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Working with young people living in residential care with pre-care experience of domestic violence: Social care workers perspectives

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This study examines social care workers experiences and knowledge in supporting young people living in residential care cope with the associated trauma of exposure to domestic violence in their pre-care history. Understanding the effect trauma can have on a young person living in residential care is a vital component of social care practice. A qualitative research methodology was implemented to gather the data from social care practitioners working in residential care with young people, involving three focus groups and one semi-structured interview. Emerging strongly from the findings is the difficulty social care practitioners experienced in separating out the trauma associated from domestic violence exposure from other childhood adversities experienced by the young person as the presenting trauma symptoms are so interlinked. This research study describes how complex it is for social care practitioners to consider the impact domestic violence exposure can have a child and furthermore, understand the essence of domestic violence when so many other childhood adversities occur simultaneously. The role of the professional relationship and the support needs were also identified. The study concludes by recommending training and the support needs of social care professionals working in residential care.

Introduction

Studies on domestic violence more broadly and on children's experience of living with domestic violence have been beset with debates and dilemmas regarding how best to define and understand this experience (for example see Holt, Buckley & Whelan, 2008). As such, while the terms domestic violence,

domestic abuse and intimate partner violence are used interchangeably in the literature to refer the context in which one partner is abused by another, in Ireland where this study was conducted, the Report of the Task Force on Violence Against Women defines domestic violence as:

> The use of physical or emotional force or threat of physical force, including sexual violence, in close adult relationships. This includes violence perpetrated by a spouse, partner, son, daughter, or any other person who has a close or blood relationship with the victim. The term 'domestic violence' goes beyond actual physical violence. It can also involve emotional abuse; the destruction of property, isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone. (Government of Ireland, 1997, p. 27).

As such, the term domestic violence will be used throughout this paper, primarily as it relates to the Irish context of practice, policy and research. Importantly, recognition of the concept of coercive control as central to the phenomena of domestic violence has only been recently established in policy and legislation in the past decade or so (Robinson, Myhill & Wire, 2018). However, it should be noted that the centrality of power and control to the experience of domestic violence was fundamental to feminist-advocate understanding of domestic violence since the 1970's (Dobash & Dobash, 1979; Schechter, 1982; Sheppard & Pence, 1988). Stark's (2007, p. 12) publication recognized coercive and controlling behaviours as 'ongoing rather than episodic', arguing that neither impact or risk could be reliably calculated by a physical incident-focused approach to assessment. This paper is further located against the backdrop of the Council of Europe Convention (2011) on preventing and combating violence against women and domestic violence (the 'Istanbul Convention', 2011), grounded in a gendered perspective on domestic violence. As such it understands gender-based violence as both a cause and a consequence of inequalities between women and men.

Whilst women may be the primary victims of violence there is a recognition that children are suffering either directly or indirectly by living in a violent household (Ocenasova & Smithkova, 2018). Domestic violence and the abuse of children commonly co-occur, with the distinction often difficult to identify. Indeed, Callaghan, Alexander, Sixsmith & Fellin (2015) argue that by referring to children as witnessing or being exposed to domestic violence, professionals are failing to fully acknowledge their right to be seen and valued as individuals who are affected by the violence in the intimate dyad just as adult victims are. Therefore, the term 'experience' is now used in the majority of research in order to reflect children's unique subjective experiences, not something they witness passively from the side-lines but something they experience it with all their senses- 'they hear it, see it, and experience the aftermath' (Överlien & Hydén, 2009, p. 479). Also emerging is a recognition of coercive control and an understanding how children experience it (Callaghan et al, 2015; Katz, 2019). With the intention of 'controlling, intimidating, humiliating, degrading, exploiting and isolating an intimate partner' (Katz, 2019, p. 3), coercive control creates an an atmosphere of fear, where free expression may be dangerous and with negative impacts on the mother-child relationship.

As such, the impact of living with domestic violence is identified in policy and law in many jurisdictions as reaching the threshold of 'significant harm', with children's exposure included in definitions of abuse and neglect that require mandatory reporting (Morgan & Coombes, 2016). In Ireland, the presence of or exposure to domestic violence in a young person's home is classified as emotional abuse (Department of Children & Youth Affairs, 2011). However, data is not available on the number of children who have only been subjected to domestic violence, as it is not a type of child abuse classification in its own right.

Whilst Tusla, The Child and Family Agency, keeps data on the number of referrals of emotional abuse, other forms of abuse and trauma may also be

categorised as emotional abuse[1]. There are some children whose parents, for a variety of reasons including domestic violence, cannot look after them and these children are placed in the care of the state (Rees & Stein, 2016; Courtney & Thoburn, 2009), as governed in Ireland primarily by the Child Care Act 1991 (Government of Ireland, 1991). During the month of March 2020, there were 6,089 children in Irish state care, and of those children, 5.79% were living in residential care (Tusla, The Child and Family Agency, 2020). Lev-Wiesel, Gottfried, Eisikovitis & First (2014) report that for some young people living in residential care, domestic violence forms part of their pre-care history. Indeed, domestic violence exposure as a form of emotional abuse maybe present in the social history of young people who enter the care system, including but not restricted to residential care, with Lev-Wiesel et al. (2014) concluding that 21% of children living in residential care have been exposed to domestic violence in their pre-care history. However, researchers (Cleaver, Unell & Aldgate 2011; Iwaniec, 2006) argue that this form of abuse is rarely the focus of child protection interventions and that more direct forms of child abuse like sexual abuse can take precedent in that "authorities find this is so important that they fail to note the other experiences that may accompany the abuse" (Trickett, Mennen & Sang, 2009, p. 34).

Drawing on resilience, relationship based and trauma informed approaches to working with young people in residential care (Cahill, Holt & Kirwan, 2016; Morrison, 2016; Smith, 2009), this paper reflects selectively on the findings of a postgraduate dissertation which focused on the impact of exposure to domestic violence in their pre-care history of young people currently living in residential care, from the perspectives of those adults charged with caring for them on a day to day basis-social care practitioners.

[1] Emotional abuse is the systematic emotional or psychological ill-treatment of a child as part of the overall relationship between a caregiver and a child. Once-off and occasional difficulties between a parent/carer and child are not considered emotional abuse. Abuse occurs when a child's basic need for attention, affection, approval, consistency and security are not met, due to incapacity or indifference from their parent or caregiver (Department of children and youth affairs, 2017, p. 8)

Literature Review

The impact of domestic violence exposure on children and young people

Research has established that children who are exposed to domestic violence are affected by the experience over which they have very little control or understanding (Campo, 2015; Thompson & Trice- Black, 2012; Buckley, Holt & Whelan, 2007). It is also important to appreciate that children's experience of domestic violence is impacted differentially depending on an array of factors, including but not restricted to age, developmental stage, gender, length and severity of their experience and supports available. For example, girls are more likely to internalise symptoms, perhaps becoming withdrawn and developing mental health issues, whereas boys although still susceptible to mental health issues, are more prone to externalising symptoms through violence and anti-social behaviour (Baldry, 2007) (for a comprehensive overview of impact please see Holt et al., 2008).

The evidence confirms that domestic violence occurs more frequently than not along with other forms of adverse childhood experiences (Swanston, Bowyer & Vetere, 2014; Moylan, Herrenkohl, Sousa, Tajima, Herrenkohl & Russo, 2010; Unicef, 2006). Osofsky (2003) reports that children who are exposed to domestic violence are fifteen times more likely to be physically abused and neglected. Herrenkohl, Sousa, Tajima, Herrenkohl & Moylan (2008, p.85) refer to the dual exposure between domestic violence and forms of child abuse as "the double whammy effect". Concurring with this, Finkelhor, Ormrod & Turner (2007a) use the term poly-victimisation to refer to situations where a child may have experienced a number of different types of adversities in the context of being exposed to domestic violence. Poly-victimisation accounts for a significant amount of trauma symptoms that a child can display, for example poor mental health and behavioural difficulties (Finkelhor, Ormrod & Turner, 2007b). Broomfield and Miller (2007) recognise the unremitting daily impact of multiple childhood adversities and

the fact that children are vulnerable to the cumulative harm which can profoundly impact them and diminish their sense of safety. Finkelhor et al., (2007b) suggest the child's environment and their personality traits are risk factors for poly-victimisation to occur. Within this, Finkelhor et al., (2007b) acknowledge the vulnerability that is created from one adversity, for example low self-esteem and poor cognitive functioning, as a risk factor in itself for further victimisation in future life. Additionally, Spratt (2009) suggests that the cumulative adversities that a child may experience can have an influence on them experiencing social exclusion into adulthood; however, some childhood adverse experiences may have a greater influence.

Multiple layers of trauma can therefore have a cumulative and detrimental effect on a child, with Swanston et al. (2014, p. 190) acknowledging that "children were not only deprived of a childhood without domestic violence, but have also experienced further losses due to their basic needs not being met". The occurrence of domestic violence can have a negative effect on a parent's ability to provide containment and security to a child (Thornton, 2014), key facets in attachment formation. Buchanan, Power & Verity (2014, p. 713) analysed that mothers were aware that the domestic violence event was an obstacle to forming an attachment with their baby, with one mother holding the view "I was too busy protecting my baby to attach". Attachment theory is a therefore a critical framework under which the effects of domestic violence exposure on a child can be examined (Gewirtz & Edleson, 2007), particularly given the evidence that having a secure attachment can buffer the effects of exposure to domestic violence (Thornton, 2014).

While it is undoubtedly acknowledged that domestic violence can adversely affect a child across many of their developmental domains, it is important to also consider Cunningham and Baker's (2007, p. 1) assertion that "a child who lives with violence is forever changed, but not forever damaged". Överlien (2009) similarly recognises that not all children become sensitised to

the violence, and it is understood that some children remain resilient despite this adversity (Afolabi, 2015; Campo, 2015; Hornor, 2015). Nevertheless, as Devaney (2015) argues, resilience does not mean that children should have to cope, but that they utilise their coping mechanisms to survive. Anderson (2017, p. 836) recognises that "children are not passive witnesses to their environments but are active in their survival efforts albeit within the limits of their resources and power".

From a resilience framework Gewirtz & Edleson (2007) support the view that when the risk factors young people are exposed to are minimised and coupled with enhancing protective factors, negative outcomes associated with domestic violence exposure are reduced (Vincent & Petch, 2017). It is the combination of the household milieu and the child's characteristics that can have an effect on a child's mental health (Afolabi, 2015). Responding to Finkelhor et al.'s (2007a, p. 20) assertion that professionals focus on the "cumulative and interactive effects among different kinds of victimisation" and in agreement with Broomfield, Lamont, Parker & Horsfall (2010, p. 12) "that these problems do not just coincidently co-occur, they co-occur because they are inter-related", the next section focuses on the professional practice response.

Professional Practice Response

Mullender and colleagues (2002) have argued that recognising and acknowledging children's experiences of violence is a fundamental step in any professional response. Furthermore, allowing the child to express their feelings and thoughts relating to their domestic violence world (Swanston et al., 2014; Thornton, 2014) in any intervention is of crucial importance, with Graham-Bermann, Howell, Lilly & DeVoe's (2011) study highlighting that children who disclosed the traumatic events showed positive change in both their internalising behaviour and also in in their attitudes and beliefs.

With trauma considered an overpowering and engulfing feeling of fear and loss of control in response to frightening and scary life events (Herman, 1997), Broomfield et al, (2010) consider that trauma theory is a useful framework for appreciating and understanding the outcomes associated with childhood adversities. Trauma informed care practices are recommended as a therapeutic response to children, as a "strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasises physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment" (Hopper, Bassuk & Olivet, 2010, p. 82).

Chamberlain (2014) recognises that trauma informed interventions are beneficial to those who have been exposed to domestic violence, even if it is not the primary source of trauma and with consideration for the multiple adversities that children may be experiencing simultaneously. In spite of this, Knight (2015) argues that trauma informed practice does not automatically imply that any intervention professionals undertake will focus on treating the childhood trauma; rather it refers to professionals being aware that children are victims of trauma and the behaviours they are displaying might be symptomatic of that trauma.

From a resilience perspective, Gewirtz & Eldeson (2007) promote interventions that target the major developmental milestones as well as reducing the stressors faced by children in intimate partner violence, including viewing separation from the non-abusive caregiver as one such stressor. This is important as it is an example of a stressor young people in care need to negotiate. As a starting point Rogers (2007) argues that children need to be educated that violence is an unacceptable behaviour. Stemming from this, the focus of any intervention is about recovery with Katz (2015, p. 162) contending that mothers and children are their own recovery promoters and that when professional supports were provided, they "supported each other in ways targeted at repairing the damage of the past". Grounding therapeutic

work with children who have experienced domestic violence in relationship-based practice (Bunston, Paylidis & Cartwright, 2016). Fenton (2015, p. 47) asserted that "relationships are dynamic in their nature and as trust develops so does the ability to address issues". A relationship model of care is further considered a fundamental principle in residential care (Cahill et al., 2016; de Boer & Coady, 2007; McLeod, 2010; Smith, 2009), with an acknowledgement that there are many ways social care practitioners can form relationships with young people, with the key working relationship being one such catalyst (Cahill et al. 2016; Hicks et al., 2009). Furthermore, as Bunston et al., (2016) and Sprinson and Berrick (2010) acknowledge, it is through the building of such relationships with young people that a safe and effective work relationship can be established.

Given the above evidence regarding both the interventions and therapeutic contexts required to support children in developing coping strategies to reduce the effects of the trauma (Campo, 2015; Holt et al., 2008), training and supports for professionals are critical in supporting recovery (Humphreys, Thiara, Sharp & Jones, 2015). Holt (2015) recognises that training for staff needs to place more emphasis on children's experience of living with domestic violence rather than on educating professionals on how to notice the physical signs of abuse. Within this training, Thornton (2014) believes professionals need to be educated on the emotional experience domestic violence exposure can bring to a child.

Coupled with training, Kulkarni, Bell, Hartman & Herman-Smith (2013) value professional supports as being a crucial mechanism in this task. Maintaining a level of care towards a young person within the life space can be demanding and at times emotional for social care practitioners (Steckley & Smith, 2011). Bunston et al., (2016) stress the importance of supervision and reflective practice as a secure base for social care practitioners. While reflective practice can support the working relationship (Davidson, Dumigan, Ferguson & Nugent, 2011), Adams, Dominelli & Payne (2009) recognise the

importance of practitioners developing self-awareness and the ability for critical reflection in order to ensure enhanced professional practice.

This methodology employed to realise the aim of this study, to enhance the knowledge base of social care practitioners working with young people living in residential care who have experienced pre-care exposure to domestic violence, is the focus of the next section.

Methodology

Research design

A qualitative research approach was chosen because the objective of the research was to understand the lived experience of the participants (Alase, 2017) and to provide meaning, interpretation and individual perspective on an issue (Ormston, Spencer, Barnard & Snape, 2014). Building on this principle, focus groups seemed to be the most appropriate method for gathering data. Kamberelis and Dimitriadis (2011) assert that qualitative semi-structured focus groups can yield data that is rarely produced in individual interviewing and observation, thus generating a particular insight. The primary objective of focus groups is to generate collective conversations regarding peoples' views and experiences on a given issue (Jayasekara, 2012; Kidd & Parshall, 2000; Kamberelis & Dimitriadis, 2011). Jensen & Laurie (2016) acknowledge that the group interaction that focus groups generate, can create an avenue for new perspectives to be brought to the fore as participant's challenge, persuade and influence each other. The primary goal of focus group research is to inquire into or research a social phenomenon and it is within this inquiry that a richer understanding of the complex issue is gained (Kamberelis & Dimitriadis, 2011). The role of a researcher in a focus group is reduced by shifting the balance of power towards the group therefore allowing participants more ownership over the debate, promoting more interaction and generating rich data (Jayasekara, 2012; Kamberelis & Dimitriadis, 2011). There is a

possibility that participants in a focus group research may not freely or fully express their opinion or view especially if it differs to those of other participants (Nyumba, Wilson, Derrick & Mukherjee, 2018). However the use of focus groups for the purpose of this study worked well in gathering the experiences and perspectives of participants in relation to working with young people with a pre care history of domestic violence.

Participants

The sample group was purposively chosen with the eligibility criteria that participants had a recognised qualification in social care and five years post qualification experience. Self-selected participants for this study had between eleven and twenty years of residential care experience. Creswell (2013) suggests that participants are selected who have extensive experience of the research problem. Participants employed in the residential centre that the researcher is a social care manager of, were excluded from the study due to the power imbalance at play and also with consideration of insider bias (Robson, 2011).

The researcher wished to get a wide variety of experience from social care practitioners and for this reason both social care workers and social care managers were recruited due to their different levels of direct work with young people in residential care. As participants were recruited from difference social care grades, the focus groups were conducted within the same grade to ensure power differential in terms of status did not influence the interactions of participants (Jayasekara, 2012). Eleven social care workers (eight female and three males) and seven social care managers (five female and two males) participated in two focus groups, with a further female social care manager participating in a semi-structured interview. This participant had a wealth of knowledge regarding the area of domestic violence and as Jensen & Laurie (2016, p. 100) reflect, purposive sampling "uses the researcher's judgement to select participants who are likely to offer particular valuable insight".

Therefore, permission was sought and gained from the same ethics boards to conduct a semi-structured interview with this participant due to their unavailability to attend the focus group.

The interview questions focused on participants experience of working with young people who were exposed to domestic violence in their pre-care history and the subsequent impact. Questions also addressed the complexity for social care professionals in analysing this impact through the young person's behaviour and in turn their practice responses.

Access to participants was sought through the medium of a gatekeeper. The regional manager of the children's residential service that the researcher was employed in agreed to act as a gatekeeper in this study and was provided with an information sheet outlying the title of the research and seeking their permission for participants to take part in the study. The gatekeeper sent out communication about the study with a participant information sheet and invited research participants who were interested in taking part to contact the researcher directly. Participants for the study were self-selected based on the participant information sheet provided. Once the research participants made contact, a date, time and venue that suited the participants was agreed. A digital dictaphone was used to record the data, with the expressed consent of the participants.

Ethical considerations

Ethical approval was granted by the Higher Educational Institution (School of Social Work and Social Policy, Trinity College Dublin REAC[2]) that the first author was a student in. As the researcher and the participants worked for Tusla, The Child and Family Agency, ethical approval was also granted from Tusla REC[3]. Due the sensitive nature of the research topic, participants were

[2] Research and Ethics Approval Committee
[3] Research Ethics Committee

reminded at several stages of the data collection process that their participation in the study was voluntary and informed consent was sought. At several stages in the data collection process, participants were reminded that at any time during the course of the study, they may withdraw from the study without penalty. Walliman (2011) views ethical research as not only causing no harm, but also producing gains for social research and indeed the participants themselves. Denscombe (2010) refers to participants' interests being protected and the importance of ensuring that no harm comes to participants as a result of their participation. There was a risk that due to the research topic, the study may cause psychological harm or undue distress to the participants. Therefore, the participants were reminded of and provided with the details of Tusla, The Child and Family Agency staff support services after each focus group and semi-structured interview. Confidentiality and anonymity were assured by assigning the social care participant with a numerical identifier when analysing the data.

Data analysis

The raw data was analysed using a thematic approach. Themes were identified as a mechanism to analyse the data (O'Leary, 2017; Braun & Clarke, 2006). Creswell (2013, p. 184) suggests that this process "represents the heart of qualitative data analysis". By transcribing and reading all the data, the researcher became very familiar with the data collected. One of the main elements in the identification of themes is the process of coding the data (Bryman, 2012), which involved breaking down the data into several parts in order to suggest certain themes or concepts that overarch these codes (Bryman, 2012; Liamputtong, 2011).

Findings and discussion

A number of themes emerged from analysing the data and these findings correlate broadly with existing literature. This next section focuses selectively on two themes: the findings on participants views on the experience and impact of living with domestic violence for children and on the professional practice response.

The experience and impact of living with domestic violence

The hostile atmosphere that domestic violence can create in a child's world was highlighted, in addition to the negative impact that this can have on a child's sense of safety, security and well-being. The participants referred to children living in environments where everyone is on edge and the tense atmosphere this creates was depicted.

> The anxiety would be huge for kids living in that environment…it's frightening for them. (Social care worker 11)

Negative mental health, poor emotional and physical health, inability to form and sustain peer relationships, compromised ability to self-regulate appropriately and low educational attainment were all cited as consequences of living in a violent environment, as illustrated by the following quote:

> It's violate…..I do feel the young people are constantly anxious and the regulation of their emotions, they've never learnt it. (Social care manager 8)

Swanston et al.'s (2014) finding that children are living with a pervasive sense of fear and threat and furthermore that they are trying to predict the unpredictable, where children are trying to gain some sense of control, also emerged in this current study. The following quote from social care worker 8

refers to children learning to manage the situation as a skill they quickly adapt to:

> The child would be hyper vigilant to actually try and manage the situation. They learn how to stay on the right side of the situation… They would suss out the environment to see what the form was of the perpetrator.

Empirical evidence that children experience domestic violence with all their senses (Överlien & Hyden, 2009) also resonated in this study, with one social care manger recalling a young person who would wake up to loud noise, reacting automatically with an impulse to run from the situation. Furthermore, the roles young people play as a result of living in a domestic violent household was also highlighted, with one social care manger referring to a young person taking on the role of his mother's protector.

There was agreement amongst all participating professionals that domestic violence usually occurs alongside other forms of child abuse. The dual exposure which was reported in the literature reviewed earlier was also evident across the families that the social care practitioners worked with (Moylan et al., 2010; Herrenkol et al., 2008). The participants reflected that while childhood neglect was the primary reason why a child might enter residential care, the complexity of understanding the trauma associated with domestic violence exposure was also articulated, particularly as that experience can be enmeshed with other adverse childhood adversities. Afolabi's (2015, p. 46) assertion that "trauma or misery does not limit an individual in a system, but also occur within diverse system" also emerged in this study, as the following quote illustrates:

> And it's usually coupled with many other problems like we said, neglect in particular. It's not at the fore front, it's (domestic violence) not the first thing that people say. (Social care worker 6)

The dual exposure that children may experience was illustrated by social care manager 7 who suggests that "domestic violence rarely occurs in isolation, it's usually coupled with neglect". Furthermore, a number of social care managers referred to emotional abuse that may occur as a result of domestic violence with social care manager 8 suggesting:

> Emotional abuse obviously would have been very prevalent towards the children not necessarily because they witnessed domestic violence with the parents but in my experience the kids would have been the victim of emotional abuse from the parents as well.

Herrenkohl et al., (2008) earlier asserted that children experiencing this double whammy effect are at a significant disadvantage in terms of outcomes compared to those exposed to only one risk factor, while Moylan et al., (2010) correlated experiencing child abuse and domestic violence with depression and delinquency. Participants in this study similarly highlighted the challenging behaviour they can experience on a day to day basis from young people in their care and how a history of domestic violence can be buried or forgotten, as this next participant articulates:

> And that's the effect of witnessing the violence…the huge trauma that domestic violence causes. Sometimes we forget what the kids have witnessed, because like what you're saying it's not always part of the reason why they were taken into care. It's part of a whole catalogue of trauma. You kind of forget the effect of just witnessing that could have on a child. (Social care manager 3)

The challenge for social care practitioners to distinguish between trauma associated with physical neglect and domestic violence exposure was also evident in this study. Social care manager 8 referred to physical consequences that can prevail as a result of both domestic violence exposure and neglect when referring to a boy who had enuresis and encopresis:

> Which is a result of the neglect and the domestic violence exposure, you don't know which is which. The constant state of anxiety he was in he was never able to go to the toilet and sit on the toilet for very long, relax to go to the toilet. So is that neglect that he was never properly toilet trained or was it that he was fearful to sit on the toilet for very long and go to the toilet due to domestic violence. I feel it was a bit of both.

How domestic violence exposure is viewed in relation to other forms of child abuse was communicated by the participants, who shared their experience of domestic violence concerns not always featuring in social work reports or assessments. Social care worker 7 refers to the scarce documentation on domestic violence, where more often than not:

> It's a sentence that's thrown in there, in the young person's care plan.

When participants were asked to reflect on the absence of domestic violence documentation in professional's reports, various reasons were cited. Firstly, domestic violence is rarely the primary reason why a child is admitted into care; the lack of disclosure from the victims of domestic violence in relation to its occurrence and the presenting issues that a family may present with, pose serious child protection concerns, warranting greater detail.
Iwaniec's (2006) suggestion that domestic violence exposure is considered the least serious form of child maltreatment, also echoed in this present study. Participant's acknowledged that domestic violence exposure is not given the same status in terms of trauma impact as other forms of child abuse. The invisibility of this trauma is articulated in this next quote, as a major reason why this occurs:

> I don't want to generalise but I do maybe think domestic violence is treated differently it's almost because sometimes it's not seen, therefore the focus necessarily or the importance isn't put on domestic violence or

> domestic violence exposure as other forms of abuse. (Social care worker 4)

Research acknowledges that children who are in care are adversely affected by their pre-care experiences (Rees & Stein, 2016), which in turn can negatively influence their life chances across a number of domains. However, Cleaver, Unell and Aldgate (2011) argue that the overlap between domestic violence and other forms of abuse are not focused upon enough by professionals. The non-physical impact of this type of abuse on a child was highlighted as a possible reason why it is not the focal point in professional's minds:

> I feel domestic abuse, witnessing domestic abuse is not deemed to be an abuse perpetrated onto the body of the child. So, if a child is being neglected or physically or sexually abused, it is being perpetrated onto the body of the child whereas a child hearing or witnessing domestic violence, they (children) are not necessarily taken into care because of that. (Social care manager 2)

Iwaniec (2006) suggests that practitioners tend not to focus on emotional abuse because the physical signs of its occurrence are not immediately visible, and the developmental impairments, emotional and behavioural difficulties may be attributed to other causes of abuse. However, as Katz (2016, p. 49) argues "there is a need to investigate how domestic violence permeates the everyday lives of children to greater extents than are often considered". Simply stated, how something is seen and understood can influence how it is responded to. The next section presents the findings on professional responses.

The Professional Response

The participants described their professional response for a child exposed to domestic violence involving trauma informed interventions that focus on

learning and recovery. The need for trauma informed intervention to be grounded in a relationship between practitioner and young person, was a pervasive theme, as suggested by social care manager 4:

> I think that cultivating an environment where staff have an understanding and appreciation of the importance of developing trust and a relationship with a young person. No intervention will really work unless it's rooted in a really trusting relationship. (Social care manager 4)

Concurring with the existing literature, all participants viewed relationships with the young people in care as a vital component of the care task and at the heart of effective residential care (Cahill et. al, 2016; Morrison, 2016). The challenges to relationship building were also articulated by the participants who acknowledged that children in care have insecure attachments and as a consequence, developing relationships can be difficult. The participants spoke of children entering residential care having experienced multiple placements and disturbed relationships, resulting in difficulty trusting their care givers. Echoing this, Sprinson & Berrick (2010, p.25) recognise that "it is critical to meet inevitable expectations of failure with an even stronger commitment to sustaining a relationship with him" (sic). Coupled with this, a child in residential care may present with very challenging behaviour that can undermine the ability to form a relationship and indeed develop an intervention, as the participant in this study articulates:

> I think it's how it presents, the trauma. You could have a kid, very challenging, running away, putting himself at risk. You're trying to go there emotionally with them…… The focus sometimes isn't on the hidden trauma or the emotional trauma, it's just trying to keep them safe. (Social care worker 4)

Providing and ensuring safety in residential centres was asserted as a prerequisite in order for relationships to develop between social care practitioners and the young people in their care. One of the participants spoke of the need to apply structure and consistency of routine as a mechanism to create a sense of safety. Anderson's (2017) assertion of the centrality of a safe environment for any intervention so that the child can explore their past, was also echoed in this study as the following quote illuminates:

> Applying structure. This is safe. I'm safe here whereas I wasn't safe there…. When you have a relationship, the receptors are open and you can put little drops of comments that will contradict their mind-set. Overtime they can reflect in it, which often they do, they often reflect on what you say. (Social Care Worker 8)

Time was articulated as a necessary component in allowing any relationship to develop. The participants articulated the reality that for a majority of young people entering residential care, they may have experienced multiple placement break downs and may only be entering residential care in their late teens. Coupled with this, the early year's trauma they may have experienced is so deeply rooted in their lives, and the behaviours that the child is displaying are so concerning, having time to analyse that trauma is not always a luxury that residential care worker have. The participants echoed the need to allow the relationships with the young people develop naturally by sharing the life space with the child. Research suggests that the everyday life space is a mechanism in helping children cope with trauma (Davies & Lyon, 2014; Smith, 2009) and this also emerged in this research as explained here by social care worker 2:

> You know yourself the best individual pieces of work I've ever done has been in the car…. And I think the only way you can do that is doing events or whatever sitting down having lunch with them. I think they'll come out more.

The majority of social care workers solely focused on the physical abuse element of domestic violence, with one social care mangers referring to the presence of coercive control in a family they worked with, as this next quote explains:

> He (Father) would have domestically abused her in other ways, he would have ticked all the other boxes but he never put his hands on her. The sibling group I would have worked with spoke highly of this man because he never touched the Mother. He would have terrified them though and controlled them in other ways. (Social care manager 6)

This viewpoint is shared by Katz (2016) who suggests that although the concept of coercive control is increasingly being viewed as integral to domestic violence, the physical element still prevails in professional's mind-sets. After social care manager 6 used this example, viewing coercive control as an important feature of domestic violence was considered by another social care manager:

> It's only when you provided that definition of domestic violence that I thought, 'wow the perpetrator never has to lay a finger on anyone for his actions to be abusive'. (Social care manager 4)

Concurring with Cunningham and Baker's (2007, p. 3) acknowledgement that "abuse does not always involve physical violence", another participant reflects in this next quote, how intertwined physical violence and coercive control:

> Thinking of the kids, I worked with over the years. None of the children just had control or violence. At different stages the controlling element can be apparent. The physical violence might not have been happening all the time but the controlling aspect was always constant. The two in my view always co-exist. (Social care manager 8)

The day to day practice of social care professionals focusing on the trauma associated with domestic violence exposure as opposed to other forms of child maltreatment was also discussed. It was acknowledged that when professionals are working with children that display challenging behaviours and or are engaging in at risk behaviours, their pre-care history can be forgotten. Social care manager 1 referred to importance of ensuring a staff team are aware of all aspects children's pre-care history:

> I suppose the very first step is you are making sure that your staff team are fully aware of what all the issues are. You know going through the social history and the care plan with them. You need to make sure that you bring all the information to the team meeting…… Discussing the issues as a team will form the basis for any intervention. (Social care manager 4)

Katz (2015) refers to the focus of any intervention being about recovery and this too was echoed in this study. Addressing the sense of responsibility, a child may carry for not stopping or preventing the domestic violence occurring, was highlighted by participants as a primary step in any intervention. Educating and reassuring children that the violence was not their fault and the act of violence is an unacceptable behaviour is the primary goal of any intervention (Rogers, 2007). This manager gave an example of a boy who had a good relationship with his younger cousin. As this quote explains, the safe environment that the cousin lived in was an avenue to explore the young person's mind-set in terms of his own pre-care home environment:

> We would remind him of his safety and remind him 'you're ok and it was never your fault and it shouldn't have happened' Or even the beginning steps 'why do you feel it was your fault' before you get to the 'it's not your fault' To guide him to realise how 'it is not my fault I was only six' He had a much younger cousin and we used him as an example because of his age if he should be blamed for stuff and of course he

> always said 'no sure he's only a baby and we would be like well you were that baby too'. (Social care manager 8)

In agreement with Hornor (2015, p. 94) who asserted that "enhancing resiliency is important for all children and is crucial for children exposed to trauma" all participants in this study felt that any study should focus on enhancing resiliency and developing more positive coping mechanisms. Addressing the experience of domestic violence with the young people was considered an important step towards promoting their resiliency. It was also acknowledged as Överlien (2010) has argued, that this required seeing children and young people as key informants in the discussion about their pre-care experiences. Understanding these experiences will then inform the basis of any intervention.

Conclusion

> *"Seeing how violence shaped a child is the first step to helping"* (Cunningham and Baker, 2007, p. 10).

This quote underscores the importance of social care practitioners understanding the impact domestic violence exposure can have on a child, as a critical stepping stone to helping a child overcome the associated trauma. The findings of this study corroborate existing literature that children living in residential care where domestic violence was present in their pre-care history are negatively affected by this experience. Importantly, this research also highlights the real challenges faced by social care practitioner in addressing the complex trauma associated with domestic violence exposure as it interacts with other childhood advertises. This study describes how complex it is for social care practitioners to consider the impact domestic violence exposure can have on a child and furthermore, understand the essence of domestic violence

when so many other childhood adversities occur simultaneously. Nonetheless, this study emphasises the critical need for social care practitioners to understand the interaction and co-existence of multiple risk factors that may lead to a child's admission to residential care.

Trauma theory suggests that in order for children to recover from exposure to domestic violence, interventions need to include opportunities to disclose and process the fearful event, with the relationship model of care highlighted as a mediator for change between exposure to domestic violence and positive outcomes for a young person. Paradoxically however, the present study has found that pre-care toxic relational environments can mean that a child's ability to make, maintain and sustain relationships may be compromised as best, or dysfunctional at worst.

This present study encapsulates an understanding that it is the role of the social care practitioner to create avenues, within a therapeutic milieu, no matter how minimal, that will allow trust to develop and furthermore allow a dialogue to occur surrounding the traumatic event. This study further reinforces the need for adequate training and support for staff to carry out this work with the young people. This study recommends an increased availability of post-qualification training for social care practitioners which examines the implications of domestic violence exposure on a young person living in residential care with particular emphasis on coercive control. Training for social care practitioners needs to focus on trauma informed care practice. This training could deepen social care practitioners' understanding of the internal and external behaviour that comes from trauma associated with domestic violence exposure and guide interventions to support children living in residential care. As Vincent and Petch (2017) advocate, excellent practice can occur when the sum of risks that present in a child's social history are considered holistically.

References

Adams, R., Dominelli, L., & Payne, M. (eds) (2009). *Social work: Themes, issues and critical debates*. Basingstoke, England: Palgrave MacMillan.

Afolabi, O.E. (2015). Domestic violence, risky family environment and children: A bio-psychology perspective. *Journal of Special Education, 30*(2), 44-56.

Alase, A. (2017). The interpretative phenomenological analysis: A guide to good qualitative research approach. *International Journal of Education and Literacy Studios, 5*(2), 9-19.

Anderson, K. (2017). Children's protective strategies in the context of exposure to domestic violence. *Journal of Human Behaviour in the Social Environment, 27*(8), 835-846.

Baldry, A. (2007). 'It does affect me': Disruptive behaviours in preadolescents directly and indirectly abused at home. *European Psychologist, 12*, 29–35.

Braun, V. & Clarke, V. (2006). Using the thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101.

Broomfield, L. & Miller, R. (2007). *Specialist Practice Guide: Cumulative Harm.* Retrieved from https://www.communities.qld.gov.au/resources/childsafety/about-us/research/documents/cumulative-harm-the-effects-of-chronic-child-maltreatment.pdf.

Broomfield, L., Lamont, A., Parker, R. & Horsfall, B. (2010). *Issues for the Safety and Wellbeing of Children in Families with Multiple and Complex Problems. The Co-Occurrence of Domestic Violence, Parental Substance Misuse, and Mental Health Problems.* (NSPC Issues Paper No 33). Melbourne: Australian Institute of Family Studies. Retrieved from https://aifs.gov.au/cfca/sites/default/files/publication-documents/issues33.pdf.

Bryman, A. (2012). *Social Research Methods.* New York, NY: Oxford University Press.

Buckley, H., Holt, S. & Whelan S. (2007). Listen to me! Children's experiences of domestic violence. *Child Abuse Review, 16*(5), 296-310.

Bunston, W., Pavlidis, T. & Cartwright, P. (2016). Children, family violence and group work: Some do's and don'ts in running therapeutic groups with children affected by family violence. *Journal of Family Violence, 31*(1), 85-94.

Buchanan, F., Power, C. & Verity, F. (2014). The effects of domestic violence on the formation of relationships between women and their babies. I was busy protecting my baby to attach. *Journal of Family Violence. 29*(7), 713-724.

Cahill, O., Holt, S. & Kirwan, G. (2016). Key working in residential child care: Lessons from research. *Children and Youth Services Review, 65*, 216-223.

Callaghan, J., Alexander, J., Sixsmith, J. & Fellin, L. (2015). Beyond witnessing children experiences of coercive control in domestic violence and abuse. *Journal of Interpersonal Violence, 33*(10), 1551-1581.

Campo, M. (2015), *Children's Exposure to Domestic Violence and Family Violence, Key Issues and Responses. Retrieved from* https://v.au/cfca/sites/default/files/publication-documents/cfca-36-children-exposure-fdv.pdf.

Chamberlain, L. (2014). *Comprehensive Review of Interventions for Children Exposed to Domestic Violence.* Retrieved from http://promising.futureswithoutviolence.org/files/2012/01/Comprehensive-Review-of-Interventions-for-Children-Exposed-to-Domestic-Violence-FINAL.pdf.

Cleaver, H., Unell, I. & Aldgate, J. (2011). *Children's needs-parenting capacity. Child abuse: parental mental illness, learning disability,*

substance misuse and domestic violence. Norwich, England: The Stationery Office.

Council of Europe (2011). Convention on Preventing and Combating Violence Against Women and Domestic Violence. Strasbourg. Retrieved from www.coe.int/en/web/conventions/full-list/-/conventions/ treaty/210.

Courtney. M. & Thoburn, J. (2009). *Children in State Care.* Farnham, England: Ashgate.

Creswell, J. (2013). *Qualitative inquiry and research design.* London, England: Sage Publications.

Cunningham, A. & Baker, L. (2007). *Little eyes, little ears. How Violence against a mother shapes child as they grow.* Retrieved from https://www.canada.ca/content/dam/phac-aspc/migration/phac-aspc/sfv-avf/sources/fem/fem-2007-lele-pypo/pdf/*fem*-2007-lele-pypo-eng.pdf.

Davidson, C., Dumigan, L., Ferguson, C., & Nugent, P. (2011). Effective therapeutic approaches within specialist residential childcare settings. *Child Care in Practice*, *17*(1), 17-35.

Davies, J. & Lyon, E. (2014). *Domestic violence advocacy: Complex lives/difficult choices.* London, England: Sage Publications.

De Boer, C. & Coady, N. (2007). Good helping relationships in child welfare: Learning from stories of success. *Child and Family Social Work*, *12*(1), 32-42.

Denscombe, M. (2010). *The Good Research Guide.* Berkshire, England: Open University Press.

Department of Children and Youth Affairs (2011) *Children First: National Guidance for the Protection and Welfare of Children.* Retrieved from https://www.dcya.gov.ie/documents/publications/20171002ChildrenFirst2017.pdf

Department of Children and Youth Affairs (2017) *Children First: National Guidance for the Protection and Welfare of Children* Retrieved from

https://www.tusla.ie/uploads/content/Children_First_National_Guidance_2017.pdf

Devaney, J. (2015). Research review: The impact of domestic violence on children. *Irish Probation Journal, 12*, 79-94.

Dobash, R.P. & Dobash, R.E. (1979). *Violence Against Wives.* New York, NY: Free Press.

Fenton, M. (2015). *Social care and child welfare in Ireland.* Dublin, Ireland: The Liffey Press Ltd.

Finkelhor, D., Ormrod, R. & Turner, H. (2007a). Poly-victimization: A neglected component in child victimization. *Child Abuse and Neglect, 31*(1), 7-26.

Finkelhor, D., Ormrod, R. & Turner, H. (2007b). Poly-victimization and trauma in a national longitudinal cohort. *Development and Psychopathology. 19*, 149-166.

Gewirtz, A., H. & Edleson, J.L. (2007). Young children's exposure to intimate partner violence: Towards a developmental risk and resilience for research and intervention. *Journal of Family Violence, 22*(3), 151-163.

Government of Ireland (1991). *The Child Care Act.* Dublin, Ireland: Stationery Office.

Government of Ireland (1997). *The report of the task force on violence against women* . Retrieved from http://www.justice.ie/en/JELR/dvreport.pdf/Files/dvreport.pdf

Graham-Bermann, S., Howell, K., Lilly, M. & DeVoe, E. (2011). Mediators and moderators of change in adjustment following intervention for children exposed to intimate partner violence. *Journal of Interpersonal Violence, 26*(9), 1815-1833.

Herman, J. (1997). *Trauma and Recovery: From Domestic Abuse to Political Terror.* London, England: Pandora.

Hicks, L., Gibbs, I., Weatherly, H. & Byford, S. (2009). Management, leadership and resources in children's homes: What influences outcomes

in residential child-care settings? *The British Journal of Social Work, 39*(5), 828-845.

Herrenkohl, T., Sousa, C, Tajima, E., Herrenkohl, R. & Moylan, C. (2008). Intersection of child abuse and children's exposure to domestic violence. *Trauma, Violence and Abuse, 9*(2), 84-99.

Holt, S., Buckley, H. & Whelan, S. (2008). The impact of exposure to domestic violence on children and young people: A review of the literature. *Child Abuse and Neglect, 32*(8), 797-810.

Holt, S.L. (2015). An exploration of the impacts that experiencing domestic violence can have on a child's primary school education: View of educational staff. *British Journal of Community Justice, 13*(2), 7-26.

Hopper, E.K., Bassuk, E.L., & Olivet, J. (2010). Shelter from the Storm: Trauma-informed care in homelessness service settings. *The Open Health Services and Policy Journal, 3*, 80-100.

Hornor, G. (2015), Childhood trauma exposure and toxic stress: What the PNP needs to know. *Journal of Paediatric Health Care, 29*(2), 191-198.

Humphreys, C., Thiara, Ravi K., Sharp, C. & Jones, J. (2015). *Supporting the relationship between mothers and children in the aftermath of domestic violence.* In: Stanley, N. & Humphreys, C. (Eds.) *Domestic Violence and Child Protection: Directions for Good Practice.* (3rd ed., pp. 77-89) London, England: Jessica Kingsley Publishers.

Iwaniec, D. (2006). *The Emotionally Abused and Neglected Child.* West Sussex, England: John Wiley and Sons Ltd.

Jayasekara, R. (2012). Focus groups in nursing research: Methodological Perspectives. *Nursing Outlook, 60* (6), 411-416.

Jensen, E. & Laurie, C. (2016). *Doing real research.* London, England: Sage Publications.

Kamberelis, G. and Dimitriadis, G. (2011) "Focus groups, contingent articulations of pedagogy, politics and inquiry" in Denzin, N. and

Lincoln, Y. (Eds). *The Sage Handbook of Qualitative Research*. (3rd ed., pp. 692-716). London, England: Sage Publications.

Katz, E. (2015). Recovery-promoters: Ways in which children and mothers support One another's recoveries from domestic violence. *British Journal of Social Work, 45*(1), 153-169.

Katz, E. (2016). Beyond the physical incident model: How children living with domestic violence are harmed by and resist regimes of coercive control. *Child Abuse Review, 25*(1), 46-59.

Katz, E. (2019). Coercive control, domestic violence and five-factor framework: Five Factors that influence closeness, distance and strain in mother-child relationships. *Violence against Women, 25*(15), 1829-1853

Kidd, P. & Parshall, M. (2000). Getting the focus and the group. Enhancing analytical rigor in focus group research. *Qualitative Health Research*. *10*(3), 293-308.

Knight, C. (2015). Trauma-informed social work practice: Practice considerations and challenges. *Clinical Social Work Journal, 43*(1), 25-37.

Kulkarni, S., Bell, H., Hartman, J. & Herman-Smith, J. (2013). Exploring individual and organizational factors contributing to compassion satisfaction, secondary traumatic stress, and burnout in domestic violence and service providers. *Journal of the Society for Social Work and Research, 4*(2), 114-130.

Liamputtong, P. (2011). *Focus group methodology.* London, England: Sage Publications.

Lev-Wiesel, R., Gottfried, R., Eisikovits, Z. & First, M. (2014). Factors affecting disclosure among Israeli children in residential care due to domestic violence. *Child Abuse and Neglect, 38*(4), 618-626.

McLeod, A. (2010). A friend and an equal: Do young people in care seek the impossible from their social workers. *British Journal of Social Work, 40*(3), 772-788.

Morgan, M. & Coombes, L. (2016). Protective mothers: Women's understandings of protecting children in the context of legal interventions into intimate partner violence. *The Australian Community Psychologist, 28*(1), 59-78.

Morrison, S. (2016). In care, aftercare and caring for those in care: my successful care journey. *Child Care in Practice, 22*(2), 113-127.

Moylan, C.A., Herrenkohl, T.I., Sousa, C., Tajima, E.A., Herrenkohl, R.C. & Russo, M.J. (2010). The effects of child abuse and exposure to domestic violence on adolescent internalizing and externalizing behaviour problems. *Journal of Family Violence, 25*(1), 53- 63.

Mullender, A., Hague, G., Kelly, L, Malos, E. & Regan, L. (2002). *Children's perspectives on domestic violence.* London, England: Sage Publications.

Nyumba, T., Wilson, K., Derrick, C., and Mukherjee, N. (2018). The use of focus group methodology: Insights from two decades of application in conversation. *Methods in Ecology and Evolution, 9*, 20-32.

Ocenasova, Z. & Smithkova, H. (2018). Mother-child Relationship in the context of intimate partner violenc. In S. Holt, C. Overlien, & J. Devaney, J. (Eds). *Responding to Domestic Violence Emerging Challenges for Policy, Practice and Research in Europe.* (pp. 61-76) London, England: Jessica Kingsley Publishers.

O'Leary, Z. (2017). *The Essential Guide to Doing Your Research Project.* London, England: Sage Publications.

Ormston, R., Spencer, L., Barnard, M. & Snape, D. (2014). The foundation of qualitative research. In J. Ritchie, J. Lewis, C. McNaughton Nicholls & R. Ormston (Eds). *Qualitative Research Practice.* (2nd ed., pp. 1-23). London, England: Sage Publications.

Osofsky, J. (2003). Prevalence of children's exposure to domestic violence and child maltreatment: Implication for prevention and Intervention. *Clinical Child and Family Psychology Review, 6*(3), 161-170.

Överlien, C. & Hyden, M. (2009). Children's actions when experiencing domestic violence *Childhood- A Global Journal of Child Research, 16* (4), 479-496.

Rees, G. & Stein, M. (2016). Children and young people in care and leaving care. In J. Bradshaw (Ed). *The Well-Being of Children in the UK.* (4th ed., pp. 169-197). Bristol, England: Policy Press.

Robinson, A. L., Myhill, A., & Wire, J. (2018). 'Practitioner (mis)understandings of coercive control in England and Wales'. *Criminology & Criminal Justice*, *18*(1), 29–49.

Robson, C. (2011). *Real World Research.* West Sussex, England: John Wiley and Sons.

Rogers, M. (2007). *Parenting Positively Coping with Domestic Abuse.* Retrieved from https://www.barnardos.ie/assets/files/publications/free/pp_domestic_abuse_adults.pdf.

Schechter, S. (1982). *Women and male violence: The visions and struggles of the battered women's movement.* Boston, MA: South End Press.

Sheppard, M., & Pence, E. (1988). The effects of battering on the employment status of women'. *Affilia*, *3*(2), 55–61.

Smith, M. (2009). *Rethinking Residential Child Care*. Bristol, England: The Policy Press.

Spratt, T. (2009). Identifying families with multiple problems: Perspectives of practitioners and managers in three nations. *British Journal of Social Work*, *39*(3), 418-434.

Sprinson, J. & Berrick, K. (2010). *Unconditional Care: Relationship-Based, Behavioural Intervention with Vulnerable Children and Families.* Oxford, England: Oxford University Press.

Stark, E. (2007) *Coercive Control. How Men Entrap Women in Personal Life.* Oxford, England: Oxford University Press.

Steckley, L. & Smith, M. (2011). Care ethics in residential child care: A different voice. *Ethics and Social Welfare, 5*(2), 181-195.

Swanston, J., Bowyer, L. & Vetere, A. (2014). Towards a richer understanding of school-agechildren's experiences of domestic violence: The voices of children and their mothers. *Clinical Child Psychology and Psychiatry, 19*(2), 184-201.

Thompson, H. and Trice-Black, S. (2012). School-based group interventions for children exposed to domestic violence. *Journal of Family Violence, 27*(3), 233-241.

Thornton, V. (2014). Understanding the emotional impact of domestic violence on young children. *Educational and Child Psychology, 31*(1), 90-100.

Trickett, P., Mennen, F., Kim, K. & Sang, J. (2009). Emotional abuse in a sample of multiply maltreated, urban young Adolescents: Issues of Definition and Identification. *Child Abuse and Neglect, 33*(1), 27-35.

Tusla, The Child and Family Agency (2020) *National Performance and Activity Dashboard. Retrieved from* http://www.tusla.ie/uploads/content/National_Performance__Activity_Dashboard_Mar. 2020_Final_V1.pdf

Unicef (2006) *Behind closed doors: The impact of domestic violence on children. Retrieved from* https://www.unicef.org/protection/files/BehindClosedDoors.pdf

Vincent, S. & Petch, A. (2017). Understanding child, family, environmental and agency risk factors: findings from an analysis of significant case reviews in Scotland. *Child and Family Social Work, 22*(2), 741-750.

Walliman, N. (2011). *Your Research Project: Designing and Planning Your Work.* London, England: Sage Publications.