

LITERATURE RESEARCH AND NEED ANALYSIS

RESEARCH ANALYSIS REVIEW





INTELLECTUAL OUTPUT 1

Literature Research and Need Analysis

RE-ABILITY: Adult education to promote Relational Ability -

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Women's Support and
Information Center
There is a way out of violence!



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Literature search and needs analysis

Introduction

The RE-ABILITY project is an intervention project aimed at strengthening the social-relational and emotional capacities of women victims of violence, sheltered with or without their children. In order to achieve this objective, it is also necessary to strengthen the skills of the operators/educators of the communities` and centres also in terms of learning new skills and to provide them with innovative operational tools that enable women/mothers to reach good levels of socio-relational and emotional skills.

The project sees the cooperation of non-profit organisations from 5 different countries, Italy, Estonia, Greece, Croatia and Romania, all committed to the protection of children's and women's rights, and to safeguarding the family with programmes on strengthening parenting skills, listening centres and support for their protection.

The exchange of ideas, opinions, and good practices with organisations having a different cultural background fostered an enrichment, the possibility` to take cues from each other, to strengthen existing practices or to create new ones starting from one's own experiences and building on them. Thanks to this partnership, different approaches matured by each partner over several years of work` with women were shared, but also socio-cultural aspects were analysed which differentiate these approaches precisely because they were developed in European countries.

This paper will present:

- The literature search carried out by all Partner Countries
- The research plan
- Needs analysis (interview reports and focus reports)
- The results obtained



1. Literature search

In order to implement the needs analysis, the partnership conducted a literature search, which focused on parenting plan models in the partnership countries; this research aimed to identify the existence of existing parenting plan models in the partner countries and to analyse parenting intervention programmes developed and used in women's centres to support the parenting and emotional competences of mothers receiving services.

From an initial analysis, there are no examples of EYPs in the literature in any of the partner countries, but the comparative research showed that innovative interventions, programmes and tools were designed to support parenting and used within the centres involved.

The results of this research for each individual country will be summarised below.

GREECE

A network of 74 facilities is active in Greece to prevent and address all forms of violence against women, including state-funded facilities and facilities run by non-governmental organisations. In addition, there are counselling centres offering support and referral services to victims of gender-based violence. With regard to women's shelters, accommodation and food are provided not only to women victims of gender-based violence, but also to their children. Thanks to these services, therefore, women/mothers who are victims of violence can recover their self-esteem, take responsibility for their professional, private and family life and make the best possible decisions for their future.

Some programmes have been identified in the literature as good examples for working with this type of clientele.

The Parental Identity Education Programme-EPPI and the Parental Emotional Literacy Education Programme-EPPEL2 are two educational programmes dealing respectively with the key elements of clear parental identity and the principles of emotional intelligence. Both programmes consist of 12 structured meetings and are aimed at parents with children of all ages and prospective parents. The meetings of both programmes take place every 15 days, last one and a half hours and are coordinated by a specially trained mental health professional. After attending the



two introductory courses mentioned above, parents can participate in 'parenting schools'.

The topics that are usually developed in 'parent school' groups vary depending on the stage of development of the children of the parents involved. Parent school' groups mainly aim at preventing problems in the family context.

In Greece, no models of parenting education plans have been reported and there are no programmes specifically aimed at mothers who are victims of violence. However, there are intervention programmes for parents, where some organisations implement 'parenting schools' with specialised social scientists who provide counselling to parents.

ESTONIA

The research conducted by Estonia aimed to observe existing models of parenting plans and to map good practices developed and used in women's homes to support the parenting and emotional competences of mothers receiving services. The first women's home in Estonia was opened in 2002 and the development of services provided to victims of violence has been extensive over the two decades. Women's support centres are coordinated by the Estonian Social Security Agency and standards for services have been established. However, these do not include aspects of parental education.

Several studies available in Estonia have focused on the parental needs of the general population. These studies have revealed that parents have difficulties raising their children and need support and guidance. For this reason, the Estonian government has adopted the Incredible Years parenting programme and, in cooperation with local governments, the programme is available in several regions about twice a year to all those who are interested.

To date, there are no programmes specifically implemented in women's shelters and partner violence centres. Guidance and counselling depend exclusively on the counsellor's know-how, knowledge and personal experience.

ITALY

The research conducted in Italy does not report previous examples of parenting education plans in the literature, but has shown how innovative interventions and tools for parenting support have been designed.

There are several projects in the literature aimed at empowering and supporting parenting and some of them have led to the creation of a network between different organisations (public and private) dealing with family issues.



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In addition, some tools were identified, such as the 'Supporting Parenting' kit, which is the result of a research programme on parenting skills and resources that can enhance them. The study not only described resources and expressions of parental resilience in vulnerable contexts, but also identified sources of help in the social network. The main objective of the kit is to give parents a voice, in a listening attitude based on respect for their experience and vision. The proposed kit is intended as a tool to support the intervention implemented by professionals and aimed at accompanying parents in their educational task. The research presented aims to investigate how each parent assesses their real and ideal partner's behaviour in three areas related to parenting: social, educational and disciplinary. Several questionnaires were then administered to parents to investigate the skills possessed and adopted.

CROATIA

A literature search on educational programmes for parents in the Republic of Croatia revealed that the most detailed programmes described in the literature are Let's Grow Together and Parenting 0-6. Both programmes provide support for the early development of children. Both programmes provide support for the early development of children. Some of the topics covered in the programmes are: a child's basic needs, emotional development, psychological development and disobedience, modern parenting, pillars of parenting, parenting goals, setting limits, parental responsibilities and so on.

The Hrabri Telefon Association and the 'Tić' kindergarten run parenting schools. The Courageous Telephone Parenting School takes place through 12 workshops, is aimed at all parents and covers the topics of communication, child self-esteem, conflict resolution and parenting stress. In addition to parenting in general, the school focuses on two other groups of parents: divorced parents and single parents. The school is based on the exchange of experiences within the group, experiential-educational workshops and the provision of a theoretical basis on the impact of divorce on children and the psychological aspects of single parenting. The topics included in the programme are psychophysical development and children's needs, children's sexuality, appropriate forms of child discipline, parenting as a source of stress, ways of communicating in the family, conflict resolution, positive parenting potential, communication with the ex-spouse, children's reactions to divorce, meeting children's needs, personal experience of single parenthood, family dynamics and communication, positive discipline and parenting styles, social skills. As part of the programme, parents learn about the essential prerequisites for



successful parenting, become aware of their own difficulties through the exchange of experiences and acquire new communication skills by practising in small groups. In the Republic of Croatia, according to the literature consulted, there are no examples of Parenting Education Plans.

ROMANIA

According to our knowledge, but also to initial research on this topic in Romania, there are no separate actions/programmes for victims of domestic violence (women and children) regarding the educational autonomy of mothers who are victims of violence.

Interventions (on this topic) are carried out within the existing social services. Each of them organises its own methods and ways of working internally. Psychologists/psychotherapists are those who work with victims (women and children). Support groups for women victims of domestic violence are also organised in social services (especially in NGOs).

Within the social services, various activities are organised for the education of mothers, psychological counselling for mothers, and support groups. The National Parenting Education Strategy 2018-2025 was a controversial recommendation/bochure/topic, not accepted by the Romanian Academy, conservative groups and religious cults. . This document would have been the basis for the development of integrated programmes for families with children, children from disadvantaged or at-risk groups.

At the policy level, there are several disadvantages, including the lack of unified policies, the lack of a coherent legal and regulatory framework in the field of parental education, the lack of quality standards on parental education and the lack of tools for monitoring and evaluating the parental education process.

At the service level, several problems exist, including the lack of skills needed to provide services in various areas and the low level of access of parents from vulnerable groups to programmes aimed at developing parenting skills and competencies.

In the light of research, we can say that parenting skills mean caring, nurturing, educating, protecting, encouraging, loving. These are not contents to be learned but vital functions, available to children and parents who together become the generative environment of life.

The parental experience today is one of the most delicate and difficult moments in the existence of a man and a woman, which is why it is necessary to support them

at such a delicate time. Research in the literature reveals how it is necessary to support and encourage parenting skills so that more and more parents are ready to welcome their children and bring them up in an educational style that is functional to the children's growth.

The literature found mentions a few examples of workshops and projects aimed at enhancing these skills, and reports different examples involving different actors and providing new innovative proposals.

What has emerged from the different researches in the literature is that, taking into account the many challenges and needs of parents, it is important to design and implement a parenting plan model as a tool to assess, improve and monitor the social-relational and emotional competences of parents and in particular of mothers who are victims of violence. This tool could be useful not only for the mother, but also for the educator to plan a life path away from the home. This tool should include guidelines on how to design an educational plan and the approach the educator can use to share this educational plan with the host mother in the community and with her children or parents in general.

2. Research Plan

Within this project, a needs analysis will be carried out to understand how to support the women in the shelters/refuges and at the same time to understand what the social workers working with them need to achieve the expected results.

The first step is the realisation of the Parenting Education Plan, a tool aimed at analysing the basis of parenting skills to better define objectives for improving the mother/child relationship. At the same time, the learning needs phase on the two target groups (women victims of violence and social workers) will begin.

This phase will include:

A semi-structured interview addressed to the two target groups (women victims of violence and social workers); two focus groups addressed to the same sample for further information gathered during the interview.

The theoretical framework is based on the concept of Emotional Intelligence. Emotional intelligence (EI) has been described as a set of skills relevant to the appraisal and expression of emotions in oneself and others, the effective regulation of emotions in oneself and others, and the ability to use emotions to motivate, plan behaviour and outcomes in their lives (Salovey & Mayer, 1990).

This research consists of two different phases:

a) In the first phase, a semi-structured interview was conducted with women victims of violence and social workers to identify the needs and expectations of the groups involved.

b) In the second phase, focus groups were carried out to collect the cognitive and emotional representations of social workers and women victims of violence, in order to deepen the data that emerged in the first phase. This phase will therefore allow the collection of a lot of qualitative data to better focus the intervention model.

Methodology adopted

In the first phase, a sample of 5 mothers from each country of the partnership will be involved, with a total of 25 women from different organisations across Europe aimed at identifying the basic needs of mothers in shelters.

At the same time, the research will involve about 10 social workers from each country of the partnership; this will serve to get the same analysis from the perspective of those working in this field, for a total of 50 social workers involved.

In this research project, a semi-structured interview was used; after the analysis of the interview data, a focus group was conducted with the target groups to deepen the data that emerged, both with the women victims of violence within the shelters and with the social workers who work with them.

a) Semi-structured interview (Appendix 1).

The characteristics of semi-structured interviews are:

- The interviewer and interviewees engage in a formal interview.
- The interviewer develops and uses an 'interview guide'. This is a list of questions and topics to be covered during the conversation, usually in a particular order.
- The interviewer follows the lead, but is able to follow topical trajectories in the conversation that may deviate from the lead when he or she feels this is appropriate.

Some interviews were conducted face-to-face, others were conducted via an online platform due to the health emergency.

The semi-structured interview involves listening, but also the ability to introduce questions that help obtain project-relevant information.

Before the interview, some basic principles were considered:

- Using an open and question-sensitive approach
- Managing appropriate use of self-disclosure
- Creating a comfortable environment for the interview



- Considering the timing of interviews
- Coping with the emotional impact

Prior to the interview, each participant filled out an online form to collect their informed consent, sign the privacy policy and gather general information. Participation in the research was voluntary on the part of all participants. All interviews were recorded and transcribed in their verbal and non-verbal content.

b) The focus group was used as a qualitative research method based on group discussion, which made it possible to collect opinions and evaluations on the specific topic. This research did not provide numerical data that could have been the subject of statistical analysis, but it did make it possible to analyse events from the point of view of those who experience them on a daily basis, facilitating and enriching the understanding of the phenomenon under examination

The focus group was run by a moderator whose task was to formulate the questions in order to stimulate the conversation and foster the exchange between the participants. The moderator asked the questions according to a structured scheme, on the basis of what emerged, the data were interpreted, emphasising the implications.

In particular, the following were identified and explored:

- needs of the target group
- expectations
- feelings and emotions

It was only after the analysis of the semi-structured interview data that a list of questions for further investigation was drawn up.

3. Needs analysis

GUEST MUM INTERVIEWS

Interviews were conducted in person and online, where logistical difficulties existed. The age of the women in the target group in the different partner countries is between 15 and 48 years and they are all from the project countries.

All of the women, who participated in the research, reported that they had been hosted in a shelter or reception centre for a period of between two months and three



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years in total. Some of the guests shared a room with other mothers and children and some were not allowed to share a room. For all of the host mothers, the alternation of daily life and the acceptance of new habits, as well as living with other previously unknown people, represents a significant difficulty for mothers who are hosted in the shelter and share the day, time and space (common areas) with other beneficiaries. The interviewees almost unanimously agreed that the care facilities meet and have met their needs. They described the place as beautiful, intimate and 'warm', where they can feel calm, protected and safe. Regarding the educational level of the beneficiaries, they all completed the compulsory education level.

The interviews investigated the following areas:

Experience with the protection service

The participants expressed their full satisfaction with the support they received and continue to receive. They stated that they derived many benefits in terms of their emotional state, their mental balance and their sense of security and protection.

Thanks to the support of the team, all the interviewees say they have learnt new skills which are useful not only on a parental level but also on an individual level we have found real support here, mothers, sisters, friends, they listen to us even at night and try to satisfy every single need of every mother", "... I have learnt not to meddle in my daughter's personal life ...", "... I have learnt that life can be lived well with schedules ...", "... I have learnt that sincerity pays ...", "... to children that they must share, they must behave well and they must respect the rules ...". children that you have to share, you have to behave well and you have to respect the rules ...".

Among the methods used by the educators, according to the interviewees, is dialogue and example. According to them, even small words have a new meaning such as "thank you, you are welcome, sharing, living in the community", listening and sharing allowed the interviewees to be good examples for their children. Some mothers say that they had difficulties, especially in the first days of integration, in accepting and putting into practice the rules shared within the facility.

Individual and group interviews were conducted by psychologists and social workers in the different partner countries and in the different reception centres.

Through the support course, the interviewed mothers were able to increase their self-confidence and change their self-image. Furthermore, they stated that they were helped to control their emotional reactions, minimise the influence of others, reduce their fears and become stronger by making themselves a priority. The additional support the beneficiaries would like to have concerns psychological support and parental counselling, as well as additional financial support and assistance with (re)entering the labour market (job search - job offer - financial support).



Personal perception

All the interviewees had difficulty describing what resources they recognised in themselves, so the interviewers had to give examples and see which of the mentioned resources they recognised.

In the end, each mother was able to identify at least one quality. They spoke of qualities such as: courage ("I had the courage to leave after 13 and a half years"), hard-working, industrious, homemaker, generous ("I like surprising others, I am generous, I can say I am a good person, attentive to the children's needs, attentive to what the children feel, I realised they can do well without him"), being economical ("I managed to save money every month I was in the home").

Most of the mothers, after a moment of reflection, reported feeling a great strength, which they themselves often did not know existed. They managed to survive and put behind them the difficulties they faced and are able to see themselves with more positive thoughts and feelings for the future.

Some mothers describe themselves as "...determined, I don't need anyone's help because I can easily manage on my own...", "...I am a very good mother, I have made my mistakes and I still do, but my daughter is really my life". They all state that they have a very good and close relationship with their children, based on affection, empathy, dialogue and trust, it is clear from the mothers' words that their children have been a source of strength for them.

On the other hand, when asked "How do you perceive yourself as a mother?", some of them expressed a strong emotion, dictated by several factors, not only because they have longed for pregnancy and therefore still feel moved to describe and recognise themselves as mothers, but at the same time their placement in a sheltered facility makes them fragile and insecure with respect to their future, their greatest concern being that they may lose or have their children taken away from them due to some of their failures or behaviour.

Others, however, describe themselves as mothers who are 'Strict, especially about bedtime. Discreet and good at most things', 'a good mother', '... I will give her everything I had: childhood, serenity, family and joy', 'I am attentive to my children, perhaps too much so. I have to try to satisfy not only the basic needs they need, but also the need to play with them'.

Some respondents say they have no family network they can count on, others say they can count on family members, their partner or family of origin, many say they have no friendship network and where there is one, it is people who are physically distant from them. This difficulty, according to many mothers, is due to the fact that



they have focused on their family and on bringing up their children, which has led to a distance from the friendship network.

Concerning the strengthening of their parental role, the mothers interviewed stated that they were very much helped by the professionals at the shelter and the counselling centre.

Staying in a care home causes the interviewed mothers to state that they feel a sense of loneliness and believe that they can only depend on themselves, as a result of the trauma caused by the abusive behaviour and its chronic exercise. Most of the interviewees in the different countries state that, in case of need, they would turn to the staff of the shelter and to professionals from whom they have already received help and support, as they are sure that they will receive adequate help in the face of possible future difficulties.

Through the answers of the beneficiaries on how and what they would like to change in their previous life if they could go back in time, it can be concluded that prevention and changing behavioural patterns and communication rules could help younger women not to experience any form of violence or, if violence does occur, to know how to react immediately and without delay.

The mothers argue that it is necessary, in all countries, to urge the strengthening of services and the dissemination of information, as well as access to services, so that all women who have experienced some form of violence can obtain information and use all available solutions to deal with the problem.

The care services cooperate closely with other services (e.g. childcare) - one mother is not sure whether this was actually helpful, because the problems with her child continue. However, she admits that in some respects the referrals have been helpful (psychological help, educator).

With respect to the aspects to be improved identified by the respondents are the aspect of food, which should satisfy the preferences of the guests more, the possibility of more outings during the week to ensure, especially for those who are forbidden to pick up, that they can spend time outside the facility with their children. Some say they do not feel the need to change anything 'I like this place. At the moment I consider it my home and I wouldn't change anything. Everything is here. I am happy with this service, I have nothing to complain about'.

Despite the negative aspects identified, including: lack of interest in reading; work commitments that do not allow participation in activities, meetings, sometimes only telephone conversations with the specialist; refusal to participate in psychotherapy sessions (only 1 beneficiary); difficulty in establishing boundaries within the mother-child relationship; role confusion (before being a mother, I want to be their friend x 2

beneficiaries); verbal violence (she shouted at me and I shouted louder) all 5 beneficiaries would like to develop or maintain a good relationship with their children and are willing to communicate effectively with their children.

OPERATOR INTERVIEWS

Before conducting the interviews, the semi-structured interview guide was adapted to the different contexts of the partner countries. Interviews were conducted via an online platform due to restrictions in place for the Covid-19 pandemic that affected all countries. The subjects were identified and the objectives of the interview were made explicit.

For a better understanding of the specialists' experience, triangulation was used in the data analysis approach. The following types of analysis were used: content analysis, thematic analysis and discourse analysis.

Content analysis was used to obtain an objective and systematic description of the content, to reduce the content of the communication and above all to generate conclusions. This involved: the identification of key words/phrases/themes; coding (units of analysis, context and quantification); and the creation of the analysis scheme. The positive, negative or neutral character of the units of analysis was analysed through the context units. For a clearer picture of the above, see Appendix 1.

Discourse analysis focused on verbal, non-verbal and written language. Elements of interest: attitudes (receptiveness, hostility), words/expressions used; specific terminology for key concepts (emotional intelligence, school autonomy), how a certain topic was dealt with, how meaning is constructed, aspects that are important or not for the subjects; words indicating a degree of certainty.

Thematic analysis considered familiarisation with the data, reading it several times, taking notes; open coding; merging the code into categories; merging the categories into themes.

The interview was divided into four sections:

Background of experiences

All respondents work in organisations that promote women's rights and gender equality and offer services for the prevention and treatment of gender-based violence. More specifically, the participants include psychologists, social workers, educators, social workers and educationalists.



As far as training opportunities are concerned, some operators state that they have never been offered training activities useful for their work, others that although the organisation they work for has offered them some training opportunities, in presence and/or at a distance, on issues related to the users in the facilities, due to personal or work commitments they were not able to participate. There are those who state that the work carried out within the facilities hosting women and mothers who are victims of violence requires ongoing and continuous training, as it is necessary to continuously adapt the operational method according to the users and it is as if the team were always learning something new with the inclusion of new units.

While others state that training programmes and seminars of various interests are continuously offered by public and private entities. Some examples of these trainings are educational programmes on issues related to violence, forms of abuse, trafficking, trauma, victim management and post-traumatic stress, the Istanbul Convention, gender and LGBTQI issues and the gender perspective. There are also training courses on bullying, child abuse, bereavement, eating disorders, internet addiction, the relationship between addictive substances and abuse, as well as parenting schools, intercultural and labour counselling and alternative methods of therapy.

In Estonia, for example, all shelters provide their staff with additional training. As shelter services in Estonia are coordinated by the Social Insurance Board (SIB) and implemented by NGOs, the SIB provides in-depth training on IPV and GBV once a year, which is mandatory for shelter workers. In addition, the interviewees attended training courses on elder abuse, support for informal caregivers, legal training, training courses on psychology and social issues.

All these training courses enable professionals to enrich their knowledge and specialisation, familiarising themselves with new terms, techniques, tools and methodologies in an ever-changing field. In addition, the training activities contribute to staff empowerment, maintain high academic and professional standards and facilitate collaboration within the network of women's facilities.

Work experience

Teamwork is, for all the interviewed operators, fundamental and communication appears to be a necessary feature to carry out daily work within the reception facilities. Collaboration between the team is useful to achieve the objectives that are identified and that are hoped to be achieved, each member of the team is considered fundamental. Teamwork is very important in the work context and all



participants valued the experiences of colleagues as an aid to gaining further knowledge and improving their own efficiency

Some practitioners consider ongoing training to be necessary and frequent meetings allow them to feel supported and to have the opportunity to express any doubts about how to intervene in certain situations.

"It supports my work because in the team we all have different backgrounds, so we have a multidisciplinary approach to taking care of the nucleus. So I offer my skills as a pedagogue, there are those who offer their skills as a psychologist, those who offer their skills as a social worker, and that's where good teamwork comes in".

With respect to the relationship with the mothers, this is defined as continuous support work, without ever replacing them but standing by their side. This too is a relationship of collaboration between women and operators without which it would not be possible to work

"...it's a relationship of reciprocity and exchange in particular they give to me and I give to them, also in terms of personal growth, at times they also support me, the way I have to approach them, it's a mutual giving. Obviously at times when I see a lot of difficulties with them, my job is to help them overcome those concerns, so I very much favour the exchange of ideas, dialogue, seeing what upsets them, what we can do so that they can overcome the obstacles inside or outside. Their relationship with their children, if maybe they don't know how to take them, what to do to take over their role as a mother. It is also a growth for me because I am not a mother and therefore I could not completely put myself in their shoes...".

Therefore the relationship with host mothers is based, for all operators, on the principles of trust, honesty, solidarity, cooperation and support. More specifically, it is a non-directive relationship characterised by genuineness, empathy, active listening and unconditional positive regard, through which the empowerment of host mothers is achieved. Many of them attribute their close relationship with host mothers to the fact that they themselves are mothers and can better understand them through their parental role.

Among the younger operators, a common difficulty concerns age, as there are several users who are older than them and this makes mothers believe they are not fully understood initially my young age favoured transference and counter-transference relationships, thus situations in which the mothers did not perceive my role or felt it was too close to their own age, so initially my work was all about remaining their point of reference but maintaining my position as a role, because we know very well that between role and function there is a big difference and in any case it must be perceived precisely so that we can become points of reference, not



to put in place situations of total friendship and not direct confrontation with the role, so this for me was also a work on myself, because it was also difficult for me to relate since they were very young".

Most social workers admitted that they face several challenges in their daily practice. First of all, the disbelief that characterises women victims of violence makes it difficult for them to open up, especially when women and social workers speak different languages. Other difficulties concern cancellation of counselling sessions, collaboration with other services, lack of resources, complexity of requests and possible threats from spouses.

With respect to the moments of listening, although both the psychologist and the social worker dedicate specific listening spaces during their hours in the facility, the operators believe that there is no specific moment with them but that the whole day is dedicated to listening to the mother's needs. In particular, the time dedicated to listening coincides in the evening, after the mothers have put the children to bed, they take some time for them and together with the operator on duty discuss the day spent, any doubts or special needs.

The operators state that thematic workshops are held in their facilities, based on festivities for example, but also specific ones based on emotions (creative reading, creative thinking...), recycling and respect for the environment. The difficulty encountered by them is that they are unable to organise activities involving both mothers and children at the same time, and this often leads to distraction and lack of attention on the part of one of the target groups.

The subjects involved in drawing up the P.E.I. are the operators, who fill in the observation sheets quarterly, the social worker and the facility manager, and finally the P.E.I. referent, the latter figure in two facilities coincides with two educators and in a third coincides with the social worker. The observation carried out is continuous, by means of observation sheets the information and problems to be tackled that each operator has observed during his or her shift are collected. The mother is involved through the sharing of the P.E.I., this sharing is carried out by the social worker of the structure or by the P.E.I. manager. In all three structures in which the operators interviewed work, this is the common line for the compilation and monitoring of the P.E.I.

Experiences of emotional intelligence

All experts agree that educational independence is important and an integral part of the work. They are working intensively on independence and preparation for



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independent living. "Autonomy over one's own life" one expert wanted to emphasise that not only educational autonomy is important but also taking control of one's own life. Another expert agreed with her by saying that (formal) education is in last place because the beneficiaries have such problems that it is difficult to focus on education. "Autonomy is encouraged, (...) but the issue of education often remains untouched." Educational autonomy is combined with further economic autonomy, with employment possibilities, autonomy, to create better conditions for the woman's life and family, so that the woman is not forced to return to her husband (abuser) because of economic dependence. Educational autonomy is achieved directly through workshops that focus on self-confidence and self-esteem through which they realise what they could do or have already done or wanted to do and have not had the opportunities until now.

Practitioners agree that the mother's lack of motivation to change is a difficulty in this type of work. Beneficiaries who are in the care centre against their will are less inclined to cooperate, even if they need a lot of help. Encouraging responsibility and a higher level of self-esteem in mothers can often be a difficulty. Some beneficiaries do not have realistic expectations, they would like to solve everything immediately. Some have difficulty defining or prioritising problems. Sometimes they already arise at the end of a legal process (e.g. deadlines for appeals pass, but they have gone through the process without support), so employees cannot do anything but listen.

All practitioners agree that there are no specific guidelines and protocols relevant for mothers who are victims of violence to enable them to develop a sufficient level of educational autonomy. One expert states that they use the safety plans they follow with the women (they focus on networking them in the local communities, looking for resources they could use as a counselling or family centre). However, they recognise that within the facilities where they work there is a common line in working with this type of user, which therefore concerns sharing a model of intervention based on respect and the centrality of the person.

With respect to the tools and models used during the working hours to educate the host women on emotional intelligence, some operators believe that through the workshops the right methods can be used to convey educational messages not only to the women but also to the minors. All operators agree that working on the emotional intelligence of the mothers is very important and effective to achieve the expected objectives

"It is very important, also because mothers come here, especially women who have suffered violence, believing themselves guilty, that is, I have been a victim of violence because it is my fault, this is where the role of the educator comes into play,

working on her emotional intelligence, on her emotional field, making her aware of the fact that the woman victim of violence is not guilty, she is only a victim. From there begins a path of awareness that leads mothers to realise that they are a woman, being a woman does not cause the man for whom you have to receive the beatings, before being a mother you are still a woman and therefore accept yourself first as a woman, then as a mother, as a companion, it is a path of awareness and autonomy at 360° autonomy, not only for the management of the child but also to manage their own emotions, in the management of their own spaces, deliveries and so on."

Although there are several published books on emotional intelligence and they acknowledge that there are courses on this topic in universities, none of the interviewees could identify specific training or models/tools to improve the EI skills of beneficiaries in shelters. It depends very much on the counsellor and also on the beneficiary. The counsellor can use all the methods at his/her disposal, but in the end no one knows how much or if the beneficiaries transpose.

In general, working on emotional intelligence skills is a relatively long process and the time women spend in the shelter is not sufficient for a long-term impact (usually only a few weeks or a couple of months on average). The state of mind of the beneficiaries sometimes does not allow them to acquire further knowledge.

After sharing the definition, all practitioners agreed that in their work practice it is a fundamental aspect of working and that it is a skill that is used continuously to make mothers understand the needs and emotions of others.

They also believe that it is widely used in centres hosting women who are victims of violence because these are often women with low self-esteem and being able to work on the aspect of emotional intelligence can enable them to first understand their own emotions, know how to read them and modify them in the light of becoming aware of their personal history.

"Enter into the emotional field of the other person and grasp the salient aspects, which then allow you to relate. When I said earlier that you always have to adjust to the person in front of you, it is true because we are all different and so you have to grasp the different aspects, the attitude will change depending on who we are dealing with. But it is fundamental in our work"

Experiences of educational autonomy

As far as parenting skills are concerned, mothers are supported according to their needs, support for mothers also depends on the employee, it must be done in a very skilful way and take into account the vulnerability of mothers.



Mothers in reception centres quickly take responsibility for their own lives: 'Dealing with the consequences of social exclusion is crucial. In the end, the goal is to ensure that they are able to start their lives completely independently. And at the same time to be a full-time parent. Be effective in life and cope with whatever needs to be done. And if you can't, ask for help... and know how to ask for help, because they don't even know where to ask for help. Where to look and where to find help'.

There are no guidelines, but there are indications of what needs to be noticed and addressed. "How to deal with it, must already be an awareness of the counsellors". The work of the multidisciplinary team is essential for the development of the individualised intervention plan, the development of new skills, the assessment of the case and the rehabilitation of the person assisted. Dealing with cases of victims of domestic violence requires a well-structured intervention, tailored to the needs of the beneficiary, together with a team of specialists, hereafter referred to as the multidisciplinary team.

From the point of view of the positive aspects identified as a result of teamwork, one can mention: "development of interrelation skills", "broader understanding of the needs of the beneficiary", ease of decision-making, identification of common values; development of "new strategies", "practice, with my team, of assertive communication, empathy, social skills".

The aspect of the development of parenting skills is a focal point in the work of the operators and this involves, for example, supporting mothers in how to manage their children, how to invest their free time, how to play with their children, how to take on responsibilities. Autonomy is a fundamental aspect to be achieved as soon as they are placed, and for this reason the team supports them in the search for training and work activities, in the search for a house if they do not have one, in the search for a support group that will allow them not to find themselves alone once they have finished their stay in the host structures.

"So our support is both to support and accompany them in carrying out an important task, useful for their children, to supervise and see if what they are doing is suitable for what they have to do with their children. Support, supervision and accompaniment because obviously we have to follow them in their growth process both in parenting, even if in some cases they don't need it, but they depend on some things where they feel at the mercy of themselves because they don't know what to do and how to do it, and our task is precisely to accompany them so that they are then able to do it independently".

None of the respondents were able to identify specific guidelines and/or protocols for lone mothers/victims of violence to enable them to develop a sufficient level of



educational autonomy, apart from some international protocols that are not applied at national level. Moreover, none of them were able to identify tools/models used in their services to enable the educational autonomy of the beneficiaries, with the exception of structured tools concerning job counselling or skills development, and educational scenarios that help women to assess their needs and ways to meet them.

In the intervention process, the victim is invited to participate in group meetings together with other mothers and in individual meetings. Participation will lead to the identification of needs and facilitate the implementation of an intervention plan necessary for her rehabilitation.

The beneficiary is helped/guided to acquire parenting skills:

- through counselling sessions, validation, intervention according to the needs of the beneficiary "as needed, we provide information on the behaviour/attitude of the children or the mother towards the children", "we show them how to do it".
- Collective interventions in which the whole group is involved - workshops, parenting and social skills training.

According to the interviewees, mothers are supported in developing their parenting skills according to their wishes and needs. More specifically, counselling or psycho-education aims to empower them through interventions such as parenting schools organised by various agencies. Furthermore, all interviewees agree that the educational autonomy of lone mothers/victims of violence is a very important goal in their service and they usually find out to what extent it has been achieved through follow-ups.

FOCUS GROUP

Between 15.11.2021 and 27.01.2022, 10 focus groups were conducted: 5 with social workers and 5 with mothers hosted in shelters for victims of domestic violence in the partner countries (Estonia, Croatia, Greece, Italy and Romania).

FOCUS GROUP MOMS

The average number of participants was 4.6 with 3 participants from Croatia and Estonia, 4 from Romania, 6 from Greece and 7 from Italy.

All age groups from 18 to 45 years and older were included in the study group. Moreover, most of the beneficiaries are mothers of at least one child.

Mothers benefit from the services of counselling centres, emergency and rehabilitation centres and social flats. The period spent in specialised services varies from 1-3 months to 7 months +.



The following statements reflect the general picture of the dynamics among the beneficiaries who participated in the focus group:

"although they did not know each other before this meeting, they developed good communication early/with relative ease and felt comfortable sharing their thoughts and feelings".

"they stated that they felt they had a lot in common with each other and they all agreed on a feeling of acceptance and satisfaction, as they realised that they were certainly not the only ones who had faced difficult situations; through the discussion they felt that one could help the other more effectively, also in her role as a mother". The participants were punctual and asked the focus group organisers additional questions.

Breastfeeding mothers had the opportunity to participate with their babies, the general atmosphere was one of mutual trust and acceptance.

The participants were open to discussion and provided a lot of information about the service.

The female beneficiaries were encouraged to participate in the discussion and to present their views on the topic. It was observed that women who had been in the protection system for a longer period were more involved in the discussion. Overall, the discussion was good. The participants were open and, when necessary, honest and critical. The female beneficiaries who had been in social services for a long time had the opportunity to encourage the newcomers and to tell them that they will overcome this difficult period with the help of specialists.

The answers to the questions posed were analysed below.

What kind of services do mothers receive? What is the general perception of services provided to mothers on parenting by the services in which they are involved?

With regard to the social services offered to the beneficiaries, we can mention accommodation, a social flat, social counselling, psychological counselling, psychotherapy, legal counselling, counselling for minors, medical care for them and the child, support for food expenses or other urgent needs of the mother-child couple, and educational programmes specific to each centre (workshops, support groups, etc.).

The overall perception of the services received was described as good and very good.

The beneficiaries described the help received from social services as important to them and as bringing peace and tranquillity. Some of the beneficiaries mention the kind welcome they received, the warm meal, the hugs and the familiar environment. Benefits: Regardless of the services received (accommodation, counselling: social, psychological, legal; personal management, financial support, help in finding a job, self-confidence building, childcare, mediation with the authorities), all were described as immediate, necessary and useful.

The context in which social services are received has been described as family-oriented, empathetic and positive.

Difficulties: All focus group participants mentioned the challenge related to the well-being of children in general, services should be focused not only on the mother but also on the child or the relationship between the two, and better organisation in terms of the activities carried out in the children's centre, providing care for the children by the centre staff (when the situation requires it).

Other challenges mentioned by the beneficiaries were: fear for the future (after leaving the centre) and the limited time they spend with their child (due to work schedules). Beneficiaries described the struggle to regain strength and return to normal life as a constant challenge.

Briefly describe what focus group participants said they found difficult about receiving services.

The participants stated that they needed more "freedom at the weekend" and that their demands were more focused on the needs of their children than on their needs as women.

Some beneficiaries had to leave home with only half of their children. Even if they keep in touch by phone, this is one of the biggest challenges they have encountered so far.

Participants suggested more therapy and psychological counselling for children; complex services for children (rehabilitation plan, etc.).

Describe briefly Is it possible to imagine changing certain rules concerning meals, shopping and food autonomy?

Some of the beneficiaries are able to do their own shopping, with the help of the social vouchers they receive during their stay in the facility. They are satisfied that they can choose their own food.

For other beneficiaries, we point out that participants take part in the decision-making and food selection process and make a list of what they lack and what they would like - which is appreciated.

Most of the respondents considered the rules 'reasonable', 'common sense and necessary for community life', 'have no objection to the diet',

Several changes desired by the beneficiaries were mentioned, such as having food in the rooms and the possibility of having different food.

Briefly describe How would it be possible to change leisure time management with children? What could be done differently?

The beneficiaries are satisfied with the variety of activities (homework help, horse-riding course, inclusive workshop attended by their children together with autistic children organised by a partner association, etc.).

They also pointed out that:

- It would be very helpful if the home could also provide childcare services.
- children have too much free time
- the mother does not have enough authority and needs extra help with her children's leisure time because she feels they spend too much time in front of the TV, mobile phones and laptops
- plus workshops for children

Describe briefly How would you like to intervene in the choices concerning the management of the residential group? How could you contribute in a personal way? Would you like to bring props?

The beneficiaries stated that they did not know, had no recommendations or were satisfied with the current situation.

However, several beneficiaries stated that they wanted to be listened to by the facility staff when needed and that they wanted as many child-specific activities as possible, depending on the schedules of the beneficiaries and the social workers.

How does the stay in the sheltered facility improve their well-being? Do they notice changes in the way they interact with their mothers when they are in the sheltered services?



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The beneficiaries recognised a big difference from how they were before coming to the centre. The elements of improvement include: self-confidence, more restful sleep, calmer children, fewer crying episodes for them, feeling more secure, having more time for relationship with the child; strengthening their character, learning their rights and growing as better people and becoming better parents to their children; stronger, more independent and more optimistic; with a sense of security.

They are aware that they have undergone important positive changes as a result of the shelter experience. These mainly concern mood, the ability to control emotions of anger and anxiety and fears, and the ability to plan and anticipate a more serene life.

Although most of the women noticed positive changes, one beneficiary said that her relationship with her son became more strained after she left home (great resistance from her son. Before there was no such resistance. He is the youngest son and he always listened to her and they got along well, whereas now he contradicts everything his mother tells him).

What do they think will help them improve their relationship with their children? How can staying in a shelter or protected place help them to be more aware of their emotional well-being?

Responses ranged from needs such as a peaceful and violence-free environment to specific recommendations for specialists at the centre. The following points were mentioned:

- would like to work more often with a psychologist.
- struggling with oneself, honesty, expressing the negative, not just the positive, and seeing oneself before others - these are topics that participants highlighted as important.
- therapy for children and support groups for children of the same age.
- would prefer much more practical, practice-oriented activities (outings, entertainment, etc.) rather than conceptual, study or discussion activities.

Do they think that service providers or counsellors help them to deal with moments of anger, confusion, grief, anxiety, etc.? Do they think this will change the way they deal with problems in the future? If yes, how?

The beneficiaries stated that they were satisfied with being listened to by the centre staff and that all the things they learnt during their stay in the centre (understanding



their feelings, managing relationships, improving communication skills) would be useful later, after leaving the home. The mothers' statements also included the following recommendations:

- More support on how to deal with confusion and anxiety would be appreciated.
- the beneficiaries unanimously answered that they receive support from the psychologist and social worker for problems such as anxiety, confusion, panic, etc.
- there is a big difference in the way he sees things now compared to the way he saw them before...

How can practitioners help them cope better with emotionally difficult moments?

Most of the interviewees emphasised the importance of the counsellor and the need to be actively listened to by him/her. They believe that the centre staff can help them manage their emotions through individual counselling sessions, but they also proposed other activities and recommendations, such as:

- support groups - the experience of others. (peer support) that provide concrete guidance on how to deal with emotions in stressful events.
- Mothers recognise the organisational difficulties and try to balance obligations and commitments in the facility on the part of the operator.
- Practitioners/counsellors/psychologists can always help, either by refreshing the skills already developed in their beneficiaries or by helping them to develop new ones to deal more effectively with emotionally difficult moments.
- the presence of the caregiver/counsellor/psychologist as a reference person in these moments of difficulty can be helpful as a person who unburdens the beneficiary and makes her feel better
- the specialists tailor the intervention to the needs of the beneficiaries and provide individual, group, child and mother counselling.
- Specific emotional management activities are carried out in the centre with all beneficiaries of the centre - mothers and children.

Among the many strategies used by practitioners, which ones can help them improve or maintain a positive relationship with their children?

The first step in having a good relationship with one's children is to work on oneself. The beneficiaries understand the need to solve their own inner problems in order to work on strengthening their relationship with their child. "You cannot have a good relationship with children if you do not have a good relationship with yourself".



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To build a good relationship with the child, the beneficiaries understood the importance of using: praise, hugs and smiles,

Recommendations:

- parental counselling, mother-child counselling, parenting support groups would be useful (...) a kind of action plan for children to take their thoughts elsewhere.

In their opinion, could it be useful to practise more the use of emotions, kindness, meditation attitude, etc. in order to better experience the relationship with children?

And with others?

The beneficiaries unanimously expressed that understanding their emotions helped them to have better relationships with others and with their children. Furthermore, learning about emotions helped them to express themselves more appropriately and to be able to be heard and listen better.

Emotion management and meditation were described as helpful or very welcome. The beneficiaries were willing to follow the specialists' instructions to practice meditation, adopt non-violent language and an appropriate tone in daily life (both with the child and with adults).

On the contrary, some of them regarded this exercise as a 'waste of time'. In the perception of their experience, it is much more useful to make children happy through playful or recreational activities than to theoretically learn how to manage emotions.

They specified that interventions dedicated to children must be highly attractive and demonstrate an immediate value that is essential for the growth of children and the parental relationship.

FOCUS GROUP OPERATORS

The average number of social workers participating in the focus group was 5.8, with 4 representatives from Estonia, Greece and Italy, 5 representatives from Croatia and 9 from Romania. The participants were mostly women and the age groups covered ranged from 25 to 45 years. Although more than half of the specialists participating in the focus group had more than 5 years of experience in the field, among the respondents there were also beginners and recent graduates who had previously volunteered in the field of domestic violence care.

The dynamic was active and the general atmosphere was warm, supportive and respectful. Participants showed 'interest, openness and involvement in the topics presented'. They expressed their opinions without hesitation and complemented



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each other; "participants were very active, involved and willing to express their thoughts and share their opinions/attitudes/beliefs with other focus group members". The professionals were punctual and the proposed topic was of interest to all practitioners. The participants discussed various topics together and shared experiences, challenges, solutions and suggestions for improvement. They were also happy to meet and exchange contacts and expressed the need and interest for further collaboration.

In addition to the answers provided, the specialists proposed various questions and queries, which brought new points and information to the discussion, thus providing an important basis for understanding the topics of discussion.

The group participants showed interest and openness towards the topics discussed during the meeting. The characteristics highlighted among the group members were: curiosity, openness, willingness to understand the issues raised during the meeting, professionalism and good communication skills that served to strengthen the cohesion of the working group, as well as extensive experience in the field.

The participants have different educational backgrounds: criminology, journalism, community projects, counselling, psychotherapy, social work and management and most of them work directly with beneficiaries (public and private sector).

The answers to the questions posed were analysed below.

Is the service overall adequate to the needs of the mother?

The services offered to beneficiaries and victims of domestic violence include emergency assistance, accommodation, social, psychological and legal counselling (and also representation in court in some situations), child care (counselling, homework help, recreational activities), and activities to strengthen the relationship between mother and child (in some cases).

In general, the services meet the needs of the beneficiaries. Assistance is very professional and available quickly and, above all, free of charge.

Things to be improved or aspects that social workers consider necessary for the reintegration of survivors of domestic violence were

- medical care in the centre,
- improving services for children in the centre, who need childcare in order to work and have to work in order to provide/pay for childcare
- space for accommodation (facilitating the privacy of beneficiaries: accommodation (...) is unfortunately modest.



- obtain more funding from the state (each beneficiary has only a certain number of hours of state-funded counselling available).
- specialised personnel
- cooperate better with the authorities

Among the difficulties listed by the specialists are: maintaining the confidentiality of the location (especially in small regions), cooperation with the authorities (school transfer, possibility of after-school care), lack of financial resources of the beneficiaries (they have no financial support, they depend on the financial support of their abusive partners and this is one of the reasons why they return to them in a few months), finding accommodation

The need to support the beneficiary even after leaving the centre was emphasised by most specialists.

The elements of the service with which social workers believe mothers are most satisfied

It was not possible to determine exactly which services the beneficiaries are most satisfied with, but in most cases the victims are satisfied with housing conditions and the possibility of talking to a therapist, legal assistance, childcare and help in finding a job.

Feedback tools help social workers to understand whether the services provided to beneficiaries are optimal, which aspects should be improved and which should be changed altogether. The feedback forms are delivered differently depending on the association/foundation (in some they are delivered every 3 months, in others at the end of the reception/consultation, as the case may be).

In most cases, the mothers' perception of belonging to the "community" family is noted. This belonging is described by the operators as a positive aspect and indicative of a good level of appreciation and satisfaction with the service received.

Would they like to change interventions or activities? How? What do they think could be improved?

The recommendations were

- financial aid to women (accommodation after leaving the shelter),
- more accessible childcare, hiring more staff to cover the needs of children and victims of violence (e.g. someone to keep the living area clean and tidy, someone to do the shopping, so that expert teams can maintain a supportive role rather than mixing it with 'repressive' methods (disciplining cohabitation)).



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- legal assistance is always required in the counselling centre and there are insufficient resources to provide beneficiaries with more slots with the legal professional
- the need to educate and sensitise judges and other actors in the justice system on the work and approach to victims of violence.
- a systematic way of monitoring what happened in each 'case', what the verdict was and what happened with the victim, perpetrator and family members.
- participants recognise and support the idea that more financial support should be given to training programmes for their beneficiaries (e.g. through collaboration with open public universities, so that mothers can enrol in different training/education programmes to increase their employability).
- With regard to activities for children, it is necessary that their education is not affected and that activities (individual and group) are adapted to their age, needs and personal characteristics.
- It would be very helpful if there were staff in the centres who could provide childcare for beneficiaries when they go to work or are looking for a job, or for other activities in which mothers have to participate without their children.
- The element that appears most amenable to improvement is related to networking and confrontation between operators, managers and institutional reference figures.
- it is important to strengthen the link with the day-to-day work, having a common line between all operators in order to follow an operational coherence. the approaches between operators are different but there is an attempt to network, also taking advantage of complementary professional skills.
- it would be useful to reinforce team meetings, not only at the beginning of the take-over of a new nucleus, but as a regular procedure. a space could also be provided for the evaluation of the individual educational profile, enhancing the confrontation action and the mid-term evaluation. Finally, it would be necessary to find strategies to manage unforeseen events, not to take space away from confrontation, not to work on emergencies, but to improve planning and to ensure that this is not dropped from above, by those in charge, but is also agreed upon with/among the operators. it should be noted that the operators attribute any improvement to external factors or in any case linked to the network or to the extended institutional service and not to personal elements, relating to their own professionalism or to their own representation of 'work'.

Does the service provided fully satisfy their sense of professional fulfilment? And if yes or no, why?



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Many interviewees described their work as a vocation, not a profession.

The practice of the profession helps professionals to feel satisfied, despite the wider difficulties that this demanding profession entails. through supervision, professionals can better manage the emotions they feel when providing their services. in addition, there is an increase in professional empathy, especially with the passage of time and many years' practice of the profession.

This work offers clear opportunities to see the positive impact their support can have on the victims and this provides a sense of purpose and a kind of satisfaction. all participants, except p5, see themselves in this work again in the future.

All those who answered this question expressed the joy and satisfaction they derive from their profession. they also said that if they were put in a position to choose their profession again, they would choose the same one.

Communication between the different team members should be better organised, to make sure that there is no lack of information and that everyone is working with the same goal in mind. from the point of view of the 'professional self', they do not have time/space to take care of the profession outside the actual operational context. there should be a leader, a supervisor and a manager in charge of proposing an evaluation or comparison in this regard. someone takes care of their own professional training, completely independently, through university studies or personal development initiatives.

Some express satisfaction with the work done, motivation and enthusiasm. pleasure in feeling empathy, commitment, verifying objectives and results with difficult cases. changing people for the better, rehabilitation gives a lot of satisfaction. Younger practitioners feel a strong need for "protection" in order to work better, and the feeling of burnout is evident, "there is a thin line between work and well-being". there is confusion between work, contract, tasks and competences. practitioners feel stimulated, but often experience discomfort in some areas of competence. they feel they have an important role, but often do not see it recognised also in terms of remuneration. The signs of recognition are very much appreciated and give meaning to the profession, which is highly valued by all the operators for its social and humanitarian connotation. the group agrees with the perception of well-being/satisfaction and motivation aroused by the results and the matches obtained by the guests.

Forms of collaboration with other services inside or outside the organisation and how are coordinated services provided to mothers managed (if any)?



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There is a continuous flow of information and assistance between the leaders of the agency/institution/body. Cooperation and collaboration are necessary and useful, but also particularly difficult, especially with public sector agencies.

Reception centres cooperate with social work centres, early childhood institutions, schools and local and regional authorities. In some of the drop-in centres, there is coordinated work with the social work centre, as the beneficiaries can only get a place in the facility through the application/document from the social work centre. the collaboration depends on the project and varies. p2 states that they have a good collaboration with the kindergarten in their city, while p3 and p4 state that they have a good collaboration with the municipality, through which they manage to get some children placed in public kindergartens, but this is not an official path of collaboration and inevitably depends on the motivation and skills of the people working in certain institutions.

Supervision plays an extremely important role in the development of best practice. It has been shown that the best interventions were those in which professionals were involved in supervision sessions or in meetings between specialists in which different cases were discussed and solutions for the beneficiary were sought. they usually collaborate locally, through partnerships between the public and private sector (or between NGOs specialised in gender-based violence, with the police, with municipalities).

The service without cooperation is not sustainable. there is constant cooperation with victim support services, child guardians, local government social workers, police and investigators. If the mother comes to the centre for help with housing services, it is 100 % a case of the women's support centre. when the mother leaves the service, she is usually handed over to a local government social worker. If the woman is referred by the local government to receive, for example, psychological help, but all subsidies and other services are provided by the local government, then the case management is organised by the local government. If the woman turns herself in, has never approached anyone, but does not need housing, then we organise it again until the local government gets involved, and then the woman is handed over. Public social services, the juvenile court, the school and the counselling centre are the most frequent external liaison services.

What do they think could be improved in their professional skills to achieve better results?

There is a need for more information and training, and also for more specific training according to current developments in the sector, so that professionals can respond in the best and most accurate way possible to the new demands that arise. In addition to the personal training that each professional does personally, there is a need to investigate the needs of professionals in the sector and service structures, to train counsellors on issues related to their interests and needs in their area of responsibility and in the exercise of their professional role. This will improve the professional skills of professionals and have the best results in the exercise of their professional role.

They stated that supervision is essentially necessary and should be provided much more (it is difficult to finance it and the state or local authorities do not recognise it adequately)! p1- he has just enrolled in the reality therapy training course, hoping that it will also be useful in the work with beneficiaries. p3 and p4 suggest and emphasise the need for specific training on appropriate methods to work with specific groups of beneficiaries (e.g., mother-victims of violence who are former drug addicts undergoing therapy/abstinence, who have disabilities, etc.), or for creating a strong communication and collaboration network to provide adequate support to these beneficiaries. p4 - what has helped a lot is the training in Gestalt psychotherapy (he is in his final year). Within this there is supervision, so he uses any source of support he can find. What would certainly be helpful is to get (more) specialised training that focuses on practical knowledge and skills to work with this specific group of beneficiaries. New solutions and new experiences are needed, we are all more or less well familiar with the theory. It is also important to calibrate expectations and to appreciate small steps, because they often mean a lot more for the women you work with. All participants emphasise the need for more communication and exchange of experiences across sectors and between all stakeholders in this area of work (violence); networking and systemic communication should be created and strengthened to respond more adequately to the needs of the female beneficiaries. p5 - chuckles that she is very motivated to further improve her specific knowledge and skills and would be very happy if she could enrol in as many trainings as possible. But more realistically, in addition to the training in Gestalt and cognitive behavioural therapy that she currently attends, she is interested in body-oriented therapy, considering its benefits in working with people who have been impacted by trauma ("trauma is written in the body"). She would also like to further train to work with young children and adolescents. Working with victims of sexual violence and abuse is extremely delicate and difficult.

In order to provide quality services, the specialists called for more frequent meetings between specialists and supervisors, as well as in-depth self-analysis within their therapy. On this aspect - individual therapy - all professionals agreed (both psychologists and social workers), emphasising that it is extremely important, especially since they all work individually with service recipients.

They must be aware of the evolution of the law and participate in valid and generally service-oriented training and knowledge development.

Living in a community changes the way you think about life, fosters empathy, the ability to empathise with others and understand what they are going through, and encourages the development of attitudes of calm, patience and self-control, fosters understanding of different perceptions, different points of view in life. To improve oneself, one must facilitate introspection, review certain aspects of one's life, and even reconsider the upbringing one has received and the educational behaviour of one's parents, one must reconsider one's life in the light of the conditions of the community.

4. Results

Through the instruments just analysed it was possible to collect information on cognitive and emotional representations, on the main needs of women / mothers who are victims of violence when they are received in a protection pathway, and on the other hand on the work of social workers and on the role played by emotional intelligence in the people involved in the sample. This qualitative information was useful to guide the researcher to create a valid tool to help, on the one hand, social workers in their work to support women/mothers who are victims of violence in their pathway to acquire and promote parenting skills, and on the other hand, to provide women with an individualised tool to assess and monitor their progress in achieving results.

The objective is to strengthen the social-emotional and relational skills of mothers, so as to help them increase their wellbeing and strengthen their bond with their children: to make this possible, a toolkit has been constructed in which all the activities proposed and already tested with the mothers themselves have been included, recreational activities to be done with their children and with the support of suitably trained specialised operators.

These activities and tools can support the mother along the path of re-appropriation of her parental role resulting in an increase in her parenting skills.



Annex 1

Semi-structured interview (draft) - target group: women in shelters

1) introduction of the interview

What is your name?

How old are you?

Where are you from?

Do you miss your country?

Are you planning to return to your country?

Where do you live now?

What is this place like?

Can you tell me how long you have been living in your current accommodation?

Do you think the arrangement is adequate?

Do you share your room with other families?

Does the location meet your needs?

Is it difficult for you to live there?

What kind of difficulties do you encounter in living in the shelter?

Please tell us about your current level of education: (middle school, high school diploma, university degree, vocational diploma/certificate ...)?

Please tell us about your employment situation: are you employed? If you are unemployed: are you receiving unemployment benefits or allowances? Are you receiving vocational training to improve your ability to find a job?

What do you think of your neighbourhood? Do you feel part of your community?

2) Experience of interviewing protection services:

What kind of things have you been taught here?

What teaching methods are most often used by educators?

Of those teaching methods used, which do you find most beneficial?

Which teaching methods do not hold your interest or are not effective for you?



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What could educators, teachers or social workers have done differently to make it a better learning experience?

What help do you need at the protection centre for you and your child(ren)?

3) Self-perception of the interview

What resources do you recognise in yourself?

How do you perceive yourself as a mother?

What is the bond with your children like?

How could the people who support you help you improve this bond?

If you fall ill or face a family problem who do you turn to?

Do you have a family and/or friend support network?

Does the community adequately support you on your journey?

What would you improve?



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Annex 2

Semi-structured interview - target group: social worker

Questions

Are there any training activities in your work?

How do training activities support you in your work?

Can you give us some examples of training activities you have taken part in?

How does working in a team support your work?

Can you tell us how often all team members meet and discuss?

How do you assess your relationship with host mothers?

Can you explain why?

What difficulties have you encountered or do you encounter in your daily work?

Within your community, who is responsible for drafting the Individual Education Plan (IEP)?

How do you participate in the drafting of the IEP?

Is there a time to monitor and evaluate the IEP?

How does it happen and who is involved?

How is the mother involved in the project?

If there are moments of listening to the host mother, can you explain how this space is structured?

Are there specific workshops ongoing or have they been conducted in your community for guests?

Can you give us some examples?

How is the mother supported in the development of her parenting skills?

