

DOI: 10.5281/zenodo.19455976

AN INTERAGENCY INITIATIVE EMPOWERING DOMESTIC VIOLENCE SURVIVORS ALSO EXPERIENCING ADDICTION AND MENTAL HEALTH CHALLENGES

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Received: 05/12/2025

Accepted: 10/02/2026

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ABSTRACT

The 4Empowerment Donegal model demonstrates how trauma-informed, community-based physical activity can function as a bridge between recovery and social reintegration for women who have experienced domestic violence. Rather than conceptualising recovery solely as the absence of abuse or substance use, the programme adopts an ecological resource framework that understands recovery as multidimensional, encompassing social connection, housing stability, education, employment, and personal agency (Neale, Nettleton, & Pickering, 2014). Programme monitoring and evaluation therefore prioritised indicators of growth and resilience, including sustained engagement, re-engagement following relapse, and expansion of social and community resources. 4Empowerment Donegal was developed through a collaborative partnership between Donegal Domestic Violence Services (DDVS), Donegal Sports Partnership (DSP), and Donegal Local Development Company (DLDC). The programme delivers an integrated intervention combining structured sport and physical activity with wellbeing and educational workshops, designed to reduce social isolation, strengthen peer support, and enhance participants' mental health, wellbeing, and long-term stability. The model is explicitly strengths-based and person-centred, supporting women and their children through individualised pathways that reflect participants' goals, capacities, and recovery trajectories. Preliminary outcomes indicate positive change across multiple domains, including improvements in physical and mental wellbeing, increased social engagement, enhanced sobriety outcomes, and greater participation in education, training, and employment initiatives. The programme also highlights the value of interagency collaboration, peer support, and the strategic use of physical activity as a non-stigmatising entry point for engagement. Overall, 4Empowerment Donegal offers a scalable, community-driven model for addressing domestic violence, addiction, and mental health through integrated, trauma-informed practice, with implications for policy, service design, and community-based recovery initiatives.

KEYWORDS: Natural claims, Personal care, Natural is better bias, Halo effects, Purchase intentions, Consumer judgement.

1. INTRODUCTION

The 4Empowerment project design is a response to two key issues that domestic abuse clients have highlighted over the years. Firstly, domestic violence and abuse (DVA) and coercive control often result in a breakdown of family and support networks for the victim (Stark, 2007), and that recovery therefore often starts in isolation and without friendship support. Secondly, many women use substances to hide the pain of DVA (Trinity College Dublin, 2022) which can also create a dependency linked to the perpetrator. These two factors - a lack of a healthy support network and a lack of alternative healthy options to deal with trauma - became the underpinning goals to address through this programme and to be incorporated into the project design. Addiction and poor mental health are both complex issues to understand but either/or both can present in individuals who experience domestic abuse. Trying to develop a research framework that cuts across all three areas of study was challenging for the research team. However, an ecological resource capital theory, which is often used in addiction focused projects (Best & Hennessy, 2021), was chosen and has been applied in this study as a guiding framework.

The 4Empowerment model demonstrates how trauma-informed, community-based physical activity can function as a bridge between recovery and social reintegration for survivors of domestic violence. In determining client progress and programme impact the 4Empowerment project used an ecological resource lens which considers recovery as more than the absence of drugs / abuse. Instead, it measures development and expansion across all areas of the client's life including, social networks, housing, relationships etc. (Neale, Nettleton, & Pickering, 2014). It is a strengths based model and in the monitoring of the programme impact researchers also considered progress indicators such as the capacity to remain engaged with the programme and confidence to link back in even when relapses occurred.

1.1 *Domestic Violence, Substance Use and Mental Health Challenges*

Recent media coverage of the pandemic as well as large numbers of research reports continue to highlight the prevalence of domestic abuse throughout the world. Global statistics on domestic violence show that 27% of women have experienced physical or sexual violence from an intimate partner (WHO, 2021). In addition, according to the World Health Organisation's 2013 analysis "women who have experienced intimate partner violence are

almost twice as likely to suffer from depression and alcohol problems". (WHO, 2021) and research exploring the mental health impact of domestic abuse and coercive control highlighted high levels of PTSD and anxiety (Lohmann, Cowlshaw, Ney, O'Donnell, & Felmingham). Of particular note for this study was research in Ireland conducted in 2020 which suggested that there were an estimated 11,000 women experiencing domestic violence and using substances in that particular year of the research (Banka, Cafferkey, McDonagh, Walsh, & Comiskey, 2022).

Current approaches to working with DVA victims have often focused on advocacy support (Rivas, et al., 2016) including psychoeducational interventions (Carlisle, et al., 2025) that aim to support clients with safety planning, financial support and creating an understanding on the dynamics of abuse and help in identifying potential red flags for entering new relationships. However, this approach doesn't usually address the underlying impacts of domestic abuse such as poor mental health, increased anxiety or unhealthy coping strategies such as substance use (CFE Research, 2024). The 4Empowerment project was seeking to implement a more psychological approach that wouldn't sideline mental health or addiction but sought to integrate it into the work on DVA. This was building on the work of other psychological interventions (Evans, Malpass, Agnew-Daies, & Fedar, 2018) which sought to determine if a different form of intervention would benefit DVA victims.

1.2 *Sport4Empowerment- A Different Form of DVA Intervention Support*

The project researchers had identified that the current model of working with its most vulnerable domestic abuse clients was not fully effective. The researchers began to look at the current model of intervention and noted several areas which could be improved upon, such as working from a stronger interagency interdisciplinary model as highlighted by (Torchalla, Linden, Strehlau, Neilson, & Krausz, 2015). It was also recognised that more innovative methods of engaging with this particular target group needed to be explored, such as the role of peer support amongst DV victims / survivors (Letourneau, McManus, Novick, & Silverstone, 2024) especially where cases of PTSD and anxiety were present. This approach had not really been utilised within the local DV service even though recent feedback, from the internal survivors group programme, highlighted the importance of peer support as one of the key impacts that the programme had for the participants. Also,

researchers noted that through the addiction programme for DVA clients, it was noted that greater collaborative and community based, trauma informed interventions had been seen as achieving results in well-being and recovery (Reid, et al., 2020). One of the biggest challenges for DVA advocacy agencies and a common academic research question is, “why do they stay?” (Rhodes & Baranoff McKenzie, 1998), linked however to this is an additional question “what supports do they need to leave?” This research was seeking to clarify through our participants what support and development was needed, both practically and emotionally in order to heal and move on with their lives.

The idea of group programmes that were low key and didn’t directly require participants to focus on talking about their domestic abuse was broached as a possible method of engaging with this target group. Once this approach had been suggested there were several key barriers that were identified - primarily cost and lack of access to facilitators / group programmes. This in turn led to the need for some type of interagency collaboration and to share knowledge, resources and expertise. Throughout the next 18 months this approach to collaborative working became the foundational element of the 4Empowerment initiative starting with funding from Sports Ireland (ESF) and the launch of the Sport4Empowerment model.

After the initial start and success of the Sport4Empowerment work, Donegal Local Development CLG (DLDC) was identified as another potential collaborative partner of the programme due to their long term commitment to supporting individuals and communities facing disadvantage, (particularly those experiencing social and economic exclusion) as well as their previous experience in delivering programmes focusing on personal development and community integration. There was also a strong overlap between the client groups engaging with DLDC’s Social Inclusion and Community Activation Programme and those individuals engaging with the Sport4Empowerment programme as many women in abusive relationships are disproportionately likely to be unemployed, earn lower incomes, and face multifaceted barriers to entering the labour market, often due to economic abuse and coercive control by partners.

DLDC’s involvement aimed to address some of the complex barriers that survivors face in accessing education, employment and participation in society and provided a natural progression pathway for participants following on from the initial sport and

activity focused engagement delivered with Donegal Sports Partnership.

In the present study, we evaluated the effects of a comprehensive approach to treating complex trauma and the needs of female participants and, where applicable, their children. In this study, qualitative research explored the emotional and health impact from the perspectives of women who have experienced intimate partner abuse. Within this research, we produced a model of support, referred to as the 4Empowerment programme. This showed how recovery from domestic abuse was a long, non-sequential and dynamic process.

In this research, participants described the barriers they have faced to accessing support, engaging with community-based agencies, and entering into meaningful employment opportunities. Therefore, the aim of this study was twofold, firstly to map the challenges faced by women leaving domestic abuse relationships and secondly to explore the utility of the 4Empowerment model as a tool for transformative development.

2. RESEARCH METHODS

The Sport4Empowerment project started in April 2024 with 6 adult participants across 5 different classes (Fitness, Equine therapy, Cooking and Youth Gymnastics in 2 different locations). By May 2024 the number of participants had increased to 23 and several youths (16) had been facilitated to attend a youth equine therapy session. By the end of 2024, 51 women had participated in the programme consisting of 20+ activities, 4 parent & child specific programmes and seven specific child programme activities. Whilst some clients have retained an ongoing and regular interest in all aspects of the programme, there are several others who periodically engage or who may skip a month or two and rejoin when the programme activities move round.

Every 3 months a survey has been compiled to encourage participants to offer feedback, it has also been a method of familiarising participants with the technology and design of the surveys. It was hoped that by becoming familiar with providing regular feedback that participants would be more comfortable sharing information and ideas through this mechanism.

The research survey has switched platforms once during this time, initially using Survey Monkey and then moving over to Kobotoolbox in March 2025 which provided a better dashboard interface for the researchers to access and review the data. Alongside the surveys researchers also had access to attendance

records and data descriptions of the participants and the months they attended the programme. Addiction clients were highlighted in another colour to enable an easy to read assessment of who had attended which month.

Objective - To determine to what extent the 4Empowerment project met the identified gaps (CFE Research, 2024) presented through complex presentations of domestic abuse / substance misuse / mental health of domestic abuse survivors.

Initial Indicators of success -

1. Service users engage with the programme (retention and expansion rates)
2. Feedback specific to these issues i.e. impact on sobriety, safety, and mental well-being is collated and reviewed
3. Any barriers to accessing support services either previously or currently is identified

3. DESCRIPTION OF THE 4EMPOWERMENT INITIATIVE

The 4Empowerment initiative began as a collaboration project between DDVS and DSP, utilising sport and physical activity as a vehicle for effecting enduring positive change for the participants of the programme. The 4Empowerment project worked from the hypothesis that many of the environmental contingencies which were maintaining the maladaptive behaviours of many of the most at-risk clients, were patterns of behaviour that could be broken, but only if other healthier options could be offered instead.

Throughout the development of the initiative, the foundation has remained rooted in this approach of physical activity being the gateway to engaging participants in a number of different ways. In particular, it works from the model that trauma is often held by the body long after incidents have occurred. The release of this trauma similarly needs to occur through physical engagement.

As the programme developed, it also became a gateway for participants to access other local services, some of which they had not previously engaged with, while others had not felt ready or had not experienced success in accessing before. Physical engagement became more than an entry point, it created a bridge to a range of supports which focused on personal growth, self-awareness, goal setting, soft skills, education and community participation reflecting the evolving nature of this programme as participants identified goals and developed skills needed to take the next steps in their lives.

3.1 Participant Selection

Participants were selected for the 4Empowerment programme by staff working at Donegal Domestic Violence Services (DDVS). These participants were chosen for a variety of reasons relating to their high level of need, comorbidities with challenging mental health and/or substance misuse, long-term challenges in leaving and staying out of domestic violence relationships, and/or a profound level of isolation within their local communities.

Once the initial participants were identified, they were screened for suitability. Inclusion criteria included that the participant needed to be willing to engage with an outreach worker if extra support was required; they needed to have experienced domestic violence in their previous relationships, and they could not be currently residing with an abusive partner.

3.2 Programme components

One of the key aspects of the 4Empowerment programme is the implementation strategy used throughout. What sets this programme approach apart, from simply running activities and promoting it within a community, is the trauma informed approach utilised and applied at all stages of the project design.

Recruitment and Ongoing Engagement - Clients are identified because they have experienced trauma through domestic abuse. They are encouraged to attend on a 'see what it's like' basis with no requirement to have to attend even a minimum number of sessions. They are invited to join programme related WhatsApp groups outlining activities, times, locations and offers of childcare / transport support. There is no onus to attend the group and not attending doesn't result in any consequences unless childcare or transport was booked.

Selection of Activities - Clients have requested many of the programmes using simple consultation exercises and facilitated discussion groups. Other similar programmes have been offered as coordinating staff come across them. The importance is that the programme is flexible and responsive.

Behavioural Analysis - the 4Empowerment programme is not just about activity and social interaction. It is designed for conversations to be woven into the work through a qualified behavioural analyst. These conversations support changes in trauma developed patterns of behaviour that may be acting as barriers to healing and moving forwards. Workshops were also developed in response to findings from ongoing analysis of the clients which

allowed the facilitator to tailor the content to the group. Sessions addressed patterns of behaviour and their impact on self-image, confidence and knowledge of personal rights and boundaries to reclaim their personal agency.

An essential part of the 4Empowerment programme was the importance of giving participants the space and time to engage in a non-pressured way. Women could participate at their own pace, without expectation or obligation to attend every week or meet specific milestones set by others. The engagement process was guided by the readiness and the trust of participants and when individuals felt ready, they could choose to explore personal goals on a one to one with members of the team. Because team members attended group workshops alongside participants, trust and familiarity was established in advance of any individual sessions ensuring that personal planning came from a sense of safety, respect and understanding, core principles of community development and trauma informed practice.

Review / Feedback and Evaluation - the programme collects its own data quarterly and encourages feedback from participants through anonymous online surveys. The group's chats provide another avenue to collect feedback and monitor any issues that may have presented. In addition, staff on the project meet to review cases that may require additional interventions or referrals into other services.

Interagency Oversight - the 4Empowerment programme is overseen through an interagency working group comprising the main funding partners DSP, DDVS and DLDC. Facilitator selection/ garda vetting / venue booking /finance payments are all coordinated through this group. Each funding partner rep has attended some of the group sessions and all funding partners are thoroughly familiar with the programme, its ethos and end goal. This model reflects best practice, resulting in shared accountability and mutual learning.

4. OUTCOME

The feedback has been collated under the three headings of the research questions, that were guided by the indicators of success for the 4Empowerment programme., they are;

1. Do service users engage with the programme (retention and expansion rates)?
2. Is feedback given that is specific to the research issues i.e. impact on sobriety, safety, and mental wellbeing is collated and reviewed?

3. Have any barriers to accessing support services either previously or currently been identified?

4.1 *Service users engage with the programme (retention and expansion rates)*

Statistic compilation occurs monthly within DDVS to determine the number of engagement sessions each client undertakes across any of the DDVS programmes. Alongside these figures the research also utilised the participant feedback survey for July 2025. Feedback from the 2025 Quarter 2 survey showed that 25% of the participants (n=15) had been involved in the 4Empowerment programme for over a year. The total number completing the survey was n=57, although not everyone answered each question.

The group was broken down into age where the largest age group 33% (n=19) was 36-45 years. Ethnicity 42% (n=24) were Irish. To date (June 2025) 83 women have participated in some aspect of the programme activities.

When the programme initially started in April 24 there were 14 clients registered and participating in the activities. By June 2025 this had increased to 54 active participants with 8 of the original participants still involved regularly and 2 more connected to the project occasionally.

The gradual increase in numbers has enabled the project to adapt its own structure to keep pace with the larger numbers and increase in different activities. Not only has the number of clients increased but also the number of activities they participate in has also increased. In April 2024 there were 5 different activities, this had increased to over 14 different activities some run twice to accommodate the increase in group numbers, by May 2025.

Levels of engagement reflected not only client satisfaction but also true empowerment, as over time we observed that participants started to identify goals external to the programme - for example, returning to education or finding employment. Feedback specific to these issues i.e. impact on sobriety, safety, and mental well-being was also collated and reviewed

For background information participants were asked if they had experienced any of the following issues given that research has reported DV links both to depressive mental health and suicide (Devries, et al., 2013) and also PTSD (Bailey, Trevillion, & Gilchrist, 2019).

Value	Frequency	Percentage
Anxiety	34	59.65
Depression	31	54.39
PTSD	22	38.6
Suicidal Ideation	15	26.32
Inpatient Psychiatric Admission	8	14.04
Suicide Attempt	8	14.04
Not Applicable	4	7.02
Bipolar Disorder	4	7.02
Other (Pls Specify)	4	7.02
Addictions - Alcohol	3	5.26
Outpatient Addictions Treatment	3	5.26
Addictions - Other Substances	2	3.51
Inpatient Addiction Treatment	1	1.75

Figure 1: Baseline table

54% (n=31) of participants identified as suffering from depressive episodes with 26% reporting suicide ideation (n=15). The number of suicide attempts and psychiatric admissions tallied at 14% (n=8). Only 7% (n=4) participants out of 42 who replied to this question, stated that they had no mental health concerns.

5. MENTAL HEALTH

The survey asked a number of questions on how the programme had impacted on mental health, both closed and open questions were used to try and establish what elements of the programme were contributing to any changes in mental health and how.

One of the key themes emerging from the feedback both from this programme and also from a previous group support programme, was the impact of peer connection. The very act of bringing a group of domestic abuse survivors into a room together was deemed supportive and contributed towards creating a sense of community, a prerequisite for healthier living (Cambieri, 2024). However, what was unique about this programme is that the context of bringing the women together was not to undertake a psychoeducational programme specifically on Domestic Abuse, as had been previously done, but rather to enable victim / survivors to make social connections. It was the ability to relax, to engage in

non-threatening or stressful dialogues, to be seen as an individual not as a victim, and to make friends - that was the key strength and difference of this programme.

One of the open questions in this section of the survey asked clients for statements describing the impact the programme had had on their mental health. The theme of connection can be seen here and the importance of community.

“Yes it has helped so much socially. I was alone for 5 years or more with no friends. Now I know it is possible and it is a safe environment”

“It has helped me feel more connected and provided a safe community to be a part of.” -

There were a range of other mental health focused themes that could be used to potentially measure the impact of the programme, and that emerged from this open question which included;

- It has saved my life (n=2)
- It has improved my mental health (n=4)
- Increased confidence (n=5)
- Increased connectively with others (n=8)

Following on from these open questions, participants were asked to agree with certain statements if they felt it applied to them because of participating in the 4Empowerment project, these options were also used as measures of mental health impact.

Value	Frequency	Percentage
I have hope	33	57.89
I feel less alone	32	56.14
I feel more able to engage in social activities	30	52.63
I feel more confident in myself	29	50.88
I do not feel as hopeless	27	47.37
I now have the confidence to reach out for support when I need it	26	45.61
I feel more able to engage in my own personal hygiene/care	13	22.81
I have been able to engage with my mental health support team	8	14.04

Figure 2: Impact of 4Empowerment programme on mental health

6. ADDICTION

The other area of complexity that many participants identified was alcohol or substance use. It is recognised that there are some overlaps between strategies that work to promote positive mental health and those that will reduce substance dependency and enhance treatment outcomes. These strategies include programmes that focus on; increased connection with self and others, emotional regulation and increased coping skills (Bailey, Trevillion, & Gilchrist, 2019).

In the June 2025 survey 5% (n=3) of participants identified as having an active addiction issue with alcohol and 3.5% (n=2) with addiction to other

substances. In addition to those declaring current use of substances there were a number of clients who had struggled with addiction in the past, 12% overall identified as having addiction issues (n=7).

One of the open-ended questions asked specifically about the programmes impact on sobriety. A couple of participants expressed how they could think clearer now and hadn't thought about why they drink but had now started to do so. The statement question for addiction saw 17% (n=10) of respondent's state that they had more awareness of their negative coping skills with alcohol and other substances. 10% (n=6) agreed that they wanted to get / stay sober and the same amount stated that they now drink less alcohol.

Value	Frequency	Percentage
Not Applicable	26	45.61
I have more awareness of my own negative coping skills with alcohol or substances	10	17.54
I drink less alcohol	6	10.53
I want to get / stay sober	6	10.53
I do not use other substances as often (weed, pills, cocaine, etc.)	2	3.51

The same markers of increased connection and improved self-confidence were also monitored for addiction clients as for mental health.

“Yes my wellbeing is so much better than if I didn't have the support of this programme. I hate to think what I would have been like without it”

A number of statements were listed for participants to choose from that focused on well-being, confidence and social connection. 65% (n=37) agreed with the statement that they now don't feel as alone and 43% (n=25) stated that they feel more connected to their community.

Value	Frequency	Percentage
I don't feel as alone	37	64.91
I feel like I have a support system	32	56.14
I feel heard and respected	27	47.37
I feel respected	26	45.61
I feel like I have a social network	25	43.86
I feel more connected to my community	25	43.86
I feel better able to relax	24	42.11
My self image has gotten more positive	23	40.35
I feel more confident in making descions	22	38.6
I feel more comfortable to voice my opinions and perspectives	22	38.6
Other (Please Specify)	1	1.75

Any barriers to accessing support services either previously or currently is identified

The participants were asked about the support services that they had access to, to enable them to participate in the programme activities. 38% (n=22) identified transport and needing to avail of taxis we provided, while a further 7% (n=4) availed of fuel voucher support to drive their own cars. Implementing these supports demonstrated the importance of looking at practical needs and barriers.

These supports are not extras but essential to make sure that everyone has equal access to participate and to promote sustained involvement.

Childcare was a known barrier for many participants with 22% (n=13) availing of childcare supports offered through the 4 Empowerment programme. However, as well as childcare it was also recognised that structured play and trauma informed play interactions were needed with the children rather than just minding children. This is currently

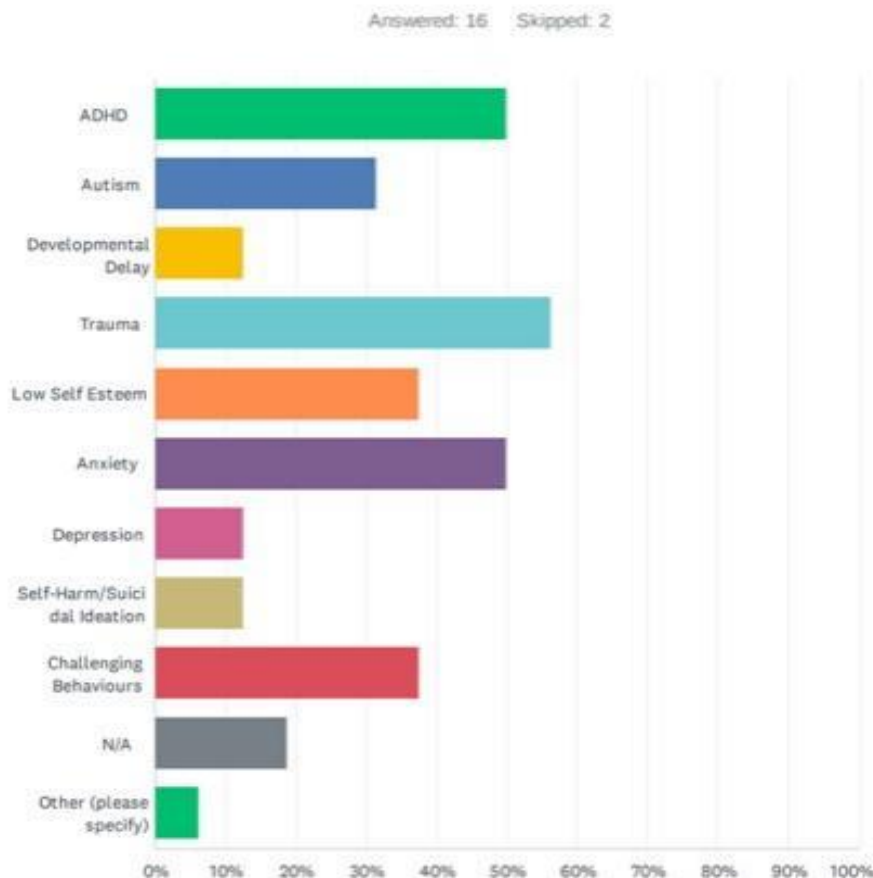
being addressed through the programme development.

6.1 Children as survivors of domestic abuse

The 4 Empowerment programme was not initially intended to be a support programme for children

who had experienced domestic abuse. However, as most of the participants were mums inevitably the topic and challenges of their children arose early on. A survey was conducted in November 2024 specifically focused on the early impact of the children's activities that had been piloted.

Q2 Does your child have any additional needs?



The chart shows that 50% reported their child had ADHD, and 30% reported an Autism diagnosis. As a comparison the national percentage of Autism prevalence is approximately 1% (WHO, 2025). Nearly 60% accounted their child's difficulties to trauma and 50% described their child as being anxious a significant part of the time.

When mums were asked about the impact of the programme they were also asked if they had benefited from the children doing activities. Many participants said they were surprised to realise how beneficial it was for them all. It also highlighted how mums who have experienced domestic abuse are also a sub community within domestic abuser survivors, as they also have to deal with the impact of the abuse on the children.

"Yes as it was nice to be there with my child while she learned and enjoyed herself and it took a lot of

financial and travel money that I'd not normally have out. This has strengthened our bond and allowed me time to get to know other parents and relate about our children which helped me feel like a part of a community"

7. CASE STUDY: Mental Health

7.1 Background Information and Symptomology:

The following presents the intervention of Jane, a 63-year-old female with a long history of depression, anxiety, and trauma, who sought help following a traumatic incident of domestic violence in her second marriage. Jane has been involved with Donegal Domestic Violence Services (DDVS) for four years at the time of this case study, with two years in the 4Empowerment programme. The description here is presented to illustrate the profound impact of the

4Empowerment model with Jane, over a period of two years.

Jane entered DDVS in 2022, following an assault with a deadly weapon by her then husband. Jane reported a long history of domestic violence with her husband, which included emotional, physical, mental, and sexual violence. Jane had entered this marriage after fleeing her first husband, the father of her four children, who was also abusive and had sexually abused three of the four children. Jane had remained in her second marriage for 15 years, despite the significant abuse throughout. Jane has lost one of now adult children to suicide, one is struggling with substance abuse, one has no contact with Jane, and the youngest has intermittent contact with Jane, however, the relationship is strained and inconsistent. Jane has no other family and reported no social supports or friendships upon engaging with DDVS. Jane has no history of drug or alcohol use, however, has struggled with significant mental health challenges including depression, anxiety, and suicidal ideation and attempts. Additionally, Jane has developed a “people pleaser” mentality, where she finds it extremely difficult to say no to anyone or employ self-advocacy skills as she feels she is not worthy of anything other than serving the needs of others.

From 2022 to 2024, Jane engaged with mental health clinicians, who prescribed her medications to manage her depression, however, Jane reported persistent symptoms and continued to experience extreme lows. Jane also engaged in counselling sessions as well as weekly DV specific outreach support sessions. Despite the high level of intervention, Jane continued to struggle and had several attempts at suicide. Jane remained very isolated and found it difficult to engage with community women’s groups or other community activities.

In March of 2024, Jane was approached by one of the researchers working for DDVS about potentially engaging in the 4Empowerment programme. Jane presented to this initial meeting in a very guarded manner, not making eye contact and speaking very low while staring at the floor. Jane stated she did not feel she would be “very good” at going to a group activity and felt she would “just bring everyone else down”. The researcher engaged Jane in conversation around this over the following three weeks, discussing Jane’s own goals and aspirations with her to begin to empower Jane to use her voice again. After three weeks, Jane agreed to try one of the group activities, a Zumba class.

The breakdown of how the 4Empowerment

programme is structured is broken down more thoroughly in the methodology section of this paper.

7.2 Case Conceptualisation and Overview of Intervention

Jane’s depression and anxiety was conceptualised as being controlled by a pattern of interpersonal avoidance, which manifested in her having significant challenges engaging in relationships, leading to a profound sense of isolation. Jane’s patterns of avoidance also resulted in maintaining her depressive symptoms as she spent much of her time ruminating over her previous mistakes in life and what has led her to repeatedly engage in toxic and abusive romantic relationships. Jane identified her primary goal to be an increase in platonic relationships with female peers, which she identified would lessen her profound feelings of isolation. Jane noted she felt this was an unrealistic goal, however, she stated she was eager to fully engage and be honest about what she wanted. Jane also noted she would like to improve the relationship between herself and her adult children as she felt that their struggles were solely her fault as she chose to remain in abusive relationships.

7.3 MONTH ONE

The goal of month one is to begin to teach the client about the treatment model and getting the client actively engaged in and in agreement with the rationale. The client is oriented to their part in the 4Empowerment model and tasked with identifying their own goals and aspirations. The critical tasks of the first month set the stage for additional discussions in the coming months.

Jane attended Zumba on two out of the four weeks. She also attended equine therapy one out of four weeks. Jane discusses that while she desires to attend additional sessions, she finds it challenging to do so, due to her symptoms of depression and her low self-esteem.

It is acknowledged to the client that the new behaviour will be hard to initiate because of mood, however, it is important to do so despite this. Many times, clients utilise a mood-dependent approach to their depression, waiting passively wait for their mood to improve before making behavioural changes. The 4Empowerment model teaches clients that when they feel down, they do not need to wait for what they perceive as an improved mood. The goal of the intervention is to get active, despite low moods and low energy. Increasing activation with pro-social activities will eventually improve mood, even if not immediately, and it will, in turn, interrupt the pattern of secondary problems which have been

generated by withdrawal and avoidance. It is important to note that there must be a balance between encouragement for activity with validation of the difficulty of being active when depressed. Further, positively reinforcing the client frequently for any engagement with the programme is vital in supporting the client through their journeys. Moreover, the client must not perceive any punitive measures being taken for lack of attendance to group sessions. Consistent communication that the client's behaviours make sense as their developed coping skills, even though these behaviours may not serve the client's long-term wellbeing. By ensuring this line of communication, the client is more likely to experience the 4Empowerment facilitators as allies in the change process as opposed to staff who oversimplify or minimise the challenges of making these life changes.

7.4 MONTHS TWO THROUGH FOUR

4Empowerment practitioners continue to meet with Jane to discuss her progress toward her goals. Jane reports an overall improved mood, feeling that her depressive symptoms are much lower, a frequent positive mood, and engagement with peers occurring. It is noted that while Jane's attendance to group activities has become both more frequent and more consistent, Jane is not able to acknowledge this upward trend in her activation. She reports only her perceived failures at activation, engaging in self-deprecating statements. Additionally, during one to one sessions, work was continued to review the specific behavioural patterns to identify other key problems, which include ruminating in the evenings when alone, withdrawing from social networks and groups when experiencing depressive symptoms or anxiety, and experiencing disruptions in routines. Therefore, an activity log is agreed upon and assigned as a homework task for Jane in an effort to help Jane observe the correlations between her activation and her improved symptoms. Due to Jane's comfort level and concerns with her ability to complete an hourly log, a modified activity log is developed to meet Jane's needs, with direct verbal praise and reinforcement given for Jane's self-advocacy behaviour.

7.5 MONTHS FIVE THROUGH NINE

Jane reports a much more stable mood during this period, which is also reflected on her activity logs. Jane's average mood score is a 7, with suicidal ideation being 0 most days and never higher than 3. Jane has been consistently engaging in replacement behaviours, such as gardening and reading, when alone in the evenings, which she reports has had a

positive effect on her improved mood. During one to one sessions, the importance of maintaining new behaviours in consistent and regular routines is emphasized. Further, the pattern of social connections and physical activity is highlighted and the importance of maintaining these behaviours reiterated. Throughout these sessions, Jane reports improvements in mood related to working in her garden, exercising and improved dietary choices, and becoming more socially connected with her new friendship groups. These areas of improvement are reflected consistently on Jane's Activity Record forms, which specifically target the areas of social engagement, physical activity (yoga & equine therapy), and gardening.

Additionally, during this time period, Jane has begun to identify environmental contingencies which affect her mood, sometimes causing a spike in depressive symptoms. For instance, Jane reports often experiencing flashbacks to her trauma when entering certain rooms in her home, which she shared with her ex-partner. She reports that, despite his being incarcerated for his crimes against her, she is not always able to cope with these flashbacks and that this causes her great distress, which she often responds to with avoidance and withdrawal behaviours. Up to this point, Jane has not consistently engaged with her mental health team, or the other community organisations which could aid in addressing the environmental contingencies, therefore, it is suggested to Jane that she begins to communicate these challenges with the relevant professionals, so that a comprehensive and inter-agency approach can be implemented. Jane is hesitant to this idea, however, agrees to consider it. A key component of the 4Empowerment model is the inter-agency collaboration, which empowers clients to access support services through a variety of different community organisations. This allows the client to establish connections and build relationships that will be long-term supports for them as they continue to progress through their recoveries.

7.6 MONTHS 10 THROUGH THIRTEEN

Jane continues to show good attendance to group activities and is demonstrating a positive peer support network during this time. She is reporting feeling positively about the changes she has already made and expressing her plans to continue making these changes, creating action plans to achieve her goals and continue her forward progression. Additionally, Jane has begun engaging regularly with a Trauma-Focused Cognitive Behaviour (TFCBT) therapist through a mental health team in the area. Jane states that while she finds these

sessions challenging, she feels she is ready to engage with them and credits her participation in the 4Empowerment programme as helping her gain the confidence to engage with the therapist.

The 4Empowerment model focuses on strengthening the relationships clients have with their community providers, therefore, it is promising to observe clients making the choice to pursue these avenues when they have previously struggled to do so.

7.7 MONTHS FOURTEEN THROUGH SEVENTEEN

While Jane's attendance to group activities remains high, as does her social connectivity, Jane reports feeling high levels of depressive symptoms, averaging a 6 on the rating scale, and a higher level of suicidal ideation, averaging a 5 on the rating scale. Jane reports that she is struggling with flashbacks and that she feels overwhelmed and discouraged by this perceived setback in her journey. Jane also reports that her mental health clinician has increased her medication in order to address these challenges. Additionally, Jane has reported that she did not connect well with her TF-CBT clinician, and has chosen to stop these sessions.

With encouragement from the 4Empowerment practitioners and DDVS staff, Jane is able to identify that she feels moving from her marital home would greatly impact her mental health, as she is in a constant state of fight or flight when she arrives home. She feels that despite engaging in reading, journaling, and gardening at home, she is unable to escape the memories of her past traumas. Jane identifies that she also feels she would benefit from a different approach with her mental health team, and is given heavy praise for demonstrating self-advocacy skills. The 4Empowerment programme utilises many community providers, including a creative arts mental health provider. Jane advocates for herself to access this provider as she feels she would benefit more from processing her trauma using creative arts as a vehicle, rather than traditional talk therapy. This request was approved and Jane began this intervention at the end of month 17.

7.8 MONTHS EIGHTEEN THROUGH DECEMBER 2025

Jane began engaging in creative arts therapy, which she reports as being a positive intervention, however, following a session with the clinician, Jane experienced a severe mental health crisis and made an attempt at suicide. Jane contacted the support workers at DDVS to report this attempt, stating that she did not feel able to communicate this to staff prior

to the incident. Jane reported that she cannot face returning to the marital home after sessions or group activities as she finds going from a safe and supportive environment back into the home too overwhelming, which led to her suicide attempt. Jane was discharged in 24 hours from the psychiatric unit, however, still reported these intense feelings. Due to the risk, it was decided that Jane would be moved into the emergency refuge accommodation at DDVS due to the ongoing impact of domestic violence on her mental health.

Once settled into the emergency accommodation, Jane reports an immediate impact on her feelings of suicidality. She stated she is sleeping better, no longer having panic attacks, and is better able to focus on her journaling and group work. The decision is then made with Jane to source permanent alternative accommodation, eliminating the need for her to return to the marital home. Jane continued to reside in the refuge accommodation for 8 weeks, during which time she returned to low numbers of suicidality and depressive symptoms, while increasing her levels of social engagement, positive coping skills, and engagement in her replacement behaviours of journaling and gardening. Additionally, Jane is observed to be more proactive in conversations with support staff, reaching out if she begins to worry or become anxious.

In the beginning of month twenty, a permanent accommodation is identified for Jane, in a town approximately 15km from her marital home. Jane reports she is relieved and excited to be moving into this new apartment, stating she feels she has a new lease on life. After two nights, however, Jane returned the keys to the flat, stating she could not cope there on her own, and chose to leave. Jane was not able to identify why this was, and also reported high levels of suicidality, at a level 8. DDVS staff were able to deescalate Jane, and she agreed to return to the refuge accommodation at DDVS. The following morning, Jane met with a 4Empowerment practitioner who discussed with her the events that led to her disruption in the new flat, and her abrupt change in mood and feelings around this. Jane was able to identify that there were several environmental contingencies which contributed to her regression, which included triggering smells - namely cigarette smoke, proximity to her marital home, and loud banging from other tenets; all of which caused her to feel like she would never be able to escape the trauma from her past. The 4Empowerment practitioner praised Jane for her ability to communicate this and identified ways in which Jane has progressed despite her recent setbacks. Given this new information and

insight, the decision is made to seek accommodation further from the local area and Jane will remain in DDVS refuge accommodation until appropriate accommodation is identified. Jane continued to engage in group activities as well as modifying her own behaviours to continue improving her mental health and general wellbeing. At the end of month 20, a new permanent accommodation is identified in a small, seaside town approximately 50km from Jane's marital home. The decision is made with Jane to relocate her to this home, which Jane states she feels ready and strong enough for.

Once Jane moved into the new accommodation, she has been observed to be thriving. Jane is engaging in daily walks out in the community, joining community social groups, communicating her thoughts and feelings with her support staff, and being proactive with her mental health. Jane reports that she feels safe and believes she can trust the staff surrounding her with her private thoughts and also reports feeling that she is now able to recognize her own behaviours and how negative symptoms can manifest behaviourally for her. Jane continues to be an active participant in the 4Empowerment programme, and is continuing to engage in the identified behaviours to help with her emotional regulation and recognition of triggering events.

8. DISCUSSION

The 4Empowerment programme is a new interagency initiative that has only been in operation for approximately 18 months. Despite its short operational timescale, it is still active and unlike some studies that have been limited by very short time frames and project completions (Harris, 2016) this project is still able to incorporate the findings, where appropriate, into its ongoing design.

This research sought to answer the following questions to determine whether the project could be assessed at this stage as successful – and what learning was coming to light at this stage of the programme.

1. Service users engage with the programme (retention and expansion rates) -
2. Feedback specific to these issues i.e. impact on sobriety, safety, and mental well-being is collated and reviewed
3. Barriers to accessing support services either previously or currently is identified

The first question that was really asked was whether the data currently being collected by the project would enable assessments of impact to be made, based on the research criteria. Given that the research has only used the project surveys and data

recording results taken directly from the 4Empowerment data, the answer is that yes, information is currently being collated that is relevant to determining impact / success. There are however other areas of data collection that could potentially be expanded upon – such as; connections between participants outside of the programme (peer networks and support), engagement with other services especially Tusla, mental health and addiction services; skill advancement in areas such as emotional regulation, managing stress / anxiety, employment. This additional data could then be used to determine the long-term impacts and potential sustainability of the programme, alongside the current data on shorter term impact.

From the survey feedback and the data logs the programme has been expanding and retention rates have been achieved. The sub participant groups within the project, such as clients with addiction and / or mental health difficulties are all represented on the feedback surveys. The third question that the research asked about was barriers to attendance, although this was geared slightly to looking at tangible issues such as childcare availability and transport. There were however other factors affecting participation such as; needing additional outside support and emotional support to encourage attendance especially when participants were not feeling great, or when they had lost confidence. More case study reports might capture some of the more in-depth and qualitative factors that affect participation rates or highlight actual barriers to participation.

The largest research question was broken down into three areas, looking at the impact on mental health, addiction and safety. A large proportion (60%) of the participants identified as having some form of mental health challenge. This topic was explored further and data gathered that could be used to measure impact. It also had the strongest response rate (n=42) which indicated that it had a high level of relevance for many of the participants.

Addiction clients were a smaller sub-set with 5% of responses although a higher number answered the historical addiction question (12%). The research literature had already highlighted that many of the target development areas to improve mental health also overlapped with improving sobriety and these were the common themes that the surveys sought to gather responses on. Areas of particular interest were – examples of connections / developing a sense of community, increased self-confidence, improved sense of well-being and feeling more positive.

At this stage in the project delivery feedback from the surveys would indicate that the initial markers of

success are being met. The project seems to be relevant and able to retain participants in some cases for over 12 months. The main barriers of childcare, transport and needing additional support are being provided, and the identified target groups of participants with mental health challenges and/or addiction have been included in the programme.

To date the programme development has been led predominantly by the needs of the clients and the requirements of funders. This evaluative research piece has come at the end of this project implementation stage, although data collection continues to be ongoing. The next stage of the project might want to consider being more research led for the data collection, so that specific research questions are set now to explore during the next phase of the delivery.

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AREAS FOR FUTURE RESEARCH

This research paper touched briefly on the impact programmes such as 4Empowerment Donegal can have on children who have experienced domestic abuse. However, the researchers were not able to go into any meaningful detail at this stage and this is potentially an area for future exploration and expansion. The children's section of the paper also briefly highlighted the seemingly high prevalence of ASD or possible trauma response behaviours exhibiting as ASD, that seemed significantly higher within this target population compared to the national average rates, again this is another whole area for possible research.

Another area of emerging work is the number of young adult children that grew up with domestic abuse and would now like to access supports through the project. This has the potential to become its own area of work, and potential for research.

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