

**"...there's a strength around that bonfire":  
exploring the potential of nature-based  
therapy to enhance recovery for victim-  
survivors of domestic abuse.**

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# Abstract

Domestic abuse is a significant issue in the UK and indeed worldwide. The impacts on victim-survivors of domestic abuse are far reaching including increased risk of mental health illness; poorer physical health outcomes; and reduced self-esteem and social skills. Despite this, there is limited understanding of what supports victim-survivors in their long-term recovery from domestic abuse. Meanwhile, nature connectedness and green care projects are being shown to mitigate against or help to ameliorate poor physical health and mental health issues in other vulnerable groups. This study explores how a nature-based therapeutic programme might be used to support the recovery of victim-survivors of domestic abuse in respect of their health, well-being and resilience. This was achieved through the co-design and evaluation of a structured nature-based programme. Participants of the Blossom Programme who took part in the evaluation reported improved sense of social connection, self-esteem & wellbeing, and resilience over the course of the programme. Other benefits included an increased awareness of personal boundaries and the confidence to implement these, as well as increased feelings of calm and feeling able to be present without worrying as much about the future or fixating on the past. The wider impacts of the programme beyond the participants themselves as well as the challenges of the programme implementation are also discussed. Overall, the findings indicate that this type of nature-based therapy programme could be a useful part of the portfolio of support available to victim-survivors of domestic abuse.

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# Chapter 1. Introduction

## 1.1 Introduction

This introduction will set the context for the co-design and evaluation of a nature-based recovery programme for people who have experienced domestic abuse which is the focus of this thesis. This chapter will report on what is known about domestic abuse in the UK, and include a discussion of the evidence-base for nature-based interventions, before detailing the available evidence on how these benefits have been used to support people who have experienced domestic abuse. The discussions will also explore how the Covid-19 pandemic and subsequent restrictions may have influenced people's experiences of domestic abuse and access to support as well as people's relationship to the benefits of nature.

### 1.1.1 Language

To begin to address the context of domestic abuse in the UK, it is important to address the semantics around the issue. Firstly, the UK government definition of domestic abuse is included in the table below:

**Box 1.1: UK Government definition of domestic abuse**

Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over, who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse:

- psychological
- physicalsexual
- financial
- emotional

Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour.

Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim.

(Home Office, 2012)

Although the definition encompasses violence and abuse between any family/intimate relationships, the primary focus for this discussion is on domestic abuse within the context of intimate partner relationships. The language we use in discussing such a complex issue as domestic abuse can (whether intentionally or unintentionally) be value laden. Therefore, it seems pertinent to make clear the intentions behind the use of some of the terms in this thesis. Firstly, ‘domestic abuse’ is referred to rather than ‘domestic violence’, taking Khan’s stance that in doing so we acknowledge the severity of non-physically violent abusive tactics (2019). Secondly, there is some disparity about whether we should use the term ‘victim’ or ‘survivor’ when describing people who have experienced domestic abuse. The topic has been debated from different angles – with some suggesting that the term ‘victim’ needs to be reclaimed, and others arguing that the term ‘survivor’ should be used to indicate an individual’s agency (e.g. Gupta, 2014). To reflect these discrepancies, and to acknowledge the existence of a perpetrator as well as the journey of healing, the term ‘victim-survivors’ is used. However, these are both aspects that are explored further in collaboration with people who have experienced domestic abuse as part of the codesign of the programme. This is reported on in Chapter Three.

## 1.1 Domestic Abuse

### 1.2.1 Prevalence, UK Policy and Intersectionality

It is well documented that domestic abuse is a significant issue in the UK and indeed worldwide. An estimated 2.4million adults experienced domestic abuse in England and Wales in the year ending March 2019 (ONS, 2019) and approximately 1 in 5 adults aged 16 years and over (10.4 million) have experienced domestic abuse since the age of 16 years (ONS, 2022).

Domestic Abuse costs the UK approximately £66billion each year – with the most significant cost being the physical and emotional harm suffered by victim-survivors themselves which amounts to £47billion (Oliver et al., 2019). Impacted by years of austerity coupled with increased demand for services, domestic abuse services are increasingly working under significant strain (Woman’s Aid, 2020). With services lacking the funding to fully meet even the immediate physical safety needs of survivors, there has and continues to be a lack of support for victim-survivors ‘beyond the crisis of leaving’ to address the longer term physical and emotional harms caused by domestic abuse (Ford-Gilboe et al., 2011).

There does, however, seem to be an increased public awareness of the impact of domestic abuse, which is reflected in the Domestic Abuse Bill which became law in 2021. Reforms in England and Wales include a statutory duty for councils to provide refuge space or other ‘safe accommodation’; a recognition of children as victims of domestic abuse; and raising awareness about the impact of domestic abuse on victims and their families (Home Office, 2021). Despite this, there remains concerns around whether the current government is putting enough funding in place to support the implementation of new legislation. Woman’s Aid suggest that there is a shortfall between the £173.8million required to meet the statutory duty to support accommodation for victims of domestic abuse and the £125million which is being awarded by the government (Woman’s Aid, 2021). They raise concerns that the Bill does not define specialist refuge services, which may result in specialist services being undercut by “cheaper, generic providers” (Woman’s Aid, 2021). The bill has also been heavily criticised by campaigners and charities for its failure to fully support migrant women with no recourse to public funds (NRPF) (End Violence Against Women Coalition (EVAW), 2021). This is despite the knowledge that in England in 2019/20 almost four in five migrant women were turned away from refuges due to the NRPF condition (EVAW, 2021).

Both men and women experience domestic abuse and indeed the home office's definition is gender neutral. However, some argue that it should be considered a gendered crime given the higher instances of domestic abuse against women and the increased severity of these. Women are statistically more likely to experience domestic abuse, and when they do, are more likely to experience serious harm and more likely to be killed (Goodmark, 2018). Between April 2016 and March 2019 an average of three women every fortnight were murdered by their male partner or ex-partner (Home Office, 2022). It has been found that violence perpetrated by men towards women is also more likely to create a context of fear and control (Hester, 2013). Despite the stark figures, Violence Against Women and Girls (VAWG) support services are still chronically underfunded (Woman's Aid, 2020). The historical lack of policy focus on violence against women has been widely accepted as rooted within the context of patriarchy, male privilege and a history of structural male dominance (e.g. Lentz, 1999; Bullock & Cuthbert, 2002). This saw domestic abuse historically regarded as a 'personal problem' with little legal protection or support to victims. However, over the last four decades there has continued to be a growing recognition of the impact of domestic abuse on victim-survivors and their families largely driven by feminist and non-governmental organisation campaigns (Pearson, Harwin & Hester, 2006). This has led to increasing legal options and increased criminalisation of violence against women (Walklate, 2008).

Even though women from all backgrounds experience abuse, there are factors that may influence women's experiences of abuse and of help-seeking. These include their ethnicity, age, sexuality, class, religion, disability, access to finances and whether they were assigned their correct gender at birth. Increasingly we use the concept of 'intersectionality' to explore how these aspects of identity interact to afford increased privilege or conversely lead to heightened disadvantage. The OED defines intersectionality as 'the interconnected nature of social categorizations such as race, class,

and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage' ("Intersectionality, n., sense 2", 2023). Crenshaw who coined the term intersectionality highlighted that:

*"Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated." (Crenshaw, 1989: 140)*

This stance has been echoed in wider subsequent research. Imkaan – the U.K.'s only national women's organisation which is dedicated to addressing violence against Black and minoritised women and girls – has shown through their research the way minoritised victim- survivors of sexual assault are disproportionately impacted by austerity and under-served by services (Thiara, Roy & Ng, 2015). The research suggests that the perception of violence against women and girls (VAWG) for minoritised women continues to be reduced to specific manifestations such as forced marriage, female genital mutilation and 'honour-based' violence. They highlight that this "continues to reinforce reductive 'cultural' explanations and narratives that problematise women's families and community structures, fuel racism and prevent a nuanced discussion and understanding of patterns of perpetration, the support women need and the barriers they face in accessing appropriate support" (Thiara, Roy and Ng, 2015: 6).

It is likely that the new domestic abuse bill will add to the discrepancies with how accessible services are to different women in the U.K. through the exclusion of migrant women who have no recourse to public funds. Referring to MPs decision to vote against an additional clause which would have supported these women, the director of Southall Black sisters said the government is sending the message that these women's lives are disposable (Topping, 2020). She highlighted that the government is fully aware of this issue and is therefore deliberately choosing to ignore their need (Topping, 2020).

Additionally, figures estimate 13.8% of disabled women experienced domestic abuse in 2018 compared to 6.4% of women who were not disabled (Home Office, 2019). Despite this, when Woman's Aid surveyed women in refuges, they found that only 6.8% of women in refuges had physical disabilities and that this could relate to a lack of accessible space (Woman's Aid, 2020). A study from Thiara and colleagues (2011) similarly found that not only is there a gap in service provision and policy provision for women with disabilities who experience domestic abuse, but they are more likely to be vulnerable to domestic abuse, leading them to conclude that women with disabilities are losing out on both counts.



There is also an increasing understanding of how being transgender can impact someone's experience of domestic abuse and access to services. SafeLives (2018) suggest that transgender victim-survivors are one of the most hidden groups of domestic abuse victim- survivors. Stonewall – the UK's largest lesbian, gay, bisexual and trans (LGBT) charity – have campaigned for improved support for transgender women. The organisation has also done research into how services currently support transgender women in single-sex women's spaces which they describe as having become an 'emotive' issue. They highlight that some commentators suggest that supporting transgender women in these services might compromise the integrity of these safe spaces or could allow violent men to access these spaces more easily. However, they found that organisations across the sector have already been supporting transgender women and that this is particularly vital given the high levels of domestic abuse experienced by transgender women – an estimated one in six transgender women experiences domestic abuse each year (Stonewall, 2018).

The Home Office strategies name all women and girls (including lesbian, gay and transgender women) the key beneficiaries of domestic abuse policy and legislation whereas gay, bisexual and trans men are not mentioned (Donovan & Barnes, 2019). Donovan & Barnes suggest that: "this emphasis on female victim/survivors and male perpetrators in government strategies to address DVA confirms the binaried public story that DVA is a heterosexual problem" (2019: 4). It is suggested similarly elsewhere that heteronormativity "reduces and quarantines both diversity and diverse experience of violence, positioning these as marginal concerns in relation to policy development and service provision" (Seymour, 2017: 12). This is seen to impact the ways in which LGBT specialist domestic abuse services are insecurely funded (Magic and Kelley, 2019). Also, just because women are more likely to experience domestic abuse and at a greater severity and frequency, does not mean male victim-survivors and their very real experiences of domestic abuse

should be ignored. Donovan and Hester suggest that the construction of domestic abuse as a “gendered, heterosexual phenomenon that is predominantly physical in nature” has marginalised male victim-survivors of domestic abuse (2010: 279). This has resulted in inadequate service provision for male victim- survivors particularly in relation to refuge spaces as well as a general lack of awareness that men can be victims of domestic abuse which further discourages men from seeking support (Wright, 2016).

Adequate service provision and the funding to meet that need as a general point of contention was reiterated through the Stonewall report which called for increased funding for all services including women-only services, specialist services for LGBT victim-survivors and victim- survivors from Black and Minority Ethnic backgrounds (Stonewall, 2018). The concern around funding raises a question of whether victim-survivors from different groups (and the charities and services which support them) risk effectively being pitted against one another because of widespread issues of chronic underfunding. Given the complexities and multi- layered issues surrounding domestic abuse, it is apparent that there needs to be nuanced and agile responses.

### 1.2.2 Reporting of Domestic Abuse and Police Response

Despite the use of prevalence figures in an earlier section of this chapter, it is generally understood that domestic abuse is an underreported crime and that these figures do not demonstrate the full picture. For the year ending March 2018, it was estimated that only 18% of women who had experienced intimate partner abuse in the 12 months prior reported this to the police (ONS, 2018). Although there are, as discussed, other agencies that respond to domestic abuse who victim-survivors seek support from, the police are nevertheless in a unique position being the only agency to have the legal powers to physically intervene in incidents of domestic violence (Day et al., 2018). Despite the overall low levels of reporting, police are still receiving an emergency call for help in relation to domestic abuse every 30 seconds (HMIC, 2014) against a backdrop of significant cuts and reductions to the workforce (Day et al., 2018). However, police failings in respect of domestic abuse go beyond a lack of resources and speak to systemic issues within the force. Decades of research on police culture in the UK describes the challenge of “uninformed and sexist attitudes of officers” (Myhill and Johnson, 2016: 3) which negatively impacts responses to domestic abuse (e.g. Loftus, 2009). An Australian study also found that the primary barrier to reporting to police in Australia is a feeling that the police either do not understand or are not proactive in handling domestic abuse (Birdsey & Snowball, 2013). There is also some awareness of domestic abuse perpetrators within the UK police force – in 2020 the Centre for Women’s Justice submitted a super-complaint alleging that forces were not responding appropriately to cases of domestic abuse involving police officer or police staff suspects. This included victim testimonies where victims described being failed and sometimes further harmed by the police response (Gov UK, 2022). The culture of sexism and violence against women within the police force has been brought into acute public awareness recently through a series of high-profile cases in the last two

years. In 2021, Wayne Couzens was given a whole-life sentence for the kidnap, rape and murder of Sarah Everard whilst he was serving as a Metropolitan police officer (Dodd & Siddique, 2021). There was widespread hurt and outrage in the wake of Sarah Everard's death which prompted a vigil in her honour as well as a wider conversation around violence against women and girls (e.g. Taub, 2021). In 2022, a further two metropolitan police officers were sentenced to three months in prison after being found guilty of sharing offensive messages in a WhatsApp group with Couzens including jokes about beating and sexually assaulting women and raping a colleague (Thomas, 2022). Their messages were also racist, homophobic and ableist (Thomas, 2022). In 2023, another former Metropolitan police officer David Carrick was sentenced for a "catalogue of violent brutal sexual offences" against women over nearly two decades (Mercer, 2023).

Being Black might further dissuade a victim-survivor of domestic abuse from reporting to the police given the evidence of institutional racism. There has been an increased awareness of this due to the 2020 Black Lives Matter protests which occurred in the UK initially in response to racist police brutality in the USA, but which also shone a light on the issues of racism within the police force in the UK (Joseph-Salisbury et al., 2020). A Victim Support report found that when reporting domestic abuse, almost half – 48% - of Black and ethnic minority respondents felt that police treated them differently from other people because of their ethnic background or heritage (Victim Support, 2022).

### 1.2.3 Domestic Abuse in the Context of Covid-19 Lockdown

This thesis of work was initiated against the backdrop of the Covid-19 pandemic and the restrictions that were put in place at this time. This left victim-survivors of domestic abuse *more* vulnerable to domestic abuse. A variety of factors contribute to the rise of family violence during pandemics including increased economic stressors and other pressures, instability, increased exposure to volatile relationships and reduced options for support (Peterman et al., 2020). Reports of increased domestic abuse and violence in the wake of isolation and quarantine orders were seen globally (Usher et al., 2020). In the UK, the national domestic abuse hotline reported an increase of 61% in calls and contacts during the pandemic when compared to the two months prior to the lockdown (Refuge, 2021). However, we also saw changing patterns of domestic abuse during the Covid-19 lockdown. Ivandic, Kirchmaier and Linton found that whilst abuse by current partners as well as family members increased, abuse by ex-partners declined (2020). Their findings also suggested that, given a reliance on third party reporting, there was likely to be further under reporting during lockdown (Ivandic, Kirchmaier & Linton, 2020.). It is apparent that at a time when support was needed more than ever, access to support was limited through restrictions and more pandemic-proof support was needed (e.g. Mazza et al., 2020).

#### 1.2.4 Impacts of Domestic Abuse on Individuals

The burden of domestic abuse on individuals' physical and emotional health is far reaching. As has been discussed, many women are killed by their current or ex-partner. For those that are surviving or have survived domestic abuse, research highlights that the impact includes: increased risk of mental health illness including clinical depression, anxiety & PTSD (Ferrari et. al, 2015); poorer physical health outcomes (Wilson et al., 2007); a higher risk of substance misuse (Humphreys et. al, 2005) and reduced self-esteem & social skills (Cosgrove et. al, 2008). The ripple effect of the abuse extends beyond the victim-survivor too; being exposed to domestic abuse as a child can have a negative impact in all areas of a child's development including physical functioning, cognitive development, behaviour, emotions and social adjustment (e.g. Adams, 2006; Kolbo, Blakely & Engleman, 1996). The acknowledgment of the impact on children exposed to domestic abuse led in 2002 to the amendment of the Children Act of 1989 to clarify that the harm a child may be at risk of suffering includes the impact to their health or development which results from witnessing the ill-treatment of another. Also, as previously indicated, the latest Domestic Abuse Bill has laid the ground for children who are exposed to domestic abuse to be considered victims of domestic abuse within the eyes of the law too.

### 1.2.5 Existing Domestic Abuse Interventions

Although domestic abuse is a significant global health problem, few tested interventions have been designed to improve women's health and quality of life, particularly beyond the crisis of leaving (Ford-Gilboe et. al, 2011). Historically, some of the lack of services available for victim-survivors may have stemmed from feminist concerns about the risk of pathologising 'victims' and a shift in focus from holding the perpetrator accountable (Williamson & Abrahams, 2014).

Much of what is available to victim-survivors involves group work with others who have experienced domestic abuse (Williamson & Abrahams, 2014). One rationale behind this is to offer victim-survivors the opportunity to connect with others. This is seen as particularly important in the context of domestic abuse which is often associated with isolation. Cosgrove and colleagues (2008: 12) suggest that:

*“Domestic abuse, in the long run, erodes self-esteem and social skills, destroys family intimacy, damages growing children, reduces parenting skills and creates intense feelings of shame, guilt, isolation and loneliness. In stark contrast to abuse, support groups lessen isolation and establish social bonds.”*

The potential of support groups is reiterated in a Home Office Research Study by Hester & Westmarland (2005: 97). This report suggests that once women have been able to deal with “immediate issues”, they should be offered groupwork to address the emotional impact of the abuse and to meet others who have had similar experiences. They add that the groups should ideally last at least ten weeks. Attending support groups has also been linked to reduced depression (Pfeiffer et. al, 2011); reduced feelings of isolation (Bright et. al., 1999) and an increased feeling of connection, coping skills, and feeling better able to make positive changes (Sullivan, 2012).

In their review of the provision of intervention programs for female victims and survivors of domestic abuse in the UK, Williamson and Abrahams (2014) include three specific groupwork interventions. They acknowledge that there are a variety of programmes available in the UK, but that these are included because evaluations have taken place. The overview of these programmes, as outlined by Williamson and Abrahams, is included in Table 1. As Williamson and Abrahams highlight, some programs are “owned” by specific providers which results in, at times, limited information about the specific process and content being available (2014).



*Table 1 Overview of Three UK Evaluated Domestic Abuse Interventions from Williamson and Abrahams (2014: 184)*

<b>Program</b>	<b>Duration and enrolment</b>	<b>Aims to help women</b>	<b>Key Themes</b>	<b>Evaluation Outcomes</b>
The Freedom Program	12-week rolling program which women can join at any point. There is no assessment.	Understand the beliefs held by abusive men, recognize which of these beliefs they have shared, illustrate the effects of domestic violence on children, recognize potential future abusers, gain self-esteem and the confidence to improve the quality of their lives, introduce women to community resources.	The dominator, the bully, the bad father, the effects on children, the headworker, the jailer, the sexual controller, the effects on children, the king of the castle, the persuader, the liar, the warning signs.	Williamson and Abrahams (2010) found that all the women who participated in their research reported positively on their experience of the program. Women who had engaged also reported much higher levels of confidence and self-esteem at the end of their participation compared to the beginning.
The Phoenix Program	16-week program divided into two eight week parts.  The PP involves a comprehensive interview/assessment with potential participants ahead of the start of the program, which includes an opportunity to ensure that individual needs are being met. The PP also runs as a closed group.	The program aims to improve the safety of women and children by addressing the impacts of domestic abuse first on the nonabusing parent and second, on the children of those women who have experienced domestic abuse.	Part 1 includes introduction and safety issues, dynamics of domestic abuse, life without abuse, knowing and recognizing abuse, working with the effects of domestic abuse, personal power, relating to others, and moving on.  Part 2 includes good enough mother, the impact of abuse on mothers, the impact of domestic abuse on children, rebuilding relationships with children, listening and talking, respect and parenting, managing contact and other relationships, and moving on.	Women who had engaged with the PP reported higher levels of confidence and self-esteem at the end of the intervention compared to preintervention. The women also reported feeling happier and more content at the end of the program than at the beginning (Williamson & Abrahams, 2011).
The Pattern Changing Program	15-week program. The program is based on women setting the goals they wish to achieve within the course ahead of the program start, and learning the techniques necessary to achieve their aims. It runs as a closed group.	The aim is for women to understand the problem of abuse and how it impacts on them and their families, become aware of their lifelong patterns, set realistic goals and to learn techniques for developing new patterns of their own choosing.	Themes covered include: Women's Bill of Rights as a human being (translated to Human Rights within a UK context), dysfunctional childhoods and emotional literacy, four sessions looking at assertiveness	The key findings from this evaluation showed an increase in confidence and self-esteem of the women who had engaged with the course. This increase also led to an increase in their feelings of empowerment. Women on the Pattern Changing course also gave positive

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training, goal setting and decision making, healthy relationships, and a party/celebration

feedback about being able to learn from other women in similar situations; and finally, they reported an improvement in relationships between themselves and their children (McTiernan & Taragon, 2004).

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In terms of outcomes, Williamson and Abrahams (2014) highlight a lack of robust evidence in respect of the effectiveness of these three programmes. It is also not always clear what success looks like for these programmes. Nevertheless, they suggest that the consistent feedback from participants is that these programs are valuable and have a positive impact. They indicate that these kinds of programmes allow participants to begin to recognize the impact of abuse on their self-esteem, health, and confidence and to begin to repair this (Williamson & Abrahams, 2014). They conclude that as such these programmes are “an important part of a range of specialist services which women who have experienced abuse need in order to ensure their safety and well-being” (Williamson & Abrahams, 2014: 189).

Despite the benefits there are some challenges raised about these types of group programme. Williamson and Abrahams (2014) found that many programs are based on either a psychoanalytic or an educational model, which may unintentionally situate the female victim as the problem who needs to change or adapt rather than this being the perpetrator’s responsibility (Williamson & Abrahams, 2014). That said, in their analysis of the evaluations, they found that women appreciated the way they were supported to understand that they were not responsible for the abuse they experienced indicating that they did not feel blamed for the abuse (Williamson & Abrahams, 2014). It is apparent that these psycho-educational elements could still be useful therefore within the group context.

Another issue which becomes apparent is the significance of the referral pathway which leads participant to the programme. One concern is that when children’s statutory services refer, this may be done as a means of surveilling the non-abusive parent’s behaviour, parenting and attendance (Williamson & Abrahams, 2014). The complicated relationship between female victim-survivors of domestic abuse who are mothers and children’s statutory services has been noted elsewhere too, where the ‘support’ for mothers who are victim-survivors of domestic abuse can become

problematic. Scourfield (2001) refers to the pervasive preoccupation with mothering within the constructs of women in child protection work. The emphasis on the role of the mother seems to lead to ‘mother-blaming’, where mothers are accused of failing to protect their children from the domestic abuse to which they themselves are victim (Devoe & Smith 2003; Davies & Krane 2006; Alaggia et. al., 2007, 2012; Strega et al., 2008; Humphreys & Absler, 2011). Mothers experience greater investigation of their parenting capacity, even when this does not relate to the original referral, which was focused on their experience of domestic abuse (Kantor & Little 2003; Humphreys & Absler 2011). There has emerged an attitude within child protection social work that a victim needs to separate from the abusing partner to effectively protect the child (Hester, 2011; Featherstone and Peckover, 2007). This is despite research which identifies separation as a significant risk factor in increasing the likelihood of lethal violence (Campbell, 1995; Campbell et. al, 2003; McFarlane et al., 1999). Beyond children’s statutory services, there is still an opportunity to improve the relationship between referrers and interventions to provide a more coherent and connected service (Williamson & Abrahams, 2014). Williamson and Abrahams (2014) suggest that the perspectives of referrers should be incorporated into service design and there should be an acknowledgment of the ideological differences between agencies. Another opportunity is to ensure the facilitators are appropriately skilled, empathetic, and well-suited to the running of the programme and they receive ongoing support (Williamson & Abrahams, 2014).

Overall, it is apparent that group work is a popular aspect of the current support available for victim-survivors of domestic abuse. These groups are seen as, somewhat anecdotally, having the potential to be a supportive and beneficial aspect of a package of support which may also include support from other services. There is still a lack of robust research into this area and so there is an opportunity for evaluations which can add to the evidence base as this thesis will seek to do. There is also an opportunity for referrers and delivery partners to work closer together and for evaluations to better

reflect on the impact of this relationship on the running and success of the programme. It is apparent that, whatever the design of the programme, the role of the facilitator in its success should not be underestimated and they should be well supported to deliver this essential role.

## 1.1 Nature Based Interventions

### 1.3.1 Introduction to Nature Based Interventions

One approach to mental health and wellbeing which may be useful in the context of domestic abuse is nature-based therapies or interventions. Nature connectedness and nature-based therapies have been shown to mitigate against or help to ameliorate poor physical health and mental health issues in other vulnerable groups such as people living with dementia (Clark et al., 2013), and military veterans with Post Traumatic Stress Disorder (PTSD) (Wheeler et al., 2020). Although limited, there is some emerging research to suggest that this might be specifically beneficial for victim-survivors of domestic abuse (e.g. Varning Poulsen et. al, 2020). However, there remains a lack of research into this area.

The concept of exposure to nature as a means to support mental and physical health recovery is not a new one. In the fourth century BC, Hippocrates introduced gardens and other green spaces as an element of therapy for patients (Gallis, 2013). Spending time in the wilderness has also long since been thought of as supporting mental health, with it being prescribed as a measure for patients with emotional challenges from the 19th century (Selhub & Logan, 2012). The role that nature plays in our psychological health has been recognised in research for decades (e.g. Jackson, 1979; Altman & Zube, 1989). Nature-based therapies can encompass different forms of using nature with therapeutic intent and include social and therapeutic horticulture, care farming and wilderness therapy (Bragg, 2016). Nature-based therapies or interventions can also be referred to as

ecotherapy or green care. A survey of people working in related areas found that there is some desire for a common language or means to refer to these types of programmes, but that currently these three terms are used interchangeably and equally (Bragg, 2016). For the purposes of ease of continuing to use a consistent term, this thesis will continue to refer to nature-based therapies or interventions.

In her analysis of the literature, Bragg (2016) highlights some of the key benefits which nature-based programmes have been found to contribute to. These include: psychological restoration and increased general mental wellbeing; reduction in depression, anxiety and stress related symptoms; improved self-esteem, confidence and mood; improved happiness, satisfaction and quality of life; sense of peace, calm or relaxation; and feelings of safety and security. A multi-study analysis of six differing green exercise projects found that the interventions produced a 61% event rate of participants with 'low' wellbeing moving into the average to high wellbeing group (Rogerson et al., 2020). A systematic review of randomised controlled trials on the effectiveness of ecotherapy interventions for treating mental disorders also found that environmental therapies or animal-assisted therapies are effective in reducing symptoms of anxiety, depression, substance-related and addictive behaviours, schizophrenia- spectrum, trauma, and stress-related disorders (Williams et al., 2020). These beneficial outcomes and reductions in mental ill health symptoms have also been shown where projects have been specifically tailored to a particular group. For example, peer outdoor experiences were found to be beneficial and resulted in significant reduction in post-traumatic stress disorder (PTSD) symptoms compared to waitlist controls for military veterans with PTSD (Wheeler et al., 2020). Although there is promising data about the effectiveness of green care interventions, these types of projects are often small scale and therefore consist of small data samples which may be why the evidence base benefits from multi-study reviews and systematic reviews (Rogerson et al., 2020).

### 1.3.2 Mechanisms of how Nature Based Therapies Impact Wellbeing

Understanding how nature affords such benefits is key to considering how these effects can be maximized. In their review of the literature, Ward-Thomson and colleagues (2012) found that there seemed to be three main means of the natural environment supporting mental health benefits. Two of these are indirect: (1) as a result of spending time in nature offering opportunities for physical activity which has positive impacts on mood and stress (e.g. Barton & Pretty, 2010); (2) through providing opportunities for social contact, which is again associated with positive impact on mood and stress (Heinrichs et al., 2003).

As well as these more indirect means, Ward-Thomson and colleagues also highlight the direct impact of nature itself, citing a growing body of research on the innately restorative impact of exposure to nature and green spaces. A consistent finding of studies into the benefits of exposure to nature is that people cite stress reduction as one of the most important and keenly felt perceived benefits (e.g. Knopf, 1987; Schroeder, 1989). This has been supported by analysis into the physiological stress reductive response which nature has on our bodies. These physiological impacts might help to isolate the benefits of nature to its innate impact rather than the other elements which recreation in nature might incur e.g., through social contact and physical movement. This physiological response has been observed through measuring the impact of green space on biomarkers which are associated with stress, for example, blood pressure (Hartig et al., 2003; Ulrich et al., 1991), heart rate and muscle tension (Ulrich et al., 1991). In one study, 120 participants viewed a stressful movie and were then exposed to one of six videos of different natural and urban settings (Ulrich et al., 1991). Stress recovery was measured through a variety of physiological measures as well as self-reports of affective states. Findings supported the notion that

recovery was faster and more complete when participants were exposed to the natural rather than urban environments. Ulrich's research into the stress reductive components of natural environments over a number of years led to the development of the psycho-evolutionary stress reduction theory (1983). This suggests that the capacity for unthreatening natural settings to both hold our attention and be restorative has an evolutionary advantage for humans due to the rapid reduction of the stress responses following threatening encounters, and through being able to recharge in terms of physical energy as a result (1991). A sense of an evolutionary or genetic component to human's experience of connection to nature is also reflected in Wilson's Biophilia Hypothesis (1986). This posits that mankind has a natural affinity with all living things that belong to the natural world, and that humans have evolved with a biological predisposition to be around natural stimuli. Like Ulrich, the work of Kaplan & Kaplan also explicitly addresses the restorative influences of nature, and they developed attention restoration theory to describe this (1989). They suggest that the way that nature is able to hold our attention through soft fascination encourages restoration and recovery from mental fatigue. Kaplan suggests that the natural environment must meet certain components in order to lead to greater reflection and restoration (Kaplan, 1995). These include: being away from everyday stresses; the environment holding your attention indirectly or allowing for soft fascination; experiencing expansive spaces in a way that is comfortable and puts an individual at ease; and a desire to be there out of intrinsic motivation (Kaplan, 1995).

Whilst there are two pathways (direct and indirect) which describes the way in which time spent in nature supports wellbeing, it is suggested that these pathways also interact and may amplify some of the other benefits (Rogerson et al., 2019). For example, a systematic review and meta-analysis of the psychological benefits of exercise in natural versus urban environments found that physical activity undertaken outdoors in natural environments is more beneficial for a range of psychological outcomes including reduced anger, fatigue, anxiety and depression (Wicks et al., 2022).



Furthermore, there are example-specific perceived benefits of particular forms of nature-based interventions. For example, wilderness therapy is seen to have the potential to foster perceptions of capability and personal power (Bacon & Kimball, 1989); offer physical distance from the significant stress (Kaplan & Kaplan, 1989); and reduce negative mental health symptoms (Norton et al., 2014). Spending time in the wilderness can also evoke feelings of awe and wonder and a sense of the spirituality of the environment (Talbot & Kaplan, 1986). Meanwhile, a review into the impacts of social and therapeutic horticulture (STH), care farming and environmental conservation found that these types of activities within nature can offer a sense of purpose and meaning as well as supporting wellbeing through exposure to nature and the social context of the group environment (Bragg, 2016).

Additionally, it has been found that the potential benefits of access to nature may be even more significant for people who are from a poorer background and under more stress who are not able to purchase stress reduction in other ways (Mitchell & Popham, 2008). Indeed, more green space has been linked to lower perceived stress in deprived communities as evidenced in a study which looked at salivary cortisol patterns in relation to percentage area of green space (Ward Thompson et al., 2012).

### 1.3.3 Nature Based Therapies in the Context of Covid-19 Lockdown

As has already been discussed, reports of domestic abuse increased during the Covid-19 pandemic – impacted particularly by the lockdowns. The lockdowns were also seen globally to have a significant negative impact on people's mental health. This was suggested to be setting the scene for mental illness to become the next "silent" pandemic (Rajoo et al., 2021). At the same time, there was evidence to suggest that nature therapy groups were an effective means of treating stress, depression, and anxiety symptoms during the pandemic (Rajoo et al., 2021) Indeed, people sought

out nature and outdoor exercise more often during the Covid-19 lockdowns than previously. UK data showed that in May 2020, 36% people responding to a survey said they were spending more time outside during the pandemic than ever before (ONS, 2021). Another study found that not only were people actively spending more time in nature and more often, they were doing so specifically because of the perceived health and wellbeing benefits and felt that nature helped them cope during the pandemic (Robinson et al., 2021).

#### 1.4 Nature-Based Therapy for Victim-Survivors of Domestic Abuse: A Review

Despite the growing body of research about the benefits of nature-based interventions for different vulnerable groups, there is comparatively little research into how this might be used to specifically support victim-survivors of domestic abuse. To get a fuller picture of the literature addressing this specific combination of population and intervention, a more specific scoping review-style search was carried out. This scoping review followed the guidance set out as part of the PRISMA Extension for Scoping Reviews (PRISMA-ScR) (Tricco et al., 2018). Details about the search strategy and inclusion criteria are set out in the subsequent section.

##### 1.4.1 Search Strategy

From initial searches of the respective general domestic abuse and nature-based intervention literatures, the most commonly occurring publication terms for both of those elements were included. The aim was to identify any papers that directly addressed both domestic abuse and nature-based therapies in combination. To be included in the review, papers needed to refer to both aspects of interest at title level to support the focused analysis of how nature-based therapies might be specifically being used to support victim-survivors of domestic abuse. The software tool ‘Publish or Perish’ (Harzing, 2007) was used to search across multiple databases which included Google Scholar, Crossref, PubMed and Scopus. Given the interdisciplinary nature of the subject matter, all

databases which were accessible through ‘Publish or Perish’ which the author had access to and which accepted Boolean terms to support the search string were included in this search. This search was carried out in April 2021 at the outset of the project inception. Given that my only language is English, the search was only carried out in English, for time and efficiency, with acknowledgement that this will have limited the literature identified. Beyond language, no publication year or geographical limits were set. Once the search had been carried out across the various databases, the results were exported to a Microsoft Excel spreadsheet. The next stage of the review was to remove any duplicates. From here, the titles were reviewed by the author for their relevance to explicitly exploring nature-based interventions in the context of domestic abuse. The next stage involved reviewing the abstracts of any paper which had been included thus far and excluding any which did not meet the criteria, before full papers were reviewed and a finalised list of papers to be included in the review was compiled. Due to the anticipated low yield of relevant papers, the inclusion/exclusion criteria was not strict beyond the need for the paper to address nature-based therapy in the context of domestic abuse. Therefore, grey literature which did not relate specifically to formal studies could be included.

The search terms string used is included below:

("domestic violence" OR "domestic abuse" OR "intimate partner violence") AND ("wilderness therapy" OR "nature-based therapy" OR "care farming" OR gardening OR "adventure therapy" OR "horticulture therapy" OR “green care” OR “ecotherapy” OR “green exercise”)

The initial search yielded a high number of results with over 2000 papers identified. However, once duplicates had been removed, and then titles reviewed it was apparent that the vast majority of the results did not address the specific objective of the review in terms of exploring how nature-based interventions are being used in the context of domestic abuse. Indeed, as anticipated, the

scoping review revealed a limited amount of research addressing how effective nature-based coping strategies or support services might be specifically for victim-survivors of domestic abuse. Nevertheless, there is some evidence of interest in this area and nine papers were included in this initial review. Ten papers were initially considered relevant, but one could not be obtained and therefore could not be included in the review. This was 'Lifting Spirits: Creating Gardens in California Domestic Violence Shelters' (Stuart, 2005). As specified previously, there was no date limits set as part of the inclusion criteria. As a result, some of the literature identified could be considered 'dated' (some identified articles are over 30 years old). However, these remain relevant today both insofar as understanding the history of how these ideas have developed, but also recognising that any outcomes found then might still be true today - especially considering we are perhaps more disconnected from nature than ever due to increased urbanisation and a rise in technology (Hance, 2011; Schweitzer, Glab, & Brymer, 2018).

The findings are limited due to the papers relying either on case studies or anecdotal evidence or consisting of small or not representative study groups. Some of this seems to stem from the challenges of working within a transitory population who access domestic abuse refuges, and the progression of more recent evaluations has been delayed because of the Covid-19 pandemic. Nevertheless, there are some promising ideas on how green care might be supportive to this group. The review that follows summarises the key findings from the literature. The data charted from the included articles is reported on in Table 2. This was carried out independently by the researcher.

Table 2 Overview of Studies Included in the Review of Green-Care for Victim-Survivors of Domestic Abuse

<b>Title</b>	<b>Year</b>	<b>Author(s)</b>	<b>Location</b>	<b>Project Type</b>	<b>Participant demographic</b>	<b>Methodology</b>	<b>Outcomes</b>	<b>Limitations</b>
Wilderness therapy: What makes it empowering for women?	1994	Powch, I. G.	USA	Wilderness Therapy	Not directly specified but refers to adult women.	A descriptive account of different women who have experienced the wilderness as healing.	Discusses two key aspects of people's experiences of the outdoors – the healing effects of specific therapeutic activities and challenges in a novel environment and the more “elusive spiritual healing effects of a newly found or renewed sense of connectedness with the power of the earth” (p.12).	Anecdotal discussion of people's personal experiences whilst drawing on other theoretical frameworks of how this might be used to support other women.
Design and Implementation of Horticultural Therapy with Children Affected by Homelessness and Domestic Violence	1999	Keeley, J. and Starling, L.A.	USA	Horticultural therapy programme	Children residing at two shelters in San Leandro, California. No specific data given of participant demographic but 75% of the residents of the shelter are children of women who have experienced domestic abuse. Majority of residents are African-American.	A descriptive account with anecdotal evidence.	Over twenty children participated but measurement of specific goals and outcome objectives were not possible for each child. Researchers shared observations and quotes from children from the activities and suggested that “anecdotally the results were positive and life-enhancing for the children”	Only anecdotal evidence collected. No specific outcome measures due to the brief amount of time spent at the shelter.
Wilderness Therapy for Abused Women	2005	McBride, D.L. and Korell, G.,	Canada	Wilderness Therapy	Not directly specified but	A descriptive account of a wilderness retreat	Description of considerations made to help create an empowering	Anecdotal discussion of authors' own experiences facilitating a wilderness therapy group.

					refers to adult women.	facilitated by the authors.	experience as well as the challenges to facilitation.	
Women of courage: A personal account of a wilderness-based experiential group for survivors of abuse.	2006	Kelly, V.A.	USA	Wilderness Therapy	Not directly specified but refers to adult women.	A personal account of the author's participation in a wilderness-based group for women who self-describe as survivors of abuse.		Personal account.
Effects of horticultural therapy of self-esteem and depression of battered women at a shelter in Korea.	2008	Lee, S., Kim, M.S. and Suh, J.K.	Korea	Horticultural therapy programme	12 women who had experienced domestic abuse in Korea.	Quantitative study using validated measures to assess programme impact.	Self-esteem scores significantly increased, and depression scores significantly decreased. Changes were significantly better than control group.	Small group study. According to the authors: The limitations of this study are two-fold: a non-probability sample of the total population of battered women in Korea and, a non-random assignment of the participants to the treatment condition. In Korea, seeking help because of battering is not common. Women with battering experiences tend not to report their suffering to other people. For these reasons, recruiting battered women using probability sampling was culturally unacceptable
Reinstate Project Grow! Targeting Food Insecurity Among Survivors	2011	Spencer-Walters, D.T.,	USA	Horticultural therapy programme		A descriptive call to action rather than study.	Paper highlights that many women who have experienced domestic abuse also face food insecurity and that those facing food	This is not a study, rather a call to action to reinstate a previously discussed programme.

of Intimate Partner Violence.							insecurity are more likely to have poor quality diets. Authors suggest reinstating a programme called Project GROW which targets food insecurity in this population with gardening, nutrition education and community partnerships could be used to address this.	
From blue to green: The development and implementation of a therapeutic horticulture program for residents of a battered women's shelter.	2015	Renzetti, C.M. and Follingstad, D.R.	USA	Horticultural therapy programme	Staff perception of a therapeutic horticulture programme at a domestic abuse shelter in Central Kentucky.	Qualitative interviews with staff at the domestic abuse shelter.	Benefits that staff identified included physical exercise, mental health benefits (e.g. reduction in depression and anxiety) money and work experience, social connections, and a sense of accomplishment.  Concerns about the programme were primarily how it might increase the work burden of staff.	No outcome data for participants of the programme.
Post-occupancy evaluation of a crisis shelter garden and application of findings through the use of a participatory design process.	2018	Lygum, V. L., Poulsen, D. V., Djernis, D., Djernis, H. G., Sidenius, U., & Stigsdotter,	UK	Design of a garden within a shelter setting.			Study of how the garden was used found that this was for primarily everyday activities rather than being integrated into services.  Subsequent plan to integrate nature-based therapy into the existing shelter functions.	
Nature is just around us! Development of an educational program for	2020	Varning Poulsen, D., Lygum, V.L.,	Denmark	Nature Based Therapy within a			Paper gives an overview of the process of designing an educational programme in order for staff to implement nature-based activities with	No outcome data from either staff involved or participants of the programme.

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implementation of nature-based activities at a crisis shelter for women and children exposed to domestic violence.	Djernis, H.G. and Stigsdotter	shelter setting.	shelter residents. Authors argue that developing a learning programme in collaboration between staff and researchers is a beneficial way of implementing use of nature-based activities for therapeutic benefits within shelter setting.
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### 1.4.2 Summary Characteristics of Identified Interventions

Despite very little tangible data, most of the papers paint a positive picture of the potential of nature and the outdoors to support recovery for people who have experienced domestic abuse. There emerge two key approaches – those that focus on utilising existing or adapted green spaces within shelter settings, either for horticultural therapy programmes (four) or nature-based therapy without a specific emphasis on growing (two), and those that seek to recruit a group of victim-survivors and bring them to a wilderness setting as part of a therapeutic experience (three). Where the papers focus on adult participants, these are all women. Only one paper explores a programme for children – the majority of whom may have been exposed to domestic abuse.

There is some commonality across the papers about why and how the programmes offer support, including the way in which nature and the elements lend themselves to metaphors and symbols which can be related to the lives of the participants. Where the programmes take place within the refuge setting, the programme is seen as an adjunct to the other important support offers from the refuge and tend (except in Lee, 2008) to include rolling participants rather than one specific group for a set period. This proves challenging from a data collection and evidencing perspective as well as potentially having an impact on connections within the group. Particularly for the horticultural programmes, the concept of a reciprocal relationship with nature is explored and the gardens are used for both therapeutic purposes as well as for practical resources in terms of food growing. This is linked to food insecurity within this population as well as underfunded services. The within-shelter interventions are generally seen to require more staff buy-in into the programme and it is apparent (e.g. Lygum et al., 2018) that the presence of green space alone does not necessarily lead to this being used in a therapeutic way. By contrast, the wilderness groups are portrayed as distinct programmes for

a specific group who have been recruited to that programme. This may contribute to the authors of these referring more to connection between participants. However, these projects posed their own unique practical challenges to participants including transport, finances and childcare.

#### 1.4.4 Participant Outcomes

##### *1.4.4.1 Overall positive outcomes*

As indicated in Table 1.2, there is very little outcome data. Only two papers report outcome data (rather than descriptive accounts) and one of these is focussed on staff perception rather than participants' own experience of the project. Nevertheless, the papers do seem to point to a positive picture of the potential for nature to be used in a therapeutic manner for women and children who have experienced domestic abuse. At a shelter-based therapeutic programme in Korea, researchers found that the self-esteem scores of the 12 women in the experimental group significantly increased and the depression scores significantly decreased after the intervention in comparison of pre- and post-treatment. This change in levels of self-esteem and depression in the experimental group were significantly better from those of the 12 participants in the control group (Lee, 2008). At a therapeutic horticulture programme in the USA, researchers found that, through interviews with shelter staff, the programme was perceived to have significant physical, psychological and social benefits including improved nutrition, reduction in stress, increased self-esteem, sustained sobriety and reduced social isolation (Renzetti & Follingstad, 2015). As indicated, though, at the time of writing the data from participants themselves had not yet been published so this may not give the full picture of whether the participants themselves felt that they experienced these benefits. The potential for therapeutic horticulture programmes for children was also seen to be "positive and life-enhancing" based on anecdotal evidence (Keeley & Starling, 1999). Similarly, the

wilderness-based programmes were described in positive terms. McBride and Korell (2005: 13) suggest of their programme that the informal feedback they received was “highly inspirational and positive” and Powch (1994: 13) draws on the voices of women who have experienced the wilderness as “healing and empowering”.

Some of the authors suggest that through establishing the relationship to nature, the therapeutic benefits of time spent in nature will continue to be accessible to participants after these programmes have finished and, in some cases, have a positive ripple effect. For the programme focussed on children, Keeley and Starling suggest that this kind of programme can instil a lifetime connection to the earth and gardening which is particularly needed in urban areas (1999). In addition, McBride and Korell noted some participants in a wilderness therapy programme “spontaneously decided to incorporate more physical activities into their lifestyle, such as going for long walks with their children” (2005: 11).

#### *1.4.4.2 Self-efficacy*

A sense of self-efficacy or pride in oneself, which the nature-base programme afforded participants, was highlighted in some of the papers despite the mechanism or rationale behind this varying (Renzetti & Follingstad, 2015; Kelly, 2006; Powch, 1994). In the evaluation of staff perception of a refuge-based therapeutic growing programme, most staff reported that the related activities which included growing, cooking and making things raised the women’s self-esteem and sense of self-efficacy and improved their general wellbeing (Renzetti & Follingstad, 2015). Staff linked this to residents’ feelings of fulfilment and accomplishment. Unfortunately, due to the second phase of the results focussing on participants’ perceptions not having been published yet, this cannot be corroborated with participants sense of the

impact they felt that these activities had on them and how this was achieved. A sense of pride in achievement was echoed in both the descriptive accounts of wilderness therapy programmes – although in these instances it was more related to having been able to overcome particular challenges and to have pushed themselves physically. Kelly (2006) refers to the feelings of accomplishment that permeated the group when they were reflecting on a difficult canoeing experience. Powch (1994) suggests that the wilderness challenges can be very empowering when done well. That said, McBride and Korell (2005) highlight a distinction between physical challenges as opposed to language related to conquering nature and that the former, in line with eco-feminist philosophy, is more appropriate for this group. This resonates with the authors of Wesley and colleagues (2000) who are similarly influenced by the work of Mitten (1994) to suggest that the current organisation of adventure activities like Outward Bound are based on patriarchal models, which place too much emphasis on conquering obstacles. They conclude that these patriarchal notions of stress and challenge can be destructive and revictimizing when applied to survivors of abuse (Wesley, et. al, 2000). These concerns may also stem from the associations between wilderness therapy and ‘boot camp’ programmes for young people in the States (e.g. Janofsky, 2001; Krakauer, 1995) where practices have been considered at times to be cruel (Lutz & Brody, 1999) and not effective (Pearson & Lipton, 1999).

#### *1.4.4.3 Reconnecting to the body*

Powch (1994) suggests that a sense of achievement from taking part in the wilderness activities can lead to an improved relationship with participants’ own bodies. This is seen as particularly pertinent for people who have experienced abuse. She quotes a victim-survivor who says of her first wilderness experience: “I learned to like my body again...it’s not just

for abuse, it's for other things, good things...I'm learning that it could be strong and that I can go hiking with it and do things that I love doing" (Powch, 1994: 20). The way in which this reconnection to and renewed pride in one's body is particularly relevant for survivors of domestic abuse is highlighted through Wesley and colleagues' (2000) paper. They explore, through interviews with eight women, the impact of abuse on the female body in heterosexual couples where the abuse has been from a man to a woman. They sit this within a wider patriarchal context which objectifies women and their bodies and where women are simultaneously required to obsess over their physical body whilst being ridiculed for doing just that. Summarising the impact of abuse on the bodies of the women they spoke to, the authors write:

*"As the abuse continues, the woman starts to disconnect from her body, as a mechanism of defense and even survival [...] He ridicules her sexuality, her physical dimensions, and her general appearance to make her feel ugly and undesirable. Seeing herself through his eyes and eventually trying to avoid being seen at all, the abused woman may lose sight of herself." (Wesley et al., 2000: 221)*

They suggest the possibility of radically reclaiming the female self by reconnecting with the body and suggest sports, camping and hiking as possible means to do this. This reconnection to the body and "body awareness" is something that is observed by McBride & Korrell (2005) in their description of the wilderness programme which they ran for women who had experienced abuse. They suggest that some of the women who had been raped had a negative relationship with their bodies, but following a day of outdoor activity voiced pride in their bodies' strength and endurance (2005: 11).

## 1.4.5 Mechanisms

### *1.4.5.1 Symbolism of Nature*

The way that being outdoors and outdoor-based activities naturally lends itself to symbols and metaphors was seen as having a therapeutic benefit by a variety of authors and transcended the different type of activity (Keely & Starling, 1999; McBride & Korell, 2005; Powch, 1994). Keely & Starling (1999) propose that natural elements provide readily available symbols which can be used in a therapeutic way to explore particular issues in the participants' lives. They used a different therapeutic theme to explore each week which related to the gardening activity of the session and which they felt was relevant to life at the shelter (for example, exploring 'new beginnings' whilst sowing seeds). Similarly, both McBride & Korell (2005) and Powch (1994) draw on the work of Mason (1987) to talk about how activities like hiking and rock climbing can be used as metaphors to explore participants' approaches to life and allow for more self-reflection and honesty. Powch quotes a facilitator who works with people who have experienced sexual abuse to say: ". . . it was like they were blossoming...letting go of old patterns and releasing them in symbolic ways...there was one ceremony in which they ran into the ocean for cleansing and purification...there is a sense of empowering women, and a part of it is the connection with nature" (1994: 21).

#### *1.4.5.2 Connection to others*

As well as the heightened connection to nature, Powch also draws attention to the increased sense of connection between participants of wilderness therapy programmes (1994). She suggests that it is common for women who have shared a wilderness therapy experience to remain in close contact long after the trip is over. However, there is no evidence cited so it is difficult to quantify. The connection that wilderness experiences can offer is reflected elsewhere. In her own personal account of her experiences, Kelly says: “the intensity of my connections to the other group members bolstered my profound belief in the worth of every human being. The level of interdependence and respect and acceptance that we shared reminded all of us of the importance of our connection to others” (Kelly, 2006: 110).

#### *1.4.5.3 Spirituality in nature*

A sense of spirituality with nature also emerged in two of the papers that focussed on wilderness experiences (Kelly, 2006; Powch, 1994). Describing her own experience of a programme for female victim-survivors of abuse, Kelly sums up that: “in trying to capture the essence of what this experience has meant for me, I am struck by the impact it has had on my spiritual development” (Kelly, 2006: 110). She attributes this to finding solace and healing in the outdoors as well as the opportunity to disconnect with the ordinary chaos of everyday life. A sense of spirituality is echoed by Powch (1994) who suggests that being in the wilderness allows you to feel the power of the universe and know that it is within you. She suggests that this experience was echoed by all the women who she spoke to. She quotes one particular participant who said: “...that connection with nature had a very profound impact on me. The sense of connection of the earth as mother, and the power of that kind of image helped me to expand beyond my own struggle for survival in a world where I felt like I didn’t really fit

in...as a woman...I think that the sense of belonging I feel in the wilderness was tied into that--what some people call the earth-based spirituality..." (Powch, 1994: 20).

#### *1.4.5.4 Dual benefits of growing food*

Unique to the horticultural therapy programmes, some of the papers highlighted a further benefit beyond the therapeutic impact of the programme in terms of being able to use it to simultaneously address food poverty and improve diets. Spencer-Walters highlights that many women who have experienced domestic abuse also face food insecurity and that those facing food insecurity are more likely to have poor quality diets (2011). This was echoed in findings from the evaluation of staff perceptions of a shelter-based growing project where the majority of staff said that the farm reduced food expenses whilst simultaneously improving nutrition and physical health (Renzetti & Follingstad, 2015). One staff member told researchers: "because we're a poor non-profit, what happens is we feed everybody chicken nuggets and French fries because that's what we can afford, processed food everywhere. . . . You know, most women come to the shelter and gain 40 pounds in the first month or two. . . . But we're not seeing that same level. Like, because we're cooking healthier, figuring out ways to make things good, and it's broadening their perspective of what they can do" (Renzetti & Follingstad, 2015: 684).

#### *1.4.6 Contextualised administration, considerations and challenges of interventions*

The papers highlight several challenges or considerations which need to be made for these types of programmes. As is discussed in the following sections, some papers highlighted that nature therapy programmes are not considered effective in themselves at responding to all the issues related to experiencing domestic abuse. They also need to be staffed adequately to



prove sustainable and there are some suggestions as to improving staff buy-in from existing staff whose primary role may not originally have been focussed on the nature therapy work. There are also practical considerations, considerations of safety and some concerns raised about the accessibility of the programmes.

#### *1.4.6.1 Nature therapy as an adjunct to other services*

There is an argument running through some of the papers that nature therapy needs to be considered as an addition to the existing practical support available within refuges or community services rather than being a replacement (e.g. Lygum et al., 2018). Indeed, staff concerns around nature-based programmes detracting from the essential work of the shelter are voiced in the evaluation of a shelter-based therapeutic growing project. This was apparent through concerns around the shelter changing its name to reflect the farm project. One staff member highlighted:

*“I think it’s hard for staff whose jobs don’t include the farm to see the community embrace the work that they do[...]the super hard work of domestic violence is the 3:00 a.m. phone call. You know? It’s standing in court, it’s hearing the stories over and over again, seeing someone return and then come back. You know, that’s the hard work of the mission.” (quoted in Renzetti & Follingstad., 2015: 686)*

Although this is perhaps more pertinent for the within-refuge settings, one of the wilderness programmes did require participants to have completed or be nearing completion of a traditional group or individual counselling programme – thus perhaps acknowledging the

putative limitations of a wilderness programme as the sole offer for people who have experienced abuse (Kelly, 2006).

#### *1.4.6.2 Staffing the projects*

Building on the concerns raised in the previous section, Keeley and Starling emphasise that staff and support from volunteers and the community are vital to the long-term success of these kinds of projects (1999). This is reflected in the work of Renzetti and Follingstad, (2015), who highlight the concerns of refuge staff that the farm would increase the work burden of staff and detract from *core* shelter services. This concern was compounded by worries that residents would not want to participate in the farm work so all the work would fall to staff – none of whom had much gardening or farming experience. The authors suggest that these concerns were not unwarranted, and residents were not especially enthusiastic and initially the farm project floundered. They conclude that the hiring of the farmer was a turning point for the project and their skills and expertise resulted in more buy-in from wider staff (Renzetti & Follingstad, 2015). Adequately staffing these kinds of projects is reiterated in the work of McBride and Korell (2005). They describe their experience of facilitating a wilderness programme and, despite finding this rewarding, raised concerns about the emotional impact which was felt to be both draining and stressful. For a subsequent programme they hired a further co- facilitator which improved this and conclude that their recommendation is for three facilitators to every 12 women as a good ratio to support each facilitator's emotional and physical well-being (McBride & Korell, 2005).

As well as having adequate numbers of staff, it was also seen to be important to have staff buy-in to the programme. This was evident through the findings that the presence of green

space within the shelter (even where this has been designed to be therapeutic) does not necessarily mean it will be used with therapeutic intent (Lygum et al., 2018). The observation that the outdoor space had not been used in the therapeutic manner that had been intended led to the launch of a new project with the specific goal that nature-based therapy be integrated into the help and counselling offered at the crisis shelter. This was done in collaboration with staff, but the impact has not yet been formally evaluated (Varning Poulsen et al., 2020).

Where there had been more success, including with staff buy-in at Greenhouse17, it was apparent that staff could see the benefits to themselves and their work of the farm. Renzetti and Follingstad, highlight that some participated directly in the farm work, some valued the fresh foods from the farm, but mostly staff felt that the farm assisted them in their work in some way (Renzetti & Follingstad, 2015). They conclude that the perception that “the farm contributes in a positive way to the work that staff see as central to a battered women’s shelter—appears to be a major factor in raising staff buy-in” (p.684, 2015). Lygum and colleagues (2018) found that where the stakeholders were included in a participatory evaluation there was more engagement from staff which may support the use of codesign methods as a means of designing this type of programme.

#### *1.4.6.3 Adaptability, Accessibility and Safety Considerations*

Some of the papers acknowledge the way in which domestic abuse can have a different impact on people and therefore the need for agility within the programme. Referring particularly to children’s use of a shelter garden, one staff member highlighted: “Children who’ve been exposed to violence react in very different ways. Some become introverted,

passive, apathetic, shut out a lot of things. And then there are others who climb the walls . . . Some you have to put a damper on, and others you have to stimulate, and that's why the garden may be used in different ways" (Lygum et al., 2018: 162). Keely and Starling also highlight the importance of a flexible agenda particularly when working with children of varying age ranges (1999).

Powch (1994) acknowledges that the benefits of the wilderness are not equally accessible. She includes the experiences of Ki, who is an African American recreational therapist, to demonstrate this. Ki talks about how historically many people of colour in the United States have not had the same access to outdoor spaces, and that accessing places like woods have not always been safe. She suggests that when she considers activities now, she looks at who else is doing the activity and if she is the only woman or the only person of colour she tends to feel more hesitant about joining. Powch concludes that all women will have individual and specific safety needs including women of colour, lesbian women, older women, women with different body builds and weights and women with disabilities and specific health conditions as well as women who have been abused in the outdoors. Lee (2008) also highlights the cultural barriers that can prevent even initial help seeking where domestic abuse is concerned.

Some of the papers highlighted the importance of safety measures both from a practical point of view and an emotional one. This included considering how a shelter garden was designed and laid out with safety as one of its core goals (Lygum et al., 2018) and the activities planned (Keeley & Starling, 1999). Kelly highlights that her fellow participants, as well as the skills of the facilitators, were central to her experience of safety within the group. She concluded that: "Sharing this experience with other survivors of abuse and the perfect use of

challenge and support provided by the instructors created an atmosphere of safety that is rarely present in my day-to-day life. These factors combined in such a way that self-discovery, change, and growth were ultimately unavoidable” (2002: 110).

#### 1.4.7 Limitations of Studies

As highlighted in Table 2, the evidence base is very limited in this area. Most of the papers are primarily narrative accounts which include anecdotal evidence rather than formal studies. Where there is one study which gathered quantitative data from participants (Lee, 2005) this is of a very small sample size ( $n = 12$ ). Another study (Renzetti & Follingstad, 2015) which collates data, in this instance qualitative, provides an indication of perceptions of the project but at the time of writing the data from participants had not yet been published so this cannot yet give a full account of the successes of the programme.

#### 1.4.8 Conclusions

To conclude, as anticipated, the literature available on this topic is somewhat limited and anecdotal. However, there is an interest in green care programmes for victim-survivors of domestic abuse and observations of how these have had a positive impact and the potential for nature to directly support healing for this specific group. The rationale for this includes the potential for nature to offer therapeutic prompts, opportunity for physical movement and social interaction, bringing people back to their bodies, and to challenge victim-survivor beliefs about not being capable. This fits in with the wider, general research about green care with other vulnerable groups (e.g. Bragg, 2016).

All the studies focussed on female victim-survivors of domestic abuse, which is unsurprising given the context of the wider literature on domestic abuse. There is, again, a heteronormative thread to most of the papers too – although one did mention the particular considerations for those in a same-sex relationships (Powch, 1994). There was also limited consideration of how race, ethnicity or culture might influence how victim-survivors might experience green care. However, Powch (1994) does explore the experiences of people of colour, and Varning Poulsen and colleagues (2020) suggest that there is a need to consider cultural sensitivity in subsequent studies. Where this is explored by Powch (1994), she highlights the need to consider people's individual safety needs, which may be influenced by their sexuality, race, any disability and other characteristics, which relates to an understanding of how intersectionality can impact how people access services as outlined in the initial context.

The literature review revealed two different approaches of how green care might be used to support victim-survivors. This was either through maximising the potential benefit of existing green spaces within women's refuges or through bringing people together to a different setting for wilderness therapy in groups. Whilst the former seemed to focus on being both contained and caring (and also convenient), the latter focus was more interested with exploring how challenge and a very different environmental setting can offer the physical and emotional distance to encourage processing and recovery. All the papers consider how safety might be achieved. For some of the horticultural therapy or garden design focussed papers, this meant designing a space to specifically feel enclosed and physically safe – and making this safety specific to children (where children were involved). By contrast, the wilderness therapy focussed papers described supporting safety through skilled practitioners and facilitators and achieving emotional safety through being with people who have

experienced something similar. However, at the same time there was also a sense of utilising an element of fear or challenge through wilderness therapy as a means to encourage a sense of self-efficacy and personal achievement. How far to push this or how to describe this resulted in some discrepancies, with some authors emphasising the importance of a move away from describing this in terms of ‘conquering’ nature or challenges because of concerns that this feeds into a patriarchal narrative of a relationship with nature. This was felt by some to be particularly problematic for female victim-survivors of domestic abuse. Instead, most of the papers seemed to focus on a sense of victim-survivors feeling a greater connection to the earth and nature, a sense of awe and wonder at nature and embarking on a long-lasting relationship with nature rather than being in opposition to nature. Some of the key considerations to these types of projects included ensuring investment from staff – particularly those whose background is not in nature therapy. A codesign process which would listen to key stakeholders such as staff and those working in the domestic abuse sector could offer a means of both encouraging this buy-in and also anticipating and pre-empting challenges. The value of this was illustrated by one of the refuge-based growing projects where staff were concerned about the management of the programme and it was subsequently found that the hiring of an additional member of specialist staff (the farmer) allowed the programme to flourish (Renzetti & Follingstad, 2015). This kind of participatory method of design might also improve the accessibility of the programme by including more marginalised voices in the design. This will be explored in greater depth in the subsequent chapter.

## 1.5 Chapter Summary

This chapter sets the context of a domestic abuse sector experiencing a heightened need, but insufficient funding to fully meet that need. It is apparent that the experience of domestic

abuse has a significant negative impact on individuals and that therapeutic support may be beneficial to victim-survivors to address some of those impacts. One popular intervention is group work and although there is limited robust evidence of the benefits, participants of different support groups describe the positive impact of these groups. There are ways that these groups might be optimised, though, including strengthening the relationship between referral and delivery partners. There is some evidence of how incorporating nature into victim-survivors' recovery groups may be beneficial too, which warrants further investigation. For both the groups in an indoor setting and the nature therapy groups, the skills of the facilitator is seen as particularly relevant. Given an understanding of the impact of intersectionality on people's experiences of abuse, of accessing support and of the support available altogether, interventions should consider how these can be more accessible and inclusive. Some of the literature hints at how codesign might be used to ensure investment from stakeholders and incorporate the different concerns of a variety of stakeholders including victim-survivors of themselves.

## 1.6 Thesis Objectives

In light of what this chapter has established about the context of the domestic abuse and the green care sectors, this PhD will seek to better understand how a nature-based therapeutic programme might be used to support the recovery of victim-survivors of domestic abuse in respect of their emotional health, wellbeing, and resilience. This will be attempted through the co- design and evaluation of a nature-based programme. The following chapters will report on the process of codesigning the programme including how findings reported on in Chapter One have informed the process as well as the outcomes of the programme itself.



# Chapter 2. Methodology

## 2.1 Introduction

Chapter One set out the objective of the thesis to understand how a nature-based therapy programme might support victim-survivors in their recovery of domestic abuse and the existing literature related to this. This Chapter, Chapter Two, will then report on the methodology of how this will be achieved. Firstly, though, the chapter will establish the ontological and epistemological position of the research before reporting on how Trans Disciplinary Action Research will be used to codesign the programme and the rationale behind this.

## 2.2 Ontological & Epistemological Position

Guba & Lincoln highlight that before a researcher can consider the method of inquiry into a certain question, they must answer the ontological question and the epistemological question (1994). That is to say, ‘what is the form and nature of reality and, therefore, what is there that can be known about it?’ and ‘what is the nature of the relationship between the knower or would-be knower and what can be known?’ (Guba & Lincoln, 1994: 108). They highlight that all three questions are wholly interlinked. For instance, if someone assumes that there is a “real” world in which matters may be proved either way, the ‘posture of the knower’ would need an objective detachment from their study (Guba & Lincoln, 1994).). Once these paradigms have been established, it is then possible to design the study accordingly – as this will inform all aspects of the project including what is seen as a valid contribution to the field. Chapter One established domestic abuse as a social injustice and detailed how further social justice issues like structural sexism, racism, ableism, homophobia and transphobia further compound the issue. Given this, this research seems to

necessitate a paradigm which recognises the social injustices people face in the world and uses research to advocate for a fairer world. This is something which Mertens offers with her concept of the ‘transformative’ paradigm which she developed having built on the work of Guba & Lincoln (1994) and Lather (2003). Mertens describes:

*“The transformative paradigm emerged in response to individuals who have been pushed to the societal margins throughout history and who are finding a means to bring their voices into the world of research. Their voices, shared with scholars who work as their partners to support the increase of social justice and human rights, are reflected in the shift to transformative beliefs to guide researchers and evaluators” (2009: 3)*

Mertens suggests that in adopting this framework, the evaluator acknowledges that we live in a world where social injustice plays a large role in many people’s lives. She explores the idea that there is the potential for evaluators to be criticised for this because there is an expectation for evaluators to be objective rather than political or value laden (Mertens, 2003). However, she offers an alternative concept of research objectivity within the transformative paradigm by suggesting that within this framework a lack of bias is achieved by the inclusion of all relevant stakeholders in an authentic and representative way (Mertens, 2003). This becomes, then, very significant when considering who needs to be present and whose voices need to be heard within the research.

### 2.3 Transformative Paradigm Within the context of domestic abuse research

Working within the transformative paradigm feels particularly pertinent when the research relates to victim-survivors of domestic abuse given that this is an issue of social justice in and of itself, but that also victims-survivors' experience of abuse and access to services will be informed by overarching systems of oppression and marginalisation. Indeed, approaching the subject from an intersectional lens can be seen as inherently transformative because, as Thornton Dill & Kohlman (2012: 6) highlight, it “locates its analysis within systems of ideological, political, institutional, and economic power as they are shaped by historical patterns of race, class, gender, sexuality, nation, ethnicity, and age but also because it provides a platform for uniting different kinds of praxis in the pursuit of social justice: analysis, theorizing, education, advocacy, and policy development”. What is more, despite victim-survivors of domestic abuse being experts of their own experience, their views on how services can be developed to effectively meet their needs have for the most part been ignored in the past (Hague & Mullender, 2005). This apparent silencing of victim-survivors within the services they use might be seen as mirroring the power and control dynamic of the abusive relationship (Pence & Peymar, 1993).

Notions of services or research failing to empower or share power with victim-survivors is reflected in the work of Hague & Mullender (2005). They include a comment on this from one victim-survivor who said to them:

*“It is all about power, all about power. You have to understand that in a very deep way – it’s not all obvious or straightforward – power takes many, often hidden, forms. Survivors don’t have it. People in agencies have to let go of some of their*

*power. And they don't want to – they just want to come to meetings and discuss it!*

*You can struggle on as best you can but unless they let go of some of the power,  
it's a hopeless task, hopeless.*

*How do they know what to do if they don't ask women in the situation? It doesn't  
make sense, does it? It's stupid if they go and set up things without women knowing  
about it, and without asking women what they need, doesn't make sense to me.*

*We have no influence in their decisions. Not really, just pretend! The agencies  
pretend!"*

(Hague & Mullender, 2005: 146)

However, Hague and Mullender note that consultation at least is entering into mainstream practise for service provision. Albeit there are varying degrees to which this is done meaningfully with Hague & Mullender (2005) highlighting that often victim-survivors can be heavily outnumbered, feel patronised through the process, or that the meetings can feel more like a bureaucratic exercise with no meaningful effect. They suggest that the involvement of abused women is an essential process in order to make services effective and geared towards real need, but that this needs to be done in a meaningful way (Hague & Mullender, 2005). This meaningful involvement of domestic abuse victim-survivors within research related to domestic abuse services links to Mertens' (2003) concept of achieving validity within a transformative paradigm by including all relevant stakeholders in a way that is authentic and accurate.

## 2.4 Transdisciplinary Action Research (TDAR)

The move away from less meaningful ‘consultations’ towards researchers sharing power with stakeholders is reflected in Stokols’ (2006) description of trans-disciplinary action research. Stokols describes that historically, researchers have “adopted a ‘hit and run’ model of consultation with community groups, leading to frustration and annoyance among community members” (2006: 64). It is clear how this exploitative approach is even more problematic when working with a group who have experienced abuse and violence. Stokols’ work builds on a legacy of action research pioneered by Lewin (1951). Stokols suggests that a move towards Transdisciplinary Action Research (TDAR) can offer a means to explicitly address the complexities and dynamics of inter-professional, inter-disciplinary collaboration and collaboration with other community leaders and people with expertise in a particular area. This framework, which moves away from prioritising the ‘knowledge’ of the researcher to a more democratic process that recognises many different perspectives, attempts to somewhat address power imbalances. In doing so, it may be able to offer an effective alternative to the less meaningful service-user involvement described in the previous section.

TDAR fits within the transformative paradigm (Mertens, 2003) because of its inherent concern with social change. Meyer describes that: “most definitions of action research incorporate three important elements: its participatory character; its democratic impulse; and its simultaneous contribution to social science and social change” (2000: 178). In her description, McNiff (2013) echoes some of these sentiments by suggesting that action research is value laden and morally committed, and there is an assumption that there is a collaborative process in terms of knowledge creation.

It is possible to see how working within the transformative paradigm lends itself to qualitative research because of the need to understand the rich diversity within people's differing experiences. However, as Mertens (2007) argues, for the findings to be used to provide a basis for social change, the researcher needs to have demonstrable outcomes that have credibility for community members and scholars; this is where having a quantitative element can also support this overarching goal.

## 2.5 Applying The TDAR Framework

To apply the framework of TDAR to this project, the three-stage framework of Hawkins and colleagues (2017) was used as it establishes a clear process for co-producing and prototyping a programme's content and delivery processes prior to delivering a programme and formal evaluation. This framework requires stakeholder involvement and collaboration at each stage. The three stages of the framework are: 1) Evidence Review and Stakeholder Consultation; 2) Co-production; 3) Prototyping. This has been used as a framework for the codesign as shown in Figure 1 which is adapted from Hawkins and colleagues (2017).

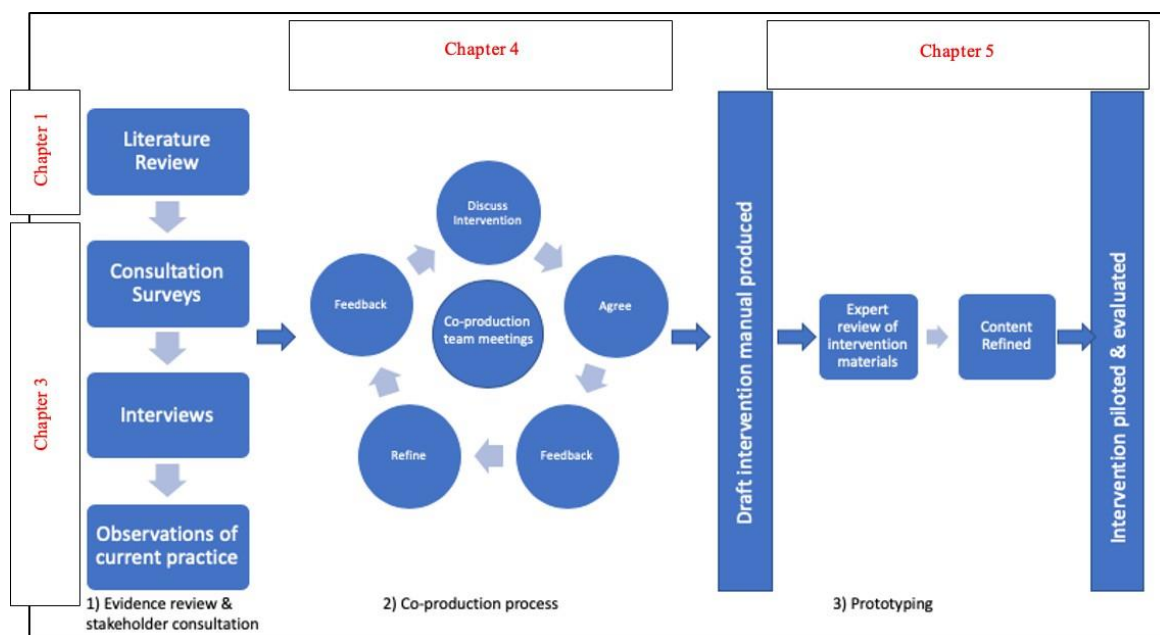


Figure 1 Flowchart of the Codesign Process and Thesis Chapters (as adapted from Hawkins et al., 2017).

## 2.6 Ethical Considerations

The intention is to involve victim-survivors at every stage of the codesign as well as in attending the programme. Some researchers (e.g. McClain & Amar, 2012) note that people can raise concerns about involving survivors of trauma in research because of worries this puts people at further risk of emotional or psychological distress. However, McClain & Amar found that in a small study group of female survivors of child sexual abuse, participants noted positive personal benefits to participating and reported no further harm due to participation (2012). Similarly, Hague & Mullender (2005) suggest that survivors' participation in research has the potential to be both empowering and personally significant.

## 2.7 Summary

This chapter situates the research within the transformative paradigm and reports on the use of Trans Disciplinary Action Research as a framework to co-design a nature-based therapeutic programme for victim-survivors of domestic abuse which will then be evaluated to better understand how this kind of programme might support people in their recovery from domestic abuse. The subsequent chapters will explore each stage of this process in greater depth, reporting on the methodologies for each element, anticipated challenges, and the outcomes. The next Chapter, Chapter Three, reports on the first stage: consultation.



# Chapter Three. Consultation

## 3.1 Introduction

The previous chapter sets out the rationale behind using codesign and specifically a Trans Disciplinary Action Research framework which has been adapted from Hawkins and colleagues' intervention design framework (2017). This comprises three core stages: consultation; co-production; and prototyping & evaluation. This chapter will apply the first stage of the framework: consultation. As Hawkins and colleagues indicate, this first phase is an information gathering phase encompassing: a review of the literature; consultations with stakeholders; and observations (2017). The overall aim of this phase is to gather many different perspectives about designing a nature-based therapy programme for people who have experienced domestic abuse which can then be incorporated into the subsequent intervention design stages. In doing so, this phase seeks to design a more effective programme which pre-empts potential pitfalls. This phase also reflects one of the other central aims of the codesign process: to involve people with lived experience of domestic abuse in the design of an intervention. As has been stressed in the previous chapter on methodology, people with lived experience of domestic abuse are valued stakeholders as part of the codesign process. There is a common-sense argument to involving people who may access or have accessed similar services in service design (e.g. Hague & Mullender, 2005), and the benefits to involving people with lived experience into service design have been found to be better designed services, increased innovation & cost efficiencies (Chinn & Pelletier, 2020). Hague & Mullender (2005) suggest that survivors' participation in research also has the potential to be both empowering and personally significant. This consultation phase of the intervention design process is highlighted in Figure 2 alongside the remainder

Of the adapted framework which will be discussed in the subsequent chapters. This chapter will report on each stage of the consultation namely the literature review and consultation surveys & interviews including the methodologies used and the outcomes. The chapter will summarise the findings established through this stage to be brought forward into the subsequent stage: cop-rodution. Despite being part of the original framework (Hawkins et al., 2017), observations of practice were not carried out due to restrictions in place because of the Covid-19 pandemic.

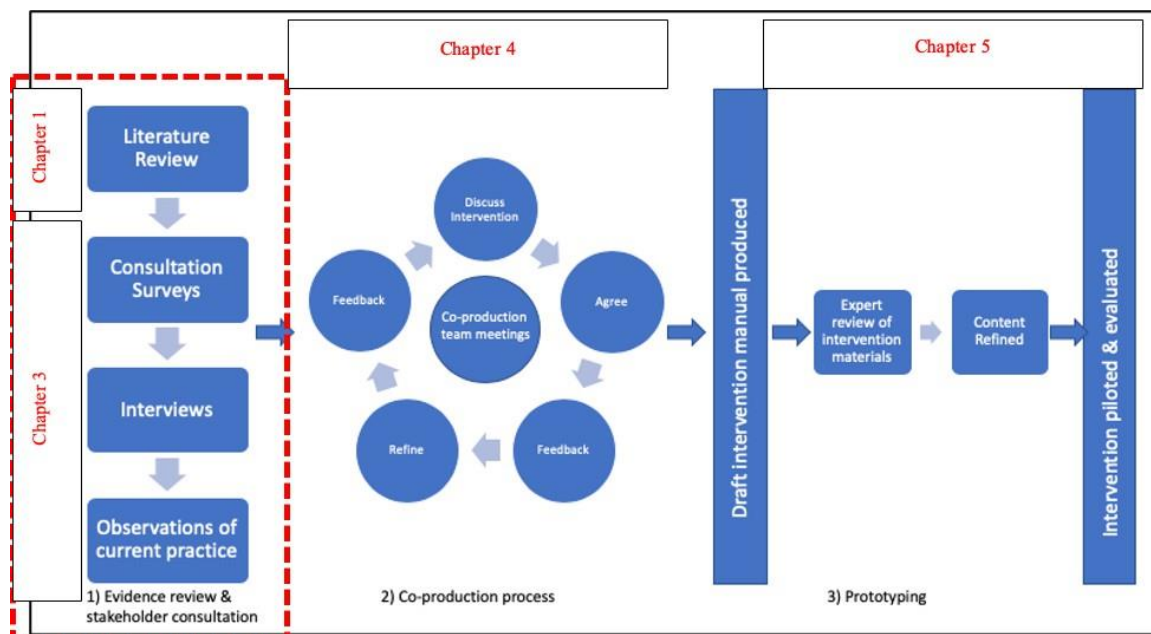


Figure 2 Flowchart of the Codesign Process and Thesis Chapters (as adapted from Hawkins et al., 2017).

### 3.2 Summary of Prior Literature Review

The first chapter of this thesis, the Introduction, comprises an overview of the existing literature in this area across the topics of: domestic abuse services more generally; existing nature-based programmes; and what is known about nature-based programmes for people who have experienced domestic abuse. Key points identified in Chapter One were brought into the subsequent design process. From the literature, it is apparent that intersectionality influences people's experience of domestic abuse and of accessing help (e.g., Thiara & Roy,

2015; Woman's Aid, 2019; SafeLives, 2018; Donovan & Barnes, 2019) and therefore measures should be taken to reduce the barriers to involvement and to design an inclusive programme that may benefit a diverse client group. There are also practical barriers to accessing support programmes including childcare and transport so these needed to be considered within the design process (e.g. McBride & Korell, 2005). In terms of areas that are already working – the use of group work is seen as beneficial to both people who have experienced domestic abuse (e.g. Cosgrove, 2008; Hester & Westmarland, 2005) as well as people who are accessing nature therapy programmes (e.g. Kelly, 2006). Nature therapy programmes designed for people who have experienced domestic abuse seemed to benefit from being agile and responsive rather than rigid (e.g. Lygum et al., 2018). Consideration should always be given to ensuring projects are adequately and appropriately staffed (e.g. McBride & Korell, 2005; Keeley & Starling, 1999; Renzetti & Follingstad, 2015).

### 3.3 Consultation of Stakeholders

#### 3.3.1 Introduction to consultation of stakeholders

As previously described, one of the priorities from the consultation phase was to be able to listen to and incorporate the views of people with lived experience of domestic abuse. However, other relevant stakeholders were identified as people with relevant professional experiences including: running nature therapy programmes for people with experience of domestic abuse; running nature therapy programmes for other groups; supporting people with experiences of domestic abuse; designing more inclusive and accessible services; and of specifically supporting people who are from more marginalised backgrounds, for example, people who identify as LGBTQ+, have a disability, or people of colour, in relation to any of the previously specified areas.

Initially, electronic surveys were used as a means of hearing from as many different people who identified as a victim-survivor as possible in the context of the restrictions in place due to the Covid-19 pandemic. The methodology is described in the subsequent section. Given that respondents to the electronic surveys were very predominantly white, cisgender, heterosexual women, people with knowledge or experience of supporting people from more marginalised backgrounds were purposively identified and invited to take part in more in-depth stakeholder interviews. An understanding of which groups might be particularly affected by the impact of intersectionality in terms of accessing support for domestic abuse was established from the initial literature review which is discussed in greater depth in Chapter One. This included those who are more marginalised in the UK as a result of their race, ethnicity, religion, gender identity, sexuality or disability. These interviews were used to explore these issues in more depth with a view to embedding ideas around inclusivity into the outset of the programme design. These interviews were carried out by phone or video conferencing software and are described in greater depth in a subsequent section.

### 3.4 Consultation Surveys

#### 3.4.1 Methodology of consultation surveys

##### *3.4.1.1 Recruitment*

An electronic survey was shared on various online forums for people accessing support as a victim-survivor of domestic abuse, as well as shared from social media pages and profiles. These were shared primarily on Facebook and Twitter (now X) as well as in email communications as these platforms offered a means to link directly to the survey as well as to link to an information sheet about taking part. The survey link and information sheet as well as a shorter summary about the survey and purpose behind it was shared with organisations which support people who have experienced domestic abuse (including those who support

victim-survivors specifically from more marginalised backgrounds) with a request to share these on their social media pages and in their email communications. The researcher also used social media including Facebook Messenger and Twitter Direct Message, to directly contact the administrators of social media pages which had been set up to support people who have experienced domestic abuse including peer-to-peer networks to ask for the survey to be shared with these networks. Advocates who use their personal experiences and social media platforms to raise awareness about domestic abuse were also contacted with a request to share the survey. The survey link, as well as Facebook posts, tweets or emails relating to it were shareable by those accessing them. Given the very broad range of ways people may have accessed the survey, it was not possible to record all the places and people this may have been shared to.

Recruiting through established networks, informal groups and online spaces is recommended as a method of recruitment for codesign by Mulvale and colleagues (2019) as a way to build trust, offer flexibility and responsiveness and overcome some of the challenges of recruitment generally associated with codesign. That said, there are limitations to this given that this limits the potential pool of respondents to those that have good online literacy. Given the platforms that the survey was shared on, many respondents would have been accessing some support for their experiences whether through peer-to-peer networks, through following relevant social media pages or from accessing more formal support from established charities and networks.

To support people to make the decision about whether to take part in the research, prospective participants were given clear information about what this would entail as well as signing a consent form to give their informed consent, as is required as part of the Helsinki

declaration. For reference, this has been included in the appendix (A). There were, of course, physical safety considerations for victim-survivors, given that the perpetrator knowing their whereabouts or contact details might put them in danger of physical or emotional harm. Similarly, for someone still in contact with their perpetrator, their participation in research could provoke further conflict or abuse. As such, for the consultation stage, no names, locations, or any other identifying information was recorded, and safety information was given as part of the information sheet as well as on the opening page of the survey.

#### *3.4.1.2 Survey Content*

The survey sought to recognise participants' expertise and knowledge of what works for them and how this might benefit others who have also experienced domestic abuse. Stokols (2006) indicates the value of being able to use the transdisciplinary action research process to be able to identify potential issues and challenges in order to design around these rather than delivering a 'solution', which does not work for the community it is designed for. Therefore, to inform the design of key aspects of the programme, the survey included questions focussed on victim-survivors' experience of working with services who support domestic abuse as well as more generally their views about what they find supportive in terms of their health and wellbeing. Participants were also asked about their current relationship with nature and any potential barriers to spending time in nature. In general, questions were directly designed to be readily incorporated into the codesign process, i.e. through identifying issues with existing services and how these might be mediated, other barriers that exist and through actively listening to victim-survivors' own views of what would or would not have been beneficial to them through their recovery.

The following section details the questions asked for each of the key topics, which were: language; experience of services; health & wellbeing; and relationship with nature. These areas were chosen due to the information gleaned from the review of the literature, which is detailed in Chapter One. The research suggests that domestic abuse negatively impacts victim-survivors' health & wellbeing and that time in nature may offer one means of addressing this. However, it is also apparent that there are barriers to accessing support and nature that need to be better understood. As has been discussed, the survey sought to understand victim-survivors' own expertise about what has worked or would work for them. Adopting a starting point of trying to understand what is already working for people fits with an asset-based approach to health and wellbeing. Foot (2012) suggests that there is a growing recognition that we need to concentrate our efforts as much on improving and sustaining good health and positive wellbeing as we do on identifying risk and preventing illness. According to Foot, this asset-based approach is inherently linked to personalisation and co-production and that services need to build on and respect the existing capacities and resources of individuals and communities. This also aligns with the ethos of social prescribing which aims to ask 'what matters to the person' rather than 'what's the matter with them' (NHS England, 2019). In doing so, it has been seen to foster the resilience of individuals and communities (Henry & Howarth, 2018). Through the process of social prescribing, link workers build on individuals' strengths and preferences to help identify opportunities and community connections which might further support their health and wellbeing. This might be through a variety of different activities including, for example, yoga, exercise classes or art sessions (Howarth et al., 2020). Increasingly, nature-based interventions are being embraced as part of social prescribing (Howarth & Lister, 2019) and this is being shown to

support wellbeing (Howarth et al., 2020). This further supports the rationale for approaching the initial consultation from this asset-based approach, and how this is already being used effectively for other nature-based interventions designed to support wellbeing.

At the end of the survey, respondents were given the option to continue to be involved in the rest of the codesign process if they wanted. The text at the end of the survey read: “if you would like to find out more about the project, the outcome of the study, or you think you might be interested in becoming involved in a panel of experts supporting the design of the project, please get in touch with the project lead Kirsty on <researcher’s email> who would be very interested to hear from you. You are welcome to send a blank email and Kirsty will get back to you as soon as possible to find out more about how you would like to be involved.” A blank copy of the survey used is contained within the appendix (B). The outcomes for each topic area are reported on in the subsequent section on survey outcomes.

#### 3.4.1.2.2 Language

The survey described that sometimes researchers may refer to either ‘survivors of domestic violence’ or ‘victims of domestic violence’. Respondents were then asked: do you have a preference about which term is used? Or is there an alternative terminology which you would prefer? There was a text box for respondents to type in their answer.

#### 3.4.1.2.3 Experience of Services

Firstly, victim-survivors were asked: which organisation(s) do you currently, or have in the past, received support or advice from in relation to domestic violence? The options given were: a refuge; an Independent Domestic Violence Advisor (IDVA); children’s social care, adult social care; family support worker; national domestic violence hotline; community-



based support group for victims of domestic violence; police; and other. There was then space for respondents to list other services they had experienced support from. Respondents were also asked how long they had accessed support from these services.

Respondents were then asked: On a scale of 1 (very poor) to 5 (very good), where would you rate the overall services for survivors of domestic violence? What, if anything, would need to change for you to score higher? On the other hand - what, if anything, do you think is already working well? What aspects of the support you receive do you think has been of most help to you? What could someone running a support service do to make you feel comfortable and confident to attend their project?

#### 3.4.1.2.4 Health & Wellbeing

Respondents were asked: On a scale of 1 (very unhealthy) to 5 (very healthy) how healthy do you feel in your day-to-day life? If you haven't scored a 5, what challenges do you face that prevents you scoring higher? And what changes would help you to score higher? What already helps you to feel healthy? Please use the space below to tell us any more about what helps you to feel physically well or any barriers you face to feeling at your most healthy.

In relation to wellbeing, respondents were asked: what activities, if any, do you find particularly support your emotional wellbeing? These may be activities offered by organisations your connected with or activities which you do independent of this for yourself. What activities, if any, would you be interested in taking up to support your emotional wellbeing? Again, these may be activities offered by organisations you're connected with or activities that you would like to do independent of these services. What barriers, if any, do you face which prevent you from attending or accessing support services for your emotional wellbeing? These could be practical things like transport or emotional barriers.

#### 3.4.1.2.5 Relationship with Nature

Respondents were asked to select how much time they spent outside or in nature during an average week (less than 1 hour; 1-3 hours; 4-6 hours; 7-14 or more than 14). The survey text elaborated: “this can be just a rough estimate as we know things can vary from week to week and it can be difficult to calculate a precise number”.

Respondents were then asked: what is your main reason for spending time outside or in nature? What, if any, secondary benefits does spending time outside or in nature have for you? What, if any, negative consequences does spending time outside or in nature have for you? Are you interested in spending more time outside or in nature? If you answered 'yes', please tell us a bit more about why that is? And if you answered 'no' please tell us why not? If you answered 'maybe' we'd be interested to hear a bit more, What, if any, barriers exist which prevent you spending more time outside or in nature?

#### 3.4.1.3 Analysis of Survey Data

Thematic analysis was used to summarise the themes that the researcher identified from the qualitative responses (Braun & Clarke, 2006). Given that many of the respondents replied in list form or with bullet points, this was done by summarising the general themes or examples given for each of the questions posed in the survey. For example, collating the themes which emerged when respondents were asked what about services they had found helpful. These themes are summarised in the sections below.

### 3.4.2 Outcomes of consultation surveys

Seventy participants completed the surveys. However, not every respondent answered every question posed by the survey. In terms of the demographics of those responding, two participants identified as non-binary or gender non-conforming; one person as male; and the remainder identified as female. The majority of respondents defined their sexuality as heterosexual/straight (42 heterosexual/straight; 4 lesbian/gay; 5 bisexual; 1 fluid; 1 don't know). Participants were invited to self-define their ethnicity, but this led to some lack of clarity around terms. As a result of this challenge, pre-specified terms were used for subsequent data collection. The majority of respondents defined their ethnicity as White British (30 White British; 8 White/White Other/ Caucasian; 5 British; 3 Welsh; 2 Mixed Race; 1 Russian/Jewish; 1 Mixed Latino European; 1 Hispanic). In terms of the age of respondents, participants ranged from 21 to 68 years old with the mean age being 41 ( $\pm 9.1$ ).

#### 3.4.2.1 Language used to describe domestic abuse

As has been discussed in the opening chapter, the language we use in discussing such a complex issue as domestic abuse is significant. In Chapter One, the decision to use the term 'domestic abuse' rather than 'domestic violence' was established. The importance of this was echoed in some of the survey responses received when asked about the terms they prefer people to use. One person commented:

*“domestic abuse is NEVER just violence...too many people forget this ...domestic abuse covers, financial, sexual, coercive control, violence and much more. Hearing the words domestic violence seems to only reach out to the public in a manner which makes people only think domestic abuse is only valid with violence - they forget all the other forms there are.”*

There is some disparity about whether we should use the term ‘victim’ or ‘survivor’ when describing people who have experienced domestic abuse. The discrepancy in viewpoint was reflected in the survey responses collection. One person stated: “victim makes it clear there is a perpetrator and they are responsible”. Whilst another respondent replied: “survivors of domestic violence. Victims implies weakness and vulnerability”. Others prefer to be able to use both to signify their journey in recovering from the abuse: “I'd say I was a victim once but now I'm a survivor and I quite like the fact that the terms offer the perspective of a journey from darkness to light!” To reflect these discrepancies, and to acknowledge the existence of a perpetrator as well as the journey of healing, this thesis continues to use the term ‘victim-survivors’ as introduced in Chapter One.

#### *3.4.2.2 Support from Domestic Abuse and Related Services*

In terms of which services respondents had accessed support from, the most common answer given was the police (41) followed by an IDVA (30). The full breakdown of services accessed is shown in Figure 3.

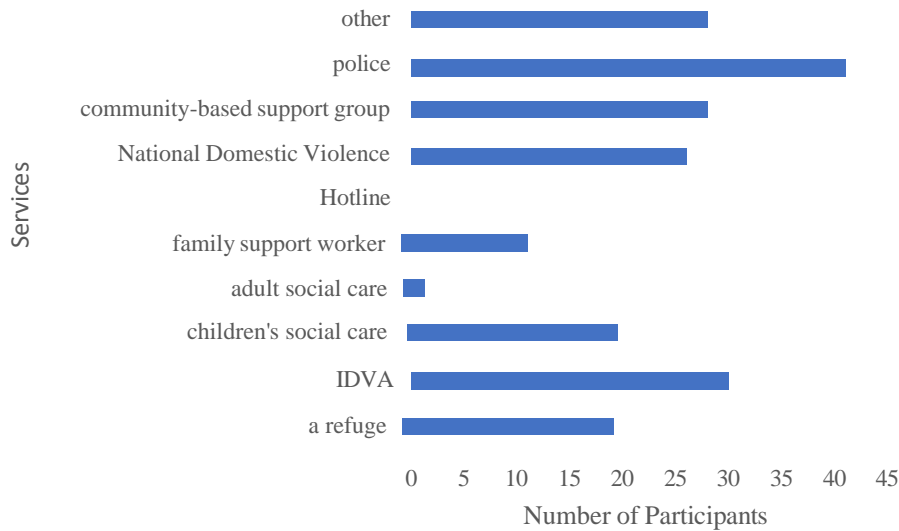


Figure 3 Graph to show how many participants had accessed support from different services in relation to their experience of domestic abuse.

Other services which respondents volunteered that they had accessed support from were: rape crisis support & other sexual violence support services; women's aid & other domestic abuse charities; university wellbeing services; online friends and support groups; the freedom programme & related materials; victim support; GP services; health visitor; and counselling or therapy services. Some respondents highlighted that they had had no support from services including those who had reached out to health services for support.

There was a wide discrepancy in terms of how long respondents had accessed those services with the lowest time frame given as two months and the highest as 42 years. Some specified the overall length of time they had accessed services, but clarified that this had been on and off over the years rather than continuous support. Where respondents had offered a range of time (e.g. 2-3 years), the highest figure was taken to calculate the average time. On average, respondents had accessed support services related to their abuse for 4.6 years ( $\pm 7.2$ ).

When scoring their experience of services out of 5 (5=very good, 1=very poor), the mode score was two and the mean score was 2.7 ( $\pm 1.2$ ). These scores are demonstrated in Figure 4.

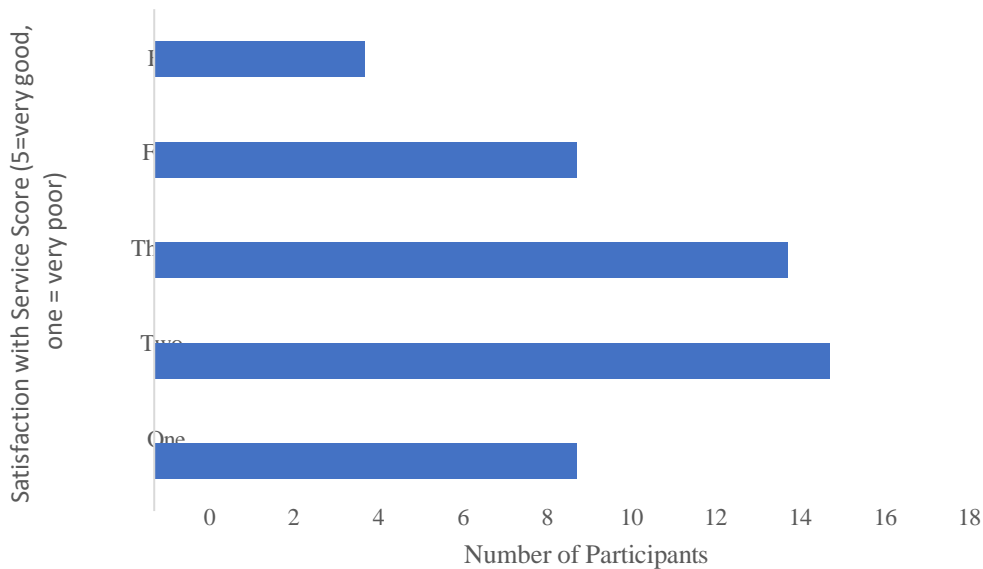


Figure 4 Graph to show how survey respondents scored their experience of services.

In terms of the qualitative insight, respondents identified aspects about existing services that they felt were already working well or which they had found helpful. These included: being believed or a validation of the abuse; having informed staff and an increased awareness of domestic abuse; being able to access support groups; and receiving practical support.

Respondents were also clear about aspects of services which were not helpful or potentially harmful. These included a lack of funding or overstretched services; lack of understanding or training for staff; and a lack of compassion or even victim-blaming from services. In terms of what services could or should do to improve, respondents highlighted the importance of: operating with kind, welcoming & compassionate values; treating people as equals; and being survivor led or having a demonstrable understanding of abuse. In terms of reducing additional barriers to accessing services, respondents suggested: considering gentle

introductions to group work; considering childcare responsibilities; and respecting individual's agency, privacy and right to confidentiality. These areas are elaborated on in the following paragraphs.

From the scores and the open-ended questions, it was apparent that participants had experienced a wide and contrasting range of experiences from support services. Some perceived positive changes over time in terms of how informed staff now are and a sense that there is a growing understanding of domestic abuse amongst the general public. One person said: "There is significant, but not enough, awareness that women are abused and I am aware of lots of advertising particularly during the pandemic. Hopefully this will help start more conversations around healthy relationship behaviours". When naming aspects of the support which had been particularly helpful, respondents spoke about the positive impact of support groups. One person highlighted: "group has helped me as its (sic) been non-judgemental and being with others in the same position as me hearing there (sic) stories in group each week has made me actually realise that I'm not crazy that my ex was the one in the wrong". This supports the literature around the benefits of support groups (e.g. Pfeiffer et. al, 2011 and Sullivan, 2012).

Respondents also referenced the value of practical support as well as the emotional support they had received. Examples of practical support included having a support worker make notes during the court process; being given an alarm for an emergency; and being offered a safe place to stay. The focus on the importance of the practical support might provide a reminder that there are many very practical roles that services and professionals undertake which a nature-based intervention may not be best-placed to offer. This links to the professional anxiety described in Renzetti & Follingstad's (2015) research that focussing too

heavily on the refuge's green care activities detracts from the essential, and at times gruelling, work that domestic abuse workers do.

Through the survey responses, victim-survivors stressed the importance of being believed and conversely voiced an ongoing concern about victim-blaming and a lack of compassion from services. One person highlighted: "The lack of support, the victim blaming and disbelief from childrens (sic) services in particular takes a toll in the long run; it makes you question your own experiences and even who you are as a person - it feels like gas lighting (sic)".

Victim-blaming as a feature of today's culture and as a continued barrier for victim-survivors to disclose abuse has been routinely documented within domestic abuse research (e.g. Rose et al., 2011 and Thapar-Bjorkert & Morgan, 2010). It is also mirrored in media portrayal of male- to-female domestic abuse which has been found to have a tendency for blaming victims and sexualising violence related to perceptions of 'deserving' or 'undeserving' female victims (Lloyd & Ramon, 2017).

It is also apparent that the victim-survivors of domestic abuse who responded are experiencing, in a very real way, the impact of lack of funding for services (Woman's Aid, 2021). One person wrote: "unfortunately, once appointed a personal domestic abuse advisor, it was quickly withdrawn due to lack of funds". Another added: "The work that charities do is incredible- but they're fighting a losing battle. They struggle with funding and the help victims receive depends on the area they live in".

All the respondents to the surveys made suggestions about what could be done differently or better, some of which could be readily incorporated into services. These included ideas around supporting people to feel comfortable to attend. For example, meeting people



individually before any groups started. This readiness to offer tangible and practical suggestions for the improvement of services speaks to Hague & Mullender's (2005) argument that victim-survivors of domestic abuse need to be consulted about services in order for services to meet their needs. Respondents highlighted this directly too in comments about the value of survivor-led programmes as a means of ensuring that they felt understood. One person wrote: "I feel survivor led support is very important. After speaking with other services that is not survivor led, I have felt judged and re traumatised." Hague & Mullender talk about the rationale for excluding victim-survivors from research or evaluation projects as having sometimes stemmed from professionals' misguided desire to overprotect the people that they are working with (2005). This attitude could be perceived as infantilising. Indeed, respondents expressed wanting to be "as an equal not a victim" – perhaps addressing the potential for power imbalance in their relationship with professionals. Indeed, the importance of an individual's right to agency was raised by many. The importance of treating participants as individuals and being flexible to their particular needs is similarly reflected in research into developing effective nature-based interventions (e.g. O'Brien, 2018). Overall, respondents also stressed the importance of operating with kind and compassionate values to create a supportive environment which is again reiterated in the wider literature on nature-based interventions (O'Brien, 2018).

### 3.4.2.2 Factors Influencing Health & Wellbeing

When scoring how healthy respondents feel out of five (5=very healthy, 1=very unhealthy), the mode score was two and the mean score was 2.9 ( $\pm 1.4$ ). Responses are shown in Figure 5.

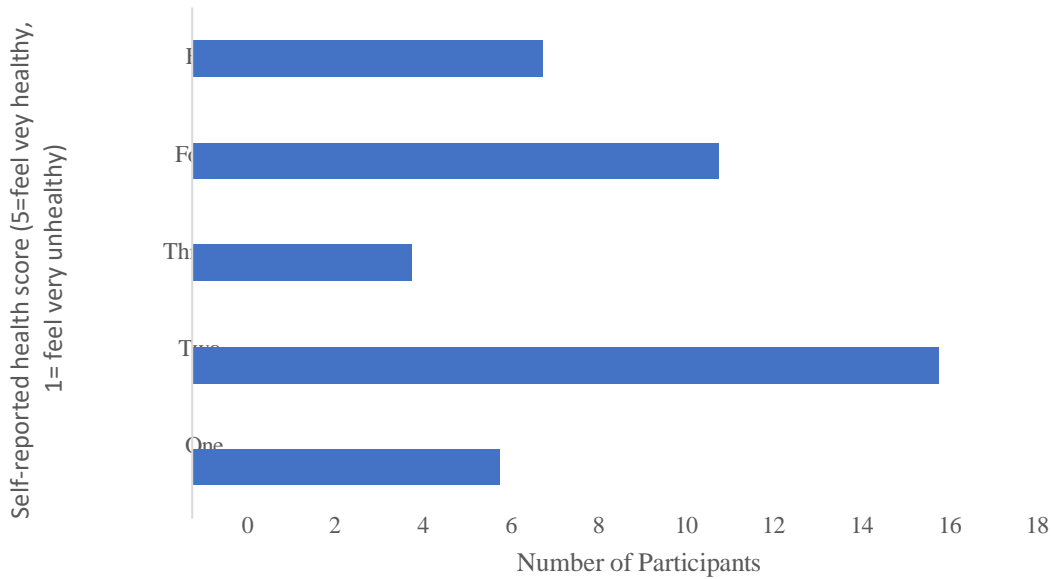


Figure 5 Graph to show how participants scored how healthy they feel

All the respondents answered questions about what supports them to feel healthy and what things they do already to support their wellbeing. In terms of what supported people to feel healthy, themes included: movement and exercise; eating well; taking time for self-care; making healthy choices like not smoking; and taking time for hobbies and creative pursuits. Additional aspects which respondents felt supported their wellbeing included: formal mental health support; spending time with other survivors; spending time in nature; their spirituality; mindfulness and meditation; and volunteering or finding other ways to ‘give back’.

As indicated above there were lots of different activities and lifestyle choices that were deemed as positive factors in supporting people to feel healthy. Often these healthy choices were referenced as having the dual benefit of helping make sure people felt physically well as well as supporting their mental wellbeing. These included movement, eating well, and making healthy choices. For example, one person said: “participating in regular exercise which also has a majorly positive effect on my mental health too.” Another respondent highlighted: “I gave up smoking and drinking years ago. Stopping drinking helps take a lot of the emotion away, leads to improved quality of sleep, helps finances and means I no longer wake feeling hungover and then having to manage 3 kids on my own. I also feel relieved that the kids are not witnessing me as a drunk as they have to see that when they are with their dad.” Other activities which were considered specifically important to respondents’ wellbeing included: hobbies or creative pursuits; spirituality; mindfulness & meditation; volunteering/ ‘giving back’; and time with friends, family and/or pets. In terms of hobbies, many respondents cited gardening as supporting them with their wellbeing. Other examples included music, singing, and completing adult colouring-in books. One person highlighted: “I have started trying meditation at the end of my yoga sessions at home”. Another person described: “I work with children with SEN and feel as though I give a lot back to society”. Spending time with others was also valuable to participants. One person emphasised the importance of having “good friends and family to talk to”.

The themes which respondents described as supporting their health and wellbeing fit with what one might expect people to describe for the general population (e.g. Foot, 2012). However, there were some responses which were more directly linked to people’s experience

of abuse and trauma which included accessing mental health services and domestic abuse support services and spending time with other victim-survivors. Activities which people had taken part in to directly support their recovery as well as their physical health included examples of using movement and exercise with other victim-survivors. For example, one person's support group had been running fitness sessions.

Respondents identified barriers which prevented them from accessing support that might benefit their emotional wellbeing. These included: caring responsibilities; mental health issues; physical health issues; lack of time; transport issues; and a lack of money. Practical issues like accessibility and transport reflect similar barriers to those which people commonly face when trying to access nature-based interventions (e.g. Shanahan et al., 2019). Participants were also dictated to by what services were available to them in their area. One person highlighted: "There are no evening or weekend support services. As I work full-time to support myself I have to focus on this". Another person spoke about their mental health, saying: "if my anxiety is bad then going to places, social interactions can be very difficult for me, and I tend to avoid a lot". For some people there was a combination of practical and emotional barriers. For example, one person said: "cash and not wanting to go first time due to anxiety". These indicate the way that social injustice can influence people's health and wellbeing. Foot highlights that "the capacity and motivation to choose healthy behaviours are strongly influenced by mental wellbeing as well as by socioeconomic factors" (Foot, 2012: 5). The Covid-19 pandemic was also raised as an issue which prevented people from accessing support. Although one respondent highlight that, conversely to others, the pandemic had led them being able to access support more readily because support groups had moved online. These ideas reflect both the need for pandemic-proof support, which is raised

in Chapter One, as well as a consideration of flexible access to support and widening reach beyond solely in-person support.

The subsequent section focusses directly on people's perception of how nature supports their wellbeing. However, it seems note-worthy that even prior to questions focussed on nature, respondents volunteered that they are already using nature to support their health and wellbeing. Activities that people reported finding helpful included: walking in nature; wild swimming; bird watching; gardening and food growing. At times this was also directly connected to the time spent with other victim-survivors – for example, one person who had been on a camping trip with other victim-survivors and their children as a weekend break. Views on spending time in nature and the potential barriers are explored in more depth in the subsequent section.

### 3.4.2.3 Experiences and views of spending time in nature

When asked how much time respondents spend outside or in nature during an average week, the most common response was between seven and fourteen hours. Responses given are shown in Figure 6. When asked if they were interested in spending more time in nature, the vast majority of respondents said yes (78.5% yes, 18.5% maybe, 3% no).

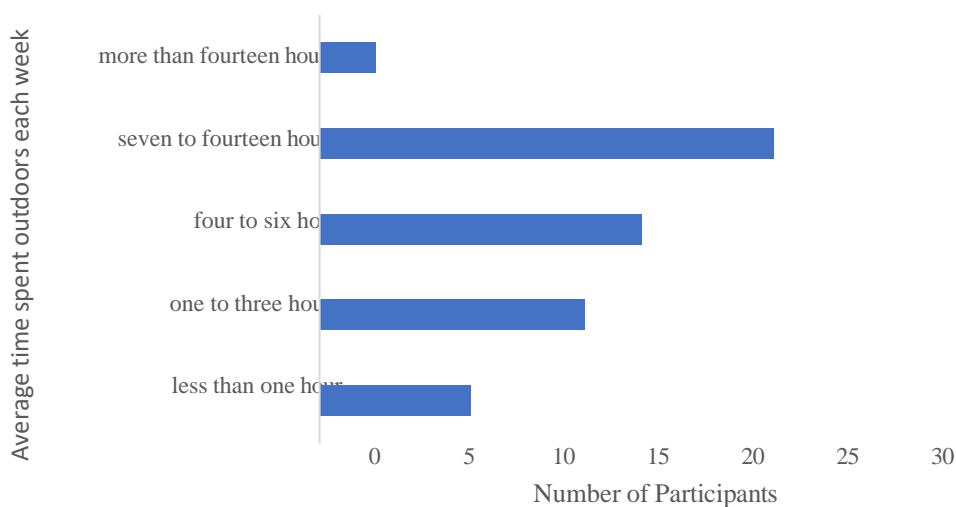


Figure 6 Graph to show how much time respondents reported spending outdoors each week.

From the qualitative answers, respondents to the survey highlighted several benefits to spending time in nature. These were linked to the three core mechanisms identified in the literature by Ward Thompson and colleagues (2012) as physical movement, opportunity for social interaction and the innately restorative element of nature. Respondents spoke about how nature affords them the opportunity for physical movement through walking and for some this led to feeling physically fitter. One person wrote: “Being outside has an enormous impact on my wellbeing. My troubles feel less, I feel fitter mentally and physically”. Nature also offered people opportunities for socialising by bumping into friends or through meeting new people. One person said: “[I] will sometimes see someone I know and have a chat or

meet a new person also dog walking”. Another person added: “I also see people and sometimes talk to someone which makes me forget for a bit.”

The most commonly reported benefits of the outdoors related to what respondents found to be the inherently restorative impact of nature suggesting that it allowed them to be more present, to notice beauty in nature, to feel more grounded, to feel calmer and more connected with the natural world. People felt that they directly benefited from the fresh air and the production of Vitamin D because of being outdoors. Some participants directly related nature to having supported them in their recovery from domestic abuse. For example, one person said: “when we first left, and were in refuge, I found a country park with a lake with birds. It was a major part in keeping me sane, I was very traumatised and going here kept me focused on something other than myself and my problems”. Another person suggested: “I really think nature needs to be high on the list for survivors of DV”. As well as the emotional and therapeutic benefits of exposure to nature, respondents also spoke about the physical health benefits they experienced as a result of time spent in nature. For example, one person spoke about how spending time outdoors helped them to sleep better at night.

Although many people spoke positively about the impact nature has had on their lives, there were also barriers which were identified by respondents that prevented them from accessing nature more often. A lot of these correlated to the barriers faced in terms of doing things which supported their wellbeing more generally including transport, money, time, mental health and caring responsibilities. However, there were barriers that were specific to time spent in nature or outdoors. The main barrier for many people was fear of being attacked or seeing their abuser. One person responded: “Outside locally is petrifying and can’t end quick

enough. I'm always looking over my shoulder.” Another person added: “I am not comfortable walking the streets on my own, I stick to my back garden where I feel locked in and safe. I am scared he will find me and try and kill me again”. People also raised specific challenges of accessing nature with certain physical health conditions or disabilities. There was also a concern about the potential discomfort of being outdoors more generally including being bitten by insects, getting clothes muddy, and being in poor weather. Many of the barriers which participants cited as preventing them spending more time outdoors reflected research into the barriers preventing people from accessing nature-based interventions. These have been found, at an individual level, to include: accessibility and transport availability; physical ability; time; concerns about getting muddy; affordability; fears around perceived dangers and mobility issues (Shanahan et al., 2019).

### 3.5 Consultation Interviews with Stakeholders

#### 3.5.1 Introduction to consultation interviews

Most people who replied to the surveys were white, female, cisgender and identified as heterosexual (see section 3.4.2). This is perhaps unsurprising given the demographics of people who are accessing support services for domestic abuse (Woman's Aid, 2020). Since more marginalised groups can be hidden, as discussed in the section on intersectionality in Chapter One, these voices were actively sought out for the interview element. From the literature review it was apparent that people from Black and minority ethnic backgrounds, people with disabilities, and people from the LGBTQ+ community face additional barriers to accessing support. It was felt that either people with lived experience or professional expertise related to accessing support when from a more marginalised background should be included. The support could relate either to a nature-based group or a domestic abuse specific support group. In order to identify relevant groups or individuals, searches were



carried out across social media platforms and using Google search. Where contact information was available, the researcher shared information about the programme and how stakeholders could be involved. In total, eight stakeholders agreed to be part of the interview stage of the consultation. They included people who have personal experience and/or professional knowledge of nature-based projects for people of colour, domestic abuse services for people of colour, male victims of domestic abuse within same sex relationships, trans-inclusive services and people working to ensure nature and the outdoors are more accessible to people with disabilities. The backgrounds of the people who were interviewed at this stage of the codesign is detailed in Table 3.

*Table 3 Stakeholders who were interviewed as part of the consultation stage*

Stakeholder	Background
1	A qualified counsellor with a particular interest in being Black in nature and the outdoors.
2	The director of a community interest company working with organisations from a broad range of sector in supporting equality, diversity, equity and inclusion. They have received formal recognition for their work in the domestic abuse sector.
3	The director and trans lead at an organisation supporting diversity and inclusion. Their work involves giving training courses on diversity issues, in particular trans awareness.
4	A campaigner for a more inclusive countryside for all with a particular focus on people with disabilities since becoming a wheelchair user themselves. They work to break down barriers and promote accessibility for all.
5	A trans woman with experience of volunteering and running groups in a women's shelter.
6	The founder of a blog focussed on supporting families with an autistic family member to experience the joy of nature.
7	The founder of a nature-based support programme for women of colour.
8	A domestic abuse support worker from an organisation which supports Moroccan and Arabic-speaking women who are experiencing domestic abuse.

### *3.5.1.2 Methodology of interviews*

The interviews were semi-structured with three core questions being posed to participants about: what the specific barriers facing different marginalised groups are in terms of accessing nature; what the different barriers are for accessing support groups more generally; and what they felt can be done to reduce these barriers. The themes from the interviews were drawn from the three core areas which were asked about. These themes are summarised in the outcomes section below. Notes from these meetings were shared with the coproduction team to inform the co-design process.

## 3.5.2 Outcomes from consultation interviews

### *3.5.2.1 Barriers to accessing support services*

The barriers to accessing support services which stakeholders highlighted included experiences of oppression leading to additional concerns around a group environment, specific language and cultural barriers, as well as a lack of available services.

During the interviews, several of the stakeholders emphasised the importance of considering the layered trauma of racism, homophobia and transphobia which someone might have experienced before even considering the impact of the domestic abuse. This might also lead them to be worried about how people will respond to them in a group setting. One person highlighted:

*“I think one other thing that's worth mentioning is that trans people in general tend to be more traumatized than the general population if they have already had a life of believing that they are outcasts, of expecting not to be welcomed, expecting not to be*

*wanted and therefore it will be harder for them to integrate into a group because they have learned through their lives to be scared of groups”.*

They went on to raise concerns that anti-trans organisations “specifically prey on people who are women who have been abused by men”. This therefore might lead a trans woman to have concerns that cis women accessing support for domestic abuse perpetrated by men might reject them or be opposed to them being in the group setting. One stakeholder suggested that being Black can also lead to concerns about whether they would feel understood within a predominantly white group setting. She said someone might ask themselves: “will I be judged for my experiences even if they look on paper to be very similar, am I going to be viewed differently because I’m not just a trauma survivor, I’m a Black trauma survivor”.

One stakeholder emphasised the impact of language barriers as being an obvious barrier for some of their clients as they worked with Arabic-speaking women not all of whom spoke English. She highlighted that people might also be facing practical issues like immigration challenges when they first leave the abusive relationship so seeking therapeutic support can feel like less of a priority. Both she and other stakeholders also referenced the impact of cultural barriers more generally. She highlighted that some people’s hesitation for being involved in group work can stem from shame and embarrassment and worrying that people from the same community will be there. Another stakeholder, who is a Black female therapist, suggested that there can be a stigma in the Black community towards accessing mental health support. She added: “I see in my community higher rates of depression...[but] it’s not a community that has had a lot of access to mental health resources so there’s that tendency to consider it not required if we made it this long without it we must not need it”.

One male stakeholder who had lived experience of domestic abuse within a same-sex relationship also raised the concern that people might not feel that there are services which are available to them. They said that services are focused on working on female victim-survivors and male perpetrators. They felt on one hand this was appropriate because: “the evidence is there that says that that’s the highest in terms of prevalence and that’s where we should be directing resources”. However, they highlighted that, on the other hand this can leave male victim-survivors of domestic abuse unsure of where to turn to for support.

### *3.5.2.2 Barriers to accessing nature*

Stakeholders also identified several barriers which face specific groups when it comes to accessing nature. These included people’s socioeconomic background and their childhood access to nature; the additional safety concerns which marginalised groups face; a feeling of nature not being for everyone; and the physical inaccessibility of some areas.

Intersectionality was referenced in respect of the intersection of race and socio-economic status impacting how accessible nature is to people. One stakeholder reflected that growing up as a Black woman in a “poor neighbourhood” had left her feeling “boxed in”. She added that not having access to resources like green space further impacts people’s mental and physical health and has a detriment to people’s overall lifestyles. Another stakeholder, who runs an outdoors programme for women of colour talked about the intersection of race and gender on women of colour not feeling safe outside:

*“I think one of the big barriers is just like safety honestly and as a woman it’s not always safe to just do things by yourself or to say, oh, I’m going to go out into the woods. So, that in itself is not inherently safe in our like culture and our society. And*

*then once you layer on top our race to that it makes it that much worse and that much more worrying is, you know, once you get out there are you going to encounter someone who you know is going to do something to you or say something to you or you know put you in a position where you feel unsafe or unwelcome. So, I think that that's one of the biggest barriers and stress, you know”*

She added that because the marketing within the outdoor industry is very male and white, it can feel that there is a very specific message about who is “supposed to be outdoors”. She said that that: “perpetuates those stereotypes where it’s like, oh that’s not for us”. This was reiterated by another stakeholder who is a female Black therapist who said: “partially there’s just this unspoken idea that we don’t go over there. That’s not for us”.

Another concern raised by a stakeholder was focused on the physical inaccessibility of some areas of green space and nature for people with disabilities which can again put people off seeking out those spaces.

### *3.5.2.3 What services can do to support inclusivity*

All the stakeholders shared ideas about how to help support inclusivity and cultivate a feeling of safety amongst the group. These ideas included: making it clear that the project is open to everyone; having facilitators who are experienced and knowledgeable in supporting more marginalised groups; having small group numbers; taking into account people’s personal and individual needs; and being flexible.

Most of the stakeholders volunteered that it was important for a project or service to make it clear either visually or verbally that it is a welcoming and safe space for people of colour,

LGBTQ+ community, people of different faiths and people with disabilities. One stakeholder said: “why can’t we say this is a safe space for gay people. This is a safe space for Black people. This is a safe space for Muslims. This is a safe space for domestic violence survivors”. She rejected the idea of services responding in a way which is ‘colourblind’ to people’s race and ethnicity. She added: “No-one wants to hear that...that’s not helping anyone because it doesn’t acknowledge the reality of people’s lives and how they are being perceived whether you like it or not”. Another stakeholder reflected that it was important to follow through on this by actively reaching out to people from different backgrounds to be part of the programme rather than advertising this in a more tokenistic or performative fashion.

Several stakeholders emphasised that it was important to have facilitators who are adept and experienced in supporting people from marginalised communities. One stakeholder articulated: “I think having someone who was like really well versed and educated and informed in dealing with trauma with marginalized communities is going to be really important because there’s probably so many things that someone might say off the cuff that could like, you know, cause someone to recoil or not want to come or not feel safe”. Another stakeholder suggested that having therapists who represent those different backgrounds might also support feelings of safety within the group.

The importance of treating everyone as individuals with their own individual needs was also reflected in the stakeholder discussions. All the stakeholders felt it was essential to talk to people individually about any concerns that they had or what they would need to ensure the programme was accessible to them and that they felt comfortable to attend. One stakeholder spoke about language being the most obvious barrier for the women she works with, and she reflected on the importance of there being an interpreter available if needed. Given her

experience of working with Arabic-speaking women, she highlighted that considering the dialect of the language the person speaks is important too. She also stressed the importance of considering people's religion where there is shared cooking. Some stakeholders highlighted that they had had their own experience of not anticipating what someone would find worrying. For example, one stakeholder who had experience facilitating a nature-based group said that she had worked with one woman who was plus-sized who had been concerned that there would not be a life jacket which would fit her. She used this as an example of the importance of finding out directly what people are concerned about and then being able to reassure them that they will be catered for.

One stakeholder, whose work is focussed on helping to create a countryside that is accessible for all, stressed the importance of asking potential participants specifically about any accessibility needs during the pre-programme call so any adaptations can be made to ensure that that person can engage fully with the programme. An example of an adaptation which could be made is that if someone has a visual impairment, considering how someone might describe the setting as well as invoke other senses like hearing, taste, touch and smell. Other adaptations could include ensuring a BSL interpreter is available if needed or providing access to specialist equipment like an all-terrain wheelchair. The importance of avoiding patronising or condescending tone or language was also highlighted. This was felt to include respecting people's right to know what they are capable of themselves and what they perceive as risks rather than blanket risk assessments, which could exclude someone from an activity unnecessarily.

One stakeholder who has specific knowledge of using nature to support people with autism, emphasised the importance of allowing for flexibility and not putting pressure on completely resolving the challenges people face. She emphasised the power of nature for people who are autistic and caregivers and that a group should follow nature's lead in this. She said: "the environment itself is a very welcoming, forgiving partner. It allows the flexibility to do what you feel up to on a given day without feeling judged, and if you stop and shed a few tears of frustration on a trail, the trees aren't going to make you feel bad".

Many of the stakeholders reflected on similar ideas throughout the interviews in relation to what they felt would support a project to be more inclusive. However, there were differing opinions in terms of the gender of the groups. Some stakeholders felt that all-female groups with female facilitators helps cultivate feelings of safety. By, contrast other stakeholders indicated that gender neutral groups would be more inclusive of trans and non-binary people as well as affording a space for male victims of same-sex relationships for whom support is difficult to find. This was explored in greater depth as part of the co-production process.



### 3.6 Summary of Consultation Phase

All three aspects of the consultation phase raised tangible ideas which were carried forward into the co-production phase of the codesign. This supports the notion of codesign and service- user involvement as a valuable and effective way to design services. Limitations of the consultation phase included not being able to complete observations of practise due to the restrictions in place because of the Covid-19 pandemic. As has been highlighted, electronic surveys were used both to reach as many participants as feasible, as well as to adapt to restrictions in place because of the Covid-19 pandemic. This is likely to have limited respondents to those that have a reasonable level of technological literacy and may have led to a higher level of recruitment of people who were already accessing support for their experience of domestic abuse because of the forums the survey was shared on.

What is already supporting people who have experienced domestic abuse in their recovery included: creative outlets, support groups, informed services, and self-care. Both from the literature and stakeholder responses, it is apparent that nature already serves as a therapeutic tool for some of this population. However, there are some barriers to accessing the benefits of nature and group work more generally. These barriers are compounded when intersectionality is considered as was apparent from the interview feedback and available literature.

Survey respondents voiced experiencing services as overstretched and being aware of and impacted by a lack of funding in this sector. Some respondents had had support withdrawn due to lack of funding, and others referenced a postcode lottery of whether they were able to access support. This reflects the wider picture in the sector – a report into funding of domestic abuse services found them to be chronically underfunded (Woman’s Aid, 2021).

Working within these constraints, a service would need to be cost-effective and well evaluated to make a case for ongoing funding. One cost-related benefit of nature therapy programmes is that people would be able to continue to access the benefits of nature freely following on from a programme. Indeed, it's been suggested that the potential benefits of nature connection may be more significant for people from poorer backgrounds because of this (Mitchell & Popham, 2008).

It was apparent that respondents to the surveys were already knowledgeable and proactive about the things that supported their health and wellbeing including: movement and exercise; eating well; creative pursuits and meditation. These link to wider research on what might support people who have experienced domestic abuse in their recovery and could also be incorporated into a nature therapy programme. There is evidence that art-based interventions are effective in reducing adverse psychological outcomes generally (e.g. Stuckey and Nobel, 2010). This has also been found for people who have experienced domestic abuse specifically (Ikonomopoulos et al., 2017). Creative expression could be readily utilised in nature therapy. Indeed, one of the recommendations from a paper exploring wilderness therapy for people who have experienced domestic abuse explicitly suggest this. McBride and Korell (2005) suggest that opportunities should be offered for women to process their experiences by using creative expression techniques such as creating symbols. There's also evidence that nature therapy can foster creativity so this benefit might be more available to people following on from a nature therapy programme as part of their ongoing recovery (Yu & Hsieh, 2020).

Mindfulness and meditation were also cited by respondents as helpful tools for their health and wellbeing and the ways in which this can be helpful for people who have experienced domestic abuse specifically is supported by wider literature (e.g. Ghahari et al., 2017).

Research has also found that the use of nature and mindfulness together positively impacts psychological wellbeing (Timko Olson et al., 2020). Elsewhere the natural environment has been shown to enhance the effectiveness of mindfulness-based stress reduction (Choe et al., 2020).

Movement and exercise were also referenced as being components to respondents' wellbeing and self-care strategy. This is evidenced in the wider literature too. One study found, when examining the physical activity of experiences of victim-survivors of domestic abuse, that physical activity gave women a sense of accomplishment and improved their mental and emotional wellbeing (Concepcion & Ebbeck, 2005). One of the ways in which nature therapy is found to be effective is in offering opportunities for physical activity which has positive impacts on mood and stress (e.g. Barton & Perry, 2010) so it is apparent that movement might naturally be incorporated into a nature-based programme.

Survey respondents indicated that eating nourishing foods was important to them in terms of feeling healthy. Spencer-Walters (2011) highlights that many women who have experienced domestic abuse also face food insecurity and that those facing food insecurity are more likely to have poor quality diets. In this way, food growing programmes are seen as doubly beneficial in providing opportunities to grow nourishing foods as well as the process of gardening and growing having therapeutic benefits (Renzetti & Follingstad, 2015). There are ways that this might be incorporated into other types of nature therapy programme too

through shared meals, cooking, growing, or foraging for example. This will be explored in greater depth in the next chapter which focusses on the co-production phase.

From both the literature and surveys it is apparent that a group setting has the potential to be significant to people's experience of a support service. Survey respondents referenced the powerful impact of support groups and specifically spending time with other people who have experienced domestic abuse. This is reflected in wider literature which suggests that building positive social support relationships is an important part of people's recovery from domestic abuse (Flasch et al., 2017). Attending support groups is also linked to being able to make positive changes (Sullivan, 2018) so there is a possibility that providing this opportunity could again lead to further positive impacts further down the line. The importance of connections with other group members is also reflected in one of the personal accounts of a wilderness programme for female victim-survivors of abuse where the author found the sense of connection to be profound and intense (2006). Indeed, offering social connection has been found to be one of the mechanisms which leads to the benefits of nature-based therapy because this is associated with a positive impact on mood and stress (Heinrichs et al., 2003). Time in nature in and of itself has also been found to further enhance feelings of social connection so a nature-based support group might amplify this effect over and above a support group which does not take place in nature. One study found that those who visit green spaces more frequently report a higher sense of social cohesion (Shanahan et al., 2016). Another study which explored the effects of a two-week nature-based wellbeing intervention found that participants reported significantly greater sense of social connection and prosocial orientation compared to both a control group and those that had spent time in a human-built environment (Passmore & Holder, 2017).

Despite the apparent perceived benefits to group work and the research to support this, group work is not without its challenges and can result in negative impacts for some participants. Schopler and Galinsky suggest that some individuals can become disillusioned or disheartened by their group experiences (1981). They suggest that this can stem from both personal and interpersonal factors which relate to the individuals' characteristics, those of the leaders, properties of the group and the group environment. Indeed, it was apparent from the survey responses that group settings may feel intimidating or challenging to some people. Many survey respondents had ideas on how to support a less intimidating group environment. One idea that was voiced by various respondents was offering the participants the opportunity to meet with or speak to someone from the programme prior to the first session to help them feel more comfortable. How staff treated participants was also seen as central to people having a positive experience of services. Respondents highlighted the importance of believing people, operating with kind, welcoming and compassionate values, and treating people as equals. In her personal account of a wilderness programme for women who have experienced domestic abuse, Kelly similarly highlights the combination of being with fellow survivors of domestic abuse as well as there being skilled facilitators being key to an atmosphere of safety (2006).

The safety that different people may experience in the group setting may be influenced by a variety of factors including intersectionality (e.g., Thiara & Roy, 2015; Woman's Aid, 2019; SafeLives, 2018; Donovan & Barnes, 2019). During all the interviews, stakeholders emphasised the importance of safety and discussed the importance of considering the layered trauma of racism, homophobia and transphobia on top of people's experience of domestic abuse. This can lead to people experiencing additional concerns about whether they will be welcomed into the group and feel that they are wanted there. Most of the stakeholders

volunteered that it was important for a project or service to make it clear either visually or verbally that it is a welcoming and safe space for people of colour, LGBTQ+ community, people of different faiths and people with disabilities. This also needed to be backed up with knowledgeable and skilled facilitators who are specifically informed in dealing with trauma with marginalised communities and could therefore support safety within the group setting. During the interviews, stakeholders reiterated the value of having groups which were led by people from marginalised groups which may lead to increased feelings of safety and belonging for participants from those groups. The idea of “by and for” services was also reflected by survey respondents who particularly valued survivor-led services. Where this was not possible, the importance of services being led by people who had a deep understanding of domestic abuse was highlighted. In general, programmes being adequately and appropriately staffed was also highlighted in the literature (e.g. McBride & Korell, 2005; Keeley & Starling, 1999; Renzetti & Follingstad, 2015). Barriers to accessing support groups and ways these might be overcome will be explored further in the next chapter which focusses on the co-production phase.

Survey respondents highlighted that they were already utilising the benefits of nature to support their wellbeing. The rationale for this fits with the wider literature on how nature therapy might support people’s wellbeing in terms of offering opportunities for movement and exercise, opportunities for social interaction and benefitting from the innately restorative impact of nature (Ward Thompson et al., 2012). That said, respondents did also identify specific barriers to spending time in nature. Some of which might relate to the general population and some which were specific to people who had experienced violence and abuse. Practical barriers included discomfort in the outdoors, access to the outdoors being limited by transport and money, and caring responsibilities impacting the time available for

these pursuits. This reflects the general picture of the barriers which prevent people from accessing nature-based interventions (Shanahan et al., 2019). Some people also spoke about being limited in accessing the outdoors due to their poor mental health and the impact that this can have on feeling confident and motivated to spend time out of their home and with others. A study exploring the physical activity preferences in adults with mental health issues found that the mental health issue itself can be a common barrier in preventing people taking part in physical activity including outdoor activity (Fraser, Brown & Burton, 2016). Respondents also highlighted a fear of being in the outdoors that directly resulted from their experience of their abuse and in particular fears around their abuser finding them and hurting them. Feeling unsafe in the outdoors might also be compounded by other factors including someone's race as was highlighted in the interviews as well as the literature (e.g. Powch, 1994).

The intersection of race and socio-economic status may also reduce the amount of outdoors areas which have been accessible to people in their lifetime as was highlighted by one of the stakeholders who took part in an interview. These early experiences of not having access to nature may influence people's relationship with nature in the present day and how comfortable they feel accessing it. Indeed, several studies have found that demographics such as gender, ethnicity, and socio-economic status moderate children's access to outdoor play (e.g. Stone & Faulkner, 2014; Janseen, Ferrao, & King, 2016; Holt et al., 2009; Nystrom et al., 2019). In turn this reduces some children's access to the benefits of outdoor play which are linked to key youth health and wellbeing outcomes (Loebach et al., 2021). At the same time, though, nature-based interventions have been found to function in some instances as a turning point for engaging in nature and break down prior socio-cultural barriers (Gittins et al., 2023). Therefore,

there is the opportunity to reduce ongoing barriers to spending time in nature through the provision of nature-based interventions.

In terms of the accessibility of outdoor settings, both survey respondents and interviewees highlighted the impact of disabilities or health issues and the need for services to make accommodations to support access. Examples of adaptations might include, ensuring access to toilets, ensuring people have facilities where they can rest, access to specialist equipment like all-terrain wheelchairs, providing a BSL interpreter if needed, access to spaces which support people regulating their temperature like shade or access to a warm area if needed. Ultimately, ensuring that everyone is treated as an individual and being flexible and mindful of the specific and personal barriers which might prevent someone from accessing the programme fully and positively was something that was stressed by both survey respondents and interviewees. This notion of the value of agile and flexible programming is also reflected in the literature around nature therapy programmes for people who have experienced domestic abuse (e.g. Lygum et al., 2018, Keeley & Starling 1999).

Overall, the consultation phase gives a good indication that a nature-based therapy programme might support people who have experienced domestic abuse in their recovery as this is supported by both survey respondents and the available literature. It is apparent from survey respondents that some people who have experienced domestic abuse are already seeking out nature to support their wellbeing as well as other activities which could be incorporated into a nature programme, for example creative expression. The opportunity to be in a group with other people who have experienced similar abuse was considered integral to many survey respondents and is similarly supported by the literature. It was apparent through all aspects of the consultation phase, however, that there are numerous barriers that might prevent people accessing a nature-based support programme. It was felt by many



stakeholders that these barriers should be considered individually, and a programme should be able to be agile towards different people's needs. However, there were also core aspects which should be considered including paying attention to reducing additional barriers that may exist because of someone's identity including: their race; ethnicity; disability; faith; or gender. Value was placed on having facilitators who have an understanding of the experiences of more marginalised communities as well as of the dynamics of domestic abuse. More generally, having adequate staffing and facilitators who operated with kind and compassionate values was seen as essential.

The importance of involving victim-survivors of domestic abuse in the design of services for this population was also demonstrated through the consultation phase. This was both in terms of the valuable and practical suggestions made by stakeholders as well as respondents voicing the importance of having the opportunity to give back. Chinn & Pelletier suggest that a core part of codesign is recognising that service users are competent and knowledgeable (2020). Recognising this and utilising people's ideas has been seen to improve the effectiveness and ultimately likelihood of success of programmes (Hoyer et al., 2010). This valuable knowledge of the respondents was reflected in the awareness that people have of what supports their health and wellbeing, as well as the practical ideas which were offered about what could be done to improve services and reduce barriers to access. Survey respondents also spoke about how helping others including children, animals and other victim-survivors of domestic abuse supports their own wellbeing. This links to wider research which suggest that using ones' experience with abuse to help others can form part of people's recovery from domestic abuse (Flasch et al., 2017).

All the knowledge gained through this consultation phase was taken forward into the coproduction phase as is explored in the next chapter.

# Chapter Four: The Co-production Phase

## 4.1 Introduction to Co-production Phase

Chapter Two set out the rationale behind using codesign and specifically a Trans Disciplinary Action Research framework. Chapter Three described the first phase of this process, consultation, which collated the insights from stakeholders so to inform the subsequent stage. This chapter will explore the second phase of the design process: co- production. This followed Hawkins and colleagues' format of an "action research cycle over a series of meetings...in which findings from stage one were considered, ideas were presented by all members, feedback on ideas sought, refinements made and presented again, until final content was agreed" (2017: 4). A group of key stakeholders were recruited and met with the intention of co-producing the programme and associated materials. The co- production phase utilised the team's ideas rooted in their own experience and expertise as well as ideas which had been gathered from the consultation phase which is reported on in the previous chapter. The codesign framework in its totality is outlined in Figure 7. This chapter will explore some of the context to co-production and challenges that were anticipated and how these were navigated. The methods and outcomes will then be described before reflecting more generally about the process and some of the perceived strengths and challenges to this in the discussion. The complete manual, which was designed during this process, is contained within the appendix (C).

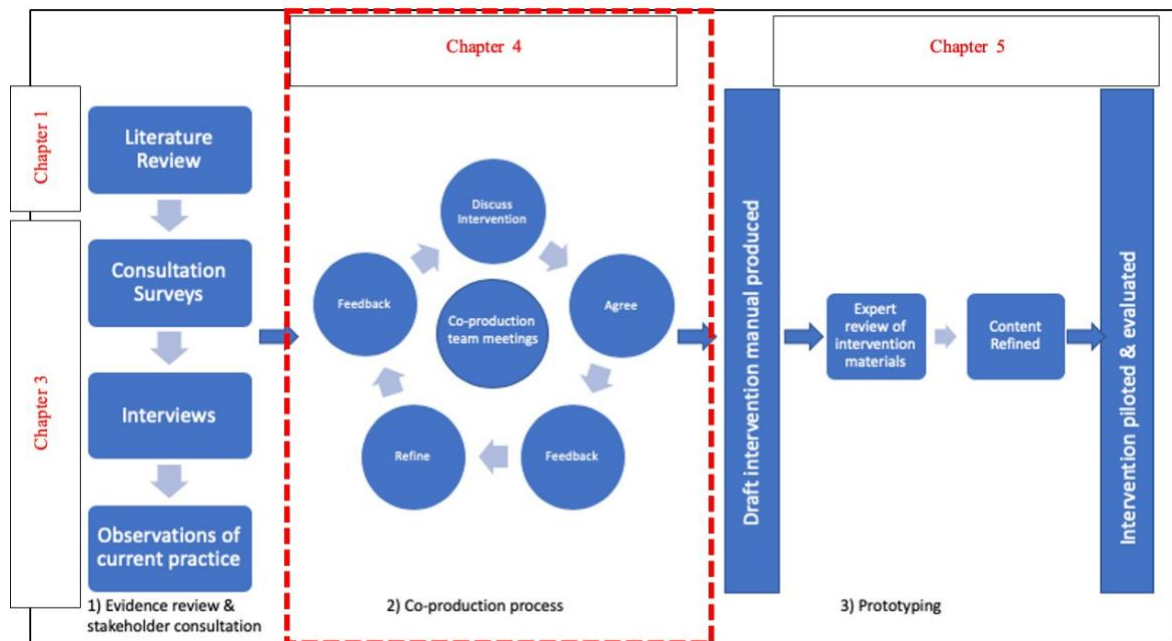


Figure 7 Codesign framework as adapted from Hawkins and colleagues and Thesis Chapters (2017).

#### 4.1.2 Context to Co-production

As has been explored in greater depth in Chapter Two, policy makers in many countries are increasingly calling for the use of co-production for improvement to public services (e.g. McGeachie & Power, 2015; Osborne et al., 2016). It is possible to see why this has occurred – co-production may offer a means to pre-empt design issues (Stokols, 2006), can be empowering for those involved (Zamenopoulos, 2019), and allow for different perspectives, which might improve the long-term efficacy of an intervention (Hoyer et al., 2010).

However, despite the public appetite for co-produced services, the process is not without its challenges. Davies (2021: 242) highlights that from her experience there were “a number of points at which the work of co-production was messy if not dirty”. Co-production starts from the perspective of recognising the knowledge of both service users and service providers (Realpe & Wallace, 2010) and in doing so has the potential to address power inequalities. However, much thought needs to go into the process of co-production and how

this is carried out and with whom in order to dictate whether it is experienced as empowering or conversely embeds power inequalities (Farr, 2018). Other challenges to the process include more practical issues like recruitment of stakeholders, engaging people over the process of co-production, as well as the risk of triggering people's past trauma, where the intervention is directly connected to this, as in this instance (Mulvale et al., 2019). The attempts made to navigate some of these challenges are included in the sections below in relation to the recruitment of co-production team members and the structure of the meetings.

The rationale behind involving people with lived experience of domestic abuse is documented throughout this thesis. However, it is also apparent that there is value to having people with relevant professional experiences too. For instance, those who have seen first-hand the way referrals and intervention delivery work from an organisational perspective. Through incorporating different people with different areas of relevant expertise including both personal and professional experiences, the co-production phase allows for the incorporation of different perspectives. Multi-agency working is not a new concept within domestic abuse fields. Indeed, since the mid to late 80s, there has been an increased reliance on multi-agency working to prevent abuse and protect from it (Davies, 2021). It is apparent, therefore, that there is a perceived benefit of working in this way in the context of domestic abuse. This is perhaps heightened due to the complexity of the issue and the crossover with different sectors (for example police, healthcare, social services and housing) and that each agency has access to different information, different perspectives and different areas of expertise and powers. One literature review found that the most commonly identified benefits of multi-agency working in the context of domestic abuse are more effective services and joint problem solving as well as the ability to take a more holistic approach (Atkinson, Jones & Lamont, 2007).

During this chapter, I specifically refer to myself using personal pronouns. Given that all the co-production team were contributing as their full selves in both a professional and personal capacity, I was no different. Therefore, it seems pertinent as McNiff highlights of action research more generally not to disregard the 'I' in this particular part of the research (McNiff, 2007).

## 4.2 Methodology

### 4.2.1 Participant Recruitment

The initial stakeholders included me as the researcher, the CEO and facilitator from the delivery partner who would run the codesigned programme, and a director of the domestic abuse charity who would refer people into the programme. In order to recruit the remainder of the co-production team, all stakeholders who had been involved in the previous stage (i.e. through the consultation surveys or interviews) were invited to have a further role in the design thus offering a targeted, purposive sample. Anyone who expressed an interest was given an invitation which detailed the different ways they could be involved (see appendix D). This included either through being a member of the co-production team, through taking part in an in-depth interview, or through being part of the third phase of the codesign: prototyping. This third phase is reported on in the subsequent chapter: chapter five. From here the co-production team was effectively self-selected as anyone who expressed an interest in taking part was given a place on the team.

At the end of this recruitment process, the co-production team was made up of nine people and included people who have experienced domestic abuse (six) and people who work in relevant areas including the domestic abuse sector (one), diversity & inclusion (one), nature-

based therapy (one), and research (one). Many of the group had an overlap of both personal and professional experiences that were relevant to the programme.

#### 4.2.2 Structure of the meetings

Mulvale and colleagues (2021) highlight that for co-production to work effectively and to properly recognise the value that service users bring to the design process it is essential that all participants are supported to meaningfully engage and have their voices heard. They suggest that constant critical reflective practice is required to facilitate a process which empowers and enables rather than perpetuates inequities (Mulvale et al., 2021). Ensuring that everyone felt equally involved in the co-production project and confident to participate was something that I was mindful about from the outset.

Prior to the start of the co-production phase group meetings, each member of the group was invited to join me as the researcher/co-ordinator for a one-to-one informal chat. This was decided on to help with rapport building and ensure that people knew a familiar face when they joined the first group meeting. Apart from myself, the delivery partner, and the referral partner, the remainder of the group had not met one another prior to the first co-production meeting. It also offered people the space to ask questions or share any worries they had. They could also articulate any adjustments they would benefit from to make the meetings more accessible or comfortable for them. The idea for this stemmed from some of the findings from the initial consultation phase where respondents to the surveys had suggested the value of meeting people individually before any groups start. Although this was meant in relation to a domestic abuse service, it seemed similarly relevant for this stage of the design process because it also involved people with lived experience of domestic abuse taking part in a group.

Due to limitations because of the Covid-19 pandemic, the group sessions took place using video conferencing software (Zoom). Therefore, this first meeting also functioned as a practise session for using the tool and to troubleshoot any challenges with accessing the sessions. It was also possible to discuss privacy – for example people were invited to use an alias rather than their real name and/or to turn their video off to maintain their privacy within the group if that felt more comfortable.

I was mindful that through coordinating the recruitment of people and the first meeting, I could end up in a default steering role, which I did not feel reflected the democratic nature of the process. This was addressed in the first meeting. However, the rest of the group said that they would feel more comfortable if I did facilitate each of the sessions unless there was something that they particularly wanted to lead on. The notes from the meeting state: “The group discussed how best to facilitate the sessions. Kirsty raised concerns about whether if she continues to facilitate will detract from the shared aspect of the co-design. It was suggested that Kirsty should continue to facilitate with a gentle approach but that other co-design members can say if it is a week where there is a topic they feel they would like to facilitate the session.” We also spoke about how different people feel comfortable sharing their ideas in different ways. It was discussed and indicated in the group that some people feel confident to talk in meetings, some might prefer to share ideas in the chat box, and some people might prefer to listen in meetings and then share ideas once they have had time to reflect on this.



The group met fortnightly, totalling seven sessions. Towards the end of each session, the topic for the following session would be decided through group discussion. However, ahead of the first co-production meeting, a suggested approximate agenda was shared with the group. Giving people some idea of what to expect from the meeting was decided upon to alleviate any anxieties anyone might have about what would be asked of them and to give people some time to prepare what they might want to say. This stemmed from discussions that had been held when I had initially met with each member of the group prior to the co-production meetings starting. We had discussed in some of the individual sessions that some people felt that they struggled to come up with ideas in the moment and preferred to have thinking time to reflect on an idea before sharing their thoughts. The subsequent agenda items for the next meetings were agreed at the end of each meeting. The information which was shared in an email ahead of the first meeting is detailed in Table 4.

*Table 4 Information Shared via Email Prior to First Co-production Meeting*

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Following on from the first meeting we will all make decisions about how best to structure our meetings and what we want to get done in each one. However, for the first one I thought it would be helpful to go through some of these things below:

- **Introductions** – a chance to say hello and introduce as much or as little as we want about who we are and why we’re getting involved in this project.
  - **Our values as a group** – what’s important to us? How will we stay respectful and also be able to disagree effectively? How will we let people know if we need extra support or have been triggered by something discussed? How do we make sure everyone’s views are heard even if we have different communication styles?
  - **Meeting styles** – how will it work best to facilitate the sessions?
  - **Timelines & logistics** – when should we next meet, how long should meetings be and how often should we meet? What should we focus on at the next meeting?
- 

During the co-production process, having reflected on whether everyone was feeling comfortable to share their own views, I also brought in an anonymous suggestion box to try and encourage people to share even if they felt they could not speak out in the group. I suggested that I would be able to share any feedback anonymously with the rest of the group

so this could be incorporated in the design. However, this was never used by any of the co-production team.

Attempts were made to meet as a whole group, but where timing conflicts arose, individuals were invited to meet with me (the researcher/co-ordinator) separately so that I could then share their ideas with the rest of the group. During the process, I reflected that it may have been that some people preferred the opportunity to discuss their ideas in the one-to-one format rather than in the whole group meetings. At the end of every session, notes from the meeting were shared with the group, which incorporated the ideas from anyone absent at the main meeting to allow for any clarifications to be made and as a record of the discussion.

#### 4.2.3 Overview of Meetings Held

Overall, the following meetings took place and the core topics discussed are summarised in Table 5. The outcomes from each of these meetings are summarised in the subsequent section. It was agreed that the overall purpose of the meetings would be to design the nature-based support programme for victim-survivors of domestic abuse and to co-produce a programme manual which could be used as a basis from which to run the programme.

*Table 5 Table to show the meetings held as part of the co-production phase.*

<b>Meeting</b>	<b>Core Topics</b>	<b>Platform</b>
<b>1</b>	Introductions, Group Values, Meeting Logistics & Communication Modes	Video conference
<b>2</b>	Measuring Success	Video conference
<b>3</b>	Barriers which might prevent someone accessing the programme and how these might be reduced	Video conference
<b>4</b>	Barriers Continued	Video conference
<b>5</b>	Supporting diversity and inclusion	Video conference
<b>6</b>	Introduction from the delivery partner and discussion of programme elements	Video conference
<b>7</b>	Programme Timeframes	Video conference

Additional communication included emailing each of the co-production team with the meeting notes from each session to ensure that anyone could highlight any differences with how they had perceived the discussion or anything that was missing from the notes. Further email communication which took place after the seventh and final meeting included:

- Sharing the draft manual with the co-production team and requesting feedback
- Requesting name suggestions for the programme
- Sharing a vote for the programme name

Following on from the prototyping phase, which is reported on in the subsequent chapter, a final copy of the programme manual was also shared with the co-production team (Appendix C).

### 4.3 Co-production Outcomes

#### 4.3.1 Outcomes from Meeting One: Introductions, Group Values, Meeting Logistics & Communication Modes

At the outset of the first meeting, each member introduced themselves and shared why they were interested to be part of the co-production team designing the programme. People reflected on their own lived experience of abuse, the role that nature has played in their lives and how their professional work has also contributed to their investment in the project. At times, members of the co-production team were visibly moved by one another's stories and it was acknowledged that the honesty with which people had shared their stories contributed to a feeling of safety and trust amongst the co-production team. Despite the many opportunities to co-production, the process is not without its challenges. Davies (2021: 247) highlights that: "it is well established though often forgotten, that partnership work is hard work...partnerships to tackle domestic abuse are likely to be especially hard work for individual representatives". The latter was something which was acknowledged by all the team in the first session. Talking about how people wanted to be supported if they did feel upset led us to develop a specific team value around this. This was summarised as: "Freedom to Feel: We recognise that some discussions may trigger people because of their own experiences. We support people to do what they need to do in this instance. We agree that not naming distress is not ignoring it, but we want people to be able to come and go in discussions as they need. We encourage one another to reach out with how we can support them if they need it." The rest of the values of the co-production team and accordingly the underpinning values to the programme design are included in Table 6.

*Table 6 The Values of The Co-production Team*

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1.	<b>Trust.</b> We recognise that this stems from knowing that everyone is respectful of information shared and respects everyone's feelings, confidentiality and privacy.
2.	<b>Openness.</b> We value everyone's honesty, willingness to share and open-mindedness.
3.	<b>A Safe Space.</b> We cultivate a safe space through respecting differences; recognising everyone's experiences and expertise; showing empathy; holding the intention of supporting safety; asking questions and letting people know if there is something we do not understand; letting people know what we need; and being supportive to one another.
4.	<b>A Brave Space.</b> We value the courage it takes everyone to be here and will help to cultivate a space that supports everyone to feel courageous and to share even when this means sharing different opinions.
5.	<b>Integrity.</b> We hold in mind our core overarching aim, which is to support others. We treat everyone as individuals and respond to their individual needs.
6.	<b>Freedom to Feel.</b> We recognise that some discussions may trigger people because of their own experiences. We support people to do what they need to do in this instance. We agree that not naming distress is not ignoring it, but we want people to be able to come and go in discussions as they need. We encourage one another to reach out and let each other know how we can support them, if they need it.

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#### 4.3.2 Outcomes from Meeting Two: Measuring Success

It was decided in meeting two that the co-production team wanted to first consider what they would want participants to get out of attending the programme, before working backwards to plan a programme that would help meet those objectives. In general, it was agreed that the programme should offer those who attend it: respite, a safe space, and a tool to support them with their ongoing journey of recovery. The co-production team agreed that there should be flexibility to the outcomes to reflect what each individual wanted to get out of it. However, it was also felt that there would be general overarching outcomes which the intervention should be designed to support with. These outcomes are outlined in Table 7.

*Table 7 Desired Outcomes from the Programme for Participants*


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The programme should be able to support people across the following key areas (listed alphabetically):

- Boundaries - so that someone feels comfortable to assert and prioritise their needs and can let other people know what they feel comfortable or uncomfortable with and in doing so also feel a sense of independence.
  - Connection to:
    - Selves including reconnecting to our bodies
    - Others
    - Nature
  - Empowerment - encompassing improved confidence, sense of personal accomplishment and learning new skills.
  - Being present - encompassing mindfulness, noticing and accepting whatever emotions are there for that person.
  - Resilience and increased sense of coping
  - Self-worth (including letting go of any shame)
- 

A decision around the desired outcomes for the programme led directly to the plans for the evaluation of the programme. Table 8 indicates how the programme manual reported the intended evaluation approach. Due to time constraints, the group did not discuss the specifics of the evaluation survey and interview content and schedules. In future, it would be useful for these elements to be established as part of the co-production process to ensure the questions are acceptable for the intended participant group.

*Table 8 Intended Evaluation Approach for the Programme*


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There will be a mixed-methods approach to the evaluation with semi-structured interviews with attendees as well as the use of questionnaires with attendees to establish measures for particular areas (e.g. feelings of resilience) which have been identified as part of the aims & desired outcomes for the programme. Measures will be taken before, during and after the programme. We have chosen to not measure attendance as a direct measure of success for the programme. It was felt that for some people, even attending some of the sessions would be a significant step for them. However, if people do drop out of the programme, we will have conversations to understand anything that could have made them feel more comfortable to continue attending.

Adjustments can be made so that the evaluation process is accessible for attendees of the programme. For example, if a person would struggle to access questionnaires online these can be conducted on the telephone.

Facilitators will also be involved in the evaluation of the programme both to understand their views and observations of the effectiveness of the programme as well as to understand the utility of the manual and any changes needed.

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#### 4.3.4 Outcomes from Meetings Three & Four: Barriers which might prevent someone accessing the programme and how these might be reduced.

Two of the sessions were spent considering what barriers might stand in the way of someone accessing the programme and benefitting from it – and how we might go about mitigating these. This ties into one of strengths of codesign which is being able to anticipate challenges and plan around them (e.g. Stokols 2006).

There are a number of barriers or challenges that people who have experienced domestic abuse might face that could put them off attending this or any support programme or from having a positive experience of it. Table 9 reports on the group's discussion of what the most common barriers might be and how the programme might endeavour to work around these. This was based on the experiences and knowledge from the co-production team, as well as being heavily informed by the previous consultation phase of the codesign process (i.e. through the ideas that emerged from survey participants, interviewees as well as the wider literature available). The consultation phase is reported on in Chapter Three.

The group also acknowledged that there might be more specific barriers for an individual and therefore that the best way to understand how the programme might adapt to the individual would be to listen to any worries or concerns that individual might have prior to starting the programme.

As part of these discussions, the group also talked about who would be best suited to the programme. It was agreed that referrers should particularly consider clients whose cases they would be closing soon when they have already had the opportunity to support them with the most pressing safety and practical issues. It was felt that this would mean that participants

would be in a position of having an understanding of the abuse, and have potentially more headspace to access the therapeutic aspects of the programme.



Table 9 Potential Barriers to Access and how these Might be Addressed.

<b>Barrier or challenge identified</b>	<b>Description</b>	<b>How this might be addressed</b>
Additional barriers facing marginalised groups	People from more marginalised backgrounds may face additional barriers to attending and feeling safe at a support programme.	The programme should be a safe space for all, and ideas around supporting inclusivity are included in the subsequent section on intersectionality and inclusion.
Childcare	A common challenge in attending support programmes is childcare.	Ideally, two versions of the programme with different timings would be run to offer people flexibility for what works with them. Other options should also be explored e.g. an onsite creche. However, these may not be feasible for the pilot.
Concern around being believed	People who have experienced domestic abuses do not always feel that they have been or would be listened to and believed by support services	Any safe space for people who have experienced domestic abuse should strive to ensure that people feel heard and believed. Facilitators should come from a position of non-judgement.
Concerns around specific activities	<p>Examples of specific fears could be that someone is scared of heights which could be a barrier to being involved in something with heights. This would be true of other fears too as well as specific activities that might be triggering for an individual due to their own personal history/ experience of abuse.</p> <p>Where there are shared mealtimes, people's religious or personal beliefs might influence what someone eats. Eating together might also be uncomfortable or someone with particular issues around food.</p>	<p>It should be made clear in the pre-programme guidance that people will never be required to do something that they do not want to do. This also includes any suggested activities at home which should be optional and not feel like homework.</p> <p>Attendees should have the opportunity to share any fears/ specific concerns ahead of the programme too.</p> <p>Vegan options should be available, and people should be welcome to bring their own food if that is preferable to them. As with other activities, no one will be obligated to take part in shared mealtimes.</p>
Covid-19 pandemic	<p>Risks posed by the Covid-19 pandemic.</p> <p>People may have experienced mental health impacts as a result of the pandemic. This could include anxiety around catching Covid-19. Some people – including older people and people with disabilities may have been shielding for the past year. Some people may also be feeling more socially anxious as a result of not having been in a group setting for a long time.</p>	<p>Adjustments will be made to ensure the safe running/ postponement of the programme in line with the latest Government guidance at the time of delivering the programme.</p> <p>People will have access to 1-2-1 therapeutic support with facilitators if needed. Time alone/reflection periods will be worked into the schedule of the programme.</p>

Disability or physical health issues	Physical health issues or disability might influence what adaptations need to be made to the programme to ensure it is accessible for an individual.	Activities and facilities can be tailored to the needs of the particular group. Any accessibility needs can be discussed as part of the pre-programme phone call. This is further discussed in the section on intersectionality and inclusivity.
Discomfort - if people are less used to spending time outdoors	<p>Some people's reluctance to spend more time outdoors can stem from worrying about being uncomfortable (e.g. being in poor weather or feeling that they did not have the right clothing or equipment).</p> <p>Some people can feel like they need to know a lot about nature – e.g. the names of different birds, trees or plants – in order to access and enjoy it. Not having this knowledge can leave people feeling that spending time outdoors isn't for them.</p>	<p>Individual discussions prior to starting the programme would help identify any worries like this.</p> <p>A basic kit list will be provided.</p> <p>The Wilderness Foundation (who are the delivery partner) are able to provide equipment like boots and coats if needed.</p> <p>The programme is flexible to the attendees. If the group were struggling with particular conditions, adaptations can be made e.g. running a session in a sheltered area or indoors.</p> <p>The programme will be built on the concept of ensuring people's basic needs are met before any therapeutic work takes pace. Therefore, everyone will have access to the clothing they need, be warm enough, have shelter if needed and have nourishing food etc.</p> <p>Rest stops &amp; breaks will always be incorporated into activities. People will have access to toilet facilities.</p> <p>Activities will start from an assumption that people do not have a lot of experience of spending time in the outdoors.</p> <p>The programme will seek to support people to develop their own relationship with nature and what they enjoy about spending time outdoors.</p>
Emotional Safety	It is vital that the sessions help cultivate a sense of emotional safety within the group and ensure that it is a non-judgemental space.	<p>Facilitators will be experienced in helping to cultivate and support a safe group dynamic.</p> <p>People will be asked what helps them to feel emotionally safe so that this can be incorporated.</p> <p>The group will be kept to small groups (around 8-12 people).</p> <p>Individuals should be given a variety of opportunities/ways to engage with the charity delivering the programme prior to taking place so that this can feel familiar prior to the first session. Each attendee will have a phone call with one of the facilitators prior to the first session. They</p>

		will also be offered the option of a site visit.
		Regular check-ins and check-outs at the end of the day are incorporated into the structure of the sessions.
Finances	Potential attendees may not have access to finances.	The programme itself will be free at the point of access.  As detailed elsewhere, equipment/clothing can be borrowed free of charge, and any transport costs can be supported.
Fear/ Physical Safety	There is a very real & felt physical risk for people who have experienced domestic abuse.	Risk assessments will be carried out with measures taken including keeping locations secure, ensuring transport is provided safely and maintaining confidentiality and privacy.
Gender of the group	Establishing whether the groups should be single gender or gender neutral was challenging with conflicting concerns/needs raised.	We return to this issue in the section on intersectionality and inclusivity and recruitment of participants.
Language Barriers	All attendees should be able to access the full content of the sessions regardless of whether they're fluent in English.	An interpreter should be present, if this is needed. They should speak the language and dialect of the person requiring interpretation. Interpreters will be subject to the same requirements in respect of maintaining privacy and confidentiality for attendees and a non-judgemental approach. This might be of particular importance if an attendee is concerned that the interpreter is from the same community as them.
Literacy Barriers	Some people may struggle with reading and writing and therefore being reliant on written application forms could be a barrier to people taking part.	Attendees who are interested in the programme will be referred (with their consent) to the programme by a partner organisation. Referrers can support with completing forms on the attendees' behalf. Attendees will be able to specify their preferred method of contact so any follow up interaction can be via phone or in-person discussion.
Mental Health	We recognise that people may be struggling with their mental health, which could make even leaving the house challenging. People may be at different points of their journey & have many other competing priorities for their time and energy.	It will be important for individuals to decide (having been given as much information as possible about the programme) whether this is the right time for them to do something like this.  Facilitators will be trained practitioners who will be able to support the group in terms of their mental health and wellbeing. Opportunities for 1-2-1 individual support with facilitators during sessions should also be possible where needed.  The time between signing up to the programme and the programme starting has been identified as a key period of time where someone might lose confidence to join the programme. Therefore, efforts should be made during this period to try

		and ensure someone feels as comfortable as possible including through the pre-programme call, discussions with the referring practitioner and the option to visit the site.
Mode of communication	Use of 'no caller ID' numbers can be off putting to people, and telephone calls more generally might not be accessible/preferable for all (e.g. if the person is hard of hearing or Deaf, if they are not a fluent/confident English speaker or if they are at work).	People should be asked what their preferred method of contact is with programme organisers.  Practitioners who are referring people to the programme can also act as a liaison.
Transport	How someone gets to and from a support programme can be a significant barrier.	Support should be given to enable people to travel to and from the programme. This might include financial support for bus/train/taxi fares and/or a minibus collecting people from designated stops or a local train station.
Work	Often support programmes are scheduled during the working week. This can therefore be a barrier for people in full-time employment who work Monday-Fridays.	Ideally, two versions of the programme with different timings would be run to offer people flexibility for what works with them. However, this may not be feasible for the pilot. The programme will take place during daylight hours which would make an evening session challenging. However, there could be an alternative between the weekend or weekday in the future.

#### 4.3.4 Outcomes from Meeting Five: Supporting diversity and inclusion

As highlighted in Table 9, one of the potential barriers raised through both the consultation and co-production phase was concerns about the additional barriers facing more marginalised groups. All the group felt that the programme should be a safe space for all and so ideas around supporting inclusivity were discussed. Meeting five was dedicated to discussing these issues in greater depth including reflecting on thoughts put forward by interviewees through the consultation phase, which is reported on in Chapter Three. Reflecting ideas from both the consultation phase as well as the co-production phase, it was agreed that the programme should:

- Ensure any materials make it clear that the group is inclusive whether that's directly through words or ensuring imagery is representative.

- Ensure that this is followed through on by actively reaching out to people from different backgrounds to invite them to be part of the programme.
- Take time to present the project to professionals who will be referring people and ensuring plenty of time for questions so that they are clear and invested in the programme and the ethos too.
- Take active steps to ensure the programme really is a safe space for people. Ideas around this include:
  - Zero tolerance towards any form of hate speech
  - Highly skilled facilitators who have knowledge about racism and other forms of oppression so that they can feel empowered to help cultivate a safe space within the group.
  - Diversity amongst staff/facilitators
- Consider each person as an individual and understand if they have any specific needs around what would make them feel considered and comfortable. For example, ensuring:
  - Accessibility needs are met as described in a previous section.
  - Access to an interpreter if needed (ensure that this encompasses the time immediately after a session too, where something might have been triggering for someone who might want to speak to the facilitator about something separate from the whole group).
  - Considering someone's religion and if that might influence what someone can eat or cook or if they need to pray.
- Ensure everyone's rights to privacy and confidentiality is respected and that this is made clear. This might be particularly important where people are from the same community and/or there are interpreters who might also be from the same community.

The co-production team also expressed an interest in, beyond the initial pilot, running specific programmes for particular cohorts – for example, a programme for women of colour, a programme for people who are LGBTQ+. This was borne out of an idea which one team member highlighted around the challenge of “being the diversity in the room”. They highlighted that when someone is in a community which they are part of they do not need to do the work of educating others about particular issues.

#### 4.3.5 Outcomes from Meeting Six: The Blossom Programme

Once the ethos and desired outcomes of the programme had been established through meetings one and two, and issues around barriers to access had been discussed in meetings three to five, it was agreed that the person from the delivery partner would host one of the sessions. This person had been responsible for running other therapeutic nature programmes for many years as CEO of a wilderness therapy charity. This was intended to offer the space for everyone to hear about what other nature therapy programmes had involved and to come up with ideas about what could be contained within this programme and what might be less appropriate for this particular cohort. From here, the person from the delivery partner collated everyone’s ideas to write a summary of the programme which was then shared and reviewed by the other co-production team members. Suggestions for a name for the programme were also collated and a poll created at a later date. Once there was a shortlist of preferred names from the co-production team, the poll was extended to others who had been involved in the consultation phase or who were part of the subsequent reviewing stage.

Through this co-production process, the co-production team came up with the Blossom Programme which is described in Table 10. The pamphlet mentioned in the table is provided in the appendix (E).

*Table 10 Programme Guide and Information for The Blossom Programme*

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### **Introduction**

The Blossom Programme is a support programme which uses nature-based activities such as basic bushcraft skills, nature-based art therapy, meditation and other therapeutic activities to support people in their recovery from domestic abuse. It is a ten-week long programme, with one session a week, based predominantly outdoors. The programme is designed around a three-phase structure which is firstly 'getting to know', then the 'deepening phase' and lastly the 'transition phase'. The 'getting to know' phase will help attendees learn about each other and begin to build a group identity, followed by the 'deepening phase' which aims to build self-awareness and work towards individual intentions, and then finally the 'transition phase' which celebrates achievements and preparing for next steps. The programme structure and specific activities will be flexible to allow for tailoring it to the individuals attending. The overarching focus is to offer attendees a safe space and supporting attendees with setting boundaries and prioritising their own needs. It is designed to connect attendees to their sense of self, their bodies, others and nature. The aim is to help attendees feel empowered with an improved sense of resilience and increased self-worth.

### **Pre-programme information**

We want to make sure that people have lots of information about the programme before they start. This will help potential attendees make the decision about whether the programme is the right thing for them. However, we will avoid listing exactly what the programme will consist of because the programme will be flexible and adapt to the particular group and we do not want people to feel disappointed if they do not get to do an activity that they thought they would.

A written pamphlet will be provided to attendees which includes relevant information including information about the facilitators, with pictures, and contributions from the people who have been involved in designing the programme. We will also let people know what kind of clothing they will need, providing a kit list and making sure people know they can borrow/keep items if they need and that Wilderness Foundation has lots of warm jackets and waterproof boots which are available to attendees.

As outlined previously, materials can be adapted to ensure they are accessible for attendees. For example, written information could also be provided as a pre-recorded video or be shared over the phone.

### **Pre-programme discussion and personal pack**

As highlighted in previous sections, attendees will meet with or speak to someone from the organisation delivering the programme. During this meeting, they will be able to talk about any worries or specific needs they have so that any necessary adaptations can be made.

We talked about how small details, which make people feel welcomed and considered, can be powerful. Therefore, we will create a personal pack for people for when they first start with personalised details, such as a water bottle or coffee cup with their name on it.

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## **Programme Structure**

### *Setting intentions*

At the very start of the programme, attendees will be able to set their personal intentions for the programme. This intention setting period can also allow time to acknowledge similarities and differences within the group and for encouraging respect for themselves, each other and the land.

### *Process for each day*

There are some general activities that will take place each session which are listed below.

- A morning Check In will offer the group a therapeutic space to share how things have been for them, teaching listening, compassion and empathy. This will follow an embodied process linking head, heart and body.
- A short mindful meditation.
- There may be a ‘purpose setting’ or ‘goal setting’ focus at the start of the day which is shared between everyone. It teaches listening skills.
- A shared plan for the day and time to make some adjustments as required. The plan for the day will be introduced by the facilitators, but can be altered/changed in collaboration with attendees.
- Each day, there will be a sharing activity. This might involve an activity called “sharing partners” in which pairs are formed within the group where each partner has five minutes to share their thoughts on a particular theme for that day.
- We will always break for tea and lunch, and meals will be cooked on a camp fire which will teach outdoor skills and competencies. We will cater for all diets.
- During each day, there will be time for individual reflection so people have a chance to spend some time with their own thoughts as well as in the group setting.
- At the end of the day, we will have a Check Out. This ending will reflect on the day including asking what went well, what was challenging, and supporting the group to share more general feedback. In addition, reflective questions will be posed. People will always have the option to ‘pass’ or if there is multiple people who do not feel comfortable sharing out loud, this can be done anonymously (written down).
- The group are asked to help pack up and put things away.

The facilitators will have a post group meeting to reflect on the day, discussing what can be improved on or celebrated. Notes will be made about each individual: sharing information and making sure we have not missed anything crucial. This will help with planning for the following week and ensuring tailored support for each individual. This space also offers a chance for the facilitators to debrief on the emotional impact of the session.

### **Phase 1: Getting to know**

This phase will make use of the first three sessions to support the group in getting to know one another, an introduction to the natural setting, and supporting the development of a safe space amongst the group.

- Introduce everyone, facilitators and participants, to each other through a variety of exercises and games
- Build a map of our group principles and ethics so that everyone can feel safe and contained going forwards. This map can be reviewed regularly and added to as things develop.



- 
- Get to know the natural space we are working in by having exploring the site, seeing different areas around the farm, building confidence in the surroundings and facilitators.
  - Activities to create a sense of belonging to the group and the natural space – such as making a group mandala or other symbolic exercises like adding a bead to a string to symbolise significant moments for the group.
  - Exercises to map the intentions and potential barriers for each person to enable the facilitators and others in the group to be aware of and address them.
  - Activities to build trust and connection to each other and care of the environment that we will spend time in – such as Leave no Trace ethics, Trust Fall, Find a Tree etc.
  - Basic bushcraft skills that can be built on each time the group comes together.

### **Deepening Phase:**

The next five sessions will deepen discussions and self-awareness, alongside supporting each individual with their intentions and supporting them through any realities that are challenging them in their personal lives, or anything they are struggling with.

A wide range of activities will be built into the programme to deliver this including:

- Nature-based Art Therapy
- Crafts and skills building
- Solitude, meditation, journaling
- Life mapping
- A range of paper-based self-awareness exercises designed to build identity, personal knowledge, strengths, raise confidence, help to set boundaries, explore communication tools, build resilience and coping strategies.

One to one therapy/therapeutic support will be available for those who need it through the programme by the facilitators who have therapeutic training and experience.

### **Transition Phase:**

These last two sessions focus on making use of all that has been learned so far, creating future pathway maps, identifying obstacles and opportunities, building an accountability framework within the group and outside the group.

There will also be the chance for people to reflect on how to continue incorporating nature into their lives if that feels like something they want. It might be that they feel that it is safe for them to build on relationships with green areas in their local area or they might be able to bring nature into their homes – e.g. through stones, flowers, plants or other natural ‘artefacts’.

There will be celebration and fun built in to enable the group to graduate from the programme with confidence, tools and skills to follow their agreed pathway plan.

Transition will also include resources of where to seek further help and ensure that each graduate feels equipped with the information that they need as well as clearly identified resources for ongoing support.

#### 4.3.6 Outcomes from Meeting Seven: Timeframes and Additional Reach of the Programme

During the final co-production meeting, meeting seven, the group discussed the subsequent stage, prototyping, where other stakeholders would review the programme manual and give additional feedback to get a finalised version of the programme manual. This stage is reported on in the subsequent chapter. Timeframes were also discussed with an agreement that the programme should take place in late spring/summer to allow time for the prototyping phase, engagement efforts with the referral team, and the referral process more generally. One of the engagement ideas for the referral team was to host a ‘taster day’ at the Wilderness Foundation which would be run by the facilitators of the Blossom Programme and include similar activities in an outdoor setting to give referrers a clear idea about what the programme entails. It was felt that this would enable the team to be able to communicate this effectively to clients. It was also felt that, although the weather cannot be relied upon, it might be milder weather and feel more appealing to be outdoors during the spring/summer. It was agreed that the programme dates should avoid the school summer holidays, where those that are parents are likely to have other commitments looking after their children. It was also felt that this timeframe would allow for a more informed understanding of any developments in relation to the Covid-19 pandemic and related restrictions as these were frequently changing at the time of the co- production meetings.

In terms of the longer-term goals of the programme – the co-production team expressed an interest in seeing the programme expand to support people in other areas off the UK. It was agreed that findings from the programme should be shared as widely as possible. The group also discussed other ways of reaching more people with the project beyond the scope of the pilot. These were recorded in the programme manual and are detailed in Table 11.

*Table 11 Additional ideas from the co-production team on widening the impact of the programme.*

- 
- Using advertising materials for the project to inform people about how nature can support recovery.
  - Telling co-designers' stories (those who feel comfortable with this) of how nature has supported them using leaflets &/or materials for the pilot, to support people that don't choose to be part of the pilot but could still incorporate nature/outdoors into their daily life more.
  - Exploring the possibility of a film to help communicate the impacts of the programme to a wider audience. There are safety and privacy considerations with this, but this is something which could be done after the programme and could utilise a medium such as animation.
  - Considering how to communicate the impacts of the programme (if it is effective) with other people, organisations and sectors perhaps through presentations, conferences or online (including blogs, social media and website updates).
- 

These ideas, combined with those from meetings three to five related to barriers to access and how to mediate these, led to the creation of the pre-programme booklet. The pre-programme booklet is contained within the appendix (E). It included information about the programme, how nature can support people's sense of wellbeing, and who the facilitators running the sessions are. It also featured responses to anticipated questions people might have about practical points related to the programme including what it would entail, accessibility, transport, childcare and other areas that had been established as potential barriers through meetings three and four. There was also a kit list as well as information that anything needed could be provided by the organisation delivering the programme including warm coats, waterproof boots etc. free of charge. The programme also highlighted that lunches and refreshments would be provided and that there was no cost to these or attending the programme. Taking into account the co-production's team decision to include personal stories that might inspire those reading the materials to spend more time in nature, an open letter from one of the co-production team was included. In this, they wrote:

*“Being a survivor of domestic abuse, I know first-hand the damage it can cause to a person, especially emotionally. People always say you can often heal from physical pain, but the emotional abuse is far, far worse and runs deep. Domestic abuse causes so much internal turmoil and suffering that finding your inner peace can seem to be impossible. Domestic abuse can happen to anyone and I am one of those people who always said ‘oh that will never happen to me’ but it did.*

*Nature for me helps me find my inner peace after so much suffering, like imagining yourself at the top of a high cliff under a warm sunset with the glow of the last minutes of sunlight and the warm breeze gently blowing through your hair. I have been through something that sadly too many people go through and I wanted to be part of this project to help raise awareness and to help people heal. Going through what I have been through has helped me grow stronger and given me the best insight in to what those suffering domestic abuse go through and I am glad to say I now work to help protect people, including children from domestic abuse and the harm it can cause. I encourage anyone who maybe suffering to please, please come forward and tell someone and if you’re unsure of what you think this program can do for you then I hope you find comfort in the fact that we understand you may be a little apprehensive and are here to offer a safe space free of judgment and harm. Start the journey to rebuilding yourself, it may take time but don’t give up.”*

## 4.4 Co-production Reflections & Discussion

### 4.4.1 Introduction to Co-production Reflections

In order to understand other team members’ perspectives of their involvement in the co-production process, a survey was shared with everyone who had been part of the co-production team. This included questions about the perceived benefits and challenges of

taking part in the process. A blank copy of the survey is included in the appendix (F). This was shared after the programme had been delivered which was some months after the conclusion of the co-production phase. Perhaps in part due to the time lag and other competing priorities, only two of the eight other team members completed the surveys. These may have been those that felt particularly invested in the process so may be skewed towards a positive perspective of the process of co-production. I have included their perspectives as well as my own reflections and reflections shared by the co-production team during the course of the co-production process in the discussion below.

#### 4.4.2 Opportunities of the co-production phase

One of the central underlying beliefs that led to the use of codesign in this project was the value placed on the perspective of those with lived experience of domestic abuse and the knowledge of people working in relevant sectors. Realpe & Wallace (2010) highlight that the whole approach of codesign is founded on this belief: that service providers and service users each have unique understanding and knowledge to contribute to the planning, design and implementation of services. The importance of involving victim-survivors of domestic abuse in programme design was highlighted by one of the co-production team who herself was a victim-survivor. They wrote: “[it’s] vitally important. Unless you have been through it you can never truly understand how it makes you feel. You may think you can imagine but you can’t”. The importance of survivor informed/led services was also stressed in the findings from the initial consultation phase where victim-survivors participating in the consultation surveys felt this had a direct impact on the efficacy of a service or intervention. Knowing the importance of this from the consultation phase and from the team members own perspectives also encouraged us to create a space for victim-survivors that had been involved in the design to speak directly to people considering being part of the programme. This was done through

the open letter that one of the co-production team wrote, which was used in marketing materials.

One of the anticipated benefits of involving people with different experiences, both professional and personal, within the design process, is the encourages a more holistic approach (Atkinson et al., 2007). These kinds of benefits were noted by the two co-production team members who responded to the survey when asked about the benefits of co-production more generally. One person said: “You get perspectives from all people which equips you with better knowledge to develop and enhance any programme. People’s experiences differ widely and bringing people together as part of a working group I feel allows you to work together to generate the best outcomes.” The other highlighted: “No one person has all the answers and the value of bringing together everyone was evident in the discussions that reflected the diverse group of participants. Domestic abuse affects every type of person and it was important to capture as many views as possible in order to create a programme that reflected this and identified as many of the possible barriers to participation in advance.”

Indeed, two of the sessions held were spent considering what barriers might stand in the way of someone accessing or having a positive experience of the programme and how we might go about addressing this as this was felt to be a significant priority to the group. This links to the initial rationale for using transdisciplinary action research as a means to anticipate challenges in design and plan around them as highlighted by Stokols (2006). Having representatives from a delivery partner, recruitment partner and people with lived experience meant that the kinds of challenges or barriers we were anticipating could be from a multitude of perspectives which one person alone would not necessarily have insight into. This is

perhaps particularly pertinent in a project such as this one where there is little research into other nature-based therapeutic programmes for victim-survivors of domestic abuse as was established in Chapter One. Therefore, there is not the same existing body of research about the challenges to particular programmes and how these might be navigated.

Another benefit to having different people with different roles in one ‘room’ was that it helped to cultivate a sense of buy-in from key stakeholders and develop a strong and invested relationship between the referrer and delivery partners, which would hopefully aid the longevity of the project as well as improving the referral process and clarity for potential participants. One participant who worked for the delivery partner reflected: “I feel extremely honoured to be part of creating something that I can be proud of, it helped me to understand the programme in greater detail, the expected benefits and this in turn has helped me to share this with practitioners who will be referring suitable participants.” They concluded: “being involved has given me a vested interest in helping to ensure its success.” This sentiment is echoed by Hawkins and colleagues (2017) in terms of the benefits of co-production. They suggest that it fosters an element of ‘buy-in’ to the intervention through creating a sense of ownership amongst those involved.

A strength of the particular team involved in this co-production phase seemed to be people's willingness to be vulnerable within the group and share openly. In the summary notes from the first meeting which were shared with the group, I wrote: "it was acknowledged that the way that people shared in such an open way contributed to a feeling of safety and trust within the group." At the time, people reflected on being very moved by everyone's stories and that hearing others' vulnerability allowed them to feel more comfortable sharing and being vulnerable themselves. Think Local Act Personal (TLAP) suggest that the co-production process should "[let] people lead, not professionals" (TLAP, 2021). This seemed to be true of the group of individuals who were part of the co-production process all of whom came with and shared personal reflections and experiences regardless of their professional background. Moll (2020) suggests that this vulnerability is essential to effective co-production. When reflecting on the process, I wondered if my status as a PhD student, rather than coming from a specific organisation with a vested interest in the programme, supported me to be able to co-ordinate from a more personal level and to feel more comfortable being vulnerable myself. As Edmonson (2019: 320) suggests, there is a need for this vulnerability and: "ensuring that researchers are not detached observers is integral to these processes". One team member valued the sensitivity with which she felt the process was conducted with and that this translated from the initial concept idea right through to the final delivery of the programme. She highlighted: "the programme, from inception, co-design to delivery was brilliantly organised, sensitively done and felt like an efficient use of time and resources."

Through the course of the co-production team meetings, we started to include a personal reflection that had been prompted by something in nature at the start of each meeting. This



allowed us to talk about things that might be happening for us outside of the group and also to reflect on our own connection to nature. During the period where our meetings took place, there were many restrictions in place due to the Covid-19 pandemic and on the whole people were only leaving their house for essential work, essential shopping or to exercise outdoors. Some of the reflections included seeing autumn as a time for nourishment with the leaves feeding the soil, nature bringing out our inner child (e.g. kicking leaves), as well as the challenge of darker nights and shorter days. Introducing these reflections happened organically in the group and seemed to allow further scope for bringing our full and personal selves to the co-production group as well as cementing our own positive relationship and connection nature and the natural world and seasons. The impact that the co-production process had on participants' relationship to nature was reflected in feedback from the two participants who completed the survey which was shared with the team following on from the end of the co-production phase (Appendix F). One person said: "I just love nature and since taking part in this working group for the programme, I often sit and reflect on how good nature is to us and wonder how the programme is progressing." Another person added: "it has reminded me of how powerful being in nature, and taking the time to absorb nature can be. It has given me a wonderful moment in time to refer back to in my head when things are very busy and I will be forever grateful for this."

The positive impact that the group seemed to have for some people who took part in the co-production process seemed to extend beyond reemphasizing their own relationship to nature. Durose and colleagues (2011) suggest that co-production has the potential to empower through giving those taking part opportunities to learn, reflect and develop. One person who took part concluded: "It's been lovely to be able to share my experiences and contribute to a programme that can help others. Being able to offer my advice from a survivor's point of

view and from working in the sector it has helped deliver a better outcome for the programme and made me feel happy I can hopefully help others.” This also reflected ideas which had been voiced by survey participants in the consultation phase that the opportunity to ‘give back’ and help others can be supportive to people’s own recovery. This is explored in greater depth in Chapter Three.

#### 4.4.3 Challenges to the co-production phase

As has been highlighted, one of the challenges to co-production, particularly where it involves people with lived experience of domestic abuse, is that the process may be triggering and therefore has the potential to have a negative impact on those involved (e.g. Mulvale et al., 2019). Despite this, it is difficult to say what the impact was on this team as the majority of the group did not share feedback about the process afterwards. Different people in the group may have had very different experiences. Although the majority of the group had experienced domestic abuse, some had gone on to work in a context related to this where this would have been discussed regularly whereas others would not have had that same exposure so this could have influenced people’s experiences and levels of comfort within the meetings.

Despite the attempts to ensure everyone was able to meaningfully contribute, there were still challenges with this. During a one-to-one meeting, which had been arranged because the individual could not make the scheduled group co-production team meeting, one person shared that they felt that they did not have as much to contribute as others and that at times they felt some lack of clarity and that people used words that they themselves would have not done. Prior to this, I had felt that this person had made a lot of valuable contributions and

seemed confident in the group which I reflected back to them. Therefore, this reiterated that it is not always apparent what someone else's experience of the process is.

Another of the complexities of working with a group of people in co-production is that understandably people will have differing opinions. This is one of the strengths of the process because it incorporates different opinions and positions. However, it can be difficult to come to natural conclusions about how to move forward when the group is split on a certain topic. This perhaps speaks to the messiness of co-production that Davies alludes to (2021). This was also reflected in the feedback from the two participants who took part in the survey about their experience of the co-production process. Talking about the challenges to co-production, one person said: "people's differing opinions but as long as everyone is adult enough to accept that people are different and have different experiences then everyone can work together for the common goal". Another person said: "everyone can often have a different viewpoint and the challenge is to compromise and ensure that everyone's views are considered, and the final outcome is reflective of the target group". One particular occasion where this was challenging was deciding on whether the group should be for women only or it should be open to everyone. There were some concerns raised by the group about all women groups being less accessible for trans women and non-binary people. There were also concerns raised about there being very few support services available for men. However, at the same time, some of the group were concerned that female victim-survivors may not feel comfortable in a mixed gender group as many would have experienced domestic abuse perpetrated by men. Additionally, during the consultation interviews (Chapter Three), some stakeholders shared that single gender groups were particularly important within particular cultures. Given the opposing stances of people in the co-production team, we decided to look at the current demographics for the people that the referring partner were working with.

Since, the significant majority of their clients were female, we concluded that it was likely that the group would be all female regardless of how this was advertised. We therefore decided to leave this as unspecified. This decision-making process was reflected in the manual where we acknowledged the debate that there had been. We also added that co-production team were interested in there being versions of the programme in the future which were tailored to particular groups – for example, women of colour, people who are LGBT and a programme for male survivors.

As is highlighted by Hawkins and colleagues (2017) one of the challenges of co-production is that it is a time-consuming process. They describe their process of coproducing an intervention where there was an existing intervention with a strong evidence-base and a well-established delivery structure that the design was building on. This was a very different experience to our own where we were trying to come up with a new programme – although we did have the advantage of having someone who had delivered many similar projects as part of the co-production team. Due to the funding of the programme and when it needed to take place in line with this, we also had a limited amount of time in which to design the programme. There also was not funding available to pay people to take part in the co-production process which meant it was reliant on people volunteering their time to the project and juggling it around many other competing priorities. The limited time available meant that there was a lot to cover in a relatively short space of time (seven one hour meetings). This resulted in meetings which were relatively action orientated although there was some time for discussion and debate. As a result, we did not work as creatively as we might have done if there had been more time available and if we had been able to meet in person. Having limited time and not being able to work in the most creative or agile way may have influenced how much people felt able to contribute to the project. One person said when

asked about the challenges they faced: “nothing. It’s been brilliant. The only thing is, sometimes the meetings were during working hours which can make it harder for attendance.”. Another person added: “only challenges are time and feeling that I’ve not always been able to give it the time it deserves of the time I would like to dedicate to it”.

The co-production took place in autumn/winter 2020 during the Covid-19 pandemic. Due to restrictions as a result of the pandemic, meetings took place virtually using video conferencing software. In some ways this offered some benefit as the flexibility meant that people were able to join the meetings from different parts of the UK. Additionally, as discussed, people already had a number of other commitments and responsibilities including work and childcare. Therefore, meeting virtually would likely have made it more feasible for them to attend than if the meetings were in person due to no travel time. However, the downside of this is there seems to be less scope for working in creative, flexible and interactive ways when meeting virtually. In general I found that video conferencing can be challenging for managing who is speaking at what point when there are multiple people in the meetings. There are also fewer opportunities for more informal rapport building for example over coffee breaks. One member of the team said: “I think in an ideal world it would have been good to meet fellow co-designers face to face, but covid meant this wasn’t possible”.

Overall, the process of co-production seemed to offer a number of benefits and opportunities to the project as a whole. It provided a framework for people with a variety of relevant experiences to be meaningfully involved. Particularly pertinent to this was the input from people with lived experience of domestic abuse which was something that was explicitly important to people who had responded to the consultation surveys about the programme as

is highlighted in Chapter Three. Having these different areas of experience and knowledge allowed us to anticipate challenges in the design of the programme which might not otherwise have been noted until the programme started running. How these factors may have influenced the results of the programme will be explored in greater depth through the subsequent section on the programme delivery and evaluation (Chapter Five) and overall discussion (Chapter Six). Despite the perceived benefits of the co-production process, there were challenges to this. These challenges point to a number of potential recommendations for future co-production endeavours including:

- Allowing more time for the process and compensating participants for their time to ensure this is feasible for them.
- Utilising more creative approaches and different ways of working which might support people's different communication styles and strengths better.
- Considering the use of a trained facilitator who is not part of the co-production team who may be able to more skilfully ensure the equal contribution of different members of the group.
- Offer better mentoring opportunities and emotional support as/when required.

#### 4.5. Summary of Co-production Phase

Through a series of seven co-production meetings, the co-production team established the programme manual for The Blossom Programme (see Appendix C), which is a nature therapy programme for people who have experienced domestic abuse. As part of design process, marketing materials were also created that informed potential participants about the

programme, how nature can benefit wellbeing, sought to address issues that might be potential barriers to those considering attending (like questions around activities, accessibility, transport, costs or childcare), and included a letter from a victim-survivor about their involvement in the design to demonstrate the role that people with lived experience of domestic abuse had had with the design of the programme. The subsequent chapter will outline the third phase of the design process, which was the prototyping, delivery and evaluation of the programme.

# Chapter Five. Prototyping, Programme Delivery & Evaluation

## 5.1 Introduction

Chapter Two sets out the rationale behind using codesign and specifically a Trans Disciplinary Action Research framework that has been adapted from Hawkins and colleagues' programme design framework (2017). This chapter will explore the third stage of the design process: prototyping. As demonstrated in Figure 8, this stage involves the expert review of programme materials, and content being refined before the programme is delivered and evaluated. This chapter, therefore, sets out the methods behind each of these stages before discussing the outcomes of the programme.

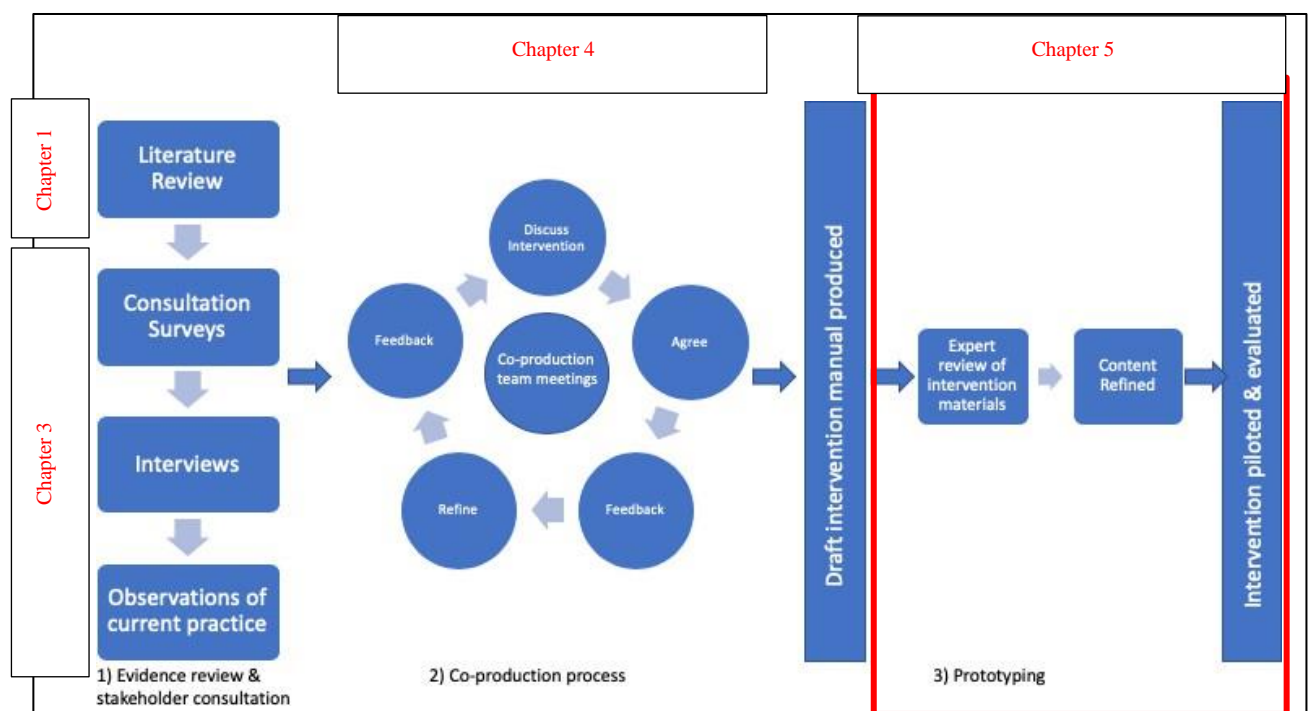


Figure 8 Flowchart of the Codesign Process (as adapted from Hawkins et al., 2017) and Thesis Chapters.



## 5.2 Expert Review of Programme Manuals

Chapter Four describes the way that the draft programme manual was created through the co-production phase. The aim of the expert review was to further fine tune the programme manual before its delivery. As with other aspects of the codesign process, the expert review stage allowed a further opportunity for stakeholders with relevant expertise and experience to identify any potential areas for improvement or pre-empt any issues which may affect the success of the programme.

To recruit stakeholders for the review stage, a targeted sample of relevant stakeholders was used. Initially, this included anyone who had been involved in the interview stage of the consultation. This encompassed people with lived experience of domestic abuse, experience of running or accessing nature-based support services, knowledge of the domestic abuse sector, and expertise in improving inclusivity and accessibility of services. Stakeholders who had been part of the consultation phase by responding to surveys could not be consulted on this area because the surveys had been collected anonymously. To further inform this process, additional stakeholders involved in areas that had not been covered through the initial consultation phase including people with experience evaluating therapeutic programmes were also invited to be part of this phase. This was intended to address any potential gaps in knowledge as well as to add new perspectives to the project. In total, an additional seven people were involved in the review process who had not also been part of the consultation phase. This included: three academics with experience of evaluating nature-based therapeutic programmes; three therapists; and the founder of a domestic abuse victim-survivor support network.

The draft programme manual was shared via email with all stakeholders who expressed that they wanted to be involved in the expert review stage. Stakeholders were invited to read the draft programme manual and share via email any comments, queries, or other feedback. Email was chosen for time and convenience reasons. This allowed stakeholders to read through the materials and suggest any changes at a time that suited them. This feedback was then incorporated into the finalised programme manual. It was agreed that any significant changes would be discussed with the co-production team.

Feedback received was limited to minor changes such as some extra detail to support clarification and spelling and grammar amendments. It may have been that the format of collating feedback via email limited the extent of the feedback which people gave. This could have felt like more of a proofreading exercise than an opportunity to directly challenge any existing ideas. Alternatively, it may have been that the additional stakeholders were genuinely supportive of what had been co-created through a thorough process. Once the programme manual had been updated, this was shared with the co-production group in case anyone disagreed with any changes. None of the group voiced any concerns or queries about the changes which had been made. The finalised programme manual was then shared with all stakeholders whose contact details were known. This was in part to recognise the efforts and contribution of all involved, as well as to ensure that people would be able to indicate if they felt their input or views had been misrepresented in any way.

### 5.3 Taster Day and Programme Delivery

The programme was delivered according to the guidance set out in the co-produced manual which can be found in the appendix (C). Prior to the programme itself, there was a ‘taster day’ which was held for the referral partner team. This feature was decided upon through the

co-production phase which is reported on in Chapter Four. This involved a morning outdoors in the woodlands where the team took part in trust exercises and meditation exercises. They also spent time around the campfire sharing refreshments and reflections. All the team from the referral organisation who supported clients and might be referring people to the programme were invited to take part in the taster day. Fourteen team members attended. Following on from the taster day, referrers identified clients who might be suitable for the programme as outlined in Chapter Four i.e., they were coming to the end of their work with the referral organisation and as a result had relevant safety factors in place and were focussed on their longer-term recovery from the emotional impacts of the domestic abuse. Referrers spoke to these clients about the programme and the clients who were interested in this were accepted onto the programme until the programme reached its capacity of twelve.

Ahead of the programme start, attendees had a pre-programme telephone meeting with one of the facilitators to discuss any worries, adjustments needed, or to ask any questions about the programme as set out in the co-production phase. A leaflet was also shared with the group to address some of the potential questions they might have, and information about lunch and refreshments, items that were available to borrow and a kit list. This was based upon findings established through the consultation and co-production phases (Chapter Three and Four respectively). This can be found in the appendix (E).

The programme itself followed the guide set out in the manual with three core phases: the 'getting to know' phase; the 'deepening' phase; and the 'transition' phase. This was flexible to the participants and based on the facilitators' discretion. A typical day, for example, involved participants arriving at the Wilderness Foundation centre and being met by facilitators before doing the short walk to the Blossom Programme's individual base. The

area was set out with a chair for each person set in a circle around the lit fire, a blanket on the chair, and on the first day there was a water bottle and journal for each person with their name on it as part of their welcome pack. The day started off with everyone able to make themselves a cup of tea or coffee at the outdoor kitchen. Volunteers also offered to make these for participants as they arrived. Once everyone had arrived and had time to get a drink and have a chat, everyone sat around the campfire to take part in the morning check-in. Through the check-in people could reflect on how they felt in their head, heart and body, encouraging people to connect with their feelings both emotional and somatic. This also offered an opportunity for people to share context to how they were feeling that day, for example, if something had happened over the previous week and whether they might need anything in particular from the rest of the group as a result.

The day's agenda was usually focussed on a particular theme (e.g. personal boundaries) and the day's activities were agreed upon as a group. One activity, for example, involved taking a walk into the woodland area and each person foraging for natural items they were drawn to, to create a circular symbolic depiction, which reflected participants' past, present and future. Two examples of these which were created by participants are shown in Figure 9. Sharing these then prompted different discussions between the group. Each day, the group cooked a hot and nourishing lunch together on the fire. Any dietary requirements were taken into account when deciding on the food choices. Different people's roles and contributions might include chopping vegetables for a salad or chopping wood for kindling for the fire. After lunch, there was a check out to explore how people were feeling at the end of the session and to think ahead to the coming week and what people would like from the following week's session. In general, nature symbols were used and some ideas were generated by the group as well as from the facilitators. For example, the group expressed an interest in using the fire as

a metaphor to let go of some of the past. Therefore, one week participants were invited to bring in something to put on the fire that represented something they wanted to let go of. Other activities included: drawing a place that made them happy; walking in nature; drawing in nature; meditating in nature; and other arts and craft activities which used materials from nature. The therapists running the programme also facilitated a personal boundaries exercise where participants could practise holding a boundary. Participants also created manifestoes together about how women who have experienced domestic abuse should be treated – particularly by services such as the police.

There was a graduation ceremony during the final session and everyone was awarded a certificate (see appendix G), a book with inspirational quotes, and some seeds to plant and continue their nature journey. Participants were also given a booklet which had some materials for them to use at home to support their continued relationship with nature and commitment to self-care more generally. This booklet included: nature activities that had been done as group to offer prompts for nature based activities they could continue with outside of the programme, inspirational quotes which had been used on different weeks of the programme or had been shared by participants in their WhatsApp group which the group had responded positively to, a self-care wheel, a place to write down a playlist for songs that had become important to the group, and other useful resources and local support available including wellbeing and therapy services, other nature based projects and a domestic abuse support organisation. This booklet is contained within the appendix (H).



*Figure 9 Pictures of symbolic nature depictions which participants created to reflect their identity and how they see their life and their future.*

#### 5.4 Evaluation Methodology

The programme was evaluated using the methodology and the desired outcomes that had been set out in the co-production process. These are described in more detail in Chapter Four.

The Co-production, as discussed in Chapter Four, identified the need for the programme to support people in terms of the areas outlined below.

- Boundaries – participants need to feel comfortable to assert and prioritise their needs and can let other people know what they feel comfortable or uncomfortable with and in doing so also feel a sense of independence.
- Connection to:
  - Selves, including reconnecting to our bodies
  - Others
  - Nature
- Empowerment - encompassing improved confidence, sense of personal accomplishment and learning new skills.
- Being present - encompassing mindfulness, noticing, and accepting whatever emotions are there for that person.

- Resilience and increased sense of coping
- Self-worth (including letting go of any shame)

However, the co-production phase established that there should be flexibility to the outcomes to reflect what each individual participant wanted to get out of taking part in the programme. A mixed methods approach was decided upon to measure both the core outcomes such as connection to nature as well as to explore participants subjective and individualised perception of the programme and their experience of it. Data was collected via (1) a composite questionnaire that comprised validated quantitative scales, and (2) a semi-structured interview after the programme had finished. Due to restrictions in place because of the Covid-19 pandemic, it was not possible to complete researcher observations of the programme. As an alternative attempt to triangulate the self-reported data and offer a differing perspective on the programme, the researcher joined the facilitator debriefs virtually after each session and made notes on their observations of the sessions.

#### 5.4.1 Recruitment

All participants at the Blossom Programme were invited to take part in the evaluation research. The potential sample size was therefore limited to the number of participants involved. It had already been dictated through the co-production process that this should be a small group comprising of no more than twelve participants. The co-production team had also anticipated attrition during the programme because of the complex situations bringing people to the programme in the first place. Such attrition did ensue. Initially, eleven people registered for the programme and the record of attendance for each session is reported in Table 12. Additionally, not everyone who attended the programme chose to be part of the evaluation.

*Table 12 Record of Attendance By Session Number*

Session Number	Attendance
1	10
2	8
3	9
4	8
5	8
6	8
7	8
8	8
9	8
10	6

#### 5.4.1 Study Design

Participation in the evaluation involved completing digital questionnaires before and after the programme as well as taking part in a semi-structured telephone interview after the programme. The aim was to use the pre- and post-programme data to understand any potential impact of the programme as well as to utilise the interview element to expand on each individual's reflections of their experience of the programme and any impacts. The evaluation focussed on self-reported outcomes of the programme. All data collection was conducted remotely due to the restrictions in place because of the Covid-19 pandemic. An online survey platform (Qualtrics) was used for the composite questionnaire and interviews were carried out by telephone. The survey link was shared with participants either over the phone, via text message or email depending on the participant's preferred method of contact. Participants were also offered the option of completing the questionnaires over the phone with the researcher inputting the responses. One participant chose to do this.



#### *5.4.1.1 Quantitative Measures*

Measures were chosen which were relevant to the intended outcomes and where reliability had been established. To assess reliability, only scales where there was a Cronbach's Alpha of at least 0.70 were incorporated as indicated to be of acceptable reliability (Cronbach, 1951). Where appropriate, the shortened version of outcome measure questionnaires was used to limit the burden of participation on participants. The measures used are summarised in the subsequent paragraphs.

The Rosenberg Self-Esteem Scale (Rosenberg, 1965) was used to measure self-esteem. The scale is a measure of global self-esteem as defined as a person's overall sense of self-worth and of being a valuable person (Rosenberg, 1965). This was chosen as it is a very widely used scale to measure self-esteem, thus offering the potential to draw comparisons between other programmes. It has also previously been used to analyse a horticultural therapy programme for people who have experienced domestic abuse (Lee, 2008) and has a Cronbach Alpha of 0.85 (Lee, 2008). The scale consists of ten statements related to feelings of self-worth or self-acceptance which participants respond to by answering on a four-point scale ranging from strongly agree to strongly disagree. Overall scores from the scale range from 10-40, with 40 indicating the highest score of self-esteem. A study into the psychometric properties of the scale found the mean norm for adult women in the United States to be 32.79 (when adjusted for alternate scoring system) (Sinclair et al., 2010). Scores of 10-25 can be considered as relating to low sense of self-esteem and is associated with feelings of incompetence and inadequacy (Garcia et al., 2019). Meanwhile, scores of 26-29 can be considered medium levels of self-esteem and is associated with fluctuating between feelings of approval and rejection (Garcia et al., 2019). And, high self-esteem would be reflected in

scores of 30-40 and is associated with confidence and feelings of personal value (Garcia et al., 2019).

The Social Connectedness Scale – Revised (Lee et al., 2001) was used to measure social connection. This scale assesses the extent to which participants feel connected to others in their environment. This was chosen as it has high internal reliability (0.92) and is unique in attempting to establish social connectedness as a measure (Lee et al., 2001). Responses to the scale range from 1 (strongly disagree) to 6 (strongly agree). Items are summed with a higher score indicating more connectedness to others. The highest score is 120 and minimum score is 20. A sample of 100 adult college students found that the mean scale score was 88.02, and that there was no significant differences for gender or race (Lee et al., 2001). However, the authors who developed the scale highlight that more normative data is needed to develop standardised scores for its therapeutic use (Lee et al., 2001).

The Short Warwick-Edinburgh Wellbeing Scale (Stewart-Brown et al., 2009) was used to measure wellbeing. The user guide for the original Warwick-Edinburgh Wellbeing Scale highlights that “well-being relates to a person’s psychological functioning, life-satisfaction and ability to develop and maintain mutually benefitting relationships. Psychological wellbeing includes the ability to maintain a sense of autonomy, self-acceptance, personal growth, purpose in life and self-esteem” (Stewart-Brown and Janmohamed, 2008: 2). The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 7 and the maximum is 35. The higher the score the greater the sense of wellbeing. The original Warwick-Edinburgh Wellbeing Scale is a widely used and popular validated measure for wellbeing. Spearman correlations between the short version and longer version have been found to be above 0.95 suggesting that the short version is an acceptable

alternative (Ng Fat et al., 2016). It has been validated for the general population with a Cronbach Alpha of 0.84 (Ng Fat et al., 2016; Ng Fat et al., 2017). In light of this, the shorter version of the scale was used to lighten the burden on participants. Ng Fat and colleagues found the short scale to have a mean of 23.5 in the general UK population (2016). As a result of the analysis from Ng and colleagues (2016), Warwick University suggest taking scores ranging from 27.5-35.0 to be indicative of high wellbeing and scores of 7.0-19.5 to be indicative of low wellbeing (Warwick University, 2023).

The Connor Davidson Resilience Scale-10 (Connor & Davidson, 2003) was used to measure resilience in terms of a person's self-assessment of their coping ability as well as their ability to adapt to change, to deal with what comes along, to cope with stress, and to stay focussed and think clearly. A psychometric analysis and validation of the scale found the 10-item measure to have good psychometric properties with a Cronbach Alpha of 0.85 and concluded it to be an efficient measure for resilience (Campbell-Sills and Stein, 2007). A respondent's total score can range from 0-40. The higher the score, the greater the feeling of resilience. A study into the general population of adults in the United States found the mean score for the CD-RISC 10 to be 31.8 (Campbell-Sills, Forde & Stein, 2009).

The Nature Relatedness Scale - NR-6 (Nisbet & Zelenski, 2013) was used to measure nature connection. The Nature Relatedness Scales was initially designed to measure the extent to which an individual feels emotionally connected to the natural world (Mayer & Frantz, 2004). Participants respond to statements using a 5-point Likert scale and items are averaged with higher scores indicating stronger connectedness. The highest score is 5 and the minimum score is 1. Validation studies found the short form NR-6 scale had a Cronbach Alpha of 0.89 and correlated highly with the full 21-item scale, offering a brief but effective

measure for nature connectedness which may reduce the burden of participation on participants (Nisbet & Zelenski, 2013). A mean score of 3.24 has been found to be the norm in the general population (Nisbet & Zelenski, 2013).

#### *5.4.1.2 Qualitative Measures*

The qualitative aspect of the evaluation comprised of interviews with participants following their completion of the programme as well as the researcher's notes from attending the facilitators' debriefs after each session. Interviews were all carried out within four days of the final session of the Blossom Programme. The interviews were carried out by the researcher over the telephone and took between thirty minutes to one hour. The interviews were semi-structured and the guide questions were focused around the key areas set out in the evaluation aims from the coproduction phase. These included questions exploring: resilience; personal boundaries; participants' relationship with nature; and self-esteem. There were also questions establishing what participants would change about the programme for future participants, and exploring how they would have felt in a mixed gender group. A full list of the guide questions is contained within the appendix (I).

#### *5.4.1.3 Data Analysis*

For the qualitative interviews, thematic analysis was used as a means of organising and describing the themes within the data (Braun & Clarke, 2006). Thematic analysis is a useful and flexible means to analyse qualitative data which has the potential to provide a rich account of data (Braun & Clarke, 2006). As Braun and Clarke highlight (2006), though, because of an absence of clear and concise guidelines about how exactly this is carried out, it can be vulnerable to an "anything goes" critique of qualitative research (Antaki et. al., 2002). I also readily acknowledge my own active role in identifying themes and selecting what is of interest,

avoiding the idea that themes ‘emerge’ from the data (Braun & Clarke, 2006). As Fine argues, any approach “involves carving out unacknowledged pieces of narrative evidence that we select, edit, and deploy to border our arguments” (Fine, 2002: 218). However, to mitigate some of the concerns which could arise from this, I have tried to make clear my thinking by using a variety of quotation examples for each theme. The phases which I used to carry out the thematic analysis follow the guidance which Braun and Clarke describe as depicted in Table 13.

*Table 13 Stages of Thematic Analysis (Braun & Clarke 2006: 87)*

<b>Phase</b>	<b>Description of the process</b>
1. Familiarising yourself with your data:	Transcribing data (if necessary), rereading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2) generating a thematic map of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Initially the data was coded deductively, based upon the initial themes set out in the evaluation objectives and which the interview questions focused on. However, as further themes were apparent through the process of analysing the data, additional themes were established and reported upon. For the purposes of this research, the qualitative data sets comprised the transcriptions of the interviews in their totality and the notes from the debrief sessions with facilitators. Both data sets were analysed individually and then comparisons drawn between both these and the quantitative data from the self-reported questionnaires. All the interviews

were carried out on the telephone and recorded with participants' consent. From here, they were transcribed and imported into a qualitative data analysis platform for coding (NVivo). The qualitative data from the interviews was all analysed using thematic analysis as described. All coding is still done manually but recorded within the platform which allows for the collating of codes and then themes in an orderly way. However, for the meeting notes from the debrief sessions, as these were my own notes rather than rich interview data themes were drawn more crudely and summarised without example quotes.

For the quantitative data sets, the responses were scored as specified for each of the measures used (detailed in 5.4.2.1). Pre and post data were compared. Reliable change was used to measure where there had been meaningful change between the pre and post test data sets (Jacobson & Truax, 1992; Morley & Dowzer, 2014). Reliable change is used as a means to demonstrate whether the change experienced by an individual is reliable which is to say that the level of change is more than can be explained by an error of measurement (Morley & Dowzer, 2014). The Leeds Reliable Change Indicator was used to calculate the reliable change for the quantitative elements of the data using the available Excel spreadsheet tool (Morley & Dowzer, 2014). This requires inputting the name of the measure, the range of permissible scores, the direction of clinical gain and the reliability of the measure. Additional data relating to clinically significant change including reference data and criteria was not inputted on the basis that clinically significant change was not being reported on. Clinically significant change was disregarded as clinical measures were not used and therefore would not be helpful in this context. More formal statistical analysis was not performed on the quantitative data because of the very low sample size.

## 5.5 Results

In total, six participants completed the composite questionnaire measures and five of those participants also took part in the telephone interviews. The quantitative data is presented initially, followed by the qualitative data from participants. Following this, a summary of discussion points from the facilitator debrief sessions is presented. Some of the key underpinning factors and mechanisms for these outcomes are addressed initially in the discussion and in more depth in Chapter Six.

### 5.5.1 Quantitative Outcomes

As described in the previous sections, six participants completed the composite questionnaire measures. The responses were scored as specified for each measure. The mean pre-programme and post-programme scores for each of the measures are reported on in Table 14. The number of participants reporting reliable change in the quantitative questionnaire measures from the start to the end of the programme are shown in Table 15.

*Table 14 Table to Show Change in Scores from Pre-programme to Post Programme*

	Pre-programme mean	Post-programme mean
Social Connectedness Scale	80.2	88.8
Rosenberg Self Esteem	28	32.2
Short Edinburgh Warwick Wellbeing Scale	12	28.8
Connor Davidson Resilience Scale – 10	26.3	34.2
Nature Relatedness Scale	4.9	4.7

*Table 15 Table to Show Reliable Change*

	Sample			
	Size	Reliable Change	No Change	Deteriorate
Social Connectedness Scale	6	2	4	0
Rosenberg Self Esteem	6	2	4	0
Short Edinburgh Warwick Wellbeing Scale	6	5	1	0
Connor Davidson Resilience Scale – 10	6	3	3	0
Nature Relatedness Scale	6	0	5	1

On average, participants rated their sense of social connectedness higher at the end of the programme than at the start. Overall, there was a 10.7% increase in the mean scores for social connectedness from pre-programme (80.2) to post-programme (88.8). Reliable improvements in social connectedness were reported by two participants, and no participants reported reliable worsening. Following on from the programme's culmination, the mean score for participants was on par with another study into the general population (Lee et al., 2001).

Self-esteem was shown to increase from prior to the programme (mean = 28) to after the programme had ended (mean = 32.2) with mean scores increasing by 15%. Reliable improvements in self-esteem were recorded for two participants, and no participants recorded reliable worsening. Following on from the culmination of the programme, the mean score for participants was on par with the mean norm for adult women in the United States (Sinclair et al., 2010). Participants' mean scores went from being associated with medium levels of self-esteem prior to the programme, to high levels of self-esteem following on from the completion of the programme (Garcia et al., 2019).

Wellbeing was also shown to increase from prior to the programme (mean = 12) to after the programme (mean = 28.8) with mean wellbeing scores increasing by 52%. Reliable improvements in wellbeing were recorded for four participants, and no participants recorded reliable worsening.



Following on from the culmination of the programme, the mean wellbeing score for participants was higher than the average for the UK population (Ng Fat et al., 2016). Prior to the programme's start, participants' mean score was indicative of low levels of wellbeing. After the programme, the mean wellbeing score was indicative of high levels of wellbeing (Warwick University, 2023).

Mean resilience scores increased by 30% from before the programme (mean = 26.3) started to after the programme ended (mean = 34.2). Reliable improvements in resilience were recorded for three participants, and no participants recorded reliable worsening. Prior to the programme's start, participants mean score for resilience was lower than the average for the general population in the United States (Campbell-Sills, Forde & Stein, 2009). Following on from the programme, participants' mean resilience score was higher than the general population (Campbell-Sills, Forde & Stein, 2009).

Participants scored universally high on the nature relatedness scale prior to the start of the programme and all but one sustained these scores. One attendee's scores dropped from before the programme to after the programme. This led to the mean score for the participants decreasing from 4.9 before the programme to 4.7 after the programme. Four out of six of the participants scored the highest score for nature relatedness prior to starting the programme and this 'ceiling effect' meant that there was no scope to measure how this might have increased as a result of the programme. Participants' mean nature relatedness scores were higher than the norm for the general population both before and after the programme (Nisbet & Zelenski, 2013).

### 5.5.2 Qualitative Outcomes

This section reports initially on the outcomes from the interviews which stemmed from the themes the interviews sought to explore and which related to the quantitative measures used. These included: social connection; self-esteem; wellbeing; resilience; and nature connection. Other themes which were apparent through the analysis and coding process are then reported on before detailing the themes from the facilitator debriefs.

#### 5.5.2.1 Social Connection

A sense of increased social connection was reflected in the interview data, where participants highlighted that the programme had offered them a sense of community and an increased sense of belonging. It was significant to the participants that all of the participants had experienced domestic abuse. One person highlighted: “it’s also given me people that know what situation I’ve been in, it’s given me good friendships as well... I think being around people that understand really does help...it makes you realise you’re not on your own it’s very rewarding”. Other themes which related to social connection which were apparent from the data included a sense of community and of belonging. One participant commented: “it’s a place where you can feel connected with people”. Two of the participants described the group as feeling like a family. For one participant the sense of belonging in the group shifted how they viewed themselves. She said: “Because I count, I matter, and I think mattering in the group was a big thing”. Participants contrasted these feelings of increased social connection directly to prior feelings of isolation and not belonging. One participant said: “it really has changed my life it brought me from a...we’ve all been through very difficult things but even coming out of those relationships you still feel very isolated you’re still very low and you’re still struggling with the issues and to be able to have that kind of opportunity – it’s absolutely changed my perspective and I just feel so much stronger so much more positive.”

### 5.5.2.2 Self-Esteem

A sense of improved self-esteem and self-worth were reflected in the themes which emerged from the qualitative interviews. Participants reflected on now feeling proud of themselves and good about themselves. One person commented: “I feel really good about myself actually”. Another person added: “I am really proud of myself I must admit”. These feelings were described in contrast to how participants had felt about themselves prior to the programme starting. One participant described: “I’m not beating myself up like I did. I have this real, I always have this battle with like a really harsh internal bully and coupled with the kind of real people pleasing and feeling very anxious and fearful, but I think it’s helped me recognise my strengths and ...for the first time I’ve been able to say yeah I feel strong”

These positive changes were directly associated with attending the programme with one person suggesting: “each week I came I walked with a straighter back”. It was not a ‘cure all’ process though and some recognised they were still on a journey of developing their self-esteem and confidence but felt that the programme had equipped them to move forward with this. One person commented in relation to this: “something I wrote was to try and build my confidence and yeah, I am. I’ve been given tools from the programme, and I am working on them – it takes time but I definitely feel it has helped”.

### 5.5.2.3 Wellbeing

From the qualitative interviews, it was apparent that a sense of increased wellbeing also associated with a reduction in depression symptoms. One person commented: “there’s a strength around that bonfire – it’s a real powerful feeling & even in that tent it’s such a powerful feeling that depression seems to be really hard to break through it...”. Participants also felt that they had been equipped with ways to manage if they did have darker thoughts

or feelings of being down. One participant commented: “it’s such a magical thing...they’ve given me so many tools I haven’t drifted off and into you know depression or anything like that I’m able to bring myself back pretty quickly”.

#### 5.5.2.4 Resilience

During the interviews, participants reflected on feeling more able to cope with life’s ups and downs as a result of the programme. They felt that they now had the internal resources to manage when things go wrong. One person felt that, although there had been no practical change in the challenging circumstances she was facing, she felt more positive regardless. All of the participants referenced feeling more at peace with the idea that they would still have days where they felt down or faced challenges. However, participants described feeling more positive about the future because of feeling that they were better able to cope with these. Participants also directly referenced their feelings of increased resilience. One participant commented: “so my resilience, well, it’s right up there I think that if someone threw a knife at me it would bounce off me right now...that’s how I feel the resilience in me”. Another participant commented: “I like to think that I’ll be more resilient as well I like to think that because erm I’ve got I recognise the resources that I’ve got inside of me and around me”.

#### 5.5.2.5 Nature Connection

The strength of the participants' pre-existing relationship with nature was highlighted during the interviews with participants describing themselves as outdoorsy or having always been very connected to animals and nature. Despite this, the majority of the participants interviewed did still feel that they had a greater appreciation of and connection to nature as a result of having been part of the programme. One person concluded: "I love it with a new kind of passion and depth I suppose now". Participants also expressed that they planned to spend more time in nature as a result of having taken part in the programme.

All the participants spoke about the significance of the nature setting for the effectiveness of the programme. Some participants compared this directly to other support groups they had attended which were held in more clinical settings. One attendee said: "I think being out in nature was the biggest thing I mean I've done groups where you're in a room and you're sitting there in a circle and things like that there still great, you still learn things but I do think being out in nature has a real bigger impact like for me personally anyway". Another person similarly added: "I'll tell you what I've sat in I've had a counsellor before and sat in a room and I've never ever opened up properly but being in the outside and not in...even if it's a nice room it's still inside and it's stuffy and you feel claustrophobic when you're talking about your trauma but being outside talking about it there's something just so...and in a circle there's just something so beautiful about it...". One attendee also commented on the value of the safari tent as offering everyone protection from the rain whilst still feeling connected the outdoors and the birds and trees.

### 5.5.2.6 Other themes

As well as themes that directly related to the programme objectives set out in the coproduction phase, other themes were also apparent through the analysis of the qualitative interviews. These included: care and nurture within the group environment; feeling present; boundaries; the role of facilitators; the programme working in conjunction with other services; views on all female groups; living a life free from abuse; and challenges or suggestions from participants. These are explored in more depth by each theme in the following section.

#### 5.5.2.6.1 Care & Nurture within the group dynamic

The themes associated with care and nurture included: approachability, kindness and gentleness of the group; and feelings of having been nurtured. Participants spoke about the sense of care and nurture within the group. This was in terms of other individual participants, the kindness shown by facilitators as well as how the programme worked as a whole. One participant referenced the “tenderness” of the group and how important that was in the face of the significant pain that they had been through. Another person referenced everyone being “approachable” and a further participant articulated that they felt lucky they had had “a fabulous group”. Some participants had had reservations about taking part in a group setting but had found it effective and helpful because of the supportive dynamic within it. One person commented: “I didn’t think I could do a group but it is so much more nurturing it really is because when you’re telling you know you’re story you know you can feel the compassion”. Describing feeling taken care of, one participant summarised: “it works and it’s nurturing and it’s kind and it’s non-threatening and it’s the place in the world you can be if you’re in a shit situation”. Participants also appreciated some of the more practical acts of care like having their lunches catered for so that they did not need to plan to bring anything with them.

#### 5.5.2.6.2 Feeling present

Themes associated with feeling present encompassed being able to live more in the present; worrying less about the future; fixating less on the past; and in general feeling calmer. One participant highlighted: “I worry about it on the days I need to worry about it; I concentrate on the now, concentrate on the good things that I have in my life”. Feeling more present and grounded was something which had shifted positively for some participants as well as being something that they wanted to continue to develop. One participant described: “I do get a lot more days where I do feel quite present and grounded and it’s something I’m working on as well”. Participants also reflected on putting into practise mindfulness and meditation techniques that they had learnt as part of the group to support this. One attendee said: “I can think straight [...] I’m still trying to get to terms with my breathing but apart from anything else my head is not bubbling over I feel very calm like calmest I’ve ever been to be quite honest with you”.

#### 5.5.2.6.3 Personal Boundaries

Themes associated with boundaries included participants feeling better able to prioritise their own needs and learning about personal boundaries. One of the sessions focussed on boundaries and for some of the group this was the first time that they had spent time reflecting on their own boundaries and this seemed to resonate with them. One person said: “boundaries for me now; I never heard that word before as in a person having boundaries and mine’s been crossed so many times I didn’t realise it but now it feels good”. Another person highlighted: “from the course that’s since I’ve learnt about boundaries and personal space and things like that and it really does stick”. However, for another participant, this was something which they had initially been able to work on through previous domestic abuse

support. They commented: “ I did a lot of work at the refuge on the boundaries as well because that was something I would go out of my way to please someone else”. Participants’ also felt that they were better at prioritising their own needs as a result of the programme. One person, for example, commented: “in some ways I think my sense of, kind of part of my self-esteem, I guess, is tied into being helpful to other people and er and so it’s quite difficult when there’s an opportunity to be helpful to kind of weigh up so how much resource or energy and time have you actually got to give to someone how much do you need for yourself at the moment and sometimes I don’t prioritise myself when actually in the cold light of day on balance if I think about it that’s what I need to do to look after myself.”

#### 5.5.2.6.4 Role of the Facilitators

From the interviews, it was apparent that the people running the programme played an important role for the participants too. Participants valued both the expertise and skills of the facilitators as well as the sense that they got from them that they genuinely cared about the group. One person commented: “everyone is just so genuine and welcoming there’s no sense of they’re just being paid to be there or whatever and people might think you can but you can’t fake that when people are genuinely there to help”. This enabled participants to be able to trust the facilitators wholeheartedly. One person said that they would encourage others in a difficult situation to “put your life in their hands just for that moment and trust them because I don’t think you’re gonna get that sort of nurturing anywhere else”. It was important to participants that the facilitators were passionate about nature, too.

#### 5.5.2.6.5 Programme works in conjunction with other services

Participants valued the impact of the Blossom Programme, but also highlighted the importance of the initial support and work of the domestic abuse service who were the referral partners for the programme. One person summarised: “I’ve been nurtured no doubt



about it first by Next Chapter and then by the Wilderness Foundation Project”. Another participant attributed the positive changes they had experienced within themselves as “an accumulation of everything from Next Chapter to this programme and obviously being at the refuge”. They concluded: “it’s all put me back together when I thought it was impossible”.

#### 5.5.2.6.6 Views on all female groups

The group had been open to everyone regardless of gender but the participants at the programme were all women. Participants were asked about their views on how this had worked and the majority of those asked said that they felt more comfortable with the group being all women. Some suggested that this related to men having been the perpetrators of the abuse towards them. Whereas others felt that they felt more comfortable opening up in groups of women and might have held back if there had been men as part of the group. However, one attendee felt that it could also have worked well as a mixed group and referenced her experience in other mixed gender support groups in relation to this. Despite most of the participants feeling that they were more comfortable in a female group, many were keen to highlight an awareness and recognition of male victims of domestic abuse and did feel that more men should be supported through this.

#### 5.5.2.6.7 Living a life free from abuse

All the participants spoke about being confident in living a life free from any further abuse in their futures. People felt that they had a better sense of the red flags or warning signs, were better able to trust their gut instincts and felt worthy of respect and care. One participant highlighted: “I’m quite happy to tell people to go do one if they don’t treat me with respect now because I always treat everyone with respect and I’ve learnt through the W project that

really respect is earned” And another person concluded: “I’m not going to be abused anymore in my life”.

#### 5.5.2.7 Challenges & suggestions for future groups from participants

There were aspects of the programme which some participants found personally challenging or had suggestions about. Themes which arose in relation to this included: aspects which were personally challenging but perceived positively; not being able to do all activities due to timings; apprehensions about the ending of sessions; suggestions for future groups; and wanting others to be able to participate in the programme. One person found one particular therapeutic exercise on personal patterns distressing. However, she felt that it was still something important for her to visit and she concluded that ultimately, she had found it helpful. However, she did feel that learning some grounding techniques prior to these exercises could have been helpful. Another person found that speaking in front of the group around the circle made her feel anxious, but again she felt that it was a positive thing as was pushing her to develop her confidence.

Participants also acknowledged that there was not always time to do all of the activities that the facilitators had planned. As one attendee reflected, this seemed to stem from the balance between structure and the group having “free processing time for the group to kind of bond and do its thing” which they also found valuable in itself. One person felt that she would have wanted more time to explore the setting. However, on the whole, participants said that they would not change the group and felt that it worked well for all of the different personalities in the group.

All the participants felt that they would miss the group and some joked that they would have wanted it to last forever. However, participants were also very accepting of the ending and spoke passionately

about wanting other people to have the opportunity to benefit from the programme. One attendee commented: “[I] just really hope more women are given the opportunity who’ve been through abusive relationships and are able to come out the other side I think this can be so valuable for so many other people they may not even realise they need it you know but I just think it’s such a wonderful, wonderful programme I just hope that it continues for 100 years and in a 100 years they do studies on the Blossom Programme and it’s something that they implement across Europe and worldwide and it’s something people study...”.

### *5.5.3 Facilitator Debrief Meetings*

The themes that came out of the debrief meetings included: the importance of small acts of care; therapeutic limits of the programme; wider family impacts and challenges; time challenges of the programme; relationships with other services; and connection within the group.

#### *5.5.3.1 Importance of Small Acts of Care*

One of the volunteers spoke about an attendee having an emotional response to the volunteer offering to make her a cup of tea. The team reflected on participants not being used to people looking after them or taking care of them. This formed an integral aspect of the programme with meals being cooked, tea offered and other small practical acts of care. One of the facilitators made a homemade vegetarian chilli on one of the days and participants started bringing in homemade cakes and other treats for one another. The team felt in general that the tea, coffee and chat time was very important to the group. Other small acts included preparing water bottles with each of the participants’ names on for the first sessions and stickers with the name of the programme on. Facilitators felt these details were important to participants feeling welcome and comfortable.

### 5.5.3.2 Therapeutic Limits of the Programme

During some of the sessions, facilitators reflected that there had been a lot of emotional release. However, they also added that they were conscious of not unearthing all of people's individual trauma due to the limitations of being able to contain this within the group setting. They felt that they were resourcing them as a group in the best way that they can in the time that they have but that 1-2-1 therapy would better to support people to process their trauma more fully. For some of the participants, there has been a lot of childhood trauma which was touched upon in some of the sessions, but facilitators did not feel there was sufficient time to explore this fully.

### 5.5.3.3 Wider Family Impacts & Challenges

During one of the sessions, one facilitator acknowledged the level of stress people are experiencing – from managing everyday life and childcare stress to their own trauma. Facilitators also reflected that participants spoke about the impact of the domestic abuse on their children and it was felt that some family therapy sessions for people with children could be helpful. The pattern of children being used to manipulate and continue the abuse post-separation, particularly through contact arrangements was also noted. During a check-in, one attendee also opened up about her very difficult relationship with her children who she felt speak to her “like dirt”. This attendee described a lot of conflict with her children and felt that it mirrored the pattern of the abusive relationship.

### 5.5.3.4 Time Challenges of the Programme

The facilitators regularly spoke in the debriefs about finding that they were struggling with time. They found that the group was very keen to socialise with one another and that there had

been a lot of group bonding. This was seen as largely positive but that it sometimes came at the expense of being able to cover the number of topics or activities which they had initially hoped to.

#### 5.5.3.5 Relationships with Other Services – Police

The facilitators reflected on a lot of discussion from the group about prejudice against women particularly by the police. The facilitators shared that participants felt that the police did not believe them or help them. They felt that when women react in an aggressive physical/verbal or cry then they are called hysterical, mad, or bad. The participants felt that there needs to be training for officers to recognise emotional abuse and gaslighting. The facilitators decided to devote a part of the final session to getting the participants to write a manifesto about how they feel women who have experienced domestic abuse should be treated by services which could then be shared by with the relevant services.

#### 5.5.3.6 Connection within the group

Overall, facilitators felt that there was a strong sense of connection within the group. They felt that everyone opened up a lot and that there had been a reflection within the group that it felt like “family”. Participants had been visiting each other and some of their children had been playing with one another in between sessions. This was reflected in what participants said they had got out of programme in one of the check-outs at the end of the session. They were asked for a word or short phrase to sum this up and responses included:

- Everything
- Spending time with people with similar experiences
- Meeting genuine people
- Growth
- Connection
- Not feeling alone

- Empowerment
- Compassion
- Being myself

## 5.6 Discussion

The programme sought to establish whether a nature therapy programme could enhance recovery for people who have experienced domestic abuse. Participants of the Blossom Programme who took part in the evaluation reported improved sense of social connection, self-esteem & wellbeing, and resilience over the course of the programme. This section will explore these themes in more depth and the mechanisms of the programme that may have supported these changes, particularly in relation to other literature. The subsequent Chapter, Chapter Six, will explore the overarching process of codesign and how this may have influenced some of the outcomes and experiences of participants.

Both the quantitative and qualitative data indicated that there had been increases in participants' sense of self-esteem, social connection, wellbeing and resilience following on from taking part in the programme. From the quantitative measures it was apparent that mean scores for these areas all increased from before the programme to after the programme had ended. However, these increases did not always amount to a meaningful change for individual participants. That said, the mean scores following on from the programme's culmination were in line or higher than those of the general population. This contrasted to having reported scores of below the average general population prior to the programme's start. It may be, though, that for some participants the work they had already done as part of previous programmes or through their own journey of recovery had already supported them in some extent in these areas. So, whilst the programme seemed to have supported participants in further developing these areas, the figures do not reflect the full journey of the initial impact of the domestic abuse contrasted against the impact of the programme. It would be helpful for future research to consider

partnering with the referral agency to collect the same measures when people first contact them. Then, if clients do go on to access the nature therapy programme these could provide a baseline for these variables. If they do not, this may still be useful data for the agency to collect as part of their own ongoing evaluation efforts. Again, although the change in quantitative scores were not consistently meaningful, the qualitative data did paint a picture of participants who had felt a noticeable shift in their wellbeing, self-esteem, resilience and connectedness to others as a result of taking part in the programme. Other benefits that were apparent from the qualitative data included an increased awareness of personal boundaries and the confidence to implement these, as well as increased feelings of calm and feeling able to be present without worrying as much about the future or fixating on the past.

Both the quantitative and qualitative data supported the notion that participants already felt very connected to nature prior to the start of the programme. It is plausible that the participants' pre-existing connection to nature may have supported their decision to want to take part in the programme. Although there was no increase for the average nature connection score (as the pre-programme scores were already very high), qualitative insight emphasised the value that participants placed on the nature setting and their evolving relationship with nature as a result of the programme. It would be interesting to explore in future evaluations what the impacts might be for people who have had less exposure or connection to nature prior to taking part. Or indeed, if a lack of a prior connection to nature functions as a barrier to accessing the programme and if participants who have had less exposure to time outdoors could be better supported to attend. As has previously been highlighted, nature-based interventions have been found to function as a turning point for some in terms of their engagement to nature (Gittins et al., 2023). Therefore, in solely attracting people who already have a high connection to nature,

the programme may miss the opportunity to support those that have not previously had this to access the benefits of time spent in nature.

The beneficial outcomes of the Blossom Programme link to the wider research about the benefits of green care. Nature-based therapy programmes have been found to contribute to increased wellbeing, reduction in depression symptoms and improved self-esteem (Bragg, 2016). In terms of what helped to bring about these positive impacts, participants cited the significance of their connection to others, the nature setting, and therapeutic tools which they had learnt as part of the programme such as meditation. These findings fit with the wider literature about nature-based therapeutic programmes and domestic abuse interventions. These areas are explored more fully in the following paragraphs. There were factors, too, which seemed to support participants to experience these aspects positively and get the most of out of the programme. These included the skills of the facilitators, the gentle and caring nature of the group and the significance of the nurturing environment which was cultivated through the programme. These areas and how they might link back to decisions made through the codesign process are explored in more depth in Chapter Six.

### 5.6.1 Connection to Others

When reflecting on the programme through the qualitative interviews, participants spoke about the increased social connection that they had experienced as a result of attending the group. In particular, they spoke about a sense of community and a sense of belonging which differed from prior feelings of isolation or not belonging. These sentiments correlated with the quantitative data, and on average participants rated their sense of social connectedness higher at the end of the intervention at the start. This ties in with some of the wider research about the ways in which nature can support people's wellbeing because of the opportunities



for social contact which is associated with a positive impact on mood and stress (Heinrichs et al., 2003). Indeed, through the qualitative interviews, participants spoke about decreased feelings of depression, higher levels of self-esteem and feeling calmer. However, what seemed particularly significant to participants of this programme was not just the opportunity for social interaction, but specifically to spend time with other people who had experienced domestic abuse. This again links to the wider research on domestic abuse support and is demonstrated in the advocacy for the use of support groups for this population (Cosgrove et al., 2008; Hester & Westmarland, 2005). Indeed, much of what is available to victim- survivors in terms of their recovery involves group work with others who have experienced domestic abuse (Williamson & Abrahams, 2014), so the value of this seems to be generally accepted. Building positive social support relationships more generally is considered an important part of people's recovery from domestic abuse (Flasch et al., 2015). This is true of other populations who have experienced significant trauma. Research has found, for example, that military veterans who are characterised as resilient (having experienced high levels of trauma, but low current psychological distress) had more social support than those who identified as distressed (Pietrzak and Cook, 2013). More generally for the wider population, social support has been found to protect people from the impact of stress (Cohen et al., 1985). Additionally, for older adults, social networks have been found to have a strong positive effect on feelings of wellbeing which was more significant for women than men (Tani et al., 2022).

The value of the group connection was also reflected in some of the specific accounts of wilderness programmes for women who have experienced abuse which were outlined in Chapter One. In one of these, Kelly offers a personal account of the depth of connection she felt with other group members and the positive impact this had for her (Kelly, 2006).

Additionally, Powch suggests that it is common for women who have taken part in wilderness therapy experiences to remain in close contact after the trip has ended (1994). In a similarly anecdotal account, towards the end of the programme, some of the participants voiced to facilitators that they wanted to organise a group camping trip to further their outdoor experiences together. Facilitators had also set up a WhatsApp group for participants who wanted to be part of it which allowed people to stay in touch between sessions and after the programme if they wanted to. Facilitators found that participants used this group to also share updates, things they were struggling with, share inspirational quotes and offer each other support. The design of the wilderness programmes discussed by Powch and Kelly differ somewhat from the Blossom Programme in that they refer to prolonged nature-based interventions which tend to involve more physical activities rather than a weekly session so it is difficult to draw direct comparisons. However, it may be that for nature-based programmes, the nature setting might further enhance the sense of connection which participants report feeling amongst the group. As has previously been reported, a study which explored the effects of a two-week nature-based wellbeing intervention found that participants reported significantly greater sense of social connection and prosocial orientation compared to both a control group and those that had spent time in a human-built environment (Passmore & Holder, 2017). In this sense, a nature-based support group might amplify the effect of the support group over and above a support group which does not take place in nature. Subsequent research into the programme could explore this further, particularly if there was an opportunity to contrast participants who choose to take part in an indoor support group and those that take part in future iterations of the Blossom Programme.

### 5.6.2 Innately Beneficial Impact of Nature

As has been suggested previously, a significant aspect of how nature-based therapy programmes may support people is through the direct impact of nature itself (Ward-Thomson et al., 2012). This was something that was also apparent in participants' responses, and it is what differentiated the programme from other groups which they had been a part of before.

The evaluation did not seek out to test particular theories of how nature affords these benefits, for example, Attention Restoration Theory (Kaplan, 1995) which suggests that a nature environment which meets certain components can be inherently restorative and ultimately lead to greater reflection and restoration (Kaplan & Kaplan, 1989). Despite this, there is some resonance between the components that Kaplan suggests helps support a restorative impact of nature and what participants experienced as beneficial to them. The four components to support restoration and reflection are being away from everyday stresses; the environment holding your attention indirectly or allowing for soft fascination; experiencing expansive spaces in a way that is comfortable and puts an individual at ease; and a desire to be there out of intrinsic motivation (Kaplan, 1995). These tie in with some of what participants experienced. For example, someone referenced the benefit of having the distraction of being away from home and everyday life. Another participant experienced the expansiveness of the outdoors as feeling less claustrophobic than an indoor setting which allowed them to open up more. It was apparent that the nature setting held people's attention too with people talking about hearing the birds and feeling surrounded by trees and nature. Additionally, all the participants were there by choice and it was apparent that all of the group had a pre-existing, positive relationship with nature. Aspects of the environment were also set up to contribute to people's comfort within it as has been discussed in the previous section. For example, individuals not needing to worry about food or drink whilst there,

having spare and warm clothing available to borrow, all tasks being an invitation to partake rather than enforced, and having facilities like toilets and a safari tent if the weather was too challenging. As has been discussed in the results from the pilot, there may have been some process of restoration and reflection with people reporting higher self-esteem, wellbeing and resilience even though restoration and attention were not measured specifically. Additionally, there was a notion of nature offering recovery almost without people even realising which was directly referenced by one of the participants.

There were, however, other aspects of the nature setting and the programme that seemed to contribute to participant's positive experience which are not necessarily fully encapsulated in Attention Restoration Theory. For example, one participant referenced the way in which the language of nature allowed them to express themselves more fully. The way in which nature lends itself to symbolism and expressive language and this offering a therapeutic tool for people who have experienced abuse is reflected elsewhere in the literature and is seen to transcend different types of nature activity (Keely & Starling, 1999; McBride & Korell, 2005; Powch, 1994; Mason, 1987). Indeed, the programme actively utilised the inherent symbolism which nature and nature-based activities can offer through some of the activities. For example, through the mandala activity where participants were encouraged to find nature items that represented their past, present and desired future. Additionally, towards the end of the programme, participants had expressed to facilitators that they wanted to use the campfire to let go aspects of their past by burning something which symbolised this. Our inherent inclination to be drawn to nature-based metaphors resonates with Wilson's concept of the Biophilia Hypothesis (1986). That is that humans have an innate tendency to seek connections with nature and other forms of life (1986).

### 5.6.3 Therapeutic Tools

One of the ways that the programme differed from some other nature-based therapy programmes – for example social horticultural therapy - is the way in which it was run by therapists with formal counselling training and incorporated more structured therapeutic tools and psychoeducational elements. Through the qualitative data, participants reported finding these elements useful to their personal growth and recovery. For example, some of the participants referenced that learning about personal boundaries had been significant to them, and for some this had led to feeling better able to prioritise their own needs. Participants also reflected on the breathing techniques that they had learnt as part of the programme and the impact of doing guided meditations led by one of the facilitators within the nature setting. Mindfulness and meditation as a helpful tool for people who have experienced domestic abuse is documented in the wider literature (e.g. Ghahari et al., 2017). Being outdoors has also been seen to enhance the effectiveness of mindfulness-based stress reduction (Choe et al., 2020). Therefore again, the effectiveness of this element might be further enhanced because of the nature setting.

### 5.6.4 Other possible factors

As highlighted in Chapter One, three mechanisms have been suggested to underpin beneficial outcomes of green care projects and spending time in nature (Ward-Thomson et al., 2012). These are by virtue of spending time in nature offering opportunities for social interaction and physical exercise as well as the more direct benefit of nature being innately restorative (Ward-Thomson et al., 2012). As discussed, participants spoke about the impact of the enhanced social connections, and the nature setting. However, none of the participants referred to the impact of physical movement. This was despite opportunities for physical

movement being incorporated into the programme design with activities including walking to the group's base, walking into the woodland for activities and moving around as part of other activities. This may have been because the other benefits of the group and the setting were more noticeable or that people were already similarly active. It is difficult to say if the physical movement involved as part of the programme had an influence on people's wellbeing because the evaluation did not specifically measure this. Further research could explore this in greater depth.

#### 5.6.5 Other strengths which supported efficacy of the programme

There were aspects of the programme that seemed to support participants' positive experience of it. These included the significance of a nurturing environment and experiencing genuine care from facilitators. These themes are explored in greater depth in Chapter Six in relation to how these notions reflected decisions that were made through the different stages of the codesign process.

#### 5.6.7 Challenges & Limitations

As indicated, responses from participants reflected a positive picture of the programme and the impact they felt it had had on them. Participants' responses appeared broadly consistent with facilitators' perceptions of the programme. However, perhaps as might have been expected, facilitators were more critical of their own facilitation. This was particularly apparent in relation to striking the balance between the relaxed nature of the group which allows for connection and friendships to form whilst still having the structure in place to support people to access more of the therapeutic nature activities. This was a challenge that regularly came up in the facilitator debrief meetings with the facilitators suggesting that they would want to explore

having more structure to the sessions without undermining one of the values of the group, which was to be led by the group themselves.

Facilitators also felt acutely aware of the therapeutic limits of the programme. They recognised that all the participants had experienced trauma and it was at times difficult to support everyone through this in great depth, given the time constraints and the group dynamic. They felt that ongoing one-to-one therapy (as part of an aftercare package of ongoing care) would better support some people to deal with aspects of the trauma, which might have been brought to their consciousness because of the programme.

Despite the strategies that were agreed as part of the codesign group about trying to ensure a diverse and inclusive group – the group was made of white, able-bodied, cisgender women, the majority of whom described themselves as heterosexual. Most of the participants voiced that they were more comfortable in a same gender group, so this could be retained. However, ways of supporting male survivors as well as non-binary and gender non-conforming survivors could be better explored. The demographics of the participants of the programme broadly reflected that of the referral partner. Therefore, one way to support a more inclusive programme would be to work with different referral partners, who work with specific client groups – for example, women of colour or people who identify as LGBTQ+.

The primary limitation of the study is the small study size. In total, six participants completed both self-score measures and five of those participants also took part in the telephone interviews. The study size also emphasises the importance of the qualitative insight to generating as much data and understanding from the programme as possible. The small study size reflects the wider picture of green care projects, which are often small scale and therefore

consist of small data samples (Rogerson et al., 2020). This is why it has been suggested that the evidence base benefits from the collating of these studies in the form of multi-study reviews and systematic reviews (Rogerson et al., 2020). Therefore, this project can be seen as a contribution to the bigger picture about the potential for nature-based therapy for victim-survivors of domestic abuse.

Another limitation to the study was that the sample was self-selected and had already received other support services through their work with the referral partner. As previously discussed, this meant that their true baseline for variables such as self-esteem, resilience and wellbeing prior to receiving any services was not known. Additionally, as previously highlighted, participants reported high levels of connectedness to nature even prior to the programme. It would be illuminating for future studies to explore the impacts for participants with less of an initial affiliation with nature, and further ways to reduce the barriers to access for those people.

The knowledge base would also benefit from ongoing and continued data collection from future iterations of the programme to contribute to this further and build a stronger evidence base over time. In terms of other opportunities for further research, participants also reflected on the impact that domestic abuse has had on their children and their parenting. Therefore, it could be explored if the wider network around participants also benefit from the programme.

#### 5.6.8 Summary

Overall, the evidence suggests that it was the combination of the facilitators, social interaction, activities and the nature setting that contributed to participants' positive experience of the programme and the self-reported benefits to their wellbeing and mental health. To summarise, using the words of one of the Blossom Programme participants: "I



think every little combination came together. I think the right mix of people and the right mix of environment [came together] just for a really magical experience.” These ideas and how they stem from and relate to the initial codesign process are reflected on in greater depth in Chapter Six.

# Chapter Six: General Discussion

## 6.1 Introduction

This thesis set out to establish whether nature-based therapy could support people in their recovery from domestic abuse using codesign to design a programme to test this. The findings from the programme evaluation offer positive indicators that a nature-based therapy programme could be used as part of a portfolio of support for victim-survivors of domestic abuse. In doing so, the study adds to the evidence base for both domestic abuse recovery and nature-based therapy programmes. The mechanisms by which this programme supported beneficial outcomes seems to reflect the wider research from both the nature-based therapy and domestic abuse sectors. There are also potential wider impacts of the programme, beyond the attendees, which are discussed in this chapter. Additionally, the findings support the idea that codesign and involving victim-survivors may support with designing effective interventions for this cohort. As far as is known, this was the only study to codesign and deliver a nature-based support programme for victim-survivors of domestic abuse in the UK during a global pandemic. As such, it may offer a pandemic-proof support option in the event of future global health crises. This chapter will explore these aspects in further detail before considering the next steps for the programme and outlining further research which is needed.

### 6.1.2 Evolving Picture of Domestic Abuse in the UK

Since the culmination of the programme, there continues to be a very high need for support services for domestic abuse. The latest figures from the Office for National Statistics indicate no significant change in the prevalence of domestic abuse experienced by adults (aged 16-59) in the year ending March 2022 compared to the year ending March 2020 (ONS, 2022). At the

time of writing, the figures for the year ending March 2023 were not yet available. Due to how data collection was impacted by the Covid-19 pandemic, prevalence figures are not available for the year ending March 2021 (ONS, 2022). However, there was generally felt to be an increased demand for domestic abuse services during the Covid-19 pandemic and particularly as lockdown measures were being eased. The timing of this programme's delivery, therefore, was such that it offered a new service at a time of particularly acute need. That said, as the prevalence figures indicate, the high need for domestic abuse services is very much ongoing.

## 6.2 Chapter Summaries

### 6.2.1 Chapter One: Introduction

Chapter One established that the impact of domestic abuse on individuals is far reaching encompassing increased risk of mental health issues including clinical depression (Ferrari et al., 2016); reduced self-esteem (Cosgrove et al., 2008); and social isolation (Cosgrave et al., 2008). It reported on existing services that try to meet the need for support in these areas – one of the most popular of which seems to be support groups (e.g. Williamson and Abrahams, 2014). There was some literature to suggest that bringing group work into an outdoor environment might offer a further way to enhance the benefits for victim-survivors of domestic abuse (e.g. Lee, 2008; McBride & Korell, 2005). The chapter provided context and rationale for the study's objective to explore further how a nature-based therapy programme might be used to enhance recovery for victim-survivors of domestic abuse.

## 6.2.2 Chapter Two: Methodology

Chapter Two situated the study within the transformative paradigm (Mertens, 2003) and reported on the rationale for using co-design and specifically Trans Disciplinary Action Research (TDAR) (Stokols, 2006) to design the nature-based therapy programme. The chapter highlighted a common-sense argument for involving victim-survivors of domestic abuse in terms of valuing people's expertise in their own experiences (e.g. Hague & Mullender, 2005). It also recognised that sharing power is an essential part of the social justice element of the transformative paradigm (Mertens, 2003). TDAR was used to attempt codesign in a meaningful and inclusive way (Stokols, 2006). Chapter Two introduced a flow diagram to depict the process of the codesign and how the subsequent chapters would report on the different stages of this. This was adapted from Hawkins and colleagues (2017) and is shown in Figure 10.

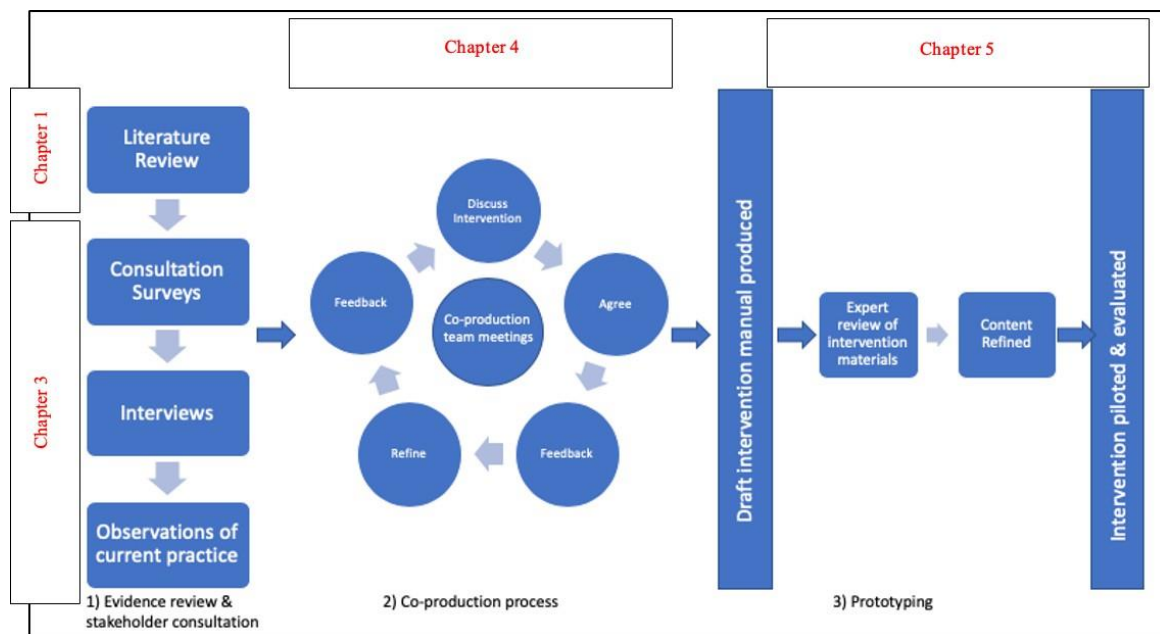


Figure 10 Flowchart of the Codesign Process (as adapted from Hawkins et al., 2017) and how the Thesis Chapters will report on these stages.

### 6.2.3 Chapter Three: Consultation

Chapter Three reported on the first phase of the codesign process: consultation. This encompassed a summary of the literature which had been established in Chapter One, as well as reporting on the consultation of stakeholders. The latter involved both consultation surveys with victim-survivors and consultation interviews with additional stakeholders. It was apparent from both the literature and the consultation surveys that support groups can be beneficial to victim-survivors' recovery. However, there are barriers, which can prevent people accessing them. Respondents to the surveys had tangible ideas about how some of these barriers could be reduced including the opportunity to speak to facilitators prior to the first session. Barriers to accessing support groups may be further compounded by intersectionality as was reflected in both the literature and the consultation interviews. Interviewees highlighted the need for programmes to make clear that they are a safe space for people of colour, LGBTQ+ community, people of different faiths and people with disabilities. Genuinely safe spaces were felt to benefit from facilitators who are knowledgeable in understanding the layered trauma that can exist for people from marginalised communities and who are skilled at facilitating safety within the group environment. From the literature and stakeholder responses, it was apparent that nature was already being used to support victim-survivors' wellbeing. However, there are again barriers to accessing nature and these can be further compounded when intersectionality is considered. Other themes around what is already supporting people in their recovery which could be incorporated into a nature-therapy programme included: creative outlets; mindfulness & meditation; nutritional food; and movement & exercise. These ideas were brought forward into the co-production phase.

#### 6.2.4 Chapter Four: Co-production

Chapter Four reported on the second phase of the codesign process: co-production. The co-production team was made up of nine people, the majority of whom had lived experience of domestic abuse. Through seven meetings, which took place using video conferencing software, the team established: the programme values; what success would look like for the programme; the barriers to access and how these should be reduced; how diversity and inclusion could be supported; the specific elements that should be part of the programme; and the programme's timeframes. In doing so, the manual for The Blossom Programme was created. This was described in the manual as: "a support programme which uses nature-based activities such as basic bushcraft skills, nature-based art therapy, meditation and other therapeutic activities to support people in their recovery from domestic abuse. It is a ten-week long programme, with one session a week, based predominantly outdoors." The full manual is contained within the appendix. The chapter also reported on the wider context to the co-production process including its rise in popularity as a service design methodology and some of the challenges involved.

#### 6.2.5 Chapter Five: Prototyping, Delivery & Evaluation

Chapter Five initially highlighted how the programme manual went through a further stage of stakeholder review before the final amendments were made as part of the prototyping phase. The programme was then delivered in accordance with the programme manual. Through a mixed-methods evaluation, the codesigned nature-based therapy programme was found to support participants in reporting improved self-esteem, improved resilience, and reduction of depression symptoms (via self-report). Participants also reported feeling better able to prioritise their own needs, having learnt about boundaries, feeling more present and feeling confident about living a life free from abuse moving forward. Additionally, from a social

perspective, participants reported experiencing a sense of community and belonging, which had been lacking prior to this. Chapter Five discussed the ways in which these findings were in keeping with the wider literature in relation to domestic abuse and nature-based therapy.

### 6.3 Impact of Codesign on the Programme Outcomes

As has been documented in this thesis, particularly in Chapter Four, codesign and co-production are becoming an increasingly popular means of designing services (e.g. McGeachie & Power, 2017; Osborne et al., 2016). Despite the perceived value of codesign, it is not always rigorously evaluated (Blomkamp, 2018). However, given that this codesigned programme was found to support participants in a number of areas (see Chapter Five), it might be concluded that codesign was a valuable method in this instance. That said, it is challenging to measure the specific impact of different elements of the programme that were decided upon through the codesign process. At times, the programme participants reported benefits or feelings about the programme without explicitly naming the mechanisms or elements of the programme that contributed to those benefits. Despite these challenges, the subsequent sections report on how particular outcomes might have been supported by specific considerations established through the codesign process.

#### 6.3.1 Design Elements Supporting Social Connection

There were specific considerations which were made through the co-production phase to support people to benefit from the group element and social opportunity of the programme. This had also been influenced by the consultation phase which raised themes around groups being beneficial for victim-survivors but there being barriers to attending them. A sense of increased social connection was reflected in the interview data, where participants highlighted that the programme had offered them a sense of community and an increased

sense of belonging. This was contrasted against their prior feelings of isolation and not belonging. Although participants had a positive experience of the group, some had had apprehensions about the group environment before taking part.

The potential power of support groups as well as the barriers which prevent people accessing them was one of the themes that came out of initial consultation surveys (see Chapter Three). When talking about what supported their wellbeing, respondents identified how important time with other survivors was. Although the respondents to the surveys highlighted the potential benefits to group work, they also indicated that attending groups can feel intimidating. They stressed the importance of recognising this and trying to find ways to support people to get the most out of the group setting. Respondents also highlighted the importance of believing people, operating with kind, welcoming and compassionate values, and treating people as equals. These ideas were reiterated through the co-production meetings as discussed in greater depth in Chapter Four. Both the responses from the consultation surveys, and the ideas around supporting a positive experience of the group setting from the co-production team directly informed the design of the programme.

The following extract from the Blossom Programme Manual indicates some of the considerations made. The full manual is contained within the appendix.

*“As highlighted in previous sections, attendees will meet with or speak to someone from the organisation delivering the programme. During this meeting, they will be able to talk about any worries or specific needs they have so that any necessary adaptations can be made.”*



*We talked about how small details, which make people feel welcomed and considered, can be powerful. Therefore, we will create a personal pack for people for when they first start with personalised details, such as a water bottle or coffee cup with their name on it.”*

Further discussion on cultivating a feeling of safety within the group took place as part of the wider discussion on potential barriers and how these could be reduced. Table 16 indicates the programme design decisions which were made to support an emotionally safe group environment. This is an extract from the full table on potential barriers to access which is contained within the programme manual. The full table can be found in the appendix (C).

*Table 16 Extract from The Potential Barriers to Access Table contained within the Programme Manual (see appendix C for the full manual and table).*

<i>Barrier or challenge identified</i>	<i>Description</i>	<i>How this might be addressed</i>
<b>Emotional Safety</b>	It is vital that the sessions help cultivate a sense of emotional safety within the group and ensure that it is a non-judgemental space.	<p>Facilitators will be experienced in helping to cultivate and support a safe group dynamic.</p> <p>People will be asked what helps them to feel emotionally safe so that this can be incorporated.</p> <p>The group will be kept to small groups (around 8-12 people).</p>

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Individuals should be given a variety of opportunities/ways to engage with the charity delivering the programme prior to taking place so that this can feel familiar prior to the first session. Each attendee will have a phone call with one of the facilitators prior to the first session. They will also be offered the option of a site visit.

Regular check-ins and check-outs at the end of the day are incorporated into the structure of the sessions.

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Although participants did not refer directly to these aspects of the codesign, it was apparent that people had found the group to be a safe and welcoming space. Participants spoke about the sense of care and nurture within the group. They also referenced the approachability of the group as well as feelings of tenderness and care amongst the group. It's possible that as well as the design elements mentioned already, the nature setting itself, which was integral to the programme's design, may have also contributed to the positive experiences of social interaction which were expressed by the group. Wider research about the connection between nature and wellbeing has found that people who visit green spaces more frequently report a higher sense of social cohesion (Shanahan et al., 2016). Additionally, exposure to nature has been found to evoke more prosocial judgements, decisions, and actions (Arbuthnott, 2023).

### 6.3.2 Design Elements Supporting Feelings of Care & Nurture

As well as having experienced a welcoming group environment, a sense of nurture was also apparent for participants with some directly referencing the experience of feeling nurtured. This encompassed aspects like the lunches, and other more practical ways of showing care like volunteers and facilitators making teas and coffees for participants. These were also built into the programme design through the coproduction process. The manual highlights: "We

will always break for tea and lunch...we will cater for all diets.” It was felt by the facilitators and volunteers that being able to offer small gestures of practical care was an important part of the programme and supporting people through their recovery. The significance of sharing a hot drink and something to eat as part of being made to feel welcome was highlighted by respondents to the consultation surveys, too. Survey respondents also highlighted through the consultation phase that eating nourishing food was an important part of what they do to feel healthy. This is particularly pertinent for people who have experienced domestic abuse as many may also face food insecurity and those that face food insecurity are more likely to have poor quality diets (Spencer-Walters, 2011). These findings contributed to the decisions made through the co-production process of ensuring that food was incorporated into the programme. The significance of sharing meals is reflected in the wider literature, too. The opportunity to share meals increases the likelihood of cohesion amongst group members, social ties, and a sense of belonging (Giacoman, 2016). Troisi and Gabriel also found that eating comfort foods (e.g. chicken noodle soup) lessens the experience of loneliness in young adults (2011). So, it may have been that not only did the food sharing element of the design contribute to participants feeling of having been nurtured, but also to the feelings of belonging and social connection, which was established in the previous section.

Additionally, although, it was not directly mentioned by the participants or facilitators it may be that the outdoor landscape and the specific set up of the Blossom Programme lent itself to a collaborative and community feel over lunch times and tea breaks. All the food was cooked communally over the bonfire which had space for everyone to sit around, eat, chat and drink hot drinks. It is unlikely that an indoor location for a group would have the facilities to lend itself to communal cooking and discussion that did not involve a kitchen where some people would be turned away from the group for at least part of the time. Consideration of factors

like the fire being positioned so that everyone could sit around it and share in the warmth were part of the decisions to make the environment feel as safe and welcoming as possible. Indeed, safety was built into all of the decisions around where to host the programme within the charity's site. An area was chosen which felt particularly private due to the meadows around it and which people outside of the programme would not need to pass through, but which also had access to outdoor facilities like compost toilets, an outdoor kitchen and the safari tent if the weather was more challenging. Again, themes such as the importance of privacy and confidentiality, as well as some of the barriers to spending time in nature including fear and the impact of off-putting weather or discomfort, which arose through the consultation phase contributed to these decisions. The importance of an unthreatening natural environment to foster the wellbeing effects of time spent in nature are also reflected in the literature. Ulrich, who developed the psycho-evolutionary stress reduction theory, suggests that it is unthreatening natural settings which hold our attention in a way that is restorative (1991). Similarly, Kaplan suggests that people should be able to experience natural environments in a way that is comfortable and puts them at ease in order to be able to fully benefit from the reflection and restoration of spending time in nature (1995).

It is apparent from their commitment to the nurturing and caring aspects of the programme, that the facilitators and volunteers genuinely cared about the women taking part in the programme. This was expressed by participants. The importance of the facilitators' role and for them to be skillful, knowledgeable and genuinely care was something that came through strongly in the consultation surveys which are described more fully in Chapter Three. Here people spoke about the importance of being believed, services operating with kind, welcoming and compassionate values, treating people as equals, and having a demonstrable understanding of domestic abuse and the complexities around this. The importance of the

facilitators role and expertise is highlighted in the wider literature, too. Kelly, for example, suggests that the combination of skilled facilitators and being with other victim-survivors contributed to feelings of safety in her personal experience of a wilderness group (2006). Within the domestic abuse literature, the facilitators being appropriately skilled and empathetic is also seen as integral to the success of programmes (Williamson & Abrahams, 2014; Cosgrave et al., 2008). This was something which was therefore discussed at length during the co-production meetings and the facilitators being experienced to cultivate and support a safe group dynamic was embedded into the codesigned manual. Given the significance of the character and skills of the facilitators of the programme for participants and victim-survivors who contributed to the codesign, it would be helpful to offer prospective participants of future iterations of the programme more information and a photo of each of the facilitators. Although this had originally been discussed as part of the codesign and included in the manual and original programme information booklet, time pressures meant that this was not included in the final materials offered to participants for the programme.

As well as the facilitators being significant to the participants' experience of the nature setting, it's also plausible that the nature setting might impact the way the facilitators practise. As has been established, the nature setting felt very different from other groups which participants had been part of previously which had felt more clinical. For the therapists facilitating the sessions, it is likely that the setting also feels different to their clinical practise. Indeed, one study found that psychotherapists/counsellors reported a more collaborative therapeutic relationship in nature compared to sessions indoors (Revell & McCloud, 2017). This may have contributed to the sentiments of genuine care that

participants described experiencing from facilitators. It would be helpful to explore this in greater depth in subsequent research.

### 6.3.3 Design Elements Supporting a Coherent Experience of Support Services

It was apparent that participants experienced a sense of coherence from the initial support of the referring domestic abuse support agency through to finishing the nature-based therapy programme. All the participants of the pilot were referred by the same domestic abuse support agency. One person from the agency had been involved in the development of the programme from the inception of the programme throughout the co-production process. It is one of the suggestions from Williamson and Abrahams (2014) that referrers and their perspectives should be better incorporated into intervention design. The idea is that this leads to more joined up, coherent services (Williamson and Abrahams, 2014). In informal discussions with facilitators, this collaborative relationship with the referral partner was seen as very important. It was felt that the quality of referrals was good with participants having a reasonable idea of what the programme entailed before they started. This was largely attributed to the referral partner having been one of the stakeholders. The co-production process had also led to the team responsible for referrals being hosted for a 'taster day' at the delivery organisation. This was facilitated so that they would feel better informed to relay information about the programme to potential participants. As a result of this, from informal discussions with the team and observations of the taster day, it was apparent that the referral team became very passionate about the programme and the potential benefits for their clients. Some of the participants also invited their keyworkers from the referral agency to their graduation ceremony. This then became an opportunity to celebrate their progress and recovery from first being supported by the agency, sometimes in the community and

sometimes in a refuge setting, to graduating from the nature-based therapy programme. In doing so, it recognised the depth of the provision offered by the two organisations working together. It was apparent that the nature-therapy programme is beneficial to recovery in *addition* to existing practical support available within refuges or community services rather than as a replacement. This was something that was highlighted in other research into nature-therapy programmes for people who have experienced domestic abuse (e.g. Lygum, 2018; Renzetti & Follingstad, 2015).

#### 6.3.4 Design Elements Supporting Participants being Empowered to Impact Others

Whilst participants had had a positive experience of a domestic abuse support service prior to attending the programme, participants spoke negatively about their experiences with the police. They felt that they had not been believed and that police officers were uninformed about domestic abuse and held sexist attitudes about women. This reflects some of the research into the police force's general lack of understanding of victims (Hanmer et al., 2013) and a wider critique of the attitudes of officers (Myhill and Johnson, 2016). As a result of the discussions about the police and the participants' experiences, the facilitators decided to use some of the final session for participants to write collaborative manifestoes about how they felt women who have experienced domestic abuse should be treated by services. This had not been part of the programme design but reflects the flexibility of the programme. Flexibility was seen as very important to the co-production team and embedded into the programme manual. The manual states: "the programme structure and specific activities will be flexible to allow for tailoring it to the individuals attending". It was agreed that the manifestos could then be shared with the police and other services. This is of particular significance given that the programme has recently received funding from the local police, fire, and crime commissioner. There is the opportunity, then, for the participants' work and thoughts to have

a positive impact on services and other victim-survivor's experiences. This opportunity to give back to others is something that emerged as significant to people's recovery through the consultation phase. Although participants having the opportunity to give back or improve circumstances for others was not embedded into the programme design, the flexibility that *was* embedded afforded facilitators the ability to recognise when opportunities like this arose.

## 6.4 Wider Context and Impacts of the Programme

### 6.4.1 Wider Family

Domestic abuse does not exist in a silo and the impact of it extends beyond the initial victim-survivor. As previously highlighted in Chapter One, being exposed to the abuse of a parent as a child can have a negative impact in all areas of a child's development including physical functioning, cognitive development, behaviour, emotions, and social adjustment (e.g., Adams, 2006; Kolbo, Blakely & Engleman, 1996). The parenting challenges which some of the participants were facing was something which was reflected on by the facilitators. Participants spoke during sessions about the impact of the domestic abuse on their children, challenging relationships with their children, and children being used to continue to manipulate and control through contact arrangements. At the same time, there were some possible benefits to the children with their non-abusive parent taking part in the programme. Firstly, given that a parent's mental health issues are associated in poorer mental health and behavioural outcomes for children (e.g. Meadows, McLanahan & Brooks-Gunn, 2007; Schepman et al., 2011), the participants' improved mental health and wellbeing as a result of the programme may reduce the negative impact for their children. Additionally, the children may benefit from the enhanced social interactions – specifically with other children with similar experiences –resulting from their parents' new connections due to the programme. During one of the debriefs, facilitators noted that participants had



been visiting each other outside of the programme timetable and some of their children had been playing with one another. It's also plausible that participants' desire to spend more time in nature may lead to more time outdoors with their families. This could lead to their children experiencing the benefits of increased exposure to nature. One study found that taking a nurturing approach within a natural environment resulted in improved resilience and wellbeing for young children (McArdle, Harrison and Harrison, 2013). Outdoor play and exposure to nature have also been linked to key youth health and wellbeing outcomes (Loebach et al., 2021) as well as being linked to later-life mental health (Engemann et al., 2019). In future evaluations and research, it would be helpful to explore the potential positive ripple effects in the participants' children's lives as a result of their parent/caregiver taking part in the programme. It could also be pertinent to explore how a concurrent parent and child nature-therapy programme could further enhance these benefits for both the individual parent and child as well as their relationship and family dynamic.

#### 6.4.2 Impact on referrers

Another potential ripple effect of the programme's benefits is to the referrers themselves. As has been mentioned previously, there was a taster held for the team from the referral partner. Due to restrictions in place because of the Covid-19 pandemic which meant that the team were working predominantly from home and a relatively high staff turnover, many of the

team had never met each other in person or had not seen one another in person for over a year. Anecdotally, all the team spoke about the positive impact on their own wellbeing of getting to meet up outdoors, spend time in nature, take part in activities such as a trust exercise and meditations, and enjoy getting to have refreshments together. The potential positive impact of a nature day for the referral team is pertinent given what is known about the vicarious trauma experienced by those working in the domestic abuse sector. Through their research into people working with domestic abuse victim-survivors, Bell, Kulkarni, and Dalton (2003: 469) found that “personal knowledge of oppression, abuse, violence, and injustice” can lead to isolation and result in feeling “overwhelmed, cynical, and emotionally numb”. Another study found that professionals working with domestic abuse victim-survivors reported experiencing intrusive thoughts about violent incidents, experiencing higher levels of illness and physical symptoms such as headaches and nausea, and feeling emotionally drained by their work (Iliffe and Steed, 2000). This links to the idea of stress reduction theory, where looking at natural scenery can have a restorative effect and increase feelings of calm following a stressful situation (Ulrich et al., 1991).

The potential benefits to domestic abuse sector staff in being connected to a nature-based project has been noted elsewhere in the literature. In their analysis of a therapeutic horticulture programme at a farm based within a refuge setting, Renzetti and Follingstad (2015) highlight the benefits staff perceived to themselves from the farm. This included through becoming involved in the farm work as well as appreciating the availability of fresh produce from the farm. However, it was also apparent that most staff felt that the farm and getting outdoors had a direct impact on their work. One staff member gave the example that they might reach a point of feeling stuck in their work with a client and find it helpful to go for a walk with them or pick raspberries together (Renzetti & Follingstad, 2015). This

programme is different in the sense that the nature programme is not taking place at the same location which staff are based at. However, someone's involvement in the programme through referring and attending nature days might still influence someone's practise. As described above, this could be through benefitting from the positive impact to their own wellbeing as well as being inspired to utilise aspects of nature with clients. It would be useful for further research to explore this potential ripple effect for referrers in greater depth.

#### 6.4.3 Ongoing impact for participants

Although participants were apprehensive about the ending of the programme, it was also apparent that they perceived some of the impacts to be long-lasting. Crucially, all the participants spoke about their confidence in living a life free from abuse moving forward. Additionally, an increased sense of connectedness to nature might lead to participants continuing to benefit from the health and wellbeing impacts of time spent in nature in an ongoing way (e.g. Carpenter & Harper, 2015). Participants reflected on a greater connection to nature since taking part in the programme and expressed wanting to spend more time in nature as a result. This might contribute to ongoing mental and physical health benefits. Dose-response studies have shown that increased time in nature leads to increased mental and physical health benefits. One study found that people who made long visits to green spaces had lower rates of depression and high blood pressure (Shanahan, 2016). Another study found that the likelihood of people reporting good health or high wellbeing became significantly greater when they had spent at least two hours in nature that week (White et al., 2019).

Although the evaluation of the Blossom Programme was primarily concerned with understanding the mental health and wellbeing impacts of a nature-based intervention, there are physical health benefits too with regards to regular exposure to nature. It is associated with a wide range of health benefits including lower blood pressure and heart rate as well as lower incidences of diabetes and cardiovascular mortality (Twohig-Bennett & Jones, 2018). This

might be particularly relevant for people who have experienced domestic abuse given that it is associated with poorer physical health outcomes (Wilson et al., 2007).

Participants may also continue to benefit from the social links which had been cultivated through the programme. It would be helpful for future research to undertake follow ups with participants to explore whether the impacts of the programme are ongoing and increase over time. It would also be helpful to understand more broadly any habit changes because of the programme particularly in respect of time spent with others and time spent in nature and whether this contributes to any ongoing impacts.

#### 6.4.4 Learnings for other programmes

There are aspects of the design that could be incorporated into other designs for domestic abuse recovery programmes even without the nature setting. This could be particularly in respect of the work undertaken by the co-production team to consider barriers to accessing support services and what programme organisers can do to reduce these. For example, through provision of transport, consideration of childcare, and provision of any equipment/materials/kit needed free of charge. Additionally, given the potential impact of sharing food for this group, other programmes might consider embedding shared meals into the structure of their programmes. Additionally, it may be that support workers who do not usually utilise the outdoors in their work with victim-survivors of domestic abuse, can use this research to inform their practise and consider using elements of the outdoors or nature in their everyday work. What is more, nature-based interventions are transferrable to other settings since there are other forms of nature-based therapy available. These can include, for example, horticultural therapy including plant growing, farming activities, or therapy which takes place in a natural setting.

## 6.5 Challenges and Limitations of the study

### 6.5.1 Measuring the Impact of Co-design.

Throughout this discussion, (and specifically section 6.3), reflections have been made about ways that aspects of the codesign might have influenced participants' positive experience of the programme. However, it is very difficult to quantify the specific impact of codesigning the programme as it is not possible to know what the programme would have looked like if it had been designed in a different way. It was also difficult to assess the impact that being part of the codesign had on those involved due to the consultation surveys being anonymous and insufficient co-production team members completing the post co-production survey. Future codesign projects should better embed evaluation of the process from the outset to more fully understand the impact of this as a means of designing services.

### 6.5.2 Impact of Covid-19

The data which could be gathered about the programme was limited by restrictions in place due to the Covid-19 pandemic at the time of the programme running. Without these restrictions in place, observations of the sessions could have been carried out and may have given a fuller picture of the programme and participants experiences which did not rely on either self-reported experience from participants or facilitator's observations. However, due to being outdoors, the restrictions did not impact on the programme itself or the activities. Therefore, a strength to the programme was that it was able to run whilst there were restrictions in place where other programmes either would not have been able to run or would have needed to run with measures in place which could have impacted the experience and outcomes – for example, wearing masks indoors or taking place online. In this sense, the programme might meet the need for pandemic-proof programmes which Mazza and colleagues refer to (2020). It could also

suit someone who has a compromised immune system and needs to continue to avoid infections regardless of any ongoing pandemic or otherwise.

### 6.5.3 Outstanding Questions About the Mechanisms behind the Programme's Success

It would be beneficial to future programmes and future facilitators to establish more about the specific mechanisms and design elements of how this programme supports people beyond the overarching mechanisms summarised in Chapters Five and Six. This could support facilitators with working out how to prioritise activities, which is pertinent given the concerns shared by facilitators about struggling to manage the time effectively. For them, there was a tension between the positive impact of the social time and the group bonding whilst also wanting to cover the number of topics that they had originally hoped to and as guided by the manual. This was something that was also reflected upon by participants to a certain degree. Some participants felt that the time that they had altogether was valuable in and of itself and that the group needed time to self-evolve. However, another person felt some sense of missing out on some of the nature aspects because of the time spent talking. It may be that the social connection of the group dynamic within nature is more significant than the more psychoeducational aspect of some of the topics covered. If that is the case, it may leave facilitators more confident in allowing the group more time for this group bonding. Alternatively, it may be that there is a different way to structure the programme and sessions which would allow for the free-flowing discussions as well as the more structured activities. It may also be that some of the activities or topics covered are more crucial to the programme's outcomes and therefore these could be prioritised. Given that there was just one programme run, future programmes could also consider if there is an optimal group size.

#### 6.5.4 Scaling Up the Programme

Chapter One highlighted the popularity of support programmes like The Freedom Programme for victim-survivors of domestic abuse. This type of strictly manualised programme with precise session plans is more straightforward to roll out on a very large scale and can take place in any community space or online (Williamson & Abrahams, 2014). By contrast, The Blossom Programme is a more complicated set-up, which requires a very specific setting and multifaceted training needed for facilitators encompassing group work, therapy and nature-related skills. This could limit the scaling up of the programme to reach more victim-survivors. However, the programme is not intended to replace the existing support available and is designed to complement existing services. Additionally, once participants' connection to nature has been strengthened through attending the programme, they may continue to benefit from the health and wellbeing impact of time in nature at no further cost. What is more, as is suggested previously, learnings from the programme could also be applied to other settings and other nature-based interventions could be incorporated into work with victim-survivors of domestic abuse.

#### 6.6 Summary

This thesis reported on the high need for domestic abuse support in light of both the prevalence of domestic abuse and the far-reaching impact of it on victim-survivors. Existing literature suggested the potential for nature-based therapy to support people who have experienced domestic abuse. Codesign offered a methodology to design a nature-based programme to explore this further in a way that meaningfully involved victim-survivors of domestic abuse.

Attendees of the nature-based therapy programme who took part in the evaluation reported improved sense of social connection, self-esteem & wellbeing, and resilience over the course of the programme. Other benefits included an increased awareness of their personal boundaries and the confidence to implement these as well as increased feelings of calm and feeling able to be present without fixating on the past. These findings supported the original hypothesis that a nature-based therapy programme might support victim-survivors in their recovery in respect of their mental health and wellbeing. The mechanisms that were felt to contribute to how this achieved fit the wider research into green care, through a combination of offering an opportunity for social interaction as well as the inherently beneficial impact of spending time in nature.

The opportunity for social interaction and a sense of community with other victim-survivors of domestic abuse is seen as particularly important for this cohort amongst the wider domestic abuse literature. However, there were aspects of the programme's design, as established through the codesign process, which seemed to contribute to people being able to fully benefit from the group dynamic. This included a caring and kind ethos amongst the group, a feeling of being nurtured both through being emotionally cared for and acts of physical care, and having skilful and gentle facilitators who were passionate about their work. Aspects of this seemed to be influenced by the decisions made through the codesign process – including the welcome pack, refreshments, the value system and ensuring the facilitators fit the values and the ethos of the programme.

Although some participants expressed having been part of support groups before, the outdoor setting differentiated it from previous support and was depicted as a key underpinning factor to the benefits participants experienced from the programme. Participants benefitted from the



distance that the nature setting offered them from everyday worries, the way the symbolism of nature lent itself to expressing themselves more fully, and the inherent power of nature to offer a sense of healing.

Another factor which seemed to contribute to the success of the programme was a close working relationship between the delivery partner and the referral partner which seemed to have been cultivated through the codesign process. It is possible that referrers involvement in the programme might also benefit their own wellbeing and practise through reconnecting to nature and being inspired to try outdoor activities in their everyday work with clients. Further research could explore the impact on the referrers in greater depth.

There were also potential positive ripple effects outwards from the programme and the participants which were identified as part of the evaluation process. This included potential benefits to participants' children through new social networks, being parented by a parent with improved mental wellbeing, and spending more time in nature as a family. Due to the establishing of social networks and a peer support group, as well as reconnecting participants to nature, it may also be that the programme has longer lasting impacts than the evaluation describes due to the sustained benefits of social connection and nature connection. Future research could explore the longer-term impacts of this kind of programme on people's longer-term recovery.

Overall, the findings indicate that this type of nature-based therapy programme could be a useful part of the portfolio of support available to victim-survivors of domestic abuse.

## 6.7 Epilogue

Since the completion of the programme and evaluation, the charity delivering the programme has received funding to run the programme for a further three years. This emphasises the impact that the initial programme was able to evidence and the subsequent buy-in from funders about the impact that the programme can have. This also supports the scope for further research into the benefits and mechanisms of the programme as highlighted in the discussion.

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# Appendices

## Appendix A: Participant Information Sheet for Survey Respondents



### **Participant Information Sheet v4**

**Project Title: Preliminary Research – Understanding the views of survivors of domestic violence and professionals who work with them in terms of current service provision, future service provision and spending time in nature.**

**ERAMS Number: FTH1920-0953**

My name is Kirsty Ramsden and I am a PhD Student in the Department of Sports, Rehabilitation & Exercise Sciences at the University of Essex. I would like to invite you to take part in a research study. Before you decide whether or not to take part, 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.

#### **ONLINE SAFETY MESSAGE**

Please only complete the survey if you are safe to do so - we advise against completing the survey on a shared computer or if you are currently living with an abuser who may be able to access your computer/mobile device history or who may see you completing this survey. If you would like more information, Woman's Aid offers advice about internet safety or covering your tracks online here: <https://www.womensaid.org.uk/cover-your-tracks-online/>

If you want to access to domestic violence support and advice over the phone, you can call: National Domestic Abuse Helpline – 0808 2000 247 ([www.nationaldahelpline.org.uk/](http://www.nationaldahelpline.org.uk/)). Alternatively Woman's Aid has a list of further information & support which can be access online at: <https://www.womensaid.org.uk/information-support/>. If you are in immediate danger please dial 999.

#### **What is the purpose of the study?**

We're really interested in learning more about support services which are available for survivors of domestic violence. We'd like to hear what you think about the services currently available, what you would want to see in the future and more generally we'd like to hear your thoughts about spending time in nature. We intend to use this information to inform future services. In particular, we're interested in looking into the possibility of a support service for people who have experienced domestic violence which uses spending time in nature as part of it. This is as part of a PhD thesis being carried out at the University of Essex. We value the expertise that you have in relation to this and therefore would be very interested to hear your thoughts. You have received this invitation because you are receiving or have received support from a service which provides support to survivors of domestic violence or you are a member of staff at a service which provides support for victims of domestic violence.

#### **Do I have to take part?**

It is entirely up to you to decide whether you want to take part or not. Please take your time to decide, and feel free to discuss it with family, friends or colleagues where it is safe to do so.

You can decide not to take part or can withdraw yourself from this research at any time, and doing this will not affect your involvement with the service which you are already involved in. If you do change your mind and decide to withdraw from this research, even after completing a questionnaire, please contact the research team. From the completion of the overarching data collection process, though, it will no longer be possible to withdraw your data.

**What will happen to me if I take part?**

In order to agree to take part in this research, after reading this information sheet, you will be asked to tick a box on the online survey to indicate that you are happy to take part. Then, you will be able to complete the questions on the questionnaire. If you are completing a paper copy of the questionnaire, you will also be asked to agree to a consent form and to sign it using answers to questions which would be used to identify you at a later date if you wished to withdraw your consent to take part. If you are completing the paper copy you will be asked to return both the questionnaire and consent forms via a freepost & addressed envelope to the research team.

**What are the possible disadvantages and risks of taking part?**

The research does not involve any investigations or treatments that might put you at risk. There may be safety points to consider, though, if you are still in contact with a person who has been violent towards you who might have access to your paper questionnaire or computer. We would recommend that you complete the questionnaire in a safe place and would recommend discussing this with a support worker if you have further safety questions. We do not ask for your name at any stage so there should not be any data that would reveal your identity. If you find completing the questionnaires difficult or distressing, you can take a break or stop at any time. You can also talk to staff at the project or contact the research team if you need further support.

**What are the possible benefits of taking part?**

The research is unlikely benefit you directly. However, we hope what is learnt from this will inform services and projects and so may help others in the future.

**What information will be collected?**

The data that will be collected will all be anonymous. We will ask for some personal information like the first letter of your middle name if you have one so that we would be able to identify your data at a later date if you wish to withdraw your consent to take part.

**Will my information be kept confidential?**

All of the information that you provide will remain confidential, unless you tell us something that indicates that you or someone else is at risk of harm. When you complete the online survey your questionnaire data will be recorded into a password-protected online database only accessible by the research team and treated as confidential by those persons.

If you complete the questionnaire on a paper form, your questionnaire data will be inputted onto a password-protected database by the researcher. It will only be accessible by the research team and treated as confidential by those persons. An electronic copy of your Consent Document will be created, and securely stored indefinitely, by the University of Essex researchers. All original paper documents will be destroyed immediately following creation of electronic copies, or inputting of data onto our online database, by the researcher. As indicated earlier in this document, none of the items will contain your name and will be fully anonymised.

The information you give will be used for research reports, presentations and other publications, but your personal details will not be included. We may use direct quotes from you, but all steps will be taken to help ensure that there would be no information shared that would enable the reader/audience to identify you. All of your anonymised research data (i.e. questionnaires; interview transcripts) will be securely stored and may be used indefinitely for further research purposes.

**What is the legal basis for using the data and who is the Data Controller?**

The legal basis for using the data is the consent given by participants.

The Data Controller is the University of Essex and the contact is Sara Stock, University Information Assurance Manager (dpo@essex.ac.uk).

**How do I take part?**

Please keep this information sheet and feel free to discuss taking part with family, friends or colleagues. If you decide to complete the online survey you will be asked to tick a box to express that you consent to take part and then you will be asked the questions in the survey.

If you use or have used a domestic violence support service, you can access the survey at the URL here:

[https://essex.eu.qualtrics.com/jfe/form/SV\\_8DqmF8nCWILD3WR](https://essex.eu.qualtrics.com/jfe/form/SV_8DqmF8nCWILD3WR)

If you are a member of staff at a domestic violence support service, you can access the survey at the URL here:

[https://essex.eu.qualtrics.com/jfe/form/SV\\_0JaQD2e72hka8oB](https://essex.eu.qualtrics.com/jfe/form/SV_0JaQD2e72hka8oB)

If you are completing a paper copy of this questionnaire, please read the consent form and complete it if you consent to take part. You will have a paper copy of the questionnaire where you can write your answers. If you decide to take part, please enclose both the consent form and the completed questionnaire into the freepost and addressed envelope and put these in a post box.

**What will happen to the results of the research study?**

The findings may be used for research reports, presentations and other publications, but your personal details will not be included. We may use direct quotes from you, but all steps will be taken to help ensure that there would be no information shared that would enable the reader/audience to identify you. The findings of this study will also be used to inform subsequent research. They may also be presented at conferences and published in academic and professional journals. If you wish to receive a summary of the research findings, please tell the research team using the contact details below.

**Who is funding the research?**

The research is being funded by the University of Essex.

**Who has reviewed the study?**

The University of Essex Ethics Committee has reviewed and approved this study.

**Concerns and Complaints**

If you have any concerns about any aspect of the study or you have a complaint, in the first instance please contact the principal investigator of the project, Kirsty Ramsden, using the contact details below. If you are still concerned, you think your complaint has not been addressed to your satisfaction or you feel that you cannot approach the principal investigator, please contact the departmental Director of Research in the department responsible for this project, Ian Maynard (i.w.maynard@essex.ac.uk). If you are still not satisfied, please contact the University's Research Governance and Planning Manager, Sarah Manning-Press (e-mail sarahm@essex.ac.uk). Please include the ERAMS reference which can be found at the foot of this page.

**Name of the Researcher/Research Team Members**

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**Project Title: Preliminary Research – Understanding the Landscape of Existing Green Care Projects in the UK**

ERAMS Number: ETH1920-0904

Date: 16.4.2020



## Appendix B: Survey for People Accessing Support from Domestic Violence Services



We're interested in learning more about support services which are available for survivors of domestic violence. We'd like to hear what you think about the services currently available, what you would want to see in the future and more generally we'd like to hear your thoughts about spending time in nature. We intend to use this information to inform future services. In particular, we're interested in looking into the possibility of a support service for people who have experienced domestic violence which uses spending time in nature as part of it. This is as part of a PhD thesis being carried out at the University of Essex.

We would like to invite you to take part in a research study. Before you decide whether to take part, it is important that you understand why this research is being done and what it will involve so please do take a look through the participant information by downloading the file below.

Please only complete the survey if you are safe to do so - we advise against completing the survey on a shared computer or if you are currently living with the abuser who may be able to access your computer/mobile device history or who may see you completing this survey.

Please only complete the survey if you are safe to do so - we advise against completing the survey on a shared computer or if you are currently living with the abuser who may be able to access your computer/mobile device history or who may see you completing this survey.

If you want to access to domestic violence support and advice over the phone, you can call: National Domestic Abuse Helpline – 0808 2000 247 ([www.nationaldahelpline.org.uk/](http://www.nationaldahelpline.org.uk/)). Alternatively Woman's Aid has a list of further information & support which can be access online at: <https://www.womensaid.org.uk/information-support/>. If you are in immediate danger please dial 999.

### [Participation Information Sheet](#)

Please note that by completing and submitting this survey you are indicating your informed consent to participate in this research.

Yes, I agree that I have read the participant information and give my consent to participate in this research. I confirm that I am aged 18 or over.

No, I do not consent to participating in this research.

We would like to include direct quotes from you. We would never include anything that might identify you, though, like your name, location, age or similar. Please let us know if you're happy for us to include your comments as quotes in any reports on our findings.

Yes, I agree that I have read the above statement and give my consent to comments I give being used as direct quotes.

No, I do not consent for comments I have used being used as direct quotes.

Please complete the details below. This information below will only be used to identify you should you wish to withdraw your consent for us to use your data at a later date.

First Initial of Your Middle Name (Please put 'X' if you don't have a middle name)

Year of Birth

What is the letter of the first primary school (aged 4-11) you can remember attending (Please put 'X' if you didn't attend a primary school or don't remember the name of any primary school you attended)

What is your sex? Please write 'F' for female, 'M' for male, or 'O' for other.

Please complete the following information so that we can understand how representative projects are of different groups of the population.

How do you define your gender?

Is this the same gender assigned to you at birth?

How do you define your sexuality?

What is your ethnicity?

How old are you?

What is your religion if you have one? (please write none if not applicable)

Which organisation(s) do you currently, or have in the past, received support or advice from in relation to domestic violence? (You can select more than one).

A refuge  
 an Independent Domestic Violence Advisor (IDVA)  
 Children's social care  
 Adult social care  
 Family support worker  
 National Domestic Violence Hotline  
 Community-based support group for victims of domestic violence  
 Police  
 Other

If you selected 'Other', it would be really helpful if you could tell us a bit more about the type of support or advice you received (you do not need to name the specific organisation).

How long have you been accessing support from these services?

On a scale of 1 (very poor) to 5 (very good), where would you rate the overall services for survivors of domestic violence?

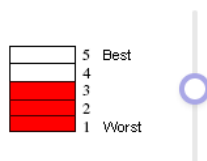


What, if anything, would need to change for you to score higher?

On the other hand - what, if anything, do you think is already working well?

What aspects of the support you receive do you think has been of most help to you?

On a scale of 1 (very unhealthy) to 5 (very healthy) how healthy do you feel in your day-to-day life?



If you haven't scored a 5, what challenges do you face that prevents you scoring higher? And what changes would help you to score higher?

What already helps you to feel healthy?

Please use the space below to tell us any more about what helps you to feel physically well or any barriers you face to feeling at your most healthy.

What activities, if any, do you find particularly support your emotional wellbeing? These may be activities offered by organisations your connected with or activities which you do independent of this for yourself.

What activities, if any, would you be interested in taking up to support your emotional wellbeing? Again, these may be activities offered by organisations you're connected with or activities that you would like to do independent of these services.

What barriers, if any, do you face which prevent you from attending or accessing support services for your emotional wellbeing? These could be practical things like transport or emotional barriers.

What could someone running a support service do to make you feel comfortable and confident to attend their project?

How much time would you say you spend outside or in nature during an average week? This can be just a rough estimate as we know things can vary from week to week and it can be difficult to calculate a precise number.

More than 14 hours

7 - 14 hours

4 - 6 hours

1 - 3 hours

Less than 1 hour

What is your main reason for spending time outside or in nature?

What, if any, secondary benefits does spending time outside or in nature have for you?

What, if any, negative consequences does spending time outside or in nature have for you?

Are you interested in spending more time outside or in nature?

Yes

Maybe

No

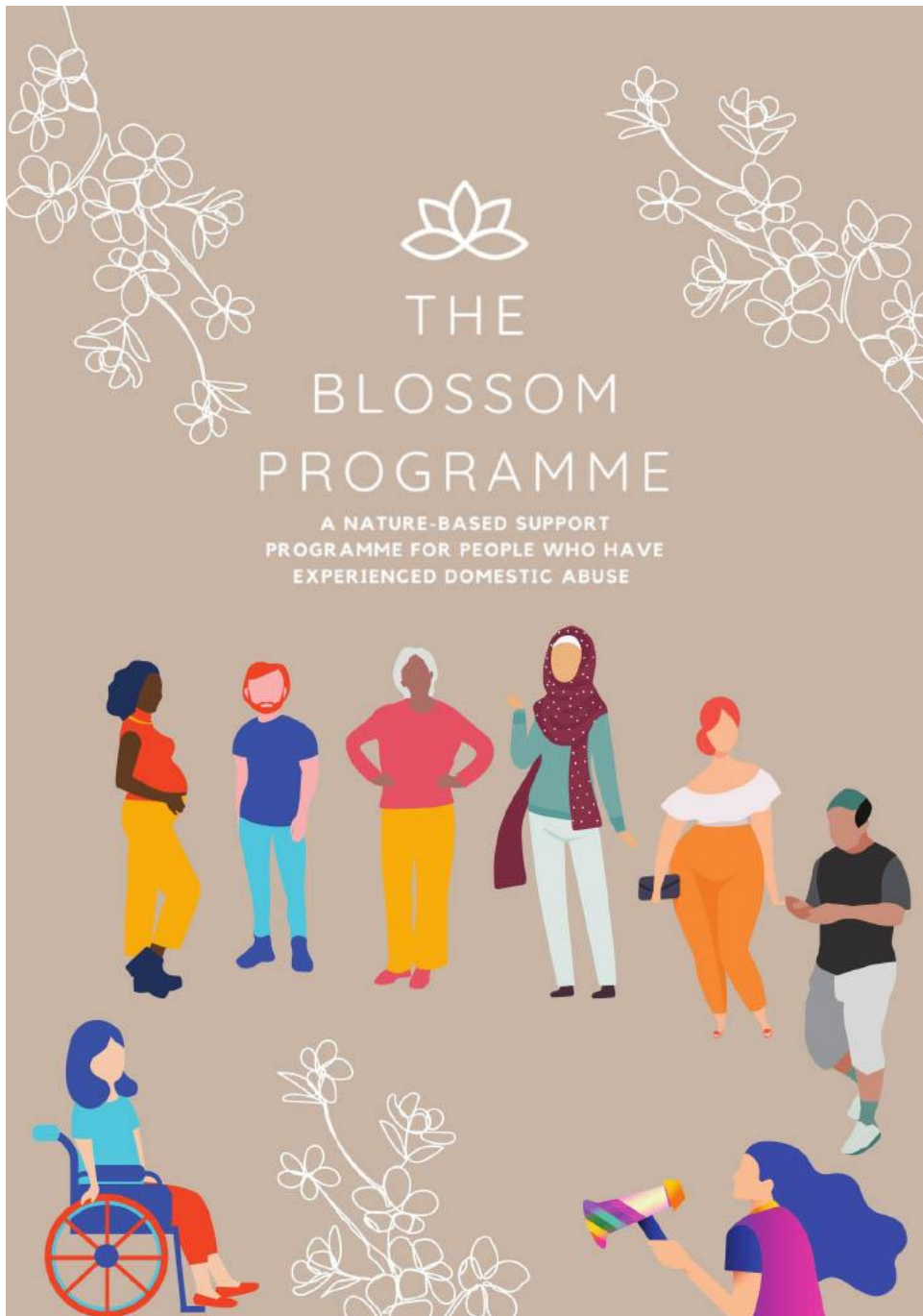
If you answered 'yes', please tell us a bit more about why that is? And if you answered 'no' please tell us why not? If you answered 'maybe' we'd be interested to hear a bit more.

What, if any, barriers exist which prevent you spending more time outside or in nature?

Sometimes researchers may refer to either 'survivors of domestic violence' or 'victims of domestic violence'. Do you have a preference about which term is used? Or is there an alternative terminology which you would prefer? It would be very helpful to hear your thoughts on this and your reasonings too.



Appendix C: The Blossom Programme Manual



The Blossom Programme  
a nature-based support programme for people who have experienced domestic abuse

## Overview

**The Blossom Programme** is a ten-week programme, with one session a week, based predominantly outdoors, which uses nature-based activities such as basic bushcraft skills, nature-based art therapy, meditation and other therapeutic activities to support people in their recovery from domestic abuse. The programme is designed around a three-phase structure which is firstly 'getting to know', then the 'deepening phase' and lastly the 'transition phase'. The 'getting to know' phase will help attendees learn about each other and begin to build a group identity, followed by the 'deepening phase' which aims to build self-awareness and work towards individual intentions, and then finally the 'transition phase' which celebrates achievements and preparing for next steps. The programme structure and specific activities will be flexible to allow for tailoring it to the individuals attending. The overarching focus is to offer attendees a safe space and supporting attendees with setting boundaries and prioritising their own needs. It is designed to connect attendees to their sense of self, their bodies, others and nature. The aim is to help attendees feel empowered and present with an improved sense of resilience and increased self-worth.

This manual has been put together to provide detailed information about the programme and the rationale behind aspects of this for facilitators of the programme. This manual specifically refers to the version of this programme designed for adults. However, there will also be a separate programme run for young people which follows a similar framework.

This programme has been designed through a co-production process. The co-design team, which included people who have experienced domestic abuse as well as others with relevant areas of knowledge, met regularly to put together the guidance contained within the manual. The aim was to put together a manual which could form the basis of running a nature-based programme to support people in their recovery from domestic abuse. From the outset, the aim was to ensure the programme reflected voices and views of people who have experienced domestic abuse. Both research (e.g. Bragg, 2016) alongside the co-design team's own personal experiences suggest that nature and spending time outdoors can offer a valuable tool in terms of people's recovery and an increased sense of personal wellbeing. As such, the programme strives to make this accessible to more people who have experienced domestic abuse, in the hope that it will continue to support them in their journey of recovery.

Flexibility and willingness to learn and evolve were core values to the team. The idea is that this manual will be a starting point, which will evolve as the programme is run and new learnings are incorporated. The programme will be piloted by the Wilderness Foundation in Essex with referrals from Next Chapter in Essex. However, the hope is that if the programme proves helpful and supportive, that this will be able to be run in other locations and be accessible to more people who might benefit from it.



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The co-design team were supported by thoughts and ideas from many other stakeholders who shared their views, knowledge and experiences. Some of this was shared via interviews ahead of the programme design as well as through the reviewing process. Sixty-five people who identified as having experienced domestic abuse also shared their thoughts and ideas via anonymous surveys. Understanding from existing research was also considered and incorporated. This process is outlined in greater depth in the section on the co-design process.

Much thanks and gratitude are given to all of those who have volunteered their time, thoughts, and ideas to designing this programme including all of the co-design team, stakeholders, reviewers and those who took the time to respond to anonymous surveys.

This project has been supported with funding from the Police, Fire and Crime Commissioner for Essex Community Safety Development Fund. Community partners for the project include the Wilderness Foundation who will be delivering the pilot, Next Chapter who will be a referral partner for the pilot, and the University of Essex who will be evaluating the pilot.

For any further information about the programme, please get in touch with Kirsty Shanks at [k.shanks@essex.ac.uk](mailto:k.shanks@essex.ac.uk).

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## About the Team

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The co-design team was made up of nine people and included people who have experienced domestic abuse and people who work in relevant areas including the domestic abuse sector, diversity & inclusion, nature-based therapy, and research. A number of the group had both personal and professional experiences which were relevant to the project.

One of the members of the co-design team wrote this open letter to people who might be considering being part of the programme.

*"Being a survivor of domestic abuse, I know first-hand the damage it can cause to a person, especially emotionally. People always say you can often heal from physical pain, but the emotional abuse is far, far worse and runs deep. Domestic abuse causes so much internal turmoil and suffering that finding your inner peace can seem to be impossible. Domestic abuse can happen to anyone and I am one of those people who always said 'oh that will never happen to me' but it did.*

*Nature for me helps me find my inner peace after so much suffering, like imagining yourself at the top of a high cliff under a warm sunset with the glow of the last minutes of sunlight and the warm breeze gently blowing through your hair. I have been through something that sadly too many people go through and I wanted to be part of this project to help raise awareness and to help people heal. Going through what I have been through has helped me grow stronger and given me the best insight in to what those suffering domestic abuse go through and I am glad to say I now work to help protect people, including children from domestic abuse and the harm it can cause. I encourage anyone who maybe suffering to please, please come forward and tell someone and if you're unsure of what you think this program can do for you then I hope you find comfort in the fact that we understand you may be a little apprehensive and are here to offer a safe space free of judgment and harm. Start the journey to rebuilding yourself, it may take time but don't give up.*

*It's been a long, hard road for me and even though I may not show it, the effect domestic abuse had on me will most likely remain for the rest of my life and only now, 8 years on am I starting to find myself again. The old me and you know what, I've really missed her! Take it from someone who has 2 degrees and a bunch of other stuff I won't bore you with, it can happen to anyone but on a lighter note since I broke free I've been able to have some of the best times of my life; sky diving in Las Vegas, getting to go on stage with David Copperfield himself in Vegas and be part of an illusion, travelled to places I never thought I would and so much more. There is life after domestic abuse...start living!"*

Some of the co-design team have chosen to share more information about their background and experience. These are included below.

**Berkeley Wilde, Executive Director, The Diversity Trust CIC**

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Berkeley has been working as an Equality, Diversity and Inclusion consultant, researcher and trainer for nearly three decades. He is passionate about community cohesion and community development, empowerment and leadership, as well as social change. He has a background working in health inequalities, mental health, substance misuse, domestic violence and abuse and youth work. In 2016, Berkeley won the Ann Wood Award for making an Outstanding Contribution to Tackling Domestic Abuse. Berkeley is also a Stonewall UK Education Role Model, a Trustee of CVS South Gloucestershire and Chair of the local Disability Equality Network.

*Berkeley says: "I grew up in a household that made nature important, we celebrated the seasons, and we were actively involved in many of the nature-based campaigns of the 1970's and 1980's. This has led to a lifelong interest in nature and so the intersections of my own lived experience of surviving domestic abuse, as well as a love of nature drew me to the project."*

### Jo Roberts, CEO, Wilderness Foundation

Jo has been a Director and Chief Executive of the Wilderness Foundation since 2004, but has been involved as Projects Director and Project Coordinator since 1998. Over the past 20 years, Jo has established a wide range of programmes within the Foundation to meet these needs of nature connections, individuals and society as a whole. Jo is a Master NLP Practitioner and Advanced Psychotherapeutic Counsellor. She uses her skills in behaviour change facilitation and motivation across the board, with a particular focus on the outdoors.

*Jo says:*

### Kirsty Shanks, PhD Student, University of Essex

Kirsty is a PhD Student at the University of Essex where she is focussing on exploring how nature might be used to support victim-survivors in their recovery from domestic abuse in respect of their emotional health and wellbeing. She has previously worked in the charity sector as well as a children's social worker where she worked with many families impacted by domestic abuse. She also undertook a student placement with a domestic abuse service.

*Kirsty says: "Spending time outdoors plays a big part in how I support my own mental health and wellbeing and has made a big difference in my life. I have also seen that be the case for others that I've worked with which is one of the reasons I was so keen to be involved in this project."*

### Sally Harrington, Director of Adult Services, Next Chapter

Sally is the Director of Adult Services for Next Chapter who provide domestic abuse community outreach support for North and Mid Essex, as well as providing a family refuge and complex needs refuge in Colchester. Sally is passionate about providing professional, caring and non-judgemental support for victims and survivors to ensure that everyone has the opportunity to recover from their trauma and live their life free from domestic abuse and to thrive.

*Sally says: "I've seen first-hand the benefits that nature can bring to enrich our lives and particularly for those in recovery from the trauma of domestic abuse and was keen to be part of the project to offer this type of onward therapy for Next Chapter service users as well as being able to demonstrate the positive outcomes in order to hopefully secure the opportunity to participate for many more to come. I also love the great outdoors and spends as much of my free time on the beach or the water with family and friends."*

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### About the Stakeholders

The following people also contributed to the design of the programme and insight included within the manual through interviews prior to the design process and/or reviewing the manual once the first stage of the design had been completed.

#### **Ashley Smith**

Ashley co-authored the article Black Lives Matter in Nature with Megan Delaney, PhD. She is qualified in Clinical Mental Health Counseling and is a Behavioral Health Clinician working with mental health and substance abuse clients.

#### **Cheryl Morgan**

Cheryl is a director and trans lead at The Diversity Trust. Her work involves giving training courses on diversity issues, in particular trans awareness.

#### **Debbie North**

Debbie is passionate about creating a countryside for all. Since becoming a wheelchair user Debbie has campaigned tirelessly to break down barriers in all aspects of promoting accessibility for all. More information about her work can be found at: <https://www.debbienorth.org/>

#### **Dorthe Varning Poulsen**

Dorthe is an associated professor at the University of Copenhagen. She is the lead author of the journal paper: "Nature is just around us! Development of an educational program for implementation of nature-based activities at a crisis shelter for women and children exposed to domestic violence."

#### **Francesca Seetal**

Francesca is a qualified psychologist with an interest in integrative therapies.

#### **Lisa Louis**

Lisa is the founder of the website/blog: [www.hikingautism.com](http://www.hikingautism.com)

#### **Dr Lucie Gallagher**

Lucie is a clinical psychologist with experience working with survivors of sexual assault and rape.

#### **Dr Mike Rogerson**

Mike is a lecturer in Sports and Exercise Sciences at the University of Essex with a particular interest in the area of exercise, environment and wellbeing including green exercise.

#### **Nailah Blades**

Nailah is the founder of Color Outside – a nature-based support programme for women of colour. More information about the organisation can be found at: <https://coloroutside.org/>

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**Dr Nick Cooper**

Nick is a senior lecturer in the department of Psychology at the University of Essex and the academic director of the Centre for Brain Science at the University of Essex.

**Ros Thomas**

Ros is a counsellor and couple therapist with particular experience in relationships and bereavement. More information about her work can be found

at: <http://www.rosthomas.com/#Home>

**Talya Cuthbert**

Talya is the founder the survivor support network Survivors Fighting Back which can be found on Instagram @survivorsfightingback.

## Context to the Programme

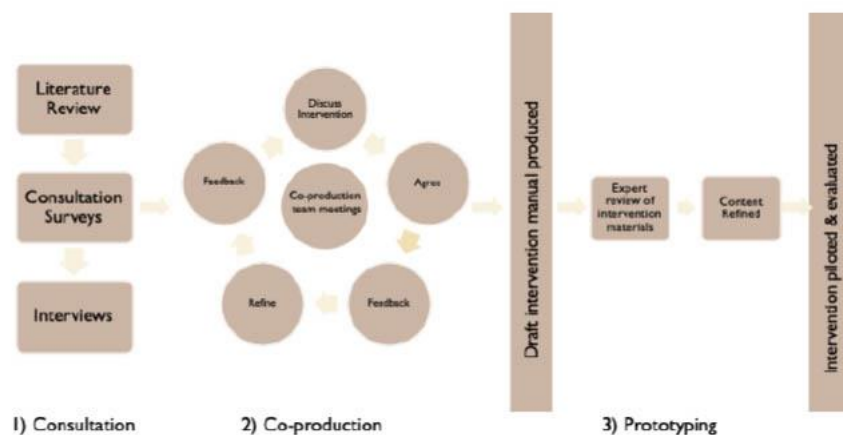
### Co-design Process

The programme was designed using a trans-disciplinary action research (TDAR) framework. Co-design and specifically TDAR were chosen as a means of meaningfully bringing together and incorporating a wide range of expertise including those with lived experience of domestic abuse, as well as those from nature-based/ wilderness therapy sector, domestic abuse sector, those with an understanding of intersectionality & inclusivity and academic research.

The three phases of the TDAR process – as outlined by Hawkins et. al 2017 – which maps the development of this intervention and the subsequent evaluation are demonstrated in table one.

**Table One: Intervention Design Framework**

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### Programme Values

The values of the co-design team and accordingly the underpinning values to the programme design are included below. These were set at the first meeting during the co-production process (phase 2). However, we recognise that when implementing the programme, each cohort might wish to agree upon their own shared values for their work together.

1. **Trust.** We recognise that this stems from knowing that everyone is respectful of information shared and respects everyone's feelings, confidentiality and privacy.
2. **Openness.** We value everyone's honesty, willingness to share and open-mindedness.
3. **A Safe Space.** We cultivate a safe space through respecting differences; recognising everyone's experiences and expertise; showing empathy; holding the intention of supporting safety; asking questions and letting people know if there's something we don't understand; letting people know what we need; and being supportive to one another.
4. **A Brave Space.** We value the courage it takes everyone to be here and will help to cultivate a space that supports everyone to feel courageous and to share even when this means sharing different opinions.
5. **Integrity.** We hold in mind our core overarching aim, which is to support others. We treat everyone as individuals and respond to their individual needs.

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6. **Freedom to Feel.** We recognise that some discussions may trigger people because of their own experiences. We support people to do what they need to do in this instance. We agree that not naming distress is not ignoring it, but we want people to be able to come and go in discussions as they need. We encourage one another to reach out and let each other know how we can support them, if they need it.

### Aims of the programme

In general, the programme should offer those that attend it: **respite, a safe space & a tool to support them their journey of recovery.**

#### Respite

We want to offer people a programme that takes them away from everyday life and is a different kind of support to that which might already be on offer. We ultimately want to support people to live a life free from abuse.

#### A safe space

We want to offer people a space where they feel safe and listened to. We want the programme to take responsibility for helping to support psychological safety and supporting a group dynamic which does not cause further distress to any individuals. We recognise the importance of highly skilled facilitators in this. We want people to know that they will be believed. We want this to be and to feel like a safe space for all and we recognise the importance of this for every participant and in particular those from marginalised backgrounds. It is felt that safety needs to underpin all areas of the programme, encompassing both physical and emotional safety.

#### A tool to support someone with their journey of recovery

We recognise the complexity of the impact of domestic abuse and the importance of being realistic about what 'success' might look like. The focus will be on providing people with a platform from which they can decide on a path that suits them for their continued recovery rather than for people to feel like things have been 'resolved'.

### Outcomes for the Programme

As well as the overarching aims of the programme, there are specific outcomes which the programme has been designed to support with. These will inform the evaluation of the pilot in terms of understanding to what extent the pilot has been able to support attendees in these areas. These outcomes are outlined below.

#### 1. Each individuals' personal goals

It is important to explore with participants what a positive outcome might look like for them personally; what do they want to get out of the programme? This may also support facilitators to understand that person's needs and how best to support them individually. Some people might not be sure at the start, but this could be something to return to.

## 2. Support more generally across key areas:

As well as each individual's goals for the programme, overarching areas for participants to be supported with were decided upon. These are listed alphabetically below:

- **Boundaries** - so that someone feels comfortable to assert and prioritise their needs and can let other people know what they feel comfortable or uncomfortable with and so feel a sense of independence.
- **Connection to:**
  - Selves including reconnecting to our bodies
  - Others
  - Nature
- **Empowerment** - encompassing improved confidence, sense of personal accomplishment and learning new skills.
- **Being present** - encompassing mindfulness, noticing and accepting whatever emotions are there for that person.
- **Resilience** and increased sense of coping
- **Self-worth** (including letting go of any shame)

### Planning for the future

The programme is designed as a platform from which people should feel empowered to continue on their healing journey for themselves. Participants should leave with a plan for the future which maps out how they can achieve this and what support they can access as and when this is needed.

### Possible barriers or challenges to attending the programme and how these might be addressed

There are a number of barriers or challenges which people who have experienced domestic abuse might face that might prevent them from attending this or any support programme or from having a positive experience of it. The list below explores what the most common barriers might be and how the programme might endeavour to work around these based on our own experiences and knowledge, as well as feedback from stakeholders and survey respondents.

However, we recognise that there also might be more specific barriers for an individual. We feel that the best way to understand how the programme might adapt to the individual would be to listen to any worries or concerns that individual might have prior to starting the programme.



Those identified so far are listed alphabetically below:

<i>Barrier or challenge identified</i>	<i>Description</i>	<i>How this might be addressed</i>
<b>Additional barriers facing marginalised groups</b>	People from more marginalised backgrounds may face additional barriers to attending and feeling safe at a support programme.	The programme should be a safe space for all, and ideas around supporting inclusivity are included in the subsequent section on intersectionality and inclusion.
<b>Childcare</b>	A common challenge in attending support programmes is childcare.	Ideally, two versions of the programme with different timings would be run to offer people flexibility for what works with them. Other options should also be explored e.g. an onsite creche. However, these may not be feasible for the pilot.
<b>Concern around being believed</b>	People who have experienced domestic abuses do not always feel that they have been or would be listened to and believed by support services	Any safe space for people who have experienced domestic abuse should strive to ensure that people feel heard and believed.
<b>Concerns around specific activities</b>	<p>Examples of specific fears could be that someone is scared of heights which could be a barrier to being involved in something with heights. This would be true of other fears too as well as specific activities that might be triggering for an individual due to their own personal history/ experience of abuse.</p> <p>Where there are shared mealtimes, people's religious or personal beliefs might influence what someone eats. Eating together might</p>	<p>It should be made clear in the pre-programme guidance that people will never be required to do something that they do not want to do. This also includes any suggested activities at home which should be optional and not feel like homework.</p> <p>Attendees should have the opportunity to share any fears/ specific concerns ahead of the programme too.</p> <p>Vegan options should be available, and people should be welcome to bring their own food if that is preferable to them. As with other activities, no one will be obligated to take part in shared mealtimes.</p>

	also be uncomfortable or someone with particular issues around food.	
<b>Covid-19 pandemic</b>	<p>Risks posed by the Covid-19 pandemic.</p> <p>People may have experienced mental health impacts as a result of the pandemic. This could include anxiety around catching Covid-19. Some people – including older people and people with disabilities may have been shielding for the past year. Some people may also be feeling more socially anxious as a result of not having been in a group setting for a long time.</p>	<p>Adjustments will be made to ensure the safe running/ postponement of the programme in line with the latest Government guidance at the time of delivering the programme.</p> <p>People will have access to 1-2-1 therapeutic support with facilitators if needed. Time alone/reflection periods will be worked into the schedule of the programme.</p>
<b>Disability or physical health issues</b>	Physical health issues or disability might influence what adaptations need to be made to the programme to ensure it is accessible for an individual.	Activities and facilities can be tailored to the needs of the particular group. Any accessibility needs can be discussed as part of the pre-programme phone call. This is further discussed in the section on intersectionality and inclusivity.
<b>Discomfort - if people are less used to spending time outdoors</b>	Some people's reluctance to spend more time outdoors can stem from worrying about being uncomfortable (e.g. being in poor weather or feeling that they did not have the right clothing or equipment).	<p>Individual discussions prior to starting the programme would help identify any worries like this.</p> <p>A basic kit list will be provided.</p> <p>The Wilderness Foundation (who are the delivery partner) are able to provide equipment like boots and coats if needed.</p>

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	<p>Some people can feel like they need to know a lot about nature – e.g. the names of different birds, trees or plants – in order to access and enjoy it. Not having this knowledge can leave people feeling that spending time outdoors isn't for them.</p>	<p>The programme is flexible to the attendees. If the group were struggling with particular conditions, adaptations can be made e.g. running a session in a sheltered area or indoors.</p> <p>The programme will be built on the concept of ensuring people's basic needs are met before any therapeutic work takes pace. Therefore, everyone will have access to the clothing they need, be warm enough, have shelter if needed and have nourishing food etc.</p> <p>Rest stops &amp; breaks will always be incorporated into activities. People will have access to toilet facilities.</p> <p>Activities will start from an assumption that people do not have a lot of experience of spending time in the outdoors.</p> <p>The programme will seek to support people to develop their own relationship with nature and what they enjoy about spending time outdoors.</p>
<b>Emotional Safety</b>	<p>It is vital that the sessions help cultivate a sense of emotional safety within the group and ensure that it is a non-judgemental space.</p>	<p>Facilitators will be experienced in helping to cultivate and support a safe group dynamic.</p> <p>People will be asked what helps them to feel emotionally safe so that this can be incorporated.</p> <p>The group will be kept to small groups (around 8-12 people).</p> <p>Individuals should be given a variety of opportunities/ways to engage with the charity delivering the programme prior to taking place so that this can feel familiar prior to the first session. Each attendee will have a phone call</p>

		<p>with one of the facilitators prior to the first session. They will also be offered the option of a site visit.</p> <p>Regular check-ins and check-outs at the end of the day are incorporated into the structure of the sessions.</p>
<b>Finances</b>	Potential attendees may not have access to finances.	<p>The programme itself will be free at the point of access.</p> <p>As detailed elsewhere, equipment/clothing can be borrowed free of charge, and any transport costs can be supported.</p>
<b>Fear/ Physical Safety</b>	There is a very real & felt physical risk for people who have experienced domestic abuse.	Risk assessments will be carried out with measures taken including keeping locations secure, ensuring transport is provided safely and maintaining confidentiality and privacy.
<b>Gender of the group</b>	Establishing whether the groups should be single gender or gender neutral was challenging with conflicting concerns/needs raised.	We return to this issue in the section on intersectionality and inclusivity and recruitment of participants.
<b>Language Barriers</b>	All attendees should be able to access the full content of the sessions regardless of whether they're fluent in English.	An interpreter should be present, if this is needed. They should speak the language and dialect of the person requiring interpretation. Interpreters will be subject to the same requirements in respect of maintaining privacy and confidentiality for attendees and a non-judgemental approach. This might be of particular importance if an attendee is concerned that the interpreter is from the same community as them.
<b>Mental Health</b>	We recognise that people may be struggling with their mental health, which could make even leaving the house challenging. People may be at different points of their	It will be important for individuals to decide (having been given as much information as possible about the programme) whether this is the right time for them to do something like this.

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	<p>journey &amp; have many other competing priorities for their time and energy.</p>	<p>Facilitators will be trained practitioners who will be able to support the group in terms of their mental health and wellbeing. Opportunities for 1-2-1 individual support with facilitators during sessions should also be possible where needed.</p> <p>The time between signing up to the programme and the programme starting has been identified as a key period of time where someone might lose confidence to join the programme. Therefore efforts should be made during this period to try and ensure someone feels as comfortable as possible including through the pre-programme call, discussions with the referring practitioner and the option to visit the site.</p>
<b>Mode of communication</b>	<p>Use of 'no caller ID' numbers can be off putting to people, and telephone calls more generally might not be accessible/preferable for all (e.g. if the person is hard of hearing or Deaf, if they are not a fluent/confident English speaker or if they are at work).</p>	<p>People should be asked what their preferred method of contact is with programme organisers.</p> <p>Practitioners who are referring people to the programme can also act as a liaison.</p>
<b>Transport</b>	<p>How someone gets to and from a support programme can be a significant barrier.</p>	<p>Support should be given to enable people to travel to and from the programme. This might include financial support for bus/train/taxi fares and/or a minibus collecting people from designated stops or a local train station.</p>
<b>Work</b>	<p>Often support programmes are scheduled during the working week. This can therefore be a barrier for people in full-time</p>	<p>Ideally, two versions of the programme with different timings would be run to offer people flexibility for what works with them. However, this may not be feasible for the pilot. The programme will take place during</p>

	employment who work Monday-Fridays.	daylight hours. However, there could be an alternative between the weekend or weekday in the future.
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### Intersectionality & Inclusivity

Women are statistically more likely to experience domestic abuse and are more likely to experience significant harm as a result of domestic abuse (Goodmark, 2018). There is clearly a great need for programmes that support women who have experienced domestic abuse. However, the team was also keen to recognise the experience of male victims of domestic abuse including those in same-sex relationships. Concerns were also raised that a binary view of gender can exclude other victims including non-binary people and that gender-neutral spaces might feel more comfortable for trans people to attend.

People from all backgrounds experience domestic abuse. There are factors, though, which may influence people's experiences of abuse and of help-seeking, including their ethnicity, race, age, sexuality, class, religion, disability, access to finances, gender, and whether they were assigned their correct gender identity at birth. Increasingly we use the concept of intersectionality to explore how these aspects of identity interact to afford increased privilege or conversely lead to heightened disadvantage. The Oxford English Dictionary defines intersectionality as 'the interconnected nature of social categorizations such as race, class, and gender, regarded as creating overlapping and interdependent systems of discrimination or disadvantage'. Crenshaw who coined the term intersectionality highlighted that:

"Because the intersectional experience is greater than the sum of racism and sexism, any analysis that does not take intersectionality into account cannot sufficiently address the particular manner in which Black women are subordinated." (p.140, Crenshaw, 1989)

### Additional barriers facing marginalised groups

The additional barriers facing marginalised groups were reflected in comments from stakeholders.

For example, Nailah Blades, who is the founder of Color Outside – a nature-based support programme for women of colour in the United States – highlighted that women of colour face particular barriers to spending time outdoors due to not feeling safe as well as a lack of representation. Nailah highlighted:

*"I think one of the big barriers is just like safety honestly and as a woman it's not always safe to just do things by yourself or to say, oh, I'm going to go out into the woods. So, that in itself is not inherently safe in our like culture and our society. And then once you layer on top our race to that it makes it that much worse and that much more worrying is, you know, once you get out there are you going to encounter someone who you know is going to do something to you or say something to you*

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*or you know put you in a position where you feel unsafe or unwelcome. So I think that that's one of the biggest barriers and stress, you know, we have all of this history and all of these kind of systemic barriers that have been put in place to make people of color not feel safe or welcome in the outdoors and then we have all these models that are perpetuating that so even, you know, the outdoor industry their marketing is very white. Very male and white. So, it's very specific, like who's supposed to be outdoors and what they're supposed to be wearing and like what gear they're using and what you know what they're out there doing. So, I think that that perpetuates those stereotypes, where it's like, oh, that's not for us"*

And, Cheryl Morgan, who is the trans lead at The Diversity Trust in the U.K., highlighted how experiences of transphobia can result in trans people feeling less comfortable in a group situation even before considering the impact of domestic abuse. Cheryl said:

*"I think one other thing that's worth mentioning is that trans people in general tend to be more traumatized than the general population if they have already had a life of believing that they are outcasts, of expecting not to be welcomed, expecting not to be wanted and therefore it will be harder for them to integrate into a group because they have learned through their lives to be scared of groups".*

#### Accessibility

People with disabilities might also face additional barriers to accessing the programme. Potential participants should be asked about specifically about any accessibility needs during the pre-programme call so any adaptations can be made to ensure that that person can engage fully with the programme.

Debbie North, whose work is focussed on helping to create a countryside that is accessible for all, suggested that in ensuring that the programme is accessible for the person with the greatest needs, it will be possible to make a programme which is accessible for all. Debbie highlighted that examples of adaptations can be made could be that if someone has a visual impairment, considering how someone might describe the setting as well as invoke other senses like hearing, taste, touch and smell. Other adaptations could include ensuring a BSL interpreter if needed or providing access to specialist equipment like an all-terrain wheelchair if needed.

Debbie also emphasised the importance of avoiding patronising or condescending tone or language. It is key to respect people's rights to know what they are capable of themselves and what they perceive as risks rather than blanket risk assessments which could exclude someone from an activity unnecessarily.

Lisa Louis writes about how she uses nature to support her and her son who is autistic & has used this to support others. Based on her experience of using nature as a tool to help those with autism, she emphasised the importance of allowing for flexibility & meeting someone where they are in that moment, and not putting pressure on completely resolving the challenges they are facing. She emphasises the power of nature for people who are autistic and caregivers. She says: "the environment itself is a very welcoming, forgiving partner. It allows the flexibility to do what you

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feel up to on a given day without feeling judged, and if you stop and shed a few tears of frustration on a trail, the trees aren't going to make you feel bad".

### Inclusivity

Ideas around supporting a more inclusive programme from ideas put forward by stakeholders as well as in discussion with the co-design team included:

- Ensure any materials make it clear that the group is inclusive whether that's directly through words or ensuring imagery is representative.
- Ensuring that this is followed through on by actively reaching out to people from different backgrounds to invite them to be part of the programme.
- Taking time to present the project to professionals who will be referring people and ensuring plenty of time for questions so that they are clear and invested in the programme and the ethos too.
- Taking active steps to ensure the programme really is a safe space for people. Ideas around this include:
  - Zero tolerance towards any form of hate speech
  - Highly skilled facilitators who have knowledge about racism and other forms of oppression so that they can feel empowered to help cultivate a safe space within the group
  - Diversity amongst staff/facilitators
- Consider each person as an individual and understand if they have any specific needs around what would make them feel considered and comfortable. For example, ensuring:
  - Accessibility needs met as described in a previous section.
  - Access to an interpreter if needed (ensure that this encompasses the time immediately after a session too, where something might have been triggering for someone who might want to speak to the facilitator about something separate from the whole group).  
Considering someone's religion and if that might influence what someone can eat or cook
- Ensure everyone's rights to privacy and confidentiality is respected and that this is made clear. This might be particularly important where people are from the same community and/or there are interpreters who might also be from the same community.

The co-design team also expressed an interest in, beyond the initial pilot, running specific programmes for particular groups – for example, a programme for women of colour, a programme for people who are LGBT. Team members highlighted the challenge of "being the diversity in the room", whatever the diversity is and that when you're in a community that you are part of you do not need to the work of educating others about particular issues.

### Recruiting Participants



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For the pilot of the programme, Next Chapter – a domestic abuse support service in Essex - will be making referrals to the programme.

People involved in designing/running the programme will take the time to present the programme to potential referrers, who will be domestic abuse practitioners, to ensure as full an understanding as possible about it. Practitioners will also be invited to the site to attend a team day in order to bring to life the programme and the setting. It is hoped that this will support referrers feeling clearer and more confident in making referrals and in doing so support potential attendees in feeling more comfortable to attend.

This programme will be aimed at adults who have experienced domestic abuse and who are currently accessing or have recently accessed support from a domestic abuse support organisation.

There will also be a separate programme aimed at young people who have experienced or been exposed to domestic abuse which will run separately but similarly use nature and the outdoors.

As discussed in previous sections, there was some debate and discussion around whether the groups should be for women only or as a gender-neutral group. It was decided to leave the group as open to all. However, as Next Chapter primarily work with women, it is likely that the attendees will be mostly or all women.

Marketing materials will be used to share more about the programme to help people decide if it is something which they are interested in. Some initial ideas for this include using this space to share information about the science of how nature can support healing and include information from the co-designers about how nature has supported them. As well as helping to inform people to make a decision about the programme, the hope is that the information might still support someone in their recovery with ideas about incorporating nature into their lives even if they decide not to take part in the pilot.

The team also spoke about the possibility of using a film or animation after the pilot to help bring the impacts to a wider audience.

## The Programme

**The Blossom Programme** will be a ten-week programme based predominantly outdoors which will use nature-based activities such as basic bushcraft skills, nature-based art therapy, meditation and other therapeutic activities to support people in their recovery from domestic abuse. There will be one session each week lasting from 10am until 2:30pm.

The programme is designed around a three-phase structure: the first being the 'getting to know' phase, then the 'deepening phase' and lastly the 'transition phase'. The programme structure and specific activities will be flexible to allow for tailoring it to the individuals attending. However, the days will follow a familiar structure. The overarching focus will be on offering attendees a safe space and supporting them with: setting boundaries; connecting to their sense of self, their bodies,

others and nature; feeling empowered; feeling present; and improving a sense of resilience and increased self-worth.

### **Pre-programme information**

We want to make sure that people have lots of information about the programme before they start. This will help potential attendees make the decision about whether the programme is the right thing for them. However, we will avoid listing exactly what the programme will consist of because the programme will be flexible and adapt to the particular group and we do not want people to feel disappointed if they do not get to do an activity that they thought they would.

A written pamphlet will be provided to attendees which includes relevant information including information about the facilitators, with pictures, and contributions from the people who have been involved in designing the programme. We will also let people know what kind of clothing they will need, providing a kit list and making sure people know they can borrow/keep items if they need. Wilderness Foundation has lots of warm jackets and waterproof boots which are available to attendees.

As outlined previously, materials can be adapted to ensure they are accessible for attendees. For example, written information could also be provided as a pre-recorded interview or be shared over the phone.

### **Pre-programme discussion and personal pack**

As highlighted in previous sections, attendees will meet with or speak to someone from the organisation delivering the programme. During this meeting, they will be able to talk about any worries or specific needs they have so that any necessary adaptations can be made.

We talked about how small details, which make people feel welcomed and considered, can be powerful. Therefore, we will create a personal pack for people for when they first start with personalised details, such as a water bottle or coffee cup with their name on it.

### **Programme Structure**

#### **Setting intentions**

At the very start of the programme, attendees will be able to set their personal intentions for the programme. This intention setting period can also allow time to acknowledge similarities and differences within the group and for encouraging respect for themselves, each other and the land.

#### **Process for each day**

There are some general activities that will take place each session which are listed below.

- A morning **Check In** will offer the group a therapeutic space to share how things have been for them, teaching listening, compassion and empathy. This will follow an embodied process linking head, heart and body.

- A short mindful meditation.
- There may be a 'purpose setting' or 'goal setting' focus at the start of the day which is shared between everyone. It teaches listening skills.
- A shared plan for the day and time to make some adjustments as required. The plan for the day will be introduced by the facilitators, but can be altered/changed in collaboration with attendees.
- Each day, there will be a sharing activity. This might involve an activity called "sharing partners" in which pairs are formed within the group where each partner has five minutes to share their thoughts on a particular theme for that day.
- We will always break for tea and lunch, and meals will be cooked on a camp fire which will teach outdoor skills and competencies. We will cater for all diets.
- During each day, there will be time for individual reflection so people have a chance to spend some time with their own thoughts as well as in the group setting.
- At the end of the day, we will have a **Check Out**. This ending will reflect on the day including asking what went well, what was challenging, and supporting the group to share more general feedback. In addition, reflective questions will be posed. People will always have the option to 'pass' or if there's multiple people who do not feel comfortable sharing out loud, this can be done anonymously (written down).
- The group are asked to help pack up and put things away.

The facilitators will have a **post group** meeting to reflect on the day, discussing what can be improved on or celebrated. Notes will be made about each individual: sharing information and making sure we have not missed anything crucial. This will help with planning for the following week and ensuring tailored support for each individual. This space also offers a chance for the facilitators to debrief on the emotional impact of the session.

#### **Phase 1: Getting to know**

This phase will make use of the first three sessions to support the group in getting to know one another, an introduction to the natural setting, and supporting the development of a safe space amongst the group.

- Introduce everyone, facilitators and participants, to each other through a variety of exercises and games
- Build a map of our group principles and ethics so that everyone can feel safe and contained going forwards. This map can be reviewed regularly and added to as things develop.

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- Get to know the natural space we are working in by having exploring the site, seeing different areas around the farm, building confidence in the surroundings and facilitators.
- Activities to create a sense of belonging to the group and the natural space – such as making a group mandala or other symbolic exercises like adding a bead to a string to symbolise significant moments for the group.
- Exercises to map the intentions and potential barriers for each person to enable the facilitators and others in the group to be aware of and address them.
- Activities to build trust and connection to each other and care of the environment that we will spend time in – such as Leave no Trace ethics, Trust Fall, Find a Tree etc.
- Basic bushcraft skills that can be built on each time the group comes together.

#### **Deepening Phase:**

The next five sessions will deepen discussions and self-awareness, alongside supporting each individual with their intentions and supporting them through any realities that are challenging them in their personal lives, or anything they are struggling with.

A wide range of activities will be built into the programme to deliver this including:

- Nature-based Art Therapy
- Crafts and skills building
- Solitude, meditation, journaling
- Life mapping
- A range of paper-based self-awareness exercises designed to build identity, personal knowledge, strengths, raise confidence, help to set boundaries, explore communication tools, build resilience and coping strategies.

One to one therapy/therapeutic support will be available for those who need it through the programme by the facilitators who have therapeutic training and experience.

#### **Transition Phase:**

These last two sessions focus on making use of all that has been learned so far, creating future pathway maps, identifying obstacles and opportunities, building an accountability frame work within the group and outside the group.

There will also be the chance for people to reflect on how to continue incorporating nature into their lives if that feels like something they want. It might be that they feel that it is safe for them to build on relationships with green areas in their local area or they might be able to bring nature into their homes – e.g. through stones, flowers, plants or other natural 'artefacts'.

There will be celebration and fun built in to enable the group to graduate from the programme with confidence, tools and skills to follow their agreed pathway plan.

Transition will also include resources of where to seek further help and ensure that each graduate feels equipped with the information that they need as well as clearly identified resources for ongoing support.

## Evaluation & Next Steps

An evaluation will be conducted of the pilot to explore how the programme has been able to meet the aims and objectives set out as well as to establish what has been learned from the pilot. These can be used to make adjustments to the programme and the manual for future use.

There will be a mixed-methods approach to the evaluation with semi-structured interviews with attendees as well as the use of questionnaires with attendees to establish measures for particular areas (e.g. feelings of resilience) which have been identified as part of the aims & desired outcomes for the programme. Measures will be taken before, during and after the programme, as well as at a longer-term follow-up, in order to explore any longer-term impacts of the programme. We have chosen to not measure attendance as a direct measure of success for the programme. It was felt that for some people, even attending some of the sessions would be a significant step for them. However, if people do drop out of the programme, we will have conversations to understand anything that could have made them feel more comfortable to continue attending.

Adjustments can be made so that the evaluation process is accessible for attendees of the programme. For example, if a person would struggle to access questionnaires online these can be conducted on the telephone.

Facilitators will also be involved in the evaluation of the programme both to understand their views and observations of the effectiveness of the programme as well as to understand the utility of the manual and any changes needed.

In terms of longer-term project goals – the team expressed an interest in seeing the programme expand to support people in other areas off the UK. Additionally, findings from the programme should be shared as widely as possible. Different ways of disseminating this information will be explored in order to ensure any potential benefits reach as many people as possible.

The group also discussed other ways of reaching more people with the project beyond the scope of the pilot. Some initial ideas have included:

- Using advertising materials for the project to inform people about how nature can support recovery.
- Telling co-designers' stories (those who feel comfortable with this) of how nature has supported them using leaflets &/or materials for the pilot, to support people that don't choose to be part of the pilot but could still incorporate nature/outdoors into their daily life more.

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- Exploring the possibility of a film to help communicate the impacts of the programme to a wider audience. There are safety and privacy considerations with this, but this is something which could be done after the programme and could utilise a medium such as animation.
- Considering how to communicate the impacts of the programme (if it is effective) with other people, organisations and sectors perhaps through presentations, conferences or online (including blogs, social media and website updates).

### Reference List

Bragg, R., Atkins, G., 2016. A review of nature-based interventions for mental health care. Natural England Commissioned Reports, Number204.


Crenshaw, K., (1989). Demarginalizing the intersection of race and sex: A black feminist critique of antidiscrimination doctrine, feminist theory and antiracist politics. u. Chi. Legal f., p.139.

Goodmark, L., 2018. Decriminalizing domestic violence: A balanced policy approach to intimate partner violence (Vol. 7). Univ of California Press.

Hawkins, J., Madden, K., Fletcher, A., Midgley, L., Grant, A., Cox, G., Moore, L., Campbell, R., Murphy, S., Bonell, C. and White, J., 2017. Development of a framework for the co-production and prototyping of public health interventions. BMC Public Health, 17(1), p.689.

Appendix D: Invitation to be part of the Co-production Phase





Hello! My name's Kirsty Ramsden and I'm a PhD student at the University of Essex. My project is focussed on co-producing a nature-based support programme for survivors of domestic.

### **What is co-production?**

Co-producing for me means bringing together different people who have different expertise to work together as equal partners to design a programme. It particularly recognises that people who use services should have a say in what those services look like. Working together like this means we can make the most of different people's experiences to ensure we design a programme that takes into account all of that knowledge. Together with our partners at the Wilderness Foundation we have secured funding to run a pilot of the programme which we develop together.

### **Who does this involve?**

There's lots of different kinds of expertise which I think is really important for this project. It might be that you have lived experience of domestic abuse, your work involves working with victim/survivors, you have particular expertise around diversity, inclusion & intersectionality, you've worked on nature-based programmes or you're a researcher like myself. We also know that all people are multi-faceted & will bring more than just a particular area of knowledge or experience.

### **Why am I receiving this?**

You're receiving this information sheet because you're someone who I recognise has a lot of knowledge and experience that would be invaluable as part of the co-production team & I would like to invite you to consider if you would be interested in being part of this project. The information sheet overleaf includes a bit more detail about what would be involved.



**What will happen if I agree to take part?**

We will invite everyone who is part of the co-production team to attend a series of planning meetings.

**Where & when will meetings take place?**

We estimate that there will be around 8-10 meetings. These will take place using video conferencing software which you are also able to join via telephone. This means you will be able to join from wherever you're based.

These meetings are likely to take place between September 2020 and March 2021.

**How will I be compensated for my time?**

We greatly appreciate the time & expertise that you would be sharing with the group and the project. We would like to offer everyone who takes part X...

**How do I register to take part in this?**

To register your interest or to ask any further questions, please email me on [ks19282@essex.ac.uk](mailto:ks19282@essex.ac.uk). Please let me know by August 17th if you are interested in taking part so that we are able to confirm the group by August 28th.

We would like to help cultivate a space which is inclusive and intersectional from the outset. If you have concerns about the accessibility of these meetings or things that can be done to make this a better experience for you, please let us know so that we can adapt accordingly. If you foresee any costs being incurred such as credit for telephone calls, please also raise this so that we can work out how we might reimburse this.



We understand that this is a big time commitment and this might not be feasible for everyone - even if you do have an interest in the project. However, if this is the case there are also other ways to be involved & you may have already been involved in some of these aspects.

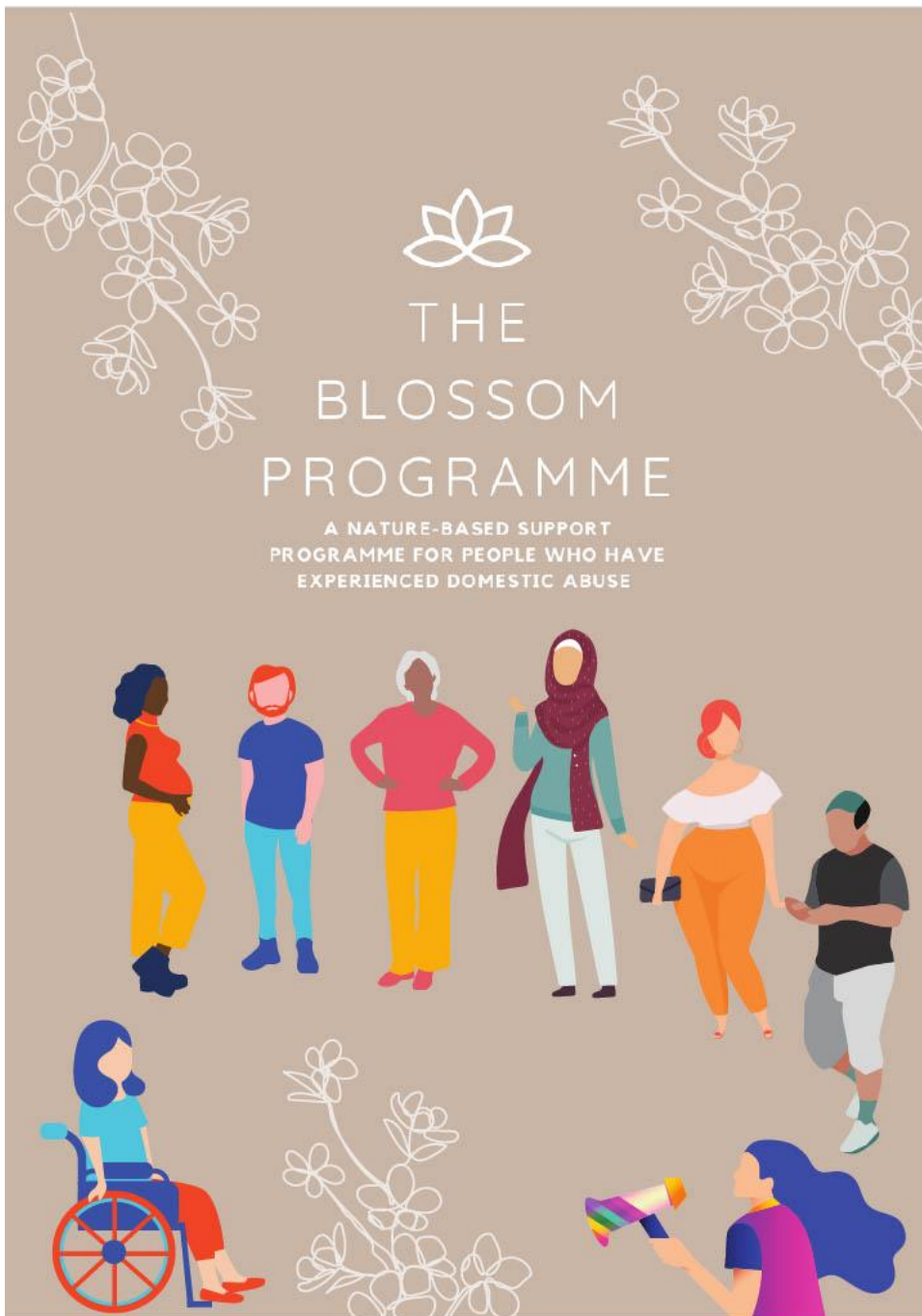
These include:

- Completing an online survey
- Taking part in a more in-depth interview (approx. 45minutes - 1hour either via phone or video conferencing software)
- Being part of our review panel who will read and provide feedback on our co-produced programme manual.

Please email me for information about any of the above or to express an interest in taking part in these activities. You can reach me on [ks19282@essex.ac.uk](mailto:ks19282@essex.ac.uk)



Appendix E: Pre-Programme Information Booklet



**The Blossom Programme** is a ten-week programme, with one session a week, based predominantly outdoors. The programme uses nature-based activities such as basic bushcraft skills, nature-based art therapy, meditation and other therapeutic activities to support people in their recovery from domestic abuse.

The sessions will run from 10am-2:30pm on a Monday.

### **Why Nature?**

Spending time outdoors and in nature can support people's sense of wellbeing. Studies have found that nature-based groups can support with:

- increased general mental wellbeing
- reduction in symptoms of depression, anxiety and stress
- improved sense of self-esteem and confidence
- feelings of safety and security
- sense of peace, calm or relaxation <sup>1</sup>

<sup>1</sup> Bragg, R., Atkins, G., 2016. A review of nature-based interventions for mental health care. Natural England Commissioned Reports, Number204.



The team who designed the programme included people who have experienced domestic abuse.

One of the team wrote this open letter to anyone who might be thinking of taking part in the programme.

“

Being a survivor of domestic abuse, I know first-hand the damage it can cause to a person, especially emotionally. People always say you can often heal from physical pain, but the emotional abuse is far, far worse and runs deep. Domestic abuse causes so much internal turmoil and suffering that finding your inner peace can seem to be impossible. Domestic abuse can happen to anyone and I am one of those people who always said 'oh that will never happen to me' but it did.

Nature for me helps me find my inner peace after so much suffering, like imagining yourself at the top of a high cliff under a warm sunset with the glow of the last minutes of sunlight and the warm breeze gently blowing through your hair. I have been through something that sadly too many people go through and I wanted to be part of this project to help raise awareness and to help people heal. Going through what I have been through has helped me grow stronger and given me the best insight in to what those suffering domestic abuse go through and I am glad to say I now work to help protect people, including children from domestic abuse and the harm it can cause. I encourage anyone who maybe suffering to please, please come forward and tell someone and if you're unsure of what you think this program can do for you then I hope you find comfort in the fact that we understand you may be a little apprehensive and are here to offer a safe space free of judgment and harm. Start the journey to rebuilding yourself, it may take time but don't give up.

”

## About The Blossom Programme

The sessions will take part as part of a small group of around 8-12 attendees. However, there will also be time for personal reflection and facilitators will also be able to offer one-to-one support during the sessions where needed.

The specific activities you will get up to as part of the programme are flexible to allow it to be personalised to the people attending. However, examples of the kinds of things you might do include:

- getting to know the natural setting
- nature-based art therapy
- crafts and outdoor skills building
- solitude, meditation, journaling

There will never be any obligation to take part in a particular activity and you will always have the option to decide if something is not for you.

There is no expectation that attendees have any previous experience of doing outdoor activities.

All meals and drinks during the sessions will be provided as part of the programme and all diets will be catered for. Of course, if you prefer you are welcome to bring your own food and eating with the group is not compulsory.

Ahead of starting the programme someone from the Wilderness Foundation, will be in touch to answer any questions you might have about the programme and give you a chance to get to know one of the facilitators a bit better. During this discussion, you will be able to talk about any worries or specific needs you have they have so that any necessary adaptations can be made. You are also welcome to visit the site where the programme will run before the programme starts.

## About the Facilitators

The programme is being run by the Wilderness Foundation UK in Essex. The Wilderness Foundation's mission is to harness the positive power of the wilderness to change lives and the positive power of humanity to save the wilderness.

All of the facilitators are <qualified therapists> and have experience running outdoor programmes.

Here's a bit more information about the two facilitators who will be running this programme.

<Name>  
<Photo>  
<About>

<Name>  
<Photo>  
<About>



**WILDERNESS**  
FOUNDATION UK

## Frequently Asked Questions

### **Who is this programme open to?**

This programme is open to any adult (18+) who has experienced domestic abuse and is currently or has recently been supported by Next Chapter. This is designed to be an inclusive programme and a safe space for people from more marginalised communities.

### **I have additional accessibility needs, a physical health issue or a disability, can I still take part?**

Yes, we are keen to make this programme accessible to anyone who thinks it might be helpful for them. Please speak to the facilitators during the pre-programme call or discuss this with your domestic abuse practitioner so that we can explore what adaptations can be made to help ensure that the programme is accessible for you.

### **I don't speak fluent English, will I have access to an interpreter?**

Yes, the facilitators will discuss any additional needs like an interpreter with you ahead of the start of the programme.

### **Will I have to pay to take part?**

No, there is no cost to you to take part in the programme. We are also able to support with transport/transport costs so please speak to the facilitators or your domestic abuse practitioner about this if required.

### **How will I get to the programme?**

The programme is based in Essex (close to Chelmsford) and is accessible via public transport and car. However, we can also support with transport/transport costs. During your pre-programme discussion, a facilitator will go through your transport options with you to help ensure you have a transport plan that you feel comfortable with.

### **Will other people know that I am taking part in this programme?**

We absolutely respect everyone's right to privacy and confidentiality and this will be maintained as part of the programme.



**I have young children I take care of, is there any support with childcare?**

We are currently looking into options to support with childcare. Please discuss this with the facilitator if this is needed. Unfortunately, this cannot be guaranteed though.

**What will I need to take part?**

We have included a suggested kit list on the last page of this brochure. However, you will also be able to borrow these items from the Wilderness Foundation free of charge. Please let the facilitators know during your pre-programme call if there's anything you would like to borrow.

**I'm not used to spending time outdoors, can I still take part?**

Definitely. There is no expectation that you will have any experience spending time outdoors or any particular nature skills.

**What has been done to make sure that the programme will be Covid-19 secure?**

The programme will follow government guidance around the Covid-19 pandemic and adjustments will be made accordingly.

**Who should I speak to if I have more questions?**

In the first instance, please ask the domestic abuse practitioner you have been working with at Next Chapter who will either be able to answer your question directly, find out the answer or put you in touch with the best person to speak to.

**How do I sign up?**

If you are interested in taking part, please to the domestic abuse practitioner at Next Chapter who you have been working with. They will be able to complete a referral form with you. You will then receive a booking form from the Wilderness Foundation which you can complete yourself or with your domestic abuse practitioner.



### **Kit List**

Please note all items listed here can be borrowed (free of charge) directly from Wilderness Foundation.

- Waterproof jacket
- Layers like jumpers which can be added/removed depending on the temperature
- Waterproof boots or trainers which you don't mind getting muddy
- Spare socks



## Appendix F: Survey for Co-Production Team

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Qualtrics Survey Software



### **Default Question Block**

We would like to invite you to take part in a research study. I'm interested in learning more about co-designing services for people who have experienced domestic abuse. As someone who has been part of a team meeting regularly to plan for a pilot programme, I'm therefore really interested to hear about your experiences of this process and any reflections on the challenges or how this could be done differently in future.

This is as part of a PhD thesis being carried out at the University of Essex.

Before you decide whether to take part, it is important that you understand why this research is being done and what it will involve so please do take a look through the participant information by downloading the file below.

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[Participation Information Sheet](#)

Please note that by completing and submitting this survey you are indicating your informed consent to participate in this research.

- Yes, I agree that I have read the participant information and give my consent to participate in this research. I confirm that I am aged 18 or over.
- No, I do not consent to participating in this research.

We would like to include direct quotes from you. We would never include anything that might identify you, though, like your name, location, age or similar. However, although every effort will be made to **anonymise quotes** **anonymity cannot be guaranteed**. Please let us know if you're happy for us to include your comments as quotes in any reports on our findings.

- Yes, I agree that I have read the above statement and give my consent to comments I give being used as direct quotes.
- No, I do not consent for comments I have used being used as direct quotes.

Reflecting on your experiences being part of a group co-designing a support programme, what do you think are some of the positives to bringing different people together to co-design services for people who have experienced domestic abuse?

How important or not do you think is it to include people who have experienced domestic abuse in conversations around services?

What do you think are some of the challenges to co-design?

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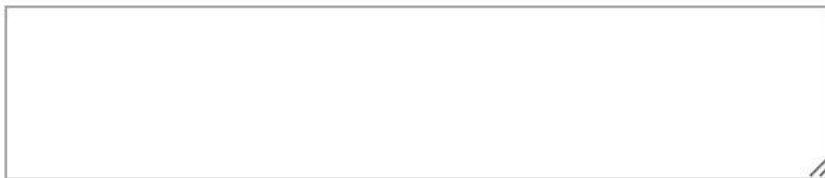
Qualtrics Survey Software

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What positives (if any) have you found personally from being involved in co-designing the nature based programme for people who have experienced domestic abuse?

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What challenges (if any) have you found personally from being involved in co-designing the nature based programme for people who have experienced domestic abuse?

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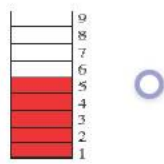
Do you think being involved in co-design has had any personal impact on you? If yes, how?

What do you think could have been done differently to improve the co-design process?

On a scale of 1 to 9 how comfortable did you feel to be part of the co-production process with 1 being very uncomfortable and 9 being very comfortable?

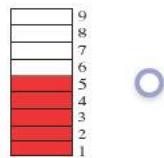
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Is there anything that would have made you feel more comfortable? Please describe below if so.

On a scale of 1 to 9 how satisfied do you feel with the outcome of the co-design meetings with 1 being very unsatisfied and 9 being very satisfied?



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What, if anything, any would make you feel more satisfied with the outcome from the meetings?

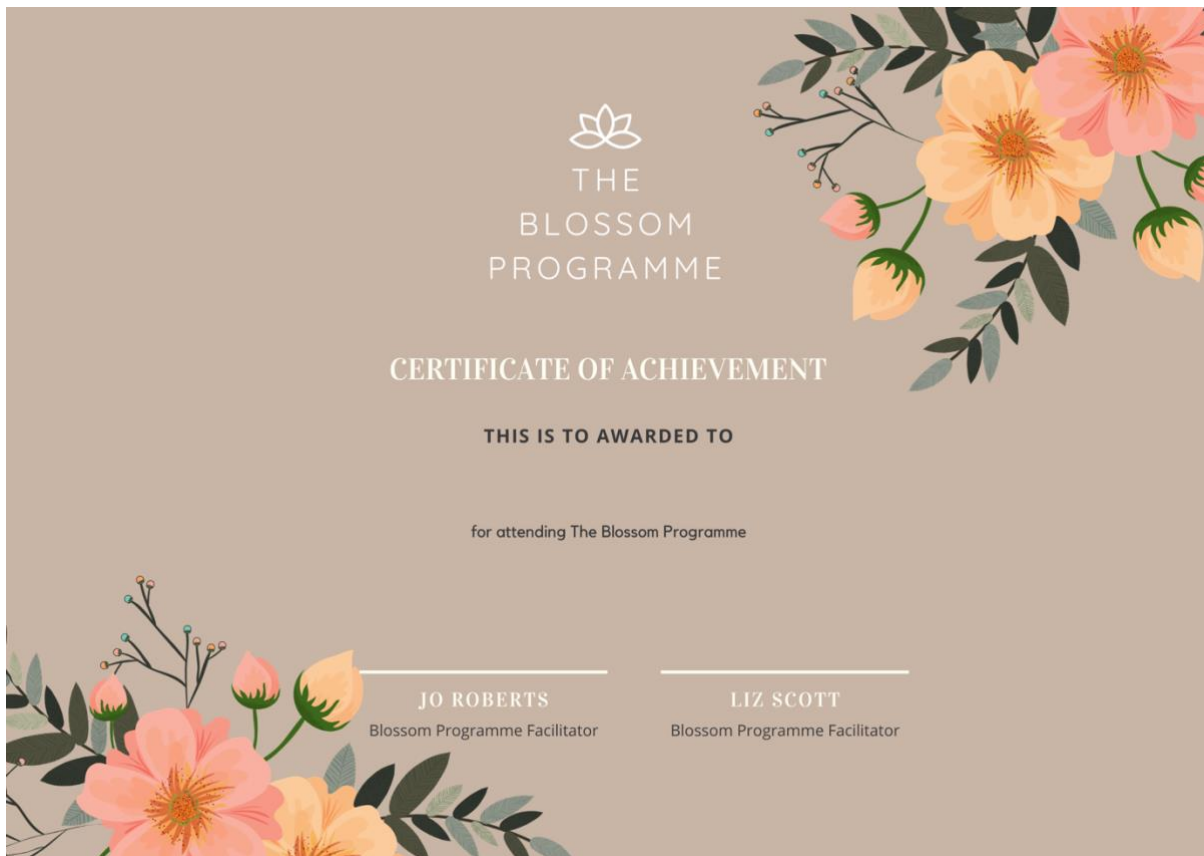
Has being part of designing the nature-based programme influenced your own relationship with nature in anyway? If so, how?

Please include below any further information you would like to add.

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Appendix G: End of Programme Certificate



Appendix H: End of Programme Booklet



Thank you for being such an important part of the pilot of The Blossom Programme & for sharing your wisdom, talents, openness and vulnerability with the group.

We wanted to start a booklet so that you will have a record of some of the things that we did as part of the sessions.

However, we know that there is so much knowledge and expertise in the group from craft skills to cooking skills, and, yoga to beautiful collections of inspiring quotes. If you have any recipes, ideas, quotes, song choices, how tos or anything else that you'd like to add in for others to benefit from please do send these to us and we can update the booklet in time for our catch up in a month's time.



## **Nature Activities**

Here is a list of some of the activities that we did in nature as well as some space to make notes of other activities you enjoy doing.

### **1. Creating mandalas from items in nature.**

A mandala is a circular structure with a design that radiates out from the centre. These can be drawn or created in nature with natural items you find around you. We created ones during the group which represented where we are at the present and in the centre of them a characteristic, strength or skill that we're proud of.

You can create a mandala to symbolise anything – for instance what you want from the future, your strengths or any other theme or design that appeals to you.

### **2. Drawing a place that makes you happy**

During one of the sessions, we did a listening exercise where we described a place that makes us feel happy. Research indicates that even thinking of a happy place can lower cortisol levels and help us feel good.

### **3. Walking in nature**

During different sessions, we spent time walking in nature. Whilst we were walking, we noticed the different colours around us, different insects, birds and animals as well as listening to the different sounds.

### **4. Drawing in nature**

Activities included drawing patterns that we saw in nature as well as finding a peaceful spot in nature and drawing other things like our goals for ourselves.

### **5. Meditating in nature**

We spent time meditating in nature, with Jo talking us through a mediation which for some people helped to feel calm and tune into our bodies. We will be recording a meditation and sharing it with people who want it. You might also find some meditations available on sites like YouTube helpful or you may choose to meditate by taking time to focus on your breath and listen to nature.

### **6. Arts and crafts activities using materials from nature**

Some people in the group have made beautiful items from things that have been found in nature which can be another creative activity that leaves us feeling connected to nature and the outdoors.

### **7. Practising rituals or using nature's natural symbols**

During one session we held a ceremony which involved putting things into the fire that we wanted to let go of – whether that was an actual item or thoughts we had written down. Although it's not always practical or safe (!) to start a fire, there are other ways we can practise rituals or use symbols in nature. For example, looking at a tree's roots and thinking about what helps us to feel rooted or grounded, or using a stick to symbolise something we want to let go of and letting go of it into a running stream.

### **8. Morning reflections**

Morning reflection on how is my "head, heart and body"

### **9. End of the day reflections**

Afternoon or evening reflection on "Thorns and Roses" for the day and what am I grateful for.

**Other Ideas & Notes**



## Inspirational Quotes

Without changing our pattern of thought, we will not be able to solve the problems we created with our current patterns of thought.

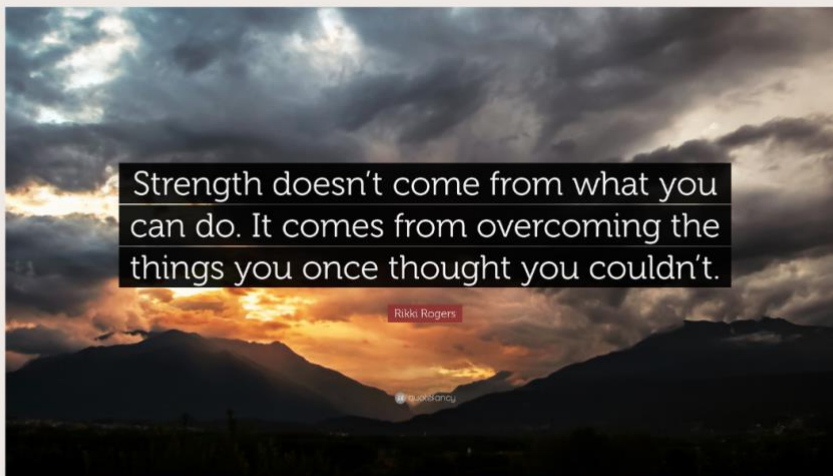
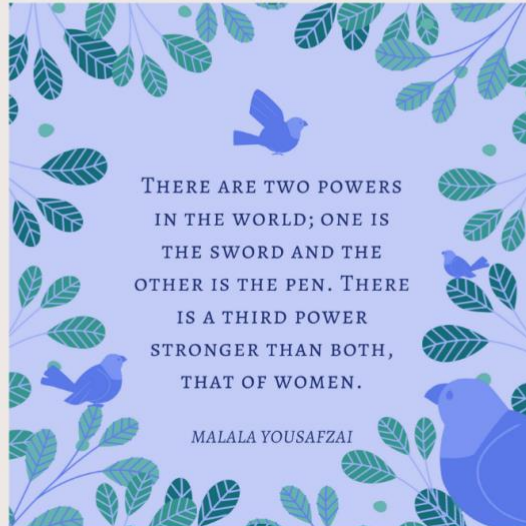
Albert Einstein

@substance





## Inspirational Quotes



## Inspirational Quotes

The first place we lose the battle is in our own thinking.

If you think it's permanent then it's permanent. If you think you've reached your limits then you have. If you think you'll never get well then you won't.

You have to change your thinking.

You need to see everything that's holding you back, every obstacle, every limitation as only temporary.

— JOEL OSTEEN

Simple Reminders  
SIMPLEREMINDERS.COM

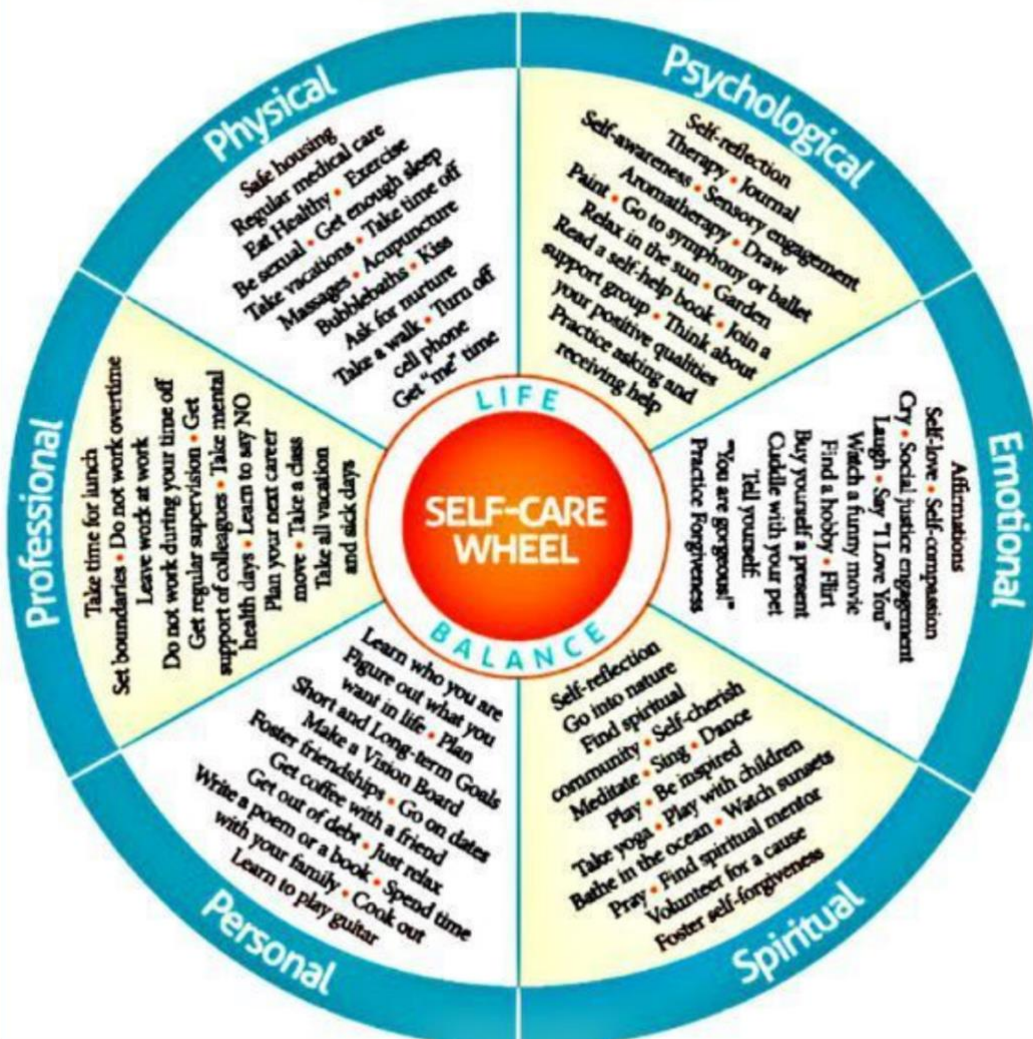


**I am physically,  
mentally and emotionally  
ready to enter a new  
phase in my life.  
I'm ready to grow and  
get better.**



PositiveOutlooksBlog.com

# SELF-CARE WHEEL



**Blossom Programme Playlist**

Please add any of your song ideas here.

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
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- 14.
- 15.
- 16.
- 17.
- 18.
- 19.
- 20.

**Burn Baby Burn**  
**Elton John, I'm Still Standing**

## Useful Resources

The Wilderness Foundation has an allotment project which welcomes volunteers. You can find out more about it & their upcoming open day on the website at the link below.  
<https://wildernessfoundation.org.uk/down-to-earth-allotment/>

Keep checking in on the website and social media for Next Chapter as they may have upcoming events including a coffee morning in the future.  
[www.thenextchapter.org.uk](http://www.thenextchapter.org.uk)

Abberton Rural Training is an Essex-based charity which charity provides education and training in a range of Land Based Studies including Horticulture, Woodlands, Land Management, Conservation, Countryside & Environment, Construction and Rural Crafts.  
<https://abbertonruraltraining.org/>

The Adult Mental Health and Wellbeing Team work with people who are experiencing low level mental health problems such as anxiety and depression offering information and practical advice on accessing the most appropriate local services  
Telephone: 0333 032 2958  
Email: [mentalhealth.wellbeing@essex.gov.uk](mailto:mentalhealth.wellbeing@essex.gov.uk)

Therapy for you is an NHS service offering access to psychological therapies in Essex.  
<https://www.therapyforyou.co.uk/>

## Programme I: Outcome Measures Digital Survey for Participants

23/10/2023, 10:27

Qualtrics Survey Software



### Default Question Block

Please include the following information so that we can keep your answers together. Once all of the data has been collected this will be fully anonymised.

Initials

Month & Year of Birth

**Below are some statements about feelings and thoughts. Please select the box that best describes your experience of each over the last 2 weeks**

I've been feeling optimistic about the future

none of the time

rarely

some of the time

often



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Qualtrics Survey Software  
all of the time



I've been feeling useful

- none of the time
- rarely
- some of the time
- often
- all of the time



I've been feeling relaxed

- none of the time
- rarely
- some of the time
- often
- all of the time



I've been dealing with problems well

- none of the time
- rarely
- some of the time
- often
- all of the time



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Qualtrics Survey Software

I've been thinking clearly

- none of the time
- rarely
- some of the time
- often
- all of the time

I've been feeling close to other people

- none of the time
- rarely
- some of the time
- often
- all of the time

I've been able to make up my own mind about things

- none of the time
- rarely
- some of the time
- often
- all of the time

**For each statement below please select the option that best answers the way you generally feel. There are no right answers, please answer as truthfully as you can.**

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If there is tension in my body, I am aware of the tension

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

It is difficult for me to identify my emotions

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

I notice that my breathing becomes shallow when I am nervous

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

I notice my emotional response to caring touch

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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My body feels frozen, as though numb, during uncomfortable situations

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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I notice how my body changes when I am angry

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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I feel like I am looking at my body from outside of my body

- 0 - Not at All
- 1 - A little bit

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23/10/2023, 10:27

Qualtrics Survey Software

- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

I can feel my breath travel through my body when I exhale deeply

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

I feel separated from my body

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

It is hard for me to express certain emotions

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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I take cues from my body to help me understand how I feel

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

When I am physically uncomfortable, I think about what might have caused the discomfort

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

I listen for information from my body about my emotional state

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

When I am stressed, I notice the stress in my body

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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I distract myself from feelings of physical discomfort

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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When I am tense, I take note of where the tension is located in my body

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

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I notice that my body feels different after a peaceful experience

- 0 - Not at All
- 1 - A little bit

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23/10/2023, 10:27

Qualtrics Survey Software

- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

It is difficult for me to pay attention to my emotions

- 0 - Not at All
- 1 - A little bit
- 2 - Some of the time
- 3 - Most of the time
- 4 - All of the time

**For each of the following items, please select the option which best indicates how much you agree with the following statements as they apply to you over the last month. If the situation has not occurred recently, please answer according to how you think you would have felt.**

I am able to adapt when changes occur

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

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I can deal with whatever comes my way.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

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I try to see the humorous side of things when I am faced with problems.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

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Having to cope with stress can make me stronger.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

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I tend to bounce back after illness, injury or other hardships.

- 0 - Not true at all
- 1 - rarely true

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23/10/2023, 10:27

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- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

I believe I can achieve my goals, even if there are obstacles.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

Under pressure, I stay focused and think clearly.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

I am not easily discouraged by failure.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time



I think of myself as a strong person when dealing with life's challenges and difficulties.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

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I am able to handle unpleasant or painful feelings like sadness, fear, and anger.

- 0 - Not true at all
- 1 - rarely true
- 2 - sometimes true
- 3 - often true
- 4 - true nearly all of the time

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**Below is a list of statements dealing with your general feelings about yourself. Please indicate how strongly you agree or disagree with each statement.**

On the whole, I am satisfied with myself

- Strongly Disagree
- Disagree
- Agree

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23/10/2023, 10:27

Qualtrics Survey Software  
Strongly Agree



At times I think I am no good at all.

Strongly Disagree  
Disagree  
Agree  
Strongly Agree



I feel that I have a number of good qualities.

Strongly Disagree  
Disagree  
Agree  
Strongly Agree



I am able to do things as well as most other people.

Strongly Disagree  
Disagree  
Agree  
Strongly Agree



I feel I do not have much to be proud of.

23/10/2023, 10:27

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Strongly Disagree  
Disagree  
Agree  
Strongly Agree

○ ○ ○ ○ ○

I certainly feel useless at times.

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

○ ○ ○ ○ ○

I feel that I'm a person of worth, at least on an equal plane with others.

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

○ ○ ○ ○ ○

I wish I could have more respect for myself.

Strongly Disagree  
Disagree  
Agree  
Strongly Agree

○ ○ ○ ○ ○

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All in all, I am inclined to feel that I am a failure.

Strongly Disagree	<input type="radio"/>
Disagree	<input type="radio"/>
Agree	<input type="radio"/>
Strongly Agree	<input type="radio"/>

I take a positive attitude toward myself.

Strongly Disagree	<input type="radio"/>
Disagree	<input type="radio"/>
Agree	<input type="radio"/>
Strongly Agree	<input type="radio"/>

**Please rate the following six statements of opinion in terms of how much you agree with each.**

My connection to nature and the environment is a part of my spirituality.

disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
neutral	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>

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My relationship to nature is an important part of who I am.

disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
neutral	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>

I take notice of wildlife wherever I am.

disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
neutral	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>

I always think about how my actions affect the environment

disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
neutral	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>

I feel very connected to all living things and the earth.

disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>

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neutral  
slightly agree  
agree

My ideal vacation spot would be a remote, wilderness area.

disagree  
slightly disagree  
neutral  
slightly agree  
agree

Following are a number of statements that reflect various ways in which we view ourselves. Rate the degree to which you agree or disagree with each statement using the following scale (1 = Strongly Disagree and 6 = Strongly Agree). There is no right or wrong answer. Do not spend too much time with any one statement and do not leave any unanswered.

I feel comfortable in the presence of strangers

strongly disagree  
disagree  
slightly disagree  
slightly agree  
agree  
strongly agree

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I am in tune with the world

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

Even among my friends, there is no sense of brother/sisterhood

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

I fit in well in new situations

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

I feel close to people

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

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I feel disconnected from the world around me

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

○  
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Even around people I know, I don't feel that I really belong.

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

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○



I see people as friendly and approachable

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I feel like an outsider

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I feel understood by the people I know

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I feel distant from people

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

I am able to relate to my peers

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

I have little sense of togetherness with my peers

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree

I find myself actively involved in people's lives

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I catch myself losing a sense of connectedness with society

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I am able to connect with other people

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I see myself as a loner

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I don't feel related to most people

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

My friends feel like family

strongly disagree	<input type="radio"/>
disagree	<input type="radio"/>
slightly disagree	<input type="radio"/>
slightly agree	<input type="radio"/>
agree	<input type="radio"/>
strongly agree	<input type="radio"/>

I don't feel I participate with anyone or any group

- strongly disagree
- disagree
- slightly disagree
- slightly agree
- agree
- strongly agree



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## Appendix I: Qualitative Interview Guide Questions

- On a scale of 1-5 (5=very, 1=not at all), how positive do you feel about yourself?
- What helps it to be that high? What would need to change for it to be higher? How has that changed, if at all, since being part of the programme?
- What role does nature have in your life at the moment? How has that changed, if at all, since being part of the programme?
- How much/little do you think you're able to put your needs first? How has that changed, if at all, since being part of the programme?
- What helps you to feel good about yourself? How has that changed, if at all, since being part of the programme? What gets in the way of you feeling good about yourself? How has that changed, if at all, since being part of the programme?
- How much do you feel you're able to manage when things go wrong? How has that changed, if at all, since being part of the programme?
- What was positive about the programme?
- What would you change about the programme?
- What impact (if any) do you think the programme has had for you?
- What would you say about the programme to a friend who was thinking about being part of it?
- The group was made up of all women – what are your thoughts on this? Would you have felt differently in a mixed group?