

**The needs of women in a refuge:  
A qualitative study**

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degree of Professional Doctorate in Counselling  
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# Abstract

This is a qualitative study exploring the needs of women when residing in a refuge. In the context of the United Kingdom, women's refuges are a specialist provision that provide temporary accommodation for women escaping domestic violence and abuse (DVA). Recent literature that looks at the needs of women who reside in refuges is limited. However, considering these needs is important at a time when austerity measures have resulted in funding cuts to the DVA sector, which have had a direct impact on refuge service provision. This study contributes to the literature on women's refuge services, as they are the most likely specialist DVA service to be accessed, and are consequently in high demand. In this study, 35 participants took part in total. Within two research phases 32 residents across 6 refuges and 3 focus groups answered the first research question: *What are the self-articulated needs of women in a refuge?* Within the first phase a thematic analysis of the data from the first two focus groups identified six key themes: *Accessing a refuge*, *Loss*, *To feel safe*, *Support*, *To move on*, and *To feel valued*. Within the second research phase, a further focus group was conducted, the analysis of which is presented without decontextualising the content into themes, as it was felt to be important to represent the narrative structure of the documented accounts. The analysis of the material is presented by providing summaries demonstrating examples of the physical and emotional journeys that three women took to get to a refuge, and their subsequent needs upon arrival. In the third phase of the study, three semi-structured interviews were conducted with refuge staff members to answer the second research question: *What do workers in a refuge setting perceive to be the needs of the residents?* Thematic analysis of each interview identified 11 main themes, of which two themes per staff member were discussed. The final phase of the analysis process involved comparing and contrasting the salient findings that appeared similar or dissimilar across the data. Key emerging issues related to research question one identified the unexpected outcome addressing the needs of children and the helplessness felt by the mothers. Other issues discussed were the emotional challenges that accessing a refuge brought in terms of preparation, isolation, and location along with the importance of relational support in service delivery. In relation to research question two, key issues highlighted include the engagement of residents in support interventions and the impact that financial cuts have had on refuges. From a counselling psychology perspective, implications are identified for research and professional practice across a range of roles, from refuge personnel and funding commissioners to services that work alongside refuges, such as housing associations, local governments, and mental health professionals.

**Key words:** domestic violence and abuse; refuge; shelter; intimate partner violence; counselling psychology; women.



# Declaration

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# Dedication

I would like to dedicate this thesis to all the women who have experienced domestic violence and abuse. To those women who are able to escape an abusive relationship and seek refuge, and to those women who, for whatever reason, choose not to disclose their experiences.

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# Chapter 1

## Introduction

### 1.1 Introduction

The aim of this thesis was to increase our knowledge and understanding about the needs women have whilst residing in a refuge, who have experienced domestic violence and abuse (DVA), during times of austerity.

### 1.2 Background

DVA is a worldwide problem that affects all women without discriminating on the basis of class, race, or other differences. It encompasses a broad range of abuse, including physical, psychological, and sexual violence carried out by an intimate partner, and is recognised as the most common type of violence perpetrated against women worldwide (Fisher et al., 2013). DVA has been a major public health concern for many years, indicating the severity of the continued suffering that globally affects millions of women (Malta et al., 2012; Beydoun et al. 2010; Gao et al., 2008, Kramer et al., 2012; Hammoury and Khawaja, 2007). Women are at greater risk of violence in their own homes by an intimate partner; the prevalence of this reality, which many societies deem as normal, is an issue of extreme concern (World Health Organization, 2005). Specialist support services, such as refuges, are instrumental in providing services for women. Women are helped with the process of moving on from the abuse, whilst acknowledging that what they have experienced has been a traumatic violation which requires a specialist understanding, because “The ordinary response to atrocities is to banish them from consciousness. Certain violations of the social compact are too terrible to utter aloud: this is the meaning of the word unspeakable. Atrocities, however, refuse to be buried” (Herman, 1992, p.1).

As a counselling psychologist in training on the verge of qualifying and embarking fully on a new profession, I feel that it is my responsibility to present this research to peers and colleagues alike, particularly when thinking about its impact from a social justice perspective. Counselling psychologists’ knowledge regarding the “advocacy for just causes that promote the welfare of others” (Packard, 2009, p. 622) is an intrinsic component of social justice. Understanding a social justice perspective on DVA, such as gendered roles that privilege men and economic inequality, can help explain why leaving an abusive relationship is very difficult (Bell & Goodman, 2006). Goodman et al. (2004) suggest six principles which counselling psychologists can adopt in order to promote social justice practice. These principles are as follows: reflexivity or self-examination, sharing power, giving voice, facilitating consciousness

raising, building on strengths, and providing individuals with the tools for change (p. 798). Through choosing a study that researches the needs of women in refuges, I am already 'facilitating consciousness raising', but I hope throughout the rest of the thesis to demonstrate elements of the other principles.

The remainder of this chapter will present a brief overview of the prevalence of DVA, emphasising the important work that domestic abuse support services provide, whilst reflecting specifically on refuge provisions from a historical perspective. The chapter will then move on to provide a synopsis of the relevant literature on the topic, highlighting areas that indicate any knowledge gaps within the topic of the needs of women in refuges and why this research is particularly significant and valuable. Finally, the chapter will briefly summarise the research methods used, defining key terms that have been used throughout, before providing an overview of the thesis structure which frames the research questions. To begin, however, it seems pertinent to outline my personal interest in the topic, offering an explanation as to why this research is being carried out.

### **1.3 Personal Interest in Topic**

I was instrumental in setting up a counselling service for residents and former residents at a refuge in a city in North West England where as a trainee counselling psychologist, my therapeutic training began. Having worked on a weekly basis at the refuge for 15 months, I saw first-hand the physical and emotional impact that DVA can have on women. Some of the issues raised in the therapeutic room included feelings of shame from having to live in temporary accommodation, frustration and anger that came from the inability to meet basic needs, and managing the lengthy processes involved in moving on and the impact that had on self-esteem, all whilst attempting to curtail the images of past trauma that haunted them. As a trainee, I felt like I was in a position of privilege: on the one hand, I was a frontline refuge staff member providing a voluntary service to help these women on an individual basis, whilst on the other hand, I was a researcher, with the capacity to help these women on a wider scale, along with many more. I knew that I had a responsibility to carry out a piece of research that could ultimately change the lives of the women I worked with, allowing society a glimpse into the world that I was so grateful to be a part of, and giving them the opportunity to meet some quite remarkable women and their stories of survival.

Working therapeutically, I quickly gained an insight into the mental health needs of the residents. I worked with women whose loss was so insurmountable that I do not know how they coped. Yet time and time again, I met those who had done just that - women who had managed to summon up all their energies and reserves to do the unimaginable: leave their abusive partners and take themselves and their children to a place of safety. I wondered what it was about the refuge that supported them, that helped them cope, that eased the transition from temporary refuge accommodation to a new life. I wondered also how much awareness

these women had of the level of financial instability there was on a national level due to austerity measures which were threatening vital services, staffing levels, and the closure of refuges.

I therefore decided to design a study that would bring women (both residents and staff) together to ask a simple question about what they needed. The benefit of having the dual perspectives of both the survivors and the staff members would provide an opportunity to reflect on how aligned services were with the needs of the service users, particularly when the socio-political landscape of refuges have drastically changed in recent times, with reports (Women's Aid, 2015) stating an inadequacy of financial provision for the DVA sector. A recent comment by the Home Secretary and now Prime Minister Theresa May in the newly published 'Violence Against Women and Girls Strategy 2016-2020' (Home Office, 2016) quite aptly summarises the essence of this research: "It is by listening and learning from those who know what is needed on the frontline – the victims and survivors, and those who provide them with support – that we will achieve sustainable and lasting change" (p. 5). How long sustainable and lasting change may take is questionable; however, in the coming chapters, this research will present the findings that have come from listening to and learning from survivors and staff members in an attempt to seek further understanding of what the needs of women 'on the frontline' are.

## **1.4 Prevalence of Domestic Violence and Abuse**

Read any piece of literature about DVA, be it an academic piece, a government policy, or simply a chapter in a book, and you are usually faced with a plethora of facts and statistics relating to its prevalence. The overwhelming message in the majority of the literature on DVA is that there is still more to learn. Frighteningly, a high number of women and girls worldwide are still being abused at home by intimate partners and family members, yet there still seems to be a sense of helplessness in that no one seems to have a definitive answer as to how it can be prevented. One can understand why the statistical representation of DVA is included in most printed documents, and that is because it needs stating and restating until definitive answers can be found.

Statistical estimations from the World Health Organisation (2016) state that 35% of women globally have experienced a form of DVA by an intimate partner, with 38% of the global murders of women committed by an intimate male partner. The statistical representation of male perpetrated DVA in the UK also paints quite an overwhelming picture of despair and desperation; in 2011/12, 1.2 million women experienced DVA (Women's Aid, 2013). It is estimated by the police that one call per minute is related to DVA, and two women a week on average are killed by a male partner or former partner (Women's Aid, 2014). With such high figures indicating the extent of male perpetrated abuse on women, it is hard to believe that it was only in the 1970s that DVA was identified as a social problem (Hilbert et al., 1997). Several

decades of research and awareness-raising later, and DVA is now known to have far-reaching consequences that extend to mental and physical ill-health (Lako et al., 2013). There is a vast and growing literature detailing the accumulation of mental and physical health problems related to DVA, which all point towards women experiencing psychosocial difficulties and consequently being more vulnerable and susceptible to long-term health problems. Psychological problems include depression (Campbell et al., 1995), substance abuse (Schumacher and Holt, 2012), and PTSD (Ramsay, 2009), with research finding that “domestic violence results in traumatic stress similar to that experienced by torture and trauma survivors” (Cooley and Frazer, 2006, p. 466). Physical health problems include chronic pain (Dillon et al., 2013; Fanslow and Robinson, 2010), and severe injuries occurred by physical abuse. Compared to non-abused women, abused women are more likely to be prescribed anti-depressants, tranquillisers, and pain medication as well as to be hospitalised for psychiatric disorders (Bacchus, Mezey, and Bewley, 2003).

In addition to the well-documented physical and psychological problems that DVA can cause, a new offence of coercive control has been recognised by the criminal justice system in recent years, which recognises that DVA is a repeated pattern of controlling and coercive behaviour. According to Bettinson and Bishop (2015), acknowledging coercive control as a crime within traditional understandings of DVA was partly motivated by Her Majesty’s Inspectorate of Constabulary (HMIC): ‘Everyone’s Business the Police Response to Domestic Abuse’ (2014), which stated that the police response to DVA was unsatisfactory in many areas, and that frontline police officers lacked an understanding of issues relating to DVA. It is hoped that by acknowledging from a legal perspective that DVA is associated with not only physical violence, more can be done to understand the actual lived experience of those suffering. Of course, whether the inclusion of this new offence makes an actual difference to the lives of women is dependent on “whether changes to legal doctrine can be translated into legal practice” (Bettinson and Bishop, 2015, p. 181).

From reading the extensive number of government documents produced over the years regarding DVA, one gets the sense that it is high on the political agenda, yet paradoxically, government funding for the DVA sector was reduced by 31% between 2010 and 2012 (Towers and Walby, 2012). These funding cuts have led to refuges having to turn women away and to reductions in community-based services across the UK in areas such as children’s services, resettlement services, and floating support services (Ishkanian, 2014; Women’s Aid, 2013). Since the beginning of this research project, the DVA sector has campaigned for a more secure funding model, since the current one, according to research carried out by Women’s Aid (2015), is ‘not fit for purpose’ (p. 4). Since 2011, commission practices and austerity cuts in the United Kingdom have been under much scrutiny due to the direct impact on women and children affected by DVA. Bowstead (2015), for example, has written about the effects of ‘localism’, which was brought in as an austerity measure by the previous coalition government.



The idea behind the localism agenda was the shift in the relationship between central and local governments, resulting in local councils having increased power to support the needs of local people, and “to meet local needs and local priorities; make better use of resources; promote fairness; and ensure that support is focused on those who need it for as long as they need it” (DCLG, 2011, p. 4). The intentions of the localism agenda on paper were deemed to be about promoting fairness; in practice, however, an unfairness of quite epic proportions has prevailed, particularly affecting refuge provision. This unfairness stems from the disparity between the national budget for domestic violence and how this budget is spent by local governments, with women’s refuges seen as local services: “The budget to fund domestic violence services is set at the national level, but provision occurs at the local level, despite Home Office exhortations, public spending cuts are having a ‘dramatic and uneven’ impact across localities and there is a pronounced loss of specialist services” (Ishkanian, 2014, p. 340). The loss of specialist services, which include refuges for women, saw an alarming reduction in the number of refuges in England, with a decrease from 187 refuges to 155 between 2010 and 2014 (Women’s Aid, 2014).

When women and children are fleeing their homes and seeking refuge to escape DVA, the aim is to arrive at a place that is safe and can offer protection. However, it is not always possible to plan and prepare for escape to a desired location, and consequently, women and children have to re-locate outside of their local authority area. Indeed, Women’s Aid revealed in their Annual Summary in 2014 that 74% of all women accommodated the previous year had come from outside of the local authority area. Yet the ‘localism’ agenda, which “assumes a homogeneity of local needs [which] tailor services to the settled majority” (Bowstead, 2015, p. 329), has seen some local authorities quite remarkably stipulating that 80% of all refuge spaces should be reserved for local women and children only (Women’s Aid, 2015). With restrictions within this “geographical lottery of service provision” (Turgoose, 2016, p. 117) creating such uncertainty within the DVA sector, it seems that the realities of DVA and the risks that women and children experience are not being fully understood. Bowstead (2015) argues that there is a lack of understanding in the movement and journeys of women and their reasons for relocating and travelling when it comes to moving on from abuse. She also fears that the “invisibility of these journeys makes them particularly sensitive to the impact of localism” (p. 329) because the women may be excluded from services under local policies, due to their minority status as victims of DVA.

In order to situate the localism agenda in relation to the impact it has had on refuge provision, it is important to highlight the importance of refuges as specialist services to the DVA sector. According to Dobash and Dobash (1992), a refuge “serves as a physical space where [women] can temporarily escape violence, find safety and make decisions about [their] own life. Contact with other women helps overcome isolation and a sense of being the only one with a violent partner” (p. 60). According to Women’s Aid (2014), refuge services play a

significant role in the prevention of serious harm and indeed death to women and children. For these reasons alone, refuges as specialist DVA support services are fundamental in providing a place of safety for women. Delivering specialist support for victims and survivors of DVA ensures that the Council of Europe regulation, as declared in the Istanbul Convention in 2011, is adhered to. Within 'Article 22 Specialist support services', it is stated that "Parties shall take the necessary legislative or other measures to provide or arrange for, in an adequate geographical distribution, immediate, short- and long-term specialist support services to any victim subjected to any of the acts of violence covered by the scope of this Convention" (Council of Europe, 2011, p. 8). The regulations from the Council of Europe ensure that member countries legally adhere to a number of minimum standards relating specifically to violence against women and girls.

Of the specialist services that support women who are victims of DVA, refuges are considered the most common form of service provision (Kelly and Dubois, 2008). Refuges provide not only safe temporary accommodation, but over the years, they have changed and evolved to offer more holistic services that consider the overall needs of women and their children. These services include helplines, advocacy, counselling services, children's support services, legal advice, and group work specifically addressing DVA (Women's Aid, 2017). Refuges have developed considerably since the first refuge was opened in Chiswick in 1972. Thereafter, refuge provision continued to spread rapidly across the UK and in other parts of the world, namely, the USA (Dobash and Dobash, 1992). The refuge movement, as it was known, took on a feminist approach via the conception of the National Women's Aid Federation in 1975. Many of the founding feminist principles that refuges were based upon continue to this day, from the concealment of the refuge's address, to the exclusion of men from being employed. (Haaken and Yragui, 2003)

Thirty plus years on, and refuge services are blighted by uncertainty due to insecure funding systems exacerbated by austerity measures. Austerity in this sense referring to the multitude of welfare reforms and financial cuts which were introduced by the previous coalition government (Greenstein et al., 2016). The founding feminist principles that began the movement are now being replaced by competitive commissioning procedures, with many forced closures of services. Women's Aid (2017) reported that in 2015/16, issues around funding dominated the running of DVA services, which is not surprising when 10.2% of the services did not receive any funding at all from their local authority. It seems paradoxical again that the very services designed to help women and children fight for their rights to a future free from violence and abuse are having to fight a battle of their own to enable these services to exist. It is beyond the scope of this chapter to detail all the intricacies and complexities regarding funding cuts to specialist provisions, specifically refuges, but it is important to acknowledge the ongoing challenges that the sector is battling against. As Polly Neate, former Chief Executive for Women's Aid, sums up, "The Women's Aid movement is one of the most

important achievements of feminism in this country. The struggle over decades, led by survivors of domestic abuse themselves, to establish the network of specialist services that now saves countless lives, continues to this day. This is not just a struggle for funding: it is also a struggle for understanding, for recognition, for women to be heard and believed” (2017, p. 2). It is hoped that the present study will do just that: offer an understanding and recognition of what women need from a specialist service, specifically a refuge, by believing and listening to what they have to say, as well as seeking an understanding of whether political and economic pressures have affected the perceptions of what staff members perceive women need.

## **1.5 Rationale and Research Questions**

There has been a considerable amount of research published on why refuges offer a vital service (Sullivan et al., 2008; Humphreys, 2003) and the significant role that refuges play in supporting women escaping DVA (Schumacher and Holt, 2012). For the purpose of this present study, literature has been identified which looks specifically at the needs of refuge-based women. The needs of women have mainly been studied according to a specific time period, either at the beginning of a refuge stay (Jonker et al., 2014) or after they have left (Allen et al., 2004; Lako et al., 2013; Sullivan et al., 1992). It is important to consider both time periods since refuge stays are only ever meant to be temporary, and the aim is always to move on. Other studies have explored the service provisions available for women whilst in refuge (Harris et al., 2014; Lyon et al., 2008), documenting those that were helpful or unhelpful (Kulkarni et al., 2012). Findings from a study by Jonker et al. (2012), which sought to create needs profiles of refuge-based women, identified that there were four main needs profiles; these were then compared to criteria relating to other relevant variables, such as mental health and socio-economic characteristics. What has been highlighted in the literature is the importance of hearing the voices of the survivors directly, and interviews were the most commonly used method for gathering this type of data, with only one study using focus groups (Kulkarni et al., 2012). Several of the studies also chose to interview refuge staff members, and this provided an additional perspective to the perception of women’s needs. A major theme relating to the needs of women that is cited in a number of studies is safety, with respect, emotional support, and the importance of tailored interventions also identified. Although arguably significant, all of the relevant studies found were conducted outside of the UK, except for one, the study by Abrahams (2007). In Abrahams’ study, past and present service users as well as staff members were interviewed in three locations across the UK to find out about their experiences of using refuges, such as their thoughts on service delivery. Abrahams identified six areas which she considered fundamental to the process of rebuilding lives after DVA. This study is unique, as it is the only study I found that incorporates the differing perspectives of past and present residents along with staff members.

To date, what is not clear from the literature is what recent perspectives on the needs of women in UK refuges are and whether austerity measures have affected the refuge experience for women. It is hoped that this present study will identify to what extent the needs of women in refuges are being met by exploring if the services provided for the women in a refuge are appropriate compared to what they actually say they need. It will also be useful to examine whether staff members have noticed any changes to the services provided for residents since refuge budgets were cut. This research aims to contribute to the ongoing research in domestic violence and abuse and to offer a current perspective from the subjective voices of women in a refuge setting, during times of austerity. It also aims to contribute to an understanding of how well-placed counselling psychologists are in working therapeutically with survivors of DVA within refuges by “provid[ing] a secure and safe space to establish a sensitively attuned therapeutic relationship in which to develop trust and restore relational worth” (Sanderson, 2017, p.418). Hearing and valuing the perspectives of both the residents and the workers would enable counselling psychologists to work collaboratively within refuges to ensure that the needs of the women are being met.

Expressing and prioritising the voices of refuge-based women through qualitative research is based on feminist principles of ensuring that women’s lived experiences are valued and heard (Sullivan et al., 2008). A Canadian study by Harris et al. (2014) recognised that the voices of women in refuges were mostly silent on what women deemed was effective practice in refuges. The purpose of hearing the voices of what women state they need is, according to Turgoose (2016), so that service provision is appropriate to women’s articulated needs. She stated that the victims or survivors of DVA are in the best position to evaluate what they need, and that consulting with service users should be essential for providing tailored individual support and for the benefit of the wider commission processes. Sullivan et al. (1992) concurred that the ultimate goal of hearing the voices of women is so that there is more understanding regarding what women need in order to end the violence against them: “It is crucial to have first-hand information from the population affected by a social problem in order to design effective interventions and theoretical perspectives. Women with abusive partners are the true experts regarding what they need” (p. 273). This thesis has generated and analysed first-hand accounts of subjective experiences of what women need whilst in a refuge setting. These are used to gain a greater understanding of how to support the implementation of effective interventions through contributing to theoretical perspectives about the lived experience of this specific population.

This qualitative study therefore addresses the impact that women’s refuges have as places of safety for survivors of DVA. The aim of the study is to examine what women need from a refuge based on the perspectives of past and present residents and refuge staff members. The aim is to share the unique experiences of the women and of the workers in order to continue learning and understanding current issues that relate to living in a refuge. It is

important to note that the data collection for the study took place in the summer of 2015, a time when the funding landscapes of refuges were uncertain due to the influence of austerity measures. Hearing the voices of the women as well as the perspectives of staff members will hopefully contribute to an understanding of what they think women need in refuges. This research is therefore important in identifying any gaps in refuge service provision that may or may not have been affected by these austerity measures. Specifically, the study focuses on the following two research questions:

**Research question 1:** *What are the self-articulated needs of women in a refuge?*

**Research question 2:** *What do workers in a refuge setting perceive to be the needs of the residents?*

Key terms used throughout the thesis focus on the term *domestic violence and abuse* (DVA), which covers a broad definition capturing physical, emotional, controlling, and coercive behaviours whilst extending the definition to the family relationship (Bettinson and Bishop, 2015). This term is also defined as the abuse a woman experiences by a male perpetrator. Although we know that DVA occurs by women against intimate male partners (Ramsay et al., 2009), it will not be discussed within this thesis (for literature on female-perpetrated DVA see McCarrick, J., et al., 2016; Martin, L., 2016 and Dobash and Dobash, 2004), as the focus is on hearing the lived experiences of women, since the majority of DVA that occurs worldwide is committed by males upon women (McQuigg, 2016).

## **1.6 Structure of thesis**

This thesis is presented in six main chapters. The first chapter has introduced the research questions and the aims of the study. The following chapter will examine the literature on women's refuges, exploring their importance and why they are needed. The chapter will continue by describing the types of services that are available, moving on to examine specific studies that have explored the needs of women in a refuge. Chapter 3 will provide an outline of the methodology used in the study, whilst Chapter 4 presents the data analysis. Chapter 5 offers a reflexive account of my experience in conducting this research study. Finally, in Chapter 6, I will discuss the analysis before concluding by considering the implications of this study, recommendations for future research, the limitations, and the contribution to knowledge.

# Chapter 2

## Literature Review

### 2.1 Introduction

The aim of this literature review is to demonstrate how the research questions at the core of this study have developed. This chapter will present research on the needs of women in refuges, attempting to make clearer the rationale for the study by critically evaluating methodological decisions along with the gaps in the subject matter. First of all, this chapter will use the existing literature to outline what women's refuges are, who they are for, and why they are needed. It then moves on to evaluate what services the literature tells us are available for women in refuges, before focusing specifically on key studies that have researched the needs of women, by directly asking past and present refuge residents as well as staff members.

For the purpose of this thesis, the terminology used throughout will be that which is more commonly referred to within the literature from the UK. Terms such as intimate partner violence (IPV) or intimate partner abuse (IPA) are often used to define DVA in countries such as the USA and Canada. Much of the literature outside of the UK refers to women's refuges as 'shelters' for abused or 'battered' women. In this study, it is felt that by specifically supporting the terminology and references that are made by organisation such as Women's Aid, that the promotion and awareness of DVA issues within British-based women's refuges will continue.

### 2.2 Women's Refuges

In order to situate the development of refuges from their historical beginnings, this following section will present an account of what refuges are, who they are for, why they are needed and what they provide. The literature presented will clarify the nature of women's refuges as a specialist service, and therefore provide a context as to why that are in such high demand.

#### 2.2.1 What are Women's Refuges?

Women's refuge services are the most likely specialist DVA service to be accessed, and consequently, they are in high demand. However, Women's Aid (2015) recently reported that provision in the UK does not meet with the proposed ratios as recommended by the Council of Europe's Istanbul Convention of 2011. Shortages of refuges compared to the number of women seeking shelter has been written about since the late 1970s, shortly after refuges were founded. Dobash and Dobash (1992) describe the findings from a research report that stated

by 1978, only one sixth of the recommended 1000 refuges were available. Refuges they said were “grossly underfunded, and temporary sources of government funding were being cut and local authorities [were] seen as the only realistic source of permanent funding” (p. 67). Nearly forty years later, although times have changed, the problems for women seeking refuge have not, as the debates over the shortages of spaces and funding seem to show how the availability of refuges for many women is being compromised.

The devastation that can ensue following DVA can be far-reaching and life-changing, with the impact on women and children often contributing towards homelessness (Clarke and Wydall, 2013). Leaving the home is often believed to be the only way that women can feel safe, resulting in the attempt to locate alternative accommodation (Bowstead, 2011). A recent study by Women’s Aid (2017) studied the places women go to when they have left the family home as a consequence of DVA. This study highlights the range of accommodation that can be found, from the sofas of family members, hotels and hostels, to women’s refuges. In recent years, however, documents published from Women’s Aid and associated organisations have highlighted that places at women’s refuges are at an all-time low, with many hundreds of women and their children being turned away on a daily basis (Women’s Aid, 2015). Bowstead (2015) identifies that women are willing to migrate some distance in order to find emergency accommodation, often being forced to move outside of their local area, but only if they are left without any other choice. It seems that women will travel a considerable distance in order to escape DVA, arriving at an unknown location and accommodation in order to achieve a sense of safety for themselves and their children.

Blindly arriving at an unknown refuge in a secret location, without any knowledge of what the accommodation will offer, can be described in terms of the discourse surrounding Augé’s (1995) concept of ‘non-places’. Bowstead (2011) writes that “Refuges can arguably be described as ‘non-places’ because a woman fleeing domestic violence may be initially indifferent as to where she goes, so long as it is a place her partner does not know ... whilst the building will have the functions of a house...it is likely to barely feel like a place of residence...or a home” (p. 13-14). Burman and Chantler (2004), however, feel that the notion of non-places when referring to contemporary displacement, in this case, women’s refuges, can be applied to places that become filled with meaning. Although living with others in a communal setting is arguably going to be a difficult experience, one that at least takes some getting used to, there is an evidence base that strongly suggests that women feel supported, nurtured, and safe through connecting communally with other residents (Dobash and Dobash, 1992; Burman and Chantler, 2004).

While there is literature that describes the support that can be gained from communal living in refuges, there is also a body of literature that conversely describes the isolation. Haaken and Yragui (2003) argue that a woman’s arrival in a refuge is reminiscent of going underground,

whereby they are cut off from their friends and local communities whilst adhering to strict rules regarding the secrecy of their location. The authors write about the “belief that the safety of women escaping male violence depends on confidentiality concerning the location of the shelter” (p. 50), which therefore compounds the idea that women need separating from men in a secret location for their own protection. Burman and Chantler (2004) suggest that the secrecy of refuges can communicate that there is shame attached to being abused, which acts to reinforce the overarching message that refuges should be kept a secret. The paradox here is that the secrecy and the social isolation that can thus inevitably manifest when living in refuges can replicate the social isolation felt when living with the male abuser. The discourse around secret locations raises useful considerations which it is helpful to keep in mind when working alongside women who are living or have lived in refuges. Ultimately, these safe locations offer women the immediate space and asylum that they need to consider their futures, free from any direct threats from perpetrators (Schumacher and Holt, 2012).

Location aside, refuges have developed significantly since their conception, providing a wide range of services above and beyond simply offering accommodation. Refuges now tend to be based upon an over-arching philosophy which aims to respect and empower women, increasing their autonomy away from DVA through supportive services (Ramsay, 2009; Sullivan et al., 2008). Supportive services in refuges are as diverse and varied as are the women who need them, with an emphasis on security, safety planning, and meeting women’s basic needs (Wathen et al., 2015). Practical information and solutions on accessing community resources, such as claiming benefits, housing applications, and legal advice, are also essential for most service users (Ramsay 2009; Jonker et al., 2014). The aim is for the individual unmet needs of every woman to be tirelessly catered for by a skilful team of support workers and volunteers who allow the women the opportunity to consider their options for the future (Sullivan et al., 2008).

The philosophical movement that has seen refuges change from merely places of safety to a more holistic accommodation which aims to empower and respect women within a safe and secure environment, demonstrates why refuges are sought after specialist services.

### **2.2.2 Who are women’s refuges for?**

When researching women who have experienced both DVA and life in refuges, one cannot assume that there is a type of woman who is more susceptible to fearing for her life and requiring a safe place to live. It is important therefore to acknowledge what the research can tell us about the women who frequent refuges. We now know that DVA affects all women, regardless of any commonalities that they may share, and research can tell us that there are characteristics that women who seek refuge have in common.



The first most obvious characteristic is that a refuge is probably not a woman's first choice of accommodation when needing to flee an abusive partner, assuming, in fact, that it is probably a last resort when all other potential resources have been exhausted (Grossman and Lundy, 2011). The second is that the decision to flee in some cases is a very difficult one, with a woman typically deciding to leave only after several incidents of violence (Krishnan et al., 2004). Davis and Srinivasan (1995) found that women were completely aware that the abuse that they were experiencing was wrong, but that they were not aware of how to take themselves away from their situations; in some cases, it was the risk or the threat of the abuse to the children that propelled the women eventually to take action. What is certainly a commonality amongst the women who access a refuge is the absolute bravery that it takes for them to overcome the fear of leaving their homes, the shame of admitting to another about the abuse they have experienced, and the enormous emotional upheaval of accepting that they will have to begin a new life.

Studies by Jonker et al. (2012) and Lako et al. (2013) found that women who eventually arrive at a refuge have usually experienced severe abuse and frequent incidences of violence and are likely to experience symptoms of Post-Traumatic Stress Disorder (PTSD). In a large-scale study by Grossman and Lundy (2011) which looked at the characteristics of women who do or do not receive onsite refuge services, it was found that the vulnerability of the women who accessed shelter was based on their social demographic and abuse experience. They identified that those who sought refuge were less likely to be employed and therefore to have an income from work; this supports other research (Tutty et al., 1999), which has suggested that if women did have the financial means to seek alternative accommodation, then they would do so. They also found that women who have experienced physical abuse are more likely to find shelter at a refuge in comparison to those whose presenting issue was related to either emotional or sexual abuse. This study's strength is its capacity to quantitatively analyse a sample size of over 5,000 women who had used a refuge service between 1998 and 2005. However, what this study fails to articulate is how problematic distinguishing between abuse experiences can be. The definition discussed in Chapter 1 relating to coercive control as a pattern of coercive and controlling behaviours, emphasises that an abuse experience cannot be assigned to a single category in which decisions about appropriate service provisions are then made. The diversity of women's experiences underscores the important role that refuges have in creating a unique, made-to-measure service that speaks to individual rather than group experiences (Jonker et al., 2012).

DVA can lead to a susceptibility in developing mental health problems, particularly depression (Campbell et al., 1995). This susceptibility to depression, for example, is understandable if one is to imagine the level of extreme emotion that is required in order to flee an abusive situation, then to arrive at a refuge having left your home, your family and your friends. Campbell et al. (1995) suggest that it is the combination of feeling powerless, along with the

abusive experiences, combined with the decreased social support that can contribute to depressive symptoms. Jonker et al. (2012) in their study aimed to construct four needs profiles (high needs, practical needs, empowerment needs and low needs) of 218 women based in refuges in the Netherlands. These needs profiles were created based on the women's background characteristics, mental health functioning, general life satisfaction, and how well attuned the refuges were to their reported needs (p. 48). In general, they identified that the difference, for example, between high and low needs was the ability of the women to manage their practical needs, as well as the reported symptomology of depression and PTSD. From carrying out this current study, it is evident that the needs of women are dependent not only on their abuse experiences, but also on an array of other factors, which Jonker et al. (2012) also suggest in their study. It is important to understand that there is no simple equation when it comes to considering the mental health needs of survivors of DVA, but these four needs profiles go part way to allowing us to consider other characteristics that can be influential.

Although the literature cannot state definitively that women who access refuges will be experiencing a mental health difficulty, it does strongly suggest that there is a likelihood that a woman who accesses a refuge will have symptoms that are linked to depression and/or PTSD. This finding is important when considering the needs of women residing in refuges.

### **2.2.3 Why do we need refuges? What do refuges provide?**

The fear that women experience through DVA results in the eventual decision to leave the abusive relationship, moving wherever they can in order to end the abuse. The 'wherever they can' option for women with limited choices, more-often-than-not, means a refuge. Refuges have the capacity to lessen the feeling of fear "where women can feel safe...and where they are empowered to take control of their lives" (Warrington, 2003, p. 124). Taking control of their lives could be interpreted in terms of addressing the aftermath of DVA on mental health and wellbeing, or it could simply be the process of choosing which location to move on to. In Krishnan's et al. (2004) study, they revealed that refuges are commonly used for contemplation purposes as either places of transition, facilitating the process of becoming fully independent from the perpetrator, or as a place of respite to help manage the exhaustion of being in a DVA relationship.

According to research, women's refuges give women the opportunity to "improve [their] internal resources, such as their self-efficacy and self-esteem" (Jonker et al., 2012, p. 39) by providing and sign-posting them to a range of services and support. These services are imperative, according to Krishnan et al. (2004), because the impact of DVA is so considerable and long-lasting that a refuge can offer "a direct and unique opportunity to provide solutions that address the complex and multiple problems" (p. 166). These solutions come in the form of an array of services, which include educational programmes relating to DVA, advocacy, legal and financial resources, referrals to social workers, counselling, support services for

children, as well as information about housing (Krishnan et al., 2004). Services such as advocacy enable a link to be formed between those women who require assistance and unsympathetic institutional agents, such as the police, medical professionals, and housing officers (Bennett et al., 2004; Sullivan et al., 2008). However, a systematic review conducted by Ramsay et al. (2009), which looked at the effectiveness of advocacy interventions to reduce or eliminate violence and to promote women's psychosocial wellbeing, found no compelling evidence to suggest that the incidence of abuse decreased. Neither was there any evidence to suggest that advocacy improved the long-term psychosocial wellbeing of victims.

Jonker et al. (2012) suggest that while women are living in a refuge, they have a "unique window of opportunity to address the abusive relationship and the problems that are either a cause or a consequence of the abuse" (p. 39). This statement is problematic for a number of reasons, as it makes the assumption that women are damaged by DVA, possibly by their own undertaking, and therefore need to utilise their time in refuge to 'address' their problems. The statement could be understood from a neo-liberal stance, which according to McDonald (2005), suggests that DVA has been depoliticised and clinicalised by displacing the origins of the feminist ideologies that founded the women's refuge movement. He suggests four perspectives which it is appropriate to consider along with outcome measures when thinking about DVA in light of the discussion regarding the purpose and emphasis of services that appears in the literature relating to women's refuges.

The first perspective is 'victim-blaming', which assumes the central role that a woman (typically) has within her family. The assumption here is that if a family is to become separated, it is the result of the woman's failings. This perspective promotes the belief that DVA should be a hidden and private matter, with interventions focusing on the reuniting of the family by counselling the 'victim'. The 'social movement' is the second perspective, which views DVA as "patriarchal structures of gender domination and power" (p. 277). The social movement has its roots in feminist ideologies, which advocate the reversal of the male-dominated power imbalance. From this perspective, a successful intervention would see a woman making the decision to leave her abusive partner, or indeed for the perpetrator to be removed from the family home. The third perspective is 'empowerment', which assumes that DVA also occurs as a consequence of an imbalance of power. However, this perspective is based upon the empowerment a woman feels to make a decision about her situation by refusing to accept the abuse. The outcomes here would be that a woman feels equipped with the appropriate skills to take control of her life, whether that means returning to the abuser or not. 'Pathologising' is the final perspective; this views DVA as a symptom of unhealthy and damaging relationships, requiring the adoption of a therapeutic model to allow survivors to self-manage their situations. McDonald (2005) refers to women entering refuges being "assessed for treatment" (p. 278), with the outcomes of success being based on their ability to 'work on themselves'. It is useful to consider these four perspectives in the context of the purpose of services within women's

refuges. Certainly, the contentious statement by Jonker et al. (2012) can be situated within these four perspectives, and one must have an awareness of the impact such thinking can have, particularly on the void that is noticeable here in relation to the responsibility and accountability of the male perpetrator.

Debates around the purpose of services, such as the above, echo what Sullivan et al. (2008) report in that there is a conflict between the growing demand for services in general to establish their impact on DVA survivors, and the lack of evaluation procedures to measure how successful they are. Worryingly, Sullivan et al. (2008) also found that “there is no consistent agreement on what exactly domestic violence services should be improving in the lives of survivors and their children” (p. 293). Yet it is stated that the hope is that by providing women with a range of tools and skills in the one location, refuges can support them in the process of ‘rebuilding their lives’ (Bennett et al., 2004).

The concept of rebuilding lives has the tendency to trivialise the complexities relating to the physical and emotional resilience that is needed to begin a new life. Suggesting that rebuilding is a straightforward process that requires focus and the utilisation of services removes the individual from the context. Indeed, research does suggest that some women cannot move on after living in a refuge, and invariably return to what is familiar, namely, their abusive partners (Hilbert et al., 1997). Services within the refuge are consequently designed with this in mind, aiming to empower women by educating them about the complex dynamics of abusive relationships, with the hope that they feel empowered and ready to make a conscious choice to live independently away from their abuser (Hilbert et al., 1997). Sullivan et al. (2008) reiterate that the ultimate role of the refuge is to provide immediate safety for women and to help them with the healing required in the aftermath of abuse along with developing an increased sense of agency. They suggest that a more appropriate outcome for DVA services should relate to the effectiveness in supporting survivors with the changes that they themselves deem important, specifically, changes that can lead to an increased sense of safety and well-being. Indeed, Jonker et al. (2014) concur by stating that despite the importance of refuges, there is very little research from the perspectives of women on the kind of services that they wish to receive. Hague and Mullender (2006) also agree that it is important to hear what both the survivors and the organisations have to say in order to “maintain women’s services [centre] stage and to make sure that new service and policy developments are responsive to abused women’s real needs and views” (p. 575). Hearing from survivors is what Abrahams (2010) did in her study, which followed the journey of women from the refuge into their new lives. She recommends that a focus be placed upon the longer-term needs of women and the development of appropriate services, which can then enable women to contribute fully to their new communities and indeed the wider society.

What the literature has found is that refuges offer something different to each resident. One resident's needs will be completely different to the next, which suggests that services provided in refuges need to be flexible and adaptable rather than making assumptions as to what a woman may need in moving forward.

## **2.3 What do women need from a refuge according to the literature?**

Previous research has established that, in order to identify appropriate services for women to meet their individual needs, it is imperative that they are consulted and spoken to about their subjective experiences. Much of the existing literature that has looked at the needs of women has largely been qualitative, with the majority of the key identified studies being exploratory in nature. What will be presented next in this chapter are the specific studies that relate to the main research questions of this thesis in seeking the perspectives of both residents, former residents and refuge workers on the needs of women in refuges. It is important to note here that none of the identified studies reflect the difficulties represented in the UK within the context of austerity.

### **2.3.1 Perspectives of residents, former residents and refuge workers**

To date, the only study found that has sought the perspectives of residents and former residents as well as refuge workers is by Abrahams (2007) in a project collaboration with Women's Aid. In her UK-based study, she conducted semi-structured interviews with 23 women from 3 refuges (17 of the women were current residents and 6 were former residents), and 39 interviews with workers and volunteers (23 of whom were workers directly supporting the women, 16 of whom were child and counselling workers and volunteers) across 3 locations. She sought to find out from these differing perspectives the support that was available in refuges after women had escaped DVA. Specifically, she aimed to ask the users about their experiences of support; what was available, and how support was delivered, highlighting the positive and negative aspects of their experiences along with any unmet needs. The six fundamental elements that were deemed vital in the contribution of women rebuilding their lives in the transition from refuge to an independent life were physical and mental safety, respect, non-judgmental approach, being believed, time to talk and be heard, and mutual support. Interestingly, support in this sense was not interpreted by the participants in this study from the point of view of specific service provisions, which provides an insight into the type of relational support that women need and value. If this study were to be replicated now, in the midst of refuges' uncertain funding landscapes, would the participants be requiring additional types of support?

A more recent study identifying the importance of the relational aspect of refuge care is by Harris et al. (2014). In this Canadian study, the perspectives of both residents, workers, and refuge directors were gathered from a sampling strategy with the aim to capture the diversity

of refuge service delivery in the province of Ontario. Data were systematically gathered in three stages. From a sample size of 68 refuge executive directors via telephone interviews, the first stage elicited the types of services provided by their refuges and the impact that these services were expected to have. In the second stage, 41 workers from 19 different shelters were interviewed face-to-face. In these interviews, the workers talked about their experiences of service provision for women within refuges and their thoughts on the impact of those services. In the final stage, 74 women who had accessed a refuge within a 6-month period were recruited via 20 refuges. These women were interviewed either on a one-to-one basis or in groups, focusing on their experiences of refuge services and their views on the impact of these services on their lives. The study aimed to highlight the appropriateness and effectiveness of how services in refuges were assessed and valued, based on the fact that the majority of refuges operate with accountability regimes that evaluate their performance. Four types of service and support were described by staff and residents: safe refuge in a time of crisis, material support (food, clothing, furniture, and so on), informational and system navigation support (housing, financial, court/legal, resources for children), and education and counselling (for example, to learn about the impact of abuse on themselves and their children). However, what was valued most in refuge services was based on a care perspective. Relational support was seen as a crucial component of effective service delivery based on the analysed data stating, "In judging the performance of women's shelters we argue that recognizing "how" services are delivered is just as essential as "what" is delivered ... giving time to "care" must be taken into account *and* the labor involved to provide such care should be recognized in terms of the resources allocated to deliver these services" (p. 745). The emphasis on *how* a service is delivered rather than *what* is delivered is reminiscent of the discourse that forms part of the philosophy of counselling psychology practice, which draws attention to "the therapists' ways of 'being with' the client, rather than 'doing things to' them" (du Plock, 2010, p. 139). The emphasis on being with relates to the quality of the relationship between client and therapist, and the ability to resist the urge of doing and trusting that being will result in sufficient change. What can be interpreted therefore from the study by Harris et al. (2014) is that enabling the women to experience positive relationships within the refuge can be indicative of whether services are successful or not.

A study in the Netherlands by Jonker et al. (2014) used quantitative methods to analyse qualitative data to gather the perspectives of women affected by abuse and of the professionals working with them. They chose to carry out a concept-mapping exercise to elicit what was considered appropriate care for women in Dutch shelters in the first 6 weeks of their stay. The study aimed to contribute towards a national plan that had begun to improve service provision for refuge-based women in the country. The authors worked with 12 women's shelters, recruiting 56 refuge residents and 51 professionals to generate 92 applicable statements across 3 brainstorming sessions. The statements included descriptions of what they considered to be appropriate assistance in the first 6 weeks of a refuge stay. The next

phase of the concept mapping involved recruiting a further 56 randomly selected women across five women's shelters and 51 professionals, to prioritise the statements. After analysing the statistical results, 11 clusters of appropriate care were identified, with the most popular being: help with finding a safe house if necessary; safety and suitable care for the children; and a personalised, respectful approach. Interestingly, it is noted that within the statements that make up the latter cluster, a reference is made to the importance of relational support: "Take women seriously and treat them with respect; give emotional support, be there; and give women space to tell their story" (p. 475). These statements reflect their need for autonomy, to be heard, to be taken seriously, and to be respected. These statements also represent what is lost in a DVA relationship and how the women yearn for positive relationships whilst in the refuge. Although this research is based on the analysis of statements, and not on the direct perspectives of the narratives of women, it manages to reflect the essence of what Harris et al. (2014) and Abrahams (2007) identified from their studies. What could be questioned is whether these prioritised statements truly reflect the first 6 weeks of a refuge stay, or are they statements that capture the entire length of stay at a refuge. It could be argued that for many women, the capacity to isolate a specific timescale at the beginning of a refuge stay would be difficult due to the heightened emotions that are present at that time.

Lyon et al.'s (2008) comprehensive study relating to women's shelters sought to identify knowledge regarding the type of services that were provided, the needs and experiences of survivors within these refuges, and the type of help that they had received. Data were collected from 3,410 residents in 215 refuges, across 8 US states, over a 6-month period. A diverse sample of refuge residents were asked to complete a written survey at the time, or near the time of entering the refuge, and again towards the end, or near the end of their stay. There were 38 different possible needs explored within the surveys. Also included in the surveys were women's initial impressions and concerns, their perceived hopes and outcomes for the stay, an opportunity to address any difficulties that had been experienced, and finally, the residents' views regarding whether they had experienced respect and support from refuge staff. The findings from the primary needs at entry were safety, housing, information, emotional support, and support for the children. The outcomes for the refuge stay were rated positive for confidence, information, and emotional wellbeing as well as the respect and support that residents felt from the staff. What was useful to consider about the findings from this study was how the needs differed for the 60% of the sample who identified as mothers. In the survey, there were 10 needs that related to children, and the statements that were most likely to be chosen were 'safety for children' and 'paying attention to my children's wants and needs'. One of the main limitations that must be considered in this study is the fact that the data were gathered via written surveys, which assumes a level of literacy from the participants. Jonker et al. (2014) reported that a substantial, although unknown, proportion of women living

in refuges are illiterate. The reliability of this study could therefore be questioned by considering how accessible it was to all participants.

Newman's US-based study (1993), which was conducted some time before the previously discussed studies, is still relevant, as the outcomes of her research were based on 7 open-ended interviews with refuge-based women along with observations of 49 women who attended 10 group counselling sessions. Using a grounded theory methodology, this study aimed to identify the experiences of women in a refuge, including their experiences of abuse. They found that the core concept that emerged from the data was 'giving up', implying that the prospect of having to begin a new life was not an easy task due to the hurdles that the women had to overcome. The major themes that were reported were reality shock, social isolation, and hope for change. What is significant about the findings which relate to the belief the women had in why the abuse happened is that the women blamed themselves, fearing that they could make the same mistakes again. These beliefs are in line with one of the four ways of thinking about DVA as described by McDonald (2005) and the discourse around 'victim-blaming'. Another significant finding that is similar to the findings by Lyon et al. (2008) is that the main reason women left the family home was for the "safety and mental welfare of their children" (Newman, 1993, p. 110). Newman highlighted how the women prioritised the needs of their children, implying that responding to their needs was a motivating factor for leaving the family home. Indeed, such an implication was made by Davis and Srinivasan (1995) in their study, which conducted focus groups with survivors of DVA in an attempt to examine how women escape abusive relationships.

A qualitative study by Tutty et al. (1999) was carried out to contribute to an evidence base on following women through their refuge experiences by consulting with them on what they found helpful or not about their stay. Data were collected via semi-structured interviews from a refuge in Calgary, a western Canadian city, over a period of a year and a half. This study was unique as it was able to carry out an additional 35 second interviews, 4-6 months after an initial interview, which was conducted with 63 women. The main factor, which was most commonly reported by the women as being what led to them seeking refuge, was the fear that they may be seriously injured or killed. Another major influence for leaving their abusive partners, as previously stated by several other authors, is the concern the women expressed about their children experiencing or witnessing abuse. What was identified by the refuge residents as helpful included the emotional support received from the refuge staff, safety, support gained from other residents, the child support programme, and the facilitation of community resources (p. 909). Overall, this study identified that the refuge experience for the women interviewed was a positive one, equipping them with the necessary resources to take the first steps "in a transition to a life free of abuse" (p. 922). A strength of this study was the capacity for women in the follow-up interviews to reflect on their time in the refuge, having had a period of disconnection from the environment. Seven of these women were able to comment with the



benefit of reflection on the importance of the positive relationships that they had formed and maintained with fellow former residents. The ability to make healthy friendships was said to be “especially critical because each had been severely isolated during the relationship with their abusive partner” (p. 921). Comparable to the study by Harris et al. (2014), the importance of the relational aspects of refuge experiences overshadows any references to any direct service provisions.

Kulkarni et al. (2012) believe that listening to the voices of survivors is imperative to implement DVA services effectively; this is what they committed to in their qualitative study, which attempted to identify the essential qualities of services for survivors in North Carolina, USA. This piece of research was conducted using 8 focus groups, 4 with 30 DVA survivors sharing their perspectives as seekers and recipients of services, and 4 with advocates. It is important to note that the participants from this study were not directly linked to a specific women’s refuge. However, as the aim of this study was to gather data from seekers and recipients of DVA services, some of the women that formed the focus groups had experienced living in refuges, and for that reason, this study has been included. The same applies to the advocates, as within this study, many of the advocates express their experiences of working within refuges and offer a unique window into the worlds of the residents and some of the adversities that they encountered. The advocates in this instance seemed well placed to describe their perceptions of helpful and unhelpful service experiences. They identified the factors that interfere with the quality of services: inadequate resources, staff burnout, lack of training, and poor integration with other community resources. There were the four main themes that were derived from the DVA survivors: providing empathy, supporting empowerment, individualising care, and maintaining ethical boundaries. The relational aspect highlighted again in this study appears to be of central importance for DVA services: “Notably, both advocates and survivors concurred that the way that survivors were treated mattered as much, if not more, than whether service providers were actually able to provide concrete resources” (p. 96). The reiteration of the message regarding the importance of the relational aspect of service provision across studies is clear, as the authors in this study highlight: “As both survivors and advocates emphasized, survivors had been dehumanized, belittled, and demeaned in their relationships with abusers, making it critically important that service providers offer the human touch. In the rush to provide critical concrete services, it was easy to forget how healing and validating being listened to was for survivors” (p. 92).

The literature has identified some commonalities in the articulated needs of refuge-based women; these include a personalised and respectful approach to service provision, a supportive environment for both women and children that supports emotional and physical wellbeing, as well as information and resources that can help women in their transition from refuges. An overwhelming message from the literature, however, is the importance of listening to the voices of women who have experienced life in refuges, as they are the true experts on

what they need. The literature has also identified that there is a gap in recent knowledge related to what women in refuges need, particularly in light of austerity measures that have had a reported impact on DVA services.

### **2.3.2 Post-Refuge**

When exploring how the needs of women in refuges have been presented in the literature, it has been important to consider the voices of the women who have moved on from refuges. The voices of post-refuge women, or former residents, offer another dynamic to consider what women need, because they are in a position to look back, to reflect on what was helpful or, conversely, unhelpful in their transition. As discussed, there is an expectation that refuges offer services to residents that support them in their eventual transition into the community. The following studies will provide an insight into what these women felt was needed from refuge services as well as any gaps that the former residents suggested need addressing.

The first study that offers this insight looks at the needs women reported 6 months after they had left a refuge, focusing on the actions and activities they took to address these needs. Allen et al. (2004) recruited 278 women who were leaving a refuge, randomly selecting 143 to receive a free advocacy intervention for 10 weeks post-refuge for 4-6 hours per week. The 135 women in the control group were not contacted again until after the 10 weeks had gone by. The advocacy intervention consisted of working alongside a designated advocate in the community, who supported the women with safety planning, as well as focusing on any unmet needs that they may have had, whilst ensuring that any skills that were gained could be implemented independently once the intervention had been completed. The intervention was assessed for its effect using outcome measures that were obtained by interviewing the participants. Five distinct clusters were identified which related to the extent to which they had obtained community resources and where their efforts had been focused. They were low activity (engaging in only a few activities), housing, education and employment, legal, and high activity (engaging in higher levels of focused activities) (p. 1029). Whereas some women focused upon only a few activities in particular areas during the 10-week intervention, others focused upon a higher number of activities in several domains. The authors note, however, that the women rarely focused their attention simply on one domain, but engaged simultaneously in activities that addressed several other issues as well (they gave the example of focusing on legal assistance, but also needing to address housing needs and issues related to their children). What the study also revealed was the effectiveness of the advocacy intervention in supporting the women in acquiring suitable community resources, despite the types of needs that women presented with. The only cluster that this did not apply to was the high-activity group; they revealed that many women will succeed in achieving community resources regardless of whether they receive an advocacy service or not. For this cluster, it is about effective engagement in a high enough number of activities in order to obtain the resources they need.

What the authors fail to comment on here are the qualities that these women in the 'high activity' sub-group have in common. What drives their inner-determination and focus to obtain the resources they need? Is it related simply to personality traits, or have they accessed a service in a refuge that has helped build their self-esteem and self-efficacy? It would be useful to consider these question in relation to the 'low needs' class as described by Jonker et al. (2012). In their study, women who were classed as having 'low needs' had fewer symptoms of depression and PTSD, with higher levels of self-efficacy and self-esteem, which answers the question in the study by Allen et al. (2004), regarding whether what separates women in the high activity group from the low activity is their psychological resilience. Conversely, in the findings, a valid observation is made relating to those women who make up the low-activity cluster. The authors suggest that assumptions are sometimes incorrectly made relating to women who make less effort to engage in community resources. What they have found is somewhat paradoxical, and indeed goes against "conventional wisdom" (p. 1031), since these women engaged in fewer strategies, yet they felt as though they had been effective in meeting their needs. A very important message to highlight from this research is that

some women simply have fewer needs than others or are in a place in their lives where they do not want to be pursuing new experiences (such as attending support groups, returning to school, or moving). Instead of viewing these women as "unmotivated" or as inadequate help seekers, it appears more appropriate to accept that they are doing what they need to do to take care of themselves in that moment. Offering services and support to women, without mandating their participation or judging their lack of interest as an indicator of a character flaw, will be ultimately more helpful to them and certainly more appreciated. (p. 1031-1032)

Other important implications for these findings would be to encourage the emphasis on coordinated community responses (from educational institutions to local businesses) to interventions. The indication is that DVA programmes that offer a singular focus of service delivery (such as simply meeting basic needs) are unlikely to meet the range of needs that women present with. It would be far more meaningful to involve the women's active engagement in identifying what they need and deciding how to prioritise them. The importance of actively listening to the unique needs of women is a central message that seems to be repeated often in the literature. Unfortunately, this could suggest that an individualised response to women is not commonplace within the delivery of DVA services.

Another study that investigated the needs of women after they have left a women's refuge was conducted by Sullivan et al. (1992) as part of a larger study. The authors carried out a needs assessment of 141 women in a mid-western city in the USA, conducting structured interviews, which were quantitatively analysed, with each of them for approximately one hour,

and in three intervals thereafter: 10 weeks, 6 months, and 1 year. The main findings indicated that the resources women needed when in a shelter were services, social support, education, healthcare, finances, and legal assistance, with the lowest responses surprisingly being for resources related to issues for their children. This study identified that 35% of the respondents decided to return to their abusive partners, with those women who did not reporting needing more resources than those who did. The women who did not want to return to their partners were more likely to want to further their education and increase their levels of social support. The strength of this study is the fact that the researchers were able to have face-to-face contact with a high number of women to elicit what their needs were: "...to have first-hand information from the population affected by a social problem [they] are the true experts regarding what they need" (p. 273).

In a randomised control trial (RCT) titled 'The effectiveness of critical time intervention (CTI) for abused women and homeless people leaving Dutch shelters', Lako et al. (2013) reported that the CTI would be an appropriate intervention for those leaving services such as refuges and transitioning into the local community. This study was similar to the study by Jonker et al. (2014) in that it demonstrated a commitment to developing an increased evidence-base to help improve interventions for abused women based in the Netherlands. This RCT aimed to investigate whether a CTI, a 9 month, time-limited outreach intervention, would be more effective for women transitioning from a refuge to independent accommodation than the 'care-as-usual' that they would have received. Participants were recruited from 19 women's refuges, with 136 randomly allocated into two groups: the intervention group (CTI) or the control group (care-as-usual). During the interviews, primary outcomes, such as quality of life and secondary outcomes, for example, care needs, self-esteem, social support, and psychological wellbeing, were assessed. The two goals of the CTI intervention were to provide the participants with emotional and practical support and to develop and strengthen links with the participants' personal and professional support system. The overall aim at the end of the intervention was that the participants' care was to be transferred from the CTI worker to their personal and professional support systems. The care-as-usual support includes the care that would have been provided regardless, such as referrals from the refuges to community services or social services.

The evaluation of this RCT (de Vet and Lako et al., 2017) was quantitatively analysed while an additional two focus groups were conducted with the CTI workers to identify their perceptions of the effectiveness of the intervention. The main findings from the CTI reported that the intervention was appropriate for use with vulnerable populations, with very little indication from this latter study of what the participants of the RCT believed to be of value. The findings from the CTI workers focus groups, however, were more thorough, and eight prominent themes emerged, the most important being discharge and [refuge] services, working relationships, clients' needs and attitudes, and community support systems. Some of

these themes correspond with other worker's perceptions in previous research that relates to effective service delivery. The first was the 'discharge and refuge services', which found that in order to have a smooth transition into the community, continuity of care is essential. For the CTIs, having a resident assigned to a worker prior to exit made the organisation of support much more effective. The 'working relationship' builds upon the previous literature (e.g. Abrahams, 2007; Harris et al., 2014) on the importance of the relational aspect of service support and delivery. The CTI workers reported that fostering a positive working relationship could take in excess of several months to develop; therefore, the earlier that this can be facilitated from the refuge to the community, the better: "A trusting relationship between client and CTI worker appeared to be essential in helping motivate clients" (p. 74).

To conclude this literature review, a meta-analysis titled 'Effectiveness of interventions during and after residence in women's shelters' conducted by Jonker et al. (2014) will be briefly discussed. The effectiveness of the found interventions looked specifically at mental health, re-abuse, and social outcomes. Ten studies including data from 726 female victims of DVA were analysed, and the findings presented a positive correlation between refuge interventions and improving mental health outcomes, a decreasing incidence of abuse, and improving social outcomes. The authors propose that the outcomes of such a small number of studies should be interpreted with caution due to the diversity relating to the type, goals, content, duration, and intensity of the ten interventions (p. 18). However, if it were assumed that such interventions were delivered to the women in refuges, using elements that have been viewed as essential for service delivery, namely, a relational model, then perhaps outcomes could be viewed with more conviction.

The literature found to represent the post-refuge needs of women, is useful to consider both from a reflective perspective of what was required during the period whilst residing in refuge, and also the period directly after leaving refuge. An interesting finding makes explicit the community-based needs that women have during the post-refuge period, and the importance of actively listening to what these needs are, without making any assumptions. Advocacy interventions that were studied, identified that women benefited from a post-refuge service that emphasised a continuity of care, from refuge to the community. Listening to the unique needs of women without judgment is a central message throughout the literature.

# Chapter 3

## Methodology

### 3.1 Introduction and Rationale

In the previous chapter, a review was conducted of the literature that related to the needs of women in refuges in the UK, USA, Canada and the Netherlands, from the perspectives of past and present residents along with refuge staff members. The literature identified some commonalities in the articulated needs of refuge-based women; these included a personalised and respectful approach to service provision, a supportive environment for both women and children that supports emotional and physical wellbeing, as well as information and resources that can help women in their transition from refuges. An overwhelming message from the literature, however, was the importance of listening to the voices of women who have experienced life in refuges, as they are the true experts on what they need. The literature identified that there is a gap in recent knowledge related to what women in refuges need, particularly in light of austerity measures that have had a reported impact on DVA services. A qualitative methodology informed by feminist principles was chosen to explore this gap in recent knowledge to conduct focus groups with residents and former residents within refuges, as well as semi-structured interviews with refuge staff members. The purpose of using such a methodology was, as Kasper (1994) suggests, “to place women at the center of the inquiry ... to capture the material of these women’s lives from the standpoint of the women themselves” (p. 263), with the aim of addressing the following research questions:

**Research question 1:** *What are the self-articulated needs of women in a refuge?*

**Research question 2:** *What do workers in a refuge setting perceive to be the needs of the residents?*

The purpose of this chapter, therefore, is to describe the research methods and design that have been chosen and to explain how my theoretical positioning has influenced these choices. The chapter will then move on to describe the process of data collection and the stages of analysis that were utilised, offering a reflexive perspective on the methodological decisions that were made. This chapter will end by discussing issues relating to trustworthiness along with ethical considerations.

### 3.2 Theoretical and Epistemological Positioning

The aim of this thesis is to seek the perspectives of women who have escaped DVA, who through their experiences of residing in a refuge can provide an insight into their perceived needs. Harding (1987) writes that if researchers begin their studies by considering what it is about the experiences that ‘appears problematic’ for the women (p. 8), then this will lead to

designing research that will attempt to address these areas. For this reason, a qualitative approach informed by a constructionist feminist epistemology is the chosen paradigm for this study, as it is deemed appropriate to answer the research questions. The aim is to provide a greater understanding of the needs that survivors of DVA have when residing in temporary accommodation in women's refuges. Qualitative research, according to Elliott, Fischer, and Rennie (1999), is therefore an appropriate choice when considering the perspectives of the participants, since the aim of this approach is to "understand and represent the experiences and actions of people as they encounter, engage, and live through situations" (p. 216). 'Living through situations' in the context of this present study refers to the experiences of living in a refuge.

Epistemological principles raise questions about the relationship between the researcher and knowledge (Denzin and Lincoln, 2000) by questioning how knowledge has been produced. It is important to consider the epistemological standpoint of this study in order to provide a transparent account of the production of knowledge, along with an understanding of how theoretical principles have influenced this production. Burman and Whelan (2011) argue that it is "hazardous" not to acknowledge within one's own research an epistemological position, with Carter and Little (2007) stating that "epistemology is inescapable" (p. 1319). A constructionist epistemology informed by feminist principles will therefore guide this research. A constructionist epistemology "sees knowledge as created in interaction among investigator and respondents" (Guba and Lincoln, 1994, p. 111), meaning that knowledge is something that is created together, interwoven between the researcher and the participants (Alvesson, Hardy, and Harley, 2008). According to Moon and Blackman (2014), constructionists believe that we construct knowledge through the active engagement and interpretation of the world, which is based upon cultural, historical, and social perspectives (p. 1172).

The feminist epistemological positioning that I have chosen to present within this thesis has developed through the conducting of each stage of the research process. Narayan (2004) writes that the location of women in the world "makes it possible [to] perceive and understand different aspects of ... human activities in ways that challenge the male bias of existing perspectives" (p. 213), this statement capturing the fundamental essence of feminist research within the DVA sector. Edwards (1991) cites how feminist researchers have underscored the social, economic and ideological structures which have normalised violence against women and indeed made it possible. Indeed, one could argue that it was many decades ago that the 'radical' feminists brought the issues of DVA into the political and public spheres, and that they are unwilling to relent or compromise on their understanding of the intricacies that surround the causes and solutions to the problem (Abrar, Lovenduski & Margetts, 2000). Conversely, Abrar, Lovenduski and Margetts (2000) also state that feminists who are action-oriented are interested in gaining an understanding of DVA in a "women-centred way" (p.239). This present study hopes to gain an insight into the experiences of women as individual agents of the social

world, as survivors of DVA living in refuges, to further enrich our understanding of what women need when they are faced with the task of moving on and escaping an abusive relationship. This thesis is built on feminist epistemological principles by ensuring that women are at the centre of the study, by seeking their views and understanding their perspectives and experiences of refuges. By presenting the stories of the women and ensuring their views are at the forefront of the study, this allows the women themselves to participate in enacting change in the world, through their participation and research. Overall, this research hopes to contribute towards an increased awareness of refuge services for women, therefore seeking the opinions of women was imperative. The following extract from Narayan (2004), exemplifies how the feminist epistemological principles that this research is informed by will contribute to our understanding of the needs of women in refuges.

...integrating women's contribution into the domain of science and knowledge will not constitute a mere adding of details...but result in a shift of perspective enabling us to see a very different picture. The inclusion of women's perspective will not merely amount to women participating in greater numbers in the existing practice of science and knowledge, but it will change the very nature of these activities and their self understanding. (p. 213)

The first feminist principle that this research is informed by is the fact that it is a piece of research for women, conducted with women by a female researcher (Doucet and Mauthner, 2006). The second principle that has influenced this study is based upon an awareness of the power dynamics that can interplay between the researcher and the participants, where unequal relations can have an influence on the production of knowledge (Bondi, 2009). Rather, by emphasising a collaborative relationship, with researchers included either as participants or as inclusive members of the research process with outcomes depicted through a reflexive account of their contribution, the outcome would encourage the co-creation of knowledge (Brown, Western and Pascal, 2013). The importance of the collaborative relationship within feminist research also reflects its emphasis within the humanistic philosophy of counselling psychology (Morrow, 2007). Psychologists whose practice is based on the values of humanistic philosophy "strive to engage with their clients, first and foremost, as agentic human subjectivities who cannot be reduced to, or treated as, objects of natural scientific enquiry" (Cooper, 2009, p .6). Therefore, for me as a counselling psychologist in training, therapeutic skills that have been honed and developed can be intrinsically embedded throughout the research process, ensuring "that this power differential can be ameliorated by establishing genuine rapport and trust in the relationship" (Brown, Western and Pascal, 2013, p. 442). In fact, the constructionist and feminist principles that this thesis is informed by fit in well with the ethos of counselling psychology and social justice agendas, as the voices of the participants are at the centre of the research (Morrow, 2007).



Previous feminist research has expressed the importance of listening to women and understanding their lives based on the descriptions from their own words (Mauthner and Doucet, 2011). Exploring the diversity of women's experiences and therefore creating an opportunity to share this knowledge whilst giving 'voice' to previously marginalised populations, such as victims or survivors of DVA (Morrow, 2007; Etherington, 2004), is another feminist principle that guides this research. However, Doucet and Mauthner (2006) note "the dangers of presuming to know, speak for, or advocate for others" (p. 41). Indeed, they suggest that if research is approached with reflexivity and epistemological transparency, then the process of interpretation and construction of knowledge can be held accountable.

Therefore, for this study, a methodology was chosen that reflected a constructionist feminist epistemology. The methodology would shape and be shaped by the research questions, aims, and study design (Carter and Little, 2007) to represent the needs of women in a refuge and the knowledge that would be co-created by myself as a researcher and the participants. In fact, it is considered important to acknowledge reflexivity, which involves an awareness of and a reflection upon methodological decisions and assumptions, within the chosen epistemology. As Kasket (2013) summarises:

Methodological reflexivity acknowledges that the way the researcher carried out the research process within the chosen methodology helped shape the results. Epistemological reflexivity acknowledges that the chosen methodology, and its prescribed ways of collecting and analysing information, has overall framed and shaped the 'knowledge' that has been produced. (p. 9)

In order to reflect the group nature of the refuge, focus groups were chosen as a more naturalistic method of gathering knowledge, and were approached and analysed reflexively to answer the research aims and questions of the study.

### **3.3 Research Design**

A qualitative design informed by feminist principles was chosen for the purpose of this study. Qualitative methodology is an effective way to capture the experiences, individual stories and contributions of participants (Brosi and Rolling, 2010). Feminist principles have guided the selection of methods, such as the data collection methods, and will be discussed in the following sections.

### **3.3.1 Data Collection**

#### **3.3.1.1 Focus Groups**

In Chapter 1, my personal connection to and interest in this research is discussed, in relation to being on a therapeutic placement at a women's refuge. During my time on the placement, I carried out one-to-one therapy, as well as conducting weekly therapeutic groups. The success of the therapeutic group interventions and the sense of cohesion that had been felt within the groups led to the decision to use focus groups as a research method. The method for data collection was chosen prior to any considerations regarding where recruitment would occur, as it resulted that the chosen method informed the recruitment process (see following section). Given the practical difficulties in convening groups, the fact that the majority of the women were living together under the same roof in a refuge was an advantage of using this method for collecting data. Focus groups, therefore, seemed the natural choice for allowing the female participants to communicate their needs within a supportive framework of a group dynamic. Gathering a number of women together at the same time to form a focus group also made sense from a practical point of view, as it provided a way of identifying the similarities and differences in the experiences of a number of women, thus making it possible to dispel any assumptions regarding a commonality of experience (Davis and Srinivasan, 1995). Group interview had been considered

McLeod (1994) discusses the importance of contemplating the strengths and weaknesses of data gathering techniques. Indeed, there were several challenges and benefits in relation to the focus groups. Specifically, because the women lived together and did so much together, it could have been more beneficial to interview them separately, or indeed conduct a group interview. The group interview according to Gibbs (2012) is "...largely didactic between interviewer and each individual in the group" whereas the focus group is "...interactive, the group opinion is at least as important as the individual opinion" (p. 186). It was the interactive rather than didactic nature of the focus group that attracted me to this method of data collection. The fact that the women as a group could co-construct and initiate the direction and the focus of the conversation, rather than being directed, was what I envisaged as a researcher, for the women.

Semi-structured interviews were also considered, but, however, were quickly discounted due to the timescale provided for data collection. Having worked at a refuge, and having seen how precious residents' time was, I was aware that organising interviews to fit in within their commitments and mine would have compromised the capacity for data collection within the allocated timescale. There was also a concern regarding semi-structured interviewing, in that, due to my status as a trainee, they would emulate a one-to-one therapeutic session. Another factor that was also taken into consideration was the knowledge that I had relating to the development of a trusting therapeutic relationship, based on my experience as a therapist in

a refuge. From my therapeutic experience, I was concerned that due to the vulnerability of some of the women as potential participants, they could be less inclined to be interviewed alone. I was also aware of how many weekly sessions it takes for a trusting relationship to develop, so that the participant is prepared to share thoughts and experiences. My concern was that an interview would not extrapolate a depth of data that would represent the reality of what women needed, particularly as time to gather the data was short. A further issue, according to Madriz (2000), is the influence of the researcher upon the data collection process due to the imbalance of power between researcher and participants (Wilkinson, 1998). This imbalance is what feminist researchers strive to avoid through the use of focus groups, with the emphasis on the collective, rather than the individual (Madriz, 2000). Focus groups, therefore, were seen as advantageous in a number of ways, allowing for a number of women to participate together to provide a collective voice of their needs, and the fact that it “is particularly suited to feminist...criteria of giving voice to marginalized people sharing power with the people being researched” (Davis, 2017, p. 4).

According to Wilkinson (2004), focus groups are deceptively simple as, essentially, they are a way of gathering a small group of people together, typically 2-12 participants (Wilkinson, 2004; Davis, 2017), to have an informal discussion around a topic of choice. Within a focus group, there is usually a facilitator, who typically guides the discussion, which is based on a schedule of open-ended questions, attempting to ensure the participation of group members (Davis, 2017; Wilkinson, 2004). Focus groups can consist of a heterogenic group membership, or in the case of this study, a homogenous group who have something in common and who have shared experiences of living in a women’s refuge. Conducting a focus group for women within a women’s refuge fits in with feminist constructionist epistemology by constructing meaning and knowledge through the interaction of women within their social world (Wilkinson, 1998). Focus groups also minimize the control the researcher has whilst data is being collected, by decreasing the power that the researcher has over the participants: “The collective nature of the group interview empowers the participants and validates their voices and experiences” (Madriz, p. 838). Kulkarni (2012) suggests that reducing the power differential when working alongside survivors of DVA is crucial, as it is probable that they have experienced much disempowerment prior to and during their route to refuge. Davis and Srinivasan (1995) state that focus groups are also advantageous for survivors of DVA, as they provide women with the opportunity to listen to others and the space to think about their own experiences and how and if they would like to share them. Indeed, it is common within focus groups for the group members to ask questions of each other, sometimes for clarification purposes and at other times in disagreement (Wilkinson, 1998).

However, the facilitator requires certain skills, which are similar to those employed during one-to-one interviews (such as, establishing a relationship, awareness of non-verbal cues), along with experience of running groups and an awareness of group dynamics (Wilkinson, 2004).

Wilkinson (2004) also suggests that a facilitator may “need to encourage quiet participants, to discourage talkative ones, and to handle any ‘interactionally difficult’ occasions” (p. 179). Coming from a professional teaching background and feeling very comfortable within a diverse group, along with having nearly two years’ experience as a trainee counselling psychologist conducting large therapeutic groups, I had the benefit of experience on my side. Indeed, my vast past experience of teaching, vis-à-vis conducting groups, meant that some of the practical disadvantages of focus groups, namely, the desirability of having prior training and practice in facilitating groups (Wilkinson, 1998), did not apply. In addition, given the setting, the difficulty that Wilkinson (1998) suggested of recruiting appropriate participants and bringing them together to form a group did not arise.

The structure of the focus group followed a similar pattern. Firstly, the participants were asked to complete any necessary documentation including a consent form and a participant information sheet (Appendix A). The digital recording of each focus group occurred once all the consent forms had been completed, and all the women were ready to proceed. At this point, I introduced myself and the research and explained to the participants the nature of the group and the proposed length of time (1-hour) for the focus group. The aim was for each focus group to follow a similar structure in that the main focus of the participants was related to their interpretation of research question one. My aim as the researcher was to engage with the participants and to form a relationship with them in order to create jointly with them an understanding of the topic in question (Carter and Little, 2007).

### **3.3.1.2 Semi-structured Interviews**

Interviewing is a very widely used method of qualitative data collection (McLeod, 1994). It is commonly referred to in the literature as a ‘conversation with a purpose’ (Wicks, 1981) and was chosen as a way of gathering data from three staff members from a Women’s Aid headquarters at a location in the South of England. The interviews were semi-structured with a pre-prepared set of six general questions (see Appendix B) that were asked of the interviewees, which related to research question two. The three participants were encouraged to interpret the questions based on their understanding and experiences of working in a refuge. Although in other studies, it is common for one-to-one interviews to last anywhere between 1-2 hours (Tutty, 1996), due to issues relating to time, as discussed in Chapter 5 (section 5.6.1.1), the decision was made for the interviews in this study to last 30 minutes.

### **3.3.1.3 Recruitment and Sample Size**

As the decision had already been made that the main chosen method for gathering data from residents and former residents would be focus groups, it made practical sense to conduct a pilot study at the Cotton Grass (CG) refuge where I had been a trainee on placement. Cotton Grass, Water Violet (WV), and Rose Bay (RB) are all pseudonyms used to protect the localities of the refuges. It is important to note the awareness of the ethical issues surrounding

dual relationships here (McLeod, 1994), and that no therapeutic work was being carried out during the research process, with the refuge manager happy to support the research from a practical and organisational point of view. Therefore, during the refuge's weekly coffee morning, which included both current and former residents, recruitment for the pilot study focus group was advertised by the support staff. I had been notified that around 10 women had expressed an interest, on the day of the focus group; however, an unexpected 14 women turned up to participate. There was an even split within this group between residents and former residents.

The second focus group was conducted at the WV, the headquarters of Women's Aid in a location in the South of England. The recruitment of this focus group occurred through word of mouth arising from my attendance at the 'Violence: Children, Family, Society' conference at the University of Northampton in June 2015. Contact was made with the chief executive of the aforementioned Women's Aid service, who was keen to support this research, and recruitment of this focus group took place through my contact at the WV. After the chief executive had received all the relevant invite documents (Appendix C), she disseminated them to all the refuges within her locality. On the day of the focus group, 15 women participants arrived from four different refuges in the locality, one of which was a specialist drug and alcohol refuge. Of the 15 women, only one of them was a former resident.

The final focus group was organised through the sampling technique of snowballing, "which involves starting with one or two representative informants who are known, and then being introduced by them to other members of the relevant population" (McLeod, 1994, p. 33). The manager at the CG refuge provided me with six names of refuges and their managers from the regional cluster to which they all belonged. Upon following up these names with emails and phone calls, of the six potential refuges, only one refuge, RB, was able to support me with organising a focus group within the time-frame allocated. The RB refuge was an inner-city refuge in the North West of England, which had the capacity to accommodate five families. The manager had advertised the focus group within the refuge, and three residents took part, with no interest being expressed by former residents.

#### **3.3.1.4 Summary of Participants**

Thirty-two participants took part in three focus groups, which were conducted within three localities in England. The CG and RB focus groups were carried out within inner-city refuges in the North West of England, with the WV focus group held at a Women's Aid headquarters building in an undisclosed location in the South of England. The following information will provide an insight into the age range and diversity of nationalities that formed the sample of participants. On the day of the focus groups, the women were invited to disclose their ages and nationalities within the consent forms. However, as this information was not a mandatory procedure within the collection of the data, the women could choose whether to offer this

information. Of the 32 women who took part, five did not disclose their ages. The ages of the sample of participants ranged from 19-59, with the average age of the 27 women who disclosed their ages being 35. Of the nationalities that made up the focus groups, 70% identified as British, 7% as Pakistani, and the remaining 23% identified as Caribbean, Asian, Cambodian, Croatian, and Irish. No other information was collected about the individual participants, as it was not deemed relevant for the purpose of this study.

The three staff members were not asked to disclose their ages, but were all British citizens and employees of the WV Women's Aid organisation within a large southern county in England. The residential support worker (RSW) had been in her position for just over a year and described her role as supporting residents' needs, from supporting their daily needs to attending appointments with them. The independent domestic violence advocate (IDVA) was relatively new to the WV service having recently (did not specify when) moved from another borough where she also worked as an IDVA. Her role comprised supervising RSWs in their roles with an emphasis on any safeguarding concerns, and supporting the residents with practical needs within the refuge, such as sourcing and acquiring resources that may be needed. She also ensured that the RSWs were equipped with all the necessary background information about the residents, for example, related to their risk and safety needs, to ensure that an effective working relationship could be established. The manager of the service, who was also a trustee, had been in her role for 4 years and was responsible for the overseeing of all the refuges across the county, including how the funding was allocated.

### **3.3.1.5 Settings for Data Gathering**

The WV and RB focus groups and interviews occurred in rooms where there was ample space, and seating was appropriate for the number of participants that took part. The communal room allocated for the CG focus group was the lounge; this was the only room big enough to accommodate a large group at this particular refuge. There had been enough room to sit 8-10 group members comfortably, but when 14 women turned up, extra seating was found.

### **3.3.1.6 Data Processing and Analysis**

The stages of analysis that were undertaken in order to reach an interpretation of the data collected will be presented in the following section. A description will be given of the relationship between the transcription process and the subsequent decisions that were made on how to analyse the data.

### **3.3.1.7 Transcription Process**

The transcription process was carried out by myself using a notation which focused on the content of what was being spoken (See transcript and notation example Appendix D). The

process of verbatim transcription of the content of the focus groups was time consuming and at times challenging, in direct contrast to transcribing the three 1:1 interviews, which was a far more straightforward process. The main challenge encountered whilst transcribing the groups was deciphering who was saying what in the midst of other background distractions, such as members talking amongst themselves and multiple interruptions whilst a group member was speaking.

Two of my focus groups consisted of 14 and 15 group members; this was far more than anticipated. Attempting to identify and recognise every individual speaker within the transcription would have been very difficult using only an audio recording device. Instead, on the day of the focus groups, notes were made of any distinguishable features that some of the more vocal members had relating to their regional accents, age, their current resident status, and any obvious linguistic conversation fillers that they used in an attempt to distinguish who was speaking: 'R' denoted a current resident, 'ER' an ex-resident, and 'I' the interviewer. Each focus group was transcribed as soon as possible after it had been carried out as a way of capturing any pertinent non-verbal nuances, such as when a resident shed tears during or after speaking. Using these techniques made it possible to identify certain members in the group and, for the most part, document the full flow of their contributions, including any interruptions.

The process of transcribing the third and final focus group at the RB refuge was a very different experience to that of transcribing the other groups and interviews. This group consisted of only three members, so the aforementioned problem of identifying speakers whilst transcribing was not an issue. The interpretation of the research question quite unexpectedly led to longer, almost story-like descriptive and emotional personal accounts of their experiences leading up to and arriving at the refuge. These longer stories were prompted perhaps by the fact that one of the residents had arrived at the refuge only three days prior to our meeting; her emotions therefore were heightened and her memories vivid. She described in graphic detail very distressing accounts of the reasons she was at the refuge and the specific and unique needs that she and her family had. Listening to this distress once again during the transcription process prompted me to think differently about the data that had been gathered from this final focus group. These three women bravely shared their fears, shame, and heartbreak in such a compelling and eloquent way that dissecting their stories into codes or themes did not seem appropriate. It was felt that these stories deserved to be presented as three distinct examples of how women arrive at a refuge, the loss and adversity they leave behind, and what they need from a refuge in order to move on with their lives.

### **3.4 Conducting the analysis**

The decision to conduct a thematic analysis upon the collected data was finalised after carrying out the first focus group at the CG refuge. After the focus group, I had noted some

initial themes in my reflexive journal, where I had written: “initial themes: support for children (1<sup>st</sup>); feeling safe; practicalities; floating support after refuge”. A thematic approach would therefore provide the flexibility to allow the data gathered from the focus groups and the three interviews to guide the analysis process within the suggested six-phase structure, to enable themes to develop and a subsequent comparison to be made across focus groups and interviews. It was also felt that this method of analysis would offer the flexibility and compatibility required as a research tool suitable for a constructionist epistemology due to the inductive nature of the approach: “An inductive approach means the themes identified are strongly linked to the data themselves...a process of coding the data without trying to fit it into a pre-existing coding frame” (Braun and Clarke, 2006, p. 83). Such an approach was felt to reflect constructionist views, specifically the emphasis on the knowledge that has been co-created by the researcher and the participants rather than only interpretations that the researcher imposes on the data. Another inductive approach that was initially considered for this thesis was grounded theory (Glaser and Strauss, 1967), which is a popular method for researchers (West, 2013). It was not the aim of this study however to create a theory. As the aim of the research was to examine the needs of women in a refuge setting, contributing to the continued learning and understanding of current issues relating to life for women in a refuge, a theory via an interpretation of the data was not the goal of the analysis.

In the absence of much literature on suitable methods for analysing focus groups, Wilkinson (2004) states that a thematic analysis approach is commonly used as a tool for their analysis since, “focus groups are distinctive, ... primarily for the method of data collection...rather than for the method of data analysis” (p. 178). Other researchers who have used focus groups for data collection purposes, such as Kulkarni et al. (2012), fail to name the method of analysis that they utilised in their research; however, they describe the following within the study: “After all the transcribed material was coded, the coded material was examined and grouped together into themes, comparing and contrasting responses between the survivor group and the advocate group” (p. 90). Indeed, one could argue that the method of analysis that described above closely reflects that of a thematic approach, reflecting the methods utilised in this piece of research. A thematic approach was therefore applied for the analysis of the data gathered from the CG and WV focus groups as well as from the interviews.

Prior to initiating the process of analysis, I chose not to re-familiarise myself with the literature related to the study (which I had last looked at some 12-18 months prior to the analysis stage, for the purpose of the study’s initial research proposal), as “there seems to be a consensus toward minimal familiarity with the literature in the early stages of conceptualising the study...” (Fassinger, 2005, p. 158). This decision was made to ensure that the analysis process remained an organic procedure, with themes identified based on the data collected without being influenced by the existing literature (Fassinger, 2005). For the benefit of reflexivity and for transparency purposes, it is important to note that although I had not familiarised myself



with the literature prior to the analysis process, I had nevertheless been immersed in the needs of women since beginning my placement at the refuge. However, the needs that I was focusing upon during my placement were their mental health needs. Naturally, I was aware of other needs that the women had due to the length of time I had worked at the refuge; however, my aim was to share the needs that the women stated they had from the process of data collection, attempting to identify any needs and commonalities through the process of thematic analysis.

### **3.4.1 Stages of Analysis**

The six-phase structure as suggested by Braun and Clarke (2006) was utilised in this study, with each phase organically developing through the engagement with the data. It could be argued that a further stage could have been added; however, for the purpose of time management, the analysis was stopped after six stages.

The data analysis began during the transcription process, as it would have been difficult to separate from the process of becoming immersed in the words that were being spoken via the audio recording. In order to transcribe what was being said, a process of listening and re-listening to slowed-down recordings occurred, enabling me to decipher which voice was speaking among the many. Transcribing the first two focus groups (CG and the WV) was an intensive process due to the size of the groups and the complexity that this brought, notwithstanding the emotional intensity that some of the content induced. In comparison, transcribing the smaller focus group (RB) along with the interviews was a less intense experience. During this time, I made informal notes in a journal about any initial feelings that were felt and any comments, themes, or questions that arose. These notes were made as a result of immersing and familiarising myself with the data before the more formal coding process began (see Appendix E).

The second phase of analysis provided the opportunity to re-read the transcriptions by simultaneously listening to the original recordings in their entirety, without altering the speed of the audio recording. Re-reading was a useful process, as during this time, any necessary corrections were made, such as typographical errors as well as identifying any inaudible words or phrases. Returning to the transcript as a whole highlighted the contextual significance of the content, sometimes lost as a result of the slowed down audio and the constant rewinding of segments required in order to decipher a word or phrase. Being able to consider the entire text, rather than parts of it whilst transcribing, enabled me to take a closer look at any themes that began to surface, and note any further questions or comments that seemed meaningful, in relation to the main research question.

It was decided in the third stage of analysis, to create a transcript summary sheet for each focus group and interview. The summary sheet (see Appendix F) included the identification of

any key issues, themes, or questions that arose, along with a brief description of the context for which each group took place. Focusing on what felt important from the transcripts, summarising them, and cross-referencing them with numbered extracts from the transcripts began the process of organising the material. For example, it was important to note the parallels between the language one resident used to describe being pregnant in a refuge and the language in which domestic abuse was being described, with the resident commenting that she wanted to 'hide and cry', but instead had to put on a 'brave face' and not show any 'weakness.'

During the fourth phase of the analysis process, any additional comments and notes that had been made from the first and second phases, along with questions and initial interpretations, were incorporated into the transcript summary (see Appendix G). Using the 'comments' tool within Microsoft Word, an attempt was made to code this information as concisely as possible, summarising an idea or thought in just a few words. Keeping the research question in mind was important during this stage, particularly when subtle digressions from the topic occurred, particularly within the groups. For example, some of the participants in the CG focus group seemed to spend time deliberating how they would change the function of the playroom in order to accommodate their older children's homework needs. Rather than dismissing such digressions as irrelevant, an attempt was made to interpret their meaning from another perspective, that is, what was being indirectly and implicitly communicated. In the case of the playroom, the participants could have been attempting to express that making the physical environment more functional for the older children would enhance their feeling of independence and therefore help improve their wellbeing. It could also be suggested that by focusing on the needs of their children, they were avoiding having to think and talk about themselves.

During the fifth phase, the themes that unfolded from carrying out the previous phases were organised by grouping together the codes within a table to create themes and sub-themes. It soon became apparent that the table needed adapting to accommodate any pertinent additional information that had been gathered but that was not necessarily a theme. Two additional columns were therefore created; one was for 'what the women indicated they felt was missing [from a refuge],' to account for any needs that the women felt the refuge did not meet, such as not knowing how to manage the impact of domestic abuse on their children. Another more general column was created for any notes that had been made relating to future research, thoughts from the perspective of a counselling psychologist and any further questions, such as suggestions for suitable psychological therapies to support those women who talked about wanting to 'forget' about the past. (See Appendix H)

The final phase of the analysis process was to visually present the information that had been gathered in the table. Mind-mapping software was used to present the themes and sub-

themes and to identify if any of the themes could be broken down further or clustered together to form larger over-arching themes (see example in Appendix I). The process of completing these mind-maps established that there was a clear connection between the content of the CG and WV focus groups, which could be organised into similar themes. This connection was an unexpected discovery; as the experience of carrying out the focus groups had felt very different at the time. It was therefore decided that the six themes identified would represent the needs of the women based on the data collected from two of the focus groups. The mind-maps also created a visual method to compare the differing perspectives of the women who took part in the focus groups and the perspectives of the three employees and stakeholders who were interviewed.

The table below describes the six phases of analysis that were undertaken.

**Table 1: The six phases of analysis**

<b>First Phase</b>	Transcription process. Listening and re-listening to the audio recordings. Initial comments, themes, questions, feelings noted that emerged for me.
<b>Second Phase</b>	Transcripts re-read while listening again to the original recordings. Corrections and typographical corrections made. Place names and pseudonyms changed. Comments, themes, questions noted that emerged for me.
<b>Third Phase</b>	Summary of each transcript written describing the process undertaken during each focus group, stating any issues that I had along with any key themes.
<b>Fourth Phase</b>	Themes identified along with coded extracts. All notes relating to themes collated.
<b>Fifth Phase</b>	Themes ordered into main themes and sub-themes in a tabular format.
<b>Sixth Phase</b>	Final themes and sub-themes merged and presented visually in the form of a mind-map.

### 3.4.2 Rose Bay Focus Group

The experience of carrying out the final focus group at the RB refuge was very different to the experience of the previous two, mainly due to the length of time the three individuals spoke for and the depth of personal detail that they shared. The data from the RB focus group was therefore approached from a more unique position. It came from not wanting to decontextualise the content of the three residents' accounts into codes or themes, as it felt it was important to preserve the totality of their narratives. During phase four of the aforementioned analysis process, it was decided that segmenting each individual account into

codes did not seem appropriate. After some consideration, all individual spoken extracts were copied and pasted into one document, creating a coherent and chronological narrative of what each individual woman spoke about during the focus group (see Appendix J for each story). Each story was then summarised based on my interpretation of their accounts, presenting their stories within a framework of headings that reflected research question one. The process of allowing the stories that the women told to be kept intact by approaching the analysis from a less formal perspective is reminiscent of how St. Pierre and Jackson (2014) present 'post-coding analysis' "[that does] not follow a particular analytic method; rather, they [the authors] borrow concepts, invent approaches, and create new assemblages that demonstrate a range of analytic practices..." (p. 717). Indeed, one could also describe what has been presented as a form of narrative inquiry, where the stories that have been heard have been re-presented in a way that has attempted to preserve the integrity of each individual's story (Etherington, 2013). Either way, the data that have been presented from the RB focus group is in keeping within the constructionist and feminist epistemological stance. The co-construction of knowledge and meaning in this instance acknowledges my position as a researcher listening to the participants' stories, basing my interpretation of their accounts within the focus of the specific topic (from research question one). The stories that have therefore been presented and summarised have been constructed to reflect my perceptions of how the women present their needs, in a manner that does not make any assumptions or attempt to fill in any gaps (Etherington, 2013). I believe that each narrative will be of interest to the reader (Rosenthal, 1993) in demonstrating examples of the physical and emotional journeys that the women took to get to the refuge, and therefore the subsequent needs that they had upon their arrival. Presenting the journeys and the voices of these individual female survivors of DVA reflects the principles of feminist and indeed narrative research; as Squire (2005) states, "Stories often seem to function in narrative research..., broadcasting 'voices' that are excluded from or neglected within dominant political structures...for instance in the writing and reading of ... accounts of women's experiences" (p. 93).

### **3.5 Reflexive perspective - Methodological decisions**

This section demonstrates the reflexive processes that occurred when making some of my methodological decisions for the study.

#### **3.5.1 Data Collection**

As a former teacher it seemed natural, therefore, to choose focus groups as my method of collecting data, particularly in the wake of the success of the therapeutic groups that I had led at the refuge.

Reflecting on these therapeutic groups, I was aware that the structure of each session had followed a similar social dynamic. There was a sense of awkwardness at the beginning of each group, but this diminished as the group slowly gathered momentum to the point of lively

exuberance towards the end, leaving the group members feeling motivated and enlivened. I felt confident that the research topic that I had chosen would instigate the same level of engagement, and felt that I could successfully utilise my past teaching skills to focus the group if any digressions occurred. I also considered the fact that as the women were living under the same roof at the refuge, and were probably familiar with each other, that this might offer a supportive space for them to communicate their needs. Providing a supportive context for the data collection was the main reason that I decided against using the more widely used one-to-one interview method (Wilkinson, 1998).

For the second research question, semi-structured one-to-one interviews were chosen as the method best suited to collecting the data. I had considered the possibility of carrying out a focus group for refuge workers, but quickly decided against it for pragmatic reasons. The manager of the refuge where I was on placement stated that to ensure the effective and safe running of a refuge, a focus group would have to be arranged outside of any refuge's working hours. To arrange a group at a time mutually convenient to the staff would have been too difficult, and so it was decided that one-to-one interviews would be more appropriate.

### **3.5.2 Pilot Study**

During the recruitment process, a support worker from the refuge contacted to let me know that it had been the former residents who had demonstrated more of a willingness to participate in the focus group, as opposed to the current residents. In my initial research design, I was requesting participation only from current residents. As this first group was a pilot study, a decision was then made, after speaking to my supervisor, to accommodate them in the group, especially as they had demonstrated an eagerness to be included.

## **3.6 Conducting the Focus Groups - Practicalities**

### **3.6.1 Childcare Arrangements**

A fundamental reason that three separate focus groups could be conducted in three different locations was the willingness of the refuges to allow me to organise the groups on dates when childcare arrangements could be made available for the children of the participants.

### **3.6.2 Number of Participants**

Sue Wilkinson (1998), in a paper she wrote on focus groups, states that group sizes rarely include more than 12 individuals, but more commonly include between 6 and 8. At the CG refuge, 14 women participated, a 50/50 split of current and ex-residents; at the Water Violet WV, there were 15 women, 14 of whom were current residents, with only one ex-resident; and at the RB, one of the current residents took part. I also held three interviews whilst at the WV.

### **3.6.3 Cotton Grass Refuge**

The day of the pilot study was held at the CG refuge was the hottest day of the year. I therefore gathered all the fans from the refuge's office and strategically placed them between the ten seats that I had available. When all seats were filled and more women appeared at the door, I faced the dilemma of whether to turn them away. The addition of these new arrivals meant more chairs needed to be found from elsewhere in the building. From previously feeling confident about leading groups, I suddenly felt out of my depth and anxious.

### **3.6.4 Water Violet**

The WV focus group was carried out at a Women's Aid headquarters building in a county in the South of England. Three interviews had also been arranged for me, and prior to the agreed date, I had received an email stating whom and at what time I would be interviewing. By this point, I had decided not to pursue the interviewing of staff members at any of the other locations (See section 5.6.1.1 for more). However, as the WV had gone to so much effort to organise the day for me and these had been arranged prior to my subsequent decision, I decided to go ahead and carry out the interviews. With reflection however, having the perspectives of the refuge staff members was a unique opportunity to gain more of an insight into the complexities of providing services within a refuge during times of austerity.

I was informed that an email had been sent out to all the refuges within that locality inviting residents to attend the focus group. I was also told that a lunch would be arranged for attendees afterwards, as that might attract more residents to the group. Prior to the start of the group and learning from my pilot study experience, I arrived early to organise the room. Fifteen women arrived in the room, having signed in and dropped their children off in the playroom with the children's support workers.

### **3.6.5 Rose Bay Refuge**

RB refuge was smaller than the one that I had experience of, accommodating a maximum of five families at a time. For this reason, when residents were recruited, only three residents were able to attend, with no response from any former residents. When I was told that there were only three residents taking part, I was concerned that the intimacy of having only three group members could induce an awkwardness amongst the participants.

### **3.6.6 Transcription Difficulties**

Having multiple voices to decipher; whispering and talking amongst participants; interruptions, such as a telephone ringing, or someone entering the room; plus, unfamiliar broad accents made the process of transcription lengthy and at times very difficult. The focus group that took place at the CG refuge was particularly challenging due to the addition of the background

noise of the oscillating fans. It took, on average, 1 hour to transcribe 3-5 minute sections of data.

The table below indicates an approximation of the time it took to transcribe each focus group:

**Table 2: Transcription times**

<b>Name of Refuge</b>	<b>Length of Focus Group</b>	<b>Transcription time</b>
CG	66 minutes	3 days
WV	68 minutes	3 days
RB	52 minutes	2 days

Thankfully, transcribing three x 30 minute interviews was a quicker and easier experience, with each one taking approximately a day to transcribe.

### **3.7 Trustworthiness**

One of the aims of qualitative research is to provide descriptions of a social world, “not just any descriptions, but descriptions that in some controllable way correspond to the social world that is being described” (Peräkylä, 2004, p. 283). Establishing the quality and rigorousness of a piece of qualitative research can therefore depend on a number of different criteria for which it can be measured (McLeod, 1994). Since the very nature of qualitative research is pluralistic, in that it consists of a variety of approaches, it stands to reason that unlike quantitative research, the quality cannot be assessed with the same strategies (Krefting, 1990). It is beyond the scope of this thesis to describe the multitude of evaluation methods that measure the quality and truthfulness of qualitative research, such as the criteria to assess ‘trustworthiness’, as suggested by the authors Lincoln and Guba (1985), or the flexible guidelines that guide evaluation, as suggested by Parker (2004). Instead, a focus will be placed upon the criteria of trustworthiness that counselling psychologist Morrow (2005) presents, which span “paradigms and exemplify more general areas of concern” (p. 253), particularly: *social validity*, *subjectivity* and *reflexivity*, *adequacy of data* and *adequacy of interpretation*.

*Social validity*, or a ‘worthy topic’ as described by Tracy (2010), considers the applicability and validity of the study in terms of its social relevance and significance and indeed whether it is timely, interesting, or evocative (p. 840). Coming from a counselling psychology background, with its social justice principles firmly embedded in the discipline (Morrow, 2005), the social validity of this study can be demonstrated in its commitment to represent the impact of DVA and the subsequent needs of women in refuges. These needs have been explored throughout

the study, beginning with a transparent account of my interest and reasons for conducting the research, and moving on to describing its relevance within the existing literature and the methodological decisions that have guided the process of data collection and analysis.

Morrow (2005) states that all qualitative researchers acknowledge that the data collected and the process by which they are analysed is “grounded in *subjectivity*” (p. 254). McLeod (1994) warns that unless the investigator overtly acknowledges the biases and assumptions that their subjective accounts may present, it can “lead to irritation, rejection of the study and a tendency to discount its findings” (p. 99). Having a *reflexive* approach to the study manages the potential for one’s own biases and preconceptions that may influence the subjective data. Indeed, within the Reflexive Analysis Chapter 5, other influences that may have affected the data are considered, such as my researcher status as an insider and an outsider to the topic, along with methodological decisions (see section 3.5) that were made and detailed reflections of the analysis process.

According to Wilkinson (1998), focus groups have the capacity to ensure the *adequacy and quality of the data* by prioritising the importance of the participants’ contribution ranging from the language and concepts that they share, to the frameworks from which they articulate their understanding of the world (p. 117). In fact, Wilkinson states, it is the interaction that occurs between the participants that results in high quality data, which she believes creates a broader understanding of their responses through “participants [asking] questions of, disagree[ing] with, and challeng[ing] each other...” (p. 117). To further elaborate, she suggests that participants within a focus group often ask of each other questions that the researcher may not have dared ask. Furthermore, they may even contradict or disagree with each other in such a manner that had the researcher have done so, may have appeared ‘authoritarian’ (p. 118). Of course, Wilkinson (1998) also presents the counter argument of other authors, who suggest in fact that participant opinions could be biased, or could be unduly influenced by prominent group members. What she presents as an alternative opinion, with which my experience of conducting the focus group for the purpose of this study concurs, is that the more prominent group members helped the quieter and shyer members to disclose their own personal and similar experiences.

Within my reflexive analysis and my discussion chapter I am transparent about the decisions that were made relating to the three interviews that were conducted and the debates that I considered regarding the validity of the data. For the adequacy of the data relating to interview participants, Morrow (2005) suggests that this does not necessarily depend on the number interviewed. She reflects that the quality of the data depends on the purposeful sampling of the participants and the criteria they meet in order to be interviewed; the quality, length, and depth of the interviews; and the use of multiple data sources, such as field notes, journals, and member checking. Member checking involves the process of “continually testing with



informants the researcher's data, analytic categories, interpretations, and conclusions" (Krefting, 1990, p. 219). It is important to acknowledge here, however, that member checking was not carried out within this study. Koch and Harrington (1998) describe the practical difficulties of returning transcripts to respondents, and question the benefits that can be gained from doing so. Long and Johnson (2000) concur, warning against placing too much emphasis on "respondent validation" (p. 34). There is also the question of the ethical implications of tracing such a large number of focus group participants, due to their transient nature as refugee residents, and also the issues pertaining their confidentiality. With regard to the interviewees, it was negotiated that each refugee would receive a copy of the final thesis in return for partaking in the study; therefore, member checking did not seem essential.

*Adequacy of interpretation*, according to Morrow (2005), is a fundamental indicator for the criteria of trustworthiness, which should be reflected within the analysis process and the presentation of findings. She comments on the importance of immersing one's self into the data, although she acknowledges the difficulty in defining immersion due its relativity and meaning to each individual. In this study, each stage of the analysis is described with accompanying examples (within the appendices) in the order that ultimately led to an understanding of the data. During the presentation of the analysis, any interpretation was supplemented with supporting quotations from the focus groups and the interviews. In addition, a thick description was offered within the interpretations, which according to Tracy (2010), is an important component to achieve credibility, "any single behavior or interaction, when divorced from its context, could mean any number of things, thick description requires that the researcher account for the complex specificity and circumstantiality of their data" (p. 843).

### **3.8. Ethical Considerations**

Ethical clearance was granted by the University of Manchester Ethical Research Committee prior to contacting refugees for participation in the study. Furthermore, ethical deliberations were carefully considered throughout each stage of the research process, from the design and implementation, to the presentation of the analysis (McLeod, 1994; Guilleman and Gillam, 2004). Common issues and principles that are important to consider within ethical frameworks are confidentiality and informed consent, the avoidance of harm for those participating, and non-maleficence or precautions and measures that could be taken to minimise any distress or harm caused by the research (McLeod, 1994).

Guilleman and Gillam (2004) highlight that the procedural systems in place prior to conducting the research, such as obtaining approval from ethics committees, on their own "cannot ... provide all that is needed for dealing with ethically important moments in qualitative research" (p. 262). This statement suggests that one must be equipped to manage any unforeseen instances; this is particularly applicable when considering that the majority of the participants

in this study, due to their status as victims of DVA, would be classed as 'vulnerable' (Burman and Whelan, 2011). The prior knowledge and understanding that I have gained from being an insider (Corbin Dwyer and Buckle 2009) to the topic of this thesis provided me with an awareness of the type of content that may elicit any distress, and an understanding of how to manage this sensitively and with due care. That said, Burman and Whelan (2011) suggest "that the researcher cannot be entirely responsible for the meanings and associations generated by their questions or interventions – though they can certainly do their best to alert participants so that areas of sensitivity can be managed together in a co-operative and consultative manner" (p. 9). Indeed, although the topic of this study did not indicate any required reference to, for example, the reasons that women were temporarily living in the refuge, my prior experiences of the emotional fragility that some of these women may be experiencing, prepared me for the inevitable filtration of such emotive content into the discussions.

Fontes (2004) also writes about research pertaining to DVA against women as fitting within "the realm of sensitive topics research...as a topic that may pose a substantial threat to those involved in the research and that therefore makes the collection, holding and/or dissemination of research data problematic" (p. 142). For this reason, confidentiality and the subsequent anonymity of the women was considered throughout the research; this was made explicit from the initial invitation and recruitment documentation (Appendix E) through to the data analysis process. The anonymity of each participant's contribution was guaranteed prior to each focus group and interview and was documented within the information sheet and consent forms (Appendix A). Steps were taken to ensure anonymity by creating pseudonyms for interview participants, for each focus group and any names included within the focus groups. Geographical locations were generalised to unspecific regional areas to avoid the potential for identification, as it was not the purpose of this study to generalise or compare needs across locations. Any quotations used within the thesis did not include any identifiable information. Anonymity was also maintained through the encryption of all audio and transcription files, which were kept within a secure location.

# Chapter 4

## Presentation of the Analysis

### 4.1 Introduction

The aim of this chapter is to present the analysis from the focus group and the interviews that took place. The main themes based on the research questions will be discussed in greater detail in the coming sections, but the narratives from the RB focus group will be presented first. As has already been explained, the characteristics of this particular focus group stood out as being very different to the others. For that reason, the analysis will be presented by producing a summary of the three stories that were heard, based on my personal interpretation, including direct quotations and extracts from the transcript. What these stories represent for the reader is the reminder of the realities of getting to a refuge: the physical and emotional journeys, and the bravery and the struggle that each woman will experience for safety and survival. Each resident has a story, often a complex one, about how they arrived at a refuge, and since this research is focusing on the needs of women while they are staying in a refuge, it is hoped that these stories set the scene and offer an insight into what is needed and why.

### 4.2 Rose Bay Refuge - Focus Group 3

This focus group comprised three women, namely, Kim, Parveen, and Hana. Each woman's story will be presented in turn.

#### 4.2.1 Kim

Originally from an Irish city, Kim arrived from Ireland to a North West refuge three days prior to taking part in this focus group. As a mother of four sons, this was not Kim's first experience of a refuge, having experienced refuge life in another English city, and also back home in Ireland. Her previous refuge experience was not a positive one:

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*...the kids fought over tellies, adults got into arguments over kids arguing, and adults tearing the hair out of each other like kids arguing, you know, it's supposed to be a safe place. They've come from a violent background; the kids don't need that, they don't need that...*

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Thankfully, she seemed quite settled in the current refuge, due to it being only quite small, and her children had already made friends with children from other families.

#### 4.2.1.1 Needs of her children

When discussing the needs that she had, she began by stating that her children had “exceptional needs.” Her 7-year-old son had a bowel condition and had been on a waiting list for 3 years; her 11-year-old had dyslexia, but it was her youngest son in particular who had had quite a traumatic and complex start to life. Her son was born 4 months premature at only 1 lb 9 oz, needing to spend 7 months in hospital. He had bleeds on both sides of his brain as well as needing heart surgery; at 3 weeks old, he required laser treatment on his eyes as “the stems on the back of his eyes were, were gonna burst.” He was left with chronic lung disease as a result of being on a ventilator for so long: “It was keeping him alive, it was killing him (sighs).” Now at 5 years old, her son had behavioural issues, struggling at school with poor concentration levels and unpredictability. She also disclosed that he was sexually abused by her eldest son, and that the realisation that this had begun over two years ago was only discovered a few weeks prior to her arriving in England. This dispelled Kim’s previous belief that the abuse had happened on only a few, more recent occasions. Her eldest son was in the care of social services back in Ireland, as Kim did her best to get him some help after the sexual abuse had been revealed.

#### 4.2.1.2 Getting to a refuge

Getting to the refuge was an incredibly difficult, upsetting, and heart-breaking time for this family. They arrived in a city in the North West of England, living for over two weeks in a number of different hotels before a housing association would help them. She described the housing association as having little empathy for their case, stating that they said, “We don’t care why you’ve left; go back to Ireland.” Kim had arrived in England with enough money to feed and clothe the children for a month; however, when the housing association realised that she had money, she was told that she would have to pay for her own hotels. The money quickly disappeared, and she therefore had no money for food or accommodation:

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*...we ended up going to the police and we sat in the police station in Liverpool for 4½ hours one day cos we had nowhere to go. So we sat there for 4½ hours until Liverpool social services agreed to put us in a hotel out near the airport. They said that they’d have a social worker there the next morning before 11 o’clock, cos 11 o’clock was kick out time. We were left sitting outside the hotel until half past 6 in the evening. The kids had no food, they were so hungry, they were crying, erm, and then they sent a taxi about half 6. I mean the kids didn’t get anything to eat until 10 o’clock that night from 10 o’clock the night before.*

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Stating that she felt her case was too complex for the different local authorities, she provided another example of the difficulties she had when she attempted to get a prescription for her anti-depressants and anti-anxiety tablets. She waited for 3 hours in the local town hall to speak to a social worker; meanwhile her children were hungry, and she was “at the end of [her]

tether.” Eventually, a decision was made as to which local authority would take responsibility for her case, although “it took for [her] to have a breakdown in front of them” for this to occur.

Kim was obviously relieved once she and her family were housed within a refuge. However with feeling safe came another harsh reality: not having any money.

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*We've got no money; the kids aren't in school, so I can't look for a job, but I've got to wait for them to get to school. I'm not entitled to apply for benefits for 3 months, so we have absolutely no money at all. We're dependent on social services for food which curses me as well because I'm normally quite independent ... We've come here with just the clothes on our back; the kids have no clothes. As I've said, my son has that bowel problem, so (sigh) his clothes need to be changed all the time (starts getting upset) ...*

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#### **4.2.1.3 Past history of domestic violence and abuse**

Kim described growing up with violence and being ‘missed’ by social services, even though she would attend school with “black eyes and busted lips” from beatings by her father. She recalled being “dumped” outside the social worker’s office and expected to tell them what had happened without any adult to support her. She rationalised this by stating that she “was one of those cases that just slipped through the cracks.” Kim’s experience of violence at the hands of her father continued up until a few months prior to her arrival at the refuge, except this time the violence was witnessed by her children:

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*He gave me an 8-hour hiding once; me head was open at the back, and you could swim around the blood in me kitchen. All me kids were screaming and begging him to stop. When somebody tried to ring the police, he pulled a knife on them, wouldn't let anyone ring an ambulance for me or whatever.*

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#### **4.2.1.4 Impact of violence upon her children**

Kim spoke with awareness about the impact of having her children witnessing their own mother being hurt at the hands of another, particularly for her 11-year-old son. She feared that this had already had an effect on his confidence, due to feelings of helplessness from not being able to protect her. She then went on to describe how her children were aggressive towards each other and that this could be due to their frustration from not understanding the feelings that they were having. Quite selflessly, she felt that her children needed access to services more than she did:

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*It's like when you're on a plane, ... who do you give the oxygen to first? Do you give it to the child or do you give it to yourself? I failed that question when I was asked that the first time (laughs) but... I'm an adult, like, do you know? As I said, I'm more of a survivor. I've been at this for a long time....*

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The guilt Kim felt about what her children had been through was insurmountable. She described the crushing feeling of guilt, knowing what her 5-year-old son had been through already in his short life:

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*Most of the time I spend thinking, not about what I've been through, but about what they've witnessed. That's the guilt; its mental torture, when you stay in a situation for so long that you feel so guilty that you've kept your kids there for so long.*

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What made the guilt even more unbearable was that her eldest was able to abuse his brother under the same roof as her, and that she was oblivious to what went on:

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*The language that he used to me younger son makes me want to vomit, cos it's like what you'd hear a paedophile using, like calling it things like a game. It just makes me head want to explode; I feel like ripping the skin off my own face because I can't believe it was happening in the house where I was. I didn't even fucking know what was going on - I'm sorry for cursing- I didn't even notice, like, I never noticed (voice gets quieter) ...*

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#### **4.2.1.5 Hopes for the future**

Kim hoped that by leaving Ireland and her abusive past behind and starting afresh in a new location that she could attempt to “rescue” the rest of her children’s childhood. The first step was the refuge, using their guidance and expertise to support her in rebuilding her life.

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*... your head is messed up as it is cos you're there in the first place; your kids are behaving different because they are in a different place. Everything is upside down; you just need someone from the outside to kind of bring you back down to earth and guide you in the right way , to start you off again. You're already starting your life completely different...*

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#### **4.2.2 Parveen**

Parveen had been at the refuge with her three children for just a month. Originally from Pakistan, she had been living with her husband and mother-in-law until she came to the

refuge, escorted by the police. This was Parveen's first experience of refuge life and one that was providing her with much peace in comparison to where she had come from:

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*In this place, erm, no arguments, no kicking, pushing, shouting, swearing, so lot of peace here.*

---

A big challenge for Parveen had been her grasp of the English language, and this was evident during the focus group. She had trouble articulating herself on a number of occasions throughout the session; that said, even with minimal English, she managed to express the story of her past abuse and its effects quite clearly.

#### **4.2.2.1 Reasons for leaving husband**

Parveen was living in her mother-in-law's house, in a small room, separate from her husband. She shared this room with her three children, her children sharing a bed, whilst she slept on the floor with just a pillow. Whilst her husband slept in a king size bed, Parveen described the room she was in as having mice. She attempted to reason with him, but to no avail:

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*You're responsible to give me room. I have 3 children. I live in all house; one room is not enough for me (crying). He never bothered. He is young man; he is 40-year-old man; He can do full time job, but he was doing part-time job. He say, 'I can't afford'. I was saying to my husband, 'I am listening your bad language, I am listening your swearing I am struggling in one small room'. There is a arguments all the time.*

---

What was most difficult for Parveen was the way in which her husband spoke to their eldest son about her and their youngest son: "Your mum is not good woman, she is Pakistani bitch (crying), your brother is stupid. My husband said to my oldest son, 'Your little brother is stupid: hit him, push him, I hate him he's a bastard.'" Her husband had a strong negative influence upon the way the children spoke to Parveen, with the children regularly calling her a 'bitch.' She said she was listening to both her husband and her children swearing at her, and this she described as 'mental torture.'

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*My husband was calling to me, 'You are poo and wee.' I have a 2-year-old daughter. She was calling to me, 'Mum, you are poo you are wee' even she was speaking my husband language. Emotionally, it mental torture. I was thinking, if I stay more longer in this house, I will get mental. I need respect. 'I just need respect please,' I said to my husband, 'Please use good language; if you cannot use good language, please be quiet.'*

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Her husband's presence upon the children was still visible even after they had arrived at the refuge. Parveen's eldest son expressed how he missed his father as he used to be taken to the cinema and for takeaways. Parveen told him:

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*Your dad was hitting me, and your dad was hitting your small brother, and that's not good. My erm oldest child said to me, 'Let him hit you, let him hit Abdul. I want to go cinema.'*

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#### **4.2.2.2 Managing her expectations of the refuge**

Parveen had many negative pre-conceived ideas about what the refuge experience would be like. She feared that she would be unable to settle, making the assumption that she would be moving from one small room, at her mother-in-law's, to another small room in the refuge. Prior to arriving, she had been told that she would have to share a living room with other families, and this worried her as her children were not used to sharing. She also questioned how she would manage in a shared house when having to share communal spaces such as the kitchen and bathroom.

The reality for Parveen, however, was much better than she expected, especially as she felt welcomed by the support workers, particularly as one of them spoke her native language:

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*They all people who give me beautiful smile to welcome to me. They, erm, say to me, 'Most welcome! Happy and welcome! And they introduce to me, 'There's your kitchen, there's your fridge, there's your bathroom, there's your bedroom', so my worry gone.*

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During her month at the refuge, she felt like she was never alone thanks to the support workers, stating, "They are helping me too much. They never leave me alone." The support workers offered her an empathic service, enabling her to share her sadness:

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*They ask me, 'Parveen, why you cry? Why you feel?' When they ask I tell them that's why I'm crying; after telling them I feel much better, I feel light.*

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#### **4.2.3 Hana**

Hana, a British Muslim, had been at the refuge with her 1-year-old child for 4 months; this was her second time at a refuge. The first refuge she accessed was outside of her locality due to there being no space to accommodate her in her local refuge. She was there for 3 months, and being away from a support network, she stated, was hard:



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*That's what made it harder, and that's what made it difficult for me mentally and emotionally because I had nobody there, and I felt ... totally isolated.*

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#### **4.2.3.1 Previous experience at a refuge**

By comparing her experiences in the different refuges, Hana was able to reflect on what her needs had been over the past 12 months:

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*You don't actually know what your support needs are yourself; you're just focusing on what's happened, and where you are at that point ... Personally, I couldn't really think about what I needed to do next and what was, what I could do and what was available.*

---

The approach that the first refuge that Hana accessed took was to encourage the women to decide what they needed, giving them the time and space in which to do so. She reflected that this approach did not work for her, stating that she needed a more direct approach, requiring support to guide her through the required steps and to tell her how and when to do things:

---

*I had no clarity, and so much had gone on prior, it was a relief when you're there that you're trying to untangle the web in your brain, and ..., just make sense of the situation... I've always been organised and meticulous, but it was just different after my experience. I... didn't seem to be able to, get anything, look for somewhere to live, sort out the things that I need to sort out; I just wasn't able to do it.*

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#### **4.2.3.2 Pre-conceived ideas about refuges**

Unfortunately for Hana, after listening to some ill-informed advice from certain professionals and friends, she decided against a refuge as a place of safety before and during her pregnancy:

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*The very close friends that I did mention the situation to, they were horrified about the idea of me being in a refuge. Certain health visitors also said it's a horrible place it isn't somewhere you should even consider.*

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Hana had imagined a refuge to be "like a prison," and "filthy," making the assumption that she would be surrounded by arguing families. Without making any further enquiries, she decided

instead to rent privately; however, this was to be a decision that she lived to regret, saying that renting was a “truly bad experience.” Hana ended up losing not only money, but also some of her possessions due to a “troublesome landlord.” This same landlord was intercepting her mail and revealed her and her new born daughter’s whereabouts to her ex-partner. She regretted acting upon her preconceived beliefs and felt that her recovery had been put back a whole year because of them:

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*When a lifeline was put forward to me to go into a refuge/hostel, I was like horrified at the idea, and I said no. Part of me wishes if I had done that initially, ... my daughter would be settled now; we'd be happy. She's 1 now. I can honestly say that the last year prior to going into the first refuge has been horrific, absolutely horrific, and I wouldn't have experienced all that that I did in that year had I gone straight into a refuge. It would have been straight away me getting the support that you need, the emotional support as well the practical help.*

---

#### **4.2.3.3 Current refuge experience**

Hana expressed nothing but positivity about the service that she was receiving at the refuge where we met. She praised the communal set-up and explained how respectful the families were in sharing different rooms, as well as respecting her Muslim beliefs around cooking meat. She also stated that the refuge support workers did everything they could to provide services, particularly for children, sign-posting residents to other suitable services in the community.

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*They lead by example as well in the way that they behave; they treat children not just as babies, but as individuals the way they speak to them. So I don't really see how they could improve any further to be honest. Erm, it's just being in a refuge gives you the space and that freedom and the feeling of liberation so that you can concentrate on your kids and provide them with the love and care that they need and make sure that they feel safe.*

---

The praise that she had for the support workers also extended to the way in which they supported her in dealing with the shame and humiliation that she felt about her situation, upon her arrival:

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*...felt I could never hold my head up high again, but after a few months of support and speaking to people, I just think I'm not the bad person. I've had counselling with Women's Aid, and you can access that yourself. You just call them up, and they can arrange it and speaking obviously to my support worker and just, just that generally. I've had the*

*benefit of 4 months of support, so I'm now here. I'm ready to move forward.*

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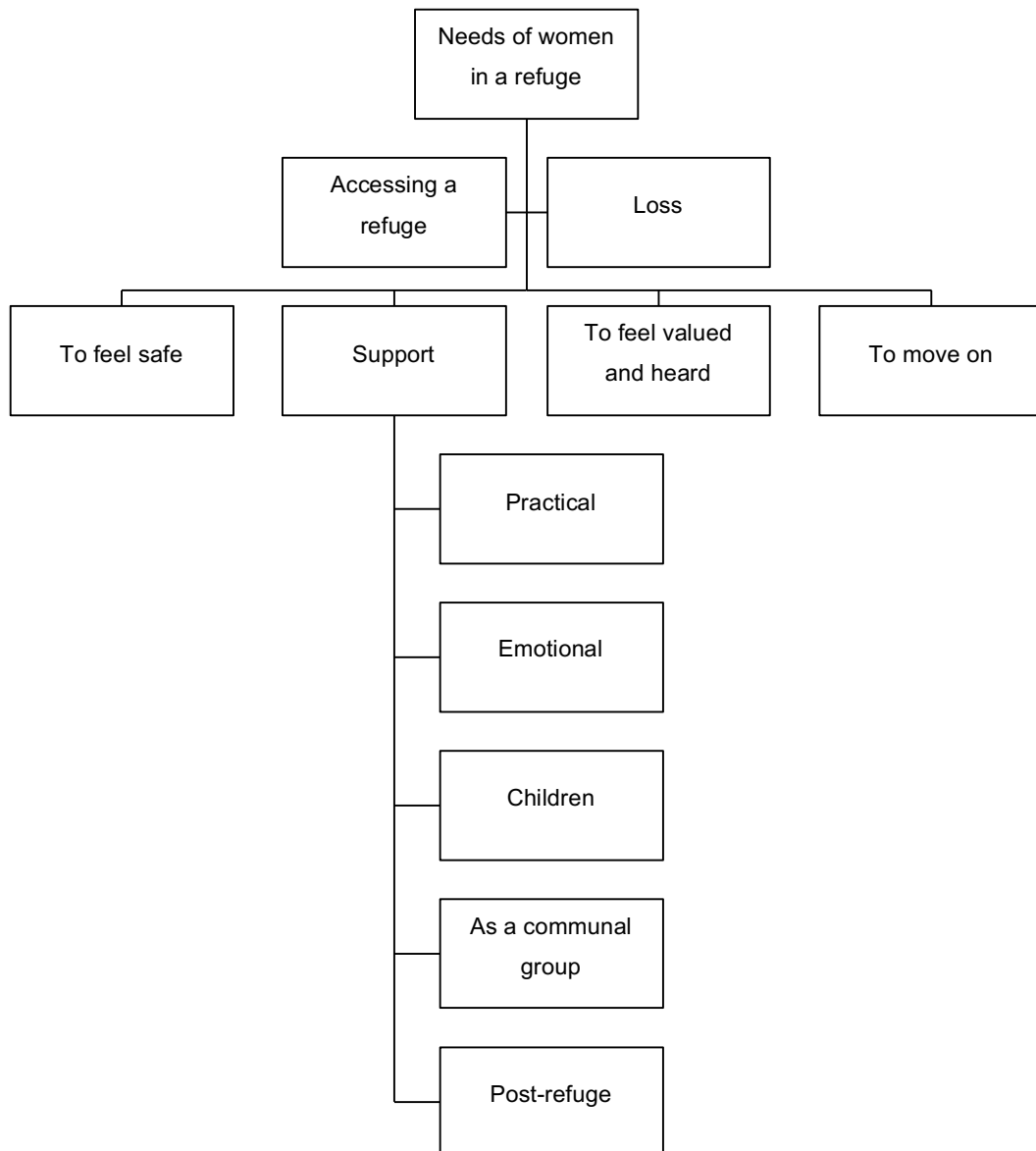
Hana came to realise that in order to move forward and be happy, she had to stop neglecting her needs and realise that they do in fact matter. She said that the refuge opened her eyes to this fact as well as ensuring that she was safe and secure at all times. The feeling of gratitude that Hana felt for the refuge was obvious, as well as wanting to ensure that the essence and purpose of the refuge is protected from people potentially taking advantage of it:

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*You don't want to advertise that refuges are ok because you don't want them to be used willy nilly, and you don't want them to be like a stepping stone for people. I think it'd be hard for me to tell somebody, say, if I came across somebody in that situation, I don't think I would say it's erm ok living, you know. I'd be emphasising the point that it's safe, it's secure, you'll cope.*

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### 4.3 Residents' Perspectives - Findings from Cotton Grass and Water Violet



**Figure 1: CG and WV Themes and subordinate themes**

What follows next is a breakdown of the six main themes that are felt to represent the data collated from both focus groups. An overview of the themes and how they are inter-related can be seen in the diagram above (Figure 1). For the purpose of this analysis chapter, there will be a summary of each theme, as well as the addition of any correlating quotes.

These themes will be presented in the order that actually mirrors the entering and leaving of a refuge and the stages a woman may go through during her journey. The six main themes identified were 1) *Accessing a refuge*, 2) *Loss*, 3) *To feel safe*, 4) *Support*, 5) *To feel Valued and Heard*, and 6) *To Move on*.

### 4.3.1 Accessing a Refuge

The theme of *Accessing a refuge* captures the challenges and difficulties some of the group members reported upon seeking refuge. A point that one resident kept returning to was the feeling that she was not fully prepared for what she might encounter when walking through the doors of a refuge. She was relating particularly to how different refuges can be, and that it is therefore impossible to prepare for them:

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*There's no preparation for going into a refuge (.) We're coming very much from quite possibly being isolated ... and the fact that you've taken that incredible courage to actually leave, or you don't know what's going to happen to you, and that is obviously one of the most dangerous times to go ... and the other factor is that ... the refuges are different all over the country ... You've got ones, self-contained environments, and others where you completely share, and you don't have no idea until you get there cos if you go onto the Women's Aid site and look at refuges, there's no explanation...*

---

Due to the many steps that need to be fulfilled prior to entering, the same group member described the process of finding a refuge as “walking from one nightmare into another.” The residents are aware that these steps are required due to the security measures that are in place to ensure refuge locations cannot be identified and remain “a hidden thing.” However, one thing is certain: residents would prefer a refuge that is close to their family and friends,

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*You want to be tucked away somewhere so you're safe but you don't want to be miles away from your family.*

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Regarding remaining close to family and friends, the reality is that it is not always possible. As one resident states:

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*That's where I'm at at the moment cos I'm quite a long way away, and why should I have to uproot (.) I'm really angry about it, to be quite honest with you, why should I have to rebuild my life away from my friends and my family because of what happened?*

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Being uprooted and re-located away from social networks, jobs, schools etc. is what the women in these focus groups often described. Any alternative, which only one resident brought up, was not something that was widely discussed or even known about:

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*The thing we're not talking about any of us is ... Why is it that erm we're the ones that have to come into refuge? I mean, there should be a lot more support in keeping us in our own homes (.) and evicting the perpetrator.*

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This group member continued by stating that there are organisations in parts of the country attempting to support women remaining in the home as opposed to fleeing, but whether you receive such a service is a “postcode lottery.”

Within this theme of *Accessing a refuge*, the women are demonstrating the need for more consistency in the way in which spaces are filled within refuges. The locality of a refuge was felt to be very important for many, particularly in relation to family and social networks. Women also felt the need to be more prepared upon arriving at refuge, feeling that services could do more to ease the transition.

### **4.3.2 Loss**

During the analysis process, the theme of *loss* was apparent throughout both focus groups. What was evident about this theme was the impact that loss can have on a woman's identity. Sitting within a homogenous group of refuge residents and ex-residents, it is easy to overlook the magnitude of what these women have sacrificed and lost in order to survive. The following extracts show the lengths they have to go to in order prevent loss as well as the impact loss has on the stages of survival:

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*My mum's got a big shed in her back garden, ...cos last time I left him, he took everything out of my house, like even the light bulbs, and I mean everything, so this time I made sure I didn't lose it again cos I didn't want to start again (.) So I made sure my mum emptied that thing. She decorated it for me; she put all my stuff in there...*

*...we have to deal with many, many issues - much loss (...) tremendous loss, not just about things, but ourselves as well (.) and then when we're coming in to the environment that we come into again, we have to basically survive, and we've spent many, some of us have spent years surviving, and you're surviving again until the next stage when you feel that maybe you're going to get your own place where you can actually begin to pick up again, and you maybe can relax ...*

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These things that have been lost include homes and material possessions, such as furniture, keepsakes, and clothes etc., but for the women, they were more concerned about their children and how this loss may affect them:

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*R: to try and explain to a child that you're not going home again/  
R: you're not having your toys back.  
ER: yeah, that this is it now, is really hard yeah if you've got a 5 or 6-  
year-old, and you're trying to explain that to a 5 or 6-year-old*

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From a child's perspective, they do in fact "lose everything," being "taken from everything they know," which includes, in some cases, their fathers.

One resident described having lost custody of her daughter, due to being in a refuge:

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*Yeah, I actually lost my daughter from being in refuge (.) cos ... I've got two children. My little boy lives with me, and I've got an older daughter, and her dad wasn't the perpetrator, and he turned around and used it 100% against me that she was not safe in refuge (.), that refuge's a bad environment, that I'm a bad person because I fell for all my ex partner's lies ... (.), and I actually lost her, and I got to go court next month to try and get her off of him, but if I have got until the 17<sup>th</sup> of September to get out of refuge and in a house and social services are saying that the house needs to be fit to children's standards which means carpeted and painted (.) how am I meant to do that in a month?*

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There is probably more to this story than what she described, but the fact is, at that time, her daughter was no longer living with her.

The lasting effect of the impact of domestic abuse was described by an ex-resident who had left the refuge several years prior to the focus group:

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*I mean, my son is 23 now, and it has had such an effect on him; he had already moved away and (.) to uni and what not years ago, but it has still had such an effect on him because he said all this happened he was insulted, he's lost his home, he's lost his all his environment, that he's not got a home to call his own anymore.*

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The theme of *Loss* captures the impact that loss can have on women and their children, and how this manifests itself into a practical need in replacing what has been lost, and the emotional need of managing this process.

### **4.3.3 To feel safe**

At the start of both focus group sessions, when the initial research question was posed, feeling safe was the main 'need' that was mentioned first. This was not surprising, as quite simply, a woman would not flee her own home to live in an unknown property unless she felt unsafe. What appeared surprising was how little data there was available about the importance of their safety, and how safety may be experienced in a refuge.

Part of the process of keeping women safe when they first enter a refuge is to carry out a risk assessment; however, one resident described this as a barrier to leaving the refuge quickly, and as a loss to their autonomy:

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*There's another reason why we don't get out of refuge so quick as well because they tend to do, what is it that thing they do? A risk assessment! They do it every so often to see if you can move on (.) We know whether we can move on or not, you know...*

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Another resident drew a parallel between being controlled in an abusive relationship to the boundaries and systems within a refuge, although she did concede that ultimately the refuge is the safest option.

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*R: We've come from domestic relationships where we was told do this do that, and then we went into refuge and there's been (.), not bullied, but like constantly told to do stuff again like that.  
I: But so this comes back to what would you prefer?  
R: Obviously being in refuge is the safer option (laughs).*

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A resident, who moved to the refuge from outside of the local area described the difficulty her own mother had in accepting the fact that she was moving into a refuge:

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*This place is really safe as well, which is really comforting knowing that cos when I moved in, my mum ... felt like she was abandoning me, but the staff were there to reassure her that she's doing the right thing, and it helped her loads (.), so ... it didn't just help me and my child, but it helped my family as well to understand, Look! She's in a safe place, and it was really comforting for me just to know that everything's alright...*

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Within all refuges, there are safety systems in place to secure the buildings and to protect the residents. These systems are not completely infallible, however, as one resident explained:

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*R: There have been times when people have actually pushed the panic alarms, and it's been like nearly an hour before people have come out, and that scares me thinking if you press it for a resident that's already in here that's causing harm to everyone, but then what I think to myself is, ... like if my ex-partner was breaking in we press that panic alarm/  
ER: That's when you ring the police as well  
R: ...the police took so long ... it took so long. Honestly, it took so long that we all kicked off about it cos how long it actually took and if that was our ex-partners then...*

---



What this extract highlights is that how safe a person feels within a refuge can depend on the past abuse that they have experienced and how fearful they are of being found.

The theme *To feel safe* is the assumed primary need of every refuge resident. Some of the women within the focus groups however, felt that the systems and the procedures within the refuge felt quite restrictive. On the other hand, one resident felt that the systems were not secure enough. What the data highlights is that the level of safety a woman feels within a refuge is unique and wholly dependent on their individual circumstances.

#### **4.3.4 Support**

Of all the themes identified across both focus groups, *Support* was the most dominant one, and for that reason, it will be broken down into five subordinate themes. This theme as a whole represents the tireless work that the support workers provide as part of their role within the refuges, highlighting the breadth of support that they offer the women.

##### **4.3.4.1 Practical**

*Practical support* in the context of a refuge can be provided in a multitude of ways. When a woman enters a refuge, an assessment is usually made based on the level of her risk, but also on her practical and emotional needs. Practical needs can vary from person to person, dependent on, for example, if they have children or not. Support and guidance is offered for filling out housing and benefits forms, applying for schools, and registering and sign-posting to different services etc. Residents are not always aware of the steps that they need to take, which is where the support worker's role comes into play:

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*R: Just the knowledge of the staff, I mean, when I first came here, I wasn't in any state to want to do anything, or I just know you've got to fill this form, and you've got to do this, and somebody to tell you do that, and when you've got to do it by because your head's all over the place so ... focusing your attention and what needs to be done...*

*I: Cos do you know what needs to be done?*

*R: I had no idea.*

*R: I didn't know what I was entitled to and what I wasn't, so just being guided through that for me was really helpful; I didn't know where to start.*

---

This subordinate theme represents the level of practical support that is needed whilst in a refuge to carry out tasks which are essential requirements, and without which, basic needs would not be met.

#### 4.3.4.2 Emotional

Within a refuge environment, it would be difficult for the support workers to offer the residents practical support without offering them *emotional support* at the same time. The previous extract suggests how vulnerable some of the women can be when they first arrive at the refuge due to the varied and complex nature of the experiences they have had. If the women are coming from the local area, then emotional support might also be available from friends and family; however, if not, the support workers will also offer and support this need.

The extract below shows why emotional support is needed, particularly when self-motivation can be low, and the desire not to speak and hide away from others is strong:

---

*R: ...Reliving all of it and when you get questioned asked like how you're feeling and things like that ... I just want to go into my room and hide and not speak to anybody*  
*R: There's no motivation; ... it's very difficult some days are better than others there's things going on ... like court again...*

---

Wanting to isolate one's self from the world and not face the enormous task of rebuilding a life is understandable, particularly when faced with the frustration of services that appear not to be communicating with each other:

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*R: In Samantha's case, she's got three children, and it's just so much pressure on her; she's trying every which way to try and get help through the social services through what's on offer through Women's Aid, through absolutely everybody... She's getting told nothing.*  
*R: Well, I'm chasing social services to chase housing, and then I'm chasing Women's Aid to chase housing.*

---

A few residents, however, discussed that the level of care they received from the support workers was not always consistent:

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*You go to the worker that's there, and you're not understood.. You've all got your different issues for being there (.), but then the level of care that's given by the care worker isn't consistent (.). You know, you can say you feel ignored, you're not heard (.) Jane can go to (.), and she's listened to and gets all the help and support (.). Sometimes, it gets frustrating ...*

---

One resident suggested that this inconsistency may be because the support workers are overburdened by the intensity of their role, and that this can have a negative impact on them, in which case, some residents choose not to share anything:

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*R: ...I can sit there and tell her 5 minutes of a story, and she can burst into tears. The amount of times she's ended up crying cos they are human beings .../*

*I: So does that make you think then well I better not say that then in case/ (several voices talking over each other)*

*R: I don't tell anyone anything*

*R: You've got a lot of people there's 5 people in our house if our house is full (.) you don't get time to sit there and talk cos you've got appointments here there and everywhere and the support workers not there anyway cos she's busy doing other things.*

---

An opinion that one ex-resident shared was the emotional support she gains from accessing the coffee mornings that were arranged at the refuge where she had lived. She gains support from those that have shared similar experiences to her, and also a sense of companionship:

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*Everyone says to me, ... the ones that have left here and don't come back, they'll go why on earth do you go back and I'm like cos it's my social life it's the only bit of friends I've got ... (laughs) I'm home all week I don't have friends so come Wednesday it's like ooh ... and no one's judging cos we've all been there and I think it's hard when you've come from a different area ... cos you're totally on your own you've got no friends ... got nothing you've come miles away...*

---

This subordinate theme demonstrates the *Emotional* support need that women have within refuges. The emotional support needs that women have are complex and varied, but the data shows the type of support that is required, particularly when understandably moods are low and the urge to isolate one's self away from others, is high. One can also interpret from the data, that women need a consistent approach to the emotional support that they receive, from a support worker who they feel is resilient and able to manage the stresses of their role. A resident also commented on the capacity of the refuge as a communal group to meet an emotional need, particularly in creating social networking opportunities.

#### **4.3.4.3 Children**

CG spent the majority of the time discussing the needs of their children and how these have been or could be supported within a refuge. The former residents were able to offer a historical perspective regarding what support their children had received when they had been residents, some years ago:

---

*...and when we first came, there was actually a child support worker as well which really helped with mine, even though she was a bit older she worked wonders with her.*

---

The children's support work, which had been available some years ago, arranged activities for both the children and their mothers, providing some additional structure for them, which was useful for when their motivation was low. As one resident commented:

---

*I didn't know where to start, where I could take him, or what I can do, but there was things for that day when you can't even engage with anyone or get out of bed.*

---

Another suggested that such activities for children were required as a way of demonstrating an understanding of their needs since they had also been victims of abuse:

---

*Cos they've left everything that they've known behind as well, ... so it gives them something to distract them as well and make them feel ... worthy. Cos they've been abused as well haven't they..., not just the adults.*

---

The residents believed that having children's support workers onsite may be a way of combatting the lengthy waits that they have to endure to get any additional help for their children. In reality, however, the majority of the women who spoke about their children reported feeling helpless in knowing how or what to do to help them. The main concerns discussed included concerns for the children who had witnessed abuse, but also for those children who had not:

---

*The children pick up on the isolation, like of how the mum's feeling, and it tends to rub off on them as well... It's hard for you to talk to your mum about those things because you know how much of a sore subject that it is.*

*It's harder for the kids who haven't actually seen it or heard it as well, cos all of sudden, they've been ripped apart from their dads or whatever, and then they go like hang on why, for the ones that don't see and who don't understand why I think it's harder for them really as opposed to the ones who have seen it because they know there's a reason, but when they're older, they can see it; they know there's a reason, but you know, for the ones that don't hear the arguments or see the abuse or anything, like, that is hard for them. It's hard for them to understand, 'Well hang on a minute! Why are we living in this hotel now?'*

---

Some believed that counselling would offer an outlet for their children, not only in order to have somebody neutral to talk to, but also as a way of preventing any future difficulties that may emerge:

---

*ER: Well, mine are getting the counselling now, but if they'd have got it when I was in here, I wouldn't be facing the troubles I'm having now with them on my own, which is causing stress for me .../*

*I: What do you think counselling does for them then?*

*ER: It explains to 'em*

*ER: They don't want to confide in mum, cos mum's gone through hell anyway; the last thing they want to do is hurl all their problems on mum's shoulders...*

*R: They're scared of hurting you aren't they my daughter says there's loads that she doesn't tell me and she doesn't have counselling cos we can't get anything ... she's scared that if she does I'll be upset/*

*ER: And the last thing they want is to upset mum and to see mum crying*

*ER: They've seen you upset enough.*

---

What did come across is how having children in a refuge is a protective factor to survive and keep fighting:

---

*The only things that keep you going is your kids because if you don't, you just think, ah do you know what fucking can't be arsed anymore...*

*The people who haven't got kids that have to put themselves first I think it's hard cos it's quite easy to kind of think right that's my kid I love them to bits I'm going to do everything I can in my power to get them better if you've not got a child and you've got to do it for yourself it's I think it's, it's still hard but when you're doing it for your kids...*

*ER: I've often said without my kids, I wouldn't be here*

*I: So your kids are your protective factor?*

*ER: You've got to think of them before you think, 'Well, my life's crap. I don't want it anymore!' but you think, 'Well, they do want me, they do need me ...'*

*ER: I came to the refuge because of my child; if it hadn't of been for him, I probably would still be...*

---

What could also be suggested is that focusing on the well-being of their children, as opposed to their own emotional reality, could be an unconscious way to avoid and distract them from thinking about their past trauma. An ex-resident suggests as much in the following extract:

---

*I've spent 2½ years focusing on my son's needs, and I'm getting to the point now where I've not focused necessarily as much on my own, and I'm feeling all of a sudden really quite vulnerable again, and I hadn't felt that ... He's going to be 6 in December now, and he's starting to get his*

*independence, and I'm feeling a little bit lost ... You've not got that whole focus anymore.*

---

The needs of the *children* were enthusiastically communicated from many of the group participants. These needs varied from discussions around the need for more children's services to be employed within refuges, such as children's support workers and counsellors. The participants talked about children being a protective factor within refuges, and how helpless they in fact felt in not knowing how to help them, particularly as they had also been affected by DVA.

#### **4.3.4.4 As a Communal Group**

Communal living in a refuge is not for all, particularly when stories of conflict, theft, and violence were described by the group members. What was clear, however, was the emotional and practical support that can be encountered from living together as a group:

---

*You know everybody here you know they are in refuge you know we all stick together because we've been through it...*

*If you're in a refuge and you've got a really good click with all the girls, the refuge is the best place to be...*

*We used to sit in coffee morning. We used to talk about how we all used to sit in our rooms and do nothing, so we just all sat there and planned it out and what we were going to do on such a night, we were going to get this film and it's what we did.*

*I was here for 6 weeks, and I didn't know another soul, and I just come to one coffee morning cos the staff said, 'You need to come down for coffee morning' ... I was like, 'Where's all these people come from?' (laughs) I didn't even know they existed, but then I just got chatting ...*

---

A participant from WV who was a resident in a specialist drug and alcohol refuge, described how her experience of communal refuge life was very difficult, mainly due to the presence of alcohol on the premises and the impact that this could have on her recovery:

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*I couldn't go into any refuge other than the one I went in around this area cos I drank every day even though it wasn't a problem, and well, it kind of was. I binged couple of times since I've been in there, and now I've been there 9 months, and I'm out the other side, and you've got people coming in drinking ... Everybody's got sympathy for them, which I get because they're new in, but they don't understand that I've had a drink problem.*

---

During the analysis of these two focus groups, the interactions and responses between the group members were nurturing and respectful. The presence and input of the ex-residents in

CG seemed valuable, as they spent time clarifying and dispelling any misconceptions to the current residents and describing what various different services could offer. Most compelling, however, were the messages of hope that the ex-residents offered, acknowledging and validating how tough refuge life can be initially, but that eventually, “You find your own routine.”

This theme represents the communal support that is valued within refuges, that was communicated by former residents upon reflecting on their needs.

#### 4.3.4.5 Post-refuge

Post-refuge support was a contentious topic within both focus groups, and for that reason, in order to provide greater context and detail, this sub-theme will be discussed within the main theme *To move on*.

#### 4.3.5 To feel Valued and Heard

The 29 women who turned up for the two focus groups was a far greater number than anticipated. In fact, the logistics of facilitating so many group members was a concern at first. What emerged, however, were two passionate, honest, and frank discussions about what the women felt they needed from a refuge. Being able to air these thoughts seemed to be quite a cathartic experience for them:

---

*I'm glad I sat in today on this because it's made me feel so much better today because I felt like I was the only one who was going through (.)  
You know, although we're all going through it...*

*R: I think there should be more of these (.)*

*R: Yeah!*

*R: Yeah!*

*R: Yeah so do !!*

*R: I do because, honestly, it's a weight off your shoulders.*

---

Feeling valued and heard is something that some of the women felt is missing from services both internally and externally to the refuge. One resident expressed that she felt that she could not complain about how she truly felt to the refuge for fear of being judged:

---

*Because refuges have took me in and helped me out so much, you feel that you can't complain about anything, so you don't... We can't help ... what we've been through, but we still getting judged; it's just horrible.*

---

Housing associations and the police are the services that received the most complaints from the women for lacking sympathy and understanding in relation specifically to what a woman who has experienced domestic abuse may need:

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*R: Mine was mental, then it turned sexual ... The answer I got from the council was, 'Well it couldn't have been that serious, so you might as well go back home (.)' There was no sympathy; there was no understanding.*

*R: I saw the same guy at the council that she saw ... It was the police that put me in the refuge. I didn't refer myself; I didn't want to come, and I got the same answers from him: 'Can you not go back to your house?'*

---

A conversation was also had about funding in relation to what support the local authorities provide refuges. One resident stated that rather than being listened to effectively, they were sent to 'Mind', the answer from her perspective being that the local authorities should be educated around domestic abuse to increase their understanding:

---

*Also, Mind it's for people you know who've, what's it called, mental health problems. Everybody gets sent to Mind ... We don't need to go to Mind ... There's nothing wrong up here, you know, it's, we're scarred ... because of what we've been through ... No-one is listening properly. The local authorities, they don't do nothing ... This should be ... made aware of, and it's not, and it makes me really angry, the fact that you know I will move on, and there'll be other women going through the same thing, and there's no change; it's still the same.*

---

The feeling of not being respected and valued is one that the women struggled to admit to for fear of sounding ungrateful especially as the refuges have offered them a lifeline. As one resident explained:

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*I'm grateful for absolutely everything. I thank God for the things that I've got, the possessions I have in my life now... but ... I walked away from thousands and thousands and thousands pounds' worth of stuff (.), and I'm the one being persecuted for it.*

---

A former resident described an account of the refuge being willing to offer her support, even though it was a few years since she had been a resident.

---

*I had a problem, and I didn't really know what to do, so I just came in and spoke to Rose [RSW], and she was like, 'Right, let's sort this out!', and we got to the bottom of who I needed to get in touch with and went away and sorted it out ... I know that as long as I need that, I can come and ring that bell and that there'll be somebody there to help me.*

---

What the above extract suggests is that the refuge will offer an unconditional service to all residents, by hearing their stories, offering advice, and demonstrating that whoever walks



through the doors will be valued. The extract below shows how a former resident was made to feel valued from a subtle demonstration of thoughtfulness:

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*When I came in March, there was the Mother's Day and I went up to my room, and there was a little box of chocolates there and a few little flowers, and I thought that was really sweet (.) - just little things like that you think...yeah, all those little tiny things make the world of difference.*

---

The theme *To feel valued and heard* is an intrinsic need that was communicated throughout the data. Firstly, the participants encapsulate this theme merely by their presence within the focus groups and secondly, through what they directly communicated. The women spoke about the importance of feeling valued both internally and externally to the refuge. Specifically, feeling valued and heard from representatives of the local authorities and housing associations was essential, and this they felt could be achieved if there was more understanding about the intricacies of DVA and its affect on women.

#### **4.3.6 To Move On**

From carrying out the analysis, 'moving on' from the perspective of a woman in a refuge can mean a few things. From a practical point of view, moving on literally means just that, to move on into their own properties. From an emotional point of view, it can mean moving on from the abuse and putting it to one side or attempting to forget about it. It could be said that the ultimate goal of each resident is to have their own home again and for this to happen as quickly as physically possible:

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*You can be in refuge for too long and that you do need to move on; you do reach a stage when you're ready for your own four walls, your own front door key.*

*I think that ... everybody reaches a stage where (.) they need, they need to move on- not they're ready; they need.*

---

The task of moving from the refuge brings up many practical issues, such as having a suitable vehicle available to move personal items into the new home, or furnishing a home on a limited budget:

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*But when you're actually coming out, basically, there's very little support ... (.) You've lost everything you've had to give out everything ... to actually survive, and then you're gonna have to have second-hand white goods, second-hand furniture, second-hand, everything's gonna be second-hand, second-hand, second-hand; it's like you're being beaten*

*again and again and again, and all we wanna do is be treated like as human being...*

---

Moving on from the refuge also means moving on and trying to 'forget' the past abuse, as living in the refuge only acts as a reminder of what they have been through:

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*...want to move on and try and forget what we've been through and how it's affected each and every one of us...*

*It's very difficult trying to put the past behind you and move into different ... where you're safe you know you've uprooted everything's so different*

---

From an emotional point of view, moving on also means rehabilitation, which is not always expected when women move into refuge:

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*I've done things, I've done CBT and done the Little Books and had counselling, which has all been really positive...*

*There were some courses or like groups ran by the office or outside the refuge; they were very, very useful, like the Freedom programme ... but other courses were very useful, like employment ... for single mums.*

---

One former resident commented how she had learned many skills during her time in the refuge that she had not realised she had gained, until she had her own property to look after, stating that this realisation made her "feel very, very strong."

Having the perspectives of the former residents in the focus groups was a stark reminder to all that 'moving on' from a physical point of view does not guarantee happiness. One former resident started crying after admitting that two-and-a-half years after leaving the refuge, she was lonely. Another shared her sadness when the support she assumed she had from the refuge was no longer available:

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*A while ago, I wasn't very good and, one of the trainees said, 'Come in for an appointment!', and then I got a phone call the day before saying, 'No, you can't come in for an appointment cos you're not on our books and ... we don't get an allowance for you anymore,' and I was down there (.), and I'm sitting counting the pills saying, 'Who the (.) cares about me anymore?'*

---

There was a heated discussion about whether it was the responsibility of the refuge to support the women once they had left the refuge and moved into their own property. One of the focus groups, at the time of recording, had floating support, whereas the other group, due to

budgetary constraints, did not. Although the group who still had post-refuge floating support had a reduced service (reduced from 18 months post-refuge support to 6 months), they could not speak highly enough about it:

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*Once you've moved out ... there are too many things around the corner just coming unexpectedly to you ... I was in the middle of loads of problems, and I really didn't know where to go or what to do. When I had my floating support, it's like a very good guide guiding me through where to go, what to do. It was brilliant and helps you to cope ...*

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Having an immediate link with the refuge and being able to speak to someone without having to repeat your story is something that the women value:

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*Because sometimes, you're having to start again with a new person so have to explain yourself all over again, and I feel like I have to do that constantly. I don't want to have to go through this. I'm 2 and a half years on, and I don't want to have to start dredging it all up from the past again ... Starting again is ... horrible cos you have to go over stuff that you've already gone over.*

---

For the group that did not have floating support, there were concerns:

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*I moved out about 3 months ago ... I was assured that there was all this support out there and all that blah blah... fantastic... I went from day to day to day. I did know nobody. I've got no family, no friends, completely alien place, and time went on and on and on; that isolation grew and grew and grew, and ...that's why I'm back in touch with Women's Aid right now. That's why I'm here today.*

---

The benefit of having the perspectives of the former residents during these focus groups highlighted the fact that although the ultimate goal of moving on is the process of moving out, you may still feel vulnerable some years later. The advantage of having access to post-refuge support, specifically from the refuge, is that you will be communicating with somebody who knows your story or who can at least offer you some empathy and understanding.

The theme of moving on is important to highlight as this is a fundamental need of every woman who enters a refuge. Moving on is multi-layered and a potentially lengthy process, involving practical and emotional resilience to facilitate the transition into the community. This transition is non-linear and requires the support of services to complete the move. One of the services that was classed as invaluable during this process was that of the post-refuge service - floating support.

## 4.4 Staff Members Perspectives - Findings from Interviews

As the focus of this thesis is on the needs of women in a refuge, the focus for the majority of this chapter, therefore, has been on the voices of those women. However, this next section will present the main findings from interviewing three staff members from the WV, the Women's Aid head office in the South of England. The two themes that were chosen from each staff member are felt to represent the second research question, in identifying what the workers felt women needed from a refuge. These perspectives offer an alternative viewpoint, which is particularly poignant, against the backdrop of austerity measures that had been implemented at the WV service.

The table below shows an overview of the 11 main and 8 subordinate themes identified, with the themes in **bold** being the ones that will be focused upon in this chapter.

**Table 3: Staff members: Overview of themes and subordinate themes**

RSW		IDVA		Manager of Women's Aid	
Main theme	Subordinate theme	Main theme	Subordinate theme	Main theme	Subordinate theme
Support	<ul style="list-style-type: none"> <li>• Practical</li> <li>• <b>Emotional</b></li> <li>• Children</li> </ul>	Support	<ul style="list-style-type: none"> <li>• <b>Practical</b></li> <li>• Emotional</li> </ul>	Support	<ul style="list-style-type: none"> <li>• Practical</li> <li>• Emotional</li> <li>• <b>Post-Refuge</b></li> </ul>
Safety		Safety		<b>To be understood</b>	
To feel Believed		<b>Impact of Financial Cuts</b>			
<b>To engage</b>		Interventions			
Interventions					

### 4.4.1 RSW

#### 4.4.1.1 Emotional Support

*Emotional support* is what the RSW initially referred to when asked what she believed the main needs are of women in a refuge. In the following extract, she acknowledged the need for emotional support, whilst stating that this support needs to be empathic.

---

*... they come in crisis mode; you're very much dealing with their emotions at that time ... It's that kind of empathy that's really required when they first come in.*

---

The RSW stated that when the women come into a refuge in 'crisis' mode, their focus is not always on their children; she saw her role therefore as being responsible for "altering of mind-sets" to get the focus back on the children.

---

*Well, when they're in crisis mode, it can be very much ... children crying, mum's distressed and anxious and stressed, you know, it's all heightened ... They're very much, it all sort of becomes about them because they're dealing with all these emotions, and I'm not saying they're neglecting in any way the children, but it's kind of saying well the kids have been through that as well, so let's kind of have a bit of time and focus on them ... cos it's up here, you know, really high and sort of we want emotions down as much, well, as much as possible...*

---

She went on to clarify that one way of enabling the children to be 'distracted' from the heightened emotions of their mothers is by working alongside the Children's Support Worker:

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*...at the time of admission, we can deal with mum, and they can almost distract the children and have that bit of a break.*

---

The RSW also suggested that the safety of the residents can be put at risk due to their emotional state and vulnerability, which leads to poor decision making. She explained that she has to work hard to strike a balance between guiding and empowering the women to make independent choices, as opposed to doing everything for them. Having an awareness of where the women have come from in terms of their DVA experiences is important when providing emotional support to residents.

---

*...if again in that situation they've been controlled for so long they kind of want that reassurance, they need someone else to do it because they don't trust their own judgment on things, ... you've got to be quite careful in how - you know - not to control and not do everything (.) and to empower, but at the same time, to do it in a way that they're not overwhelmed - you know - so those little bits at a time.*

---

The *Emotional Support* as described within this theme captures the level of need that the RSW believes women require upon arriving at the refuge. She describes the women as arriving in a heightened state of crisis which implies a certain level of emotional need and empathy that is required. Emotional support is also required from other services within the refuge such as

from children's support workers. By the children's support workers offering a service to the children, it enables the support workers to focus on the emotional needs of their mothers. The RSW explained that a balance was required between empowering the women to become independent without overwhelming them with the required tasks.

#### 4.4.1.2 To Engage

This theme is one that is quite contentious, as it sits alongside rehabilitation and the assumption that there is rehabilitation to be done once you become a resident in a refuge. The RSW spoke about the reluctant residents, who come into refuge not wanting to engage in the support that is available. She had theories as to why some women may not want to engage:

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*...the ones that are told they need to go to refuge by social services ...  
'Who are you to tell me what to do? I mean ... advise me what to do or  
tell me that I've got to go and do this or this is what I need to get done'*

---

She explained that it takes time to break down the barriers that some women have, particularly for those who feel like they are being 'interrogated.' She gave an example of someone she was working with at the time of our interview who would "only come when she needs something as opposed to really engaging."

Engaging with support staff and focusing on why they are there seemed to be an expectation of the refuges' residents. The RSW explained further:

---

*I always say it's a place of safety it's somewhere that's secure (.);  
however, it's about ... to sort of (.) focus on what you've been through  
and attempt to sort of recover from that to have that period that you're in  
refuge in order to do that and to do the Freedom programme; alongside  
of that, there's a lot of learning that can come from that.*

---

The same type of engagement in a resident's 'recovery' is encouraged by accessing interventions such as the Freedom programme; "getting them to want to do that," along with other short courses, is thought to help them move on.

The need *To Engage* in support services within the refuge in order to recover is captured within this theme. The RSW stated that by focusing upon what brought the women to the refuge, along with attending interventions such as the Freedom programme, can help women recover and move on from the experiences that brought them to refuge in the first place. She stated that some of the women however were reluctant to engage in the support available.

## 4.4.2 IDVA

### 4.4.2.1 Practical Support

The order of the answers that the IDVA gave to the research question reflects the order in which the women gave answers to the same question; from her perspective, safety, followed by emotional and then practical support were the most important needs of women in a refuge. To meet their immediate and long-term housing needs, practical support is something that the women require as soon as they enter a refuge. Any kind of practical support in planning for the future is assessed thoroughly by raising their awareness of any potential safety concerns to ensure that the women are guided towards making decisions that are safe.

The IDVA acknowledged that supporting the refuge residents with any kind of practical issues, for example, budgeting, parenting, and finding new accommodation, can also meet an emotional need. She believed that there is an overlap between practical support and the emotional impact that can ensue:

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*...having support worker there, they can go to them and talk to them and ... getting support around the practical side of things that can meet an emotional need as well so they're not alone; they can talk to somebody ... with domestic abuse, it really erodes people's confidence and self esteem cos they're always told that they're not worth anything ... just to have the support worker at refuge ... and to be able to realise ... they do matter and they are important and start to build that up...*

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On a practical level, support workers are able to highlight to the residents the benefit of refuge life in terms of the usefulness of some of the transferable skills that they will gain:

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*...being in refuge ... actually treat this place as you would your own home ...one of the things could be around cleaning ... think about how you would like your own home to be or... with budgeting ... you've got your rent, you've got this in your own ... let's use what you need to think about in refuge ... to be a way to look at it now, and then you can apply it when you leave ...*

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The IDVA stated that when certain practical needs of the residents, such as specific resources or equipment, are not available at the refuge, there is an application request process carried out to the team responsible for the budgets. She also described what they have to do should an application request be rejected:

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*...try and think of other ways where we can still ... provide an effective service and supportive service for people (.) ..., one of the resident*

*support workers asked...another organisation for donations, and we got donations from it...*

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During the interview, she did not provide any examples of what resources these charitable donations were required for, but she described them as enabling the refuge to “extend[s] what [they] can do.”

According to the IDVA *Practical Support* needs within the refuge, overlap with the emotional need, as meeting practical support needs can help with feeling less isolated and increase their confidence and self-esteem. She described times when practical resources were required for residents but without any budget to make the purchases. She recalled having to seek charitable donations from another organisation in order to meet these practical needs.

#### **4.4.2.2 Financial cuts**

A discussion around financial cuts emerged in order to discover more about the IDVA’s experience of using charitable donations to acquire services for refugees. In her opinion, there was a difference in what could be offered, particularly when trying to access services for victims of domestic abuse:

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*When somebody leaves refuge to their own accommodation ...they might not have any ... white goods they might be an issue ... they might not have a carpet... the organisations that provide those services have decreased... funding has obviously has affected them in some way...*

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Part of her role as IDVA is to find new organisations to fulfil these needs:

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*...it’s trying to work with the organisations that are still there; it’s going out and trying to find new resources new organisations, ... and if something goes and you look for something else.*

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During the interview, a question was asked relating to any services that, as an IDVA, she felt were not being offered, or that had perhaps been offered in the past but were no longer available. She explained that although there had been an increase in her case load, services for more complex needs, such as mental health services, had been cut. However, it was the loss of the “floating support” service that she described as having “a massive impact.”

Providing context to describe the enormity of this impact, she pointed out the amount of structured practical and emotional support that a resident can receive in a refuge from a support worker, on an almost daily basis:



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*Usually, there will be somebody on a day-to-day basis in the week, and then they go from not from having that and ... there comes a point when that ends.*

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She stated that the ending of this service is most concerning for those residents that have come from more vulnerable or chaotic backgrounds, who therefore lack practical everyday skills and would really benefit from the additional support once they leave the refuge. The post-refuge needs of the residents, she said, are very much dependent on the complexity of needs that the women present with.

As an IDVA, a strategy that she reported she was trying to promote amongst the staff when they are working alongside the women is one of empowerment, ultimately, to support the women in becoming self-sufficient and independent, sometimes for the first time:

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*...something that myself as the team leader talk to the children's workers and residents support workers about is as much as it is really important to support the residents it's also really, really important to help them feel empowered...*

*...important to think about and be aware of and to deal with appropriately because they've been in controlling relationships where the control has been taken away from them...*

*...to help them deal with that because it's really important then that they don't get over-reliant on that support because they are going to move on they are going to move out of refuge they are going to need to, support themselves and to help them with that.*

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The goal is empowerment and independence, but the IDVA did admit that this is not always easy when, "motivation is... lacking understandably." She explained that it is when motivation is low that some resident can become quite dependent on the support workers. Supporting the women after the financial cuts has therefore had to become quite a creative endeavour.

*Financial Cuts*, is a theme that is directly linked to the impact that austerity measures have had on refuges according to the IDVA interviewed. She noted specifically the lack of resources and services available for women upon their transition into the community. For example, the loss of the floating support service she described as having a huge impact on the women, particularly those with more complex needs, noting the disparity of care once the women leave the supportive refuge environment and move into the community. In the absence of appropriate services, she hoped that promoting empowerment as opposed to being over-reliant on staff support, would support the women in becoming independent once they leave the refuge.

### 4.4.3 Manager of Women's Aid

#### 4.4.3.1 Post-Refuge Support

At the time these interviews were being conducted, the funding for a post-refuge service called 'floating support' had been cut. This had been a service whereby, for a specific period of time, refuge workers would carry out home visits to support past residents. This service no longer existed, as the "pot" of money that used to fund it was no longer available. An alternative, less formal post-refuge support existed in its place, which relied on the women's self-motivation to access it:

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*We've got an open door, and people will come in that, perhaps will drop in if they're in the neighbourhood, I can think of one particular case, and the girl would still be coming in with her child oh 12 months or so after she left the refuge ... but there's no, specific service for her necessarily; she might be coming into a group actually, but in fact, I can remember her coming in, ...there was no group - she just came in to have a chat, and just a bit of support, you know (.), but at one time, we used to have floating support schemes where you would probably go visit.*

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The 'open door policy' that this Women's Aid service had adopted is a way of meeting the needs of some women once they have left the refuge. The manager of this service iterated that "as long as it doesn't become too burdensome," ex-residents know that "if they were really in trouble", they could call or drop into the refuge and that there would be someone to talk to them.

A question that struck me whilst carrying out these interviews was, 'Is it the responsibility of the refuge to support the women once they have left the refuge?' Whilst discussing the ending of floating support at this service, it seemed appropriate to pose this question to the manager. Her response was:

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*No, not really... I think as I say ... we will say to people in refuge, 'You know if you've got a problem, we're always here, the advice centre is here, you can ring them up.' I mean, they don't abuse it, but some will use it, ...and that's as much as we can do; and I would say at the moment, that it's not the responsibility of our organisation once people have left us, but having said that, we're always here, if people do feel that they are in big need, then...*

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Her answer acknowledged that, in her opinion, it is not their responsibility to support women once they have left the refuge, as simply, "at the moment", there is no funding to offer a specific post-refuge service. However, she reiterated that the refuge has an advice centre to call and

an open door policy to access for anyone that feels they are “in big need” and also a monthly chat group for ex-residents.

The manager of this Women’s Aid service stated that part of the role of a refuge is to support women when they first come in, increase their self-confidence, and ‘enable’ them to become independent:

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*One would hope that part of getting ready to go into their own home would be ...the enabling bit (.) you know, because I think when people come into refuge... there’s an awful lot of support people need...*

*You don’t do it for them; you make sure they can do it, ... and if you enable them to do it, build up their self-confidence.*

*I think one of the most important things actually is enabling them to actually pick up and go forward because, actually, they’re not going to do that unless they’re helped and enabled to do it because they’re so far down...*

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The hope is that through this process of ‘enabling’ women to become independent, they will not require services such as floating support. Supporting women and enabling them to become self-motivated, as opposed to expecting others to do tasks for them, is another thing the manager of this local Women’s Aid suggested:

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*The motivation can sometimes can be ... like ‘I deserve this’ and ‘I should get that’ rather than ‘How can I better myself?’ and ‘How can I, you know, ... (..) do it myself rather than somebody else doing it for me?’*

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*Post-refuge support* for the women, first of all, has to come from within; using their re-built self-confidence, the transferable skills, and the self-motivation that they have gained from the refuge to carry them into the next phase of their lives.

The *Post-Refuge* support needs of women within this theme were required, however the manager of the Women’s Aid service that we spoke to was not able to provide a funded floating-support service due to financial cuts to her budget. She was therefore forced to offer alternative solutions, such as, an open door policy, access to a 24-hour helpline, and a monthly chat group. The process of enabling women to ‘better themselves’ and do things for themselves, was seen by the manager as a way of moving on from refuge life, without the need of an additional service, such as floating support.

#### 4.4.3.2 To be understood

The theme of being 'understood' was the theme that the manager of this Women's Aid service considered the main need of women in a refuge. She was referring to women being understood not within the context of the refuge, but from a wider perspective, specifically, the understanding of central and local government of what a refuge is and what it does.

The lack of understanding that people generally have about domestic abuse is common, with regularly comments being "Why ever doesn't she leave him ... Why stay?" However, she acknowledged that understanding these reasons when you are not in that position is very difficult:

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*You can explain to them why (.) and, after a bit, after you've probably explained about half a dozen times, it might go in, but they still have no understanding of it really because if they're not in that position, it is very difficult to understand (.). You know where you are when you get down, and you can't get up again.*

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A lack of understanding from the general public might be understandable; however, a lack of understanding from the central and local government is worrying and has detrimental consequences. She said that one of the main problems that come from the refuge not being understood by them is the apparent state of limbo that they are in regarding funding and who is responsible for providing it:

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*18 months 2 years ago now ... they were going to not give us any funding, county council giving us no funding for refuges at all. When we did the contract bid, no point putting refuges in it, they said... We had a real battle on our hands and we did (.) MPs, TV, local radio, the lot. You know, we had a ... leaflet done and everything, and we had a really big fight on our hands, and we managed to turn it round...*

*We've no idea! We don't know if the central government will come up with another pot of money (.) or whether the councils are expected to do it (...) The county council will say ... they were not responsible for housing (.), which I understand cos it's districts and boroughs that do that, but what we were arguing was, ...we do so much more than putting a roof over somebody's head...*

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The argument over who provides the funding is a complex one, and clearly an assumption could be made that suggests funding providers do not necessarily understand that there is more to being in a refuge than "putting a roof over somebody's head." She described those responsible for the metaphoric purse strings as having "no understanding (.) of what a refuge is about."

One of the reasons this women's service was given for not being adequately funded was that refuges were not the solution for women wanting to escape an abusive relationship; the county councillor suggested an alternative position:

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*The answer was not refuges, and to actually move women out of their home was not the answer - that the women should be able to stay in the home, and we move the men out ... was the answer to everything...*

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The county councillor was asked how many women in the last 6 months had managed to stay in their own home, and the answer was just two, as this strategy was not suitable for all. The same county councillor stated that refuges make the women too dependent, as once they leave the refuge, they may return again in the future. Her response to this was as follows:

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*We said, 'Yeah, but actually, that's not about them being dependent on the refuge; that's about being a victim of domestic abuse, and that's what it's like until such time as actually they can really make that decision, that's probably what will happen' (..)*

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Unfortunately, this lack of understanding around domestic abuse and the need for refuges ultimately affects only "the people out there who need the service." According to the manager of the service, the job that they have to do now, with fewer resources than were available in the past, is still to achieve the same goal, to support the needs of abused women:

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*What other services can we give them? What other things can we do that will help to achieve the same end ... which is to (.) help them move on?*

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The main need that women have according to the manager of this service is *To be Understood*, not from within the context of a refuge, but externally, from local and central governments. She stated that the lack of understanding from a government perspective was worrying and had detrimental consequences, particularly due to issues relating to funding. She stated that a lack of understanding around DVA and about the purpose of a refuge had lead to unrealistic alternatives being suggested, in the absence of adequate funding.

## 4.5 Links between data

The three sets of synthesised data that have been presented share many commonalities, and these will be explored further in the following section. However, what was certainly evident, is that although the content and presentation of the data at first appeared different, upon conducting the analysis, the themes crossed-over and linked together. It transpired that the individual narratives of Kim, Parveen and Hana provided a context to the themes identified from the CG and WV focus groups. Kim's narrative for example demonstrated the challenges that she overcame to *Access a refuge*, the *Loss* and adversity that she left behind in Ireland in order *To feel safe* in the North West of England, and the multi-level of *Support* she required, and will continue to require, due to the exceptional needs that her family have, in order to eventually *Move on*. Unfortunately for Kim, her experience with the local authorities left her feeling neither *Valued or heard*.

The needs of the women as expressed in the themes from the workers, are also linked to the themes evident from the focus groups. For example, the subordinate themes of *Emotional* and *Practical* support as identified from data of the RSW and the IDVA, correspond with the similarly-named themes identified from the focus groups. Although, the IDVA established that there was a limit to what could be offered to the women, from a practical perspective, due to the *Financial cuts* that had affected the refuges. Further, she stated, financial cuts had seen a decrease in the services that were available to help women move into their own accommodation. These financial cuts were similarly alluded to within the focus group theme *To Move on*, in terms of the difficulty the women had in furnishing their new homes. The *Post-refuge* period was stated within the focus group themes as a time when support was essential, with services such as floating support named as providing a vital service. Unfortunately, the funding for this service had been cut which forced the manager of the WV service to find alternative more cost-effective solutions, such as encouraging an open door policy and the use of a telephone helpline. The IDVA responded to the ending of the floating support service by stating that it had a "massive impact", particularly on the more vulnerable, complex cases.

## 4.6 Concluding Remarks

In this final section of chapter 4, the main themes identified across the three sets of data will guide the process of comparing and contrasting the salient messages that appear similar or dissimilar.

Out of the powerful emotional narratives gathered from the RB refuge emerged the stories of three women, which focused on the physical and emotional journeys they had taken to arrive at the refuge. Kim spoke openly and candidly about the difficulties she had finding refuge. In her desperation to find suitable accommodation for herself and her family, she had to

demonstrate great strength to face, and overcome, the emotional and physical barriers that were in her way. The emotional barriers meant coming to terms with the abuse that her family had experienced and witnessed; the physical barriers were housing associations and social care. Parveen's story described the emotional and physical abuse perpetrated by her husband and her mother-in-law. She spoke about the degradation she felt. Living in the refuge and coping well within a communal setting was an unexpected relief for her. Hana described her regrets about listening to others' misconceptions about refuges; listening to these misconceptions had cost her dearly, both financially and emotionally. She was an advocator for the work that the refuges do in supporting and helping women like herself move on.

The second set of data presented the outcomes from the analysis of the CG and WV focus groups. Although these focus groups were located in opposite parts of England, there were similarities within the themes identified. The six main themes were 1) *Accessing a refuge*, 2) *Loss*, 3) *To feel safe*, 4) *Support*, 5) *To feel Valued and Heard*, and 6) *To Move on*. Of these themes, *Support* was the most dominant, and for this reason, it was broken down further into five subordinate themes.

The final set of data was gathered after interviewing three workers who were all based at the WV. As the focus of this thesis is hearing the voices of the refuge residents, only two themes per interview were presented. In an attempt to present a breadth of the workers' opinions from their experiences, the following themes were described; for the RSW these were *Emotional support* and *To engage*; for the IDVA these were *Practical support* and *Impact of financial cuts*; and for the Manager of the service were *Post-refuge support* and *To be understood*. It is important to note that the themes chosen to be presented within the analysis represented the key ideas and opinions of the workers and were deemed the most important in reference to the second research question. In addition, as a gap was highlighted within the literature relating to identifying the needs of women during times of austerity, it seemed important to emphasise the themes that were pertinent to the socio-political context of the study.

#### **4.6.1 Similarities and Differences**

As previously explained, the data from RB refuge were presented by producing a summary of the personal accounts of how three women arrived at a refuge. These experiences add to an understanding of the stages some women will go through as a refuge resident. Kim, Parveen, and Hana provided details of why they entered the refuge as well as giving an insight into their lives as residents. As these accounts were not analysed and broken-down into themes, any key similarities and differences to the themes identified in the CG and WV focus groups and within the interviews will be highlighted in the next section.

#### 4.6.1.1 Similarities

A main theme from the analysis of the CG and WV focus groups was that *accessing a refuge* had its challenges; from being ill-prepared for what a refuge environment could offer in terms of the dynamics and specifics of communal living, to the isolation that can ensue from being literally located miles away from family and friends. Due to the lack of availability of refuges in her locality, Hana was first accommodated in a refuge away from her support network, and she spoke about the impact that feeling isolated had on her emotional health. Kim's detailed account of how she arrived at the refuge highlighted other challenges of accessing a refuge. She described a turbulent account of the desperation she felt in attempting to communicate her needs to the local authorities and social services. Kim was eventually accommodated, but only after she and her children experienced much distress and upset.

*Loss* was another main theme identified from the two large focus groups, which Kim's story in particular seems to epitomise. She described fleeing Ireland with her sons with literally only the clothes on their backs and enough money to feed and clothe them for a month. This experience captures the reality of what some women have to lose and sacrifice for safety.

The most dominant theme identified throughout the three sets of data was *Support*. Each focus group reported the importance of receiving differing levels of support. Listening to the residents and former residents, demonstrated that it is the RSWs that provide the majority of this support, which comes across as being unequivocally invaluable. Hana particularly praised the way in which the RSWs supported and guided her upon her arrival at the refuge. She explained that she was unaware of the kind of support that she needed, mainly due to the fragility of her emotional state. The cross-over between providing *emotional* and *practical* support was highlighted by the RSW and the IDVA who were interviewed. They both described the balance that is needed in supporting residents with any necessary practical tasks, such as applying for benefits, housing applications, and schools etc. This involved supporting them in a manner that is sensitive and empathic to any emotional distress that they also may be encountering.

Both Parveen and Hana shared their negative pre-conceived ideas and fears about what living in a refuge would be like. Fortunately, their experiences at the refuge where the focus group took place were very positive, with them finding the refuge to be a very supportive environment. Hana stated, "*I've had the benefit of 4 months of support, so I'm now here I'm just here now I'm ready to move forward*". This positivity similarly echoed what some of the residents from the CG and WV focus groups shared when commenting about the support that can be received when part of a '*communal group*,' for example, "*You know everybody here, you know they are in refuge, you know we all stick together because we've been through it.*"



The support that *children* need was also highlighted in each focus group. CG and WV expressed the concerns they had for their children, mainly relating to the immediate and long-term impact that DVA could have on them. Similarly, Kim and Parveen voiced the same concerns, but in addition, provided descriptions of what some of the abuse comprised. What came across from both sets of data was the sense of helplessness that the women felt in not knowing how best to help their children. There was also the sense, particularly in speaking to the women in CG and with Kim at RB, that their children's needs would come first, before their own, and that included when attempting to access any suitable services.

Another similarity across the data sets was the difficulty that some of the women reported in accessing services. For example, services for children, such as counselling and children's support workers, were not commonplace in the refuges that took part in the focus groups. Other services, such as a *post-refuge* service called floating support, had recently been cut in the refuges in the South that formed WV, and had been reduced in the inner-city refuge in the North. According to the data synthesised from the IDVA and the manager of Women's Aid, the reasons that services such as these may be reduced or cease to exist is due to the *impact of financial cuts*. In her interview, the manager of the Women's Aid service stated that for those who really need it, a less formal 'open-door' policy has been adopted, which for now meets a post-refuge need for some.

The following themes were highlighted when refuge residents try to access services that function externally to the refuge. The theme of *To be understood* as described by the manager of the Women's Aid service fitted in well with the theme *To feel valued and heard* gathered from the CG and WV focus groups. The housing association and local authorities were mentioned in particular as demonstrating a distinct lack of understanding and education about the implications of domestic abuse. The consequence of this *lack of understanding* leads on one level to cuts in services, and on the other, leaves women not feeling *valued and heard*.

#### **4.6.1.2 Differences**

Surprisingly, the synthesised data from the interviews did not suggest or describe many differences from the themes that emerged from the analysis of the focus groups, for example the theme of *support* emerged from both the RSW and the IDVA. A noticeable difference, however, was that each interviewee was consistent in their belief of the important role the refuge has in empowering and enabling the residents. This terminology was used to describe the emotional movement from being dependent on the refuge to becoming independent and self-sufficient when moving on from the refuge. It was suggested that if the majority of residents were able to become "self-sufficient," then they were less likely to require any post-refuge support.

Although aware of the funding cuts and the implications of these, the RSW and the IDVA were both of the opinion that a post-refuge support service was still needed. Their opinion concurred with the theme *To move on* highlighted by the participants from the focus groups. However, the manager of the WV service believed the contrary. She stated that as there was no funding for that type of service anymore, unfortunately, it was not the responsibility of the refuge to support the women post-refuge. Nonetheless, if any residents felt they required post-refuge support, an open-door policy with access to 24-hour services and advice centres would be available to meet that need.

According to the data gathered from the interviews, the rehabilitative nature of refuge support can begin to equip the residents with, for example, transferable skills and confidence. From attending interventions such as the Freedom programme, an educative stance on domestic abuse and violence can also be provided, which supports and educates individuals in recognising, for example, the personal traits in a partner which may be abusive. However, the hope that the majority of the residents will become self-sufficient, independent, empowered women when they eventually move on from the refuge was not widely discussed amongst the group members. Furthermore, there was no discussion of why there was an expectation for the residents to engage in rehabilitative sessions or interventions. However, Hana did acknowledge the emotional strength she had gained from accessing a Women's Aid counselling service, along with four months of refuge support. Indeed, Hana seemed more emotionally equipped than Kim and Parveen; the refuge had been a place of recovery for her, and as a result, she felt ready to move on with her life.

Having an understanding of the type of abusive relationships that some women have experienced can explain why some women appear to struggle or lack the motivation to *engage*. As the RSW stated, the reality is that not all residents have the self-motivation or indeed the inclination to engage with support workers. The responsibility of the support workers to rehabilitate women who seem to lack any motivation to engage would be extremely challenging. If the aim is to rehabilitate and thus empower all residents in preparation for them to move on and not require any further support post-refuge, then it raises the question of whether this is a realistic expectation.

# Chapter 5

## Reflexive Analysis

### 5.1 Introduction

In this chapter, I will outline, from a reflexive perspective, the steps that were carried out in completing my research. I will begin by describing my understanding of what reflexivity is, and will move on to consider how it has benefited me as a qualitative researcher to think reflexively, as well as providing further examination and reflection on my interpretation of being an 'insider and an outsider' to the topic being studied. I will reflect on the unique characteristics of each focus group from the recruitment process, the number of participants and their motivations to take part, to interpreting the nuances within the transcription process that created a strong emotional response.

### 5.2 Reflexivity in Qualitative Research

Reflexivity acknowledges the impact that we as researchers can have in the co-creation and construction of knowledge with our participants (Wilkinson, S. 1988). It can also increase the trustworthiness of the interpretation of the analysis, through the researcher's acknowledgment and awareness of the influence that they can potentially have over the production of the data (Pillow, 2003). Reflexivity is conceptualised within this study, as a method of critically reflecting and sharing the influences and intricacies of my personal role within the research, and the process involved in the construction of knowledge. Reflexivity is conducted within this research process with an openness, which aims to elucidate further meanings and explanations, that continued to develop from the stages of data collection through to the analysis.

Finlay (2002) argues that the multi-dimensional qualities of reflexivity make it a "defining feature of qualitative research" (p. 211), which suggests that without it, the legitimacy and credibility of research could be questioned. Ensuring that research is both plausible and believable is why Koch and Harrington (1998) suggest that the qualitative approach has been under scrutiny for lacking scientific rigour. Mays and Pope (1995) note that "To label an approach 'unscientific' is peculiarly damning in an era when scientific knowledge is generally regarded as the highest form of knowing" (p. 109). They relate this 'unscientific' claim to common criticisms of qualitative research, from being a collection of anecdotal and bias-filled personal perceptions, to research that lacks reproducibility and generalisability. Reflexivity is therefore a strategy that can not only enhance the trustworthiness of a piece of research, but

that can also encourage greater personal insights into the accounts of the participants being studied, as well as for the researcher.

Reflexivity in qualitative research is a way of “signposting to readers ‘what is going on’ while researching” (Koch and Harrington, 1998, p. 882), ‘what is going on’, for example, within the complex woven dialogue which occurs between the researcher and the researched (Wilkinson, 1988). The researcher, according to Pillow (2003), needs to be “critically conscious” (p. 178) of the influence that their own personal narratives, such as their age, race, gender, and position, can have on the research process; as Koch and Harrington write: “How do we study the other without studying ourselves?” (p. 882). Burman (2006) states that another function of reflexivity is for the researcher to provide enough additional information about the “research process, structural characteristics and positionings” (p. 322), to justify their own interpretation of the material, while Cunliffe (2016) defines reflexivity as a way of “questioning what we, and others, might be taking for granted – what is being said and not said – and examining the impact this has or might have” (p. 741). When examining ourselves in relation to others, and the effect that this dynamic can have on the construction of knowledge, Alvesson et al. (2008) suggest that the broader social context of the research also needs to be considered. In addition, Koch and Harrington (1998) state that awareness is required when representing others: “This means generating data with the awareness that this process operates in a world of existing alternative representations serving to shape the research product with social, political and critical insight” (p. 889). In this sense, reflexivity can challenge us to become more aware of our own position in society and that of our participants (Etherington, 2004).

Reflexivity provides an opportunity to delve into the central role that the researcher has in the generation of data and its analysis; as Finlay suggests, “The self-in-relation-to-others becomes both the aim and object of focus” (2002, p. 216). Whether researchers can ever truly know and understand all the reasons for their interactions and contributions within a study is not under scrutiny, but rather, by demonstrating an awareness and questioning their own interpretations, the researcher is situating their position within the meaning-making (Pillow, 2003). Etherington (2004) writes that it is inevitable that the researcher will influence the type of data that are collected, and through reflexivity, meaning will be produced by responding with awareness to the participants. One way of managing the production of meaning reflexively is to acknowledge that one’s own biases and preconceptions could be influencing our interpretation of the data (Corbin Dwyer and Buckle, 2009).

Although, according to Bondi (2009), the acknowledgement of the self can add ‘substance’ to research, she says that caution still needs to be adopted, as there is a risk that reflexivity can be “reduced to confession, catharsis and/or cure for the researcher” (p. 3). Pillow questions how much we need to know about the researcher to trust or believe what is being reported (p.

182), particularly when criticisms of reflexivity have stated that it can be self-indulgent and inward-looking to the detriment of other data-driven outcomes (Bondi, 2009). Criticisms aside, there are recommended strategies to help manage the objective focus of the researcher, and to set aside any pre-conceived ideas, assumptions (Mauthner and Doucet, 2003), biases, and emotional involvement (Perry et al., 2004), one of which is known as 'bracketing' (Koch and Harrington, 1998). Morrow describes bracketing as "the process of becoming aware of one's implicit assumptions and predispositions and setting them aside to avoid having them unduly influence the research" (2005, p. 254).

It is widely recognised that although knowledge is a construction between the researcher and the participants, this construction will not be equivalent, as the researcher inevitably will have the main influence (Wilkinson, 1988). I tentatively say 'inevitably', being aware that feminist researchers have attempted to detach themselves from such perceptions of power by employing an increased awareness and monitoring within their reflexive analysis (Wilkinson, 1988). It is therefore important that what the research represents reflects a transparent account of how decisions and results were identified. Ropers-Huilman (2010) discusses the obligation we have as researchers "when we interpret others' lives, using our own words and paradigms to present stories of our experiences with the Other" (p. 22). The essence of that example captures the feeling of responsibility that I have towards the women that I have been researching.

### **5.3 An insider or an outsider to the topic**

The academic literature on reflexivity mostly agrees that it is important to consider the influence of the researcher's social, personal, cultural, and professional attributes in relation to the research under investigation (Koch and Harrington, 1998; Pillow, 2003). The influence that a researcher can have relates to how the narratives of the participants are interpreted: "We assume that interpretation is at the heart of all research practices. That we drive research projects with our values, histories and interests is central to this understanding" (Koch and Harrington, 1998, p. 887). If 'interpretation is at the heart of all research practices', then for greater accuracy and credibility, is it necessary for a researcher to be a member of the population being studied (an 'insider'), or not (an 'outsider') (Corbin Dwyer and Buckle, 2009)? Previous research has established that being a member of the group being studied has benefits, such as being able to truly empathise with their experiences, with the assumption that there will therefore be more openness within the interactions, due to there being, for example, a shared identity (Corbin Dwyer and Buckle, 2009; Miller and Glassner, 2004). Conversely, being an 'outsider' by definition has associated negative connotations, as one could assume that the population being studied may not be as accepting of the researcher, and therefore less likely to open up and offer any depth to the collaboration (Corbin Dwyer and Buckle, 2009). From a reflexive perspective, whether the researcher is an insider or an outsider to the study is not essential as long as there is a commitment to being "open,

authentic, honest, deeply interested in the experience of one's research participants, and committed to accurately and adequately representing their experience" (Corbin Dwyer and Buckle, 2009, p. 59).

#### **5.4 Insider and Outsider - My researcher status**

From reflecting on the aforementioned literature, I believe that I could be described as both an insider and an outsider to my study which asks, 'What are the needs of women in a refuge?' To clarify this statement, in order to situate myself within this research, I will provide a summary of "how [I] have come to be located in the research at this point in history in this particular institution" (Parker, 2005, p. 28).

It was my previous coupled with my current professional experience that provided me with the desire and the experience to work as a trainee counselling psychologist at a women's refuge. An opportunity arose to develop a new service in collaboration with the University of Manchester, and as a first year trainee, I felt that it was an experience not to be missed.

#### **5.5 My experience of working in a refuge**

During our time on the professional doctorate, we were encouraged to write a reflexive journal to capture the fluctuations of our personal development during our training. Writing in my journal became an activity that I associated with my own self-care, habitually writing in it as and when it felt necessary. When the opportunity to develop the counselling service at the inner-city refuge on the outskirts of Manchester was confirmed, I was thrilled yet overwhelmed by the sense of responsibility, and I wrote an entry in my journal to express this:

---

*Felt quite emotional ... but also thankful that I have the opportunity to do this course, make a difference ... I cried last night from the realisation that yep, that was my intention whilst teaching – to change lives – but I couldn't quite do it (time, support etc.), but now I actually can... and will.*

---

My therapeutic role at the refuge provided one-to-one therapy for past and present residents, based on referrals provided by the support workers. The more therapeutic clients I had, the more I began to notice commonalities in some of the difficulties the women were experiencing. With the support of the refuge, I devised a six-week self-help and well-being group programme.

Working in the refuge as a psychologist with women attempting to come to terms with their new realities meant helping them, during the aftermath of fleeing their abusive family homes, work through some incredibly raw and painful emotions. Understanding the women from a therapeutic perspective helped me understand the women's stories during the analysis process.

## 5.6 Reflections on the process of data collection

A humanistic approach was adopted within my training as a counselling psychologist, which draws parallels to the approach I attempted to take as a researcher. According to du Plock (2010), a humanistic practitioner would meet a client “in an open inquiring and creative way, as a skilful co-researcher of the client’s world rather than as an all-knowing expert” (p. 130). I intended to facilitate a focus group discussion without requiring a crib-sheet or a list of pre-planned questions. I hoped for the creation of knowledge to occur organically by the residents as the ‘all-knowing experts,’ rather than from being pointed in a particular direction by my instigation. Bondi (2009) describes the challenges of moving between being an observer and a participant when conducting a focus group. On many an occasion, I had to trust the participants to guide the discussion while I observed. Although my plan was to intervene only in order to comment, clarify, or re-focus the discussion to the research question, this proved quite difficult to fulfil. In the next section, I will reflect on each focus group and the interview process, commenting upon, for example, the characteristics, any assumptions I may have had, and any personal insights that I have gleaned from these experiences.

### 5.6.1 Cotton Grass - Reflections

The temperature in the room was an issue for me, one which I kept apologising for and commenting upon at the beginning of the session. Despite my best intention to carry out the role of calm observer, this did not transpire initially. On the first page of the transcript, it is the ‘I’ for ‘Interviewer’ that dominates most of the page. My anxieties about the number of people in the room, the heat, the noise of the fans potentially impairing the recording, and the pressure to obtain good quality data all completely took my attention away from the purpose of the group:

---

*I: If you find that I’m repeating, it’s only just in case I’m afraid that the fans are gonna...So about women’s needs in a refuge, so if you want to squeeze on the couch. Sorry it’s very warm in here...*

*(More residents enter the room)*

*I: I didn’t expect this many*

*(The chatter of sorting out seating arrangements)*

*I: We kind of need people a bit closer cos of the audio recording. So if I move round*

*(pause in conversation due to sorting the seating arrangements)*

*I: I didn’t expect this many people*

*...*

*I: We’ll kind of, it’s quarter to eleven; this is meant to last about an hour. I am conscious that it’s very, very warm.*

---

One way that I have interpreted this quite unexpected surge of anxiety is the pressure I had put on myself to ‘lead’ the perfect focus group, particularly as so many women had been motivated to turn up. As discussed, I had worked at the CG refuge as a therapist prior to this

focus group. Client retention had been high, and a consistent number of residents and former residents repeatedly came along to the groups each week. Out of the 14 women who turned up for the focus group, I had worked with 8 of them in a therapeutic capacity, 7 of whom were former residents. This made me wonder whether it was their loyalty to me that had instigated them coming along to the group, rather than an interest in the topic. Their motivation to take part could also have been related to the social aspect of the weekly coffee morning, which had the added attraction of the organised crèche. The majority of the women in the group had children, so to have just over an hour to themselves could have tempted them to take part in the session, regardless of the content.

My past teaching skills were definitely utilised during this session to re-focus the conversation back to 'needs' after a point had been made:

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*I: So what do you think would be better then? What would be beneficial?  
So this is part of the research ... that you've got the opportunity to say,  
'Well, this isn't working!' What do you think you need?*

*I: So, ok, what would you like then? Again, I suppose this is the time to  
say*

---

Something that does not sit well with me upon reflection is how I attempted to shift the attention of the women on several occasions from the topic of their children's needs. I could argue that this was to ensure that a variety of needs were discussed; however, I realise that I did have an agenda or some ideas as to what topics I wanted the women to discuss, based on prior knowledge of some of their needs. On the day, I felt that the women were using their children to avoid talking about their own needs, that it was easier to talk about their children than think about themselves. I was frustrated, and in an attempt to manage this, I highlighted how the needs of the children were being discussed as opposed to their own needs:

---

*I: So it's back to talking about the children isn't it, so feeling that the  
children are not having their needs met maybe.*

*I: Amelia, you were saying about the community after you've left the  
refuge and having more of a transition that support, but also, there's,  
what's coming up a lot is the children, erm, and...*

*I: So, in terms of your need, then, you're saying that your children, their  
needs, sounds like a lot of you are saying your children's needs come  
first.*

*ER: They do.*

*I: So what is the support you're getting?  
R: I think he [her son] seemed worse than me, so that I put the focus on  
him, and that's got me better. I don't know (.), but I still have me down  
days, but I just want him better before meself ...*



*I: What could a refuge do then for this, you know, this obviously, this isolation? There's this loneliness that comes up.  
R: We need activities for kids/*

---

With each of my attempts to encourage a move away from talking about their children, the more I realised that my agenda was certainly not the same as theirs. Looking back at this transcript now as a mother myself (having since had a baby), my perspective has changed, leading to me feeling more frustrated with my decisions than with the participants. Mauthner and Doucet (2003) have written about dominant research traditions where mothers' views are devalued and disregarded; while this was so far from being my intention, acknowledging my role within the analysis is important so I can recognise and rectify it.

Another reason that perhaps the needs of the children were a focus for this particular group, was simply because many of the women had worked with me and therefore did not want to feel vulnerable to any feelings of exposure that discussing emotional content could bring up. By talking about 'their' (the children's) needs, they avoided talking about 'my' (their) personal needs, which could have been too emotionally charged when sat in front of the refuge counsellor and so many other individuals in the group. I have since questioned whether the participants' discussions of 'others' first (in this instance, their children), as opposed to focusing on themselves is something that is socially constructed. This next example, demonstrates the socially loaded assumptions that could be made from simply substituting the 'they' with an 'I':

---

*R: They lose everything don't they though.  
ER: Yeah, they've been taken away from everything that they know.  
to  
R: I lost everything, didn't I though.  
ER: Yeah, I've been taken away from everything that I know.*

---

Within the context of DVA, to replace the 'they' with an 'I' would very much change the social meaning of the sentences. Feeling pity or sympathy towards a child is usually seen as socially acceptable and justifiable. However, expressing self-pity and feeling needy is not seen as a socially acceptable quality, as this could imply an inability to cope emotionally.

### **5.6.1.1 Research Design Dilemma**

When I initially designed my research proposal, I felt that interviewing the staff as well as carrying out the focus group would offer two differing perspectives on the needs of women in a refuge. However, after conducting the pilot study and transcribing the data, I felt that the staff interviews might take the focus away from the collective voice of the residents, having gained such rich and in-depth data from my first focus group. I also discussed with my

research supervisor the ethical implications of generating more material than could be used, as I was surprised by the amount of material produced from just one focus group. The decision was therefore made not to interview staff members even though the original invitation letters that I sent to the WV stated that I would do so. However, the length that they went to accommodate and support my research was such that I felt that it would be unprofessional to go back on the original plans, particularly as they had arranged for staff to attend these interviews. However, having the perspectives of the refuge staff members was a unique opportunity to gain more of an insight into the complexities of providing services within a refuge during times of austerity. In order to manage the production of material, I had the same set of questions for each interviewee and kept each interview to around 30 minutes.

### **5.6.2 Water Violet - Reflections**

Having had a large group of women at my last focus group, I felt more emotionally prepared for this group of 15, even though I felt, at first, very much an 'outsider' to the group. I inferred from the demeanour and facial expressions of some of the participants that they regarded me suspiciously, particularly as all they knew about me initially was that I was from the University of Manchester and was carrying out some research. However, once the group had started, ideas flowed, and my contribution felt less directive than at the previous focus group held at the CG refuge, for two reasons. The first reason was that after reflecting on and transcribing the discussion from the previous focus group, I made a conscious and deliberate effort to let the participants guide the process, interjecting only to clarify a comment, or to encourage more depth from their contributions, if appropriate. The other reason was that I had no prior knowledge of these women or of what their needs could be, therefore, the insights into their lives gained my full attention. With reflection, in order to develop a researcher relationship with the participants I inadvertently, as Wilkinson (1988) described it, "attempted dissolution of [the] power differentials" (p. 495), which she says is very much a characteristic of feminist research. I did this by adopting a combination of therapeutic skills, such as active listening and offering unconditional positive regard, with humour and warmth.

The interview process with the three staff members at the WV, provided me with an opportunity to ask specific questions regarding the socio-political situation which was affecting refuges at the time of data collection. At the time, I found each staff member's contribution valid, interesting and not at all controversial. However, the process of reflexivity has enabled me to consider the changes that occurred in me as a researcher throughout this research process, and in that, my subsequent responses to the data. Specifically, I noticed a frustration appearing in parts, during the transcription process which had not been evident during the interviews themselves. In particular, during the interview with the RSW, I noticed contradictions in what she was stating. For example, she states that the women come into refuge in a state of understandable crisis, yet they appear to be almost neglectful of their children. As a trainee counselling psychologist, I questioned the use of language here,

particularly as it almost inferred a lack of empathy and a minimising of what the women had been through prior to their arrival at the refuge. Each staff member also used the term 'empowerment' as a goal of the refuge in supporting the residents. With reflection, I questioned how realistic it was to empower women, when they were coming into refuge in a reported state of crisis? I also questioned the utility of the term empowerment, in relation to socio-political considerations. Was the term an alternative motivational strategy in the absence of adequate staffing and resources? There was no discussion as to what empowerment looked like or how it was achieved, and was merely stated as a desired outcome after a period of becoming independent from the refuge. To summarise, in order to become empowered, the women had to engage with services within the refuge, and to not engage with services would crudely mean, a lack of progress in their recovery. The political inferences that can be inferred from such thinking, are discussed further in Section 6.4.2.

### 5.6.2.1 Analysis Process

The 'richer descriptions' Cunliffe (2016 p. 745) describes can be revealed through approaching research reflexively, noticing the effect that the presence of the researcher can have on influencing and producing knowledge. During the transcription and the analysis process, I noticed how my very presence in the room was influencing one participant in particular to voice her needs. Throughout the focus group, the participant in question would interject and interrupt others at inopportune moments quite inappropriately, which during the transcription process annoyed me considerably. Turning this annoyance into curiosity, I attempted to interpret her interjections differently by focusing on *what* she was saying rather than *when* she was saying it:

---

*because you lost your identity*

*they've ruined our lives*

*anyone feel like you're in prison*

*(as I'm finishing the group) I'm at court on Monday*

---

I interpreted the above as an example of the participant wanting to be heard; making almost clichéd and grandiose statements in order for the listeners (the other participants and/or me as the researcher?) to stop and listen to her. Another similar example was given by a participant who was a resident at the specialist drug and alcohol refuge. To provide context, the topic being discussed was housing with regard to priority lists and homeless classifications. What struck me about the following extract is the over-sharing or the additional information that she provided:

---

*I already have a property, and I'm in that interim stage where I've still got court going on and everything, and I was in court on Monday and (.) my head's all over the place. My little girl's a mess, and I know nobody. I have no family, no friends; he made it that way (.), but as I say, I was in the same refuge as Samantha ... I was classed as homeless...*

---

She added to her response that she was in the midst of a court case; her head was all over the place; her little girl was a mess; she did not know anyone; she had no family and friends; and her ex-partner/the perpetrator was the reason for all of this. This was not just incidental chat; this was extremely sad information that was shared in a matter of seconds; an almost automatic stream of consciousness; a truth being expressed as an elaborate cry for help to elicit perhaps an emotional response from others.

I am aware that the sense I have made of the above examples “is just one ‘story’ among an infinite number of possible stories” (Mauthner and Doucet, 2003, p. 423), which is based purely on my interpretation. However, reflecting on my experience in the group, listening to the audio recordings, and submerging myself in the analysis has made me question the utility of what could be described as ‘over sharing’ in the examples that I have given.

I have questioned how much of this incongruous over-sharing is a behaviour learnt by vulnerable people when attempting to elicit a sympathetic response from a listener. As identified in Section 4.3.5 of Chapter 4, survivors of domestic abuse and violence reported not feeling listened to or understood by the local authorities, housing associations, and police. Outside of the refuge, services provided by the aforementioned are crucial to enable the residents to move on. Therefore, is this elaborate over-sharing a response or a method used to be heard and believed? Could this also be a symptom of the ways in which women have had to tell their story over and over again in order to access and maintain service support? One could almost describe it as a performance. If so, then, paradoxically, the ‘performance’ did not convince me. My initial response, as a sympathetic researcher and ex-refuge counsellor, was not to feel sympathy, but to disregard the statements as needy, exaggerated, and desperate. To offer a hypothesis, could this be one of the reasons that abuse victims are not widely believed by external services, or indeed to generalise, by the wider society?

### **5.6.3 Rose Bay - Reflections**

Each focus group had an emotional impact upon me as a researcher; this, Perry et al. (2004) state, is an inevitable consequence of being a social researcher. The sense of injustice that poured out of the participants at the CG and the WV focus groups was profound, and I can remember feeling quite overwhelmed on several occasions by the sentiment that I was feeling, especially when the participants were getting upset as they spoke. The experience at the RB was again overwhelming, and I was distressed by the accounts that Kim in particular described

of her physical and emotional journey to the refuge. Kim spoke through tears of pain and shame, as she recounted and shared her memories, experiences, and stories that had all of us in the room stunned and appalled. Parveen was moved to tears, her distress audible on the recording as I transcribed. In the following extract, Kim had just divulged what she experienced in order for a housing authority to take responsibility for them:

---

*Kim: It took 2 weeks for us to get there and it took for me to have a breakdown in front of them, like, you know (.) Don't get me wrong; they've been excellent since, you know (sniffs)*  
*I: But you had to fight for it,*  
*Kim: Yeah.*  
*I: and it shouldn't be that hard, should it?*  
*Hana: Especially when kids are involved*  
*I: Yeah, absolutely.*  
*Hana: mmmm*  
*I: Take a breather.*  
*Kim: (very quietly) Sorry*  
*I: No, don't apologise! Goodness (.), no, gosh; it just highlights, doesn't it (.), the enormity of the need, and how much you've got suffer to, to be heard (.) Yeah*

---

My responses to Kim are loaded with emotion in my attempt to validate these incredibly upsetting experiences with empathy and understanding. I was actually quite taken aback not having expected such material to be brought up and feeling ill-prepared and frustrated with myself, as I had not even considered ensuring that a box of tissues was in the room.

An entry into my reflexive journal after I got home from the refuge read:

---

*The experience was totally humbling and incredibly moving, I felt my chin quiver on a few occasions when commenting on their incredible strength and bravery in leaving their violent past to move into refuge...I realised from hearing these women talk, the sheer value in saving lives that a refuge has ... also rebuilding lives...*

*About Kim: A lovely woman, with such strength who has just had the most traumatic of lives. Her story should be heard as one of total survival...*

*Ending with: I had a little cry in the car as I left – totally overwhelmed but proud of myself for doing this research, listening to those women, and letting their stories be heard.*

---

It is not surprising therefore that upon reading this extract, I was determined to treat the data from the RB focus group differently to the data I had gathered from the other two groups. Kim's story in particular had affected me emotionally, which is probably why within the analysis chapter, her story receives more prominence than those of Parveen and Hana. A quotation

from Mauthner and Doucet (2003) captures what may have been going on for me: “The ways in which our emotional responses to respondents can shape our interpretations of their accounts” (p. 418). One way of interpreting what may have been influencing my decisions is not wanting Kim’s experiences to be in vain; wanting to share the true reality, in all its sadness and discomfort of one woman’s story of survival, and hoping that this window into these real life stories will encourage more of an understanding into the complexities of DVA.

A quotation by Miller and Glassner (2004) provides an appropriate summary to end this chapter:

Research cannot provide the mirror reflection of the social world that positivists strive for, but it may provide access to the meanings people attribute to their experiences and social worlds. (p. 126)

By writing this reflexive analysis, I have also attempted to find further ‘meanings’ relating to the experiences that I had as a qualitative researcher and the influence that I personally had on the generation of knowledge as an ‘insider’ and an ‘outsider’ to the topic. The observations that I made through this reflexive analysis have provided me with a greater insight into the research that I conducted, exploring any assumptions that I had and how I dealt with the dilemmas that I faced.

# Chapter 6

## Discussion and Conclusion

### 6.1 Introduction

In this final chapter, I discuss the key messages concerning the needs of the women who had resided, at the time of data collection, in refuges within three locations in the UK. Key themes identified from the perspectives of the residents and former residents along with the perspectives of the staff members will be explored and interpreted with reference to the existing literature and the research questions. The limitations and implications of this study will then be discussed in relation to counselling psychology, and suggestions will be offered for future research along with an explanation of how this piece of research contributes to knowledge.

### 6.2 Statement of Results

The overall aim of this study was to examine the needs of women living in refuge accommodation. To achieve this aim, two perspectives were sought: the perspectives of women who were residing or had previously resided in a women's refuge, and the perspectives of refuge staff members. These contrasting perspectives were chosen to provide a summary of 'need' based on individual experiences, in the hope that there would be some shared commonalities, particularly relevant within the time-frame of austerity in which this study was conducted. The overall aim of the study was divided into two main research questions as follows:

**Research question 1:** *What are the self-articulated needs of women in a refuge?*

**Research question 2:** *What do workers in a refuge setting perceive to be the needs of the residents?*

To answer the first research question, six main themes with a further five subordinate themes were identified from the analysis of two focus groups held at CG refuge and WV. The first theme, *Accessing a refuge*, captures the challenges and difficulties some of the group members reported upon seeking refuge. The second theme, *Loss*, describes the impact that loss can have on a woman and her children and their identities. The third theme, *To feel safe*, was described by the participants as a main need, although there was very little anecdotal evidence to explain why it was felt to be so important. The fourth theme, *Support*, was the most dominant theme. For this reason, it was split into a further five subordinate themes, as

follows: 1) *Practical support*: this subordinate theme acknowledges the practical support that support workers provide to the women, for example, when making applications for housing and benefits. 2) *Emotional support*: this theme was found to be an intrinsic part of the work of the support workers, particularly due to the vulnerability of women who arrive in a refuge. 3) *Support for Children*: this was a major but unexpected finding due to how often the needs of children were discussed as a priority more than the needs of the women themselves. 4) *Support As a Communal group*: this theme describes the positives and negatives of women living together as a group in a refuge as well as considering the supportive interactions and responses that occurred within the focus groups. 5) *Post-refuge*: much was spoken about the support needed for women during the post-refuge period. For this reason, the results were generalised further within the main theme, *To move on*. The fifth main theme, *To feel valued and heard*, was a message that was communicated both directly and indirectly, signifying what the women felt was generally missing from services provided by the refuge both internally and externally. Some of the participants noted at the end of the focus groups that they had valued participating in the study, through which one can deduce that they had felt heard and respected. 6) The final theme identified was *To move on*: this theme signifies the practical and emotional movement that occurs when women eventually leave the refuge and attempt to move on with their lives.

The data collected from the focus group held at RB refuge are presented in a less formalised way. Nevertheless, the data contribute to each of the six themes, though primarily to the theme of *Feeling valued and heard*. Presenting the stories without decontextualising the content into themes (St. Pierre and Jackson, 2014) highlights the congruence, the depth, the richness, and the honesty that appeared to be shared. The main thrust of the analysis centres on the lives of the women and their experiences before arriving at the refuge. Presenting the RB focus group at the beginning of the analysis chapter was a deliberate arrangement in order to 'set the scene'. The stories of Kim, Parveen, and Hana document the distressing realities of leaving situations of DVA. Their vivid descriptions of past physical and emotional abuse act as a stark reminder and symbolic representation of the physical and emotional journeys women make to escape domestic violence. A recent paper by Bowstead (2015) states that there is a limited evidence base on the journeys that women and children make to escape DVA. She fears that the "invisibility" (p. 329) of such journeys can lead to complications and vulnerabilities relating to women's status within local governments, reporting that "a recent policy report on domestic abuse from the Centre for Social Justice ... contained no references to women's journeys, travel or relocation due to domestic violence, but numerous references to women and children needing to move on from the abuse" (p. 329). This quotation shows how deeply significant the journeys from the past to the future are and how they need to be examined further in research, since such journeys are the beginning of a major transformation. The journeys that Kim, Parveen, and Hana took offer an insight into the wider needs and complexities of escaping DVA before arriving at a refuge.



The second research question focuses on the needs of women as perceived by three staff members, all of whom worked for the WV Women's Aid organisation at an anonymous location in the south of England. From the eleven main themes and eight subordinate themes identified, six themes were chosen to be discussed. The specific themes identified through analysis were felt to represent a breadth of the needs as expressed by the staff members as well as the ones that stood out as being the most important to clarify further particularly relevant in relation to the impact that austerity measures had on refugees.

The first theme from the analysis from the data of the RSW was *Emotional support*. This finding represented the empathic support that women need particularly upon arriving in refuge. The second theme was *To engage*, which describes the expectation of residents to engage with support workers along with interventions to help the women in their 'recovery'. The first theme from the analysis of the data from the IDVA was *Practical support*. This theme reflects the immediate and long-term practical support that is required to plan for the residents' futures. The *practical support* the IDVA suggested also overlapped with *emotional support*. The second theme was *Financial Cuts*, which describes the impact that financial cuts have had on refugees. She felt that the main impact on the women had been the loss of the 'floating support' service. As a consequence of this loss, an alternative strategy in an attempt to compensate for this loss is one of 'empowering' women to become self-sufficient and independent. The two themes discussed as identified by the manager of the WV service were as follows. The first, *Post-refuge support*, explores how financial cuts meant that the 'floating support' service could no longer be funded. She explained what alternatives are in place to provide for those women who need post-refuge support, such as the advice centre, and the open-door policy that refugees have. The manager of the service also described the process of utilising the transferable skills gained during their stay at a refuge to 'enable' women to become independent. The final theme discussed is *To be understood*, which was considered by the manager of WV to be the main need of women in a refuge, referring in particular to victims of domestic abuse being understood, not from the context of the refuge, but from a wider perspective, that of central and local government. She expressed the fear that the lack of understanding of why women seek refuge is having a detrimental effect on adequate funding services for refugees.

## **6.3 Research Question 1**

The key messages from research question one, that is, those deemed to be the most salient and impactful, are discussed in the following section.

### **6.3.1 Unexpected outcome**

To begin, the subordinate theme of *Children* associated with the wider main theme of *Support* was an unexpected outcome from the analysis. This was unexpected, as the needs of children

as a theme did not stand out within the literature review any more than, for example, themes pertaining to safety or housing. Previous research by Jonker et al. (2014), Lyon et al. (2008) and Newman (1993) all report the safety of children to be a prominent theme; this corresponds with other studies that have found that ensuring the safety of children was one of the main motivations for leaving an abusive relationship in the first place (Davis and Srinivasan, 1995; Tutty et al., 1999).

In this study, the presence of the needs of children within the data, particularly from the participants of CG refuge, above all else, was unflinchingly communicated by the majority of those who contributed. There was a determination from the group not to surrender to any gentle encouragement to move the topic away from the children. The data from the focus group at RB indicate a similar finding, in that the children of the participants played a central role in each presented narrative. This was important in relation to the feminist principles that this thesis is based upon, ensuring that the voices of women as mothers are heard.

Within the focus groups, the importance of the needs of children was arguably seen as more important than the needs of the mothers themselves. This realisation exemplifies the sense of overwhelming helplessness indicated whenever children were mentioned, and the guilt that prevailed because of this expressed desire to protect/undo/make everything ok again. The experiences of children as witnesses to DVA along with its detrimental psychological impact, is widely written about in the literature (Tutty, 1996; Kitzmann et al., 2003; Holt et al., 2008; Humphreys et al., 2006). Some of the women in this study alluded to some of these psychological difficulties that they feared their children were facing, along with the negative repercussions that affected the mother-child relationship.

Thiara and Humphreys (2015) studied a potential repercussion affecting the mother-child relationship. They observed the relationship between the absence of the perpetrator of the abuse and their continued presence in the lives of the women and children following separation. What their study revealed is the detrimental impact that the absent presence can have on the mother-child relationship. An example from the analysis of this negative impact can be seen in the way Parveen described the language her son used, which seemed to normalise violence. She spoke of her son missing his father and the trips out that they used to have together. He believed that they could be reunited once again and continue doing the things that they used to enjoy, if his mother would go back home and accepted the violence. The financial as well as the interpersonal influence of this child's abusive father was far-reaching and could be seen as an effective tactic, according to Heward-Belle (2017), to assault Parveen's mothering. Fathers who exert power and control over their children can teach them to disrespect their mothers. The example in this study suggests that even when the father is absent, his presence can continue to abuse (Heward-Belle, 2017).

The predominance of the discussion of children's needs was considered initially to be a deliberate avoidance strategy. Perhaps the assumption that the women were deliberately trying to influence the direction of the group away from their own needs, can be considered from an alternative perspective, that of an opportunity to reaffirm their identity as good mothers (Sykes, 2010). A study by Peled and Gil (2011) identified that abused women in refuges "were influenced by traditional constructs of motherhood ... making virtually no reference to [their] needs ... or to the challenges they face as mothers" (p. 461). This lack of reference to discussing their own needs was certainly true within the CG focus group. According to Hughes et al. (2016), traditional constructs of ideal motherhood are more inclined to be created, within contexts of violence and abuse, "against an imagined audience that might view them as bad mothers, women ... emphasize how they put the needs of their children first, despite the difficult circumstances in which they live" (p. 345). Peled and Gil (2011) describe these perceptions of motherhood and violence as "split narratives" (p. 471), whereby the relationship between violence and the impact on mothering is not really unified. An example of this "split narrative" came from Kim in her description of the violent beating she received from her father. Her unremitting determination to protect her children, despite experiencing such extreme violence, Peled and Gil would suggest, was achieved only by virtue of being able to establish a "split" between the violence and the mothering.

Moulding et al. (2015) describe one of the unfortunate realities of DVA: "As vigilant as mothers might try to be, they cannot always protect their children from violence and its effects" (p. 250). Sensing this lack of protection, several of the participants in this study suggested that the answer to supporting their children's needs was for the refuge to provide services such as counselling along with designated on-site children's support workers. It was noted that having such services for the children would offer them a "distraction", a way of explaining "things" to them; and would prevent future "troubles" through the children having someone else to talk to. It was suggested by some of the participants that children avoid talking to their mother's about DVA as they are aware of the sensitive nature of the subject, which has often resulted in the witnessing of great upset within the family home. The avoidance of naming DVA in these examples, referring to DVA as 'it' or as 'things', could represent the shame and fear that these mother's feel in the knowledge that their children have probably been affected by what they have experienced. The participants were unable to articulate in what way the children might have been affected, but for every domestic abuse story that was attached to each individual, there was an unwitting sense of fear that their children had been affected in a deleterious way. Humphreys et al. (2006) note that women do find it difficult to acknowledge that their children have been negatively exposed and affected by DVA. However, once this acknowledgment has been made, work can be done to strengthen the parent-child relationship, using a strengths-based approach led by DVA practitioners. This approach would encourage opportunities "to work with mothers and their children together to re-establish or develop communication channels undermined by years of abuse" (p. 61). Recent studies by

authors such as Moulding et al. (2015) and Thiara and Humphreys (2015) also indicate that in the aftermath of DVA, the encouragement of effective communication between parent and child is crucial to repairing relationships. The key message here would be about developing an alternative response to the reactive cycle of intervention, which is often put into practice when relationships have reached crisis point (Humphreys et al., 2006).

### **6.3.2 Locating and accessing a refuge**

Punctuated within the themes of *Accessing a refuge*, *Loss*, and *To move on* and the subordinate themes of *Emotional support* and *Communal group* were dialogues concerning the journeys women had made to access refuges and the suitability of their location. This finding had not been anticipated, as the literature reviewed did not highlight the process of arriving at a refuge and the emotional challenges that this may bring. This finding, however, is supported by the work of Bowstead (2015), who reports that from 2008-2009, over 18,000 women made journeys to escape domestic abuse and violence in order to access supportive services such as refuges. She comments that “women have generally not chosen their initial destination at all; their focus is on leaving rather than arriving” (p. 311). Although the data from the RB focus group offers a limited contribution to the overall themes of the study, the journeys that Kim and Hana took in particular offer an insight into the wider needs and complexities of physically arriving at a refuge. As already discussed in the literature review, the primary reason that women access refuges is for their safety. The realities of accessing refuges, however, are not as straightforward and linear as the women would hope, with much discussion and debate within the focus groups surrounding preparation, location, and isolation.

One particular participant used the focus group at WV to purposefully voice her thoughts from her personal experiences of arriving at a refuge. Eloquent and articulate, she spoke at some length about the lack of preparation that she felt before arriving at the refuge, comparing the process to walking from one nightmare to another. The expressiveness of her portrayal stimulated the image of women and children blindly entering refuge buildings, each one different to the next, with little or no idea of what place they were about to inhabit. This desire for preparation prior to accessing a refuge is perhaps more of a reflective psychological requirement that is felt retrospectively, as preparation could have lessened the impact of the immense loss that was felt when arriving at this non-place (Burman & Chantler, 2004; Augé, 1995).

Compounding the issue of preparation, or the lack of it, are the messages that emerged surrounding location, specifically, the harsh reality that women and children face when refuges are found for them some distance away from their homes. Some of the group participants, particularly at WV, opened up about their feelings of isolation when their ‘safe place’ was miles away from their family, friends, and social networks. These messages are similar to those that have been written about in the literature, which describe how unsettling moving to temporary

accommodation, such as refuges, can be for women and children (Abrahams, 2007). In the subordinate theme *Communal group*, the collective nature of the group did indicate that meaningful and supportive relationships helped mitigate the isolation. However, the conflict between feeling safe and grateful, but at the same time resentful and angry due to feeling disconnected from their previous lives, was expressed by some of the participants, who questioned why they should be the ones who have to rebuild their lives so far away from their friends and families. The anger and resentment that fuelled such honesty was similarly expressed by other group members, who simply questioned the obvious: Why it is the women who have to leave? They continued by asking why there is not more support for keeping women in their own homes and evicting the perpetrators? One such initiative does exist, and it operates in North Yorkshire, England. Clarke and Wydall (2013) evaluated an original pilot project called the 'Making Safe' scheme, a multi-agency response to domestic abuse, which focuses on both the victims and the perpetrators. The key feature of this intervention is that victims remain in their own homes, and the perpetrators are re-housed. Burnet (2016) describes the four positive outcomes from this programme on the victims of abuse: "respite from daily fear or anxiety, an avoidance of the upheaval of leaving the family home, being able to retain existing support networks, which, in turn, resulted in a reduced feeling of isolation and a greater sense of empowerment" (p. 237). A key reason for the success of the 'Making Safe' scheme has been the holistic approach that brings policies and agencies together to consider the needs of the victim first (Clarke and Wydall, 2013). To date, however, this scheme is unique and has not been adopted in other regions of the UK.

In the theme *Accessing a refuge*, the feeling of isolation that participants reported from being located away from their family and friends is also illustrated within the theme *To move on*. From a psychological perspective, the parallels can probably be drawn between the desire not to feel isolated from others and the feelings of isolation that had been experienced within the abusive relationships (Abrahams, 2007). Krishnan et al. (2004) conclude that refuges are mainly used for two purposes, that is, either as a period of respite from abusive partners, or, as was identified in the analysis of this study, for women to transition and move on to a new phase in their lives. Moving on represents the physical act of women moving into their own properties, and the emotional act of attempting to forget past distressing experiences, including the experience of living in temporary accommodation, such as a refuge. What came as a surprise to some of the women in the study was the isolation that they felt when they thought they had moved on, which came almost as a cruel and unexpected twist to their perceived recovery. What the analysis alluded to was the lack of coping skills some of the women had when the moving on did not live up to their hopes and expectations, often resulting in them returning to the refuge, along with a subsequent sense of failure. According to Krishnan et al. (2004), some women, who have a lack of perceived social support and an increased sense of helplessness and suicidal ideation, who misuse substances, and who, due to the severity, frequency, and duration of their past abuse, seek less help from formal services,

are more likely to return to the perpetrator. Conversely, they suggest that those who do not return to the perpetrator, who instead choose to seek help from a DVA service, would probably have fewer mental health difficulties and would also be more inclined to seek help from other supportive services.

### **6.3.3 Safety and the subsequent Emotional support**

*To feel safe* is a theme that corresponds, quite predictably, with the literature. Historically, the safety aspect of refuges has been the main reason women would enter a refuge. In fact, it is one of the central reasons that the refuge movement began in the 1970s (Hilbert et al., 1997). The obviousness of safety as a response to what women in a refuge situation state they need is a significant finding that needs to be reiterated. Both Abrahams (2007) and Jonker et al. (2014) in particular are in agreement that the safety aspect of refuges is crucial for women fleeing domestic violence and abuse. Harris et al. (2014) highlights that “safe refuge in a time of crisis” (p. 740) is one of four distinct services described by the refuge staff that they interviewed as being the most valuable. In this current study, safety was spoken about in response to the initial research question, but very little was said about safety afterwards. From the focus groups, it almost felt like an obvious automatic reply, a silence-breaking answer in response to the awkwardness felt at the start of the groups. What the studies by Jonker et al. (2014) and Lyon et al. (2008) have highlighted is that safety is a primary need that is required immediately upon entering a refuge. To generalise, therefore, some women may feel such an immediate relief when they arrive at a refuge, easing their state of crisis, that further discussions of safety are no longer on the forefront of their minds, being replaced by other priorities, such as finding more permanent accommodation. The messages within the theme *Emotional support* further support the ideas suggested within the literature that relate to the link between women’s arrival at a refuge, their emotional resilience, and the susceptibility they may have to depression. One woman spoke openly about her motivation being low, particularly when she had so much going on, whereas another spoke about having the urge to hide in her room rather than having to answer questions and relive past experiences.

The needs that residents present with once in refuge could possibly be explained further by considering the key messages from the study by Jonker et al. (2012). The study aimed to construct four needs profiles (High Needs, Practical Needs, Empowerment Needs, Low Needs) of 218 women based in refuges in the Netherlands. The findings from this study suggest that the needs of women are dependent not only on their abuse experiences, but also on an array of other factors, which Jonker et al. (2012) also identify. To put this into perspective, it is useful to think about these needs profiles in relation to some of the other participants that took part in the focus groups to see how well they fit into these suggested categories.

Kim from the focus group held at RB refuge, for example, would appear to fit the 'High Needs' profile, which is determined by the fact that she had high levels of needs from both a practical and a psychological perspective. The vivid picture of suffering that she presented of her life prior to arriving at the refuge suggests that Kim may have been suffering from high levels of depression and/or PTSD. Descriptions of the endless years of physical abuse she experienced, which began in childhood; the realisation that her youngest son was sexually abused by her eldest son; her migration from Ireland to an unfamiliar city in the north west of England with little to no personal possessions; and the inadequacy of the response she received from social services and local authorities prior to obtaining refuge; all point towards a woman and her family who have 'High Needs'.

Parveen and Hana, who were also participants of the focus group held at the RB refuge, demonstrated characteristics from the 'Practical Needs' and 'Low Needs' profiles respectively. At the time of the focus group, Parveen had been at the refuge for a month. She was tearful about the abuse she had experienced from her husband and expressed sadness about the effects of the abuse on the attitudes of her children towards her. One could infer that she had high levels of depression, but as her worries had eased due to being in the refuge, her self-esteem may have increased somewhat, suggesting her needs profile would be within the 'Practical Needs' category. After several months at the refuge, Hana had accepted the emotional support offered by her support workers and had accessed a counselling service by Women's Aid, and after four months of support in the refuge, felt ready to move on with her life. According to the authors, those with a 'Low Needs' profile seek help with practical issues, such as applying for housing and benefits. The women may still have some symptoms of depression and PTSD symptoms, but will have higher levels of self-esteem. The way Hana offered messages of hope and support to her fellow group members suggested that her needs had vastly changed compared to when she arrived at the refuge.

The "unrequested interference" (p. 48) that is a characteristic of both the 'Empowerment' and 'Low Needs' profiles is synonymous with the women receiving help that was not requested or desired. Interestingly, examples of unrequested interference were found within the themes *To feel safe* and *To feel valued and heard* in this current study. Refuge residents stated how the safety measures of the refuge, namely, the risk assessment policy, felt unnecessarily restrictive, with the feeling of being told what to do by support workers being likened to being bullied. One of the issues within the theme *To feel valued and heard* was that of residents being sent for psychological intervention to Mind, rather than being listened to effectively. It could also be suggested that unrequested referrals to mental health professionals' fits in with the perspective of the pathologising of victims of DVA that McDonald (2005) reports.

### 6.3.4 Relational support - The 'how' of service delivery

The main service that the participants spoke about during the focus groups was the service provided by the support workers, although referring to their work as a service almost takes away the humanity from the role, since what the support workers provide in an average day at a refuge is unequivocally limitless. The literature describes the uniqueness of the needs of refuge residents. Each woman who enters a refuge, with or without children, has a set of needs incomparable to the next, and at the front line of every refuge, welcoming each new resident, is a support worker. The fact that *support* was a main theme from the analysis, with five additional subordinate themes, is not surprising, as it is the support offered by the support workers predominantly that navigates the residents through every conceivable aspect of life in a refuge. Bennett et al. (2004) describe the role of advocates in shelter services in the USA. In the following quotation, if the word advocates were to be replaced by support workers, it would describe the work that the support workers do according to the analysis of this study:

women's advocates accompany and support women [with] the legal, medical, and social systems seeking protection from future abuse. Advocates provide a link between women seeking assistance and institutional agents (e.g., police, attorneys, medical personnel, public housing agents, etc.) who may not be sympathetic. (p. 818)

The care ethic of support staff who work in refuges has been written about in the literature, particularly by Harris et al. (2014). In their study, the staff and residents interviewed recognised that what was valued the most from the perspective of service delivery was the notion of relational support and the care perspective, which was considered inherent within the metatheme feeling cared for. Feeling cared for is not provided by a service or an intervention, but is an intrinsic value of how we relate to others with both empathy and congruence. In their study (Harris et al., 2014), extracts from refuge residents are presented to highlight not *what* the refuge has given them, but *how* the services have been delivered: "For many managers and staff members, this *how* aspect of shelter work is central to their service philosophy which embraces "*caring*" as a core value" (p. 741). Within most of the themes from this current study, it is how the women are related to rather than what services they received that is discussed most within the analysis. For example, one participant, an ex-resident, noted the warmth she felt from a support worker some years after she had left the refuge, knowing that the refuge would always be there to help her if she needed it. Parveen also shared an example of the caring and welcoming approach she received from the support workers at RB refuge. She described the lightness and improvement in her mood that she felt due to a support worker taking the time out to see how she was feeling.

The focus of a study by Jonker et al. (2014) was to gain insights into the perceptions of both staff and women on what they considered to be appropriate care during the first six weeks of



life in a refuge. They used a quantitative concept mapping method to generate their results, which were as follows: “To take women seriously and treat them with respect”; “give emotional support, be there”; and “give women space to tell their story” (p. 475). These findings also relate to the aforementioned metatheme, essentially reiterating the value of *how* women need to be approached in a refuge, and the importance of relational support. The study by Tutty et al. (1999) also emphasises the importance of forming positive relationships with fellow residents within a refuge, which is also reiterated in the themes *Emotional support* and *Communal group support*. One resident described the unconditional support that she received whilst in refuge and the value of having a shared understanding of DVA, particularly, for example, understanding feelings of isolation from being placed some distance away from friends and family. These messages and the literature are in agreement therefore about the significance of forming positive relationships with staff and residents, and the positive outcomes that can ensue.

## **6.4 Research Question 2 with reference to previous research**

Although only three staff members were interviewed in relation to the second research question, it is interesting how many relevant debates were identified within the data, particularly in relation to the impact that austerity measures have had on refuges. In the following sections, key messages will be discussed further with reference to the previous literature.

### **6.4.1 Engagement equals ‘Recovery’**

Krishnan et al. (2004) believe that refuges can offer solutions to address the complex array of difficulties that can emerge from women experiencing DVA within interpersonal relationships. These solutions are incorporated within a variety of services provided by and within refuges. As discussed in the literature review Jonker et al. (2012) state that refuges provide a “unique opportunity” (p. 39) to address the problems that have developed due to the impact of abuse. However, Warrington (2003) and Harris et al. (2014) argue that these services are offered as a way to maintain funding, a way of demonstrating to commissioners that the refuge services being offered are good value for money, with little reference to the refuges’ feminist origins and with DVA described instead as a problem defined by mental health issues. If this is the doctrine that has gradually infiltrated refuge ideology over the past few decades, then it is not surprising that within the analysis, there was an emphasis on resident engagement and the success of their subsequent recovery, followed by an interpretation as to why ‘reluctant residents’ do not engage with support. Engagement in this sense means engaging in the support interventions being offered by the refuge, which was mentioned by each of the interviewees. The suggestion being that not engaging can result in not moving on from the abuse. If ‘not moving on’ means being susceptible to, or at risk of further violence in the future, then Schumacher and Holt (2012) found that “rigorous research on the efficacy of domestic violence shelter interventions for reducing risk for future violence is limited...more research

on the benefits and limitations of widely available services for domestic violence victims is needed” (p. 189).

A Canadian study by Wathen et al. (2015), which explored the role of refuges in the context of the expectations of funding commissioners, interviewed refuge executive directors about their experiences. They wrote about how neo-liberal ideologies are being embedded into the political agenda and therefore infiltrating how DVA services are being delivered, suggesting that a “‘pathologizing’ discourse has come to dominate how VAW [Violence Against Women] clients are framed and, therefore, how VAW services are evaluated...[rooting] the problem of violence at the individual/family level, rather than at the collective social/structural level” (p. 140). Within the analysis of this thesis, by clinicalising the problem of DVA, success can be measured by how engaged a resident is.

Coming from a counselling psychologist perspective, I felt that it is also important to consider the focus on recovery in relation to the belief that placing a focus on the DVA will enable change. As discussed, the women who eventually arrive at a refuge have commonly experienced severe abuse and are more likely to present with symptoms of PTSD. The danger that needs expressing here is that focusing on the abuse will not necessarily lead an individual to their eventual recovery; in fact, it could have an adverse effect. Brewin (2003) argues that interventions that are designed specifically for PTSD should only be implemented when “symptoms are failing to subside naturally” (p. 205), which suggests that if interventions are being implemented when symptoms are not subsiding, then this could potentially have a harmful effect on the recipients. Considerations need to be made therefore regarding what is meant by recovery. Indeed, if we were to consider the argument in the literature review by Allen et al. (2004) and relate it to women in refuges who may or may not be experiencing PTSD symptoms, then “instead of viewing these women as “unmotivated” or as inadequate help seekers” we might be able to “accept that they are doing what they need to do to take care of themselves in that moment” (p. 1031). Similarly, Burnet (2016) suggests that women will have been experiencing abuse for some time prior to seeking any help, and therefore, they are likely to want to continue to resolve their situations on their own, without engaging in more formal support services. Not knowing how to accept help is very different from being labelled reluctant or unmotivated in the desire to recover.

## **6.4.2 Impact of Financial Cuts**

What follows is a discussion relating to changes that have occurred within refuge services due to the impact of nationwide financial cuts to the DVA sector.

### **6.4.2.1 Floating Support**

According to the Women’s Aid’s Annual Survey 2016, which was carried out in the period to which this thesis corresponds (2015/16), a third of DVA organisations were being run without

any dedicated funding. One such example of a service which has continued, but on a lesser scale, despite the funding being cut, is the support that the interviewees described relating to the post-refuge needs of the women. Prior to the funding cuts, in many areas nationwide, any post-refuge needs had been supported by a service known as floating support, an outreach service provided to former residents who had moved on from the refuge and into their own accommodation. Women were supported with everyday practicalities, such as managing their finances, and social support, legal, and educational support (Sullivan et al., 1992). The post-refuge period was described by the focus group participants as one that induced unexpected emotional challenges, compounded by feelings of vulnerability brought on by the loneliness and isolation that some felt several years after leaving the refuge. Discussions within the focus groups evoked passionate expressions about the floating support service, its utility, and its importance. Particularly relevant, for example, was the fact that the women were liaising with support staff who already knew them and their stories. This subtle, but significant, relational need was met simply by having a service that was delivered by familiar refuge staff. The IDVA concurred that the impact of losing the floating support service had been “massive”. She described a concerning disparity between the level of support provided for women on a daily basis whilst in the refuge, which abruptly ends as soon as they leave. At greatest risk, she stated, were those women who were more vulnerable and who had more complex needs, those who lacked, as a consequence, more practical everyday help-seeking skills.

One must consider the purpose of such apprehension regarding the loss of the floating support service and its impact on those women who are considered more vulnerable or at risk. It could be understood by considering the results of one study that looked at the post-refuge needs of women, which concluded that 35% of those studied had returned to the perpetrator of the abuse (Sullivan et al., 1992). Or, more recently, Lako et al. (2013) similarly stated that

during the critical period of transition from [refuge] to community living they are ... at a substantially increased risk for recurrence of the adverse events which brought them to the [refuges] in the first place... Institutional discharge has proved to be challenging for socially vulnerable people... [Refuges] for abused women ... aim to prevent relapse of clients into their former situation and provide services to improve clients' well-being and support their integration into the community. (p. 2)

Of course, if we were to consider here the research carried out by Jonker et al. (2012) regarding understanding socially vulnerable people, for example, those who have ‘high needs’, and are therefore more likely to have a symptomology of depression and PTSD, then this could focus the staff at the refuges on the type of support or indeed referrals that they may need upon their transition into the community. The importance of post-refuge services for women is demonstrably endorsed within Tutty’s study (1996) with an evocative comment from one of her participants: “If you’re not going to have a follow-up program you shouldn’t have a

[refuge]. Because all you're doing is giving that woman a temporary assistance for her to go back to where she just came from" (p. 438). Within the literature, findings demonstrated that women who received post-refuge services (such as an advocacy intervention, which arguably in this context, could be described as a type of floating support) were more likely to have their needs met, have lower levels of depression, and be more effective at obtaining social support, compared to those women who did not receive any services (Sullivan and Bybee, 1999; Allen et al., 2004). To understand DVA, therefore, is to understand the level of support that women require to achieve an independent life, and that for some women, for example, post-refuge support is critical to ensuring that they maintain the decision to live a life free from the violence perpetrated by their abuser (Tutty, 1996).

#### **6.4.2.2 Creativity and Empowerment**

What was discussed across the themes, were the creative methods that were having to be employed in order to continue meeting the needs of the residents. The IDVA explained how budgetary constraints had meant that she was forced to be creative when it came to providing some of the resources that the women needed. This process of sourcing resources from outside the refuge is one that required her to reach out to various charities for donations in order to extend the provision that could be provided. Wathen et al. (2015) attribute "such reliance on uncertain resources (e.g., donations)" (p. 138) to the inadequacy of funding models that have not kept up with the types of services that are required and why and failing to recognise and understand the long-term effect of DVA and the level of support that women and their children actually need. Kelly et al. (2014) similarly state that

many professionals [have] underestimated the toll living with abuse ha[s] on women and children, expecting that separation ... would not just create safety but also lift all the other burdens. Women may have moved on but the shadow of domestic violence [has] not been rubbed out. The current policy focus on short term risk reduction [has] contributed to this misunderstanding (p. 7).

The manager of the service, spoke about the creative methods that she had adopted in order to find a solution to some of the services affected by the funding cuts. The services that she focused upon during the interview were the alternatives that had been put in place since the funding for the floating support service had ended. She described the open door policy, advice centre, and monthly groups that were available for former residents to access if they so desired. However, she did emphasise that these options were available only as long as they did not become too burdensome. The responsibility of the refuges, as reflected in the funding available, was to the residents; to cater beyond that would be stretching the available human resources beyond their capacity.

Reflecting upon the themes from these interviews, I got the sense that, as a result of funding cuts, the empowering of women had very much come to be regarded as a survival strategy in the absence of adequate resources and services. Both the RSW and the IDVA described the process of 'empowering' women in supporting residents in becoming independent in preparation for moving on. The manager of the service similarly described 'enabling' the women to become independent by increasing their self-confidence and guiding them in the processes involved in gaining accommodation. In effect, as long as the women were adequately enabled and empowered, then their post-refuge needs would be met by their own empowered means. From a feminist perspective, encouraging women to find their voice, and to assert themselves, their feelings, and their needs can be empowering (Kim and Kim, 2001; Cattaneo and Goodman, 2015), and as such, has long been considered a core philosophy within women's refuges and the DVA movement (Cattaneo and Goodman, 2015). In fact, Abrahams (2007) found that treating women with respect and as responsible members of society was fundamental when attempting to empower women to have the confidence to make their own decisions. Empowerment in the context of DVA is essential "since a common tactic used by abusers is to isolate victims and strip them of their decision-making" (Sullivan et al., 2008, p. 292); thus, restoring a woman's sense of autonomy and independence is encouraged within refuges.

Empowerment within the context of this study is cited within the literature as a result of achieving goals that have been set within refuges (Ramsay et al., 2009). The aim of these goals is said to be to increase a woman's "interpersonal and social power" (McGirr and Sullivan, 2017, p. 157), to enable the women to essentially take control of their own lives. Indeed, from the interviews with the three staff members, empowerment was identified not explicitly as a goal, but as something that the women needed to gain, the implication being that feeling empowered would ease their transition back into the community with control and independence. Women were therefore encouraged to engage in activities that promoted their independence and to participate in interventions.

Kasturirangan (2008) argues, however, that the term empowerment should be met with caution since "programs do not necessarily define what 'empowerment' for battered women entails. Rather, they list services provided to empower women" (2008, p. 1465). The concern, according to Kasturirangan, is that mainstream services designed to empower can be met by a limited set of beliefs, attitudes, and practices that define the DVA movement, which conversely may have the adverse effect by disempowering women. She suggests that rather than empowerment being seen as an outcome for services to achieve, there needs to be a clearer understanding of empowerment, defined by its flexibility to accommodate individual differences, values, and contexts and as a process that women are actively engaged in. Kasturirangan has a clear message regarding how services should approach empowerment: "Programs cannot and should not try to empower women. Women who engage in an

empowerment process should set their own goals and determine what kinds of resources would be helpful to them in reaching these goals. Programs may help women access these resources” (p. 1469). Allen et al. (2004) equally emphasise the importance of supporting women to gain an understanding of their own needs through incorporating and promoting a flexible response to service delivery.

It could also be argued that the concept of empowerment can be understood within a neo-liberal discourse. For example, if education and training are key components for the “prescription of change...[and] the passport for welfare recipients to make the transition from dependent, passive welfare consumer to an entrepreneurial self” (Peters, 2001, p. 60), then encouraging women to become self-sufficient and independent in the transition from refuge to the community makes economic sense. Women are actively encouraged to engage with and learn from refuge services, as the manager of WV reflected, to “better themselves”, to utilise the resources available to them in the refuge to help with the process of ‘rebuilding’ their lives. The concern, according to Ishkanian (2014), is the inconsistency of service provision based upon commissioning and funding changes, as “contracts are given not on the basis of ‘ethos’ but on which organization provides the lowest, most competitive bid ... ‘officials want to hear about cost-savings, not human rights’” (p. 343). What this example from Ishkanian highlights is the lack of understanding, as exemplified in the theme *To be understood*, of the expertise and knowledge that is required to help women in the process of recovering and moving on from DVA.

## **6.5 Implications and recommendations of the study**

This study started out with the aim of exploring the needs of survivors of DVA who had fled their homes, and left their families, friends, and communities, to arrive at a women’s refuge. One can assume that for them to arrive at a refuge, the women must have been severely affected by DVA. These women, mostly mothers, experienced degradation and shame; being controlled, coerced, and bullied; and had the experience of fighting for survival. This study offers an insight into what these women reported they needed from a refuge, which can contribute to the continued understanding of how women can move on from DVA to a life that is safe and more fulfilling. In the following sections, I will consider the significant implications that have been raised from conducting this piece of research, offering some recommendations from my perspective as a counselling psychology trainee. These implications raise questions that are appropriate for a range of professionals to consider, from refuge personnel (RSWs, IDVAs, children’s support workers) and funding commissioners to services that work alongside refuges, such as housing associations, local governments and mental health professionals.

The first implication arising from the analysis is to consider how to truly empower women within refuges. Providing women with the opportunity to state their own goals and to determine

what would help them establish the lives that they believe would be meaningful would begin this process (Kasturirangan, 2008). Arguably, involvement in this study enabled the participants to begin thinking about what they needed from a refuge in order to facilitate the process of moving on.

In light of this, another significant implication is to consider the message about their children that the participants repeatedly conveyed within the data. The women's preoccupation with their children's needs could be read in a number of ways, including that the women did not know how to help their children beyond the naming of external services, such as children's support workers and counsellors. Of course, external services that are brought in to refuges offer a vital service, but there was no discussion about what a mother could do herself to take responsibility for her child's needs, for example, to help them process their experiences of DVA and the impact it has had on their family unit. As discussed in Section 6.3.1, there are approaches that can be adopted within refuges to support both the mothers and their children together, but these approaches had not been suggested to the participants. Adopting such approaches in-house and concentrating on developing and increasing self-help skills within families could be an effective and meaningful way for the mothers within refuges to feel empowered. It could enable them to feel like they are actively helping their children, rather than waiting for over-stretched services who may never attend. Fitting in with a social justice ethos, counselling psychologists are well placed to carry out such work, for example, by providing refuge RSWs with the tools that encourage the open communication between mother and child of the effects of DVA (Goodman et al., 2004).

Another implication from the analysis relates to the journeys women make to access a refuge, in keeping with feminist principles, allowing the voices of the participants to be heard in describing their journeys. As Bowstead (2015) found in a recent policy report, there was no reference to the journeys, travel, or relocation that women are forced to make to escape DVA. This fact is particularly worrying, as knowledge of these journeys helps to build a picture of the types of problems that women are facing in their attempt to seek refuge accommodation, such as the effect of the 'localism' agenda. In the analysis, the participants spoke about the process of getting to a refuge with regard to feeling ill-prepared and isolated due to the suitability of the location. Women were left with no other choice but to be housed some distance away from their social and familial support networks, and there were negative repercussions because of this. Yet refuges continue to be inadequately funded and are forced to operate on limited resources. Polly Neate, former chief executive of Women's Aid, stated, "This is not just a struggle for funding: it is also a struggle for understanding, for recognition, for women to be heard and believed" (Women's Aid, 2017, p. 2). Through listening to the women, as this study has done, we learn about where they have come from, the hardships they have endured, and the determination they have found to escape. Recognising this can help services identify and respond more effectively to the needs of individual women,

particularly when, regardless of the funding restrictions, the women still have needs that have to be met (Krishnan et al., 2004).

The final implication to consider is that of the ending of the floating support post-refuge service due to the current austerity measures. There remain significant questions regarding how the needs of these women will be met without a dedicated service. Will refuges have to continue employing creative methods as described by the manager of WV, where alternatives will have to be found? Or, do women need more preparation whilst they are in refuge, relating to the realities of moving on, such as the susceptibility to depression due to feelings of isolation? Again, counselling psychologists are well placed to support women with this transition by conducting groups, for example, to anticipate some of the patterns that may occur and how to prevent them once the moving on has occurred.

Incorporating my existing knowledge from working at a refuge with the knowledge that I have gained from conducting this research enables me to offer a recommendation for future research that is based on the realities facing refuges during these uncertain financial times. This thesis has presented the needs that women have during their time in a refuge and the challenges that meeting these needs involves for refuges. This inspired me to start thinking about creative solutions to the problem of supporting the women. Reflecting on the focus group process and the key messages from the analysis, it is clear how well placed former residents are to support current residents. Although this was a key dynamic within the early refuge movement, before it became more professionalised, I believe that with the right guidance and supervision, former residents can offer a mix of hope and realism to current residents that only those with a lived-experience can communicate. Further studies could explore how a more formalised relationship between residents, based on, for example, group support and mentoring, could provide a cost effective outlet for refuges. An intervention based on a relational model of support, which as the literature has highlighted, is about 'how' services are delivered rather than 'what', could be supported by counselling psychologists, who could oversee and supervise former residents to encourage a quality of interaction that promotes empathy, honesty and support.

From a social justice perspective, counselling psychologists have the skills, on both a theoretical and a practical level, to overcome the systemic obstacles that affect victims and survivors of DVA (Bell & Goodman, 2006). These systemic obstacles could be challenged by considering the micro (individual), meso (communities and institutions), and macro (political systems) levels and how they interact (Bell & Goodman, 2006; Bronfenbrenner, 1977). Bell and Goodman (2006) argue that in the US, some social institutions, such as the criminal justice system, contribute to and sustain many problems that relate to DVA. The analysis from this thesis (within the themes *To feel Valued and Heard* and *To be Understood*), for example, similarly found that understanding and empathy at the meso and macro levels (police, housing



associations, and local government) were lacking. Future research could focus on how counselling psychologists could consider these systemic implications from a social justice perspective. Bringing together members of these systems, from the micro to the macro level, could begin a dialogue that addresses and highlights some of these concerns.

## **6.6 Limitations**

Every study has limitations. Firstly, this study was small, and the participants comprised a non-random snowball sample. This means that generalising the analysis to other similar populations is limited, although this would probably be the case with regard to any study of refuges. The generalisability of the three interviews with the staff members, for example, was limited not only by the small sample size, but also by the short duration of the interviews. Furthermore, no member-checking was carried out with any of the participants in the study, a decision made due to the practicalities of the locations as well as the logistical and ethical implications, such as finding the contact details of each group member. Staff members aside, the implications of tracing the individuals who had taken part in the focus groups, who are known for their transient lifestyle, and of how to pass on confidential transcripts meant that member-checking did not seem feasible or indeed beneficial, due to the fear, for example, that the act of tracing them could reproduce dynamics of past abuser(s). Arguably, this decision was also made based on the fact that the large group sizes of two of the focus groups, and the anonymising of the participants within the transcripts, would make it difficult for some of the participants to identify their own contribution.

It is also important to acknowledge the limitation stemming from the decision not to include the data from the RB focus group within the main corpus of the thematic analysis. One could argue that the omission of this data from the final themes weakened the validity of the analysis. However, on the other hand, it could be argued that, through handling this single piece of data differently, and avoiding the pressure to conform to theoretical norms of dissecting and coding (St. Pierre and Jackson, 2014), another avenue of interpretation has been discovered. As Burman and Whelan (2011) state, "The art of designing a good piece of qualitative research is to find a way to research that is small enough to be explored in depth, that somehow exemplifies wider issues" (p. 7), the wider issues here being the physical and emotional journeys that the women in the RB refuge made to arrive at a place of safety. Despite these limitations, this study offers further insight into the needs of women situated in a particular moment in time, in three locations in England, from the perspectives of current refuge residents, ex-residents, and staff members.

## **6.7. Conclusion**

In my introduction, I stated, perhaps naively, that through this piece of research, I wished to change the lives of the women I had worked with, and potentially of many more on a wider scale. I felt that I had a responsibility as a researcher and a counselling psychologist to

conduct a study that could make an impact, big or small, on women and children who have experienced DVA. Whether I have achieved this, only time will tell; however, what this study has done is provide a platform for 32 women to describe their needs, and for these needs to be heard and believed. This study contributes to a larger body of knowledge that looks at the needs of women in refuges in the UK (Abrahams, 2007), but at a particularly poignant time by considering the impact that austerity measures have had on the DVA sector, incorporating the perspectives of former and current refuge residents with staff members to consider these needs.

Some of the outcomes from this study have identified key messages similar to those presented in the literature, namely, the importance of safety and of holistic support in a refuge setting. Interestingly, the study highlighted the unexpected outcome relating to how the women view their needs as secondary to their children's, and how they feel helpless and somewhat powerless to be able to help them effectively. An area that the analysis has also drawn attention to is the process of arriving at a refuge and the physical and emotional impact that this can have on the needs of women. Particularly noteworthy also was how focus groups as a method of data collection were a powerful approach that encouraged support, enabling the women to voice their needs collectively within a supportive and empathic structure.

As previously stated, there are six principles that counselling psychologists can employ to promote social justice practice within their practical and theoretical work (Goodman et al., 2004). I would argue that these principles reflect the constructionist and feminist epistemology of this study, which will be described as follows. The first principle, that is, the process of 'self-examination', refers to a reflexive engagement with the self, which is vigilant of any assumptions or values that one may hold. In Chapter 5, a transparent account of how I reflexively approached this study has been presented, reflecting on the methodological decisions that were made and that were discussed in Chapter 3. The second principle, that of 'sharing power', is referred to explicitly when discussing the decisions that were made around conducting the focus groups, which "allow[ed] the voices of marginalized and oppressed groups to emerge" (Goodman et al., 2004, p. 802). The third principle, 'giving voice', is the central feminist tenet that drives this study and that is encapsulated, for example, in the way in which the journeys of Kim, Parveen, and Hana have been presented within the analysis. The fourth principle, 'facilitating consciousness raising', is embedded within the overall aims of this thesis, through focusing on the needs of women in refuges to then encompass wider debates around DVA. The fifth principle, 'focus on strengths', has been highlighted through recognising the positive relationships that are conducted within refuges and an ethos which embraces caring as a core value between staff members and residents. Conversely, the challenges that occur when working across disciplinary boundaries can affect relations between residents and external services, as "each comes with a different institutional language, and overall perspective that make day-to-day collaborating very challenging" (Bell

and Goodman, 2006, p. 160). What this thesis has highlighted is the need for consistency within the language that translates across disciplines, from within refuges and into the community. The final principle, 'leaving clients with tools', which helps create "self-determination among marginalized groups" (Goodman et al., 2004, p. 807), has been considered within this chapter. Considerations around the 'tools' needed to empower women within refuges as well as improving the communication of DVA issues within the mother-child relationship, have been explored with relation to the current literature.

Overall, more than anything, I hope that this research promotes an increased awareness in discussions around the impact of DVA and the needs of women in refuges. I hope that it encourages systems around the refuge to reflect on the remarkable courage that it takes for women to leave their abusive relationships, by listening to their stories about the journeys that they make to find refuge, and the experiences they have as residents.

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# Appendices

## Appendix A

*Women in a refuge: What are their needs?*

### Participant Information Sheet

You are being invited to take part in a student research project which is being carried out in partial fulfilment of the Professional Doctorate in Counselling Psychology. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please ask if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for reading this.

#### Who will conduct the research?

*The study is being conducted by Nerys Owen, who is a trainee on the Professional Doctorate in Counselling Psychology, at The University of Manchester.*

#### Title of the Research

*Women in a refuge: What are their needs?*

#### What is the aim of the research?

*The aim of this research is to find out to what extent the needs of women in a refuge are being met. In these times of austerity I am interested in exploring if the services provided for the women in a refuge are appropriate to what they actually express they need. I am also keen to find out how stakeholders have managed the services for residents when their budgets have been cut by 31%. I am hoping that this research will also contribute to the ongoing research in domestic violence and abuse and offer a current perspective from the voices of women in a refuge setting.*

#### Why have I been chosen?

*You have been chosen as you are either a current or ex-resident of a women's refuge or are a current staff member at a women's refuge.*

#### What would I be asked to do if I took part?

*You will be asked to participate in a focus group with myself that will be audio-recorded and last no longer than 60-90 minutes. A time and date will be arranged to meet at the refuge and you will take part in the focus group where we will discuss what you perceive to be the needs of women within a refuge.*

**What happens to the data collected?** *The audio recording of our focus group will be transcribed by the researcher and deleted after transcription. The electronic document containing the transcription will be kept in a password protected file. Only the researcher will have access to the transcriptions. Some quotations may be used*

*in the write-up of the research, but these will not be attributed to anyone in an identifiable way.*

### **How is confidentiality maintained?**

*To ensure your anonymity, no information can be used to identify you will appear on any document associated with the research. Full transcripts of this interview will only be seen by the primary researcher and up to two research supervisors. Confidentiality will be maintained by password-protected encryption software, to ensure access to the data can only be gained by the researcher. These safeguards are in compliance with the University of Manchester regulations, the British Psychological Society and Health and Care Professionals Council on data protection and conducting ethical research.*

### **What happens if I do not want to take part or if I change my mind?**

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time.

### **What is the duration of the research?**

*The focus group/interview will last for approximately 60-90 minutes.*

### **Where will the research be conducted?**

*The research will be carried out at the refuge where you reside/work.*

### **Will the outcomes of the research be published?**

*The outcomes of the study will form part of a University thesis and there may be further publications in academic journals. Again information will be non-identifiable.*

### **Contact for further information**

*Researcher: Nerys Owen, Trainee Counselling Psychologist*

*Email: [nerys.owen@postgrad.manchester.ac.uk](mailto:nerys.owen@postgrad.manchester.ac.uk)*

*Supervisor: Erica Burman, Lecturer in Counselling Psychology, at The University of Manchester*

*Email: [erica.burman@manchester.ac.uk](mailto:erica.burman@manchester.ac.uk)*

*Phone: 0161 275 3636*

If there are any issues regarding this research that you would prefer not to discuss with members of the research team, please contact the Research Practice and Governance Co-ordinator by either writing to 'The Research Practice and Governance Co-ordinator, Research Office, Christie Building, The University of Manchester, Oxford Road, Manchester M13 9PL', by emailing: [Research-Governance@manchester.ac.uk](mailto:Research-Governance@manchester.ac.uk), or by telephoning 0161 275 7583 or 275 8093

**Women in a refuge: What are their needs?**

**CONSENT FORM**

If you are happy to participate please complete and sign the consent form below



**Please  
Initial  
Box**

1. I confirm that I have read the attached information sheet on the above study and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.
2. I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason.
3. I understand that the interviews will be audio-recorded
4. I agree to the use of anonymous quotes.
5. I agree that any data collected may be published in anonymous form in academic books or journals.






I agree to take part in the above project

\_\_\_\_\_  
Name of participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of person taking consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Appendix B

## *Staff Semi-Structured Interview Schedule*

- What do you believe the needs of the women in this refuge are?
- How are you meeting these needs?
- How have the budgetary cuts affected the services you are able to provide?
- Do you think you are able to meet the needs of the women in this refuge, if so can you give me some examples?
- Are there any other services that you do not provide that you feel would benefit the residents?
- How much do you feel that present day austerity is impacting on the women in the refuge?



# Appendix C

MANCHESTER  
1824

The University  
of Manchester

August 19<sup>th</sup> 2015

## Invitation to participate in a study on what women's needs are within a refuge

Dear Resident/Ex-Resident

I am a trainee counselling psychologist on the Doctorate in Counselling Psychology at The University of Manchester. As part of our professional training each student must undertake a piece of research, which is the reason for my contact.

I have been working as a trainee counselling psychologist at a refuge since March 2014 working therapeutically with individuals and within groups to support women with their mental health needs. Whilst I have been there it has got me thinking about the other needs these women may have and what they perceive these are and why.

In these times of austerity, I am interested in exploring if the services provided for women in a refuge are appropriate to what they actually express they need. I am hoping that this research will contribute to the ongoing research in domestic violence and abuse and offer a current perspective from the voices of women in a refuge setting. Let me emphasize that my role is to support the role of refuges in the community and not to criticize.

I am therefore looking to conduct a focus group with 3-10 members current or ex-residents of the refuge. The focus group will last no longer than 60-90 minutes. Anything you share will remain confidential, and this is something I will clarify further once your interest has been noted.

I would be grateful if you would consider supporting this research and if you require any further information or clarification please do not hesitate to contact me on the details below. If you are interested please can you fill in your details below and pass them onto a member of the refuge staff team.

Kind regards



Nerys Owen

Trainee Counselling Psychologist

[nerys.owen@postgrad.manchester.ac.uk](mailto:nerys.owen@postgrad.manchester.ac.uk)

---

I am interested in taking part in this focus group. I understand that anything I contribute will be confidential.

Name/Signature \_\_\_\_\_

Age \_\_\_\_\_

Nationality \_\_\_\_\_

Date \_\_\_\_\_

# Appendix D

## Transcription Considerations

A pre-planned system to denote, for example, any pauses ((.) a short pause, (..) a longer pause), indecipherable content (xxx), and sentence interruptions (/) managed the task and highlighted any hesitations (erm, err). 'R' denoted a current resident, 'ER' an ex-resident, and 'I' the interviewer.

### WV Focus Group 2 – South of England 19<sup>th</sup> August 2015

Length: 68 minutes

Factors to be aware of: Starts at 11am. Some late arrivals due to sorting out crèche.

15 group members from 4 different refuges: Held at Women's Aid.

All current residents (R) and one ex-resident (ER).

I: first of all from your experiences of being in a refuge  
(another refuge resident enters the room)

I: ah hello come on in we've just made a start and pressed record there's a chair here for you  
(.) from your experiences of being in a refuge (.) what works (.) this focus group is all about  
your needs so your needs in a refuge from your perspective what works when you're in a  
refuge

R: the support we get

I: the support

R: cos we need that support cos of what we've all been through you know but there's only so  
much support that we can get (xxx)

R: feeling safe

I: feeling safe

R: feeling believed

I: feeling what sorry?

R: feeling believed

I: believed

(..)

R: the thing is we want to know what is our rights are what kind of support that we can get  
what kind of priority for housing like that

I: practical erm information

R: yeah yeah practical information

I: practical and legal

R: practical and legal

I: yeah

R: it's very hard being in refuge but obviously we're all going through the same things so we try and support each you know everybody you know but it is difficult

R: yeah

R: you know and housing is another that's also difficult cos that doesn't happen overnight you know before you know it you're in refuge for months you know want to move on and try and forget what we've been through and how its affected each and every one of us you know but we've all got different needs through what we've been through so we have court cases and then once the court case is over we've got to try and get over the court case and you know move on and it's not easy you know it sort of stops and you're lost again

I: so this moving on business the pressure to move on

R: it's very difficult trying to put the past behind you and move into different (xxx) where you're safe you know you've uprooted everything's so different

R: especially when you're pregnant as well you've got all the stress of/

R: /yeah

R: being pregnant and reliving all of it and when you get questioned asked like how you're feeling and things like that and you just like I just want to go into my room and hide and not speak to anybody

R: there's no motivation you know it's very difficult some days are better than others there's things going on you know like court again or what's happened

I: so support then (.) who gives this support then in the refuge?

R: you get to the stage where you get all the support you need and you start getting over what you needed to get over I mean (.) I'm in the drug and alcohol refuge cos I was drinking every day when I went in and now I'm at the (.) I've been there 8 months and I'm trying to get out and there's people coming in now with drug and alcohol issues and I've got my children in there trying to get out is like that's then getting me back down again because I'm trying to hide the kids away from the people coming in cos I've got 3 children it's not easy especially in that house cos it's quite big to hide the kids away from all the issues that are now going on in our house

I: so that's another issue isn't it with the different types of refuges

(a few yeah's of agreements in group)

OR: I think the other thing is that there's no preparation for going into a refuge (.) we're coming very much from quite possibly being isolated erm and for some people it'll be for a short period of time it's happened and for others it'll be a very long period of time it's happened and erm it doesn't matter what you put on the website there is absolutely no preparation for walking through the doors of a refuge/

R: especially when you have *nothing*

R: you leave with nothing

R: clothes on your back

R: /and the fact that you've taken that incredible courage to actually leave or you don't know what's going to happen to you and that is obviously one of the most dangerous times to go (.)

R: you think the worst don't you

(lots of talking over)

R: and with your kids as well I mean you're dealing with all those issues you're dealing with your kids cos your kids don't understand what's going on and erm you have no and the other factor is that you don't the refuges are different all over the country like you're saying about the drug and alcohol ones you've got ones you know self-contained environments and others where you completely share and you don't have no idea until you get there cos if you go onto the women's aid site and look at refuges there's no explanation

I: so are you identifying then that there's something about there needs to be more preparation?

R: I absolutely do

I: so would anybody else agree with this?

(a chorus of yeah)

I: I've done another focus group elsewhere and up in the north of England and this didn't get mentioned so this is really good this is/

R: I think it depends when you go in cos when I went in I knew when I was going in so I managed to get all my post from my house and moved in with all my clothes cos I went somewhere else on the way to refuge and my refuge is one of the (.) I don't know well I've been told it's one of the nicest ones but that depends on who you have in it/

# Appendix E

women, but also the fact that there was only 4 of us in the room. Hearing the PR sniggering/crying whilst transcribing was very sad.

321) sheer desperation

This section really highlights the 'getting into refuge' + the hardship

331) IR apologises ~~but~~ can't hear it - but I ask them to leave a breathe. Maybe for my own self-care actually

339) <sup>IR</sup> goes on then to talk about her own childhood - after a pause in conversation, she fills it. Makes me think this was useful for her?

341) abusive father - graphic detail - at this point I'm wondering about the other 2 and how they're taking this in. Impact on the children in this story. Witnessing DV. She then talks about the abused becoming accepting of the abuse.

355) trying to bring the focus back to the topic - what a refuge can do to support children

367) children's roles at 11 'protector' - how children see themselves

375) abuse breeding abuse. kids witness abuse & become abusive

384) her fight to get services for her sons. use of language - 'removed' social care. fighting for services - just an extension of having to fight for survival?

# Appendix F

## Transcript Summary Sheet – Cotton Grass – Northern Inner City Refuge

### Context:

- This was the refuge that I worked at as a trainee counselling psychologist for over 12 months. Although there were some ethical issues around my dual role as therapist and researcher, I decided to carry out my pilot study at the refuge. It made sense to carry out a focus group there as it was relatively easy to set up (the support worker who organised the weekly coffee mornings helped me advertise it), I knew some of the residents from the group and individual work that I had previously done, and I felt it was important for their voices to be heard (what does this mean?).
  - My supervisor explained that pilot studies could be used as data if the information gained was worthwhile?
- I had considered initially only inviting current residents to the focus group, however upon advertising for the pilot study focus group (via a formal invite letter), many ex-residents showed an interest. I questioned at the time whether this would be ok, after all, one of my initial questions was regarding a woman's need in a refuge, thinking about continuity/hearing the same voices. I realised after speaking to my supervisor that the voice of the ex-resident would offer a reflective and useful opinion on the question. Invite letters were therefore amended to include ex-residents.
- Carried out the focus group on the 1<sup>st</sup> of July 2015 on the hottest day of that year
  - 14 women turned up and they all spoke except one
  - crèche was put on for an extra 15 minutes to accommodate the focus group (the crèche was a definite draw for some women)
  - 7 residents and 7 ex-residents
  - lasted just over 60 minutes
- Notes made straight after focus group:
  - Very hot, crowded, three fans blowing (which made transcribing very difficult)
  - Although I had researched that the ideal number in a group would be 10 maximum, with 14 turning up (as it was coffee morning and some came along for that and decided to stay). At the time I remember wondering about what to do about going over my 10, but we adapted and found extra seating and dealt with the heat!
  - Having ex-residents there was useful – was reassuring for current residents
  - Noticed that the women without children have different perspectives
  - The ex-residents provided a historical perspective (what came before/what's available now)

## Transcript Summary

- Initial question asked: *Things you've found helpful at the refuge?*
  
- One word answers were given which I had to repeat due the background chatter in the room as the women found seats and settled in. Just after the following ideas are brought up, I summarise what has just been said whilst inviting anyone to elaborate. At this point more women enter the room. Seating arrangements adjusted, I ask the women to move as close as they can to my recording device. I reflected on how hot it was, but hoped that the group would last around an hour.
  - Counselling
  - Safety, feeling safe
  - Supportive team in the office
  
- I remind the residents as to why we're here together 'talking about the needs in a refuge' and again how long this should last. I ask a current resident to repeat what she had said before the interruption.
  - 48 - Support workers being friendly and helpful when you walk in for the first time
  - 49 - They're polite and if they have time they check on you to see how you're doing
- I had to prompt discussion here by asking 'anyone else?'
- 54 – A current resident mentions knowledge of staff – deeper message
  - first arrival head's all over the place – wasn't in any state to do anything; somebody to tell you what to do, which forms to fill in
- 59 - Discussion around practical support did they know 'what needs to be done?'
  - Many said no
  - 62 - If you've been through it before then yea, but motivation/concentration inhibits you to get up and do those things
- 65 – what are the things that you have to do when you first arrive?
  - Benefit forms
  - Housing
  - Housing benefits
  - Solicitor/courts
- 76 – conversation turns in an instant to the children. Historical context as described by an ex-resident – there used to be a child support worker. They discuss what her role was and the types of activities she would organise 90>
  - 95- specifically describes the walking down to the library in a group
  - support worker good for:
    - 96 – to get children back to normal and to have a routine
    - 101 gives them something to distract them makes them feel worthy
- 102 - Abuse of children – support for us but not for the children. Current resident describes how long it takes to get help; ex-resident 111 described process of getting help through school as being lengthy
  - 123 - same resident describes her son having to 'kick off' before he received some help.



# Appendix G

<ul style="list-style-type: none"> <li>• 334 Current resident states that cuts have affected what they do while in refuge "we just sit in our rooms"             <ul style="list-style-type: none"> <li>◦ 337 ex-res states it was the residents that organised stuff not the refuge – she goes on to explain that they utilised their time during coffee mornings to come up with ideas 352</li> </ul> </li> <li>• 356 I ask said resident how you think the refuge could facilitate this, what would be beneficial 358 "just opportunities to be able to get together"</li> <li>• Ex-residents here supporting the refuge – [almost standing up for them/being their advocate: ]             <ul style="list-style-type: none"> <li>◦ 365 Current resident "we don't have any money for the 7 week holiday like we would do if we were in our own homes", ex resident 372: "the staff find you stuff to do for free in the area", current resident "oh do they?"</li> </ul> </li> <li>• 378 – second time I have to interrupt. This discussion was being split!</li> <li>• 387 – different ages of children in refuge – discussion around the playroom and what it's there for             <ul style="list-style-type: none"> <li>◦ practicalities – tvs/Xboxes</li> <li>◦ you've always got to be with your child!</li> </ul> </li> <li>• 403 so what do you need?             <ul style="list-style-type: none"> <li>◦ 408 Practical ideas suggested – homework corner/sectioned off for teenagers who are responsible for a key – as they're not supposed to do anything on their own 420 ]</li> <li>◦ another resident talks about her 11 year old who can't do anything without her. Although she's about to start high school and will be encourage to be independent. They want to give their children some responsibility whilst in refuge</li> <li>◦ 439 – 449 – ex-resident describes what it was like for her 16 year old with lots of toddlers around her.</li> <li>◦ A discussion then around the playroom and how infantile it is. Not suitable for 10+ a few solutions suggested 472</li> <li>◦ 481 – the reason they need somewhere for the children. Not for their homework, but because of their awareness to what's gone on. States its easier to distract the younger children. ]</li> </ul> </li> <li>• 493 – I had to refocus the discussion "what do you think needs to happen?" ex-resident: "more money in the budget" me: "there is no more money for the budget due to cuts" ex-resident 500: "well they need to transfer that room"</li> <li>• 504 – they then state that they need to bring back the counselling – I think she's misunderstood the role of the children's support worker (CSW). Two of the residents describe the benefits from seeing the CSW for their daughters.             <ul style="list-style-type: none"> <li>◦ 510 Current resident states "they lose everything don't they though"</li> <li>◦ 511 ex-resident "yea they've been taken away from everything that they know"</li> </ul> </li> <li>• 516 – I ask about their understanding of what counselling does for the children             <ul style="list-style-type: none"> <li>◦ 518 – "they don't want to confide in mum cos mum's gone through hell"</li> <li>◦ 521 "they're scared of hurting you...she's scared that if she does [tell me anything] I'll be upset"</li> <li>◦ 525 "that's the last they they want is to upset mum and to see mum crying"</li> <li>◦ 526 "they've seen you upset enough"</li> </ul> </li> <li>• I have to interject and remind everyone to talk one at a time.</li> </ul>	<p><b>Microsoft Office User</b> Obviously a dynamic pro-active group who got on well. Isn't always going to happen. This particular current resident had no children, was only 19 and was obviously lonely. Expecting the refuge to organise group activities.</p> <p><b>Microsoft Office User</b> But you the refuge have to create these for me. Victim mode? Lack of confidence in doing this themselves.</p> <p><b>Microsoft Office User</b> Loyalty from an ex-resident who returns for coffee morning after being gone years. The refuge obviously saved her life. She's stood up for every negative</p> <p><b>Microsoft Office User</b> Having older children in refuge – not enough resources for them. Taking up the tv, having to stay with them.</p> <p><b>Microsoft Office User</b> Difficulties as safety has got to come first I guess</p> <p><b>Microsoft Office User</b> January 17, 2017 <b>Emotional support</b> for children in the form of a physical environment. Paradox? It's about distraction</p> <p><b>Microsoft Office User</b> Interesting choice of language – not we lose everything. They.</p> <p><b>Microsoft Office User</b> They not us.</p> <p><b>Microsoft Office User</b> January 17, 2017 So we want somebody else to deal with them. That's how I see this. We don't know how to manage our children (maybe I'm being harsh) so we want a counsellor to do it for us. Here is an example of how interventions can help empower these women – within 'freedom' within other stuff they're given – skills that they can use with their own children.</p>
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- o 110 - worried the room would be small, worried how her kids would be having to share a living room, |
- o However she was welcomed and she realised she had her own kitchen [two families shared a kitchen, which had two sets of everything – cooker, fridge, sink etc] and bathroom
- o says 'they are helping me too much' – not sure if that's the translation or if she's aware of what she's saying. Sounds as though she needed this amount of help- 116
- o 118 – they support her when she's upset, when thinking about her past situation by asking her why she's crying. Feels better for talking
- Pre-conceived ideas from BR – 124 – 147
  - o Believed what others told her about refugees so refused to go into one 128
  - o When she did go into refuge she was disappointed in those that told her not to go -137
  - o She imagined it to be filthy; like a prison; lots of arguments 174
  - o Rented privately to avoid going into a refuge – private landlord notified her ex of her location
  - o She regrets the year she spent in private rental when she could be a year ahead now getting all the support she needs 145
  - o 149 – how wrong the image of a refuge is. She felt she wouldn't be able to cope with communal living due to having OCD. Explains the set up of this refuge 154-157 how it works even though she's Muslim and sharing a kitchen.
  - o She talks about the fine line between sharing positive experiences about refuge as some women could take advantage |
- Previous refuge experience from SR – 182
  - o Conflict
  - o Using same appliances/pots and pans
  - o Children fighting over tv which caused adults to fight 'tearing their hair out of each other like kids arguing' 190 |
  - o Kids shouldn't be seeing this, coming from violent backgrounds
- This refuge – |
  - o Positive experience 194 – only names the fact that her children seem happy in what has made experience positive so far |
- I ask about the needs of children 196 – if I had of known what this might bring up for SR I wouldn't have asked. However this had been such a strong theme in the previous groups that it felt important to bring up.
- 198 – SR opens up about her children's 'exceptional needs'. She's very calm and composed at this time. BR in background – you can hear her empathic noises of shock/sympathy as she speaks. Opens up about a catalogue of despair and sadness related to her children:

Microsoft Office User  
Being helped too much

Microsoft Office User  
Back to the need for support when depressive symptoms appear, whether they realise that this is what they're receiving or not

Microsoft Office User  
Depth, detail, honesty – small group dynamic. Calm.

Microsoft Office User  
Believed that refugees were horrible places – as told by friends and a health visitor

Microsoft Office User  
Support worker at FG3 supports the fact that it has been known for women to lie about abuse to get a roof over their heads.

Microsoft Office User  
Previous refuge experience – very negative. Dependent on who is living there at that time.

Microsoft Office User  
The selfless mother

Microsoft Office User  
When I first started thinking about this research I was purely thinking about it from the perspective of the individual – however from conducting this research I realise that need is reflected in the collective – a mother doesn't come into refuge as a singular, as an individual, she comes as an other (not sure if this makes sense?) but she's a mother and I can understand this now that I'm a mother.

# Appendix H

Main Themes	Subordinate theme	What they feel is missing?	Future Research/Couns Psych Perspective/Questions
Feeling safe	<ul style="list-style-type: none"> <li>Systems in place to keep them safe e.g. risk assessments. However as one resident said 'we know whether we can move on or not you know' Giving the women control – yet whether they actually leave/get a house or not really is dependent on other services around them, plus risk assessments etc</li> <li>'being in refuge is the safer option' – but to 'make it quicker to move on more quickly'</li> <li>stealing within refuge – having to have everything locked.785 – this impacts on children's independence</li> </ul>	<ul style="list-style-type: none"> <li>'moving on' and getting a house is the main goal, the other 'stuff' – which is probably 'stuff' they have to do in order to move on, seems to just get in their way.</li> </ul>	<ul style="list-style-type: none"> <li>The way the risk assessment is being described almost makes me think about the women's independence and control, which mirror's the domestic violence relationship somewhat.</li> <li>What would refuges be like without the rehabilitation?</li> </ul>
Support <ul style="list-style-type: none"> <li>Practical</li> <li>Emotional</li> </ul>	<p><i>Practical support</i></p> <ul style="list-style-type: none"> <li>Housing and housing applications – difficulties doing this outside of the refuge borough</li> <li>Legal support (knowing our rights)</li> <li>Within SDAR (Specialist Drug and Alcohol Refuge) 'all the support you need initially' but difficult to move on from here when sober</li> <li>Dependent on refuge services (as DV relationships mean they've been kept away from everything (finances etc?)) to keep them informed to advocate for them</li> </ul> <p><i>Emotional support</i></p> <ul style="list-style-type: none"> <li>The wanting to put the 'past behind' them</li> </ul>	<ul style="list-style-type: none"> <li>Within SDAR – a way to transition out when sober so that children are not witnessing new inebriated residents.</li> <li>Having to uproot and rebuild their lives away from friends and family 'because of what's happened' – Therefore sometimes having support is missing due to where they've been placed.</li> <li>An understanding of housing rights in and out of borough. Felt like the</li> </ul>	<ul style="list-style-type: none"> <li>Straight into the wanting to forget, not wanting to re-live – assuming here that it's the support workers who are doing the asking. Not wanting to talk to anyone – common in depression/PTSD?</li> <li>435 – minimising of domestic abuse 'only violent to me twice...broke into my house to attack me' frightening.</li> </ul>

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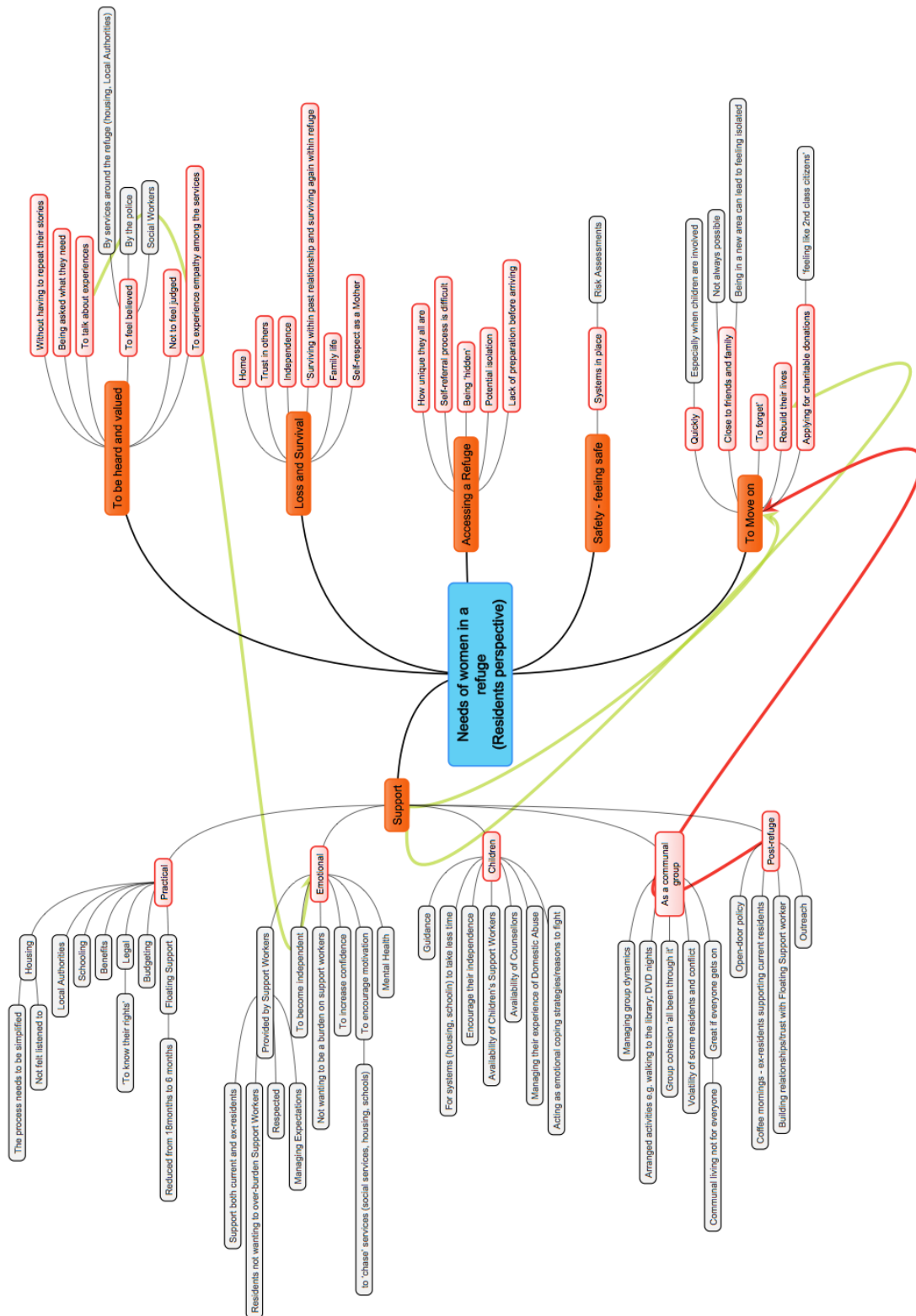
*Water Violet*  
FG3 - Initial themes from question – What are your needs in a refuge?

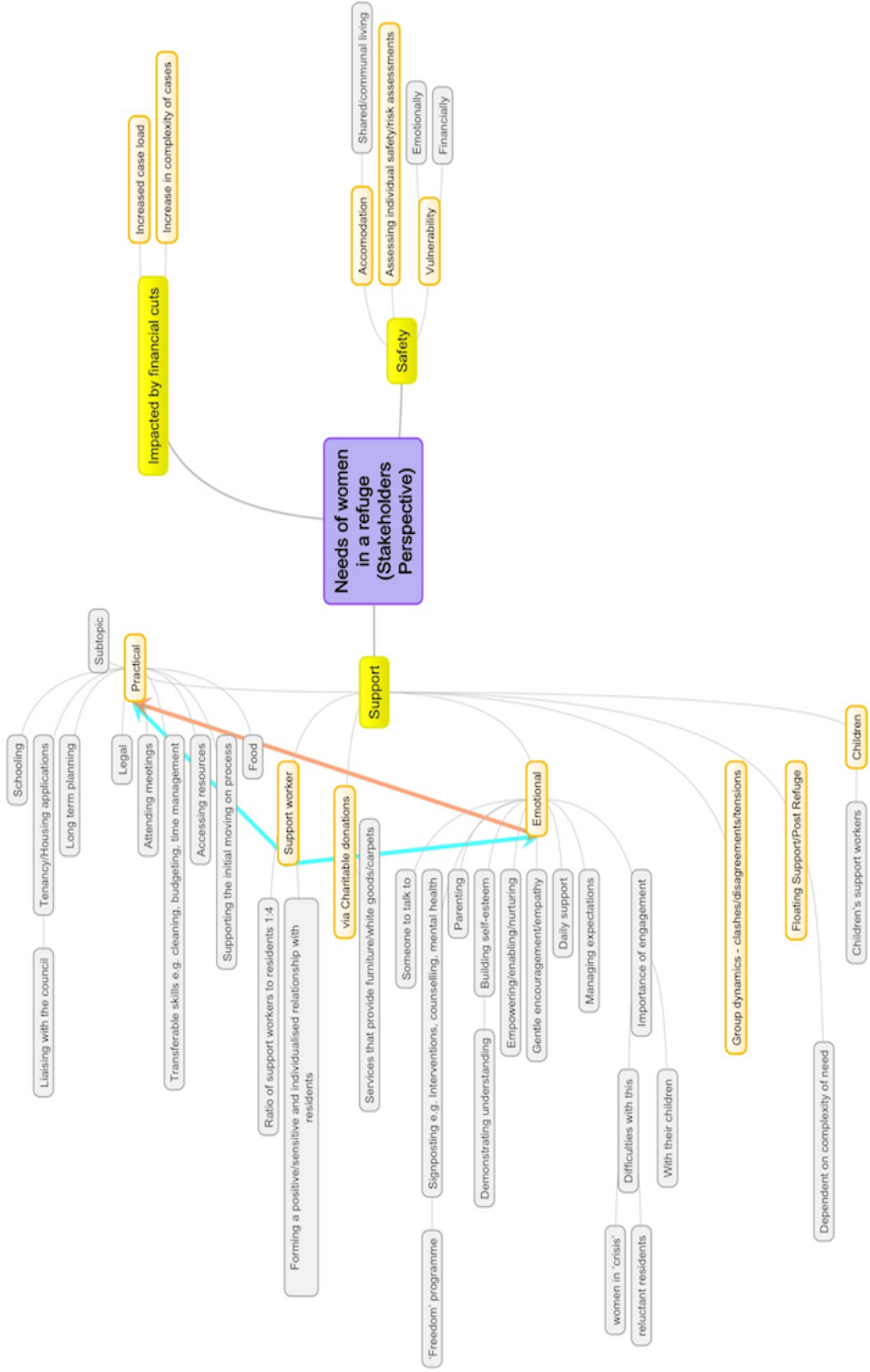
	<ul style="list-style-type: none"> <li>not wanting to talk to anyone and 'relive' and 'forget' what they've been through. Wanting to go into their rooms and not speak to anyone</li> <li>from friends and family who are in the refuge's locality</li> <li>motivation – seems to be a lot of 'chasing' 386 &gt; social services, housing,</li> <li>'no one sits us down and asks what do you want' 621</li> <li>needing to talk to someone 'that's going to make you feel like shit...i've got no one to talk to' 827</li> </ul>	<p>women had been given differing advice.</p> <ul style="list-style-type: none"> <li>being pregnant in refuge and having to put on a brave face – you can't show weakness. So many parallels with domestic violence in how these women describe their situations. 'All you want to do is hide and cry and you can't'</li> <li>but what about me I'm the person - 626 A person centred approach? I'm sure the support workers would argue that this is what they're already giving. In fact this is what</li> </ul>	
Feeling believed Wanting to be heard/listened to/valued	<ul style="list-style-type: none"> <li>support workers as 'amazing' 420; 417 – there's only so much that they can do <ul style="list-style-type: none"> <li>I mention the contradiction – you're believed in refuge, but services around the refuge need convincing – 427</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>Re-telling the story to me – interestingly they talk about how they don't want to have to re-tell their story, however they do it quite implicitly within the focus group. An example 275 – the additional</li> </ul>

FG1 - Initial themes from question – What are your needs in a refuge?

Main Themes	Subordinate theme	What they feel is missing	Future Research/Couns Psych Perspective/Questions
<b>Safety – feeling safe</b>		<ul style="list-style-type: none"> <li>• Difficult to give older children responsibilities in a refuge due to safety rules and policies.</li> </ul>	<p>The perception that children find talking to their mum's about their experiences of DV difficult – Could this be something that mental health professionals support with? Encouraging open communication between parent and child, rather than outsourcing to 'needing' a child support worker</p>
<b>Support</b> <ul style="list-style-type: none"> <li>• Practical</li> <li>• Emotional</li> <li>• From the group</li> <li>• From support workers</li> <li>• Post-refuge</li> <li>• For children</li> </ul>	<i>Practical support</i> <ul style="list-style-type: none"> <li>• From support workers</li> <li>• Housing</li> <li>• Benefits</li> <li>• Legal</li> <li>• Budgeting</li> <li>• Floating support</li> <li>• Finding activities for the women to do with their children in the holidays</li> </ul>	<ul style="list-style-type: none"> <li>• Children's support worker – used to be one a few years ago.</li> <li>• Systems around women and children can take time – housing; schooling</li> <li>• Floating support reduced from 18 months to 6 months</li> <li>• Outreach – not immediate enough; not</li> </ul>	<p>Not wanting to 'dredge up the past' – something here about the wanting to 'forget' about the past. Moving on implies not re-visiting painful past memories/experiences. How a mindfulness intervention could help here?</p>

# Appendix I





# Appendix J

## Kim

### Current Refuge

I have to say the staff here have been great for the last 3 days and I know that's only a short amount of time but in other refuges I felt kind of the same what she's (other resident) saying like do you know. You're kind of left to ... like your head is messed up as it is cos you're there in the first place, your kids are behaving different because they are in a different place. Everything is upside down you just need someone from the outside to kind of bring you back down to earth and guide you in the right way like you know, erm to start you off again you're already starting your life completely different...

The (refuge) are very good at like erm helping you to register your kids for school if you're not familiar with the area. Registering with GPs, telling you where everything is around, like they make sure you're comfortable with the area you know, where you're going and like erm as soon as you ask them anything like where's citizen's advice they look it up straight away or they'll point you in the right direction of a service they think you could do with

### Other refuges

Yeah I have been in refuges now where there has been a lot of conflict like you know erm I know Limerick doesn't really count to here but I have been in a refuge in Blackpool as well, but the one in Limerick I was kind of like erm in with all like Irish travellers so they had their own ideas about things and we were the only the family that wasn't from the travelling community so they liked things done their way and their life like what we were saying here about kitchens here we have our own cooker and all. In this particular place we didn't, everybody used the same cookers, the same pots the same pans the same plates and you know the kids fought over tellies adults got into arguments over kids arguing and adults tearing the hair out of each other like kids arguing you know I think its (sighs), it's supposed to be a safe place they've come from a violent background, the kids don't need that they don't need that. It's crazy but you know but here I like the idea that it's only it's small. It's only a small number of people here you know so it's pretty manageable we get on really well on our side. The kids have started to play with each other and even though I'm only here a couple of days like but the kids have kind of clicked straight away you know

### Needs of Children

My children have exceptional needs anyway. Erm me youngest was 4 months premature so he had a bleed on both sides of his brain and he had to have heart surgery. He's been sexually abused. He's had laser treatment on his eyes when he was 3 months old 3 weeks old I should say because the stems on the back of his eyes were were gonna burst like.

He's 5 now but he's the size of a 2-year-old. He was 1lb 9 born. He was on a ventilator for so long he got chronic lung disease so although it was keeping him alive it was killing him (sighs). So he was in hospital too for 7 months so for him to have been through all that and then to see so much violence and then to be abused as well. He really does need have exceptional needs you know. He's struggled, he's struggled in his first year of school like we had to, somebody actually had to really sit on him, he can't stay focused or anything he can become very aggressive himself erm, he gets, he can be lovely one minute and then he's like the anti-Christ the next minute like d'you know.

My 7-year-old as well who has a bowel condition but was on a waiting list for 3 years and still hasn't been seen yet so he has that. Then err my 11 year old he's dyslexic so he portrays himself as really astute but all the time he's really worried about going to an English school and people slagging him over his accent and how will he cope. So they've all got, they're all dealing with what they have to deal with since we've got here.

#### *The process of getting to refuge*

We've been in England for erm just over just over 2 and a half weeks now but we've been going from hotel to hotel to hotel to hotel, and not knowing where we're going to be for the next day and the forced problem that we had when we got here. Chester housing were telling us 'we don't care why you've left go back' even with evidence from the police and all in Ireland. So (sighs) the kids were really stressed over this. We found ourselves walking around for days on end until Chester social services agreed to like, take on our case and help us. So since they've done that last week it's been much better for the kids cos they've always let us know where we're gonna be tomorrow like do you know. But it's been much better since we got here cos they're not worrying about where they're gonna sleep tonight or tomorrow night. They feel safer here now do you know.

The kids really don't want to go back to Ireland because it was horrific what they've been through, so they really don't want to go back. But then when the first housing officers saying 'go back to Ireland' like picking up on everything listening to what everyone is saying and (sigh) it's been it's been like do you know... We've got no money we're not entitled to, even the kids aren't in school so I can't look for a job, but I've got to wait for them to get to school. I'm not entitled to apply for benefits for 3 months so we have absolutely no money at all you know we're dependent on social services for food which curses me as well because I'm normally quite independent like do you know erm.

We've come here with just the clothes on our back the kids have no clothes. As I've said my son has that bowel problem so (sigh) his clothes need to be changed all the time (starts getting upset) it's...

Even with the violence that I was facing (crying) and I'll be honest now I have an older son erm and he was the one who was sexually abusing me youngest son erm. So I had to put me young child into the care of social over in Ireland. Because at first I supported him for year cos I thought, I'm not saying it was only twice it had happened, but I thought maybe somebody had done something to him. So I did my best to support both my kids to get them both into services where they were getting help.

Then (sniffs) just before I came here me youngest started acted violent and everyday he was coming out with more graphic stories of remembering me son pulling him out of his buggy. He hasn't been in a buggy for 2 years (sniffs) and then telling me how he was trying to cover his mouth, but my oldest son was too strong for him. I had to listen to this every day before I came here and at the same time I had two black eyes so the kids were upset over that. I had my little boy telling me all these things when we got to England. We went to 'a park in' Chester and it was like the first time that me little son had left my side comfortably in I don't know how long, he went and played in the playground which is, he wouldn't even go to the park in Ireland he wouldn't even go. He was actually comfortable enough to move away from me side. But then when he heard the housing people telling us we had to go back to Ireland he's become very ... clingy again but at least he hasn't mentioned (sniffs) anymore of the abuse since we've come here but when we were still in Limerick he (sniffs) was just more everyday like do you know (sniffs).

So at first, when we got told there was no hope, no hope at all (sniffs) we found ourselves (sniffs) not knowing where we were going to be the next day, which was terrible for the kids they were being left hungry. We came here with enough money (sniffs) that would have probably got the kids a lot of clothes and fed them for a month. When we went and told Chester housing that we had money with us they made us pay for our own hotels, so we used the money quite quickly and ended up with nothing, and then like we were moved from Chester. Chester wouldn't do anything for us at the time so we ended up going to the police and we sat in the police station in Liverpool for 4 ½ hours one day cos we had nowhere to go. So we sat there for 4 ½ hours until Liverpool social services agreed to put us in a hotel out near the airport. They said that they'd have a social worker there the next morning before 11 o'clock, cos 11 o'clock was kick out time. We were left sitting outside the hotel until half past 6 in the evening. The kids had no food, they were so hungry, they were crying erm and then they sent a taxi about half six. I mean the kids didn't get anything to eat until 10 o'clock that night from 10 o'clock the night before.

It's like none of the areas wanted to take responsibility for this case. It's like it was too complex for them or something you know erm. That's what happened to us at Liverpool and I had to go to Chester town hall last week and I refused to leave until I seen a social worker and we were waiting for 3 hours. I'm supposed to be on medication so I didn't know where to get the



medication from. I'm on anti-depressants, anti-anxiety tablets and all that. I couldn't get my medication. At this stage my kids were hungry again and I'm at the end of me tether like so I just broke down in Chester town hall. So then they went to debate is it them or Liverpool who have responsibility but it ended up that Chester ended up taking the responsibility. It took 2 weeks for us to get there and it took for me to have a breakdown in front of them like you know (.) don't get me wrong they've been excellent since you know (sniffs).

#### Past history of domestic abuse and violence

I didn't have the best of childhood's meself. I was one of those kids that was missed by social services in Ireland. Even though I was like my school would see with me black eyes and busted lips from me da' like when I was 11. They kind of just dumped me outside the social worker office and left me to go in and speak for meself and all. This was one of those cases that just slipped through the cracks. Right up until like a couple of months ago my da' was still hitting me do you know in front of me kids. He gave me an 8 hour hiding once me head was open at the back and you could swim around the blood in me kitchen. All me kids were screaming and begging him to stop. When somebody tried to ring the police he pulled a knife on them, wouldn't let anyone ring an ambulance for me or whatever. So like (sighs) there is kids out there who do get missed and it's very unfortunate but like because of I think I think anyway my thinking of it is because me da' was violent it became (.) acceptable to me obvious the partners that I picked.

#### How can a refuge support children?

I think for my kids because they're boys they've felt, especially my eldest son well he's 11, but he feels that he should be my protector kind of thing. So when he sees me being hurt by somebody else and he's helpless to it his confidence is on the floor then do you know. So you have, so for any child like that, their confidence is knocked when they see their mam being hurt they can't do anything against this monster kind of thing do you know. So their confidence, and their sense of helplessness and all that stuff, for kids must be going on in their heads like do you know. I think they need support with understanding why they're feeling the way they're feeling because they get aggressive towards each other then. My kids are fighting each other and they're frustrated and they don't know why they're feelings are all mixed up.

#### Fighting for services

As I said Limerick has nothing to do here, but when I found out my eldest son had molested me youngest son I had to fight for 3 whole months to get a social worker. 3 months of terrorising them every day and by the time they sent the referrals into like the sexually accused therapist for me youngest son and a referral in for my eldest son you're talking 5 months down the road. Now and I'm thinking like my little child has told me this and now it looks like to him

cos nothing's happening nothing's changed he must think I've just ignored him. I really had to fight hard every day for 5 months to get them into a service which is absolutely crazy like.

Children need services more than I do

I think I'd be more interested in accessing something for me kids first and then me next kind of thing. Once I knew they had a service then I'd be willing to go to a service but I think it'd be unfair to take a service when they need it more than me. It's like when you're on a plane isn't it like who do you give the oxygen to first like do you give it to the child or do you give it to yourself. I failed that question when I was asked that the first time (laughs) but erm I don't know. I'm an adult like do you know as I said I'm more of a survivor. I've been at this for a long time you know erm. I've never hit my kids, but the violence they've seen is horrendous.

Leaving the abuse

You're leaving (the abuse) to try and rescue, well my idea is to try and rescue the rest of their childhood, while they're still young enough for it to be rescued. Like I said my 5-year-old has been through so much in his little life, it crushes me every time I think about it like it just crushes me to think about what that little boy has been through in 5 years you know (sniffs). Most of the time I spend thinking, not about what I've been through, but about what they've witnessed you know. That's the guilt, its mental torture you know when you stay in a situation for so long that you feel so guilty that you've kept your kids there for so long

I'm surprised I've even shared in the group thing cos I think nobody wants to admit that they've, nobody wants to admit that they've kind of reared a child molester you know. Although he's young, he's 16 now, but the language that he used to me younger son makes me want to vomit, cos it's like what you'd hear a paedophile using, like calling it things like a game. It just makes me head want to explode I feel like ripping the skin off my own face because I can't believe It was happening in the house where I was. I didn't even fucking know what was going on, I'm sorry for cursing, I didn't even notice like I never noticed [voice gets quieter] we didn't treat him any different you know we didn't treat him any different to (sighs)...

## Parveen

### First experience in a refuge

I have been here from one month. Safety first and the refuge is a very safe place I am thinking in my brain because in this place erm no arguments no kicking, pushing, shouting, swearing so lot of peace here.

First experience so I'm feeling better mentally and the supporters are very good they support me in everything because my English is not very good, very supportive like a friend. I cannot apply erm my kids benefit myself. I cannot I never do this and I can speak. I don't understand what other person is trying to say to me to explain to me so that's why I'm happy here. When I was living my husband, my husband do my kids benefit and when he will do he will do big arguments with me saying to me 'I'm doing this for you I'm doing this for you like' (.) what can I say (.) erm like erm (..) 'I'm doing this for you I'm doing that for you' like you know yeah like I'm dependent on him.

### Arriving at the refuge

When I erm coming in this place and err the police err the police workers I can say the policeman the police arranged that man when he bring me here first time first day. I was so scared. I was thinking how the house will be? How I can manage the kitchen? How I can manage the bathroom? How I can manage with other kids a lot of family will be there? So how I can manage? I was thinking a lot of things but when I after this house and there's a worker Sobia she can speak Urdu my language. She give me erm and err the other workers Jane, Sharon and Kelly as well they all people who give me beautiful smile to welcome to me. They erm say to me most welcome happy and welcome and they introduce to me there's your kitchen, there's your fridge, there's your bathroom, there's your bedroom so my worry gone.

### Pre-conceived ideas about the refuge

Yeah the new environment I was thinking maybe small room. My kids will stuck in one room. Somebody, somebody said to me on the phone there was a one living room and you have to share it with other people. So I was thinking how my kids will be share they never share so that situation is total different. My kids is happy to share my own cooker my own fridge my own sink so am happy so am happy.

### The support workers

They are helping me too much, they never leave me alone. When I cry they see me because sometime I'm thinking about my previous house situation. They ask me 'Parveen why you cry why you feel?' When they ask I tell them that's why I'm crying after telling them I feel much better, I feel light.

### Reasons for leaving husband and seeking refuge

My older child said to me mum when you go back our home, I miss erm that. I ask him why you miss your dad, he said he was taking me cinema you not taking me cinema and he was taking for me takeaways (starts crying). You're not taking me every day. I said to my child your dad was hitting me and your dad was hitting your small brother and that's not good. My erm oldest child said to me let him hit you, let him hit Abdul I want to go cinema.

When my husband take my child outside he said to him 'your mum is not good woman, she is Pakistani bitch (crying) your brother is stupid'. My husband said to my oldest son 'your little brother is stupid, hit him, push him, I hate him he's a bastard.' Sometime I hear in my own heads I feel so bad I'm not bitch, I'm a good person I'm an innocent woman, (sniffing) I love you I will live with you forever why you said to me bitch? No woman hear this word it's a big slap for me (sniff) and then my kids start saying bitch me. He was using my husband's language everyday every time. So I was listening swearing from my husband, and I was listening swearing from my kids (sniff). My husband was calling to me 'you are poo and wee.' I have a 2-year-old daughter she was calling to me 'Mum you are poo you are wee' even she was speaking my husband language.

Emotionally it mental torture I was thinking if I stay more longer in this house I will get mental. I need respect 'I just need respect please' I said to my husband, 'please use good language if you cannot use good language please be quiet.' One side my husband mentally tortured me other side my mother in law mentally tortured me (sniff).

When I was living with my mother in law because my house was my mother in law property, she gave me very small room. This room is quite bigger [room we were sat in for focus group] that room is very small where I am from. I was sleeping with my three kids. My kids were in the bed and I was sleeping on floor with pillow and there is mouse and spiders in my bed and I was sleeping on floor and there was mouse and spider on my bed.

I was saying to my husband you are sleeping in king size bed in upstairs I am sleeping with my 3 kids on floor that's not good I'm your wife your responsible to give me provide. You're responsible to give me room. I have 3 children. I live in all house one room is not enough for me (crying). He never bothered. He is young man he is 40 year old man he can do full time job but he was doing part time job. He say I can't afford, I can't afford. I was saying to my husband I am listening your bad language, I am listening your swearing I am struggling in one small room. There is a arguments all the time. Your mom is mentally torture to me you mentally torture to me you are talking too much loud when they talk like and my husband goes so fast my head shaking that is situation I am suffer. So when I left my home I said to police if I stay more longer in this house I got heart attack or I go mental.

## Hana

### What do you need from a refuge?

I've come from another refuge to here so I've been in a refuge already for 3 months you don't actually know what your support needs are yourself you're just focusing on what's happened and where you are at that point. You can't really think about, personally I couldn't really think about what I needed to do next and what was, what I could do and what was available

### Previous experience at a refuge

In this particular instance the refuge and the staff left it to you to erm to, they wanted you to maintain your independence and they didn't want to impose on you. For somebody like me I needed somebody to be there and to tell me what the next steps should be and how to go about it. They were very much about not invading your space and letting you decide in your own time. Maybe that is the best way, giving you the space and then eventually come to you, but for me personally it wasn't cos I felt I was in limbo for 3 months.

I get a sense of that here as well, and I don't think it's a problem at all it's a good thing. Like I said for me personally I had no clarity and so much had gone on prior and I was just, it was a relief when you're there that you're trying to untangle the web in your brain, and like just make sense of the situation. Like I've always been organised and meticulous but it was just different after my experience it was just different I just didn't have, didn't seem to be able to, get anything, look for somewhere to live, sort out the things that I need to sort out, I just wasn't able to do it

I think it was more difficult at the other refuge simply because it was out of my area. It was just the refuge they sent me to because there was no other place where I had a support network. That's what made it harder, and that's what made it difficult for me mentally and emotionally because I had nobody there and I felt I just felt totally isolated. Whereas here I have a huge support network am familiar with the territory whilst still feeling safe and erm I can start mapping out mine and my daughter's future. Whereas I couldn't there I was just in limbo

### Pre-conceived ideas about refuges

I have pre-conceived ideas about a refuge before I erm I went into one. In fact I refused point blank to go into one erm whilst I was still pregnant, and actually after I gave birth to my daughter and just before I was pregnant refused point blank. It didn't help as well with the very close friends that I did mention the situation to, they were horrified about the idea of me being in a refuge. Certain health visitors also said it's a horrible place it isn't somewhere you should even consider. Erm which I ended up relocating some distance away and going into a private rental. This turned out to be truly bad experience so as well as dealing with what I had to do erm dealing with my ex. I also had a troublesome landlord and lost some of my possessions

and lost my money so I had that to deal with. He also revealed information to my ex about our whereabouts cos he was intercepting my mail and eventually found out you know what was happening so revealed that. So that's what I had to contend with. Then eventually when I did go into the first refuge I was just disappointed disappointed with professionals my health visitors, my old friend one of them is a barrister and erm for formulating that opinion that I don't think was necessarily based on personal experience. It was, it was just like me preconceived ideas cos at the end of the day the most important thing was safety. I feel like my life has been put back a whole year. When a lifeline was put forward to me to go into a refuge slash hostel I was like horrified at the idea and I said no. Part of me wishes if I had done that initially I wouldn't you know my daughter would be settled now we'd be happy. She's one now. I can honestly say that the last year prior to going into the first refuge has been horrific, absolutely horrific and I wouldn't have experienced all that that I did in that year had I gone straight into a refuge. It would have been straight away me getting the support that you need the emotional support as well the practical help. There's a huge chunk of bad experiences that I wouldn't have had to go through.

People just project the wrong image of a refuge, but also in the other the refuge I had a self-contained unit so I was extremely apprehensive about moving on to other refuges cos I was told they were communal. I've got OCD cleaning and things so the idea of living in a communal facility just I couldn't cope with it.

This (refuge) is communal but only like myself and another family use this lounge and bedrooms obviously are your own. I've got my own bathroom and toilet that nobody uses and downstairs there's a very large kitchen that myself and another family use. They use one side and I use the other, so we've got our own cooker and fridge and freezer

When you think communal you instantly think everyone's using your things they're using your cooker. I'm Muslim so I can't bare the thought of somebody cooking bacon and or even using my pots and pans to cook or anything like that it just wouldn't be acceptable but it works here.

You don't want to advertise that refuges are ok because you don't want them to be used willy nilly and you don't want them to be like a stepping stone for people. I think it'd be hard for me to tell somebody, say if I came across somebody in that situation, I don't think I would say it's erm ok living you know. I'd be emphasising the point that it's safe it's secure you'll cope that's what I'd emphasise. I just wouldn't say it was a horrible place like a lot of people have said to me. I'd imagined it I've got a very vivid imagination I imagined it like a prison, I imagined it filthy. I imagined arguments of a different kind with families living there and I thought, pfft I'd rather this life where I'm just having to contend with one individual and deal with one individual than having a family, another family or families to deal with where there might be sort of adverse behaviour.

I think this is what when you do eventually get accommodated your head's so messed up because of what you've been through

#### Supporting children

I think they already do what they need to in providing services for children and erm signpost you to whatever's out there erm in the community. They lead by example as well in the way that they behave, they treat children not just as babies but as individuals the way they speak to them. So I don't really see how they could improve any further to be honest, erm it's just being in a refuge gives you the space and that freedom and the feeling of liberation so that you can concentrate on your kids and provide them with the love and care that they need and make sure that they feel safe. I was fortunate I left when my baby was born and he had no part and I don't allow him to see her cos I don't want him influencing her in any way cos he doesn't bring anything positive to mine or our family's life.

#### Moving forward

I felt a great deal of humiliation and shame about the situation and felt I could never hold my head up high again but after a few months of support and speaking to people I just think I'm not the bad person. I've had counselling with women's aid and you can access that yourself you just call them up and they can arrange it and speaking obviously to my support worker and just just that generally. I've had the benefit of 4 months of support so I'm now here I'm just here now I'm ready to move forward. I was neglectful of myself but I was I was like 'I don't matter' until I came to realise that me being happy is what will make my daughter happy