



Meath Women's Refuge & Support Services

An Evaluation of the 'Where I'm At' Project at Meath Women's Refuge and Support Services (MWRSS).

FINAL REPORT



Trinity College Dublin
Coláiste na Tríonóide, Baile Átha Cliath
The University of Dublin



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Research Team

Principal Investigator:

Dr Eleanor Hollywood, Associate Professor in Children's Nursing,
School of Nursing and Midwifery, 24 D'Olier Street, Trinity College Dublin,
Dublin 2, D02 T283
hollywoe@tcd.ie

Co-Applicants:

Dr Sonam Prakashini Banka, Research Fellow in Population Health and Psychology,
School of Nursing and Midwifery, 24 D'Olier Street, Trinity College Dublin,
Dublin 2, D02 T283.

Professor Catherine Comiskey, Professor in Healthcare Statistics,
School of Nursing and Midwifery, 24 D'Olier Street, Trinity College Dublin,
Dublin 2, D02 T283.

Report writer:

Mr Muluken Basa, Research Assistant and PhD Candidate,
School of Nursing and Midwifery, 24 D'Olier Street, Trinity College Dublin,
Dublin 2, D02 T283

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Disclaimer

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Executive Summary

Overview of the Evaluation

An evaluation of the 'Where I'm At' project which forms part of the Children's Programme at Meath Women's Refuge and Support Services (MWRSS) was conducted to review the impact of the project and to make recommendations and plan for the future of the project. A case study evaluation was conducted using qualitative methods, involving detailed interviews with children and women in refuge and staff who work in the refuge. The objectives of the evaluation were:

Formative evaluation objectives:

- ✓ To conduct a literature review on the most effective methodologies to use with children relating to emotional regulation.
- ✓ To empower women, children and organisational staff involved with the 'Where I'm At' project to express their thoughts and views in relation to aspects of timing, environment, context and communication.
- ✓ To explore how children's voice and participation is facilitated within the 'Where I'm At' project.
- ✓ To enquire about the challenges associated with the 'Where I'm At' project from the perspectives of women, children and organisational staff.

Summative evaluation objectives:

- ✓ To explore how women and children can be supported when making the transition into refuge.
- ✓ To examine parental, child and organisational staff satisfaction of the 'Where I'm At' project.
- ✓ To make recommendations and propose a best practice model of work with children in refuge in Ireland.

Summary of Key Findings

Findings from this evaluation research indicate that the 'Where I'm At' project is a significantly valuable component of the Children's Programme at MWRSS. The project has had a positive impact on the children and women who participated in the evaluation and is a welcome addition to the current Children's Programme according to refuge staff. The role of the Children's Support Worker cannot be underestimated as indicated from the numerous positive interview extracts from women and children. This research has showcased how the Children's Support Worker provides support for the child individually and within their family.

It also highlights how the play support worker fosters positive sibling relationships and mother child interactions. This is an important finding since mother child relationships can be strained following experiences of domestic abuse. In this research the Childrens Support Worker was identified as a key player in the transition of women and children into refuge. Findings unveiled indisputable support for the presence of the Childrens Support Worker at the refuge and their availability to women and children in the refuge. Findings also indicate that women and children would like more access to, and time with, the Childrens Support Worker while in refuge.

The evaluation identified 3 main themes:

Theme	Description of Theme
Theme 1: Providing and promoting safe space for children through play	This theme provides a detailed account of how the 'Where I'm At' project creates a safe space for children as they make the transition into refuge with their mother. Through the medium of play and creative activities, children and women are welcomed to the refuge and their transition is supported on an individual family basis. In addition to the facilitation of the family's transfer into the refuge the project also operates in a trauma informed manner with each individual child which specifically aides in the child's transfer to their new environment.
Theme 2: Help in the here and now	This theme showcases how the 'Where I'm At' project together with the Children's Programme, facilitates immediate help for women and children in refuge. It details how the programme provides practical help to women and children in refuge and also how it offers specialised and tailored help for individual families in refuge as required. This theme highlights how the 'Where I'm At' project together with the Children's Programme, responds to the individual needs of women and children in refuge in a trauma informed manner.
Theme 3: Accepting and gaining support	This theme explores the experiences of women and children in refuge once they accept support via the 'Where I'm At' project and the Children's Programme. The theme emphasis the emotional and psychological support that is available via the programme in conjunction with other service offerings at MWRSS. The theme features the emotional and psychological support and the parenting support which can be gained by women and children when they participate in the 'Where I'm At' project at MWRSS.

Recommendations

The recommendations from the evaluation are:

Recommendation 1	The 'Where I'm At' project and the Children's Programme are key elements to the creation of a welcoming and safe space for children when they come into refuge. Children, women and key workers highly value the 'Where I'm At' element of the Childrens Programme at MWRSS. We recommend that funding for the project should be mainstreamed so that the programme activities provided by the 'Where I'm At' project can be resourced adequately.
Recommendation 2	The children, women and staff who took part in this evaluation collectively emphasised the positive impact of the role of the Childrens Support Worker to women and children in refuge. We therefore recommend that this role continues to be available to children in refuge and its availability extended for longer hours and at weekends to support family-based activity work. We also recommend that this role be available to children in all refuges in Ireland and the significance of the role reflected in relevant government policy.
Recommendation 3	Keyworkers at MWRSS are skilled in how they foster feelings of safety and welcome for women and children when they arrived at the refuge. Keyworkers utilise the Children's Programme to assist in the facilitation of a safe space for children in refuge. We recommend that keyworkers continue to work in a child centred and trauma informed manner with women and children at MWRSS.
Recommendation 4	The 'Where I'm At' project and the Children's Programme are child centred and trauma informed. We recommend that MWRSS continue to maximise the range of play that is offered to children who use the service and include play suitable for children with disabilities or neurodivergence.
Recommendation 5	The 'Where I'm At' project and the Children's Programme are delivered by refuge staff who listen to women and children. We recommend that staff at MWRSS continue to listen to women and children in refuge and specifically continue to give voice to children in refuge in relation to the services and the amenities available at the refuge. This means effectively ensuring that children have access to their own Children's Support Worker who can develop specific support plans jointly with them which will form part of their overall family support plan and recognise their right to services and supports as children independently of their parents.

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Chapter 1: Introduction

1.1 Background

Meath Women's Refuge and Support Services (MWRSS) is a non-governmental organization (NGO) that serves as a local domestic violence support agency with a primary focus on Co. Meath. Established in 1987, MWRSS has a commendable history of dedicated service to its community, spanning over three decades. The organization's foundational principles are deeply rooted in the belief that domestic violence constitutes a severe violation of human rights. Consequently, MWRSS is resolute in its mission to vindicate the rights of women and children affected by domestic violence, a mission it achieves through a multipronged approach involving various stakeholders.

MWRSS operates within a well-defined catchment area, catering to the unique needs of Co. Meath. Over the years, the organization has consistently demonstrated its commitment to supporting women and children experiencing domestic violence. A noteworthy aspect of MWRSS is its collaborative philosophy, working closely with a diverse range of stakeholders to effectively fulfil its mission. This collaborative approach extends beyond the local level, as MWRSS is a proud member of Safe Ireland, a national network dedicated to combating domestic violence.

Central to MWRSS's work is the provision of comprehensive support and emergency accommodation services to women and children who have experienced domestic violence in Co. Meath. The organization operates on a 24/7 basis, ensuring that assistance is available every day of the year. Core funding for its critical services is provided by Tusla, the Child and Family Agency, plus core funding from Victims of Crime which resources court accompaniment work. To sustain its operations and deliver therapeutic support to women and children, MWRSS manages a programme of fundraising activities, which includes fundraising events, grant applications and donation generation. Over the years, MWRSS has expanded its services to address the multifaceted needs of its beneficiaries. In addition to emergency accommodation, the organization offers outreach services, court accompaniment, therapeutic support, and a dedicated children's programme. This holistic approach underlines MWRSS's commitment to empowering women and children affected by domestic violence and facilitating their recovery.

In recent years, MWRSS has demonstrated its dedication to serving an increasing number of individuals. In 2022, the organization provided refuge accommodation to 57 women and 74 children, totalling 131 individuals, an 11% increase from the previous year. Unfortunately, due to capacity limitations, MWRSS was unable to accommodate 300 women and 184 children in 2022, marking an 11% increase in unmet requests compared to 2021. Concurrently, the organization significantly increased its outreach efforts, supporting 482 women through its outreach programme, a 6% increase from 2021. The helpline managed 5,178 calls in 2022, a 5.9% increase from the previous year, reflecting the growing demand for MWRSS's services. Moreover, MWRSS provided online counselling services for 107 women and children served in 2021, to 173 in 2023, representing a 62% surge in therapeutic services provided in 2022 (MWRSS 2023).

MWRSS's commitment to continuous improvement and strategic planning is evident in its recent achievements. In May 2022, the organization unveiled a new strategic plan, a culmination of an intensive 8-month collaborative effort involving staff, board representatives, and external consultants. This work, funded by the Community Foundation of Ireland under the Comic Relief Fund, also led to the development and completion of a fundraising strategy and a self-funded Communications Strategy, both poised to support the realization of MWRSS's overarching strategic objectives.

MWRSS's new strategic plan is underpinned by four core values that define its organizational culture and approach to its work: Women and Child-Centred, Inclusive, Accountable, and Trustworthy. These values exemplify MWRSS's unwavering commitment to promoting the human rights of women and children, embracing diversity, upholding the highest standards of accountability, and conducting its operations with empathy, compassion, and integrity.

1.2 The 'Where I'm At' Project

The "Where I'm At" project represents a pivotal addition to the larger Children's Programme within MWRSS. This innovative initiative seeks to create a nurturing and secure environment for children entering the refuge. It is rooted in the principles of providing holistic support to children affected by domestic violence. The "Where I'm At" project is committed to offering children an avenue for personal growth and development, allowing them to transition into their new surroundings with resilience and creativity.

At its core, this programme is designed to serve as a sanctuary for children, affording them a reprieve from the challenges they face in their lives. In this dedicated space, children are empowered to explore various creative activities, ranging from art and music to sensory play and other expressive mediums. The role of the Childrens Support Worker play is instrumental in facilitating this creative journey, offering individualized support to each child, and fostering positive sibling relationships. Additionally, small group activities are organized, allowing children in similar age groups to bond and find solace in shared experiences.

Key Objectives of the "Where I'm At" project:

- To provide a safe space for children coming into refuge which promotes a sense of stability.
- To support children and their family to transition into their new surroundings using a range of play and engagement activities.
- To develop a programme for each individual child when they come into refuge using creative engagement tools.
- To work in a trauma informed manner with each child/family that comes into refuge.
- To provide follow on support to children post refuge and support referral systems to other support services.
- To work in participation with children at all times and to promote the child's voice.
- To incorporate Tulsa's Child and Youth Participation toolkit.
- To evaluate the programme as a model of creative engagement through play for children and young people who have experienced trauma as a result of domestic violence within the family.

The "Where I'm At" project is funded by the RTÉ Toy Show Appeal Programme and in 2022 alone the project engaged with 80 children. The one-to-one sessions carried out with children while they were residing in refuge were planned pieces of work where the need arose from developing support plans for children while in refuge. Sessions included supporting children to regulate their emotions and to offer a safe space. To facilitate children with the transition into refuge and to also enable mothers to attend key working sessions, counselling sessions and other appointments.

To help MWRSS respond to the needs of the women and children who use their services, it is essential that projects such as the "Where I'm At" project are evaluated. Additionally, it is

imperative that the voices of the children who use such services are incorporated into any service evaluation. Therefore, the evaluation set out in this report is of noteworthy significance as it provides valuable insight into the experiences and perspectives of children and women who participate in the "Where I'm At" project which forms part of the Children's Programme at MWRSS. This report also contributes to the wider understanding of how to create a welcoming and safe space for children when they enter a refuge so that they can have the opportunity to engage with activities that look to support them in their transition into their new environment.

1.3 Research Aim

To conduct a case study of the 'Where I'm At' project for Meath Women's Refuge and Support Services (MWRSS).

1.4 Research Objectives

1.4.1 Objectives: formative evaluation

1. To conduct a literature review on the most effective methodologies to use with children relating to emotional regulation.
2. To empower women, children and organisational staff involved with the 'Where I'm At' project to express their thoughts and views in relation to aspects of timing, environment, context and communication.
3. To explore how children's voice and participation is facilitated within the 'Where I'm At' project.
4. To enquire about the challenges associated with the 'Where I'm At' project from the perspectives of women, children and organisational staff.

1.4.2 Objectives: summative evaluation

1. To explore how women and children can be supported when making the transition into refuge.
2. To examine parental, child and organisational staff satisfaction of the 'Where I'm At' project.
3. To make recommendations and propose a best practice model of work with children in refuge in Ireland.

Chapter 2: Review of the Literature

2.1 Introduction

Domestic violence (DV) is often referred to as domestic abuse or intimate partner violence. DV is a prevalent global health issue that affects a staggering one in three individuals worldwide, with women being disproportionately impacted (Su et al. 2021). The recent COVID-19 pandemic has exacerbated the crisis, noted by a 60% increase in emergency calls placed by women who have experienced intimate partner violence in World Health Organization (WHO) European member states (Mahase 2020). DV encompass physical, emotional, psychological, financial, and sexual abuse; and is a pervasive issue that cuts across all age groups, ethnicities and socio-economic backgrounds (Su et al. 2021). DV has substantial consequences for families such as increased rates of homicide, higher rates of depression, alcohol related disorders and reduced income (Rawlings and Siddique 2014). For women, the risk of DV increases when they have children (Watson and Parsons 2005).

Children can be direct or indirect victims of DV meaning that they can experience abuse themselves at the hands of the perpetrator or that they can be witnesses of the abuse. Barnardos (2016) highlight that although children may not be victimised directly by DV in the family, children who live in homes where there is DV are more likely to get caught up in violent episodes and physically hurt. Living in a home where there is DV can have a profound negative impact on a child's development. Although a parent might try to shield a child from abuse within the home, research has shown that children have a much higher awareness of abuse than their parents realise (Devaney 2015).

Witnessing DV can have a profound affect a child's emotional, psychological, and physical well-being, leaving indelible scars that can persist into adulthood. The need to address the issue of the impact of DV on children and the development of effective methodologies for supporting children who experience DV is paramount (Livings et al. 2022). Children exposed to various forms of DV face higher rates of physical and mental health issues compared to peers in the general population (Livings et al. 2022). Effective interventions for these children are critical, both clinically and in the community (Pernebo et al. 2018).

Recognizing the multifaceted nature of DV, some literature adopts the term "domestic abuse and family violence" (DAFV) to encompass the various facets of this insidious problem (Hegarty et al. 2020). DV may also be termed "intimate partner violence" (IPV), rooted in

gender inequality and regarded as an abuse of human rights (Government of Ireland 2022). The recently published "Zero Tolerance: Third National Strategy on Domestic, Sexual and Gender-Based Violence 2022-2026" adopts the Istanbul Convention's definition, encompassing all acts of physical, sexual, psychological, or economic violence within the family or domestic unit, emphasizing coercive control (Government of Ireland 2022). Additionally, maltreatment, often stemming from DV, is defined as child abuse or neglect occurring within a relationship of power, trust, or responsibility (World Health Organization 2016).

When children experience DV they often find themselves navigating an unstable and distressing environment that challenges their emotional and cognitive development. Living in a home where there is DV can cause a child to feel insecure, fearful and confused. In order to effectively help children who are exposed to, or who experience DV, it is imperative that a greater understanding of the experiences and needs of children is created and identified. Simultaneously, it is essential to identify and evaluate interventions and methodologies that can provide children impacted by DV with the tools and support that they required to cope with the trauma associated with living in a home where there is DV.

The aim of this literature review is to explore effective methodologies for supporting children's emotional regulation when they enter refuge due to DV, on behalf of the Meath Women's Refuge and Support Services (MWRSS). The central review question addressed is: What interventions and strategies help children entering refuge as a result of domestic violence to cope with and regulate their emotional responses to the trauma they have experienced? The review methodology employs a systematic approach with a literature synthesis of the evidence. Alongside existing systematic reviews, additional literature relevant to DV and its impact on children has been incorporated, aligning with the Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) 2020 statement to ensure methodological rigor (Page et al. 2021). The review encompasses studies published between 2013 and 2022, extending to national and international research conducted in English.

The findings of the review are classified into two main themes and subthemes. The two main themes are **children's experiences of domestic violence and abuse** and **effective methodologies to use with children relating to emotional regulation**. In the subsequent sections, the findings of the review will be discussed.

2.2 Children's Experiences of Domestic Violence and Abuse

2.2.1 Challenges and Opportunities in Refuge

An integrative review of 28 scientific articles was conducted by Thunberg et al. (2022) to examine previous research on how shelters¹ contribute to children's life situations after leaving a violent home. The review identified five main themes including (1) safety and security (2) health, behaviour, and support (3) schooling and spare time (4) shelter environment and (5) social relationships. According to Thunberg et al. (2022), safety and security within domestic violence shelters is of paramount concern. The findings revealed that while shelters provide a safe and secure environment for children, there are challenges associated with ensuring children's overall well-being. The rules and restrictions that are enforced in shelters to prevent further violence may make it more challenging for children to be independent and free, which could have an effect on their mental health. The restrictions, which may include adhering to curfews, limitations on personal belongings, maintaining secrecy about the shelter stay, and staying within the shelter premises, can pose challenges for children. Notably, the security features, like fences and security windows, while crucial for residents' protection, can inadvertently contribute to a 'prison-like' atmosphere, a perception held by some children.

Thunberg et al. (2022) also found that in the shelter environment, children often face instability, unpredictability, and a pervasive sense of insecurity about their future. There is a significant challenge associated with trying to establish routines for children in shelters whilst maintaining some sense of normality. Moreover, engaging in after-school activities in shelters can be challenging for children due to the shelter environment. Furthermore, the lack of privacy within shelters can also hinder children's ability to form and maintain healthy social relationships, further affecting their overall well-being. Despite this, the presence of good recreational and play areas and activities tailored for children of different ages, such as private spaces and structured activities, offers opportunities for children to have meaningful spare time. Thunberg et al. (2022) concluded that despite the constraints associated with living in a shelter, children generally express feelings of safety and relief from the abuser and violence.

¹ Shelters is the term identified in some of the yielded literature. Please note that in this report the term 'shelter' is another phrase for refuge.

It's essential to consider the necessity of these security features and rules and their potential adverse effects (Theobald et al. 2022). Informing children about the shelter's function as a refuge from violence is crucial, as a lack of information can lead to confusion. These challenges highlight the need for comprehensive support services that address the unique needs of children in shelters, such as trauma-informed care and access to educational resources. In addition, it is crucial to involve children in decision-making processes within the shelter to empower them and ensure their voices are heard. Furthermore, the review emphasized the need for further research to explore effective interventions and strategies to improve the long-term outcomes for children living in shelters.

2.2.2 Supportive Dynamics and Social Relationships

The transition to a shelter often results in a disconnection from family members, relatives, and friends, which profoundly affects children's social relationships (Thunberg et al. 2022). In some cases, siblings are separated, especially for families with teenage boys who might be excluded from shelter placement due to specific rules. Thunberg et al. (2022) hypothesized that the children's feelings towards abusive fathers vary, with some expressing a longing for their fathers while others do not. However, these feelings do not necessarily correlate with their desire to stay at the shelter; many children express relief at being away from the abuser even if they miss them (Thunberg et al. 2022).

When staying at a shelter the mother-child relationship endures challenges, with some mothers initially struggling to care for their children, leading to teenagers taking on caretaking roles. While the shelter environment offers the potential for nurturing these relationships, the unfamiliar atmosphere and limited opportunities for shared activities can hinder their development (Thunberg et al. 2022). However, with the support and parenting assistance offered by shelter staff and opportunities for shared activities, mother-child relationships can evolve, notwithstanding the initial challenges posed by the shelter environment (Henze-Pedersen 2021).

Cameranesi and Piotrowski (2018) conducted a systematic literature review with three primary objectives: 1) to offer an overview of the nature of self-esteem in children and its connections to adjustment difficulties, 2) to critically assess existing knowledge regarding the self-esteem of children who experience intimate partner violence (IPV), and 3) to provide a

comprehensive critical review of the influence of sibling relationships on the self-esteem of children who experience IPV. The authors emphasized the existing focus on the mother-child relationship in the literature and identified a substantial gap in understanding the child/sibling relationship, which could significantly inform future interventions in this area (Cameranesi and Piotrowski 2018). The review's findings presented evidence supporting several key points: a) siblings who experience IPV actively support each other, b) sibling relationships can act protectively against the adverse consequences associated with experiencing IPV, and c) there is support for the idea that self-esteem tends to stabilize in adulthood (Cameranesi and Piotrowski 2018). However, a notable limitation observed in the literature was the variability in how self-esteem is measured across different age groups.

A qualitative study by Williamson et al. (2019) explored the experiences of parents who provide support to children following exposure to trauma, including witnessing domestic violence. The recruitment for this study occurred through the Child and Adolescent Mental Health Services (CAMHS) in the UK. A multiple-method design was employed, involving in-depth qualitative interviews with parents and questionnaire assessments completed by both parents and their children. One significant finding from the study was that parents did not feel adequately guided or prepared on how to best support their children after exposure to trauma. It's worth noting that all the children in the study accessed psychological treatment, which may not necessarily be the case for all families in refuge situations. Nonetheless, this research underscores the critical need for targeted information and support for parents to enhance the overall family experience and enable parents to provide better support to their children in the aftermath of traumatic events (Williamson et al. 2019).

2.2.3 Health, Behavioural Problems and Coping Strategies

Various studies have demonstrated that children who have witnessed or experienced DV encounter various health problems that can have long-lasting effects on their overall well-being (Mohammad 2015, Wiseman et al. 2021, Thunberg et al. 2022). The health problems identified include mental health disorders such as post-traumatic stress, anxiety, depression, behavioural problems, and difficulties in forming healthy relationships. From a review of the literature Thunberg et al. (2022) identified behavioural problems as one of the main issues experienced by children who stay at domestic violence shelters. They found that children

residing in DV shelters often display behavioural issues, a pattern that might initially intensify upon the child's arrival, only to subsequently diminish. This pattern can be attributed to the traumatic experiences that the child has endured, which can manifest in various ways, such as aggression, withdrawal, or difficulty in forming relationships. Moreover, there appears to be a notable association between mothers' depression and children's problematic behaviour during and after their stay in domestic violence shelters. However, with proper support and therapeutic interventions, these children have the potential to heal and develop healthier coping mechanisms over time (Thunberg et al. 2022).

Children who have experienced DV often struggle with sleep disturbances, such as nightmares, insomnia, and bedwetting. Such sleep problems can further exacerbate children's mental health issues and hinder the child's ability to function effectively in daily life. Two studies by the same authors (Spilsbury et al. 2014, Spilsbury et al. 2016) delved into the issue of sleep disturbances noting that objective evidence in the area is limited (Spilsbury et al. 2014). In the first study, forty-six children were recruited from the Children Who Witness Violence Program (CWWVP) and assessments were conducted at baseline and three months later. The baseline assessments occurred approximately seven weeks after the violent incident that led the family to participate in the programme. While this study did not take place in a refuge, its findings hold relevance for staff working with children in refuges, particularly regarding addressing sleep-related issues.

The authors assert that their study is the first to examine associations between IPV characteristics and both objective and subjective sleep measures in 8 to 16-year-olds over time (Spilsbury et al. 2014). They found that while post-traumatic symptoms (PTS) were linked to child-reported sleep problems, these did not align with objectively measured sleep outcomes during the study period. Consequently, the authors concluded that it should not be automatically assumed that children who experience IPV inevitably experience sleep problems (Spilsbury et al. 2014).

The second study involved participants aged 8 to 16 years recruited from agencies supporting families experiencing violence, with sixty-three of them coming from the CWWVP, as in the previous study. Assessments were conducted at baseline (5 weeks post-violence), 6 months, and 12 months. This particular article focused on the qualitative component of a larger study tracking children exposed to both community and family violence. It specifically examined a)

the actual sleep environment and b) the specific characteristics of environments that either facilitated or hindered sleep. Notably, nine children reported improved sleep after the violent perpetrator had been removed from their environment. However, there were differences in perceptions between children and non-offending parents regarding the environmental factors influencing sleep (Spilsbury et al. 2016). Another significant finding was that the majority of mothers reported poor sleep themselves and that they often unintentionally disturbed their children's nightly sleep through noise. This was frequently done without awareness, highlighting the need for supporters to help parents and children develop more realistic expectations of post-exposure behaviour. Reactions such as bedwetting, fear of the dark, and wanting to share a bed with their mother may be part of 'normal' development and can recur after DV exposure, needing sensitive handling (Spilsbury et al. 2016).

A notable limitation to this study is the lack of a comparison group which makes it challenging to directly attribute the findings solely to the experience of IPV. The authors noted that many of the families in the study also lived in socioeconomically disadvantaged settings, which could be another contributing factor to the children's sleep disturbances (Spilsbury et al. 2016).

Two studies emphasised the profound impact of domestic violence exposure on children's mental health, particularly in terms of post-traumatic stress and psychological symptoms (Mohammad 2015, Wiseman et al. 2021). Mohammad (2015) explored the relationship between children's exposure to family and community violence and their mental health outcomes. The study found that emotionally regulated coping (ERC) played a protective role in mitigating the adverse effects of violence exposure on children's mental health. This suggests that interventions aimed at enhancing children's emotional regulation skills may offer a promising avenue for mitigating post-traumatic stress and psychological symptoms in this population. Identifying and implementing strategies to improve emotional regulation among children who have experienced domestic violence is imperative to support their psychological well-being.

Wiseman et al. (2021) conducted a systematic review that emphasized the relevance of cognitive-behavioural models in treating post-traumatic stress in children exposed to maltreatment. Their findings suggest that trauma-focused cognitive-behavioural therapy (TFCBT) should be the first-line treatment for children with post-traumatic stress disorder

(PTSD) who have witnessed domestic violence (Wiseman et al. 2021). This highlights the importance of addressing post-traumatic stress in children who experience violence. By utilizing cognitive-behavioural models, such as trauma-focused cognitive-behavioural therapy, professionals can effectively address the psychological impact of witnessing domestic violence in children. Implementing early intervention and providing appropriate treatment can significantly improve the well-being and long-term outcomes for these children.

Coping strategies play a vital role in how children overcome the challenges associated with living in a home where there is DV. Such strategies can also significantly impact a child's psychosocial well-being. A study conducted by McDonald et al. (2016) used latent profile analysis (LPA) to identify three distinct profiles of psychosocial functioning among school-age children who experience IPV: Resilience, Struggling, and Severe Maladjustment. According to the study, the majority (66%) of the children demonstrated resilience, while 28% struggled, and 6% exhibited severe maladjustment (McDonald et al. 2016). This research highlights the variability in coping strategies and psychosocial outcomes among children who experience DV.

The Resilient group exhibited coping strategies and psychosocial functioning that were indicative of positive adaptation (McDonald et al. 2016). These children demonstrated a remarkable ability to cope with the traumatic experiences associated with DV, displaying resilience in the face of adversity. The children were better equipped to manage the emotional and psychological challenges associated with experiencing IPV, demonstrating the potential for children to thrive even in adverse circumstances. Conversely, the Struggling group, which constituted 28% of the sample, exhibited signs of distress and difficulties in coping with the effects of DV. The psychosocial functioning of these children was compromised to some extent, reflecting the challenges they faced in managing the emotional toll of experiencing IPV.

The Severe Maladjustment group, comprising 6% of the sample, demonstrated the most pronounced difficulties in coping and psychosocial functioning. These children faced substantial challenges in adapting to the traumatic experiences associated with DV, and their overall well-being was significantly compromised. McDonald et al. (2016) emphasise that by identifying and targeting the coping mechanisms that contribute to resilience and well-being

while addressing maladaptive strategies, interventions can be designed to promote positive psychosocial outcomes for children who are experience DV. Such interventions may include trauma-informed therapy, emotional regulation techniques, and peer support programs, all aimed at enhancing coping skills and fostering healthier psychosocial development (McDonald et al. 2016). A limitation of the McDonald et al. (2016) study is the use of a small sample size (N=19) and the data was maternal self-report only.

A study conducted using ecological stress process model on the impact of family and community violence exposure on children's mental health, emotionally regulated coping (ERC) appeared to play a protective role in the mental health of children exposed to violence (Mohammad 2015). The experience of IPV was significantly associated with symptoms of aggression, particularly in children who witnessed the IPV (Mohammad 2015). This suggests the importance of understanding coping mechanisms in children when they experience IPV in their home.

Kang (2017) conducted a pilot study on the use of supportive music and imagery with sand play as coping mechanisms for child witnesses of DV. The study included a sample of three elementary school students who were either currently residing at, or had previously resided at, a DV shelter located in the Republic of Korea. While not specific to intimate partner violence, the study indicated the potential of creative interventions like music and imagery in helping children cope with the trauma of violence exposure (Kang 2017). These creative interventions provided a safe and non-verbal outlet for the children to express their emotions and experiences. The main limitation of this study is that the small sample size may limit the generalizability of the findings to a larger population.

To summarise this theme, these findings illustrate the diverse experiences and challenges faced by children who live in homes where there is DV. The coping strategies, psychosocial functioning, post-traumatic stress, and practitioner perspectives play crucial roles in understanding and addressing the impact that DV has on children. These studies emphasize the need for interventions tailored to meet the specific needs of each individual child who has experienced DV. Furthermore, this review has highlighted that there is a great need for a better understanding on the part of practitioners who work with children and families who have experienced domestic violence and abuse, if families are to be supported properly and effectively. The significance of effective inter-agency collaboration and victim-centred

approaches in responding to DV cases involving children is emphasised from the findings of this review. Finally, the studies indirectly highlight the need for systemic changes within the domestic violence system to ensure that it can provide holistic support to victims and their children.

2.3 Effective Methodologies for Children's Emotional Regulation

2.3.1 Theories, Models, and Approaches Relevant to Domestic Violence

Before examining effective methodologies and interventions, it is important to understand the underpinning theories, models, and approaches relevant to DV and children. These theories, models, and approaches provide a framework for understanding the causes and consequences of DV on children, as well as guiding the development of effective interventions. By exploring these theoretical perspectives, researchers and practitioners can gain insight into the complex dynamics of DV and tailor interventions to address the unique needs of children affected by it. According to Sullivan (2018), refuge programmes aim to enhance children's subjective well-being and overall quality of life. Subjective well-being encompasses various aspects, including life satisfaction, experiencing positive emotions, and having access to material and interpersonal resources that contribute to feelings of happiness, safety, and health. Sullivan (2018) describes the Social and Emotional Well-Being Framework, a conceptual model modified for use across Ireland:

<http://www.safeireland.ie/wp-content/uploads/A-Framework-Domestic-Violence-Service-Provision-Women-Children-IRL.pdf>. See Figure 1: Theory of change underlying how domestic violence services activities impact adult and child service users' wellbeing

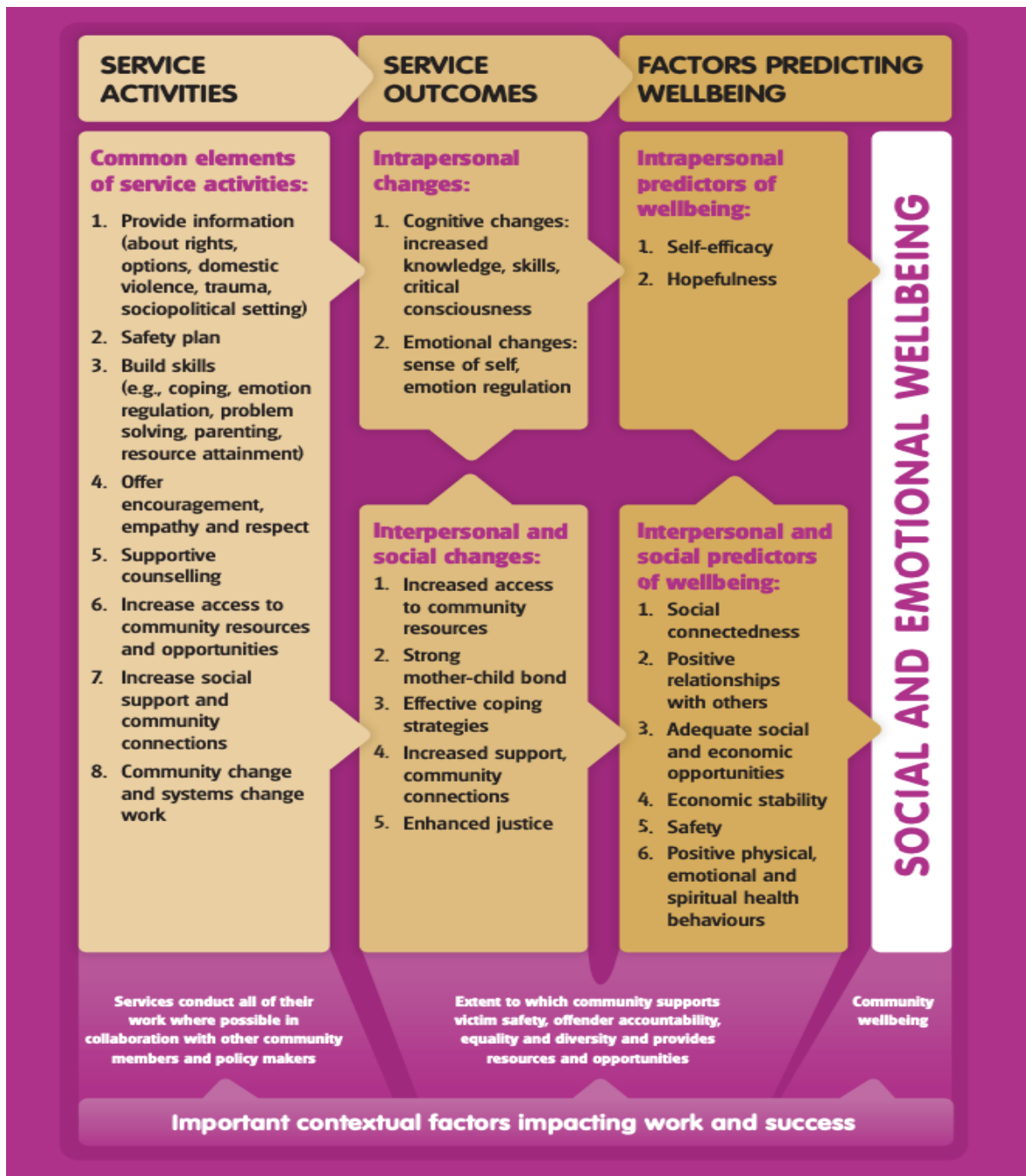


Figure 1: Theory of change underlying how domestic violence services activities impact adult and child service users' wellbeing

Tusla's framework for family support is supported by a number of interrelated theories, including social ecology, local support, resilience, social capital, and attachment theory. Factors associated with resilience include a sense of self-esteem and confidence, a belief in one's own self-efficacy, and an ability to cope with change and adaptation, as well as a repertoire of problem-solving strategies. The ecological perspective acknowledges the

significance of how the family functions as a system, as well as the fact that families are socially situated and influenced by their surroundings. Relevant ecological factors that must be considered when supporting children and their families include family members, institutional, local, and workplace environments, as well as broader social influences such as norms, beliefs, and culture. Social capital refers to the interdependent relationships and resources within a community that foster individual and collective development and activity. Sullivan (2018) described the iterative and collaborative process used to develop a conceptual model describing how DV victim services are anticipated to enhance the lives of survivors. The Social and Emotional Well-Being Framework that guides the model is an ideal structure for describing the goals and practices of DV programmes because it: (1) accurately reflects the goal of DV programmes to help survivors and their children thrive; and (2) acknowledges the importance of community, social, and societal context in influencing individuals' social and emotional well-being. The model was intended to guide practice and generate new questions for research and evaluation concerning individual, community, and system factors that promote or inhibit survivor safety and well-being.

According to Sullivan (2018) this framework aligns with the Conservation of Resources theory, which suggests that DV programmes seek to address the "resource loss" experienced by children due to DV by enhancing various factors such as their knowledge, skills, self-concepts, sense of hope, social connections, safety, health, stability, and access to community resources. Resource loss pertains to the consequences of DV, including the need to relocate, separation from family and friends, and a diminished sense of self (Sullivan 2018).

Another approach is trauma-informed practices, which prioritize understanding and responding to the impact of trauma on individuals. These practices aim to create a safe and supportive environment that promotes healing and recovery. Research by Sullivan and colleagues in (2017) presents a trauma-informed (TI) approach applied in a DV setting involving several key components, including: a) Reflecting an understanding of trauma and its various impacts on health and behaviour. b) Addressing both physical and psychological safety concerns. c) Utilizing a culturally informed strengths-based approach. d) Assisting survivors in recognizing the nature and impact of trauma on their daily experiences. e) Providing opportunities for clients to regain control over their lives (Sullivan et al. 2017).

Sullivan et al. (2017) aimed to investigate the relationship between trauma-informed practices, as perceived by individuals residing in shelters, and the subsequent changes in their levels of self-efficacy, safety-related empowerment, and depressive symptoms over a period of approximately 30 days. A total of fifty-seven individuals who were residing in shelters across four different programmes in the state of Ohio participated in questionnaires administered upon their arrival to the shelter and once again prior to their departure. The participants' evaluation of the extent to which they got trauma-informed care was shown to be significantly correlated with improvements in their self-efficacy and safety-related empowerment. However, no significant relationship was observed between these perspectives and depressed symptoms. The study observed a decline in depressive symptoms over a period of time, irrespective of the implementation of trauma-informed practice. The discussion encompasses the implications for policy and practice.

Gartland et al. (2019) utilized resilience based approach on their study. Resilience-focused interventions emphasize the enhancement of resilience factors, such as social support, problem-solving skills, and coping strategies. By strengthening these protective factors, children can better navigate the challenges posed by exposure to DV (Gartland et al. 2019). This approach was implemented in group-based intervention, the detail of the programme will be discussed in subsequent section.

Another approach used by Hellman and Gwinn (2017) was Hope-Based Interventions. Hope-based interventions, inspired by positive psychology, emphasize the development of hope as a key factor in promoting children's resilience and emotional well-being (Hellman and Gwinn 2017). These programmes encourage children to set and pursue achievable goals, regulate their thoughts and feelings, and foster empathy and gratitude. This intervention was implemented on camp HOPE America, which is a summer camp programme designed specifically for school-aged children who experience DV. The Camp-based programme provided a unique and structured environment where children could find support, healing, and empowerment (Hellmann and Gwinn 2017). This programme served as an innovative and comprehensive approach to addressing the complex emotional needs of the children. Hellmann and Gwinn (2017) evaluated the effectiveness of Camp HOPE America. The camp focused on instilling hope and positive character strengths in children. The study found that hope was associated with various positive character strengths, and the programme aimed to

promote striving for opportunities, self-regulation, and understanding others' actions and feelings (Hellmann and Gwinn 2017). However, it's essential to acknowledge some limitations and considerations regarding camp-based interventions like Camp HOPE. One limitation highlighted in the study is the absence of a control group and the lack of follow-up data to assess the long-term sustainability of the programme's benefits. Moreover, the camp-based model may not always be feasible for resource-limited DV shelters or refuges, making it crucial to adapt elements of such programmes to suit different contexts.

In summary, the implementation of successful strategies for promoting emotional regulation among children affected by DV encompasses a range of theories and approaches. These include trauma-informed care, cognitive-behavioural therapy, hope-based interventions, strengths-based approaches, and conservation of resources theory. Drawing upon the aforementioned models and theories, many therapies and programmes have been implemented, such as Trauma-Focused Cognitive-Behavioural Therapy (TFCBT), Group therapies, Bibliotherapy and Story-Based Interventions, and Camp-Based Interventions. Each intervention programme will now be explored and discussed in the next section.

2.3.2 Trauma-Focused Cognitive-Behavioural Therapy (TFCBT)

A systematic review by Wiseman et al. (2021) examined 36 papers with the aim of exploring the relevance of cognitive behavioural models of post-traumatic stress following child maltreatment. The review emphasised the role of trauma-focused cognitive-behavioural therapy (TFCBT) as the first-line treatment for children with PTSD who have witnessed DV. TFCBT is an evidence-based therapeutic approach encompassing several key components. It starts with psychoeducation, helping children and caregivers understand the psychological impact of trauma (Wiseman et al. 2021). Cognitive restructuring is another essential element, wherein children learn to challenge and replace negative thought patterns related to their traumatic experiences (Wiseman et al. 2021). Moreover, TFCBT emphasizes emotional regulation techniques, teaching children how to manage overwhelming emotions. Controlled exposure to traumatic memories is a significant aspect, allowing children to gradually process and reduce the emotional intensity of their traumatic experiences. Additionally, narrative processing helps children create a coherent story of their trauma, aiding in sense-making and

integration. Notably, parental involvement is vital in TFCBT, as caregivers learn to support their child's healing process (Wiseman et al. 2021).

TFCBT does not solely focus on symptom reduction; it can also promote post-traumatic growth in children. This growth involves the development of resilience, increased self-efficacy, and improved coping skills. By addressing trauma-related symptoms early, TFCBT plays a preventative role, reducing the risk of long-term psychological and behavioural consequences associated with childhood trauma exposure. In conclusion, the research findings showcase the significance of Trauma-Focused Cognitive-Behavioural Therapy as a comprehensive and evidence-based intervention for children who experience DV. It offers children a pathway to healing, growth, and improved well-being (Wiseman et al. 2021).

2.3.3 Group Interventions

In exploring effective methodologies for children's emotional regulation within the context of DV, several group interventions have been developed and examined. Fellin et al. (2019) introduced the MPOWER intervention, a group therapy programme specifically designed for young people who have experienced DV. The MPOWER intervention adopts a strengths-based approach, emphasizing the existing coping strategies developed by children and young people (CYP) to deal with the impact of DV. This approach seeks to harness and highlight the resilience and agency of CYP by promoting group work (Callaghan et al. 2019, Fellin et al. 2019). The intervention aims to enhance emotional regulation and empowerment rather than directly addressing the violence itself. It highlights the importance of addressing the effects of violence in everyday life and improving young people's abilities and coping strategies (Fellin et al. 2019).

More importantly, Fellin et al. (2019) challenge the conventional representation of CYP in the DV literature as passive victims. Instead, the MPOWER programme views resilience as a multifaceted process in which CYP actively engage within a social and relational context, promoting groupwork as a means to achieve this resilience. This perspective emphasizes that resilience is constructed by CYP through their capacity for agency, even in the face of violence, coercion, and control experienced within their family life.

The concept of resilience, as discussed by Brownlee et al. (2013), is central to group interventions. Resilience is defined as the process through which individuals encounter and

cope with the aftermath of negative experiences, leading to positive developmental outcomes or the avoidance of negative consequences. Resilience factors are categorized as both internal, involving personal qualities such as empowerment and self-efficacy, and external, encompassing support from peers, family, and the community. Strengths-based approaches, in contrast to traditional DV interventions, are not limited to conditions of adversity but are relevant to all children, aiming to empower children regardless of their life circumstances.

Two studies, conducted by Pernebo and Almqvist (2016) and Pernebo et al. (2018), specifically address interventions for children aged 4 to 13 years who have been present during IPV(N=50). These studies aim to fill a knowledge gap regarding young children's experiences with such interventions (Pernebo and Almqvist 2016, Pernebo et al. 2018). The authors propose that there is little research carried out on children who experience IPV as it appears to be generally assumed by researchers in the field that young children cannot adequately express themselves. Children who experienced IPV and their non-offending parents (in this case, all mothers) participated.

In the first study, Pernebo and Almqvist (2016) interviewed children post participation in a group intervention specifically designed for children who had experienced IPV. Findings yielded several themes including the experiences of joy associated with intervention participation, security, relatedness to the group, the ability to openly discuss their experiences, and a sense of competence from being able to participate in the intervention. Notably, joy and overall well-being emerged as significant outcomes of the intervention, highlighting its positive impact on emotional regulation (Pernebo and Almqvist 2016).

The second study by Pernebo et al. (2018) expanded on the effectiveness of group interventions, encompassing both psycho-educative and psycho-therapeutic approaches, for children who experience IPV. Findings from this research revealed that all children, irrespective of the intervention type, experienced benefits. Importantly, mothers also benefited from these interventions, indirectly contributing to the well-being of their children (Pernebo et al. 2018). This aligns with previous research in the field of peer support, which has shown that meeting with peers who share similar experiences facilitates open communication and reduces feelings of isolation (Metel and Barnes 2011).

Furthermore, mothers participating in these interventions reported improvements in their own mental health and reductions in post-traumatic stress. This dual impact on both mothers and children highlights the potential benefits of parallel group interventions for mothers and children who experience IPV (Pernebo et al. 2018).

An evaluation of the TLC Kidz programme for children aged 4 – 21 years was conducted by Furlong et al. (2018). The TLC Kidz programme is a psycho-educational programme for mothers and children who are recovering from domestic abuse. The goal of the programme to help children on their journey of recovery following their experiences of domestic abuse and for their mothers to assist in that journey by understanding their child's experiences. The 12-week programme is run post crisis and the child and women groups run separately but concurrently. Following the evaluation Furlong et al. (2018) found that the programme helped to break the silence and isolation associated with domestic abuse for children. It also helped children to express difficult emotions that they were experiencing such as sadness, anger, and fear. Although not suitable for children in refuge valuable outcomes have been identified for children who do the programme post crisis. Furlong et al. (2018) also found that the programme helped children to know how to be safe, how to identify acceptable and unacceptable behavior. Finally, the programme was found to improve school engagement, improve child physical and emotional wellbeing and it enhanced warm and open mother child relationships.

Bibliotherapy and story-based interventions represent valuable tools in addressing the emotional and psychological needs of children who experience DV (Heath et al. 2005, Bouchard et al. 2013). Bibliotherapy is an approach that utilizes books and reading materials as therapeutic tools to help individuals navigate emotional and psychological challenges (Bouchard et al. 2013). Story-based interventions expand on the principles of bibliotherapy but may involve more active engagement with storytelling, including creating and sharing narratives (Heath et al. 2005). These interventions leverage the power of storytelling and literature to create a safe space for children to explore their feelings, develop coping strategies, and promote emotional regulation.

Bouchard et al. (2013) evaluated a primary prevention programme using storybooks and workshops for children aged 9 to 12 years to address anxiety disorders. Each workshop session was based on a story describing characters experiencing common daily stressors and

how they cope with them. Although not specific to DV, the programme showed that ordinary storybooks and workshops could facilitate emotional healing, provide opportunities for insight, and help children find their own solutions to daily stressors (Bouchard et al. 2013). This approach is termed 'Bibliotherapy' where the use of books or stories provide opportunities for insight into personal problems and the facilitation of emotional healing (Heath et al. 2005) and provide an opportunity for children to identify with others, finding both their own and universal solutions (Shechtman 2006, Bouchard et al. 2013).

In summary, the findings of this review demonstrate the importance of employing a variety of methodologies to help children regulate their emotions and cope with the traumatic effects of DV. Group interventions, camp-based programmes, bibliotherapy, and trauma-focused cognitive-behavioural therapy (TFCBT) all offer valuable strategies to support children in their emotional regulation and healing process.

2.4 Discussion

The experiences of children exposed to DV are multifaceted and have profound implications for their emotional well-being, behaviour, and overall development. The themes identified within these categories provide valuable insights into the challenges faced by these children and the methodologies employed to support their emotional regulation and healing. Children who experience DV often encounter significant emotional and behavioural challenges. Research consistently highlights the strong correlation between experiencing IPV and the development of externalizing problems, including aggressive behaviours (Yates et al. 2003, Chan and Yeung 2009, Mohammad 2015, Fong et al. 2019). This emphasizes the pressing need for interventions that address these behavioural issues to mitigate their long-term consequences.

Furthermore, studies (Clarke 2015) highlight the importance of recognising that children who experience DV are not passive bystanders but direct victims themselves. They often experience fear, confusion, and helplessness in the face of such traumatic events. This emphasises the necessity of providing holistic support that acknowledges the unique needs and experiences of these children. The role of caregivers, particularly mothers, is crucial in helping children cope with the aftermath of DV. Interventions that effectively support mothers, such as those demonstrated by Mohammad (2015) and Pernebo (2018), have a

positive impact on the well-being of both mothers and children. This interconnectedness showcases the importance of family-centred approaches that address the needs of both caregivers and children.

In addition, interventions that involve group work and peer support, as seen in the studies by, Pernebo (2016), Pernebo (2018), and Fellin (2019), show promise in enhancing children's coping skills, resilience, and agency. These interventions focus on empowering children who have experienced DV, providing them with a sense of joy, security, relatedness to the group, and competence. Camp-based programmes, like Camp HOPE America (Hellmann 2017), adopt a positive psychology approach that emphasizes hope and character strengths. While not universally applicable, elements of these programmes can be adapted to resource-limited environments.

Bibliotherapy, as explored by Bouchard (2013), offers children opportunities for insight, emotional healing, and identification with characters in storybooks. Trauma-focused cognitive-behavioural therapy (TFCBT), as highlighted by Wiseman et al. (2021), serves as a crucial first-line treatment for children with post-traumatic stress disorder (PTSD) resulting from witnessing domestic violence. These methodologies provide diverse avenues for promoting emotional regulation and empowerment among affected children.

In conclusion, the combined themes of "Children's Experiences of Domestic Abuse and Violence" and "Effective Methodologies for Children's Emotional Regulation" underline the urgent need for comprehensive and child-centred interventions. These interventions should address the emotional and behavioural challenges confronted by children who experience DV, empower both children and their caregivers, and promote resilience. Further research and the integration of these methodologies into support systems are essential steps toward improving outcomes for these vulnerable children. By acknowledging their experiences and providing tailored support, children can be helped on their journey toward healing and recovery.

2.5 Conclusion

Children who experience DV often struggle with externalizing problems, such as aggressive behaviours, as a direct result of experiencing IPV. This emphasizes the critical role of interventions aimed at mitigating the long-term impacts of their traumatic experiences.

Moreover, recognizing that these children are not mere bystanders but victims themselves is paramount. Children require tailored support that acknowledges their unique experiences and empowers them to heal and thrive.

Caregivers, particularly mothers, play a pivotal role in supporting children who experience DV. Interventions that focus on enhancing the well-being of both mothers and children contribute to more positive outcomes for the entire family unit. Group-based interventions and peer support programmes have demonstrated their effectiveness in promoting children's coping skills, resilience, and agency. Positive psychology approaches, such as those emphasizing hope and character strengths, provide valuable insights for empowering these children.

Furthermore, bibliotherapy and trauma-focused cognitive-behavioural therapy (TFCBT) serve as essential tools for facilitating emotional regulation and recovery among affected children. These methodologies offer diverse avenues for children to process their experiences, find solace, and develop essential coping strategies. By embracing these child-centred approaches and continuing to advance research in this field, we can better address the complex challenges faced by these vulnerable children.

Chapter 3: Methodology and Methods

3.1 Introduction

This chapter provides a detailed overview of the research methods which were adopted in the evaluation of the 'Where I'm At' project for Meath Women's Refuge and Support Services (MWRSS) and provides the rationale underpinning the methodological decisions which were employed.

3.2 Research Design

Case study approach was utilised for the evaluation set out in this report. Case study research is a type of empirical inquiry that sets out to investigate a contemporary phenomenon in-depth, and within its real-world context (Yin 2018). Case study research was deemed suitable for this evaluation since the 'Where I'm At' project, which forms part of the Children's Programme at MWRSS, is a unique project that exists within a real-world context.

3.2.1 Case Study Research

One of the most fundamental aspects of engaging case study research is the identification of 'the case' and the identification of 'the context' which both need to be established at the outset of any study (Tight 2010, Yin 2014, Thomas 2016). For the case study presented in this report 'the case' was the 'Where I'm At' project which forms part of the children's programme at MWRSS and 'the context' was the refuge where women and their children stay. The context in this case study research is comprised of and influenced by economic, social, political, and historical elements which were all considered in the evaluation. The hallmark of case study research is that it uses multiple 'sources of evidence' including but not limited to; interviews, focus groups, direct observation, participant participation, archival records, documents, and physical artifacts.

In case study research it is the designated 'units of analysis' that form the case, and for this evaluation the main units of analysis were the interviews with the women and their children. In total, there were two main units of analysis and four sub-units of analysis. The main units of analysis were:

Main unit of analysis 1: Child face-to-face interviews utilising creative participatory art techniques. A mapping activity called 'My Traffic Light Map', a drawing activity called 'Time Pie' drawing and a task-based activity called the 'Pots and Beans' activity. The interviews accompanying these participatory techniques focused on the children's experiences of being in the refuge and how they spent their time while at the refuge.

Main unit of analysis 2: Women who were parents and staying in the refuge were interviewed face-to-face about their experience of being in the refuge with their child(ren).

The sub-units of analysis were:

Sub-unit of analysis 1: Handprint evaluations collected from women who were staying at the refuge with their child(ren).

Sub-unit of analysis 2: Handprint evaluations collected from key workers at the refuge.

Sub-unit of analysis 3: 'Walking in Their Shoes' exercise which was collected from key workers at the refuge.

Sub-unit of analysis 4: 'Reflective Diary Note' collected from key workers at the refuge.

3.2.2 The Voice of the Child

The evaluation presented in this report utilised a qualitative research approach in the form of case study research. Qualitative research approaches focus on understanding the meaning, experience, and perspectives of individuals or groups. The utilisation of case study research for the evaluation allowed for the examination of the experiences and the perspectives of the women and children who avail of the 'Where I'm At' project and the Children's Programme at MWRSS.

When conducting research with adults and children inherent differences exist; two of which relate to ability and power (Hollywood 2020). Ability varies greatly from child to child depending on their unique developmental stage, not all children of the same age have the same ability. Power is closely linked to status. Within society, adults are attributed with authority over children, and consequently, children may find it difficult to disagree with an

adult or say something which they think an adult may not approve of (Hill 2010). The evaluation presented in this report was cognisant of the differences between conducting research with adults and conducting research with children. Data collection methods were considered carefully to ensure that the adults and the children involved in the evaluation were able to express their own subjective views.

The data collection methods chosen for this case study research were informed by the Lundy Model of Child Participation Figure 2: The Lundy Model of Child Participation (Lundy 2007)

The model provides a way of conceptualising a child 's right to participation as laid down in Article 12 of the United Nations Convention on the Rights of the Child (UNCRC 1992). The Lundy model is endorsed by the Irish Department of Children, Equality, Disability, Integration and Youth (known formally as the Department of Children and Youth Affairs) in the National Strategy on Children and Young People's Participation in Decision Making (2015-2020).



Figure 2: The Lundy Model of Child Participation (Lundy 2007)

Data collection methods incorporated art-based techniques since such techniques are a recognised conduit for children to express their views on a variety of topics which interest them (Hollywood 2020). Art-based techniques and visual methods are particularly helpful for children to recall and explore both positive and negative experiences (Kleine, Pearsons and Poveda 2016). This was an important consideration for the evaluation since participating children were living in refuge and many had experienced trauma in the time leading up to

entering the refuge. Data collection methods also included a task-based activity for participating children. Task-based activities direct children's attention away from the researcher and to the 'task at hand'; this, in turn, bestows greater control to the child over their participation (Coad 2007).

3.3 The Plan-Do-Study-Act Quality Improvement Cycle

The data collection framework used for data collection with refuge staff was based on the Plan – Do – Study – Act (PDSA) quality improvement cycle Figure 3: The Plan – Do – Study – Act (PDSA) quality improvement cycle

Les and Shojania (2017) having tried and tested the PDSA cycle in the clinical setting describe it as the cornerstone of model improvement that encompasses significant advantages when put into practice. The combined steps of the PDSA cycle enable hypothesis testing, analysis, and conclusion development for moving forward (Reed and Card 2016). For the evaluation presented in this report the In the PDSA cycle was utilised to facilitate and assessment of what's working in the 'Where I'm At' project, what needs to change and how change can be implemented in real time and in line with learning captured.

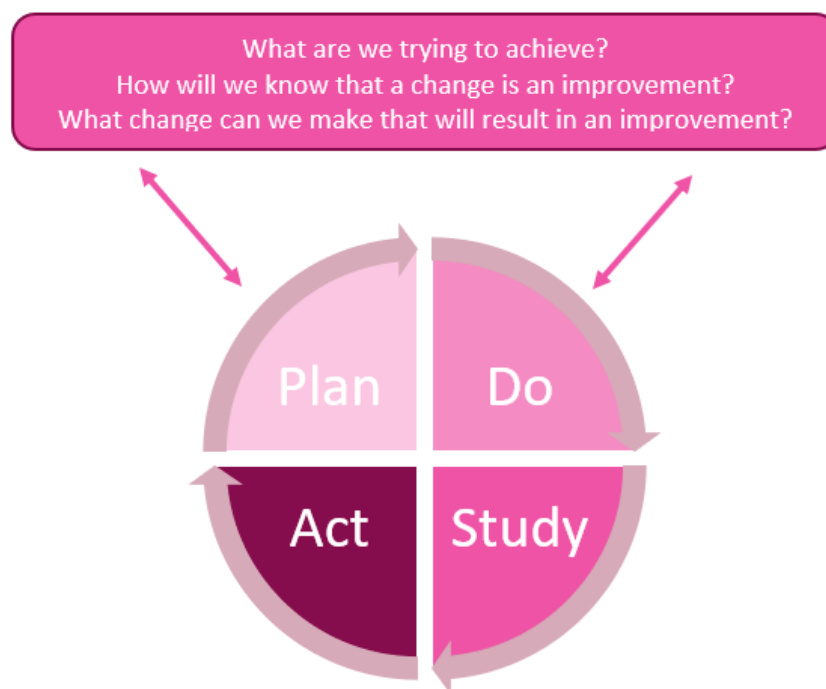


Figure 3: The Plan – Do – Study – Act (PDSA) quality improvement cycle

3.4 Ethical Considerations

This evaluation was informed by the Ethical Review and Children's Research in Ireland (Felzmann et al. 2012) and guided by the principles of beneficence, respect for human dignity and justice. It was also underpinned by article 3.1 of the United Nations Convention on the Rights of the Child (UNCRC 1989), which states:

“In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration”.

The principles of beneficence, respect for human dignity and justice were all considered during the design and data collection phases of the evaluation.

The study was reviewed by the Research Ethics Committee in the Faculty of Health Sciences, Trinity College Dublin and approval was granted on the 6th of April 2022. The study was also reviewed, and approval was granted by the Data Protection Officer in Trinity College Dublin on the 5th of January 2022. All project team members completed GDPR training provided by Trinity College Dublin in accordance with EU child protection and research policies. Obtaining informed consent and assent, maintaining confidentiality and anonymity, and ensuring that the children's rights to participation were respected, as set out in the Declaration of Helsinki, were all adhered to in this evaluation.

3.5 Sample

The target population included all women and children who sought refuge accommodation at MWRSS and all staff who work with women and children at MWRSS.

3.6 Recruitment

Women, children, and refuge staff were all recruited through MWRSS. During the recruitment phase of the study posters and flyers outlining the research were displayed at communal locations around the refuge where women and refuge staff would see them. 'Study Information Packs' consisting of; a letter of invitation, a consent form and a participant information leaflet were prepared and sent to the gatekeeper for distribution to women and staff members at the refuge who met the inclusion criteria. The gatekeeper advised potential

participants to contact the researcher directly if they required additional information. If women and refuge staff wished to participate, they were instructed to sign and return their consent form to a sealed consent form collection box located in the main office at the refuge.

3.7 Inclusion and Exclusion Criteria

3.7.1 Inclusion Criteria

- Women and school-aged children who are seeking refuge from domestic violence with the MWRSS.
- Children between the ages of 4 and 13 years who are in refuge with their mother/guardian at MWRSS.
- Key workers who are employed by MWRSS and who work directly with women and children at the refuge.

3.7.2 Exclusion Criteria

- Women and children who are not seeking refuge with the MWRSS.
- Women who seek refuge with MWRSS but who do not have children between the ages of 4 and 13 years seeking refuge with them.
- Women and children who do not speak English proficiently.
- Children under the ages of 4 years.
- Children over the age of 13 years.
- Key workers who are not employed by MWRSS.

3.8 Data Collection

For this case study research data was collected from a variety of sources. The research team travelled to the refuge on a number of occasions to interview women and children and to speak with refuge staff who put themselves forward to participate in the research. Table 1 on the next page provides an outline of the data collected.

Table 1: Overview of data collected.

Participant Category	Data Collected	Number of Participants
Child	'My Traffic Light Map' 'Time Pie' Drawing 'Pots and Beans' Activity Face-to-face interview	13
Women	Handprint Evaluation Face-to-face interview	7
Staff	'Walking in Their Shoes' Exercise Reflective Diary Note Handprint Evaluation	5

3.8.1 Data Collection with Children

In total 13 children participated in the research. Although women consented to their child's participation, the assent of the child was sought at the commencement of each interview. A child friendly information leaflet was used to help explain the study to children so that the researcher could be sure that children understood why the study was being conducted before they agreed to take part in the data collection activities.

The research team were conscious of the level of understanding of participating children, and of individual children's interests when engaging with participatory research techniques. For this reason, the team planned three different creative participatory techniques. A mapping activity called 'My Traffic Light Map' was used for all children (Figure 4). For this activity maps of areas within the refuge where the children frequent were prepared, notably the playroom, the kitchen and the garden. The researcher presented the maps to the children and explained what they represented. The children were asked to think about these areas within the refuge and to consider what they thought about the areas. Using traffic light stickers, the children were asked to place the green dots on the areas that they felt worked well in the refuge, orange dots on the areas that they felt could be improved upon, and the red dots on the areas that they thought did not work well. The researcher then discussed the traffic light dot allocation with the child to gain a clear understanding of what the child believed and felt about the refuge accommodation. This discussion was audio recorded.

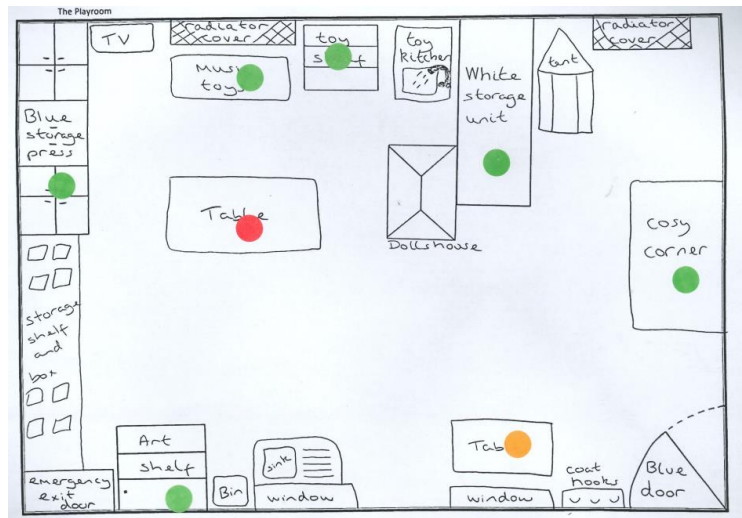


Figure 4: 'My Traffic light Map' mapping activity by child aged 6 years

A drawing activity called the 'Time Pie' (Hollywood 2020) was used for children aged 6 – 13 to explore how children spend their time while at the refuge and to establish what they thought of the activities that were on offer via the 'Where I'm At' project. When the child had completed their 'Time Pie' drawing Figure 5: 'Time Pie' drawing activity by child aged 6 years

they engaged in a conversation with the researcher which focused on what they thought of the activities that they engaged with via the 'Where I'm At' project while at the refuge. This interview was audio recorded and was structured using the Lundy model of space, voice, audience, and influence. Below is an outline of how the Lundy model was used:

Space: children were be asked about the availability of, and quality of, space within the refuge for activities.

Voice: children choose themselves what information they documented in their 'Time Pie' and they were encouraged to give their views and opinions in relation to how they spend their time at the refuge.

Audience: children's views and opinions were documented via their individual drawings and thorough their interviews.

Influence: the data generated from the child drawings and interviews was incorporated into the study's thematic analysis so that children's views could be acknowledged and can be acted upon.

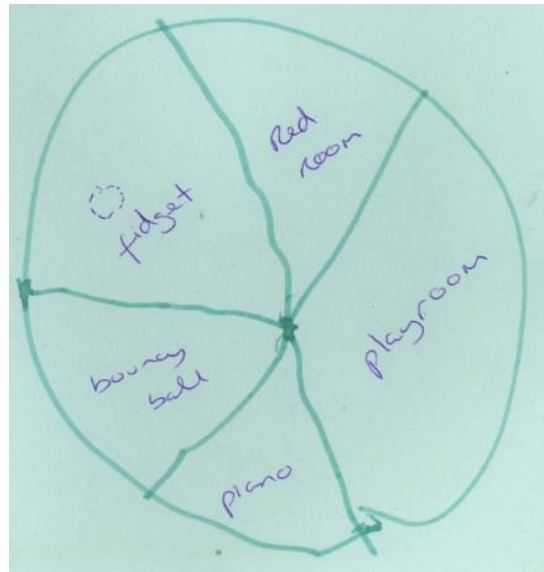


Figure 5: 'Time Pie' drawing activity by child aged 6 years

The 'Pots and Beans' activity was used for all children. The activity was structured using the Lundy model and consisted of three labelled pots: pot 1 = 'being here', pot 2 = 'being heard' and pot 3 = 'making decisions'. The researcher presented the labelled pots to the child and talked about them briefly. The child was given five marbles and was asked to think about their stay at the refuge and about how they spend their time while at the refuge. The researcher then read a set of statements and the more the child agreed with the statements, the more marbles they placed into each pot. Each pot was presented individually and in specific order. The corresponding statements were asked individually, and the child was prompted to place their marbles (number as per their choice) into the pot, the researcher then chatted with the child about their marble allocation. This facilitated the researcher to encourage the child to speak about their experience of being in the refuge. The pot was emptied after each statement, so the same five marbles were used again and again. The researcher also demonstrated an example to ensure that the child understood the activity.

Example:

Pot 1 = Being here (space)

- I liked being here.
- I felt safe during my time here.
- I felt welcome during my time here.

There was enough space to play while I was here.

I played with others while I was here.

There was plenty of fun stuff to do while I was here.

I was able to relax while I was here.

3.8.2 Data Collection with Mothers

In total 7 mothers participated in the evaluation. Data collection with mothers consisted of a short face-to-face interview which was audio recorded. The interview focused on how they felt when they arrived at the refuge, how they spend their time while at the refuge and what their thoughts were in relation to the activities that were available via the 'Where I'm At' project. The mothers also completed a handprint evaluation exercise (Appendix 1: Handprint Evaluation Mothers) which focused on them and their child(ren) and the time that they spent in the refuge.

3.8.3 Data Collection with Staff

Data collection with refuge staff consisted of an exercise called 'Walk in Their Shoes'. Using the same maps that were developed for the children's mapping exercise key workers were asked to consider the refuge (accommodation and amenities available) from the perspective to the women and children who come to stay at the refuge. They were then asked to allocate the traffic light dots to the areas they felt work well for women and children (**green dot**), areas that they felt could be improved upon (**orange dot**) and areas that they felt did not work very well for women and children (**red dot**). The researcher then asked some questions about the traffic light dot allocation in order to seek clarification on the thoughts of the key workers.

Data collection with refuge staff also consisted of a reflective diary note based on the PDSA cycle which was explained by the researcher to the key worker(s). Following a 'Where I'm At' planned session with a family the key worker was asked to make some notes reflecting on the session and incorporating the PDSA cycle. This process helped to establish what worked well during the planned work and what could be improved upon for future sessions within the project.

Key workers who work directly with women and children were also asked to complete a 'Handprint Evaluation' (Appendix 2: Handprint Evaluation Key Workers) based on work done

through the 'Where I'm At' project. They were asked to reflect on back on the various activities that they had engaged with in the project and write down their thoughts based on the PDSA cycle.

3.9 Data Management

The data gathered for this evaluation was managed and analysed with the assistance of the computerised qualitative data analysis software NVivo (version 20), produced by QSR International. All data sources including adult interview audio, child interview audio, children's artwork, fieldnotes and handprint evaluations were organised and managed in an NVivo software file.

3.10 Data Analysis

Data within case study research can be analysed by perusing various means since analytic procedures within case study research have not been 'set in stone' or prescribed. Thematic analysis was chosen as the analytical strategy for the evaluation and Braun and Clarke's (2006, 2012) six-step approach to thematic analysis was used.

Table 2: Six-step approach to thematic analysis adapted from Braun and Clarke (2012).

Six-step approach to thematic analysis adapted from Braun and Clarke (2012)	
Step 1: Familiarisation with the data	Involves the researcher becoming completely immersed in the data by listening and relistening to the audio. Initial analytical observations are noted.
Step 2: Generate initial codes	This is the commencement of the systematic analysis of data through coding. Codes, as building blocks of analysis, identify and provide a label for a feature of the data that may be relevant to the evaluation.
Step 3: Searching for themes	A theme captures something important about the data in relation to the evaluation and represents a patterned response or meaning within the data set.
Step 4: Reviewing potential themes	Developing themes are reviewed in relation to the coded data and the entire data set. Essentially this is a quality check of potential themes against the data set.

Step 5: Defining and naming themes	The researcher defines the theme and states clearly, what is unique about the theme. This phase requires deep analytical work, the crucial shaping-up of the analysis into specific themes.
Step 6: Generating the report	Within qualitative research, writing and analysis are interwoven activities. The purpose of the report is to produce a compelling story of about the data based on the analysis.

3.11 Summary

This chapter discussed the research methods employed in this evaluation of the 'Where I'm At' project which forms part of the Children's Programme at MWRSS. It also provided a detailed account of the study design and procedures, recruitment, data collection and management and ethical issues associated with the evaluation.

Chapter 4: Findings

4.1 Introduction

This chapter presents the findings from the evaluation of the 'Where I'm At' project which forms part of the Children's Programme at MWRSS. When reporting on 'the case' in case study research the aim is to tell the story of the evolution, development, and experience of the case of interest. In this evaluation 'the case' is the 'Where I'm At' project which forms part of the Children's Programme at MWRSS and 'the context' is the refuge as detailed in Chapter 3. The reporting of findings in case study research has been described by Yin (2018) as 'composing' and this he attributes to the fact that case study research does not follow any specified conventional format. The case in this evaluation is a single case, comprising of two main units of analysis and four sub-units of analysis. The units of analysis and data sources have been explained in Chapter 3. The findings of this research are organised under three themes which were formed following a complex triangulated analysis of the various data sources. In line with the final step of thematic analysis described by Braun and Clarke (2006, 2012) each theme has been given a name and a description. Theme names and descriptions are provided in Table 3 below.

Table 3: Themes and description of themes

Theme	Description of Theme
Theme 1: Providing and promoting safe space for children through play	This theme provides a detailed account of how the 'Where I'm At' project creates a safe space for children as they make the transition into refuge with their mother. Through the medium of play and creative activities, children and women are welcomed to the refuge and their transition is supported on an individual family basis. In addition to the facilitation of the family's transfer into the refuge the project also operates in a trauma informed manner with each individual child which specifically aides in the child's transfer to their new environment.
Theme 2: Help in the here and now	This theme showcases how the 'Where I'm At' project together with the Children's Programme, facilitates immediate help for women and children in refuge. It details how the programme provides practical help to women and children in refuge and also how it offers specialised and tailored help for individual families in refuge as required. This theme highlights how the 'Where I'm At' project together with the Children's Programme, responds to the

	individual needs of women and children in refuge in a trauma informed manner.
Theme 3: Accepting and gaining support	This theme explores the experiences of women and children in refuge once they accept support via the 'Where I'm At' project and the Children's Programme. The theme emphasis the emotional and psychological support that is available via the programme in conjunction with other service offerings at MWRSS. The theme features the emotional and psychological support and the parenting support which can be gained by women and children when they participate in the 'Where I'm At' project at MWRSS.

Each of the three themes consists of sub-themes and these are presented in Table 4 below.

Table 4: Theme number and sub themes

Theme Number	Theme	Sub-themes
1	Providing and promoting safe space for children through play	<ul style="list-style-type: none"> • Feeling safe and welcome • Facilitation of transition
2	Help in the here and now	<ul style="list-style-type: none"> • Practical help for women and children • Specialised help for individual family situations
3	Accepting and gaining support	<ul style="list-style-type: none"> • Emotional and Psychological Support • Parenting Support

4.2 Theme 1: Providing and promoting safe space for children through play

This theme showcases how the 'Where I'm At' project creates a safe space for children as they make their transition into refuge with their mother. Women and children are welcomed to the refuge, and this is achieved through the use of play and creative activities. The transition into the refuge takes place on an individual family basis and in a trauma informed manner. It is through the trauma informed manner that children are helped to adjust to their new environment. The data sources which contributed to the development of this theme can be viewed in the 'T1 explore diagram' downloaded from the NVivo study database (Appendix 3).

4.2.1 Feeling safe and welcome

The 'Where I'm At' project does not operate in isolation at MWRSS but rather it forms part of a suite of services and supports that are available to women and children at the refuge. The first step in the offering of any service or support is to make women and children feel safe and welcome so that they can engage with the supports available. At MWRSS staff go to significant lengths to achieve this. For women and children, feeling safe is an essential first step towards engaging with refuge services and supports.

Women interviewed explained that the decision to come to the refuge was not a decision that they made easily. For some women there was a build up to the making of the decision and for others the decision was made as a result of a traumatic incident. A finding from participating women was the sense of relief associated with having made the decision to come to the refuge as indicated in the below handprint evaluation from one mother who describes feeling safe and having peace as a result of being in the refuge (Figure 6).

The thumb (1): something that was good for me and my child here at the refuge.
Peace of mind and feeling safe

Figure 6: Handprint Evaluation by mother (Code F1_M_R)

Being able to feel safe and the comfort that feeling safe brings was a core concern discussed by the women interviewed. Women spoke about how being in the refuge made them feel safe and that this 'feeling safe' enabled them to parent their children and live their lives as they want to live. The significance of being able to feel safe in the refuge is reflected in several the women's handprint evaluations as indicated in Figures 7 and 8 below.

The thumb (1): something that was good for me and my child here at the refuge.
Feeling safe and gaining a routine for my child again

Figure 7: Handprint Evaluation by mother (Code F3_M_R)

The thumb (1): something that was good for me and my child here at the refuge.
Feel safe

Figure 8: Handprint Evaluation by mother (Code F9_M_R)

For many of the women interviewed, the anticipation of hurt or injury had been a large part of their lives prior to coming to the refuge. As a result of this, they had not experienced feeling safe for a considerable length of time. For one woman finally being able to feel safe had a momentous impact on her first night at the refuge, she had this to say:

Researcher: *Can you tell me how you felt when you arrived here to the refuge?*

Woman: *The first night I was here I slept from 8'oclock until 8'o clock the next morning because I felt safe.*

(Code F1_M_R)

The situation surrounding arrival to the refuge varies from family to family. For the families who seek refuge as a result of a traumatic incident in the family home, these are the families that are more likely to be brought to the refuge accompanied by An Garda Síochána (Irish Police). Events such as these can be very upsetting for women and children especially if they have not had domestic violence interactions with the police previously as explained by one mother:

Researcher: *Can you tell me a little bit about when you first arrived here to the refuge?*

Woman: *Well, we came here with the Gardaí, so it was our first time ever in a Garda car as well... the Gardaí were so nice, they stopped in a shop and got jellies and a teddy each [for the children] and we came here at about 4 o'clock in the day.*

(Code F1_M_R)

When a traumatic incident occurs in the family home, often a woman's only safe way out is by calling for the help from An Garda Síochána (Irish Police). One woman interviewed explained how she called for help and detailed the safety that she felt upon arrival to the refuge. She had this to say:

Researcher: *Can you tell me a little bit about when you first arrived here to the refuge?*

Woman: *Initially the Guards brought me here. I left a toxic domestic relationship and as soon as I came through the door [of the refuge] I felt safe. Home wasn't safe.*

(Code F3_M_R)

Feeling safe and secure was also explored with participating children and many of the children interviewed demonstrated a good level of understanding in relation to the need to feel safe in their daily lives. Children interviewed understand that abusive behaviours in the family

home is not conducive with stable family living or a healthy family environment. During the pots and beans activity one child explained how he and his mother needed to be in the refuge so that they could be safe. He had this to say:

Researcher: *I understand why I had to come here with my mam.*

Child puts all of the marbles into the pot.

F7_B_12: *Yeah, I very much did.*

Researcher: *Can you tell me why did you have to come here with your mam?*

F7_B_12: *Because of my abusive father.*

Researcher: *Okay and you needed to come here too??*

F7_B_12: *To be safe.*

(Child aged 12 years)

Feeling safe and feeling welcome were intertwined for many of the families interviewed. All of the women interviewed said that they were made to feel very welcome when they arrived at the refuge which was a source of great comfort and also promoted a feeling of safety for the women. One mother explained how she and her children were welcomed by refuge staff when they arrived. She has this to say:

Researcher: *Did you feel welcome when you arrived here at the refuge?*

Woman: *Yeah, I was welcomed by three people when I came in [to the refuge] so from the minute I came in I was welcomed and it kinda made me feel calmer I suppose because I didn't know where I was coming. They gave me a cup of tea and let me relax and let the kids play. I was definitely welcomed, and I wasn't too scared because I had nice people to talk to.*

(Code F5_M_R)

Acknowledging that although being in a refuge is not a situation that one might anticipate or indeed want to end up in, one woman detailed how she felt an overwhelming sense of relief when she got to the refuge and away from her perpetrator. The welcome that this woman experienced significantly contributed to her feeling of relief and affirmed her belief that she made the right decision for her and her children. She had this to say:

Researcher: *Did you feel welcome when you arrived here at the refuge?*

Woman: *Well, it's not a place that you every really want to be, and it's not a phone call that you want to have but after you make that initial phone call [to the refuge] and*

you get here it is very welcoming. I suppose it's more comforting than welcoming because you know you're going to be (pause) I think you have an overwhelming sense of relief that you know that you're going to be safe here and you're going to get the help that you need in here [at the refuge]. It's a struggle obviously because you're not in your own surroundings but you definitely do feel welcome here.

(Code F9_M_R)

Welcoming women and their children to the refuge and instilling a sense of safety are skills that the refuge staff have refined very well. Feeling welcome was explored with children during the pots and beans activity. One child had this to say about how they were made to feel welcome at the refuge:

Researcher: *I felt welcome during my time here.*

Child puts all of the marbles into the pot.

F7_G_10: *Yeah.*

Researcher: *What was it that made you feel welcome here?*

F7_G_10: *They were so kind and (pause) and welcoming to you as you entered, and you're feeling a bit shy, they're like so nice.*

(Child aged 10 years)

Feeling welcome is not just something that is experienced by women and children when they arrive to the refuge initially but rather it extends for the duration of their stay. Many of the children spoke about how they felt welcome at the refuge throughout their stay and much of this was experienced through a combination of how staff communicated with them and also through the activities that they got to experience while staying at the refuge. One boy explains how staff made him feel welcome and special via their communication with him and via the facilitation of a fun animal visit activity. He had this to say:

Researcher: *I felt welcome during my time here.*

Child puts all of the marbles into the pot.

F7_B_12: *I really did so I put in lots of marbles.*

Researcher: *You really felt welcome?*

F7_G_12: *Yeah, I felt like I was special with everyone else being so nice. Also, I like being treated equally with everyone else as well.*

Researcher: *That's nice.*

F7_B_12: *And as well with the animals [felt welcome].*

Researcher: *Where were the animals?*

F7_B_12: *Like in this room [playroom].*

(Child aged 12 years)

Similarly, younger children also expressed how they felt welcome and happy while at the refuge. One younger child spoke very positively about his stay at the refuge. He had this to say during his pots and beans activity:

Researcher: *I felt welcome when I came here.*

Child puts all of the marbles into the pot.

F6_B_6: *Yes, yeah.*

Researcher: *How did you feel welcome*

F6_B_6: *Because I like it.*

Researcher: *You like it here [at the refuge]?*

F6_B_6: *Yeah.*

(Child aged 6 years)

This child also highlighted the significance of the role of the Childrens Support Worker in how they engage with and work with women and children. During the pots and beans activity he went into a lot of detail to explain how much he enjoyed the one-to-one activities that he did with the Childrens Support Worker in the refuge. He had this to say:

Researcher: *I feel safe while I'm here.*

Child puts all of the marbles into the pot.

F6_B_6: *Yeah, I feel safe.*

Researcher: *Oooh ok.*

F6_B_6: *Because Emma*², I like, Emma* makes me safe.*

Researcher: *Does Emma* make you feel safe?*

F6_B_6: *Yeah.*

Researcher: *What does she do that makes you feel safe?*

F6_B_6: *Protect me.*

Researcher: *How does she protect you?*

² Emma* is a pseudonym for the Childrens Support Worker.

F6_B_6: *Because her big.*

Researcher: *Yes, she's big, she's an adult, isn't she?*

(Child aged 6 years)

4.2.2 Facilitation of transition

Although the first step in offering refuge services and supports to women and children is fostering a feeling of safety and welcome, the actual transition into refuge is challenging for families. At MWRSS this challenge is acknowledged, and family transition is facilitated and supported in a trauma informed manner. This is achieved by refuge staff through an individualised and tailored approach for each family as they make the transition to their new environment. Staff at MWRSS work with families individually to assess what the family need as they make the transition into the refuge. This assessment is an ongoing process that is modified and adapted as the needs of the family change. A concern expressed by mothers interviewed related to not having enough clothing for their children or not having their children's usual toys since many had to leave their homes in a hurry or left incognito from their perpetrator therefore unable to bring their child's personal items with them. One woman explained how arriving at the refuge with nothing was the source of considerable worry for her however this worry was alleviated following the assessment carried out by the refuge staff and the provision of the clothing and toys that her children needed. She had this to say:

Researcher: *Did you feel welcome when you came here to the refuge?*

Woman: *I felt really welcome, it was like a home from home.*

Researcher: *What was it that made you feel welcome?*

Woman: *The staff, they just made it really easy for me because we came here with just the clothes on our backs ... we had no clothes, the kids just had the clothes on their backs, we had no iPads, literally nothing. I came with like my purse, and I came in here and they sorted food out, they sorted clothes out, PJ's for the kids, underwear, everything.*

Researcher: *So, the basic bits and bobs that you would need for yourself and the kids?*

Woman: *Yeah, stuff that I would worry about, and I also worried a lot about their toys and that [older child] she loves Barbies, and they got her Barbies, she was so happy*

with that ... baby dolls, they had two baby dolls that they let [younger child] keep. It was just magical, stuff that I worried about, and they took that off of me.

Researcher: *So, you were relieved of that worry?*

Woman: *Really relieved yeah.*

(Code F1_M_R)

For some women and children who had endured abuse in the family home for a considerable length of time, the transition into the refuge was a welcome relief. One woman detailed how she had planned her departure for many months in advance however there never seemed to be a good time to make the break and go. This woman also felt that since she did not fit the stereotype of the domestic abuse victim (battered and bruised) she was not taken seriously enough by law enforcement. It was through the realisation of losing her sense of self and her son's unhappiness that were the catalysts to her deciding to make the transition. This is what she had to say:

Woman: *I blame myself that I did not do this before because I feel so good now, I feel so free in my head ... he [perpetrator] always feels like he has some power over me, like for years, we were together for ten years, we made the family together, but we always had to do what he wanted to do, live like he wanted to do and one day I realise that I am not myself anymore. I just do things to make him happy and to calm down the situation ... I always try to be honest with my son, he witnessed all of the fighting and arguing and many times I had prepared him that you know we will be moving, and he really wanted to move out from all that.*

Researcher: *Did your son feel tension from the arguing?*

Woman: *Yes. Like he asked me many times when we will move out... when I told him we go, he was so happy ... he helped me to pack the bags.*

(Code F2_M_C)

For many of the women interviewed their situation was so stressful and disordered they were not always able to identify the extent of the danger that they were living in. One woman explained how she did not realise the level of abuse that she was living with daily until staff at the refuge helped her to see the reality of her situation. She specifically highlighted the role

of the Childrens Support Worker and the impact that this person had on her family. This is what she had to say:

Researcher: *When you came to this refuge what was it that made you feel welcome?*

Woman: *The understanding from them [refuge staff] you know, like even for myself because I didn't even know how bad the domestic violence was until I did the survey you know and that's when I seen the depths of it ... they [refuge staff] have been real supportive with the girls, especially with (name of child) she has been really acting out and Emma* [Childrens Support Worker] she has been great, she has taken (name of child) for one-on-one and now I can see her thriving. So, like that's the support and like we didn't have that at home.*

(Code F4_M_C)

The combination of skilled staff, private accommodation and offerings from the 'Where I'm At' project and the Children's Programme collectively eased that transition into the refuge for many of the women and children interviewed. One woman explained how the approach at MWRSS was a positive experience for her and her children:

Researcher: *What were your first impressions when you came here to the refuge?*

Woman: *Its very positive here [at the refuge] like everyone is so nice. It was more of a positive experience than I thought it was going to be because I thought like that it was going to be like a hostel and like I wouldn't have my own space and that kind of thing.*

Researcher: *Yes, I see.*

Woman: *But it's a lot more personable, like the kids made friends with all of the staff ... and the kids had a lot to do like they can kinda do what they want here and it's not like they are just stuck in a room and that's it.*

(Code F5_M_R)

The importance of the role of the Childrens Support Worker came up on numerous occasions with the women and children interviewed. The findings suggest that by having a designated Childrens Support Worker MWRSS are offering a superior service to women and children in their transition into the refuge. Many women remarked that when their children were with the Childrens Support Worker engaging in creative play, that they did not feel worried about them as they knew that they were safe and engaging in an activity that they would enjoy.

Furthermore, they knew that their children were engaging in activities that was good for them and that would promote self-expression and relaxation. Women interviewed were very aware of the significance of play in children's lives. Having a designated Childrens Support Worker also afforded women some private time to be able to engage with their own key worker about their safety plan and family requirements. The presence of the Childrens Support Worker at MWRSS is a noteworthy direct support to the women and children staying at the refuge. The Childrens Support Worker plays a vital role in the transition of the child into refuge and adaptation to their new environment. One child had this to say about their interactions with the Childrens Support Worker during the pots and beans activity:

Researcher: *People here listen to what I have to say.*

Child puts all marbles into the pot.

F9_G_10: *Emma* is a good listener. She listens to me more than anybody else here.*

(Child aged 10 years)

Findings show that the Childrens Support Worker also impacts greatly on the transition of younger children into the refuge. This is what one younger child had to say:

Researcher: *The people here are listen to what I have to say.*

Child puts all marbles into the pot.

F9_G_6: *Yeah, because when I wanted to play with Emma*, she listens to me.*

(Child aged 6 years)

The presence of the Childrens Support Worker had such a positive impact on another young child that they took extra time at the end of their interview to complete an additional drawing of them and Emma* playing together. See drawing in Figure 9 on the next page.



Figure 9: Me and Emma* playing together by child aged 6 years (Code F9_G_6)

4.3 Theme 2: Help in the here and now

This theme showcases how the 'Where I'm At' project together with the Children's Programme, facilitates immediate help for women and children in refuge. It details how the project provides both practical help to women and children, and specialised help tailored to meet the immediate needs of the women and children at the refuge. This theme also shows how the project responds needs of women and children in refuge in a trauma informed manner. The data sources which contributed to the development of this theme can be viewed in the 'T1 explore diagram' downloaded from the NVivo study database (Appendix 4).

4.3.1 Practical help for women and children

Theme one provided an account of the transition experiences of women and children as they enter into refuge. A significant component of that transition is the need and the desire to feel safe and to feel welcome. Welcoming women and children and the creation of a safe space is something that MWRSS does well, as indicated from the study findings. However, in order to achieve the creation of a safe space, there are certain practical components to accommodating women and children that need to be taken into account. When women arrive

to the refuge for the first time it can be a very emotional and challenging experience. As part of the entry to the refuge every woman needs to have an assessment carried out and their arrival recorded. This interaction between the woman and her receiving key worker takes some time and many of the women interviewed described how their children, through the Children's Programme, were distracted with play and shielded from the distress associated with entering their new environment. One woman described the experience that she had:

Woman: *So, I met (name of key worker) and she brought us up to the playroom because obviously with the kids they could have distractions I suppose while she did my admission ... it was lovely actually.*

(Code F9_M_R)

Through the 'Where I'm At' project and the Childrens Programme there are a range of play activities and creative supports available to women and children. This is a very practical resource for women as the promotion of play is not just a wonderful distraction for children when they enter the refuge, but it also helps children to feel safe and secure in their new environment. One woman had this to say:

Woman: *I was shown around and there was loads for the kids because I was more worried about their safety, they had loads of toys so there were amused. They had a garden to play in, a playroom so they were happy. Like they had gaming devices and stuff. So, once they felt safe then I was ok.*

(Code F5_M_R)

When women are in a refuge as a result of domestic abuse they often have to go to court for access and family law proceedings. This can be a stressful and difficult experience for women and having to leave their children to attend court compounds this distress. At MWRSS the presence of the Childrens Support Worker combined with the key workers buffers this distress because women can go to court knowing that their children are safe and engaging in play that they enjoy with the Childrens Support Worker. One woman had this to say about her experience of going to court and not having to worry about her children while she went:

Woman: *They're [Childrens Support Worker and key worker] really good like here. Like even when I had to go to court, you know what I mean like, all I had to worry about was going to court, I didn't even have to worry about the girls because I knew that they were going to be safe, and I just had to focus on court.*

Researcher: *And court isn't somewhere where you would be going every day so is it a bit intimidating?*

Woman: *It was very intimidating that day. But even when I came home from court you know they [Childrens Support Worker and key worker] just said "go get yourself a cup of tea and get yourself together and we'll bring the girls down in forty minutes or whatever" ... so they were really really good like that.*

(Code F1_M_R)

Having a designated Childrens Programme is a desirable component to the supports and services that are on offer at MWRSS. When women want to escape from a domestic abuse situation they worry considerably about their children and the impact that the abuse may have had or will have on their children. Indeed, findings from this research show that women leave their abusive relationships primarily to protect their children. Women know that domestic abuse can have a negative impact on their children's overall health and well-being therefore many women will try to shield their children from the abuse as much as they can. For the women whose children have witnessed the abuse, these women have significant concerns about getting their children out of the abusive home and accessing specialised help for their children so that they can heal from the experience of domestic abuse. One of the women interviewed explained why she chose MWRSS specifically when she decided that she and her children needed to leave their home. This is what she had to say:

Woman: *I was researching before I came here like what services they could offer me but more for the children and I seen that they have play therapy and one-to-ones and everything and they definitely need that from what had happened, so it was more a decision for them than it was for me.*

Researcher: *So, you knew that in addition to going somewhere where you were going to be safe you would be able to access services that your children need?*

Woman: *Yeah, because I looked up the website and I looked through all of it thoroughly just to see.*

(Code F9_M_R)

Women, children, and key workers in the evaluation were asked about what they thought of the accommodation and facilities that are available at the refuge. The women interviewed expressed high levels of satisfaction with the refuge accommodation with many noting the

comfort associated with having some private space in the form of their own bedroom, sitting room and bathroom at the refuge. One woman who was very satisfied with her refuge accommodation said:

Woman: *I didn't expect such a nice place.*

(Code F2_M_C)

For another woman who arrived at the refuge in a distressed state, she remarked on the safety and comfort that she felt when she was shown to her room, this is what she had to say:

Researcher: *can you tell me what were your first impressions of this refuge when you arrived here?*

Woman: *I just felt safe, and it was very homely. It felt very cosy because the heating was on, and it was a bad evening that night. I was kinda in a haze because I was frantic to get out but yeah, I came in and the staff were just so welcoming ... and then they opened the door and there was a beautiful bedroom with a clean bed and a cot for the baby, a sink in the room and I share the kitchen, and I've got my own bathroom outside the bedroom.*

(Code F3_M_R)

The children interviewed were equally happy with the refuge accommodation. Children universally spoke positively about the playroom and the outside play area which they enjoy very much. The younger children interviewed spoke about the wide variety of toys and creative materials that are available at the refuge. They also spoke about the fun one-to-one sessions that they engaged in with the Childrens Support Worker and the planned activities that they got to experience with their mothers for example going to the adventure park or the cinema. The 'My Traffic Light Map' in Figure 10 on the next page shows how satisfied one younger boy was with what was available to him in the playroom.

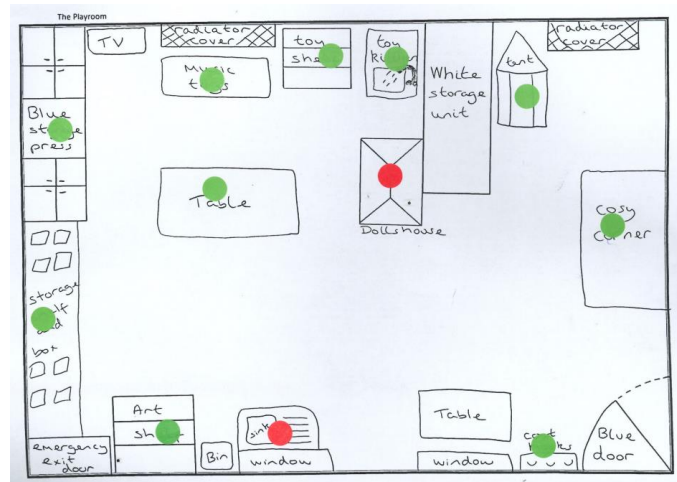


Figure 10: 'My Traffic Light Map' by boy aged 6 years (F5_B_6)

For the older children interviewed, although levels of satisfaction were good older children did make suggestions on how the Childrens Programme could be improved for children at the refuge. Many of the children said that they would like more on-to-one sessions with the Childrens Support Worker because they enjoyed this interaction so much. Many children also spoke about what was available for younger children and older children suggesting that separate play areas for children of different age groups would be more advantageous. The 'My Traffic Light Map' in Figure 11 below shows how one of the older children felt that there was room for improvement in the play space that's available for children at the refuge.

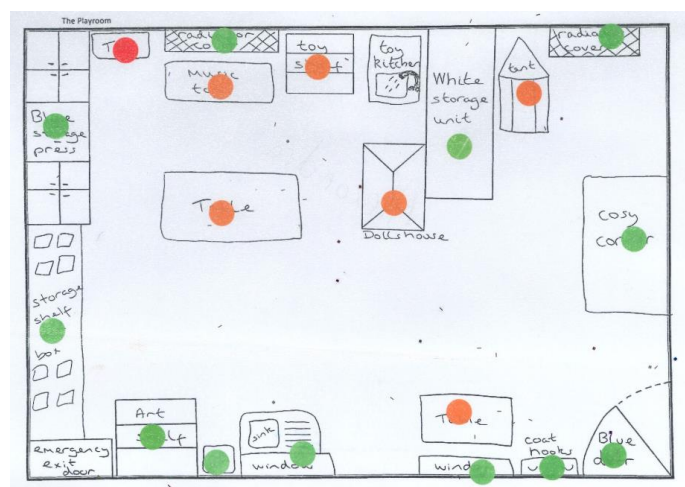


Figure 11: 'My Traffic Light Map' by girl aged 13 years (F8_G_13)

4.3.2 Specialised help for individual family situations

The women interviewed all referenced the 'specialist' help that they received at MWRSS. This was the type of help that they did not realise that they needed themselves and that they felt only skilled key workers were aware of. Women described how when they contacted the refuge initially, they were reassured and advised about the documents that they should bring with them when they come to the refuge for example social security number, passport and passport or birth certificates for their children. This advice was exceptionally valuable for women since in their distressed situation they would not have thought of such items. In addition, a woman needs these personal documents to be able to rebuild and move forward with her life. Women interviewed also spoke about how key workers successfully anticipated what they would need when they entered the refuge. This was very much appreciated by women as it meant that they did not have to think about what they needed for their children instead they could focus on knowing that they and their children were now safe. One woman explained how the key workers were able to anticipate what she needed for her family, and this made the experience easier as she had less to worry about.

Woman: *The people here, they have a way about them, they're trained, they have an understanding, they were just equipped for me coming in, they had everything, I didn't need anything.*

Researcher: *Would you say that they were able to provide you with everything that you needed in the moment?*

Woman: *I didn't even have a soother or a bottle for the baby and they gave me everything ... I literally didn't have to ask them for anything, they had everything covered.*

(Code F3_M_R)

This woman also elaborated to explain how in addition to knowing what she and her child needed in the moment, the key workers also knew how to help her in moving forward with her life and living safely. She had this to say:

Woman: *I stayed in a refuge in (month) in (name of place) for the same situation and they were very helpful there but here [MWRSS] I mean they're helping me with documentation and everything.*

Researcher: *Did you not get that [type of help] in the last refuge?*

Woman: No. Now they were very good to me as well, gave me stuff for the baby and that but I find that here they done a lot of financial stuff for me, payments, change of address and protecting my identity.

(Code F3_M_R)

Women reported during the interviews and the handprint evaluations that it is not always easy to ask for help when you're in a domestic abuse situation as indicated in Figure 12 below.

Middle finger (3): something that was difficult for me and my child(ren) while we were here at the refuge

To ask for help

Figure 12: Handprint Evaluation by mother (Code F8_M_R)

For many of the women interviewed the decision to seek help came from their desire to remove their children from the abuse. One woman explained how she tried to better her situation herself by pacifying her partner and waiting to see if things would improve however she eventually decided to leave her home for the sake of her children. This woman took time during her interview to explain that women don't necessarily need a huge amount of help, but they do need specialist help, the type of help that only refuge staff who understand domestic violence and abuse can provide. She had this to say:

Woman: You don't need to receive a really huge amount of help; you just need to receive the correct help for yourself ... they [key workers] know, they have the experience from similar situations where I was, and they even know how to talk, how to support you and [they are] very professional. I feel that they are very honest.

Researcher: Is honesty important to you?

Woman: Yes, especially after all of that [experience with perpetrator].

(Code F2_M_C)

4.4 Theme 3: Accepting and gaining support

The previous theme looked at how it can be challenging to ask for help and to get the right type of help. This theme explores the supports that are available to women and children once they enter the refuge. MWRSS offer a suite of supports and services for women and children.

The 'Where I'm At' project is an innovative addition to the Children's Programme and findings indicate that it is a welcome addendum to the current supports offered by the refuge. The data sources which contributed to the development of this theme can be viewed in the 'T1 explore diagram' downloaded from the NVivo study database (Appendix 5).

4.4.1 Emotional and Psychological Support

At MWRSS women and children are cared for from an emotional and a psychological perspective through a variety of services and supports. Findings show that this type of support is extremely valuable to the women. Due to the nature of being in a refuge because of domestic abuse, women are dealing with significant trauma which can be challenging to process. Support and reassurance from key workers can be invaluable for women who are trying to navigate this trauma. One woman explains how reassurance from key workers made her feel more secure in her role as a mother. She had this to say:

Woman: *I have the social workers on top of me, well not on top of me but helping me like and the girls [key workers] always have good things to say [to the social workers] about me as a mother ... so to hear it from another person like the girls here [key workers] its good you know.*

Researcher: *And I can imagine when you have to deal with social workers it's..*

Woman: *It's scary! Very very scary ... you have that instinct that they are going to take your kids away.*

(Code F1_M_R)

The key workers at the refuge offer continuous and ongoing support to women to help them through this difficult time in their lives. The women feel this support and are very grateful to the key workers as they don't feel that they are alone. For one of the women interviewed she described the key workers as being like family to her, she had this to say:

Researcher: *So, you wouldn't feel lonely here because everyone is checking in on you?*

Woman: *No and like I'm here three weeks and it's kinda like the staff, I know them forever. They're kinda like a little family now because they're after minding me.*

Researcher: *When you needed minding?*

Woman: *Yeah. And I'll be forever grateful because I don't ever take anything in life for granted.*

(Code F3_M_R)

The variety of emotional and psychological supports that are available to women and children at MWRSS is commendable. All of the women interviewed spoke about the supports that their family availed of the selection of which was tailored to meet the 'here and now needs' of each family. One woman provided a comprehensive overview of the supports and services that were put in place for her and her children in her handprint evaluation as seen in Figure 13 below.

The thumb (1): something that was good for me and my child here at the refuge

Me = the support from the team, advice, counselling, safety

Children = space to play, play therapy, distraction, safety

Figure 13: Handprint Evaluation by mother (Code F5_M_R)

The psychological support on offer at MWRSS really stands out as being a key component of women's ability to process the trauma that they have endured prior to coming to the refuge. The provision of counselling was noted and spoken about by all of the women interviewed. Women remarked how the psychological support helped them to be able to be better parents to their children and to look positively to the future. Some women were surprised that this type of support would be available to them at the refuge as indicated in the below interview extract:

Woman: *The staff like they'll always check in on ya and ask do you need someone to talk to you know. And the counselling here was great, I found that really helped me. I didn't think I'd get anything like that in here, it was great.*

(Code F5_M_R)

A simple but effective idea within the playroom that all children spoke about and rated positively was the cosy corner. The cosy corner is a section of the playroom where children can relax, sit on bean bags, read a book, or listen to music. During the 'My Traffic Light Map' activity and subsequent interviews the children spoke about how much they liked the cosy corner and how it made them feel good. One child had this to say about how the cosy corner makes her feel:

Researcher: *Did you like the cosy corner when you were here?*

F8_G_10: Yeah.

Researcher: What did you like about the cosy corner?

F8_G_10: That there was lots of toys and it was cosy.

Research: Yeah? And how did the cosy corner make you feel?

F8_G_10: Not stressed and more happier.

(Child aged 10 years)

The popularity of the cosy corner is evident in the number of children who allocated a green traffic light dot to it in the 'My Traffic Light Map' mapping exercise as evidenced in Figure 14 below. The one orange dot allocation came from an older child who although really liked the cosy corner, believed that it could be improved upon by being bigger and located in a separate room from the main playroom in the refuge.

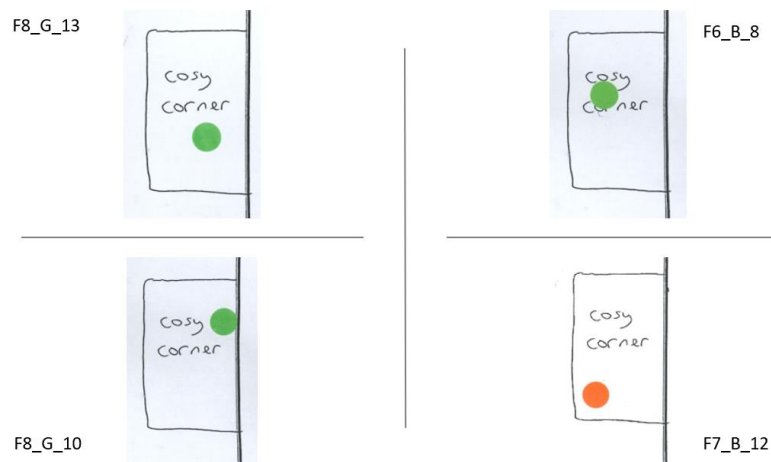


Figure 14: 'My Traffic Light Map'

One child has this to say about the cosy corner and how they think it can help if someone is feeling sad:

Researcher: Oh, you have a green traffic light on the cosy corner. Do you think the cosy corner is good?

F8_G_13: Very cosy.

Researcher: And do you think that's important to have a cosy corner here?

F8_G_13: Yes, in case anyone feels sad, they could just go there and relax.

(Child aged 13 years)

This child also elaborated to say that she thinks it's important to have a children's area for relaxation in the refuge to help children. This is what she had to say:

Researcher: *So, do you think that it's important here that they [the refuge] have areas for children to be able to do board games and areas for relaxation?*

F8_G_13: *Yes.*

Researcher: *So, you think relaxation is important?*

F8_G_13: *Yes.*

Researcher: *Why do you think that relaxation is so important for children that come here [to the refuge]?*

F8_G_13: *People might have had a bad day, you know, and they might just want to sit somewhere where it's nice and cosy.*

(Child aged 13 years)

4.4.2 Parenting Support

Many of the women interviewed spoke about their adaptation to being in the refuge and simultaneously trying to parent as best as they could in the situation that they were in. This was a challenge for some women as their children were adapting to a new environment also. In the below interview extract one woman explains how the Childrens Support Worker and the key workers helped her to identify amenities in the local area suitable for her toddler and also how getting out to an adventure centre helped her to gain some confidence back again. This is what she had to say:

Woman: *They gave her a tablet that she can watch. She watches Paddington Bear and Coco Melon. Then she's got the play area upstairs that I can use at the weekend.*

Researcher: *Lovely, very nice.*

Woman: *And then they gave me, they said if I was bored or anything at the weekend, they gave me printed off leaflets about story time at the library that I can bring her to, and that's free. And they also printed of the name and address of an adventure place we can go to, and they are going to pay for it, and they're going to get me a taxi there and back. I mean they can't do enough.*

Researcher: *That's lovely, it's something different.*

Woman: *It's to get out as well ... it's getting my independence and my confidence back.*

(Code F3_M_R)

Elements of the 'Where I'm At' project and the Children's Programme helped women in their parenting role significantly. All the women spoke about the play activities available for their children, the creative play and one-to-one sessions that the Childrens Support Worker did with their children and how impactful this was for the children involved. Woman really appreciated when activities were organised by the Childrens Support Worker for them as a family as explained in the below interview extract.

Woman: *Emma* arranged for us to go to the adventure play centre a few weeks ago.*

Researcher: *So, you got to go and have fun with your children?*

Woman: *Yes, and it was very nice because you know I try my best to make them happy ... it was very nice that she organised it for us.*

(Code F2_M_C)

The one-to-one play which is done by the Childrens Support Worker was rated extremely positively by the women and the children alike. The children enjoyed the special time for them on their own with the Childrens Support Worker who they said listens to them. For women, they see this time as therapeutic for their children and an opportunity for their children to talk to an independent person about how they feel through the medium of play if they want to. The below interview extract indicates how the one-to-one sessions with the resource play worker was helpful to one boy who was demonstrating anger towards his mother. She had this to say:

Woman: *They do love the playroom and they go a lot with Emma*. They have done a lot of one-to-one with Emma* ... and especially (name of child) because he needs that. He is kinda angry at times because he missed his dad and he's blaming me.*

(Code F4_M_R)

Indeed, many of the children and women would like to have access to more one-to-one sessions with the Childrens Support Worker as shown in Figure 15 below.

Ring finger (4): in the future something that I think should be included for women and children at the refuge

More one-to-one play

Figure 15: Handprint Evaluation by mother (Code F8_M_R)

4.5 Summary

This chapter has presented the findings from this research under three main themes. The themes were formed following a comprehensive thematic analysis involving the triangulation of data sources which has been previously described in detail in Chapter 3. The themes presented in this chapter have been represented and supported by verbatim interview extracts from children, women, and data extracts from staff.

Chapter 5: Discussion and Recommendations

5.1 Introduction

The aim of the evaluation set out in this report was to conduct a case study of the 'Where I'm At' project for Meath Women's Refuge and Support Services (MWRSS). MWRSS commissioned this research to gain insight into the experiences and perspectives of children and women who participate in the "Where I'm At" project which forms part of the Children's Programme at MWRSS. The evaluation was conducted using case study research and a qualitative approach was maintained throughout the methodological process. The objectives of the evaluation were:

Formative evaluation

Objectives	Achieved
To conduct a literature review on the most effective methodologies to use with children relating to emotional regulation.	✓
To empower women, children and organisational staff involved with the 'Where I'm At' project to express their thoughts and views in relation to aspects of timing, environment, context and communication.	✓
To explore how children's voice and participation is facilitated within the 'Where I'm At' project.	✓
To enquire about the challenges associated with the 'Where I'm At' project from the perspectives of women, children and organisational staff.	✓

Summative evaluation

Objectives	Achieved
To explore how women and children can be supported when making the transition into refuge.	✓
To examine parental, child and organisational staff satisfaction of the 'Where I'm At' project.	✓
To make recommendations and propose a best practice model of work with children in refuge in Ireland.	✓

5.2 Overview of the findings

Findings from this evaluation research indicate that the 'Where I'm At' project is a significantly valuable component of the Children's Programme at MWRSS. The project has had a positive impact on the children and women who participated in the evaluation and is a welcome

addition to the current Children's Programme according to refuge staff. In 2022 MWRSS experienced an increase in the volume of women and children accessing therapeutic services, a significant increase of 62% from the previous year's figures (MWRSS 2023). This is not unexpected since domestic abuse is a pervasive issue that cuts across all ethnicities and socio-economic backgrounds (Su et al. 2021). It is also an issue that has been exacerbated by the recent Covid 19 pandemic (Mahase 2020). Although MWRSS does not receive any core funding for therapeutic services from the state they believe that such services are central to recovery and conducive to ensuring that women and children can move on with their lives and away from domestic abuse. The findings from this research suggest that the 'Where I'm At' project, which is a social and developmental project that draws on a variety of therapeutic approaches, does have a positive impact on women and children in refuge.

The decision to go into a refuge is not an easy decision for a woman to make as indicated by the evaluation findings. Findings from this study highlight how many women make the decision to leave an abusive partner primarily for the sake of their child(ren). Children who experience or witness abuse can suffer both short- and long-term negative effects such as guilt, anger, insecurity, anxiety, sleep disturbances, difficulties at school, low self-worth, and flashbacks (Women's Aid 2022). Having a designated children's programme and therapeutic interventions designed for children in refuge is something that women appreciate very much and will seek out if they have time to consider and plan their departure from their abusive relationship, as indicated by the study's findings.

This evaluation has shown that when women and children enter refuge supporting feelings of safety and welcome should be the initial primary focus. The findings suggest that this can be achieved through the medium of play which is a universal right for all children (UNCRC 1989). Children in this research spoke overwhelmingly positively about the play that they engaged in at the refuge. Findings suggest that the play that the children engaged in helped them to adapt to their new surroundings, foster positive rapport with refuge staff and express how they were feeling as and when they were ready to do so. Play is often defined as the medium through which children learn about themselves and their environment. It is the universal language of childhood, and we know that play facilitates physical growth, social, intellectual, and emotional development for children (Howard and McInnes 2013). The play

engagement at the refuge is child centred and child led which is an important consideration for children who experience trauma.

The role of the Childrens Support Worker cannot be underestimated as indicated from the numerous positive interview extracts from women and children. This research has showcased how the Childrens Support Worker provides support for the child individually and within their family. It also highlights how the play support worker fosters positive sibling relationships and mother child interactions. This is an important finding since mother child relationships can be strained following experiences of domestic abuse. In this research the Childrens Support Worker was identified as a key player in the transition of women and children into refuge. Findings unveiled indisputable support for the presence of the Childrens Support Worker at the refuge and their availability to women and children in the refuge. Findings also indicate that women and children would like more access to, and time with, the Childrens Support Worker while in refuge.

Adjusting to the refuge environment can be challenging for women and children. Supports offered via the 'Where I'm At' project and the Childrens Programme have been shown to aid in the transition of women and children. In this research women and children expressed positive feelings and levels of satisfaction with the refuge accommodation and the ability to be in the refuge and be able to maintain their privacy. The level of support offered to women and children from an emotional and a psychological perspective via the Children's Programme and the suite of other services at MWRSS is welcomed and accepted by women and children. This indicates that women and children do need significant support both emotionally and psychologically while they are in refuge so that they can look to the future and rebuild their lives.

When a woman enters a refuge with her children her requirements are beyond basic accommodation as emphasised by this evaluation. Participating women all spoke about the specialist help that they received via the Children's Programme and the suite of services and supports that are available to women at MRWSS. Specialist help fosters confidence and hope in women, and this enables them to look to the future with their children.

A unique feature of the evaluation presented in this report is that through the methodological design it specifically highlights the voice of the child in refuge, a voice that has been seldomly heard previously. The children who participated in this research were eager to have their

voices heard and to provide their perspectives and experiences of the 'Where I'm At' project and their experiences of being in refuge. While the children were largely happy with the refuge accommodation and spaces to play, they did have suggestions regarding how services and amenities could be improved for children in the future. Children believe that the refuge would benefit from having separate indoor play areas for children of different ages to cater for the developmental needs of children. They also suggested that the refuge consider the inclusion of a sensory or relaxation room where children could relax and engage with sensory play. Children were happy with shared outdoor play space suggesting that amenities would benefit from being updated. The significance of the role of the Childrens Support Worker has been highlighted and emphasised by the findings from this evaluation and the participating children unanimously expressed that they would like more time with the Childrens Support Worker as they enjoyed and valued their sessions greatly.

5.3 Recommendations

The recommendation from the evaluation are:

Recommendation 1	The 'Where I'm At' project and the Children's Programme are key elements to the creation of a welcoming and safe space for children when they come into refuge. Children, women and key workers highly value the 'Where I'm At' element of the Childrens Programme at MWRSS. We recommend that funding for the project should be mainstreamed so that the programme activities provided by the 'Where I'm At' project can be resourced adequately.
Recommendation 2	The children, women and staff who took part in this evaluation collectively emphasised the positive impact of the role of the Childrens Support Worker to women and children in refuge. We therefore recommend that this role continues to be available to children in refuge and its availability extended for longer hours and at weekends to support family-based activity work. We also recommend that this role be available to children in all refuges in Ireland and the significance of the role reflected in relevant government policy.
Recommendation 3	Keyworkers at MWRSS are skilled in how they foster feelings of safety and welcome for women and children when they arrived at the refuge. Keyworkers utilise the Children's Programme to assist in the facilitation of a safe space for children in refuge. We recommend that keyworkers continue to work in a child centred and trauma informed manner with women and children at MWRSS.
Recommendation 4	The 'Where I'm At' project and the Children's Programme are child centred and trauma informed. We recommend that MWRSS continue to maximise the range of play that is offered to children who use the service and include play suitable for children with disabilities or neurodivergence.

Recommendation 5	The 'Where I'm At' project and the Children's Programme are delivered by refuge staff who listen to women and children. We recommend that staff at MWRSS continue to listen to women and children in refuge and specifically continue to give voice to children in refuge in relation to the services and the amenities available at the refuge. This means effectively ensuring that children have access to their own Children's Support Worker who can develop specific support plans jointly with them which will form part of their overall family support plan and recognise their right to services and supports as children independently of their parents.
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5.4 Proposed best practice model of work with children in refuge in Ireland.

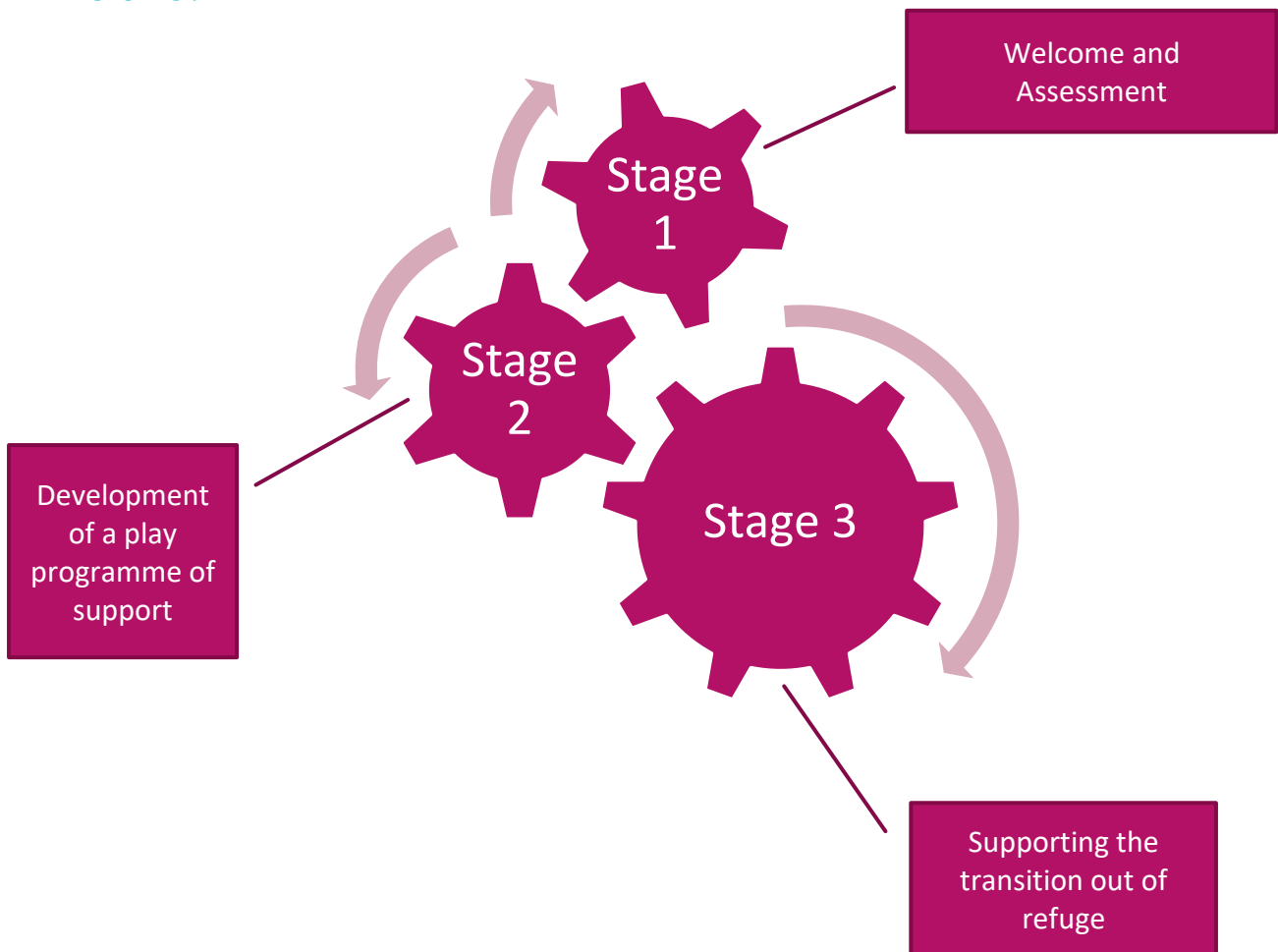


Figure 16: Proposed best practice model of work with children in refuge in Ireland

Following on from the evaluation presented in the report we propose a best practice model of work with children, in refuge in Ireland. The focus and aims of this proposed model are set out in Table 5 on the next page. For the model the Children's Support Worker and the Refuge Keyworkers work together to support the family upon arriving to the refuge and through their

journey in the service. The model below describes how the Children's Support Worker supports children at different stages in the service.

Table 5: Focus and aims of proposed best model of work with children in refuge in Ireland.

Stage	Stage Focus	Stage Aims
Stage 1	Welcome and Assessment	<p>Welcome the child(ren) into refuge.</p> <p>Support and promote feelings of safety for the child(ren).</p> <p>Develop rapport with the child(ren).</p> <p>Meet the basic needs of the child(ren) by providing toys, clothing etc.</p> <p>Conduct a risk assessment and prioritise child protection.</p> <p>Provide informal play sessions for the child(ren) as the key worker supports the woman during the initial intake sessions.</p>
Stage 2	Development of a play programme of support	<p>Support planning for child(ren) which may include offering one to one play sessions, family sessions and developmental support.</p> <p>Provide parenting support to women which aims to help with parenting after DV.</p> <p>Plan family activities such as play centres, cinema, and other activities in the community.</p> <p>Continue building relationships with the child(ren) so that they feel comfortable and supported in refuge.</p> <p>Interagency work, refer child(ren) to external agencies as required and appropriate such as Educational Welfare Officer, Public Health Nurse etc.</p>
Stage 3	Supporting the transition out of refuge	<p>Preparation for transfer out of refuge accommodation.</p> <p>Review meeting with the woman and child (if appropriate) regarding the child(ren) support plan and discuss what they have achieved during their time at the refuge.</p> <p>Safety planning with the child.</p> <p>The children's worker will review the child's expectations regarding transition using appropriate techniques for example creative activities.</p> <p>The children's worker will review the child's eSafe file and update their support plan.</p> <p>Referral onto follow on supports such as Family Support, Children's Programme Community.</p>

5.5 Study limitations

Although the findings of this study are rich and they provide an in-depth account of the impact of the 'Where I'm At' project which forms part of the Children's Programme at MWRSS, it is important to remember that there are limitations associated with all research (Parahoo 2014)

which will now be duly acknowledged. While the Plan, Do, Study, Act (PDSA) cycle was introduced during the data collection process with the staff members, it is evident that more time would be required to implement its use effectively within the refuge. An example of how this could be implemented on the ground in the future is for each staff member to complete one PDSA cycle per month to address any new issues or concerns and to enable a process that would facilitate a required change within the refuge while simultaneously documenting its impact for evaluation and monitoring purposes.

5.6 Conclusion

In conclusion, the evaluation presented in the report highlights the experiences of children and women in refuge and the challenges that they experience in adjusting to a new environment. Initiatives such as the 'Where I'm At' project and the Childrens Programme are significantly impactful for women and children in the fostering of safe space and the development of a feeling of welcome. There is a marked lack of evidence-based programmes from an Irish context, relating to the needs of children in refuge and the support needs of children who experience domestic violence and abuse at home. This report showcases the valuable role of the Children's Support Worker to children and women in refuge. It specifically emphasises how the provision of a Children's Support Worker in a refuge facilitates the creation of safe space for children and women in refuge and supports them to make the transition into their new environment.

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Appendices

Appendix 1: Handprint Evaluation Mothers



The thumb (1): something that was good for me and my child here at the refuge

The index finger (2): something I learned about myself and my child while I was here


Middle finger (3): something that was difficult for me and my child(ren) while we were here at the refuge

Ring finger (4): in the future something that I think should be included for women and children at the refuge

Little finger (5): something else I would like to say

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Appendix 2: Handprint Evaluation Key Workers



The thumb (1): a therapeutic intervention / activity that I think worked well with the children

The index finger (2): something new I learned or discovered about play or creative engagement with children at the refuge

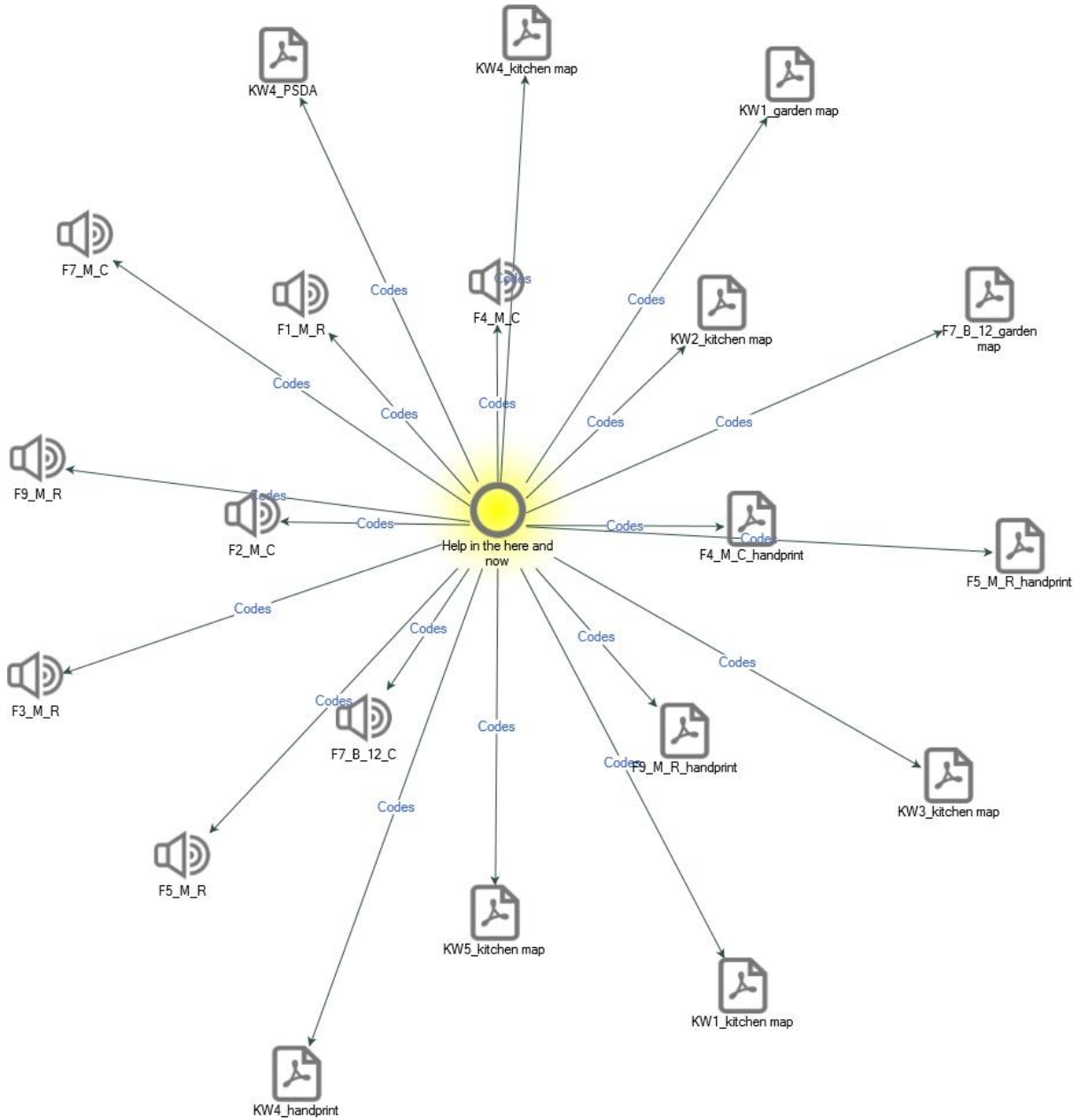
Middle finger (3): a therapeutic intervention / activity that I think did not worked very well with the children and why

Ring finger (4): something that I think we should consider for children in the future

Little finger (5): something else I would like to say

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Appendix 4: T2 Explore Diagram



Appendix 5: T3 Explore Diagram

