

ABSTRACT

Title of Thesis: TRANSITIONAL HOUSING: BREAKING
CYCLES OF DOMESTIC VIOLENCE IN
NORTH PHILADELPHIA

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This thesis proposes a transitional housing facility for survivors of intimate partner violence and other forms of domestic abuse. It describes the affected populations, explains associated risk factors, and discusses the long-term psychological and economic effects this abuse has on its victims. By analyzing the institutional programs available to survivors and the ways in which those systems fall short, this thesis hypothesizes that the availability of better transitional housing options can reduce the frequency of repeated victimization.¹

¹ This thesis will use both “victim” and “survivor” to refer to people who have been the target of domestic violence. Whenever possible, the term “victim” will refer to a person still in the abusive situation who has not (or has not yet) sought services, and the term “survivor” will refer to a person who has left the abusive situation or begun to seek services related to the abuse. This emphasizes the transition between conceptual stages of recovery, but also calls attention to the fact that domestic violence, though typically non-fatal, can result in death.

This thesis interrogates how architecture and program can facilitate the same goals as clinical treatment for people recovering from trauma. It demonstrates four features to support healing: empowerment, connection, security, and peace. The thesis presents site analysis of a neighborhood in Upper North Philadelphia as a location for a design intervention, but also proposes that these guidelines are applicable to other communities, rather than site-specific.

TRANSITIONAL HOUSING: BREAKING CYCLES OF DOMESTIC
VIOLENCE IN NORTH PHILADELPHIA

by

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Foreword



Figure 1. *Broken Bowl*. Shattered and in the process of being mended through the Japanese *kintsugi* technique. Photograph by author, May 5, 2020.

What does it mean to be “broken?” When a ceramic object drops on the ground, it may come out unscathed. Other times, it cracks. With careful work and attention to detail, even a bowl that has been shattered can be restored (fig. 1). While it will never be the same as it was before, it doesn’t need to be seen as scarred or damaged. It isn’t worth less than its unmarred counterparts. By focusing on the seams where the harm was caused, the pottery can be mended, and become full again. Missing pieces can be filled with something else or left as they are. In the Japanese art of *kintsugi*, artists repair broken pottery with a lacquer mixed with gold (fig.2). It demonstrates that strength and healing do not come from the act of erasing imperfections, but from acknowledging them. By recognizing the gaps and filling them with threads of gold, the end result is not an object returned to its initial state, but something that has been made new--strengthened by its experience, where the restoration and recovery are visible--even celebrated.



Figure 2. *Kintsugi*. Photograph by author, May 5, 2020.

Much like this pottery, people who have suffered from trauma have scars, both physical and emotional. Domestic violence is a source of trauma for its survivors.

Dedication

This thesis is dedicated to all victims and survivors of domestic violence and sexual abuse, especially those whose interviews, feedback, and responses to the ongoing design development contributed to the final result.

Acknowledgements

Despite the individual nature of this project, there are people without whom this process would not have been possible. I owe a debt of gratitude to my committee: Tonya Ohnstad, for her feedback and support, always pushing me to accomplish the goals I set for myself, but also giving me the space to work at my own pace; and Karl Du Puy, for giving me more of his time than any obligation required, and for always demanding brilliance and dazzling footwork.

In this particular time of crisis due to the COVID-19 pandemic, I also extend my thanks to those who kept us running from a distance, and who made our virtual presentations possible, especially Nancy Goslin, Brian Kelly, Lindsey May, Gregory Weaver, Brent Hernandez, and Fabian Gomez.

Lastly, but with my whole heart, I would like to thank the family and friends who got me through this endeavor. They are too numerous to list, but too important to leave out. I am grateful for your support, your patience, your forgiveness, your teaching, and your encouragement.

Table of Contents

Foreword.....	ii
Dedication.....	iv
Acknowledgements.....	v
Table of Contents.....	vi
List of Illustrations.....	viii
List of Abbreviations	xii
Chapter 1: Defining the Problem - Domestic Violence	1
Patterns of Violence, Abuse, and Control.....	1
The Scope of the Problem.....	4
Long-Term Effects on Adult Survivors	5
Sexual & Interpersonal Effects	6
Physical & Emotional Effects.....	6
Psychological Effects.....	7
Effects of Domestic Violence on Children	9
Chapter 2: Recovering from Trauma – How Victims Become Survivors.....	12
Healing After Trauma.....	12
Resources to Support Recovery	14
Chapter 3: Nowhere Else to Go – Typical Residential Services	17
Continuum of Services.....	17
Crisis Intervention.....	18
Short-Term Shelter.....	19
Transitional Housing.....	20
Missions & Program Philosophies.....	21
Chapter 4: Healing Broken Systems – How to Improve Institutional Practices.....	23
How Institutions Fail	23
Secondary Victimization.....	23
Unmet Requests for Services	24
Housing as Part of the Solution	29
Breaking Patterns of Repeated Victimization.....	29
Transforming the Idea of “Home”	30
Chapter 5: Building Better Spaces – How the Built Environment Facilitates Healing	31
Buildings Can Promote Health	31
Spatial Qualities that Mitigate Trauma Symptoms.....	32
Empowering Spaces: Control & Decision-Making	32
Connected Spaces: Information & Support	34
Secure Spaces: Safety & Comfort.....	35
Peaceful Spaces: Restoration & Calm	38
Chapter 6: Precedents & Program.....	39
The Ada & Tamar De Shalit House.....	40
Trillium Secure Adolescent Inpatient Facility.....	43
Dave Smith Treatment Center	46
Merryman House Domestic Crisis Center	49

Proposed Program	52
Chapter 7: Site Analysis.....	54
Risk Factors & Correlated Groups.....	54
Choosing the Site	57
Locating Vulnerable Populations.....	57
Locating Community Resources.....	64
Chapter 8: Design Proposal	70
Appendix.....	85
Bibliography	86

List of Illustrations

Figure 1	Broken Bowl.....	ii
Figure 2	Kintsugi.....	iii
Figure 1.1	Power and Control Wheel.....	2
Figure 1.2	Cycle of Abuse.....	3
Figure 1.3	Violent Victimization.....	4
Figure 1.4	Facts Everyone Should Know About IPV, SV, & Stalking.....	5
Figure 1.5	Medical Issues' Impact on Employment.....	7
Figure 1.6	Negative future outcomes after childhood exposure to DV.....	10
Figure 2.1	Relationship Spectrum (Graphic Only).....	14
Figure 2.2	Equality Wheel.....	14
Figure 3.1	Continuum of Housing Services.....	17
Figure 4.1	Model of battered women's response to abuse.....	24
Figure 4.2	Total Requests for Services on Census Day.....	25
Figure 4.3	Requests for Services on Census Day by Service Type.....	26
Figure 4.4	Unmet Requests for Services on Census Day by Service Type.....	26
Figure 5.1	Private Bedroom.....	33
Figure 5.2	Varying Room Types & Flexibility of Usage.....	34
Figure 5.3	Visual Transparency & Connection to Nature.....	35
Figure 5.4	Opportunities for Chance Interactions.....	35
Figure 5.5	Separation of Public/Private.....	36
Figure 5.6	Materials & Ceiling Heights Used to Delineate Spaces.....	37

Figure 5.7	Ample Light & Access to Nature.....	38
Figure 5.8	Circulation Oriented Around Courtyards.....	38
Figure 6.1	Program Analysis (Plan) of Ada & Tamar De Shalit House.....	40
Figure 6.2	Program Analysis (Abstracted) of Ada & Tamar De Shalit House....	41
Table 6.1	Program Analysis (Data) of Ada & Tamar De Shalit House.....	42
Figure 6.3	Ada & Tamar De Shalit House Courtyard.....	42
Figure 6.4	Program Analysis (Plan) of Trillium Facility.....	43
Figure 6.5	Program Analysis (Abstracted) of Trillium Facility.....	44
Table 6.2	Program Analysis (Data) of Trillium Facility.....	45
Figure 6.6	Program Analysis (Plan) of Dave Smith Center.....	46
Figure 6.7	Program Analysis (Abstracted) of Dave Smith Center.....	47
Table 6.3	Program Analysis (Data) of Dave Smith Treatment Center.....	48
Figure 6.8	Program Analysis (Plan) of Merryman House.....	49
Figure 6.9	Program Analysis (Abstracted) of Merryman House.....	50
Table 6.4	Program Analysis (Data) of Merryman House.....	51
Figure 6.10	Proposed Program (Abstracted).....	52
Table 6.5	Proposed Program (Data).....	53
Figure 7.1	Victim-Offender Relationships.....	54
Figure 7.2	Victimization by Household Location (Percentages).....	56
Figure 7.3	Victimization by Household Location (Per 1,000 People).....	56
Figure 7.4	2018 United States Population Density.....	58
Figure 7.5	2018 Comparison of Large Densely Populated Cities.....	59
Table 7.1	Comparison of Large Densely Populated Cities.....	59

Figure 7.6	Minority Population b Block Groups.....	60
Figure 7.7	Median Age by Block Groups.....	61
Figure 7.8	Income Below Poverty Level by Block Groups.....	61
Figure 7.9	Educational Level by Block Groups.....	62
Figure 7.10	Possible Areas for Intervention.....	63
Figure 7.11	Selected Neighborhood for Intervention.....	63
Figure 7.12	Existing Site & Context.....	64
Figure 7.13	Existing Site & Context (Plan).....	64
Figure 7.14	Walking Radius Around Site.....	65
Figure 7.15	Walking Radius & Resources.....	65
Figure 7.16	Public Transportation.....	66
Figure 7.17	Groceries, Corner Stores & Restaurants.....	66
Figure 7.18	Daycare & Education.....	66
Figure 7.19	Retail.....	66
Figure 7.20	Community Centers.....	67
Figure 7.21	Places of Worship.....	67
Figure 7.22	Residential Buildings.....	67
Figure 7.23	Social Services.....	68
Figure 7.24	Doctors' Offices & Pharmacies.....	68
Figure 7.25	Parks & Recreation Facilities.....	68
Figure 7.26	Sculptures, Murals & Mosaics.....	68
Figure 7.27	Site Resources.....	69
Figure 8.1	Massing Development.....	70

Figure 8.2	Building Axon.....	71
Figure 8.3	Ground Floor Program.....	72
Figure 8.4	Plinth Program.....	72
Figure 8.5	Residential Floor 1 Program.....	73
Figure 8.6	Residential Floor 2 Program.....	73
Figure 8.7	Ground Floor Plan.....	74
Figure 8.8	Lobby Perspective.....	76
Figure 8.9	Therapy Courtyard Perspective.....	76
Figure 8.10	Plinth Plan.....	77
Figure 8.11	Group Kitchen Perspective.....	78
Figure 8.12	Residential Courtyard Perspective.....	79
Figure 8.13	Activity Room Perspective.....	79
Figure 8.14	Residential Plans.....	80
Figure 8.15	Micro-Lounge Perspective.....	81
Figure 8.16	Building Section.....	82
Figure 8.17	Building Elevations.....	83
Figure 8.18	Site Aerial.....	83
Figure 8.19	Section-Perspective.....	84

List of Abbreviations

AIDS:	Autoimmune Deficiency Syndrome
BPS:	Battered Person's Syndrome
BWS:	Battered Women's Syndrome
CDC:	Center for Disease Control
DV:	Domestic Violence
HIV:	Human Immunodeficiency Virus
IPV:	Intimate Partner Violence
NCADV:	National Coalition Against Domestic Violence
NNEDV:	National Network to End Domestic Violence
PTSD:	Post-Traumatic Stress Disorder
SV:	Sexual Violence
WHO:	World Health Organization

Chapter 1: Defining the Problem - Domestic Violence

Patterns of Violence, Abuse, and Control

When we think of domestic violence, we often imagine someone inflicting physical violence on a romantic partner. While this is one form of abuse, a sole focus on physical acts obscures the impact of sexual, emotional, verbal, and material violence.² With that in mind, this thesis will use the definition of intimate partner violence set forth by the Centers for Disease Control and Prevention (CDC), which is “physical violence, sexual violence, stalking and psychological aggression (including coercive acts) by a current or former intimate partner,” where an intimate partner is a current or former spouse or dating partner.^{3 4}

Survivors of domestic violence have been “harmed through interpersonal betrayals,”⁵ and the abuse is a way for one person to assert control over another.⁶ Some legal definitions limit abuse to quantifiable behaviors and discrete incidents, but holistic theories frame domestic violence as a pattern of coercive control (fig. 1.1)

² Paula Wilcox, *Surviving Domestic Violence: Gender, Poverty and Agency* (Houndmills: Palgrave Macmillan, 2006), 4.

³ *Violence Prevention*. Centers for Disease Control and Prevention Injury Center.

⁴ The Department of Justice expands the list of victim-abuser relationships to include immediate family members and other relatives, which accounts for some of the variation found across commonly used statistics. Most of the statistics gathered for this thesis pertain to intimate partner violence, and as such, the term “domestic violence” will refer specifically to intimate partner violence unless otherwise stated.

⁵ Leyla Welkin. "Who Holds the Key to Your Box? Trust, Safe Space, and Culture," *Group* 37, no. 2 (Summer 2013): 155-165.

⁶ Randal W. Summers and Allan M. Hoffman, *Domestic Violence: A Global View* (Westport, CT: Greenwood Press, 2002), 170.

repeated over time.⁷ These frameworks show that an effective assessment of domestic violence tracks not only specific episodes, but also continued patterns of abuse.⁸



Figure 1.1. *Power and Control Wheel*, 1984, by the Domestic Abuse Intervention Programs. Accessed 22 May 2019. <https://www.theduluthmodel.org/wp-content/uploads/2017/03/PowerandControl.pdf>

According to the National Coalition Against Domestic Violence (NCADV), over 75% of women who are abused have previously experienced abuse from the same perpetrator.⁹ As they internalize abuse, they are less likely to see the warning signs and less likely to report incidents they suffer.

⁷ Wilcox, 4.

⁸ Mary Ann Dutton, *Empowering and Healing the Battered Woman: A Model for Assessment and Intervention* (New York, NY: Springer Pub., 1992), 4.

⁹ *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*. Atlanta, GA. National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Individuals may experience a cycle of abuse (fig. 1.2). Sometimes they do not leave because they do not recognize the behavior as abusive but often, they believe that their abuser will change. Even those who expect the situation to persist may stay due to fear: fear of retaliation, but also fear that they will not be able to survive without reliance on their abuser.

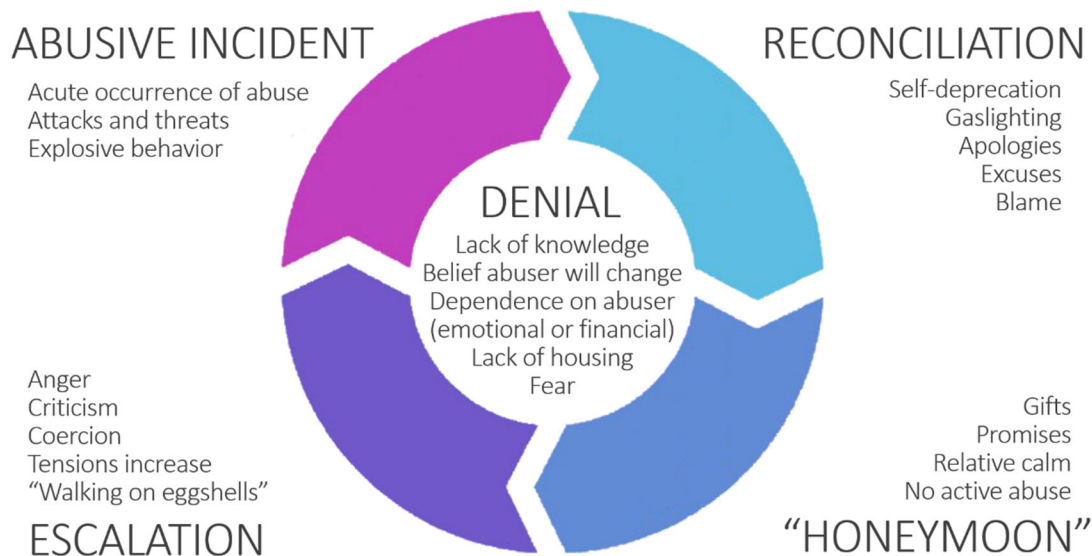


Figure 1.2. *Cycle of Abuse*, source: author, 2020 (Image adapted from Sousa, Diana and Kyrie McCauley. "Identifying Abuse." *Equality for Her*. n.d. <https://equalityforher.com/resources/identifying-abuse/> (accessed May 1, 2020) and based on Walker, Lenore E. *The Battered Woman*. New York: Harper & Row, 1979.)

Kirkwood (1993) identifies six main components that make up emotional abuse: degradation, fear, objectification, deprivation, overburden of responsibility, and distortion of subjective reality. While any one of these components can harm a person's emotional state, she asserts that the effect of combining them is even more than the sum of its parts.¹⁰ To truly understand the effects of domestic violence, we must include these non-physical forms of violence, because psychological abuse has

¹⁰ Wilcox, 37.

been found to be a “deeper and more central form of abuse” than demonstrable physical violations.¹¹

The Scope of the Problem

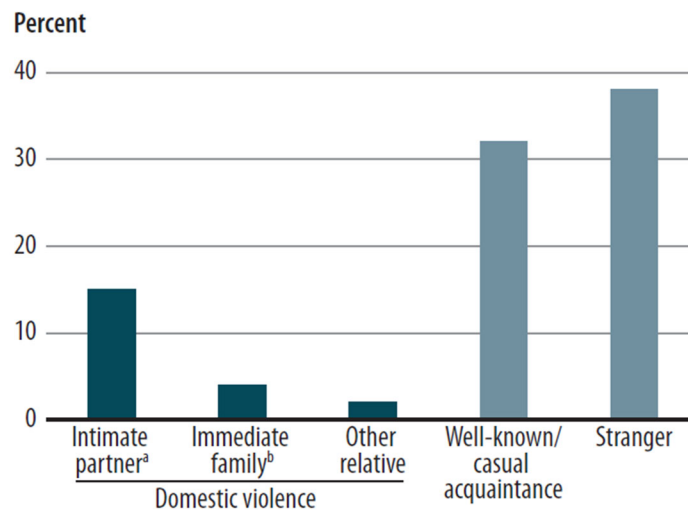


Figure 1.3. Violent victimization, by victim-offender relationship, Jennifer L. Truman and Rachel E. Morgan, *Nonfatal Domestic Violence, 2003-2012*. (Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2014), 1.

Domestic violence is a global issue, and it crosses gender, racial, ethnic, sexual orientation, religious, socioeconomic, and educational boundaries.¹² Intimate partner violence accounts for 15% of all violent crime in the United States (fig. 1.3), and the National Domestic Violence Hotline reports that it affects over 12 million people annually.¹³ No single statistic can account for the multitude of harm that domestic violence causes (fig. 1.4).

¹¹ Kirkwood, Catherine, *Leaving Abusive Partners: From the Scars of Survival to the Wisdom for Change* (Newbury Park, CA: Sage), 44.

¹² Summers and Hoffman, xiv.

¹³ The National Domestic Violence Hotline, “Statistics,” n.d.
<https://www.thehotline.org/resources/statistics/> (accessed March 29, 2019).



Figure 1.4. Facts Everyone Should Know About IPV, SV, & Stalking, by the National Center for Injury Prevention and Control, CDC. Source: *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010-2012 State Report*.

Long-Term Effects on Adult Survivors

Just as abuse takes several forms, the long-term effects survivors experience span a multitude of categories. These consequences may be sexual, interpersonal, physical, economic, or psychological. While individuals do not necessarily suffer all the

effects, there are many that commonly impact the lives of people who have survived domestic violence.

Sexual & Interpersonal Effects

A survivor's relationship problems do not necessarily end when the abusive relationship ends. The repetitive abuse can result in changes in cognition that cause relational disturbances in other relationships.¹⁴ These effects are not limited to romantic and sexual relationships. While domestic violence often results in increased sexual inhibitions or sexual difficulties for its survivors, it can also create attachment to or dependence on their abusers, along with difficulty in trusting other people.¹⁵

Physical & Emotional Effects

Domestic violence can result in long-term health issues, especially those related to stress.¹⁶ High blood pressure and associated cardiac problems, chronic back pain and headaches, and an increased risk of developing diabetes, asthma, and immune system disorders are all associated with long-term stress. In addition to stress-related health issues, many survivors have long-term effects from physical abuse. Murphy (1993) found that the injuries survivors sustain in incidents of domestic violence are typically head and spinal injuries.¹⁷ If severe, these injuries may cause permanent physical damage. When that damage leads to disability or an inability to work, it contributes to

¹⁴ Dutton, 9.

¹⁵ Ibid., 68-69.

¹⁶ Ana Gotter, "Battered Woman Syndrome," healthline; <https://www.healthline.com/health/battered-woman-syndrome>, accessed 14 May 2019.

¹⁷ Summers and Hoffman, 173.

economic hardship for survivors. When injuries require hospitalization or repeated doctor's visits, they also interfere with a person's ability to maintain a job, and so many survivors with physical injuries struggle to stay employed even after leaving an abusive situation¹⁸ (fig. 1.5).

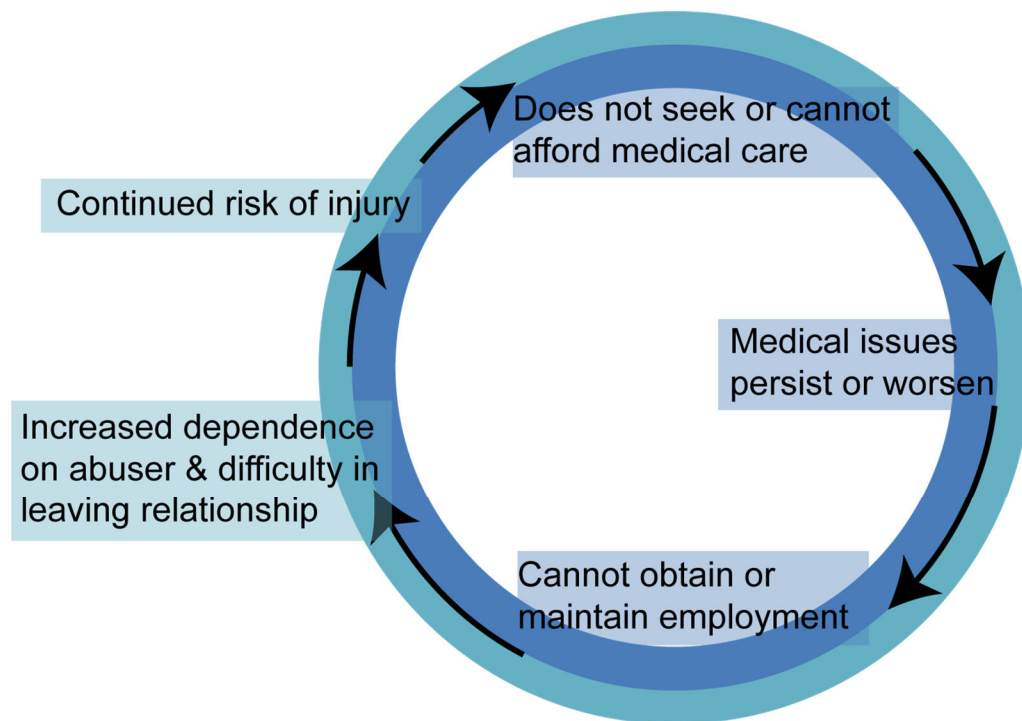


Figure 1.5. *Medical Issues' Impact on Employment*, where the inner circle shows the experience of a person who has left the abusive relationship, and the outer circle shows the experience of someone who is still in the abusive situation. Source: author, 2019.

Psychological Effects

Trauma “overwhelms a person’s ordinary resources” in a way that makes their feelings unmanageable and leaves them unable to cope.¹⁹ Survivors of domestic violence often experience symptoms tied to traumatic stress, including shame,

¹⁸ Summers and Hoffman, 173.

¹⁹ Welkin, 158.

self-blame, feelings of subjugation and defilement, morbid hatred or paradoxical gratitude for their abuser, resignation, and second injury or wound.^{20 21} The World Health Organization (WHO) warns that survivors of domestic violence may experience depression, anxiety disorders, sleep difficulties, and eating disorders.²²

These symptoms may also manifest as Post-Traumatic Stress Disorder (PTSD).²³ When they do, sufferers experience three main symptoms: intrusion, avoidance, and autonomic arousal. Intrusion causes a person to repeatedly re-experience their trauma through nightmares and dissociative states. Avoidance manifests as psychic numbing. Autonomic arousal results in hyper-alertness, anger, hostility, inability to concentrate, and sleep disturbance.^{24 25}

While some of the symptoms of PTSD are consistent across all types of trauma, there are unique factors in the patterns of domestic violence that differentiate it from other types of trauma.²⁶ Survivors of domestic violence may

- Continue to experience the traumatic event while seeking help (still in the relationship)

²⁰ Second injury is the revictimization that survivors suffer when participation in criminal justice, health, mental health, and other systems compound their trauma, as per Dutton, 55.

²¹ Dutton, 54-55.

²² World Health Organization, "Violence Against Women," November 29, 2017. <https://www.who.int/news-room/fact-sheets/detail/violence-against-women> (accessed March 24, 2019).

²³ World Health Organization, "Violence Against Women."

²⁴ Dutton, 52.

²⁵ American Psychiatric Association, "What Is Posttraumatic Stress Disorder?" January 2017. <https://www.psychiatry.org/patients-families/ptsd/what-is-ptsd> (accessed May 20, 2019).

²⁶ Dutton, 58-59.

- Experience repeated exposure to the traumatic event (multiple violations)
- Have a prior history of exposure to similar trauma (repeated victimizations)
- Struggle to demonize or blame the source of the traumatic event (attachment to abuser)

Many survivors of domestic violence develop a subtype of PTSD usually called Battered Woman Syndrome (BWS)^{27 28} (or less commonly, Battered Person Syndrome (BPS)). In addition to the PTSD symptoms listed above, BPS sufferers feel helpless to change their situation and tend to develop anxieties, phobias, and sexual problems.²⁹ A combination of reactions to trauma and coping mechanisms for survival, BPS “is not a form of mental illness, but a human response to danger and trauma.”³⁰

Effects of Domestic Violence on Children

In addition to the violence directed at adults, abuse affects children in the home. 70% of male batterers also abuse children,³¹ and as many as 1 in 15 children witness

²⁷ Lenore E. Walker, "Battered Woman Syndrome." *Psychiatric Times* 26, no. 7 (July 2009), [e-journal] <<https://www.psychiatrictimes.com/trauma-and-violence/battered-woman-syndrome>> (accessed 14 May 2019).

²⁸ Summers and Hoffman, 176.

²⁹ Walker, 1-8.

³⁰ Summers and Hoffman, 176.

³¹ *Ibid.*, xii.

intimate partner violence each year.³² This exposure leads to both immediate and lifelong mental health issues³³ which parallel the psychological effects on adults.

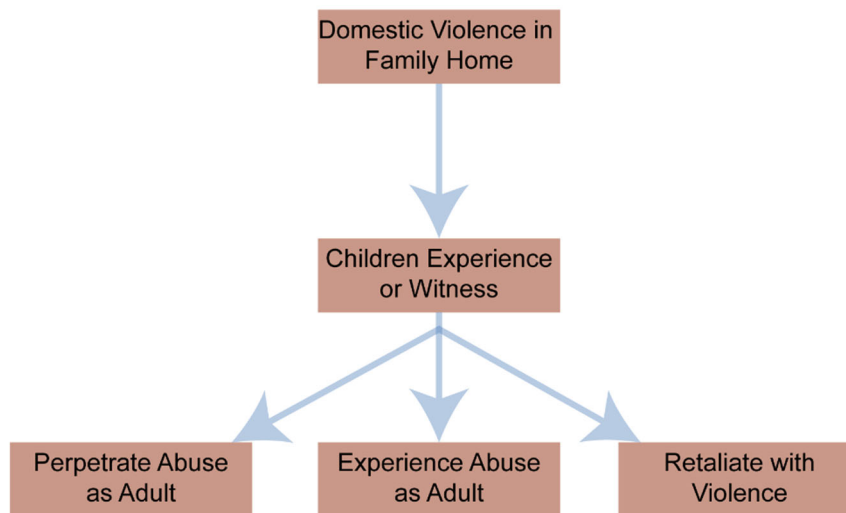


Figure 1.6 Negative future outcomes after childhood exposure to domestic violence. Source: author, 2019.

Children who are exposed to intimate partner violence are statistically more likely to be involved in domestic violence later in life, both as victims and as offenders (fig. 1.6).³⁴ ³⁵ Thus, every child exposed to domestic violence suffers the effects individually, but also creates the potential for a ripple effect outward for future harm and perpetuates patterns of violence. Abuse also increases the likelihood of perpetration of serious physical violence.³⁶ Many young boys witnessing violence against their mothers retaliate against the abuser, and a survey of young inmates

³² Hamby, Sherry, David Finkelhor, Heather Turner, and Richard Ormrod. *Children's Exposure to Intimate Partner Violence and Other Family Violence*. Bulletin, Office of Juvenile Justice and Delinquency Prevention, Washington, D.C.: Office of Justice Programs, U.S. Department of Justice, 2011, 1.

³³ Hamby et. al., 2.

³⁴ Summers and Hoffman, 176.

³⁵ World Health Organization, "Violence Against Women."

³⁶ Office of Juvenile Justice and Delinquency Prevention, "Children's Exposure to IPV," 2.

shows that over 60% of 15-20 year old males incarcerated for homicide are boys or young men who have killed their mother's batterer.³⁷

³⁷ Summers and Hoffman, xii.

Chapter 2: Recovering from Trauma – How Victims Become Survivors

Healing After Trauma

Survivors escaping abuse often share “remarkable stories about their resourcefulness and courage against all odds.”³⁸ They have inner strengths that help them withstand the abuse, but these skills sometimes “trap” a victim³⁹ because of a mistaken belief that being able to tolerate the abuse means that they *should*. These same strengths that helped a victim withstand the abuse are often the ones they must draw on to escape the violence and to survive its long-term effects.

Successful treatment and case management is strength-based and trauma-informed. Clinical intervention for trauma survivors should focus on the following components:⁴⁰

- Re-empowering through control in decision-making,
- Building relationships with people and institutions
- Increasing safety, and
- Healing psychological trauma of abuse

People who have suffered trauma often feel unsafe because of real or perceived lack of physical security, but also because of their emotional vulnerabilities. These vulnerabilities can be innate personality traits but are often symptoms developed as

³⁸ Agnew, 67.

³⁹ Dutton, 11.

⁴⁰ Adapted from Dutton, 4.

coping mechanisms to defend against the psychological distress the abuse has caused.⁴¹ Healing is a “process of gaining safety”⁴² in all realms. Successful trauma treatment involves a cognitive shift, refocusing attention from the destructive experience to the survivor’s ability to overcome challenges.⁴³ The goal is to highlight survivors’ agency, emphasizing their ability to take positive actions to improve their situation.⁴⁴ Practitioners must interact with care, though; counselors who push too hard or who try to force growth too quickly may cause resentment in survivors whose boundaries have been repeatedly violated.⁴⁵ If therapists do not manage these power dynamics well, their attempts to work with survivors can compound the trauma of the abuse.⁴⁶

Victims who remain in abusive relationships often have a history of physical or sexual abuse in their family background and have “no concept of a ‘normal’ family or what constitutes healthy intimacy.”⁴⁷ If these individuals seek services, it is important that therapy includes education about healthy, unhealthy, and abusive relationships (fig. 2.1) in a way that reinforces that abuse is not normal (fig. 2.2).

⁴¹ Dutton., 3.

⁴² Wilcox, 175.

⁴³ Welkin, 162

⁴⁴ Wilcox, 3.

⁴⁵ Agnew, 68.

⁴⁶ Dutton, 104.

⁴⁷ Summers and Hoffman, 176.

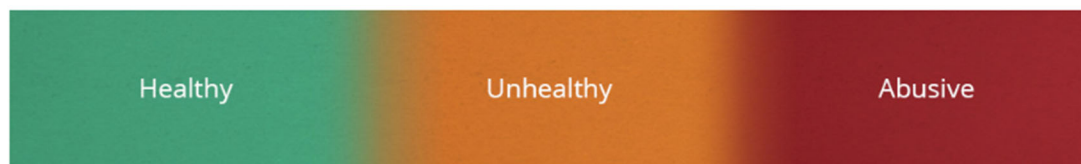


Figure 2.1 Relationship Spectrum (Graphic Only), by The National Domestic Violence Hotline. Accessed 20 May 2019. <https://www.thehotline.org/healthy-relationships/relationship-spectrum/>. (See Appendix for full tool)

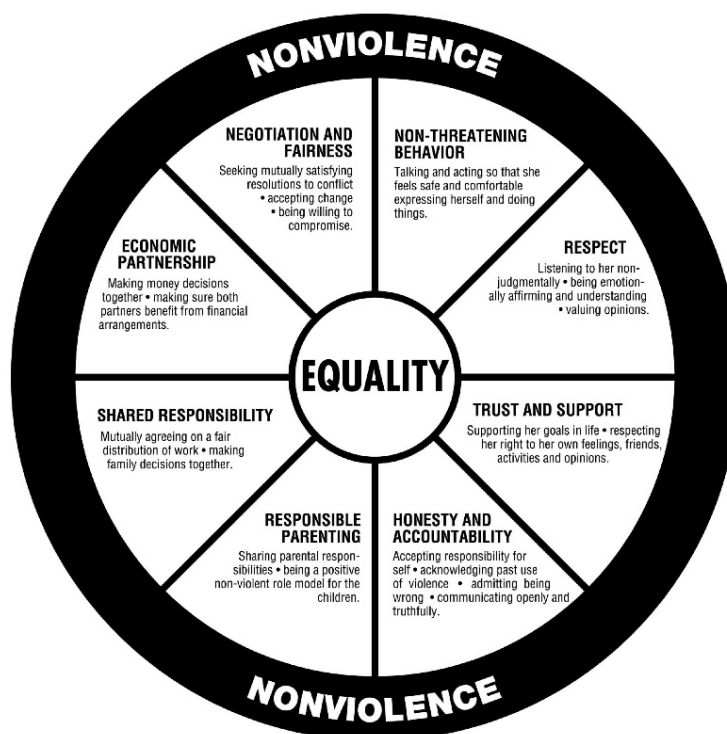


Figure 2.2 *Equality Wheel*, (used as a counterpoint to fig. 1.1) 1984, by the Domestic Abuse Intervention Programs. Accessed 22 May 2019, <https://www.theduluthmodel.org/wp-content/uploads/2017/03/Equality.pdf>

Resources to Support Recovery

In addition to counseling services discussed above, survivors benefit from social services and community resources. Some programs serve their needs directly or

connect them with resources outside of the facility, while others help to identify, validate, and bolster their existing strengths and skills.^{48 49}

Direct Assistance

- Healthcare clinics
- Food pantries
- Schools, colleges & universities
- Libraries
- Rent & childcare subsidies
- Childcare services
- Recreational programs
- Transportation to appointments

Case Management & Advocacy

- Goal-setting & plans to achieve personal goals
- Referrals to community resources
- Employment counseling
- Legal advocacy
- Accompaniment to appointments

⁴⁸ Finding, validating, and increasing a survivor's internal strengths is an imperative set forth for effective recovery by Dutton (1992) and Walker (2009).

⁴⁹ Adapted from a list of services offered by 12 transitional housing facilities surveyed in Correia and Melbin (2005).

Skill-Building & Education

- Academic tutoring
- Life-skills classes
 - Budgeting & credit-repair classes
 - Homeownership skills
 - Computer literacy classes
 - Conflict resolution & communication skills
- Health literacy services
- HIV/AIDS education
- Sobriety education
- Vocational rehabilitation
- Job skills training

Chapter 3: Nowhere Else to Go – Typical Residential Services

Continuum of Services



Figure 3.1. *Continuum of Housing Services*. Source: author, 2019.

A survivor recovering from abuse may seek services through local, state, or federal domestic violence programs. After survivors escape an abusive situation, they typically proceed through a series of housing option. While not all survivors make use of the entire continuum, those who do use them sequentially. Beginning with emergency housing, a survivor relocates to a shelter, after which they move into transitional housing, with the eventual goal of securing permanent housing.⁵⁰ Some of these programs focus on victims trying to escape dangerous situations, while others are geared towards those trying to gain skills to help them live independently after abuse. These services include counseling and educational programs but are also closely tied to the locations at which the services are provided.⁵¹ Emergency housing

⁵⁰ In many service regions, domestic violence programs make no distinction between emergency housing and shelters, but they are treated separately here to address the cases where crisis centers place survivors immediately while waiting for availability in a shelter.

⁵¹ Correia and Melbin, 4.

and shelters are free to survivors, but transitional housing often has an associated cost.⁵²

Crisis Intervention

A survivor who is still in the abusive situation and who feels they are in immediate danger connects with a crisis center in search of emergency protection. The survivor may contact the center themselves or may be put in contact through law enforcement agencies after reporting an incident or filing a protection order. The stay in these safe housing environments is short term, sometimes as brief as three to seven days.⁵³ Emergency housing treats an immediate need for shelter but is not a solution to a survivor's need for either support or housing. These emergency housing placements may involve shared spaces where several individuals or families share the same living and sleeping quarters.⁵⁴ This is often a step in a situation where there is not enough room in the local shelters but a survivor or a family have an urgent need to leave the premises of a dangerous environment. These emergency placements are not necessarily in a dedicated facility, but may be subsidized stays in hotels, motels, or private housing.⁵⁵ These solutions are not sustainable as long-term accommodations because of the financial burden on the service providers.

⁵² DayOne Services, "Going to a Shelter," n.d. <https://dayoneservices.org/going-to-a-shelter/> (accessed April 14, 2019).

⁵³ Ibid.

⁵⁴ Ibid.

⁵⁵ National Coalition for the Homeless, "Domestic Violence and Homelessness." July 2009. <http://www.nationalhomeless.org/factsheets/domestic.html> (accessed May 22, 2019).

Short-Term Shelter

After an emergency placement, many survivors are transferred to a shelter, which is also a short-term solution, but allows for more direct treatment of the underlying issues. While emergency housing focuses most immediately on physical protection, time spent in a shelter can include the beginning steps to recovering from trauma. In a shelter, survivors and their families can work towards building on existing strengths to gain skills that will help them live independently. Shelters are also secure locations with physical safety in mind, and they tend to be private locations. They do not usually publicize their locations, and in many cases do not allow visitors^{56 57} to maintain confidentiality and anonymity. They may be physically isolated to further this goal. Residential sections usually have shared kitchens and may also have shared bedrooms and bathrooms. The shared living and sleeping spaces can be used to accommodate families, but often house several survivors who do not know each other.⁵⁸ Many shelters focus on cooperative living, sisterhood, and a non-hierarchical environment.⁵⁹ Individual shelters determine the allowable stay at the facility, but these programs tend to accommodate users for a maximum of thirty or sixty days.⁶⁰ In addition to keeping residents safe from former abusers and beginning to determine a

⁵⁶ DayOne Services, “Going to a Shelter.”

⁵⁷ Ibid.

⁵⁸ Ibid.

⁵⁹ Agnew, 215.

⁶⁰ *12th Annual Domestic Violence Counts Census*. Annual Report, Washington, D.C.: National Network to End Domestic Violence, 2017.

care program for recovery, these programs also work with housing assistance programs to find a residence that the survivor can afford.

Transitional Housing

Because 84% of survivors require assistance securing affordable housing when leaving a shelter,⁶¹ move into transitional housing, or “second stage housing.”⁶² These housing options are residency programs that include support services, which typically have a higher level of security than traditional market housing, but without the secrecy associated with shelters. Survivors who use them usually do so for about a year, and programs typically limit stays to 24 months.⁶³ ⁶⁴ Residents in these programs may be living on their own for the first time since leaving an abusive relationship; this option is an intermediate step before living fully independently. Many of them do not have the financial skills or the monetary resources to pay for housing. Limited credit also sometimes prevents them from acquiring acceptable housing. Transitional housing units may be site scattered or centrally located, and there is also a variety of ownership models. Some are owned and operated by the domestic violence service providers, while others are partnerships between the

⁶¹ National Network to End Domestic Violence. *16 Things You May Not Know About Housing for Survivors-NNEDV*. November 24, 2017. https://nnedv.org/latest_update/16-things-may-not-know-housing-survivors/ (accessed April 21, 2019).

⁶² Correia and Melbin, 3.

⁶³ US Department of Housing and Urban Development. *Continuum of Care (CoC) Program Eligibility Requirements*. 2019. <https://www.hudexchange.info/programs/coc/coc-program-eligibility-requirements/> (accessed May 24, 2019).

⁶⁴ Correia and Melbin, 3.

service providers and the developers who own the units.⁶⁵ Some require participation in social, educational, or therapeutic programs in order to obtain services.⁶⁶ The services offered by a given program help to prepare residents for more permanent housing, but depend on the specific mission of the individual program.

Missions & Program Philosophies

While most programs are built around similar philosophies of empowerment and skill-building, individual service providers vary in the specific mission behind their programming.⁶⁷ Missions cover a range of goals. Some aim to eliminate domestic violence and do so by outreach and education, both for survivors in their care and for the surrounding community. Others focus on helping women leave their abusers and on preventing a return to abusive situations, and so have services that highlight plans of safety, building support networks, and learning skills to become independent. Others aim to facilitate social and policy change, and so promote advocacy and work with grassroots organizations to change laws, public perceptions, and societal norms that increase the likelihood of occurrences of domestic violence. Still others center on ending homelessness due to domestic violence; these programs are most likely to focus on (1) providing temporary housing, and (2) securing safe and affordable permanent housing.⁶⁸ While all of these programs serve survivors of intimate partner

⁶⁵ Correia and Melbin., 5-6.

⁶⁶ *Transitional Housing*. n.d. <https://dayoneservices.org/transitional-housing/> (accessed April 14, 2019).

⁶⁷ Correia and Melbin, 4-5.

⁶⁸ *Ibid.*, 4.

violence, they do so with varied outcome goals and so approach the solution with different care methods and levels of service.

The population served also influences the program's focus (e.g. a shelter that exclusively serves populations with a history of addiction may require participation in substance abuse counseling or rehabilitation measures, while a shelter serving women and children who are HIV+ is more likely to include health advocacy resources and access to medical clinics). In a survey of twelve residential programs of transitional housing for survivors of domestic violence, Correia & Melbin (2005) categorize the typical services provided in transitional housing programs to fall under several categories. Service categories for adults include counseling; case management and advocacy; basic needs; financial assistance; and skill-building and education. Service categories for children and adolescents include counseling; education; and childcare and recreation.^{69 70}

⁶⁹ Correia and Melbin, 10-12.

⁷⁰ A detailed list of these services informed the content of "Resources to Support Recovery" found in Chapter 2.

Chapter 4: Healing Broken Systems – How to Improve Institutional Practices

How Institutions Fail

Secondary Victimization

Domestic violence service providers aim to help survivors and keep them safe, but there are times when “a negative institutional response may inflict additional trauma or secondary victimization.”⁷¹ Many psychiatric, medical, and therapeutic models have historically described domestic violence as a result of survivors’ actions, behaviors, or temperaments.⁷² Professionals have told survivors that their “injuries and bouts with depression were the result of interpersonal disputes,”⁷³ thereby assigning them at least partial responsibility for the abuse. When these models focus on maintaining harmony in the relationship, they prioritize reconciliation over the health and emotional wellbeing of the survivor.⁷⁴ The goal of reconciliation has historically required victims to “accept relational inferiority and the social arrangements that would likely continue to foster their feeling of injustice, dependency, and repression.”⁷⁵ Service providers must consider how these expectations mitigate or reinforce the unhealthy attitudes that contribute to

⁷¹ Dutton, Mary Ann. 78.

⁷² Agnew, 145.

⁷³ Ibid, 46-47.

⁷⁴ Ibid, 47.

⁷⁵ Ibid.

occurrences of domestic violence (fig. 4.1). Many survivors feel shame associated with their abuse, and when clinicians reflect blame back on them, they tend to turn those shameful feelings inwards.⁷⁶ This self-directed shame contributes to long-term psychological concerns, such as depression and suicidal tendencies.⁷⁷

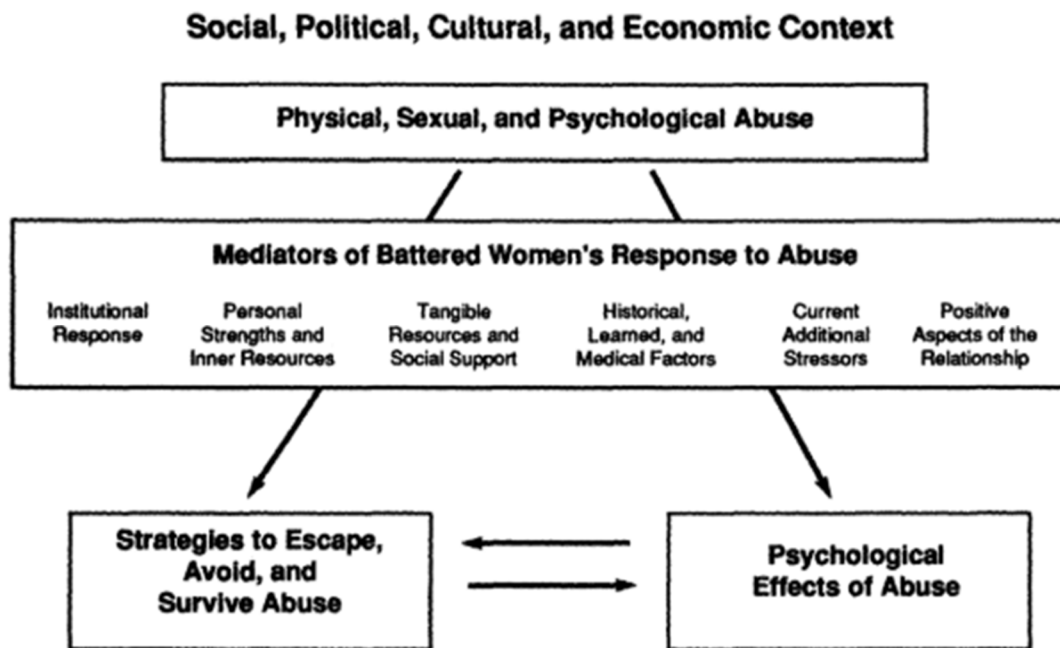


Figure 4.1 *Model of battered women's response to abuse*, showing institutional responses as one of the mediators, by Mary Ann Dutton 1992. Source: Dutton, 5.

Unmet Requests for Services

Even when service providers have the appropriate training and when staff attitudes are supportive, domestic violence programs can fall short due to a lack of resources. Most shelters “operate at capacity”⁷⁸ and frequently turn away victims in need of support. The National Network to End Domestic Violence (NNEDV)

⁷⁶ Wilcox, 51.

⁷⁷ Ibid.

⁷⁸ Summers and Hoffman, xii.

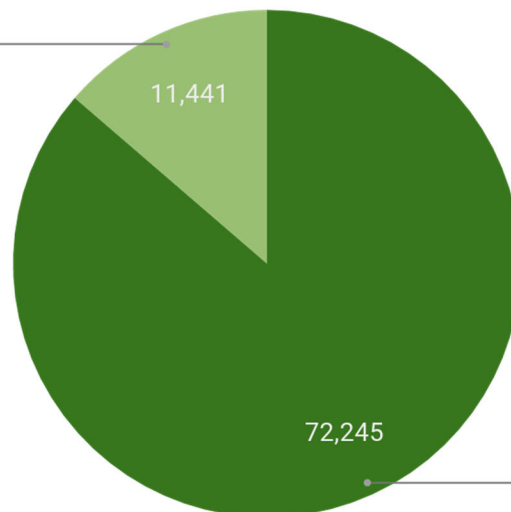
performs an annual census of domestic violence programs nationwide, where service providers supply data on victims served, services provided, and unmet requests for aid over a designated 24-hour period. In the 2017 census, 1,694 programs contributed data to the survey, representing 90% of the 1,873 identified domestic violence programs in the country. Over the course of the day, these programs served 72,245 victims, but had to deny an additional 11,441 requests for service due to a lack of resources (fig. 4.2 and fig. 4.3). Of those unmet needs, 65% were for either shelter or housing (fig. 4.3 and fig. 4.4).⁷⁹

Total Requests for Service (September 3, 2017)

National

Services Denied

13.7%



Services Provided

86.3%

Figure 4.2 *Total Requests for Services on Census Day*. Source: author, 2019. Data source: NNEDV “Domestic Violence Counts Census,” 4, 8.

⁷⁹ National Network to End Domestic Violence, “12th Annual Domestic Violence Counts Census,” 8.

Requests for Service

From 1,694 Programs on September 13, 2017

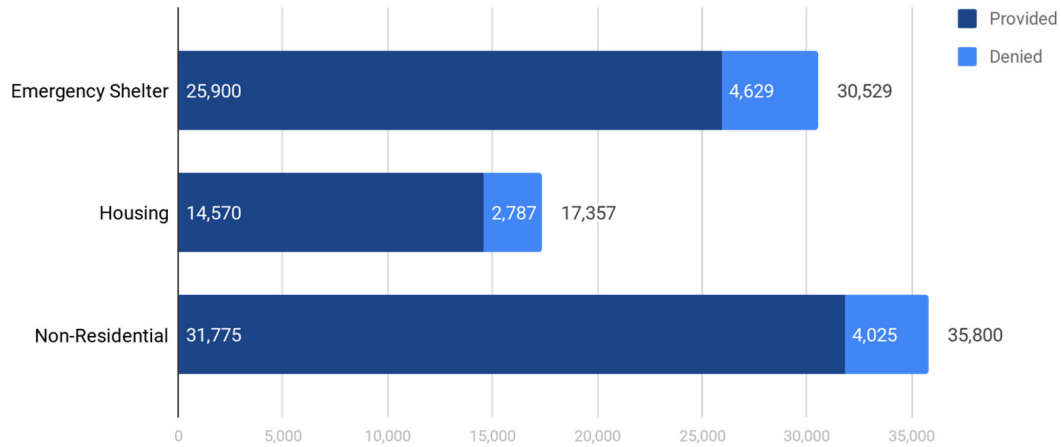


Figure 4.3 *Requests for Services on Census Day by Service Type*. Source: author, 2019. Data source: NNEDV “Domestic Violence Counts Census,” 4, 8

Unmet Requests for Services (September 13, 2017)

National

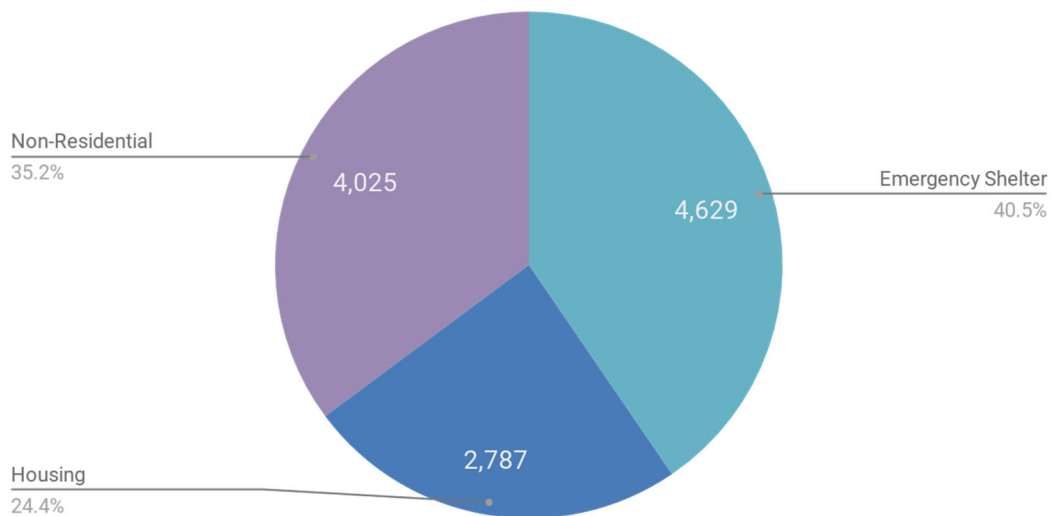


Figure 4.4 *Unmet Requests for Services on Census Day by Service Type*. Source: author, 2019. Data source: NNEDV “Domestic Violence Counts Census,” 8

Roughly 75% of nonlethal abuse occurs in or near the home,⁸⁰ and so there is often an urgent need to get victims out of their residences to keep them and their

⁸⁰ Summers and Hoffman, 173.

children safe from harm. Many survivors cite having no place to go as one of the main obstacles preventing them from leaving an abusive partner,^{81 82 83} and so sufficient emergency housing is a critical resource to support those trying to escape an abusive situation. The NNEDV reports that domestic violence is a leading cause of homelessness for women and children,⁸⁴ because many victims choose to flee an abusive situation even if they are unable to secure emergency housing. Access to safe housing away from the perpetrator of their abuse is necessary for victims to be able to leave abusive situations.⁸⁵ Though requests for emergency shelter cannot always be met when space is limited, 85% of the nation's programs reporting to NNEDV's survey provide victims with emergency shelter throughout the year.⁸⁶ Domestic violence programs recognize the importance of immediate housing (both emergency housing and in shelter environments) as a resource in response to crisis situations.

⁸¹ Lyon, Eleanor, Shannon Lane, and Anne Menard. "Meeting Survivors' Needs: A Multi-State Study of Domestic Violence Shelter Experiences." Grant Project Research Report, School of Social Work, University of Connecticut, Washington, D.C., 2008.

⁸² *Domestic Violence and Homelessness*. July 2009.
<http://www.nationalhomeless.org/factsheets/domestic.html> (accessed May 22, 2019).

⁸³ National Alliance to End Homelessness. *Domestic Violence*. January 2019.
<https://endhomelessness.org/homelessness-in-america/what-causes-homelessness/domestic-violence/> (accessed May 24, 2019).

⁸⁴ National Network to End Domestic Violence. *16 Things You May Not Know About Housing for Survivors - NNEDV*. November 24, 2017. https://nnedv.org/latest_update/16-things-may-not-know-housing-survivors/ (accessed April 21, 2019).

⁸⁵ Morley, Rebecca. "Domestic Violence and Housing." In *Home Truths About Domestic Violence: Feminist Influences on Policy and Practice: a Reader*, edited by Jalna Hanmer, & Catherine Itzin. London: Routledge, 2000.

⁸⁶ National Network to End Domestic Violence, "12th Annual Domestic Violence Counts Census."

Unfortunately, this need for housing cannot always be resolved in the short time that survivors spend in emergency housing and shelters.⁸⁷ Beyond the need for emergency protection, 84% of survivors in domestic violence shelters reported that they needed help finding affordable housing once they were prepared to leave the shelter.⁸⁸ Many areas need “further, better and more stable provision of safe temporary and permanent housing for [people] who become homeless due to domestic violence,”⁸⁹ because even programs that offer housing advocacy to their populations are not always able to find suitable living accommodations for the survivors they serve. A lack of short term housing leads victims to stay with their abusers when they would otherwise leave; similarly, a lack of long-term housing leads victims to return to abusers they have already chosen to leave.⁹⁰ In addition, if the housing recommended by domestic violence programs is unsafe or poorly-maintained, victims may choose to return to their former residences, risking further abuse over the stigma associated with living in the substandard housing.⁹¹

⁸⁷ Clark, Dessie, Leila Wood, and Cris Sullivan. *Exploring Domestic Violence Survivors' Need for Transitional Housing*. Technical Report, Safe Housing Partnerships, 2018, 1.

⁸⁸ National Network to End Domestic Violence. “16 Things You May Not Know About Housing for Survivors - NNEDV.”

⁸⁹ Wilcox, 176.

⁹⁰ Correia and Melbin, 1.

⁹¹ Ibid.

Housing as Part of the Solution

Breaking Patterns of Repeated Victimization

Over 75% of women who are abused have previously experienced abuse from the same perpetrator.⁹² Because such a large percent of incidences of intimate partner violence are instances of repeated abuse, reducing the number of survivors who return to their abusers can dramatically reduce the instances of domestic violence throughout a community. Additionally, up to 38% of victims housed through domestic violence programs are children.⁹³ Many sources have shown that children experiencing or witnessing domestic violence in the home are at higher risk for involvement in domestic violence in the future, both as victims and as perpetrators.⁹⁴ For this reason, limiting children's exposure to domestic violence also furthers the goal of reducing future occurrences.⁹⁵

While there are many ways to approach serving survivors of domestic violence, this thesis will focus on missions that support those who have already left an abusive situation. By educating survivors and empowering them to live independently, this project aims to reduce a community's occurrences of domestic violence by reducing survivors' returns to abusive situations. Service providers can facilitate this through several interrelated factors: therapeutic methods that build self-worth and internal

⁹² Catalano, Shannan. *Intimate Partner Violence, 1993-2010*. Special Report, U.S. Department of Justice, Washington, D.C.: Bureau of Justice Statistics, 2012, rev. 2015.

⁹³ National Network to End Domestic Violence. "16 Things You May Not Know About Housing for Survivors - NNEDV."

⁹⁴ World Health Organization, "Violence Against Women."

⁹⁵ Summers and Hoffman, 176.

peace; educational programs focused on life-skills and financial literacy; and information about and access to housing.

Transforming the Idea of “Home”

“Home is not only a physical arrangement of space, but an expression of social meanings and identities for human beings”⁹⁶ With three out of four cases of abuse occurring in or near the home⁹⁷ it is common for survivors to feel unsafe in their homes and communities, but also for them to consider any home or dwelling to be a threatening place. A place that has been associated with trauma and abuse is not easily affiliated with safety. Treating survivors of domestic violence requires attention to the way to transform the sense of “home” from a place of danger into a place of refuge.⁹⁸ For this reason, this thesis investigates how housing for survivors of domestic violence can help facilitate these goals. By increasing the amount of transitional housing, we can provide places for people to stay while strengthening their ability to live independently. By improving the quality of transitional housing, the building itself can support those goals

⁹⁶ Wilcox, Paula. *Surviving Domestic Violence: Gender, Poverty and Agency*. Houndmills England: Palgrave Macmillan, 2006, 84.

⁹⁷ Summers and Hoffman, 173.

⁹⁸ Wilcox, 89.

Chapter 5: Building Better Spaces – How the Built Environment Facilitates Healing

Buildings Can Promote Health

In the World Health Organization's preamble to the Constitution, the WHO defines health as a "state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."⁹⁹ In order to return to healthy lives, survivors' treatment must address their mental and social health. Survivors benefit from the clinical therapy and institutional services discussed in Chapters 2 & 3, but the spaces they inhabit can and should play a role in their healing too, because "at a fundamental level places affect how effectively we live our lives."¹⁰⁰ The places where we live affect how we live, and architectural design can influence psychosocial health.¹⁰¹

In the case of survivors of domestic violence, designers must consider the goals of trauma recovery (discussed in Chapter 2). The spaces where survivors of domestic violence live, learn, work, and socialize should be spaces that promote health in general, but should also support their emotional needs by reinforcing skills they gain through clinical therapeutic treatment. Augustin (2009) writes that we are "always in a place. The spaces that surround us help us pursue important human motives, or

⁹⁹ World Health Organization. "Constitution." *World Health Organization*. July 22, 1946. <https://www.who.int/about/who-we-are/constitution> (accessed April 7, 2019).

¹⁰⁰ Sally Augustin, *Place Advantage: Applied Psychology for Interior Architecture*. (Hoboken, New Jersey: John Wiley & Sons, 2009), 13.

¹⁰¹ Peters, Terri, ed. *Design for Health: Sustainable Approaches to Therapeutic Architecture*. Profile, No. 246. Oxford: John Wiley & Sons, 2017, 8.

thwart our efforts to do so.”¹⁰² Architects designing for vulnerable populations need to consider how these spaces allow users to pursue motives that aid healing. Reiss (2004) lists sixteen motives that drive all human action: power, curiosity, independence, status, social contact, vengeance, honor, idealism, physical exercise, romance, family, order, eating, acceptance, tranquility, and saving.¹⁰³ For many survivors of domestic violence, actions that promote independence, social contact, order, and tranquility are especially important in the course of their recovery.

Spatial Qualities that Mitigate Trauma Symptoms

Empowering Spaces: Control & Decision-Making

Survivors of domestic violence have often spent an extended time having little control of their lives, either because their abusers have limited their power to make significant decisions or because psychological trauma of the abuse has affected their cognition in ways that make decision-making challenging or impossible.¹⁰⁴ A focus on survivors’ agency helps to reinforce the path to recovery after abuse,¹⁰⁵ and so giving survivors choices and supporting them in decision-making facilitates empowerment.¹⁰⁶ Spending time in empowering spaces helps survivors to exercise control over their environment.

¹⁰² Augustin, 19.

¹⁰³ Ibid., 16.

¹⁰⁴ Dutton, xv.

¹⁰⁵ Wilcox, 3.

¹⁰⁶ Dutton, 3.

“Empowering space is not just space that bars dangers at the door,”¹⁰⁷ but is also a space that gives users the perception of control of their environment. People feel stressed, discouraged, and frustrated when they have the sense that they have no control.¹⁰⁸ Augustin claims that “control that establishes privacy is the most important sort of control we can have [over our spaces]--it does the most positive things for us psychologically.”¹⁰⁹ To give a survivor of domestic violence their own private space is to reinforce their right to their own possessions, body, choices, and life.

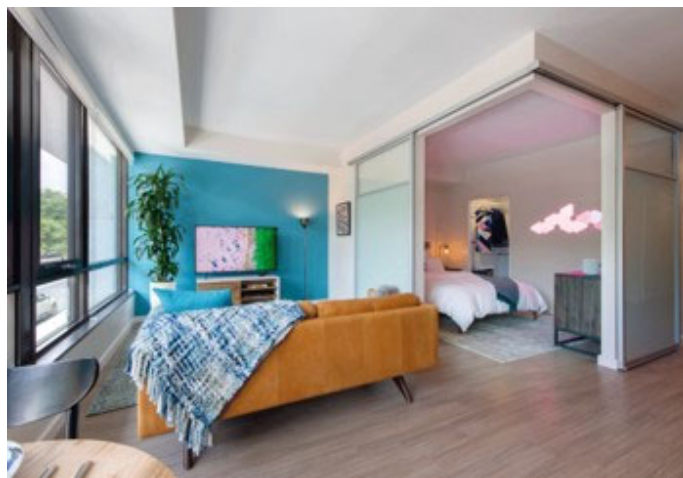


Figure 5.1 *Private Bedroom*, Example from 301 M Street by Maurice Walters Architect (Washington, D.C.).
Source: <https://www.mwaltersarchitect.com/portfolio/301-m>

In a building, living spaces for each family and individual bedrooms for each person provide privacy (fig. 5.1). Accessible spaces provide autonomy. Spaces of varying sizes and types provide choice, as do rooms that can be used and arranged in multiple ways. A building that has multiple paths through it also supports empowerment, as it gives its users choice as to when they want to participate or

¹⁰⁷ Welkin, 164.

¹⁰⁸ Augustin, 29.

¹⁰⁹ Ibid.

engage, without forcing them to confront a person or space that they would rather avoid.



Figure 5.2 *Varying Room Types & Flexibility of Usage*, Examples from WSCADV's Building Dignity project (left) and Rietveld Schröder House (right) by Gerrit Rietveld (Utrecht, Netherlands). Sources: <https://buildingdignity.wscadv.org/communal-space/empower/> and <https://www.rietveldschroderhuis.nl/en>

Connected Spaces: Information & Support

Abuse causes difficulty with trust and intimate relationships (romantic and otherwise).¹¹⁰ Survivors who do succeed in leaving their abusers tend to have strong support networks that include both people and resources. Emotional support is critical to recovery. A building can support this with shared spaces, with visual transparency, with integration of unit types, and with opportunities for chance interactions.

¹¹⁰ Dutton, 68-70.



Figure 5.3 *Visual Transparency & Connection to Nature*, Example from Bare House by Jacobs Yaniv Architects (Herzliya, Israel). Source: <https://www.dezeen.com/2019/04/19/jacobs-yaniv-architects-bare-house-concrete-residential-architecture/>



Figure 5.4 *Opportunities for Chance Interactions*, Examples from Tsutaya Book Apartment (left) (Shinjuku, Japan) and Pears National Centre for Autism Education (right) by Penoyre & Prasad (London, England). Sources: <https://retaildesignblog.net/2018/02/02/tsutaya-book-apartment-tokyo-japan/> and <https://www.penoyreprasad.com/project/national-centre-for-autism>

Secure Spaces: Safety & Comfort

Roughly 75% of abuse occurs in or near the home. Abuse is linked to feelings of vulnerability, fear, hypervigilance, and suspicion.¹¹¹ Treating survivors of domestic

¹¹¹ Dutton, 59-68.

violence means transforming the concept of “home” from a place of danger to a place of refuge. A building can support physical safety with a secure entry, with ample lighting, and with separation of public and private zones (fig. 5.5).

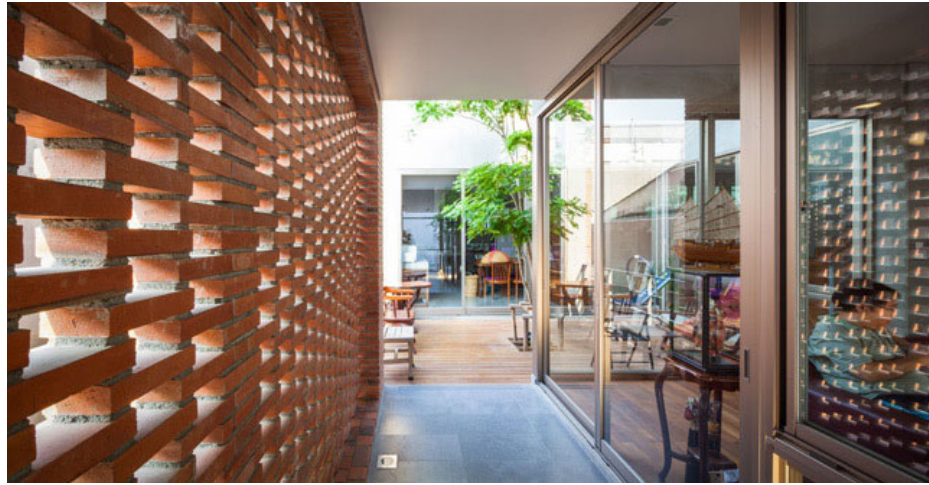


Figure 5.5 *Separation of Public/Private*, Example from Nfamwongwan House by Jun Sekino (Bangkok, Thailand). Source: <https://www.archdaily.com/615040/ngamwongwan-house-junsekino-architect-and-design>

Violation is at the core of domestic violence and sexual trauma, and so one factor at the core of healing is creating a space that is safe in “physical, interpersonal and psychological dimensions.”¹¹² While being “safe” can refer to physical security, trauma survivors also seek emotional and psychological safety, which rely on a sense of predictability. “Because abuse and trauma involve significant elements of unpredictability and violation of expectations,” reducing surprises is reassuring for people whose vulnerability has been exploited in the past.¹¹³ It is important to create physical spaces that are consistent, predictable, and protected (fig. 5.5). This can relate to the use of the space (e.g. programmatic guidelines about who can enter them,

¹¹² Welkin, 156.

¹¹³ Ibid., 159.

how staff members handle interruptions to confidential conversations) but also to the arrangement of spatial elements.

A building with logical and intuitive arrangements of space is easy for users to navigate, which is especially important when a survivor first arrives at the institution and may feel especially vulnerable. Clear delineations between spaces (emphasized by color, ceiling height or material change) also help mark boundaries of protected areas, which helps users navigate a space, but also allows survivors to label spaces as separate territories,¹¹⁴ which helps in determining psychological boundaries related to who they will allow to enter into protected spaces (whether those protected “spaces” are physical or emotional).¹¹⁵



Figure 5.6 *Materials & Ceiling Heights Used to Delineate Spaces*, Examples from Interflow House (left) by Id-ea (Jakarta, Indonesia and Muuratsalo (right) by Alvar Aalto (Saynatsalo, Finland). Sources: <http://id-ear.com/Interflow-House> and <http://navi.finnisharchitecture.fi/muuratsalo-experimental-house/>

¹¹⁴ Augustin, 83.

¹¹⁵ Welkin, 157

Peaceful Spaces: Restoration & Calm



Figure 5.7 *Ample Light & Access to Nature*, Examples from Terrace House (left) by O2 Design Atelier (Sungai Buloh, Malaysia) and Courtyard by the West Sea (right) by META-Project (Beijing, China). Sources: <https://www.archdaily.com/783163/terrace-house-renovation-o2-design-atelier> and <http://www.meta-project.org/projectdetail?projectQueryCon.id=51&select=2,1#>

Abuse produces feelings of terror, anxiety, rage, depression, shame, turmoil, disorientation, and lowered self-esteem. It produces cognitive inconsistency, difficulty sleeping & concentrating, and is often linked with addiction. A building can support survivors' mental and social health with access to nature, with ample light and air (fig. 5.7), with predictable organization, with quiet rooms, with quiet spaces, and with logical paths of circulation (fig. 5.8).



Figure 5.8 *Circulation Oriented Around Courtyards*, Examples from Courtyard House (left) by Neogenesis+Studio0261 (Surat, India) and Maggie's Oldham Rehabilitation Center (right) by DRMM (Oldham, UK). Sources: <https://thearchitectsdiary.com/heart-house-double-height-courtyard-neogenesisstudi0261/> and <http://drmm.co.uk/projects/view.php?p=maggies-oldham>

Chapter 6: Precedents & Program

This thesis analyzes programmatic and typological precedents to arrive at a proposed program for the design intervention. The precedents include a domestic violence crisis center, a domestic violence shelter, and two residential treatment facilities for teenagers. The arrangement of shared spaces and the access to staff and case managers relate to the proposed project. Staff to resident ratios and approximate sizes of spaces are based on analysis of the precedents and on the case studies presented by Correia and Melbin (2005).

The Ada & Tamar De Shalit House

The Ada & Tamar De Shalit House (2018) in Tel Aviv, Israel by Goldreich & Yaniv Architects houses up to 25 residents at a time. The administrative spaces contain ten offices and one meeting room, and the building program is 9,555 ft² with an additional 8,945 ft² of exterior space.

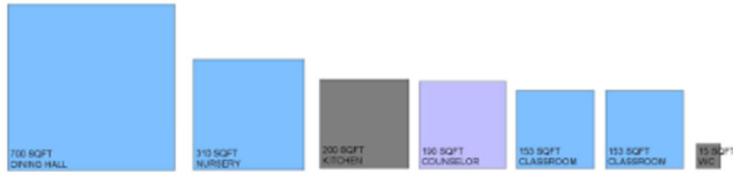


Figure 6.1 *Program Analysis (Plan) of Ada & Tamar De Shalit House.* Source: author, 2019.

RESIDENTIAL



GATHERING SPACES & RESIDENT SERVICES



ADMIN



EXTERIOR SPACES

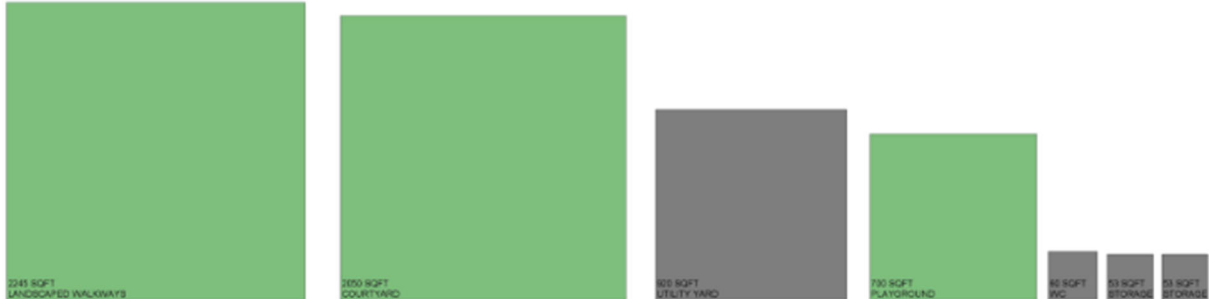


Figure 6.2 Program Analysis (Abstracted) of Ada & Tamar De Shalit House. Source: author, 2019

Zebi Brown ARCH797 April 15, 2019 Reverse Engineer Program - The Ada & Tamar De Shalit House Tel Aviv, Israel						
RESIDENTIAL		SQUARE FOOTAGE	QUANTITY	TOTAL	2270	
	HOUSING				2270	
	Shared Houses (2 families)	336	5	1680		
	Private Houses (1 family)	245	2	490		
	Private Rooms (Individual)	100	1	100		
INSTITUTIONAL		SQUARE FOOTAGE	QUANTITY	TOTAL	2418	
	EDUCATION & THERAPY				305	
	Nursery	310	1	310		
	Counselor's Office	190	1	190		
	Classrooms	153	2	305		
	COMMUNITY SPACES				900	
	Dining Hall	700	1	700		
	Kitchen	200	1	200		
	ADMINISTRATION				1213	
	Meeting Room	315	1	315		
	Offices (Large)	113	6	680		
	Offices (Small)	78	4	312		
	Kitchens	111	2	221		
SERVICE		SQUARE FOOTAGE	QUANTITY	TOTAL	315	
	STORAGE				250	
	Storage Closet (Residential)	135	1	135		
	Storage Closet (Offices)	50	1	50		
	PUBLIC RESTROOMS				65	
	Restroom (Offices)	25	2	50		
	Restroom (Therapy Space)	15	1	15		
					INTERIOR SUBTOTAL	5003
					GROSSING FACTOR	1.9
					INTERIOR TOTAL	9555
EXTERIOR SPACES		SQUARE FOOTAGE	QUANTITY	TOTAL	7061	
	RECREATIONAL				5975	
	Courtyard	2050	1	2050		
	Landscaped Walkways	2245		2245		
	Playground	700	1	700		
	UTILITIES				1086	
	Utility Yard	920	1	920		
	Restroom (Courtyard)	60	1	60		
	Storage Closets	53	2	106		
					EXTERIOR SUBTOTAL	7061
					GROSSING FACTOR	1.3
					EXTERIOR TOTAL	8945
					PROJECT TOTAL	18500

Table 6.1 Program Analysis (Data) of Ada & Tamar De Shalit House. Source: author, 2019

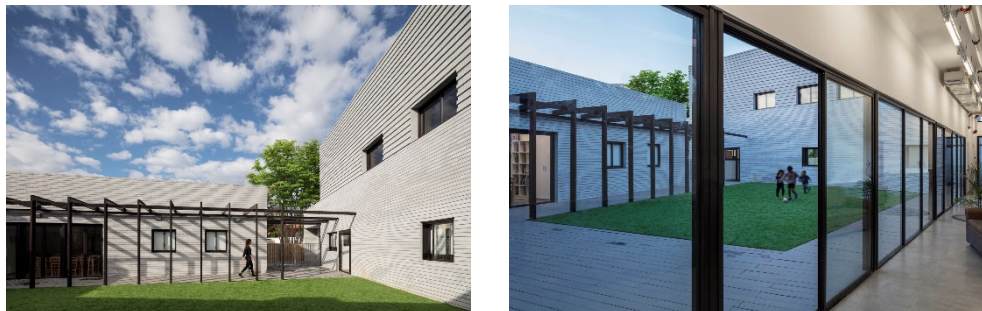


Figure 6.3 Ada & Tamar De Shalit House Courtyard, Photographs by Amit Geron, 2018. Source: <https://www.dezeen.com/2018/05/05/amos-goldreich-architecture-completes-purpose-built-refuge-for-domestic-abuse-sufferers/>

Trillium Secure Adolescent Inpatient Facility

Trillium Secure Adolescent Inpatient Facility (2015) in Corvallis, Oregon by TVA Architects houses up to sixteen residents at a time. They administrative spaces accommodate 7-10 staff members, and the program is 12,400 ft² with an additional 2,700 ft² of exterior space.



Figure 6.4 Program Analysis (Plan) of Trillium Facility, Source: author, 2019.

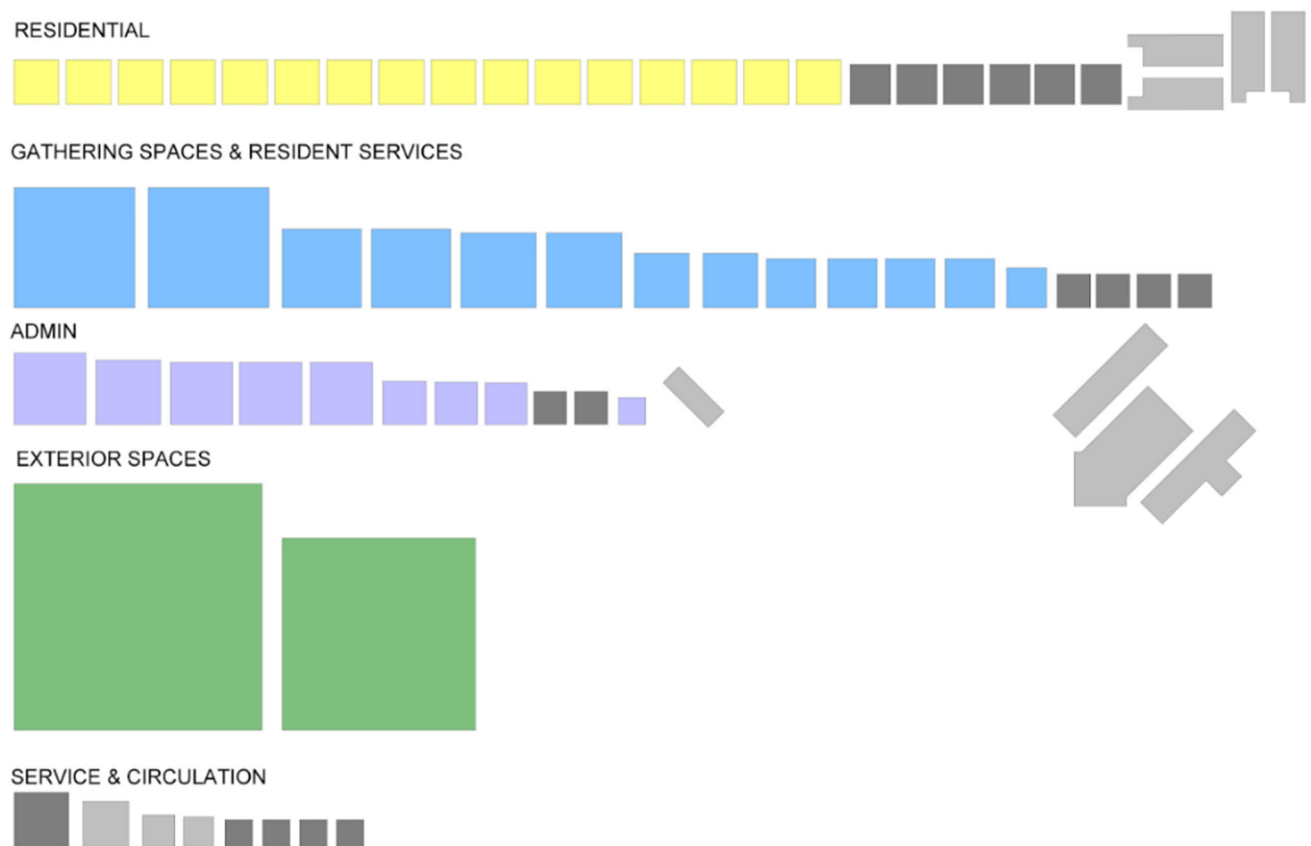


Figure 6.5 *Program Analysis (Abstracted) of Trillium Facility*. Source: author, 2019.

Table 6.2 *Program Analysis (Data) of Trillium Facility*. Source: author, 2019.

Dave Smith Treatment Center

The Dave Smith Youth Treatment Center (year unknown) in Ottawa, Ontario by MacEwen Teramura Architects houses up to 30 residents at a time. The administrative spaces contain thirteen offices, and the program is 16,500 ft² with an additional 8,500 ft² of exterior space.

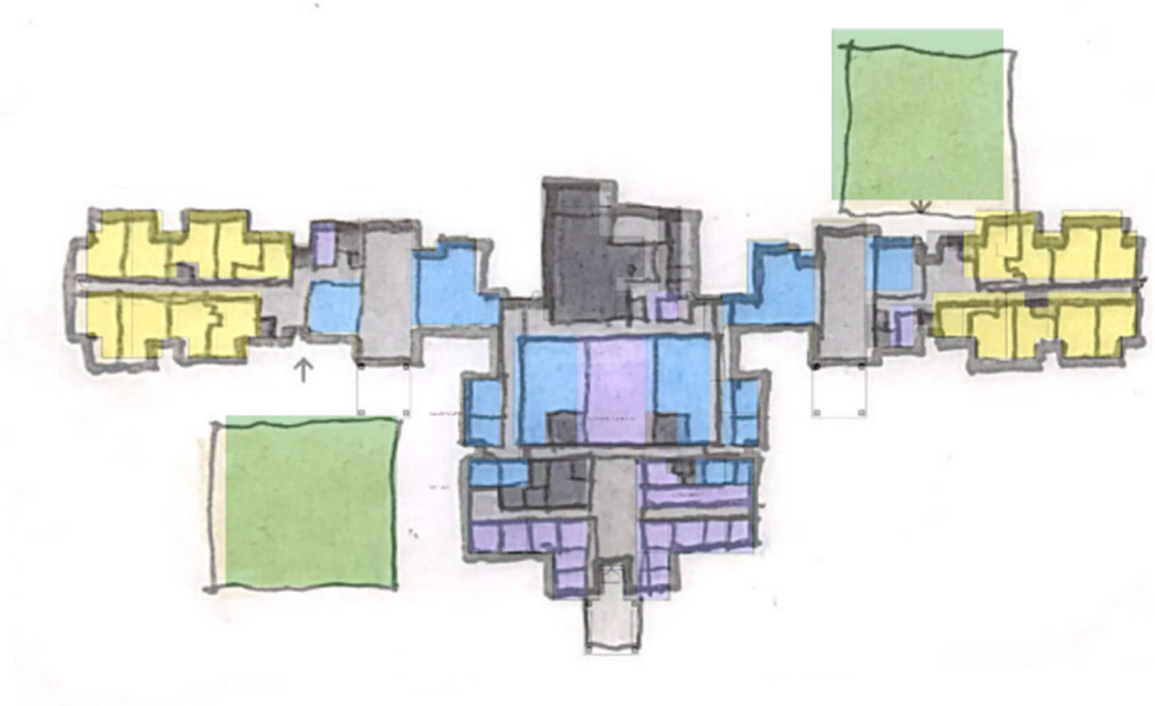


Figure 6.6 Program Analysis (Plan) of Dave Smith Center. Source: author, 2019.

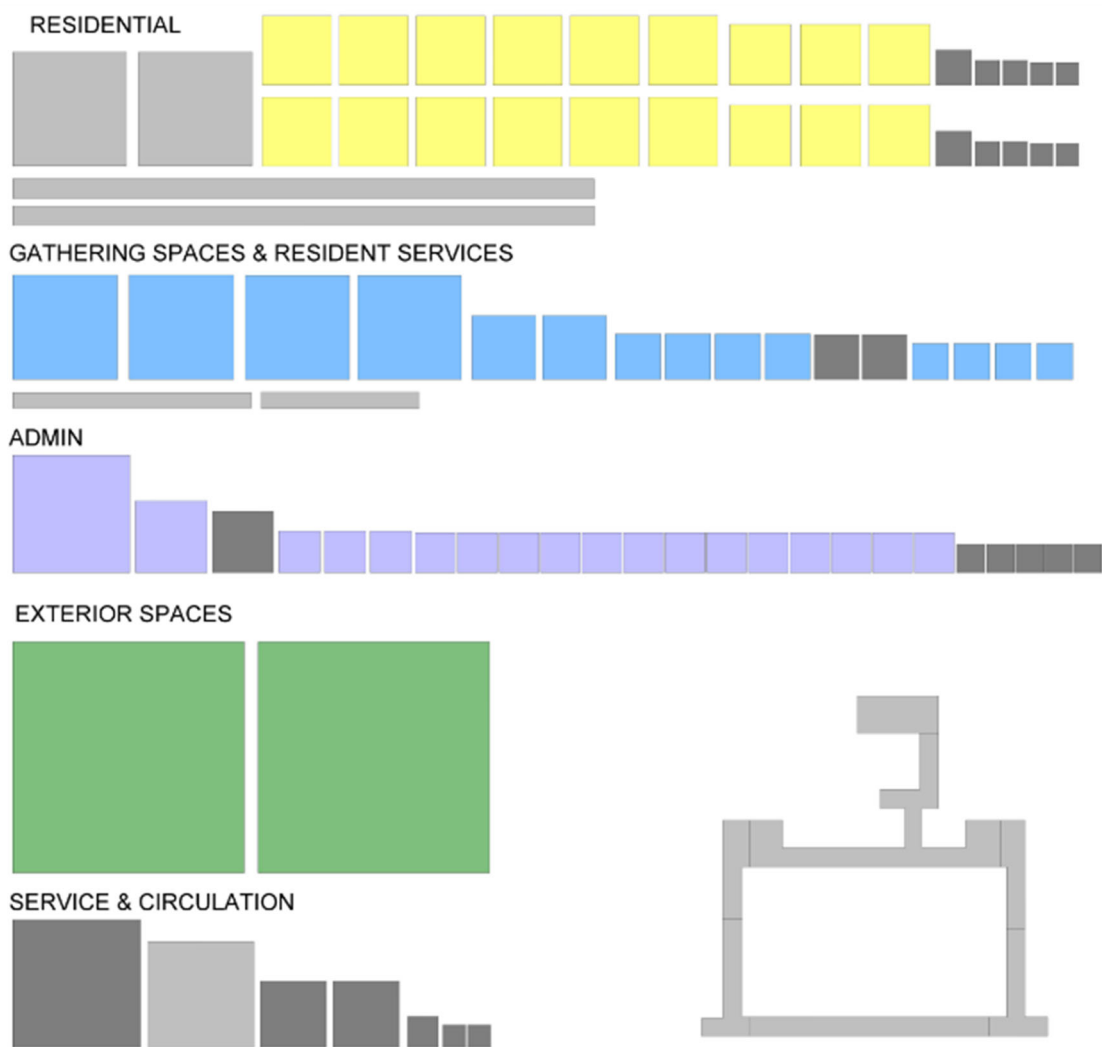


Figure 6.7 *Program Analysis (Abstracted) of Dave Smith Center*. Source: author, 2019.

Zebi Brown ARCH797 April 18, 2019 Reverse Engineer Program - Dave Smith Youth Treatment Center						
RESIDENTIAL		SQUARE FOOTAGE	QUANTITY	TOTAL		4586
	HOUSING (BOYS)				2293	
	Double Rooms	275	6	1651		
	Single Rooms	214	3	642		
	HOUSING (BOYS)				2293	
	Double Rooms	275	6	1651		
	Single Rooms	214	3	642		
INSTITUTIONAL		SQUARE FOOTAGE	QUANTITY	TOTAL		5574
	EDUCATION/THERAPY				2030	
	Classrooms (Large)	625	2	1250		
	Classrooms (Small)	120	4	480		
	Counseling Rooms	75	4	300		
	COMMUNITY SPACES				1740	
	Dining Halls	635	2	1270		
	Community Rooms	235	2	470		
	ADMINISTRATION				1804	
	Conference Room	795	1	795		
	Intake Lobby	300	1	300		
	Staff Residences	100	3	300		
	Staff Offices	93	13	1204		
SERVICE & CIRCULATION		SQUARE FOOTAGE	QUANTITY	TOTAL		6350
	SERVICE				2645	
	Building Services (Residential)	70	2	140		
	Storage (Residential)	30	4	118		
	Restrooms (Residential Wing)	35	4	140		
	Storage (Admin)	46	5	230		
	Kitchen Suite (for Offices)	216	1	216		
	Public Restrooms (Entry)	115	2	230		
	Kitchen	945	1	945		
	Building Services (Kitchen)	255	2	510		
	Restroom (Staff, Back of House)	56	1	56		
	Storage (Back of House)	30	2	60		
	CIRCULATION & ENTRY				3705	
	Residential Wing Entry	745	2	1490		
	Building Entry	650	1	650		
	Circulation	3055	1	3055		
					PROGRAM SUBTOTAL	10160
					GROSSING FACTOR	1.6
					INTERIOR TOTAL	16510
EXTERIOR SPACES		SQUARE FOOTAGE	QUANTITY	TOTAL		8490
	RECREATIONAL				8490	
	Outdoor Area	4245	2	8490		
					EXTERIOR SUBTOTAL	8490
					GROSSING FACTOR	1.0
					EXTERIOR TOTAL	8490
					PROJECT TOTAL	25000

Table 6.3 Program Analysis (Data) of Dave Smith Center. Source: author, 2019.

Merryman House Domestic Crisis Center

The Merryman House (Not yet built) in Paducah, Kentucky by REB Architects houses up to 30 residents at a time. The administrative spaces contain eleven offices, and the building is 12,300 ft² with an unknown amount of exterior space.



Figure 6.8 *Program Analysis (Plan) of Merryman House*. Source: author, 2019.

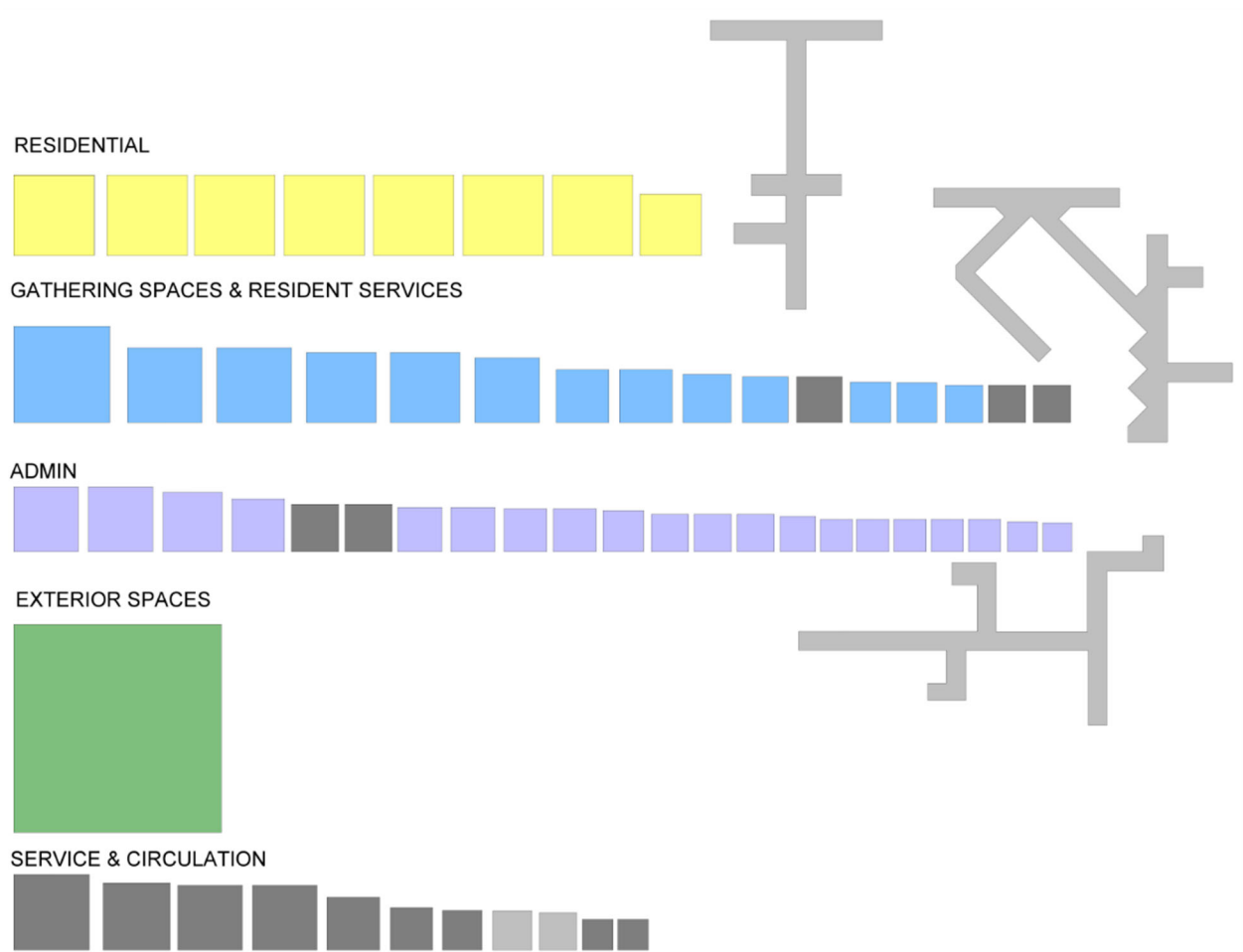


Figure 6.9 Program Analysis (Abstracted) of Merryman House. Source: author, 2019.

Zebi Brown ARCH797 April 18, 2019 Reverse Engineer Program - Merryman House, Paducah KY					
RESIDENTIAL		SQUARE FOOTAGE	QUANTITY	TOTAL	3525
HOUSING					3525
	4-Bed Room	465	7	3255	
	2-Bed Room	270	1	270	
INSTITUTIONAL		SQUARE FOOTAGE	QUANTITY	TOTAL	6116
EDUCATION/THERAPY					467
	Group Room	300	1	300	
	Therapy Office	167	1	167	
COMMUNITY SPACES					3044
	Dining Room	665	1	665	
	Kitchen	400	1	400	
	Living Room	400	1	400	
	Children's Play Room	350	1	350	
	Teen Lounge	350	1	350	
	Laundry	200	1	200	
	Exercise Room	198	1	198	
	Kitchenette	150	1	150	
	Computer Lab	117	1	117	
	Quiet Room	114	1	114	
	Locker Room	100	1	100	
ADMINISTRATION					2605
	Reception	300	1	300	
	Board Room	300	1	300	
	Work Room	254	1	254	
	File Room	200	1	200	
	Office - Executive Director	140	1	140	
	IT Room	140	1	140	
	Office - Client Services Director	132	1	132	
	Office - Assistant Director	130	1	130	
	Staff Laundry	120	1	120	
	Office - Volunteer Coordinator	100	1	100	
	Office - Interns & Volunteers	100	1	100	
	Office - Maintenance	100	1	100	
	Office - Chef	90	1	90	
	Office - Advocate	75	5	375	
	Intake	64	1	64	
	Break Room	60	1	60	
SERVICE & CIRCULATION		SQUARE FOOTAGE	QUANTITY	TOTAL	2653
SERVICE & STORAGE					2443
	Maintenance Work Room	410	1	410	
	Lawn Equipment Storage Room	322	1	322	
	Donation Receiving Room	300	1	300	
	Donation Storage Room	300	1	300	
	Dry Goods Storage	200	1	200	
	Staff Bathrooms	160	2	320	
	Pantry	150	1	150	
	Mechanical	129	1	129	
	Sprinkler	112	1	112	
	Cooler/Freezer	100	2	200	
	Janitor's Closet	67.5	2	135	
CIRCULATION & ENTRY					210
	Circulation	745	1	745	
	Foyer	110	1	110	
	Vestibule	100	1	100	
				PROGRAM SUBTOTAL	9641
				GROSSING FACTOR	1.3
				INTERIOR TOTAL	12294
				PROJECT TOTAL	12294

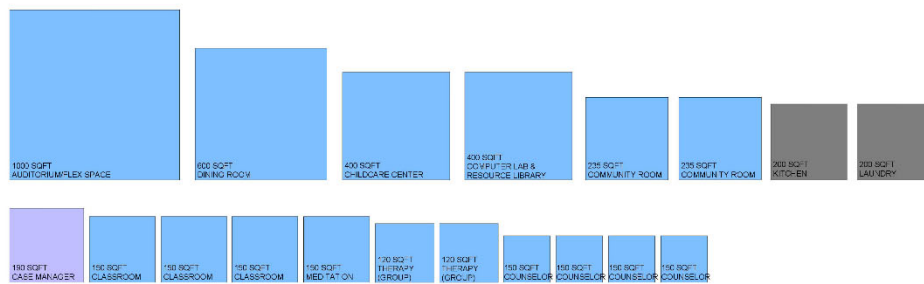
Table 6.4 Program Analysis of Merryman House. Source: author, 2019.

Proposed Program¹¹⁶

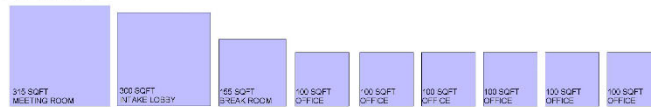
RESIDENTIAL



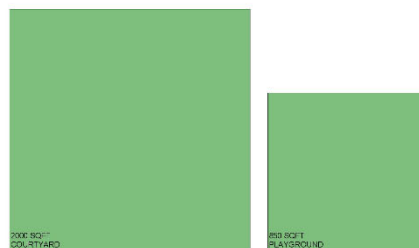
GATHERING SPACES & RESIDENT SERVICES



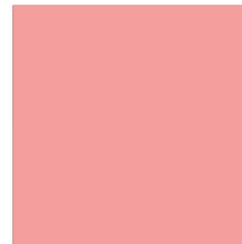
ADMIN



EXTERIOR SPACES



RETAIL/OUTWARD FACING



SERVICE & CIRCULATION



Figure 6.10 *Proposed Program (Abstracted)*. Source: author, 2019.

RESIDENTIAL		SQUARE FOOTAGE	QUANTITY	TOTAL		4825
	HOUSING					4825
	2-Family Suite	400	6	2400		
	1-Family Suite	275	3	825		
	Single Rooms	200	8	1600		
INSTITUTIONAL		SQUARE FOOTAGE	QUANTITY	TOTAL		9765
	EDUCATION/THERAPY					4850
	Classrooms	150	3	450		
	Group Therapy	120	2	240		
	Counselor	75	4	300		
	COMMUNITY SPACES					3020
	Auditorium/Flex Space	1000	1	1000		
	Dining Room	600	1	600		
	Childcare Center	400	1	400		
	Computer Lab & Resource Library	400	1	400		
	Community Rooms	235	2	470		
	Meditation Room	150	1	150		
	ADMINISTRATION					1895
	Meeting Room	350	1	350		
	Intake Lobby	300	1	300		
	Case Manager	190	1	190		
	Break Room	155	1	155		
	Staff Offices	100	6	600		
	Staff Residences	100	3	300		
	RETAIL					0
	???	0	1	0		
SERVICE & CIRCULATION		SQUARE FOOTAGE	QUANTITY	TOTAL		1090
	STORAGE & BUILDING SERVICES					640
	Kitchen	200	1	200		
	Laundry Room	200	1	200		
	Residential Kitchenettes	120	2	240		
	CIRCULATION					450
	Building Entry	450	1	450		
					INTERIOR SUBTOTAL	15680
					GROSSING FACTOR	1.5
					INTERIOR TOTAL	23520
EXTERIOR SPACES		SQUARE FOOTAGE	QUANTITY	TOTAL		2850
	RECREATIONAL					2850
	Courtyard	2000	1	2000		
	Playground	850	1	850		
					EXTERIOR SUBTOTAL	2850
					GROSSING FACTOR	1.3
					EXTERIOR TOTAL	3705
					PROJECT TOTAL	27225

Table 6.5. *Proposed Program (Data)*. Source: author, 2019

¹¹⁶ Retail in the proposed program is based on observations by Correia and Melbin (2005) of transitional housing programs that included retail as community outreach and as resources for residents. This also provides opportunity for job experience for unemployed residents.

Chapter 7: Site Analysis

Risk Factors & Correlated Groups

Though domestic violence occurs across all demographic boundaries, there are risk factors that increase the likelihood of abuse, and there are groups that experience disproportionately high levels of abuse. The WHO lists low education levels, exposure to domestic violence in childhood, drug and alcohol abuse, and exposure to cultures or situations that normalize gender inequality as risk factors.¹¹⁷ Researchers also list unemployment, unmarried cohabitation, blue collar employment, poverty-level income, partners of different religions, and a male partner's age being between 18 and 30 as additional risk factors.¹¹⁸

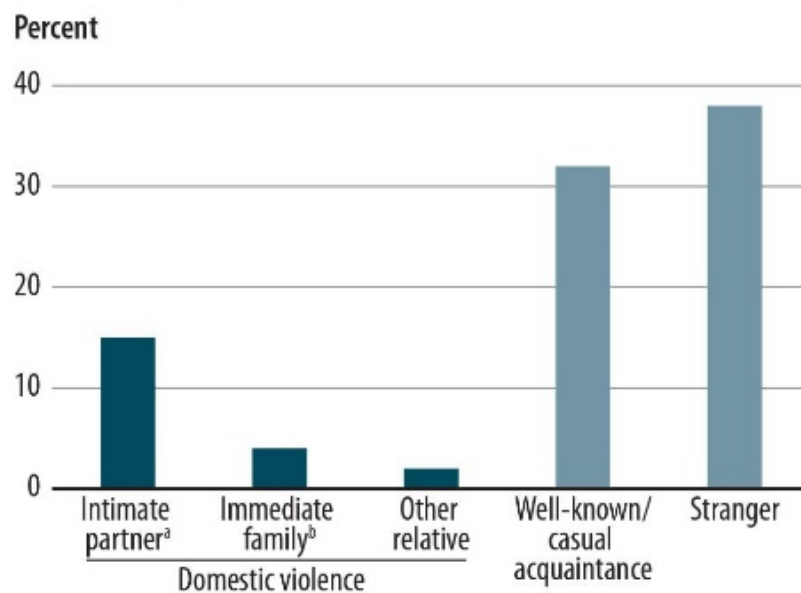


Figure 7.1. *Victim-Offender Relationships*, in domestic violence victimizations by victim's sex. Jennifer L. Truman and Rachel E. Morgan, *Nonfatal Domestic Violence, 2003-2012*. (Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2014), 6.

¹¹⁷ World Health Organization, "Violence Against Women."

¹¹⁸ Summers and Hoffman, 174.

For all types of victim-offender relationships that make up domestic violence, women have a higher victimization rate than men do, with the largest discrepancy occurring within intimate partner relationships; 82% of intimate partner violence is committed against women (fig. 7.1).^{119 120}

Young people also experience domestic violence more often than their older counterparts do. The majority of domestic violence victims are between the ages of 16 and 24.¹²¹ Non-white minorities experience higher victimization rates than whites do; African-American women face high rates of domestic violence than white women do, and American-Indian women experience abuse at more than twice the rate of women of other races.¹²²

There are slightly higher rates of abuse in urban populations than there are in rural ones, and both rates are higher than those in suburban populations¹²³ (fig. 7.2 and fig.7.3). Domestic violence also occurs more often in low-income homes than in high-income homes.¹²⁴

¹¹⁹ Truman and Morgan, 6.

¹²⁰ Summers and Hoffman, 173.

¹²¹ Ibid.

¹²² Ibid.

¹²³ Truman and Morgan, 12.

¹²⁴ Summers and Hoffman, 173.

Rate of Violent Victimization (2003-2012)

By Household Location and Victim-Offender Relationship

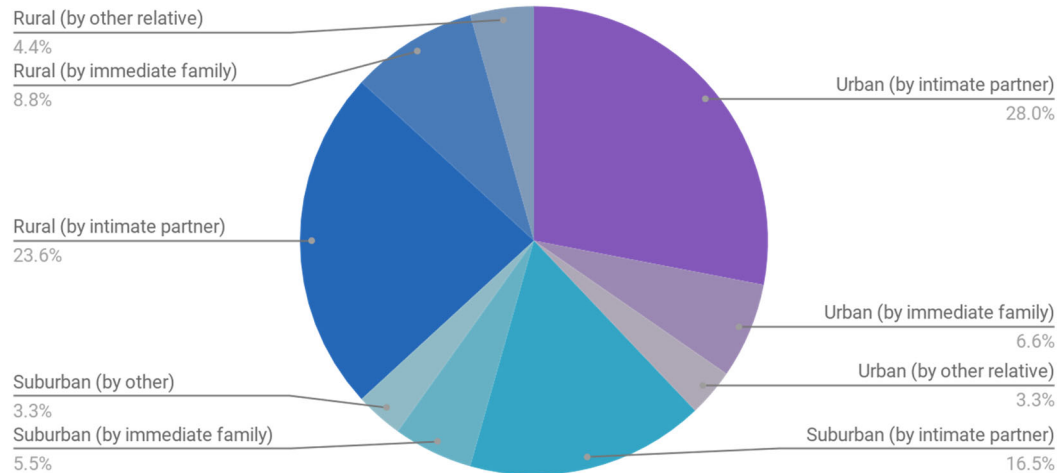


Figure 7.2 *Victimization by Household Location (By Percentages)*. Source: author, 2019. Data source: Jennifer L. Truman and Rachel E. Morgan, *Nonfatal Domestic Violence, 2003-2012*. (Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2014), 12.

Rate of Violent Victimization (2003-2012)

By Household Location and Victim-Offender Relationship

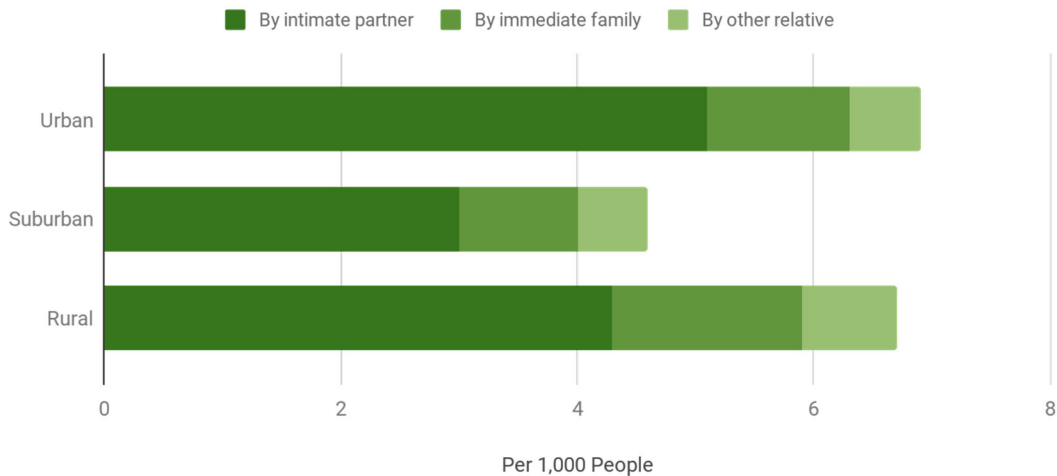


Figure 7.3 *Victimization by Household Location (Per 1,000 People)*. Source: author, 2019. Data source: Jennifer L. Truman and Rachel E. Morgan, *Nonfatal Domestic Violence, 2003-2012*. (Washington, D.C.: Bureau of Justice Statistics, Office of Justice Programs, U.S. Department of Justice, 2014), 12

Choosing the Site

Locating Vulnerable Populations

Based on the widespread nature of domestic violence, this design proposal could reach survivors of domestic violence in any environment. There is no single population that the housing facility intends to serve; however, the goals of this thesis are best served by a location in a densely populated residential area with an established community. Transitional housing aids survivors in learning or relearning skills that facilitate their personal growth and reintegration into their surrounding community. The theoretical framework of this thesis relies on survivors building connections to a community internal to the housing facility, but also on them creating support networks and social relationships in the surrounding neighborhood. Fostering interpersonal relationships inside and outside of the facility has the most potential for success in a place with a high population and a high population density so that the survivors have a large pool of people to interact with, allowing them to find the people to whom they relate best. This framework assumes that people leaving transitional housing will want to establish permanent or long-term residences in the same community, and so the connections that they establish during their time in the transitional housing program will allow them to build the foundations of a support network in their intended community.

Though some survivors fleeing abusive situations may want to distance themselves from the physical location where their abuse occurred, this thesis acts under the assumption that the population it serves will primarily be made of people who want to remain close to their original homes. There are certainly cases of people

who want to set up a new life in a new location or people who feel that they can only obtain safety by physically distancing themselves from their abusers. Still, this thesis aims to lessen the frequency of domestic violence in a community that struggles with it. To serve the specific community, it makes the most sense to find a community, serve the vulnerable populations in it, and help them reintegrate back into the same community.

To select a location, this thesis seeks a high-density residential area with populations that fit into several of the high-risk groups for incidence of domestic violence. It will subsequently find a location that has access to positive community resources that will benefit survivors.

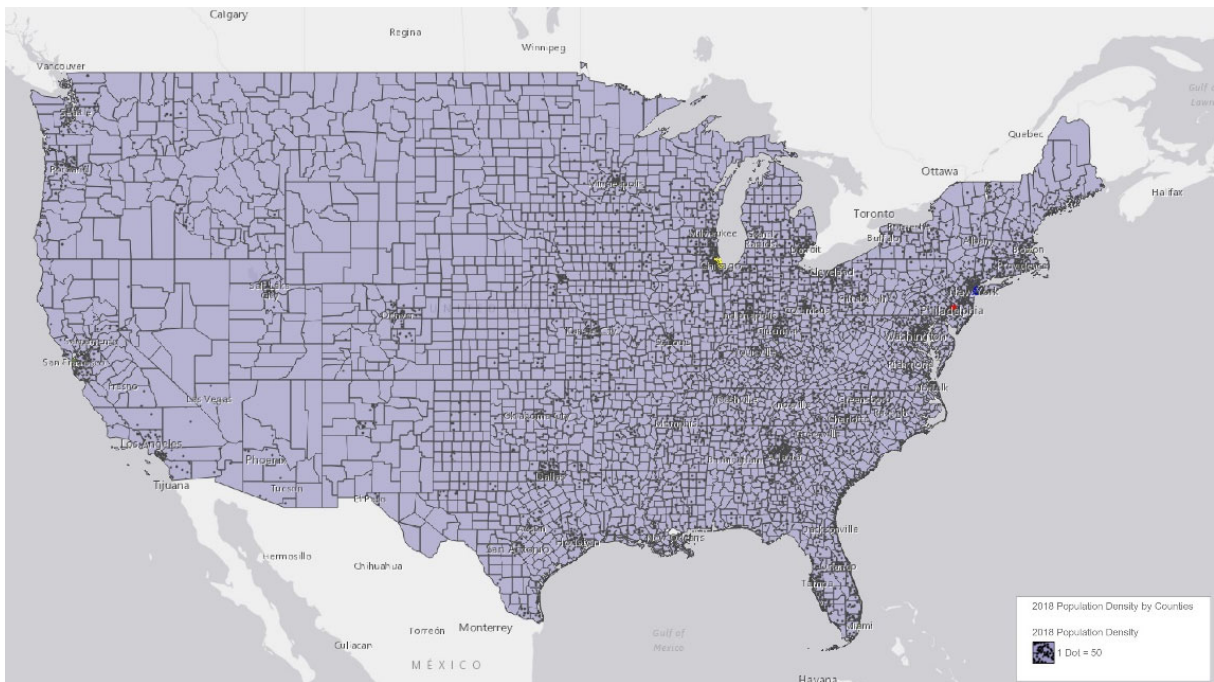


Figure 7.4 2018 United States Population Density. Source: author, 2019. Data source: Esri Community Analyst

Philadelphia is one of the most densely populated cities in the United States (fig. 7.4). The ten most populous cities in the country each have a population of over 1

million people,¹²⁵ but only three of these¹²⁶ have a population density over 10,000 people per square mile.

Of the three cities, Philadelphia has the highest unemployment rate and percentage of the population below the poverty level. It also holds the largest percentage of people whose educational attainment is at or below a high school equivalent (fig. 7.5 and table 7.1).

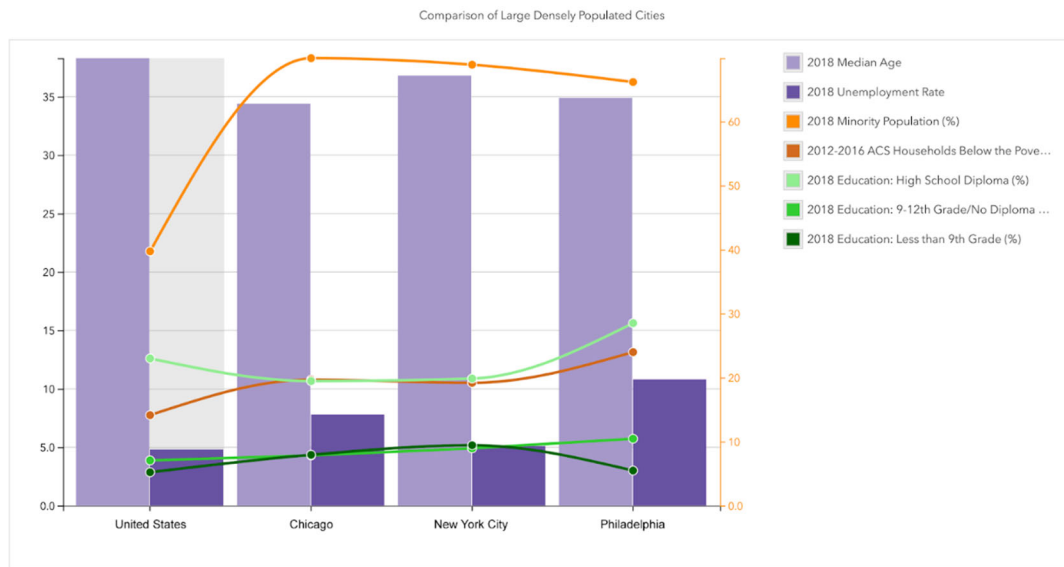


Figure 7.5 2018 Comparison of Large Densely Populated Cities. Source: author, 2019. Data source: Esri Community Analyst

Site	Total Population	Households Below Poverty Level (%)	Unemployment Rate	Education: Less than 9th Grade (%)	Education: 9-12th Grade/No Diploma (%)	Education: High School Diploma (%)	Minority Population (%)	Median Age
Chicago City, IL	2,768,416	19.69%	7.8%	7.95%	7.85%	19.47%	69.91%	34.4
New York City, NY	8,679,888	19.19%	5.1%	9.44%	8.96%	19.86%	68.89%	36.8
Philadelphia City, PA	1,591,765	23.99%	10.8%	5.49%	10.46%	28.52%	66.18%	34.9
USA	330,088,686	14.15%	4.8%	5.22%	7.07%	23.00%	39.73%	38.3

Table 7.1 Comparison of Large Densely Populated Cities. Source: author, 2019. Data Source: Esri Community Analyst

¹²⁵ Based on a July 1, 2017 estimation by the United States Census Bureau

¹²⁶ New York, Chicago, and Philadelphia.

Within Philadelphia, there are two main factors in choosing a location: that it is near the target population, and that it is near resources from which this population will benefit. The target group includes minority groups (fig. 7.6), young people (fig. 7.7), low income households (fig. 7.8), and low levels of educational attainment (fig. 7.9).

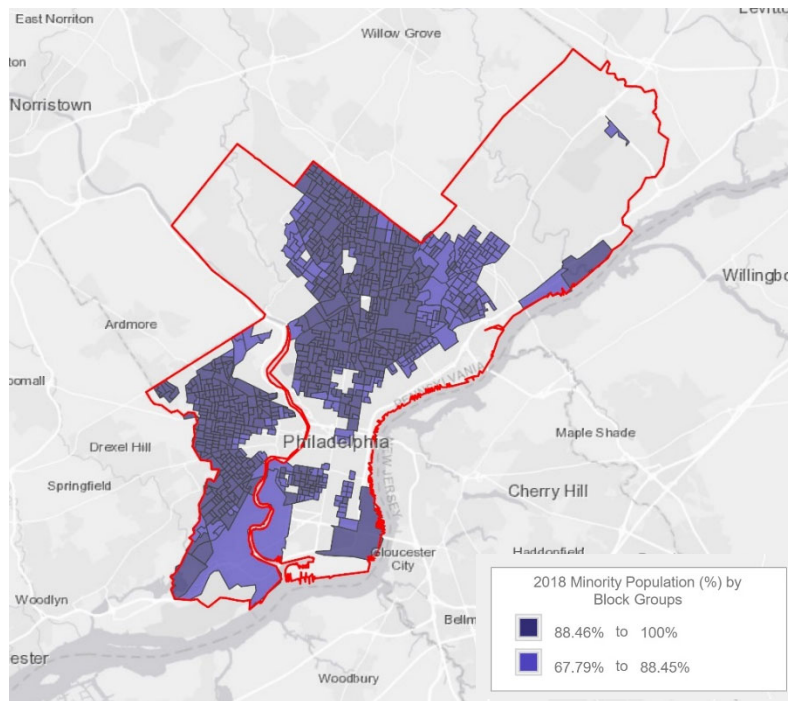


Figure 7.6 *Minority Population by Block Groups*. Source: author, 2019. Data source: Esri Community Analyst

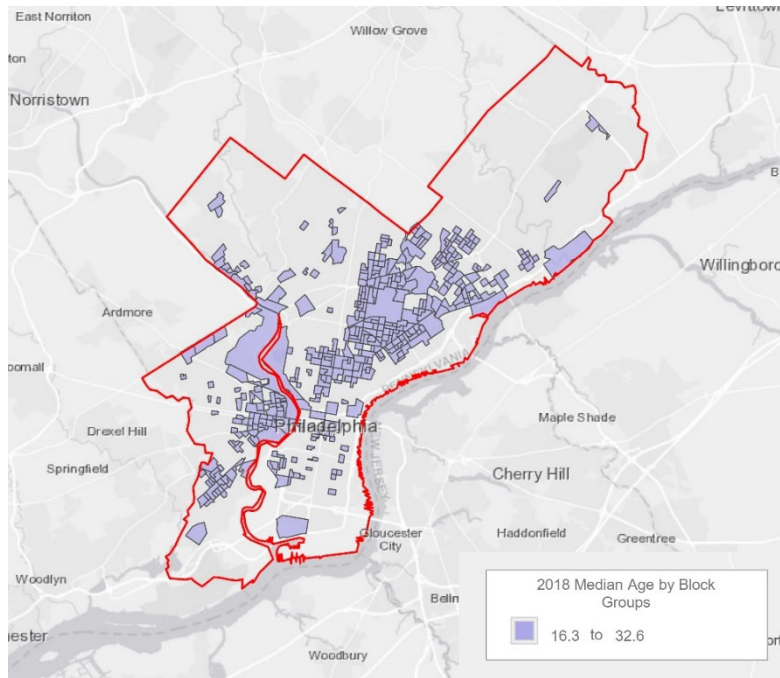


Figure 7.7 *Median Age by Block Groups*. Source: author, 2019. Data source: Esri Community Analyst

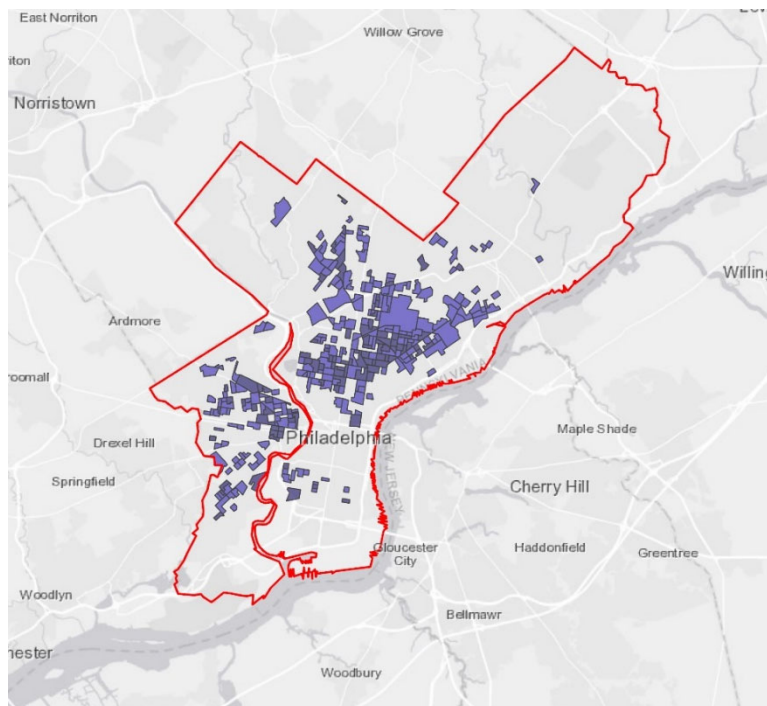


Figure 7.8 *Income Below Poverty Level by Block Groups*. Source: author, 2019. Data source: Esri Community Analyst

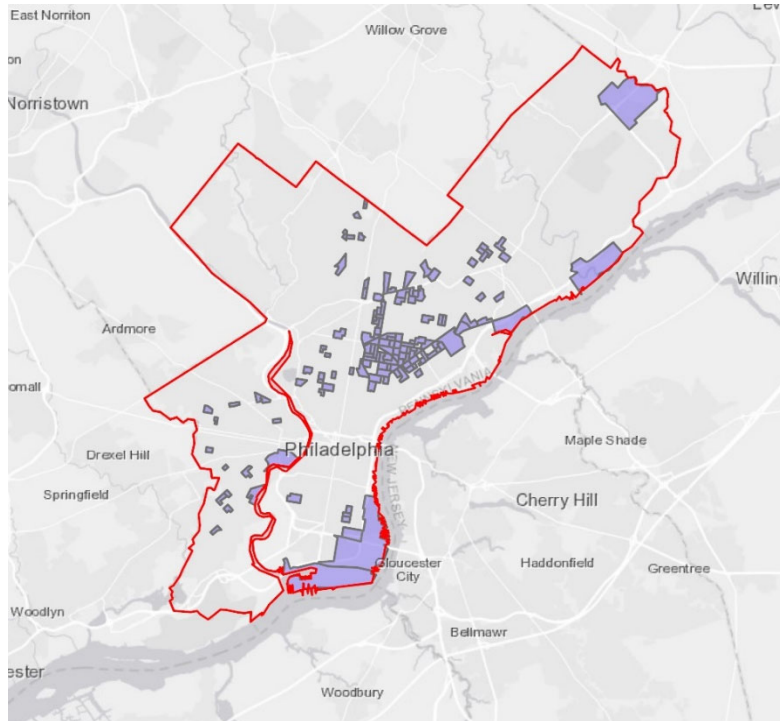


Figure 7.9 *Educational Level by Block Groups*, where purple blocks indicate that over 60% of the population has a high school diploma, GED, or lower as their highest level of education. Source: author, 2019. Data source: Esri Community Analyst.

By isolating groups that have high correlations to incidents of domestic violence, site possibilities are narrowed to two areas of the city: West Philadelphia and Upper North Philadelphia (fig. 7.10). While many places would be appropriate for the project, the neighborhood shown in fig. 7.11 has a thriving community, where a residential area is adjacent to a multicultural retail corridor, was ultimately selected for the proposed design.

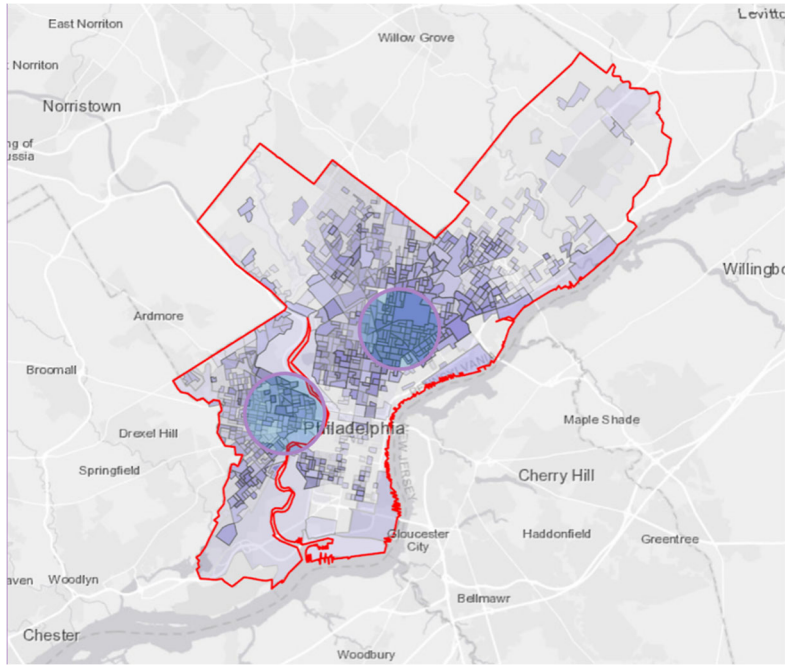


Figure 7.10 *Possible Areas for Intervention*. Source: author, 2019. Data source: Esri Community Analyst

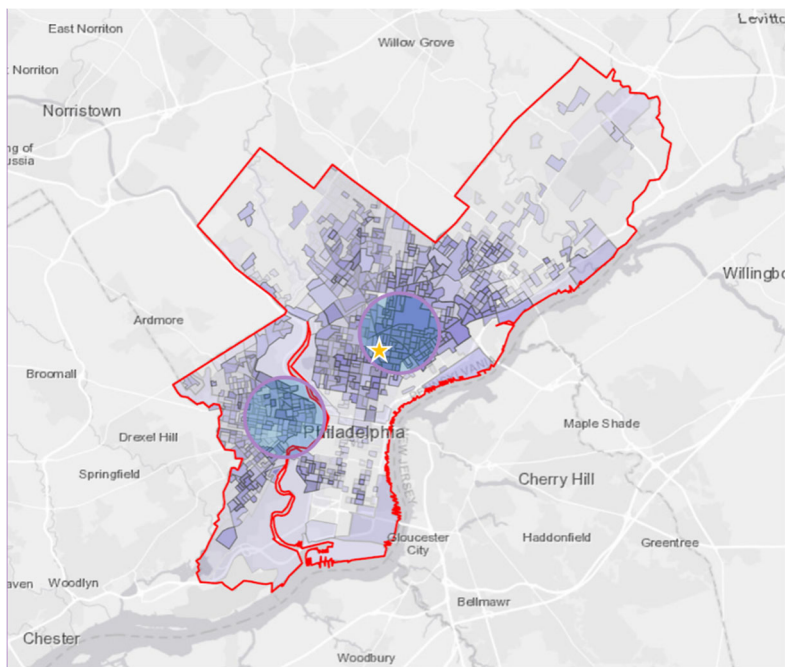


Figure 7.11 *Selected Neighborhood for Intervention*. Source: author, 2019. Data source: Esri Community Analyst

Locating Community Resources

The site (fig. 7.12 and fig. 7.13) is located less than a five-minute walk from several bus lines and is less than ten minutes to the Broad Street Line via a walkable avenue (fig. 7.14). The resources it provides for its residents (fig. 7.15) support the project's four main goals: empowerment, connection, security, and peace.



Figure 7.12 *Existing Site & Context*. Source: Google Earth.



Figure 7.13 *Existing Site & Context (Plan)*. Source: author, 2020.

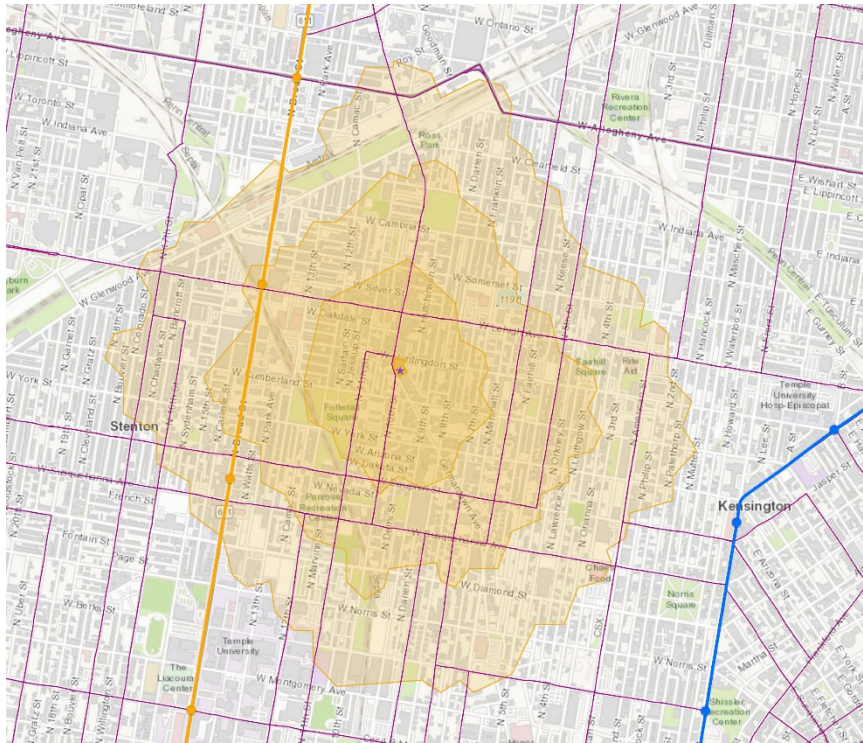


Figure 7.14 Walking Radius Around Site. Source: author, 2020. Data source: Esri Community Analyst



Figure 7.15 Walking Radius & Resources. Source: author, 2020. Data source: Esri Community Analyst

Empowerment is provided by proximity to public transportation (fig. 7.16), food supplies (fig. 7.17), education (fig. 7.18), and retail (fig. 7.19), which all help survivors build confidence and self-sufficiency.

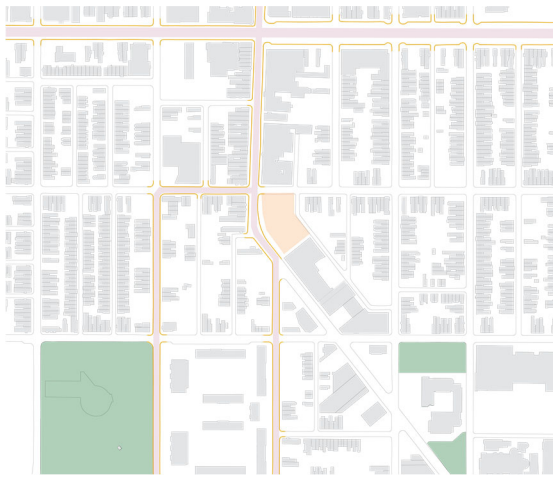


Figure 7.16 *Public Transportation*. Source: author, 2020. Data source: Esri Community Analyst

Figure 7.17 *Groceries, Corner Stores & Restaurants*. Source: author, 2020. Data source: Esri Community Analyst



Figure 7.18 *Daycare & Education*. Source: author, 2020. Data source: Esri Community Analyst

Figure 7.19 *Retail*. Source: author, 2020. Data source: Esri Community Analyst

Connection is available through access to community centers (fig. 7.20), religious institutions (fig. 7.21), and through living near other people (fig. 7.22).



Figure 7.20 *Community Centers*. Source: author, 2020. Data source: Esri Community Analyst
 Figure 7.21 *Places of Worship*. Source: author, 2020. Data source: Esri Community Analyst



Figure 7.22 *Residential Buildings*. Source: author, 2020. Data source: Esri Community Analyst

Security comes from establishing a support network of relationships with people and institutions. The institutions in this neighborhood include social services (fig. 7.23) and medical facilities (fig. 7.24).



Figure 7.23 *Social Services*. Source: author, 2020. Data source: Esri Community Analyst

Figure 7.24 *Doctors' Offices & Pharmacies*. Source: author, 2020. Data source: Esri Community Analyst

Peace comes from access to nature, health and wellness (fig. 7.25), and public art (fig. 7.26).



Figure 7.25 *Parks & Recreation Facilities*. Source: author, 2020. Data source: Esri Community Analyst

Figure 7.26 *Sculptures, Murals & Mosaics*. Source: author, 2020. Data source: Esri Community Analyst

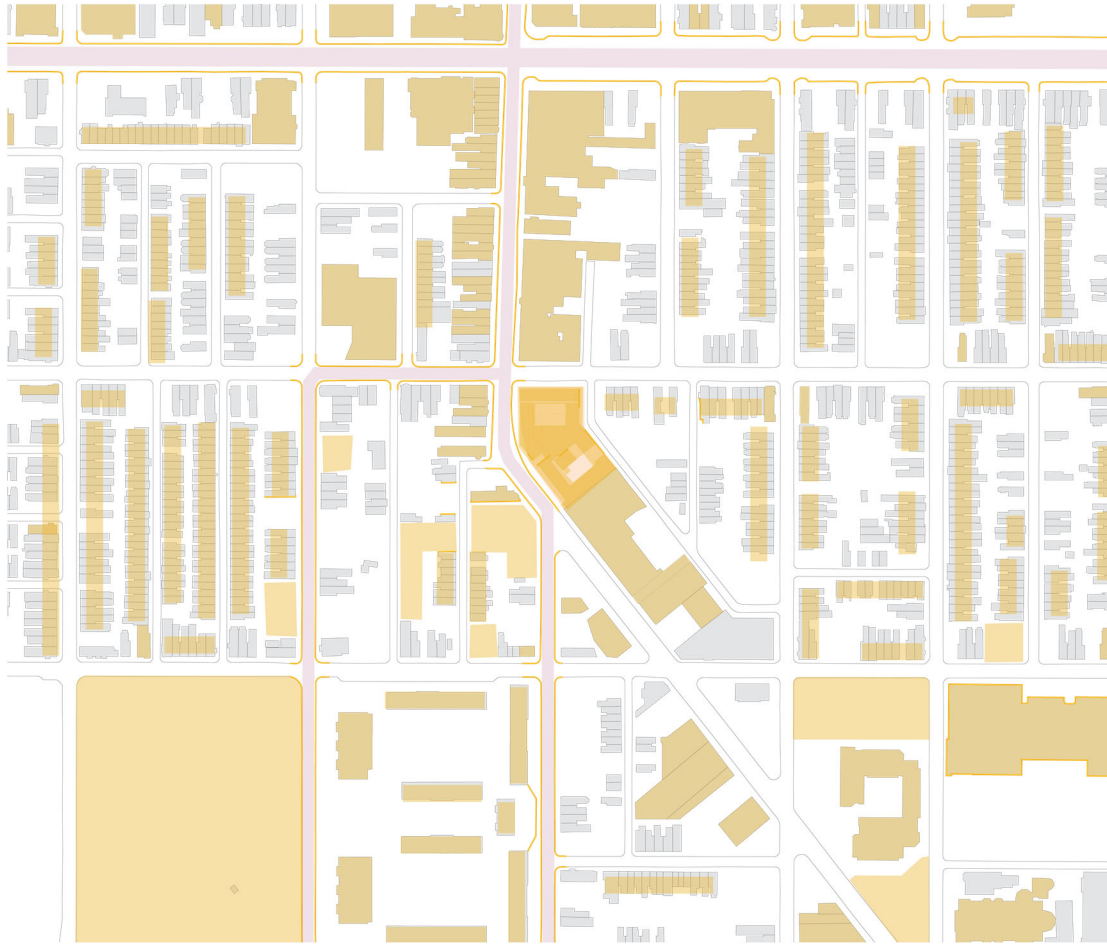


Figure 7.27 *Site Resources*. Source: author, 2020. Data source: Esri Community Analyst

Just as survivors' inner strengths help them to rebuild their lives, the strengths of this community (fig. 7.27) will help survivors to thrive.

Chapter 8: Design Proposal

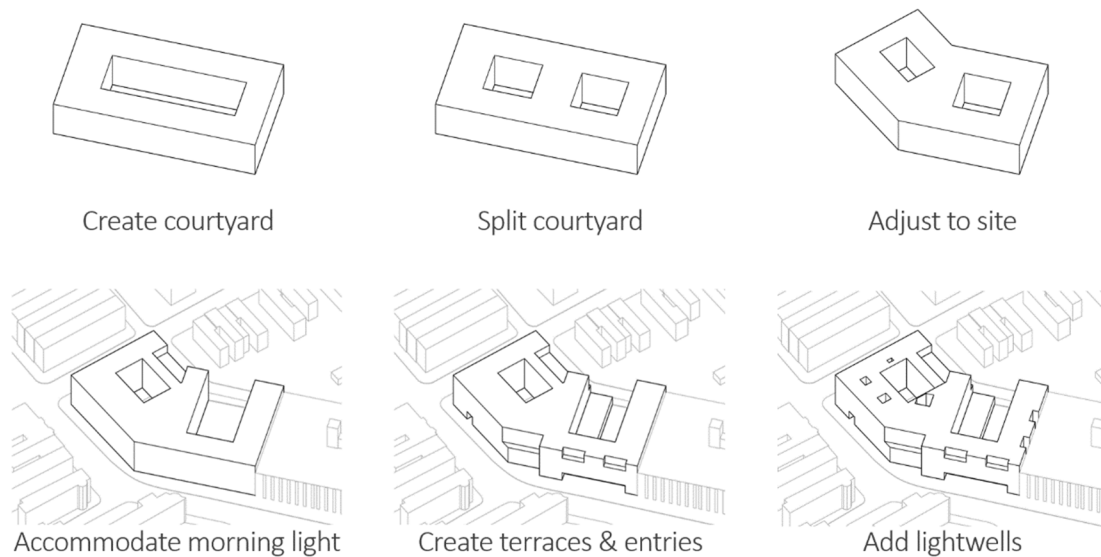


Figure 8.1 *Massing Development*. Source: author, 2020.

Despite the complex needs of its users, the building's form developed with just a few steps (fig. 8.1). One of the best ways to promote connection among residents and to provide well-lit and well-ventilated living spaces is with a simple courtyard building (fig. 8.1a). To provide an active residential courtyard as well as a quiet therapy court, the courtyard was split in two (fig. 8.1b). Adjusting the shape to fit on the site results in the shape shown in (fig. 8.1c). Both courtyards are likely to have most of their activity in the daytime, and so the next step was to carve away some of the building mass on the east side to allow the morning light to stream into these spaces (fig. 8.1d). To support connection to the surrounding community, terraces and balconies face outward (fig. 8.1e), especially over the most active street, which also receives better light in the afternoons and evenings. For security's sake, these terraces are raised above the ground level and have some amount of visual

separation from the exterior. As a final step, vertical spaces are drilled through the building to supply visual and audio connection between levels and natural light throughout the building (fig. 8.1f).

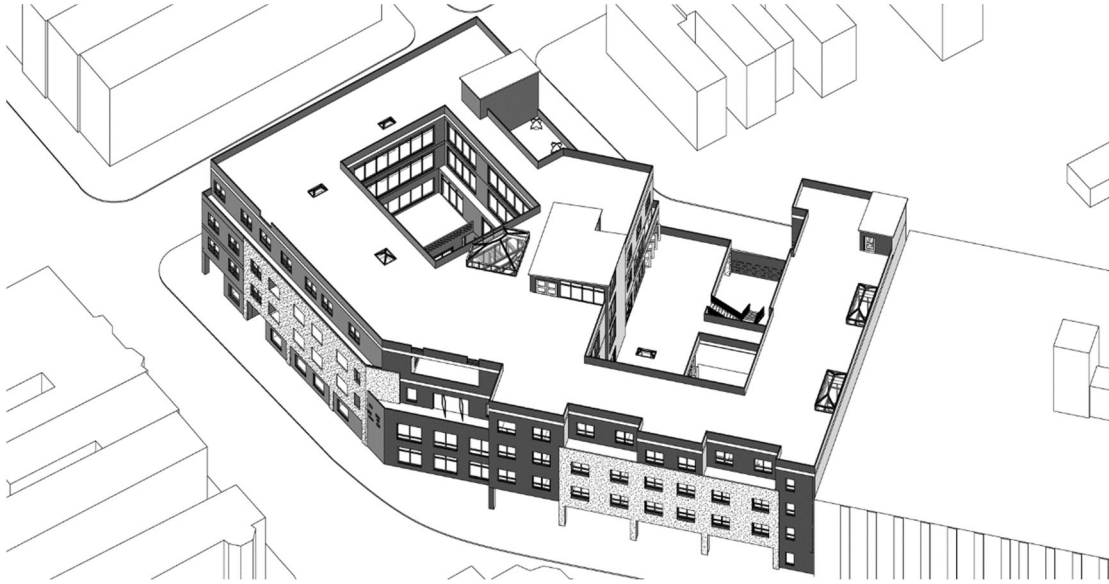


Figure 8.2 *Building Axon*. Source: author, 2020.

On the ground floor, there are public spaces, as well as resident services that have staff members present (fig. 8.3). On the plinth level, there are shared resident spaces and private resident spaces, as well as shared courtyards (fig. 8.4). The upper residential levels contain more family units and shared resident space, as well as small terraces facing the southeast and southwest (fig. 8.5 and fig. 8.6).

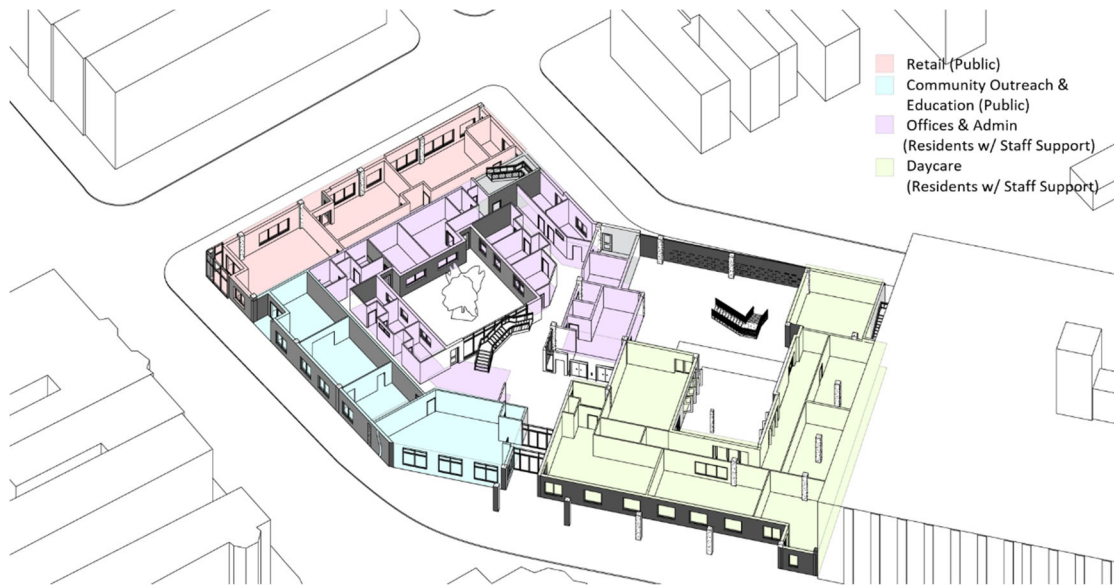


Figure 8.3 *Ground Floor Program*. Source: author, 2020.

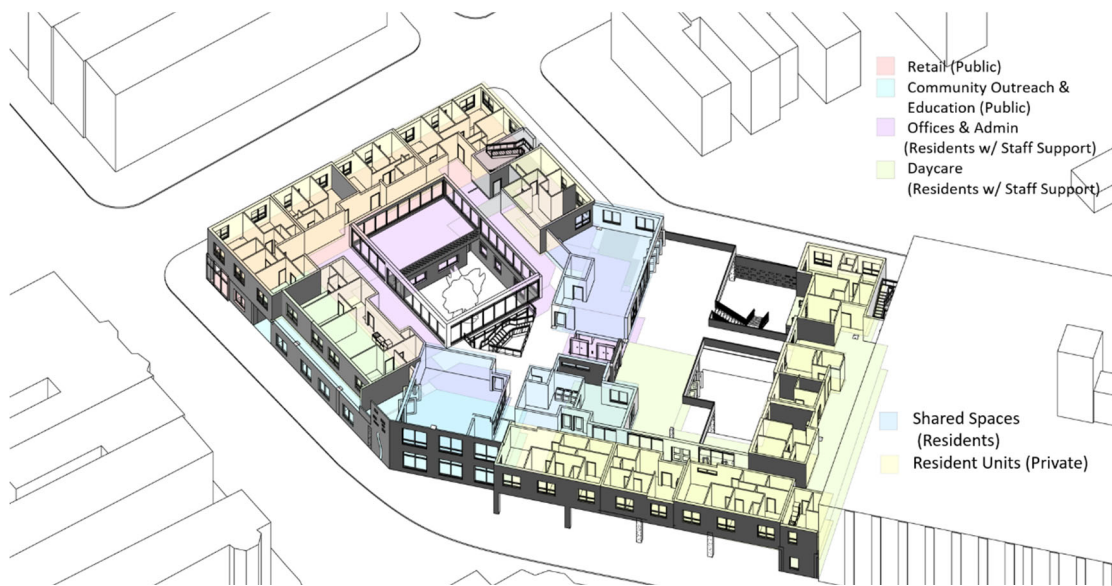


Figure 8.4 *Plinth Program*. Source: author, 2020.



Figure 8.5 Residential Floor 1 Program. Source: author, 2020.

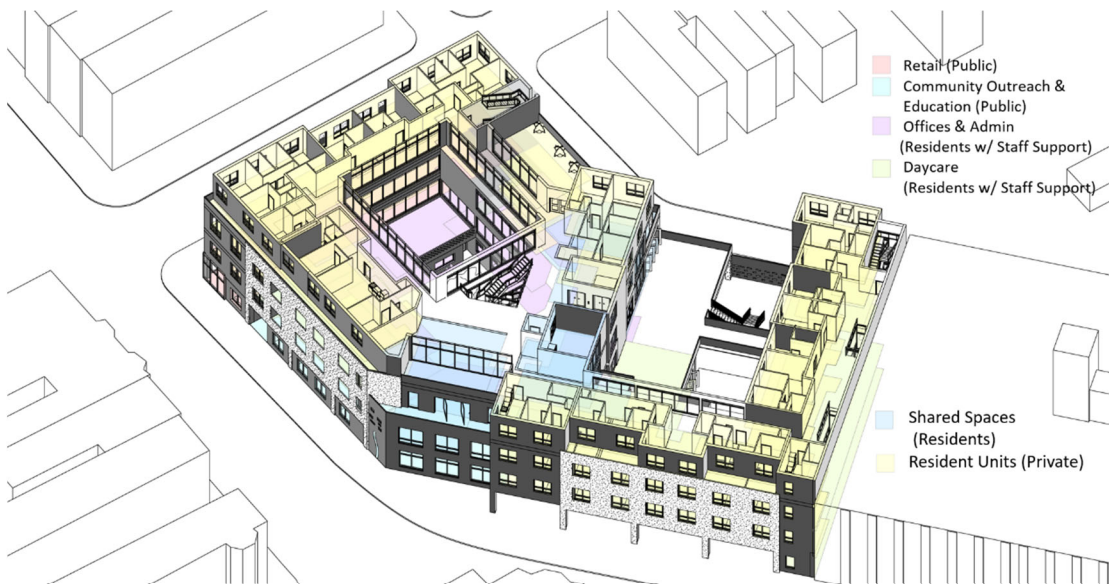


Figure 8.6 Residential Floor 2 Program. Source: author, 2020.



Figure 8.7 *Ground Floor Plan*. Source: author, 2020.

On the ground floor (fig. 8.7), there are shops which can empower the residents by providing job opportunities, and by presenting them with retail spaces to which they will feel comfortable traveling. The main street facade includes two community spaces, which can be used to connect residents to their neighbors and to each other. A gallery that can partner with nearby arts organizations and can display work produced by the residents helps to increase feelings of pride and encourages creativity. A multi-purpose room can be rented out for community events but can also host workshops and continuing education that promotes growth for building residents and for their neighbors. These events can take the form of voter registration events, financial literacy workshops, computer literacy classes, lessons in home ownership or rental advocacy, budgeting or credit repair presentations, and more. These spaces have public entries, but residents can also access them from inside the building. These rooms bring the public into the building, but in designated spaces so that residents can decide whether or not they participate in public events.

Moving inward, residents can access case management and therapy spaces, where they receive guidance in goal setting, and they attend family counseling, support groups, and individual therapy. These all help in developing resilience and self-sufficiency as well as promoting mindfulness and peace of mind. The small exterior court also supports feelings of harmony and calm. On the south side is a daycare center, available for current and former residents of the building. This empowers parents to spend time developing the skills they need without having to worry about childcare, and it provides a safe place for children to play and learn. It allows them to build connections with other children living in the building (who they may not otherwise encounter), and the extended access for children whose families have already moved out of the building helps nurture those relationships over time. Having the center internal to the building provides parents with peace of mind about their children's safety and also creates opportunities for them to see their children throughout the day, even if just through a window from another part of the building.

The vertical zoning of the building promotes safety, but even on the ground level, the areas with the most vulnerable populations are protected. The daycare windows that face the street are set back under a loggia, and a brick wall that children can paint or draw on forms the back boundary of the exterior play spaces. The therapeutic courtyard is open to above but is surrounded by the mass of the building in order to promote a sense of security.

The lobby (fig. 8.8) provides a secure entry, with a security desk, as well as elevators that require key card access to operate. Lowered ceilings and changes in floor materials help to delineate circulation zones, which helps combat disorientation,

and views to the therapy courtyard encourage a sense of serenity. The main vertical circulation core has views to the courtyard on every level. The therapy courtyard (fig. 8.9) evokes feelings of calm. The solidity of the walls adds to its sense of safety and allows residents to feel relaxed, even when experiencing vulnerable emotions.



Figure 8.8 *Lobby Perspective*. Source: author, 2020.



Figure 8.9 *Therapy Courtyard Perspective*. Source: author, 2020.



Figure 8.10 *Plinth Plan*. Source: author, 2020.

On the plinth above (fig. 8.10), resident rooms are organized around the two courtyards, and shared spaces run through the central bar that bridges them. Individual units for families support interpersonal harmony and help to minimize conflict between residents. Having personal kitchens & living spaces empowers residents to decide whether they would like to spend time in the safety of their own home or to engage with other residents while cooking or socializing in one of the shared spaces. The clarity of the circulation pattern minimizes agitation & discomfort, while the wide hallways allow for activity to spill out of rooms and courtyards. This is especially important on this level, which is likely to draw residents from other floors. The views to the courtyard from the hallways help orient the occupants and lessen disorientation. Despite the simplicity of the circulation, there are multiple ways to reach the main courtyard, giving residents the option to decide whether they prefer to walk through or around common rooms to get there.



Figure 8.11 *Group Kitchen Perspective*. Source: author, 2020.

The group kitchen (fig. 8.11) has large windows to let light in and to give residents views in and out of the space. While the room has several zones (separated by alcoves and varied ceiling heights), the use and arrangement of the space is flexible. Two families could meet in the kitchen to cook breakfast together before sending the children off to school, but it could also be a building-wide gathering, meant to celebrate a holiday or birthday, (allowing the residents to move freely between the room and the courtyard).

The courtyard (fig. 8.12) is a place where residents can spend time together, and it is large enough to accommodate several groups at a time. Protected on three sides by the mass of the building, and with the fourth side facing a quiet residential

alley, the people relaxing here can take comfort in the fact that they are safe from the public eye. Residents can get approval to design and apply murals to these walls, creating opportunities for self-expression and a sense of ownership.



Figure 8.12 *Residential Courtyard Perspective*. Source: author, 2020.



Figure 8.13 *Activity Room Perspective*. Source: author, 2020.

An activity room (fig. 8.13)—usually used for dance, yoga, and other physical activity—promotes health; it has large windows and outdoor access, adding interpersonal connection as well as personal tranquility.



Figure 8.14 *Residential Plans*. Source: author, 2020.

On the upper residential levels (fig. 8.14), the shared rooms are smaller, but the circulation spaces include “micro lounges.” These small spaces, (designed to hold 1-4 people,) allow residents to be in a public space without having to attend a specific event or make themselves vulnerable (by feeling exposed in the larger public rooms). For those who feel afraid or anxious when they are alone, but either have not formed bonds with their fellow residents or who are not feeling up to boisterous social activity, these small lounges are a source of comfort and connection while still maintaining a more solitary experience.

Having public spaces of varying sizes and types allows residents to make choices about how and where to engage. They can make these choices about social interaction and can also make choices for more official meetings. Some of the most successful transitional housing models allow multiple ways and locations for survivors to meet with their advocates and case managers. While many residents are more comfortable

keeping their living space and case management separate, others prefer to meet in their own units, where they can feel safe and in control. For those who prefer a middle ground, these small seating areas (fig. 8.15) provide a way to meet in a less formal and clinical setting than an office, without having to invite someone into their home. Letting these meetings be visible to each other also helps normalize these resources and lessens any feelings of shame that survivors might have surrounding their need for support.



Figure 8.15 *Micro-Lounge Perspective*. Source: author, 2020.

The building's vertical zoning is primarily a way to provide security. By elevating the residential courtyard above the ground level, residents have access to an open space without feeling exposed to the public. The courtyards and terraces are a source of connection, not only because of the opportunity to gather together, but also because residents can see from one level to another (fig. 8.16). While the ability to look down into a space and choose whether or not to join empowers the people above, there is also a sense of security for the people below, as many outdoor spaces also

have covered areas that are sheltered from view. The presence of a quieter space with outdoor access also promotes tranquility.



Figure 8.16 *Building Section*. Source: author, 2020.

The building is made of a concrete podium with typical wood framing above, and it is clad in brick. Brick and concrete are used for their connection to the surrounding community, but also for the psychological impression of security. Providing large and regular windows allows light into the building, which promotes mental health, but creating a surface language rather than a frame language (fig. 8.17) helps residents to maintain their sense of control and privacy. There are well-lit spaces that do not require them to be visually exposed. There is also less visual porosity on the more highly trafficked streets.



Figure 8.17 *Building Elevations*. Source: author, 2020.

In this building (fig. 8.18), where vulnerable people who have been treated poorly are rebuilding their lives and becoming new, stronger versions of themselves (fig. 8.19), the site, the program, and the design center on these components of healing: empowerment, connection, security, and peace.



Figure 8.18 *Site Aerial*. Source: author, 2020.



Figure 8.19 *Section-Perspective*. Source: author, 2020.

Appendix

Relationship Spectrum by The National Domestic Violence Hotline. Accessed 20 May 2019.

<https://www.thehotline.org/healthy-relationships/relationship-spectrum/>.

Healthy	Unhealthy	Abusive
<p>A healthy relationship means that both you and your partner(s) are:</p> <ul style="list-style-type: none"> • Communicating: You talk openly about problems and listen to one another. You respect each other's opinions. • Respectful: You value each other as you are. • Trusting: You believe what your partner has to say. You do not feel the need to "prove" each other's trustworthiness. • Honest: You are honest with each other, but can still keep some things private. • Equal: You make decisions together and hold each other to the same standard. • Enjoying personal time: You enjoy spending time apart, alone or with others. You respect each other's need for time apart. • Making mutual sexual choices: You talk openly about sexual and reproductive choices together. All partners willingly consent to sexual activity and can safely discuss what you are and are not comfortable with. • Economic/financial partners: You and your partner have equal say with regard to finances. All partners have access to the resources they need. • Engaging in supportive parenting: All partners are able to parent in a way they feel comfortable with. You communicate together about the needs of the child(ren), as well as the needs of the parents. 	<p>You may be in an unhealthy relationship if one or more partners is:</p> <ul style="list-style-type: none"> • Not communicating: When problems arise, you fight or you don't discuss them at all. • Disrespectful: One or more partners is not considerate of the other(s). • Not trusting: One partner doesn't believe what the other says, or feels entitled to invade their privacy. • Dishonest: One or more partners tells lies. • Trying to take control: One partner feels their desires and choices are more important. • Only spending time with your partner: Your partner's community is the only one you socialize in. • Pressured by the other into sexual activity: One partner uses pressure or guilt on the other to have sex or do anything sexual at any point. • Ignoring a partner's boundaries: It is assumed only one partner is responsible for making informed decisions. • Unequal economically: Finances are not discussed, and/or it is assumed only one partner is in charge of finances. 	<p>Abuse is occurring in a relationship when one partner:</p> <ul style="list-style-type: none"> • Communicates in a way that is hurtful, threatening, insulting or demeaning. • Mistreats the other: One partner does not respect the feelings, thoughts, decisions, opinions or physical safety of the other. • Accuses the other of cheating or having an affair when it's not true: The partner who accuses may hurt the other in a physical or verbal way as a result. • Denies that the abusive actions are abuse: An abusive partner may try to blame the other for the harm they're doing, or makes excuses for abusive actions or minimizes the abusive behavior. • Controls the other: There is no equality in the relationship. One partner makes all decisions for the couple without the other's input. • Isolates the other partner: One partner controls where the other one goes and who they talk to. They may isolate their partner from family and friends. • Forces sexual activity or pregnancy: One partner forces the other to have sex, or do anything they don't want to do sexually at any point. In relationships where pregnancy is a physical possibility, one partner may force the other to become pregnant. • Exerts economic control: One partner controls the money and access to resources. Having an open dialogue about finances is not an option. This may include preventing a partner from earning an income or not allowing a partner access to their own income. • Engages in manipulative parenting: One partner uses the child(ren) to gain power and control over the other partner, including telling the child(ren) lies or negative things about the other partner.

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