unplanned interiors as care: trauma-informed design and everyday spatial practices in women's refuges

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abstract
Women's refuges rely on adaptable, unplanned interiors as a critical component of trauma-informed care for women and children escaping domestic and family violence. This essay examines the spatial dynamics of planned and unplanned interiors through a feminist lens, conceptualising the refuge not as a fixed design but as a living system co-created through acts of maintenance, adjustment, and relational care. By focusing on the spatial interior and challenging assumptions about design quality and spatial order, the study positions design as an everyday, collaborative process shaped by workers and residents.

Drawing on feminist design theory, trauma-informed care, and feminist care ethics, the essay argues for greater recognition of workers' spatial practices and the informal, often improvised transformations that respond to diverse cultural, emotional, and familial needs. Based on site visits to twenty-six refuges throughout New South Wales, Australia, and interviews with forty-eight workers, the research identifies strategies that support safety and recovery, including creating zones for retreat, softening institutional features, and introducing familiar domestic cues. Findings highlight the significance of unplanned interiors in enabling flexibility and choice, resisting prescriptive notions of safety, and accommodating evolving needs. The essay positions trauma-informed interior design as an adaptive, collaborative process that centres care, agency, and lived experience within spatial practice.

keywords
trauma-informed design; domestic and family violence; crisis accommodation; feminist care ethics; interior spatial design

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introduction

In Australia, women's refuges provide temporary accommodation and specialist support for women and children escaping domestic and family violence. These services emerged in the 1970s as feminist initiatives to create safe housing for women while exposing systemic failures to address male violence, and, since then, have operated within a 'wrap-around' service that recognises violence as a traumatic event requiring integrated responses including housing, counselling, and practical assistance.[1] Refuge workers are highly skilled in domestic and family violence services, guided by feminist principles and trauma-informed care, and many bring lived experience to their practice.[2] Many are also experts in creating safe, comfortable, and trauma-informed interior environments with limited resources, and without specialist design training.

Most refuges occupy existing family dwellings adapted to provide safe, anonymous, homelike environments for multiple unrelated women and families, alongside offices for specialist teams.[3] On-site services typically include counselling, childcare support, legal advice, advocacy, group therapy, and outreach services, with workers available during business hours and on-call for emergencies.[4] Accommodation models vary: shared refuges offer private bedrooms with communal kitchens, bathrooms, and living areas, while self-contained refuges provide independent living units with adjacent separate communal spaces and administrative offices. These models reflect different approaches to privacy, autonomy, and social interaction, and require different spatial arrangements. While shared refuges typically occupy single or adjoining buildings, self-contained refuges can be free-standing units, clustered, or adjoining, with a separate office space on the same site.

Refuges are confidential sites hidden within residential streets and little is known about their interior worlds. Beyond the protective exterior, the less visible spatial arrangements play a vital role in enabling personalised responses to trauma, through both planned and unplanned spatial strategies that reflect relationships between people, care, and place.[5] Their interiors are not static backdrops but evolving frameworks that support safety, agency, and care through everyday acts of adaptation and maintenance, negotiated by the workers and residents. As places of recovery, refuge services depend on both planned and unplanned interiors to meet the evolving needs of their transitory populations of women and children.

Despite their critical role, most refuge services face chronic underfunding and capacity pressures, and many regularly exceed funded bed numbers, by relying on workers' ingenuity to 'make space' for incoming families. Limited housing pathways for exiting residents cause bottlenecks, leaving women and children in temporary accommodation for extended periods.[6] These constraints, combined with the urgency and unpredictability of refuge entry, shape interiors as dynamic, negotiated spaces rather than fixed designs, required to support the trauma-informed care received on site. Yet, despite growing interest in trauma-informed practice, scholarship rarely addresses the spatial dimension of care within refuges or the role of unplanned interiors in shaping recovery. Existing published research largely includes broad design guidelines that prioritise technical standards over lived experience, overlooking the dynamic interplay between institutional planning and user adaptation.

This essay addresses this gap by examining how planned and unplanned interiors influence safety, agency, and care in Australian refuges by comparing two real-life case studies: a shared refuge with unplanned interiors and a self-contained refuge with planned interiors. Through feminist spatial theory, trauma-informed design, and ethics of care, it argues for co-design and flexibility as essential principles in future refuge designs and highlights the value of both planned and unplanned interiors in supporting trauma-informed care.

planned and unplanned interiors: a dynamic relationship

The distinction between planned and unplanned interiors in women's refuge accommodation is neither fixed nor straightforward and is deeply tied to social, emotional, and spatial dynamics that shape everyday life in these settings. While both planned and unplanned spaces aim to provide safety, comfort, and empowerment, they differ in their emphasis on spatial agency, flexibility, and temporality. Planned interiors typically refer to spaces intentionally arranged for specific purposes such as living areas, offices, or counselling rooms, alongside utility zones predetermined by function (kitchens, bathrooms, laundries) and spaces defined by their location within the building, such as entries or communal lounges. These spaces often signal professionalism and therapeutic intent, aligning with institutional expectations of order and control. For example, in Case One, a self-contained refuge demonstrates how planned interiors promote calm and privacy through deliberate choices of material, colour, and lighting, and clear separation of living and working functions.

By contrast, unplanned interiors emerge through necessity, often in response to urgent demand or limited resources. They include rooms repurposed for additional sleeping arrangements or communal spaces adapted for therapeutic or social activities such as children's play, or art therapy. In Case Two, a shared refuge illustrates this dynamic: a living room originally intended for social interaction is regularly transformed into a play zone or group therapy space, requiring workers to rearrange furniture and negotiate competing needs. While frequently perceived as temporary or chaotic, unplanned interiors can be adaptive, relational, and responsive to lived experience, challenging assumptions that only design experts create successful spaces and ignoring aesthetic rules.

Planned and unplanned strategies frequently blur in practice. In all refuge types, entry zones require careful safety planning and fixed security features such as layered entry sequences, controlled sightlines, and protected doorways to ensure physical safety. Yet entries also feature flexible arrangements, including artworks to enhance cultural safety and inclusion and children's furniture to increase relational safety.[7] Rigidly planned communal areas may inhibit participation for trauma survivors who avoid large social settings, whereas adaptable layouts provide choice and agency, encouraging residents to codesign shared spaces. These blurred relationships between planned and unplanned zones are necessary to ensure refuge interiors are safe yet responsive to incoming residents' needs.

The tension between planned and unplanned interiors is particularly evident in the shift toward self-contained refuge models, often promoted as best-practice solutions to overcrowding and conflict in shared settings.[8] Self-contained refuges offer privacy, autonomy, and a sense of normalcy for displaced families, while providing workers with professional office spaces.[9] However, this shift away from shared models also signals a departure from grassroots feminist traditions that emphasised collective living and solidarity.[10] Shared refuges, though less structured, often enable informal social support through spontaneous interactions in kitchens or living areas, illustrating the relational value of unplanned spaces, but also the negative impact of reduced access to privacy and independence for residents and workers.

Ultimately, the real significance of refuge interiors lies not in their static design but in their capacity to evolve through everyday negotiation between institutional planning and user adaptation. Planned interiors provide structure and predictability, essential for trauma-informed care, yet it is often the unplanned, flexible zones that allow residents and workers to shape their environment in meaningful ways. These hybrid spatial logics, where design intent intersects with lived experience, reveal the need for participatory approaches that embed adaptability as a core principle in future refuge design.

feminist spatial theory, care ethics, and trauma-informed care and design

Feminist spatial theory offers a critical lens for understanding how space is produced, experienced, and contested, particularly by women in contexts of marginalisation and trauma-informed care. Social scientist Doreen Massey's influential work positions space as relational, dynamic, and socially constructed, rather than fixed or neutral.[11] This perspective challenges deterministic views of spatial design and supports an understanding of refuge interiors as shaped through lived experience and social interactions between residents and workers. Massey's observation that 'the impetus to motion and mobility, for a space of flows, can only be achieved through the construction of (temporary, provisional) stabilisations' speaks to the transient nature of refuge life.[12]

Significant in refuge settings where notions of 'home' intersect with cultural identity, safety, and gendered inequality, bell hooks' concept of 'homeplace' frames domestic space as politically and emotionally charged, positioning refuges as sites of recovery, solidarity, and resistance rather than mere shelters.[13] The political dimension of refuge interiors is further illuminated by architectural theorist Jane Rendell, who writes of 'critical spatial practice' as 'practices that resist dominant social orders.'[14] Rendell emphasises the interior as a historically marginalised domain associated with women's work, yet central to negotiations between space, subjectivity, and care.[15] Together these theorists provide a foundation for interrogating how examples of planned and unplanned interiors disrupt gendered power dynamics and prioritise relational care.

Theorisations of care adopted in this study include feminist care ethics and trauma-informed care. Feminist care ethics foregrounds relational responsiveness, flexibility, and inclusivity, resisting institutional models of support. Political scientist Joan Tronto defines care as 'everything we do to maintain, continue, and repair our "world" so that we can live in it as well as possible.'[16] This framing validates refuge interiors that evolve through lived experience rather than rigid design standards, recognising care as deeply human, political, and sometimes messy. It also reflects workers' labour in maintaining and creating refuge environments. Unplanned interiors exemplify this ethic by facilitating personalised responses and collaborative spatial practices. Trauma-informed care, widely adopted as best-practice in Australian domestic and family violence services, shifts from hierarchical practitioner-patient models to partnerships where survivors are active experts.[17] It prioritises physical and emotional safety, choice, and trust while avoiding re-traumatisation.[18] Importantly, trauma-informed care extends beyond programming to include spatial and material conditions that shape residents' and workers' sense of control and wellbeing through the deliberate construction of supportive environments.

Trauma-informed design is the application of trauma-informed care principles to the design of built environments: architecture, interior design, landscape

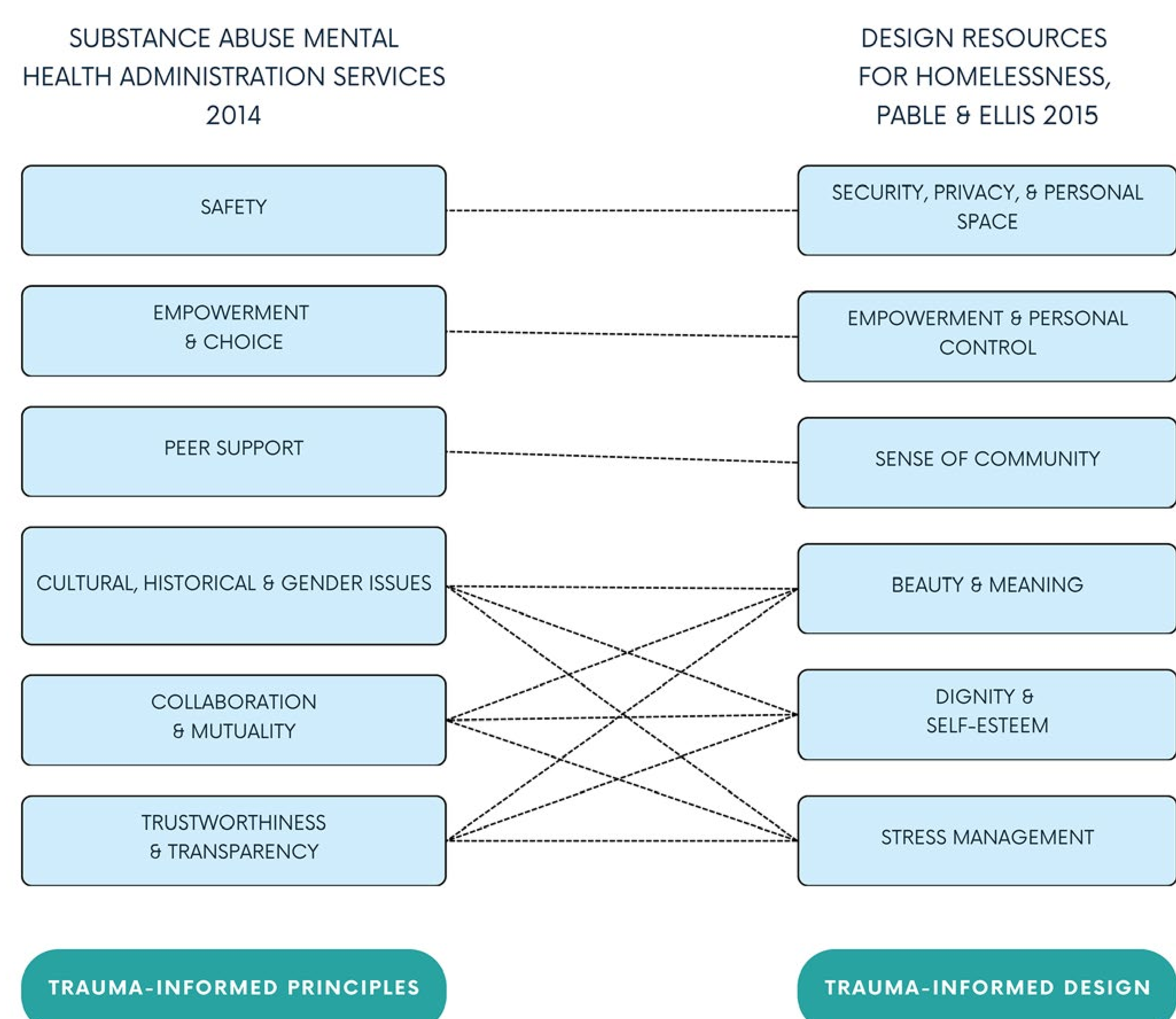

Figure 01.
Diagram of relationships between trauma-informed care and trauma-informed design, based on Cuningham, *Through the lens of trauma-informed design*, 2023 <https://cuningham.com/news/through-lens-trauma-informed-design> [accessed 22 October 2024].

architecture, and user experiences [Fig. 01]. Interior spaces are central to the integration of its principles, demonstrated in the work of Jill Pable and Anna Ellis, who identify strategies that reduce stress, support self-regulation, and foster recovery in homelessness and refuge settings with a focus on interior design.[19] Using pre- and post-occupancy research, Shopworks Architecture Group and the University of Denver demonstrate how trauma-informed design improves outcomes in crisis accommodation, defining spatial qualities in built projects.[20]

Key spatial considerations in trauma-informed design include spatial layout, lighting, acoustics, thermal comfort, furniture selection, and access to nature.[21] Poorly designed environments, characterised by institutional layouts, insufficient privacy, excessive noise, or lack of daylight, can undermine trauma-informed care, intensifying anxiety, disempowerment, and emotional distress. In contrast, well-designed interiors enhance perceived safety, reduce environmental stressors, and offer residents greater control and comfort in their surroundings. These studies highlight the critical role of interiors in promoting safety and dignity, reinforcing the need for design approaches that integrate flexibility and co-design.

methodology and case studies

The following case studies draw on findings from the author's doctoral research (2018–2024) that examined how building types influence care practices in refuge workplaces and how trauma-informed design can enhance physical environments. The research involved site visits to twenty-six refuges across urban, suburban, and regional areas of New South Wales, Australia, and semi-structured interviews with forty-eight refuge workers. These interviews focused on workers' lived experience of delivering safe, private, and therapeutic accommodation within resource constraints and often unsuitable housing stock. Site visits and interviews provided rich, collaborative insights into how workers adapt interiors to meet residents' needs and their own practice requirements. Discussions focused on how trauma-informed care was supported or hindered by building design and how workers modified spaces to respond to changing circumstances.

The analysis of the interviews and site observations in these case studies was supported by existing scholarly literature, to trace connections between trauma-informed care and the design of refuge interiors. Workers' descriptions of spatial arrangements, and their impact on living conditions for women and children, provided the context to each case study. Freehand drawings translated site observations without compromising the anonymity of sites or inhabitants, while capturing intimate, mundane, material, and emotional qualities of spaces that are frequently missed in traditional architectural analyses. Additionally, these drawing practices introduce a clear relationship between the drawer and the subject, and the researcher's role in recognising and translating the spatial strategies at work in refuge environments.

The two selected case studies illustrate contrasting spatial logics: highly planned interiors versus unplanned, flexible arrangements. These real-world examples highlight differences between shared and self-contained refuge models and the roles of planned and unplanned interiors in promoting safety, agency, and care.

case one: a highly planned refuge interior

Case One describes a purpose-built, self-contained refuge accommodating eight families and eighteen workers across four single-level buildings. The site features six two-bedroom accessible units arranged in pairs, along with a separate administration building at the street frontage [Fig. 02]. The domestic scale and construction mirror surrounding dwellings, deliberately blending into the existing streetscape. The interiors of the accommodation units are modern and highly standardised, featuring large bedrooms with

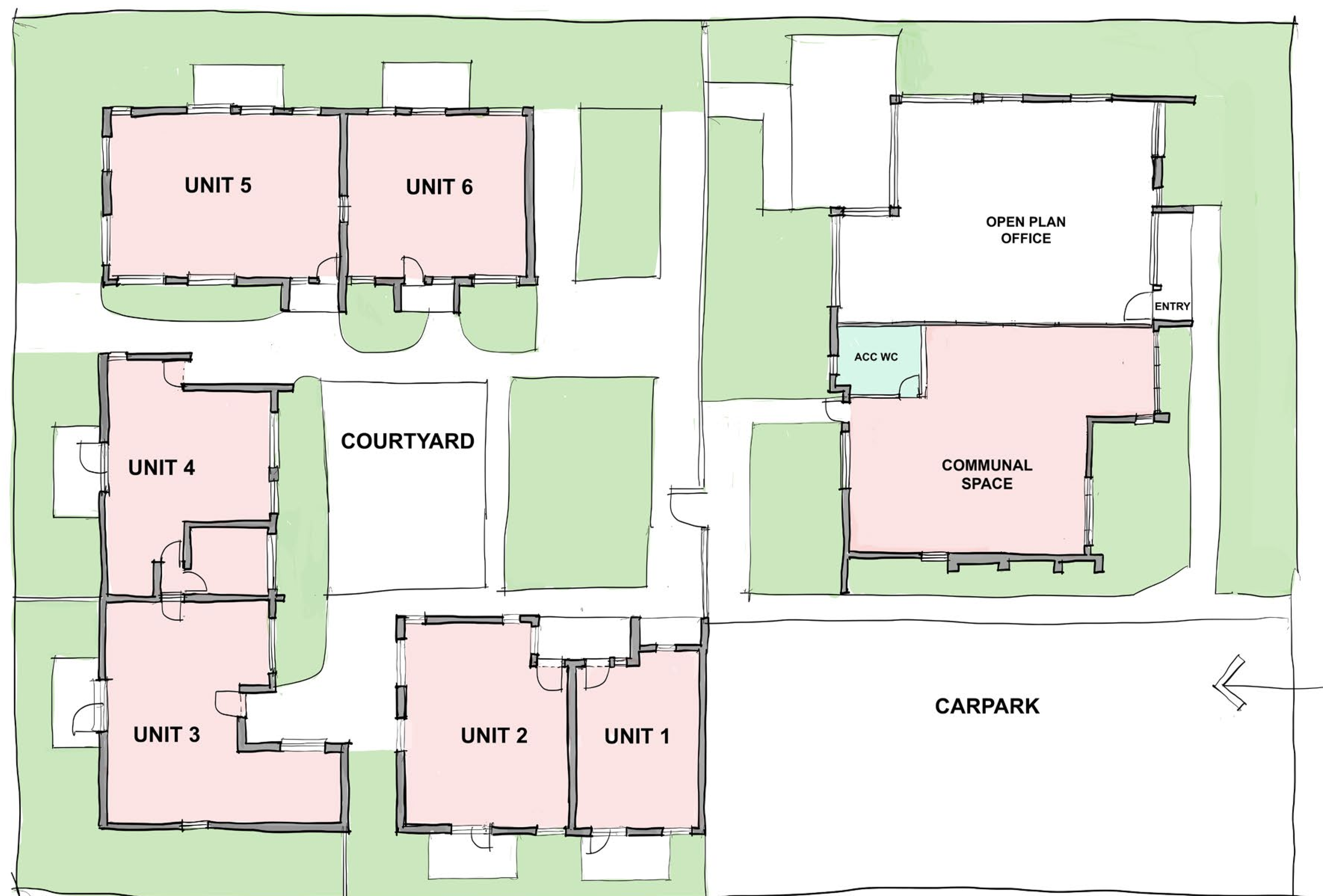

Figure 02.
Case One self-contained refuge floor plan. Unplanned zones are pink, planned zones are white, and shared bathrooms are blue. Accommodation units are shown as unplanned due to their flexibility and options to combine units for larger families. They are also ideal for families with teenage boys, pets, neurodiverse people, and families who need cultural safety. Illustration: Samantha Donnelly, 2024.

multiple beds and built-in storage, accessible bathroom, and open-plan kitchen, dining, and living areas. Units are identically furnished with matching furniture, artwork, and lighting, requiring minimal modification for residents. Compared to traditional shared refuges, these offer high levels of privacy, autonomy, and a sense of normal family life. The administration building includes open-plan offices for eighteen workers, consultation rooms, crisis units, a communal kitchen and living area, and a playroom, providing a professional environment rarely achieved in retrofitted dwellings.

case two: an unplanned, flexible refuge interior

Case Two is a shared refuge housed in a repurposed family dwelling built in the 1980s. The former bedrooms at the front have been converted into offices and consultation rooms, with an existing kitchen shared by workers and residents. Existing bedrooms have been adapted to accommodate multiple beds for families with access to two shared bathrooms and an accessible shower. A communal kitchen and dining area occupy the centre of the property [Fig. 03]. Furnishings are predominantly donated, and room sizes and layouts are generally similar. The spatial layout provides separation between the private bedroom areas and the more social kitchen and living areas of the house; however, proximity between families often leads to conflict over noise and shared facilities. The site provides access to unplanned communal zones, including a teenagers' retreat, children's playroom, group activities room, and various garden spaces — offering opportunities for social connection and respite, despite spatial constraints.

Figure 03.
Case Two shared refuge floor plan. Unplanned zones are pink, planned zones are white, and shared bathrooms are blue. Bedrooms are less flexible compared to self-contained accommodation, but living spaces and the garage are easily adapted. Illustration: Samantha Donnelly, 2024.

the reality of both planned and unplanned refuge interiors

Refuge interiors are typically complex, animated, constantly changing, and a significant part of women and children's perceptions of homeliness and recovery. Care is experienced in women's refuges as an everyday process with ongoing and unstructured interactions between residents and workers. These moments are not always recognised as therapeutic but are essential for recovery and depend on supportive physical environments.[22] Additionally, the typical practice of transforming former family dwellings into refuges involves minimal architectural intervention but significant and ongoing interior reconfiguration to accommodate multiple unrelated women or families with on-site support. As a result, these spaces are 'always under construction,' as Massey suggests, shaped by relationships between people, place, and materiality.[23] Interior design in refuges is rarely the work of design professionals; instead, workers and residents engage in 'everyday design,' rearranging and adapting spaces to meet practical and emotional needs.[24] As described by one worker from a suburban refuge:

> We are proud of our refuge. We try hard to have a conducive environment. It's important for healing [...] It's difficult because it tries to imitate home but it's a workplace. A lot of things that you would do at home, you can't do in a workplace, like letting kids in the kitchen [...] It's an environment that must be managed delicately but I think we're proud of trying to keep it welcoming.

Each refuge is unique in layout and location, resulting in a mix of planned and unplanned interiors. Workers are skilled in creating homelike environments using familiar objects — often donated — and tailoring sleeping arrangements for children of various ages. Although these efforts are important in the delivery of

care, the temporary nature of refuge stays, typically six weeks to several months, limits personalisation and challenges the 'sense of home.'[25] Returning to hooks' notion of 'homeplace' as a site of recovery and resistance, the emphasis shifts from delivering homelike environments to a focus on trauma-informed care and recovery, highlighting the labour involved in creating environments to prioritise safety, emotional stability, and pathways to autonomy.[26]

Despite refuges' provision of safety and care, for many women, living in a refuge is a last resort.[27] The mundane materialities of refuge interiors, with spatial arrangements for social and therapeutic activities, and children's play spaces perform critical work in supporting recovery for residents, but planned and unplanned environments remain temporary retreats, not long-term homes. The reality of refuge interiors is that these densely inhabited sites work hard to support complex relationships between residents, workers, and their built and natural environments, where workers carefully curate interiors to make space for trauma, to acknowledge and provide places for recovery from violence. These practices reveal interior design as a socio-material process, where adaptability and relationality displace formal aesthetics, positioning refuges as complex environments of care and dignity rather than mere shelters.

role of planned and unplanned interiors in refuges

Understanding the role of unplanned refuge interiors requires analysis of how workers and residents inhabit, adapt, and continually reconfigure interiors to meet their needs. The distinction between planned and unplanned interiors is not binary, but relational, shaped by social, emotional, and spatial dynamics. Planned interiors are intentionally designed by architects, designers, or service providers to achieve specific goals, including safety, privacy, therapeutic support, and opportunities for social connection. In contrast, unplanned interiors emerge organically through improvisation and resourcefulness, responding to immediate needs, constraints, and lived realities. Unplanned does not imply disorder; rather, it signals flexibility and responsiveness. These interiors play a critical yet often overlooked role in enabling personalised care and accommodating the unpredictable nature of refuge life, while also exposing inconsistencies in care delivery and resident engagement.

Case One illustrates how planned interiors in a self-contained refuge promote calm and order through deliberate choices of furnishing, material, colour, and lighting. Self-contained units enhance privacy, agency, and independence, reducing the need to share facilities. For workers, purpose-built offices provide access to professional, private, and flexible workplaces that support trauma-informed principles of choice and control, collaboration, and peer support. However, overly prescriptive planning can undermine these principles, as institutional furniture and lighting in communal areas may evoke feelings of power and control, discouraging residents and workers from adapting the spaces to their needs.

Case Two highlights certain planned interiors in communal facilities, including kitchens, laundries, and bathrooms, where organisation is essential for multiple unrelated families. Despite their organisation to reduce conflict through strategies such as lockable storage, multiple refrigerators, and additional cooking appliances, these spaces often remain labour-intensive and contested [Fig. 04].

> Sometimes the house dynamics can become a bit toxic. It's asking a lot of women to try and heal and address their traumas when they also have to share a bathroom and small kitchen.
> *(Refuge manager, regional NSW)*

Across all refuges, entry sequences are carefully planned to create 'environments that are safe while also inviting,' reflecting Pable and Ellis's emphasis on trauma-informed principles of safety, trust, and community in homelessness settings.[28] Perceptions of safety rely on both visibility and concealment, described by Owen and Crane as the 'presence of safety features and the absence of threats.'[29] Clear

Figure 04.
Communal kitchen in a shared refuge, where workers have added a stepped platform to enable children to safely participate. Illustration: Samantha Donnelly, 2024.

sightlines and 'prospect-refuge' conditions can reduce anxiety for hypervigilant residents, illustrating how occupants benefit through increased feelings of safety and consistency through planning.[30] In Case One, the separation of self-contained units and offices minimises conflict by increasing privacy, but also increases social isolation for families.[31] Workers in Case One reported a need to plan social activities and arrange opportunities for residents to interact, through shared meals, movie nights, and children's entertainment, more than in shared refuges, where residents are more socially independent as an outcome of limited space.

Unplanned interiors reflect the transitional nature of refuge life through adaptable, collaborative spaces that accommodate cultural, spiritual, and personal practices. Self-contained units, as in Case One, while planned environments, are able to accept male teenagers, extended families, and pets, by providing separation between living units, increasing residents' independence and privacy. Features such as pet-friendly zones, durable flooring, outdoor access, and quiet resting areas, acknowledge pets as emotional companions, reinforcing continuity and recovery.[32]

> We need spaces where they can bring their animals, and land adjacent for large animals, because that's a massive barrier for regional women, particularly for older women who have companion animals. We take birds, cats, dogs, fish, ferrets, rabbits, and chooks.
> *(Worker, regional refuge)*

Unplanned interiors in both Case One and Case Two examples enable workers and residents to co-design spaces to meet their needs, including the creation of teenage retreats for gaming and internet access, or homework rooms for school-age children. For example, in Case One, dual-key access between units enables services to accommodate larger families when required, showing how the interiors remain fixed but circulation is adapted. While in Case Two, interior arrangements, not circulation, are reconfigured to meet the accommodation and social needs of resident communities.

how workers create spaces to address trauma-informed care

In practice, refuge workers adapt spaces by softening institutional features, introducing familiar objects, and creating zones for quiet reflection or communal gathering, often without formal architectural intervention. The material environment plays a critical role in care practices, as highlighted in scholarship on the 'materialities of care.'[33] Mundane objects, furniture, kitchen items, and soft furnishings, and the arrangement of rooms help restore stability and familiarity for women who have lost the routines and objects of home. However, persistent funding constraints mean most refuges occupy retrofitted housing, requiring workers to 'make do' with available resources while ensuring safety and care.[34] Their everyday design strategies are not merely practical; they are deeply ethical, grounded in feminist principles of care that prioritise agency, empathy, and collaboration. Despite the spatial nature of this work, it remains largely absent from professional discourse on design and planning, and workers are rarely acknowledged as skilled trauma-informed designers.

Trauma-informed interiors can reduce stress and enhance perceptions of control and independence for both residents and workers by creating calm, well-ordered environments that offer opportunities for retreat and access to restorative landscapes.[35] Safety within refuges operates on multiple levels. Physical safety is ensured through secure entry points and controlled access. Psychological safety depends on autonomy, privacy, and control, such as the ability to adjust lighting, noise, or spatial boundaries.[36] Relational safety emerges through workers' presence and trust-building practices, often supported by spatial arrangements that enable discreet observation and timely intervention. Importantly, perceptions of safety vary. What feels safe for one woman may feel threatening to another, reflecting diverse experiences of violence.[37]

> It can be really scary sitting within your own four walls, so it's striking that balance between your own safe space and to have company when you need it.
>
> *(Worker, regional refuge)*

McLane and Pable emphasise the importance of interior environments in promoting safety, reducing stress, and supporting wellbeing.[38] Communal and therapeutic spaces, often shaped through necessity rather than formal design, demonstrate how interiors respond through flexible planning. Unplanned interiors allow for fluidity, accommodating shifting needs without prescribing a single notion of safety or comfort. Workers employ strategies to minimise sensory overload and avoid triggers using natural materials, calming colours, and quality lighting to support circadian rhythms. Safe social connection is enabled through shared zones where residents can choose to engage, with flexible seating arrangements and spaces to retreat, and semi-open layouts allow residents to participate as passive observers or active contributors, as illustrated in Figure 05.[39] Storage solutions reduce clutter, while acoustic and thermal comfort enhance autonomy and wellbeing. Although often dismissed as aesthetic, these elements are integral to trauma-informed care and should inform future design collaborations between architects, interior designers, and refuge practitioners.

However, unplanned interiors can also present challenges, particularly for workers. Offices frequently serve multiple roles: entry points, confidential meeting space, crisis response hubs, and places of research

Figure 05.
Group activity room interior in a self-contained refuge. Unplanned spaces look disordered at times, depending on the residents' needs. Illustration: Samantha Donnelly, 2024.

to support funding applications, yet often lack basic amenities or respite areas. While flexibility benefits residents, it can signal underinvestment for workers' spaces. Missing in discussions about future refuge design is the vital collaborative role workers play in the translation of care needs and lived experience of refuge systems. As experts in trauma-informed practice, refuge workers are important co-designers, inverting the traditional top-down approach to design where architects initiate and control the design process. Ensuring workers' collaboration embeds the experiences and voices of women within the design, particularly important for First Nations women and other marginalised groups, and reflects the principles that sustain trauma-informed care.

reflection on implications for policy, design education, and feminist practice

Historically, spatial designers have had limited involvement in women's refuge design, particularly where services adapt existing housing stock with minimal resources. The emergence of trauma-informed practice has renewed attention to the built environment's role in care delivery and opened opportunities for research to inform future refuge developments. Design responsibility extends beyond technical delivery to encompass long-term social, psychological, and environmental impacts. Tronto's feminist ethics of care calls for a shift from viewing buildings as static objects to recognising their responsibility to care, emphasising values of

repair, preservation, and sustainability: 'Architects have responsibility to turn power in design towards caring for a broken world.'[40] Yet, designers often lack experience in this domain. Collaborations with domestic and family violence services can be hindered by confidentiality requirements, gendered dynamics within the construction industry, and unfamiliarity with trauma-informed principles. While toolkits and design guides provide entry points, they frequently overlook systemic challenges such as chronic underfunding, overcapacity, and the need for ongoing spatial adaptation.

Funding constraints severely limit opportunities for new large-scale developments and refuges will continue to rely on ageing housing stock or retrofitted buildings. With services operating at full capacity and under financial precarity, major renovations or new builds remain rare. A recent Australian survey indicates workers' preference for diverse accommodation types, including self-contained units, revealing a recognition that both shared and self-contained types will be required.[41] A recognition of unplanned interiors as valuable assets is needed, to enable workers to reconfigure spaces while maintaining safety and supporting care practices, without substantial capital investment while ensuring spatial quality and performance.

Design experts must acknowledge that they cannot fully comprehend the trauma experienced by residents. Their role is to create environments that facilitate recovery without judgement, assumptions, or prescriptive notions of safety. Embedding flexibility within design projects allows specialist workers to activate everyday design strategies alongside residents. While this approach challenges conventional design norms, its value in promoting collaboration and dynamic co-design ensures refuge interiors remain responsive to evolving needs through an ongoing exchange between people and place.

conclusion

This essay demonstrates that refuge interiors are not static environments, but dynamic systems shaped through ongoing interaction between residents, workers, and material settings. Drawing on insights from interior design, trauma-informed care, and feminist ethics of care, it argues that unplanned interiors are integral to creating conditions of safety, dignity, and recovery. These spaces challenge idealised notions of therapeutic environments by enabling homelike qualities to emerge through everyday acts of arrangement, maintenance, and adaptation.

Three key contributions emerge. First, unplanned interiors support diverse care practices by allowing occupants to personalise space, mitigating the pressures of communal living while enabling both retreat and connection. Second, refuge workers act as everyday designers, using spatial strategies to respond to trauma and maintain safety. Their expertise should be recognised and embedded within formal design processes. Third, spatial designers have an ethical responsibility to collaborate with refuge services, incorporating flexible zones into new and existing facilities to accommodate evolving needs that cannot be fully anticipated in conventional plans. Trauma-informed design that integrates unplanned interiors offers a framework for responsive, inclusive environments. Future research and policy must prioritise co-design approaches, funding models, and regulatory frameworks that embed flexibility and collaboration as core principles in the development of crisis accommodation.

acknowledgements

Thanks to the specialist domestic and family violence workers in NSW refuges for providing access to their services and consent to inclusion of their voices. Your commitment and expertise remain critical to the fight against violence towards women and children, and you have taught me that the quality of physical place is integral to recovery and to consider the importance of care in design.

author biography

Dr Samantha Donnelly is an architectural designer and academic in the School of Interior Architecture at University of Technology Sydney. Her research focuses on how tailored design can support specialist services for women and children leaving domestic violence, housing for older women, and the social impact of trauma-informed design for people who need safe, affordable, and sustainable homes and workplaces. This research is supported by Human Research Ethics approval # 17576 through Monash University.

notes

1. This study draws from statistics reporting that violence against women is overwhelmingly perpetrated by men, although violence is also perpetrated by women against intimate partners. Research also shows that it is mostly women and not their violent partners who leave their home, and a substantial number of those women cannot access suitable accommodation and support. More than 50 per cent of women who experience domestic and family violence have children in their care. See: Our Watch, 'Change the Story: A Shared Framework for the Primary Prevention of Violence Against Women in Australia', 2021 <https://media-cdn.ourwatch.org.au/wp-content/uploads/sites/2/2021/11/18101814/Change-the-story-Our-Watch-AA.pdf> [accessed 30 October 2025]; NSW Bureau of Crime Statistics and Research, 'Domestic Violence Statistics for NSW', 2022 <https://www.bocsar.nsw.gov.au/Pages/bocsar_pages/Domestic-Violence.aspx> [accessed 30 October 2025]; Kate Fitz-Gibbon and others, 'National Plan Victim-Survivor Advocates Consultation Final Report', Monash University, 2022 <https://bridges.monash.edu/articles/report/National_Plan_Victim-Survivor_Advocates_Consultation_Final_Report/16947220> [accessed 30 October 2025]; Equity Economics, 'Nowhere to Go: The Benefits of Providing Long-Term Social Housing to Women That Have Experienced Domestic and Family Violence', 2022 <https://everybodyshome.com.au/wp-content/uploads/2022/03/EE_Women-Housing_Domestic-Violence_WEB_SINGLES-2-compressed.pdf> [accessed 30 October 2025]; For references to emergent practices of 'wrap-around' care, see: Australian Institute of Health and Welfare, 'Family, Domestic and Sexual Violence', 2018, p. 59 <https://www.aihw.gov.au/reports/domestic-violence/family-domestic-sexual-violence-in-australia-2018> [accessed 30 October 2025]; Jane Bullen, 'The Evidence Supports Specialist Refuges for Domestic Violence', *The Conversation*, 18 February 2015 <https://theconversation.com/the-evidence-supports-specialist-refuges-for-domestic-violence-37066> [accessed 30 October 2025].
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