Children as Victims, Children as Clients Towards a Framework of Best Practice in Services for Children who Experience Domestic Violence

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Children as Victims, Children as Clients’

Towards a framework of best practice
in services for children who experience domestic violence.

A thesis submitted to the Dublin Institute of Technology in part fulfilment of the requirements for award of Masters (M.A.) in Child, Family and Community Studies

by

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September 2009

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Declaration

I hereby certify that the material which is submitted in this thesis towards the award of the Masters (M.A.) in Child, Family and Community Studies is entirely my own work and has not been submitted for any academic assessment other than part-fulfilment of the award named above.

Signature of candidate:

Date:
Abstract

Historically, the core focus of domestic violence services in Ireland and elsewhere has been to support and empower women. Children’s needs have been seen as secondary to their mothers’, although services have generally provided opportunities for play and recreation. An increasing recognition of the direct effects of family violence on children and a growing trend in child and family provision towards monitoring progress and identifying outcomes has created a necessity for services working with children who experience domestic violence to examine and appraise the nature and scope of their work.

Within this context, this study describes existing provision for children by domestic violence services, most of whom are operating as refuges and some of whom are also engaging in outreach work in the community. A survey questionnaire was employed to capture data on the key aspects of this provision and findings are discussed in terms of what emerges from the literature as recommended models and approaches. To promote cohesion in work with children across the domestic violence sector and to support the development of good practice, this study ultimately offers a recommended framework comprising the key elements of assessment, intervention and evaluation, which underpin quality provision for children who experience domestic violence.
Acknowledgements

I would like to express my sincere gratitude to the individuals and services who participated in this research study, for providing invaluable advice and assistance in the research design, for taking the time and energy to complete the questionnaires and respond to my emails and phone calls. I hope you will find the outcomes constructive, informative and helpful, in your valuable work.

My supervisor, Dr. Rosaleen McElvaney is deserving of much appreciation, for her patience and pragmatism and for allowing me to find my own way through this enriching process, while providing her guidance and support.

I am extremely grateful to all of my family, friends, and colleagues for their tolerance, encouragement and practical assistance, throughout my studies.

I would like to dedicate this study to my three wonderful sons, who put up with me through thick and thin and to Noreen Byrne, a visionary feminist and champion of marginalised women and children.
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INTRODUCTION

This study investigates provision for children who experience domestic violence, by exploring the nature and scope of available services, such as refuges and outreach projects and by identifying significant issues, barriers and limitations in this area of work. The findings highlight the key elements of a cohesive, measurable and effective framework, which may inform and support policy and practice in this area of work.

The opening chapter conveys the rationale for the research, the context in which it was carried out and the aims, objectives and delimitations of this study. Chapter Two offers a contextual analysis of the broader phenomenon of domestic violence, describing the experience and effects of domestic violence on children and families. Manuals and guides from domestic violence organisations provide information on standards and models for working with children. Studies which focus on structured work undertaken with children in the aftermath of domestic violence are also reviewed and assist to identify specific approaches which are applied to individual and group work involving children and mothers.

Chapter Three identifies the methodology employed in the study and summarises the research strategy and design. A description of the selection and development of the key research instrument is provided and the data collection and analysis methods are described. The findings from a survey of service providers, which was undertaken over a number of weeks, in May and June, 2009 are presented in detail in Chapter Four and the key outcomes are discussed further in Chapter Five, in the context of themes from the literature and aims of the study.

The core focus of this study is to contribute to the development of best practice in a field which has emerged relatively recently, within the broader context of child and family work. To this end, the recommendations which are offered in Chapter Six are represented in diagrammatic and tabular format, to allow for ease of referencing and clarity of purpose.
CHAPTER ONE

CONTEXT, RATIONALE AND AIMS OF THE RESEARCH

Context
Although children represent the largest cohort within the population of residents in women’s refuges, traditionally such services have prioritised the needs of women. Work undertaken with women is generally framed to support and empower them, to pursue a safe and stable life in more permanent accommodation, which in turn benefits their children. The identification of the particular effects of domestic violence on children and their specific needs in its aftermath is a theme which is only relatively recently explored by the literature and there is, as yet, limited evidence of the nature and scope of work undertaken with such children.

In terms of meeting the needs of children directly, it is evident from the literature that most refuges provide play and recreational activities in some form, in addition to employing therapeutic approaches. However, it is not clear what frameworks or models for service provision are used by refuges and other services, in working with children who experience domestic violence and if and how this work is being monitored and evaluated.

Rationale
The idea for this study first arose from a specific project, which was carried out by the researcher, in her capacity as a consultant and trainer to child and family services. This entailed conducting a review of an existing model of provision for an organisation which provides services for women and children who have experienced domestic violence. It appeared to the researcher, whose own experience is mainly in early years and pre-school services, that while provision for children who experience domestic violence involves a number of areas of practice, such as childcare, parent support and therapeutic work, it may fall outside the most common categorisations of this work, mainly due to its crisis nature and the fact that it is sometimes conducted within residential settings. This lack of ease in classification may result in work which is undertaken in this important area being unsupported by the principles of professional practice, un-monitored by service providers, under-valued by policy makers and un-documented within the broader field of child and family work. Therefore, the rationale for this research project originally emerged from an
impetus to investigate the ways in which the specific needs of children who experience domestic violence are being assessed and addressed within women’s refuges and by support services in the wider community in Ireland, in order to identify an existing or potential framework of practice to underpin this important field of work.

**Key Research Questions**

(i) How are services currently meeting the needs of children who experience domestic violence and what, if any, specific methodologies are being employed in work which is undertaken with these children and their families?

(ii) What are the core elements of ‘best practice’, which inform and enhance provision for children who experience domestic violence?

**Aim and Objectives**

The central aim of the research is to investigate current service provision for children who experience domestic violence, with a view to identifying the principles and practices, which are being or could be applied by services, to engaging effectively with children, in refuge accommodation and community services.

The key objectives are:

To document and assess key features of current service provision for children who experience domestic violence, within refuges and support and outreach services;

To identify models and approaches informing current service provision and investigate their application, in practice;

To propose a blue-print for a generalisable framework for work undertaken with children who experience domestic violence, which may provide a useful structure for effective service provision.
Delimitations
This study did not set out to evaluate the efficacy of a specific approach or investigate the application of any particular model or methodology.

No in-depth analysis was made of the legal issues relating to children and domestic violence, as it was felt this would be to extend the scope of the research too widely.

No interviews were conducted with either adult or child service users as part of this study. Therefore findings from the survey are based on the perspectives of service providers only.

Work being conducted by groups and organisations other than refuges and support services, with children who experience domestic violence was not examined by this study. It was felt that confining the research to specific categories of services would create greater potential for the findings and recommendations to be usefully applied.

Work which is being undertaken by national and local support services, to create awareness of domestic violence and to deliver programmes aimed at informing a preventative strategy is not examined in detail by this study. The core focus of this research is the direct work which is undertaken with children, in the aftermath of domestic violence.

Summary
The justification for undertaking this research arises from a need perceived by the researcher to investigate how services aimed primarily at adult victims of domestic violence address the separate and individual needs of children. The study aims to provide useful information about existing services, which it is hoped will positively contribute to this area of work. The overall goal of the research project is to equip managers and workers whose services are actively engaging with children in the aftermath of domestic violence, with knowledge and awareness to facilitate and promote the development of best practice, in this important domain of child and family work.
CHAPTER TWO

LITERATURE REVIEW

Introduction

To inform an exploration of the scope and nature of work with children who experience domestic violence, this chapter examines theoretical perspectives on domestic violence; the effects of domestic violence on children and families; the ways in which services for families experiencing domestic violence address children’s needs; factors which may influence the delivery and effectiveness of particular interventions (Hague et al, 1996, Hester et al, 2000) and potential barriers and limitations to the accessibility and availability of supports for children who have experienced domestic violence (Hester et al, 2000; Kelly and Humphreys, 2001; Buckley et al, 2006, Kearns et al, 2008).

Statistical reports and national studies (British Crime Survey, 1992; McGee et al, 2002; Watson and Parsons, 2005) have provided valuable documentary evidence of the prevalence and aetiology of domestic violence. Information on assessment frameworks and guidelines for working with children who have experienced domestic violence has been drawn from national and international documentation, from a variety of organisations (Women Against Violence in Europe; National Network of Women’s Refuges and Support Services, Ireland; Women’s Aid Northern Ireland; Women’s Aid Federation of England).

A number of texts have delineated the potential effects of domestic violence on the lives of children (Jaffe et al, 1990; McGee, 2000; Mullender et al, 1994, 2002; Hester et al, 2007) and a range of studies have examined the needs of families who access refuges and support services, from the perspectives of practitioners, parents and children themselves (Hague et al, 1996; Buckley et al, 2006; Hogan and O’Reilly, 2007). Research which has examined assessment frameworks, models of provision and ‘practice interventions’ (Hester et al, 2000) employed in refuges and community settings has also been considered in detail. Although evaluation of the efficacy and outcomes of interventions with women and children is by no means extensive (Lundy and Grossman 2001), some evidence of the effectiveness of particular methodologies and approaches has been reviewed (Loosley, 2006; Debbonaire, 2007).
Terminology

The terms ‘domestic violence’ and ‘domestic abuse’ are used interchangeably in the literature and are not defined solely in terms of particular behaviours or acts, but as ‘a pattern of physical, emotional or sexual behaviour between partners in an intimate relationship that causes, or risks causing, significant negative consequences for the person affected’ (Watson and Parsons, 2005, pg. 23). Domestic and sexual violence take place in a range of contexts, in which the relationship is characterised by power and control (often based on gender or age) and underpinned by the perpetrator’s sense of entitlement (Women’s Aid Federation of England, 2006).

‘Intimate Partner’ or ‘Spousal’ abuse are terms which are also used, although the phrase ‘family violence’ is preferred by some minority ethnic communities, as it is contended that women and children may be subjected to culturally specific forms of harm perpetrated by family members other than partners or spouses (Calder, 2004; Humphreys et al, 2000; Thiara et al, 2006). The definition of domestic violence may also encompass violence perpetrated by a spouse, partner, son or daughter or any other person who has a relationship with the victim (National Task Force on Violence Against Women, 1997). In the context of this study, the terms domestic abuse and domestic violence are applied to depict aggressive and hostile behaviour which occurs between partners or spouses and may involve children as witnesses or victims, or both.

Diversity in the application of terminology to ‘domestic violence’ is one manifestation of contrasting theoretical perspectives on the phenomenon itself. A radical feminist view may reject terms such as ‘domestic violence’, ‘family violence’, or ‘spousal abuse’ on the basis that they fail to disclose the fact that it is largely men who abuse women. The term ‘battered woman’ (Walker, 1979) is also unacceptable to some, as it is seen as contributing to an image of maladjustment or pathology, which overemphasises the passivity and dependency of women (Websdale, 1998). A contrasting view, based on a ‘masculinist’ perspective (Belfort-Bax, 1913) contends that domestic violence programs ‘provide a gravy train of government funding that empowers the divorce industry to seize control of more children’ (Washington Times, 9th December 2001). This view suggests that the experience of domestic violence is contrived as part of a wider conspiracy, to wrest control and custody of children from fathers.
Prevalence of Domestic Violence
McGee (2000) advises that prevalence and incidence statistics relating to domestic violence involving women and children should be interpreted cautiously, with reference to a number of factors, mainly because figures are generally based on the number of incidents which are reported rather than the number of incidents which actually take place (Kearns et al, 2008). In the most recent national study on domestic violence in Ireland, 15 per cent of women and 6 per cent of men disclosed experiences of severely abusive behaviour from a partner, with the seriousness of injuries, levels of fear and distress being greater for women (Watson and Parsons, 2005). Over one fifth (23.6%) of male perpetrators of sexual violence are found to be intimate partners or ex-partners of their female victims (McGee et al, 2002).

The presence of children in a household is associated with an increased risk of domestic violence (Walby and Allen, 2004). Families with children are almost four times more likely to experience domestic violence, compared to those without children; this pattern is unrelated to the age of the children or to the number of children (Watson and Parsons, 2005). In 90% of domestic violence cases in the United Kingdom, children were found to have been in the same or the next room (British Crime Survey, 1992).

Effects of Domestic Violence on Children
Children who have witnessed domestic violence have been found to have similar outcomes as those who experience physical abuse and the effects may correlate with both age and developmental stage (Kitzmann et al., 2003). While witnessing violence is considered to be sufficient to cause children to be traumatised (Silvern and Kaersvang, 1989), in over half of cases of domestic violence, children themselves are likely to be direct victims of abuse (Farmer and Owen, 1995).

Children and adolescents living with domestic violence are at greater risk of experiencing emotional, physical and sexual abuse and other adversities in their lives (Buckley et al, 2006). They may have physical, emotional, learning, behavioural or developmental problems; their educational performance and achievement may also be affected (Mullender, 2000). Children may experience cumulative disadvantage, where domestic violence is exacerbated by other issues, such as parental drug use, alcohol addiction or mental health problems (Statham, 2004). Children who experience the separation of their parents as a result of domestic
violence may also have to contend with disruption to their normal lives, through temporary homelessness; change of physical location; loss of friends, pets and personal belongings (Maclean, 2004). If children are less aware of what is going on, have good coping strategies and support systems, it has been shown that outcomes can be better and recovery for some children may be relatively rapid, once they feel safe (Wolfe et al., 1986; Mullender et al., 2002).

**Parent-Child Relationship**

A significant effect of domestic violence on families has been found to be an undermining of the relationship between mothers and their children (Mullender et al., 2002; Humphreys and Stanley, 2006; Radford and Hester, 2006). This can arise for a number of reasons, including children’s confusion about the meaning of fundamental concepts, such as love and intimacy, as they have witnessed or experienced violence in their core relationships and the distortion of the parental relationship which may emerge from the process of viewing parents as either perpetrators of violence, victims of violence, or sometimes both (Wolak and Finkelhor, 1998).

When children find themselves in emergency accommodation, the nature of stress which follows the witnessing of violence at home can result in disruption to their normal coping patterns and support systems, while dealing with the demand for rapid adjustment to a new living situation. During this transition, they may also experience a decrease in the availability of their mother, because of her own emotions and the practical demands imposed on her, by leaving the family home (Graham-Bermann, 1996). The quality of the parent-child relationship is seen as particularly significant, given that a factor which has been found to mitigate against the negative impact of domestic violence on children, is a strong relationship with and attachment to a caring adult, usually the mother (Holt et al, 2008).

**Age and Developmental Stage**

It is evident from the literature that those in infancy and early childhood (from birth to five years) can be disproportionately exposed to violence and are considered particularly vulnerable and sensitive to the experience of living in a violent household (Fantuzzo et al, 1997). Mothers experiencing domestic violence may be too physically injured or emotionally fragile to respond sensitively to the needs of babies and infants, such that these children can sometimes exhibit signs of neglect (Jaffe et al, 1990). Children from two to five years, who
do not have the capacity or opportunity to express their experiences, may alternatively resort to aggressive behaviour (Graham-Bermann, 1996) and pre-school age children have been found to have a tendency to feel responsible for violence between their parents (Jaffe et al, 1990). However, there is evidence that early intervention and support for pre-school children experiencing domestic violence is inadequate and that service providers do not always recognise the importance of engaging with this age group (Refuge, 2005).

School age-children, between six and twelve years of age may blame themselves less for parental conflict (Jaffe et al, 1990), but have been found to worry more about the vulnerability of their mothers and siblings (Graham-Bermann, 1996). Anxiety and conduct problems may emerge for children of this age who experience domestic violence (Davis and Carlson, 1987) and their attempts to conceal the violence may lead to less interaction with their peers and limited access to support from people outside their families (Jaffe et al, 1990).

Adolescents have been found to have lower levels of fear and anxiety and feel less responsible for parental violence, although they may undertake responsibility for the care of their younger siblings (Jaffe et al, 1990). Teenagers may experience negative effects from long term and repeated exposure to abuse in their homes, which has been found to promote greater risk of delinquent and violent behaviour (Dodge et al, 1990).

**Domestic Violence Services**

According to Watson and Parsons (2005), over half of victims of domestic violence will vacate the family home; many will seek refuge accommodation and further community support. About half of women entering emergency accommodation bring children with them (Cunningham and Baker, 2004) and it has been estimated that at any one time, more than half the residents in refuges are children (Hogan and O’Reilly, 2007).

There are currently twenty-one refuges and fifteen support services in the Republic of Ireland that cater for women and children who experience domestic violence (Safe Ireland, 2009); there is no refuge provision for men. In 2006, there were 1,952 women admissions and 2,985 children admissions to refuges in the Republic of Ireland (http://www.womensaid.ie/). There are 10 local groups throughout Northern Ireland, affiliated to Women’s Aid Federation (Women’s Aid Federation of Northern Ireland, 2009). In Northern Ireland, in the region of
1,000 women and 1,500 children are given emergency temporary accommodation every year and approximately 400 women and 700 children will be referred to other agencies for support (http://www.niwaf.org/About%20us/aboutus.htm).

Access to emergency accommodation for women and children is by no means widely available\(^1\) and it is not always possible for families who seek refuge to remain together (Hogan and O’Reilly, 2007), particularly as the policy of many refuge facilities is not to cater for older teenage boys (National Network of Women’s Refuges and Support Services, 2006). Larger families may face specific difficulties and Watson and Parsons (2005) have documented accounts by Irish Traveller women of being turned away from refuges because they had too many children with them, or because their children were too old to be admitted to the refuge. Refuge services in Ireland have not been found to provide extensive therapeutic services for children and these are not generally available elsewhere in the community (Hogan and O’Reilly, 2007). It is therefore asserted that far more children who are living with domestic violence and its aftermath could benefit from interventions, than are able to avail of them (Mullender, 2004).

**Domestic Violence as a Child Protection Issue**

A specific theme which arises throughout the literature relates to the concerns of child protection practitioners for the welfare of children who are exposed to domestic violence and the need to assess potential risks for such children (Davies and Krane, 2006). It has been argued that the process of child protection may in fact ‘undermine, rather than support the safety of the non-abusing parent’ (Mullender and Debbonaire, 2000, cited in Hester et al, 2007 pg.195) and there is some evidence that child protection staff can hold mothers responsible for the effects of their partner’s violence on their children (Debbnaire, 2007, Johnson and Sullivan, 2008). La Pierre (2008) has recently argued that a ‘deficit model’ of parenting has been commonly applied to non-abusing mothers who are victims of domestic violence, not least within the literature on children's exposure to domestic violence and that this has negatively influenced child welfare policies and practices.

\(^1\) It is estimated that there are 131 less ‘shelter places’ available in Ireland, than the minimum number recommended by the European Parliament.

Working with Children who experience Domestic Violence

Assessing Children’s Needs
Organisations that engage with families in the aftermath of domestic violence generally aspire to work in partnership with mothers to address the effects on children of witnessing or experiencing abuse. However, it is considered necessary to assess children’s needs separately from their mothers (Davies and Krane, 2006; Hester et al, 2007), since they are at least as important and urgent as women’s needs (WAVE, 2004). It is suggested that this is best achieved by employing assessment frameworks, which take account of the different dimensions of children’s lives (Buckley et al, 2007) and are based on screening protocols, which are appropriate to children’s developmental level (Wolak and Finkelhor, 1998).

The presence, input and perspectives of mothers is regarded as only one element of the assessment process, as it is felt that the impact of exposure to violence on children is best evaluated through independent interviewing (Jaffe et al, 1990). Specific assessment tools which are designed to facilitate the input of the child through creative forms of non-verbal expression, such as symbolic representation (Welsh Women’s Aid, 2008) have been found to facilitate positive engagement with children. Observation of children (particularly those of pre-school age and under) both alone and in the family setting may also positively contribute to the assessment process (Wolak and Finkelhor, 1998). A structured assessment instrument may assist in measuring children’s exposure to violence (Pynoos and Eth, 1986), while more general checklists offer a means of assessing problematic areas in children’s behaviour (Achenbach and Edelbrock, 1984).

Awareness by staff of the impact of domestic violence is perceived as key to the process of accurately assessing children’s needs, with the congruent risk that inaccurate assessment may result in inappropriate treatment (Buckley et al, 2006). An assessment should fully explore the child’s experience of domestic violence and their family circumstances, to ensure that the core issue does not remain invisible (Humphrey and Houghton, 2008) and that the effects are directly addressed (Jaffe et al, 1990). It is recommended that resilient factors and available

2 A Copy of a section of an Assessment and Action Plan from Welsh Women’s Aid is provided in Appendix E.
supports should also be fully evaluated and documented as part of the assessment process (Buckley et al, 2006).

Responding to Children’s Needs

The theoretical basis for much of the general work with children in refuges has been found to be a belief in the healing value of play (Debonnaire, 1994; Hague et al, 2000). Children are usually provided with access to a separate, safe, play area which may serve to insulate them from the chaos and crisis of living in refuge accommodation (Hogan and O’Reilly, 2007). The availability of ‘recreational activity sessions in an informal setting, which are not focused on violence’ is also seen as creating positive opportunities for promoting peer support between children (WAVE, 2004 pg.45). The facilities which are generally available to children in refuges typically include spaces for play activities; opportunities for seasonal outdoor trips and seasonal activities; access to individual and group work (Debonnaire, 1995).

The responsiveness and capacity of support workers to engage effectively with children who experience domestic violence is highlighted as an important issue by a number of authors (Debonnaire, 1994; Mullender, 2004). According to what is expressed as ‘best practice’ in the international domestic violence sector, staff working with children should be ‘thoroughly trained in assessment procedures, crisis intervention and counselling techniques for children’ (WAVE, 2004, pg.46). Mullender (2004) contends that those engaging in work with children who have experienced domestic violence also require training that encompasses an analysis of the abuse of power and control within intimate relationships, the manipulative patterns, threats and intimidation employed by perpetrators to conceal the abuse, and the coping strategies that women and children may use to survive.

Specific Interventions

Children who experience domestic violence require help to understand and respond to what has occurred in their lives (Rivett et al, 2006). A key focus of structured therapeutic work with children in the aftermath of domestic abuse is seen as enabling them to cope appropriately with the abuse without blaming themselves (Mullender, 2004). Children are likely to require a continuum of support (Hester et al, 2007), including timely, appropriate and tailored responses (Holt et al, 2008). Evidence suggests that specific approaches should
be derived from an understanding of each child's unique position (Cunningham and Baker, 2004). In this context, a range of individual and situational factors (Buckley et al, 2006) are relevant to the application and delivery of models of work with children who have experienced domestic violence; these include the child’s role within the family, the child’s age, gender and developmental stage (Hague et al, 2000). Methods, which are applied to both individual and group work, include play therapy, life story work, crisis intervention and safety planning (Mullender, 2004). Specific interventions which are applied to structured work with children are discussed here mainly in the context of their use within refuge settings, as there is limited evidence of their application within wider transitional and outreach settings, although some programmes have been developed to suit application in both refuges and the wider community.

Individual Work

It is contended that individual work which may be undertaken with children, from about four years of age can involve in-depth sessions, focused around a particular issue or be based on an unstructured approach using free expression to help unravel complex feelings (Mullender, 2004). Play therapy is one therapeutic methodology that may be employed in individual sessions with children and that may assist children to resolve and integrate frightening experiences by allowing them to symbolically depict events that have generated fear and anxiety (Urquiza and Winn, 1994). As well as being valuable in its own right, individual work has also been found to provide a useful precursor to working within a group setting, as some children may need time and space for one-to-one work, to address their own specific issues and concerns, prior to feeling able to engage with others (Loosley, 2004).

Group Work

Group work can help children to define violence and the responsibility for violence; express their feelings (including anger); improve communication and other skills; enhance self-esteem; develop social support networks; develop safety plans; and enjoy a positive experience’ (WAVE, 2004). While it is considered beneficial for children between four and sixteen years of age to participate in groups, sessions have been found to be most effective if narrow age bands are chosen, allowing for a child’s developmental stage, rather than focussing only on chronological age (Mullender, 1994). It is suggested that the optimum time-span for working with a specific group is over a 12 week period (Loosley, 2004).
The group setting may be more appropriate for children with mild to moderate behavioural issues, whereas those with chronic exposure to violence and severe emotional and behavioural problems may initially be more suited to individual counselling (Jaffe et al, 1990). Group work with mothers and children may be undertaken consecutively, using the same facilitators, or concurrently (Loosely, 2006). Programmes generally involve referral and comprehensive risk assessment of children, who are usually grouped according to their ages. Children attend weekly sessions where they explore topics including safety planning, identification of abuse, conflict resolution and improving self-esteem (Loosley, 2006). The sessions for mothers are usually aimed at helping them to understand the impact of domestic violence on their children (Debonnaire, 2007). Participation in groups or in ‘mother-child dyadic interventions’ has been shown to reduce aggression, change attitudes to violence, decrease anxious and depressive behaviours, and improve social relationships with peers (Graham-Bermann, 2001) and where mothers perspectives have been sought, they reveal a positive appreciation of the effects of group work on their children (Hester and Westmarland, 2005).

Parent-Child Work

It is evident from the literature that a growing recognition that the non-abusing parent is one of the best sources of support for children (Barnardos, 2003) has led to an increasing emphasis on working jointly with mothers and children, to strengthen and enhance this relationship (Radford and Hester, 2006). Borrego et al (2008) have studied the application of parent–child interaction therapy (PCIT) as a relationship-based intervention for use with mothers and children in the aftermath of domestic violence. Although not initially developed in the context of domestic violence, their findings suggest that PCIT provides a promising intervention with this population.

In addition to the availability of structured parent-child programmes, workbooks (Humphreys et al, 2006) and resource packs provide activities for mothers and children to jointly examine areas such as the nature of their feelings; similarities and differences; the importance of safety and their experiences of domestic violence. Workbooks containing activities designed for children and their mothers to complete together without direct support from professionals are aimed at improving communication about the past, present and future (Humphreys et al, 2006). Similar resources have been created to support parents (particularly mothers) to assist children who have experienced trauma to recover (Pughe and Philpot, 2006).
Facilitating Diversity

Issues which relate to family diversity emerge from the literature as significant potential barriers to providing appropriate, accessible services for all children and families (Hester et al, 2000, Mullender et al, 2002). Recognising and acknowledging the diversity of family structure, race, ethnicity, economic status, and sexual orientation of carers, is seen as integral to positively engaging with children (Silvern et al, 1995). It has been found that the effects of domestic violence can be further compounded for some children by confusion around identity and experiences of racism (Hague et al, 1996). It is regarded as essential that work undertaken with children is supportive of difference, encouraging equality of treatment for boys and girls, children from diverse cultural and religious backgrounds and children with impairments (Women’s Aid Federation of England, 2003).

Measuring Outcomes

Although it has been suggested that domestic violence services should be able to identify the outcomes from their work, against which their effectiveness can be measured (Kearns et al, 2008), it is not evident from the literature that this is an approach which is routinely implemented in practice in Ireland. Where work with families is evaluated, it is recommended that service users’ perspectives are sought, as it is argued that those who have experienced domestic violence should have a definitive influence on policy development and service provision (Kearns et al, 2008).

Inter-Agency Working

Collaboration and commitment across partner agencies has been found to represent a vital element of community-based group work with families who have experienced domestic violence (Debbonaire, 2007). Effective liaison between organisations involved with families in the aftermath of domestic violence has been identified as essential (Ammerman and Hersen, 1990). To ensure that the required commitment is made, it is argued that those at senior management level and those with responsibility for policy development need to actively seek to integrate the work of domestic violence and child protection sections within and between organisations (Mills et al, 2000).
Summary

A clear acknowledgement within recent research of the prevalence of domestic violence involving children establishes that children can no longer be regarded as incidental residents or ‘secondary victims’ (Peled, 1996) by domestic violence services who may have traditionally focused solely or primarily on the woman, as a client. While the availability and accessibility of emergency accommodation remains a vital aspect of addressing the needs of women and children who experience domestic violence, there are significant limitations to refuge provision, particularly in providing for the more complex and longer term needs of families.

The many real and potential effects on children of having witnessed or directly experienced violence within their families warrant interventions, which are supportive of both children and of non-abusing mothers in their crucial parenting role. Particular individual, group and joint programmes are currently being applied to work in this vital area, albeit with limited evidence, as yet, of their outcomes and effectiveness. Multi-agency responses to supporting children who experience domestic violence, which are emerging with more frequency in recent studies require commitment and investment from a range of stakeholders in the statutory and community sectors.

It is evident that workers in this field need sufficient training and a range of skills, in order to understand, determine and effectively respond to the needs of families who experience domestic violence. While there is a necessity to assess child protection issues which may arise from the incidence of family violence, services should be cognisant of the importance of supporting the parent child relationship, for the longer term recovery of the child. Assessing the totality of children’s experiences, individual and family needs is identified as an essential aspect of working with families in the aftermath of domestic violence and fundamental to the choice of inputs, approaches and interventions aimed at addressing the needs of children.

These key themes which have emerged from the literature will be explored further by this study, in the context of current provision for children in refuges and support services in Ireland, to offer an in-depth analysis of the nature and scope of work with children who experience domestic violence and to explore what comprises best practice in this sector.
CHAPTER THREE

RESEARCH METHODOLOGY

Introduction
As the core focus of this study is to develop a broader understanding of the topic of service provision for children who experience domestic violence, in order to inform outcomes and recommendations which may influence practice and policy within this area, an evaluative approach (Weiss, 1998) has been applied to the research process. This involves an assessment of the operation of programmes, compared to a set of explicit or implicit standards, as a means of contributing to the improvement of such programmes (Weiss, 1998, pg 4).

A quantitative methodological framework was employed, to ensure sufficient data to account for key aspects of the phenomenon being examined (Morse et al, 2002). A survey questionnaire provided the formal instrument of measure, which allowed for a process of data collection which could identify specific variables and a manner of data analysis which provided outcomes in numerical terms and were supported and enhanced by open-ended narrative responses. Selection of this research design offered simplicity in data summarisation and analysis and ensured that results could be easily quantified (Atieno, 2009).

Research Methods

Preliminary data collection entailed an examination of internet websites to source available information on refuges and outreach services across the thirty-two counties of Ireland. Given the inherent need to protect the location of such services, contact details which were collated from the websites of support networks (Safe Ireland; Women’s Aid Federation, Northern Ireland) comprised telephone numbers and email addresses, at most. In order to identify potential participants for the study, contact was made with services to establish if they were operational and whether their work included any direct provision for children who have experienced domestic violence.
The researcher’s own experience, themes from the literature and telephone, email and face-to-face discussions, which were conducted with professionals from two domestic violence organisations, provided the basis for selecting specific topics within the research and ensuring the suitability of language and terminology employed in the study.

Selection of the Research Instrument
The next step in the process was to select the primary research instrument. A survey questionnaire was chosen, as it was perceived as offering a wider respondent base than face-to-face interviews, given the private nature and diverse geographical location of the services involved.

The main methodological advantages of using a survey are that it allows for the collection of both subjective and objective data through the use of open or closed format questions; many questions can be asked about a particular topic; there is flexibility at the creation phase in deciding how the questions will be administered; standardised questions allow more precise measurement and by enforcing uniform definitions upon the participants, similar data collected from different participants can be interpreted comparatively. (Barribeau et al, 2005)

The disadvantages of this approach are that a methodology relying on standardisation forces the researcher to develop questions general enough to be minimally appropriate for all respondents, creating the possibility of missing what is appropriate to many or some respondents. The use of a survey can also limit flexibility, as the initial study design is required to remain unchanged throughout the data collection phase. Therefore, as opposed to direct observation, survey research (unless based on an interview) can seldom deal with context (Barribeau et al, 2005).

On balance, the short-time frame for the study and the nature and location of participating services provided justification for employing this methodology and ongoing attentiveness by the researcher to potential drawbacks in the methodology assisted to address any potential or emergent issues.
Design of the Research Instrument

The survey questionnaire was devised using an online survey tool (http://www.surveymonkey.com/). Areas to be examined by the questionnaire were selected based on the focus of the research questions and topics which were identified through progressive accessing and reading of the relevant literature (Dick, 2005). Questions were structured to capture objective data on the nature and availability of provision for children within women’s refuges and community-based services and to investigate the subjective perceptions and opinions of respondents, in order to gain greater insight into the factors which influence the models and approaches being employed.

A range of closed and multiple choice questions were aimed at gathering frequency data on service types, ages and gender of children catered for and specific models being employed. Open-ended questions were framed to gather attitudinal information and to assist in identifying significant variables, similarities and differences within and between responses. Matrix rating scales which allow respondents to rate issues numerically in terms of importance (Waddington 2000) were applied to value statements about the focus of working with children who have experienced domestic violence and to the importance of potential barriers.

It was envisaged that narrative responses would facilitate a qualitative analysis and elucidate further relevant themes, which may not have been explicitly captured by the survey questions (Brace, 2004). Therefore, opportunities for respondents to add to or expand on their answers were provided throughout the questionnaire. Language used in questions endeavoured to be comprehensible and ‘non-jargonistic’ (Iraossi 2006, 30-44). Questions were worded to be clear and easily understood (Moser and Kalton, 1971) and choices of language and layout that could promote bias or influence respondents’ choices was avoided (Iraossi 2006).

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3 Appendix A
‘Testing’ the Questionnaire

A two-stage process was conducted to ‘pilot’ the survey questionnaire, prior to finalising it. The overall aims of this process were:

- To interrogate the process of completion of the questionnaire from the position of the respondent;
- To evaluate the suitability of the questionnaire as a key research tool;
- To estimate the length of time taken to complete the questionnaire;
- To determine the quality and type of the information gathered through the questionnaire.

Initially, piloting was conducted among a representative group of five respondents, which was aimed at examining whether respondents would feel comfortable answering the questions and would understand the language in the questions. The process also helped to ensure that the answer choices were compatible with the respondent’s experience and did not produce discomfort or confusion. Importantly, the researcher also sought to assess whether any of the questions generated response bias. Completed questionnaires were reviewed, to evaluate if the data collected reflected the purpose of the questionnaire and whether any important issues had been omitted. The time taken to complete the questionnaire was also examined. (Iraossi 2006, pg. 90-92)

Cognitive pre-testing (Wills, 2005) was then conducted with a further three individuals using a draft of the questionnaire which had been amended from the first piloting stage. This process involved concurrent think-aloud procedures (Drennan, 2003), which facilitated participants to articulate their thoughts ‘out loud’, while completing the questionnaire and these comments were observed and recorded by the researcher. This process was followed by a brief interview with each participant on the overall ease and difficulty of the survey; their understanding of survey instructions; the clarity of questions and the appropriateness of the survey to participants’ knowledge and experience.

This pilot process resulted in adjustments being made to the original questionnaire, which ‘disambiguated’ the wording of a number of questions, expanded the terms of others and eliminated some altogether. The structure and layout of the questions was also refined and adjusted several times, to address the feedback from participants and to ensure that the
methodology being employed successfully elicited the required data. The final survey questionnaire comprised twenty-three questions in total.\footnote{Appendix B}

**Method of Circulation**

The questionnaire was made available online, as it was felt that this would facilitate respondents to complete the questionnaire in their own time, at their chosen location and would provide for both a smooth transmission of the questionnaire to the participants and an efficient return of results to the researcher. The main reason for not selecting a postal method was the lack of access to addresses for services (which is understandable given the nature of their work) and the onus which would be placed on services to complete and return the questionnaire. A telephone survey method was not selected, given the limited availability of staff to take time out of their working day to answer detailed questions over the phone.

Services were issued with an invitation by email from the researcher\footnote{Appendix C} in May, 2009, which provided an introduction to the researcher, information on the nature of the research study and included a link to the survey website, where it was possible to ‘opt in’ or ‘opt out’ of completing the questionnaire. Service managers or alternatively staff designated to work with children were asked to take responsibility for completing the questionnaire.

**Survey Sample**

Thirty-seven organisations were invited by email, to complete the online questionnaire. From twenty responses to the initial email invitation, two services elected to ‘opt out’ of the survey, both of whom were refuges. Three services that completed questionnaires did not in fact cater for children and therefore could not usefully contribute to the study. (These included one service which engages with male victims of domestic violence, which initially responded to the survey invitation). Therefore these questionnaires were excluded from the final analysis, in addition to one duplicate questionnaire. Of the fourteen services comprising the final sample, ten were services based in the Republic of Ireland and four were services in Northern Ireland. Twelve services provide refuge to women and children who experience domestic violence; two of the respondents engage only in outreach work.
As a smaller sample size may create a risk of lower reliability of results, the researcher set out to ensure that the number and type of survey respondents in the final sample comprised an adequate representation of the ‘population of interest’ (Kelley et al, 2003). This was achieved by identifying the nature and scope of respondent services (from their survey responses), in the context of what was known about the national profile of domestic violence organisations. It was evident from this analysis that the fourteen respondents to the survey represented a sufficiently proportional portrayal of refuges and support services for women and children who experience domestic violence, in terms of the nature and scope of their provision.

Collection of Data
Respondents’ confidentiality was guaranteed. However, an ‘email collector’ approach ensured that the researcher was able to track responses by their email addresses, to identify services who had not yet responded and those who had declined to complete the questionnaire. This ensured that reminders were only sent to services that had not yet completed the questionnaire. Completed questionnaires were stored on the web-site through which the survey was circulated and could be accessed by the researcher at any time.

A number of services completed the survey within days of receiving the introductory email. Further reminders were sent to services that had not completed the survey within a fortnight. While it was initially envisaged that responses would only be invited for one month after the initial email, this time-frame was extended and three further reminders were sent to services. Some services made email contact directly with the researcher, to request further information, to express reservations about participating in the research study, or to clarify particular aspects of the research process.
Limitations

Response Rate
Average response rates to email surveys range from 40% to 60% (Sheehan, 2001), while online surveys have an average response rate of 30% (Hamilton, 2003), both of which are lower than the average response rate for postal or telephone surveys. The initial response rate to the invitation to complete the questionnaire for this study was 54%. However, the final number of valid, completed questionnaires represents an overall response rate of 37.8%, which is above the average rate for an online questionnaire, but below the lower average rate for email surveys.

Access to Services
Given the sensitive and private nature of the work being undertaken by refuges and support services, gathering contact information and establishing direct communication with appropriate staff in relevant services proved quite challenging. Telephone and email contact with participating services, provided the most effective means of communication with research participants. However, the investment of time required to secure the final number of responses was more substantial than initially anticipated. Services that engage with children who experience domestic violence are relatively few and as contributors to the pilot stages of the questionnaire were not included as respondents to the survey, the number of potential research participants was comparatively low.

Range of Data
Some limitations to the research instrument emerged at the analysis stage. These related to the lack of data generated by the questionnaire on both staff qualifications and the level of involvement by staff in therapeutic work with children, as no questions had been framed to elicit specific information on these topics. On reflection, one particular question, based on a matrix scale, which invited respondents to rate issues according to how they perceived them as barriers in their work, had too many choices (one to five). However, this does not appear to have influenced participants’ selection in any evident way.
Data Analysis

Each completed questionnaire was given a unique identification number to ensure that data related to specific responses could be verified and tracked through the analysis process. Data was coded and categorised using a ‘research matrix’ structure (in an excel document), in order to make comparisons across cases (Dey, 1993). Quantitative data was condensed into charts and frequency tables. Qualitative responses, such as specific statements of opinion were separately documented, in order to accurately reflect multiple perspectives from individuals (Creswell, 1994) and then categorised under specific headings, some of which were merged or reduced during the analysis process.

The qualitative data coding process was based on a grounded theory approach, which involved theoretical sensitive coding to generate conceptual data from survey responses and a comparison between phenomena and contexts method, in order inform a more detailed examination of findings (Strauss, 2004). ‘Memos’, which were written on an ongoing basis by the researcher from the inception of the research study were also regularly reviewed (Flick, 2007) and combined with emergent survey data to elicit key themes for discussion.

Ethical Considerations

Campbell and Dienemann (2001) have contended that very little research in the field of domestic violence has been ‘culturally competent’, which they have argued can lead to a particular risk of promoting negative stereotypes by creating simplistic frameworks, such as blaming victims or ‘emphasising pathology’ (Campbell and Dienemann, 2001, pg.69). To avoid this, it is suggested that research on topics relating to domestic violence should involve collaboration between researchers and service providers. This reflects a value position that those who have experienced domestic violence and their advocates have essential expertise and that dialogue with them throughout the research process, is essential (Campbell and Dienemann, 2001). While neither child nor adult victims of domestic violence were interviewed for this study, the researcher took cognisance of this view and discussions which were held with stakeholder organisations at key stages in the research process, focused on eliciting appropriate terminology and informing a research strategy, which would avoid negative outcomes for those being studied (Edleson and Bible, 2001).
The researcher has had previous personal and professional involvement in the subject area of the study and because of this, attempted to practice reflexivity and self-awareness throughout the project, remaining sensitive to the potential for innate preconceptions, to influence the partiality of the research process or lead to any bias in the analysis. In transcribing and collating data, the researcher was attentive to the need to meticulously document research responses to attempt to ensure that no meaning is attributed, which was not intended by the respondents.

An acceptance of the ‘gendered’ nature of domestic violence is implicit in this research study, as those services which were identified as working with children only cater for women. (Although one service which engages with male adult victims was identified, it reported conducting no direct work with children). Nonetheless, the language employed in the methodology attempted to avoid the assumption that the parent-child relationship is always with the mother and that work between parent and child excludes the possibility of working with fathers, except where models themselves explicitly refer to ‘mothers’.

**Summary**

It was envisaged that the design of the research and the methodology employed would facilitate an in-depth examination and analysis of service provision for children who experience domestic violence, to inform the development of a framework for best practice. A survey questionnaire, which was the principal research instrument, was contextually framed and tested in advance to ensure that useful, quantitative data on the scope and nature of existing provision and qualitative data related to attitudes and perspectives would be captured.

The choice of survey methodology was validated by the number and quality of the responses obtained, as it is highly unlikely that the researcher could have conducted similarly detailed interviews with the number and range of services that comprised the research sample, given their location and the nature of their work. While some limitations arose from the content of data elicited by the questionnaire at the analysis stage, the research instrument nonetheless facilitated a ‘narrow and deep’ investigation of the research topic, which it is hoped may contribute to a set of relevant, workable and modifiable outcomes (Glaser 1998).
CHAPTER FOUR
PRESENTATION OF FINDINGS

Introduction
This chapter presents the findings from a study which was conducted during May and June, 2009 with fourteen services working with women and children who have experienced domestic violence. The findings are based on detailed responses to a survey questionnaire which sought to elicit data on the scope and nature of existing services; the number, ages and gender of children and young people catered for; the numbers of staff designated to work with children and young people; the type of facilities available to children and young people; if and how children’s needs are assessed; if and how a care plan or other implementation tool is devised; the focus of work with children and families; the type of structured interventions and programmes being implemented in settings and any specific methodology employed; training undertaken by staff on delivering specific programmes; the benefits and outcomes of programmes; the extent to which services evaluate their work with families; how services rate their work and barriers to effective engagement with children who experience domestic violence.

The findings are presented under relevant headings and a brief description of the questions which were asked is provided. Narrative responses were invited on a number of themes and where specific responses are quoted, these are assigned a Respondent Number (R.X), to identify the source of the quote, while maintaining the confidentiality of research participants. Where it is considered helpful, information is also presented in figures and tables.
Nature and Scope of Service Provision

Respondents were asked to indicate the type of services being provided by their group or organisation. The most frequent type of service provided by survey respondents is refuge provision.

86% of services described themselves as refuges who engage in service provision for women and children experiencing domestic violence. One of these services also reported offering ‘refuge to families who are experiencing homelessness for other reasons’ (R.4). 36% of respondents offer refuge only; 29% are refuges that also engage in outreach and community work, with families and local agencies; 21% of respondents combine refuge provision and community/outreach work with either transitional housing, telephone helpline or prevention work with schools. 14% survey respondents do not provide a refuge service, but engage only in outreach work, offering information, support and specific programmes to women and children that are delivered in community-based settings, working in partnership with other organisations.

Table One: Types of Services Provided by Respondents

<table>
<thead>
<tr>
<th>Service Description</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refuge only</td>
<td>36%</td>
</tr>
<tr>
<td>Outreach/ Community Support only</td>
<td>14%</td>
</tr>
<tr>
<td>Refuge and Outreach/Community Support</td>
<td>29%</td>
</tr>
<tr>
<td>Refuge, Outreach/Community Support and Transitional Housing</td>
<td>7%</td>
</tr>
<tr>
<td>Refuge, Outreach/Community Support and 24 Hour Helpline</td>
<td>7%</td>
</tr>
<tr>
<td>Refuge, Outreach/Community Support and Schools Prevention</td>
<td>7%</td>
</tr>
</tbody>
</table>
Aims, Objectives and Ethos of Services

Respondents were asked to describe their service’s aims, objectives and ethos in their own words. The themes from these responses indicate that providing crisis accommodation, information and support to women and children are the core objectives of the majority of services surveyed. A number of respondents also identified the importance of advocacy and awareness-raising, the provision of counselling and advice and the process of networking with other organisations as key objectives of their work.

The provision of crisis accommodation to women and children was described by one respondent as creating ‘an environment which is safe, accepting and secure, so that women and children can break the cycle of violence which is affecting them’ (R.1) and by another as offering a context within which staff provide ‘emotional support for women and children, recognising the needs of women and children as paramount’ (R.10).

Awareness raising and advocacy is undertaken by a number of services with ‘the public, the media, the courts, social services and other agencies’ (R.13) to increase knowledge of the ‘systemic nature and impact of the crime of domestic violence on individuals, family, community and wider society’ (R.1); ‘to promote the right of every woman and child to live free from violence in their home’ (R.5) and to ‘make Ireland a safer place for all who experience violence and abuse’ (R.3). The ethos of the respondent services is seen by them as integral to their work and is variously described as ‘self-help’ (R.13); ‘non-judgemental and non-directive’ (R.2) and ‘operating from a gender-based analysis of domestic violence’ (R.5).

Numbers of Children and Young People Catered for by Services

Respondents were asked to indicate the maximum number of children and young people catered for at one time. 14% of settings cater for less than ten children (these operate as outreach services). 36% of services cater for between ten and twenty children and 50% of services cater for more than twenty children (all refuges).

One respondent which provides refuge accommodation and conducts outreach work quantified the ‘beds available to children’ as almost two-thirds of those available to women, while work being undertaken with families on an outreach basis was described by the same respondent as ‘ad hoc’ and therefore not statistically recorded (R.8).
Another service which operates as a refuge as well as engaging in outreach work with families and in schools, was able to show that ‘63 children directly used our services in 07/08 for one-to-one work’ and ‘1,151 children were involved in prevention work undertaken in schools’ (R.13).

Gender and Age of Children and Young People catered for by Services

Respondents were asked to indicate which age groups and genders of children and young people were included in their service; if any gender or age group was excluded and why this was so. Figure One shows that boys over fifteen years of age are most likely to be excluded from services, followed by girls of that age group and younger children under four years of age.

36% of services do not cater for boys of between fifteen and eighteen years of age; 14% also exclude girls of between fifteen and eighteen years of age and 86% of services include girls of this age group. One respondent stated clearly that ‘males over the age of 15 cannot stay in refuge accommodation’ (R.13) while another indicated that both boys and girls between fifteen and eighteen may be allowed to stay for one night ‘on an emergency basis’, but would ‘usually prefer to remain with another family member’ (R.7).
14% of services who reported not catering for children of less than four years of age operate as outreach and community support services. One respondent expressed the belief that their ‘therapeutic one to one service for children’ may not always be ‘suitable’ for children under 4, as a reason for excluding this age group from the scope of their work (R.1)\(^6\).

**Staff Designated to Work with Children and Young People**

Respondents were asked to identify the number of staff within their settings who are designated to work with children and young people. 57% of services have either one or two designated staff; 21% of services have three staff; 7% has four designated staff and 14% have more than five staff. Of the services who previously indicated catering for more than twenty children, 28.5% have more than five designated staff; 14% have four staff; 7% have three staff; 14% have two staff and 7% has only one designated worker for more than twenty children.

One service which offers both refuge and community support indicated that they have in excess of five staff designated to work with more than twenty children, but this was qualified by an explanation that staff were shared between two different locations. One service catering for between ten and twenty children reported having three designated staff, while four others catering for this number had one or two staff. Services catering for less than ten children had either one or two designated staff.

**Staff Training**

Respondents were asked to indicate whether staff had received training in specific programmes and approaches, which are applied to work with children who have experienced domestic violence. It was understood that staff working in this sector would have a range of previous professional qualifications and some respondents confirmed this. All respondents indicated that their workers access a range of courses and identified specific training in which staff in respondent settings participates.

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\(^6\) It is the opinion of the researcher that a higher number of services may not in fact include this age group in structured work. However, respondents engaged in refuge provision may not have considered the question as applying to the involvement of children in specific programmes.
Domestic Violence training, which is undertaken by staff in 64% of the settings, according to one respondent, encompasses ‘an analysis of the effects of domestic violence on women and children, barriers and good practice responses’ ((R.5). Another respondent indicated that such training offered staff opportunities to explore ‘personal and professional boundaries’ in the context of working with families who have experienced domestic violence (R.4). It was indicated that this type of training was provided ‘by the HSE and other agencies’ (R.3).

**Figure Two: Training Undertaken by Staff**

- You and Me Mum: 14%
- Education/Schools Work: 14%
- Parenting: 14%
- CARI (Children At Risk in Ireland): 14%
- Challenging Behaviour: 21%
- Induction/New Worker: 29%
- Safety Planning/Protective Behaviours: 36%
- Child Protection/Children First: 64%
- Domestic Violence: 64%

Child Protection Training which was identified by 64% of respondents was described in those terms, or as ‘Children First’ training, which is taken as referring to courses provided by the HSE which are based on statutory child protection guidelines (Department of Health and Children, 1999). Safety planning, which promotes protective behaviours with children is undertaken by staff in 36% of settings, although it is not clear how or by whom this type of training is provided. 29% of settings indicated that all staff participate in ‘new worker’ or induction within their settings. This was described by one respondent as ‘five days training on working with children in a refuge setting’ (R.2). Courses provided by CARI (Children at Risk in Ireland) focus on issues relevant to child sexual abuse and child protection. Training and training on the ‘You and Me Mum’ Programme, is provided by the Women’s Aid Federation, Northern Ireland. A range of other training courses were identified by respondents, including those which examine ‘listening skills’ (R.4). A number of respondents
commented that their staff would access training on an ongoing basis (R.2, R.8, and R.9). No respondent indicated that any formal training in therapeutic work with children was undertaken by staff and no training in any specific programmes for children was identified.

Assessing Children’s Needs
Respondents were asked to indicate whether their services conducted an assessment of children’s needs; if and how an assessment was used to inform a care plan or other implementation approach; to describe who was involved in such an assessment and to identify which types of needs were assessed.

57% of the services surveyed indicated that they conduct formal assessments of children; 43% of services indicated that they do not. One service later indicated that while they do not formally assess children’s needs or develop a care plan for children, they do examine child protection needs. Therefore, a total of 64% of services assess child protection needs.

Who is Involved in Assessing Children’s Needs?
In all services where assessments are conducted, it was indicated that the key worker for the child or young person is involved in conducting the assessment. In 50% of these services, the mother’s key worker is also involved and in 25%, the mother herself is involved. Only one setting indicated that children and young people themselves are directly involved in completing the needs assessment (12.5%). No services indicated that they would routinely involve external professionals in the assessment. However, one respondent indicated that ‘the health visitor or social worker’ may be involved, ‘if applicable’ (R.14).

Type of Needs Assessed
Child Protection needs are the most frequently assessed and are also mentioned in narrative responses, which indicate that child protection concerns are ‘sent to the local Social Work Department to be dealt with’(R.10), particularly ‘if we assess that the child is in danger’ (R.13). All eight settings (100%) who assess children’s needs examine the child’s experience of domestic violence, as well as their social and emotional needs. Children’s physical health and learning and educational needs are less frequently evaluated (by 43% and 36% of those services who conduct assessments).
Do Needs Assessments Inform Care Plans?
All services who specified that assessments of children’s needs are undertaken also indicated that these were used to inform plans for further work with children. A number of respondents describe the function of the assessment as identifying ‘what services/support the child or young person requires’ (R.14); ‘which programme would best suit the child’s needs’ and (R.13) ‘dictating the inputs required within the refuge itself and referrals to other agencies, if required or appropriate’ (R.3). One respondent describes the purpose of developing a ‘care plan’ approach as ‘to meet the specific needs of each individual’ (R.10).

Addressing Children’s Needs
Children’s needs are addressed by services in a variety of ways and one respondent describes the approach as ‘providing an environment which recognises their right to be heard and listened to and where they can enjoy their time free from physical and emotional harm’ (R.10).

Childcare, Play and Recreation
Respondents were asked to select which, if any childcare, play and recreational activities and facilities were available to children and young people in their settings. 21% of the respondents indicated that there are no play and recreation facilities in their services. Two of these are outreach services, which might be expected not to cater for ordinary play and one is a refuge, in which it is quite unusual to have no play facilities.

All services that reported having have childcare, play and recreational facilities available, indicated that they have access to an indoor playroom (100%), while one service indicated that children did not have access to an outdoor play area. All of these services also reported engaging in seasonal celebrations and parties with the children, while ten also engage in trips and outings and nine, in Summer Projects. Games and Activity rooms, which generally cater for older children and young people, are available in nine of the eleven services. Although crèche facilities are available in 64% of services, one respondent reported that the provision of ‘childminding’ is available to ‘mothers attending court on an emergency basis only’ (R.8).
Who is Involved in Providing Childcare, Play and Recreation?

It is evident from responses to this question that designated workers in settings are involved in organising and supervising the activities and facilities identified. In addition, all respondents reported a degree of involvement in most activities, by both parents and volunteers. The highest level of parental involvement was reported by respondents in trips and outings (81%), summer projects (72%), seasonal celebrations (72%) and outside play (70%). However, one respondent qualified this by commenting that ‘mothers are only responsible for looking after their own children’ (R.10). Volunteers are present to less of an extent and are involved most often in seasonal celebrations and summer projects.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summer Projects</td>
<td>57%</td>
</tr>
<tr>
<td>Games and Activities Room</td>
<td>64%</td>
</tr>
<tr>
<td>Child-minding/Creche</td>
<td>61%</td>
</tr>
<tr>
<td>Outside Play Area</td>
<td>71%</td>
</tr>
<tr>
<td>Trips and Outings</td>
<td>71%</td>
</tr>
<tr>
<td>Seasonal Celebrations/Parties</td>
<td>78.50%</td>
</tr>
<tr>
<td>Indoor Playroom</td>
<td>78.50%</td>
</tr>
</tbody>
</table>
Specific Interventions and Approaches

Respondents were asked to indicate which types of specific interventions were used by their services in the context of working in a more structured, therapeutic way with children and parents. Individual sessions for both children and parents, which account for the most frequent intervention approach, are undertaken in 71% of settings. Group programmes for children are offered by 64% of services, while group programmes for parents are available in 42% of services. Group work with children was described by one respondent as useful for ‘children coming from the same circumstances’ (R.13). Joint sessions with parents and children are delivered in 50% of services.

Respondents identified the necessity to link the focus of their work, with the ‘unique’ nature of ‘issues that arise for families coming into refuge’, to address their ‘immediate needs’ (R.8). The process of referring families to other services was also mentioned by a number of respondents.

Respondents were invited to identify particular methodologies being employed in individual, group and joint work with children and parents. Safety Planning accounts for the most frequent focus of structured work undertaken by services with children (79%). This was described by one respondent as requiring individual sessions, as it may involve specific events, which are ‘too sensitive to deal with in a group’ (R.8). Therapeutic play sessions were described by one respondent as encouraging a child ‘to express his/her feelings and needs’ and in the same setting, while formal group programmes are not offered, ‘some sessional
activities are designed with a therapeutic approach’ (R.3). 43% of services conduct outreach work and after-care with ‘children back living in their community’ (R.7). Play Therapy and Life Story work are undertaken in 38% of services. Counselling is employed by 21% of services. However, one respondent indicated that this is ‘not a suitable approach’, given the ‘transient nature of refuge work’ (R.8).

**Figure Five: Methodologies in Individual and Group Work**

![Methodologies in Individual and Group Work](image)

While respondents were not asked specifically about the role of staff in engaging in therapeutic work with children, one respondent explicitly indicated that ‘childcare workers are not allowed to counsel children’ (R.3). In another setting, ‘one-to-one therapeutic play sessions’ are conducted ‘by the childcare worker’ and ‘therapeutic play’ is ‘provided daily in the playroom’ (R.8). Play therapy is provided in another setting ‘by an outside facilitator, when required’ (R.7).

**Importance of Work with Children and Parents**

Respondents were asked to assign a level of importance to the focus of their work with families. Enhancing children’s self esteem was regarded as the most important focus of work with children and parents, by all respondents (100%). Providing children with opportunities to explore their experiences of domestic violence was seen by 85% of service as most important. Promoting protective behaviours in children was regarded as most important by 71% of services.
Offering children opportunities for play and recreation and offering parents the opportunity to access parenting support were both perceived as most important by 57% of services. Facilitating parents and children to explore issues jointly was seen as most important by 50% and least important by 14% of the services surveyed. Supporting parents on specific issues is seen as the least important focus of work by 14% of respondents.

Specific Programmes
Respondents were asked to identify specific programmes which are being employed in their services, to inform work being undertaken with children and parents. Five programmes which were known to the researcher were listed in the question and respondents were asked to indicate if their service used these, or to mention any others which were being employed within their settings.

Eleven different programmes were mentioned by services; descriptive information on these programmes, which is derived in part from respondents’ comments and otherwise from independent research, is provided in Appendix D.

The three most commonly applied programmes have been developed by Women’s Aid Federation, Northern Ireland. These are Helping Hands which is a group programme for children, used by 50% of services; You and Me Mum, which is a group programme for mothers, used in 28.5% of services and No Fear/Heading for Healthy Relationships, which is used in 21% of services, a programme offered to teenagers in second school level schools, to promote awareness of domestic violence and build understanding of positive relationships. 57% of services also reported using one of the following eight programmes: Staying Safe; Me Myself, I; Mater Parenting Programme; All About Me; Group work with Children Exposed to Woman Abuse; Creative Play with Children at Risk; When Mom and Dad Separate; Talking to my Mum.

Benefits and Outcomes of Programmes
Respondents were invited to express their opinions as to the benefits and outcomes of the programmes implemented by their services. These narrative responses demonstrate a sensitivity on the part of respondents to the needs of families in the aftermath of domestic violence and an awareness of the benefits of providing mothers and children with opportunities to explore their experiences, emotions and relationships. This finding
corresponds to previous data on respondents views of the importance of the focus of work undertaken with families.

‘Creates a non-directive approach to exploring a range of issues that may be arising for the child at the time’. *(All About Me)* R. 8

‘Tailored to individual or group needs and this allows discretion for the mothers’ one recurring issue - children in care and their embarassment at having to go into a group’. *(Mater Parenting Programme)* R.8

‘Safety planning, self esteem and anger management’ *(Helping Hands)* R.11

‘Naming the abuse is very beneficial to children; key benefit is when children realise they are not to blame’. *(Groupwork with Children exposed to Woman Abuse)* R.5

‘They aim at providing support to parents and children in many different areas’. *(No Specific Programme Identified)* R.10

‘Safety in talking within a group’. *(Helping Hands and No Fear)* R.14

‘Improves understanding for mothers of the effect of domestic violence on children, with coping mechanisms incorporated’. *(You and Me Mum)* R.3

‘Helping children to deal with feelings in a safe, appropriate manner’. *(Helping Hands and You and Me Mum)* R.1

‘Each child has the opportunity to express their own feelings and needs’. *(Me, Myself and I)* R.2
Facilitating Diversity

Respondents were asked about whether programmes being used by their services could cater for the needs of a range of families. 57% of respondents felt that their programmes could accommodate families from minority cultures and religions, traveller families and families experiencing disability. 36% of respondents indicated that their programmes were suited to the needs of children with parents of the same gender and 25% of respondents indicated that their programmes were suited to the needs of families for whom English is not a first language. One respondent indicated that over half of their clients ‘are from the travelling community’ and ‘14% are from other ethnic minorities’, such that their work is ‘informed on an ongoing basis by the needs of these minority groups’ (R.2). Another respondent indicated that their service was ‘currently translating our main work and information on services into other languages’ (R.8). One respondent felt that their programme was ‘easily transferred over a variety of class, cultures and abilities’ (R.11).

Evaluation of Work with Children and Families

Respondents were asked to indicate if they had evaluated any aspect of their provision for children. 50% of services indicated that they had conducted evaluations. One service indicated that this was accomplished ‘on an ongoing basis’ (R.13), while another service described that ‘we are always evaluating the work’ (R.8). In terms of scrutiny by external agencies, one respondent indicated that their services ‘are inspected by the HSE inspection team’ and the agency ‘who funded the play and creche areas’ (R.4). One service which reported conducting a formal evaluation of their refuge and outreach services indicated that children’s views ‘were considered only from the woman’s own perspective’ (R.2).

Respondents were then asked to rate the work which they are doing with children who have experienced domestic violence. No service reported that their work was inadequate. 14% of respondents indicated that while their work was adequate, they could do more. The majority of services (50%) indicated that they were satisfied with the work they are doing with children, while just over 30% of services were completely satisfied with their work, which they rate as excellent. (The remainder of respondents declined to answer the question).
Barriers to Working Effectively with Children who have experienced Domestic Violence

Respondents were asked to comment on barriers and limitations to their work with children and to rate specific issues in terms of whether they regarded them as representing minor, moderate or major barriers.

Insufficient numbers of staff was most frequently identified as a major barrier (by 50% of services). Lack of space to conduct work was identified as a major barrier by 25% of services. Lack of support or vision on the part of managers or funders is seen as a major barrier by 21% of services, while 35% regard this as representing no barrier at all. Insufficient resources was identified as a moderate barrier by 50% of services. Lack of training for staff, fear of alienating parents or receiving lack of support from parents were perceived as representing no barriers, by 35% of services. Lack of available models or programmes was perceived as no barrier by 25% of services.

While the issue of funding was not explored specifically by any of the survey questions, funding issues were mentioned in comments by over one-third of respondents (35%) and 28.5% specifically indicated that a lack of funding meant that they were unable to expand or develop aspects of their services.

Final Comments

Respondents were finally invited to add any comments they would like to make on the topic of service provision for children who experience domestic violence:

> We believe that each child using the refuge is a victim of domestic violence in his or her own right and is therefore a client in his or her own right, as much as his or her mother.⁷ (R.2)

> The most important part is understanding the tension carried by the children of domestic violence. The ‘fear of fear’ and of never knowing when or if something is going to happen. (R.4)

⁷ The final title of this research study: ‘Children as victims, Children as clients’, emerged from this response.
Funding of children’s services to take away waiting lists would allow services to work with children in the community rather than allowing it to go into serious situations. (R.6)

There needs to be a nationwide awareness continually created about the effects of domestic violence, which would create more preventative work from an early age, rather than it being reactive at a later stage. (R.8)
Summary of Key Findings

50% of services cater for more than twenty children at one time;

57% of services have one or two designated staff to work with children;

36% of services do not accommodate boys over fifteen years of age and 14% of services do not accommodate girls of this age group;

Insufficient numbers of staff was identified as the greatest barrier to effective work with children;

Assessments of needs and care plans for children are not undertaken in 43% of settings and where they are carried out, children are directly involved in 12.5% of these assessments;

Staff engage in child protection training more frequently than any other type of training; child protection needs are the most commonly assessed needs of children and safety planning is the most frequently applied intervention in work with children;

Enhancing children’s self esteem was identified as the most important focus of work with children;

Therapeutic work is being undertaken with children but there is no evidence that staff participate in formal therapeutic training;

There is a lack of individual, group and parent and child programmes, which specifically aim to address children’s needs in the aftermath of domestic violence;

Evaluation of work is conducted in 50% of services.

80% of services rate their work with children as good or excellent.
CHAPTER FIVE
DISCUSSION OF FINDINGS

Introduction
The previous chapter sets out in detail findings which emerged from the responses of fourteen services who participated in a survey on service provision for children who experience domestic violence. This chapter endeavours to discuss the most significant of these findings, in the context of themes previously identified in the literature. These themes are: The Nature and Scope of Services; Needs Assessment and Care Planning; Specific Interventions in Work with Children and Monitoring and Evaluation. Funding, which arose as a theme in the findings is also discussed.

Nature and Scope of Services for Children

Numbers of Children and Staff
Although the question of adult child ratios was not explicitly explored by the study, it is assumed that children are present for significant periods of time in refuge settings. Most of the refuges involved in this study cater for more than twenty children and in half of these settings, only one or two workers are designated to work with children and young people. This represents a relatively low staff ratio in the context of international convention and statutory regulations, especially given the likely level of needs among children and the presence of adequate adult supervision has been shown to influence both the suitability and availability of provision for different age groups in refuges (Hague et al, 1996).

Age Groups of Children and Young People
The policy of excluding boys over fifteen years of age from accessing women’s refuge accommodation is rationalised on the basis of the nature of refuge accommodation and the perceived risk of younger men engaging in violent behaviour (National Network of Women’s Refuges and Support Services, 2006). However, the researcher was somewhat surprised to find this policy being extended to include teenage girls.

8 United Nations Convention on the Rights of the Child(1989): Article 3 states that ‘Institutions, services and facilities responsible for the care or protection of children shall conform with the standards established by competent authorities, particularly in the areas of safety, health, in the number and suitability of their staff, as well as competent supervision’; Department of Health and Children (2006)
It has been found that adolescents who experience domestic violence may have ‘acute feelings of isolation and stigma’ (Wolak and Finkelhor, 1998; pg. 107) and that mothers of this age group may require specific support to re-establish parental discipline and normal boundaries in the aftermath of domestic violence (Hansen and Harway, 1994). Hence, the policy of excluding teenagers from refuge accommodation may deprive them of valuable opportunities to address the negative effects of domestic violence on both themselves and their family relationships and may serve to further reinforce a sense of separation, at a critical time in their lives.

The findings also demonstrate a tendency to exclude children under four years of age from therapeutic interventions. This age group has been identified as the most vulnerable cohort of children (Fantuzzo and Lindquist, 1989; Jaffe et al, 1990). Therefore, services catering for children who experience domestic violence are encouraged to ensure that the needs of pre-school age children are adequately addressed using age-appropriate methodologies (Refuge, 2005).

**Childcare and Play facilities**

It is clear that some forms of childcare and a variety of play and recreational opportunities are offered by most services and it is notable that the opportunity to avail of play and recreation is seen as the most important focus of their work by half of the services surveyed. However, it is also important to note the response of one refuge service, which indicated that no play and recreation facilities are available in their setting and another where children have no access to an outdoor play area. These conditions are not typical of what is generally available in refuges (Debonnaire, 1995; WAVE, 2004) and would not be deemed acceptable under statutory regulations, as they would be regarded as providing less than the basic facilities required for children.9

9 Childcare (Pre-School Services) Regulations (Department of Health and Children, 2006) set down requirements for children’s services which are not universally applied to childcare provision in Refuges.
Needs Assessment and Care Planning

Formally Assessing Children’s Needs

Findings on the nature and extent to which assessments of the needs of children are conducted, suggest that while a majority of services (57%) are formally assessing children’s needs and drawing on these assessments to develop plans for further work with children, a significant proportion of refuges (43%) are not engaging in formal assessments or care planning approaches. This indicates that provision and programmes for children who are resident in a considerable number of settings may not be framed to take account of their individual requirements. A further finding that only one service (7%) involves children directly in a needs assessment process may be indicative of a lack of awareness by staff of the importance of seeking children’s perspectives\(^\text{10}\) and of the availability of assessment tools which are framed to facilitate direct, age-appropriate participation by children to inform both inputs and outcomes.\(^\text{11}\) If a care planning or other implementation approach is not being applied in order to document plans for addressing children’s needs and assessing their outcomes, this raises a serious question as to if and how these processes are otherwise facilitated in 47% of services.

Specific Interventions and Approaches

Of the three most commonly applied programmes used by settings, two are aimed at working with children in groups and one at working with mothers in groups. The two children’s programmes focus on promoting protective behaviours in younger children and creating awareness of healthy relationships with older children. Both of these programmes were originally developed for use in schools and community settings and therefore neither programme specifically addresses the experience of domestic violence for children and young people, in its immediate aftermath. However, as a lack of available models or programmes was deemed to represent no barrier, by the majority of services and no services identified this

\(^{10}\) The importance of obtaining the views of children is emphasised by Article 12 of the United Nations Convention on the Rights of the Child (1989) and Goal 1 of the National Children’s Strategy (2000)

\(^{11}\) Please see Appendix E for an example of an assessment and planning template aimed at involving younger children (Welsh Women’s Aid, 2004)
factor as a major barrier, it is evident that services themselves do not recognise this as a limitation to their work with children.

Half of the services surveyed regarded facilitating parents and children to explore issues jointly as the most important focus of their work with families, whereas the findings identify few specific approaches which involve both mothers and children and only one concurrent programme which has a specific focus on domestic violence. However, as working in a supportive role with mothers is seen as the most effective method of addressing children’s needs (Artemis, 2001) it is notable that one of the most frequently applied programmes is aimed at assisting mothers, in groups, to explore the effects of domestic violence on their families.

The three most popular programmes used by services were developed by the Women’s Aid Federation, Northern Ireland. For that reason, it may be asserted that organisations within the Republic of Ireland have been less proactive in supporting work with child victims of domestic violence. Specialised modules which examine the impact of domestic violence on children are offered by the National Domestic Violence Support Agency (http://www.womensaid.ie/). However there appears to be a dearth of practical resources and training programmes, to inform direct work with children who experience domestic violence (which may arise from a lack of adequate funding). A manual recently made available to services in Ireland focuses only on child protection policies and practices (National Network of Women’s Refuges and Support Services, 2006) and the researcher could not locate any comprehensive publications related to practice issues or recommendations for working with children who experience domestic violence, which have been developed or disseminated within the Republic of Ireland12.

Training of Staff
The findings do not provide detailed information on the specific qualifications of staff, although narrative responses and additional research suggest that most staff in domestic violence settings have a background in ‘social care’, which is the ‘professional provision of care, protection, support, welfare and advocacy for vulnerable or dependent clients,'

12 At the time of writing, Barnardos are preparing to launch a Training Resource Guide for a workshop for childcare practitioners on ‘domestic abuse’ (Barnardos Training and Resource Service, 2009).
individually or in groups’ (http://staffweb.it斯ligo.ie/gateway/asp/whatis.asp). While this appears to be a comprehensive set of competencies, missing components may be in the areas of early childhood development and practical play and recreation skills (which could create a lack of confidence in engaging with children under four). It is evident however, that workers within services participate in a wide range of courses relevant to their work with families who experience domestic violence. Of particular significance is that training in domestic violence awareness, which is undertaken by staff in the majority of settings, is considered essential to the ability of workers to effectively engage with children as victims (Mullender, 2004; WAVE, 2004).

It is not clear from the findings whether and to what extent children’s workers are directly involved in engaging in structured work, such as individual sessions with children and parents, which are provided by a majority of settings and which may involve play therapy (50%) and counselling (21%). No reference to accessing specific training in these methodologies was made by respondents. While some respondents demonstrated awareness of the need to seek outside referrals for children whose needs cannot be met through the available supports, the degree to which therapeutic or quasi-therapeutic interventions may be facilitated within their own services by non-specialist, or unqualified staff remains unclear. As it cannot be assumed that interventions with children who experience domestic violence are widely available elsewhere in the community (Mullender, 2004; Hogan and O’Reilly, 2007), it could be argued that it is in fact appropriate for staff in domestic violence services, who have general training and experience in child and family work to incorporate therapeutic methodologies into their work, as long as such work is adequately supervised and appropriately documented (Maier, 1985).

Monitoring and Evaluation

A high degree of satisfaction with work which is being undertaken with children, on the part of services is evident from the findings. However, only half of the services indicated that they conduct formal evaluations of this work and narrative responses indicate that where this occurs, the perspectives of service users, specifically children are not always sought, even

\[\text{Apart from one setting in which it was expressly indicated that this is undertaken by ‘an outside facilitator’}.\]
though it has been shown that children can articulate clear views on their experiences, when asked (Mullender, 2002; Buckley and Holt, 2006).

A lack of formal monitoring and evaluation of their work may prevent services from proving the effectiveness of their input to themselves and others, by failing to demonstrate tangible outcomes from their work. Consequently, they are unable to ‘profile, showcase and exchange experiences that they have found to be valuable in work with children and families’ (Brady and Dolan, 2007: pg. 17).

**Funding for Services**

Given the fact that no question explicitly invited responses on the issue of funding, it is particularly notable that 35% of respondents mentioned funding in their responses to open-ended questions. The matter of funding actually arose in the early stages of the study, when two services decided to ‘opt out’ of participating. In one case it emerged from a telephone discussion with the researcher, that the service had experienced a substantial reduction in funding which was making it impossible to maintain their normal services for women and children. The other service indicated that anticipated funding which was intended to provide services for children had not been obtained and they were therefore unable to participate in the study. It can be assumed that the issues of staff shortages and insufficient resources, both of which were identified as the most significant barriers to delivering effective services, are also funding related.

**Summary**

Findings from the survey of service providers demonstrate that organisations providing services to women victims of domestic violence are committed to acknowledging and addressing the needs of children and young people, in spite of limited funding and what appears to be inadequate levels of external support. However, a number of issues threaten to undermine this commitment, particularly the exclusion of particular children and young people from accessing vital services, either through the services’ own policies or arising from insufficiency of staff and resources (or both).
Play and recreational activities, which offer children opportunities to mix with their peers and engage in seasonal celebrations and outings with their mothers, are being offered by the majority of services. There is also a high level of awareness of the value of focussed work, which is undertaken with children, although it is unfortunate that the findings do not explicitly show the exact nature of the involvement of staff in such work, or the extent of staff training in therapeutic methodologies.

While there appears to be a range of interventions and approaches employed, a shortage of evidence-based interventions, which facilitate children to explore their experiences of domestic violence alone and jointly with mothers, points to a limited potential for full recovery and long term well being of families in the aftermath of domestic violence.

A majority of services formally assess children’s needs, but there is no evidence of a universal approach to this process, which takes account of the views of children, mothers and support workers. Services report a relatively high level of satisfaction with their work, but there is limited evidence that formal evaluations are carried out, either in relation to specific programmes or of services as a whole, or that there is a commitment to capturing the perspectives of service-users. By not availing of these mechanisms, services may fail to take valuable opportunities to reflect on their work internally and to make a case externally for the quality and necessity of the services they provide.
CHAPTER SIX
RECOMMENDATIONS AND CONCLUSIONS

Introduction
It is proposed to offer the final outcomes from this study in three ways. Firstly, a number of specific recommendations which arise directly from the findings of the survey of service providers set out specific proposals for consideration by both local and national domestic violence services. Next, a set of core principles and practices which have been linked to the needs of children and young people are suggested, to assist both managers and workers to structure their provision. Lastly, as graphic representation has been found to provide a useful tool in analysing concepts and their connections (Dey, 1993) a blue-print for best practice comprising a number of key elements is presented diagrammatically, as a visual reference for those who work with children and families who experience domestic violence. This comprises the vital elements of assessment, intervention and evaluation, which have been recurring themes throughout this study and are underpinned by fundamental aspects of quality provision, such as input from parents and children, reflective practice by staff and documentation of outcomes¹⁴.

It is hoped that by adopting such a framework, services may enhance the competence and capacity of their staff to develop tailored approaches to working with individual children and families, to monitor the effectiveness and capture the outcomes of their valuable work, which will enrich the quality of their services. This may also assist those in the broader domestic violence sector, to make a compelling and continuing case for adequate funding to sustain these vital services for children who experience domestic violence.

¹⁴ Centre for Early Childhood Development and Education (2006); Brady and Dolan (2007)
Specific Recommendations

1. That services catering for children who experience domestic violence should frame their provision and structure their services in the context of current regulations and established criteria for best practice, in relation to suitability of their facilities, staffing and availability and quality of programmes.

2. That refuges should revise policies which result in the exclusion of children and young people of a particular gender or age, from accessing any aspect of their service.

3. That assessment frameworks which offer age-appropriate tools for regularly evaluating children’s needs, are adopted by services and that training for staff is provided on how to employ such frameworks.

4. That children’s input should be sought, as standard practice, in any assessment and plan which involves them.

5. That a standardised care plan approach, which facilitates the documentation of aims and outcomes for individual children and families, is implemented across services.

6. That monitoring of outcomes of individual and group programmes is ongoing and informs evaluation of the effectiveness of such programmes and their suitability for wider application.

7. That all organisations which support victims of domestic violence should recognise and value the importance of engaging with children, such that tailored information, training and resources are accessible and available to support staff, in the delivery of services for children.

8. That training and support for therapeutic work with children is available to staff in services that are likely to engage in this type of intervention with children and families.

9. That funding for domestic violence services which cater for the needs of children is ring-fenced, to ensure that the most vulnerable victims of domestic violence receive the range of supports and interventions necessary to address their needs.
## Table 2: Recommended Principles and Practices for Working with Children who Experience Domestic Violence

<table>
<thead>
<tr>
<th>NEEDS of CHILDREN and YOUNG PEOPLE</th>
<th>PRINCIPLES for SERVICES</th>
<th>PRACTICES for WORKERS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety</strong></td>
<td>Obligation to provide safe, suitable accommodation for children of all ages experiencing domestic violence</td>
<td>Conduct Risk Assessment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitate Safety Planning</td>
</tr>
<tr>
<td>Identity and Belonging</td>
<td>Active commitment to respecting the individuality and diversity of all children and families</td>
<td>Provide child-friendly information and resources, which can be tailored to children’s specific requirements (such as ‘Welcome Packs’, posters, activities)</td>
</tr>
<tr>
<td><strong>Well Being</strong></td>
<td>Recognition of the intrinsic value of play and recreation for children and young people of all ages</td>
<td>Offer quality play and recreation activities for children and young people of all ages, which reflect current statutory regulations and best practice standards</td>
</tr>
<tr>
<td>Nurturing and Supportive Parenting</td>
<td>Acknowledgement that stable relationships with non-violent mothers provide optimum support for children and that mothers require active assistance to ensure effective parenting, through the experience of domestic violence</td>
<td>Offer informal and formal support to women, as mothers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Facilitate communication between mothers and children/young people</td>
</tr>
<tr>
<td><strong>Having Feelings Validated</strong></td>
<td>Commitment to therapeutic basis for general work with children Acceptance of need to involve other professionals and services in structured work with children</td>
<td>Reflect on children’s experiences and offer age-appropriate resources to facilitate safe disclosure</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Provide age-appropriate opportunities to explore experiences of domestic violence, with staff, other children/young people and mothers</td>
</tr>
<tr>
<td><strong>Having Views Heard</strong></td>
<td>Offer training and support for workers to recognise and represent children’s views</td>
<td>Actively seek children’s perspectives</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Advocate with and on behalf of child/young person</td>
</tr>
<tr>
<td>Continuity of Care</td>
<td>Value the importance of continuity in children’s lives and provide for follow-up and outreach support for children who have ‘moved on’</td>
<td>Key working by Staff</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Invite children to return and participate in groups, after leaving the service</td>
</tr>
</tbody>
</table>
Recommended Blue-Print for Best Practice

Diagram One:

Key Elements of a Framework for Engaging with Children who Experience Domestic Violence
Conclusion

This study set out to provide an investigation of current models of service provision for children who experience domestic violence with a view to identifying key elements of a framework, which could underpin and enhance best practice in this critical area of work. By conducting detailed research, which involved a comprehensive review of current literature and an in-depth survey of a range of women’s refuges and support services, specific themes have been examined and discussed in the context of how children as victims of domestic violence have their needs addressed as clients. The findings within this study have cogently illustrated the need for a framework of best practice for services engaging with children who experience domestic violence.

The final recommendations seek to address the core aims and objectives of the study, which emerge from a conviction on the part of the researcher, that a clear programme, philosophy and framework of care are essential aspects of an organisational culture that promotes and prioritises the interests of vulnerable children and young people and firmly establishes practices that are in their best interests (Anglin, 2002; Holden et al, 2009).
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APPENDIX A: PLAN FOR SURVEY QUESTIONNAIRE

Section 1: Profile of Services

- Type
- Maximum number of children
- Age Groups of Children
- Staffing
- Staff training

Section 2: Nature of Service Provision (Activities/facilities offered)

- Type of facilities offered
- Supervision/organisation of activities

Section 3: Assessing Children’s Needs (does this happen and if so, how?)

- Needs Assessment
- Care Plan or Implementation Tool

Section 4: Specialist Provision for Children and Mothers

- Type of interventions employed
- Type of methodology employed
- Aims of specialist provision
- Specific programmes
- Benefits of programmes

Section 5: Assessment of quality and availability of work with children

- Evaluation
- Self assessment
- Identification of barriers to delivery of service to children

Closing Comments on Services for Children who experience domestic violence
APPENDIX B: COPY OF SURVEY QUESTIONNAIRE (WORD VERSION)

The purpose of this questionnaire is to inform a research study, which will seek to assess the nature and availability of play, childcare and specific interventions for children who have experienced domestic violence, who are resident in refuges or transitional housing, or who are attending outreach settings. The researcher is a Master's student in Child, Family and Community Studies, in Dublin Institute of Technology, Mountjoy Square, Dublin 1. The questions should take a maximum of 30 minutes to complete. The survey can be completed in one sitting, or alternatively in stages. Please answer questions honestly and as fully as possible. All replies will be completely anonymous. Thank you in advance for taking the time to complete this questionnaire.

1. Please indicate which type of service you provide and who it caters for:

<table>
<thead>
<tr>
<th>Service</th>
<th>Women</th>
<th>Men</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refuge</td>
<td></td>
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<tr>
<td>Housing Association</td>
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<tr>
<td>Outreach/Community Support</td>
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<tr>
<td>Other</td>
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</tbody>
</table>

If other, please describe

2. Please outline the aims and ethos of your group or organisation:

3. What is the maximum number of children(0-18years)catered for by your service at one time? (Please tick one)
   - Less than 10
   - Between 10 and 20
   - More than 20

Other (please explain)
4. Please indicate which age groups and gender of children and young people are catered for:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Boys</th>
<th>Girls</th>
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</thead>
<tbody>
<tr>
<td>0-4 yrs</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>4-8 yrs</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>8-12 yrs</td>
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<td>☐</td>
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<tr>
<td>12-15 yrs</td>
<td>☐</td>
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<tr>
<td>15-18 yrs</td>
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</tbody>
</table>

If you do not cater for any specific age group/gender, please explain why

5. Please indicate how many staff are specifically designated to work directly with children in your service:

☐ 0  ☐ 1  ☐ 2  ☐ 3  ☐ 4  ☐ 5  ☐ >5

6. Have designated staff received training in specific programmes and/or approaches which are applied to work with children and parents, who have experienced domestic violence?

☐ Yes
☐ No
If yes please provide details of the training:

7. Does your project or service conduct a specific needs assessment of children when they first attend?

If Yes, please continue on to Question 8. If No, Please go directly to Question 11

☐ Yes ☐ No
8. Please indicate who is involved in completing the needs assessment:

- Key Worker for Child/Young Person
- Key worker for Parent
- Parent
- Child/Young Person
- External Professional

Other (please describe)

9. Please indicate the type of needs which are assessed

- Physical/Health
- Social and Emotional
- Learning and Education
- Child Protection
- Experience of Domestic Violence

Other (please describe)

10. Is the 'needs assessment' used to inform a care plan or other implementation approach?

- Yes
- No

Please describe the approach in place

11. Does your service provide childcare, play and recreation facilities for children and young people?
(If No, please go directly to question 14)

- Yes
- No
12. Please indicate the type of childcare, play and/or recreational facilities provided:

- [ ] Child-minding/Creche
- [ ] Indoor Playroom
- [ ] Out-side Play Area
- [ ] Homework Club
- [ ] Games and Activities Room (e.g. pool table, computer games)
- [ ] Seasonal Celebrations/Parties
- [ ] Trips and Outings
- [ ] Summer Projects

13. Please indicate whether staff, parents, and/or volunteers are involved in organising or supervising areas and activities

<table>
<thead>
<tr>
<th>Activity</th>
<th>Staff</th>
<th>Volunteers</th>
<th>Parents</th>
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<tr>
<td>Child-minding/Creche</td>
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<td>☐</td>
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<tr>
<td>Indoor Playroom</td>
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<td>Out-side Play Area</td>
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<td>Homework Club</td>
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<tr>
<td>Games and Activities Room (e.g. pool table, computer games)</td>
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<td>☐</td>
<td>☐</td>
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<tr>
<td>Seasonal Celebrations/Parties</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Trips and Outings</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Summer Projects</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Other (please describe)</td>
<td>☐</td>
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14. Please indicate which type of specific interventions are used in working with children and parents in your service?
(You may tick more than one answer)

- [ ] Individual sessions for children (one to one with adult)
- [ ] Group programmes for children
- [ ] Joint sessions with parents and children
- [ ] Individual sessions for parents
- [ ] Group programmes for parents
- [ ] None of the above

Please describe any other interventions or expand on your choices
15. Please indicate which, if any of the following are provided directly to children attending your service:

- [ ] Counselling
- [ ] Play Therapy
- [ ] Life Story Work
- [ ] Safety Planning
- [ ] After-Care/Outreach (for children who have 'moved on')
- [ ] None of the Above

Please mention any other services available and/or expand on your answers.

16. Please rate in order of importance, the focus of work undertaken with children and families in your service

From 1 (least important) to 5 (most important)

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<th>3</th>
<th>4</th>
<th>5</th>
<th>N/A</th>
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<tbody>
<tr>
<td>Offers children the opportunity to experience ordinary play/recreational activities</td>
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<td>Enhances children's self esteem</td>
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<td>Promotes protective behaviours in children</td>
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<td>Provides children with opportunities to explore issues related to their experiences of domestic violence</td>
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<tr>
<td>Facilitates parents and children to explore their experiences jointly</td>
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<td>Offers specific support to parents on parenting issues</td>
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Please mention any other focus and/or expand on your answers.

17. Does your service use any of the following specific programmes?

- [ ] 'Helping Hands'(Women's Aid, Northern Ireland)
- [ ] 'Groupwork with Children exposed to Woman Abuse' (Canada)
- [ ] 'Scenes from a Shelter'(USA)
- [ ] 'Safe and Sound' (Women's Aid, UK)
- [ ] 'Talking to my Mum' (Jessica Kingsley, Publisher)

Any other programme (please specify)
18. What, in your opinion are the key benefits of specific programmes implemented by your service:

19. Please indicate if the programmes in use cater for the needs of the following (please tick any that apply)

- [ ] Parents/children for whom English is not a first language
- [ ] Families from minority cultures/religions
- [ ] Traveller Families
- [ ] Families experiencing disability
- [ ] Families with 'same sex' parents

Please add any comments

20. Has your project or service evaluated any aspect of your provision for children?

- [ ] Yes
- [ ] No

If yes, please briefly describe the findings

21. How would you rate the overall work you are doing with children who have experienced domestic violence

- [ ] Inadequate - we are not doing enough
- [ ] Adequate - we are doing an ok job but we could do more
- [ ] Good - We are satisfied with the work we are doing
- [ ] Excellent - We are completely satisfied with the work we are doing

Please use this space if you would like to expand on your answer
22. If you feel your service or project could do more, please indicate if and how the following issues act as barriers

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<tr>
<th>Issue</th>
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<th>1</th>
<th>2</th>
<th>3</th>
<th>N/A</th>
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<td>Insufficient number of staff</td>
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<td>Lack of training for staff</td>
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<td>Lack of available models or programmes</td>
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<td>Lack of space to conduct work</td>
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<td>Insufficient resources, such as materials and equipment</td>
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<td>Lack of support or vision on part of service management/funders</td>
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<tr>
<td>Lack of support from parents</td>
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<tr>
<td>Fear of alienating parents</td>
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Please describe any other barriers or expand on your answers

23. Please add any other comments that you feel are relevant to the topic of 'the provision of services for children who have experienced domestic violence'

Thank you very much for taking the time to complete this survey.

If you have any concerns or queries, or if you would like to offer any additional information or feedback, please email your comments or leave your contact details at:
emma.byrne-macnamee@student.dit.ie
APPENDIX C: TEXT OF EMAIL TO SERVICES

To Managers of Domestic Violence Services

Please find below information about a research project on service provision for children who have experienced domestic violence, with a link to an online questionnaire. If you have received this email and are not a provider of services to families who have experienced domestic violence, it would be very helpful if you could email the researcher as below, to indicate this.

Profile of the Researcher
The researcher is a student on the Masters Programme in Child, Family and Community Studies at Dublin Institute of Technology, Mountjoy Square. The completion of a dissertation is in partial fulfilment of the requirements of the M.A. Her background is in early years and family support services and she has also worked in a consultancy and training role with a range of organisations in the community and voluntary sector.

Nature of the Research Project
The main aim of this research project is to explore the approaches to addressing the needs of children who have experienced domestic violence, in refuge, transitional and outreach settings, throughout the 32 counties of Ireland. It is hoped that the findings from this research will assist in identifying the key elements and limitations of existing provision and contribute to the development of a blueprint for an effective model of engagement, which could inform future service provision.

Selection of Services
Services which have been identified as having a remit for supporting victims of domestic violence are being asked to participate. Service managers are invited to take key responsibility for the completion of a questionnaire, or where that is not possible, senior workers with responsibility for work with children.

Nature of Participation
The survey will be completed online and responses will be automatically conveyed to the researcher or if preferred, the researcher is willing to conduct the survey over the phone with individual respondents (please provide contact details by emailing the researcher as below). Respondents can also request a face to face interview, in order to complete the survey and/or to provide further information of relevance to the research topic. (This will be dependent on time and geographical constraints). The online questionnaire should take a maximum of 30 minutes to answer in full; it can be completed in stages, if preferred. Services may be contacted subsequently to clarify their survey responses.

Anonymity and Confidentiality
No respondents will be asked to identify their service by name. If the researcher determines that answers by their nature will contain identifying information, every effort will be made to address this in the representation of data. It is therefore hoped that respondents will feel fully enabled to answer questions as honestly as possible. All services will receive a follow up telephone call from the researcher.

Time-frame
Services are kindly asked to complete the survey, by 29th May 2009.
Your participation in this research project would be very much appreciated!

Link to Survey:  
http://www.surveymonkey.com/s.aspx?sm=OQ69Vcm13hVb4_2fLNRRYLvw_3d_3d
Contact Details for Researcher:  emma.byrne-macnamee@student.dit.ie
Contact Details for Research Supervisor:  rosaleen.mcelvaney@dit.ie
APPENDIX D: DESCRIPTION OF PROGRAMMES USED BY SERVICES

‘Helping Hands’

This programme is based on an activity pack, which has been designed for facilitators to introduce children to ‘protective behaviours’, as a strategy for the prevention of abuse. It emphasises the rights that children have in relation to safety and support. The activities are designed ‘for use with children in schools and community centres’.

(Women’s Aid Federation, Northern Ireland)

‘You and Me Mum’

A 10-week programme, which facilitates mothers to examine how domestic violence can affect their families. It aims to develop further understanding by mothers, to assist them in addressing the needs of children and young people who have lived with domestic violence; to create opportunities to safely explore the impact domestic violence has had on relationships between mothers and their children and to support mothers in protecting children and young people, creating opportunities for future positive development in families. (Women’s Aid Federation, Northern Ireland)

‘No Fear’ (‘Heading for Healthy Relationships’)

No Fear/Heading for Healthy Relationships is a programme offered to teenagers in second school level schools, to promote awareness of domestic violence and build understanding of positive relationships. (Women’s Aid Federation, Northern Ireland)

‘Groupwork with Children Exposed to Woman Abuse’

A programme, which usually runs over twelve weeks, for children aged 4 to 16 years of age, who are divided into age-specific groups. The programme aims to validate children’s and young people’s experiences; assist their understanding of abuse; explain the dynamics of power and control in relationships; reduce self-blame; facilitate safety planning through role play and art work; address appropriate and inappropriate expressions of emotion and promote positive conflict resolution. The programme offers a concurrent component for mothers who are supported to understand how domestic violence may have impacted on their children.

(Loosely, 2006)
‘Talking to My Mum’
An activity pack for 5–8-year-olds, to assist communication between children and their mothers about their experiences. A ‘picture workbook’ contains illustrated worksheets, featuring animal characters, which encourage children to explore a range of areas, such as the changes in their family’s living arrangements. Activities are accompanied by guidance on how to use them appropriately. The pack is designed for children and mothers to complete together.  

(Humphreys et al, 2006)

‘Creative Play with Children at Risk’
A book for both professionals and parents, through which the author illustrates the importance of play for the developing child and outlines research showing the consequences of the 'non-playing child'. The book provides practical ideas for playing with children from birth onwards and gives clear descriptions of the application of play techniques with children with developmental delay, as well as children who have suffered abuse. The book draws attention to the application of sensory play and its role in a 'survival' approach; includes contrasting approaches to play and play therapy and emphasises the importance of 'preventative play' for healthy development.  

(Jennings, 1999)

‘All About Me’
A board game, with dice and counters, which aims to facilitate children to examine feelings they may find difficult to express or deal with. Before the game begins, the child fills out a worksheet focusing on basic, safe details about themselves. The practitioner prepares the game beforehand by choosing cards which cover a range of relevant issues. The game is designed to be used by an adult who has an established therapeutic relationship with the child. As the child and practitioner work their way around the board, they turn over cards which contain statements, designed to provoke conversation.  

(Barnardos, 2003)
‘Mater Parenting Programme’

An eight to twelve week parenting course, the *Parents Plus Children’s Programme* (PPCP) is an evidence-based parenting programme, which offers ideas on parent-child communication and behaviour management; uses video footage of parenting scenes and comments and stories from parents and children. An Early Years Programme is aimed at parents of children aged 1 to 6 years; a Children’s Programme is aimed at parents of children aged 6 to 11 years and the Adolescent’s Programme is for parents of adolescents and young people aged 11 to 16 years.

*(Sharry et al, 2003-2007)*

‘Stay Safe Programme’

A personal safety skills programme which is designed to be delivered in primary schools. The programme aims to give children the skills necessary to enable them to recognise and resist abuse and victimisation; to teach children that they should always tell an adult about any situation which they find unsafe, upsetting, threatening, dangerous or abusive and to develop children's self-esteem, assertiveness and self-protective skills. The programme includes modules for teachers, parents and children. It also involves liaison with local child protection and child health professionals as an integral part of implementation. *(Child Abuse Prevention Programme, 1991)*

‘When Mom and Dad Separate’

A workbook aimed at 9 to 12 year olds, which aims to facilitate discussion of the basic concepts of marriage and divorce and to offer children a creative way to resolve ‘the stressful feelings of grief caused by change’.* *(Heegard, 1990)*

‘Me, Myself and I’

A programme for children, which has been developed by one of the participating services, which facilitates children to focus on self-care, self-esteem and self-image.
### ASSESSMENT - HOBBIES AND INTERESTS

**Things I Like To Do**

<table>
<thead>
<tr>
<th>I like playing/meeting with friends</th>
<th>I like playing computer games</th>
</tr>
</thead>
<tbody>
<tr>
<td>![Happy face]</td>
<td>![Sad face]</td>
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<td>![Neutral face]</td>
<td>![Neutral face]</td>
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<table>
<thead>
<tr>
<th>I enjoy playing sport</th>
<th>I like visiting places</th>
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<td>![Happy face]</td>
<td>![Sad face]</td>
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<td>![Neutral face]</td>
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<tr>
<th>I enjoy going to local clubs</th>
<th>I like watching TV</th>
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<td>![Happy face]</td>
<td>![Sad face]</td>
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<tr>
<td>![Neutral face]</td>
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<tr>
<th>I enjoy listening to music</th>
<th>I enjoy using the internet</th>
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<td>![Happy face]</td>
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<td>![Neutral face]</td>
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**My favorite hobby is**

**My least favorite activity is**

**I would like to do a new hobby**

**Do you want information about clubs in your area**

YES / NO

**Additional information**

**Child’s signature**

**Child worker’s signature**

**Date**

**Date**
<table>
<thead>
<tr>
<th>Point</th>
<th>Date</th>
<th>Identified Need</th>
<th>Actions</th>
<th>Outcome</th>
<th>Childs &amp; CWS signature</th>
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<td>Point</td>
<td>Date</td>
<td>Need identified in action plan</td>
<td>Progress to date</td>
<td>Childs &amp; CWS signature</td>
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