of an individual's voice for the benefit of the shelter, not the resident. Ultimately, residents were censored from expressing their opinions regarding the rules and policies of the shelter. For example, if a resident had an issue with a rule that they felt was unfair, they were prohibited from suggesting anything that went

against the staffs' beliefs on how the shelter should be operated. Additionally, censorship was enforced by staff through threats of eviction from the shelter. Several participants talked about an environment that had a "My way or the highway" philosophy, as well as an "If you don't like it, leave" response to anyone who attempted to challenge a rule or voice their opinions. This type of censorship left many participants feeling disempowered, or in the words of Paul, "Like you're not human." Another participant, John (age 47), even stated, "They called us property. One of the [staff members] called us the property of this place." To delve further into this issue, a good place to start is with the story of Bartholomew.

At the time of the interview, Bartholomew was in the respite area of the shelter because he was starting radiation treatment for lung cancer. Already homeless and in poor health, he described an incident that ultimately revealed the seed of censorship that the shelter planted: "We had a roommate come into the respite room…he was totally, completely just whacked out…He crapped in his pants and just left a big mess." While staff intervened by sending the individual to a psychiatric hospital, Bartholomew was forced by the lead staff to clean up the mess: "[I] put gloves on and… wash[ed] his area and did his laundry." Hearing these words from Bartholomew was alarming for two major reasons. First, he is 68 years old and in very poor health. Besides the fact that he was currently fighting for his life, Bartholomew had several other health-related issues of concern: "I've had two hip replacements—this is one of the main reasons I am on a walker today. I'm chronically anemic, which means that my GI [glycemic index] blood levels fall beneath a seven." Secondly, it is unusual for residents to clean up others' excrement. Situations like these call for staff who have completed a hazmat safety training course and can properly handle hazardous waste. Bartholomew had not the training nor the protective equipment to safely handle a contaminated area. In short, Bartholomew had no business playing the part of

caregiver to another resident, especially when he was sent to the shelter by the hospital to get rest.

After hearing his situation, I asked Bartholomew why he didn't refuse the demand that was made by the lead staff. He stated:

> I do believe that if I would have said "No, get someone else," I don't know how this person would have reacted, so I just went ahead and done it…I am pretty much at the mercy of the [case manager] that brought me at this place right now.

The very fact that Bartholomew complied with the demand out of fear of being kicked out implies that he felt as if he had no choice in the matter. This assumption was made explicit when Mathew explained how the shelter operates: "It's their way or the highway. Like it's so easy for them to hold over exiting the program if you won't do exactly what they say…[Staff] always threatens to exit you from the program for anything." Not only do threats of this nature suppress an individual from expressing themselves, but it also brings a sense of worthlessness. John explained further, "Everybody that walks through these doors is already at the lowest point of their lives…I've been told numerous times 'If you don't like it, leave.' Like you don't matter." John's statement raises an important point. The majority of people who enter a shelter are at a point in their life where everything is hanging on by a thread, and for staff to use their words in a way that threatens their only source of security is troublesome. Paul put everything in perspective when he stated:

> When you live in a place like this, you expect a certain amount of security because, in order to be on your feet, you need to be secure in how you feel. You need to know you're not going to get kicked out. If you're constantly worried about where you're going to stay, what you're going to eat, you don't have the energy to move forward in life.

Whereas threats robbed participants of a sense of security, it was the censorship that deprived them of a voice. As long as residents played the part that the staff wanted them to play, their stay at the shelter seemed secure. However, if they tried to challenge a rule or make any suggestions, residents were soon met with a warning.

Paul was one such resident who tried to speak on a situation that occurred one evening. He was outraged when he got off work only to discover that someone had defecated in the shower: "All they did was managed to go from the shower, to go where the paper towels are and put a paper towel over it, and leave it smeared on the floor for us to clean up and find." Adding to Paul's frustration was the censorship he experienced from staff:

> When I found out through the grapevine who did it, I confide in staff. The next day, I was called into the office by the head staff, and instead of being politely asked what happened, I was more or less verbally attacked…I ended up getting yelled at.

This type of censorship had a devastating effect not only on Paul's outlook on the shelter but on himself as well: "The [lead monitor] has a mentality of it's his way or the highway…It's a sense of, I'm not a human being… I'm not allowed to talk. I'm not allowed to come forward with anything, I'm not allowed to do anything." If a homeless individual, like Paul, is not already limited enough, the censorship they experience within a shelter reduces them further and has the potential to change their attitude regarding sobriety. John explained, "When you know that you're not going back to a positive atmosphere…I've seen firsthand several people that have relapsed, just because [they] don't want to be here. They hate it." This statement draws attention to the damaging effects that censorship can have on a resident while living in a shelter.

Philip was another participant who, as previously mentioned, was concerned about contracting MRSA from another resident. Even though the hospital gave direct recommendations

to isolate this person from the general population, staff allowed him to move freely around the shelter. Philip described his concern: "I never want to get MRSA, which is what he has. I never want to be a paraplegic, and I never want to not be able to function as a member of society." When Philip brought his concern to staff, not only was his request to have the individual quarantined ignored but he was met with an obscene response:

> Staff made a joke about it to where it was said, "Well maybe we're just gonna let him go in [the dorm] and lick your pillow and then see how you like it." I didn't laugh and chuckle at that. So, out of everything, that's been my biggest concern because I have two small children.

Philip was not only censored but also ridiculed and made fun of in the process. He, like the other participants, quickly learned that they had zero input when it came to how the shelter operated. John put it precisely when he stated, "[Staff] don't like getting feedback…which I think is sad. In the real world, companies…generally encourage [employees], what can we do better? What can we improve? This place is more like a militant group—it's their way." John gave an excellent analogy when comparing employees of a company to residents in a shelter because there are many commonalities between the two. That is to say, both types of organizations involve stakeholders who have every right to voice their concerns and opinions, as the operations of the facility directly affect them.

John relived the moment he approached staff about the shower rule. Only wanting to voice his opinion regarding the daytime shower restrictions, the staff stated, "You're a free man. If you don't like the rules walk out." This type of "my way or the highway" mentality was a major theme that was deeply rooted in the day-to-day processes of the shelter. If residents questioned any rule, they were quickly told by staff to leave. Paul explained the paradox:

When you consider the current situation, your only option, if you do walk out, is sleeping next to a dumpster. It is not knowing where your next meal is gonna be. It's not knowing how you're gonna make it to work or if you're going to survive. So, in a sense, they say I'm free, I could leave at any time. But am I?

This statement gives eye-opening insight into the staff-resident relationship. Perhaps both parties are aware that residents are at the mercy of staff, and that some shelter workers may take advantage of the situation by using threats to enforce the rules.

In short, the censorship that participants experienced limited their freedom of thought and expression. These accounts of censorship are troubling because these organizations that are designed to empower are often doing quite the opposite. How can homeless individuals gain the confidence to change their lives, if they do not even possess the promise of a voice? Next, I will explore the challenges that participants faced while experiencing excessive restrictions.

Excessive Restrictions

Adding to the already extensive list of challenges associated with living in a shelter are the excessive restrictions that control residents' movements and behaviors. It is not uncommon for facilities to have policies and procedures that give guidance to the everyday processes of decision-making. Policies and rules, after all, provide a structure that ensures compliance and consistency. However, it becomes a problem when these policies and rules are so restrictive that they reduce an individual to a childlike status where they have to ask for day-to-day things. In the words of Paul:

> Your basic freedoms, like when you want to take a shower, when you're going to take a nap, when you're going to turn on the TV, those are things that people take for granted until they're in a facility like this.

Excessive restrictions, like those mentioned by Paul, made participants feel like children as opposed to adults. The restrictions that most participants mentioned included two-week confinement and prohibited areas.

Several participants complained about the shelter's policy that prohibited residents from leaving the facility for the first two weeks. Paul described the salutation he received upon his arrival: "The second you're here, the first thing they do is basically tell you that you can't leave the facility." During this time, the new resident is even banned from finding employment. Matthew described his frustration: "People have to get active, like get productive and get to work. [A] two-week restriction [is] just for what? Just to sit around for two weeks?" Matthew raised a good question. Why would a homeless shelter place a barrier that restricted individuals from gaining employment? Simon stated that not all shelters operated in such a fashion. In fact, the last shelter in which he stayed had the opposite policy:

> They encourage you in the first month that you were there to go out as much as possible—to not be there. Even to the point that they said, "We're cleaning from eight to noon on Tuesdays and Thursdays and you can't be here, so you have to be out." And that really pushed people to get a job much faster than being stuck here at the [shelter].

Simon saw value in a shelter that encouraged its residents to leave the facility. Unfortunately for him and the rest of the residents, the current shelter did not share the same vision. If being confined for two weeks was not bad enough, residents are also prohibited from entering certain areas of the shelter during specified times made by staff.

Participants admitted being very frustrated over the shelter's policy of restricted access to different areas of the shelter, which even included their own living space. Matthew explained:

> If you're in the shower after a certain time, you're written up. If you're in the dorm after a certain time, you're written up. If you want to go take a nap during a certain time, you're written up. If you want to go up and watch TV after a certain time, you're written up.

If residents are caught in any of the specified areas at a certain time, they are written up. Typically, after three writeups, the resident is asked to leave and escorted off the premises. To put it concisely, a resident literally can be kicked out of the shelter for doing nothing more than showering, doing laundry, or watching TV during a specified time of the day. Paul declared his frustration: "Your basic freedoms, like when you want to shower, when you're going to take a nap, when you're going to turn on the TV... Those are things that people take for granted until they're in a facility like this." These excessive restrictions made participants feel "less than a person," because it stripped them of all autonomy where they had to constantly ask for permission to perform basic daily tasks.

John was another participant who voiced his irritation over a rule that prohibited residents from going back to the dorm after a certain time. The shelter has a strict policy that prohibits any resident from entering the dorm between the hours of 8 AM and 4 PM. John attempted to put things in perspective:

> I talked to one [staff member]. I said, "Is there ever a time to where possibly you leave your house or you're at the door and maybe forget something? Well, you understand that there are going to be times where we have to go in the dorm…We live in a locker." I said, "That is our living room; that is our bedroom; that is our kitchen; that's everything we have." They don't care—that's the rule.

If being denied access to their living spaces was not bad enough, residents must come to grips with the fact that they had no control over basic decision-making within the shelter. Andrew compared it to "like being back in school." Peter stated, "[You're] kind of treated like a child. Being told when and when I can't." If treating others like a child was the shelter's goal, then they succeeded in the endeavors.

Taken as a whole, homeless participants faced several challenges within a shelter setting. Participants discussed barriers that included being around others who displayed abnormal and deviant behavior, and disparaging policies that censored and restricted basic decision-making processes. Several participants expressed a sense of worthlessness and stress caused by an overwhelming number of difficulties they faced while attempting to exit homelessness. Perhaps some of the challenges could be mitigated through corrective actions, but others may very well be inevitable within a shelter setting. Therefore, my goal was to intervene using a restorative circle that would not only empower participants but also increase their overall satisfaction with the shelter. Next, I will examine the results of the restorative circle intervention.

Quantitative Results

Hypothesis one states that participants' self-efficacy following the circle intervention (M = 36.17, SD = 5.37) will be significantly higher than participants' self-efficacy prior to the circle intervention (M = 34.58, SD = 4.17). Although self-efficacy did somewhat increase, a paired sample t-test found that this hypothesis was not supported (t (11) = -1.03, $p > .05$).

The second hypothesis asserts that participants' satisfaction with the shelter following the circle intervention (M = 26.25, SD = 5.31) will be significantly higher than participants' satisfaction prior to the circle intervention (M = 20.75, SD = 7.25). To compare means accurately, a paired

sample *t*-test was utilized and found support for this hypothesis (t (11) = -2.80, $p < .05$), with a large effect ($d = 0.87$).

DISCUSSION

The purpose of this study was to identify the challenges that homeless residents face while living in a shelter and to implement a restorative circle to determine its effectiveness in improving individuals' sense of self-efficacy and overall satisfaction. As discussed in the literature review, past research showed that homeless shelters contain a range of challenges that may inadvertently damage an individual's sense of internal and external control (Miller & Keys, 2001; Pable, 2012). Therefore, it was of interest to pinpoint the current barriers that homeless residents face and ascertain whether a restorative circle would result in reports of higher self-efficacy and overall satisfaction while living in a shelter. As expected, several participants revealed many barriers that negatively affected their sense of independence and self-worth. To restore what had been affected by these barriers, participants took part in a restorative circle which provided them a platform to communicate each issue and resolve any damage that might have been caused.

Beginning with the barriers, it was determined that homeless residents faced numerous challenges while living in a shelter. Past research has shown that violence and theft are common occurrences within a shelter setting (Agrawal et al., 2019; Daiski, 2007). Similarly, participants in the current study discussed barriers that included being around others who displayed abnormal and deviant behavior. Several participants voiced their frustration with being a constant victim of theft, such that one participant even slept with his wallet. Although physical violence was not reported by any of the participants, several of them described situations that were hostile and threatening. For example, several participants recounted a chaotic night when a resident defecated and urinated around their living spaces. Other barriers included residents who did not

properly care for themselves. These results run parallel with other studies that showed hygienic challenges in emergency shelters (Moffa et al., 2019; Leibler et al., 2017).

Another major barrier was the disparaging policies that censored and restricted basic decision-making processes. Research by Gregory et al. (2017) revealed that homeless shelters can strip an individual of all autonomy and independence due to excessive rules. Participants in the current study reported similar rules that restricted where their bodies could be in time and space. For example, there were specific times that prohibited residents from taking a shower, watching TV, and sleeping. If any resident attempted to challenge a rule, they were met with the threats of eviction from staff. Indeed, several participants proclaimed that they were stripped of a voice and had zero input when it came to the shelter's operations. Participants admitted feeling "less than human" in regards to the shelter rules which restricted their movements and opinions on most topics. Taken as a whole, the barriers that were present within a shelter created a harmful environment that negatively affected residents' pursuit to exit homelessness. Furthermore, the results in the current study show that not much has changed in recent years regarding the host of challenges that sheltered homeless face. That is to say, the same barriers that were discovered in past research are still very much alive and well today. Still, most of those barriers are inevitable within a shelter setting where so many personalities come together under one roof. Therefore, my strategy was to apply a restorative circle that would increase residents' self-efficacy and satisfaction while navigating through a homeless shelter.

After the application of the restorative circle, the results showed no significant difference between participants' self-efficacy before and after the intervention. These results run parallel with Johnson's (2019,2020) studies that measured self-efficacy scores before and after a restorative circle. Though this study yielded no significance, it supplied important information

when thinking about self-efficacy within a sheltered setting. For instance, there was a ceiling effect for participants' self-efficacy scores prior to the circle intervention. In other words, participants displayed a high level of self-efficacy before the restorative circle even took place. As a whole, participants' combined self-efficacy score was 415 out of a 480 maximum. Although these data may seem puzzling at first, perhaps it is a general misconception that homeless individuals have low self-efficacy. Homeless individuals are faced with a plethora of challenges, and in order to "survive," they must learn to adapt quickly to their environment. This adaptability, in turn, may promote self-sufficiency and resilience. Furthermore, past research has shown that spirituality (Snodgrass, 2014) and community support (Wolch & Rowe, 1992) promote self-efficacy among homeless individuals. In this particular study, homeless individuals lived in a shelter that provided a context for social and spiritual support, which could be a contributing factor to the high levels of self-efficacy prior to the intervention.

In addition to self-efficacy, participants' satisfaction with the shelter was also of prime importance. Consistent with previous research on atmospheric satisfaction and restorative circles (Maxie, 2019; Umbreit et al., 2002; Walsh et al., 2018), participants' satisfaction with the shelter increased significantly after the circle intervention. These results can be justified by the restorative circle's ability to provide a platform that gives all who participate a voice. During the restorative process, many participants stated that they felt like they had no voice within the shelter and that the circle provided them with an outlet to express themselves. In fact, one participant recommended to the group that they should meet weekly for a "Dead Poets Society" circle where they would facilitate a restorative intervention without any of the staff's involvement.

Taken as a whole, these results provide preliminary evidence that restorative circles can have positive outcomes in a shelter setting. Furthermore, it adds knowledge to the scant amount of research that has been conducted regarding the implementation of restorative circles in shelters. Although homeless individuals' basic needs are met, the disempowering policies and relational conflicts that arise from shelters could marginalize them even further and leave them feeling incapable of exiting homelessness. Shelters need rules and structure to operate efficiently; however, it is when these rules restrict an individual from expressing themselves that it oppresses the very people it sets out to help. Restorative circles are a way for residents to counterbalance this structure by giving them a platform to voice their concerns and opinions.

Conclusion

Overall, restorative circles can be an effective tool to be applied within a shelter setting. Several participants showed increased satisfaction with the shelter after the restorative intervention. The circle allowed each participant to voice their concerns and opinions regarding problematic situations that had the potential to hinder their success in exiting homelessness. Through effective communication, participants were able to process their emotions in an effective and healthy way. Anytime there is a situation that brings several stakeholders together, conflict is bound to arise. Further exacerbating the situation, is when the stakeholders are already bringing with them a host of problems, as seen by those in homeless shelters. By implementing a restorative intervention, it gives homeless residents a chance to resolve most issues, thereby increasing their rate of success. Therefore, it would be of interest for organizations aimed at helping the homeless population to adopt such practices within their guiding principles. As I end this thesis, I would like to conclude with a quote from Paul who wanted to advise others against the negative stereotypes that are prevalent regarding the homeless population: "We might all

experience a lot of the same things—addiction, mental illness, poverty, incarceration, [and] abuse in the home. Many of us share these same experiences, but everyone…is completely different; and all of these people are very rare."

Limitations and Future Research

As with any study, this research is not without limitations. Three limitations worth noting are self-report measures, sample size, and the implantation of a single intervention. First, I measured participants' self-efficacy and satisfaction on a reliable self-report instrument. However, any time a self-report measure is involved in a study, there is always a chance for social desirability bias. In other words, participants will reply in a way that will produce a positive self-representation of themselves. A second limitation was the sample size of the study. With only twelve participants, it is difficult to say if these results are generalizable to the entire sheltered population. The third and final limitation was in the method of applying a single circle intervention. Although a single circle intervention exposed participants to its process, it is not designed for a one-time application but rather a process that takes several months or years even to complete. That is to say, to obtain a deep understanding of the overall effectiveness of a restorative circle, participants must experience a repetition of its application. Therefore, for future research, I recommend that researchers take an approach to implement a restorative circle in a shelter setting for several months. This recommendation, however, should come with caution. Due to the transient nature of most shelters, it can be very difficult to avoid large dropout rates. For example, Welsh et al. (2018) wanted to test the effectiveness of teaching sheltered homeless men critical thinking skills by utilizing a program called BrainWise over a period of four months. Out of the 271 original participants of the study, only 145 remained after

four months (a 46.5% decrease). Along with this longitudinal approach, other variables to consider for measurement should include emotional intelligence and problem-solving.

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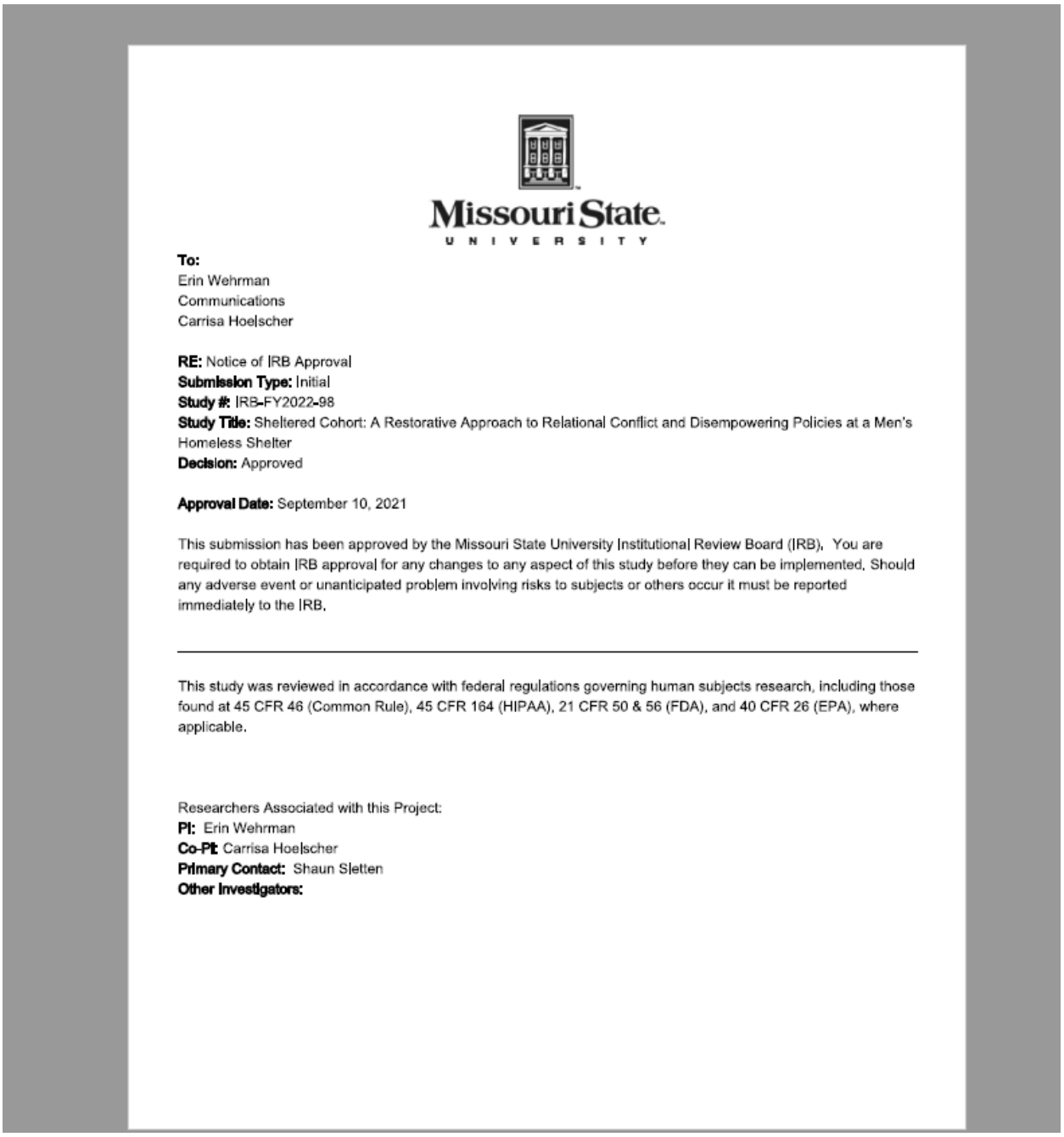
APPENDICES

Appendix A. Institutional Review Board Approval



Missouri State
UNIVERSITY

To:
Erin Wehrman
Communications
Carrisa Hoelscher

RE: Notice of IRB Approval
Submission Type: Initial
Study #: IRB-FY2022-98
Study Title: Sheltered Cohort: A Restorative Approach to Relational Conflict and Disempowering Policies at a Men's Homeless Shelter
Decision: Approved

Approval Date: September 10, 2021

This submission has been approved by the Missouri State University Institutional Review Board (IRB). You are required to obtain IRB approval for any changes to any aspect of this study before they can be implemented. Should any adverse event or unanticipated problem involving risks to subjects or others occur it must be reported immediately to the IRB.

This study was reviewed in accordance with federal regulations governing human subjects research, including those found at 45 CFR 46 (Common Rule), 45 CFR 164 (HIPAA), 21 CFR 50 & 56 (FDA), and 40 CFR 26 (EPA), where applicable.

Researchers Associated with this Project:
PI: Erin Wehrman
Co-PI: Carrisa Hoelscher
Primary Contact: Shaun Sletten
Other Investigators:

Appendix B. The New General Self-Efficacy Scale

Welcome— this survey refers to your experience today with the circle intervention.

For questions 1-8, Circle the answer that best represents how much you agree with each question.
Since coming to this shelter…

1. I will be able to achieve most of the goals that I set for myself.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree

2. I am certain that I will accomplish difficult tasks.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree

3. I think that I can obtain outcomes that are important to me.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree

4. I believe I can succeed at most any endeavor to which I set my mind.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree

- ○ Agree
- ○ Strongly Agree

5. I will be able to successfully overcome many challenges.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree
6. I am confident that I can perform effectively on many different tasks.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree
7. I feel that I can do most tasks very well, compared to other residents.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree
8. Even when things are tough, I can perform quite well.
   - ○ Strongly Disagree
   - ○ Disagree
   - ○ Neither Agree nor Disagree
   - ○ Agree
   - ○ Strongly Agree

Appendix C. Satisfaction Questionnaire

For questions 1-7, Please select your degree of satisfaction for the following questions.

Since coming to this shelter…

1. How satisfied are you with the respect others show at the shelter?
   - ○ Highly Dissatisfied
   - ○ Dissatisfied
   - ○ Not Sure
   - ○ Satisfied
   - ○ Highly Satisfied
2. How satisfied are you with the rules/policies of this shelter?
   - ○ Highly Dissatisfied
   - ○ Dissatisfied
   - ○ Not Sure
   - ○ Satisfied
   - ○ Highly Satisfied
3. How satisfied are you with the shelter's ability to resolve issues?
   - ○ Highly Dissatisfied
   - ○ Dissatisfied
   - ○ Not Sure
   - ○ Satisfied
   - ○ Highly Satisfied
4. How satisfied are you with the shelter's ability to reach a collaborative solution on issues within the shelter?
   - ○ Highly Dissatisfied
   - ○ Dissatisfied
   - ○ Not Sure
   - ○ Satisfied

○ Highly Satisfied

5. How satisfied are you with the shelter's ability to create unity within the shelter?

○ Highly Dissatisfied

○ Dissatisfied

○ Not Sure

○ Satisfied

○ Highly Satisfied

6. How satisfied are you with the shelter's ability to promote independence?

○ Highly Dissatisfied

○ Dissatisfied

○ Not Sure

○ Satisfied

○ Highly Satisfied

7. How satisfied are you with your overall experience at this shelter?

○ Highly Dissatisfied

○ Dissatisfied

○ Not Sure

○ Satisfied

○ Highly Satisfied