

Safe Horizon's Lang Report:

Beyond Shelter

What Do Domestic Violence Survivors Need?



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Safe Horizon wishes to thank Joann and Todd Lang and family for their continued commitment to funding projects in support of domestic violence survivors. Their generous donation has made this project possible.



A room in one of Safe Horizon's eight domestic violence shelters.

Overview

Trigger Warning: *This report contains quotations, descriptions and statistics about the experiences of domestic violence survivors, which may be difficult for some readers.*

As the country's leading provider of services for victims of domestic violence (referred to as "DV" in some parts of this report), Safe Horizon is committed to providing a safe and nurturing place for individuals and families on their journey from crisis to confidence. Safe Horizon operates six emergency shelter programs and two transitional shelter programs in New York City. In FY2017, these shelters provided services to 764 adults and their 1,111 children.

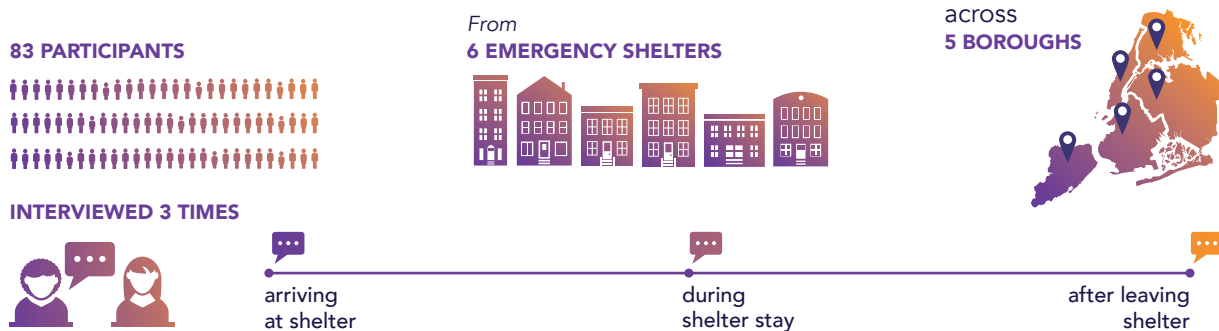
To address the financial, emotional and societal barriers residents face in their journey toward safety and stability, Safe Horizon designed its shelters to provide a safe place to live and to empower survivors of domestic violence to become self-sufficient through advocacy, programming, and community. The shelters offer comprehensive services, which include safety planning, risk management, counseling, case management, housing assistance, life skills, support groups, child care and referrals for other assistance such as legal and medical services.

The Lang Report, a longitudinal needs assessment, was designed and implemented to learn how Safe Horizon can better support emergency domestic violence shelter residents both during and after their stay in shelter.

The specific goals of this project include:

- ▶ To better understand the ways in which Safe Horizon emergency shelters can support residents in moving towards self-sufficiency while residing in shelter; and
- ▶ To gain a better understanding of the after-care needs of survivors of domestic violence who have utilized Safe Horizon emergency shelters.

Methodology



Safe Horizon's Research and Evaluation Department designed the two components of the survey, in collaboration with the shelter team.

1. The first component included quantitative questions from a number of validated scales to measure such things as sense of community, economic self-efficacy, personal safety, Post-Traumatic Stress Disorder (PTSD), quality of life, hope, depression, financial abuse and abuse experiences.
2. The second component of the survey included open-ended questions, which invited participants to share, in their own words, their experiences before, during and after shelter.

Shelter residents who participated in the assessment were interviewed three times:

1. Upon arrival at shelter
2. During shelter stay
3. After leaving shelter

Participants included 83 residents from Safe Horizon's six emergency domestic violence shelters located across all five boroughs of New York City. Safe Horizon shelter staff distributed informational flyers to residents as they entered shelter to provide them with information about the project. Additionally, Safe Horizon Research and Evaluation staff attended orientation groups for new residents in the shelters to discuss the needs assessment project. Participant eligibility criteria included: 1) must be over the age of 18 and 2) must be a new resident (2 weeks or less) residing in a Safe Horizon emergency shelter. Safe Horizon provided participants with gift cards for each interview.

Interviewers met with participants in person and recorded data using SurveyMonkey, an online survey tool. Interviewers conducted subsequent interviews, either in person or over the phone. Interviewers recorded the open-ended portion with participant consent and later transcribed and uploaded responses into NVivo, a qualitative analysis software. Interviews lasted between 36 and 120 minutes, averaging 65 minutes.

- ▶ The first interviews, Time 1 (T1), occurred between May and December of 2014.
- ▶ Eighty-three participants completed the T1 interview.
- ▶ The second interviews, Time 2 (T2), occurred between August 2014 and June 2015 and 4.5 months after the T1 interview, on average.
- ▶ Forty-eight participants completed the T2 interview (42% attrition rate from T1).
- ▶ Forty-two percent of T2 interviews occurred over the phone, whereas 58% of T2 interviews were conducted in person.
- ▶ At the T2 interview, 64% of participants were still residing in the DV emergency shelter while 36% were no longer residing in the shelter. T3 interviews occurred between February 2015 and September 2015, 9.5 months after the T1 interview, on average.
- ▶ Twenty-seven participants completed the Time 3 (T3) interview (44% attrition rate from T2). Participants were not interviewed for the T3 interview until they had left shelter.

Upon Arrival At Shelter

The first round of interviews painted a compelling picture of the needs of Safe Horizon emergency shelter residents upon entering shelter. Results are reported in the following areas:

- ▶ Demographic Characteristics
- ▶ Reasons for Entering the DV Shelter
- ▶ Intimate Partner Violence and Abuse
- ▶ Mental Health
- ▶ Desired Help in Shelter
- ▶ Support Networks

Demographic Characteristics

The majority of participants (99%) identified as female.

- ▶ **91%** of participants had children
- ▶ **41%** of participants identified as African American/Black
- ▶ **38%** of participants identified as Hispanic/Latino(a)
- ▶ **12%** of participants identified as Multiracial
- ▶ **9%** of participants identified as Other

The average age of the participants was 30.5 years (SD = 8.38) with

- ▶ **42%** of participants between the ages of 19 & 24
- ▶ **22%** of participants between the ages of 25 & 29
- ▶ **21%** of participants between the ages of 30 & 39
- ▶ **12%** of participants between the ages of 40 & 49
- ▶ **3%** of participants aged 50 or over

Intimate Partner Violence

All participants had experienced intimate partner violence and abuse, as this is a requirement for placement in the domestic violence emergency shelter program.

Most of the participants had experienced multiple forms of intimate partner violence and abuse over the past 12 months.

All but one participant (98.7%) reported experiencing physical abuse, with the most reported experiences including:

- ▶ Slapped, hit, or punched you (92.3%),
- ▶ Pushed, grabbed, or shoved you (89.6%)
- ▶ Threatened to hit or throw something at you (88.5%)
- ▶ Choked or strangled you (80.8%)

All but one participant (98.7%) reported experiencing psychological abuse, with the most reported experiences including:

- ▶ Gave you angry stares and looks (98.7%)
- ▶ Called you a name and/or criticized you (94.9%)
- ▶ Accused you of paying too much attention to someone or something else (91.0%)

Over 92% of the participants reported experiencing economic abuse:

- ▶ **73.7%** of the participants reported experiencing employment sabotage
- ▶ **87.5%** of the participants reported experiencing economic control
- ▶ **73.7%** of the participants reported experiencing economic exploitation

Finally, just over half (51.3%) of the participants reported experiencing sexual abuse including:

- ▶ Pressured you to have sex in a way that you didn't like (49.4%)
- ▶ Physically forced you to have sex (42.3%)

Reasons for Entering the DV Shelter

There were a number of reasons that participants sought to leave their living situation and enter the DV shelter. Participants spoke about the escalation of physical violence as a motivator to seek new options, both because of the physical and emotional damage they experienced, and out of concern about the negative environment the abuse created for their children. Participants shared stories in which their children were either caught in the middle or directly threatened by the escalating verbal, physical, and emotional abuse in their home. Many participants were prompted to look for alternative living arrangements when they felt that their mental health was deteriorating due to the stress of the abusive relationship. Participants mentioned “going crazy,” “getting depressed,” and “being stressed and unable to handle it.” A few participants were prompted by an intervention of the Administration of Children’s Services (ACS) to look for alternative housing options*. As one participant stated,

“It just so happened that being in the hospital, the social worker came and they explained to me, due to the fact that I have a child, if there isn’t anyone else I can stay with. I will lose her [daughter]. It was either lose her ACS case or go and get help. So the only thing for me to do was to go and get help.”

Twenty-four percent of the participants reported not having any other options available besides a domestic violence shelter program. Most clients, however, had thought of or considered alternatives including living with family and friends, going to the PATH (NYC’s homeless family intake center), moving outside of NYC, or renting their own apartment or room. However, participants identified numerous barriers they

faced in considering alternative housing options, including fear for their safety, a support system that was located too far away from their community, family and friends not having enough space available, not wanting to feel dependent on others, and financial barriers.

In Their Own Words

“

[My abusive partner] knows where my mother lives, where my family lives. I feel safer at the shelter than I do with family.”

“

I did consider staying with friends or moving back in with my mom, but I didn’t want to be a burden to anyone.”

“

It’s difficult for people to give you shelter when you have three kids. You don’t want to end up in the streets. I could stay or leave them at my aunt’s house but I was just using a lot of space.”

*ACS policy is to work collaboratively with domestic violence survivors to enact a safety plan that protects the survivor and their children. Nonetheless, domestic violence shelter residents sometimes report that they are pressured by child protective staff to enter shelter in order to avoid further intervention.

Mental Health

Depression and PTSD

At Time 1, participants were asked about their depressive symptoms according to a scale developed by the Center for Epidemiologic Studies – the Depressed Mood Scale. According to the clinical cut-off for this scale, 69% of the participants were at high risk for clinical depression. For example, participants reported high rates of the following concerns in the week before the first interview:

Issue	Percent Experienced
I felt that everything I did was an effort.	85.0%
I felt sad.	81.0%
My sleep was restless.	78.5%
I felt fearful.	65.4%
I did not feel like eating; my appetite was poor.	65.0%
I had crying spells.	62.5%
I felt lonely.	58.8%
I thought my life had been a failure.	52.5%

Similarly, participants were asked about their PTSD symptoms based on items from the National Comorbidity Survey. Among this sample, 57% of the participants reported symptoms indicative of PTSD within the last 30 days.

Issue	Percent experienced
Feeling emotionally distant or cut-off from other people?	87.8%
Flashbacks or sudden, vivid distracting memories?	87.8%
Having trouble sleeping or concentrating?	80.0%
A loss of interest in doing things you used to enjoy?	78.0%
Spacing out or going away in your mind?	72.5%
Having trouble feeling normal feelings like love, happiness, or warmth toward other people?	63.4%
Feeling like things are unreal?	62.5%
Feeling jumpy or easily startled?	58.2%
Feeling numb or unable to have feelings for others?	42.5%

Two thirds (68%) of participants reported wanting counseling for themselves and **a third (36%)** reported wanting counseling for their children.

"I wanted counseling for them (children) because they've been through so much. It may not affect them right away but I see the effects of what they've seen me go through, especially my daughter. And my son, he comes out with anger. Sometimes they don't know how to cope with their anger. I'd really like to get counseling so they can learn to deal and cope with it now."

"Counseling is the best, with this stress that I have to deal with, it does get monumental. Talking to someone and getting refocused, I will need that in the transition."

Desired Help in Shelter

Interviewers asked participants what services they would be interested in receiving during their shelter stay. Participants identified a range of supports they desired during their shelter stay. The most common, identified by an overwhelming majority of participants, was finding affordable housing (98%). Other needs that ranked close behind affordable housing were safety for self (85%) and children (76%) and learning about options and choices (85%).

As participants envisioned their future transition out of the DV shelter, they generally spoke of five areas of need: affordable housing, counseling, employment, education, and childcare.

"Yes I'd like to receive support to help me find an apartment, housing, something even along the lines of a rent controlled place so that it can be more comfortable for me with the kids. I'd really like to receive a lot of support to be ready when I leave here, because if I have to leave here and haven't found a solution (for housing), I wouldn't know what to do."

"After shelter I need day care, it's the only problem I have. Going to work and having someone to watch [the children]."

"Go back to work, I like working, I like feeling independent and I feel like I've been deprived of that for two years."

In addition to services, participants spoke about wanting a sense of safety, well-being, and personal growth. Participants spoke about their hopes that time in shelter would afford them the space and time to clear their mind, find peace of mind, and be able to sleep at night. Participants spoke about wanting to bring their life together and talked about a desire to "regroup," "get things together," "find myself," "get back on my feet," "move on with my life," and get a "fresh start."

Support Networks

Almost half (48%) of participants stated that family members were part of their support system, including siblings, mothers, fathers, aunts, children, godmothers, cousins, and children's fathers.

"My sister is my support system. I am still in contact with her. She thinks that me being in shelter is a good idea that is best for me."

"My godmother is the only one I've told. She was there the last time something happened and she saw that I was hurt. She's content that I moved myself out of that situation. I haven't spoken to her in a few days, but she calls and texts me to check in and make sure I'm doing okay."

Participants spoke about the range of support provided by their loved ones, including supporting them to enter the DV shelter, understanding their DV experiences, providing emotional, financial and material support, and helping with the children.

"I have a friend and I still keep in contact with that person. She is very helpful. She keeps me motivated and focused."

"My mother, I consider her to be my best friend. My mother too was a victim of domestic violence when she was pregnant with me. When my mom shared her experience, I guess we connected more. She was like 'Wow. I can't believe my son is going through the exact same thing I was going through.' Whenever I felt like I needed to talk to her she knew exactly what to do. I'm grateful for that."

"My friends, my mom, they would help me with any and everything I needed, whether it was groceries, whether it was clothing, whether it was a few dollars, just anything."

"I have a brother that lives here in New York. He has been a great support for my oldest son because he is a teacher. That is the best support, my children going in the right direction."

Unfortunately, for some participants, residing in the DV shelter hindered their ability to remain in contact with their support system. Residents mentioned that the inability to have visitors at the shelter, the physical distance that separates them from their loved ones, and the rules around curfew and/or leaving children with family members meant that there was less day-to-day contact.

"I tried meeting somewhere with my dad last week but he was too sick. My family says it is okay but they are angry about the fact that the kids cannot go over there. My grandma is sick, these are her great grandkids and she loves them. It is a little upsetting that she is not allowed to see her grandchildren. I used to visit them often."

"When I am visiting I have to leave because of curfew. Life in shelter is very fast paced; we need to rush back to our place at a certain time."

In contrast, 25% of participants reported having no support system. Participants explained the ways in which their partners had controlled their relationships with others, the ways in which strained family relationships meant they could not rely on family, and that the physical distance between the participants and their family members made it difficult for their family to be a source of support.

"I had no support before [entering shelter]. He [ex-partner] kept me isolated from the world."

"I have no support system. My family knows I am in a shelter. They haven't told me anything about what they think, but also they haven't told me, 'Come, I will help you.' No, I am on my own."

"I was in North Carolina to get away but decided to come back. I don't have any friends, no family here. It makes it kind of lonely."

Salima's Story:

"It Was About What I Wanted To Do"



Photo disclaimer: Name and image have been changed to protect participant's privacy.

The first time Salima heard of Safe Horizon was in the early summer of 2014. She was at her children's school when the social worker there informed her that Halim, her seven-year-old son, shared that he was scared for his mom at home. In the eight years of marriage to her children's father, Salima had never spoken to anyone about the physical, emotional or financial abuse she endured but after hearing how Halim was struggling, she was ready to share as well.

The dangerous situation at home had escalated. Halim and his four-year-old sister, Nadira, were about to be on school break for the summer, and around their father and the violence more often. Salima knew the time was now.

She called the Safe Horizon hotline from the school social worker's office and after speaking with an advocate about her situation and current safety concerns, Salima was connected to Safe Horizon's Lang House, an emergency domestic violence shelter. She, Halim, and Nadira left school early that day to pack two bags.

Salima didn't know what to expect when she made plans to meet a shelter staff member, a stranger, in a confidential location.

Upon Arrival At Shelter

Salima was 28 years old at the first interview. Her two children, aged seven and four, were enrolled in school near their home. While in her relationship,

the family relied on her husband's income but Salima did not have control or knowledge of their finances. She had completed some college classes before the birth of her first child but was currently unemployed and without a college degree.

Salima was interviewed for T1 within her first week as a resident at Lang House. Salima identified physical, psychological, and financial abuse in her relationship with her husband. She experienced forms of psychological and financial abuse very often in the last year, such as keeping financial information from her and calling her names and criticizing her. It affected her in multiple ways. She answered that she felt startled or jumpy very often and was struggling with concentration and sleep. She also answered that she felt mixed about her emotional and psychological well-being and listed counseling as a service need.

"By delaying myself in the marriage, I realized how I was delaying everything. I cannot focus, I need counseling. I was having hallucinations because I was not sleeping. If I do not get counseling I am going to start crying, because this is too much."

Salima shared that she did not have any friends that she felt comfortable relying on from her pre-shelter life. She had not shared what she was going through with many people outside of immediate family.

“She put her heart and soul into her work and helping me out.”

Salima identified a need for counseling and emotional support multiple times in her first interview. She also felt she needed time alone to reflect and heal without her children seeing her pain:

“Help, definitely counseling, therapy session, time away from my children to let go by myself, some alone time.”

During Shelter Stay

At T2, four months after her first interview, Salima, Halim, and Nadira were residing with family friends in the Midwest. Salima had formed close relationships with the staff in shelter who were also very supportive of her faith but she felt alone and overwhelmed in New York without her community or housing security. When the opportunity to move presented itself she felt it would provide relief to be further away but shared her admiration for the staff she left behind at Lang House. When describing staff, she said,

“If I were ever to open an emergency shelter I would pay 10 million dollars to hire [my social worker], I loved her, she put her heart and soul into her work and helping me out. I really valued what she had to say and I would ask for her opinion and she would always avoid giving it to me. She said that it wasn’t about what she thought but about what I wanted to do.”

Salima shared that since leaving Lang House she was connected to another domestic violence organization in her new state. She was still working through the financial and emotional struggles since leaving her relationship.

“I’m participating in their job readiness program, in their housing program, and I’m also receiving mental health counseling. I make use of 30 minutes of therapy once a week.”

Salima did not report any new abuse experiences and had no contact with her ex-husband since entering shelter. She was no longer having as much trouble sleeping and reported feeling better about her life as a whole.

After Leaving Shelter

Salima’s third and final interview occurred in February, eight months from when she entered Lang House and six months after leaving New York. She had met a new partner through her family friends in the Midwest and they agreed to move in together. While still new to the relationship, she was hopeful and felt more secure having an apartment and financial support for herself and her children. However, she expressed concern that this was the only safety net in terms of their housing and financial needs:

“If he were to walk away from the relationship or if I ended the relationship, the only thing I would have money for is putting gas in my car.”

While Salima continues to build her self-sufficiency, she can now provide a safe and loving home for her children and invest in their futures.

During and After Shelter

The second round of interviews (T2) explored the needs of Safe Horizon emergency shelter residents four and half months after entering the shelter program. The third round of interviews (T3) gathered information on the participants' situations and needs nine months later, after having left the DV shelter. Results are reported in the following areas:

- ▶ Safety in Shelter
- ▶ Housing after Shelter
- ▶ Mental Health
- ▶ Intimate Partner Violence and Abuse
- ▶ Transitioning out of the DV Shelter
- ▶ Shelter Helpfulness
- ▶ Recommendations

Increasing Safety in Shelter

At T2, 90% of participants responded that shelter was helpful in increasing safety for their child, and 87% of participants responded that shelter increased their personal safety.

Housing

After leaving the emergency DV shelter:

- ▶ A third (37%) of participants reported residing in their own home (renting, NYCHA/Section 8, or home ownership)
- ▶ A quarter (26%) of participants were living in a non-domestic violence homeless shelter
- ▶ 22% were staying with family or friends
- ▶ 15% were in a Tier II (transitional) shelter or another emergency domestic violence shelter
- ▶ Additionally, 11% of participants were living with the abusive partner whose behavior initially brought them to shelter

Depression

Between T1 and T2, participants reported a statistically significant decrease in depressive symptoms. However, due to the high levels of depressive symptoms upon entering the shelter, 62% of participants still met the clinical standard for depression at T2. In addition, while 71% of participants reported a decrease in depressive symptoms since entering the DV shelter, 29% reported an increase in depressive symptoms. Pre/post t-tests revealed a statistically significant decrease, on average, in depressive symptoms ($t = 3.00, p < .01$).

On average, between T1 and T3, there was a decrease in depressive symptoms. (Note: this decrease was not statistically significant and this result could have been impacted by the decrease in sample size). However, due to the high levels of depressive symptoms upon entering shelter, 56% of participants still met the clinical cut-off for depression after leaving the shelter.

PTSD

Between T1 and T2, participants reported a statistically significant decrease in PTSD symptoms. Participants experienced a decrease across all symptoms, including feeling jumpy, trouble sleeping/concentrating, feeling numb, feeling like things are unreal, spacing out, flashbacks, trouble feeling normal feelings, feeling emotionally distant, and a having loss of interest in things they used to enjoy. However, due to the high levels of post-traumatic symptoms upon entering the shelter, 43% of participants still met criteria for post-traumatic stress disorder at T2. In addition, while 70% of participants reported a decrease in PTSD symptoms since entering the DV shelter, the other 30% reported an increase in PTSD symptoms. Pre/post t-tests revealed a statistically significant decrease in PTSD symptoms ($t = 2.64, p < .05$).

On average, between T1 and T3, there was a decrease in post-traumatic stress symptoms. (Note: this decrease was not statistically significant and this result could have been impacted by the decrease in sample size). However, due to the high levels of post-traumatic stress symptoms upon entering shelter, 37% of participants still met the clinical cut-off for PTSD after leaving the shelter.

Families Need Support in Reducing Trauma Reactions

68%

Upon entering shelter, 68% of participants met criteria for clinical depression

56%

Upon leaving shelter, 56% of participants still met criteria for clinical depression.

57%

Upon entering shelter, 57% of participants met criteria for post-traumatic stress disorder.

37%

Upon leaving shelter, 37% of participants still met criteria for post-traumatic stress disorder.

Carolina's Story:

"I Gained More Confidence In Myself"



Photo disclaimer: Name and image have been changed to protect participant's privacy.

Carolina was 20 years old when she and her 3-year-old son, Miguel, entered Safe Horizon's Parrish House, an emergency shelter. Upon entering shelter, they relied on benefit programs and food stamps but struggled to get by. Having left school in the 11th grade, Carolina was without a high school diploma and unemployed when she arrived at the shelter.

Leading up to her decision to call Safe Horizon's hotline, Carolina had already experienced years of physical, sexual, emotional, and financial abuse in her relationship with her son's father. One evening, following a violent incident in which she feared for her life after being choked in front of a panicked Miguel, Carolina knew she wanted help. She waited for her son's father to leave the apartment and then immediately called the Safe Horizon hotline. After speaking with an advocate about the incident and her current safety concerns, Carolina and Miguel were connected with Parrish House, and Carolina quickly packed some basic necessities: clothes, Miguel's medication, and his beloved Spiderman action figure. They left their home that night with two bags and a deep feeling of uncertainty but hope for a future without violence.

Upon Arrival At Shelter

At the first interview, 24 hours after entering Parrish House, Carolina was adjusting to the shelter and the recent shock of leaving her home and relationship. Carolina identified multiple forms of domestic

violence throughout her relationship with her son's father. She had experienced frequent emotional, financial and physical abuse in the past year. She felt emotionally distant and cut-off from other people and was not hopeful about the future. She stated:

"Personally, like, I'm just feeling emotionally detached. I feel like I'm separated from everything that makes me feel comfortable."

Carolina shared that she did not have family or friends in the area and this factored into her decision to seek shelter. At the time, when asked who she considered her support system, she only named three-year-old Miguel:

"Emotionally, my son, my son is my biggest support system, even though he's three, but I like speak to him, and even though he doesn't understand, [he says] 'Okay mommy, I love you,' and gives me a kiss."

She was still struggling with her decision to flee and move with Miguel to Parrish and did not know if it was the wrong choice or if it was a matter of an adjustment period. She was working on making Miguel's adjustment as smooth as possible.

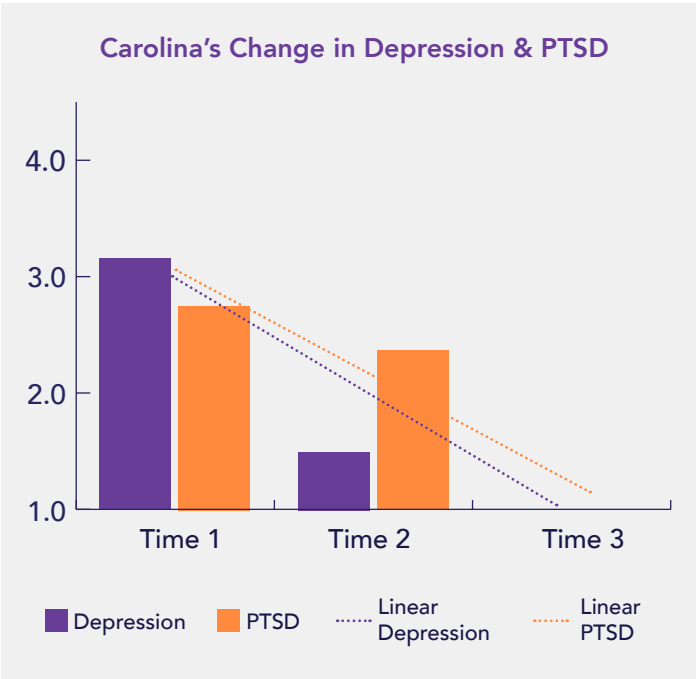
"I don't know, I've had these feelings of if I should leave. Like, over the last 24 hours, since I've been here, so I'm trying to figure out exactly what it is I want to do..."

Following intake at Parrish House, Carolina was assigned to meet with a case manager and social worker on site. Through these meetings she was connected to services and support. In her initial interview she ranked finding affordable housing, education, safety for herself and her child, and counseling as the most important supports needed while residing in shelter.

During Shelter Stay

At T2, three months after her first interview with the research associate, Carolina and Miguel were still residing in shelter but were days away from moving into their own NYCHA apartment after being connected to public housing through Safe Horizon services. She cited her case manager, roommate, and supportive services like DV group as ways in which she worked through her initial painful adjustment to get to this point. She reported no new physical abuse experiences and her scores for depression and PTSD decreased as well.

“It [shelter] was very helpful. I feel like I knew what my options were. What was going to happen, they [the staff] even sat with me in court.”



In the last week at Parrish she was preparing a safety plan for life in her new apartment as well as speaking about her goal to obtain her GED and eventually a college degree.

“But I just plan on focusing on going back to school. That’s one of my main goals, I felt like I couldn’t go back to school because I had to worry about a stable place to live so now that I have that, I’m able to focus on that.”

After Leaving Shelter

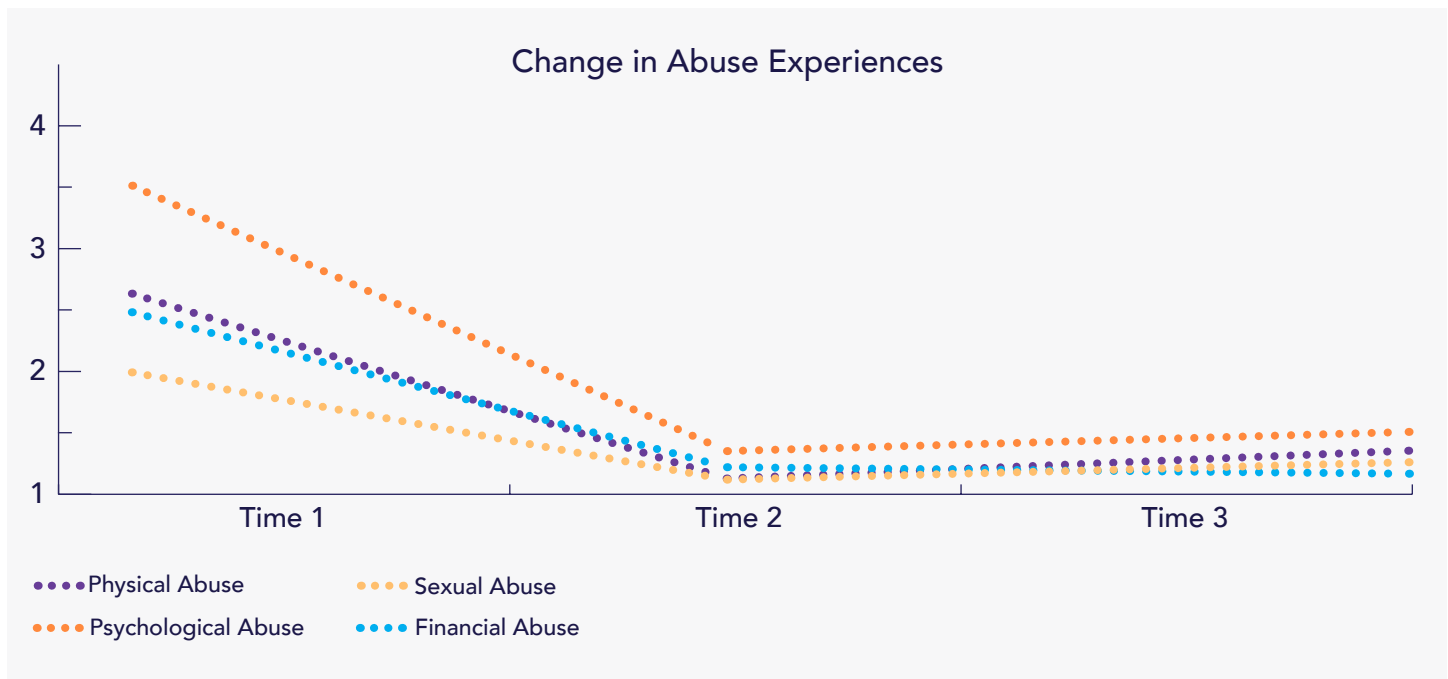
Carolina’s third and final interview occurred in June, seven months from when she first called the Safe Horizon hotline and four months after leaving Parrish House. She was living independently with Miguel in their apartment and working on obtaining her GED as a full-time student. She spoke of her current challenges of learning how to live on her own and budgeting money but she also reported that she was now closer to her sister and had more of a support system.

Lastly, when asked what she gained from her time at Parrish she stated,

“Well for one, I gained a place to live [laughs], I gained more confidence in myself and the things that I’m doing and I gained support from not just the staff but other women out there.”

Change in Abuse Experiences

The participants reported significant changes in abuse experiences over time. There were statistically significant differences over the three time periods in financial abuse ($F(2, 20) = 20.09, p < .001$), psychological abuse ($F(2, 20) = 35.35, p < .001$), physical abuse ($F(2, 20) = 27.65, p < .001$), and sexual abuse experiences ($F(2, 20) = 6.93, p < .01$). 95% of participants reported a decrease in abuse experiences after entering the DV emergency shelter.



Transitioning Out of the DV Shelter

Many participants felt positive about their transition out of the DV shelter. Participants reported feeling supported in both emotional and logistical ways. Participants spoke about feeling ready and empowered, and commented on their children's resilience through the transition. In addition, participants mentioned specific characteristics of the new living situation that contributed to their optimism, including acquiring more freedom and independence, reconnecting with family and friends, and having the opportunity to grow.

"I have everything going, thank God, and due to the shelter experience, it was actually the best thing that could have happened to the progression in my life."

"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."

"Oh, they [the staff] helped me a whole lot. Me and my case manager, we went over my safety plan a thousand times... we talked about [finances] and how I was budgeting myself."

"It wasn't easy. It was tough. It was a lot of difficult challenges 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."

In contrast, some participants experienced significant stressors and challenges during the transition out of the DV shelter. Some participants reported a reluctance to leave the DV shelter, and that they were not ready for the transition. Others reported feeling unsafe in their new location, or having difficulties accessing resources in their new community. Participants commented that having more time to plan and prepare for leaving shelter would have reduced their level of stress during the transition.

Participants also highlighted the impact on their children of moving again, and the general housing instability. 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 even further away from their social support networks.

Participants identified challenges to obtaining basic necessities after transitioning out of the DV shelter, including food, household finances, transportation, employment, childcare, and replacing personal belongings and household items. Numerous participants highlighted the lack of permanent housing as a key barrier to their independence.

Support in Shelter

Participants were asked to explain some of the helpful things they gained through their stay in shelter. Participants commented on the shelter environment being "healthy and safe and friendly." Participants reported feeling supported by staff at the shelter.

"Just meeting with the staff, meeting great people, getting a lot of information from my caseworker. She was very helpful. I felt like I had a connection with my worker. She made me feel better about the situation. She would give me the right information to what I needed to know."

Participants talked about using their time at shelter to find purpose and make plans for the future. Participants mentioned how they focused on having a positive state of mind, hope, and inner strength.

"I actually wrote something (in the shelter group meeting) that I stand by even today and it was like, where do we see ourselves five years from now? And I'm definitely living by that."

"A safety plan, first and foremost, and by the time I left there I wasn't afraid of him anymore. A safety plan. He's only as much of a monster that I believe him to be."

"Nothing is impossible. 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, you have to dream about it."

Natasha's Story:

"I Needed To Do It On My Own"



Photo disclaimer: Name and image have been changed to protect participant's privacy.

Before calling the Safe Horizon hotline in the summer of 2014, Natasha and her newborn daughter, Lexie, were living in daily fear, and temporarily staying on a friend's couch in an overcrowded apartment. The physical abuse in her relationship had increased after the birth of her daughter a month before. Then, after Natasha tried to leave the abusive relationship, her ex-boyfriend repeatedly stalked and harassed her. The escalating abuse culminated with a threat with a gun in her building one August night while Lexie slept nearby in her bassinet. With a warrant out for her ex-boyfriend's arrest, Natasha worried that the situation would escalate even further next time he found her and the baby. Natasha's friend advised her to call the Safe Horizon hotline because she too was fearful of becoming a target if Natasha stayed. Natasha was no longer safe in her home, in her neighborhood, or in known family and friends' spaces, but was able to find a safe place through the hotline. The advocate asked about her current situation and ongoing safety concerns, and then connected her to Willow House, a Safe Horizon emergency domestic violence shelter. As it was too dangerous to return to her apartment to pack, Natasha and Lexie arrived at Willow House with only a diaper bag, stroller and one set of clothes.

Upon Arrival At Shelter

Natasha was 24 years old and Lexie, her second but only custodial child, was 5 weeks old when they entered the DV Shelter. Natasha was recently unemployed and relied financially on Public Assistance (PA/TANF) and food stamps, but it was extremely hard for her to make those resources last through the month. Natasha was a year shy of obtaining her bachelor's degree but no longer enrolled in school.

Natasha was interviewed for T1 within her first month as a resident at Willow House. She reported multiple forms of abuse by her ex-boyfriend. She experienced frequent emotional and physical abuse and reported both depression and PTSD symptoms. She said that she felt startled or jumpy very often and was struggling with concentration and sleep. She listed counseling as a service need:

"I have gone through a lot of changes within the last year... A new baby... a lot of changes has happened, I don't think I did or I am coping with it well, so I need counseling."

Natasha shared that she did not have many family or friends in the state and this factored into her decision to seek shelter. Although she was close with her siblings, she did not feel like she could burden them or reach out in her current situation,

“My case manager has been supportive.”

“I needed to do it on my own. They did not get me in this situation, I did, so it is my responsibility on my own.”

Following intake at Willow House, Natasha was assigned to meet with a case manager and social worker on site. At the time, she felt connected to her desired support and resources in shelter.

During Shelter Stay

At T2, four months after her first interview, Natasha and Lexie were still residing in shelter and had strong connections to their roommate, case manager and social worker. With staff, Natasha was concentrating on finding long-term affordable housing and childcare for her daughter. When describing staff, she shared,

“My case manager has been [supportive], I love her to death! And the social worker she’s friendly.”

Natasha and her roommate also provided emotional support and encouragement for one another. They spoke frequently about domestic violence and their different situations, but sometimes it was challenging for Natasha to navigate her roommate’s struggles:

“I love my roommate but I don’t talk to my abuser and she does. We’ll be sitting there and she’ll be like ‘he don’t want me to have no friends’ and I’m like ‘of course! Because he’s an abuser’ that’s just what he does... it’s hard when you have your own problems and you come home and have to deal with someone else’s.”

Natasha reported experiencing a decrease in abuse, having had no contact with her ex-boyfriend since entering shelter.

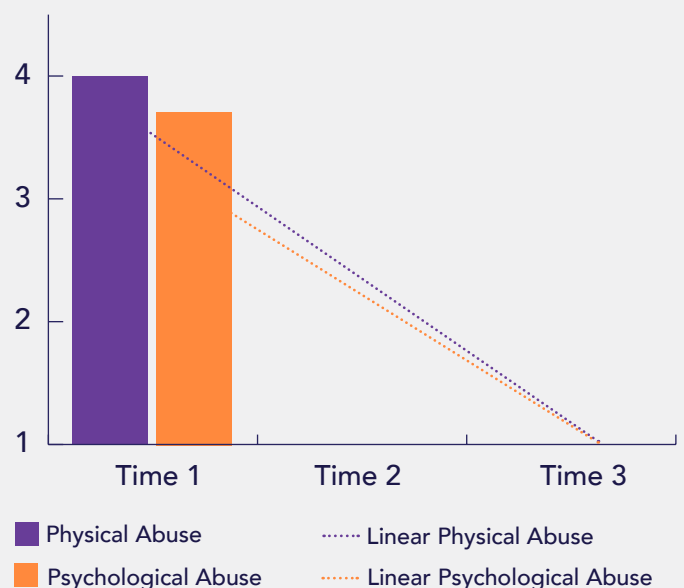
After Leaving Shelter

Natasha’s third and final interview occurred in April, eight months after she first called the Safe Horizon hotline and two months after leaving Safe Horizon’s Willow House. She had been forced to leave the shelter after her ex-boyfriend tracked her down. She moved into a family homeless shelter with Lexie and spoke of the current challenge of getting back on her feet following the upheaval of her living situation; she was missing the close-knit support system of Willow. She still felt connected to the people there and stayed in contact with her roommate. While her ex-boyfriend had found her former location, she reported no new abuse experiences.

When asked what she gained from her time at Willow she stated,

“It helped me realize all the signs of an abuser, because before, you know, you think everybody got their issues or everybody got their flaws. Then you go through the situation and see and they can go through all the issues of what an abuser does, then it finally sinks in, like you don’t have an issue, he really has a problem!”

Natasha’s Change in Abuse Experiences



Recommendations and Findings

Shelter works. But there is much more shelters can and should offer. The Lang Report was designed and implemented to learn how Safe Horizon can better support emergency domestic violence shelter residents both during and after their stay in shelter. Based on the results of this longitudinal needs assessment, Safe Horizon makes the following recommendations:

1. Increase funding for shelter programs

Shelter works. After entering shelter, **95%** of participants experienced a decrease in abuse. Yet in New York City, only **52%** of hotline callers seeking shelter are linked to an emergency shelter space.

New York City and New York State should collaborate to increase the number of shelter beds available in New York City, with a focus on increasing the availability of beds for single adults and large families.

2. Improve access to trauma treatment

Families need support in reducing trauma reactions. Upon entering shelter, **68%** of participants met criteria for clinical depression. Upon leaving shelter, **56%** of participants still met criteria for clinical depression. Upon entering shelter, **57%** of participants met criteria for post-traumatic stress disorder. Upon leaving shelter, **37%** of participants still met criteria for post-traumatic stress disorder.

The current funding model for domestic violence shelters does not support the provision of trauma-focused counseling inside the shelter, and the capacity of community-based clinics to provide this service is extremely limited. Additional resources should be made available to meet this need.

- ▶ Safe Horizon is enhancing mental health services in our shelter program through NYC's Connections to Care program, and by opening on-site mental health satellite clinics within some of its shelters.

3. Enhance financial literacy and job training

Survivors need support to gain self-sufficiency. **77%** of participants entered shelter unemployed. **71%** of participants wanted a job or job training program.

Many community-based educational and job training resources do not offer the flexibility or the trauma-informed approach that domestic violence survivors need. Furthermore, frequent disruptions in their living situation (i.e. the transition from emergency to transitional or homeless shelters, or from shelter to permanent housing, often at unpredictable intervals) prevent participants from participating in these programs during their shelter stay.

- ▶ Safe Horizon is piloting a brief trauma-informed financial literacy program in our shelters, and developing new partnerships with job training programs.

4. Reduce barriers to affordable housing

Survivors' number one concern is finding affordable housing. While **37%** of participants were residing in their own home after leaving the emergency shelter program, **26%** were living in homeless shelters.

The city has made strides in offering subsidized housing to shelter residents, but many barriers remain. The city should work with realtors and landlords to reduce these barriers, and should continue to invest in a wide range of affordable housing options, from permanent supportive housing to independent affordable housing units.

- ▶ Safe Horizon has hired a housing search coordinator who works with realtors and landlords to identify more affordable housing options for clients.

5. Make it easier for survivors to maintain community and family connections

Many survivors need and want to remain engaged with their families and communities. Upon entering shelter, **73%** wanted connection to people who can help them. Upon leaving shelter, **67%** of participants reported feeling emotionally distant or cut off from their support network.

New York State and New York City should work together to provide greater flexibility for survivors seeking shelter, including allowing survivors to remain in their own borough or neighborhood, allowing family members to visit the shelter when the survivor assesses this to be a safe option, and piloting an open shelter model. In addition, New York City should work with shelter providers to reduce the barriers to residents (including children) having overnight visits with family.

- ▶ Safe Horizon will advocate with city and state regulators to ease restrictive rules and pilot an open shelter model.

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About Safe Horizon

Safe Horizon empowers victims of domestic violence, child abuse, sexual assault and human trafficking to move from crisis to confidence – touching the lives of 250,000 New Yorkers every year. Safe Horizon is the largest and most comprehensive resource provider for domestic violence survivors in New York City. Last year, these safe havens provided temporary housing to more than 764 survivors of domestic violence and their 1,111 children after escaping an abusive situation. www.safehorizon.org

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