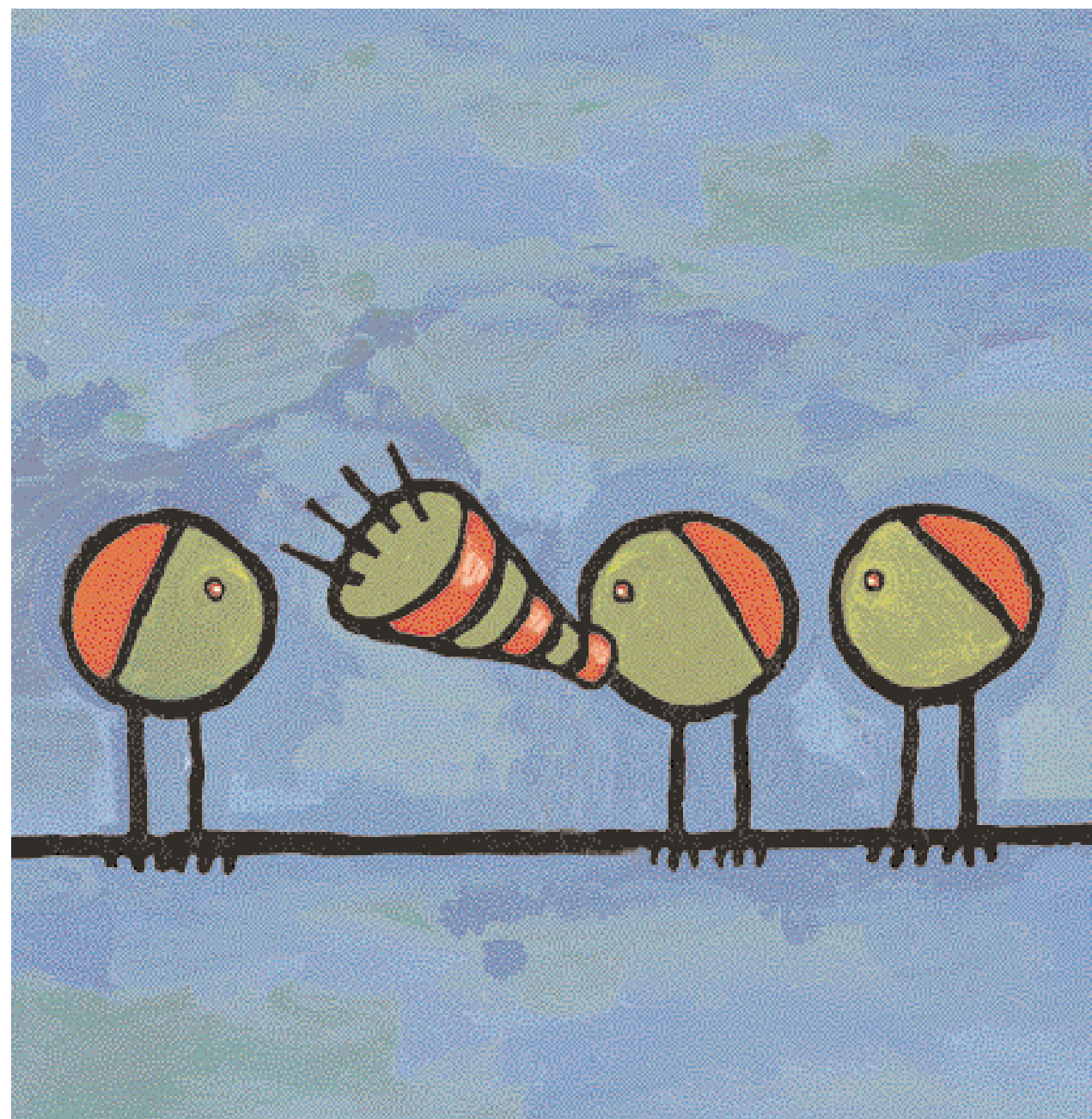


Listen to Me! Children's Experience of Domestic Violence



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Children's Experience of Domestic Violence

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Every effort was made to ensure that the information reported in this document was correct at the time of publication. The Children's Research Centre, Trinity Collge and MWSS cannot take responsibility for opinions that may have been expressed in the absence of independent verification.

Executive Summary

Executive Summary

This study, commissioned by the Mayo Women's Support Services, had the following aims:

- ▶ *To explore the impact of domestic violence on children, by exploring the views of service providers, mothers and children,*
- ▶ *To ascertain as far as possible the needs of the children concerned,*
- ▶ *To examine current service provision and identify gaps in relation to the perceived needs of the children,*
- ▶ *To use the data gathered to make recommendations about the development of an integrated service response.*

An important underlying principle of this research has been the commitment to including information from children and young people about their experiences of living with domestic violence and their opinions as to what type of services would benefit others in the same situation. It also drew on the knowledge and experience of mothers who have experienced domestic violence, and professionals.

The review of recent relevant literature, together with the findings from the focus groups in this study, have clearly demonstrated that children are significantly affected by living in situations where violence is present, and that these effects endure even after measures have been taken to secure their safety. The literature has identified how, at each stage, a child's emotional and psychological development can be impeded by living with violence, and it has also identified how these developmental problems manifest themselves when children grow into young adults.

The data from this study, which reflected the views of children and young people from different age groups as well as the views of their mothers and a range of service providers, affirmed many of the international research findings in the literature review. The inclusion in the fieldwork of the experiences of the children and the very fresh memories of young people, who had recently experienced growing up in a violent environment, added a unique perspective. The children and young people's descriptions of the anxiety, fear and dread they endured in their childhood and teenage years, their experiences of being bullied at school, the burdens of responsibility they carried in relation to their parents and their siblings and their regrets about their lost childhoods and opportunities certainly belied any notion that situations and incidents of violence go unnoticed, or that mothers can protect their children from its impact.

The data from service providers added further insights into the effects of domestic violence on children and the challenge of providing primary and secondary interventions. While MWSS is already providing a valuable service to children and families, the workers expressed an aspiration to fill what they perceive to be a major gap in specific provision for children. It was clear from all of the research findings that some of the other services

which are crucial to children's safety and well-being, particularly An Garda Síochána and schools, have the potential to make a more significant contribution than they are currently able to provide. Statutory and voluntary community based child protection, welfare and health services are manifestly aware of children's needs and have emphasised the requirement for an expanded and coordinated approach that can deliver in time, in order to halt and hopefully ameliorate the detrimental effects of living with violence. As well as direct service provision, the need for awareness raising and training on an ongoing basis was highlighted.

Developing a Response

Two principal issues stood out from the findings. One, which was usefully informed by the children's participation in the study as well as the literature on the area, is the uniqueness of needs possessed by different children who have had the same experience. The second issue is the need for one service to oversee and make connections between different agencies that may or may not have a direct focus on domestic violence. The needs of the children are so varied that a range of interventions may be necessary at any one time.

Challenges to Service Development

A number of key challenges for the development of a Children's Initiative currently exist: services need to be provided to children at the point when they need them; interventions for children need to be provided along a spectrum from very specialised services to mainstream and more generically orientated organisations; schools and An Garda Síochána are two services which must be included in the service development in a meaningful way and the matter of contact between children and fathers needs to be addressed within the service developed.

It is proposed that the service developed be based on a three-stage response framework identified in the literature (identification, assessment, intervention). Grounded in the principles of participation, empowerment, partnership and capacity building, the active involvement of users (both parents and children) in the design, delivery and evaluation of services, is considered essential.

Recommendations

This report endorses the proposal of the Mayo Women's Support Services (MWSS) for the establishment of a Children's Initiative, which will be managed and coordinated by them. It is suggested that a four-pronged approach be taken; firstly, to build a comprehensive database on the existing services for children and young people, secondly, to provide direct services to children who have previously or are currently experiencing domestic violence. Interventions may include or be directed at other family members. Thirdly, it is suggested that an early intervention/preventive approach be developed, initially via schools, An

Garda Síochána and some voluntary agencies. Fourthly, it is suggested that the Children's Initiative adopt a lobbying/advocacy role where structural changes outside their remit are required.

The following recommendations are made under each of the four headings:

1. *Compilation of a Services Database*

- ▶ *A database of all relevant services in the County,*
- ▶ *Assessment of the capacity of these services to respond to the needs of children, who have experienced domestic violence,*
- ▶ *Development of clear referral and information sharing protocol between the Children's Initiative and these services.*

2. *Direct Services to Children*

- ▶ *The establishment of a dedicated team within MWSS to respond to the needs of children who have experienced domestic violence.*
- ▶ *An immediate response to the children identified.*
- ▶ *The completion of a comprehensive assessment of the child's needs,*
- ▶ *Consideration of the child's safety in line with MWSS child protection policy and intervention as appropriate,*
- ▶ *The provision of an individually tailored intervention suitable to the child's assessed needs which is appropriate to their developmental stage,*
- ▶ *The provision of, or referral to, a range of therapies and social and recreational outlets appropriate to the children's needs and wishes,*
- ▶ *The inclusion of joint work with women and children,*
- ▶ *Active consideration of the child's views regarding contact with their father,*
- ▶ *The completion of collaborative work between MWSS and the Health Service Executive (HSE) when concerns arise regarding the safety of children,*
- ▶ *Direct work with perpetrators including interventions to address their violent behaviour and work with fathers and children to improve their contact.*

3. *Early Intervention*

- ▶ *Two schools, one primary and one secondary, should be selected on a pilot basis and a programme of training and awareness raising amongst teachers and key staff, referral of children to the Children's Initiative where necessary and the provision of practical help to the pupils by the school should be instigated in each,*
- ▶ *Similarly, a pilot programme should be developed within An Garda Síochána with the aim of informing them about the dynamics involved in domestic violence, encouraging them to focus on children as well as adults*

when responding to calls, making links between An Garda Síochána and domestic violence services, encouraging referrals to the Children's Initiative and highlighting the potential for preventive work with young people who have experienced domestic violence and whose behaviour is putting them at risk,

- ▶ *A programme of training, co-facilitation of therapeutic programmes, referrals to the Children's Initiative and joint assessment should be piloted in a sample of voluntary agencies, Community Development Projects (CDPs) and Youth Services which are actively involved with young people in the County.*

4. *Lobbying / Advocacy*

- ▶ *Evidence of the deficits in services should be gathered and used to make a case to statutory service providers regarding the need for increased resources,*
- ▶ *A submission should be made to the Courts Service regarding the inclusion of children's views on access orders in the training provided for the judiciary,*
- ▶ *State bodies need to be clearly informed about the need to fund a service to children and mothers rather than simply a service for women.*

Evaluation

It is recommended that from its inception the Children's Initiative be subject to ongoing evaluation. This should include an evaluatory input from outside MWSS on the proposed development of the Initiative after the pre-planning stage and ongoing evaluation of the service as it becomes operational.

Introduction

Introduction

Understanding and responding to the needs of children who live in abusive families has until recently remained a neglected and overlooked area of policy, research and legal reform. The vast majority of empirical evidence available reflects the views and experiences of the women and professionals involved and their interpretations of children's experiences. Services have tended to follow this perspective and most political and policy developments in this area have focused on interventions with adult victims. A community based voluntary organisation, Mayo Women's Support Services (MWSS), has identified the effects of domestic violence on children as a major and urgent issue that requires to be addressed in its own right. MWSS commissioned the Children's Research Centre, Trinity College Dublin, to carry out the study on which this report is based, with a view to informing the development of a Children's Initiative in Mayo which will comprehensively assess the needs of children who have experienced domestic violence and plan for an integrated service which attempts to meet their needs. The Children's Initiative will utilise existing resources within the community and develop others of a more specialised nature.

The research was carried out by Helen Buckley, Sadhbh Whelan, and Stephanie Holt of the Children's Research Centre (CRC), between March and September 2005, with the following aims:

- ▶ To explore the impact of domestic violence on children, by exploring the views of service providers, mothers and children,
- ▶ To ascertain as far as possible the needs of the children concerned,
- ▶ To examine current service provision and identify gaps in relation to the perceived needs of the children,
- ▶ To use the data gathered to make recommendations about the development of an integrated service response.

An important underlying principle of this research is the commitment to including information from children and young people about their experiences of living with domestic violence and their opinions as to what type of services would benefit others in the same situation. It also draws on the knowledge and experience of mothers who have experienced domestic violence, and professionals from statutory and voluntary agencies that provide services to children and families.

While one of the aims of the research was to explore the impact of domestic violence on children, it was not possible, within the scope of this study, to establish this with any degree of scientific certainty. Therefore, in order to provide a theoretical basis for this, and other connected areas, a literature review was conducted to explore national and international research on the subject. The resultant review represents the current state of knowledge on the subject and combined with the data gathered from the research participants,

provides a strong sense of how children's lives are affected when they live in violent environments and the sort of interventions that may help to compensate for the associated harms and vulnerabilities and assist their healthy development. Additionally, the data gathered from the children, their mothers and the professionals who participated in the study demonstrates local needs and the potential which may be developed from the existing network of services in Mayo, including health and social services, schools and community based projects.

Structure of the Report

The report will begin, in section one, with a discussion on the prevalence of domestic violence in Ireland, and specifically in Mayo. Section two provides information on MWSS, including how the service was established, its approach to working with women and children who have experienced domestic violence and the services that they are currently providing to children. Section three, the literature review, discusses international research findings on children's experiences of domestic violence and the type of interventions that best meet their needs. This will be followed by section four which will describe the methodology used in the study. Section five reports on the data gathered in Mayo from the children, their mothers and the relevant professionals. Section six will merge these findings to provide an outline of the interventions that appear to be most feasible and effective for MWSS to provide, and some of the challenges that will need to be met in order to establish an effective service. Section seven details the recommendations proposed to form the basis of a Children's Initiative.

Section One

Domestic Violence – Definitions & Prevalence

Defining Domestic Violence

The term 'domestic violence' is commonly understood to mean the intimate context within which women are abused by men. The problem of men's abuse of women has periodically been the subject of reform movements over the last two centuries, with the last thirty years witnessing an acceleration of this process on both sides of the Atlantic. While activists have sought to prevent the problem by providing refuge and crisis services for women, simultaneously campaigning for social, legal, and institutional reforms that empower women (Dobash & Dobash, 1997), researchers and academics have sought to understand, conceptualise and theorise the phenomena of domestic violence (Renzetti *et al.*, 2001). Although the extent and nature of domestic violence has attracted attention as a serious social problem, particularly since the 1970's (Jasinski, 2001), it has nevertheless remained largely a hidden problem 'surrounded by myths and misconceptions' (Mullender & Morley 1994: 2; Keheller & O'Connor, 1995).

It is now widely accepted that when violence occurs among people who are or have been in an intimate relationship, women are abused and men are the perpetrators in the vast majority of cases (Cronin & O'Connor, 1993; Task Force Report, 1997: 27; Mullender, 1996: 17; Hearn, 1996a: 22; Kelleher and Associates with Monica O'Connor, 1995; Schornstein, 1997: 29; McGee, 2000; Mullender *et al.*, 2003; Holden *et al.*, 1998; Dobash & Dobash, 2004; Watson & Parsons, 2005). The gendered nature of this crime is indicated by the fact that world-wide research in many areas has shown that between 70-97% of abusive incidents within an intimate relationship are perpetrated by men against women (Dobash & Dobash, 1992; Watson & Parsons, 2005). Abused men are less likely to be repeat victims (Scottish Crime Control Survey, 2000), be seriously injured (Kruttschnitt *et al.*, 2002; Kelly, 2003), or to experience fear and control (*ibid*). Finally, the primary reason documented for violence by women is self-defence, whereas the primary reason for violence by men is intimidation, coercion, and to punish unwanted behaviour (World Health Organisation, 2002; Serran & Firestone, 2004). Therefore, while recognising that men are also abused in intimate relationships, this report is concerned only with the abuse of women by men, within the context of an intimate relationship.

It is important therefore, to have some acceptable definition and frame of reference for the terms most widely used in this context. . Defining 'abuse' or 'assault' or 'violence' is no easy task, as the following authors point out:

Twenty years of discussion, debate, and action have led us to conclude that there will never be an accepted or acceptable definition of abuse, because abuse is not a scientific or clinical term. Rather, it is a political concept. Abuse is essentially any act that is considered deviant or harmful by a group large enough or with sufficient political power to enforce the definition (Gelles and Strauss, 1988: 57 in Jaffe et al., 1997: 353).

The term 'domestic violence' is most frequently used as an easily understood and widely accepted term. However it is criticised for its association with 'family violence', where the woman's experience disappears behind the experience of all of those for whom she cares (Stark & Flitcraft, 1997). The term 'domestic' is also associated with the trivialisation of abuse, when it is referred to (most frequently by the police) as 'just another domestic'. By locating the abuse in the 'domestic sphere', it also negates the dangers to women when they attempt to leave the relationship as this has been cited as their most dangerous time (Mullender, 1996: 8). Similarly, terms such as 'battered wives' and 'victims of domestic violence' are criticised for their negative labelling of the woman as a victim rather than as a survivor. In addition their primary emphasis is on the physical assaults, thereby ignoring the emotional and sexual abuse also suffered (Hooks, 1997: 281). Finally these labels shift attention away from the perpetrator (Pryke & Thomas, 1998; Moran & Wilson, 1999; Mullender, 1996; Hester *et al.*, 2000).

Recognising the dilemma inherent in terminology, the term 'domestic violence' is used in this report, primarily because it is in everyday and professional use and would easily alert people to its content. However, this report will also talk about men as abusers and women as experiencing abuse, and will use the term 'violence against women'.

With this in mind the following definitions are suggested, which deal with intimidation and threats within current and past relationships, and raise awareness of the complexities of experience encompassed within 'relationships':

Domestic violence refers to the use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse (Report of the Task Force, 1997: 27).

[T]he intentional physical abuse of a woman in a way that causes pain or injury or the threat of physical abuse by the male partner with whom she lives or has lived (Montgomery and Bell, 1986:2, cited in McWilliams and McKiernan, 1993:2).

Domestic Violence in Ireland

Legal Context

Unlike many other areas of law, the legal response to domestic violence is largely contained in two pieces of legislation, the Domestic Violence Act 1996, and the related Domestic Violence (Amendment Act) 2002. These acts are concerned with the protection, safety and welfare of individuals in domestic relationships, in situations where they are threatened by the behaviour of another person in that relationship.

There are four main orders which may be granted under the Domestic Violence Act 1996. These are a Protection Order; Interim Barring Order; Barring

Order and Safety Order. There is no criminal offence of 'domestic violence'. However, many of the behaviours considered to be part of a pattern of domestic violence are considered to be criminal offences. These may be prosecuted through the judicial system under a number of other pieces of legislation, as follows:

The Criminal Law (Rape) Act 1981 defines the act of rape as including rape, attempted rape, aiding, abetting, counselling or procuring rape or attempted rape, and incitement to rape.

The Criminal Law (Rape)(Amendment) Act 1990 introduced a new offence, 'Rape under Section 4'. This means a sexual assault that includes penetration (however slightly) of the anus or mouth by the penis, or penetration (however slightly) of the vagina by any object held or manipulated by another person.

Criminal Damage Act 1991 makes it illegal for a person to damage or destroy items belonging to a partner, or to threaten to do so.

The Non Fatal Offences Against the Person Act 1997, legislates for assaults, threats to kill or cause serious harm, harassment and other related offences. It provides a new offence of harassment aimed at "stalking", which incurs a maximum penalty of five years, and also empowers the court to order the stalker not to communicate in any way with the victim.

The Criminal Law Act 1997 provides for a power of arrest without warrants to the offence of assault causing actual bodily harm no matter where it is committed.

The Domestic Violence Act 1996 broadened the categories of people who can apply for domestic violence orders to include parents, and cohabitants living with the applicant for six of the nine months prior to the application for a barring order. Section 18 of the Act introduced "probable cause" arrest, where arrests can be made without a Garda witnessing the violence if it is suspected that Actual Bodily Harm or Grievous Bodily Harm is being or has been committed. Under Section 6 of the legislation health authorities are given the power to intervene, to protect individuals and their children from violence.

Extent and Nature

While the existence and extent of violence against women has been largely hidden within Irish society, research has shown that the incidence of it is, in reality, quite prolific. Research commissioned by Women's Aid, 'Making the Links', (O'Connor, Kelleher and Associates, 1995) highlighted that almost one-fifth of women surveyed had experienced abuse at the hands of a male partner, with less than a tenth (7%) experiencing abuse within the previous year. Also in 1995, Garda statistics recorded a total of 3,986 reported incidences of 'domestic violence', a little over one-fifth (21%) of these resulting in arrests (O'Connor & McDermott, 1996: 17). This had risen dramatically to 6,229 by 2004 (provisional figures released in April 2005, cited in Watson &

Parsons, 2005: 79), with 1104 people charged, of which 538 were convicted. The SAVI Report (McGee *et al.*, 2002) highlighted that one in four women reported experiencing sexual assault as adults, with just over two-fifths (42%) reporting some form of sexual assault or abuse in their lifetime.

There are an average of 8,000 calls per year to the Women's Aid Helpline, with refuge offered to 1,538 women including 2,967 children in 2000 (<http://www.womensaid.ie/>). In a survey of 1,871 women attending Irish General Practices (Bradley *et al.*, 2002), just under two-fifths (39%) of the women surveyed who had close relationships had experienced some form of violence from their partner. A study of over 300 young Irish teenagers (Women's Aid & Child & Women Abuse Studies Unit, London University, 2001) highlighted disturbingly that one in four young women knew someone who was forced to have sexual intercourse, a little over three-quarters (76%) of these being friends. A National Study on Domestic Violence carried out by Watson and Parsons (2005) highlighted that over an eighth (15%) of the women they surveyed, had experienced severe abuse at some point in their lives. More recently, a survey of patients attending a General Practitioner practice in Galway, conducted in August 2005 and launched in January 2006, found almost one in three people had experienced domestic violence. The study, which is the first to assess the prevalence of domestic violence among men in a general practice setting in the Republic, found that one in five men attending the practice had a history of abuse in the home. Significantly this research also found a high rate of domestic abuse among pregnant women. Echoing the findings of earlier Irish research cited above (Bradley *et al.*, 2002), 61% of patients said they would be either comfortable or very comfortable with screening for abuse (Irish Times 10-01-06)

These findings are very much in line with international trends (Dobash & Dobash, 1979; Strauss & Gelles, 1988). However, given the clear indication by international surveys that only between 10% and 15% of women experiencing violence actually report it to the police (Report of the Task Force 1997: 28), the scale of the problem is likely to be far greater than the statistics indicate.

Turning attention to the nature of domestic violence, the Report of the Task Force (1997) points out that this is a process, not a once off event, and that it often involves multiple forms of abuse (namely physical, emotional, verbal, sexual, social and economic), and that it tends to increase in severity and frequency over time (Mullender 1996). 'Making the Links' (1995) showed that a large proportion of women subjected to mental cruelty were also subjected to physical abuse, while Bradley *et al's* research (2002) highlighted alarmingly that just under one third (31%) of women in their survey had experienced eight or more types of abuse. Of those experiencing physical violence surveyed in 'Making the Links' almost three-quarters (71%) reported broken bones, head injuries and loss of consciousness (1995).

Pregnancy has been highlighted as a time of risk for women with 34% of those surveyed in 'Making

the Links' reporting physical assault while pregnant (Report of the Task Force 1997: 29), while Ryan's (2003) study, conducted in the Rotunda Hospital Dublin, detailed one in eight women reporting experiencing physical abuse while pregnant. While violence can have a devastating impact at any time in a woman's life, violence during pregnancy is of particular concern. While the onset of pregnancy is associated with a marked increase in sexual violence at this vulnerable time (Martin *et al.*, 2004), research indicates an increase in the severity and frequency of the abuse, with a corresponding increase in the risk for homicide (Campbell *et al.*, 1998). O'Toole *et al.*'s research review indicates that the battering of pregnant women is the major cause of birth defects, and one of the primary causes of low birth weight infants (1997:305).

At its extreme, the abuse of women can result in their death. US statistics state that approximately a little over one-third (38%) of all femicides are committed by a husband, boyfriend or ex-husband with additionally just over one tenth (11%) committed by an ex-boyfriend (Lewandowski *et al.*, 2004). In the vast majority of femicides (66-80%) the woman has been battered sometimes for years before she is killed, subjecting children to the trauma of witnessing the violence even before the homicidal event. In addition, approximately 14-29% of intimate partner femicides are homicide-suicides, adding additional trauma and grief for the children who may lose both parents at once (*ibid.*).

Of the 92 Irish females murdered since the end of 1995, 62 have been killed in their own homes. Of the 56 resolved cases of murder, just under two-fifths (39%) were murdered by a partner or ex-partner (Women's Aid Homicide Watch, 2002). Finally, international statistics confirm that 40-70% of women murdered worldwide are killed by their partner or ex-partner (World Health Organisation, 2002).

One of the most striking features regarding the nature of intimate violence is its early appearance in the relationship. Dobash *et al.*, (1985) showed that half the women in their study were assaulted in the first year of the marriage or co-habitation, with very few cases emerging after the first three years. Similarly, Watson and Parsons' (2005) research highlighted that in almost half the cases they researched, the violence began in the first year of the relationship, rising to seven-tenths (70%) within the first two years. Once the violence had begun, the majority of women suffered it for an average of five years before leaving (*ibid.*: 64).

Domestic Violence in Mayo

The most up to date statistics regarding the prevalence of domestic violence in County Mayo are contained in the report 'Going the Extra Mile' (Kelleher and Associates, 2000). Using the most recent census statistics available and the prevalence of domestic violence discerned in the survey carried out 1995 by Kelleher and O'Connor, this report estimates the number of women who are likely to be experiencing domestic violence in Mayo:

County Mayo has a population of just over 113,000. The county's population is dispersed with just less than 80 per cent of the population living in rural areas There are 34,543 women in County Mayo between the ages of 15 and 65 years of age. An approximate estimate of the number of women who are of have been in intimate relationships is 29,000. Between 7 and 10 per cent of women in intimate relationships experience violence in any one year (Kelleher and O'Connor, 1995). Based on this statistic, approximately 2,500 women in County Mayo are likely to experience domestic violence in any one year (Kelleher and Associates, 2000: 42).

In 2003, 207 women were seen by the workers of MWSS and they used the services provided in a variety of ways. Between them they had a total of 515 children.

In 2004 the number of women seen was 197 and between them they had a total of 521 children.

Also in 2004, information provided by An Garda Síochána indicates that there were 48 incidents of domestic violence reported to the Gardaí in County Mayo.

MWSS are aware that these figures represent only the number of women who took the step of contacting their service.

Section Two

Mayo Women's Support Services (MWSS)

Mayo Women's Support Services (MWSS)

MWSS define domestic violence as follows:

- ▶ Domestic violence is violence against women in intimate relationships. This can take the form of physical, emotional, sexual and verbal violence. It also includes control over access to money and food. It is a denial of the basic rights of women,
- ▶ Structural inequalities of power between women and men in economic, social and cultural spheres are the broader context in which violence against women needs to be understood,
- ▶ All abuse of women is compounded by poverty and marginalisation (Whelan, 2003: 8).

The Beginnings of the Service

MWSS is a community based voluntary organisation located in Castlebar and was established in September 1994. In 1993 the Society of St. Vincent de Paul (SVP) in Castlebar instigated a gathering of key statutory and voluntary services to discuss the need to establish services for women and children fleeing violent relationships in the County. It was through home visitations that they became aware of the need for a specialised service. They also recognised that a broadly based community response was needed to address this issue. It was agreed at this meeting that a "project leader" would be employed by the SVP, with funding from the Western Health Board (now the HSE Western Area). The HSE was also very concerned about the prevalence of domestic violence in County Mayo and it supported the development of the service. It was agreed that SVP would administer and manage the service. The Project Leader's brief was to develop a response to violence against women in County Mayo. Central to this brief was the establishment of a refuge. Another organisation who, at this time, was becoming increasingly aware of the need for a response to the issue of domestic violence and played a key role in the establishment of MWSS were the Conference of Religious in the West and Claremorris Social Services (now CURAM).

In June 1999, Mayo Women's Refuge and Support Services was formally launched. The building comprised a refuge and office accommodation. The title of the new service was chosen to reflect a broader approach to the concept of refuge than simply the provision of safe accommodation to women leaving home in crisis (Whelan, 2003). In 2002, to further emphasise their approach to the work with women and children fleeing violent relationships, the name of the service was changed to Mayo Women's Support Services with the bi-line, 'providing refuge and supporting women to live free from violence'.

Approach to the Work

From the beginning, MWSS adopted a community development approach in its response to women who experience domestic violence. While it provides

refuge-based crisis accommodation in Castlebar, its main work in supporting women is in communities throughout the County. This differs from the more traditional approach of providing refuge only. It means that services are accessible to women, many of whom live in isolated rural areas, which include two offshore islands, Clare Island and Inishturk. In these situations, opportunities to talk to someone are limited, confidentiality is a serious issue and lack of transport is a problem for some women. The definition of "refuge" which guides the work of MWSS is:

Refuge is about being ready to reach out to women and children in crisis where they are. Refuge is about building trusting relationships and building confidence. Refuge is about providing information and support in a safe and welcoming setting (MWSS, 2002: 5).

A community-based service means that protection can be accessed quickly in a crisis. It also means that while confidentiality is guaranteed to individual women, the issue of domestic violence is named and raised in communities where it is often an 'unspoken truth'.

MWSS links into existing community organisations such as Community Development Projects, Family Resource Centres and Social Service groups. In some instances its local base is the Health Centre. This puts the issue of domestic violence on the agenda of these agencies also. It is part of the effort to get communities to take responsibility for violence against women rather than seeing it as something to be dealt with elsewhere.

MWSS was instrumental in establishing, on a pilot basis, Local Area Networks (LAN) in Claremorris and Louisburgh. 'With funding from the Regional Planning Committee on Violence Against Women (HSE WA) MWSS (and Mayo Rape Crisis Centre) act as the support structure for the development of LAN's in County Mayo' (Lally, 2004a: 7). The objective of the LAN's as defined by the Task Force Report (1997) (cited in Lally, 2004a) is to facilitate ongoing communication and the flow of information between all groups and agencies supporting women who have experienced violence so that they can provide a co-ordinated response to these women. Their main function is to raise awareness of violence against women and to become informed referral sources to frontline services.

Key philosophies which underpin the work of MWSS are:

- ▶ The basic right of women to live free from violence,
- ▶ The right of women and children, who have experienced violence, to live, without fear, as full members of the community,
- ▶ That violence against women is a major social injustice and must be seen in a broad, political context (Whelan, 2003: 7).

Services Provided

The services provided by MWSS, clearly grounded in the philosophy the organisation espouses, can be grouped under three headings:

- ▶ **Outreach Programme:** this includes meeting and supporting women in outreach locations throughout the county; telephone contact; accompaniment of women to court and to various state agencies and advocacy. Outreach locations are based in Castlebar, Claremorris, Ballina, Ballinrobe, Achill, Louisburgh, Swinford, Kiltimagh, Westport, Belmullet and Ballyhaunis. Outreach is a core service of a programme which aims to reach women and offer support as close as possible to where they live. Many women who live in isolated rural areas would not otherwise be in a position to access the service.

A further two developments in outreach are the Back to Education Initiative in cooperation with County Mayo Vocational Education Committee (VEC) and the setting up of a number of support groups throughout the county, also in cooperation with the VEC.

As previously outlined MWSS established two Local Area Networks in Louisburgh and Claremorris in 2001. These comprise representatives of service users, community groups and relevant statutory bodies who come together to look at ways of addressing the issue of violence against women. In September 2002 a part-time worker was appointed by MWSS to support their development.

- ▶ **Accommodation:** this includes crisis refuge accommodation in the Centre in Castlebar and four units of transitional supported housing in Ballina. MWSS is part of Sonas Housing Partnership, which was set up in 1998. As a result of this, the above four units are now available in Ballina and work is underway to provide more units in the County.
- ▶ **Support Programme for Children:** this work was initially funded for one year through a grant made available by Baxter International, an American commercial company in Castlebar. Since September 2004 the Department of Justice, Equality and Law Reform have funded a Children's Support Worker post for 30 hours a week.

The service provides one to one support for children and has also delivered a number of group work programmes for mothers and children who have experienced domestic violence. This work, termed the Family Violence Programme, was delivered in cooperation with the Health Service Executive, Western Area. More information on this programme is provided later on in this section.

MWSS has developed training programmes for schools and engages in public awareness and training on the issue of domestic violence in communities throughout the county. It is a member of the National Network of Women's Refuges and

Support Services and has developed close links with relevant statutory and voluntary bodies, particularly in County Mayo. The National Network of Women's Refuges and Support Services (NNWRSS) is an umbrella organisation linking together all of the refuges and support services in Ireland. It offers its members research on best practice, fora to discuss and develop solutions for issues which are of concern to members, the scale to undertake projects which would not be feasible for members to undertake alone, mentoring and network knowledge for example the sharing of experience across the Network (www.nnwrss.com).

Children's Support Worker

Within Mayo Women's Support Services there is currently one Children's Support Worker who works a thirty-hour week. She provides both childcare for women who have used the service previously and have now returned to work and she currently provides free play sessions for children who are in refuge with their mothers and for children whose mothers come in to the service for appointments. Some of the children would be seen regularly, up to five times a week depending on their needs and situation.

The service also provides a one-to-one Support Programme. The Children's Support Worker uses the Helping Hands for Children Activity Pack, developed by Northern Ireland Women's Aid Federation (Mc Namee, 2001), to structure her work with the children that she sees regularly. These children would usually be aged between five and twelve. This is a fourteen week programme, which can also be delivered as a seven week programme. It covers areas such as changes in the family, anger and expressing anger, safety and keeping safe and dialling emergency numbers. It uses techniques such as writing a letter to Mom or Dad to facilitate the child to say anything or ask any questions that they might find hard to verbalise, the child can then choose what to do with that letter. The sessions last for one hour. The worker uses a workbook to guide the programme and will also spend time discussing the issues that come up. Due to restrictions on the worker's time, only five children can participate in this programme at any one time. Referrals to the programme come from the children's mothers or sometimes from the family's social worker, however the mother must be in agreement for the child to participate.

To evaluate the effectiveness of this programme the worker asks the children and their mothers to fill in evaluation forms at the end of the seven weeks. The feedback from these forms is encouraging with most of the mothers noting positive changes in their children:

Since John¹ began this programme with Anita, I have found him to be more open and secure in the company of adults and does not seem to be so wary of men. I've noticed this in the playground. He has more confidence now and I hope he can "bring" what he has learnt about himself to dealing with a "difficult" father (Evaluation Form).

Between September 2004 and August 2005 the Children's Support Worker used the programme with ten children.

Family Violence Programme

Between 2002 and the end of 2004 MWSS and child care workers from the HSE ran what was termed the Family Violence Programme (FVP) in three locations in Mayo; Castlebar, Ballina and Claremorris. This programme was run over a ten-week period and comprised a group for children who had experienced domestic violence and a group for these children's mothers, both of which were run concurrently. In total forty-two women and children participated in the programme.

The aims of the programmes were to create a safe/trusting environment to enable children to talk about their experiences and to assist mothers in understanding the effects of domestic violence on children through development of parenting skills and promotion of their own self-esteem (Lally, 2005: 2).

The programme took place over a ten-week period and both groups lasted for two hours. The objectives of the programme were as follows (ibid: 12):

Objectives of the Children's Group:

- ▶ To create a safe/trusting environment to enable children to talk about their experiences,
- ▶ To know that no one deserves abuse and that domestic violence is never the child's fault,
- ▶ To explore and identify feelings and emotions related to violence and look at positive methods of dealing with them,
- ▶ To increase where possible children's self esteem and confidence,
- ▶ To know that every child has a right to be safe,
- ▶ To provide the knowledge and skills which are necessary to prevent violence against women in future generations.

Objectives of the Mother's Group:

- ▶ To provide a forum for discussing parenting issues, learning parenting skills and being involved in their children's programme,
- ▶ To know that no-one deserves abuse and that domestic violence is never the woman's fault,
- ▶ To create a safe/trusting environment to enable women to talk about their experiences and the effect of domestic violence on their children,
- ▶ To provide a convenient and safe setting for keeping women informed about the weekly content of the children's group and for discussing questions and concerns they might have regarding their child's group work experience,

- ▶ To provide knowledge on child development,
- ▶ To facilitate the development of self esteem,
- ▶ To encourage women to talk about their feelings relating to parent's rights and children's rights.

The FVP was evaluated by an independent consultant. The evaluation comprised interviews with six mothers who had participated in the programme and seven of the eight programme facilitators. Secondary data in the form of information collected at the time of the FVP including work plans, facilitators' notes, minutes of meetings and reflections from the participants (both women and children) were also used to inform the evaluation.

Overall the participants found the FVP to be a very positive experience, particularly mentioned was the advantage of meeting other women and children who have had similar experiences and the resultant reciprocal support they felt. The perceived impact of the programme on the children who participated, reported by their mothers and detailed in the evaluation included:

- ▶ Tangible changes in the children's behaviour such as their being more loving and more gentle,
- ▶ Having more respect for their mother,
- ▶ A lessening in the number of outbursts and tantrums the child experienced,
- ▶ A lessening in their physical displays of anger and better overall anger management,
- ▶ Easier to engage in conversation and listening more,
- ▶ Increased confidence and self-esteem (Lally, 2005).

The impact on the women who had participated in the programme, as identified by themselves, included:

- ▶ A gaining in self confidence and assertiveness and increased personal development,
- ▶ Better stress management,
- ▶ Better parenting and more positive parenting. For example one mother commented: *'I feel that I gained confidence and more understanding of how my son felt'* (ibid: 17).

The evaluation concluded that the Family Violence Programme represented an innovative way of addressing the impact of domestic violence on children by using an integrated model of services delivery, incorporating both statutory and voluntary service providers. It did however make a number of recommendations for the future delivery of Family Violence Programmes including increasing the length of time for the groups and training and support for facilitators.

1 | Name changed to protect the child's anonymity.

MWSS are deeply concerned about the needs of children who have experienced domestic violence. To date they have developed two initiatives to begin to address their needs but these have only been available to a small number of children. Contrast this with the fact that in 2004 women who used the services of MWSS had five hundred and twenty one children between them, all of whom have experienced domestic violence and the level of unmet need becomes very evident.

Section Three

Literature Review

The Impact of Domestic Violence on Children

Intimate violence is a pervasive experience, coloring all aspects of family life for those directly or indirectly involved (Denzin, 1984, cited in Goldblatt, 2003: 533).

While it is not known exactly how many children live with domestic violence, the available research evidence suggests many abusive households also contain children (Mullender *et al.*, 2003; Weinehall, 2005), with US research estimating almost four-fifths (78%) of abusive households containing children (Buckner *et al.*, 2004). Children are neither 'untouched' by the violence, nor merely passive bystanders within the abusive family system, but can be involved in the abuse on a number of levels. Fantuzzo & Mohr's research (1999) highlighted that children were involved in the onset of the violent incident in one fifth (20%) of cases; they placed the call to the police in a tenth (10%) of cases; and were present during the assault in a small number (6%) of cases.

There is an established and growing body of research that suggests that children who live in households where their mothers are abused by partners or ex-partners are significantly affected and experience 'considerable distress' (Abrahams, 1994; Mullender & Morley, 1994; Stark & Flitcraft, 1996; Pryke & Thomas, 1998; Brandon *et al.*, 1999; Cleaver *et al.*, 1999; Department of Health UK, 1999; Hester *et al.*, 2000; McGee, 2000; Mullender *et al.*, 2003).

Firstly, there is a clear and irrefutable link between the presence of domestic violence and the co-occurrence of child abuse (Edleson, 1999; McGuigan & Pratt, 2001; Jones *et al.*, 2002; Lundy & Grossman, 2005). Violence between the parents may overspill into the parent-child relationship (Appel & Holden, 1998), children may be hurt when trying to intervene, or injured in order to terrorise their mother. They may experience physical abuse by their mothers, where stress and psychological trauma result in poor or compromised parenting (Strauss, 1983). Furthermore there is clear empirical evidence that children are at risk for physical and sexual abuse by their mother's abuser (Hester & Pearson, 1998; McGee, 2000; Kellog *et al.*, 2003; Weinehall, 2005).

Secondly, as touched on above, there is mixed research evidence regarding the impact of domestic violence on parenting skills and abilities of both the mothers and the fathers, and the resultant quality of parenting the child experiences. While more than three-quarters of mothers in Abrahams (1994) research had found their children harder to look after while they were living in a violent situation, due to depression, fear and exhaustion, Holden *et al.* (1998) concluded from their research on the perceptions of battered women, that '*essentially no evidence of diminished parenting was found in the battered women, as compared to the matched community mothers*' (1998: 304). Children's experience of being parented by a '*male batterer*' is explored extensively by Bancroft and Silverman (2002) who conclude that there are significant

problems associated with the parenting styles of '*batterers*', including a heightened risk for abuse and neglect, undermining of the mother and psychological risks to the children.

Thirdly, growing up in an abusive home environment can critically jeopardize the developmental progress and personal ability of children (Martin, 2002; McIntosh, 2002; Gelles & Strauss, 1994), the cumulative effect of which may be carried into adulthood and can contribute significantly to the cycle of adversity and violence (Levendosky & Graham-Bermann, 2001; Cunningham & Baker, 2004).

Fourthly, Huth-Bocks *et al.*, (2001) posit that because domestic violence is not an isolated event but occurs within a family system, it is potentially something that disrupts broader family functioning and the home environment (Jaffe *et al.*, 1990). As such, children not only have to deal with the immediate impact of the violent episodes, but also the ensuing fallout of the violence, such as parental stress and depression or changes in their home situation (for example a move to a refuge). Rossman (2000, cited in Cunningham & Baker, 2004) adopts the term '*adversity package*' to describe the multiple stressors which accumulate in the lives of most young people who are experiencing or have experienced violence in the home: for example poverty, child abuse, parental substance abuse, unemployment, homelessness and involvement in crime, to name but a few. The presence of multiple stressors in a child's life may serve two purposes: increasing the risk for negative outcomes *and* potentially rendering indistinct the exact relationship between domestic violence and those negative outcomes (Jones *et al.*, 2002).

Finally, the ending of the relationship does not always result in the ending of the violence, with child contact often acting as a flashpoint or catalyst for post-separation violence (Radford *et al.*, 1999; Bancroft & Silverman, 2002). Hester and Radford's 1996 study highlighted continuing violence to the women in 50 out of 53 cases reviewed, with the continued possibility of further violence to children remaining. The issue of post-separation contact is a controversial one, raising many difficult issues and dilemmas for the women, the children and the professionals involved.

A further detailed exploration of these five areas is a necessary prerequisite to a full and comprehensive appreciation the issues and dilemmas provoked by the experiences of children who live with domestic violence.

1. Domestic Violence as an Abusive Context for Children

Children in battering relationships face immediate risk of becoming co-victims as well as suffering psychological consequences because of exposure to violence (Stark & Flitcraft, 1996: 77).

The relationship and interconnectedness between men's abuse of women and child abuse is firmly established in the literature (Abrahams, 1994;

Brandon & Lewis, 1996; Kelly, 1996; Hester & Pearson, 1998; Mullender & Humphreys, 1998; Brandon *et al.*, 1999; Cleaver *et al.*, 1999; Department of Health UK, 1999; Edleson, 1999; Radford & Sayer, 1999; Hester *et al.*, 2000; McGuigan & Pratt, 2001; Cuninghame & Baker, 2004; Dong *et al.*, 2004; Guille, 2004).

At its most basic level, living with the abuse of their mother can be considered a form of emotional abuse, with negative implications for children's emotional and mental health and future relationships, highlighting in particular depression, distress and mental ill-health (Brandon & Lewis, 1996). While the term '*witnessing domestic violence*' suggests that the child is present, many authors agree that children can '*witness*' in ways that go beyond direct observation, such as overhearing arguments or observing its aftermath, for example seeing bruises and cuts and broken furniture (Mullender *et al.*, 2003; Cunningham & Baker, 2004; Abrahams, 1994). McGee (2000) cites similar exposure to violence in their research, with 71-73% of children witnessing violent assaults on their mothers, including one tenth of the children whose mothers were sexually abused in front of them. A further 58-62% of children in this study overheard the violent incident, while between 27-52% of children observed the aftermath of the violence, serving as a stark reminder of the danger they lived in. Direct and explicit emotional abuse of children, as documented in McGee's study, included verbal abuse, damage to toys and pets, differential treatment of children, threatening to kill their mother and burn the house, sleep deprivation and ongoing degradation of the child (2000).

Furthermore, domestic violence is an important indicator of risk of direct harm to children, where violence towards women may coincide with the children also being at risk (McGuinness, 1993; Mullender and Morley, 1994; Farmer & Owen, 1995; North Western Health Board, 1998; Cleaver *et al.*, 1999).

Focusing specifically on the physical and sexual abuse of children, research clearly suggests that the abuse of women is a major context for child abuse, representing the extension of ongoing violence (Stark & Flitcraft, 1996; Mullender & Morley, 1994). Specifically in cases where the woman is being abused, there is a 45-70% co-occurrence of child physical abuse (Stark & Flitcraft, 1988, cited in Hester *et al.*, 2000; McGee, 2000), and a raised incidence of child sexual abuse (Hooper, 1992; Hester & Pearson, 1998). International research indicates that four-fifths of children and adolescents, who disclose sexual abuse, are also living with family violence (Kellog & Menard, 2003). In the Irish context, both the Kilkenny Incest Investigation (McGuinness, 1993) and the West of Ireland Farmer Case (North Western Health Board, 1998) illustrate this point, with more recent Irish research reflecting wider international trends (Ferguson & O'Reilly, 2001). At its most extreme, violence against women may result in the death of the child, as was evident in the Maria Colwell, Sukina Hammond, and Toni Dales cases, (Hester *et al.*, 2000).

Children may be abused as part of the abuse of their mother (and indeed vice versa) (Hester & Radford, 1996; McGee, 2000), making it difficult at times to separate out into discrete categories of 'child abuse' and 'domestic violence', because in some cases it is the abusers intention that the abuse of the child will have an abusive impact on the mother. Kelly refers to this as a '*double level of intentionality*' (in Hester *et al.*, 2000).

Finally the impact of intimate violence also extends beyond the ending of the violence. Children's subsequent behaviour can result in them being labelled as '*difficult*' or '*disobedient*', with little parental or professional understanding that this behaviour is a manifestation of the children's ongoing struggle to come to terms with what have been '*frightening and terrorising experiences*' (Cleaver *et al.*, 1999: 91).

2. Parenting Ability and the Experience of being Parented in the context of Domestic Violence

The empirical evidence clearly states that the quality of parenting and ability of both parents to meet their child's needs are severely compromised in domestic violence households (Cleaver *et al.*, 1999; Stephens, 1999; Levendosky & Graham-Bermann, 2001; McIntosh, 2002; Levendosky *et al.*, 2003; Mullender *et al.*, 2003; Buchbinder, 2004). There is clear evidence of increased coercive parenting in families living with domestic violence (Margolin *et al.*, 2003). Specifically, intimate abuse of women is linked to men's authoritarian and controlling behaviours of their sons (*ibid*), and to increased use of physical punishment of their children by women (Holden *et al.*, 1998). Additional difficulties, such as financial problems and social isolation, further compound the negative impact on parenting (Cleaver *et al.*, 1999). The impact of domestic violence on the parenting of women who are abused and on the parenting of the men who abuse them, are two distinct areas requiring separate attention.

For women, continuing abuse affects their relationship with their children (Mullender *et al.*, 2003), can impact negatively on their ability to parent them (Stephens, 1999), and have negative influence on the quality of the attachment between the mother and child (Cleaver *et al.*, 1999; Levendosky *et al.*, 2003). Maternal stress and depression, resulting at times in an emotionally distant, unavailable or even abusive mother (Holden *et al.*, 1998), may compound the behavioural problems of the child, and increase the impact of the violence for the child (Levendosky & Graham-Bermann, 2001). As referred to earlier, women living in violence can find their children harder to look after (Abrahams, 1994), with other research specifically highlighting the management difficulties presented by adolescence, culminating in some cases in physical aggression by children of their parents (Jackson, 2003; Ulman & Strauss, 2003). The presence of child-to-parent aggression increases with the child's age and is eighteen times more frequent in families in which the mother is abused (Hotaling *et al.*, 1989, cited in McCloskey &

Lichter, 2003: 392). Levendosky *et al.*, 2000 suggest that the domestic violence impacts negatively on the woman's ability to develop authority and control over her children, which may not only have implications for parenting, but also serves to put children at risk for anti-social behaviour.

While it may be considered erroneous to assume that abused women show greater deficiencies in parenting than their non-abused counterparts, at the very least living with an abusive partner takes its toll on a parent's psychological well-being. Furthermore, studies have shown that psychological and physical abuse are both highly related to observed maternal warmth with chronic abuse depleting women of the ability to be emotionally available and give emotional support to her children (Hendry, 1998; Levendosky, 2000; Levendosky & Graham-Bermann, 2001). Living with domestic violence is commensurate to living in a constant state of anxiety and fear, leaving women exhausted, depressed and unable to provide for their child's needs (Mullender *et al.*, 2003), which may result in a state of constricted emotions, irritability and exhaustion (Levendosky *et al.*, 2000). Living in constant fear, they may deny their children normal developmental transitions and the sense of basic trust and security that is the foundation of healthy emotional development. Consequently when children of any age cannot depend on the trust and security that comes from caregivers who are emotionally available, they may withdraw and show disorganised behaviours. Difficult experiences in early life may be problematic for the child's later development in relationships (Osofsky, 1999), with research estimating the rate of intergenerational transmission of violence to be 30% (plus or minus 5%) (Geles & Cavanaugh, 2005).

Attachment theory argues that the young child's relationship with their mother becomes internalised and serves as a template for future relationships (Bowlby, 1988). Both the mothers parenting behaviours and her psychological functioning influence the child's internalisations of the relationship and thus also the attachment behaviours. Attachment theory supports a central role for the mother-child relationship in predicting child current and future functioning, with abused and neglected children tending to have more insecure attachment styles as compared with children from non-abusive homes ((Levendosky & Graham-Bermann, 2001; Levendosky *et al.*, 2003).

Referring to the physical abuse of children by battered women, the *'sequential perpetrator model'* (Coohey, 2004), suggests that women who are battered are more likely to hit their children as a reaction to being hit themselves (Stephens, 1999), and report the use of physical punishment of their children (Holden *et al.*, 1998; Buchbinder, 2004). While the latter author reported mothers being distressed after using physical punishment, the former authors concluded that there was no evidence for diminished parenting in their sample of abused women, despite the extensive use of physical punishment.

As already established, there is a significant rate of co-occurrence of child abuse in cases of domestic violence (Farmer & Owen, 1995). *'Failure to protect'* is a charge often levelled at women, either the failure to recognise the incestuous abuse of her child, or the failure to leave the violent relationship and thereby end its impact on the child. Bell (2003) questions why mothers often attract as much, if not more anger and blame than the abuser himself, while Mullender *et al.*, highlight that women do make considerable efforts to protect their children (2003), and may in fact employ more authoritarian parenting tactics to ensure their children are well-behaved in the abusers presence, in order to avoid aggravating him (Margolin *et al.*, 2003). Kitzinger explores this further stating that the social construction of motherhood imposes on women unrealistic standards of ideal motherhood, this ideal *'ignores the material realities of women's lives and places an insupportable burden on mothers – charging them with total responsibility for their offsprings' physical, mental and emotional well-being'* (1990: 210-202, cited in Bell, 2003).

Indeed, also reported are the positive direct effects on both parenting effectiveness and attachment, indicating that women who were more severely abused reported more effective parenting and more secure attachment on the part of their pre-school children (Levendosky *et al.*, 2003) and positive effects on their parenting, including an attempt to compensate for the violence and general poor, neglectful, and abusive parenting of their children's fathers (Levendosky & Graham-Bermann, 2000). Developing this point a little further, Buchbinder's research highlighted that women who had grown up with domestic violence and had lived with a violent partner, were determined to be the 'good' mothers that they never had (2004). In an earlier piece of research with women experiencing violence, Hilton (1992) found that women spontaneously reported their overriding concern for their children, with most women eventually leaving for their children's sake (Mullender & Morley, 1994; Mullender & Hague, 2001).

The father-child relationship has received relatively little attention in the research on domestically violent families, with the literature revealing minimal investigation into the abuser's perception of his violence and rarely mentioning his relationship with his children or experience as a father (Guille, 2004). Studies investigating battering from the abuser's perspective highlights how men rationalise and justify their violent behaviour, blaming alcohol / drugs / unemployment / employment / their partner for the abuse; minimising and trivialising the experience, and appearing to be somewhat distanced from their feelings, showing a strong profile of avoidance and passive aggression (Dutton, 1995).

What little information does exist on the parenting of domestic violence perpetrators suggests that they are less likely to have been involved with their children and more likely to have used negative child rearing practices, such as slapping, when compared to their non-violent counterparts (Holden & Ritchie, 1991); literature also suggests that such

parents are more controlling and authoritarian, and less consistent (Bancroft & Silverman, 2002); are more often angry with their children than non-violent fathers (Holden *et al.*, 1998); and are less likely to allow freedom of expression, creativity and structure in their children's lives (Margolin *et al.*, 2003).

Steele (1994) characterised batterers as individuals with low self-esteem and a poorly developed sense of identity that results in neediness, dependency, a lack of trust in others and an inability to see the impact of his violence on the children (Mullender *et al.*, 2003), or to see violence towards women as child abuse and vice versa (Hearn, 1998). They often use their children to meet their own needs, where involvement is more often intended to manipulate the children and undermine the mothers' parenting (Bancroft & Silverman, 2002). From their research these authors also suggest that perpetrators may more often pressure children to disclose confidential discussions with assessors or present the perpetrator in a favourable light to evaluators and the court. Research conducted with abused mothers also confirms that abusers used their children as a tool or pawn to indirectly get at the mother and may hurt them as punishment for their children's acts.

It is not uncommon to hear a battered woman and her child each express a desire to remain in a relationship with the perpetrator if his violence ends. Peled (2000) suggests that children view their abusive fathers in two contradictory ways - as the 'good, loved father' and as the 'bad, abusive father' - but seldom maintain both views simultaneously. Peled's earlier qualitative research (1998) found that children implement strategies to minimize the negative view of their fathers, and find ways to see their fathers in a positive light. Both strategies create complex emotions when it comes to making choices involving their parents. Research carried out by Mullender and her colleagues highlighted that many children could identify their feelings for their fathers only in the context of the violence, where their paternal experiences were tainted with sadness, fear, confusion and disappointment (2003).

To conclude, one of the basic functions of parents is to bring the world to the child in small, manageable, tolerable and developmentally appropriate doses (McIntosh, 2002). As such, parenting is not about preventing the child from ever experiencing conflict or stress. Rather, it is about filtering those experiences in ways that can be thought about and integrated by the child. McIntosh argues that the presence of domestic violence results in the failure or collapse of the parental functions of protection and thought (2002). The man has detached himself from the experiences of those around him, while the woman's survival may require her to create a state of disassociation from aggression, that itself perpetuates a cycle of fear and victimization (*ibid*). Both aspects of parental dissociation results in a lack of empathy with the child's experience, where the child is not helped to deal with and integrate the impact of family violence to recover from the trauma they have experienced.

3. The Impact of Domestic Violence on Children: A Developmental Perspective

Mullender and Morley (1994) surmise that there is not one typical reaction, but a range of physical, behavioural, psychological and/or emotional difficulties that may present, varying with gender, age, level of abuse, and the support available to the child. These can include physical injuries, aggression, introversion, secretiveness, self-blame, running away, school difficulties, bedwetting, nightmares, eating difficulties, self-harm, depression, suicidal ideation and attempted suicide, social isolation, poor social skills and developmental delay (Cleaver *et al.*, 1999; Kendall-Tackett, 2002; Kernic *et al.*, 2003; Ullman, 2004). Operating from the belief that children are active in constructing their own social worlds and are not merely passive participants in their lives, it is important to get a picture of the individual child's experience in the context of their age and developmental stage, in order to understand fully what the impact of these experiences might be, rather than operating a simple checklist of indicators (Mullender *et al.*, 2003). Even children in the same family may construct different meanings from the same experiences so that the relationship between the violence and the effect on the child can be both complex and multi-faceted (Saunders, 1995). Nonetheless, recurrent emotive themes that cut across gender, age and developmental stage include fearful and anxiety provoking experiences resulting in guilt, shame, anger, and powerlessness for children who lack self-esteem, self-confidence and the normal experience of being a child (Abrahams, 1994; Mullender & Morley, 1994; Kashani & Allen, 1998; Daniel *et al.*, 1999; McGee, 2000; Reynolds *et al.*, 2001; Mullender *et al.*, 2003).

'Development' refers to the process of physical maturation and learning as individuals change and grow through the various stages from pre-natal, through infancy, toddlerhood, pre-school, middle childhood (the school years), adolescence, young adulthood, middle and old age. It is a continual and cumulative process where the experiences at each stage, and how an individual adapts, copes and integrates those experiences, form the foundation for how later experiences will be understood, reacted to and coped with, and where exposure to violence at any age can create delay in the accomplishment of important developmental tasks (Martin, 2002). As young people mature, they physically grow bigger - the most obvious sign of development - but, also develop cognitively, socially and emotionally. Experience of violence in the home impacts negatively across the dimensions of development and has differential impact at different stages (Carlson, 2000). Early and prolonged exposure can create more severe problems because they affect the subsequent chain of development - problems at one stage will impact on development at subsequent stages.

Infants & Toddlers

Infants and toddlers are totally dependent upon others for care and their lives are organised around the primary attachment relationship to a caregiver, usually the mother, through whom they learn to

settle themselves emotionally and ultimately, in later stages, to self-regulate their emotions and behaviours. As such, experiences in infancy sets the stage for babies to develop into socially competent and adaptive pre-schoolers. Edleson (1999) suggests that toddlers do not understand and cannot control their own emotions, requiring adults to provide structure, which may be difficult for depressed and overwhelmed mothers, thus impacting the child's experience of emotional expression. They interpret experiences in a concrete and egocentric way, and even in this earliest phase of development, existing research indicates there are clear associations between exposure to violence, and emotional and behavioural problems (Osofsky *et al.*, 2004). This may manifest itself as a numbing of effect rather than a range of emotion in their play; as serious children who smile very little, appearing even 'spaced' at times. Without the verbal skills to express their feelings adequately, their distress may manifest itself behaviourally in excessive irritability, regressed behaviour around language and toilet-training (Osofsky, 1999), sleep disturbances, emotional distress and fear of being alone (Lundy & Grossman, 2005).

Coming from a holistic nursing perspective, Martin (2002) suggests that exposure to violence in the family interferes with a child's normal development of trust and later exploratory behaviours which lead to the development of autonomy. The dynamics of domestic violence undermines their developmental need for safety and security, where an abused mother may not be able to consistently respond to her baby's need. Emotionally, infants and toddlers who have witnessed or experienced prolonged family violence are highly likely to develop disorganised attachments to their mothers. If unabated such attachments result in the infant being chronically overwhelmed and if uninterrupted, this pattern has devastating developmental consequences for the child, and underpins much of the intergenerational cycle of domestic violence (Zeanah *et al.*, 1999, cited in McIntosh, 2002). They may have difficulty developing a logical approach for getting comfort when they need it, resulting in a constant state of anxiety and fear, both in the presence of their mother as well as the perpetrator of the violence.

Pre-Schoolers

Citing evidence from research, Huth-Bocks *et al.*, (2001) posit that pre-schoolers who witness violence have more behavioural problems (aggressive and possessive behaviour), social problems (poor social skills), post-traumatic stress symptoms which may explain the problem of frequent illness in young children, greater difficulty developing empathy, and poorer self-esteem than non-witnesses (Lundy & Grossman, 2005). The effects of domestic violence are amplified for these young children, who are completely dependent on parents for all aspects of their care and may therefore witness greater amounts of violence than older children (Huth-Bocks *et al.*, 2001). They may express emotions in ways considered inappropriate for their age, may incorrectly take responsibility for causing the violence, and be behind or regress in development towards independence (Lundy & Grossman, 2005).

Similar to toddlers, 3-5 year olds still think in concrete and egocentric ways (Cunningham & Baker, 2004). However, they are also developing the capacity for magical thinking and physical independence (for example will take pride in dressing themselves, will want to walk independent of their buggy, without holding an adult's hand). Important at this stage is the learning of appropriate ways to express emotions to others, especially peers, and the self-regulation of emotions. Concrete thinkers understand their world on the basis of what they see and feel, they have a firm sense of right and wrong, and their ability to understand the perspective of others is extremely limited. This means that they may be confused when what adults tell them conflict with adult behaviour – hitting in school is wrong, but Dad hits Mum? Daddy is bad and can't live here any more, but Daddy is nice and plays with me?

Few children of this age can separate a person's behaviour from their worth to them personally. They focus on outcome, not process and the most current event is also the most significant. So Dad was bad when he hurt Mum, but he said he was sorry and brought us all to McDonalds, so it's ok now? Separation may be difficult and feel like a significant loss, resulting in confusion between their experience of missing him and the messages they are hearing about him. Even children who have been afraid of the father may be angry with the mother for the separation (*ibid*). Ego centrism may be reflected in a preoccupation with fear for their own safety, often because of past experience of being assaulted or feeling threatened. If they are given out to for not picking up their toys in one instance, then see their parents fight, they may believe that this argument is their fault and blame themselves.

At this developmental stage, language skills are still in the very early stage of development, with non-verbal communication heavily relied on. A major stressor for this age group associated with domestic violence will be the noise: the shouting, screaming, crying, smashing and banging. This may result in over sensitivity to loud noise, where the child copes by 'tuning out'. Pre-school teachers may have difficulty getting their attention in a noisy classroom or school-yard. While most pre-schoolers have a basic vocabulary for feelings (sad, mad, love, happy etc.) and recognise behaviour such as crying linked to these emotions, they have a limited ability to verbalise the powerful emotions they are experiencing, and may instead act out with temper tantrums and aggression, cry, resist comforting, or become despondent, anxious and inconsolable (Cunningham & Baker, 2004). This may become evident as they try to learn to share - a tricky concept for most children this age, and their resultant behaviour may be seen as problematic or strange. If they are sensitised to anger and conflict, they may alternatively respond to an everyday disagreement over a toy with anxiety, withdrawal or extreme distress.

Pre-schoolers are not yet ready to problem solve, so may engage in mental and behavioural disengagement. They may use magical thinking, create imaginary friends, block out, or seek the

comfort of an older sibling. Living with conflict and fear may jeopardise their readiness for school. With research indicating that mothers of this age-group report that they exhibit more problems than any other age-group (Wolfe & Jaffe, 2001), Martin suggests that extreme fear may manifest itself in psychosomatic problems such as headaches, stomach aches and asthma, as well as insomnia, nightmares, sleepwalking and enuresis (Hester *et al.*, 2000; Martin, 2002).

School-Age Children

This developmental stage for school-age children involves children developing a more sophisticated emotional awareness of themselves and others, in particular of how the abuse is affecting their mothers (Daniel *et al.*, 1999). They are also able to think in more complex ways about the reasons for the violence and may try to predict and prevent the abuse based on this reasoning. Younger children in this developmental stage are still thinking ego-centrally and may blame themselves for their mother's abuse, absorbing guilt and self-blame. In working things out, they will try to rationalise their father's behaviour, justifying it on the basis of alcohol, stress, or 'bad' behaviour on theirs or their mother's behalf. Rationalising their father's behaviour can also help children cope with the idea that their father is bad or imperfect in any way. The concept of fairness is key at this developmental stage, where children will try to understand the 'fairness' of the violence in the context of the reason for it and the consequences of it. For example, while the violent behaviour might be seen by the child as 'bad', the criminal response of arrest or incarceration may seem unfair. If these attitudes and beliefs are not addressed, the child is potentially at risk for adopting anti-social rationales for their own abusive behaviour, or it may make them reluctant to involve the police for assistance (Cunningham & Baker, 2004).

Academic and social success at school has a primary impact on their self-concept, with the school providing the opportunity for significant changes in the child's social life. As children rely increasingly more on influences outside the family (peers, school) as role models and as barometers of their own worth (Daniel *et al.*, 1999), they may come to see their family as different, resulting in them feeling different, judged, self-conscious and abnormal (Huth-Bocks *et al.*, 2001). With friendships and peer group acceptance becoming more important, most children will hide their 'secret' from everyone. Many turn only to siblings who are natural allies and sources of support (McGee, 2000; Mullender *et al.*, 2003) because if others found out, the shame would be overwhelming, further compounding the imbuing sense of sadness and vulnerability (Alexander *et al.*, 2005). With the development and maintenance of friendships a crucial part of this developmental stage (Daniel *et al.*, 1999), social difficulties including poor social skills, may make this developmental task unachievable (Lundy & Grossman, 2005). Over-protectiveness of family members, even amongst very young children, and role reversal are common problems.

The child's potential for learning may be compromised if they are tired, distracted, or have difficulty prioritising school among the competing demands for their energy. They may worry understandably about the safety or well being of their mother, and may consequently miss school in an attempt to ensure her safety. Alternatively school is experienced as a respite and engaged in fully, in order to maximise respite and avoid going home. Children's academic abilities may also be compromised because of their poorly developed verbal skills (Moore & Pepler, 1998, in Huth-Bocks *et al.*, 2001). Furthermore, maternal depression can negatively impact on the home environment, resulting in a less intellectually stimulating setting (Holden & Richie, 1991).

Adolescence

Older school-age children exposed to violence may pick up on and react to aggressive cues in their interactions with other children and may consequently be at risk for bullying. In contrast younger children may tune out from such cues and as a result, be at an increased risk of being bullied (Cunningham & Baker, 2004). Farrell & Sullivan's study (2004) highlighted a concerning pattern of change during the middle-school years, with students reporting corresponding increases in their acceptance of violent behaviour and in the frequency of their own aggression, drug use and delinquent behaviour. Similarly, Markward's study suggested that school age children may create a social reality in which a passive-aggressive behaviour pattern is normative (1997). They may externalise their experience of violence, and thus fight frequently or internalise the abuse of their mother and withdraw (*ibid*). Resistant to guidance and discipline, problems obeying the school rules, behaviour and learning difficulties, were also significant issues for younger children in Lundy & Grossman's study, with one third of 6-12 year olds frequently aggressive and one fifth developmentally regressive (2005).

Coping strategies for this developmental stage include mental or emotional disengagement such as concentrating hard on something else, listening to music headphones, turning up the volume on the television, or positioning themselves as far away as possible from the violence (McGee, 2000; Mullender *et al.*, 2003; Cunningham & Baker, 2004). Blocking and disengaging take on a more sophisticated and dangerous form as children approach adolescence, with experimentation with alcohol and other mood altering substances becoming more common. Children may engage in magical thinking, fantasising about having a happier family, living in a nicer place, or having their parents separate, or may have fantasies of revenge once the abuser is gone. Other children, once the abuser is gone, may fantasise about reunification (Cunningham & Baker, 2004). As they get older, children may be more active and focused in trying to prevent or intervene in the abuse. This might include verbal negotiation or physical intervention during abusive incidents; provision of emotional or practical support to their mother through the provision of comfort, domestic support or child-care (Hester *et al.*, 2000).

Adolescence is recognised as a challenging and difficult stage for both parents and young people, with key features of this developmental stage involving important biological, cognitive and social changes (Daniel *et al.*, 1999); associated mood changes with the onset of puberty; increased need for autonomy and individuation; increased importance of, and reliance on the peer group; and heightened issues of sexuality, intimacy and relationship skills (Cunningham & Baker, 2004). Adolescence marks the point when peer relationships become as important, or more important, than family relationships; where romantic relationships outside the family are developing; and where attachment behaviour starts to transfer from parents to peers (Levendosky *et al.*, 2002). As such the impact of domestic violence may extend beyond the boundary of the family, and adolescents may have difficulty forming healthy intimate relationships with peers due to the models they experienced in their family, with witnessing or experiencing domestic violence found to be the best predictor of adolescent male abusive behaviour in a close relationship with a girl and a significant predictor of male and female experiences of victimisation in a close relationship with a member of the opposite sex (Wekerle & Wolfe, 1998).

There is a clear link between the experience of domestic violence, the quality of parent-child relationship and attachment and peer attachment in late adolescence (Levendosky *et al.*, 2002). Adolescents who experience domestic violence or child abuse are less likely to have a secure attachment style and more likely to have an avoidant attachment style, suggesting that they no longer feel trust in intimate relationships (*ibid*). Insecure attachment is a significant predictor of female abusiveness towards a partner and experiences of victimisation, where the abusive patterns in intimate relationships that are initiated in adolescents, may well lead to violence on the part of men and victimisation on the part of women in their adult relationships (*ibid*).

Adolescents living with domestic violence are less affected than younger children by the violence to their mothers. This may be perhaps because they are in a better position to leave or are more emotionally distant; are more active outside the home than their younger siblings; have a broader range of coping strategies; can view problems from multiple perspectives; are larger and stronger and so can intervene in physical altercations; may be more emotionally able to confront the abuser; are more aware of wider social values against violence; and have greater skills in expressing their opinions (Cunningham & Baker, 2004). A variety of things can happen which will make their transition to adulthood a particularly difficult period to navigate. They may adopt care-taking roles for mother and siblings. Although this can provide a sense of control in an otherwise out of control environment, the cost of over parentification is a lost childhood.

Some teenagers will still engage in emotional disengagement such as thought blocking and numbing, though they may augment this strategy with alcohol or substance use. Ultimately,

adolescents who see no hope of improvements in their lives can disengage themselves completely by leaving home, with the consequences of homelessness and further abuse and endangerment (Vostanis *et al.*, 1997; Craig *et al.*, 1998). They may intervene in domestic violence situations, anger may be directed at the abuser with fantasies of revenge becoming overpowering thoughts. Anger may also be directed at the mother for perceived failure to protect, inability to leave the abuser, returning to the abuser or not believing the child's disclosures.

They may experience peer relationship problems resulting in isolation, avoidance and risk taking. They may be embarrassed by their family, resulting in shame and insecurity; and may therefore be susceptible to high-risk behaviours to impress peers; they may also try to escape by increasing time they have away from home.

Adolescents may also experience difficulty establishing healthy intimate relationships. This latter difficulty may go some way to explain the higher incidence of domestic violence in the profiles of pregnant teenagers than in the general community (Quinlivan *et al.*, 2001), whose lifestyle are sometimes characterised by adverse factors such as smoking and abuse of alcohol or non-prescription drugs.

4. Opening Up the Adversity Package

Many families in which domestic violence is present struggle with multiple problems including poverty, homelessness, substance abuse, social exclusion and exposure to other forms of violence (Salcido Carter *et al.*, 1999; Ullman, 2003). The co-occurrence of domestic violence and child abuse has already been established and discussed. This section will explore the presence and impact of those other adversities in more detail.

Although domestic violence cuts across the economic spectrum, poor families are more likely to be affected (Buckner *et al.*, 2004; Kruttschnitt *et al.*, 2002), with current evidence suggesting that the child's safety is related to the structure and socio-economic circumstances of the families (Berger, 2005). Income is also a significant predictor of parenting behaviours, specifically parent authority-control (Levendosky *et al.*, 2000), where economically stressful situations result in parents needing to respond to external demands over and above their children's needs.

Adverse economic conditions and subsequent economic pressures on family life may result in parental depression and impaired socio-emotional functioning for children, directly by compromised and inconsistent parenting, and indirectly by parental conflict (Keegan-Eamon, 2001). Domestic violence aside, parenting in a socially and economically deprived area is a difficult job, with higher rates of physical and mental health difficulties for both parents and children when compared to the general population (Ghate & Hazel, 2005). Poor environments are characterised

by criminal activity and anti-social behaviour, lack of community amenities and resources, where the term *'priority need groups'* defines the population (ibid: 236). Furthermore, poverty is associated with the experience of peer rejection, lower popularity, stigma and isolation, where children may establish friendships based on alternative values that encourage behaviour such as aggression (ibid). There is also a direct correlation between poverty and poor educational achievement, with fewer resources and low-achieving poor-behaviour classroom environments increasing children's behaviour problems (ibid). This is particularly significant for two reasons. Firstly, family poverty in childhood and adolescence and low academic achievement are strong predictors of violence in later life (World Health Report, 2002), and secondly, resilience theory recognises educational attainment as a protective factor promoting positive outcomes for children living with violence (Daniel & Wassell, 2002).

A closely related adversity to poverty, unemployment, is a common correlate in domestic assaults (Kruttschnitt *et al.*, 2002), with clear evidence that the employment of women lowers their risk of abuse when their partner is employed, but significantly increases their risk for abuse when their partner is unemployed (ibid).

Homelessness is another stress to be found in the adversity package, with abusive and violent relationships common themes for homeless mothers, the majority of whom have been physically or sexually abused (Eby, 2004). Irish research confirms this connection, with half the sample in the study experiencing serious physical violence in childhood, and a slightly higher figure (55%), experiencing this abuse in adulthood, mostly by intimate partners (Anooshin, 2001: 4). Anooshin further suggests that the connections between domestic violence and homelessness make it likely that many homeless children have witnessed and/or experienced family violence themselves (2005). Homeless mothers also report higher levels of parent-child aggression, with social isolation contributing to difficulties with parenting, and the consequences of both social isolation and aggression negatively affecting school performance (ibid).

While in no way excusing, explaining or justifying the abuse of women, the research reviewed identifies the potent presence and abuse of alcohol in the lives of women who are abused (Kashani & Allan, 1998; Kruttschnitt *et al.*, 2002; Cunningham & Baker, 2004). Alcohol is not understood or viewed as a causal factor in the abuse of women, but as an additional adversity or stressor for the family to contend with. Partner alcohol use has been established as a major contributor to female physical as well as sexual victimisation (Eby, 2004; Lipsky *et al.*, 2004), is more closely linked to murder, rape and assault than any other substance, is implicated in most homicides, and found to be a contributing factor in incest, child molestation, spousal abuse and other family violence, with the percentage of batterers who assault their partners while under the influence ranging from 48-87% (ibid).

Exploring this further, Ullman (2003) states that on the one hand heavy drinking in men is associated with lifetime self-reported involvement in sexual aggression, with offender alcohol use thought to potentially lead to disinhibition of violence, contributing to more severe assault outcomes (for example rape and physical injury) (Boles *et al.*, 2003). On the other hand victimisation may contribute to subsequent drinking and development of drinking problems, in that some victims may use alcohol and even develop heavy drinking patterns to cope with post-traumatic stress symptoms that develop post assault (Ullman, 2003). Similarly, early childhood abuse may contribute to increased drinking, which may lead to increased risk of adolescent sexual assault, which then contributes to further problem drinking, as victims self-medicate in order to cope with the experiences they have had. In addition, childhood exposure to parental violence has been identified as a risk factor that often leads to alcohol abuse and alcohol related problems (Caetano *et al.*, 2003), with some authors identifying a clear association between parental alcoholism and child psychopathology: hyperactivity and conduct disorder; substance abuse; delinquency & truancy; lower cognitive functioning; social inadequacy; somatic problems; anxiety and depressive symptoms; physical abuse; and dysfunctional family interactions (Guille, 2004).

Social exclusion can be defined as a:

'shorthand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, unfair discrimination, poor housing, high crime, bad health and family breakdown' (Social Exclusion Unit, 2003; cited in Wigfall, 2005).

It can affect generations of families, severely affecting life chances. Social isolation may emerge as a manifestation of the violence experienced, where suspicion, distrust and avoidance of friendships and social relationships reflect a lifetime of unsatisfactory, disappointing or harmful experiences. Linking these adversities together, violence, homelessness and aggression advance the web of social isolation and rejection that many families become entrapped by (Kruttschnitt *et al.*, 2002; Anooshin, 2005).

Social isolation is a debilitating factor in the make-up of those experiencing violence, contributing to parenting difficulties and compromising the opportunities children need for developing relationships with extended family and friends (Kruttschnitt *et al.*, 2002). Social support is also negatively connected with poverty and reduced parenting capacity, with poor environments deficient in social support (Ghate & Hazel, 2002), and low-income families having fewer social contacts, lower levels of material and social support, and members of networks than can themselves be a source of obligation and stress.

The corollary of this is that that social support can act in a protective and preventative capacity, and as a stress-buffering factor by bolstering a parent's

self-esteem and sense of efficacy, and generally enhancing healthy functioning (Ghate & Hazel, 2002; Ullman, 2004). It has been shown to be a critical resource for women trying to stop the violence in their lives, functioning as a form of 'coping assistance' (Thoits, 1986, cited in Goodman *et al.*, 2005) and may operate to directly prevent future abuse or indirectly enable women to use resources and strategies more effectively.

As touched on throughout this review, children exposed to domestic violence are also at risk for poor educational achievement. Their sense of responsibility for the protection of their mother may manifest itself in complete school refusal, erratic attendance or leaving school early to check she is okay (Jaffe & Geffner, 1998). Abused women may not discourage this behaviour due to fear, isolation, depression, or as developed earlier, a complete inability to set limits for their children (*ibid.*).

5. Post-Separation Contact

Contact arrangements, post-separation, provide an opportunity for the child/ren and the absent parent to continue to see each other regularly, in order to maintain and sustain the parent-child relationship. There are clearly documented and obvious benefits to post-separation contact including: continued attachment to the non-resident parent and continued relationships to both sets of kin (Radford & Sayer, 1999); the transmission of culture and tradition from one generation to the next (Hester *et al.*, 1994); helping the child cope with the separation; providing respite for the woman caring alone; and reducing the risk of abduction. Moreover, it can often be in response to what both children and their parents want (*ibid.*). Contact between children and their father may be arranged informally between the parties involved or directed more formally by the courts. Research indicates that the majority of women are in favour of maintaining contact, in the belief that children should be in touch with their fathers and that the fathers are not deprived of seeing their children (Hester *et al.*, 1994; Mullender *et al.*, 2002), and will make this judgement on the basis of the children's wishes and interests rather than their own safety. While this may seem a relatively straightforward process, and in some cases can be arranged without major problems (Hester *et al.*, 2000), the research evidence highlights that contact for children with a violent father post separation is complex, problematic and potentially dangerous (Radford & Sayer, 1999; Saunders & Barron, 2003).

Recent years have witnessed a growing interest in research into the father's role within the family, in particular his influence on child development (Guille, 2004). This occurs both directly, through immediate interactions, and indirectly, by influencing the child's familial, economic and social environment (Lamb, 1997, cited in Stover *et al.*, 2003). Lamb asserts that the nature of the father-child relationship is most important for child development (1997, cited in Stover *et al.*, 2003). Where the father is absent, children exhibit lower self-esteem and difficulty mastering aggression, whereas, children with highly

involved fathers demonstrate increased cognitive abilities, more empathy, less stereotyped beliefs and a greater internal locus of control (*ibid.*). Playfulness, warmth, power, responsiveness and masculinity are characteristic of the father-child interactions, where fathers spend higher proportion of their time than mothers in playful activities and stimulating play, where mothers are more involved with more verbal and object-oriented play (Guille, 2004). Lamb's 1997 study concluded that the absence of fathers is harmful to children as many aspects of the father role subsequently remain unfulfilled (cited in Stover *et al.*, 2003).

This perspective would suggest that given children's attachments to their fathers, it is beneficial to try to support battering fathers to remain in contact with their children post separation (Levin & Mills, 2003). The father-child relationship has received relatively little attention in the research on domestically violent families, with the literature revealing minimal investigation into the abusers' perception of his violence and rarely mentioning his relationship with his children or experience as a father (Guille, 2004). However, there does exist a volume of literature and research detailing the risks of post-separation contact for both children and their mothers, with a clear statement that as practice currently stands, these risks far outweigh any possible benefits for children (Hester *et al.*, 1994; Jaffe & Geffner, 1998; Humphreys & Mullender, 2002; Mullender *et al.*, 2002; Saunders & Barron, 2003; Stover *et al.*, 2003; Levin & Mills, 2003; Guille, 2004; Lundy & Grossman, 2005). Furthermore, according to Radford and Sayer (1999), there is no research evidence to suggest that children benefit from having continued relationships with men who are violent. This requires further exploration.

Jaffe & Geffner (1998) suggest there are a number of critical turning points for women and children in the post-separation period. The first is at the point of separation where separation results in an escalation of violence and the risk of homicide is greatest. This is an important issue that often goes unrecognised by many legal and mental health professionals (*ibid.*). If this stage is negotiated safely, then children may subsequently find themselves the focus of dispute, where the issues of custody and father visitation are often made more complicated in violent families by offending parents' use of contact to punish their former partners, maintain or re-establish control over their former partners and undermine their former partner. Some of the tactics that are employed by men in order to maintain power include arriving late to pick up and return children, not arriving at all, not returning them, or arriving early. In this way men exercise control over timing, with women and children never knowing when, or whether or not contact will take place (Hester *et al.*, 2004). Women in this study found this particularly disturbing for the children who they felt needed safe, predictable and regular contact with their father. When the primary motivation for seeking contact is to maintain ties with their partners, research shows that contact with the child ceases if this control is not achieved (Hester *et al.*, 1994).

Furthermore, where abusive men use increased contact with children they previously ignored as a way of continuing an abusive contact with a partner from whom they have separated, it is likely that the consequences for the child, as well as for the ex-partner, will be negative (Guille, 2004). Humphreys & Mullender, amongst others, highlight that risks to children arise in a number of ways, including continuing to witness violence, being the subject of direct abuse themselves (2002), and not being allowed to recover from exposure to violence because of ongoing threats and violence (Jaffe & Geffner, 1998).

Looking firstly at the research regarding children's exposure to violence during contact, there is clear evidence that the man continues in an abusive or intimidatory fashion towards mothers (Hester & Radford, 1996; Mullender *et al.*, 2002); that they are exposed to the physical and psychological abuse of their mother (Mullender *et al.*, 2002; Stover *et al.*, 2003); and that they witness or are aware of the sexual abuse of their mother during contact visits (Radford & Sayer, 1999; Saunders & Barron, 2003). This post separation violence can be life threatening and contact can be used as an opportunity to continue exerting pressure on the family to behave in certain ways or to reconcile (Hester & Radford 1996; Jaffe & Geffner 1998; Mullender *et al.*, 2002).

The child may become involved in the ongoing abuse of their mothers, where for example they convey messages of a threatening nature to their mother, where there are attempts made to indoctrinate children against their mother, where inappropriate behaviour is encouraged and rewarded, and where children are pawns in the struggle for power and control, leaving them confused and upset about their own feelings after contact (Hester *et al.*, 1994). Jaffe & Geffner caution that not only can the child's adjustment be compromised by ongoing threats and violence, but furthermore mothers may also end up with a level of resignation, depression and helplessness that they may never be safe and free (1998). The only alternative they see may be to leave the jurisdiction and be charged with abduction or become involved in another abusive relationship, with questions consequently raised regarding their parental capacity. As older children begin to identify with the power of the abuser, observing no negative consequences for the abusive use of power and control, they may begin to model the aggressive behaviours in their own relationships (*ibid*).

Children are also at risk for physical and/or sexual abuse during contact visits, with research indicating the following statistics: 10% of children had been sexually abused, 15% had been physically assaulted, 62% were emotionally harmed, 36% experienced neglect and 26% were abducted during contact (Radford & Sayer, 1999). This research surmised that a little over half (55%) of children were said to have suffered physical injuries and/or emotional harm during contact (*ibid*). Where accessible, contact centres are seen as positive way of helping to ensure safety for women and children (Hester *et al.*, 1994). However, research indicates that they are

only used in a temporary capacity, as a stepping-stone towards unsupervised contact (*ibid*; Radford & Sayer, 1999; Saunders & Barron, 2003).

Research on the effects of post-separation contact on child outcomes is largely quite pessimistic, where the experience of an ongoing abusive relationship correlates significantly with conduct disorder, anxiety and hyperactivity in children (Stover *et al.*, 2003); developmental delays, behavioural problems and a dramatic deterioration in psychological functioning noted through the course of visiting (McIntosh, 2002); the development of inappropriate sexual behaviour, suicidal ideation, bed-wetting and nightmares (Radford & Sayer, 1999). Outcomes are negatively influenced by the severity of the violence exposed to, with children presenting with more externalising behavioural symptoms relative to severity (Stover *et al.*, 2003). Gender does not appear to significantly interact with father visitation and does not appear to predict internalising or externalising behaviour, concurrent with other findings that there are no behavioural differences between boys and girls responses to witnessing domestic violence (*ibid*). The mother-child relationship functioning also does not appear to moderate the impact of contact on children's behaviour. Citing studies by King & Heard (1999) and Whiteside and Becker (2000), Stover *et al.*, (2003) state that outcomes are directly related to the quality of the father-child relationship and the inter-parental relationship. Frequent visitation does not improve outcomes any more than infrequent contact is associated with poor outcomes. Rather the quality of the relationships and not the frequency of the contact influences outcomes (Radford & Sayer, 1999; Hester *et al.*, 2000).

Given the research evidence that suggests that children may be more vulnerable to abuse at the hands of their mothers' male abusers, and the fact that their abused mothers are likely to have parenting difficulties, it seems not only obvious but also important that due care and informed consideration is given to the decisions that are made regarding post-separation contact (Lundy & Grossman, 2005). Unfortunately, as highlighted by the research, it would appear that inadequate attention and provision has been made by professionals to ensure the safety of women and children (Radford & Sayer, 1999; Saunders & Barron, 2003), with the issue of domestic violence neither discussed nor considered relevant (*ibid*); with the links between women's and children's safety not being made or understood (Hester *et al.*, 1994); where women's experiences are minimised (*ibid*); their perception of potential harm overlooked (McGee, 2000); and the quality of parenting by violent men disregarded (McGee, 2000) and where the father's right to an ongoing relationship with his children appears to supersede the safety and welfare of those children and their non-abusive parent (Radford & Sayer, 1999; McGee, 2000; Mullender *et al.*, 2002).

The conclusion of some critics of the judicial system is that judges seem to consider paternal disaffection more traumatic to children than paternal abuse, with this abuse not considered

separate from parenting abilities in custody decisions (Jaffe & Geffner, 1998). Furthermore, the available research suggests that the Courts are reluctant to refuse applications for contact from fathers (Radford & Sayer, 1999), basing its decisions on the view that a violent father may nonetheless be a 'good' or good enough parent to his children, and where preventing contact is the last resort, even where contact for the mother has resulted in a decline in her mental or physical health so that her ability to parent is undermined. While in theory the primary emphasis in decision-making regarding contact is or should be the welfare of the child, practice reality highlights that contact has been granted even where the abuse of the child has been evidenced (*ibid*). Where women have resisted complying with such contact orders, the courts have deemed them 'hostile', and imprisoned them for contempt of court. The responsibility lies with the mother to overcome her fears rather than on the abusive man to prove he is no longer a threat to the safety and welfare of his child/ren or ex-partner (*ibid*).

Regarding children's experience of contact, it is important to highlight that while many children may wish to continue to see their fathers, some do not and it is often difficult for the child to say that (Hester *et al.*, 1994). Furthermore, as highlighted by Mullender *et al.*, (2002), despite the rhetoric of listening to the voice of the child, the reality is that even when they don't want contact to happen, the court assumes they have been unduly influenced by the mother. For example, despite the fact that more than half the children in Radford & Sayer's 1999 research did not want contact, the court ordered contact in almost three-quarters (70%) of cases. Some of the children in this research experienced contact as erratic and unreliable, as an experience they neither wanted nor enjoyed, and, as a result resented legal and other interventions that were enforcing it (*ibid*).

Stover *et al* (2003) posit that children who are separated from their fathers due to domestic violence have complex and painful relationships with them that are a source of resentment, disappointment and confusion (Peled 1995). They are caught between feeling that violence is wrong, damaging and frightening, and the contradictory feelings of love and attachment to their fathers. Lieberman and Van Horn (1998) found that pre-school children who are separated from their violent fathers experienced a recurrent pattern of intensely felt conflicting emotions, including longing for, fear of and identification with the absent father, expressing a wish to be reunited with them. Even if they fear their absent father, children may resent their mother and express anger at her for the separation (Stover *et al.*, 2003). Children from violent homes are confronted with a 'double-edged sword'. They both love and fear their abusive parent (Levin & Mills, 2003). While fear means that some children are clear that they do not wish to see their father, others may be more ambivalent (Mullender *et al.*, 2002).

To conclude, research suggests that children may form attachments to their fathers regardless of the level of violence toward their mothers (Stover *et al.*,

2003). Nonetheless they are affected by the relationship with their father and appear to suffer consequences from the separation. Attachment to parental figures is a normal and natural part of development and children need these attachments as they grow, this is particularly true for very young children. While this suggests that father visitation should always be granted where possible, in domestic violence cases, it is not always that simple. The safety of mother and child should always be the overriding concern, but the need for the child to maintain a connection should also be considered as well.

Outcomes for Children Who Live with Domestic Violence

As detailed in the previous sections, exposure to domestic violence can have serious negative effects for children that they may carry to adulthood, with effect varying from one child to the next. While it is clearly understood that each child is unique and as such their reaction be individual to them, the literature reviewed provides a comprehensive generalised overview of possible impacts. In general, children who experience domestic violence exhibit problems in their social and emotional adjustment, with increased levels of internalising and externalising behaviour and decreased social competence (Jaffe *et al.*, 1986, cited in Levendosky & Graham, 2001), lower self-esteem (Kolbo, 1996), increased behaviour problems and psychopathology (Holden & Ritchie, 1991), increased fear and worry and increased depression and aggression (McCloskey *et al.*, 1995). The family situation, community environment and the child's own personality may either strengthen the child's ability to cope or increase the risk of harm (Salcido Carter *et al.*, 1999).

However, as stated above, the child's reaction to this experience will vary according to age, gender, socio-economic status, role within the family, frequency, nature and length of exposure to violence, with the impact moderated or mitigated by a further set of considerations such as relationship with parents and siblings and available supports (Kashani & Allan, 1998; Hester *et al.*, 2000).

At a very basic level, age has an influence on impact with regard to the child's developmental ability to understand and process their experience. Pre-school children are likely to demonstrate behavioural and physical symptoms such as sleeping difficulties, headaches, aggressive tendencies and delayed development (Hester *et al.*, 2000), increased trauma and disassociative symptoms (Rossman, 1998), lower self-esteem and levels of social functioning and higher levels of depression and anxiety relative to children in non-violent families (Levendosky *et al.*, 2003). Younger school-age children also display behavioural and emotional problems in reaction to their experiences with domestic violence, impacting significantly on school performance and the development of peer relationships (Kashani & Allan, 1998; Hester *et al.*, 2000; McGee, 2000). Finally adolescents may adopt either passive or active responses to the violence, displaying internalising or externalising behaviour,

culminating in poor school performance, substance abuse, teenage parenthood, behavioural difficulties and mental health issues (Kashani & Allan, 1998; Hester *et al.*, 2000; Mullender *et al.*, 2002). Alternatively, they can develop positive coping strategies that result in an empowering experience, providing them with skills for a better future (Mullender *et al.*, 2002; Goldblatt, 2003). Whereas in the past there are children who mainly experience helplessness with regard to parents' disputes, as adolescents they may experience themselves as coping actors, where a sense of control enables them to tolerate confusion and bewilderment (Goldblatt, 2003).

Violence within the family can have detrimental effects on the child's behaviour (Baldry, 2003), with violent homes among the highest risk factor for the development of antisocial behaviour. The attitudes a child develops concerning the use of violence and conflict resolution suggests that children exposed to domestic violence may develop attitudes to justify their own use of violence (Edleson, 1999). Longitudinal studies on pathways to delinquency have shown that deviant youngsters are more likely to have been exposed to domestic violence, compared to their non-exposed counterparts (Steinberg, 2000, cited in Baldry, 2003). A Canadian study (Dauverge & Johnson, 2001, cited in Baldry, 2003) showed that according to the mothers accounts, children witnessing violence perpetrated by their partners were nearly three times as likely to be involved in physical aggression at school (fighting, bullying, or threatening others) compared to those who did not witness violence, and over twice as likely to be involved in indirect aggression (spreading rumours, excluding, setting up another child for punishment).

The literature reviewed on gender suggests that boys are shown to exhibit more frequent problems, particularly externalised ones such as hostility and aggression, and girls exhibit more internalised difficulties such as depression and somatic complaints (Edleson, 1999). However, as Hester *et al.* (2000) caution, it would be erroneous to assume a gender pattern when assessing for impact. Other significant gender differences found included McCloskey & Lichter's findings that while more teenage boys than girls engage in peer aggression, more girls than boys report perpetrating dating aggression, with no gender differences in aggression against parents (2003). Finally a child's propensity to use or tolerate interpersonal violence later in life may be related to the gender of the person who perpetrated the aggression, with girls who are abused by their fathers but not their mothers less aggressive than girls who are abused by their mothers and/or fathers, who are more likely to hit their own children (Coohey, 2004).

There is some support in the literature for the intergenerational hypothesis that children from violent families of origin go on to be violent or be abused in their adult intimate relationships (Edleson, 1999; Margolin *et al.*, 2003; Whitefield *et al.*, 2003; Coohey, 2004; Guille 2004). Geles & Cavanaugh (2005) suggest that the best estimate of

the rate of intergenerational transmission of violence appears to be 30% (plus or minus 5%). These authors also caution that while a child's experience of violence in the family of origin is often correlated with later violent behaviour, such experience is not the sole determining factor. When the cycle of violence occurs, it is usually the result of a complex set of social, psychological and interpersonal processes.

Finally, the relationship of the child to the adult perpetrator appears to influence how the child is affected. A recent study of eighty mothers residing in shelters, and eighty of their children revealed that an abusive male's relationship to a child directly affects the child's well-being, without being mediated by the mother's level of mental health (Sullivan *et al.*, 2000). Violence perpetrated by a biological father or stepfather was found to have a greater impact on a child than the violence of non-father figures (such as partners or ex-partners of the mother who played a minimal role in the child's life).

Despite all of the above, there are some children and young people who remain resilient in the face of their adverse experiences, emerging from their experiences relatively unscathed, or with developed coping and survival strategies (Jaffe & Gaffner, 1998). The next section will explore this further.

Promoting Resilience in the face of Adversity

Resilience can be defined as 'normal development under difficult circumstances' (Fonagy *et al.*, 1994, cited in Daniel & Wassell, 2002). A resilient child is one who bounces back having endured adversity, who continues to function reasonably well despite continued exposure to risk. A range of protective factors can influence the extent of the impact and can improve the child's response to the violence. These include the quality of mother-child relationship; the availability of social support and a level of self-esteem.

Firstly, there is a clear association between the presence of a secure attachment relationship and resilience in the face of adversity (Werner 1990, cited in Daniel & Wassell, 2002), where secure attachment is associated with a parenting style that is warm and sensitive, where the parent has to be able to take account of the child's needs and temperament and respond appropriately (Kashani & Allan, 1998; Levendosky & Graham-Bermann, 1998; Daniel & Wassell, 2002; Guille, 2004). Some of the earlier research studies have suggested a direct link between impact on children and the nature of their relationship with their mother, particularly in the case of maternal stress and depression (Hughes, 1992; Peled & Davies, 1995). It is well documented throughout the literature that the abuse of women by men has a huge impact on women's lives. Issues of low self-esteem and negative self-worth are echoed throughout the literature, as are the associated consequences for mental health of depression, attempted suicide, anxiety and panic attacks (Abrahams, 1994; Cleaver *et al.*, 1999).

That aside, secure attachments to a non-violent parent or other significant carer is an important protective factor in mitigating trauma and distress, being named as the most common source of support by children and young people in Mullender *et al's* 2003 study. Without secure attachments children's development can erode, leading to cognitive, learning, relational, emotional and mental health problems (Osofsky, 2004).

A related theme concerns the availability of someone for the child to turn to for emotional support, with the social support system of children and young people from violent homes considered crucial in determining the impact of the violence (Kashani & Allan 1998; Ullman 2003). While this clearly overlaps with attachment issues, most accounts also emphasise the key role of the wider social and community support structures and of supportive family relationships more generally. Resilience is also associated with having positive peer relationships and good friendships. Having friends can buffer the effects of stress, prevent and mediate stress and provide information as to how to deal with stress. Concurring with this, research carried out by both Guille (2004) and Mullender *et al.*, (2003) highlight the protective value of positive sibling and peer relationships, where these are able to provide support and nurturing for the child, the negative effects of the violence may be lessened.

Social support has been shown to be a critical resource for women trying to stop the violence in their lives, functioning as a form of 'coping assistance' (Thoits, 1986, cited in Goodman *et al.*, 2005). It may operate to directly prevent future abuse or indirectly to enable women to use resources and strategies more effectively – for example, social support increases the chance of the woman following through on prosecution.

Self-esteem, one of the building blocks of resilience (Daniel & Wassell 2002), emerges as a critical element underlying children's ability to develop successful coping strategies (Rutter, 1985), and as a significant distinguishing factor between resilient and non-resilient adolescents (Kashani & Allan, 1998). Guille (2004) suggests that self-esteem and the locus of control contribute to the child's ability to cope, because children who feel in control of their life circumstances and who have better self-concepts may be less affected by the violence they witness. While the domestic violence literature tells us that it is often likely to be damaged as a result of living with the shame and the undermining attitudes of the abusive man (McGee, 2000; Peled & Edleson, 1995), it is also important to remember that children with high self esteem in one area (for example school) may focus on and build on that domain, which allows them more easily to 'escape' their family violence. Indeed, given the strong association with good outcomes, educational attainment is a protective factor that should be aimed for. Schools have the potential to offer a wide range of other opportunities to enhance resilience, including the provision of a secure base, the opportunities for developing self-esteem and efficacy, and opportunities for positive peer interactions.

Responding to the Needs of Children Living with Domestic Violence: Key Messages from Research & Implications for Intervention

There are a number of key messages and themes running consistently through the research and literature reviewed. Firstly, children need the key adults in their lives to be able to identify the signs, understand the dynamics of their experiences and respond appropriately to their individual needs (Hester *et al.*, 2000). Key personnel include teachers and school staff, the Gardai, health and social welfare professionals (health visitors and social workers) (McGee, 2000; Mullender *et al.*, 2002). Furthermore, research systematically highlights the non-existent, inconsistent, inadequate or inappropriate responses to situations of domestic violence that contribute the abused woman's decision to stay (McWilliams & McKiernan, 1993; Kelly, 1996; Jaffe *et al.*, 1997; Pryke & Thomas, 1998; Hester *et al.*, 2000), and that allow the secrecy to continue and that prevent disclosure. While an explicit invitation to disclose violence might appear overly directive (Alexander *et al.*, 2005), the child needs to know that the subject is not taboo, particularly given that they have learned from an early age that violence must be kept a secret at all costs and often actively resist disclosing the problem.

Secondly, all children need minimum disruption in leaving an abusive situation and require support in order to deal with the impact of their experiences (Hester *et al.*, 2000). The nature and form of this support may involve both challenging and supportive interventions, and may be short or long-term. Interventions should be tailored to meet the needs of the individual child and be provided by professionals who understand the dynamics and effects of intimate violence. Research with children highlights that they want someone to talk to, particularly other children with similar experiences, supporting the need for group work, in refuges and in schools (McGee, 2000; Mullender *et al.*, 2002). Support may be formal and organised as indicated above, or may be more informal, occurring through the natural networks of the immediate and extended family and community. Children in the research carried out by Mullender *et al* cited peers, friends and siblings as a common point of reference, and mothers and siblings as the most common source of support (2002). Furthermore they wanted to be listened to and be involved in the decisions that affect their lives (McGee 2000; Mullender *et al.*, 2002). Despite this, research indicates that they are ignored and overlooked, resulting in feelings of powerlessness and compromised coping strategies (*ibid*).

Thirdly, the literature indicated that one of the most important factors in the resilience of children is a secure parent-child or adult-child attachment (Bowlby, 1988). The literature further states that children need services that help their mothers and themselves to be safe, and to regain their confidence and control of their lives, where it is clearly in the best interest of the child for professionals to make an alliance with the mother (Mullender & Humphreys, 1998). While children and their mothers may need individual support, it is also

important to remember that they and their mothers also need parent-child support (Cunningham & Baker, 2004; Lundy & Grossman, 2005), suggesting that there needs to be an explicit focus on assessment and intervention around issues of attachment (Lundy & Grossman, 2005).

As such, the response to domestic violence occurs on a number of levels, involving numerous agencies and departments and a multitude of professionals and personnel. This final section will now explore how these key messages can be translated into appropriate responses, from the initial point of identification, through assessment and intervention, and the difficulties that can arise at each of these three stages.

Identification

Complicating and compounding the identification process is the veil of secrecy that surrounds violence in families (McAlister – Groves, 1999). As already established, children may experience feelings of shame, guilt and divided loyalties to parents, as well as fear of repercussions, making it unlikely that they will disclose the violence to others (Huth-Bocks *et al.*, 2001; Alexander *et al.*, 2005). Furthermore there are many reasons why professionals find it difficult to identify children who are being exposed to domestic violence. However, as the research indicates, there are many opportunities for identification that are being missed by key professionals who are in contact with domestic violence, even before the child is born. While pregnancy does not seem to offer any special protection from violence, it does however require ongoing contact with health care providers, offering a unique and highly visible window of opportunity for detection and response (Culross, 1999; Cunningham & Baker, 2004). Furthermore research states that women themselves are in favour of such screening (Ryan, 2003; Bradley *et al.*, 2002), and are more likely to disclose in the context of a supportive, non-judgemental and sensitive encounter with the health professional. McGee (2002) suggests that by displaying information in waiting areas and asking specific questions about domestic violence, health professionals can indicate their willingness to hear and respond to disclosures, with research evidence highlighting that structured screening questions increase the rate of detection for domestic violence (Bachus *et al.*, 2003).

For infants and pre-school children the role of the public health nurse provides another opportunity for identification, with prevention involving efforts to provide support for parents through home visitation programs. While the help-seeking pattern would suggest that women are often uncertain about who to ask for help, there is also evidence to suggest that professionals are ill-equipped to respond safely or effectively to requests for help (Edleson, 1998; Culross, 1999; Peckover, 2003). This is often because the woman is reluctant to speak unless specifically asked (Bachus *et al.*, 2003), and the providers reticent to enquire (McAlister-Groves, 1999; Mezey, 2001, cited in Bachus *et al.*, 2003). Lack of knowledge could be improved by enhancing their knowledge base through training and education.

With violence within the family having detrimental effects on the child's behaviour, schools can play a fundamental role in the early detection of problems (Baldry, 2003). However, the research indicates a lack of engagement by schools with the issue of domestic violence, proposing a number of possible reasons for this. Many teachers cite a lack of training, knowledge and skill base compromising their ability to report suspected abuse (McAlister-Groves, 1999; Kenny, 2004). While training commonly addresses the dynamics of domestic violence, it needs to be repeated periodically to sustain impact.

Children may also come into contact with other key professionals, such as social workers, mental health professionals and the Gardai. The research evidence regarding the responses of these professionals to identification of domestic violence is largely pessimistic (Mullender, 1996; McGee, 2000). Similar to research cited above, there has been a failure on the part of these professionals to understand and make the connections between child abuse and domestic violence, with screening for domestic violence rare (McAlister-Groves, 1999; Hester *et al.*, 2000; McGee, 2000; Davidson *et al.*, 2001; Mullender *et al.*, 2003; Holt, 2003). Lack of knowledge, lack of training and the pressure of another agenda are frequently cited reasons for the apparent lack of insight into the needs of children living with domestic violence (Mullender, 1997).

Assessment

Lack of awareness and understanding of the impact of domestic violence, not only impedes identification, but can also deleteriously affect assessment, with inaccurate assessments resulting in inappropriate treatment (Culross, 2003; Rowsell, 2003). Assessment needs to be holistic, considering risk and need factors and encompassing both individual and situational factors (poverty, neighbourhood violence, exposure to other traumatic events; nature and duration of the child's symptoms and the impact on the child's functioning, child's perceptions of and experience with the violence, ability to speak about the violence, the safety of the current environment) (McAlister-Groves, 1999; Martin, 2002; Cunningham & Baker, 2004; Buckley *et al.*, forthcoming). The child's role within the family, before, during and after the violence, age, gender and developmental stage, as well as resilient factors, available support and coping strategies should all be included in this assessment (Hester *et al.*, 2000; Mullender *et al.*, 2003; Cunningham & Baker, 2004). Assessment is normally accomplished by way of a focused interview with the child, supplemented with information from key people in the child's life, such as teachers and parents.

Intervention

The timing of intervention responses is crucial with research suggesting that when a child needs help, intervention should follow quickly and intensively (Osofsky, 2004). This response may often be delayed (Lewandowski *et al.*, 2004), resulting in an aggressive child who is likely to grow up with the perception of the world as hostile and biased against him/her, the long term effects of which

include adult depression and prolonged post-traumatic stress (Martin, 2002). There are a number of factors that should be taken into consideration when deciding on an intervention. Some children are resilient, possessing a wide range of coping skills, and may not need therapeutic intervention (McAlister-Groves, 1999). The impact of stress may have been buffered by the presence of caring supportive adults in the child's lives, promoting effective coping and reducing the need for formal intervention. As such, any intervention strategy needs to be: best suited to the individual child at this point in their lives; focused on stabilising the home environment; child centred and responsive to the child's familial context; and one which recognises and enhances informal supports (Cunningham & Baker, 2004). Finally there is unanimous agreement in the literature that all interventions are decided on the principle that the welfare of the child cannot be separated from that of their mother (Kelly, 1996; Kelly & Humphreys, 2001; Rowsell, 2003; Cunningham & Baker, 2004). From as early as infancy to adolescence, there is a focus on sustaining and enhancing the mother-child relationship, with a specific focus on the quality of attachment, though this is more potent for the younger age group. Targeted programmes for infants and pre-schoolers include a primary emphasis on efforts to improve parenting and prevent social isolation. The key intervention is to support the mother to meet the child's needs for nurturance, safety and reassurance (Levendosky *et al.*, 2000; Cunningham & Baker, 2004) and to improve the quality of the attachment with her.

Given that family adversities impinge on school success, school-age children benefit from extra support and understanding at school. Group interventions can be helpful for this age-group in helping to break the isolation and introducing strategies for positive coping (Cunningham & Baker, 2004); assist children and adolescents with important developmental tasks; and enable children to tell their stories in the presence of others who closely identify with the experience. This can be particularly important for adolescents who closely identify with the peer group for defining behavioural norms (McAlister-Groves, 1999). Schools are ideal places in which to introduce primary prevention programs because most of the child's social learning takes place in schools (Wolfe & Jaffe, 1999). Teachers are in an ideal position to motivate students to consider new ways of thinking and behaving. Key elements of successful school based programs include: identifying relationship violence as a form of societal violence; acknowledging that domestic violence is an abuse of power and control; creating a high level of trust so that children can disclose exposure to domestic violence and teachers can make appropriate referrals; teaching safety skills about what to do when domestic violence occurs; encouraging the development of social skills such as anger management and conflict resolution as alternatives to violence (*ibid.*).

The literature has already established that the availability of supportive relationships with a parent, other important carer, or adult outside the

immediate family can protect children from some of the effects of domestic violence (Mullender *et al.*, 2002). After-school programs can provide a safe haven where children can be themselves and escape the pressures they may experience elsewhere (Halpern, 1999), while there is evidence from the research that school breakfast clubs can provide valued support on several levels to families coping with varying degrees of difficulty (Shemilt *et al.*, 2003).

On a note of caution, Featherstone & Manby (*in press*) suggest that when thinking about projects in schools, it is necessary to also consider the demands being placed upon schools in relation to an already overcrowded educational agenda, and that focusing solely on the school site is not advised, as a more holistic and co-ordinated approach encompassing all the sites that children live in is necessary. Finally, while schools can have a vital role in emotionally supporting children experiencing domestic violence (McGee, 2000), Hester *et al.*, (2000) found that the area of violence prevention in schools and youth groups was '*largely underdeveloped and ad hoc rather than co-ordinated*' as yet.

To conclude, meeting the needs of traumatised children in any service delivery context means being aware of and responsive to the combined effects of violence on a child's development (McIntosh, 2002). Given the negative repercussions of children's exposure to domestic violence, there exists a need for a wide range of programs that can intervene in these children's lives to improve their potential for healthy adjustment (McAlister-Groves, 1999), that are delivered by a wide range of professionals. Research suggests that interventions should be grounded in a clear philosophical and value base, beginning with an affirmation that the child's welfare is paramount and that in many situations the protection and empowerment of the mother will be the most effective form of child protection (Hendry, 1998).

Furthermore, there is empirical evidence to support the belief that responding to the needs of children who have been impacted by the experience of domestic violence, requires a co-ordinated, inter-agency and inter-disciplinary approach, where lines of communication, roles and responsibilities are clear, and where a holistic and child-centred approach to service delivery in an informed assessment of all of the issues outlined above (Hester *et al.*, 2000; Hague, 2001; Kelly & Humphreys, 2001; Walby & Myhill, 2001; Clader & Hackett, 2003).

Section Four

Methodology

Methodology

Fieldwork for this research study took place between 30th March and 1st April, and 9th May and 12th May 2005 and was carried out by Helen Buckley and Sadhbh Whelan.

As part of the fieldwork the researchers met with women and children who have experienced domestic violence and also service providers. In total eighteen focus groups were carried out.

Focus Groups with Women and Children

One focus group was conducted with eleven mothers who had experienced domestic violence and four groups were conducted with a total of twenty-two children and young people. The groups with children were organised according to age. The youngest group comprised eight to eleven year olds, the next group comprised twelve to fourteen year olds, the third was with fifteen to eighteen year olds and the fourth group was with young people over the age of eighteen. Although strictly speaking, twelve is not a "teenage", for the sake of clarity, these four focus groups will be referred to in the report as children, young teenagers, older teenagers and young people respectively.

The women and children were accessed with the help of MWSS workers. All were both past and current clients of the service. Prior to participating in the focus groups the workers met each family individually, explained the purpose of the research and invited them to participate. In some instances both mothers and their children participated, in other instances the mother only participated and in other families just the children participated. Every child who participated in the research was asked to sign a consent form. Two consent forms were designed, one for younger children and one for older young people (see Appendix I). The MWSS workers went through the contents of the consent form with each child and ensured that they fully understood it before they signed it. Mothers were also asked to sign a consent form for each child under the age of eighteen (see Appendix I).

Given the very sensitive nature of the issues under discussion precautions were taken to ensure that the children did not feel uncomfortable or pressurised to disclose any personal information. In the first instance, they were told that they could change their mind about participating at any time and this was also detailed on the consent forms. One or two of the workers from MWSS, familiar to the children, were present during each of the four focus groups. The children were told at the beginning of the focus group that the worker(s) would be available to them after the group if they felt the need to talk to someone in private afterwards.

'Icebreaking' sessions were organised for the children and young teenagers the day before they took part in the focus groups, where they could meet the researchers and the other children in their group and to hear about the research and what would be happening at the focus group. Activities,

games and snacks were used to help the children get to know each other and the researchers. It was not considered necessary to do this with the older teenager and young people's groups.

A series of vignettes were used to prompt discussion with the children followed by a series of related questions located in the third person. In the young teenagers group three "letters" sent to an agony aunt by children living in situations of domestic violence were read out and these were followed by questions. With the older teenagers and the young people open-ended questions were used.

The focus groups with the children and young people were timed to take place in the evening after school so the MWSS workers provided them all with some snacks after they had participated in the groups. At the end of the groups each child was given a €10 voucher for Tesco to thank them for their participation.

Focus Groups with Professionals and Volunteers

Thirteen focus groups were conducted with a total of thirty-seven professionals and unpaid volunteers. These participants, from a broad range of disciplines and different levels of involvement with domestic violence, were as follows:

- ▶ A range of professionals from statutory services including the Health Service Executive, the Department of Education and an Garda Síochána participated in the focus groups,
- ▶ From the Health Service Executive, Western Area those who participated in the interviews included the Child Care Manager, a Family Welfare Conference Coordinator, two Community Child Care Workers, a Social Work Team Leader and three Public Health Nurses, one of whom specialised in the area of Travellers and one of who specialised in the area of refugees and a Social Worker from Child and Adolescent Mental Health Services for Mayo,
- ▶ From the Department of Education a Visiting Teacher for Traveller Children, a Pre-school Teacher with Traveller Children and a Home School Liaison Coordinator were interviewed,
- ▶ Two members of an Garda Síochána were interviewed; a Juvenile Liaison Officer and a Garda Inspector with responsibility for domestic violence in Mayo,
- ▶ A Social Worker from Mayo County Council also participated in the focus groups,
- ▶ From the voluntary sector focus group participants came from a range of services including Neighbourhood Youth Projects (NYP), Community Development Projects (CDP) and the Local Area Networks amongst others. NYP and CDP projects are fully funded by the HSE,
- ▶ From the NYPs a Project Worker and a NYP Coordinator attended the focus groups,

- ▶ From the CDP's in Mayo a Project Worker, a Family Support Worker, a Project Coordinator, a member of the Management Committee of one CDP and a Programme Officer providing supervision for Family Support Workers in the CDP's were interviewed,
- ▶ Two Local Area Network members and the Coordinator of the Local Area Networks who is employed by MWSS attended a focus group,
- ▶ Other participants from the voluntary sector included the Director of Family Life Centre Castlebar, the Project Coordinator of Westport Family Resource Centre, the Coordinator of Mayo County Childcare Committee, a Community Worker from Mayo Travellers Support Group and a Child Support Worker from the ISPC.

Information describing the services from which the professionals and volunteers were drawn is contained in Appendix II.

An interview schedule was developed to guide the discussions in the focus groups however; free narrative generally prevailed in each group.

For the sake of clarity, the professionals and volunteers will be either identified according to their individual profession, or termed 'service providers' in the body of the report. They may at times be described as focus group participants in order to distinguish them from other research subjects referred to in the literature review.

The data gathered during the eighteen focus groups was transcribed into word documents in its entirety and subsequently analysed using the Nvivo qualitative data analysis software.

Section Five

Research Findings

Research Findings

The research findings will be divided into three main sections: the impact of domestic violence on children, the needs of children who have experienced domestic violence, and services to meet identified needs of children who have experienced domestic violence.

1. The Impact of Domestic Violence on Children

Developmental Considerations

As the literature review has demonstrated, sensitivity to the inter-relationship between domestic violence and child development is very pertinent, given the knowledge that we now have that development may be delayed or arrested at all stages as a result of exposure to traumatic and violent incidents (Osofsky, 1999; Lundy and Grossman, 2005) and children and young people's ability to make healthy attachments may be impaired (Levendosky *et al.*, 2002). The need to consider a child's developmental stage when looking at the impact of domestic violence was also frequently stressed by the focus group participants. One of the workers in MWSS commented on how, despite other positive and satisfying events in children's lives, the experience of living with violence can have a lasting impact throughout the life cycle:

It's interesting, we worked with quite a few women where the children would be really well educated all through college, all really good jobs ... but ... emotionally not developed at all ... and it's like that's how they compensate, they get out there, they become the best at what they can be, but there will always be a real lack of emotional development (MWSS Support Worker).

The mothers, children and young people also showed an awareness of this issue, particularly in cases where children were, as one MWSS worker expressed it, 'robbed of their childhood'. The young people who spoke to us felt strongly about that point, one commented:

My childhood was gone for years and I'm only starting to get back into it again ... I was forced to grow up so quickly, people have told me, "What age are you?" "18." "Well, you act like you're 30."

It is now recognised that the formation of healthy attachments and the promotion of resilience in children are fundamental to their psychological and emotional development (Daniel *et al.*, 1999). Children who experience domestic violence in their home can be very wary of forming strong attachments with people outside their family. Perhaps due to the unpredictability of their father's behaviour they can be uncertain about how an adult may behave and therefore they can be very wary about trusting someone enough to forge a relationship with them. Children may also have internalised the message that what happens in their home is a secret and they may have been

warned not to tell anyone. This may interfere with their ability to make trusting relationships and, as the literature demonstrates, friendships with peers and contact with supportive adults play an important role in the resilience a child brings to a situation of adversity.

Service providers in the focus groups commented that in their experience, children aged up to six displayed particular manifestations of domestic violence including not being able to settle properly and sleepless nights, feeding problems, failure to thrive and being underweight, bedwetting, becoming quite clingy, regression and certain behavioural problems such as temper tantrums. They also observed that children in this age group could be aggressive in their play with other children and lack empathy for one another. This conforms with international research, which demonstrates that infants who may not be able to verbalise their feelings in an articulate way may instead manifest them through: regressed behaviour (Osofsky, 1999), sleep disturbances, emotional distress and fear of being alone (Lundy & Grossman, 2005). One service provider commented that it is not uncommon for pre-school children to believe that the violence between their parents was somehow their fault, again echoing findings by Lundy & Grossman, (2005) who link this with pre-school children's egocentricity and their inability to look at things through the perspective of others.

However, as the focus group data demonstrates, while very young children may not be able to clearly articulate or really understand what is happening, they do have ability to tell and draw attention to their situation, described thus by a pre-school teacher:

[T]he chances are that the child in the younger classes might say oh my daddy was shouting last night .. or if there was shouting ... or it might be something they'd seen on television and they might say .. that nearly happened in our house .. that's the way they kind of would articulate what they had seen ... they would verbalise it more' (Pre-school Teacher).

Examples of the impact of experiencing domestic violence on children between the ages of six and twelve described by the service providers were, as well as lack of self confidence, and poor self esteem, bullying of other children or displays of aggression known in theoretical terms as 'externalising' the violence (Markward, 1997). It was believed that they were also more likely than their younger counterparts to be protective of their mother and take certain measures to that end:

I remember once, one woman her son, I think he was about 12 .. he opted for the father in the courts he said he could protect his mummy that way .. and he thought it was his role, that if he lived with his father he could protect his mother' (Public Health Nurse).

Another service provider observed that some of the children of this age tend to withdraw themselves

from the situation whenever possible, a behaviour which known as 'internalising' (Markward, 1997):

As children do get older, maybe 10+, and that is a broad generality, but what does take place is a kind of self imposed isolation ... children will then learn very quickly I think to remove themselves from a situation ... I was speaking to a group of women who were saying that their daughter or son just goes off to the bedroom when dad comes home, and they won't see them again for the rest of the evening ... as soon as there's any sense of, he has a problem the children will self isolate, remove themselves (MWSS Support Worker).

One stark example of this type of behaviour was given to us by a young child in one of the groups who told us:

I used to hide under my bed all week. I used to make a little place out of it with all my teddies. He ...always used to buy teddies for us...and I used to store them under my bed and any time I felt sad or when they were screaming and roaring down in the kitchen.

Some service providers in the focus groups reported difficulty in working with children who display this type of response, because they find it hard to engage. Sometimes, children cannot articulate what is happening to them, for example, one interviewee spoke of a young child aged nine who stopped eating and this was his way of communicating to his mother his utter unhappiness about them living with his violent father.

As the literature review has demonstrated, the impact of domestic violence on adolescent behaviour can manifest itself in terms of parent-child relationships and relationships with peers. It may also result in them having significant difficulty with intimate attachments. All of these issues were identified by the service providers and mothers in the focus groups. One of the main difficulties identified by the mothers was the challenging behaviour demonstrated by their children after the family had left the violent partner. It was as if when the very domineering parent was absent, what one of the mothers described as the 'ground rules' didn't seem to exist. The focus group data about the impact of domestic violence on children who are teenagers centred mostly on their behaviour and the propensity for them to act out. Examples that were given by service providers were of children who wouldn't go to school, young women who get involved in inappropriate sexual relationships with older boys in which they may be abused and young men who mimic the behaviour of their father.

A MWSS support worker recalled an example of the latter:

One woman who would have said that her son, who was sixteen, started to lock her in the living room the way her husband used to ... just to have that control over her ... blocking her entrance in and out of rooms (MWSS Support Worker).

Closer to home, several other examples were given by the mothers of challenging, post-separation behaviour of their adolescent children, including the following:

My 16 year old nearly drove me into the mental...she took over her father's role when he left and she actually hit me. She was totally, totally, totally violent.

Another woman described her daughter as 'untameable':

[A]t the start she had no respect for herself, she wouldn't wash herself. She wouldn't brush her hair. She wouldn't change her clothes. She was kicking me and everybody around her...we didn't know what to do with her...I'm afraid of her. I'm terrified of her.

In three separate cases, mothers had called An Garda Síochána to come and deal with their children in the home.

Mother-blaming was identified by some of the service providers as a reaction by some teenagers. One of the volunteers, who had been a victim of domestic violence herself, identified this in her own son:

[I]t was the third child, he would have been beaten by .. his father .. he saw that I couldn't protect him, and the reason I couldn't protect him was I was afraid of my husband, I daren't go near him ... and I tried to explain that to him afterwards but it just didn't seem [to help] ... so some years later he appeared to take that out on me .. he took my car and drove around he was brought to court for that (Volunteer).

Examples of extreme behaviour patterns such as self-harm or the abuse of alcohol and drugs were given by a Garda:

Over thirteen up to eighteen – they voice their frustrations out on the street and get involved in crime ... not so much crime as public order offences ... I dealt with a girl last week who experienced domestic violence... she got highly intoxicated ... and was brought into the local hospital, she was unconscious...I was talking to her ...she broke down crying in front of me ... and told me a bit of the history ...she was so frustrated (Juvenile Liaison Officer).

Another impediment to normal teenage and adolescent development is the inability of some children from homes where domestic violence is a feature to live 'normal' lives because of the burden of responsibility they feel. Some of the young people we spoke to commented that they had spent a great deal of their adolescence 'taking care' of others, either their mother, or their siblings. As one young person told us:

I was about 14-15 and I had a younger sister that was about 11 and I was stuck looking after her and also trying to help my mam ... my childhood was gone for years

and I'm only starting to get back into it again.

Another had a similar experience:

You have so much responsibility...you have to come home and look after your mother, you have to look after your siblings to make sure everything was ok or whatever and just that makes you grow up quicker and become an adult. Because you've so much duties to do and then your childhood's gone.

The young people spoke of what it was like when they left home and became free of those responsibilities. As one young man said:

'Instead of going from childhood to adult it's like going from adult to childhood. It was like backwards.'

While several of the young people we spoke to had clearly played a protective role, service providers commented that in their experience, some teenagers may also feel very guilty about what they could have or should have done to help their mothers whilst living with violence from their fathers.

A key developmental task during the teenage year is identity formation and this can prove very difficult in the midst of parental violence and particular concern was raised by interviewees regarding the lack of a good male role model for boys growing up with domestic violence.

Mothers' Capacity to Meet Children's Needs

Studies demonstrate how domestic violence negatively affects women's psychological functioning, as determined by depressive and posttraumatic symptoms, and consequently on parenting behaviours, through its traumatic effects on the woman's psychological functioning, with lower psychological functioning directly related to poorer parenting (Hendry 1998; Levendosky & Graham-Bermann, 2001). It is felt that women living in constant fear may not have the capacity to meet their children's basic developmental needs. However, there are also studies, which report that efforts to compensate children who have experienced domestic violence with good parenting can be quite effective (Levendosky & Graham-Bermann, 2000).

Service providers who participated in the focus groups were equally mixed in their view. Some felt that the mothers devoted their available energy to parenting successfully and meeting their children's needs, while others acknowledged that there can be some impacts on basic care. One service provider identified the impact that the loss of confidence, strength and capability as a result of violence has on mothers' capacity to meet children's needs. The view was also expressed that a mother can become so consumed with ensuring her safety and the safety of her children that other parenting skills get lost. For example, if a mother is hospitalised after an assault the basic care of the children may be left up to the father or if he is absent neighbours or

extended family or sometimes in extreme cases the children may get forgotten:

I had one case where the mum was severely beaten, she was hospitalised .. she was unconscious and then the dad left and he left the children alone and it was only when the mum regained consciousness that she said where are the children ... the guards went out to the house and the children were there. They had one little child who was disabled, the other one was about 10 and the baby was three .. they'd kind of fended for themselves (Public Health Nurse).

Instability was cited as another impediment to parenting; frequent changes in living arrangements can interfere with a mother's ability to keep up with a child's particular needs, for example, immunisations or educational difficulties. A small number of service providers spoke about the reality that some children do experience physical assaults some of which are accidental because they try to mediate between the parents and some of which are intentional. One service provider spoke of how in the midst of living with violence and of leaving and returning to the relationship mothers endeavour to make life as normal as possible for their children, for example keeping to rituals like birthday parties, or celebrations of first communion or confirmation.

The view was also expressed that it is sometimes only when women have left the situation that they allow themselves to think about and discuss the impact on their children. Sometimes a sudden awareness that the children are being affected can result in a woman leaving:

I've worked with women that have been quite hesitant about moving and something happens around the kids and they move immediately, so I think that even for some women that are contemplating moving, it's exploring what can happen to the children in staying (MWSS Support Worker).

In other situations a woman will believe or want to believe that children, particularly young children, don't really know what is happening and therefore aren't affected by it:

A lot of women who say to me that particularly young children don't really know what is happening whereas I would point out to them .. that children aren't deaf, dumb or blind and sometimes when they come to the service first [they] actually believe that because their children aren't witnessing any of the violence they are not affected in any way by it but when they move out they start to notice differences in the children (MWSS Support Worker).

Gender and Individualised Responses

As research demonstrates, even children who have lived in the same family environment and witnessed similar incidents will adopt their own construction of events. Therefore the impact of the violence can be multi-dimensional in the same family and often

unique to each individual child, depending on their stage of development, the supports that are available to them, and their own resilience (Saunders, 1995). While recurrent themes are identifiable, a range of different reactions to violence may present, affirming the point that interventions must be made to suit individual children within their age and developmental stage. One service provider, speaking about her role with a family with three children exemplifies this point:

I've been working with a family at the moment ... and there'd be a teenager who is quite affected by it .. and an 11 year old boy .. he adores his father .. there's a barring order in existence at the moment .. and the father is highly abusive .. when he sees the children, he still trying to use them to get at the mother to get things he wants ..he singles the 11 year old out to be his agent almost, and that's what I've come across again and again and again .. the most sensitive child and the child who might have been closest to the mother is singled out by the father to do the most damage ... and this eleven year old child is having major difficulties, because he is living in a schizophrenic environment, where he loves the idea of his dad and wants him to behave in a certain way, his father keeps letting him down .. and you can imagine the damage it's having on him .. the older girl can see things a bit more clearly ... she would have witnessed her mother being bashed around, strangled and is very, very angry ... there's a younger child who walks around, he's oblivious he's fine, he sits and watches TV .. she [the mother] daren't even go there with the young child to explore how it is affecting him (CDP Family Support Worker).

Although the literature suggests that the impact of domestic violence may vary with a child's gender, (McGhee, 2001; Mullender & Morley, 1994) the service providers in the focus group were divided on their view about this. Some spoke of boys replicating the behaviour of the their father and becoming aggressive generally and sometimes towards their mothers, and of girls tending to internalise the experience and of being prone to self harm, abuse of alcohol or attempted suicide. In contrast others spoke of their experiences of boys being protective of their mothers and girls becoming aggressive towards them.

There was some concern expressed also about the perception of women and their role that young boys are left with as a result of growing up with domestic violence. It was also mentioned that when attempting to work with children regarding their experiences it can be more difficult to engage boys than girls. One service provider commented:

[T]hey're distant from everyone and won't engage with anyone, and [it's] a long period of time before they open up even slightly (Family Welfare Co-ordinator).

Particular issues that may arise for boys as a result of their home life were highlighted. These included huge trust, issues around their own identity, their

relationships with their fathers, and the challenge of balancing that with the relationship they had with their mothers.

Fear and Dread

[O]ne child, when he was eight, he heard daddy beating mummy and he was frightened because when it went quiet he thought his mummy had died. And I thought that was really quite a severe response that we don't really take into account as much as we should do ... that they hear it ... they're building up stories of what's happened in the next room (Public Health Nurse).

As the literature review has demonstrated, children don't have to necessarily 'witness' violence in a directly observable fashion in order to be aware that it is happening (Mullender *et al.*, 2003; Cunningham & Baker, 2004). Very few children, if any, will escape the experience of living with domestic violence unaffected and there is evidence to suggest that that it affects children's emotional and mental health and future relationships and sometimes their physical safety. The focus group discussions bear out these assertions, and gave some very vivid illustrations of the precise experiences. One of the impacts was on the children's sense of their own safety and security and the sense of fear and dread that it instilled in them. Although the older groups considered that their awareness of problems at home became apparent when they were in their early teens, it was clear from the contributions of the younger children that they too were conscious of fights, frightening occasions including violence where they worried about their own and their mothers' safety as well as a general tension or uneasy atmosphere at home.

The quote above from a public health nurse demonstrates the level of fear endured by young children. In one of the focus groups with the younger children, when we read a story about a child being in a home where violence was happening, one of them immediately identified how the child in the story was feeling: 'Scared in case her mum gets hurt' and another child joined in with: 'Yes. A bit scared in case he went into her bedroom and started attacking her and her mum'. The children were also scared for themselves; a young person recalled an incident involving her sister:

[O]ne time I came across my eight year old sister ...going round the house checking the gas hobs were off because she thought he'd leave them on at night to burn down the house. And that was my eight year old sister, you know ... it turns out she'd been doing that for about a month, getting up in the middle of the night to check.

This type of response was frequently identified by service providers, and the young people who talked to us also commented on how frightened they were at times, the feeling often lasting longer than the individual incidents, but borne out of experience.

As one young woman told us:

[I]n our case it was alcohol related. And therefore, any time the parents went out the fear would start then and it didn't end until we knew they were in bed asleep. None of us slept at night when they went out. More often than not they went off...sometimes they didn't but more often they did. We'd stay awake and try and intervene most of the time.

Another young person described how he '...used to be scared, basically every day ... it just constantly went on and on and on'. He described coming home from school in the evenings as 'like walking into a nuclear war'. A young woman described the constant feeling of dread:

[Y]ou're just getting over what happened before and then it hits you again and you feel...you're like spinning the whole time. If it's not happening, you're waiting for it to happen. When it's happening it's almost a relief because, here it is, what I'm waiting for. And then when it's not happening you're waiting for it again.

Loss of Confidence and Esteem: Stigma and Secrecy

The service providers in the focus groups were generally of the view that children who are living with domestic violence are being subjected to emotional abuse, the effect of which could be just as profound as experiencing any direct physical abuse. They identified poor self-confidence, poor self worth and a poor belief in themselves as common reactions. Situations where children were subject to constant criticism were recalled, where they were left feeling undermined, with little trust of adults. The older teenagers and young people also described loss of self-confidence and self-esteem, and an overwhelming feeling of 'being different' appeared to be universally experienced by all those who had lived in a violent environment. Research indicates that secretiveness about family problems is particularly characteristic of school age children (Alexander *et al.*, 2005) and the focus group findings showed this to be a fairly universal trait among all age groups. Two young teenagers described how they would conceal what was going on at home, for fear of being bullied and teased, and one of the young people we spoke to commented that:

I felt that I had a neon sign that told everyone what was going on in my family... I felt I wasn't on the same wavelength as people, when I was small I used to run to school and I used to feel like I was on a different wavelength from them and I thought that I was not normal in comparison to the rest of them...I thought that they were all happy families or whatever and I was kind of like the outcast. And plus you're bottling up your feelings and you kind of feel very alone.

Another young person said:

I knew, deep down, that I wasn't the only one but at the same time I thought, well, I

still stick out like a freak which is pretty much what I thought I was because I'd never met anyone in the same situation.

The children and young people found that domestic violence was generally difficult to talk about. As one of the older teenagers pointed out:

I mean, because generally when you go to school you know a lot of kids who have single mothers but you're not really going to walk up to them and go "This is what I've been through". It's just kind of difficult to get on to the subject anyway; you're not just going to blurt it out one day.

Reluctance to trust, or fear of someone 'blabbing it out' prevented some of the younger children from sharing their situation with friends. They shared a perception that telling peers about what was happening at home would leave them open to being bullied. This issue had also been identified by the mothers who participated in the study, who felt it might impact on the type of help or therapy their children would accept. They were aware that their children were unlikely to be attracted to any service or intervention that was going to single them out from their peers, such as special tuition, or attendance at a particular programme. Two of the women cited examples of their children being 'mortified' at their parents speaking about personal matters to their teachers, and they spoke of their children's embarrassment at coming from a violent home, and their reluctance to speak about it, which further isolated them:

[M]y kids said to me, what in the name of god did you ring the schools for. We don't want everyone to know ...they're embarrassed about being separated.

Another described how her son refused to go to the Rainbows programme until he discovered that someone else who was 'in the same boat' was attending it.

The mothers who spoke to us were very concerned at what they described as their children 'blocking it out' what was happening, and resented the fact that they were made to feel ashamed. While the children talked more about secrets and 'feeling different', the mothers spoke more about what they perceived as the stigma attached to women and children who experienced domestic violence:

They should be able to say that their parents were in a violent relationship and that there's no stigma attached to it. I've no problem saying it but they have...they are terrified . They're going "for god's sake, mammy, put a bag on your head".

One mother pointed out that 'people look at you incredulously'. She considered that there was a prejudice attached to domestic violence, and a general perception that women victims were 'thick and illiterate and drunks'.

Children's Relationships with their Parents

The relationship between children who experience domestic violence and their parents can be very complicated; it may differ for children in the same family, and can change over time depending on the circumstances. As outlined in the previous section, children in post-separation situations can often express their anger and frustration in the relationship they have with the parent who has protected them. The service providers in the focus groups commented that children can be very angry with their mothers for staying in a violent relationship for reasons of the impact on them and on their mother and then conversely children can be very angry with their mothers for leaving the situation, for taking them away from their father and their family home and friends. The relationship between children and their abusive fathers can be very complicated. As the literature review has shown, children can be ambivalent in this situation, sometimes seeing their fathers in positive terms, sometimes negative (Peled, 2000). As one service provider pointed out, an element of guilt can enter the relationship:

[C]hildren are experiencing something quite similar to their mothers at a different level, hoping their father's behaviour is going to change, exactly like their mother, [and they'll tell you how they are] wanting to leave, wanting to stay, wanting to mind him, wanting to beat the shit out of him ... there is the whole confusion going on for kids there is a huge guilt for kids in hating their fathers, in not liking him at all [they say] you just want to beat the crap out of him and if you can't talk about it anywhere it's all raging up inside you' (MWSS Support Worker).

Sometimes children worry about their fathers' well-being:

One particular child ... had a lot of anger towards her mother, had a lot of love for her father because she would have seen her mother as breaking up the whole family situation and would have had great anxiety and worry about her father, who is living on his own now (Community Child Care Worker).

One of the young people described how worried she had been about her father when her family had left and had tried to care for him, something which later backfired on her:

[W]hen they split up, I kept going down to look after him because he couldn't do his own washing and he couldn't pay his bills and he just didn't know how to wash dishes or cook dinner. So I went down to see him and I kept going down visiting him until I went down to live with him...I got caught in there and thinking he'd changed...so I went down to live with him and I kept thinking about what would happen if he went back to his old ways and I got very badly stung. I haven't seen him since.

Some fathers can use the children as a means of punishing their estranged partners, as reported by a number of service providers. The measures used could be treats or threats. One service provider described how a father used a child to convey his threat of suicide to her mother. Another example was given by a public health nurse working with Travellers:

I don't know whether it is something that is unique to Traveller culture ... but it would certainly have been my observation the men using the children as a way of getting the women back .. they might keep one of them ...very much using the children in an emotional game, which isn't good for the children (Public Health Nurse).

It is not uncommon for children to feel very torn and in the middle between their parents. Sometimes they assumed responsibility for trying to stop rows. One young child told us:

Well when mum and dad were fighting I just barged in, into the dining room to say why are you fighting and why is dad doing it. Just to try and find out as much as I could about why he was doing it.

And one of the young people recalled how a lot of his time was taken up with trying to mediate:

I was doing so much...I was trying to take care of my sister, I was trying to stop my mam and her boyfriend from fighting. I had barely any time to study and it was just horrible.

The sort of magical thinking that is common to young children was reflected by one of the younger children. At one point, in order to lighten what was becoming a rather tense discussion, we asked the children to talk about their fantasies and one child said her wish would be: 'For us to be happy with dad again.'

Peer Relationships and Friendships

As the literature demonstrates, friends and peers are usually of the utmost importance but for children who are living with violence in their family home it is usual for them to have very grave reservations about bringing a friend home to their house or indeed they may be forbidden to do so:

[Some women] they're not allowed bring people into the house and when he [the father] goes out in the morning, he takes the tea and coffee with him so if anyone does come in she can't offer tea or coffee to them and that way of controlling things that spins off to the kids as well, that the house is kept pristine clean so they can't bring anyone in to play and I think that is one of the things they are robbed of a childhood (MWSS Support Worker).

Children may also be wary of becoming close to any of their peers in case the secret of what is going on in their house might be revealed. Another reason for not bringing friends home was fear of rejection;

some of the young people commented to us that they compounded their own isolation by, for example, never inviting people to their homes. An older teenager commented:

It'd make you want to distance yourself as much as possible so that they don't figure out what's going on or something like that. They might have sensed that something's going on maybe.

And as one young person commented to us:

[I]t's the shame as well. You're embarrassed in front of friends We didn't have birthday parties at home, we had our own parties. We couldn't invite friends. Therefore we didn't really get invited to other parties.

All of this can have a very negative impact on their ability to make and retain friendships and applies to all age groups, not just older teenagers and adolescents. Disruption of home circumstances can also mean that children are faced with the loss of their friends. In the group with younger children, when we read a story about a child whose father was violent, one of the potential outcomes identified by two of the children was likelihood that the mother and child would have to move to a refuge or a new home, and in the process, change schools. As one of them pointed out:

[S]he might have had a lot of friends in her other school. And she had to leave them and then made no friends.

Another child in the same group agreed with her:

Oh yeah... she would miss her friends and she wouldn't like to leave them... she wouldn't want to make new friends because she'd miss her old friends.

Education

Research indicates that academic and social success at school has a primary impact on children's self-concept, with the school providing the opportunity for significant changes in the child's social life. Their friends become more important as they develop relationships with people outside their families (Daniel *et al.*, 1999). The issue of school emerged several times during the data collection for this study, and will be dealt with in different sections in this report. Service providers who participated in the focus groups were in agreement that experiencing domestic violence has an impact on children's experience of school, depending on the individual child. Some children, as one service provider pointed out, can have difficulty with the authority figures in school and difficulty adhering to the rules while other children conform completely to the rules having learnt at home that breaching them only leads to trouble. On the positive side, the service providers commented that for some children education can sometimes be seen as a viable escape route out of the situation, while for others they fall behind in school perhaps because their concentration isn't good due to

tiredness or due to anxiety about theirs and their mother's safety. They also observed the tendency for some children to 'over achieve', putting themselves under enormous pressure to achieve either to forge a route out of their violent family home or in an effort to please their parents or in some way prove their worth:

Some children might be very studious, throw themselves into the work and I would have had some comments from children: "I'll show him I'm not stupid", so even though he's not there, they're pursuing something to prove something to this abusive man .. so it's not about themselves, for their own reasons (CDP Family Support Worker).

However, for a number of the children involved in the focus groups, school was or had not been a positive, or successful experience. One of the mothers who spoke to us commented that her child had real difficulty settling in school:

The giddiness, her concentration, anyone that laughs...she would laugh even if she knew she wasn't supposed to laugh. And it's waiting for someone to call a laugh or a skit that she can join in.

Other mothers considered that their children had learning delays because of the trauma they had suffered, and were conscious that they hated being singled out for any special interventions. The mothers were critical of what they considered to be lack of knowledge on the teachers' part about domestic violence, and the tendency, perceived by the mothers for teachers to stigmatise their children because of it:

Teachers really do not have a clue of what it is that a child is going through ... Why don't they have some sort of a training day that would give them an insight into what it is like for a child, especially younger kids that are coming out of broken homes. They're just ah...you know...you're the ruff raff.

The children and young people who participated in the focus groups gave vivid accounts of their school experiences. They found that living with domestic violence seriously impacted on their ability to deal with the demands of school, though for at least one of them, it compensated to a degree for the distress they were suffering at home.

Difficulty in concentration was a problem for some children who may have been distracted by worry or lack of sleep. This tended to lead to trouble with teachers, which in turn acted as a disincentive for the children to engage with school. For example, one of the older teenagers said:

If I'm distracted then my main idea would be "I don't want to be here" because I don't want to deal with the hassle, kind of thing. I dunno, I just think that you're being given out to for being distracted well that's just going to lead to getting in trouble and not wanting to be in school and [then] you'll not bother going at all.

Sometimes, children found the strain of having to produce homework when things were chaotic at home to be intolerable, leading to conflict with teachers. As one young person recalled:

I remember just one time I had this English teacher and he used to make us write these six page essays and I could never get them done on time...actually, I only got three done and he gave us six...and I felt like saying...he was nagging me about it and one day I said "Look, will you just fuck off and leave me alone". I had been up all night fighting with my parents, trying to take care of my sister, trying to sort everything out..."just leave me alone, OK? And let me have some free time here in school before I have to go back into it again". That's what I felt like sometimes.

Another young person in the same focus group had a similar experience:

Same thing happened to me with me religion teacher in Leaving Cert. She was just obnoxious... just wrecked my head. The eyes on her. So I snapped one day and I told her to fuck off in front of everybody and I had to apologise to the whole school and the vice principal and everything.

Some of the young people felt that domestic violence at home meant that they missed out on their education, even when they left their violent parent:

Yeah, suddenly you go from minding them and then when mam moved away and things settle down, suddenly my Leaving Cert was over, I had no qualifications, I was waitressing and I thought, where did all that go...here I am. And this isn't what I want to do with the rest of my life ... I feel I missed out on so much.

As the literature review has shown, children witnessing domestic violence are nearly three times as likely to be involved in physical aggression at school (Dauverge & Johnson, 2001, cited in Baldry, 2003). Fear of being bullied in school was an issue for the younger children involved in this study who, as mentioned in an earlier section, wanted to keep their home situations a secret. As one of the young people who spoke to us recalled, it put her off going into further education:

Yeah, as well, you get such a rough time off teachers. I know certainly with me, again I got bullied in school and I got a rough time from teachers for not having my homework done but when I left school at 18 I thought college: no way!

Another of the young people remembered an agonising time:

I was getting bullied around school ...my day became one big long nightmare and just went on and on and on for about a year and a half ...bullying in school really upset me. Because the whole school was at it, it wasn't

just a couple of people. The whole school caught on to this and it got around and it just made me feel like a pratt or a tool ...it would have been nice if the teachers had have been more aware of what was going on to me as well as bullying because it would happen in class as well and the teacher would ask me what's going on and I'd just sit there going...and the teacher just didn't cop on that I was being affected by this.

At the same time this young person, referred to above, saw school as his 'safe place' and saw it as a haven away from home for six or seven hours a day.

Summary

While the findings from this study indicate, in common with research findings, that impacts of domestic violence on children can be individualised, some definite themes have emerged. The level of fear and anxiety felt by the children and young people, coupled with their sense of responsibility for their parents and siblings, was very visible. The common theme of post-separation challenging behaviour from adolescents also emerged, partially explained as a response to the removal of boundaries in the absence of the violent parent and the expression of pent up anger by young people, often directed against their mothers. Very poignantly, young people spoke of their regrets about their lost childhoods and lost educational opportunities. The sense of stigma and shame and the impact that these had on children and young people's ability to make friends was another theme that seemed to transcend different age groups. Overall, the findings give a very stark picture of how children experience living in violent environments and underline the urgent necessity to provide specific services. The next section will outline the specific needs of the children and young people, which became apparent from the data.

2. The Needs of Children who have Experienced Domestic Violence

One of the aims of this research was to identify the needs of children who had experienced domestic violence. The issues highlighted were the need to ensure children's safety, for interventions to help them 'unblock' their feelings, deal with and process their experiences, educational needs, and the need to explore the issue of contact with their fathers.

They need love, they need consistency, they need stability, they need security and they need to be able to live free from fear, and not just fear of physical attack or physical assault, but they need to be able to be free from that emotional abuse and that constant criticism, that constant harping about how they are and how they live and not being able to interact ... so I think they need to be able to have that ... just as a human right (MWSS Support Worker).

Safety

A primary need that was identified was safety. It is normally assumed that An Garda Síochána have the authority and the means to protect children from violence. However, some of the young people in the focus group had been disappointed with the response they had received from them in the past. As one young man described it:

[T]he cops could have been a bit more helpful with us. Because they were called out at least five or six times and every time nothing happened. They just came and they went....they did nothing about it and we never saw them again, no call backs or anything...it's just they came and they went. So they could be a little bit more helpful because when I was going into counselling and she said they should have done something about it and taken my sister and me away but that never happened and like when they were called out we were like "Oh, thank god, help..." but they left half an hour later. What the hell? ...if they had been a bit more helpful.

A young woman gave a moving account of a traumatic experience she had:

I remember running the mile and a half up to the Garda's house in my bare feet convinced he was going to kill mum. He just looked at me and said "OK", and sauntered off into the house and got changed. And when he did eventually arrive down to the house he just basically told my father to go back into bed and told us to go back into the house. And because he was from a small town he didn't want to upset the applecart, he didn't want to deal with it, he was the only one guard in a small town and he probably felt he had enough to do without dealing with it. And then if we wanted anyone else it was a half an hours drive to the next guard. And the fear, when you're that young or what can go on in that 15-20 minutes without a guard coming near the house.

One of the younger children also described a frightening experience that she had, where she had hoped that the Gardai would help her:

Yeah. One day my mum had an operation and I had to go to [place] and I was in [place] with my granny and my dad...it was two weeks...and he brought us to his house and he was trying to make us live with him ...And I kept on saying "No, dad, I want to go home" and then he started roaring and then I rang mum on [brother's] phone...[brother] was there too...and then I told her that dad wouldn't let us come home and my mum rang the guards ...and I was trying to talk to the police but he locked us in and started...and I was trying to talk to them out the post box but he just shut it ...But then I knew to go out the back door but...then the guards were just gone.

Refuges are a crucial resource for providing safety. One of the young people, who never managed to

avail of the service because of where he lived, talked about what a difference it would have made:

I'd never been here before because I lived so far away. If I had known this place existed though I would have stolen the money from my mam, hopped on a minibus and come here, and tried to get help here. Because if I'd known this place existed I'd have gone straight here and cried out for help no matter who was here.

Service providers commented on how challenging it can be to effectively intervene with children when they are returning home to a violent home:

Doing work with children individually can be fine but if it's in a context where what they're going back to is as crazy as what they left it really doesn't in my view do. I think at some level we have to be able to involve the parent, to have something safe and contained at home for the child because all the therapies in the world won't actually change that ... for young children there has to be some kind of base that's safe .. so I think intervention would have to be with the non abusing parent .. some direct support to him or her about what the needs of the child is, what their role is in facilitating that (Social Worker, Child and Adolescent Mental Health).

We explored with young people whether or not they had used help lines as a safety device when they were in a dangerous situation. There was only one example of where a young person had considered using it and this example demonstrated the shortcomings of this type of service:

I didn't dare pick up a phone in my house because even if he wasn't there chances is he'd find out. Even as a kid you're frightened it'll show up on a phone bill or you might be charged or something...you were frightened, you were petrified...imagine being in the middle of a Childline call and for your dad to walk in. It wouldn't even enter your head.

A Place to Talk: Counselling and Therapy

A number of focus group participants identified 'a place to talk' as a primary need, where they could discuss what is happening for them and realise that they are not alone in having this experience:

I think for young children, they need to be able to articulate their experience in some way and not to have the sense that they are the only one in the world that is having this experience and to be able to somehow ... as a first step have the language or some way of expressing it and some way of expressing their experiences (Coordinator Mayo County Childcare Committee).

This view was very much echoed by the young people. One of them commented that even the focus group experience was supportive:

I would have loved, when I was 15 to meet people like this ...be amongst friends and not have it tattooed across our forehead. Normal everyday kids going through the same thing as you just to prove you're not on your own and you don't stick out like a sore thumb.

Another person in the same group made a similar comment:

A quiet room...even if you wouldn't talk, just somewhere to sit...the four walls. Your head's stopped spinning and you can sit down and you can kind of get yourself together because I think, I wouldn't have really talked for years...not really because you're convinced ...you think you're a bit mad so then you're reluctant to talk about it because you think it's just me and I'm just not right up here and, like you were saying, feel different already but I think if they even came in the door...just four walls and a seat, even if there was someone in the room two doors down and if they wanted to talk to them they could and if they wanted to get their head together and have some place quiet where they want to think in peace... you can arrive in and talk to someone and you don't even know what you're thinking, what you're feeling, you haven't got a clue.

One of the younger children described how she would like to get her 'secrets' out and 'start a new life'. She talked about what it was like concealing the violence from other family members:

[E]very time when we used to live there and we were around ...any of our cousins or aunts, dad and mam used to hide the secrets and shouting and roaring and ... mam used to go ...she had to leave ...she didn't want to say it out in front of our cousins or aunts and my granny.

The need for 'places where you can talk...get the anger out' was identified by mothers as well and the need for specific domestic violence-related interventions for their children was specified. As one mother commented:

Just to have a service that...where they can go and speak, to express their fears and be told that it's not the child's fault. This person is damaged, he's your parent but he's damaged and this is not the way to behave ...children need to know that this is abnormal behaviour. Well that's what they should be told. This is totally unacceptable, he may be your father but you do not...you know. And that should be reinforced and that should be socially acceptable that children can go to a centre and speak to someone in a non-emotional environment.

Another mother made a similar comment about her son's need for specific help:

[H]e's seen what his dad did to me which was very violent...stabbed me...I nearly died and [son] witnessed all this. So, one psychiatrist suggested that he had maybe a

mental block and this was why he had this learning difficulty as well, you know, that he blocked out everything that he seen and heard maybe, so yeah...I see the need for a middle ground...that it's not a psychiatrist that the child is talking to but it's someone that they can trust and confide in. They can say whether my mum and dad row and my daddy hits my mum. You know, someone they can really trust on their level.

Service users also identified the need for a place to talk as an essential element in helping children deal with the trauma of domestic violence, and particularly in terms of their need to understand their own blamelessness in the situation. As a MWSS worker put it:

They definitely need...someone to talk to about it again...you have the two different stories (MWSS Support Worker).

Another need identified was to assure children that violent behaviour is a not normal part of family life:

I think one of the things is around the information, creating an awareness that the issue is there, letting children know that it isn't the norm, [that it] isn't right, that what is happening in the house isn't right and that information, through the community, but also directly to the child [needs to be given] (Director, Family Life Centre, Castlebar).

And the need for children to understand their rights:

Children also need to know that they have rights, they have the right not to be afraid, they have the right to be treated with respect and they have to right to say to someone "you can't treat me like that" and "you can't speak to me like that".

Interestingly, although the need for someone to talk to was identified by the majority of research participants, it was clear that not all children find it easy to reveal private events in their lives. The literature review has identified 'blocking' and embarrassment as features of adolescence (McGee, 2000; Mullender *et al.*, 2003; Cunningham and Baker, 2004) and this was particularly evident in the older teenage group. As one of them put it:

[L]ike ...people our age mightn't want to talk about it as much.

And another participant in the same group commented:

I think though, if you're talking to a stranger you generally have your guard up so you're not really going to talk as much...you might mention but you'd still feel a bit weird about talking to someone you don't really know.

A younger teenager in a different group made a similar comment:

For some people it could be [good] ...If they like talking...if they wanted to talk to somebody about it they could do it. So that'd be good for them...to let it out or whatever. I dunno. I'd prefer to talk to one of my friends...that you know properly. I don't like talking to people I don't really know.

This had also been picked up by one of the mothers who suggested that services should be available for children when they are 'younger' so that the opportunity to talk to them when they are willing to engage is not lost:

[N]ot two years later, to sit them down when they were younger, instead of talking to a 14 year old or a 16 year old...they don't want to know.

Educational Needs

As the previous section has shown, living with domestic violence can impact very negatively on children's ability to settle and succeed in school, while at the same time, school can provide a haven; as already mentioned, one young person described it as his 'safe place'. Other school-related needs were identified by the focus group participants. The children and young people, and their parents, felt that teachers needed to know about their situations, so that they might be more sympathetic, as one young teenager put it:

Teachers might take it into consideration when they don't have their homework done on time or whatever.

The mothers also felt that children need a special kind of response from teachers, as one of them commented:

I think the kids that have been traumatised by violence their confidence is totally gone and they won't [say anything to their] teachers...the teacher either shouts or screams at them And I think sometimes, those kids are stigmatised. ...special needs or whatever but...they shouldn't be they're no different.

The need for special tuition was identified by one of the mothers:

[T]hey should be given the one to one, there are thousands, millions goes into remedial teaching at the moment, yet there is only a certain number of kids in the school that are getting this help. Now, the teacher even said to me, no later than last week, even though she's having this assessment, she is not necessarily going to say that she's going to get remedial. They're going to put a name on her, like ADD or something else, and put her on a tablet. That is not what the child needs, a tablet is not what she needs. This Ritinol or whatever it is. I have absolutely no intentions of putting her on Ritinol. I think she needs to sit down and for someone to explain maths to her, she just cannot comprehend them.

As the following section will elaborate, service providers and mothers also considered that teachers should have more specialist training in order to understand the various effects of domestic violence on children's behaviour, emotional state and capacity for learning, and in order to provide some support and assistance for them and to link them with other services where appropriate.

Relationships with their Fathers

The focus of the research was on children and families where fathers were violent and mothers had been forced to remove themselves and their children from the family home for their own protection. The issue of post-separation contact between children and their fathers was therefore a live issue, and one that featured in the focus group discussions, highlighting very particular needs. The focus group findings reflected the views of service users that some children miss their fathers, blame their mothers for breaking up the family, and worry about how their fathers will cope living on their own. In general, the findings showed that children, in many cases, needed and wanted contact with their fathers, and in others the contact was court ordered and the children were ambivalent about it or didn't want it. In some cases, contact was considered to be enjoyable by the children, but overall there were many instances where it was not perceived to be beneficial. As the last section has shown, mothers and service providers gave examples of where fathers 'spoiled' the children or involved them in the conflict with their wives in a manipulative fashion. On occasion, as the following example from a mother shows, fathers were reported to be unreliable and inconsistent about contact:

He'd ring them, he'd say he was picking them up and he'd let them down. The child rang him last Monday, the Bank Holiday weekend, and asked him would he take them for a game of pool. Well he was busy. And then he cannot understand why the child won't go with him. The trust is gone.

Another mother recounted how her husband upset one of her daughters:

He sent my daughter a text last Christmas that...I cried and the solicitor was devastated to see ten texts...and one sent at two o'clock in the morning...these horrible horrible text messages to a child, to a 15 year old child. Is it any wonder she doesn't talk to him? She actually mentioned to me, she said "I have read up, Mum, there is a way you can divorce your parent or get them out of your life". She actually wants him out of her life, that he is not her father.

And a young child in one of the focus groups told us how her father 'was just trying to get as much information as he can by bringing us to some man and bringing us to loads of places'.

Contact experiences could be good for children when they worked well. One young child clearly enjoyed the fact that she saw her father every second weekend, and then spent the alternative ones doing something special with her mother. In another case where the father lived some distance away, the child liked to write letters and ring his father. Nevertheless, some of the children we spoke to clearly expressed needs in relation to contact with parents that require addressing. One of the primary needs identified was for children to be given choices as to whether and in what circumstances they meet with their estranged fathers. As one of the older teenagers pointed out:

I'd say it's entirely up to yourself. I don't think anyone should be forced to see their father if they don't want to.... because if they're being forced to do it anyway, they're not going to enjoy it and they're not going to have a good relationship with the person.

This teenager also felt it was important for children and young people to consider carefully how the contact was going to affect them:

I think if you're in that kind of situation, you have to look at it properly and not just...like you might feel like you want to see your father but you kind of have to look at it as...how have they been treating you over the years and how much have they affected you. And whether it would be good for your self-esteem and if you're going to put up with someone that's made you feel horrible and your mother feel horrible. So I don't think you should go just because they're your father. You have to kind of think about it.

Where younger children were concerned, it was considered that they might act out of a sense of duty; one of the young people thought this had happened with her sister:

My little sister didn't want to see her father, she really didn't, but the thing is she was too frightened to tell him. She couldn't tell him. And if she went to someone to say she didn't want to see him he'd get mad.

And one of the mothers gave us the following example:

And the poor child is at the stage where she is totally confused ...she's afraid...she's the only one of three of my kids that go to see her dad, and she's afraid if she doesn't go with him that she's upsetting him, and if she stays with me she's....vice versa, you know. And I have reassured her that I don't mind her going but if she doesn't want to go with him, he cannot accept that.

In fact the aforementioned young person thought that because of the sense of responsibility and confusion experienced by younger children, the choice about whether or not to see their fathers should be decided by someone else who could

understand their needs up to the age of ten. She considered that after that *'you just have to hope that they'll come to their senses and do what's right for them'*.

Service providers commented that for many children, the loss of their father *'no matter what he has done'* can be very difficult and acknowledged their need to keep in contact in some cases. They concurred with the view expressed by the families that there should be an element of choice. One worker recounted how he has dealt with teenagers who have attempted suicide because they were so unhappy about having to attend a court ordered access. A worker in MWSS commented that *'some children don't want to go on access...but they have to, and they'd be crying before they go and crying when they get back'* while her colleague commented that there are children *'who feel relieved when they go, but when they come back...they act different, they come back confused again'*. It was suggested that contact should be supervised in order to prevent the time from being used by fathers to quiz the children about their mothers. However, it was also argued that the involvement of the child protection services in supervising access (as they are often the agency requested to carry this out) can confuse the issue by introducing a possibly inappropriate child protection element to the situation, suggesting that this need may be best met in different type of environment. A Community Child Care worker identified the need for an access centre:

I suppose the ideal situation is have a...place, a centre...where access could happen, and you don't have to be sitting in a room, which sometimes has to happen...it's not just physical stuff, it's verbal stuff that you have to kind of be attentive to, but if you had a particular, not unit, building, where it's not threatening in any way...it's open, it's not like, you're coming in here for access, it's a multi purpose type building, and a building that can be used, where you have...again specialised workers, who can zone into issues, or if issues come up, and that the mam or dad isn't threatened either because, you know...the relationship, even though they may have been biased to the mother...you still have some kind of relationship with the father and the child, and we've always found that there is a loyalty to the dad, and they still want to contact them...that's the ideal situation (Community Child Care worker).

It was also felt that children may need preparation for access:

[S]ometimes I think that ... the children might need a little bit of preparation, like a mediating system where they can actually...see past that kind of manipulative behaviour...for the children as well to have that kind of information (Public Health Nurse).

An identified need, not specifically to do with access, but related to it, was the necessity, as one Child Care Manager termed it for children to 'rebuild' their relationships with their fathers, or for them to come to an understanding of what is happening.

A youth worker observed that even though her organisation found it difficult to engage fathers, it was important to try and work on the child/father relationship:

[P]ersonally I think that it's important, if their parents are fighting that they do develop a relationship with that parent in a safe way if possible at all...it doesn't matter what their home circumstances are, their parents are still their parents...they look up to them, so I think it's important to work on that (NYP Project Worker).

It was considered that as well as requiring some facilitation to repair relationships with their fathers, children might need some exposure to positive role models, in an effort to 'de-stigmatised the maleness' for boys who have seen their fathers hit their mothers. 'Mentoring' was suggested as a useful intervention:

Mentoring I would see as a clear method for working with young people who have experienced domestic violence... particularly with young lads because they can see a different role model, they can see a different opinion of what it is to be male in society, what it is to be a male in a relationship (Supervisor of Family Support Workers in CDP's).

If children's needs in relation to the fathers are to be met, some interventions are required to be made directly with men. As a Garda Inspector pointed out, there is a lack of services to deal with violent behaviour:

It is acknowledged that there is a problem ... the man is often just brought to court and if he's not convicted he's let off and he goes into the family home again ... there should be some support service, some counsellor made available (Garda Inspector).

One worker, talking about the Travelling Community, spoke of her attempts to try and understand why some Traveller men are violent:

One of the things I would be very aware of over the years is that an awful lot of the violence is acted out, they internalise an awful lot of the oppression, the discrimination, the experience and the outlet is within the family setting because it's not acceptable to respond [in that manner] outside of that context and the only place they have to express it is there and I think there's a huge amount of work to be done (Visiting Teacher for Traveller Children).

The service users commented that various groups have been operating in Mayo for the past few years, but a Child Care Manager identified 'reluctance or

hesitancy' on the part of men to access these types of services and the numbers attending remain low.

Needs of Mothers

The focus group participants recognised that the capacity to meet children's needs would be enhanced if their mothers' needs were also identified and addressed. It was commented that women in violent situations often hold back from seeking help from services for fear that their children will be taken into care. In this context, it was considered that they need reassurance, but that efforts should also be made to enable them to understand the impact that the violence has had on their children. It was also clear that mothers need guidance post-separation on dealing with challenging adolescent behaviour.

Summary

The research findings have given insight into the specific nature of some children's needs, primarily for safety, but also for a range of helping services that will suit their individual personalities. A place to talk was identified by all the participants to help children unblock their feelings, realise that they are not to blame and come to terms with some of the traumas they have witnessed. However, the children drew attention to the fact that not all of them like talking about private matters and may be slow to entrust their confidences. The need for some children to have compensatory educational input was emphasised with many examples. A strong feature of this section was the range of needs perceived by children in relation to contact with their fathers; something they regarded positively at times and at other times with ambivalence and occasional anxiety, but definitely something which needed to be addressed. A dominant theme was their wish to be consulted.

3. Services

This section focuses on services for children and young people in Mayo. It will first look at the information that emerged in the focus groups about various services and will then reflect the views of the participants, the perceived quality of the other services mentioned and the potential for more development. Finally, it will report on the suggestions of participants as to how the effectiveness of the services might be measured.

Existing services

As the previous section has indicated, one of the most significant needs identified was 'a place to talk' for the children, whether to receive psychological help, or counselling, or simply to meet others in the same situation or to find a creative means of expressing themselves. The literature review has also illustrated the range of emotional, behavioural, mental health, self esteem and social competency problems that can result for children who experience domestic violence (Jaffe et

al., 1986, cited in Levendosky & Graham, 2001; Kolbo, 1996, cited in Levendosky & Graham, 2001; Holden & Ritchie; McCloskey *et al.*, 1995) all of which highlight the need for direct, therapeutic help.

The study findings identified different types of services in the area, some of which are specially designed for children who have experienced domestic violence and which openly discuss the dynamics, impacts and issues involved, and youth and community services which are more generically orientated at vulnerable people and may sometimes or never focus directly on domestic violence but which will benefit children who have experienced it.

Each of them, to varying degrees, has had experience of working with children and families where domestic violence is an issue. It was estimated by some of these staff that domestic violence is an issue, either currently or in the past, for approximately three quarters of the families that they work with.

The Health Services Executive (HSE) has a statutory role to promote the welfare of children not receiving adequate care and protection, and part of its remit is to offer services to children who have experienced domestic violence. As the previous section highlighted, mothers tend to fear the removal of their children to care, and may be wary of linking with statutory services. There also exists a perception that the HSE will only become involved when children have been directly harmed. However, in the focus group discussions, it became apparent that the Health Service Executive in Mayo have become more receptive to taking on cases where domestic violence is an issue and more proactive in their approach:

We adopt a fairly proactive response, that's if there's a domestic violence situation without direct evidence of abuse to the kids we will refer it here (to MWSS) and also during child protection conferences we screen for domestic violence, not just direct violence to the children (Child Care Manager).

The Health Services Executive manage the child and adolescent psychiatric service, and a counselling service provided by the ISPCC were also considered to be both crucial and beneficial, particularly the former, as behavioural, psychological and emotional problems in children were so frequently identified by the focus group participants. Rainbows, a service for children who had suffered bereavements, was also utilised at times.

Community based programmes like the Edge, Garda Projects and NYP projects geared at children who are at risk of offending are provided by statutory and voluntary services and are seen to be helpful. Participants from the NYP's commented that while domestic violence is often an issue for children in their service, it was not always apparent from the start, highlighting the need for comprehensive referral information. They also acknowledged their own need for awareness raising and training to help them identify indicators.

Workers and volunteers from a number of Community Development Projects in Mayo attended the focus groups, and expressed an eagerness to learn more about domestic violence to augment the work they were already doing. One participant spoke about the potential that exists within the CDP model to make a valuable contribution to tackling the issue:

[There is] huge potential, first of all we've got ten volunteers on the management committee, they're all local, they know the area extremely well, they're in a position to go out, back to the various organisations that they're involved with ... and spread the word and create community awareness from the bottom up which is what the CDP model is supposed to be doing and even learning amongst ourselves as an organisation. I can see, even now, just as we are beginning to start this kind of work, the scepticism of the committee so we're just starting at the beginning of educating ourselves and we're doing it with MWSS we have very little resources and no expertise so it'll be up to us as a CDP to try and link back to the services here and develop some kind of outreach (CDP Project Coordinator).

Some CDP representatives acknowledged, however, that they lack specific skills and training to deal with domestic violence, beyond knowing how to make a referral. A debate ensued between some CDP personnel in one focus group regarding the rural, small community context that some projects operate within and the implications that this would have for addressing an issue like domestic violence that is normally shrouded in much secrecy. One participant, involved in a CDP in a small remote rural community, commented that parents may be reluctant to let their children participate in a group for children who have experienced domestic violence in case it would lead to their children becoming stigmatised. Another participant however working in another equally remote community recounted how she, with the support of MWSS, set up a support group for women who have experienced domestic violence as a direct outcome of the volume of women spontaneously disclosing their experiences to her.

The Health Service Executive recently established the new role of Family Support Workers (FSWs) located within Community Development Projects, which uses a casework model of intervention, and through this the workers concerned are coming in direct contact with domestic violence in the families they work with. They too are experiencing some families self-referring where domestic violence is an issue:

It [domestic violence] has come up as a significant issue with regard to families, we would have about 20 families between the four [CDP] projects at present and it has become a big issue very quickly [even though] it's a new service and realistically it's only establishing itself within the communities a lot of the referrals have been self referrals, particularly in relation to domestic violence, I think that's a reflection

of the fact that there was nothing there or there was nothing that they felt they could link into (Supervisor for FSWs in CDPs).

Information about the Mayo County Childcare Committee was given in the focus groups. It provides support, advice and information to childhood services across Mayo, through hosting meeting five times a year and through the circulation of a newsletter to service providers and parents. The Childcare Committee has strong links with other networks and service providers throughout Mayo and is very open to addressing the issue of domestic violence in any way for example, by having lectures or seminars on the issue at their meetings or providing information in their newsletter.

Perceptions of Existing Services and Suggestions for Potential Innovations

Counselling, Therapeutic And Youth Services For Children Who Have Experienced Domestic Violence

With regard to specific community based domestic violence services, group work was the most commonly suggested intervention. Service providers principally recommended it, but mothers and some children also favoured it as a means of helping them. Its aims were identified as enhancing coping skills, reducing the sense of secrecy and stigma for children, and reassuring them that they are not alone and not to blame for what happened. The young people we spoke to were emphatic about the benefits of being able to 'walk in and be amongst friends', knowing that you were 'normal'. Service users considered that teenagers would particularly benefit from this. However, as the previous section has shown, not all children feel comfortable talking about private matters with people they may not know very well, precisely because of the aforementioned stigma and secrecy, so careful assessment of the children's wishes would need to be carried out before linking them with this type of programme. The younger teenagers felt that while 'it'd be a comfort to get it off your chest', 'you'd feel a bit weird about talking to someone you didn't really know'. They were also cautious about sharing experiences:

[Y]ou don't know what the other person's been through so you wouldn't know if you were talking about the same thing.

One worker suggested that perhaps a child who has experienced domestic violence needs to begin dealing with this experience in a one to one setting and then move on to a group setting. The experience of the workers in MWSS was that where children were happy to participate in groups, they worked very well, despite varying levels of experience with domestic violence. The Family Violence Programme run by the service had been considered a success:²

I think it was that the children related [to each other] and all were grateful for the opportunity to link in with other children. I think the message was that any kind of abuse was wrong (Assistant Manager, MWSS).

A mother spoke of how a 'one to one' a service would have been useful for her children when she was a resident in MWSS:

I would have welcomed somebody in here. I had the staff in here and that was fine, but I would have liked somebody to speak to the children and talk to them as to what was going on ... and I think it might have helped the young fella if he had known at an early stage what I felt.

When we asked children and young people whether they would like services to be integrated i.e. part of a broader more generic service, their views differed, again illustrating how each child's needs are unique. An older teenager did not like the idea of participating in a service with people who had had different experiences:

I think it would be better if it was in a separate place to where others were going because, I think, because they have to deal with so much, they're dealing with something completely different sometimes because they react to it completely differently. And you don't want to worry them with what you're thinking about because they've got a lot to deal with so I think it'd be good if it was separate.

However, the younger group were more in favour of a more mixed approach and suggested a recreational type service, which they felt would take their minds off their problems. A young teenager suggested: 'A big hall with games and stuff ... like a kind of youth club thing or something'. And another member of the same group added: 'Yeah, a massive recreational place'.

Recognising that different children have different needs and preferences, the younger teenagers ultimately proposed a type of service that would give them the opportunity to opt in and out of focused interventions or participation in activities that they enjoyed. As one of them put it, this would be an economical use of resources:

[I]nstead of wasting the centre you could have two nights a week, one night a week for people so they can talk if they want to and another night with everyone so you could have two sets of friends or whatever.

Or alternately:

[M]aybe every half an hour there could be talking in case some people might want to talk or something. And if you wanted you could go and see someone while you were there, if you want that.

The Role of the School

As the earlier sections have demonstrated, schools were highlighted as having a significant position in the lives of children who experience domestic violence. Firstly, children's education was seen to be significantly negatively affected by their experiences at home and several of the children and young people spoke to us about their fear or

2 | The Family Violence Programme² incorporated a group for children and a group for their mothers running concurrently. See Section 2 of the report for further details of the programme.

experience of being bullied by their peers because of domestic violence and of being criticised by teachers because of their inability to concentrate or keep up with school work. In a small number of cases, the mothers identified serious deficits in their children's educational abilities and achievements, which they attributed to the effects on their children of the events leading up to their separation from their violent parent. Some of the mothers also spoke of the lack of understanding they had encountered from teachers when they had explained their situations to them, and both mothers and children had talked about the potential embarrassment to the children of being singled out in a way at school that identified them as 'different'. At the same time, there was agreement that teachers in both primary and secondary schools are well placed, with the proper training and understanding, to observe children, to potentially identify any indicators that a child is living with domestic violence and to offer direct support or provide opportunities for children to receive support. Children and young people commented that while teachers seem to know that domestic violence happens, they don't always make the connection between pupils being 'distracted' and problems at home. As one older teenager said, *'that kind of translates as the teachers get annoyed and start giving out to you...so it's not really helpful'*. Another young person expressed her feeling of having been let down while she had been at school:

Well, I thought maybe in the schools...no help there. Not one iota. And this was the school that taught our mother as well...they knew the family. They knew everything about us and that's what I can't understand, [to] this day... I realise that most schools now are large but my class alone for Leaving Cert, there were 19 of us. And nobody noticed that we weren't in. We weren't like anybody else, we weren't as extravert as...we didn't go to parties, you know. Even from first year, we stuck out like a sore thumb.

She felt that the school might have provided her with someone to talk to:

Personally, that time for me was horrible and if somebody just said it to me, "is there something you want to talk about?" I probably would have told everything. My god, somebody noticed. Invisible. It would have been nice to know that there was someone there or maybe that....surely be to god somebody would help you.

And at the same time, the value of a good education to 'rescue' a child from a violent home was pointed out by another young person. He felt that children experiencing domestic violence should get extra encouragement to remain at school and work hard:

[T]ry and encourage them to study and try and get them to see that as an escape route whereas I never did...I dropped all books to look after and to mind and what not. But now I'd try to impress on them that this could be a way out, this could your way of getting away from it which I never did. Bury

yourself in your books if you can, which might sound a bit ridiculous when they've got so much going on, but...

The need for teacher education on the subject of domestic violence was identified by many of the service users and parents. As one service provider commented:

I think someone should go into the school and discuss it with the teacher and talk in classrooms on the whole subject of domestic abuse because people can live with it and think it's normal because a child is born into it so they do see it as normal I think that's the start, it has to start in national school (CDP Project Coordinator).

One of the mothers commented on how difficult it was to get schools to understand the impact that domestic violence has on children:

[W]hen we came to [Mayo] first, I went to the school and I explained to them what she had gone through and why she might be like she is. Two years later, they were like "Oh god, we didn't know." And it was the same two teachers, the headmistress and the year head. I told them the whole thing...I spent another hour and a half in the school - two years later - and told them it all again from start to finish. They said they didn't know. I told them. They don't want to know. They knew that I had been living here, they knew everything about us. But, I suppose they have a lot of students.

And another mother suggested:

Well they have the in-service training days and they also have music service training days. Now they're bringing in science. Why don't they have some sort of a training day [on domestic violence] that would give them an insight into what it is like for a child, especially the younger kids.

Two teachers participated in the focus groups, both of whom work with young children. They commented that while teachers would always notice behavioural changes and difficulties in the children, they may not have the skills or knowledge to understand that domestic violence could be a factor. They pointed out that teachers in general have no training on domestic violence in their foundation courses, which leaves them at a considerable disadvantage in both identifying it and understanding the dynamics involved and the effect on children. One of them commented that prior to her own experience as a liaison teacher:

I would have had tunnel vision when it came to domestic violence...I would have thought domestic violence was purely and simply where the mother was being hit...I didn't see the broader picture of the psychological abuse (Home School Liaison Coordinator).

While they themselves had benefited from contact with MWSS workers, they also identified the fact that teachers, in general, have very little support in

terms of other professionals with whom they could discuss their concerns. One of the teachers had recently taken on a liaison role that meant that she had more interaction with social care agencies; however, she believed that being in a room 'with four walls and twenty five children' limited her opportunities to learn about social and environmental problems. They felt that training, as well as informing them, would give them the skills to be comfortable discussing it with parents. However, having said that, they highlighted the problem of trying to balance an already overburdened curriculum and training schedule with the need to learn more about domestic violence and to be more aware of the indicators:

I think really the schools are over burdened...the amount of stuff that's put on their shoulders...the latest thing now is the whole thing about obesity...teachers think we should have done some in service [training] on...healthy eating for children...there's a certain amount to be done between 9:20 and three o'clock (Home School Liaison Coordinator).

They suggested the inclusion of domestic violence in other areas of the curriculum, and the specialisation of summer in-service training courses on domestic violence, but also emphasised the necessity to repeat it regularly. While they felt it would be unrealistic to expect that all teachers could receive the training, they felt that at least one person per school should have received it.

When asked what they thought schools could actively provide for children who have experienced domestic violence, a teacher suggested the following:

I would feel if things were...in my ideal world, if things were the way they should be...there should be a school counsellor in every single primary and secondary school in the country and they should be on site...for the full school day...and maybe they would have other responsibilities...because they mightn't be there for five hours in a school, but at least they'd be there on hand...if they did notice something, they'd be able to say so...if I was teaching the class and I felt there was something going wrong, I would call the parent in and it would normally be the mother I'd be dealing with. I would tell them I'd seen a change in their child's behaviour, attitude or whatever...and then I would be able to recommend a service in the school through the counsellor...now at the moment the service in the school that I would recommend would be art therapy, because we've an art therapist on site in the school...she would work with children who were going through difficult situations, not necessarily now with domestic violence, but other things...so I suppose it would be counselling I would recommend for children (Pre-School Teacher with Traveller Children).

The teachers who spoke to us were very aware of differences in families, and the need for services to be sensitive to the particular culture and experience of the children in order to promote inclusiveness. They also suggested the use of 'peer' theatre groups who visit schools and put on dramas on different topics, which could be combined with lesson plans before and after the event. They cautioned that the introduction of modules on the topic of domestic violence would have to be the subject of consultation with parents, given their experience of divisiveness in the past when they introduced Stay Safe or sex education programmes:

[Y]ou'd have to get all the partners in education...the unions, the parents' associations, the parents' council, the garda, and principals' forum on board to devise something...because it is needed and more so now because there's more pressure (Home School Liaison Coordinator).

Another model that was suggested which has been used in Mayo to promote awareness regarding drug and alcohol use is where a group of young people are trained in a peer mentor role and are available to talk to their younger peers and offer support. The mentors are in turn supported by a counsellor and can refer the youngsters to the counsellor if issues come up that they aren't equipped to deal with.

Shortcomings in Service Provision

While a lot of the aforementioned existing services were considered beneficial, gaps or weaknesses were identified. The need for teachers to receive more training and provide support has already been articulated. Another identified weakness was the short-term nature of some interventions like the Family Violence Programme, when it was considered that children need ongoing support. The most commonly mentioned shortcoming in current service provision is the lack of individual therapeutic/psychological services for children and young people both while living in refuge and whilst living in the community. The HSE psychological services were considered to be essential in a large number of cases, but had a long waiting list and a requirement for consent from both parents, which was seen as posing a considerable impediment to access. It was also pointed out that Child and Adolescent Mental Health services will only see children until the age of sixteen and this can mean that for older adolescents the options are restricted even further. Other services also operated waiting lists; one mother commented that she had sought a service from the ISPCC two years earlier and had only just been offered an appointment for her child. In this instance, she felt her daughter would have been more open to help two years earlier, but now that she was in her teens, she was less inclined to engage in a counselling relationship. Overall, while the services that existed were viewed as effective as long as they were available, it was considered that specific services for children who had experienced domestic violence were simply not sufficient or available in time.

Workers from within Mayo Women's Support Services commented on the need to expand on and extend interventions for children and young people while they are in refuge. At present there is only one Children's Support Worker and a certain amount of relief cover that is not sufficient to meet the needs of the children who pass through. The Children's Support Worker mainly works with young children, the programme of work that she uses is appropriate with children up to the age of twelve only so there is a particularly urgent need for something to be developed for older children while in refuge as well as when in the community. One of the young teenagers commented that 'things to keep you occupied in the refuge' like computer games or activities would help to distract from worries. The Family Violence Programme run by MWSS, previously described, was held three times between 2002 and the end of 2004, and was evaluated very positively. It was identified as an essential component of any new service.

Lack of coordination was perceived to be another weakness. Although there were reports of generally good relations between services providers in Mayo, particularly within the voluntary sector but increasingly between voluntary and statutory services, a recurring theme, was the need for services to become more integrated:

There is no integrated approach, no holistic care plan for a young person ...we refer them to a counselling services and their counsellor would refer them to the NYP ... there's no continuity (NYP Coordinator).

Lack of knowledge about available resources was highlighted as a practical difficulty:

I just think there are a lot of services out there ... it's just I think if you didn't work in this area you wouldn't realise how many services are out there. But they are out there, even if you don't know where they are, how to access them [or] exactly what each one does .. so I think there is a big awareness gap rather than a service gap (Project Coordinator, Westport Family Resource Centre).

Another participant commented:

I suddenly realised that I don't know an awful lot about the services that are out there. I only recently came to see Mayo Women's Support Services and before I knew of its existence but I didn't really know they provided ... so I think it's about educating everybody (CDP Management Committee Member).

Communication breakdown was also identified. Some participants highlighted unwillingness on the part of some agencies to share information with other involved services thereby hampering a multi-disciplinary approach. This was perceived to stem from uneasiness about sharing information that might only be hearsay and also a lack of trust between agencies.

As a Child Care Manager pointed out, weakness in provision is not always about availability of resources, but about using them 'intelligently' to ensure a coordinated approach:

There is some particular problems about having specialist services...there's particular problems about getting those specialist services to do what you want them to do at the time you want them to do it ...you'd have families with domestic violence in child psychology, child psychiatry and social work...all at the same time for the same reason There's no co ordination within the health board. It's the same about...we've a number of families we've referred to nine or ten different services... but no-one's sitting down with the family and saying look, we need to start somewhere... ..we have a huge list of things to do...an overwhelming list, and we haven't the maturity to say, look we'll start with the school, or getting into bed at night...and we'll work through it. That's where co-ordination and integration comes in... ..and it's that sort of intelligence that we lack (Child Care Manager).

Some of the problems are of a practical nature; Mayo is a large county and, as one project coordinator pointed out 'accessibility is huge'. Because of this rural context families may have to travel long distances in order to get services, which may be situated in different parts of the county. The Local Area Networks³ were identified as a very effective means of promoting collaboration towards a common goal as well as raising awareness about available services. The need for more networking at a local level was recognised by a representative from the County Childcare Committee:

An extension of the local area networks would be good as well.. where for instance in the woman is coming into a women's group or...to a pottery class or whatever it is...and she's making connections with that group, and that group is then connected with a local area network, the whole thing can be done that way. ...the whole thing of joining up and working on local level...it's given its due recognition, or due currency because I think...it is going down the road where we're more looking at targets and numbers and how many can you get in here, and how many can do that, whereas the actual...act of working together isn't being recognised...that's the problem (Coordinator of Mayo County Childcare Committee).

As well as local area networks, the need for one person to coordinate the services involved with a family and occupy a "key worker" role was widely endorsed.

When you have multi agencies involved with a family....be it domestic violence or any other issue and the children are in the system... there's a lot of agencies meeting with one another now and they're trying to co-ordinate things...there's no one person meting that out...I might go to a case

3 | Local Area Networks are described in more detail in Section 2

conference or a case meeting... ..and we had...eleven or twelve people sat around...and everyone had their own insight into the family...but when it came to drawing a plan...everybody from their own perspective said, well I can give an hour and somebody else said well I can give an hour...and he can get this therapy once a fortnight...which really wasn't a real plan... there was nobody who could actually have the authority, inter agency, to say...well if we need five hours of that we can have it...if we need mum to be supported every day by somebody....and that's where you can really fall...It's far too fragmented (Social Worker, Child and Adolescent Mental Health Services).

The need to further develop existing early intervention services was suggested. As well as awareness raising and education, it was considered that:

Availability of good local community supports from mother/toddler groups to...community playschools on to after school projects...that target not everybody but that would be available to children coming from these situation...as the first part of a wide preventative community [strategy], so that there's many opportunities that you can pick up the signs...[and gives the children] somebody they can tell something to (Supervisor for Family Support Workers in CDPs).

Outcomes for Children and Means of Evaluating Effectiveness

Interviewees were asked what outcomes they would like to see for children and what sort of changes could be considered to represent successful interventions. It was suggested that a comprehensive assessment of individual needs would highlight the gaps and deficiencies in services available for children, and that a way of evaluating success would be to return to that baseline assessment and see how far the gaps had been addressed. However, one participant cautioned that quantifying progress would be challenging in 'such a fluid area'.

Desired outcomes identified by the focus group participants included improved relationships between the children and their mothers, improved self confidence and general presentation, as one service provider expressed it:

[There has been a] visible change in this child as well as real emotional development; where he/she is interacting better [and is] well able to converse (Support Worker, MWSS).

A Child Care Manager pointed out that while the value of preventive services is constantly being flagged, he considers them a bit too 'apple pie' to build into projected outcomes. Instead, he suggested that progress could be considered to have taken place if children with identified needs could access services within a month of assessment, as a result of which he felt it would be reasonable

to anticipate 'better school attendance, better school behaviour, maybe school becoming a safer place and a reduction in bullying'. Others mentioned improvement in schoolwork, and continuance in education as indications of effective interventions.

As well as school, increased participation in social activities was also cited as a potentially positive outcome:

Greater participation in social clubs or sports clubs, I don't know if that could be evaluated...but that would be great...in the end I suppose if there was evidence that the children were engaging in anti-social behaviour, that there was a reduction in that...a greater school, not so much attendance but also, retention, they do the leaving cert...I know the issues straddle economic divides, but if there was children at the start, below the poverty line...and that there was a greater uptake for parents as well as children (Coordinator of Mayo County Childcare Committee).

Removal of the stigma around domestic violence was identified as another desired outcome. Better integration of services, tracking of target groups where certain factors such as reduction of criminal behaviour could be calculated and measuring uptake including specific groups like Travellers were cited as ways of measuring progress. The use of 'strengths and weaknesses' questionnaires or a comparable way of discussing key areas of children's lives with their parents were also proposed. Other suggestions included group work with children where they themselves would report on its usefulness or measurement of certain key variables such as number of court attendances to settle custody disputes or quantification of other more structured interventions such as visits to G.P.'s.

Summary

It is evident from the findings reported on services, that domestic violence is an issue across all of the services represented at the focus groups. For some it is a long established issue and interventions and methods for addressing it have been developed, for others, largely those in the voluntary sector, it is an emerging issue and workers are attempting to address it and are eager for guidance on how to do so. There was also evidence of willingness for services to work together in an integrated way to tackle the issue and indeed this has already begun. The focus group participants highlighted shortcomings in their experiences of schools and other therapeutic and counselling services, which did not meet their expectations for support or treatment. Suggestions were offered as to how the success of interventions might be measured and evaluated.

Section 6

Summary and Conclusions

Summary and Conclusions

The review of recent relevant literature, together with the findings from the focus groups in this study, have clearly demonstrated that children are significantly affected by living in situations where violence is present, and that these effects endure even after measures have been taken to secure their safety. The literature has identified how, at each stage, a child's emotional and psychological development can be impeded by living with violence, and it has also identified how these developmental problems manifest themselves when children grow into young adults. It has also illustrated the links between domestic violence and possible physical harm to children with other related adversities such as homelessness, offending, social exclusion, poor educational achievement and problems with relationships. On a more positive note, the literature review indicates that social support from families and communities can compensate for some of the damage caused, and promote children's safety, resilience and self-esteem. The literature review also highlighted important issues about children's contact with their fathers, in terms of either overlooking potential risk of ongoing abuse post-separation or dismissing the importance of the father-child relationship because of the risk.

The data from this study, which reflected the views of children and young people from different age groups as well as the views of their mothers and a range of service providers, affirmed many of the international research findings in the literature review. The inclusion in the fieldwork of the experiences of the children and the very fresh memories of young people, who had recently experienced growing up in a violent environment, added a unique perspective. The children and young people's descriptions of the anxiety, fear and dread they endured in their childhood and teenage years, their experiences of being bullied at school, the burdens of responsibility they carried in relation to their parents and their siblings and their regrets about their lost childhoods and opportunities certainly belied any notion that situations and incidents of violence go unnoticed, or that mothers can protect their children from its impact.

The concerns of mothers for their children's well-being and development were clearly articulated and highlighted how significant the effects of their pre-separation environments had been. The data clearly indicated how separation from violent partners does not always mean an end to difficulties. It demonstrated the challenges for mothers in trying to obtain services for their children, whilst at the same time dealing with instances of their children's upset and disturbed behaviour and service providers who may not either understand the source of their children's problems or be able to make a response without a considerable delay. Mothers also experienced a sense of being stigmatised and labelled because they are victims of domestic violence. The data indicated the need for joint work with mothers and children, focusing on issues of attachment, parenting and behaviour management. This work should also aim to help mothers

understand the impact that domestic violence has had on their children. Replicating the international research findings reported in the literature review, the matter of ongoing contact and relationships between the children and their fathers, with all the attendant concerns, was seen to be a significant pre-occupation of both children and adults and is clearly a matter that needs to be addressed.

The data from service providers added further insights into the effects of domestic violence on children and the challenge of providing primary and secondary interventions. While MWSS is already providing a valuable service to children and families, the workers expressed an aspiration to fill what they perceive to be a major gap in specific provision for children. It was clear from all of the research findings that some of the other services which are crucial to children's safety and well being, particularly An Garda Síochána and schools, have the potential to make a more significant contribution than they are currently able to provide. Statutory and voluntary community based child protection, welfare and health services are manifestly aware of children's needs and have emphasised the requirement for an expanded and coordinated approach that can deliver in time, in order to halt and hopefully ameliorate the detrimental effects of living with violence. As well as direct service provision, the need for awareness raising and training on an ongoing basis was highlighted.

Developing a Response

Two principal issues stood out from the findings. One, which was usefully informed by the children's participation in the study as well as the literature on the area, is the uniqueness of needs possessed by different children who have had the same experience. It is clearly the case that children, including siblings, need to have services and interventions tailored to suit their individual situations and personalities and that a one size fits all approach to services would be unsatisfactory.

The second issue is the need for one service to oversee and make connections between different agencies that may or may not have a direct focus on domestic violence. The needs of the children are so varied that a range of interventions may be necessary at any one time. This issue needs to be addressed from a number of directions. At a proactive, community level, a bank of knowledge needs to be developed about relevant organisations and their capacities. Information and training about domestic violence needs to be provided at a relevant level to those organisations, so that workers will be able to both identify indicators and provide support to children. Ideally, one service will take overall responsibility for developing an appropriate assessment tool and using it to gauge individual children's needs and then to broker a package of services on their behalf. As MWSS initiated this research with the intention of developing services for children, they are clearly well placed to take on the role that has been identified.

Challenges to Service Development

A number of challenges currently exist:

1. Services need to be provided to children at the point when they need them, and not when the services are ready to receive them. The problem of waiting lists and shortages that exist in relation to psychology, psychiatry and counselling services will not be resolved by the development of a new programme alone. Part of the task of the proposed service will be to track the deficits and use accurate and persuasive data to negotiate with service providers and policy makers.
2. All the participants in this study held high expectations of the potential for schools to play a significant role with children who have been affected by domestic violence. While the points made were valid and useful, we consider that this area may be more challenging than it first appears, notwithstanding the very positive attitude of teachers involved in the study. Firstly, schools in Ireland work fairly independently under individual Boards of Management. Involvement of schools in domestic violence or other related programmes has to be negotiated on a school by school basis with their Boards as no one school in the area can represent the educational sector at either primary or secondary levels. Secondly, while training has been recognised by everyone as an essential foundation for any further work in this area, the business of arranging training courses for teachers is far from simple because unlike some other professions, they have very little flexibility in terms of their work schedule, therefore this is an area that needs careful planning and consideration. Extra curricular activities in schools also have to be negotiated.
3. An Garda Síochána have two important roles in working with children who experience domestic violence. One is to ensure their safety and welfare by purposefully checking out children's situations when responding to calls and linking with other services if appropriate. The second, which appears to be working successfully in Mayo, is their preventive role with youth at risk. The evidence from this study indicates that the intervention of Gardaí with mothers and young people who have experienced domestic violence and are exhibiting challenging behaviour may be necessary at an advisory level. The proposed service will need to liaise with Gardaí in order to promote awareness and offer training where necessary.
4. The matter of contact between children and fathers needs to be addressed in different ways. Not all children who have experienced domestic violence want to see their fathers or have contact with them and some lobbying of the judicial system is required in order to emphasise the necessity for children to have choices when orders are being made. At the same time, many children desire to keep up their relationships with their fathers. Safety has to be a primary concern, but the quality, nature and location of

father-child access requires some consideration. It may be appropriate to separate this area of work from the other services being provided by MWSS, but it could be carried out by Health Service Executive staff, or alternately, men's groups operating in the area or local centres concerned with family issues could become involved.

5. Promoting inter-agency and inter-professional collaboration and coordination will be an important and challenging task of the new service. While this research indicates a willingness and commitment to work together on the part of key organisations, experience has shown that the seamless integration of professional interventions is virtually impossible to achieve without considerable effort. Given the findings of this research which demonstrate the range of needs and the different preferences of children from a young age right through to teenage years, a crucial element of an integrated service will be the capacity of the different agencies to work together. This study has highlighted the need for intervention along a spectrum from very specialised services to mainstream and more generically orientated organisations.

Key Messages for Initiating a Service

Proposed interventions will be outlined below using the three-stage response framework identified in the literature (identification, assessment, intervention). Grounded in the principles of participation, empowerment, partnership and capacity building, active involvement of users (both parents and children) in the design, delivery and evaluation of services will be essential.

1. Identification

Concurring with the literature reviewed, this research highlighted the invisibility of children and young people within and across the key sites they progress through (schools, community organisations, youth projects, health and social services, and criminal justice systems), and the missed opportunities for intervention from relevant professionals (teachers, public health nurses, social workers, child care and youth workers, Gardaí and psychologists). Knowledge, awareness, training and skill development are essential if the needs of these children and young people are to be embraced in a meaningful way. As such, responsibility for identification and recognition lies with the whole community, both parochial and professional, but may need to be driven by MWSS. Internationally and domestically, this has involved the following components:

Co-ordinated Community Responses & Inter-Agency Initiatives encourage and develop a uniform response to policy-making and service delivery, promoting ownership for prevention and intervention across the key domains of the child's life. Building on the Local Area Networks already established in Mayo, criminal justice, health and human services providers could be brought together to adopt common policies, procedures and tracking systems in the same geographical area, with the

aim of ensuring that policy and practice are conducted in a consistent and well-informed manner.

Public Education and Awareness Raising Work

involves building on the training and information initiatives already offered to key sites children and young people inhabit and targeting key personnel (teachers, youth workers, social workers, child care and youth workers, Gardaí etc). Where appropriate, this could involve service users.

Joint Working initiatives with public health nurses, teachers, gardaí, social work and psychology, such as the Family Violence Programme, and building on the presence already established in these sites, forging inter-professional relationships and contacts. Examples of this could include weekly/regular consultation 'clinics' for professionals/public in health centres, development of innovative schemes such as 'Big Brother' in schools, co-working groups with other professionals and conducting joint assessments.

2. Assessment

This is key to the delivery of appropriate child centred intervention and should only be undertaken by those qualified to do so, using a systematic and comprehensive assessment tool, specifically designed to address the dynamics and complexities inherent in domestic violence. Assessment of both risk and need should be located within the familial and social context of the child's world, be holistic, and child-centred, including information from the child themselves and supplemented with information from key people in the child's life such as teachers and parents. It must focus on the three dimensions of a child's life, i.e. how well the child's developmental needs are being met, how their mother's capacity to meet them may need to be assisted, and what resources in the extended families and communities may be mobilised in order to provide support and services.

Specifically, in terms of the child's developmental needs it might include consideration of impact on the child's functioning, their ability to make friends and socialise, the impact on the child's education, the child's sense of responsibility for other family members, the child's perceptions of and experience with the violence, the child's ability to speak about the violence, the safety of the current environment and factors which promote resilience. Assessment should also include consideration of how well the mother understands the impact of domestic violence on the child, the steps taken to protect the child from it, the mother's ability and willingness to access help and the impact that the violence has had on the mother's relationship with the child. Finally, the assessment should focus on factors in the wider community, such as relationships with the wider family, financial resources, accommodation, availability of health and counselling services, availability of key support persons and a strong peer network, involvement in social clubs and organisations, understanding and support from school and contact between school and home.

The National Network of Women's Refuges and Support Services have developed a set of child protection procedures, which outline the reporting responsibilities of workers in relation to children who come into contact with services. These guidelines should be followed if assessment reveals concerns about any child's safety, or if concerns arise in any other context. Under the guidelines, workers must report concerns to the Designated Liaison Person (DLP) for child protection in the service; mothers should be given an opportunity to make reports to the Health Services Executive themselves, but the DLP must make sure the matter is reported. While the service will always advocate for mothers by ensuring that they have an active role in decision-making, the child's welfare and safety will always have priority. Child protection and welfare is the responsibility of ALL members of workers, volunteers and associated personnel.

3. Intervention

For the Family

This may primarily focus on safety and stability issues and the amelioration of other adversities in the family's life.

For the Child

Decisions regarding the nature and timing of interventions are key factors to be considered. Assessment may conclude that intervention is needed immediately or is needed but not at this point in the child's life. This needs to be needs led rather than led by service availability, based on the assessment and tailored to the child's need and developmental stage. It may include one or more of the following:

- ▶ Formal individual or group work,
- ▶ Parent-child work on relationship, attachment; parenting; or behaviour management,
- ▶ Peer-support programmes such as 'Big Brother/Big Sister',
- ▶ Places and opportunities 'to talk',
- ▶ Specific focus on developmentally appropriate and attractive interventions for adolescents – such as 'Burst the Bubble' initiative, and interactive on-line support,
- ▶ Post-separation contact support – this is needed regardless of whether or not the child has ongoing contact with their father.

For the Mother

As already established, supporting the mother by building on the mother-child relationship, with a particular focus on attachment, parenting capacity, and behaviour management are key to successful outcomes for children. It may also include one or more of the following:

- ▶ Formal individual or group work,
- ▶ Parent-child work on relationship, attachment; parenting; or behaviour management,

- ▶ Informal or formal social support,
- ▶ Advocacy and outreach,
- ▶ Respite,
- ▶ Post-separation contact support.

At a fairly fundamental level, the initiative for children will require extensive preparation before it can be fully developed. The person or persons employed by MWSS for this post will need to clearly define their tasks and explore ways in which the role thus defined will be accepted by the other organisations in the county. This will require considerable and continuous networking in order to harness the existing good will and commitment to promoting the welfare of children who have experienced domestic violence. It will also be necessary to establish some realistic targets, both short and long term, so that the effectiveness of the programme will be measurable and weaknesses may be quickly identified and addressed. What is being proposed is extremely challenging but, as this study has demonstrated, it is what is required to meet what is now a very visible need.

Section Seven

Recommendations

This report endorses the proposal of the Mayo Women's Support Services for the establishment of a Children's Initiative, which will be managed and coordinated by them. It is fully acknowledged that the work will be complex and demanding in order to meet the challenges that have been identified in Section 6. The pre-planning phase of this initiative has already commenced, and the following recommendations are aimed at facilitating the development of various aspects of the programme. We suggest that a four-pronged approach should be taken; firstly, to build a comprehensive data base on the existing services for children and young people, secondly, to provide direct services to children who have previously or are currently experiencing domestic violence. Interventions may include or be directed at other family members. Thirdly, we suggest that an early intervention/preventive approach should be developed, initially via schools, An Garda Síochána and some voluntary agencies. Fourthly, we suggest that the Children's Initiative adopt a lobbying/advocacy role where structural changes outside their remit are required.

1. Compilation of a Services Database

As a starting point, the Children's Initiative should compile a database of all relevant services in the County. The capacity of the services to respond to the needs of children who have experienced domestic violence, the willingness of the relevant services to link in with the Children's Initiative and any training needs they may have should be established. A clear referral protocol should be agreed between the Children's Initiative and these services, which covers issues such as the nature of information to be exchanged, the nature of feedback to be given to Children's Initiative and arrangements for review of progress. Deficits in service provision should be identified and documented.

2. Direct Services to Children

We recommend the establishment of a dedicated team who will comprise the Children's Initiative and be based in MWSS. It could comprise of a coordinator, child care workers and a clinical psychologist or other relevant professional.

The provision of direct services to children should include the following elements:

- ▶ An immediate response to the children identified,
- ▶ The completion of a comprehensive assessment of the child's needs as outlined in Section 6,
- ▶ Consideration of the child's safety in line with MWSS child protection policy and intervention as appropriate,
- ▶ The provision of an individually tailored intervention suitable to the child's assessed needs which is appropriate to their developmental stage,
- ▶ Provision of, or referral to, a range of therapies and social and recreational outlets appropriate to the children's needs and wishes,
- ▶ The inclusion of joint work with women and children as an essential element to the initiative and consideration of issues such as attachment, parenting, behaviour management and the mother's understanding of the impact of the domestic violence on the child including divided loyalties, self consciousness and low self-esteem,
- ▶ Active consideration of the child's views regarding contact with their father,
- ▶ Collaborative work between MWSS and the Health Service Executive (HSE) when concerns arise regarding the safety of children in the service, it will be important for a collaborative response to be made between MWSS and the HSE. Such a response should be made in a manner which both protects the children and ensures the confidence of families in the system, and which endures until the concerns are resolved.
- ▶ Direct work with perpetrators. This could be contracted to a voluntary agency, or the Probation and Welfare Service may carry out the first part. Two issues arise in relation to working with perpetrators, one being interventions to address their violent behaviour, and the second being interventions to maximise the safety and quality of the contacts that take place between children and their fathers.
 - (a) *Addressing violent behaviour.* Data from the study testified to the difficulty of engaging violent men in treatment programmes, and research has also shown that where legal sanctions are not in place, the possibility that men will remain in treatment programmes is lessened. However, we recognise the importance working with perpetrators and would strongly recommend that this form part of the overall service to children. Traditionally, men's groups have tended to work in isolation, and we tentatively suggest that if this work was part of a structured and supportive initiative, it may be more successful. Work should include anger management, addressing issues such as denial, minimisation and rationalisation by violent men.
 - (b) *Contact between children and their fathers.* The matter of access/contact between children who have experienced domestic violence and their fathers needs to be addressed. Three issues arise here, one being the views of the children about contact; as the study has shown, some children don't want contact, others do, but what they all want is to have a choice in the matter. The second issue is the safety of children during contact, and the third is the

quality of the contact experience, which should focus on the children's needs and not be used by fathers to send messages to or obtain information about the children's mothers. We would recommend that an element of the programme should comprise working with perpetrators on the matter of access, incorporating the factors that we have identified.

3. Early Intervention

Schools

Given the challenges involved in working with schools that were identified in Section 6, we recommend that two schools, one primary and one secondary school, should be selected on a pilot basis. We recommend the provision of training to teachers in order to raise their awareness about domestic violence, and enable them identify it and encourage pupils to talk about it. Teachers who participate in such training should then be in a position to refer pupils to the Children's Initiative where relevant and offer practical help to pupils affected by domestic violence in the form of either counselling, after schools programmes or extra tuition where it is indicated.

An Garda Síochána

Similarly, a pilot programme should be developed with An Garda Síochána with the aim of informing them about the dynamics involved in domestic violence, encouraging them to focus on children as well as adults when responding to calls, making links between An Garda Síochána and domestic violence services, encouraging them to make referrals to the Children's Initiative and highlighting the potential for preventive work with young people who have experienced domestic violence and whose behaviour is putting them at risk.

Voluntary agencies

A number of voluntary agencies, such as CDP's and NYP's are actively involved with young people in the county. We would recommend piloting a programme with a sample of these. This would involve Children's Initiative workers providing training about domestic violence, so that project workers could incorporate this knowledge into their education/personal development programmes. It could also involve the co-facilitation of therapeutic programmes such as the Family Violence Programme. Another aim would be to encourage project workers to make referrals to the Children's Initiative where indicated. Part of the pilot should involve linking with project workers in assessing the potential for young people to partake in activities that will build their confidence and self-esteem, and, where appropriate, give them an opportunity to share their experiences with others in a secure setting.

4. Lobbying/Advocacy

We would recommend that the Children's Initiative gather evidence on deficits in services (e.g. waiting lists for child and adolescent psychiatry) over which they have little control and use this data to make a case to the Health Services Executive or to other government departments or public service organisations to provide increased resources. A submission should be made to the Courts Service regarding the inclusion of Children's views on access orders in the training provided for the judiciary. Clarification to state bodies about the need to fund a service to children and mothers rather than simply a service for women is also required.

Evaluation

It is recommended that from its inception the Children's Initiative be subject to ongoing evaluation. This should include an evaluatory input from outside MWSS on the proposed development of the Initiative after the pre-planning stage and ongoing evaluation of the service as it becomes operational.

Appendix One

Consent Forms

Consent Form

Younger Child



Children's Research Centre & Mayo Women's Support Services Research Study

Sadhbh Whelan and Helen Buckley from the Children's Research Centre and Mayo Women's Support Services have come together to look into the needs of children and young people whose mothers or themselves are using or have used Mayo Women's Support Services.

I agree to talk to Sadhbh and Helen about my need for help and services.

Everything that I talk to the researchers about is private. They will not discuss the information with anybody else.

If I want to tell people that I took part in the study, that is ok, but I will not talk about anybody else who was in the group with me.

I will only talk about what I want to talk about and I don't have to answer any questions that I don't want to.

If I tell the researchers something that makes them worry about my safety, they will have to talk to someone who is responsible for me but they will not do this without letting me know first.

I can decide to stop talking to the researchers at any time.

Someone from Mayo Women's Support Services will be present when I am talking with the researchers.

Signed _____

Date _____

Consent Form

Older Child



Children's Research Centre & Mayo Women's Support Services Research Study

I _____ agree to talk to Sadhbh Whelan and Helen Buckley from the Children's Research Centre as part of a research study looking at the needs of children and young people whose mothers or themselves are using or have used Mayo Women's Support Services.

I understand that:

Everything that we talk about is confidential. The researchers or staff from MWSS will not discuss the information with anybody else.

If I want to tell people about my participation in the study, that is my choice. I will not talk about anybody else that participated.

I will only talk about what I want to talk about and I don't have to answer any questions that I don't want to.

If I tell the researchers something that makes them worry about my safety, they will have to talk to someone who is responsible for me but they will not do this without letting me know first.

I can decide to stop talking to the researchers at any time.

Someone from Mayo Women's Support Services will be present when I am talking with the researchers.

Signed _____

Date _____

Consent Form

Mother



Children's Research Centre & Mayo Women's Support Services Research Study

I _____ agree to talk to Sadhbh Whelan and Helen Buckley from the Children's Research Centre as part of research study looking at the needs of children and young people whose mothers or themselves are using or have used Mayo Women's Support Services. I also agree to them talking to my child(ren).

I understand that:

The researchers will talk to me about my opinion regarding the needs of my child(ren) for services and support.

It is my decision as to whether the researcher can talk to my child.

Someone from Mayo Women's Support Services will be present when the researchers are talking to my child.

If I want to tell people about my participation, that is fine, however I will not talk about anybody else that participated in the study.

Everything that I, or my child(ren), talk to the researchers about is confidential.

If the researchers are told something that indicates that a child might be in danger, they may need to talk to somebody else about this. If this happens such information will be discussed with me before it is discussed with anyone else.

I can change my mind about mine or my child(ren)'s participation in the study at any time.

Signed _____

Date _____

Appendix Two

Information on Services

Iorras Le Cheile - Erris Community Development Project (CDP)

Iorras Le Cheile, Erris Community Development Project is based in American Street, Belmullet and is one of 162 projects nationwide. It was set up in September 2003 in response to needs identified by local people. The focus of the work in the Project is with individuals, families and groups in the community who feel they are in some way disadvantaged or marginalised in order to ensure their inclusion and participation in society. We operate a friendly 'drop in' service to support individuals and groups in overcoming challenges they are facing in fulfilling their potential. This involves making referrals to a range of front line services and supports including Mayo Women's Support Services.

The Home School Community Liaison Scheme

The Home School Community Liaison Scheme is a preventative strategy, which is targeted at pupils who are at risk of not reaching their potential in the educational system because of background characteristics which tend to affect adversely pupil attainment and retention. It focuses directly on the salient adults in children's educational lives and seeks indirect benefit for the children themselves. The scheme is based on the principle of partnership between homes, schools and communities. Home visitation with the objective of establishing bonds of trust with parents and families is the main thrust of the scheme. Raising awareness in parents of their own capacities to enhance their children's educational progress and to assist them in developing relevant skills is another very important and necessary part of the scheme. Networking with and promoting the co-ordination of the work of voluntary and statutory agencies increases effectiveness, obviates duplication and leads to an integrated delivery of service to marginalised children and their families.

Visiting Teacher Service for Traveller Education

The aims of the visiting teacher service for Traveller Education is the full participation of Traveller children in an intercultural anti-racist education system. They achieve this by providing opportunities for Traveller parents, their children and schools to engage in a process of development that maximises participation and attainment levels, combats racism and promotes interculturalism.

Family Resource Centre

Westport Family Resource Centre is a community development project that aims to get people involved in their community especially in tackling issues that are of importance to them. Groups that are worked with include people with disabilities, older people and younger people. Services that are provided include information, advice and support service on social, community and health issues, outreach services, MABS and Citizens Information Service. Personal, family and community development courses are also provided including

communications & assertiveness, computers, parenting and art.

Mayo Traveller Support Group (MTSG)

Mayo Traveller Support Group is a non-governmental organisation working with Travellers from a community development perspective. The values that underpin the group are human rights, empowerment, equality and cultural diversity. It's main areas of work are accommodation and health. MTSG are currently working with MWSS around the issue of access to services for Traveller women and children experiencing domestic violence.

Garda Juvenile Liaison Officer

The Garda Juvenile Liaison Officer for the South Mayo Region covers three Garda Districts; Claremorris, Castlebar and Westport. He has responsibility for implementing the Garda Juvenile Diversion Programme in that region. The Juvenile Diversion Programme was first introduced in 1963 and has until the introduction of the Children Act 2001 been administered on a procedural basis, thus relying on the discretionary powers of An Garda Síochána whether to prosecute or divert.

In May 2002, Part 4 of the Children Act became law and placed the Diversion Programme on a statutory footing. In doing so, the act has acknowledged the success of the Diversion Programme and the good work carried out by Juvenile Liaison Officers for the past four decades. In addition to this, Part 4 of the act introduces the concept of Restorative Justice which is a voluntary process whereby the victim of a crime and the young offender, by consent, are enabled to participate actively in the resolution of matters arising from a crime. Juvenile Liaison Officers have been trained in mediation skills and are required to facilitate at meetings of crime victims and young offenders.

The object of the Juvenile Diversion Programme is to deal with juveniles who offend by way of administering a formal or an informal caution, thus diverting the offender away from the Courts and minimizing the likelihood of further offending. Certain criteria have to be met before a juvenile can be considered for inclusion in the programme.

The Diversion Programme will, whenever possible, embrace the principles of Restorative Justice and will at all times pay the highest regard to the needs of the victims of juvenile offending.

The Programme is supervised by a Superintendent of An Garda Síochána known as the "Director" and administered nationally from the National Juvenile Office, Harcourt Square, Dublin 2.

Gardai – Inspector with Responsibility for Reporting Domestic Violence

The Inspector with Responsibility for Reporting Domestic Violence is responsible for:

- ▶ Ensuring that all incidents of domestic violence are promptly reported and recorded,
- ▶ Forwarding returns each month to the domestic violence and Sexual Assault Unit,
- ▶ Ensuring that proper advice with respect to the various services and agencies is given to victims.

Mayo County Council Social Workers

The role of the County Council Social Worker includes:

- ▶ Co-ordinating the various statutory services for Travellers and co-ordinating these services with those of any voluntary organisations engaged in work on behalf of Travellers,
- ▶ Encouraging the employment of Travellers, their integration into the community and making recommendations to the local authority in this regard,
- ▶ Advising and assisting Travellers in a general way on the care of children, diet and clothing and encouraging school attendance,
- ▶ Arranging for contacts with organisations catering for the needs of Travellers requiring special assistance and assisting Travellers as necessary on obtaining statutory health and social welfare services,
- ▶ Stimulating the interest of landowners and the community in the provision of sites or housing for Travellers,
- ▶ Investigating and reporting on the applicants for tenancies of houses provided by the local authority,
- ▶ Assisting, as required, in the promotion of social service and co-operating with voluntary and religious bodies engaged in this work,
- ▶ Undertaking an annual count of Traveller families in the County.

Childcare Supervisor in the Pre-school for Traveller Children

The role of supervisor is to plan and present a culturally appropriate programme to children from the Travelling community in a safe play based caring environment. It also includes managing the day to day running of the setting as well as supervising and mentoring other members of staff and ensuring that all comply with childcare regulations.

ISPCC

The ISPCC has three main activities:

- ▶ **Service delivery:** Childline, Lenabh, 4me and Childfocus. These are their best-know activities and they are child-centred, which means placing the child as the primary focus of practice, based on the belief that every child has a right to access support services directly.
- ▶ **Advocacy:** This involves building awareness, consolidating support, campaigning, lobbying policy-makers and helping to generate solutions.
- ▶ **Building participation:** the ISPCC has been at the forefront of developing participation and consultation initiatives with children, including Dáil na nÓg, regional Dáil na bPáistí for 8-12 years -olds, County Development Boards Comhairle na nÓg, the inclusion of children in the Ombudsman for Children interviewing process, in-house ISPCC seminars and children's advisory committees.

Family Life Services

Family Life Services based at the Family Centre, Castlebar was established in 1995 as a joint initiative between the Diocese of Tuam, the Health Services Executive and the Department of Social and Family Affairs. The objective of the service is to provide support for families and individuals through counselling, education and training. As well as offering support to those in crisis, the service works in collaboration with other statutory/voluntary agencies in needs identification and service innovation that will advance family welfare. The anchor service at the centre is the Counselling Service which currently employs a team of six counsellors. Other services based at the centre include the Family Mediation Service, Free Legal Advice Service, the Bereavement Support Service and the Family Life After Separation Project. Each spring and autumn, a series of educational and training programmes are offered by the service in the areas of personal development, family/parenting and bereavement/loss.

Westport, Castlebar and Ballina Neighbourhood Youth Projects

Westport, Castlebar and Ballina Neighbourhood Youth Projects are committed to working holistically with young people who are (or at risk of) experiencing personal, social or educational difficulties by providing a wide range of interventions at individual, group and family level.

The projects aim to enable young people to involve themselves both consciously and actively in their own development and in the development of their community.

The projects are a partnership between Foróige and the Health Service Executive. The Neighbourhood Youth Project is a community based adolescent and

family support service with a particular emphasis on working with young people who are experiencing, (or at risk of experiencing) personal or social difficulties.

Aims and Objectives

- ▶ Provide ongoing assistance for the healthy development of young people, to enable them to grow to their full potential and overcome adversity,
- ▶ Provide direct intervention and on-going support on a non-residential basis for young people who are identified as "at risk". This includes young people who are experiencing personal, family, educational and social problems,
- ▶ Provide preventative care and support to young people with identified needs,
- ▶ Provide an integrated approach to family support and youth work by working closely with and involving other agencies,
- ▶ Expand and develop a range of voluntary youth group activities particularly for those who are not involved in youth work provisions,
- ▶ Provide a community based response to youth needs with the help of the local community, voluntary and statutory groups in the area.

Mayo County Childcare Committee (MWCC)

MCCC was established on 17th May 2001. It is aligned with the Mayo County Development Board under Mayo County Council. It is made up of representatives from various statutory agencies, organisations and childcare service providers. The key aims of the County Childcare Committee are:

- ▶ To develop a co-ordinated strategy for childcare provision in the County,
- ▶ To increase the supply of childcare services and facilities,
- ▶ To support and develop local county networks of childcare providers and parents,
- ▶ To develop an information strategy concerning the provision of childcare within the County.

The areas of work that the committee are involved in include and co-ordination, training, research, networks, childminding and information and support.

Community Based Family Support Projects

The Community Based Family Support Projects were established in 2004 in four locations around Mayo, Louisburgh CDP, Kiltimagh CDP, Parkside CDP in Ballina and Curam in Claremorris. The projects are a partnership between the local community projects and the Health Service Executive. The focus of the projects is to provide family support services that are accessible to families in the local community. Drawing on the partnership with the local

community project, the needs of families in the area are addressed through a combination of individual family work and group work initiatives. All families experience difficulties and stresses in their lives and these projects strive to support families at these times and empower them to overcome their difficulties.

Health Service Executive Services

Family Welfare Conferencing

The Family Welfare Conference (FWC) is a structured decision making meeting made up of family members.

Family is determined broadly to include the children, parents, extended family and significant friends and neighbours. A co-ordinator organises the meeting with the family's help. This group of people are given private time to reach a plan to facilitate the safe care and protection of a child or children in need. The professional is involved in information giving at the beginning of the process and in the assessment of the plan following a decision. He or she is otherwise excluded from the process unless specially requested to do otherwise.

Family Welfare Conferences are used to make plans for children in a number of different contexts, including: family support, child protection, youth offending, education welfare, domestic violence, foster breakdown, adoption and returning children home from care. During 2003 three six-way meetings between Family Welfare Conference Co-ordinators and Children Act Services Managers to enhance service provision took place, and briefing sessions were carried out in all areas to inform local social work departments, voluntary bodies and other agencies about the service.

Public Health Nursing

Nursing services in the community are provided by public health nurses who are general nurses and midwives with an additional qualification in public health nursing. They provide nursing in a defined geographic area and are based at local health centres where they can be contacted each morning from Monday to Friday. Services which are confidential are provided in peoples own homes, health centres, schools and other community settings.

Services offered

Advice and care before, during and after pregnancy. Advice and support in the home and health centre for babies, infants and children in the areas of feeding, safety, general health and development and immunisations. Ongoing support and encouragement for breastfeeding mothers is also provided. Information on pre-school & Day Care facilities for children. The school programme includes screening to detect problems and immunisations.

Community Child Care Workers

There are 3 Community Child Care Workers in Mayo, one attached to each of the three social work teams in Ballina, Castlebar and Swinford. They work alongside social workers and family support workers in the areas of family support, child protection and children in care. They focus on direct work with children and parenting work with parents. The work is usually focussed on particular areas such as assessment, parenting programmes, life story work, anger management etc.

Child Protection Services

Child protection services are provided in line with the statutory requirements of the Child Care Act 1991. The HSE is required to identify children in need of care and protection and to provide the necessary services to protect them. Occasionally using the powers of the Child Care Act most children are protected by the provision of services and child protection plans while they remain in the care of their parents.

Child protection reports are made to the social work department who carry out preliminary enquiries and initial assessment. There are on average 172 initial assessments carried out every year in Mayo. There are approximately 84 child protection conferences held annually with about 45 children on the child protection record at any one time.

Child Care Manager

The Child Care manager is the person responsible in the HSE to ensure that it complies with requirements of the Child Care Act 1991. They are responsible for carrying out the policies and plans of the HSE in relation to child care, which includes the areas of Family Support, Child Protection and children in care.

Child and Adolescent Service

The main objective of this service is to provide an out patient child psychiatric service to children and their families up to the age of 16 years.

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