Research Article

Transitioning Out of an Urban Domestic Violence Emergency Shelter: Voices of Survivors

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Abstract
Domestic violence (DV) shelters play a critical role for survivors and lead to a range of positive outcomes for families. However, transitioning in and out of temporary homelessness involves a range of stressors and research indicates that survivors transitioning out of DV shelters continue to have a multitude of needs. The focus of this study is to utilize an empowerment-based feminist lens to understand the process of transitioning out of a DV emergency shelter among 27 shelter residents in urban emergency shelters. Participants described the successes, challenges, and lessons learned while transitioning from the emergency shelter setting. The findings indicate that survivors transitioning out of DV shelters face a multitude of risks, challenges, and stressors. Our findings invite researchers and practitioners to further examine best practices that support families transitioning from shelter.

Keywords
intimate partner violence, domestic violence, intervention

Introduction

Intimate partner violence (IPV) is a pervasive problem in the United States. One in three women in the United States report being raped, physically assaulted, or stalked by an intimate partner in their lifetime (Black et al., 2011). While the definition of IPV

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varies, the Centers for Disease Control and Prevention (CDC, 2019) defines IPV as "physical violence, sexual violence, stalking and psychological aggression by a current or former intimate partner."

IPV has numerous acute and long-lasting impacts on survivors and their children, including a breadth of economic, social, and health consequences. One extensively documented impact of IPV is increased likelihood of housing instability and/or homelessness (Jasinski et al., 2005; Pavao et al., 2007; Wilder Research Center, 2007). In fact, IPV is the leading cause of homelessness for women in the United States (Institute for Children and Poverty, 2002; Jasinski et al., 2005; Levin et al., 2004). Homelessness is a deeply traumatic experience for families (Rayburn et al., 2005; Yeater et al., 2010), and the National Network to End Domestic Violence (NNEDV, 2020) reports that on a typical day in the United States, over 40,000 survivors and their children are residing in domestic violence (DV) emergency and transitional shelter programs.

DV Emergency Shelter Programs

DV emergency shelter programs are one of the longest provided services to survivors of IPV and their children in the United States (Bennett et al., 2004). DV shelters provide a critical role for survivors seeking immediate safety by providing physical safety, supportive services, and community referrals and by linking survivors to long-term housing solutions (Baker et al., 2010; Bennett et al., 2004; Grossman et al., 2010; NNEDV, 2020; Walker, 2000).

DV emergency shelters offer unique services compared with traditional shelters for homeless adults and families. Such services include confidential and secure locations, as well as supportive services, such as safety assessment and safety planning, DV support groups, legal support, financial assistance, advocacy, case management, parenting and life skills supports, job readiness, mental health referrals, and child care (Baker et al., 2010; Bennett et al., 2004; Johnson & Zlotnick, 2009).

Research in the United States has demonstrated that DV emergency shelters lead to a range of positive outcomes for families (Bennett et al., 2004; Few, 2005; Lyon et al., 2008; Panchanadeswaran & McCloskey, 2007). Most importantly, DV shelters decrease the risk of experiencing recurring abuse (Bybee & Sullivan, 2005; Ham-Rowbottom et al., 2005; Roberts & Lewis, 2000). Survivors often report feeling physically safe in DV emergency shelters and often rank shelter programs as the most effective service for coping with abuse and ending the violence in their lives (Bybee & Sullivan, 2002; Few, 2005; Tutty et al., 1999).

Transitions for IPV Survivors and Their Children

Leaving an abusive relationship involves, for most survivors, major life transitions and trade-offs. These life transitions may include ending a relationship, moving into a new home, becoming a single parent, leaving a community, taking on new household and financial responsibilities, and more (Bostock et al., 2009; Thomas et al., 2015).

For IPV survivors needing emergency shelter, transitioning into temporary homelessness creates an additional range of stressors. Women living in homeless settings often report increased feelings of powerlessness, shame, loss, anger, despair, isolation (Kirkman et al., 2015; Tischler et al., 2007), and limited social support (Tischler et al., 2007). Studies have documented that homeless mothers have fewer social support networks than do housed mothers (Meadows-Oliver, 2016). Often, homeless mothers in the United States have social supports while housed, but report fatiguing their supports due to relying heavily on them prior to entering a shelter (Shinn et al., 1991) and distancing themselves from their supports as they move into a shelter program (Goodman, 1991).

The stress of leaving an abusive relationship and entering into a DV emergency shelter can create a cascading set of barriers for survivors. Survivors feel the struggle of compounding stressors and describe the need to focus on surviving, often by distancing from their emotions and day-to-day troubles (Tischler, 2009; Tischler et al., 2007). Survivors often rely on their strengths to survive living in a shelter. DeWard and Moe (2010) found that women residing in a shelter located in a Midwestern city in the United States used a variety of tactics to survive shelter life including submitting to the institution, adapting ways that allowed them to conform to the bureaucracy while maintaining a sense of individuality, or by completely rejecting the institution.

Similarly, transitioning out of a shelter involves a range of stressors (Hatch & Dohrenwend, 2007). Such stressors may include moving into a new community, building a new support network, living and parenting independently, finding a new school and/or child care, and taking new household and financial responsibilities. These transitions require tremendous inner strength and resilience (Senter & Caldwell, 2002), and research indicates that survivors transitioning out of DV shelters continue to have a multitude of needs (Ham-Rowbottom et al., 2005; Sullivan et al., 1992). One study conducted by Sullivan and Rumptz (1994) assessed areas of need specifically for African American women exiting a DV shelter. The study found that the most frequently endorsed areas of need were material goods, social support, education, and health care.

While there is research dedicated to understanding the causes and consequences of homelessness and the impact of DV shelter programs, there is little research on the lived experience of families as they transition out of DV shelter programs. Research has focused on the outcomes of transitioning out of shelter, but little research has focused on the *process* of these transitions. Therefore, the focus of this study is to explore the processes that occur as survivors of IPV exit DV emergency shelter programs.

Conceptual Framework

This study uses an empowerment-based feminist lens to understand the process of transitioning out of a DV emergency shelter. This lens recognizes the impact of oppression and the role of mutual relationships and self-determination in addressing healing from trauma (Kulkarni et al., 2010). Research through a feminist lens focuses on

utilizing a strengths-based perspective to capture women's lived experiences and to legitimate women's voices as sources of knowledge (Campbell & Wasco, 2000). The feminist framework informs our understanding of the context in which women seek safety and the barriers to receiving support that are inherent within that context.

In our analysis of IPV survivors' stories of transitioning out of an emergency DV shelter, we focused on hearing each individual's story and on understanding survivors' resilience to rebuild and heal. Resilience was conceptualized as a multidimensional dynamic process between the individual and their ever-changing social and cultural environment (Masten & Wright, 2010; Ungar, 2008) that allows for the voices of survivors to shed light on suffering and surviving simultaneously. Researchers examining resilience among IPV survivors have described resilience as being on a context-dependent continuum in which a number of factors can either increase or decrease resilience (Crawford et al., 2009). Furthermore, researchers studying resilience among survivors of color emphasize the ways in which systems of privilege and oppression—such as racism, socioeconomic status, and education—impact individuals' resilience and healing (Banyard et al., 2002). In using this lens, we wanted to learn more about women's lived experiences transitioning out of a DV shelter, their reflections on their experiences, and their ideas about what could help other women facing similar individual and environmental risks and challenges to transitioning out of shelter. Therefore, the following questions guided the study:

1. How do IPV survivors describe the successes and challenges experienced while transitioning out of a DV shelter and into a new living situation?
2. What individual and environmental risks and challenges do IPV survivors still have after transitioning out of a DV shelter?
3. How do IPV survivors, reflecting back on their experiences in a DV shelter, navigate living in a shelter setting?

Method

Procedures

The data for this study were originally collected as part of a longitudinal needs assessment across six DV emergency shelters operated by one large, urban, nonprofit organization in the United States that provides supportive services to victims of crime and abuse. Researchers conducted three interviews with survivors over a 9.5-month period. At T1, 83 residents completed the baseline interview. Researchers conducted the first face-to-face interviews with participants within the first 2 weeks of entering shelter. The initial interviews were conducted between May and December 2014.

To recruit participants for the study, shelter staff distributed informational flyers to clients as they entered into the shelter. In addition, the researchers attended orientation groups to inform residents of the needs assessment project. The participant eligibility criteria required that the resident be (a) over the age of 18 years, and (b) a new resident residing in the emergency shelter. Incentives were provided to participants for their time, which consisted of a US$10 gift card at T1, a US$15 gift card at T2, and a US$25 gift card at T3.

Evaluators trained in interviewing IPV survivors conducted all data collection. Written consent for participation was obtained which informed residents that (a) participation was voluntary and they had no obligation to participate, (b) their decision to participate or not would not affect the services they were currently receiving from the organization, and (c) they could refuse to answer questions or stop the interview at any time. During the initial interview, evaluators asked participants to complete a safe contact sheet in which they identified safe methods of contact (phone and/or email) and contact information for safe individuals (e.g., family, friends, colleagues, neighbors) who may be able to reach them, if needed.

Approximately 4.5 months and 9.5 months after entering shelter, evaluators conducted the second and third interviews, respectively. The second and third set of interviews were conducted via telephone or in person, based on the preference of the participant. During the second interview, participants were asked to update their safe contact sheet. When contacting the participants via phone, the evaluators asked the participants if they were safe to speak prior to conducting the interviews. If someone other than the participant answered the phone, the evaluator did not release information about the study or about the participant's shelter stay and identified as an evaluator calling in regard to a women's health product study.

All data were collected using SurveyMonkey®, an online survey tool. When conducting the interviews, the evaluators had the quantitative and qualitative questions from the SurveyMonkey® instrument on a computer screen. The evaluators showed the participants the questions throughout the interview. The qualitative questions were asked at the end of the interview, after the completion of the quantitative items, and the evaluators typed the participants' responses as the participants answered the questions. As the participants could view what the evaluators were typing, the participants were asked to inform the evaluators if any information being inputted into SurveyMonkey® was inaccurate.

The qualitative data analyzed for this study were collected during the third and final wave of data collection (T3). At this point, all participants had left the DV emergency shelter program and transitioned into a new living situation. Of the 83 residents who completed the T1 interview, 27 of those residents (33%) participated in the T3 interview. For the T3 interviews, 24 (89%) were conducted over the phone, while three (11%) were conducted in person. The length of the interview ranged from 45–120 min, with an average of 66 min.

Chi-squares and independent *t*-tests were utilized to examine whether there were differences between participants who completed the final interview and participants who did not complete the final interview on a range of sociodemographic variables at baseline. The variables examined included age, race/ethnicity, children, gender, sexual orientation, education, employment, current education enrollment, average annual household income, and current social services. There were no significant differences between participants who completed the final interview and those participants who did not complete the final interview on any sociodemographic variables.

Interview questions focused on understanding the lessons learned by survivors while in the DV shelter, the experiences of the survivors transitioning out of the DV

shelter, and the needs of survivors after exiting the DV shelter. The following open-ended questions were included on the semi-structured interview guide:

1. What was your experience like leaving shelter?
   (a) In what ways did shelter staff support you in this process? In what ways could shelter staff have supported you better?
2. What has it been like transitioning out of shelter and into your new living situation?
   (a) What are your biggest concerns right now? What has been the hardest thing about transitioning to life outside of shelter?
3. What has been the hardest thing about life after shelter for your child (if applicable)?
4. What are some helpful things you gained through your stay in shelter (if applicable)?
   (a) Knowing what you know now, what is something you wish you knew when you entered shelter?

Data Analysis

A qualitative content analysis (Bowling, 1997; Burnard, 1998) of participant responses was conducted using NVivo® software. Qualitative data were coded by themes. The first step involved line-by-line coding of participant responses on a question-by-question basis, resulting in a unique set of codes for each interview question. After this level of coding was complete, the team examined each set of codes to identify patterns and create categories within participant responses to each particular interview question. The final stage of analysis involved identifying overarching themes within and across each set of codes and categories. In line with the feminist lens (Campbell & Wasco, 2000), the voices of the participants and their constructions of their experiences were placed at the center of the analysis. As such, participant responses included here have been edited only slightly, to enhance clarity while retaining the meaning behind their words.

Participant Characteristics

There were 27 participants who completed the final interview. The ages of the participants ranged from 20–55 years, with an average age of 28.6 years. All participants identified as female; the majority ($n = 23$) identified as straight/heterosexual. All participants were women of color with 14 participants identifying as African American/Black, six participants identifying as Hispanic/Latina, five participants identifying as Multiracial, one participant identifying as Native American/Alaska Native, and one identifying as Other. The majority of participants ($n = 24$) had children.

Approximately a quarter ($n = 7$) of the participants had not yet achieved a high school degree, 17 participants had a high school diploma or General Educational Development (GED), two participants had a college degree or advanced degree,

and one participant did not report on her level of education. At the time of the interview, over half (*n* = 16) of the participants were unemployed, two participants were employed part-time, and six participants were employed full-time. In addition, four participants were enrolled full-time in school. The participants were financially vulnerable as two thirds of the participants (*n* = 18) reported an annual income of US$10,000 or less, a quarter of participants (*n* = 6) reported an annual income between US$10,001–US$35,000, one participant reported an annual income over US$35,000, and two participants reported not knowing their annual household income. In addition, eight participants received federal or city housing vouchers, 20 participants received food stamps, and 18 participants received public assistance.

Of the 27 participants interviewed, approximately one third of the participants (*n* = 10) were residing in their own home (either renting, owning, and/or using a housing voucher) at the time of the interview, while another third (*n* = 8) were residing in a shelter program (either because they had been transferred due to a safety concern or because they were residing in a non-DV homeless shelter); six participants were living with friends/family, and three participants were living in a DV transitional shelter. Three of the 27 participants reported returning to the situation that initially brought them to shelter.

Results

While there is often a focus on the physical risks of clients while they transition from an emergency DV shelter to a new living situation, little research has focused on the transition process in and of itself. Therefore, this study aimed to understand the transition process and what facilitated and/or complicated the process for participants and their children. Participants described both the successes and challenges while transitioning out of shelter. In addition to describing specific aspects of the transition experience, participants discussed the lessons they had learned while living in and transitioning from the emergency shelter setting.

Successes and Challenges During the Transition Process

Positive reflection on making the transition. When describing the process of moving out of shelter, a positive transition experience was marked by various emotional and logistical characteristics that supported participants as they prepared for and made the transition to a new living situation. Emotional readiness for the transition and empowerment in decision-making related to the process of moving were both identified as supporting the transition process. In addition, participants discussed how their children's resilience in response to instability helped to facilitate a smooth transition. Receiving support from others and feeling safe and secure throughout the transition process were highlighted as important. Specific positive characteristics of a new living situation also contributed to participants' positive reflections about the move.

Some participants who reported having positive experiences during the transition out of shelter focused on the importance of feeling content with the reality of moving. These experiences also positioned discharge from the shelter as positive:

> I have everything going thank God and due to [the shelter] experience, me leaving there was actually the best thing that could have happened to the progression in my life. . . . I don't think none of the positive things would have happened if I would have stayed. (25yo, Multiracial Latina/Black, 1 child)

> . . . they were like, "are you sure, like are you sure" . . . I'm like yeah I gotta. I don't want to lose my job. . . . The director met with me to make sure that, you know, that decision was um mine. That is wasn't being pressured into it, you know. So that was, I felt, I felt the reassurance, you know, and then she said, "If anything happens, you know you can come back here again, you know you call us." (54yo, Latina, no children)

Participants reported on how the experiences of their children impacted their overall transition process. For those with children, a child's resilience was discussed as a protective factor in the transition process that lent itself to a positive experience. Some participants talked about their children's understanding of the situation when discussing overall adjustment. They mentioned the resilience of their children, that they were unaffected by the transition, or that they were optimistic about and understood the situation:

> Well my son is an optimistic child. He just likes moving to what he calls the new house. Every time we leave he's like, "are we going to the new house?" (22yo, African American, 1 child)

> It's a learning experience for him. Kids are very resilient. They adapt really quickly, better than some adults and because they really don't know what's going on and they are so innocent as they should be so he, you know, I just try to keep a happy environment no matter what . . . (25yo, Multiracial Latina/Black, 1 child)

Participants discussed the importance of feeling supported and safe throughout the transition process. The ability to plan and have staff provide resources for the move and beyond was imperative. This often included providing advanced notice of an impending discharge, transportation assistance for the move, and hands-on assistance for the physical aspects of the move. Participants commented on the helpfulness of staff in discussing how to stay safe in their new living situation:

> They helped me a whole lot. They helped me as far as packing and moving my things, holding my things until I got my keys, everything. . . . Yes, me and my case manager we went over my safety plan a thousand times . . . and how I was budgeting myself. She was even like supportive and helping me in where I could go buy furniture like we looked at things together. (21yo, African American, 1 child)

> . . . we talked about safety, just feel being supported even though I'm no longer a client of theirs. They were still supportive, um very resourceful . . . because it was a new area I

was going to, they were trying to give me resources for the area I told them I was in. (25yo, African American, 2 children)

A feeling of satisfaction with a new living situation was key to a participant having a positive transition experience. Participants reported a range of living situations after leaving shelter, and the characteristics of the space and location of the new residence influenced participants' experiences of the transition. Some participants moved to a new living situation near the shelter they had left. Other participants were back in their old community, but in a new neighborhood. Still other participants moved to a completely new community. Although some participants visited their old community, these participants expressed the need to stay safe in doing so and to avoid the abuser. Some of the positive aspects of being in a new place included providing more stability and better circumstances for their children, living in a convenient location, and being in a safe neighborhood:

> . . . No, totally different neighborhood, but honestly it's a lot less chaotic, more peaceful, so I like it actually . . . very different area. (25yo, African American, 2 children)

> . . . now I'm in a different borough but this area is familiar to me. It's convenient because my son always went to school down the street from where I'm living now. . . . So it's convenient. It's not like I'm in a new place that I know nothing about. I have relatives that live up the street so it's easy. (21yo, African American, 1 child)

Participants who reported feeling satisfied with their new living situation talked about having an overall better living space, experiencing more leniency in rules and restrictions, and feeling content with the ability to have family visit. They mentioned feeling happy about acquiring more freedom and independence, as well as the opportunity to grow as a person:

> The transition was great! I have no roommate, and nobody to bother. I have a two-room unit with me and my child and it's great. (30yo, Multiracial, 1 child)

> The easiest thing has been being able to have my family and friends like ready to support me. There you couldn't have nobody there, so now I can . . . I don't have to abide by nobody's curfew. . . . I wanna go out and come in at four in the morning, I can and that's like the best thing ever. (21yo, African American, 1 child)

> It's been a lot of growth and a lot of stress I got from this experience. Um, you know, it wasn't easy. It was tough. It was a lot of difficult challenge but I overcame them and, um yeah, I'm just thankful that I always have a plan and I have supportive family around me that I can always count on no matter what. (25yo, Multiracial Latina/Black, 1 child)

Challenges in the transition process. Some participants experienced significant risks, stressors, barriers, and challenges during the transition out of shelter. In contrast to those who reported positive experiences and a desire to leave shelter, other participants

discussed a reluctance to change their living situation. These participants described the transition as stressful and critiqued the support, or lack thereof, that was provided in the process of moving from one place to another. Some participants liked the shelter where they had been residing and preferred to stay there. Others did not feel ready to move or felt uncertain or unsafe with where they would be heading next. Some felt that the decision to be discharged was unfair:

> It really bothered me to leave because I felt comfortable there. I really liked being there. It was a great environment for me . . . I was crying and everything because I didn't want to leave, and just unprepared. (20yo, Latina, 1 child)

> It was dreadful. I don't understand why they would treat me unfairly and send me back to [the homeless system]. . . . I'm DV in the Bronx, how are you going to send me back to the Bronx when that's where everything happened? . . . They should have given me a chance to get to another place instead of sending me out to the Bronx. They told me I had one day to pack up. I did everything in one day. (44yo, Latina, 1 child)

Participants mentioned that shifts in social support during the transition were challenging. Some felt that upon leaving shelter, they completely lost their support system, and that they were unable to access emotional support and other resources through shelter services that had been important during their stay. For others, there was an overall lack of staff support and poor communication between staff and residents. Some participants stated that staff never talked with them about safety or resources they might need after their move. Other participants felt staff judged them or were unfair in their interactions with and treatment of residents:

> The experience wasn't bad. I just feel like, what can I say? I could have got a little bit more like help, yeah because I don't feel like they were extremely helpful in terms of resources and things like that . . . (22yo, Latina, No children)

> It's been a little stressful to have to adjust to other settings . . . and I feel like in that shelter . . . the workers were more interactive with you. Now the new place that I'm in they don't, they don't really socialize with you. You don't really have someone that talks to you or that calls you in every week and, you know, you don't really have staff that you can go talk to when you're feeling a little bit down. It's very different from the DV shelter. . . . That's the thing that I liked, yeah, having that small environment, that close environment that everybody knew each other and the workers knew each other. The workers were very, um, supportive and stuff like that. (20yo, Latina, 1 child)

Beyond challenges related to social support, participants discussed barriers they experienced while trying to access resources in the community. One participant suggested there be a formal process for learning about programs in the community upon entry into shelter:

> I'm not saying that my case manager wasn't resourceful enough but I don't know, maybe she didn't fully understand it or explain it the way that he did, but I don't know what was

different, but me going there to [a community program] . . . helped me a lot more than when I was there [shelter] and she [case manager] was trying to help me. (25yo, African American, 2 children)

I think that they should refer each client that comes there to the court program and . . . the community programs as well. There should be some type of introduction into it, you know, to the other programs . . . because a lot of things could be improved through those. . . . They have access but they don't really know . . . I saw that with a lot of girls, no one was properly informed about the services they could get. (20yo, African American, 2 children)

Stress was also a part of the suffering felt during the transition process. Some participants were startled by the abrupt nature of their discharge from shelter and move to a new living situation. They also reported a lack of overall planning and pointed out that planning would have facilitated an easier transition for them. For some, changing communities created logistical challenges that brought on stress. These included issues with accessing transportation between child care, school, and work. Some felt like they had made significant progress in multiple areas of their lives while in shelter and then had to start over because of moving. Some participants mentioned how this stress affected their children:

It was awful and traumatic because they congratulated me on my being accepted into a [transitional shelter] and then they told me I had an hour to pack my things. . . . So I didn't have any time to get my internal compass together and I didn't even know until almost the time the cab was that that I was going to the other side of the world. . . . Now I'm not in school anymore. I was taken away from the life I had started to build. I was about to take my GED. Now there's no GED program. I'm just sitting here in nowhere, unproductive. . . . And this place is desolate. Within the hour, you had to be there in a certain time. I didn't even have time to pack. Everything was thrown into a bag. (32yo, unspecified race/ethnicity, 1 child)

She [daughter] knows what happened and it's stressful too for her [daughter]. I mean she doesn't really have any concerns because I take care of her and the baby so it's like she worries about me, you know? She's worried about me being stressed and tired every day. She's stressed out too. (44yo, Latina, 1 child)

In addition to feeling stressed, housing instability and frequent moves created additional challenges for the children. Participants talked about the difficulty children experienced in forming bonds with others, and that it was difficult for children to leave old friends and have to make new ones repeatedly. They talked about children being lonely and missing their old friends at school or in their previous shelter setting. In some cases, other family members were farther away from children than before as a result of the transition to a new living situation:

Yeah he [son] misses his friends. He is good with other children. He was really good friends with the daughter with one roommate. So he's back to being lonely again. (21yo, Latina, 1 child)

Adapting to new locations again because the first time we moved there she [daughter] cried constantly because she's not used to here and she didn't know where we were, yeah. . . . Yeah, she's a baby so she needs something stable. (20yo, African American, 1 child)

Some participants reported that children had to adjust to new logistical challenges. These adjustments included changes in their schedules, new child care or school situations, lack of privacy in a new living situation, or having to travel far to attend school:

. . . the only thing with her is when we go to another day care, like two to three weeks just to get familiar with the people to the point that she wants to eat and sleep and things like that. (25yo, African American, 2 children)

I mean, I work with him, but it's still. It's up and down really and when he was at that other school it was just consistent, the good grades, passing tests, he was moving forward. He could read a little bit better. Now we're, I feel like he took two steps back with this school and it bothers me. (22yo, African American, 1 child)

A sense of stability and structure was reported as necessary for participants and their children to thrive during the transition process. Specifically, they expressed how changing living situations and adapting to new routines was tiresome, and that stability could offer reprieve and a sense of normalcy during an otherwise tumultuous time:

I would just say stability, hence why they're [children] with my mom because there is stability there and structure and they need that and they had that before but from the time that I went into shelter everything just fell apart. So it's just like, I would say, structure. Because they are used to a routine . . . you nap, you sleep, you eat, you bathe . . . it helps them . . . and I may not be the perfect person but I feel like it helped a lot because you learn how to do certain things, you're more productive when you have structure, hence why I need structure! (23yo, Multiracial, Italian/Trinidadian, 2 children)

Trying to return to sense of normalcy . . . I secured a car and I just started working. Finding a babysitter was kind of hard. It just took a while to get a place of my own. When I got my own place, I started going to college but my son wasn't getting as much time with me. I left my job. So now I'm just working month to month which is a little stressful but manageable. (29yo, Native American/Alaskan Native, 1 child)

In addition to navigating change and seeking structure during the transition process, participants dealt with the practical needs of managing daily life. Obtaining necessities like food, shelter, clothing, and transportation, tending to health concerns, and managing finances were all top priorities for participants. Concerns about obtaining employment that could better support their efforts to obtain necessities were also expressed. Some participants were still looking for employment or commented on how their employment had changed during the shelter and transition experience, leaving them more vulnerable to challenges in obtaining necessities. Leaving the shelter brought about new responsibilities and increased financial obligations for some participants. For some participants, there was difficulty finding balance between the need

to work to provide for themselves and their children and their desire to be present and provide care for their children:

> I have a lot of responsibilities. . . . I'm not saying it's a bad thing. It's just part of growth and I take all of it in and I try to take advantage of the time with my son as much as possible. . . . Yeah, handling all the responsibilities for myself can be a little hard. . . . I'm just cutting it. It's getting me by so that's good enough for now. (25yo, Multiracial, Latina/Black, 1 child)

> My biggest concern that I'm dealing with now, honestly, pretty much trying to get my own place for me and my two children. Getting a vehicle so I can get back and forth to work and they can get to school and daycare. I have two jobs right now so it's kind of hard catching the buses with the weather. Getting them to school and my daughter to daycare. (23yo, Multiracial, 2 children)

The Risks and Protections of Housing

The critical need for housing came up repeatedly and was highlighted as a key aspect of the transition process. Some participants reported their new housing brought new risks for them and their children, while other participants identified the ways in which their new housing and living experiences protected them and their children. When asked about the plans they had for leaving shelter, most participants reported being uncertain about what their next steps would be at the time of discharge. For some, this meant simply going wherever housing was available at the time. Others expressed that their plans did not work out, and that they had hoped for a certain housing situation that did not come to fruition. Others stated that they got what they expected or that everything worked out as planned in the end. The following participant quotes illustrate this range of understanding about what would happen next in the process of finding a new living situation:

> Honestly, I knew I had to go to [a homeless shelter] and what I did know is that I was never going back to the situation that brought me there [to the abuser]. So whatever it took to strive and keep going, you know, the right way. I had to do it. . . . Fortunately I didn't have to experience none of that bad stuff I was hearing, "Oh [the homeless system] is bad, they're going to place you in a bad place." Thankfully they placed me in a great place. It's working out for me and my son and we're happy. (25yo, Multiracial, Latina/Black, 1 child)

> I actually didn't know. I just knew I was going to go to a family member for a couple of days. I didn't really have a plan or anything. (22yo, Latina, No children)

A few participants expressed the risks and challenges faced in their new housing situation. Some participants were waiting in limbo for permanent housing. Systems and structural issues related to housing applications, the safety and location of housing communities, and the need for support navigating the housing system were barriers faced by some participants:

I'm in the middle of nowhere. I had an idea of what I was going to do and now I'm constantly on reroute like my GPS is broken. My life plans versus my location doesn't add up. . . . The commute is crazy. It's a two-hour commute from here. . . . And then with a baby . . . I had to change the pediatrician 'cause I can't continue to take him two hours. . . . So I just changed another variable in his life that is a constant. I don't like this pediatrician, I liked the last one. But now with him sick and me not being able to cope with that very well. It's too much of a struggle to lug him that far. (32yo, unspecified race/ethnicity, 1 child)

I just want my own apartment. I'm tired of popping from place to place, you know, gotta feel at home. You know, I left a situation to get better, not to, you know, just to feel like I'm homeless. So that's how I feel . . . (28yo, African American, 2 children)

There was also a need for a wider variety of housing options and increased assistance from shelter staff when faced with the transition out of shelter. One participant requested more transparency regarding shelter time limits:

The case manager was like "Oh well, you're discharged. Here's your metro card. You know, you have to go to, you know, the single shelter." . . . I didn't want to go there so I went back with my partner. . . . I just felt like I was forced to go back with that person because I didn't want to go from shelter to shelter. (22yo, African American, No children)

Help finding housing . . . When it came to housing I just never really got anything, I didn't know what to do with the applications. (22yo, Latina, No children)

My next step was to be finding an apartment but that didn't play out. . . . The only thing that [shelter] could have done is help me find an apartment. (30yo, Multiracial, 1 child)

Participants discussed concerns about their safety or other aspects of living in their new placement or situation. A few participants mentioned running into an abuser or feeling generally unsafe as concerns. For those who had been placed in another shelter situation, various challenges related to shelter living such as dealing with restrictive curfews and rules about shelter confidentiality, having shared living spaces, the instability in moving children around, and the overall shelter experience were described as ongoing concerns related to housing:

I was staying in with a friend and, you know, it was difficult because I didn't have keys and then, you know, I had to wait for somebody to come home and sometimes she didn't even come home until . . . six in the morning . . . so I had to like remove myself from there because I didn't feel safe and I didn't want to be waiting outside someone's door in the projects. (23yo, Multiracial, Italian/Trinidadian, 2 children)

My biggest concern is domestic violence. I'm back in the domestic violence place where I was at, I'm back in my house, it's stressful. I never know if he's going to find out where I am. I'm in a different apartment but in the same building and you know people have big mouths so he might be able to find me. (44yo, Latina, 1 child)

My youngest son is 13 so he can't stay by himself in the facility so that makes it difficult with me, you know, getting a job right now. . . . So I rather just stay home and we get into our own place where I can control, you know, after school activities and stuff. . . . Yeah he's a teenager, you know, I'm not going to have him running these streets and carrying on and not know he was involved, so, yeah. (40yo, African American, 2 children)

The search for housing was intertwined with the challenge of achieving financial stability. Participants expressed the desire for financial stability that would enable them to build their independence. Some participants talked about moving ahead in their careers or pursuing a new line of work. In some cases, this was motivated by financial opportunity and the ability to find better housing that could result from more consistent and lucrative employment:

I want to be self-sustained. . . . The position that I'm studying in right now would land me in a job that would possibly make around, starting at 45k a year so it would be very good. (20yo, African American, 1 child)

Finances! That is my only issue right now. Like me as a person, like I have issues, everyone has issues but I'm ok with myself. Um, I feel like all my like depression, anxiety, whatever it is, all finances. If I had a pocket full of money I would be good right now. I could buy my kids everything, in a house, I could just sit in my house. (23yo, Multiracial, Italian/Trinidadian, 2 children)

My future goal is to like get a city, another city job, you know, but a real good one, not security, traffic police or school safety officer, something in that bracket. Um, get a, I want to get a house instead of an apartment. That's my future goal and definitely get a car. Once I meet those requirements . . . (22yo, African American, No children)

Lessons Learned From Navigating Shelter Life

In addition to discussing the transition process, participants reflected on many aspects of what they learned and how they coped during their stay in the shelter. They described how managing relationships and avoiding interpersonal conflict helped them to address challenges throughout their stay. Participants talked about the need to maintain a focus on their own progress to keep moving forward. They also discussed the positive characteristics they had nurtured and important skills they had acquired throughout the shelter experience.

Managing relationships with residents and staff while in shelter was described as key to one's ability to get through the obstacles presented during shelter living and move forward. Participants suggested that residents avoid drama and stay focused on their own plan for moving forward. This included avoiding forming relationships that were not helpful and setting boundaries with other residents. Similarly, participants discussed how to navigate relationships with staff. Many participants spoke about how staff can be a resource and a support, and about the ways in which they navigated their relationships with staff to get their needs met:

What is your individual reason for being here? So stay focused and worry about yourself. I mean that's pretty much the basic advice of pretty much anybody that I have encountered there. My advice is to mind your business and take care of yourself. (40yo, African American, 2 children)

I feel like when you're more to yourself, meaning residential wise, like with the other residents, you more called to doing what you gotta do. And, you know, the staff, they see that. And I feel like you get more help like that . . . me, personally, it's just to keep to yourself. Always interact with staff. . . . And, of course, to be respectful and friendly also to the residents but to just be more to yourself, rather than, how do you call it, start interacting with a lot of other people. (20yo, Latina, 1 child)

Participants highlighted the idea of staying focused on themselves while in shelter. They talked about the need to find purpose and dedication, to stay motivated despite challenges, to make plans for the future, and to know that everything would work out for the best:

Nothing is impossible. I feel like your biggest thoughts, you would think that is a lie. Like that's not true, really it is true. You're able to climb that mountain. You know, it's like don't just think about the past. You have to think about moving forward. Even though you don't see it. You will want to know what's your biggest wishes or you have to dream about it. (23yo, African American, No children)

I actually wrote something that I stand by even today and it was like, where do we see ourselves 5 years from now, and I'm definitely living by that, what I wrote. So it's helpful. (25yo, Multiracial, Latina/Black, 1 child)

Some participants highlighted how their shelter stay helped them identify or acquire skills or qualities that would support their success. This involved gaining confidence, patience, and communication skills. They mentioned the need to have a positive state of mind, hope, and inner strength. Knowing that they could overcome challenges was important, as was being able to figure out how to get the help they needed when it was not immediately available:

Stay to herself, stay motivated, and just keep focused . . . you just have to be patient. . . . Yes focus, stay strong, stay to yourself if you can and just know that this break is coming for you. (28yo, African American, 1 child)

A safety plan, first and foremost, and by the time I left there I wasn't afraid of him anymore. A safety plan, do you know what to do? What's the communication like? These are things that I got there that I did not have. If I see him in the street, I'm not going to run and hide. I'm gonna stand there and call 911. . . . He's only as much of a monster that I believe him to be. (32yo, unspecified race/ethnicity, 1 child)

Communicate with someone because being bottled up inside can absolutely be explosive in the wrong moment in time . . . so if you communicate and just dedicate yourself to

something positive. Also, dedication is key because even though you're talking to case managers and stuff you still have to be out in the whole experience [inaudible] each day. So you have to pick something you're going to dedicate yourself to and stick by it and communicate your thoughts throughout your whole stay there. So dedication, communication, and think positive and keep inner strength because every day is not going to be a grand day, gonna be a perfect day but you have to find that inner strength . . . (25yo, Multiracial, Latina/Black, 1 child)

Discussion

This study aimed to contribute to the literature by exploring the experiences of women transitioning out of a DV emergency shelter program. Among this sample of 27 female survivors of IPV, three main themes emerged: the successes and challenges of their transition experience, the risks and protections of housing, and lessons learned from navigating shelter life.

Many participants provided positive reflections on their transition out of the DV shelter program. Participants reported feeling supported through both emotional and logistical components of the move. Those individuals who had a positive transition experience spoke about feeling ready and empowered by the transition and many commented on their children's resilience through the transition. In addition, participants mentioned specific characteristics of their new living situation that contributed to their optimism. Participants highlighted feeling happy about the transition, acquiring more freedom and independence, and having the opportunity to grow.

Consistent with the literature documenting the stressors experienced by individuals living in and transitioning out of homeless settings (Hatch & Dohrenwend, 2007; Kirkman et al., 2015; Tischler et al., 2007), there were also participants that reported challenges in the transition. Participants reported experiencing significant stressors and provided recommendations on how the transition process could be improved. Some participants reported a reluctance to leave the DV shelter and critiqued the support, or lack thereof, that was provided in the transition process. Some participants noted they were not ready for the transition while others commented they felt unsafe in their new location or reported feeling their discharge from shelter was unfair. Many of the participants' comments regarding their challenges during the transition process described a lack of choice—a lack of choice on whether or not they left the shelter program, a lack of choice regarding what housing options were available, a lack of choice regarding what communities they moved into—and an overall lack of stability and structure in the transition process and beyond. Participants identified difficulties in accessing resources in their new community and felt that better planning and communication during the transition would have eased the stress created by the process.

Participants discussed the impact of the transition, and general housing instability, on their children. Participants mentioned how their children were having difficulties forming bonds with others in their new location, how their children were feeling lonely, and how in some instances, the transition required their family to move farther away from their social support networks. In addition, participants expressed frustration with

having to adjust to new routines, new travel patterns, new child care situations, and in some cases, to a lack of privacy in their new housing situation.

Participants explained challenges to obtaining necessities and managing various aspects of their daily life after transitioning out of the DV shelter program. New challenges related to accessing food, managing household finances, accessing transportation, finding employment, securing child care, and replacing personal belongings and household items were identified as barriers to developing independence.

Within the context of challenges, participants identified the search for permanent housing as the key risk to their independence and safety. Some participants reported feeling uncertain about next steps in their lives, while others felt they were able to secure safe housing for their family. Many participants expressed the need for a wider variety of housing options and increased support from shelter staff in accessing those housing options. Some participants expressed safety concerns in their new living situation, difficulty in managing shared living spaces, and the impact of housing instability on their children.

Finally, participants provided insight into the lessons learned from navigating shelter life. Participants reflected on how they coped throughout their shelter stay and described how they managed relationships and avoided interpersonal conflicts as a way to survive shelter living. Participants often spoke about focusing on their day-to-day survival and needs as a coping strategy while residing in emergency shelter. This theme is consistent with other research studies that have examined how survivors manage stressors by focusing on immediate needs and distancing from their emotions and stressors (Tischler, 2009; Tischler et al., 2007). In addition, many participants commented on the ways in which they grew and developed new skills throughout their shelter stay. Participants commented on gaining confidence, patience, and communication skills and learning to have a positive state of mind, hope, and inner strength. These strengths gained during shelter residence supported participants in surviving shelter life. DeWard and Moe (2010) reported similar findings in their study of the survival tactics of women residing in shelters.

Furthermore, these findings indicate that survivors transitioning out of DV shelters face a multitude of risks, challenges, and stressors (Ham-Rowbottom et al., 2005; Sullivan et al., 1992). When considered in the context of the broader literature, these findings indicate that supporting IPV survivors while they transition out of DV emergency shelter and providing continuing support as survivors develop independence may significantly decrease stressors faced by survivors during the transition period.

To meet the needs of survivors, organizations offering emergency shelter programming could use these findings to inform program improvement efforts and to provide aftercare support to survivors transitioning out of the shelter. By design, many DV shelter programs do not provide continued services once the survivor leaves the shelter. Many funding streams for DV shelter programs only cover services when the survivor is living in the shelter. While some DV organizations offer services to survivors after their shelter stay, many organizations require that survivors receive services from another program within the organization, often a community-based program, due to shelter confidentiality policies. Shifting to a community-based program results in

survivors needing to establish trust with new staff, change the location of the program, and lose contact with other women in the shelter that may have been supportive to the survivor.

Organizations can utilize trauma-informed practices to develop protocols and policies designed to support survivors transitioning out of shelter life. Shelter programs designed to support the transition process must provide opportunities for survivors to have voice and choice in the transition process and to access needed resources to build their independence. Purposeful planning needs to occur with the survivor to ensure she can access food, transportation, child care, and employment in her new community. In addition, support services need to be available to strengthen the survivor's ability to facilitate a smooth transition for her children. Providing survivors with advance notice of transitions, providing opportunities for the children to prepare for termination at the shelter, and ensuring the children are connected to community supports in their new community are critical to decreasing the stress on children during the transition out of shelter life.

Finally, within the context of this particular urban location, finding permanent housing for survivors leaving emergency shelter was a high priority for numerous participants. Finding creative ways to support survivors in accessing financial assistance and/or housing voucher programs, searching the housing market, finding affordable housing, and navigating relationships with landlords are critical opportunities for organizations to support survivors in gaining housing stability. Organizations need to engage in advocacy efforts to increase access to affordable and permanent housing for survivors and their children.

Limitations

This study is a qualitative exploration designed to broaden conceptual understanding of the experiences of survivors transitioning out of DV emergency shelters to guide future research and practice. The qualitative questions used to address the research questions were broad and subjective in nature, and only a limited number of residents receiving services from one large organization were interviewed. Participation in the study was voluntary, and those who agreed to be interviewed may have been different in some capacity from residents who did not agree to be interviewed.

Another limitation to the study was that interview responses were typed during the interview rather than recorded and transcribed. To address this limitation, the researchers typed the responses while the participant was talking and had the participant watch the screen to allow the participant an opportunity to correct any errors. However, without the audio recording, the data contain credibility concerns. Furthermore, the study had significant attrition from when participants entered shelter and completed the baseline interview to when they left shelter and completed the final interview. While there were no significant differences between the participants who completed the final interview and those who did not complete the final interview on any of the sociodemographic characteristics, there are likely other significant differences between the two groups that were not accounted for in

this study. Therefore, findings must be understood within the context of a small sample of survivors. Generalizability and objectivity are neither assumed nor expected. Thus, by design, further research is needed to determine if the findings are generalizable to the greater population of residents transitioning out of DV emergency shelters.

Conclusion

IPV survivors in this exploratory study highlighted the array of risks, challenges, and stressors faced by families transitioning out of shelter life and the important role that DV shelter programs can play in supporting families through the transition. Developing a programmatic focus on preparing families to leave shelter and on continuing to support clients' post-shelter stay would support survivors in gaining independence. Our findings invite researchers and practitioners to consider further examination of best practices that support families transitioning from shelter while also empowering survivors to build independence for their families.

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