



# Yellow Door Interim Report 2025: An Evaluation of Yellow Door's Early Years Domestic Abuse Programme

Written by: Dr Jane Healy

Research team: Dr Jane Healy (Independent Consultant), Dr Louise Oliver, Dr Stefan Kleipoedzus, Dr Orlanda Harvey and Dr Anna Kopec Massey (BU)

15 December 2025

## Contents

Overview .....	4
The Research Team .....	4
Yellow Door .....	4
Background .....	5
Aims of the evaluation .....	6
Literature: a brief overview .....	7
Defining Domestic Abuse .....	8
The impact of domestic abuse on children .....	8
Non-abusive mothers and their children .....	9
Mothers and children as ‘recovery promoters’ .....	9
Domestic abuse recovery family programmes .....	10
Methodology .....	11
Data collection .....	11
Data Analysis .....	13
Parents Perspectives: Phase 1: Referral onto the programme .....	13
Parents Perspectives: Phase 3: Post-programme views .....	14
Children’s perspectives: Phases 2 and 4 .....	15
Learning from Year 1 .....	18
Going forwards .....	18
Parents Feedback: Support from Yellow Door .....	19
Conclusions thus far .....	20
Acknowledgements .....	20
References .....	21
Appendices .....	25
Appendix A: Pre-programme Survey .....	25
Appendix B: Post-programme Survey .....	25
Appendix C: examples of children’s creative play .....	25

## Tables

Table 1 - Research and Evaluation requirements and progress updates .....	7
Table 2 - Research and Evaluation design, 2025-2027 .....	11
Table 3 - Research participants, Rounds 1 and 2 combined, 2025 cohorts.....	13

## Overview

This is the 2025 interim report which presents findings from the first year of a 2.5 year project aimed at examining and evaluating an Early Years Domestic Abuse Programme for Yellow Door. The aims of the evaluation are to explore what is working well with the project; identify what needs to be improved; and ensure the project is having a positive impact on the children and adults who undertake the programme.

This research was commissioned by Yellow Door in December 2024, and will run until July 2027. This is the first of two interim reports that will be provided annually. A final evaluation report will be delivered in March 2027.

As this is an interim report it will present highlighted findings from the literature and data collection so far; the final report (2027) will include significantly more detailed literature, analysis and discussion and make specific recommendations.

## The Research Team

The team is inter-disciplinary, drawing expertise from Social Work and Criminology colleagues at Bournemouth University (BU). BU is situated on the south coast of England, in the County of Dorset, and has more than 19,000 students and 1,650 staff. It is ranked as one of the top 200 young universities in the world. BU's research shapes and changes the world around us, providing solutions to real-world problems and informing the education it delivers. BU's vision of Fusion brings together three key elements of education, research and practice, creating something which is greater than the sum of its parts. Through the impact of BU's research and education, and the contribution of staff, students and graduates, it delivers the third aspect of our purpose, to enrich society. It is this focus on Fusion which is reflected within this research project, as the research team value the interaction between academic enquiry and front-line professional practice.

At BU the team members are Dr Louise Oliver, Dr Orlanda Harvey and Dr Stefan Kleipoedszus. Drs Oliver and Kleipoedszus lead on the children's research and evaluation. Dr Harvey leads on the professionals' perspectives.

Dr Jane Healy is an independent consultant, researcher and trainer who worked for BU until July 2025 and is continuing to lead the project as an independent advisor. Jane is a Criminologist with expertise in hate crimes, domestic abuse, victimisation and feminist intersectional criminology. She is responsible for all data collection elements for the adult participants and overseeing the project.

Additionally, Dr Anna Kopec Massey is Research Assistant on the project for 12 months, divided over two calendar years. Dr Kopec Massey has been engaged in writing the literature review and contributing to the data collection.

All of the team are contributing to the analysis, write up and dissemination of all reports and results. Their initials are listed under research responsibilities in Table 2 below.

## Yellow Door

Yellow Door was established 40 years ago in Southampton, growing from a small local volunteer led helpline for women that had been raped or sexually assaulted to the innovative holistic support service that are offered today, operating across Southampton and Hampshire. Yellow Door's vision is

of a world where adults, families, young people and children can live without experiencing domestic and sexual abuse and the resulting devastating impacts. They support people who are victims or survivors of sexual or domestic abuse, to create lasting change that enables them to stay safe and recover from the trauma that abuse causes. They work with people of all ages and recognise that victims and survivors of abuse will often face multiple and complex issues. Their specialist, qualified and BACP1 accredited therapists provide therapeutic and counselling services using evidence-based methods. They work directly with child victims of abuse providing specialist therapy, 1:1 and group work. They work in education and other youth settings to prevent abuse happening in the first place through our award-winning STAR project with children. They deliver outreach, engagement and advocacy work with victims and survivors and their communities including those racialised and marginalised by society.

Their services include:

- Specialist sexual violence advocacy services
- Outreach & specialist services for victims and survivors with protected characteristics as defined in the Equality Act 2010, experiencing or at risk of domestic and sexual abuse
- All gender therapy and counselling for adults, children, young people and families
- Psycho-educational groups and courses
- Preventative education work with children in schools and youth settings
- A specialist support helpline
- Training and coordination including with our 40 + volunteers
- Awareness raising and partnership work in our geographical area.

For more information, see [www.yellowdoor.org.uk](http://www.yellowdoor.org.uk)

## Background

Yellow Door launched an innovative project in 2024 to improve the way that young children, under 5, and their non-abusing parent are supported to recover from the impact of domestic abuse. The project is titled Early Years Domestic Abuse Project (EY DAP). The EY DAP involves specialist practitioners working with child victims of domestic abuse and their non-abusing parents/carers, in parallel, via groups and one-to-one support. EY DAP provides much needed reflection, recovery, and processing space for the parent /carers of child victims, who are victims and survivors of the abuse themselves. These EY DAP programmes run three times per year during 2025 and 2026 (please note that the research evaluation will include two of the three rounds during each year).

The aims of the project are:

- To enable children under 5 who are victims of domestic abuse to be better able to understand thoughts and feelings and to support them to recover from the abuse
- To support parents/carers that are victims of domestic abuse in their recovery and to strengthen their attachment and relationships with their child/ren.
- To support parents / carers to develop protective behaviours and strategies to keep them and their child/ren safe

The work with children is art and play therapy focussed, facilitated by a sessional British Association for Counselling and Psychotherapy (BACP) accredited and qualified Child Art/Play Therapist. Parallel group work with parents/carers is delivered by a Domestic Abuse (DA) Practitioner who is skilled in group work with victims of domestic abuse and is accredited to use the national Women's Aid programme 'You, Mum and Me'.

Taken together, the 10-week programme explores how domestic abuse affects parenting, helps parents to understand the effects of the abuse on children and promotes healthy and non-abusive relationships. The practitioners work closely with the parent/carer, including through individual and single-family sessions. The DA practitioner works also to;

- Develop relationships and raise awareness of abuse with partner services including statutory children's services, maternity, ante natal providers, health visiting, nursery and early years childcare providers
- Provide pathways to supporting Early Years practitioners that have experienced domestic abuse themselves
- Ensure clear pathways to other local domestic abuse and statutory safeguarding services where appropriate within local protocols and safeguarding guidance
- Develop links to local and national developments and good practice in this area including the development of Family Hubs and the Safe & Together Model.

The EY DAP includes:

- Pre intervention assessment with parent/carer and their child/ren
- Therapeutic work with parent/carer and child (running in parallel)
- Delivery of 'You and Me, Mum' programme with parent/carer
- 1:1 session/s for parent/ carer and child mid-way and at the end of the programme.

The research team have been commissioned to evaluate the success of all of the above, as per the project aims set out below.

## Aims of the evaluation

As outlined in the agreed commissioning specifications, the aims of the project evaluation are to:

1. Assess success so far in achievement of the project aims and expected outcomes
2. Evaluate the impact of the project for child and adult participants over the course of the project and beyond, according to the project aims and expected outcomes
3. Identify learning to reduce barriers for families who are potential participants of the project, including those racialised or marginalised by society
4. Test how well the project is embedded locally across the statutory and voluntary partners
5. Evaluate how well the project benefits existing families who are referred into Yellow Door as well as onwards referrals
6. Identify needs of child and adult victims and how effectively these are addressed (or where missing, should be addressed) in the project
7. Identify learning from relevant research, and other similar projects and analyse the findings/learning from these
8. Provide practical learning for Yellow Door to influence future delivery of the project
9. Provide learning and recommendations for wider practice, policy and commissioning of domestic abuse provision, beyond the organisation and geographical area, including to WAFE's evaluation of 'You and Me, Mum'

Yellow Door's commissioning specifications also required that specific activities be undertaken to meet the research aims and the project team designed a suite of data collection methods and practices to meet their requirements, as set out in Table 1 below.

Table 1 - Research and Evaluation requirements and progress updates

Requirement	Addressed by
Collection of data using a methodology that is appropriate to child and adult victims of domestic abuse, over the period of evaluation including pre and post interventions	Survey design for adult victims, at pre and post evaluation stage, offered online and in person; Focus group for adult victims 6-12 months following successful completion of the programme; Bespoke child-led activities for child victims, delivered by trained practitioners, involving creative activities.
Direct contact in person with project participants, i.e. child and adult victims of domestic abuse	Direct contact at Yellow Door premises for all data collection activities by members of the research team
Undertaking an ethics process within the research organisation, ensuring best practice and an ethical approach to data collection with child and adult victims of domestic abuse	Ethical approval sought by BU's Social Sciences and Humanities Ethics Panel for all stages of data collection
Engagement with practitioners and managers within Yellow Door and partner organisations	Monthly online meetings with Yellow Door and their nominated partners; Face to face meetings at Yellow Door premises at data collection points.
Establishment of an evaluation group including Yellow Door staff with regular meetings at intervals to be agreed.	Steering Group established in September 2025
Completion of a literature review to identify relevant research and to establish other models and good practice in the UK and abroad.	Interim literature review document produced in July 2025 (to be revisited and updated annually).
Production of an Evaluation Report with interim learning and update reports provided at intervals to be agreed.	Two interim reports, to be delivered in 2025 (this document) and 2026, and final report in March 2027.
Dissemination of identified learning and an evaluation report in the geographical areas covered by Yellow Door, with WAFE, UK-wide and overseas.	To be delivered in 2027.

In addition to the requirements above, the Research Team had confirmed their experience and expertise in working with child and adult victims of domestic abuse; all had enhanced Disclosure and Barring Service checks (DBS); and the project design utilised a variety of research methodologies and styles as appropriate to the age and needs of all participants, as requested.

## Literature: a brief overview

Domestic abuse (DA) is a widespread epidemic issue of power and control (Davies, 2018) which results in a large volume of high harm offences (Home Office, 2022). It threatens people from every culture, race, religion (Ross, 2012) and economic status (Boyd et al, 2023), regardless of age, disability, sex/gender, sexual orientation, gender identity and gender reassignment (Home Office, 2022). The Office for National Statistics (2024) reports that approximately 2.3 million people in England and Wales aged 16 and over experienced domestic abuse in the year ending March 2024. Of

those 2.3 million, it is estimated 1,612,000 were women and 712,000 were men. Furthermore, approximately one in five (20.5%) people aged 16 years and over had experienced domestic abuse since the age of 16 years in their lifetime. This data shows an increase from the previous year, where it was estimated 2.1 million people experienced domestic abuse (1.4 million women, and 751,000 men).

Given the severity of harm caused and its pervasive nature, preventative measures and methods for tackling domestic abuse must be enhanced to safeguard vulnerable targets and mitigate further harm.

## Defining Domestic Abuse

Domestic abuse (DA) refers to abuse conducted within a relationship between the perpetrator (A) and the victim-survivor(s) (B), where both parties are 16 years or older and are 'personally connected'. This 'connection' can be by marriage, civil partnership (or agreement of), an intimate personal relationship or where there is a parental relationship to the same child. It encompasses any physical, sexual, economic, psychological, emotional, violent, threatening, controlling or coercive behaviour, that (A) inflicts on (B), whether a single incident or course of conduct (Home Office, 2022; Crown Prosecution Service, 2022). This review will refer to 'domestic abuse' as defined above, rather than subcategories of intimate partner violence or other terms.

In terms of the parameters of the effects of domestic abuse, the Domestic Abuse Act 2021 recognises children as victims, with the Act stating: "any children under the age of 18 years who see, or hear, or experience the effects of the abuse, as a **victim of domestic abuse** if they are related or have a parental relationship to the adult victim or perpetrator of the abuse" (emphasis added).

Domestic abuse can also take place against other family members who reside in the same home (Lamela et al., 2018; Pamungkas et al., 2022; Cole et al., 2024). This 'abuse' not only encompasses physical violence but includes sexual, threatening, psychological, economic, controlling and/or coercive. Prior research has found that there may be no incidents of physical violence in domestic abuse, but the "fear, constraints on autonomy, belittlement, and other aspects of abuse can create entrapment" in and of itself (Stark and Hester, 2019: 9; Katz, 2022). Often the perpetrator forces the victim-survivor into an enduring state of obedience by continually punishing the victim-survivor for what they deem as disobedience (related to coercive and controlling behaviour) (Stark, 2007). The European Union FRA Violence Against Women Survey (2015), in research conducted with 42,000 women from 28 Member States across the European Union, found that almost half the women interviewed (45%) reported high levels of control without any physical violence present. The research found that domestic abuse is more prevalently affecting women, and as a result is identified as a widespread abuse of human rights towards women.

## The impact of domestic abuse on children

The impact of domestic abuse on children is vast and complex. Prior research (Lapierre, 2010) identifies that central to the perpetrators abuse is the exercise of control and domination. This often transpires as attacking behaviours which seek to demean and demoralise the non-abusive parent to ensure that their confidence in themselves and in their abilities to care for their children is shaken. Along these lines, perpetrators will often seek to destroy the child's relationship with the non-abusive parent together with the child's respect for that parent, even attempting to turn the child against the non-abusive parent (Radford et al., 2011). The impact of this on children runs deep and

includes poor educational outcomes and achievements when children are exposed to on-going and violent behaviours (Cleaver et al., 2019; Guy et al., 2014). Furthermore, Chan and Yeung (2009) have found that domestic abuse can increase the risk of children becoming street involved, with links to homelessness (Netto et al., 2009). Additional research has found that there is not only a connection between domestic abuse and child maltreatment (Brandon et al., 2008) but also that there is a considerable overlap between domestic abuse and young people who commit offences from an early age and may continue to offend as adults (Radford et al., 2011; Moffitt et al., 1993).

Since the Domestic Abuse Act's recognition of children as victims, there has been increased attention in helping children and young people exposed to domestic abuse to have more autonomy over their lives and decisions that affect them (Katz, 2020; Øverlien and Holt, 2021). However, children's voices and rights are still underrepresented in national policy and multi-agency response for those children exposed to domestic abuse (Domestic Abuse Commissioners Report, 2025).

Being subjected and exposed to domestic abuse is recognised as a violation of fundamental rights of a child, in terms of children being able to feel safe, to play, and to have their best interests considered (Unicef, 2019). The longer-term impact on children's health and wellbeing and the support required for them, for their safety and healthy development is recognised as an area requiring urgent improvement and attention (Serious Crime Act, 2015; Domestic Abuse Commissioners Report, 2025). Radford et al.'s (2011) research showed that 12% of under 11s and 17.5% of 11–17-year-olds had been exposed to domestic violence between adults in their homes.

The 2025 Domestic Abuse Commissioners Report identified that the impact of domestic abuse experienced in the pre-school years (0-4) is under researched, and this project focuses on such an evaluation with children under 5 year olds.

## Non-abusive mothers and their children

Research reports (Heron et al., 2022; Couto et al., 2023; Cole et al., 2024) have identified numerous complex barriers in parents who are victim-survivors in accessing support, including problems in recognising abusive behaviour and also fear for what may happen to their children. Katz (2015) has identified the relationship of mothers/non-abusive parent and child/ren as crucial to encouraging and promoting healing and recovery from domestic abuse. In focusing on agency and abilities of both mothers and children, wellbeing and recovery can be promoted.

Another barrier for the non-abusive parent to accessing support and engagement in recovery programmes is the categorisation of the non-abusive parent as 'failing to protect' the child/ren in their care from the abusive person (Stewart and Arnull, 2023). A greater understanding ought to be nurtured among domestic abuse practitioners that the coercive, manipulative and controlling nature of domestic abuse includes strategies of fear, threat and harm. Empathy is recognised as a key skill required of social workers and practitioners working in the area of domestic abuse support, given that the concern for the welfare and shared understanding of experiences in social work are arguably some of the most organised displays of empathy (Kopec-Massey, 2017). The challenge in domestic abuse recovery programmes that engage in a whole-family or holistic approaches is to balance child safety with adult victim-survivor confidence-building and resilience.

## Mothers and children as 'recovery promoters'

Several studies have identified that keeping children and non-abusive mothers together and encouraging spending time together brings many benefits including strengthening relationships and promoting recovery (Howarth et al., 2015). Research has found a strong link between mothers and children, and their ability to be each other's 'recovery promoters' (Katz, 2015). As a result of the strength often gained by mothers from the mothering role, despite adversities and abuse (Buchanan et al., 2015), once mothers can move outside of the abusive environments, they can further increase their skills in helping their children recover (Goldblatt et al., 2014). Katz writes that "mothers and children supported each other in ways targeted at repairing the damage of the past. Many mothers and children also discussed 'being there' for each other, providing a sense of emotional security and connectivity" (Katz, 2015: 162).

## Domestic abuse recovery family programmes

Where programmes have engaged families in domestic abuse recovery, a key finding is that long-term, trauma sensitive work is required together with on-going support for families (Trend et al., 2024). The importance of 'time' when embedding new learning is emphasised, given the requirement to often deal with significant long-term abuse and trauma (Smith et al., 2020). Children accessing domestic abuse recovery programmes were able to understand that they are not the only person who may have gone through the abuse (Smith et al., 2020; Katz, 2015), which in turns promotes a sense of sharing and acknowledging that it is not their fault, nor are they a cause of the problems.

The importance of strengthening the relationship between the non-abusive parent and child is a fundamental aim for any intervention (Victim Commissioner, 2025). Rebuilding and reinforcing the importance of the non-abusive parent and child/ren bond after the experience of domestic abuse can help readdress dynamics where typically perpetrators of domestic abuse will seek to destabilize the mother-child relationship (Stark, 2009; Katz, 2022). It is reported that this type of service for non-abusive parent and child ranges from £6,398 to £670,000 with the median being about £92,000 (Morrison, 2024; Victim Commissioner, 2025). Where organisations run non-abusive parent and child programmes, such interventions tend to run in parallel sessions with the aim that children are supported in talking about their experiences and for mother/non-abusive parents to aid in their child's recovery and support (Morrison, 2024), as is the case with the EY DAP being run by Yellow Door.

*The above is an extended extract from the research literature review, shared previously with Yellow Door. An in-depth literature review and discussion will be incorporated into the final report.*

## Methodology

In order to fulfil the research aims and objectives (as outlined above) data collection processes were undertaken in the order outlined below, with future rounds also indicated (see Table 2).

Ethical approval was granted by BU’s Social Science and Humanities Ethics Panels for Phases 1-4 (research with parents and children: 14 January 2025, Ref 60549) and for Phases 5 and 7 (focus groups with parents: 28 November 2025, Ref 66528). Ethics approval is in development for Phase 6, to be submitted early in 2026.

### Data collection

Data collection was designed to run as repeated research stages with the adult and child participants to coincide with their engagement on the EY DAP, and with professionals working in this field. This was to ensure a larger overall cohort of participants, when combined, and to gather data over two years of the project. This also included follow up focus groups with adults to reflect on their experiences on the programme, and surveys with the professionals. The various phases of research, timelines and deadline outcomes are set out in Table 2. All data was collected at the Yellow Door premises in Southampton.

For each EY DAP programme that was delivered by the Yellow Door team, four phases of data collection occurred which collectively are referred to as a ‘round’. Each round included: a pre-programme survey with parents (Phase 1, Appendix A), and a post-programme survey with those parents who completed the full course (Phase 3, Appendix B). Participants were given the option to complete the survey on paper or online; for those who completed on paper, their data was entered into the online portal afterwards by one of the research team. Paper copies are kept in a locked file with identifying data removed.

Additionally, pre-programme play-based activities took place with children (Phase 2), and post-programme activities with the same children if they completed the full programme (Phase 4). Parents attended with their children, as well as the researchers and a representative from Yellow Door. Photos (Appendix C) and fieldnotes (with no identifying data) were recorded by the researchers.

These ‘rounds’ repeat so there are two in 2025 and two in 2026, as well as the focus groups and professionals’ data collection. Please note that not all EY DAP programmes were evaluated by this project; in 2025, three programmes were delivered, but only two were incorporated into the rounds of research, as agreed by all parties. The same will occur in 2026.

Table 2 - Research and Evaluation design, 2025-2027

Activity	Expected dates	Responsible	Completed by
<b>2025:</b>			
Literature Review	Jun 2025	AKM	July 25
<i>Ethics Phases 1-4</i>	<i>Dec 24-Jan 2025</i>	<i>JH</i>	<i>Jan 25</i>
<b>ROUND 1 2025:</b>			
Phase 1: pre-programme survey with parents	Feb 25	JH	Feb 25

Activity	Expected dates	Responsible	Completed by
Phase 2: pre-programme play based activities with children	Feb 25	LO / SK	Feb 25
Phase 3: post-programme survey with parents	March/April 25	JH	April 25
Phase 4: post-programme activities with children	March/April 25	LO/SK	April & May 25
Steering Group Meetings	Proposed: 3 in 2025, 3 in 2026, one in 2027 – delayed	LO	First meeting September 2025
<b>ROUND 2 2025:</b>			
Phase 1: pre-programme survey with parents	May 2025	AKM	June 25
Phase 2: pre-programme play based activities with children	May 2025	LO / SK	June 25
Phase 3: post-programme survey with parents	July 2025	AKM	July 25
Phase 4: post-programme play based activities with children	July 2025	LO/SK	July 25
<i>Ethics – Phases 5 and 7 – Focus groups with adult participants</i>	<i>July-August 25</i>	<i>JH/OH/AKM</i>	<i>November 25</i>
<i>Ethics Phase 6 - survey/focus group with professionals</i>	<i>Jan 2026</i>	<i>OH</i>	
Phase 5: Focus group with parents, year 1	Nov/Dec 2025, delayed to Jan 26 due to ethics delay	JH/AKM	
<b>2026:</b>			
<b>ROUND 3</b>			
Phase 1: pre-programme survey with parents	Jan 2026	JH	
Phase 2: pre-programme play based activities with children	Jan 2026	LO / SK	
Phase 3: post-programme survey with parents	March 2026	JH	
Phase 4: post-programme activities with children	March 2026	LO/SK	
<b>ROUND 4</b>			
Phase 1: pre-programme survey with parents	DATES TO BE CONFIRMED	JH	
Phase 2: pre-programme play based activities with children		LO / SK	

Activity	Expected dates	Responsible	Completed by
Phase 3: post-programme survey with parents		JH	
Phase 4: post-programme activities with children		LO/SK	
Phase 6: Focus group (or questionnaire) with professionals	March-June 2026	OH	
Phase 7: Focus group with parents, year 2	Oct/Nov 2026	JH	
<b>OTHER DEADLINES</b>			
Interim Report 1	Dec 25/Feb 26	JH	Dec 25
Interim Report 2	Dec 26/Jan 27	JH/LO	
Final Report	March 2027	JH/LO	

This report will share interim findings from each stage of the data collection process thus far, taking into account the completed dates above.

## Data Analysis

Thematic analysis was undertaken for each phase, using the anonymised data. Table 3 below illustrates how many participants completed the data collection for Rounds 1 and 2 combined. Because of the small number of participants, the data has been merged to avoid any identification (one person withdrew part way through one round of the programme).

*Table 3 - Research participants, Rounds 1 and 2 combined, 2025 cohorts*

2025 total	Phase 1 adults	Phase 3 adults	Phase 2 children	Phase 4 children
Completed	4	3	4	3

All of the adults were women, aged between 26 and 40. They were all white and 3 of the 4 identified as British. Two women identified as bisexual and two as heterosexual. One participant had a diagnosis of Post Traumatic Stress Disorder and one was undergoing a review for ADHD. Between them, the women had a total of 10 children.

One child per parent attended the programme, and of those, three were female and one was male. Ages ranged from 3 to 5 years.

Data has been anonymised, and pseudonyms have been used throughout.

## Parents Perspectives: Phase 1: Referral onto the programme

None of the women reported any difficulties in accessing the programme, although one did say they waited six months to start, compared to 2-3 weeks for the other three women.

When asked what their expectations were about the programme, the participants' main focus was on helping their children better recover from the DA they experienced:

“to be able to support my [child] as best I can”

“[my child] won't be like me when [they] grows up. [They] will learn when to say 'no' and not let someone hurt [them]”

“how to help manage their behaviour when [they are] struggling to understand what has happened and all the changes in their lives”

“to help my [child] articulate [their] emotions following domestic abuse and be able to communicate effectively with one another”

Three of the four participants also indicated they did not feel confident discussing their children's experiences of living with domestic abuse with professionals, and all disagreed with a statement asking if they felt confident discussing such issues with friends or family. Two also indicated they did not understand how domestic abuse can affect children. This suggests that most of the parents lacked confidence in talking about their own and their children's experiences, and they lacked knowledge about the issues that might affect their children, before they embarked upon their programme.

Three of the four indicated that they enjoyed a positive relationship with their children, though none said they felt able to communicate *effectively* with their children (two – not sure; two – disagree). Additionally, only one participant felt able to manage their children's behaviour.

Parents responses were also mixed in terms of knowing how to build healthy relationships (two agreed), how to recognise the signs of an abusive relationship (one agreed), how to stay safe (two agreed) and how to protect their children (two agreed, two strongly disagreed). The same respondents said they cannot identify risks to their children, suggesting that at least half of the parents felt they did not know enough about DA and its impact on their children, and how to keep them safe, as well as themselves. Clearly, this indicates that parents were in need of support in a number of areas from this programme.

### Parents Perspectives: Phase 3: Post-programme views

As mentioned above, only three of the participants completed the programme, and below we provide some data reflecting their progress on completion. All three participants were very positive in their experiences on the programme. All agreed that, having concluded the programme, they felt they were prepared and knew enough about the programme before they started, and all would recommend the programme, describing it as 'brilliant', 'helpful' and 'very useful'.

Thinking about their expectations before they started, they all agreed it met their needs and/or expectations, and again their focus was on their children:

“it has given me a better grasp on language to use with my children to help them and having the adult group discussions were useful to share our experiences”

“has really helped”

“I can see a massive change in [my child] already”

When asked what was the most interesting element of the programme, each chose different aspects, including learning about how their child can play, allowing their child to show their emotions, and adult group discussions.

In comparison to their views before they began the course, participants were much more confident in their responses to understanding domestic abuse, including how it can affect parenting, how it affects their children and themselves, and all reported that they had a positive relationship with their child after the course. They reported they can communicate effectively with their children and manage their behaviours.

In contrast to their pre-programme feedback, where not all participants were confident in recognising abuse or staying safe, all three indicated they agreed they now knew how to recognise the signs of abuse, how to identify risk for themselves and their children, and how to stay safe.

Additionally, they all reported feeling more confident in themselves, in identifying their feelings and in expressing themselves.

## Children’s perspectives: Phases 2 and 4

There are three overarching emerging themes which are:

- Child Behaviour Patterns
- Environmental Factors
- Therapeutic Relationship and Engagement

These themes each have sub-themes stemming from them and will be presented below.

### *Child Behaviour Patterns*

There were some noticeable behavioural differences across the programme, such as the children’s behaviour and play presenting a sense of calmness in the post-interactions, as well as appearing to be more confident in negotiating boundaries within the activities set. There was a consistency from the children in that the structuredness of the play worked well and helped the children to engage in the research activities. We suggest that this likely reflects the clear structure within the programme which the children liked and sought out. Examples of their play activities are included in Appendix C.

### *Emotional Regulation and Boundary Testing*

- **Presentation of dysregulated behaviours** - Children (especially Child 1) displayed dysregulated behaviours, struggling to settle into session boundaries and pushing back against instructions for the pre-programme session; this was reduced in the post-programme session.
- **Testing limits and boundaries** - In the pre-session, children actively tested limits and showed changes over time in adhering to boundaries after initial exploration. In the post-programme

session, although limits were tested, this presented as a *negotiation* with the researchers rather than through their behaviours alone.

### *Structure and Play Preferences*

- **Preference for structure** - Children showed preferences for structured activities over free play, often introducing their own organisational elements like timers across both pre-and-post programme.
- **Timer usage** - Children actively used timers to create structure and indicate transitions, suggesting a need for predictable boundaries.
- **Structured vs. unstructured play** - Children struggled with free play elements offered initially but engaged better when given a clear structure and routine once we adjusted our approach to follow YD's approach.

### *Imaginative and Creative Expression*

- **Use of imagination** - Children engaged in complex imaginative (but guided) scenarios involving animals, family dynamics, and creative narratives in all session.
- **Creative problem-solving** – Children engaged with a Duplo activity and there was a clear pattern where children sorted the figures into naughty animals and well behaved/nice animals; a barrier was usually constructed to keep the two categories separate. It was noted that favourite animals were giraffes and crocodiles, and animal pairing activities was a preferred activity.

### *Environmental Factors*

Overall, the children seemed to enjoy and be relaxed in the YD environment which probably helped them to feel more at ease to engage with the researchers, as did having their parent being in the room with them.

### *Environmental Sensitivity*

- **Research environment** - Whilst initially the presence of observers and unfamiliar people impacted children's comfort levels and behaviour (as expected), this soon dissipated and was noticeably less so in the post-programme session – indicating a familiarity and sense of safety at YD.
- **Room setup influence** - Different physical arrangements and settings impacted how children engaged with activities, however following the YD structured seemed to offer familiarity with what to expect.

- **Children's reactions** (for example: interested and curious) to new toys and changes in routine were noted as significant factors – they enjoyed the kinaesthetic nature of some of the toys and this was consistent across the pre-and-post sessions.
- **Family-inclusive model** - Having families together in rooms with separate but coordinated work with parents and children worked well

#### *Therapeutic Relationship and Engagement*

The children across the pre-and-post sessions appeared to develop a sense of agency and more confidence in their level of engagement with the activities, e.g., being able to say 'no' or negotiating more time for an activity or even voicing that they wanted to take some of the arts and crafts paraphernalia home with them, e.g. stickers. This indicated that they were influencing their environment and were active participants.

#### *Child Agency and Voice*

- **Choice-making ability** - Children demonstrated clear preferences about activities, timing, and participation levels which were a part of the YD structure. For example, specific activities like drawing, stickers and ink stamps, and crafts and Duplo, while showing less interest in the activity which was drawing around them and writing and drawing on the body about their feelings.
- **Communication selectivity** – The children chose who they interacted with. For example, some children declined to answer specific questions (or by whom they were asked) while engaging readily with others. This sense of autonomy did not change over time.
- **Session control** - Children actively chose when to start, stop, and transition (or not) between activities. Over time the way the children did this was more nuanced, from being behaviour led to more negotiated.

#### *Comfort and Confidence Development*

- **Progressive confidence** - Children became more relaxed and independent across the two sessions (pre and post evaluation)
- **Reassurance-seeking** - Children looked to parents for reassurance. It appeared that children were more comfortable with them being there and although they still sought reassurance in the post-programme groups, the reassurance seeking was less intense.
- **Environmental comfort** - Children's comfort levels varied based on familiar people being present and room arrangements, although in the post-programme sessions the children appeared to be more autonomous in their play and comfortable in the YD environment.

#### *Developmental Considerations*

- **Age-appropriate expectations** - Understanding that three-year-olds have natural limitations in compliance and at times they took control (in an age-appropriate way) of the activities.

- **Individual variation** – Children’s social presentation, from shyness to confidence, were recognised and accommodated.

## Learning from Year 1

Some aspects which came out of the research in regards to our approach to the play-based research and the research environment are worthy of noting in regards to future research with young children as participants.

Firstly, as mentioned above, the research team quickly adapted and changed some of the design of the child-based sessions, to mirror YD sessions, and to include the play therapist, Emma. This clearly helped make the children feel more comfortable engaging with the researchers (we were strangers and Emma was not).

Secondly, facilitating both parent pre- and post-surveys in the same room as the children’s play activities worked very well, providing a holistic but secure environment for both parents and their children. Parents were able to work with the researcher dealing with the survey, conversing and being supported as needed, but were within reach of their children at all times. Resultingly, some children engaged directly with their parents (coming over, asking questions, showing their art) whereas other children appeared to be sufficiently secure in only making eye contact with their parents from time to time whilst continuing to engage with the researchers working with them. The value of having such a space at the YD headquarters cannot be understated here; the space was sufficiently large and comfortable for both activities to occur in sync, but with space to work independently.

Key points to note from this research which came out of our reflections following each session with a child were:

- **Reassurance provision** - Both parents and researchers provided the necessary emotional support and reassurance throughout the sessions.
- **Collaborative support** - The combination of parental presence and professional guidance worked well – especially having the play therapist engaged in the activities
- **Boundary setting** – All adults helped establish and maintain appropriate limits while respecting children's autonomy, e.g., not drawing on people.
- **Structure** - Providing a clear structure helped children who struggled with unstructured environments
- **Each session was paced** - Recognition that some children needed time and support to manage their emotional states, therefore, tailoring approaches to each child's specific needs and comfort levels.

## Going forwards

One child made a reference to desired superpowers, like invisibility and flying, and the researchers connected to this to help understand more about the child and their sense of self. This worked well and may be worth bringing into future research sessions with the children.

One activity which included drawing around the child was, we believe, too abstract and complicated for their age and stage of development. This led the researchers to reflect upon whether the act of drawing around a child, when they do not know the researchers, could cause discomfort to the child, especially if the children been abused. We will not continue with this activity anymore and will bring in a different activity instead, possibly linked to superpowers.

## Parents Feedback: Support from Yellow Door

When asked about the support they receive from the YD team, one parent wrote that they were “fantastic” in providing support for their older child, in helping them to process what they experienced and provide mechanisms for coping to help them in the future.

Participants reported that the staff were “so supportive and great”. In terms of how to improve the programme, one participant suggested providing the adult presentations in booklet format rather as weekly handouts. Another suggests that the course run for longer, though also said they would not change anything about the content.

Additionally, participants survey data showed all positive responses to the questions about the team at Yellow Door, all agreeing strongly that they were treated well, that their worries were taken seriously, and that they are being supported and helped. All would strongly recommend this programme to others.

## Conclusions thus far

The aims of the project evaluation which have been addressed so far were to assess the project outcomes, evaluate the impact for children and their parents, identify learning from other projects and provide practical learning for future delivery of the programme.

At this stage of the project we are unable to provide an outcome for all of the aims of the evaluation, however, the evidence to date clearly demonstrates the success of the project in terms of high levels of participant satisfaction from the parents, and positive signs of confidence and ability to negotiate from the children. The follow-up focus groups will provide an additional indicator as to the longevity of the project's success.

The needs of the adult participants were strongly indicative of a desire to be able to support their children through recovery from domestic abuse, though not all recognised the impact on their children in the pre-evaluations. The survey data showed that they felt this was achieved after completion of the programme. Some participants felt unable to identify risk, and to communicate effectively with their children, prior to starting the programme, but all reported a confident sense of self upon completion. Their priority in undergoing the programme was explicitly focused on their children's well-being, and this may be a useful message when promoting further programmes.

However, the low uptake of the project is disappointing, given the successful feedback from those who completed the programme, and the long term benefits are yet to be established. The parents' data showed that most did not feel confident discussing their children's experiences of domestic abuse, and half did not understand the impact of domestic abuse on their children, before they began the programme, suggesting either or both could be barriers to recruitment. Going forward, we recommend incorporating awareness-raising of the impact of domestic abuse on children in future promotion or recruitment activities. These concerns will also form part of the discussion for the focus groups in 2026.

It is therefore imperative that those who have completed the programme are invited back to participate in a later focus group (circa 6 months or more from completion, Phases 5 and 7) to see if their learning has been fully embedded, or if further support is needed. Additionally, an in-depth exploration of the role of referrals, and any barriers to these, will be examined in Phases 6 with the professionals survey/focus group data to explore this in more depth. As mentioned above, it may be that a targeted promotional campaign that emphasises the benefits to children first, is warranted to help improve recruitment.

The research has been conducted and delivered with the children and parents' experience as central focus. The researchers were able to adapt and amend the child-based activities intuitively and quickly in order to best engage with these young children, and with full support of their parents. The researchers are very grateful to all of the participants for their willingness to engage with them.

## Acknowledgements

This work was done in partnership with Yellow Door. We are grateful to all those who took part in the fieldwork, including the service users, those with lived experience and the children, as well as the professionals who gave up their time to contribute to and support this project.

## References

Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth, J., and Black, J. (2008) Analysing child deaths and serious injury through abuse and neglect: What can we learn? A biennial analysis of serious case reviews 2003–5. London: Department for Children, Schools and Families.

Boyd, K. A., Brace, L., & Thomas, J. (2023). Domestic Abuse: Growth Curve Modeling of Harm Across Repeat Incidents with Police Data. *Crime & Delinquency*, 00111287231163101.

Buchanan, F., Wendt, S., and Moulding, N. (2015) Growing up in domestic violence: What does maternal protectiveness mean? *Qualitative Social Work*, 14(3), pp. 399–415.

Chan, Y., and Yeung, J. (2009) Children living with violence within the family and its sequel: A meta-analysis from 1995–2006. *Aggression and Violent Behavior*, 14(5), pp. 313–322.

Cleaver, K., Maras, P., Oram, McCallum., K. (2019) A review of UK based multi-agency approaches to early intervention in domestic abuse: Lessons to be learnt from existing evaluation studies. *Aggression and Violent Behaviour*, 46, pp. 140–155.

Cole, T., Harvey, O., Healy, J., and Smith, C. (2024) Contemporary Treatment of Crime Victims/Survivors: Barriers Faced by Minority Groups in Accessing and Utilizing Domestic Abuse Services. *Behavioural Sciences*, 15(2), 103, pp. 1–18.

Couto, L., O’Leary, N., and Brennan, I. (2023) Police victims of domestic abuse: Barriers to reporting victimisation. *Policing and Society*, 34(3), pp. 200–215.

Davies, P. (2018). Tackling domestic abuse locally: paradigms, ideologies and the political tensions of multi-agency working. *Journal of gender-based violence*, 2(3), 429-446.

Domestic Abuse Act 2021, Part 4. Available at: [www.legislation.gov.uk/ukpga/2021/17/part/4](http://www.legislation.gov.uk/ukpga/2021/17/part/4).

Domestic Abuse Commissioner for England and Wales (2025) *Victims in their own right: Babies, children and young people’s experiences of domestic abuse*. London: Government of the United

Kingdom. Available at: [https://domesticabusecommissioner.uk/wp-content/uploads/2025/06/dac\\_bryp\\_main-report\\_V6-DIGITAL.pdf](https://domesticabusecommissioner.uk/wp-content/uploads/2025/06/dac_bryp_main-report_V6-DIGITAL.pdf)

European Union Agency for Fundamental Rights (FRA) (2015) *Violence against women: an EU-wide survey. Main results*. Luxembourg: Publications Office of the European Union. Available at: <https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>

Goldblatt, H., Buchbinder, E., and Cohen, R. (2014) Re experiencing motherhood: transformation of relationships between formally abused women and their children. *Violence Against Women*, 20(5), pp. 561–580.

Guy, J., Feinstein, L., and Griffiths, A. (2014) Early intervention in domestic violence and abuse. London: Early Intervention Foundation.

Heron, R.L., Eisma, M.C., and Browne, K. (2022) Barriers and facilitators of disclosing domestic violence to the UK health service. *Journal of Family Violence*, 37(3), pp. 533–543.

Home Office. (2022). Domestic Abuse Statutory Guidance. In *gov.uk*.  
[https://assets.publishing.service.gov.uk/media/62c6df068fa8f54e855dfe31/Domestic\\_Abuse\\_Act\\_2021\\_Statutory\\_Guidance.pdf](https://assets.publishing.service.gov.uk/media/62c6df068fa8f54e855dfe31/Domestic_Abuse_Act_2021_Statutory_Guidance.pdf)

Howarth, E., Moore, T.H.M., Shaw, A.R.G., Welton, N.J., Feder, G.S., Hester, M., MacMillan, H.L., and Stanley, N. (2015) The effectiveness of targeted interventions for children exposed to domestic violence: Measuring success in ways that matter to children, parents and professionals. *Child Abuse Review*, 24(4), pp. 297–310.

Katz, E. (2015) Recovery-Promoters: Ways in which Children and Mothers Support one another's Recoveries from Domestic Violence. *British Journal of Social Work*, 45(Suppl 1), pp. i153–i169.

Katz, E. (2020) When Coercive Control Continues to Harm Children: Post-Separation Fathering, Stalking and Domestic Violence. *Child Abuse Review*, 29(4), pp. 310.

Katz, E. (2022) *Coercive Control in Children's and Mothers' Lives*. Oxford: Oxford University Press.

Kopec Massey, A. (2017) Exploring the role of empathy in social enterprise. Doctoral thesis. University of Northampton. Available at: [https://nectar.northampton.ac.uk/id/eprint/10474/1/Kopec\\_Massey\\_Anna\\_2017\\_Exploring\\_the\\_role\\_of\\_empathy\\_in\\_social\\_enterprise.pdf](https://nectar.northampton.ac.uk/id/eprint/10474/1/Kopec_Massey_Anna_2017_Exploring_the_role_of_empathy_in_social_enterprise.pdf)

Lapierre, S. (2008) Mothering in the context of domestic violence: The pervasiveness of a deficit model of mothering. *Child and Family Social Work*, 13(4), pp. 454–463.

Lamela, D., Jongenelen, I., and Levendosky, A. (2018) Typologies of intimate partner violence, maternal parenting and children’s externalizing problems: The moderating effect of the exposure to other forms of family violence. *Child Abuse & Neglect*, 81, pp. 60–73.

Morrison, F. (2024) Trying to find Safety, to make it Speakable, and to Mourn the Losses – Children’s Recovery from Domestic Abuse. *Journal of Family Violence*. Available at: <http://dx.doi.org/10.1007/s10896-024-00745-5> (Accessed: 16 December 2025).

Netto, G., Pawson, H., and Sharp, C. (2009) Preventing homelessness due to domestic violence: providing a safe space or closing the door to new possibilities? *Journal of Social Policy*, 38(4), pp. 609–628.

Office for National Statistics (2024) Domestic abuse in England and Wales overview: November 2024. Available at: [www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2024](http://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2024).

Øverlien, C., and Holt, S. (2021) Qualitative interviews with children and adolescents who have experienced domestic violence and abuse. In *The Routledge International Handbook of Domestic Violence and Abuse*.

Pamungkas, E.D., Setyowati, S., and Kurniawati, W. (2022) “Protect Me”: An intervention to overcome and prevent domestic violence in adolescent pregnancy. *Jurnal Keperawatan Padjadjaran*, 10(2), pp. 93–98.

Radford, L., Corral, S., Bradley, C., Fisher, H., Bassett, C., Howat, N., and Collishaw, S. (2011) Child abuse and neglect in the UK today. Available at: <https://learning.nspcc.org.uk/media/1042/child-abuse-neglect-uk-today-research-report.pdf>

Serious Crime Act 2015. Available at: [www.legislation.gov.uk/ukpga/2015/9/section/76](http://www.legislation.gov.uk/ukpga/2015/9/section/76).

Stark, E. (2007) *Coercive control: How men entrap women in personal life*. Oxford: Oxford University Press.

Stark, E. (2009) Rethinking custody evaluation in cases involving domestic violence. *Journal of Child Custody*, 6(3–4), pp. 287–321.

Stark, E., and Hester, M. (2019) Coercive control: Update and review. *Violence Against Women*, 25, pp. 81–104. <https://doi.org/10.1177/1077801218816191>

Stewart, S., and Arnall, E. (2023) Mothers, domestic violence, and child protection: The UK response. *Violence Against Women*, 29(3–4).

Trend, et al. (2024) [Full reference pending]

UNICEF (2019) A summary of the UN Convention on the rights of the Child. Available at: [www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC\\_summary-1\\_1.pdf](http://www.unicef.org.uk/wp-content/uploads/2019/10/UNCRC_summary-1_1.pdf)

## Appendices

Appendix A: Pre-programme Survey

Appendix B: Post-programme Survey

Appendix C: examples of children's creative play