Motherplan

By Elisa Heath

Mothers and their children share an inseparable bond, where each influences the other. This dynamic becomes crucial when the mother takes full responsibility for raising her child. Yet, these women are often solely seen as mothers, overlooking their own individuality. To foster her child's mental well-being, self-development, self-motivation, and social connections, these mothers should be allowed to first sprout their own foundations.

What if the house is not a place of home?

When a mother has found herself in a situation where she is not able to take care of herself and her children anymore due to homelessness due to physical or psychological abuse or sexual violence, she can seek asylum in a women's shelter. In the Netherlands there are several shelters that provide shelter to mothers and their children escaping, e.g., Blijf van mijn Lijfhuizen, Fiom huizen and Leger des Heils.

Most mothers seek shelter after experiencing sexual violence, physical or mental abuse, or problems dealing with psychosocial and relation problems as a result of their trauma. The main goal of a women's shelter is to provide temporary housing for mothers (and their children) and make place for a new starting point of rebuilding a new life. Because the mothers often come out of violent and abusive situation, it is important that the shelter is situated in a safe, anonymous and unknown location. Consequently, for safety reasons it is not uncommon for mothers to reside in a shelter that is not situated in their own living environment. The mother and child go into a form of isolation from the world, to find solace and rest.

In most cases the duration of their stay varies from a couple of weeks to several months. During the stay at the women's shelter, the mothers undergo an intensive form of help to get the women to self-dependency. The mothers are provided various services such as legal work, psychological and medical care and employment needs. The main goal is for the mothers to be able to provide in daily tasks and find balance between her capacities and burdens. When the mothers are deemed capable of being on their own again and have found residency outside of the shelter, the mothers exit the shelter.

Almost all women's shelters offer temporary aftercare through an outpatient team. However, research suggest that the mothers have high risk of falling into social isolation after the care has left. Many mothers find difficulty rebuilding a social network and establishing meaningful relations after their time in shelter. Evident is the stark discrepancy that occurs between life in the women's shelter and life after leaving the shelter. The care within the shelter is mainly focussed on allowing the mothers to regain control over their lives and setting up the first steps towards a new life. However, providing the mothers with the possibility of building a social network should be an integral part on the road towards self-reliance, that is sustainable in the long term as well.

The transition from the women's shelter, that is often an extraction of the mother and child from their familiar environment, to individual residency, which often means leaving to a different environment again, seems to be a significant gap to bridge for the mothers to successfully rebuild their social circle. For a more seamless integration out of the women's shelter it is therefore necessary to rethink the process of shelter these women go through. Perhaps it is even necessary to rethink the shelter itself, as it supposes a vulnerable, passive state of the mother, a temporary place of being and an inside-outside dichotomy. Redefining the shelter to a place in which the mother is allowed build her home from day one may be essential to the mother integrating into the community she is part of.

Problem statement

Independent mothers who have resided in women's shelters encounter challenges when attempting to (re-)integrate into their community. This difficulty can be attributed to the large discrepancy between their sheltered environment and their individual residence, which can result in social isolation, a diminished quality of life, and even lead to a cycle of previous difficulties.

Hypothesis
Redefining the sheltered environment (by facilitating a more gradual transition from the sheltered environment to individual residency) can assist mothers and children in their process of re-integrating into their community and re-establishing a social network. This approach reduces the likelihood of social isolation and lower the risk of relapsing into previous difficulties, ultimately contributing to their overall quality of life.

Argument of relevance

Domestic violence is the most prevalent form of violence in the Netherlands. Domestic violence is an umbrella term encapsulating physical, sexual and psychic abuse. Yearly, almost 120.000 adults and 119.000 children are involved in severe domestic violence. Meanwhile, roughly 63.000 cases get reported to the police. To ensure the safety of everyone involved there are several actions that can be taken. One of these options is for the affected mother and children to relocate to a women's emergency shelter. Each year 13.000 women make use of this type of shelter.

Domestic abuse can lead to severe emotional problems and often lead to social isolation. Often women lose their self-esteem and develop a low self-image, which are often led by emotions of guilt and shame. They lose trust in the people around them and find difficulty starting new relations.

To make an assessment of care for the women and children a 'Zelfredzaamheid-Matrix' is often used. One of these domains is social (support) network. If the support system was never there to begin with, or has depleted after seeking shelter, it is most important these women are able to create their new home as soon as possible. Having people to fall back onto are significant to maintaining self-reliance after the professional care. Research shows that mothers have difficulty turning the identity capital they gather while in shelter into social capital. It is therefore important to question how the spatial environment of the shelter can assist in creating a social network, establishing social integration and make sure this support system can remain also after becoming fully independent. This is not only relevant for the mothers, but also for their children as the providing of a stable environment throughout the process of shelter would be favourable to their development as well.

Theoretical framework

The women's shelter is a multifaceted topic. To redefine the women's shelter to a place facilitating social integration it is required to look at both the social and spatial developments of the mothers and their children. The theoretical framework exists of literature that will explore the socio-spatial challenges mothers that have been domestically abused and their children.

The theory that I want to look into:

Environmental psychology
Temporality
Feminist lens on creating domesticity?

During my practice, I want to relate these theoretical foundations and critically assess the evidence I will gather through my practical part of the research. As I am not yet familiar enough to these theories, this aspect still needs to be worked out more specifically.

Manner of investigating

To be able to redefine the women's shelter from its current form to a type that facilitates social integration, it is necessary to look at what stage in the process of shelter to permanent residency an intervention could be best made. The research question is as follows:

*How can **the redefined sheltered environment*** *facilitate the (shelter, recovery and) social integration of the mother and child, that can last through and after the full process of care?*

It is expected the redefinition of the sheltered environment entails a form of housing that facilitates a gradual transition between shelter and individual residency. To assess how in what form this transition should take place, both the social and spatial developments of the mother and child, through the current process of shelter, should be investigated. Throughout the process of intensive caretaking there will be different stages of social development i.e. self-governance and self-image. It is important to relate these to the spatial developments the mother and children go through pertaining to i.e. security and privacy.

What are the social and spatial developments a mother and child go through and after the process of shelter?
At what point in the process of shelter does social integration become relevant and to what extent limit the spatial developments the fruition of this aspect?

These questions will produce spatial criteria and a form for the redefined sheltered environment. From these spatial criteria it is possible to put them alongside existing building types. Whether it will be a form of housing, a combination of multiple typologies that will go together to provide the social integration.
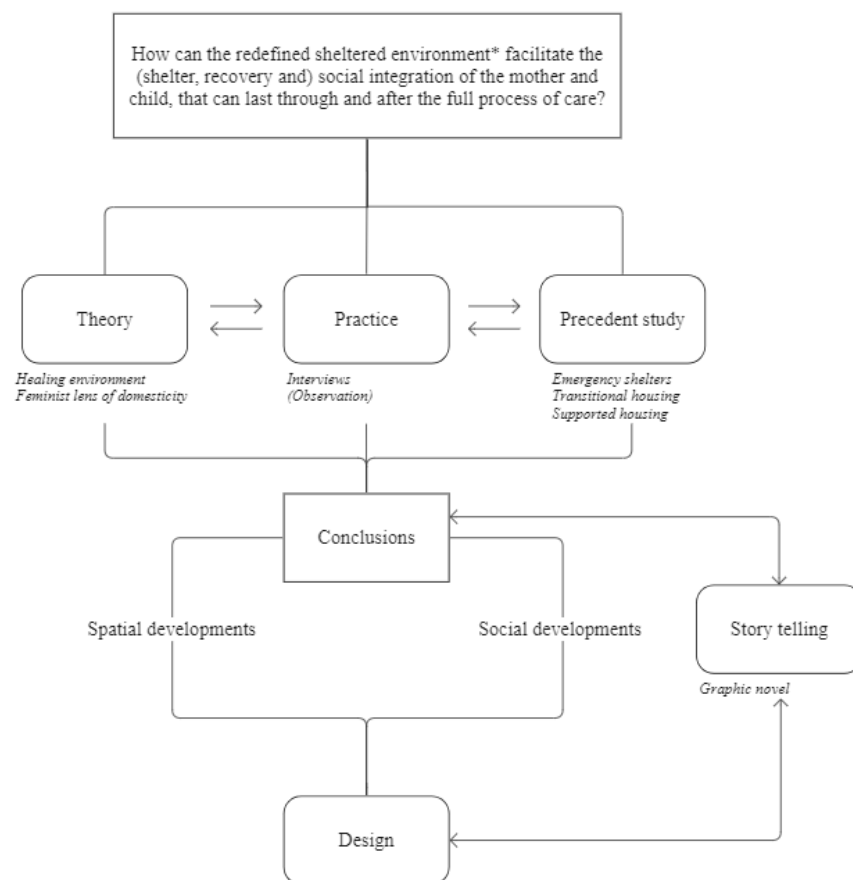
What spatial requirements are needed to facilitate the possibility for social integration?

What typology(s) (of housing) are fitting the spatial developments that allow for a social integration of mother and child go that can last through and after the full process of care?

By answering these questions, I will be able to give answer to the research question and propose a redefinition of the sheltered environment, from an inside-outside dichotomy to a form that is able to gradually transition through a means of social integration.

Research methods
To answer the research and sub questions I will use two different methods, which will happen alongside each other. Both methods will be critically reflected on through the theoretical framework. A structuring of the methods is shown in the diagram below.

The social development women make while in shelter is relative to the treatment the mothers and children are provided with while residing in the shelter. While there are general spatial regulations, the socio-spatial challenges of the mothers and children may also very per emergency shelter.

To have a full understanding of the types of women's shelter there are in Rotterdam, I have would like to assess the typologies that the existing shelters have. However, the shelters are situated in secret locations which means a spatial analysis might not feasible. Also, there is limited literature discussing the women's shelter and providing social integration within the architectural discourse. The literature available is

mainly sociological statistical evidence showing a negative correlative relationship between the two. The Dutch government has written a policy framework { } wherein the process and requirements of crisis shelters in the Netherlands are described. From this it is possible to gather the main principles of the women's shelter and spatial developments that occur within.

Semi-structured interviews
To assess the social and spatial developments, I have compiled a list of three emergency shelters with various approached to shelter and different sizes that I would like to interview regarding their provided shelter.

The shelters that I want to interview to regarding their program:
- Het Dijkhuis: A small mother and child crisis shelter (that is yet to be built) that provides an innovative way of shelter focussing on the self-development of the mother
- Moviera Amsterdam: A mother and child crisis shelter in the middle of the city centre
- Timon Rotterdam: A crisis shelter in Rotterdam that provides protected living
- Arosa Rotterdam

These interviews will require a semi-structured questionnaire, to make it possible to put the social and spatial developments alongside each other. Through these interviews with professional caretakers in these shelters, I hope to gather information about the process of shelter, what the professionals are experiencing with the mothers coming in, the different forms of care and their influence. I would like to talk to mothers currently in shelter, but with their probable vulnerable situation, I foresee how that may not be possible.

This is why I have also reached out the to the national network SuperSingleMom, who are able to get me into contact with mothers who have gone through the process of shelter, the experts by experience. From these interviews, I hope to gather more insight into the experiences of the mothers themselves, reflecting on their time in shelter and also ask them about their social integration afterwards. I imagine these interviews to also follow a list of questions but remain more open in nature, as I don't want to steer these women into a direction or their presupposed role.

Precedents study
Following the Housing First principle, I want to look at possible typologies that exist for housing the homeless and see in what way they could be an answer to the spatial criteria for the social integration of women in the process of shelter. I want to look into precedent studies that deal with transition housing, supportive housing and scattered-site housing, to see in what combination of typologies these could be an answer to the transition between shelter and individual residency.

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