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# Choice, agency and representation: Understanding children's experiences of a domestic violence group intervention

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## **Abstract**

Domestic violence is one of the most common safeguarding concerns children and young people report, yet little is known about the effectiveness of interventions, or children's experiences of such interventions. Children who experience domestic violence (DV) have typically been framed in a 'damage' discourse and viewed as passive witnesses. In this study, children are viewed as social actors who interact within the world as active agents. This study aims to explore children's experiences of a school-based DV group intervention, to centralise children's voices and to contribute to the development of children's DV services in the U.K. The present study is a narrative inquiry, drawing upon multiple sources of data. Data analysis focuses upon the analysis of semi-structured interviews with four children. Results indicate that issues of children's agency, choice and intersecting identities might be relevant to not only how children experience DV but also how they experience recovery. Children's experiences are situated in a psychosocial context focusing on potential problems arising from the medicalisation and individualisation of children's experiences. Findings highlight the experiential and relational aspect of spaces that can enable children to form relationships and construct identities that are not restricted by their experiences of DV or constructs of children and childhood. Findings also identify a discrepancy between outcome measures and qualitative feedback. It is suggested that services should consider children's psychosocial contexts and issues of power, agency and choice when designing and delivering interventions. It is also recommended that further research should explore the use of outcome measures and the contextual and relational use of space in DV interventions for children.

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## **Definitions and abbreviations**

Domestic violence (DV): *'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality.'* (Government Domestic Violence and Abuse Guidance, 2016).

Children and young people: *Any young person under the age of 18. The children in this study specifically are between the ages of 7 – 10.*

# Chapter 1. Introduction

## *1.1. Context*

According to the World Health Organisation (WHO, 2013), DV is considered a public health concern as it affects more than a third of women worldwide. Recent reports indicate that 2 women per week in the UK are killed at the hands of a current or previous partner (Office for National Statistics, 2015a). However, DV is not just an issue that adults experience, but an issue that children experience too. Ten years ago, a UNICEF (2006) report indicated that around 240,000 – 963,000 children had been exposed to DV in the UK and, according to a more recent NSPCC study, 25% of children and young people in the UK had experienced DV in their homes during childhood (Radford et al., 2011). According to a Coordinated Action against Domestic Abuse (CAADA) Report (2014) 62% of children who experience DV are directly harmed themselves, yet only half (52%) are known to social services (CAADA, 2014). DV is one of the most common safeguarding problems reported by children and young people (Right2BSafe, 2015), yet according to the Right2BSafe Report, only 9% of these children and young people receive Child and Adolescent Mental Health Services (CAMHS) support.

Children who experience DV have typically been pathologised and viewed as passive witnesses (Callaghan et al., 2015a; Øverlien, 2016). It is known that children and young people who experience DV are at greater risk of developing mental health problems, emotional and behavioural difficulties, or experiencing other forms of abuse and neglect (World Health Organisation, 2013; McKee and Holt, 2012; Radford et al., 2013). However, Øverlien (2016) and Callaghan et al., (2015a) share my concern that historically, literature focuses on the 'damage' discourse and, therefore, limits the potential for change. In this thesis, I take a critical perspective of traditional psychological developmental theories, which I describe as best situated in sociological perspectives of childhood (see for instance, Corsaro, 2011 and Burman, 2017). This means that childhood is considered as a social construct, and normative developmental theories used in psychology, though useful in some contexts, means implementing measurements and establishing statistical norms as a claim of universal meaning across all childhoods. My position is as Tag (2012) described, in that universalising diverse experiences of childhood may not create a representation of all experiences, rather this approach risks simultaneously creating and reproducing the very policies and political agendas that such measurements and 'milestones' assess. In my review of the literature and my analysis of children's voices, I focus on narratives that recognise children as social actors (Heywood, 2001) and agentic, relational beings. Based on my involvement on a previous project with children who had experienced DV (Gabriel et al., in press), my own experience of

working with young people and adults as a counselling and psychotherapy practitioner, my counselling and psychotherapy training and my critical understanding of the literature, I come to this study with my own stories, history and experiences too. It is my position that my own 'self' influences the telling of the stories that I present, and that my 'self' affected the stories that the children in this study told me (Finlay, 2003; Josselson, 2013).

A growing body of literature has begun to highlight children's agency and relational and spatial coping in DV situations (see Øverlien, 2016; Katz, 2015; Callaghan et al., 2015). Although we are beginning to understand children's complex methods of coping and strategies of resistance, my concern is there is a discrepancy between our theoretical understanding, and translating this to practice. A small amount of literature evaluates interventions for children who have experienced DV. This study, therefore, seeks to build stronger links between theory and practice by addressing recent recommendations made by the National Institute for Clinical Excellence (NICE, 2014) and the Department for Education (2013) which suggests the needs of children experiencing DV must be identified and met.

## *1.2. Preface*

What follows in this thesis is a narrative study. The study aims to:

- (a) Explore children's experiences of accessing a school-based DV group intervention; and*
- (b) Centralise children's voices.*

The research question I seek to answer in this study is; how do children experience a school-based DV intervention? It is my hope that the findings of this study will contribute to the development of children's DV services in the UK. Children's Rights agendas (United Nations Convention on the Rights of the Child (UNRC), 1989) and my theoretical understanding of how children experience DV informed the study. I present a scoping review of DV interventions and I then review the literature regarding children's experiences of DV. Within these two literature review chapters, I take a particular interest in literature that enables a new, alternative narrative of children's agency, identity and active involvement in family relationships in DV situations. Then, I present an overview of the methods used, and my methodological, theoretical and epistemological position. In this chapter, I highlight ethical complexities and how I navigated them. I then discuss the use of outcome measures and I present an analysis chapter, which includes four sub-chapters that each outline, analyse and discuss a key narrative. My hope is that this study will contribute to the development of children's DV services and will enhance our understanding of children's needs when they have experienced DV.

The intervention in this study was an 8-week school-based group intervention developed and facilitated by two children's workers at a North East DV organisation. The organisation also played a key role in this study as a project partner and gatekeeper for the child participants. The intervention aimed to support children's recovery through empowerment, participation, arts-based activities and peer support. After the children completed the intervention, I conducted creative narrative interviews with four children between the ages of 7 – 10. Many, including Darbyshire et al., (2005) and Harris et al., (2015) endorse creative techniques. I used photographs, mind-maps and children's drawings during the interviews. I also used field notes, reflexivity and outcome measures to inform my understanding and to contextualise their experiences.

My use of narrative inquiry is reflexive (Etherington, 2004; Finlay & Gough, 2003; Lahman, 2008) and relational (Clandinin & Connelly, 2000; Phoenix, 2008). Therefore, my use of self was a core part of enabling meaning to emerge by creating spaces in research relationships whereby children's voices were understood in their relational, social and political contexts, including in relation to me as researcher (Phoenix, 2008). Georgiadou's (2016) use of reflexivity in her research with counsellors draws upon cultural differences in research relationships. She makes parallels between reflexivity in the counselling relationship and in the research relationship, emphasising difference and power relations. I used and adapted her use of reflexivity in this study. This was fitting for me as a researcher, given my role and training as a counsellor and psychotherapist too. Her use of reflexivity addressed what Josselson (2013) called the relational 'interview dance', referring to the relationship between interviewee and interviewer. She also placed emphasis on power dynamics in the interview context. Finlay (2003) recommended addressing power dynamics as crucial for the analysis of data as it could be powerful in illuminating power dynamics in the research relationship that may be representative of what the participant experiences outside of the research context.

I used a variety of sources of data, and whilst I comment on the potential methodological inconsistency of using outcome measures integrated in a critical qualitative methodology, I use these measures to inform and contextualise my analysis. I believe it is valuable to research not to dismiss what may not 'fit' easily. Ethical and methodological complexities, I argue, are not something to hide from; rather, embracing their richness and multiplicities might enable new spaces and new knowledge to emerge. In this thesis, I challenge discourses that frame children in an individualistic and 'damage' narrative and I emphasise narratives that recognise children as social, agentic, relational beings. Although I acknowledge the applicability of most of the DV literature that identifies the potential physical, neurological and psychological effects of experiencing DV, my concern is that this is a limited representation. In this study, I take a

critical position and seek to use narrative methods to explore the positioning and meaning of children's voices both in research and in therapeutic practice particularly in the DV service landscape. I discuss the role of space, power, identity and agency, conceptualizing these issues as relational, and particularly focusing on limitations that might be imposed by bounded spaces in services, and the implications this might have upon how children are supported.

### *1.3. Use of Language*

The use of language not only influences how professionals treat children, but language also has an impact on policy and legal structures. Legislation does not identify children as direct victims; they are simply 'subjected to', 'exposed to', or 'witness' violence. This perpetuates the assumption that children's needs are of secondary importance (Callaghan et al., 2015). As UNICEF (2006) highlights, children often feel adults dismiss them. With this in mind, language is key, particularly when developing policy, legislative documents and interventions for children and young people (Devaney, 2015). In this study, I use the term 'children who have experienced DV'. My view is that these words do not dismiss or silence children; rather they acknowledge children as active agents. As Devaney (2015, p.83) highlights, 'Children are neither untouched by the violence nor passive bystanders'.

### *1.4. Narrative beginnings*

I include this sub-chapter in order to contextualise my decision to use narrative analysis as a methodology for this study. This study was not initially designed or expected to be a narrative inquiry. The initial design was for this study to be an intervention evaluation, using a qualitative Interpretative Phenomenological Analysis (IPA) methodology (Smith, Flowers & Larkin, 2009). However, following my review of the literature and my increasing criticism and dissatisfaction with the way in which research represents children's voices in DV research, my approach to this study developed. My sense was that from a meaning-making perspective, although placing emphasis on the phenomenology and subjectivity of children's experiences may be helpful, IPA as a methodology may have also unhelpfully re-created children's voices that were individualised and removed from their social, cultural and historical contexts (Burman, 2017). Further, my ambivalence was that evaluating the intervention may also re-produce previous evaluations, and what was missing was not an understanding of 'what works', but of how children experience interventions and the DV service landscape. My concern was that children's contextualised voices are obscured due to evaluation agendas, and asking what children 'need', rather than *how* children experience services and support (Akerlund & Gottzen, 2017). Therefore, I moved away from IPA, towards a narrative approach with the aim of understanding children's experiences of the intervention and considered children's voices as contextually produced and co-constructed.

The methodological development of this study based on my review of the literature changed the nature of the study. My perspective regarding the positioning of myself also changed. This is particularly pertinent to DV research with children, given the lack of critical approaches to qualitative methodologies in the current literature and the way in which not only do children's voices become isolated and de-contextualised, but also the positioning of researchers seems somewhat obscured too (Akerlund & Gottzen, 2017). If children's voices are considered as contextually and relationally produced, the positioning of myself was also a facet of this research that I navigated and included in the development of the nature of the study and methodology used. Clandinin and Connolly (2000) describe the layers of narratives a researcher brings to their research, suggesting that narrative inquiries are autobiographical too. The worlds and topics we aim to study are linked in some way, to our own life stories. Writing and researching reflexively, for me, is part of addressing the power relations I write of in this thesis, and it enabled me to create open spaces with participants and embrace the ethical and methodological complexities I encountered in this study. Throughout my writing, I consider what brings me to this research and how my own 'self' influences what I research and write about here (Etherington, 2004).

My interest and investment in this study stems not only from experiences of being a young person myself, but from a professional and political perspective too. I am a relatively young, new researcher navigating what it means to work with participants (and DV professionals) in a narrative study. I have collaborated with the DV organisation in this study on a previous project; however, all the participants were new to me and I was new to narrative research too. My previous involvement with the organisation might inevitably influence this study. I am not a neutral individual, and my relationships with individuals in the organisation, and my investment and desire to support them will influence my position. It is argued that as researchers, we are never neutral to the worlds we study (Etherington, 2004), but taking a transparent, reflexive position can contribute to the authenticity of the study.

Before starting this study, I completed my counselling and psychotherapy training and I had worked on another research project with children who had experienced DV (see Gabriel et al., in press). Prior to that, I had studied for my undergraduate degree. I have spent six years studying, but also this is six years of learning about my professional and personal identity, alongside working with and learning from children, young people and adults in distress in various capacities. Whilst training as a counsellor, I was encouraged to consider my identity as a practitioner, and the ways in which my own stories might influence how I am with clients, and how my clients might position their own experiences and 'selves' with me. Therefore, reflexivity and criticality in terms of social positioning are an integral part of how I practice as a

practitioner and understand people's experiences as both a practitioner and researcher. I identify myself as a feminist and feel strongly about issues of social justice and equality. It is not surprising, therefore, that my narrative methodology seeks to understand stories and reframe those who are typically marginalised in restrictive social structures.

## Chapter 2. Intervention Scoping Review

In the following two chapters, I present an intervention scoping review of the literature and a review of the DV literature focusing on how children and young people experience DV. I stopped searching for new literature for the scoping review once data analysis had begun. An initial literature review was written before data analysis had started. However, in line with narrative methodologies (Andrews et al., 2008), undertaking the literature review was an iterative process which played a key role in the development of the methodological approach and nature of this study. Following data analysis, this literature review was rewritten and re-shaped. The re-writing of the review emerged in response to my deepening understanding of narrative methods (for instance, Andrews et al., 2008; Livholts & Tamboukou, 2015) and my developing critical theoretical perspective, informed by studies of the sociology of childhood (Corsaro, 2011; Burman, 2017). My growing critical stance regarding the positioning of children in 'mainstream' developmental psychology theory and literature was influenced by the work of Burman, (2017). More specifically, I applied Burman's (2017) perspectives regarding the social construction of childhood to the positioning of children in DV research, which influenced the re-writing of the literature review as my critical positioning evolved.

I undertook the literature review prior to data analysis so that I was in an informed (critical) position, which enabled me to analyse the children's voices in context (including the academic and political context of the way in which their perspectives are represented in academic and policy literature). There were also time restrictions that informed the amount of time that could be given to reviewing the literature. The limitation of reviewing the scoping review literature prior to data analysis was that firstly, there might have been further published literature that I did not account for. Secondly, I might have been able to develop further search terms and strategies in response to my data analysis. However, what I was able to do, was as described above; develop my critical stance and re-consider my own writing and my own positioning.

Scoping reviews are an appropriate method if the aim is to extract 'the essence of a diverse body of evidence and give meaning and significance to a topic' (Davis et al., 2009, p. 1398). To contextualise this study, in this scoping review chapter, I will explore the literature regarding DV interventions. A research assistant and I constructed two data extraction tables (Appendix L) comprising of; (a) only specific intervention reports; and (b) relevant reports or reviews that are not intervention-specific. I included grey literature and peer-reviewed published literature. By grey literature, I mean literature that is not peer-reviewed and published or accounted for in academic journals (Norcup, 2015). Grey literature is included due to the lack of peer reviewed DV intervention literature and to represent the diversity of the DV intervention



landscape. The literature is considered in the context from which it originates in this scoping review. Davis et al., (2009, p. 1398) reflect my position, that a traditional method of judging the quality of studies in such a review with a variety of sources of data, might be 'problematic and inappropriate when considering the relevance and value of findings that answer questions not concerned with effectiveness'. I used transparency regarding methods used, rather than traditional criteria for judging quality.

A research assistant supported this scoping review by making initial contact with DV organisations, sourcing some of the grey literature and contacting authors of evaluations and reports. She worked with me to synthesise some of the data from the reports identified, and we created the scoping review literature extraction tables (Appendix L). The review of literature was also peer-reviewed using the research assistant's support. The search initially located 77 articles or reports, and I excluded 50 due to them not meeting the inclusion criteria outlined later in this chapter. This review, therefore, includes 27 articles and reports; 12 reviews and reports of interventions or DV services, and 15 intervention evaluations. One evaluation is peer-reviewed, (Smith et al., 2015) whilst the 14 remaining studies are grey literature studies. One of the reports (Cater & Grip, 2014) is based upon two peer-reviewed published reports evaluating the 'Kid's Club' intervention in Sweden. This paper was excluded, as it was not written in English. However, based on email communication with the authors in English, I could include a brief summary of the findings in this scoping review. There were many instances, in sourcing grey literature, whereby communication was made with experts or organisations but no response was received.

This review identified heterogeneous data, and did not use a wholly systematic approach, as the method of literature searching should usually be consistent with the method used in the research design (Creswell, 2007, p.41). This study is concerned with experiences, views and meaning; therefore, this review required a method of literature searching which would incorporate depth, breadth and individual experiences (Harden et al., 2004). Given the lack of literature, my aim was to look beyond restrictive boundaries and frameworks, in line with narrative inquiry (Clandinin & Connelly, 2000). Using the search terms and strategies identified below, I developed the inclusion criteria and devised data tables to provide an overview of the literature. The literature in the following chapter also informs my review of the data in this scoping review.

### *2.1. Search terms and methods of discovery*

Preliminary database searches included PsychINFO, PsychARTICLES, ChildLink, Child Development and Adolescent Studies, CINAHL, MEDLINE and Social Care Online. Google and

Google Scholar were also used, and specialist organisations were contacted. Search terms and key words were wide-ranging, as DV is a multi-disciplinary issue, therefore, it falls across a range of disciplines that use different terminology, and a wide range of search terms was necessary. The disciplines include medical, nursing, health and social care, clinical psychology, counselling and psychiatry. Search terms used (including synonyms and closely related words) were “child” or “young person” combined with “school”, “outcome”, “evaluation”, “intervention”, “programme”, “therapy” or “group” and “domestic abuse”, “violence” or “intimate partner violence”.

Author-searches, reference-list searches using a snowball method, serendipity searching and a manual hand-search of relevant journals from January 2014 – January 2016 (see appendix A) were undertaken. The searches included making direct contact with experts in the field and DV specific organisations in the UK.

### 2.1.1. Inclusion criteria

Initial searches elicited a range of literature, most of which did not fall within the inclusion criteria for this review, (identified below) highlighting the lack of published intervention evaluations (Smith et al., 2015; BCCEWH, 2013; Howarth et al., 2016; Stanley et al., 2015). I developed the inclusion criteria, with a research assistant’s support, based upon the relevance of intervention design, age of children and economically developed countries. By economically developed countries, I refer to the Organisation for Economic Co-operation and Development (OECD), as done in research by the British Columbia Centre for Excellence in Women’s Health (BCCEWH) (2013). This inclusion is to ensure this review considered interventions in countries that are of a similar economic status to the U.K.

*Inclusion criteria:*

*OECD Countries (as seen in BCCEWH, 2013, see appendix B).*

*Any intervention for children aged 7-11 (or includes children aged 7-11 within the specified age range).*

*Published within the past ten years (2006-2016).*

*Include child-only and child-with-parent interventions.*

*Written in English (due to researcher speaking and reading English). \*The only exception to this, is the inclusion of Cater and Grip’s (2014) study which was published in Swedish. However, following email correspondence from the author, I was able to summarise this study in this literature review.*

## *2.2. The scoping review*

### *2.2.1. Mapping out the history of the domestic violence children's intervention literature*

In this scoping review chapter, I have chosen to focus upon the voices of children and young people in this review. However, only 8 out of the 15 intervention reports included qualitative data from the children and young people themselves. This is potentially problematic given the absence of children's voices in developing DV services. Early research began in North America (Graham-Bermann, 1992; Graham-Bermann et al., 2007; Stein, 2003), and around ten years later, the United Kingdom (U.K.) (Mullender et al., 2002) and Canada (MacMillan et al., 2003) followed suit. Recently the Nordic countries have developed the Kid's Club programme (Cater & Grip, 2014), based on Graham-Bermann's (1992) USA model. I refer to the Kid's Club programme specifically because I use research based in Sweden and Norway to inform my literature review as this research notably contributes to our understanding regarding children's actions and situated agency (see van Staple, 2014; Amigot & Pujal, 2009 regarding situated agency and the construction of the self) when they experience DV. Little information is available regarding Graham-Bermann's original model; however, it is currently available to families in the USA (Kid's Club Program, 2016). Notably, the Kid's Club website identifies the programme as a preventative intervention aiming to improve behaviour, attitudes towards violence, coping strategies and emotion regulation. This is significant, as the core aim seems to be to prevent violence rather than target those affected by violence.

The evidence for interventions is building in the Scandinavian countries (Øverlien & Hydén, 2009; Øverlien, 2014). Jackson Katz (Katz, 1995; Katz et al., 2011) developed the 'Mentors in Violence Prevention' programme in efforts to reconstruct masculinity, promoting the understanding that violence against women is a men's issue too and highlighting the role of the 'bystander'. This has enabled the development of the organisation Men for Gender Equality (Avada, 2012), and the 'Kid's Club' programme (Cater & Grip 2014). It is not clear, due to language translation limitations, how exactly the Kid's Club programme was developed. There has been a number of valuable papers regarding children's agency in DV situations (Øverlien, 2014; 2016), involving children and young people in qualitative research about DV (Cater & Øverlien, 2014) and understanding children's complex experiences of DV (Øverlien & Hydén, 2009). These Swedish studies sit in line with recent U.K. studies regarding children's complex methods of coping and strategies of agency and resistance against violence and coercive control (Callaghan et al., 2015; Katz, 2015). In terms of developing interventions, this indicates strengths-based interventions that seek to create empowering relational spaces in

which children can make sense of their individual experiences, could be more beneficial than situating interventions within a solution and behaviour-based framework.

### 2.2.2. The U.K.

There are a small number of published mid-project reports (Callaghan and Alexander, 2015; Sharp et al., 2011) in addition to a wealth of grey literature. Smith (2016) evaluated the DART (Domestic Abuse Recovery Together) intervention. DART is a ten week programme for children aged 7 – 11. It claims to be one of the only interventions based on joint mother and child sessions, rather than parallel sessions for the mothers and children. The intervention aims to strengthen the mother-child relationship following DV. Data analysis focuses mainly on quantitative measures, and some qualitative feedback from the perspective of mothers, children and practitioners. However, children only have a limited presence in the study. As the findings represent mainly quantitative measures, conclusions are based upon behavioural outcomes and standardised measures, which might not be validated for DV-specific interventions as they tend to be used broadly across the children and young people sector. Findings indicated mothers demonstrated increased self-esteem and were more affectionate towards their children, and children displayed less behavioural and emotional difficulties. Nevertheless, the statistical findings from the children identified that post-intervention 55% of the children were still in the high-need category. Out of the initial 166 children who participated in the DART intervention study, only 14 children were interviewed. The drop-out rate for the quantitative evaluation was also substantial; only 27 children returned for the follow-up. This is an indicator that children need to be accurately represented.

As there is a significant gap in knowledge in the UK regarding what an effective DV intervention looks like for children, I look to sources outside of the UK. Callaghan and Alexander (2015) offered a comprehensive report on a European project, in which they pilot group interventions in the UK, Italy, Spain and Greece. The findings offer helpful guidelines on working to empower children, but little detail is reported about the evaluation of the intervention itself. The report does offer a great deal of insight in terms of understanding resistance and agency strategies children use in order to cope with and survive DV.

## 2.3. *Design of interventions*

### 2.3.1. Theoretical approaches to interventions

Chamberlain (2014) argues if interventions are to be developed effectively, services and practitioners should identify the modality of practitioners and theoretical underpinnings of interventions. The scoping review reveals the most common theoretical approach used to inform intervention designs was play therapy (Cattanach, 2002). Three interventions identify

play therapy (Wicks, 2011; Allman, 2015; Benton, 2016). Two interventions identify a psychoeducational (Nolas et al., 2012; Sharp et al., 2011) or relational (Rampersad, 2013; Smith et al., 2015) approach. Other approaches explicitly identified are attachment theory (Wicks, 2011; Smith et al., 2015) and art therapy (Mills & Kellington, 2012). However, nine out of the 15 reports do not explicitly identify the theoretical underpinnings of the intervention, even though most identify their aims and some offer programme descriptions. Understanding children's experiences of different theoretical approaches is rarely prioritised, meaning the task of developing evidence-based interventions is a particular challenge.

### 2.3.2. Outcome measures

In this review, seven out of the 15 interventions did not identify the specific outcome measures used (e.g. Donovan et al., 2010; Enright, 2012; Mills and Kellington, 2012). Some reports use multiple statistical tools to analyse outcomes. There are 14 individual outcome measures identified in eight reports (see Smith et al., 2015; Nolas et al., 2012; Cater & Grip, 2014). The most common outcome measure identified was the Strengths and Difficulties Questionnaire (SDQ) (Goodman, 1997) (Wicks, 2011; Smith et al., 2015; Cater & Grip, 2014), but it is only used in three of the 15 reports. In two of the three reports that use the SDQ, at least half of the sample did not demonstrate any improvement. I describe the SDQ in more detail in the methods and methodology chapter. The ARTiculate Programme Report (Wicks, 2011) indicates only 50% of the children's SDQ scores improved. Additionally, in the DART intervention (Smith, 2016), 55% of the children remain in the high need category, based on their SDQ scores post-intervention. It is only in the Kid's Club Report, in Sweden (information extracted from Swedish papers (Broberg et al., 2013; Cater & Grip, 2014) and in an email from Åsa Cater on 25/11/2015 that the children's SDQ scores, determined by the SDQ-P (parent SDQ) (Goodman, 1997) indicate an improvement in the children's mental health and trauma symptoms. This improvement could be due to the secondary reporting of children's experiences, rather than the children self-reporting. In the UK, however, the evidence indicates non-significant statistical outcomes for children whereas outcomes for mothers included positive changes in wellbeing measures, affection towards their children and confidence in parenting (Smith et al., 2015). This highlights the need for further research that seeks to understand these inconsistent findings.

The outcome measures used in most of the grey literature reports have varying levels of clarity, and qualitative feedback is sometimes vague and lacking methodological or interpretative frameworks. Nevertheless, qualitative feedback is generally positive, which contrasts with some quantitative findings. Interestingly, Grip (2012) identified the need for practitioners to monitor on-going measures during the intervention, so services are able to

identify unchanged or worsening symptoms as identified by the chosen measure. However, the larger concern for this study is that some services might not be using measures that address appropriate outcomes for a DV intervention and measure concepts that are too broad. Measures used included the Attitudes Towards Violence Scale (Funk et al., 1999), the Adapted Rosenberg Self-Esteem Scale (Rosenburg, 1965) and the Chi-ESQ (Child Outcomes Research Consortium (CORG), 2016). Howarth et al., (2015) and Nolas et al., (2012) argue there is a need for validated outcome measures to be developed. Children and young people should be involved in the development of these measures.

### 2.3.3. Length of interventions

Interventions varied in length, ranging from the Women's Aid Helping Hands Programme, which offered a 6 week intervention (Women's Aid, 2014), to a 27 week art-therapy intervention (Mills & Kellington, 2012). The average length of interventions range from 10-12 weeks, including the Community Group Treatment Programme (Enright, 2012), the Domestic Abuse Recovery Together (DART) Programme (Smith et al., 2015), Talking Without Fear Group (Rampersad, 2013) and the Children Experiencing Domestic Abuse Recovery (CEDAR) Group (Sharp et al., 2011). Howarth et al. (2015) consulted with young people, who suggested interventions should last between 3 months – 12 months, because trust is an important factor and takes time to build. This is an important message. Despite restrictive time-limited and funding-limited services, it is important to take the time to form trusting and meaningful therapeutic and peer relationships.

### 2.3.4. Involvement of family members

Some literature argued child and mother interventions might be more effective than child-only interventions (BCCEWH, 2013; Wathen & MacMillan, 2013; Graham-Bermann et al., 2007). Graham-Bermann et al. (2007) conducted a study with 181 children aged 6-12 which aimed to test a community-based intervention. There were three conditions: a child only intervention, child and mother intervention and a waiting list comparison group. They assessed pre-intervention, post-intervention and eight-month follow up statistical scores based on a number of measures. The measures aimed to assess children's attitudes towards violence and their internalising and externalising problems. They found the child and mother intervention improved attitudes towards violence, reduced aggression and changed internalising and externalising problems. However, the study did not include a long-term follow-up so there was no indication of long-term effects. Additionally, there was no qualitative data regarding children's or mothers' experiences of the intervention, and only one of the outcome measures relied upon the children themselves to self-report.

In reviews of interventions, there are inconsistent conclusions regarding the aim of child and mother interventions compared with child only interventions. Chamberlain (2014) suggested child and mother interventions usually seek to address parenting skills and children's social and emotional skills, whereas Howarth et al. (2016), found child and mother interventions usually aim to improve children's behavioural problems. Child only interventions, according to Howarth et al. (2015) typically aim to improve children's mental health outcomes. In this scoping review, three reports did not identify whether the intervention included a mother or whole family intervention component. There are three interventions which included a whole family component; Women's Aid Helping Hands Group (Women's Aid, 2014), Kaleidoscope Group (Allman, 2015) and Sutton Stronger Families Group (Debbonaire, 2007). Five interventions involve a separate or parallel group for mothers and only one was identified as being for children only (Mills & Kellington, 2012).

There is a disconnection between research findings, indicating contrasting and inconsistent assumptions about what helps. Most services assume focusing on the mother-child dyad is most beneficial (Katz, 2015; Milford & Oates, 2009), but this fails to recognise children as individuals in their own right (Callaghan et al., 2015b). The focus on the mother-child relationship in some interventions is likely because of the wealth of literature suggesting consequences of living with DV are long lasting and potentially irreversible without intervention focused on attachment and trauma recovery (Smith et al., 2015; Sabates & Dex, 2012, p.5). One concern is that attachment perspective place heavy emphasis and blame on a mother. DV is likely to have a psychological effect on women, and some literature states it is likely to have a negative effect on a mother's parenting abilities (Holmes, 2013; Hester et al., 2007; Levendosky et al., 2006). However, this mother blaming discourse is not helpful, as it obscures the role of the abusive partner, positioning (usually) the father as the perpetrator of violence (object) and neglecting to give explicit importance and acknowledgement to the emotional impact of his role and presence.

Although mothers are not the sole provider of care for children, Buchanan et al., (2014) highlighted that our Western society identifies the mother as the main source of caregiving for babies and young infants. Their interviews with mothers illustrated in DV situations, there is only limited and constricted space for the mother-child attachment bond to form. Therefore, some suggest strengthening the mother-child relationship is important (Humphreys et al., 2008). My argument is also that children and young people need a space of their own (Barton, 2015; Howarth et al., 2015). Howarth et al., (2015) suggested that children should have support in their own right and control over their intervention. Views of under 12's are not considered in their study, thus my involvement of younger children in this study is important.

Little is known about children's preferences about their mother's involvement in interventions with them. Interestingly, Grip (2012) suggested parents should access their own support, whether alongside their child, or separately.

### 2.3.5. Space and context

The interventions identified in this scoping review are based in a number of contexts, including schools, communities and refuges. Schools are sometimes identified as suitable sites to manage disclosure and deliver interventions (Stanley et al., 2010). This is due to not only the consistency and perceived safety of schools, but also the peer environment is viewed as accessible for children and, therefore, most suitable for interventions (Katz et al., 2011). Limited qualitative research with children about their experiences indicates older children might prefer community-based contexts due to concerns about their confidentiality in school, damage to their 'street cred' and a desire to have a shared space of their own (Howarth et al., 2015). Likewise, a systematic review of the literature identified schools cannot be the sole provider of DV interventions and multiple sites could be more effective (De Koker et al., 2014). Again, this is a review based on trials and not qualitative research.

If researchers are to gain a better understanding of what children experience as a safe place for interventions, it is important to understand the social and historical context of children's lives, as victims of on-going abuse within their families (Øverlien, 2013). It is possible schools will be a silencing experience for some children, rather than a safe and empowering place (Weis et al., 1998). Due to the power imbalance in child-adult relationships within school settings, schools can be complex and sometimes restrictive spaces characterized by socio-cultural power relations of resistance and adult domination (Smith & Barker, 2000). More research is needed in order to better understand and respond to the needs of children and young people, particularly regarding where and when they access interventions.

## 2.4. *Explaining the lack of consistency in the literature*

### 2.4.1. Theoretical differences

Evidence points towards a broad range of intervention designs. What I notice is British interventions tend to base their methods upon specific psychological theories, such as attachment theory, play therapy or psychoeducation (Wicks, 2011; Nolas et al., 2012; Smith et al., 2015). Like UK interventions, the American and Canadian studies focus upon the mother-child relationship, but with a greater emphasis on psychoeducation (Graham-Bermann et al., 2007; Chamberlain, 2014; Thompson & Trice-Black, 2012). Scandinavian studies tend to focus upon facilitating a shift in young people's attitudes towards violence and gender, moving towards collective preventative interventions that tackle issues of gender equality (Katz et al.,



2011; Cater & Grip, 2014; Grip, 2012). Preventative interventions aim to prevent violence before it happens, but also might enable those currently experiencing domestic abuse to speak out more easily. The Swedish approach aims for social change by challenging norms, particularly around masculinities. It assumes early intervention in schools can prevent the use and acceptance of violence and abuse.

The Swedish approach does not appear to be explicitly evidence based, suggesting they have deviated from traditional approaches of Western countries such as psychoeducation, strengthening the attachment bond and relational psychotherapy. This difference is evident in Eriksson's (2010; 2011) discussions regarding the social positioning of children in Swedish DV policy and law. Child 'witnesses' are defined as crime victims by law (Eriksson, 2011), indicating that the difference in the delivery and assumptions of therapeutic programmes could be explained by differences in how children are socially positioned. This is rooted in political discourses and impacts upon whether children have 'treatment rights' or 'rights as victims of crime'. Both discourses are problematic. If systems criminalise children, this might perpetuate the notion of the 'problem child', but if systems 'treat' children, this might contribute to the discourse of the child as damaged (Callaghan et al., 2015b).

#### 2.4.2. The DV service landscape

It seems the broad range of services, contexts and professional training of facilitators, therapists and practitioners who offer DV interventions could explain the differences between interventions in the U.K. (Turner et al., 2015). In a time of austerity and funding cuts, services often suffer from lack of funding, few workers, and service waiting lists under strain, thus impacting capacity (Donovan et al., 2010; Enright, 2012). Funding cuts might affect the type and level of training and supervision workers receive (Callaghan & Alexander, 2015; Stanley et al., 2015), suggesting training and on-going supervision is particularly important in a line of work whereby workers often feel challenged and confronted by emotionally demanding work that they might not feel trained enough to undertake (Osofsky, 2004).

Facilitators could play a key role in children's experiences of interventions (Stanley et al., 2015; Sharp et al., 2011), and differences in training and modality might influence children's experiences of interventions and their outcomes. The geographical allocation of funding might also affect the interventions offered to children and children's experiences of those interventions. Despite inconsistent findings, it is apparent to me there is still a shared desire to help children and improve outcomes for children who experience DV.

### 2.4.3. Early intervention

Children's experiences of DV are complex, often difficult to articulate and literature suggests children might not be ready to talk (Sharp et al., 2011). Readiness might be an important factor when involving children in DV interventions. The dominant discourse is that early intervention is the goal (National Institute for Clinical Excellence, 2014; the Department for Education, 2013; Howarth et al., 2016). However, the goal of early intervention might become problematic when children's agency and autonomy regarding how and when they engage with services could be more therapeutic than the intervention itself (Humphreys et al., 2008; Houghton, 2015). In order to generate a more complete picture regarding children's needs and experiences, it is important not to overlook the contradictory and coexisting narratives from children. Alongside a need for early intervention, young people aged 15-19 in Houghton's (2015) study also positioned themselves as able to choose how and when they engage with services. This suggests they need professionals to trust them to know what is right for them, rather than place demands on them to talk when they are not ready.

Disclosure of DV experiences is typically seen as therapeutic and beneficial (Graham-Bermann et al., 2011). However, in order to disclose and trust others with their stories, children need spaces which enable safety, confidentiality, empowerment and fun (Houghton, 2015). Evidence points towards children's preference of group work, compared with individual work (Stanley et al., 2015; Sharp et al., 2011), suggesting peer support, friendship and a sense of not being alone, can influence children's feelings of safety and their readiness to talk (Barron, 2007; Thiara & Gill, 2012). However, if a child has greater needs, professionals recommend individual support (Rizo et al., 2011). This indicates services need to be responsive to individual needs as well as considering the child's preference.

Children's experiences of DV are characterised by complicated family relations and dynamics (Øverlien, 2013). This indicates some children do not wish, or are not ready to talk about their experiences of violence, perhaps due to their need to protect family members (Cater, 2014). It is worth considering children's perspectives about readiness to talk, particularly as I understand children as active agents who make informed choices.

## 2.5. *What does the literature recommend?*

### 2.5.1. Early intervention

Consistent with clinical recommendations (NICE, 2014), evidence suggests early intervention and early identification of additional needs leads to the most successful outcomes (Stanley, 2011). However, it is important not to generalise the needs of children and to consider individual needs (Grip, 2012; Smith et al., 2015). There is a consensus amongst young people

that it is not enough to pick up the pieces once the abuser has left or they have escaped (Howarth et al., 2015). Additionally, young people in Howarth et al.'s (2015) study expressed concerns about the lack of provision of support for children and young people who were currently living in violent and abusive homes. Most services deal with the aftermath of DV rather than supporting the child whilst it is happening. There are complex risks and safeguarding issues associated with early intervention whilst the child is still living with violence or abuse, but some children are still in need of support.

Whilst early intervention is paramount, it is important to consider the autonomy of the child. Featherstone et al. (2014, p.1736) highlighted that a 'perfect storm' is created when workers are faced with early intervention and protection issues with children. They usefully critiqued the role of early intervention, suggesting a supportive role might sometimes differ from an early intervention agenda, which is designed to protect but ultimately might not centralise children's needs. Instead, Featherstone et al. (2014, p.1737) suggested workers should be 'agents of hope and support' in the face of adversities rather than disciplinarians, who instruct parents about what should be done, and remove children if it is not done.

### 2.5.2. Multi-agency and whole community response to domestic violence

Families have complex and individual needs, therefore, a holistic, adaptive and responsive approach to support is needed (Grip, 2012; Smith et al., 2015). Literature highlights the necessity of multi-agency support and community responses to DV, providing services that are accessible and not just available at crisis point (Debbonaire, 2007; Callaghan & Alexander, 2015). Sharp et al. (2011) recommended the UK needs an integrated community response to DV, which offers long-term support to families, in order to reach areas that lack support the most.

### 2.5.3. More research is needed

The literature identified in this review shines some light on which services are available in the UK, but reveals little about what an effective intervention should look like. My argument is that certainly, we need more research (Rizo et al., 2011; Howarth et al., 2016) and I suggest more qualitative research is crucial if we are to gain a richer understanding of children's experiences. A number of researchers highlight the need for longitudinal research and trials to support the development of interventions and the validation of outcome measures (BCCEWH, 2013; Smith et al., 2015; Howarth et al., 2016). In order to support the development of DV services, reviews, trials and evaluations need to publish more information regarding the design, theoretical underpinnings and content of interventions (Chamberlain, 2014). I argue

the design of research and the design of interventions needs to consider the risk of medicalising and individualising children's experiences and the way in which this might risk overlooking children's holistic lives and psychosocial contexts.

My understanding that children's experiences and psychosocial contexts need to be considered more, is in part, indicated by the disconnection between statistical findings and qualitative findings. This disconnection appears to suggest there are many experiences that much of the literature does not capture. Qualitative feedback appears largely positive, which paints only a one-sided picture of how children experience interventions. For instance, children suggest interventions help them with their self-esteem, ability to express emotions, better relationships, self-awareness, and understanding of DV (Sharp et al., 2011; Callaghan & Alexander, 2015; Stanley et al., 2015). Fun and friendship are important factors (Debonnaire, 2007; Barron, 2007; Houghton, 2012). Understanding what works is undoubtedly crucial; however, a one-sided perspective that focuses only on what works is problematic if we are to generate a more holistic understanding of children's experiences.

#### 2.5.4. Children's voices should lead service developments

This scoping review has revealed a range of methods of evaluating interventions. These are still largely adult-centric methods, with limited qualitative research centralising children's experiences. This indicates children need more involvement in determining the development of services (Stanley et al., 2015). Howarth et al. (2015) conducted preliminary consultations with children and young people regarding their views about what constitutes a good DV intervention. It was found that what was most important was safety, confidentiality, repairing relationships, and being heard. Young people also felt having the choice of which support they wanted was most helpful. As Cater (2014) highlights, children's choice about participation can be just as powerful as the intervention itself.

#### 2.6. *Summary of the intervention scoping review*

This scoping review of interventions has generated a number of diverse sources of literature. A limited body of this literature specifically evaluates interventions, most of which consists of in-house service reports. Reports that centralise children's voices are rare; eight out of the fifteen interventions in this scoping review included children's qualitative feedback. Understanding the lack of children's voices here leads me to argue that services and policy-makers need to consider children's perspectives in their own right. It is widely acknowledged more research is needed. It is promising that there is a growing body of literature. Despite inconsistent interventions and findings, there is an overall shared desire to improve outcomes. My concern is to prevent children becoming invisible in the development of children's DV services. More

specifically, my concern is that research presents a critical and contextualised account of children's voices. My aim is that our developing understanding of children's complex and contextualised experiences of DV and DV interventions are represented and centralised in practice as well as theory. In the following chapter, I present a literature review that focuses on children's experiences of DV. I situate the literature in the context of this study.

## Chapter 3. Literature Review: Children's experiences of domestic violence

The aim of this second literature focused chapter is to discuss the research-base regarding children's experiences of DV. The aim of this study was to understand children's experiences of an intervention. Therefore, it is valuable to explore what the literature suggests regarding the contexts in which children's lives might be situated. My main aim is to centralise children's perspectives and consider how the literature can contribute to the development of DV children's services. I am aware of literature that highlights the multiple ways in which children might be neurologically, psychologically and physically affected by experiencing DV. However, I choose to focus on narratives that recognise children as social actors as my theoretical position is informed by critical sociological perspectives of childhood (Burman, 2017). I intend to offer a narrative that enables a shift of perspective, focusing on children's agency and strengths, given that 'a discourse of victimisation leaves little room for action' Øverlien (2016, p.8).

### *3.1. Dominant discourses and children's position in the eyes of the law*

A key problem is that UK law does not expressly identify children as victims of DV as there is a widespread assumption that DV happens exclusively between two adults and children are not involved (see Mullender, 2002). Due to the secretive nature of DV and the shame and fear many victims experience, many incidences will be unreported. Recently, the legal definition of DV has changed to include coercive control (Home Office, 2013), a promising shift in terms of the law recognising the complexity of DV. According to a five-year-old NSPCC prevalence study (Radford et al., 2011), 25% of adults in the UK lived with DV when they were younger. A British Crime Survey (2009) estimated almost one million children in the UK were affected by DV, and with 1 in 4 women experiencing DV in their lifetime (Office for National Statistics, 2015b), DV is clearly a widespread issue. Meltzer et al.'s (2009) study, involving 7865 children and their families, found DV was the most commonly reported trauma children experienced. This suggests DV is a widespread issue affecting the lives of many children and young people.

Children's voices are significantly marginalised in DV research (Stanley & Humphreys, 2015). Therefore, this study is concerned with understanding children's experiences but also understanding children's voices as contextually produced (Akerlund & Gottzen, 2017). Children are rarely treated as competent and trustworthy informants in research, as discussed in Chapter 4. However, historically, over the past twenty-five years, the children's rights agenda has led to the development of children's legal rights. These legal rights include the right to be heard, to be protected and to be safe (The Children Act, 1989, Section 17; UNRC, 1989).

This study addresses more recent recommendations to identify and meet the needs of children experiencing DV (National Institute for Clinical Excellence, 2014; the Department for Education, 2013). I argue that policy-makers and practitioners should consider children's rights and perspectives as equally important as adult experiences when developing the way in which they address and define DV (Swanston et al., 2014).

### 3.1.1. Creating spaces for new narratives

The psychological and psychosocial effects of experiencing DV as a child are well documented (Holt et al., 2008; Hague, 2012; NSCDC, 2007; Meltzer et al., 2009). Perry (2000) and Choi et al., (2012) suggested there are lasting neurological consequences of witnessing violence such as the over-development of the amygdala. McKee and Holt (2012) and Radford et al., (2013) offer reviews of the literature generally demonstrating children who live with violence are more likely to develop emotional well-being difficulties, developmental delays and complex mental health problems. However, the evidence is inconclusive regarding individual differences and factors linked to severity of outcomes and children's coping strategies. This indicates the need to understand more about children's perspectives and experiences, both of DV and of the interventions that intend to support their recovery.

A wealth of literature also highlights the cycle of adversity and violence (Levendosky & Graham-Bermann, 2001; Cunningham & Baker, 2004). Experiencing DV in childhood can be linked with increased likelihood to perpetrate violence or become a victim in relationships later in life (UNICEF, 2006; Fox et al., 2014). As I recognise the damaging impact of framing children's trauma in a medicalised and pathological discourse, I consider the recovery literature too. Though much of the literature moves from what 'damages' children towards what can help children, it still does not recognise individual strengths, actions and agency of children. Factors such as the influence of school communities, employment, the media and positive peer groups, are suggested to influence positive outcomes (Van Heugten & Wilson, 2008). These factors are useful to consider, but it is noticeable that they are positioned as external to the child, therefore obscuring the child's agency and actions as a facilitating factor, which might indicate resilience and promote recovery. Again, reinforcing the assumption that children are passive beings by overlooking the complexities of considering resilience as relational and situated, with multiple pathways, which might look diverse across a range of children (Ungar, 2011).

Though I recognise the importance of understanding the above literature, I focus upon literature that does not pathologise children in order to shift the focus away from the discourse of pathology. My decision, to move away from the medicalisation and victimisation

of children who experience DV, does not imply we should ignore the fact that DV can negatively affect children. Rather, the dominant narrative of damage and pathology is problematic, as it limits the space for alternative narratives to emerge (Øverlien, 2016).

### *3.2. Constructs of childhood*

#### *3.2.1. Childhood and domestic violence*

This study arises out of a need to support and empower children. It is therefore crucial that assumptions about childhood are explored. I have explained that my theoretical approach stems from a sociological perspective regarding childhood and child development. In this study, this means that childhood is considered as a social construct (Corsaro, 2011; Burman, 2017). Constructs of the child as ‘helpless’ and ‘vulnerable’, and the adult as the ‘helper’ are rooted in (often Westernised and historical) assumptions about what a normal childhood should be (Burman, 2017). My concern is that constructs of childhood still dominate the DV literature, therefore profoundly obscuring children’s power, agency and voices in an adult-dominated world.

In the U.K. landscape, safeguarding frameworks seek to protect young family members who live with DV (Stanley & Humphries, 2015). On one hand, this represents an ethical and legal obligation to protect children from harm. However, on the other hand, this framework is potentially restrictive, meaning that specialist services can only offer social work interventions at crisis point (Stanley & Humphreys, 2015). Consequently, children and young people have restricted access to services if their abused parent does not fall in the ‘serious’ or ‘at risk/crisis’ category. Navigating these structures illuminates a paradoxical notion that can leave practitioners and researchers feeling stuck or disheartened. By protecting children, the UK might also be silencing them. Prioritising safeguarding, although needed in instances, also leaves children prone to no sustained support, lack of acknowledgement, and importantly, lack of choice. Re-framing strategies and discourses is key. Moreover, empowering relational spaces are created if adults respect the expertise of children as ‘equal to, though different from that of adults and each other’ (Houghton, 2015, p.246). In order to re-frame discourses, addressing some of these underlying assumptions about children as lacking competency and ability is important. In this study, I argue children are the best informants when it comes to understanding how they are best supported.

#### *3.2.2. Victimisation*

I believe it is misrepresentative to assume children’s age and size equates to invisibility and lack of voice. However, in practice, children may still be (perhaps unintentionally) silenced, as professionals can assume adults (e.g. a parent) can speak on behalf of a child. A RESPONDS



Study (Larkins et al., 2015, as cited in Stanley & Humphreys, 2015, p.219) conducted interviews with GPs about their experiences of identifying children at risk. One GP stated, 'I think that [talking to the mother] is how you assess the kind of impact on the kids'. This statement highlights a key issue, and demonstrates the tendency for some adults (sometimes professionals) to silence the child's voice by relying upon other adults to speak for them. Arguably, this tendency to rely on adults to speak for children stems from the assumption that children do not directly experience violence. However, some literature suggests, and what I argue, is that reality is far from this. Children are directly caught up in the 'web' of control (Yoshihama, 2005, p.1246) and they are often crucial 'tools' for the perpetrator to maintain control (Callaghan et al., 2015b).

Legislation does not identify children as victims, but the academic literature generally, at least within the last ten years, reaches a consensus that children are direct victims of DV (Morris, 2009; Houghton, 2015; Kelly et al., 2014). In an adult-centric society, it is undeniably concerning that children might still be seen as an add-on to services and are often framed as 'witnesses' rather than being directly involved (Stanley & Humphreys, 2015). Children are active agents, and they are far more aware of what is happening around them than their parents think (Buckley et al., 2007). In fact, in Litrownik et al.'s (2003) study involving 692 children, one in three of the children reported they had seen physical violence in their home, whereas only 14% of the mothers indicated their child had witnessed physical violence. This is a significant difference between mothers and children's perspectives, suggesting children are indeed aware of their environments in a way in which adults can significantly underestimate.

### *3.3. Coping strategies and complex relationships*

#### *3.3.1. Children's direct and on-going involvement in domestic violence*

Parent separation does not necessarily imply the abuse has ended. If the law grants child contact, the child might be used as a tool to control and manipulate the mother (Callaghan et al., 2015b). This suggests that DV is not temporary. Even once the abuser has left, some children still articulate their understanding of the abuse alongside feelings of anxiety, a need to protect other family members (younger siblings and their mother) or a fear the abuser will return (Callaghan et al., 2015b; Katz, 2015). Øverlien (2016) suggested that children can still position themselves as active agents, and the perpetrators as weak. Øverlien (2016) shares children's narratives in which they describe their strategies of controlling the perpetrator's actions and sometimes intervening, thus, framing themselves in a position of strength and the perpetrators as easily manipulatable. One 12 year old made an active choice to position herself as a 'vulnerable child' in order to convince her father not to beat her mother. Other older

children sometimes used their physical strength to stop their fathers, and another 12 year old child would find the 'aggressor's weak spot' and exploit it to prevent his father's violence against his mother (Øverlien, 2016, p. 8). Regarding how interventions might work to support children, it is important to consider that children might have complicated feelings about their relationships with family members, and this might affect their engagement with support.

### 3.3.2. Complex coping strategies

When working therapeutically with children who experience DV, it is important to remain mindful that children can creatively find multiple ways of dealing with their emotions, and often what is a resilient response, may appear paradoxical. Literature points towards a wide range of diverse responses to violence. Caring for and protecting others (Katz, 2015; Callaghan & Alexander, 2015), criminal or anti-social behaviour (Gadd et al., 2014) or child to parent violence (Holt, 2013; Abrahams, 2010) are notable examples of children's responses to DV. This means children's interventions must be prepared to work with and support children who use a range of coping strategies to deal with a wide range of conflicting emotions; but we should also be aware of the way in which coping strategies are often framed as problematic, rather than sources of strength and resistance. For example, Van Heughton and Wilson (2008) categorise them as adaptive or maladaptive, and Rossman (2000, p.45) refers to the 'adversity package' to describe the multiple stress factors in children's lives if they experience DV. It is also likely the child might experience other adversities and abuse, such as criminal and sexual exploitation (Connolly et al., 2006). By framing children with this type of language, we only identify problematic behaviour and we see 'only a partial story' which might act as a barrier to recovery (Callaghan et al., 2015, p.2).

Children demonstrate great capacity for resistance, intelligence, awareness and ability to create safe spaces and to protect others and themselves (Mullender et al., 2002; Kelly et al., 2014). Not only do children take action to promote their own safety and that of their siblings, they also promote the safety and recovery of their mothers too (Katz, 2015). This knowledge offers an enabling and empowering message to services and practitioners. Mullender et al., (2002) indicated that although children's (and mothers') awareness is uncompromised in DV situations, the desire to protect each other from harm can often become a barrier to communication. This can mean the mother-child relationship becomes a complicated space of fear and unspoken words, but predominantly, of care. It is, therefore, important not to oversimplify this phenomenon and to acknowledge children's individual, creative and nuanced interactions in DV situations. This resilience and resistance against violence is, arguably, what helps children to survive in extreme adversity (Kelly et al., 2014). The challenge is that whilst

respecting children as autonomous and capable beings, we do not idealise children who create more resistant and resourceful coping strategies.

This picture of strength and resistance challenges constructs of passivity and weakness that may cloud our perspectives about children who experience violence. It also implies the mother-child relationship, although undoubtedly important, is not the sole relationship in which children find strength. Callaghan et al. (2015b) explore sibling relationships, and conceptualise resilience as relational and spatial, whereby children constructed identities in sibling relationships, which enabled them to cope and create spaces in which they could construct an agentic sense of self. Children who experience DV are often launched into a premature adulthood (Swanston et al., 2014) whereby distress is much more difficult to identify. For services, identifying and assessing need might be difficult because of the multiple ways in which children cope. This diverse and wide-ranging need must be considered.

### 3.3.3. Gendered narratives

Arguably, it is restrictive to frame DV in a gendered narrative in terms of how children are affected (Contratto, 2002). The majority of victims of DV are women (ONS, 2015), and all four children who participated in this study each had experienced male to female violence so I do refer to male violence against women here. Hochschild (1979) draws upon dominant social rules and constructs of femininity, such as caring and nurturing as feminine roles, to explore how children manage emotions in their environment. This suggests children do not simply imitate behaviour or passively conform to society's gender norms. Rather, where the perpetrator is male, the DV environment is particularly representative of extreme gender relations, dominated by power and control.

Interestingly, Gadd et al. (2014) interviewed young male perpetrators who perceived violence against women as unjustifiable and not something a 'real man' (Gadd et al., 2014, p.11) would do. However, their participants also rationalised, normalised and justified violence against women once they saw there would be a negative consequence and they identified with perpetrators' actions. Likewise, McCarry (2010) conducted focus groups with young men and women to explore their perceptions of DV finding similar contradictory and complex findings. Young people generally demonstrated their sophisticated understanding of structural gendered inequalities. Despite understanding violence to be wrong, participants failed to challenge their comprehensive understanding of gendered power imbalances and inequalities. In fact, participants used structural power imbalances to justify, explain and even empathise with perpetrators of violence and abuse. For instance, they adopt a victim-blaming perspective by explaining 'the woman isn't really living up to what she is meant to', and 'she has provoked

him' (McCarry, 2009, pp.339 – 340). It is important to acknowledge these findings do in some way, pathologise young people by framing them in a problematic light and they fail to recognise many young people develop positive attitudes and behaviours within relationships (Van Heugton & Wilson, 2008). However, in terms of gendered positions, these conflicting and contradictory attitudes and justifications of DV might offer valuable insight and understanding regarding how children and young people might position and view themselves and others.

Although there appears to be little difference between girls' and boys' emotional responses to experiencing DV (Devaney, 2015), some evidence suggests that behaviourally, girls tend to use internalised coping strategies whereas boys tend to externalise their coping mechanisms (Evans, Davies and DiLillo, 2008). This is an undoubtedly generalised assumption and does appear pathologising. However, it can be understood if we consider a gendered perspective on the intergenerational nature of DV that is rooted in constructs of masculinity and femininity, and the influence of violent (masculine) or submissive (feminine) role models. Callaghan et al.'s (2015) case studies, although limited in sample size, illustrate nuanced coping strategies in which boys identified with their masculinity and used behaviour such as aggressive interactions. In contrast, girls identified with their femininity and silenced their own needs in order to prioritise, protect, or mother others. Meeting the needs of children who have experienced DV is not straightforward. These findings highlight children's internalisation of gendered norms and power relations, suggesting practitioners should be mindful and responsive to issues around gender and power relations.

### *3.4. Protecting children without silencing them*

Given that children are much more aware of violence and abuse than adults think they are, the task of protecting children from harm is not simple. Paradoxically, there are instances whereby in protecting children, for instance by preventing their participation in 'risky research', we might actually be harming or silencing them (Scott & Fonesca, 2010, p.287; Balen et al., 2006). The UK Government's guidance on Working Together to Safeguard Children (HM Government, 2015) states professionals need to provide understanding, stability, respect and support to children in their own right. This guidance emphasises the importance of a child-centred and co-ordinated approach to safeguarding, based on the needs and views of children. U. K. legislation comes from a safeguarding and social work perspective, meaning although it intends to protect children, it still fails to capture the complexities of DV. I argue we should not assume that adults can accurately speak on behalf of children. As evidenced, (Litrownik et al., 2003) there are significant discrepancies between children's and adults' perceptions. Most importantly, professionals and researchers should consider this when making decisions about the protection and participation of children (Scott & Fonseca, 2010).

### 3.4.1. Increasing the visibility of children

As noted earlier, challenging perceptions of children as invisible victims is crucial. Even recently, children and young people who experience DV are often described in research as an invisible group (Buckley et al, 2007; Abrahams, 2010). Indeed, it seems these children are at risk of becoming invisible, particularly when it comes to identifying those experiencing DV. Radford et al., (2011) suggest professionals might not prioritise the needs of children and young people, because services, especially statutory organisations, assume if they support the mother, the child will not require additional support. This is particularly problematic because inevitably, this lack of support might lead to overlooked young people, and missed opportunities for services to provide appropriate and timely support before crisis point (Howarth et al., 2016). I argue it is a crucial time to re-visit children's representation by increasing the visibility of children.

One of my arguments is that children can offer great insight regarding how services can reach and support families who might otherwise remain unsupported by professionals. Understanding what happens when opportunities to engage with children are missed is just as important as exploring what happens when services can engage with and reach children. It is important because we hear a one-sided story if we only learn about the positive experiences of children and fail to understand other stories which might illustrate a different experience. A Girls' Attitudes Survey (Girlguiding, 2014) highlighted a key issue regarding the impact of adults overlooking children. The findings indicated that often, young people fear adults consider their issues to be 'trivial', which prevents them from disclosing. This has concerning implications, as once the parent is no longer deemed at risk, the voice of the child is 'marginalised at best and invisible at worst' (Stanley & Humphreys, 2015, p. 64). This suggests it is crucial children's experiences of accessing services are understood so missed opportunities to intervene might be better understood.

Although specialist DV children's workers have a key role in supporting children and young people, there seems to be many professionals who feel anxious about managing DV disclosures (Humphreys and Stanley, 2015, p.50), who often describe DV as a 'can of worms'. This is indicative that many professionals who work with children do not feel able to address DV. There are also additional factors such as sustaining multi-agency services in a time of austerity where we experience lack of funding and increasing waiting lists (Howarth et al, 2016; Stanley & Humphreys, 2015). I also suggest we must not overlook children's choices by focusing upon the external restrictions placed on services.

### *3.5. Summary of the literature review*

This review highlights the complex and nuanced coping strategies children and young people use when they experience DV. There are a number of problematic assumptions and misrepresentations about children's responses to DV, which have historically implied that children are passive witnesses and not directly involved. Arguably, these assumptions silence children further and misrepresent their experiences. I argue for increasing the visibility of children and I did this by directly involving them in this study and embracing the methodological and ethical complexities I encountered.

It seems that a pre-determined agenda in research, and a need to categorise children's responses to DV (e.g. age, gender or duration of exposure), might also be a barrier to hearing children's full stories. This highlights the need for a reflexive and transparent approach to listening to what children's voices in therapeutic interventions and in research encounters. From a narrative and constructionist perspective, this also involved considering how children's accounts and stories were situated and produced in their relational, political and historical contexts. I discuss some of the related ethical and methodological decisions and complexities in the following chapter (Chapter 4).

## Chapter 4. Methodology and Methods

This study aims to understand children's experiences of a therapeutic group intervention for children who have experienced DV. In this chapter, I outline and contextualise the methodological and analytical approach I used. I highlight the ways in which I navigated the ethical, methodological, political and relational decisions and tensions, and I describe the reflexive, relational and social constructionist analytical approach that I used.

In this thesis, I use pseudonyms to protect the anonymity of the participants. Four children aged 7-10 (Jo, Liam, Jack and Sophie) who accessed the intervention, participated in creative semi-structured interviews with me. I also attended some of the group sessions and wrote field notes based on my experiences with the children and facilitators. In addition, the DV service who delivered the intervention use Goodman's (1997) Strengths and Difficulties Questionnaire (SDQ) to measure the children's pre and post intervention scores, based on the child's teacher and parent reports. I used the SDQ scores as a source of data, alongside the interview transcripts and field notes. The SDQ is a 25-item questionnaire used for assessment, measurement and research purposes with children and young people aged 4-17. It measures mental health and behavioural items and it is widely used across the children and young people's sector in the UK (Curvis, McNulty & Qualter, 2014), although there are also widely acknowledged critiques of its value and application (Kersten et al., 2016). In this study, I focus on the children's stories, using narrative analysis (Andrews, 2014; Reissman, 2008; Murray, 2007). In order to maintain methodological and paradigm consistency, it is worth acknowledging the obvious inconsistency, that SDQ scores are numerical data, yet I use narrative inquiry, moving beyond a positivist and post-positivist paradigm, guided by social constructionism (Murray, 2007) particularly studies of the sociology of childhood (Burman, 2017). Nevertheless, the SDQ scores were data that emerged as part of the research process. Fitting with narrative methods, it is recognised that data emerges from the process of research should be included, not obscured (Reissman, 2008). In this study, I take a social constructionist perspective and recognise children as individual social actors in the world who affect others and are affected by others (Corsaro, 2011; Heywood, 2001, p.4). The methodological framework of this study is informed by children's rights agendas and theoretical understandings of how children experience and respond to DV (Outlined in Chapter 3).

### *4.1. Methodological framework*

#### *4.1.1. The analytical framework used in this study*

Narrative approaches are concerned with the narratives individuals base their lives upon, understanding their personal, social and historical contexts and the way in which voices in research are situated within these contexts (Reissman, 2008; Andrews et al., 2008; Livholts & 30

Tamboukou, 2015). Narrative approaches encompass a number of epistemological underpinnings, methods and analytical frameworks (Spector-Mersel, 2010). There are boundaries and borderlines between approaches within narrative research, but there is a consensus amongst narrative researchers that there is no one fixed world-view and no singular way of understanding human experience (Clandinin & Rosiek, 2007). This study takes a starting position in that stories have a purpose, and they are told in relation to other stories (Andrews et al., 2008). Due to the diverse range of approaches within narrative research, there is no singular definition of narrative inquiry, and it is challenging to summarise. However, Sparkes and Smith (2014, p.46) offer a definition that fits with this study, 'lives are storied and the self is narratively constructed'.

The integrative analytical framework I have used in this study is informed by three explicit approaches to analysis. I have chosen to use an integrated framework of analysis in order to best address the aims of this study, and the overarching research question. Michael Murray's (2007) social constructionist framework seeks to analyse data based on four narrative typologies; the personal (individual), interpersonal (relational), positional (power) and ideological (contextualised ideals and principles). His framework allowed me to consider children's experience and the co-construction of identities. In relation to best addressing my research aims and question, though Murray's framework is structured, I found that it was necessary to integrate analysis of positioning in my framework. This is because DV research typically positions children as having lack of voice and power (see Chapter 3). Therefore, I have used Andrews' (2014) concept of micro-narratives (individual narratives) and macro-narratives (socio-political and cultural narratives) in order to understand children's contextualised experiences of the intervention they accessed. I have done this by considering how children positioned themselves within the macro-narratives of their lives. I have considered micro and macro-narratives by placing emphasis on Murray's (2007) positional ideology specifically. Finally, in order to contextualise children's voices further, I acknowledge my own impact on the study. Therefore, I have included reflexivity and have drawn ideas from Riessman's (2008) dialogic-performance narrative framework. This approach, integrated with Andrews' (2014) positioning and Murray's (2007) social constructionist narrative typologies, enabled me to position myself in relation to the children and explore how their narratives were performed and (dialogically and relationally) produced.

Riessman (2008) argues there is no difference between narratives and stories; however, the interpretative framework of this study takes Frank's (2012) position, that individuals tell their stories based on their narratives, informed by experience and their social, cultural, historical and political positioning. This study encompasses the philosophical underpinnings of social



constructionism (the pluralistic co-construction of knowledge, embedded within the researcher and participant's social, historical and cultural contexts), and feminist post-structuralism. Understanding social and cultural power relations is central to data interpretation (Hargreaves & Vertinsky, 2007). A feminist approach to the methodology in this study means critically approaching political issues of power relations and representation of voices (van Stapele, 2014; Wilkinson, 1988). However, feminist approaches to research can also aim to provide collaboration within research relationships, seeking to empower marginalised groups by encouraging autonomy, typically striving to 'give voice' to silenced or oppressed voices. 'Giving voice' is a particular dilemma, as I believe I cannot 'give voice', but I can create open spaces and offer reflexive interpretations.

The analytical framework of this study was informed Riessman's (2008) understanding that all stories are reconstructions of experiences, re-told, performed and re-structured in significant and meaningful ways. The way in which individuals tell their stories, including silences, body language and relational dynamics, tells the researcher something about an individual's identity construction (Mishler, 1999) and the social discourses that affect their lives (Gee, 1991). Data analysis required acknowledgement that children who experience DV are already in a marginalised position in society (Gondolf, 2007; O'Leary, 1999). Literature has historically focused on the problematic dominating discourse of damage caused by physical violence (Robbins et al., 2014), but these discourses are criticised because they overlook children's agency and capacity to cope (Mullender et al., 2002). Children develop complex and strategic methods of coping and resisting violence (Callaghan et al., 2015), but their capacity to cope also coexists with their position as victims (Øverlien, 2013). Akerlund and Sandberg (2016) explored children's experiences of adults' responses to DV. They highlighted the positioning of children by others (professionals) and recognise the interactional nature of children's and adults' responses. According to their analysis, they suggested that children's own positioning of themselves influences how professional adults perceive them and respond to them. Children and young people were either positioned as competent and self-sufficient young adults who were not in need of support and able to intervene. Therefore, support would not be readily available to them. They suggested that another position that is dialogically and relationally constructed is the position of the 'ideal' vulnerable child, able to access support, but their positioning as vulnerable costs them their choice and voice regarding their support and being kept informed. They also recognised a middle ground position whereby children and young people were recognised as being both vulnerable and in need of protection but also capable of being involved in dialogue about their experiences. Therefore, these children and young people influenced the support that they received. I include Akerlund and Sandberg's

(2016) analysis of children and young people's dialogical, relational and socially constructed positioning because it informed my approach to analysing the children's stories in this study. Considering the complexity and situatedness of children's contradictory social positions and contexts is crucial in understanding and analysing their experiences in a research context.

Central to narrative inquiry is the notion that humans are relational beings and meaning arises through dialogical and relational human interaction (Fraser, 2004; Riessman, 2008). The analytical framework I have described does not assume the transparency of the language we use, rather it adopts the perspective that the interpretation of encounters can be meaningful and the meaning of this is fluid and contextual. In this study, my position is fitting with Frank's (2012) position in that my understanding of data develops over time and the meaning of my analysis is contextually and relationally situated. Constructionist, relational research informed by a post-structural, feminist framework is fitting for working with children who have experienced DV, who are typically a marginalised and underrepresented group in society (Clandinin & Rosiek, 2007).

Narrative inquiry typically uses language of 'transparency' (Hiles & Čermák, 2007) and 'reflexivity' (Etherington, 2004) when addressing issues of research trustworthiness and truthfulness. I therefore seek to be transparent about the data analysis in this study. Immediately following research interviews, I wrote reflexive notes in a research journal. I then listened to the audio recordings of the interviews and transcribed verbatim. I continued writing reflective notes and shared the transcripts with a research assistant. The research assistant peer reviewed my initial analysis. During this initial analysis process, the research assistant and I discussed initial thoughts related to the narrative typologies (Murray, 2007) and positioning (Andrews, 2014) of the children's voices that her and I understood from the transcripts. I also explained my experience of interviewing the children and we did not have any disagreements about the initial analysis of the transcripts. I discussed my experience of the research interviews and the analysis with the research assistant and in research supervision in order to dialogically make sense of my analysis. However, as I have explained in the analysis chapter (Chapter 6), integrating reflexivity and using an iterative approach did mean that the analysis and meaning of the children's stories shifted.

At the risk of using positivist language, in order to assess the validity (or rigour) of this study, I have outlined my methodological and epistemological position. I will now outline my position regarding how the trustworthiness of this study might be assessed. Firstly, I position this study in the landscape of debates around the need to assess quality in psychological research. There is an increasing shift towards quantitative research, particularly in the field of evidence-based

therapies (Denzin & Lincoln, 2013). Whilst I appreciate the value of randomised control trials for instance, my perspective is not as polarised as some methodological debates, and I share Pinnegar and Daynes' (2007) position in that I do not wish to imply that other methodological approaches are dissatisfactory or do not have their place. Rather, Riessman and Speedy (2007) and Denzin (2013) share my concern in that the prominence of quantitative research sets a gold standard for which the validity of all other research may be assessed. Whilst Loh (2013) argues for increasing the post-positivist language of trustworthiness, reliability and credibility in narrative inquiries, narrative inquiry does not typically emphasise prescriptive tools for assessing validity. I am in agreement with Riessman (2008, p. 185) as she writes the 'validity of a project should be assessed from within the situated perspective and traditions which frame it'. For this study, this means that my emphasis on relationality, co-constructed meaning and a social constructionist emphasis on power and socio-structural positioning, I hope, will shape the way in which the validity of my study is assessed.

#### 4.1.2. The politics, ethics and relationality of representation

Researchers have a responsibility to represent children accurately and respectfully, therefore, interpretative frameworks are an ethical (Dockett et al., 2009) and political (Akerlund and Gottzen, 2017) issue, as well as a methodological decision. I place emphasis on my methodological, relational, political and ethical decisions, tensions and processes in this thesis, as I believe they are key to constructing meaning. In this sub-chapter I will explore the meaning of these decisions and how they informed my theoretical and methodological approach to this study.

There is little qualitative research about children's experiences of DV (Spratling et al., 2012). In recent years, this has improved (see Callaghan et al., 2015b; Øverlien, 2016; Swanston et al., 2014), but fears around protecting children from sensitive and traumatising issues still dominate methodological research designs. Qualitative researchers seem to have moved away from a need to justify why children should be involved in research, and they have moved towards the question of how participatory research is best carried out (McCarry, 2012). Regarding DV research, children's voices, especially younger children, still seem to be absent (Howarth et al., 2016). The absence of young children's voices suggests researchers do still need to argue for the involvement of young children in DV research. Though I recognise the developmental differences between children and adults, my methodological design does not seek to exclude or 'other' (Lahman, 2008) children by designing research which views children as either the same as adults (Morrow, 1999) (thus, leaving power differences unaddressed) or as fundamentally different, thus, 'othering' them (Lahman, 2008). From my perspective, this

tension is implicitly related to power positions, and does not have to be viewed as binary (children as either the same or different to adults).

As noted above, recent research does tend to focus on how research with children is best done, and there seems to be a shift towards collaborative and participatory research. An example of this is Houghton's (2015, pp.239 - 240) adaptation of Mullender et al.'s (2002) model for conducting research with children who have experienced DV. What is particularly notable is the shift in language used. Mullender and colleagues' (2002) original model focused on the three Cs and Ds (consent, confidentiality, child protection: danger, distress, disclosure). This language appears to implicitly present an ethical and legal discourse and agenda. Houghton's (2015) adapted model added the 'three E's', enjoyment, empowerment and emancipation. A notable shift in language is apparent; towards a 'child-centred' agenda, noticeably, towards a positive outcome and experience for the child. Her research suggests that regardless of age, children's involvement in research can be powerfully therapeutic for them. She adapted the model in order to place emphasis on children's agency in the research process. However, the concept of children's agency is complex, and should be understood as a relational, contextual and situated concept. This means that although my agenda was to not 'other' children, it was also to recognise and explore our different socio-structural positioning.

As there were four child participants in this research, I am particularly aware of the danger of representing children as a collective unified group (Stern, 2015). My tension is that I am also aware that my social constructionist approach to this study means that representing children as individuals in isolation to their context is also problematic and might reproduce normative (and potentially pathologising) discourses. Collectivist assumptions about children's nuanced experiences are problematic, as voices can only exist in relation to one another (Stern, 2015). Condensing individual voices to one singular voice does not represent the multi-layered complexities that children experience, nor the diverse range of children's experiences amongst intersecting positions and identities (for instance, across genders, ethnicities, cultures and geographical locations). Overlooking children's individual voices and positioning children as a collective group reinforces constructs of children as passive, and simultaneously reproduces discourses that marginalise minority groups by re-producing normative ideals about what is considered a 'normal' experience for children's development (Burman, 2017). My position is similar to Burman's as I also recognise that children's voices cannot be understood in isolation from their context. This means that although I interviewed children so that their individual voices could be represented in research, I also believe that individualising and isolating children's voices is problematic. In this study, childhood is considered as a social construct, and the development of children is understood to be contextual. Therefore, studying the child

alone is not enough; the context should be studied too. The tension that I highlight above represents one of the challenges I navigated in this study; there is an absence of children's voices in DV research, therefore my instinct is to prioritise the study of children's experiences alone. However, individualising children's voices adds an additional layer of complexity in research that aims to centralise children's experiences because it is also necessary (in narrative, critical approaches to research) to analyse the context in which the voices were produced. It is for this reason, that I have written four analysis sub-chapters (see Chapter 6), instead of isolated findings and discussion chapters.

For some qualitative researchers (for instance, Darbyshire et al., 2005), the whole research process is considered an organic source of data in which there are multiple opportunities to gain insight. This is certainly true to my experience in this study. As I outlined in Chapter 1, the original methodological approach for this study was to use IPA. I explained that it was as my understanding of the extent to which DV research obscures children's voices that initiated my shift in thinking. My methodological approach became more critical because of my developing understanding of my own positioning in the socio-structural and political landscape that I aimed to study. I recognised the re-production of discourses that perpetuate marginalising and oppressive narratives through methods and measurements that promote either individualisation, collectivisation or normative ideals. In phenomenological studies, researchers seek to present findings that are true to participants' experiences. However, in narrative inquiry, truthfulness is less of a concern; rather, what lead the analysis were questions that aimed to encompass time, context, how storytellers told their stories, and the positioning of actors and myself as researcher (Hertz, 1997). In the following chapter, (Chapter 5) I will present my own interpretation of the stories the children shared with me.

#### 4.1.3. Using critical reflexivity and navigating issues of power

As my analytical framework was informed by Riessman's (2008) concept of dialogical and relationally performed narratives, I included reflexivity as part of my analysis. I recognised that adults' perceptions of children can affect the way we listen to them (Punch, 2002; Evang & Øverlien, 2014). We tend to categorise children and label them with our assumptions, often based on normative constructed notions of childhood (Corsaro, 2011; Heywood, 2001). As I have discussed, constructs of childhood put us at risk of treating children as a collective group, rather than recognising children as unique individuals with multiple voices (Stern, 2015; Lahman, 2008). It is therefore important to consider that our pre-determined assumptions shape not only how we listen, but also how we interact, and how we interpret meaning (Greene & Hogan, 2005). It was therefore necessary to examine my own positioning as researcher, as much as it was to examine the children's positioning with me.

It is the ethical responsibility of the researcher to navigate and negotiate issues of power in the research context (Graham & Powell, 2015). Children's empowerment and issues of power were central aspects of this research process (Christensen, 2004) particularly as my analytical framework included Murray's (2007) positioning typology, Riessman's (2008) notion of relationally and dialogically performed narratives and Andrews' (2014) emphasis on the way in which individuals position themselves within macro-narratives. Empowerment and power, therefore, are not individual isolated processes, but ones that rely inherently upon interaction with others. The participants' interactions, in this study, were in interview contexts with me, as researcher. Contextually, we shared a school space as the location for interviews. Two children's workers, also in a school space, led the group intervention that the children attended. These contextual and relational facets were crucial to be aware of during the interview process and data analysis and interpretation.

Narrative inquiries do not view the researcher's influence on data interpretation as a limitation; rather it is considered to be part of the process (Clandinin & Rosiek, 2007). I understand meaning and agency to be relational and contextual; therefore, I used my own reflexivity and my critical (theoretical and methodological) positioning to analyse meaning. Critical reflexivity is widely recognised as important in research with children (Punch, 2002; Graham and Powell, 2015; Cater and Øverlien, 2014). Davis et al., (2000) stated that critical reflexivity is something that researchers 'do', but it is somewhat more difficult to define. I understand it to mean that a researcher 'does not apply a routine way, but (also) takes active responsibility' (Cater and Øverlien, 2014, p.75). Finlay and Gough (2003, p. ix) referred to reflexivity as to 'bend back upon oneself'.

In the introduction to this thesis, I explained that my use of reflexivity is largely similar to Georgiadou's (2016) use of reflexivity in her research in which she negotiated cultural difference in counselling trainees. Her approach to reflexivity was informed by Josselson's (2013) concept of the relational 'interview dance' and Finlay's (2003) emphasis on power dynamics in a research context. Georgiadou (ibid) also made relevant links between research and counselling practice regarding the use of reflexivity. She suggested that counselling and psychotherapy practitioners have expertise, and although the purpose and boundaries of the therapeutic relationship and the research relationship are evidently different, there are similarities. Gillian Proctor (2002) wrote, and continues to contribute to the counselling and psychotherapy literature regarding negotiating issues of power in the therapeutic relationship, rather than ignoring them and claiming the relationship to be an egalitarian one. The concept of addressing power dynamics instead of ignoring them was a substantial part of my counselling training and continues to be a crucial part of my identity and theoretical practice as

a practitioner. Firstly, I view this as an authentic relationship, and secondly, as Proctor (ibid) wrote, it helps me to work therapeutically with clients and illuminate relational experiences in their everyday lives by paying attention to how they relate to me in the room. My theoretical orientation in counselling is one of centralising the therapeutic relationship as a mechanism of change. Likewise, I understand relationships to be how individuals make and co-create meaning (Josselson, 2013). This approach to reflexivity in this research, therefore, was fitting for me as my identities include both myself as a researcher and myself as a relational humanistic integrative counselling and psychotherapy practitioner. The concept of the relational 'interview dance', as Josselson (2013, p. 30) suggested, refers to the 'here and now' relationship in the research context. This means that the way that the participant relates to the researcher might reveal something about how participants experience and construct their relationships in their lives 'out there'. In this study, I paid attention to the way that the participants related to me, and how I related to and responded to them.

In this study, I used a research journal to document my reflections as I paid particular attention to power relations. I provide extracts from my research journal and field notes at various points in this thesis. As Georgiade (2016) noted, it is difficult to locate examples of 'doing' reflexivity effectively. This is why I have drawn, like Georgiade (ibid) on similarities between research and reflexive therapeutic practice, using Josselson's (2013) guidance. To provide context, I will describe how I wrote the reflexive notes and what I asked myself during this process. I was guided by Josselson's (2013) suggestions regarding using reflexivity during the data collection and analysis stage. I asked myself the following questions to guide my thinking, interactions and reflexive journal writing; (a) how am I relating to the participant? (b) How is the participant relating to me? (c) What is happening between the participant and I? (d) What is being said and what is unsaid? (e) What are my own responses to the participant? (f) What do I understand about the participant's experience in society, in relation to how I experience them with me? I wrote in my research journal directly before and after each interview with the children, and after each meeting with the school and/or DV organisation. I wrote in the journal during my transcribing and analysis process at various non-regulated points in order to reflect on the process and my thoughts in relation to the above questions.

As I wrote in Chapter 1, my response to exploring children's voices in DV literature was that critical reflexivity seems less of a priority in methodological approaches to qualitative research. In fact, reflexivity seems to appear very little in the DV literature with children. As Akerlund and Gottzen (2017) have recently reviewed, this lack of reflexivity and contextualisation results in children's voices being de-contextualised, therefore perhaps misrepresented. Children are the least powerful and most marginalised group in society due to their size, age and

consequential lack of voice and perceived lack of capacity (Lahman, 2008, p.286). Cater and Øverlien (2014) emphasised the complexities of adopting a critically reflexive stance, as it requires both relational closeness and simultaneously, the distance required for reflection. My experience is that this is true. Positioning myself as an adult who was interested in the children's lives, whilst also navigating my unavoidable position of adult authority alongside my desire to build a trustworthy and relationally close (but bounded) position with the children, was, as evident by my use of contradictory and regulatory language here, a challenging experience. I describe this experience and use extracts from my research journal in a following sub-chapter, navigating ethical complexities (Chapter 4.5).

It is not only 'doing' research that is important, but also research with children requires 'being with' children too (Lahman, 2008, p. 295). Prior to the research interviews, I spent time getting to know the children by attending some of the initial group sessions and becoming, what I perceived to be, a familiar presence to the children. In order to participate in authentic and ethical research encounters with children, it is widely recognised that acknowledging the adult-child power imbalance is important (Christensen; 2004; Harris et al., 2015; Punch, 2002). This is crucial in narrative inquiries, which are centralised around critically addressing social positioning and power relations (Sparkes & Smith, 2014). Some researchers have referred to child participants as co-researchers (Kellet, 2011), alongside and equal to adult researchers, in efforts to equalise the hierarchical adult-child power dynamic. However, arguably, children are aware that adults do not typically demonstrate an invested interest in them and their views, in the way in which researchers do in an in-depth research interview. Their involvement in research might be an unusual type of inverted power relation (Punch, 2002; Lahman, 2008; Christensen, 2004), as children are typically used to being the recipient of information rather than the teacher. How I positioned myself in relation to the children was crucial, not only for an authentic encounter but also to maintain research integrity where I could establish both closeness and distance with the participants (Cater & Øverlien, 2014).

Remaining critically reflexive and mindful of the inevitable unequal power relations means awareness that research can be used to benefit children, but it could also be used to control them (Lahman, 2008). Typically, children and young people are subjects of research by people with more social power and status than they have, usually, by nature of being adult and a 'researcher', researchers are higher in rank and status. This calls for reflexivity and a dialogical approach that does not deny differences in social, political and relational power, but an approach that maintains an active, sensitive and critical awareness. I was aware, that it would be impossible to research 'perfectly', as it was possible that my own blind spots might prevent my acknowledgement, and likewise, I may have been 'caught out' by surprise, as (Georgiadou,



2016) described, and as indeed, I was. My position was that it is through acknowledging these power relations through dialogue and reflexivity, that meaning could emerge (Lahman, 2008; Fraser, 2004; Josselson, 2013). I will integrate my reflexivity throughout the analysis sub-chapters (Chapter 6).

## *4.2. The intervention and the participants*

### *4.2.1. Jo, Sophie, Liam and Jack*

I refer to participants throughout this chapter and the rest of the thesis, so it makes sense to introduce them here. At the time of data collection, Sophie was 8 years old, Liam was 9, Jo was 10 years old and Jack was 7 years old. Each child had experienced DV and had been referred to the DV organisation for therapeutic group work.

### *4.2.2. Developing a domestic violence intervention: Processes and decision-making*

I worked with the DV organisation in this study to recruit participants and develop an eight-week school-based therapeutic intervention. Two facilitators delivered the intervention in a local primary school. One of the challenges for practitioners when developing interventions is that there is a limited evidence-base in the UK regarding the effectiveness of therapeutic interventions for children who have experienced DV (Howarth et al., 2016).

Transparency about how the intervention was developed is crucial, particularly as I found that it is rare for literature to identify the content of interventions and the theoretical modality of them. The evidence-base and the skills and expertise of the facilitators informed the development of the intervention. The DV organisation developed the intervention based on literature that offers an understanding of children's resilience and strengths (see Chapter 3). Psychotherapeutic theories informed the intervention design, using a strengths-based participatory approach utilising multiple arts-based creative methods (for example, Rubin, 2016). The aim of the intervention was to empower, develop emotional resilience and to provide a safe space to explore emotions and feelings (see for instance, Sharp et al., 2011; Callaghan et al., 2015; Lee et al., 2012). The intervention also integrated the Swedish model of working with children to facilitate attitude change around gender (Cater & Grip 2014; Katz et al., 2011; Grip, 2012). The intervention content was flexible. Likewise, literature indicated that services should consider each child individually and respond appropriately (Grip, 2012; Smith et al., 2015).

### *4.3. Design of the study*

#### *4.3.1. How the children were identified and referred to the group intervention*

This study was reviewed and approved by York St John University's Faculty of Health and Life Sciences Research Ethics Committee (see approval letter in Appendix H). Mothers of the children gave their informed consent before contact was made with the child. The mothers were also given a parent information sheet with the consent form (Appendix J) and multiple opportunities to discuss the study before they provided written consent. After the mother provided consent, the child was given a child-appropriate information leaflet (Appendix I) and on-going opportunities to find out more about the research or raise concerns, as Eriksson & Näsman (2012) highlight as important. Once they provided verbal consent to participate, I assessed their on-going assent. I did this by attending some of the initial group intervention sessions and meeting the child individually once the intervention had finished. By this point, I considered myself as a familiar person to the children. The Ethics Committee recommended that the children should give their assent, rather than written consent. Assent refers to a signal from the child that they are comfortable participating (Dockett et al., 2009).

The gatekeepers (children's workers and school) had initial contact with participants and provided them with information sheets and consent forms. This was because of data protection issues (the children were on the referrals list for the DV service). By nature, consent or assent means not just instantaneous consent, but an agreement that is on-going and can change (Dockett et al., 2009). I was sensitive to signs, verbal or non-verbal that might have indicated otherwise (Pascal & Bertram, 2009). However, seeking assent, rather than written consent was a dilemma for this study, as my position was similar to Cater & Øverlien's (2014) in that children are indeed capable of making decisions about their participation by route of giving their consent, rather than the researcher assuming that non-verbal signals will suffice. Nevertheless, it was important to adhere to the ethical requirements of the Research Ethics Committee by following their advice. Additionally, as Clandinin & Connelly (2000) recognised, participants can never truly give fully informed consent, as prior to participation they may not be truly aware of what participation will be like for them. This is particularly complex in narrative inquiries such as this study, given the iterative and evolving nature of data collection and research design, often arising in response to participants and experiences in the field. Further, responses to dialogical and moment-by-moment relational interactions and encounters cannot be planned or anticipated.

As identified by Katz (2016), it was important to assess the participants' safety before they took part in the study. The DV organisation undertook their usual routine intake and

assessment procedures with the children and their mothers. They assessed all the children in this study to be living (largely) in safety and to be living away from their fathers (all the children in this study had experienced their father's violence towards their mother). The criterion of living away from the abusive parent was one that was determined by the DV organisation, not for the purposes of this study.

The participant inclusion criteria was as stated below:

1. Not currently living with the perpetrator
2. Experienced DV
3. Age 7-11
4. Attendance at one of the two primary schools involved in the study

Participant recruitment strategies evolved as I discovered accessing participants was more difficult than anticipated. Initially, the DV organisation and a local primary school identified eight children and invited them to participate. We received only three 'yes' responses; one of whom would later withdraw and a second child who withdrew during the intervention. At this point, we relied upon this school identifying participants and communicating with them.

Due to difficulties accessing participants, we involved a second school, where we invited three children to participate who were already waiting for intervention (they were on the DV service's waiting list). Recruiting participants was challenging, which necessitated developing participant recruitment strategies. In this instance, we realised involving the school as the main communicator was problematic, as we could not convey information about the research ourselves. Therefore, the facilitators contacted the families directly, provided information and reassurance to parents and built trusting relationships. All three children and their parents gave informed consent. The facilitators then held initial assessments with all six parents and the children. Overall, we identified 11 families to participate, six consented, and two later withdrew their consent. One mother withdrew her consent before the intervention started and one child withdrew his consent after two weeks.

Due to safeguarding issues, the DV organisation's policy regarding access to interventions, is that it is not appropriate for a child to attend a group whilst currently living with the perpetrator of violence. Evang and Øverlien (2014) highlighted that regardless of our need to generate new knowledge, researchers must not compromise children's safety. It is typical of DV services to employ this policy, and there are strengths and limitations of the decision not to involve children who were currently living with perpetrators for this study. This decision means

that data gathered may be representative of a typical DV organisation as this policy is the norm across the UK (Stanley & Humphreys, 2015). I have a conflicting response to this regarding involvement in research; I agree with Evang and Overlien (2014) who prioritise the safety of participants in complex DV situations where protection from the perpetrator may not be guaranteed, particularly if identifiable details of participants are recognised if results are publicised. However, from a service perspective, there is a small body of literature that offers an alternative perspective, highlighting that young people feel sometimes services offer too little, too late (Howarth et al., 2016). Young people in Howarth et al.'s (2016) study suggested that support during the violence would have been helpful to them. Additionally, from a research perspective, it is important to recognise that only a limited group of children and young people's voices are represented if we fail to represent the voices and experiences of those who have not left the DV environment and are not deemed to be living in 'safety'. It could be argued that there is a lack of diverse experiences represented in the DV literature. This lack of diversity is a limitation of this study.

#### 4.3.2. Designing the research interviews

After I attended some of the first sessions of the group and it seemed to me that we had become familiar to each other, I then returned to the school (this time, to individual schools) after the intervention to meet the children for one to one research interviews. One interview took place with each participant. The interviews lasted between thirty minutes to one hour and fifteen minutes.

In narrative studies such as this one, research interviews are considered to be relational experiences (Bruner, 1990). It was important in this study, to remain mindful that I invited children to participate in research conversations not about any mundane issue, but about aspects of their lives that might elicit emotional or traumatic memories (Evang & Øverlien, 2014). Involving children themselves in in-depth qualitative research about sensitive issues, is in itself a debated issue (see Chapter 4.2). However, in this study, to inform the design of the interviews, I centred my attention on literature that emphasised a participatory and non-'othering' approach to involving young participants in research. When participating in research, young people say they need to be respected and need adults to trust them to disclose when and how they wish, not on demand (Houghton, 2015). Regarding topics that may be distressing and sensitive to discuss, McCarry (2012) suggested clear and direct questions should be asked, and young people will indeed talk about sensitive topics if asked. Further, Margareta Hyden (2008), who did research with women who experienced DV, informs my understanding of approaching sensitive topics. She suggested that tiptoeing around sensitive issues might only reinforce a sense of helplessness and disempowerment. Hyden

(2008) usefully discussed the subjectivity of what is meant by a 'sensitive topic', indicating that the sensitivity of a topic might be largely dependent upon relational circumstances between the researcher and participant, rather than the topic itself, and that traumatic events do not always equate to traumatic topics. Hydén (2008, p.123) also reiterates that it might be healing to talk about what was a traumatic event, but making the 'physical and discursive space for sensitive topics to evolve' is crucial.

Mixed views regarding how to involve children and young people in research interviews, is representative of the desire to both protect children and promote their autonomy. In this study, it was important that unhelpful power relations and constructs of children as passive beings were not blindly reproduced. Therefore, the design of the research interviews required particular attention. Usually participatory methods are claimed to be a way of improving collaboration and stating shared ownership of research data (Harris et al., 2015). However, usually, researchers make decisions about how the research is carried out long before the participants' involvement (Dockett et al., 2009). Further, in this study, there were time limitations, which affected how participatory the design of this study could be. I also wonder if claiming to be participatory and collaborative is a method of ignoring the structural and relational power dynamics that are inherent within researcher-participant relationships. My position regarding this is somewhat critical and is supported by Richard House (2011), who likewise considers the politics and hierarchical psycho-social structures that are inherent within relationships. Therefore, I did not aim for this study to be participatory or truly collaborative, but I did seek for the children to be involved where possible. My reasons for involving the children where possible are that I do believe that children are capable of being competent research informants, not only in research interviews, but also in informing how research about issues that concern them, is best done. I worked with the children's workers, consulted with the children where possible, and used knowledge and experience gained through previous research interviews with children about DV (Gabriel et al., 2016) to inform the interviews in this study. The children's workers and I consulted with children about how and when they wanted the research interviews to take place. They decided to meet during school hours, at school, in a one-to-one setting. As guided by Darbyshire et al. (2005), Spratling et al. (2012) and Harris et al. (2015), this study aimed to enable children to make active choices about how they engaged with the research conversations and activities.

The priority of the research interviews was that they were child-led, co-constructed spaces. Within time limitations, I aimed to create an iterative and dialogical relational space. I prepared conversation topics children could either choose or ignore, depending on what felt important for them (see appendix C). I articulated to the children that it was OK for them to

select topics that they wanted to talk about and it was also OK for them to create some new topics or not talk about any of the topics at all. I informed the children that I would follow their lead. Children had also pre-selected some of the creative work they had made during the intervention to bring along to the research interview. The children were asked to bring some of their creative work and they retained their creative work after the interviews. I also had a selection of creative materials, such as pens, pencils, paints and coloured paper, from which children could engage in some drawing and mind-map activities (see for instance, Fargas-Malet et al., 2010) if they chose to. The creative activities were used during the interviews in different ways for each participant. Generally, they were used as a visual tool to express their thoughts and/or experiences, or to visually map out their thoughts and/or experiences. I explained to the children that using some of the creative activities was optional and was not mandatory. By explicitly stating that using creative materials was optional and by providing as much choice as reasonably possible in the research interviews regarding topics of conversation and activities, I aimed to reduce the power imbalance whilst also acknowledging its potential effects. The children chose whether I kept their drawings or if they took them home themselves. If they took them home themselves, I asked their permission to take a photograph of their artwork, which I then retained as visual data. If they gave me permission to keep their artwork, I also retained this as visual data. The creative activities created during the group intervention were all taken home by the children.

It is necessary here, to consider Fielding's (2007) argument, in that asking children to participate in innovative ways can be seen as another means of adults exerting power and control over them. I was aware of this during the research interviews and aimed to acknowledge this and reaffirm to the children what my role was and why I was there, where appropriate. I was also aware of the space we shared during the research interviews and aimed to maintain immediacy and reflexivity regarding how the participants and I shared that space. For instance, I would ask questions such as, 'how shall we set up in the room here? Would you like to help me unpack the bag of pens and paper?', 'Would you like to sit on the floor or on the chairs?', 'Shall I join you on the floor?' and 'Would you like me to draw a picture too?' I will include extracts from my research journal, to illustrate my reflexivity and my navigation of some of these issues during the interviews and analysis.

The research interviews were audio-recorded. Children demonstrated great interest in the audio-recorder, even after reassurances about what would happen with the recording and that their conversation would be private and confidential. One child, Sophie, took the recorder in her hands and questioned me about how it worked, if it videoed her too, and where in the room we would keep it. Her concern was that it could not 'see' her, so she hid it behind an

object in the room so that it would still hear her voice but she was assured it would not see her. This suggests that safety, anonymity and autonomy were crucial parts of her navigating her trust in me and in the space that we shared. This example illustrates that children are not only aware of protecting their anonymity, but as Christensen (2004) highlights, they might be hyper-aware of the potentiality for exploitation or mis-use of their trust.

#### *4.4. Navigating ethical complexities*

Research with children elicits additional ethical dilemmas that interweave throughout each research stage. For this study, ethics does not mean simply 'doing' something, but it requires 'the on-going work of being ethical' (Frank, 2004, p. 356). Research tends to position ethical decisions in a processual and institutional framework. However, due to the relational way in which I approached the methodological and analytical decisions in this study, it was fitting for me to take Arthur Frank's (2004) position regarding ethics. He considers ethics to be 'ethics as process', meaning that these ethical complexities could be considered as on-going relational negotiations that do not end once ethical applications have been approved by the institution. Here, in the following sub-chapters, I aim to explore the particular ethical complexities I encountered in this study.

##### *4.4.1. Working within a risk-averse culture*

Ensuring the protection and safety of children is a well-documented dilemma for researchers who aim to balance children's right to participation and simultaneously, their right to protection (Houghton, 2015). Scott and Fonseca (2010) highlight the challenge of navigating restrictive and risk-averse ethics committees or gatekeepers. They consider whether ethics committees, institutions and gatekeepers who adopt protective roles, are protecting children or protecting their institutions and professions. In this study, it was paramount that children remained in the foreground, despite the multitude of adults whose role was to protect them but who might in fact, silence them further. As Evang and Øverlien (2014, p.10) highlighted, 'the ethical concerns must not be so rigid that research with vulnerable children becomes impossible'.

Managing multiple relationships and policies that sought to protect the children was both reassuring and restrictive. The policy not to work with children who are living with the perpetrator is common in DV children's services, with the exception of one-to-one advocacy programmes (Stanley & Humphreys, 2015). The policy exists because of safeguarding reasons, despite evidence suggesting abuse does not stop once the abusive parent leaves the home and children and young people feel they need support during the DV, not just in the aftermath (Howarth et al., 2016). In this study, this meant any child who was currently living with a

perpetrator was not able to participate. I have discussed the implications of this for this study in Chapter 4.1.1.

Issues of consent and right to participation extend to the researcher-parent relationships too. This may be arguably more complex when doing DV research. Cater and Øverlien (2014) argued parent consent might in fact give children permission to talk freely in an interview setting, given that DV has always been a family secret. They suggested that if the child's parent (usually mother) has given their permission for their child to speak to a researcher, the implicit message for the child is that they do not have to keep any secrets. Of course, this can be contested; it is also known that the mother-child relationship in DV situations is more complex (Mullender et al., 2002) and the child's experience is not only determined by this dyadic relationship, but it is in response to, and in negotiation with their wider networks and contexts. However, as I found in this study, seeking parental consent can also act as a barrier to participation. There was one instance whereby the child was assessed for participation in the intervention and the study, and the child was assessed to be appropriate and likewise, the child expressed a desire to be involved. However, the parent did not consent. It is possible that the agenda of parents might be to protect their own privacy, rather than to promote the autonomy of their child (Cater & Øverlien, 2014). This was a complex dilemma to navigate. The fact that some parents do not consent for their child to participate, despite their child's right to participation, is arguably an issue ethics committees need to consider but one that appears to be rather overlooked (Balén et al., 2006). Howarth et al. (2016) highlighted that even if parents are not ready to engage, there still is a need for children to access support in order to cope with their current situation.

#### 4.4.2. Multiple relationships: 'There's a lot going on'

Entering schools as a new and unfamiliar presence was challenging, and taking time to develop trusting relationships with the schools was key. Schools are chaotic and fast-paced environments. Relying upon communication from busy professionals about families who have chaotic lives provided some insight and contextual understanding about the lives of the children involved in this study. For example, during the first interview with Jack, the school bell rang for break time and Jack expressed a wish to play with his friends, making me wait until after break time. Due to restrictive timeframes, this could not happen. Jack identified his preferred times for me to return. However, when I returned, Jack was not in school. This highlights the difficulties of maintaining on-going engagement with participants whose lives are often unpredictable and chaotic. It is concerning there was little opportunity for Jack's voice to be heard and understood here. This highlights the challenge of communicating with gatekeepers whilst aiming to centralise the child. It also highlights issues of ensuring



participants are making active choices to participate, when participants are children who, due to systemic and structural power dynamics, have little opportunity to speak for themselves.

Harris et al. (2015) recognise the unpredictability and messiness of conducting creative research with children. This resonates with my experience, more specifically, my experience of the interrelatedness of issues of consent, safety, contact and child autonomy. In communication with one of the group facilitators, during the initial assessment and recruitment process, one of the children's workers said: 'I spoke to [the mother's] worker and she isn't living with partner but thinks she is still seeing him. The problem is that children's services have said she has to let her daughter do the group but she didn't want her to. It's a tricky one – she is at the brink of having her daughter removed if she does not engage in services and stop seeing her partner so there's a lot going on'.

The above extract illustrates the ethical complexities of accessing participants in this study. Not only were the boundaries unclear about whether the child still had contact with her father, but there were consequences and conditions attached to the mother consenting to her child's participation in the intervention. There seems to be a clear message of power here; the way in which the mother is disempowered as a product of the system in which she is a part of, and in the way in which the child's voice (her needs, wishes and thoughts) are obscured. We do not see or hear the child in this instance, only the adults around her. Eventually, after the mother provided consent for her daughter to participate in the intervention, she subsequently did not engage in any further communication with the DV workers. This raises questions about how services (and researchers) can work towards inclusivity without marginalising individuals further.

#### 4.4.3. Confidentiality and anonymity: Not a straightforward issue

In this study, great care was taken to ensure the children's (and their families') anonymity and confidentiality was protected. This was more complex, as I could not necessarily guarantee confidentiality because we were working with children and could potentially have encountered safeguarding issues, though fortunately no safeguarding issues emerged. The fact that there were limits to the confidentiality that I could offer in the interview setting may indeed have prevented the children from disclosing particular information about themselves. Arguably, the issue of confidentiality and anonymity is more complex in DV research. Children in Houghton's (2015) study, expressed concerns about their confidentiality and anonymity when participating in research due to the potentiality of the abuser (usually the father) identifying the child should the research report be made public. Firstly, this evidences the control that perpetrators of DV have upon children's lives even after post-separation and even if there are court orders

in place to prevent contact with the child. However, this was an important consideration when deciding upon details such as the location of the research meetings, and anonymising participants' details when writing this thesis.

Multiple aspects of confidentiality were considered in this study. Firstly, protecting the child's identity by anonymising not only their details, but also any information about their families or peers. Children who have experienced DV are more at risk of direct abuse themselves (Connolly et al., 2006). Therefore, participation in research around DV might mean subsequent disclosures, which might result in social services taking action, which potentially harms the family unit because of child protection agendas. This means in this study, there were additional considerations around not only child protection, but also protection of the child's family (Houghton, 2015; Øverlien & Cater, 2014). This extended to the dilemma of anonymising (and including) visual data. Pseudonyms do not anonymise this type of data, but creative work formed a crucial part of the intervention and the research interviews. I decided to include some (but not all) of the children's creative work in the appendices of this thesis. Some of the children wrote their own name or the names of their family members or friends on their work. I did not include these pieces of creative work, in order to protect their identities. I did include work that did not reveal any identifiable information about them, and work that helped to illustrate some of the findings. I included these creative pieces of work firstly, in order to respect the children's desire for me to include their work. They expressed their desire for me to do this, and it feels appropriate for me to include their work, as it does not risk revealing their identity. Secondly, the inclusion of this visual data helps to illustrate some of the children's stories and experiences.

#### *4.5. Children as Experts*

Hesitancies still exist regarding the validity and reliability of children's contributions to research. In order for children not to be labelled as untrustworthy, it is important to note that questions of reliability and validity are not concerns exclusive to children's accounts, but of interpretivist research with children and adults alike (Dockett & Perry, 2007). A core argument of this study is that children are capable of engaging in meaningful dialogue in a research context (Houghton, 2015; Evang & Øverlien, 2014). A promising culture is developing which recognises the trustworthiness and competency of children as active participants in qualitative research (Spratling et al., 2012). However, for this study it was important to recognise that children's capacity and competency to contribute in meaningful and insightful ways coexists with their vulnerability and need for protection.

Evang and Øverlien (2014) explore the rich, interactional patterns that can occur in research interviews. Their case studies illustrate children's capacity to creatively regulate and move in and out of dialogue that they did (or did not) choose to engage in. This suggests despite our prevailing legal and ethical risk-averse culture that promotes the protection of children (Scott & Fonseca, 2010) children are indeed capable of articulating experiences in research interviews. As discussed in Chapter 4.2.3, critical reflexivity, for this study, was therefore crucial. It was necessary to challenge our need to protect children in this context, and to question underlying assumptions about childhood (Graham & Powell, 2015; Heywood, 2001), and indeed, the underlying grand narrative about children (and participants) as 'subjects in need of protection' (Clandinin & Connelly, 2000, p.173). I adopted a position of prioritising children's safety and wellbeing, but I integrated reflexivity regarding my own positioning in relation to the children in order to understand their stories, rather than distance myself (and them) from articulating aspects of their stories. Extracts of my research journal are included in the analysis sub-chapters (Chapter 6), in order to illustrate how I did this.

## Chapter 5. Beyond outcome measures

‘Therapy should be ongoingly and processually deconstructive of its own taken-for-granted professional ideologies and clinical practices’ (House, 2011, p.2).

### *5.1. Positioning outcome measures in this study*

Goodman’s (1997) SDQ, a 25-item questionnaire used across the children and young people’s sector to measure mental health and behavioural items, was used to measure children’s pre and post intervention scores. The SDQ was used as a measure as it was routinely used by the DV organisation in this study. The children’s scores are attached in the appendix (appendix I). What follows in this chapter is a brief overview of the scores and a discussion about the use of outcome measures. Because of the small sample size, it is not possible to generalise findings. However, what is more important to this study is that seeking to generalise statistical scores is not in the interest of narrative research, which seeks to understand contextualised individual stories (Andrews et al., 2008; Clandinin & Connelly, 2000). What was important for this study in particular, was understanding children’s voices in their social contexts. The SDQ scores gathered as part of the DV organisation’s processes provided data that helped me to contextualise the children’s stories. As a researcher, I felt somewhat compromised because my position is that medicalising children’s distress frames children in a problematic discourse, which is restrictive and does not allow space for alternative narratives. However, the SDQ scores enabled me to situate my qualitative analysis alongside the scores, providing a necessary opportunity for a contextualised analysis– in this particular chapter, in a psychosocial context of working in an outcome driven culture (House; 2011; Totton, 2010).

### *5.2. A brief overview of the children’s scores*

The scores are attached in the appendices (see Appendix K). Jack’s post-intervention scores from his mother are missing as we had difficulties collecting the data. However, according to his teacher, his overall stress score decreased. Likewise, Jo’s teacher and parent scores both indicate an improvement. However, Liam and Sophie’s teacher and parent scores are in disagreement; the teachers indicate an improvement whereas both parent scores suggest an increase in stress level. For some of the children (see appendix K), parents’ and teachers’ perspectives differ, and the scores based on the SDQ differ greatly from what I understand of the children’s interviews (discussed in Chapter 6). This seems typical of other studies that also use the SDQ, where scores do not reflect the qualitative feedback from parents and children (Wicks, 2011; Smith et al., 2015; Cater & Grip, 2014). It is interesting to consider the difference between parents’ and teachers’ scores, compared with the children’s own feedback. There are often discrepancies between adult’s perceptions and children’s (Litrownik et al., 2003). In this study, children did not complete a self-report questionnaire as this was not a method of

measurement and assessment that the DV organisation used as routine practice. They used the parent and teacher SDQ only. There has been research conducted which explored the discrepancies between adults' perceptions and the perceptions of children when using the SDQ as a tool (Van Roy et al., 2010). This study, however, only considered the perspectives of parents and children. Nevertheless, it is still relevant and worthy of note in relation to the qualitative findings of the present study. Van Roy et al (2010) found that patterns of discrepancies can be understood in relation to relational and socio-demographic factors. It was found that it is typical of children to report more symptoms than their parents report, but less of an impact. In relation to the children's own perceptions in this study, as I explore in Chapter 6, the children highlighted the importance of services and support providers considering their wider socio-relational context. More specifically, how these contexts might affect the accessibility and experience of support.

### *5.3. Contextually produced voices*

These scores highlight the issues I discussed in Chapter 2 regarding the use of multiple and varied outcome measures that may not be validated for use in DV work. The broad range of outcome measures might partially explain the range of quantitative findings in the literature. This is a worthy issue to explore. However, what is relevant in this study is to explore the cultural, historical and political contexts in which the data is located. The use of outcome measures sits within a broader framework of autonomy, agency, bounded spaces and freedom in regulated professional and/or institutional settings. I explore these issues in relation to the research interviews in the following chapter (Chapter 6).

As I understood my own response regarding the dilemma of how to position the outcome measures within this thesis, I began to understand the wider context. My initial response was that I wondered if I should include the measures at all. As a therapist myself, I understand it is the norm for services to frame outcome measures as a necessity. I had grown fond of the staff members at the DV organisation and I did not want to include a critical analysis of outcome measures that might potentially reveal them to be lacking in professionalism or skill. This was far from reality, from my perspective. More specifically, the children participated in interviews with me. However, at times, the schools (and the children) positioned me as an adult who was connected to the DV service (I discuss this further in Chapter 6.3). Therefore, to some degree, it may have been perceived that I was measuring their 'success' or 'failure' in relation to the intervention. As I recognised how restricted this made me feel as a researcher, I could better understand what the participants might experience in bounded spaces too. My experience was also one of being bound by ethics, school limitations, time restrictions, an intervention 'protocol' and even my own research question. I understand my dilemma of positioning the

outcome measures data, as situated in a familiar narrative of an audit culture driven by evidence-based practice.

The bounded and restricted spaces I refer to might be a contributing factor to the lack of DV research which centralises and contextualises children's voices; not only is funding limited and gatekeepers and ethics boards might be fearful of risk (Scott & Fonseca, 2010), but I understood the DV organisation's ambivalence about their involvement in this research. Protocols, data protection and safeguarding procedures were the dominant concern at the beginning of this project. Though the necessity of this is obvious, I experienced a shared feeling, between the facilitators and myself of a sense of surveillance and concern that the children's 'outcomes' might not be 'good enough'. Such feelings might be indicative of the restrictive spaces in which practitioners work.

The culture in which children's distress is often labelled, medicalised and measured, contributes to discourses that further problematise children. Further, as Burman (2017) points out, this can have a pathologising and oppressive effect on those who fall outside of a white, heteronormative, westernised construct of what is considered developmentally 'normal'. The way in which standardised measures claim to have universal meaning, neglects diversity and reflects the assumption that childhoods and experiences of distress can be accurately captured and generalised. More specifically, my concern is that this pathologising and marginalising tendency, it seems, might create and contribute to a culture that does not promote the possibility for change (Øverlien, 2016). My experience of positioning myself as a researcher in this study who also has a role as a therapist in another capacity was an experience of navigating the borderlines and tensions of my own power and lack of power. My reflections on positioning myself in relation to children and professionals within an audit culture of evidence-based practice, as evidenced partly by the discrepancies between children's and adults' perceptions according to the above SDQ scores, allowed me to consider how children positioned themselves regarding how they acted within, and against power structures (I discuss this further in Chapter 6).

## Chapter 6. Children's Stories

In this chapter, I present the findings of this study in four sub-chapters. Here, I integrate my analysis and discussion of the findings. This integration is in order to ensure that children's voices in this thesis are contextualised with my own reflexivity and closely positioned alongside the academic literature and practice and governmental policies. I explore four key narrative typologies of the children; (a) Conceptualising agency as relational, (b) More than a victim, (c) Stories of relationships, and (d) 'Everybody took part': Navigating experiential and relational spaces. The narratives emerged and were identified following my integrative analytical framework outlined in Chapter 4.4.3. In these analysis subchapters, I integrate my own reflections of the relationships developed in this study and consider the contextual, co-constructed and situated way in which children's voices were produced. Centralising the children's experiences by using illustrative examples from the interview transcripts is a crucial methodological and presentational decision, specifically because little literature focuses on children's voices, particularly regarding their experiences of DV interventions and specialist services (Stanley et al., 2015). Further, I include transcript extracts in their raw format so that children's voices are transparently presented and analysed in context.

Interview transcripts, field notes and reflexive journal entries informed my interpretation of data. Therefore, so that my interpretations remain as close to the data as possible, and to enable my interpretations to be understood in context, I present four sub-chapters in which I integrate my findings, analysis and discussion in relation to each concept that arose from my analysis. The following chapters are the stories of participants, as I have understood them. From a narrative perspective, 'stories are shaped by their listeners' (Andrews et al., 2008, p.6). As Clandinin and Connolly (2000, p.64) wrote, 'the stories we bring as researchers are also set within the institutions within which we work, the social narratives of which we are a part, the landscape on which we live.' Likewise, Andrews and colleagues (2008, p.86) suggested 'our interpretations of our data are always, and can only ever be, connected to the vantage point from which we view the world. But we, and the world around us, are forever changing. Nor does the data we collect remain constant'. In other words, participants' lives are 'lives in motion' (Clandinin & Connelly, 2000, p.64) – they do not remain fixed in the moments we encountered them. For this reason, and for reasons discussed earlier in this thesis (Chapter

Earlier, in Chapter 4.4.3, I described the analytical framework used in this study. I have written the following chapters in an iterative fashion, going between interview transcripts and field notes, writing and restructuring the chapters. Riessman (2008) suggested that this iterative process of writing and returning to the data can promote a richer understanding of the participants' experiences and a deeper understanding of my own experiences as a researcher.

The names, or the labels attached to each sub-chapter have changed over time, in response to my changing understanding of the children's stories. At times, I refer to the 'Top Tips' poster (see appendix D) the children created as part of the intervention. The practitioners provided the poster, and they explained that the children created this collectively. They explained that the children wanted to disseminate it to children's DV services and professionals who work with children who might experience DV in order to increase understanding.

### *6.1. First meetings*

In order to contextualise the research interviews, I include a brief outline and description of my experience of meeting the participants for the first time. In my analysis, I emphasise context, therefore it is necessary to provide a brief account of our first meetings. I met the children on the first day of the intervention. I was first to arrive at the school, so I waited in the reception area for the children and facilitators to arrive. Sophie and Liam arrived first; they attend the school the intervention was held at. We sat together and waited for the facilitators to arrive with Jo and Jack. The facilitators would provide transport for both Jo and Jack to arrive at the school each week. At this moment, Jo and Jack were new to Sophie and Liam. There was also a fifth child who arrived with Jo, Jack and the facilitators. He is not included in this study as he withdrew from participating before the intervention had reached an end. The children were new to each other, and I was new to them. Together, we went to the designated room in the school where we began making drinks and setting the room up together for the first session.

### *6.2. Conceptualising agency as relational*

This interpersonal narrative typology suggests that agency is not a concept that can be understood in isolation. I view interviews in this study as relational spaces (Bruner, 1990; Hydén, 2014) in which power plays an inevitable and crucial role (Graham & Powell, 2015; Lahman, 2008). As a counsellor, I am aware of the imbalance of power between my clients and me (Totton, 2009). Perhaps then, it might be inevitable that I used reflexivity to make sense of power dynamics in my analysis of the research interviews too. My position is that it would have been naïve to ignore the unavoidable power imbalances between participants and myself. I asked participants to share experiences with me, treating them as teacher and myself as learner. However, this inverted power relation was not simple. Upon reading Hydén's (2008) chapter on narrating sensitive topics, I understood more of the complexities of research relationships in this study. I asked participants to share their lives, but what sat between us was an understanding that I occupied a much higher rank than them. By rank, I refer to Totton's (2009) references of power hierarchies and positions of status. In these research interviews, I did not disclose much of my own personal experiences but I asked participants to



disclose theirs. DV is something of 'culturally low value' (Hydén, 2008, p.127); it has negative assumptions attached. Alongside their age and the power status of adults in schools, participants were automatically positioned as a lower social rank than me. I aim to explore this power dynamic, including my own positioning, in order to contextualise the children's voices regarding how they experienced the intervention in this analysis.

Each child highlighted that they did not wish to be treated 'like babies' (see 'Top Tips' in appendix D). Their clear statement on this poster that they co-created links to their consistent references to choice and power. My understanding is not wishing to be treated like babies is indicative of their acknowledgement of the relationality of their agency and choice regarding how they experienced the intervention and how they might have experienced the power hierarchies that I referenced above. In my interview with Jo, she told me she felt she did indeed have choice about attending the group intervention.

*Tanya: what about if you felt like you had a choice about coming along to the group?*

*Jo: mmmm, I felt happy that I had the choice about every time I wanted to come*

*Tanya: and do you think it worked out alright with it being after school – even though it was a new school for you?*

*Jo: yeah I enjoyed it though, I enjoy new schools*

Interestingly, Jo recognised that although she enjoyed the group, she was aware, particularly at the beginning that adults made decisions for her, and she had a sense of feeling unacknowledged. She suggested her lack of voice was a source of anxiety. 'The scariest thing was meeting new people because all I was told was that there would be other children going, I didn't know who was going. All I knew was that it was you guys doing it but the only person I knew was [the children's worker] because she used to work with my cousin and she didn't [pause] but, but my cousin doesn't need it any more so she came to do it with me'.

Jo's participation in the group was a positive experience, but she still recognised her need for a sense of autonomy about how and when she participated. Likewise, Sophie also positioned herself as lacking autonomy regarding her participation.

*Tanya: do you think that you wanted to come [to the group] yourself?*

*Sophie: my mum. My mum made me come*

*Tanya: your mum made you, hmm [pause] What happened there do you think?*

*Sophie: I just wanted to see what it was like yeah, but I wanted to go see some friends and stuff, after school and stuff. I wanted to skip some to see my friends, but my mum said no you have to go every week like every other person like every after school club, you've got to go. I was like uuuuurgh mummy*

*T: ahh I guess that's tough? So OK [pause] so maybe sometimes there were times when you didn't really want to come because maybe you wanted to play with your friends, but your mum made you come*

*Sophie: yeah*

*Tanya: so how did you feel when your mum made you come?*

*Sophie: [uses feelings bear to find the expression and show me]*

*Tanya: hmm is that sad?*

*Sophie: upset*

Sophie was perhaps the most expressive about her perspective regarding positive therapeutic change. She expressed enthusiasm about her participation in the research interview, fondness of the group and sadness at the group ending. However, she positioned these feelings alongside her sense of lacking agency and autonomy about her participation. For Sophie, it was important she could come in her 'own time' rather than a prescribed time each week. Her choice and agency was a reoccurring topic of discussion in the interview.

*Tanya: you know you were saying you didn't want the group to be after school and you didn't want to come sometimes? Do you think there would be a better way for it to be?*

*Sophie: yeah. If it was like in school times or something, and we could go when we wanted to go. If we were in lessons and we wanted to go, we could just say erm, I need to go to the group. Like so we could come in our own time*

*Tanya: Yeah so you can come in your own time*

*Sophie: it isn't good when people force you to go, is it*

Sophie suggested that respecting children as able to make their own decisions about how and when they participate is crucial. Further, she explained her restrictions were at home rather than at the DV service or school. Jo and Sophie in particular, expressed their feelings of initial anxiety about attending the intervention. Again, they reiterated the importance of communicating with them and listening to them about their needs. Jo discussed her conflicting feelings regarding when she first attended the group, highlighting the importance of services and intervention spaces that enable choice.

*Tanya: do you think something could have been done a bit differently to make that a bit easier for you at the beginning? Sounds scary at the beginning and you were going to a new school too*

*Jo: yeah we could have had a show around as a starter to see where we were going to be and who we were going to be with. Stuff like that*

*Tanya: yeah that's really helpful, so a bit of a starter to meet everybody so that you knew what was going to happen on the first day because you came over [to the school the intervention was held at] from here [current school] and there's a lot of new people*

*Jo: mmmm I didn't even know where I was going. I just arrived at [the school] and I just saw you and Lucy and I was just like OK I'm really excited now but then I was nervous as well*

Although Jo and Sophie expressed their concerns, they communicated their anticipation and curiosity about the group too. Sophie also suggested ways in which services could support children and young people more.

*Tanya: what do you think could have helped with that? [initial anxiety about attending the group]*

*Sophie: like getting to meet them before*

*Tanya: ahh, what do you mean?*

*Sophie: like nice to meet you, what do you like?*

*Tanya: ahh I see, like getting to know each other before?*

*Sophie: yeah. Done the picture now*

*Tanya: I see - that's you [pause] That's Jo and that's you? [Referencing the picture Sophie drew]*

One key concern of the children seemed to be around their freedom to make choices; particularly choice about how and when they participate. Participation is not simply about attendance; it also means immediate disclosure that them and their families have experienced DV (though not explicit disclosure about individual experience). Some researchers have suggested that disclosure about DV is therapeutic (Graham-Bermann et al., 2011). However, other researchers (e.g. Houghton, 2015) consulted with young people who suggested that practitioners should trust them to disclose how and when they wish. It is recognised in the wider critical literature about therapy, that age, as well as social status and positioning is a signifier of 'rank' and status between individuals, influencing power relations (Totton, 2009). As I have written earlier (Chapters 2 and 3), re-framing children as active agents is important as 'a shift in focus can open up the possibility of change' (Øverlien, 2016, p.8).

Agency in the context of accessing DV services and interventions appears unexplored in the literature. My theoretical position is that agency is relational and situated, meaning that agency is claimed by the way in which the self is constructed in the dynamics of the spaces individuals occupy (van Staple, 2014; Amigot & Pujal 2009). The constructionist analytical framework I have used in this study means that I have paid particular attention to children's psychosocial contexts. It appears the group was not only a therapeutic space, but also an experiential and relational space for making friendships and having fun. However, as I understand school spaces, and indeed, adult-dominated spaces to be, the stories the children told me were multi-layered. The intervention (and the research interviews) was a space in which they contested and challenged dominant narratives of passivity, asserting their position as active agents.

Choice about how children engage with services is a timely issue for discussion, given the current climate that prioritises early intervention (National Institute for Clinical Excellence, 2014). There is a dominant discourse in the literature about readiness to talk; indicating readiness to talk is a factor contributing to successful engagement with interventions for children (Sharp et al., 2011; Iverson, 2014). However, based on my social constructionist and relational analysis, my understanding is that 'readiness' might reinforce a problematic discourse by placing responsibility with the child, therefore obscuring the impact of the systems in which they live. It might be that choice is a more appropriate issue to consider. However, choice and agency is, as explored, not an individualistic notion; it is situated. None of the children in this study referred to feeling ready, but they all spoke of choice and power,

suggesting that for them, how they were approached and informed about the interventions was important. What was most concerning for them was lack of information and a sense of inferiority.

Despite children's rights agendas (UNRC, 1989), children typically have little choice about their referrals and involvement with services (Stanley & Humphreys, 2015). Considering relational dynamics at home is part of understanding the complexity of children's choices, as Sophie reminded me, when she explained sometimes, her mother 'forced' her to attend the group. Although a drop-in group as Sophie suggests, might be impractical for services, her message is important. Children's choice about participation could arguably be more powerful than participation itself (Cater, 2014). However, my analysis indicates that choice and agency are better and more appropriately understood as positioned in the contexts in which children live.

Interestingly, the interviews with the children were spaces in which they maintained their relationships and connections with each other, even in the absence of each other. For instance, Sophie wrote a letter for me to give to Jo, in which she wrote 'do you know how important you are to me?' Maintaining contact and connection was important to Sophie. However, in my analysis, I situated Sophie in her relational, familial and political context and understood this interaction and letter as being about more than friendship. For Sophie, I learned that mother not only determined her participation in the group, but she also determined how and when she could maintain her friendship and contact with Jo. Her mother did not wish for her to maintain contact with Jo once the intervention had finished. Her navigation of this situation highlights her creative resistance against her mother's 'rules' as she attempted to maintain contact with Jo despite restrictions put in place. This firstly highlights Sophie's lack of agency in that relationship. Secondly, it highlights the relational and ethical dilemma I faced.

I navigated this ethical dilemma in a way that highlights Sophie's positioning as lacking in power and choice, despite her efforts to resist this. What she communicated to me, was a desire for me to give her letter to Jo. The way in which this interaction emerged, can be understood again, as Sophie positioning me as the adult (position of authority) and herself as the child (reliance on the adult). However, in our wider context, I was also bound by the restrictions of my own role as 'researcher'. I had sought Sophie's mother's consent for her child to participate, agreeing that my role was to gather data, interview Sophie, and write a report. My role, was not to overrule Sophie's mother, whom Sophie has positioned as the 'authoritarian' – the language used, i.e. 'forced me', 'I didn't want to', and 'she doesn't want me to text Jo or have her number'. In my reflexive research journal, following the interview

with Sophie, I wrote 'I felt in a compromised position – I could not pass on the letter without the mum's consent. However, I was aware of how Sophie had set up this interaction – mum was positioned as 'authoritarian', I was positioned as 'rescuer'. Sophie had positioned herself in a complex place – firstly she demonstrated resistance and action (by writing the letter, knowing and stating that her mother would not allow it to be passed on) alongside lacking autonomy and needing my actions to complete the passing on of this letter. I felt compromised – I could not pass the letter on, but I worried about the impact of my decision on Sophie'.

Regarding Sophie's positioning of herself and me during our interview, there were also points in which she would pause to ask, 'you know what I mean don't you?' Each of the children took care to use multiple methods of communicating with me to ensure I understood. Sophie also sang to me, some used the 'feelings bear' and some drew illustrations and wrote letters to each other during our interview. Interestingly, Jo and Sophie used the feelings bear (a piece of work created in the intervention as a tool to communicate feelings) as a method of relating to me, inviting me to use the feelings bear too.

*Jo: Hmmm erm, I could show you what we've been doing in the group. This one [feelings bear] I absolutely love, because I can, well it were about showing people in the family how I feel and I can change it every morning and stuff. So I can remind myself how I feeling and remind other people. And I enjoy it and at the moment I am feeling like this [the happy face]*

*Tanya: ah, is that the happy face?*

*Jo: mhmm. What do you feel?*

*Tanya: [starts going through the faces on the bear] is this one sad? [Jo: mhmm] And this one surprise? [pause] Hmmm and what's this one? [I point at one of the faces]*

*Jo: that one's confused*

*Tanya: well in that case, what do we do if you've got 2 feelings?*

*Jo: in the middle or just show?*

*Tanya: OK, so my first one is this one – it's happy because I'm really happy to see you. And my second one is excited. Because I'm excited to talk with you. Sounds like your feeling is happy today?*

The use of the feelings bear to communicate with me might highlight the importance of choice regarding how, when and with whom children share their stories. However, perhaps this is also

a method of acknowledging the differences between our lives and histories, but highlighting their need for mutual understanding and connection. Clandinin and Connelly (2000, p.66) wrote of 'narrative trajectories', meaning the narrative space and difference between a researcher and participant's lives. They wrote about transgressing this space as a means of lessening the distance and bringing different narrative histories together in time and place. My position in relation to Jo and Sophie highlighted the difference in power and status between us. I was an adult who showed an interest in their lives, but as Cater and Øverlien (2014) recognise, it is a rare experience for children to be taken seriously because they are rarely considered as competent informants, particularly in research. Each child, in different ways, highlighted the importance of acknowledging difference and taking children's opinions seriously. In relation to what this tells me about their experience of the intervention in this study, I learned that although they experienced the space as 'fun' and positive, they also needed their wider contexts to be recognised. They expressed that their experience was one that consisted of positive elements, but what was of crucial importance was spaces in which they were able to make their own choices. Given that I have understood choice and agency as contextual and relational, my analysis of this interpersonal typology emphasises the need for services and professionals to consider wider psycho-social contexts in which children live, instead of individualising and placing responsibility directly with the child for their (lack of) 'readiness' or 'engagement'.

### *6.3. More than a victim*

From an analytical perspective, the meaning of this this positional narrative typology shifted quite substantially over time. The victimisation of children as a macro-narrative position seems significantly woven throughout their stories. However, the analysis did not take a linear pathway. Initially, I wondered why the children shifted the focus of our conversations away from the intervention and towards other aspects of their lives. After one of the interviews (with Liam), I wrote in my research journal; 'I wasn't sure how to respond at points. I asked about the intervention, but he didn't seem to want to talk about it. I felt somehow restricted by the focus of my research question and I wondered how this impacted Liam. He told me about other parts of his life. I didn't want to stop him telling me about what felt important. Likewise, I didn't want to gather data that had nothing to do with my research question. I continued with our interview, as I think there was more to what Liam was telling me. I wonder if my sense of restriction tells me something about Liam's experience'. During the analysis, my own sense of feeling restricted by the focus of the research question informed my interpretation of Liam's story. I also noticed that Liam's way of moving beyond the focus of the

research question was a way of relating and communicating that was recognisable with all of the participants.

All children highlighted their need to be respected as individuals with lives that exist outside of DV. They were each keen to talk about the different things in their lives that were, and continued to be crucial aspects of their identity construction. It appeared they did not want the group (and research interviews) to disrupt the important things in their lives, such as lessons, friends, football, boxing, WhatsApp and the X Box. In their 'Top Tips' (see appendix D) they suggested to 'talk about other things, not just things at home'. During the interview with Liam, the break time bell rang in school. Although he wanted to continue our conversation, he also wanted to play football.

*Liam: [Bell] we've finished maths.*

*Tanya: ah is that good or not so good?*

*Liam: can I go to play now – cos I want to go play football. Can you take these back to Miss X's room cos I want to get them back at home time? [things from the intervention he had brought with him to the interview]*

*Tanya: sure Liam, just a sec because you just have this certificate from [the children's workers] for finishing the group – this is for you. We also have a notepad and pen for you that I'm going to bring at lunch time*

*Liam: can you drop them at Miss X's office. Will they be there for me? What colour is the pen?*

*Tanya: sure I can. The pen is orange. So I will come at lunch time and drop them here for you.*

*Liam, can I ask you something really quickly before you go... Shall we have a chat another day or do you want to leave it?*

*Liam: yeah tomorrow?*

Regarding the analysis of this interaction, it is interesting to turn to my reflections. The school bell felt like a pertinent reminder of the space that we shared in the interview and I felt the monitoring of time and the regulation of activity create a boundary between us. At this moment, I felt conflicted about how to appropriately and ethically manage the situation. In my research journal, I wrote; 'I felt conflicted; I was interested in Liam's experience and wanted us to continue with our interview, but I was aware that this was my own agenda and not Liam's. I decided to check out with Liam how he wanted to manage the situation. However, I wondered how he would experience this relational experience with me. It felt as if he positioned me in a



position of power and authority, and in the school space that we were in, it felt strange for me, as an adult, to reject this power and hand it back to him. I felt uncomfortable when the bell rang, and also a sense of anger at being disrupted – it felt like a reminder that we did not have true autonomy – that we did, in fact, share a space in which neither of us controlled how we spent our time. I wondered what the bell indicated to Liam, and I wondered whether this affected the way in which my positioning suddenly shifted, from an interested ‘other’, to an authoritative ‘other’. I questioned whether he really did want to come back to meet me another day, or if he feared that I may dislike him or reject him if he said to me that he did not want to come back another day. I wondered, also, about the stark way in which his focus and priority shifted from our interview conversation to the other things (football) that felt (more) important to him.’

Clearly, I reflected on a number of crucial issues. However, my response now is that this tells me something about Liam’s life – about what is important to him and the impact of external reminders of the way in which children’s lives are regulated and monitored. This seems particularly pertinent when analysing how children experience spaces in services or therapeutic interventions. Like Liam, Jack also articulated the importance of making choices about how he spends his time. Further, the children’s articulation of their identities can be seen in the ‘Top Tips’ poster they created, (Appendix D) in which the children suggested that they wanted professionals to speak to them about other things, not just what happens at home. This suggests that the intervention in this study, though it was experienced as ‘fun’ and beneficial, was also experienced as a space in which certain stories (about ‘home’) were given more space than other crucial aspects of the children’s identities. This seemed to have affected how they navigated and experienced the intervention space. Below, Jack’s references to the gym and X Box (and his best friend, whom he goes boxing with) might suggest he did not want to be categorised only as a victim of DV; he reminded me that his life exists of much more.

*Jack: but if it was on a Thursday I’d have to rush home and then to the gym now*

*Tanya: ahh yeah, now you go to boxing after school then after school wouldn’t really be that great? Do you think that it would have been better during school time or do you think after school still would be good?*

*Jack: during school*

*Tanya: so if [the facilitators] did the group again for other children?*

*Jack: during school, so I could play on my X Box for longer at home.*

The meaning of the narrative of being 'more than a victim' has indeed shifted over time. My initial interpretation, that it is important for professionals to understand children's lives as they span beyond and outside of DV (i.e. Beyond the 'victim' identity), still stands. However, what is also apparent is the way in which children experience spaces and relationships – and the impact this might have upon their identity construction. It seems that spaces to construct identities that are not restricted by experiences of DV only are of particular importance. Identity and representation were key aspects of the children's stories. They contested their 'victim' identity, but also their 'victimisation' was their route to the DV service and dominated the 'assessment' and 'referral' routes. Children were particularly keen to talk about the things (outside of their DV and intervention experiences) that were important to them, implying that this was a way of contesting their victim identities. Their navigation of conversation away from the intervention activities is perhaps not indicative of the actual topic of conversation; rather, it might be about the importance of respecting children as agents and the importance of creating spaces in which they are free to make choices. Christenson (2004) suggested that participants might avoid topics in interviews when it is about something they do not think is important. However, in some instances, choosing not to talk could also be viewed as an act of resistance. This might make sense, if I consider relational spaces where there is difference of rank in power. Those who occupy lower positions of power might still find strategies of resistance in order to maintain their sense of self (Smith & Barker, 2000; Phoenix, 2008).

It is impossible to ignore my own position in relation to the children; I was an adult connected to the DV service. It might be that because of my position in this context, they emphasised their lives outside of DV, as a method of resisting victimisation and negotiating their identities in relation to me. In this context, avoidance of topics does not necessarily indicate lack of readiness or lack of capacity. For example, most of the instances I asked about the activities Liam had done in the group, he navigated conversation to another topic or he stated 'it were very fun'. It is useful here to consider participants' sense of entitlement to speak. Ann Phoenix (2008, p.71) suggested that 'participants bring their histories of previous positioning and their expectations of the interviewer and the interview to the research context'. In the interview with Liam, he asserted himself by asking 'can I go to play now, cos I want to go play football'. He asked for permission to play, indicative of the adult dominated boundaries between us, and a verbal display of the way in which he positioned me in relation to him. In this instance, by nature of Liam asking me for permission to act, he positioned me in a position of power – perhaps due to the nature of this study he positioned me as linked to school and the DV service. To use Totton's (2009) concept, as an adult I was a higher 'rank' than he is. However,

by asking and terminating the research interview early, in the relational space between us, he demonstrated agency even within a restricted space.

Further, as I write this chapter about children's voices and intersecting identities, I reflect on the times in this study when it was difficult to establish my own voice and identity. I understand this partly as being the culture of school life; a grand narrative of school is that it is busy and not everybody will know who I am as there will not always be an opportunity to introduce myself to those I come across. Sometimes I was 'Tanya from the DV organisation', sometimes I was 'Tanya from university' and other times I was 'Tanya from the school'. I found this to be a puzzling position – on the one hand, I struggled to integrate my identity into the school's 'day to day' functions, thus, feeling at times, rather disempowered. However, the children still positioned me as an adult of power in their school spaces. The spaces created with the children during the interviews seemed to reflect this. The spaces were still dominated by reminders of the school space (for instance, teacher desks, the school bell, the presence of other pupils) but also a relational space between the participants and myself felt qualitatively and relationally different.

With little or no prompting, participants discussed significant relationships in their lives. The fact that children were keen to talk about their relationships, suggests it is important to consider the significance of these relationships. Children's efforts to navigate the topic of conversation to what mattered most to them, highlights their role as relational beings and social actors who contribute to society and resist and act within power relations (Fraser, 2004; Corsaro, 1997; Smith et al., 2003; Heywood, 2001). More specifically, children in this study negotiated identities that did not seem to conform to the victim discourse. Rather, stories of resistance and autonomy appear to be present in my analysis of my conversations with the children. There is value in recognising children as individuals in their own right, but also in recognising children as more than victims, with lives and identities that span beyond DV. This is a crucial part of challenging pathologising discourses and moving towards accurate and contextualised representations of children.

Relationships were a key part of my experience in this study. Understanding who I was to each person was key to developing trusting relationships and establishing my own identity. Hydén (2008) wrote about her experiences of working with female victims of DV. The participants in her work contested their identities as victims of DV but could only do this relationally when the space was safe enough. Although Hydén's experiences were with adult female participants, the children's narratives in this study were somewhat similar. Children in this study not only contested a 'victim' identity; they recognised their position as children, and they asserted that

their identities that go beyond being a 'child' or being a 'victim'. Intersectionality is a concept used in feminist literature to understand intersecting and overlapping identities that place an individual in a marginalised or disadvantaged social position (Crenshaw, 1991). As I learned about children's intersecting identities, Hydén's (2008, p.128) reflections are fitting here. 'If interviews that include sensitive topics deal principally with "damned old trash" they are potentially harmful, and a basic feature of the sensitive topic of being the victim of DV, for example, strategies of resistance, is left out.' I understand Hydén to mean that by using the interview space to focus only on narratives of damage and victimisation, narratives of resistance and strength become impossible to hear. By creating an open space in the interviews in this study, I hoped I was able to hear stories that might otherwise have been obscured.

The children demonstrated resistance against power, such as Jack taking control over the topic of conversation in research interviews and Liam determining when the research interview would stop. Further, for Sophie, her sense that her mother and her school limited her autonomy and voice but she still negotiated her position of power with me in the interview (such as asking me to pass her letter to Jo). Children were aware their lives exist within social and cultural power relations that often frame them in marginalised positions. Gondolf (2007) and O'Leary (1999) have suggested that this positioning is particularly prominent for children if they have experienced DV. Children's identity construction, arguably, is heavily reliant upon the social discourses and power relations that affect their lives (Mishler, 1999; Gee, 1991). Thus, their experiences of the intervention in this study were not removed from the positions they occupy in other social contexts and relationships in their lives. I therefore argue that it is crucial to explore these issues when understanding and contextualising their experiences of DV therapeutic interventions and when assessing, referring and working in therapeutic contexts with children, young people and families.

#### *6.4. Stories of relationships*

The importance of relationships underpinned most of the stories that the children told me. Most of the children, with the exception of Liam, discussed significant relationships in detail and they discussed their family relationships with little or no direct prompts. I suggest that this is both an ideological narrative typology (regarding what children consider 'good'/'bad' relationships) as well as an interpersonal typology. Although family relationships did not directly link to the focus of the research interviews, Jack, Sophie and Jo were still keen to talk about them. For Jo, her family dog and best friend were sources of reliability and relational safety. We explored this when we discussed one of the intervention activities. She explained that the 'button activity' (the children selected particular buttons as a representational

activity, in order to explore how they positioned individuals whom they would describe as 'close' or 'important' to them). Jo chose a button that represented Sophie, and positioned it fairly centrally, to represent the closeness she experienced with Sophie.

*Tanya: it's a very special button. Did you choose that one for Sophie for a particular reason?*

*Jo: mmmm me and Sophie have got the same one*

*Tanya: ahh I see. Does that mean that Sophie is.. [Jo speaks over me]*

*Jo: very close. But the reason I've put her there is because my family is first. But then I put that one the same just to let her know that we're still very close even though my family is first. The closest person in my family actually is my dog*

*Tanya: your dog – what's important about your dog?*

*Jo: yeah cos she, well if I'm crying she'll come up to me and lick my face off and then I turn happy again*

Later in the interview, Jo discussed her relationship with her best friend whom she has known 'ever since nursery'. In these relationships, Jo described longevity and consistency. Likewise, first on Jack's agenda was to tell me about the significant relationships in his life, even though he did not experience them as meeting his needs: 'I've got lots of uncles... I've forgot them cos I don't see them very often'. However, unlike Jo and Jack, Sophie did not discuss her family members much, apart from when she positioned her mother as 'forcing' her to attend the intervention and she informed me of the loss of her pet dog and her brother. In fact, she positioned friendships as the most important: 'you can't break friendships can you?' Given that the children made friendships within the group, the ending of the intervention was particularly significant to most of the children, with the exception of Liam (Liam did not tell me about his experience of the ending of the group). Jack, Sophie and Jo each expressed their wish for the group to last longer.

*Tanya: we said that the best thing about the group was Liam and the worst thing for you was leaving [pause]. Do you think if the group were to carry on then you'd keep going?*

*Jack: yeah*

*Tanya: Ah, how long do you think the group could have gone on for it if was the right way for you?*

*Jack: Forever*

Participants expressed fondness of the relationships they had made in the group and a desire for continued connection with the group. For example, Jo explained that the ending was a celebration, but she also experienced conflicting emotions because she did not want to leave. 'When I graduated I felt happy and I didn't want to leave... but I have got my book and my pen and now I can just write.' Regarding the significance of endings, and more specifically endings of relationships, the children received note-pads and pens as a graduation gift to mark the ending of the group. Jo, Liam and Jack attributed significant meaning to their notepads and pens, suggesting they were an extension of the group itself and a significant continued connection with it. Jack explained he took his note-pad to school and wrote in it every day.

*Jack: yeah Liam missed the last [week]*

*Tanya: yes he did, I've got his certificate and gift here for him*

*Jack: yeah I got my red one. I've been writing in the note pad*

*Tanya: ah you've been writing in it. I wonder what kind of things have you been writing Jack?*

*Jack: ermm like my thoughts and feelings about the group*

*Tanya: that sounds important*

*Jack: yeah when I did this [points to art work] I was feeling sick*

*Tanya: Oh no, you were feeling poorly [pause] Do you think you can remember what you've been writing in your note pad?*

*Jack: no*

*Tanya: ahh, well it does sound important*

*Jack: this bug has a lot of legs [Pointing towards his art work from the group]*

The note-pad seemed to be a representation of the ending of the group and perhaps a way of symbolically continuing the relationships formed in the group. In the above interaction, Jack positioned the ending as important. However, he seemed to navigate away from this topic. His avoidance of discussing it might have indicated that it was private content for him only. His

decision about what he shared with me and when highlighted the importance of trust within relational spaces.

Regarding the centralisation of relationships, mainstream literature draws attention to the mother-child relationship as a source of strength (for instance, Humphreys et al., 2008; Smith et al., 2015). The concept of the strength and therefore the centralisation of the mother-child relationship is particularly evident when considering the presence of interventions such as DART (Domestic Abuse Recovery Together) in the literature (evaluated by Smith et al., 2015). However, critical literature positions the mother-child dyad as a complex relationship whereby children and mothers (or siblings) might have a need to protect each other in DV situations (Katz, 2015; Cater, 2014). Specifically, Øverlien (2013) acknowledged that family dynamics could affect children's experiences of interventions. As above, the children discussed their friendships within the group but they also emphasised family relationships too, suggesting that considering the impact of these relational dynamics on children's experiences of therapeutic work is important.

Sophie's relational experiences at home were clearly impactful as she placed herself different subject positions in relation to me, symbolically introducing her mother to our conversations too (see Chapter 6.3). Similarly, Jo's relationship with her mother was one in which she felt her needs were not often met, and her brother's needs were usually prioritised. She explained 'my mum is a little bit further away cos sometimes she's busy and can't talk... sometimes [brother] threatens to kill me but mum sorts it out. That's why mum's a little bit closer'. She told me 'family comes first', even though she also positioned her family as not meeting her needs. Gender roles are significant here; she positioned her brother in a typical 'masculine' role of using physical strength and dominating space, and she positioned herself as typically feminine - taking up less space, silencing her own needs. I noticed her taking a position of care-giving even with me in the research interview. Before our interview, Jo showed me around the school, ensuring I knew where all the important locations were. She also walked me back to the exit when we finished, and repeatedly reassured me she was happy to miss her lesson to meet me, even though it was my responsibility to ensure she was comfortable and I would not have minded if she wanted to go to class instead. This gendered perspective has framed my understanding of Jo's position in her family (Hochschild, 1979). However, understanding gendered roles does enable me to consider children's identity construction and sense of self. Children's experiences of the intervention in this study seem to be significantly related to the importance given to the relationships formed in the intervention space. Constructs of childhood that I refer to in Chapter 3 seem to not only limit the possibility for change, but victim and gendered positions might also limit children by constraining the spaces they live in.

However, the children seemed to develop friendships with each other, during this intervention, which enabled them a space to construct identities beyond 'victim'. This implies that the role of peer relationships and friendships must not be overlooked – more specifically, that services and support systems should promote spaces in which children can create relationships such as these.

### *6.5. 'Everybody took part': Navigating experiential and relational spaces*

The analysis of this interpersonal narrative typology took a non-linear path. Initially, I recognised the importance of relationships. This seemed clear, as the children articulated their experiences of friendships and having fun both in and out of the group intervention context. However, when I considered positioning (Andrews, 2014) regarding micro and macro narratives within the interpersonal typology, friendships and having fun had multiple layers of political and relational meaning within the intervention context. I entered the research conversations with curiosity about how the children experienced the intervention, but the children did not particularly want to talk about what they had learned or which specific activities had helped them in the intervention. As Jo articulated, it was simply 'doing it', and doing it 'together' that she experienced as meaningful. It was not what they did, but how they did it that mattered most to her. Fun was one of the most frequently discussed concepts introduced by all the children.

Often, when asked about the intervention activities, Jack stated 'it were very fun' and then moved the topic of conversation on. His dismissal of most of my questions about the specific group activities might indicate that he attributed meaning to the experiential aspect of building relationships and having fun. When discussing the significance of a particular activity one week, Jo felt the most important thing was 'everybody took part and drew something' and everybody 'got to share ideas together', likewise, she emphasised the importance of the relational aspect of group work.

*Jo: We drew around Liam and we thought about sad, happy, lonely and excited and angry and we drew where we, the place where we thought it was to us on our body. And erm [pause] and then we wrote the feeling and stuff like that*

*Tanya: and what was that like to do?*

*Jo: it was really fun cos we got to draw around somebody and we got to draw and stuff as well*

*Tanya: did you learn anything from doing that?*

*Jo: erm various places that you can feel stuff. Cos I thought it was just in your head but it's not.*



*Tanya: ahh yeah, you can feel things in your body too. Is there something that stood out to you?*

*Jo: yeah.*

*Tanya: what was that thing?*

*Jo: like, doing it. Yeah just doing it*

Further, for Sophie, fun was not about having fun on her own, she emphasised a sense of togetherness: 'It was really fun cos like after we spoke about it we all chose the same ones and we all told some jokes'. Additionally, Jack, in particular, seemed to move the topic of conversation away from the intervention activities. For instance, when discussing the 'what's bugging you' activity, Jack turned attention to the additional drawing he was doing on the bug.

*Tanya: So what did you, what did you learn from your bug?*

*Jack: [pause, as Jack draws] look at this [Jack adds to the decorations and art work on his 'bug']*

Jack's lack of discussion about the intervention activities but his fondness of having fun and making friends indicated that the meaningful thing for him was the friendships he established. Likewise, Sophie attributed much of her meaningful changes to her new friendship with Jo. She no longer spent lunchtimes alone, but she now felt confident enough to play with her peers.

*Sophie: I feel like a different person... I didn't have any friends, but [Jo], she changed that...'*

*Tanya: so what was the like to be able to make such a special friend in the group?*

*Sophie: it was like a day without the blah blah*

*Tanya: a day without the blah bah?*

*Sophie: yeah, I could forget about it all and just have fun*

*Tanya: I'm curious about the blah blah. Can you tell me a little more?*

*Sophie: It's all the talking – no you shouldn't do this, yes you should do that, no you can't...*

Sophie explained that her autonomy was important, and the intervention enabled her to make new relationships that she experienced as empowering. Likewise, Jack's experience also shone light on the therapeutic effect of peer support and reciprocal, empowering friendships.

*Tanya: what were the best and worst things about the group?*

*Jack: the best thing was meeting Liam... Leaving the group was the worst thing.*

*Tanya: I see – I wonder why leaving was the worst part?*

*Jack: leaving was the worst part cos it were fun.*

*Tanya: That's a shame you had to leave. It also sounds like there were fun and good parts too?*

*Jack: yeah meeting Liam, Liam is my best friend now.*

Following my analysis, it can be understood that stories of having fun and making meaningful friendships were not only about fun and friendships, but about the socio-political space in which their stories were situated. When I asked Jo what the most meaningful thing was about the intervention, she pauses, and says 'just doing it. Like, just doing it'. This was particularly meaningful. She lost her usual flow of speech and use of articulate language, yet she did not appear to be unsure about what she said to me. What stood out for her was not any planned activity but the relational and experiential aspect of the group. This is interesting situated amongst literature which indicates children prefer group work to individual work (Stanley et al., 2015), and literature which also highlights the value of peer support and friendships that give children a sense that they are not alone (Thiara & Gill, 2012; Barron, 2007).

Children described the creative ways in which they aimed to continue their relationships and connection to the group. In a culture of time-limited services with dominant agendas of 'early intervention', it is important to consider the time needed to establish safe spaces and therapeutic relationships. Children in this study, much like the young people in Howarth et al., (2016) and Burnston's (2016) studies communicated a clear message that relationships are important and it takes time to build them. In the 'Top Tips' poster (Appendix D), the children also communicated a clear message to professionals, which invites them to 'come and talk to us if you know something has happened at home'. Although this appears to contradict their other statement, 'Talk to us about other things, not just what has happened at home', this does suggest that simply consulting children about what *they* wish to talk about was a crucial aspect of their experiences of support in this study. These statements are not removed from the context in which the intervention took place – as above, schools are indeed spaces of magnified child-adult power relations.

Regarding my own experience of the schools, establishing myself in the schools was more challenging than anticipated, and I usually experienced feelings of being an outsider whilst I was inside the schools. The context of the interview can profoundly affect the experience of the interviewer and participant (Fargas-Malet et al., 2010). After consulting with the children, they chose the school as the context for the research interviews. This might be because the group intervention had taken place in school so they were willing to talk in a context and with a person who was already established as safe and familiar (Øverlien, 2014). I was not a new person to the children, but meeting for a research interview was a new experience for us. Jo, Liam and Jack expressed a desire to be aware of the timeframe for the interviews, for instance, what time we would stop at and how much time we had left together.

In order to reflect on the impact of the school space on the research interviews (and the DV intervention), I refer to my reflexive notes. After I completed the research interviews, during my transcribing process, I wrote 'I am left with a sense of the power of time. I am a counsellor and I am used to the 'therapy hour', i.e. a controlled fifty minutes with each client. Time, in that context, is bounded and held as the therapeutic frame. However, what it instils in me is a curiosity of what sits inside that time and what sits outside of it. Further, in my role as a counsellor, it reinforces to me a sense of control and regulation of time. Our bodies, selves and identities are, in some way, controlled by these hours. I was reminded of this quite profoundly in the research interview settings, where the school bell in some senses, was a mechanism of control. The children, it seemed were quite accustomed to this as it had become a normalised routine. Thus, when we met for the interview, they asked about time and when we would finish. Some would even pay close attention to the clock and remind me when we had five minutes left. I explained that we could have up to an hour, but we could finish earlier if they wanted to, and we negotiated time in this way. But I also felt a sense of disempowerment from my position, because it was not me who decided the school regime, yet, it was me who in that interview context, was in a relational position of power.'

The above extract from my research journal highlights the way in which the school regime and boundaries affected the relational space between the participants and myself. This also occurred through negotiating physical space. For instance, deciding how many chairs we needed, where in the room we would sit and where we placed the audio-recorder (see Chapter 4). Further, the below extract illustrates my experience of negotiating time with Jo; we were running out of time but we still had five minutes left. She used the time to draw a representation of the group (see appendix E) and invited me to do the same.

*Tanya: we have about five minutes left. Shall we finish now or shall we stay until the end?*

*Jo: let's stay*

*Tanya: ok, we can have a chat or we can use some of these pens and pencils?*

*Jo: let's draw.*

In my analysis, I have emphasised the importance of contextualising children's stories. Regarding their experiences of the intervention in this study, school was a key space to understand. Places are not only geographical; we link them with socio-cultural roles, expectations and identities (Smith & Barker, 2000). Arguably, children are in lower social positions particularly in school settings. Some researchers have suggested that schools are a safe place for children (Stanley et al., 2010), however, children might be further silenced in contexts that typically highlight outcome-driven cultures and dominating power relations (Smith & Barker, 2000). More specifically, related to how children experience DV interventions, some literature has suggested that schools are best suited for delivering DV interventions (Katz et al., 2011; Stanley et al., 2010); however, Sophie told me that she experiences schools as silencing places, otherwise referring to her lessons (and her experience of lack of choice and voice) as 'blah blah blah'. Her experience is in line with the range of literature that considers school spaces from a critical sociological perspective, also indicating children might lack agency in schools given the magnified social hierarchies (Harris et al., 2015; Punch, 2002). This literature has suggested that children might experience the researcher as a teacher role or might feel pressure to get the answers right. These suggestions help to make sense of some of my experiences with the children in the research interview contexts. My reflections tell me that these social hierarchies and social expectations, at times, manifested themselves relationally. Within restricted spaces, children did find ways to navigate and control much of the research conversations, perhaps as an act of resistance in a space in which relational power was a crucial feature. More specifically, my analysis suggests that children's experiences of the intervention in this study were not removed from their positioning within the macro-narratives of the space in which the intervention took place, and their sense of self within the relationships that were developed.

## Chapter 7. Concluding reflections and recommendations

### *7.1. Reflections on learning to be a narrative researcher*

‘Very few human differences are neutral in relation to power’ (Totton, 2009, p.1)

This chapter is a recognition of my learning and its significance to this study. The nature of the analytical framework in this study means that my analysis has placed emphasis on relationships and the self. I write my concluding reflections acknowledging that the interpretation of the data I have described and analysed might change over time (Andrews, 2008). This is reflective of the notion that we change as researchers and people, and the meaning of our contexts change and shift over time. However, what sits with me is the notion that research relationships have a sense of ‘temporariness’ (Clandinin & Connelly, 2000, p.72). I understand research integrity to be about transparency and reflexivity (Etherington, 2004), hence, my enthusiasm to include this chapter, and the ease at which I write it. It took most of the study for me to understand the crucial significance of my own role in the ‘doing’, in the analysis and in the writing of this study – this is what Clandinin & Connelly (2000, p.81) refer to as the ‘tensions and dilemmas in studying the parade of which we are a part’. As I conclude and reflect, I understand the significance of contesting boundaries and limitations, particularly those imposed by external sources that affect the individual stories that we, as individuals tell.

It is my voice that weaves throughout each page of this thesis (Clandinin & Connelly, 2000). However, I am still cautious about representation of the children’s voices in my writing. Representation is a key theme in participants’ stories; therefore, my decision about how to represent them and myself in this thesis is a meaningful decision. I realise the responsibility this places on me as a researcher and writer of this thesis – but also, I have committed to presenting stories as I experienced and understood them, understanding that at a different time and place, with a different interpreter, there might be different interpretations (Riessman, 2004). The issue of representation is closely linked with the concept of ‘truth’ – and it is a familiar issue narrative researchers grapple with. Clandinin and Connelly (2000) relate these issues to concepts of fact and fiction and Arthur Frank (2012) relates the issue of accurate representation to the notion that stories are contextually, temporally and relationally constricted interpretations.

There are various points in this study where the focus has shifted and meanings have become multi-layered. Clandinin and Connelly (2000) wrote that life is not static and still, it is constantly interacting and navigating motion and change. What is crucial to my understanding of the participants’ stories is a sense that there are ‘possibilities for pushing at the boundaries’ (Clandinin & Connelly, 2000, p.162). Like the children in this study, challenging and contesting

boundaries is also what I find myself doing in my self-development as a researcher. My process of being with children as they shared their accounts of their experiences and my process of writing this thesis enabled me to understand we are always contesting boundaries, away from what has previously been accepted, to create spaces for new narratives.

## *7.2. Concluding reflections*

This study aimed to understand how children experience a DV group intervention, seeking to contribute to the development of DV interventions for children. I used a narrative methodology and a social constructionist, relational and reflexive analytical framework. I conducted research interviews with children, gathered outcome measures and used reflexive field notes and a research journal to understand children's stories. The findings from the outcome measures in this study did not seem to represent children's stories as they presented them to me. The participants' stories and the narratives that they draw upon can be positioned as a critique of the measures. I take a critical sociological position regarding constructs of childhood, and I have considered how the use of outcome measures in services might affect the relational and contextual spaces in which children are free to develop meaningful and trusting relationships. I have explored the psychosocial and political contexts in which the children's voices were produced, and I have discussed the regulation and monitoring of spaces in which children construct identities and create relationships. I conclude that children's experiences should be recognised and understood as situated in socio-political contexts. Alongside this, I suggest that critical awareness is crucial, regarding how children might experience the problematic nature of medicalising children's distress (in this study, the use of the SDQ as a measurement tool) in a culture of outcome measurement and audit.

Regarding the use of outcome measures, I do acknowledge my critical positioning. Surveillance is a familiar narrative for professionals who work in psychological therapies. Totton (2010) introduced the concept of the 'therapy police', suggesting professionals might work within constricting spaces that limit their freedom, spontaneity and autonomy when working underneath the powers of the state. Given that children clearly articulated the importance of spaces that enable their choice and autonomy, and given that power is inherently relational (Hydén, 2014; Cattaneo & Goodman, 2015), it is crucial that the autonomy and freedom of workers and researchers is also considered. I noticed that often, conversations between myself and the practitioners were most meaningful when they happened in the spaces in-between procedural and protocol discussions.

In my analysis, I have emphasised my experiences of the children as they contested and challenged constructs of them as passive beings and asserted themselves as actively able to

construct an agentic sense of self. Callaghan et al. (2015) and Katz (2015) position children's coping strategies as relational. My findings extend this view by suggesting children might recover from experiences of violence relationally too. This contrasts with some existent literature, which typically focuses on discourses of 'readiness' to engage. My position is that this discourse is problematic and places responsibility with the child or young person about their engagement with services. I argue that moving away from this discourse of readiness might enable us to consider children's psychosocial contexts and the wider systems that they navigate, and that might affect their ability to access services and support. The children's stories indicated that agency and identities are relationally and contextually situated. More specifically, this suggests issues of power and representation might influence children's choices about how and when they engage with interventions, especially in school settings. My findings support work by Cater (2014) who likewise, suggests children's choice about participation might be more powerful than the intervention itself.

I suggest effective practice is practice that supports and respects children, and creates spaces in which children are not restricted by limiting and silencing assumptions about children's (lack of) capacity to cope and construct agentic selves. Creating such spaces in services and support systems will enable space for new narratives to emerge, and therefore increase the possibility for change. I understand from participants that this links to identity, representation and power. In many ways, children are bound by constructs regarding childhood and DV, meaning that the social boundaries they live within are limited. Although they clearly told me stories of agency and the way in which their 'selves' consisted of multiple intersecting identities, they demonstrated that their spaces are still restricted. As I write, I hope I have represented the children in the way they so clearly articulated themselves to me, as agentic, able and relational beings.

### *7.3. Limitations*

Regarding research encounters and relationships with children specifically, Christenson (2004) highlights that children can be hyper-aware of the potentiality for adults to misuse their trust when they participate in research. It is worth considering that I was, by the point of research interviews, what I considered to be a familiar person to the children. However, this certainly does not dissolve political and ethical issues of representation, agency and ownership of stories (discussed in Chapter 4.2.2). The way in which I have chosen to present the participants' stories in this thesis was not a decision made without unease. The children trusted me with their stories. In many ways, their trust extends beyond the point of the research interview. It extends to my presentation and representation of their stories and their identities.

Throughout this thesis, I refer to the ethical and methodological complexities inherent in this study and particularly in research with children who experience DV. Some may view my involvement with the participants as a form of bias, however, data that emerged from this narrative study was co-constructed, and my interpretations are not viewed as a limitation, rather a necessity (Phoenix, 2008). It is difficult to imagine doing this study again, as the meaning of the context may not be the same – the participants would be different children and would likely bring with them different stories and experiences. However, I were to do this study again, I would consider the importance of relationships and the way in which time is needed to firstly form trusting relationships, and secondly, explore fully the dynamics that are within those relationships. Participation is a process that requires time, and is not something one simply does (Cater, 2014), however, there were limitations in this study imposed by restricted time, particularly because trusting relationships take time to build. I would seek to integrate more time in the design of the study. Additionally, research with children (namely participatory research, but I would argue other forms of qualitative approaches too, such as the methods used in this study) might lead children to feel disempowered if they see their contribution has not influenced any change (McCarry, 2012; Sinclair, 2004). I would seek to give more attention and consideration to the participation of children in the design of the study. I recognise the criticisms of participatory approaches, as referenced above. Additionally I recognise that seeking to develop a participatory project may indeed neglect the role of the researcher. However, my reflections are that this may have contributed to the children experiencing a greater sense of choice about their participation and likewise, making informed choices about their participation.

My final consideration regarding what I may choose to do differently, is that participant recruitment strategies in this study relied solely upon gatekeeper recommendation and referral. My reflection is that this might have limited the range of experiences shared and may, by consequence, obscure other voices from being heard by centralising and prioritising a city-residing white British group of children in the UK. The children in this study were a small group of children who did not represent a diverse range of individuals. I would seek to represent a more diverse range of voices. Furthermore, gatekeepers excluded potential children due to perceived inappropriateness, such as severity of their behaviour or because they already had a sibling who would be participating. In this case, it is likely we may have missed opportunities to explore a range of children's experiences. Although I have outlined my understanding of the limitations of this study and what I might do differently if I approached this study again, I do strongly acknowledge that the meaning I have assigned to my interpretation of the children's stories in this study is attached to the contexts, relationships and time in which this study took



place. Therefore, I have no doubt that if I undertook this study again, the meaning may indeed shift and change in response to the shifting context and landscape (Frank, 2012). I would therefore seek to keep much of my theoretical, epistemological and methodological approach to the study the same. The way in which I have used the analytical framework and sought to analyse children's voices in the contexts in which they were produced is, in my view, crucial if we are to offer accurate, meaningful and diverse representations of children in the DV literature.

#### *7.4. Recommendations*

Based on my analysis, I suggest services, practitioners and policy-makers should understand issues of power, representation and identity as a crucial part of enabling children's agency and facilitating their recoveries from experiences of DV. My suggestion is that the context appropriateness of interventions needs to be considered, as my findings shine light on children's experiences of schools as places that for some, might limit choices and opportunities for new narratives to become possible. I understand children to be relational beings, and children in this study attributed significant meaning to their peer relationships. However, their focus on friendships with each other warrants further exploration given that this study evaluated an intervention for children only, with no direct involvement of other family members. In relation to socio-relational contexts, I suggest that the discrepancy between children's qualitative feedback and their parents' and teachers' perceptions is worthy of further exploration. Further, children's experiences of endings and the significance of peer relationships highlights the necessity for services to consider the length of time they offer services, particularly in a time of funding cuts.

Much in agreement with the literature, I also suggest children's voices should lead service developments. Sophie and Jo suggested services could support children more in the initial sessions by hearing their concerns and responding appropriately. For instance, they suggested a space for children to meet each other prior to the intervention, as well as providing more information about what to expect (perhaps in the form of videos) would be helpful. Participant emphasised the other activities and relationships in their lives (e.g. friends and recreational activities) indicating that considering children's wider contexts in terms of how they might firstly impact identity construction and secondly affect the accessibility of support, is crucial. Likewise, all the children identified the significance of the group's ending, indicating understanding more about children's experiences and needs around the ending of interventions would be valuable so that children are not disempowered and do not experience an abrupt ending to significant relationships, perhaps repeating historical experiences. When listening to children about their experiences of interventions, it is key we hear not only the

'positive' stories, but we hear children's perspectives around their perceived autonomy and choice.

To conclude, my recommendations are that services and support providers should consider re-framing the discourse of 'readiness to engage' as this places emphasis on individual child therefore obscures impact of wider systems & contexts. Further, the role of friendship and relationships in children's 'recoveries' needs to be supported as children are relational beings and social actors who resist and act within power relations. My findings indicate that issues of power, agency and choice profoundly affect children's experiences of support - children contested dominant narratives of passivity, asserting their ability to construct agentic sense of self. It is therefore crucial that services create spaces in which children are able to make choices and construct identities that go beyond 'victim'.

Regarding implications for future research, I conclude with some methodological recommendations and areas for further exploration. I suggest that more qualitative research, which seeks to understand children's voices in the contexts in which they were produced, is necessary. My understanding is that ethical and methodological complexities of involving young children in research about their experiences should not be feared. Further research would undoubtedly add to the valuable, but comparatively small body of literature that seeks to contribute to service developments to support children who experience DV. It is recommended that future research should seek to recruit a range of diverse children, including those from rural areas and ethnic minority groups. Further research should consider children's relational and experiential use of space and construction of identities in DV interventions and service spaces, and it should explore voices that are currently obscured in the literature. This includes specifically young children (under 12 years) and minority groups, in order to accurately represent a diverse range of experiences and children's voices.

## Chapter 8. Reference List

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## Chapter 9. Appendices

### **A. Hand searched journals**

Child Abuse Review

Aggression and Violent behaviour

Journal of Interpersonal Violence

Journal of Family Violence

Journal of Child Psychology and Psychiatry

## **B. OECD Countries**

*Australia, Austria, Belgium, Canada, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Italy, Luxembourg, Netherlands, New Zealand, Norway, Portugal, Spain, Sweden, Switzerland, United Kingdom, United States.*

**C. Interview Schedule (possible conversational topics with the children)**

What was it like to come to the group?

'The fantastic respectful helpful sharing thoughts and feelings group' – are you still happy with the name? why?

What were the best and worst things about the group?

Look together at the pictures and creative work you've chosen to bring - what makes them important to you?

Has anything changed in your life since coming to the group?

Top tips: what would you tell Claire and Lucy about how they can help other children?

Did you feel you had choice about coming to the group?



#### D. The children's 'Top Tops' Poster

### Top Tips

**For any adults who work with children living in families that sometimes argue and fight**

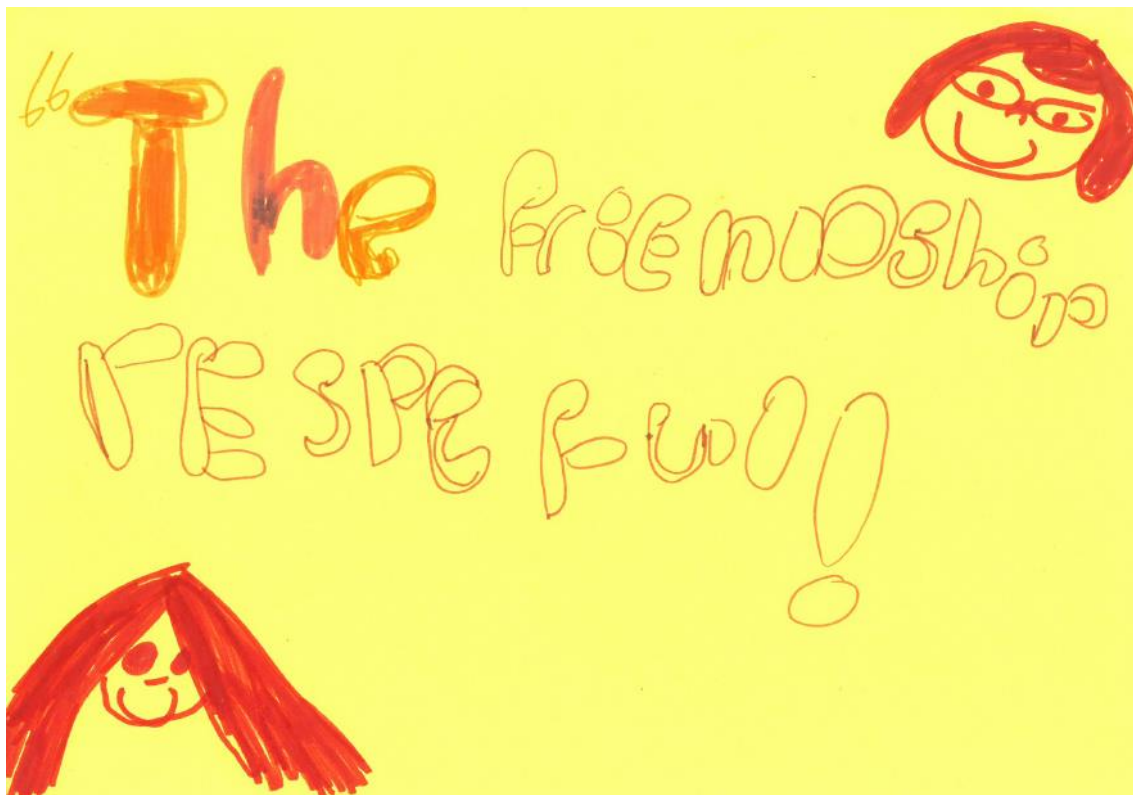
- Come and talk to us if you know something has happened at home.
- Be kind.
- Stay calm.
- Listen to us.
- Don't treat us like babies.
- Don't keep asking us the same questions.
- Talk to us about other things, not just about home.
- Plan activities so we don't have to just talk.
- Take our mind off it.

By the children at  
The Fantastic, Respectful and Helpful,  
Sharing Feelings and Thoughts Group

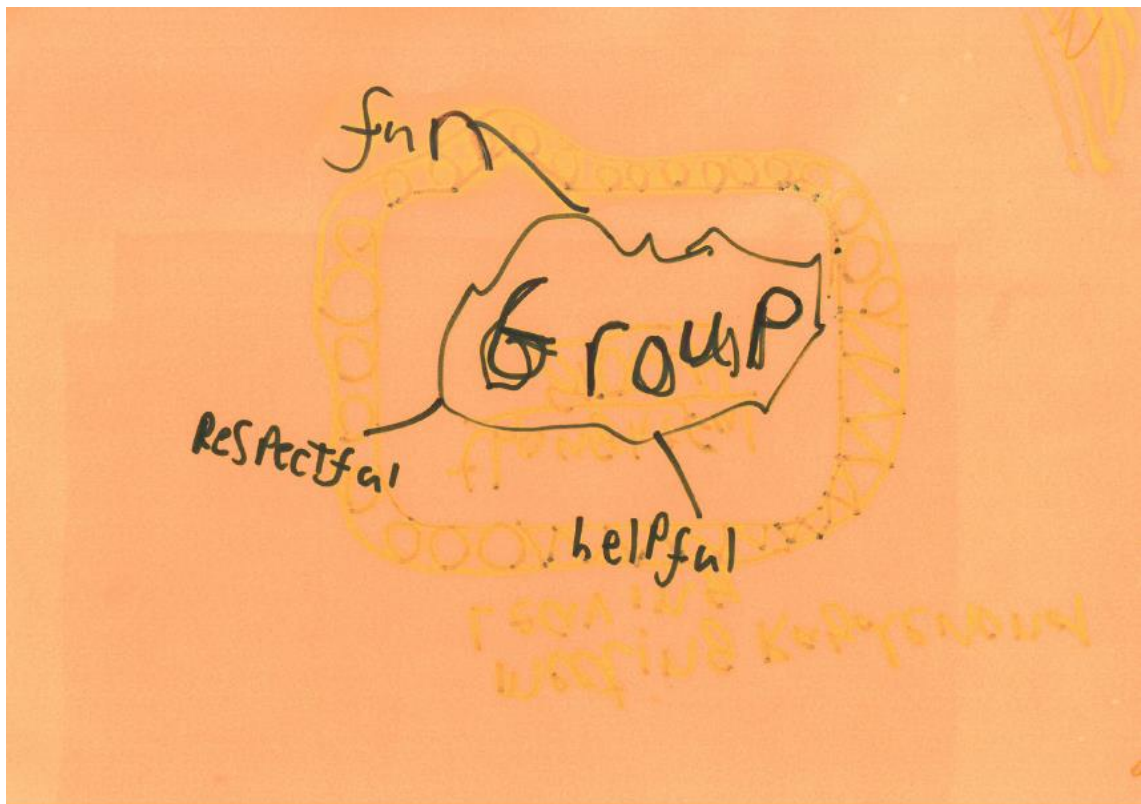
E. Jo's illustration



F. Sophie's illustration



G. Liam's illustration



**H. Ethics approval letter**

Nathalie Noret

Chair of Faculty of Health & Life  
Sciences Research Ethics  
Committee

11<sup>th</sup> January 2016

Direct Line 876311

E-mail: n.noret@yorks.ac.uk

Dear Tanya,

**RE: Evaluating a group intervention for children aged 8-11 who have witnessed domestic violence**

**REF: 106323320\_Beetham\_09112015**

The research ethics committee has approved, without reservation, the above research ethics submission of 9<sup>th</sup> November, 2015.

Yours sincerely

A handwritten signature in black ink, appearing to read 'N. Noret', with a stylized flourish at the end.

I. Child information sheet

**We'd like to tell you more about the project. It's good to read this with an adult who you get on with...**



We think you can help us to create a small group that will be a safe place to join in with some creative activities and talk about what might happen when things get confusing or mixed up. We hope you can then talk to us about how the group helped you or not.



**Who are we?**

We are Tanya, Angie, and Hazel. We're from York St John University and IDAS. We help younger people who have seen fighting in their home.



**If you want to be part of the group...**

You'll meet Angie or Hazel to have a chat about the project. The group will be at Westfield Primary.



When the group is finished and if it's OK, we'll invite you to talk to Tanya. Some things we will talk about are:

- If the group helped things or not
- What happens when things get difficult at home

**How could this help you?**

- Talking about things can help.
- You can find ways to help you deal with your feelings and fears.
- You can help us to help others.

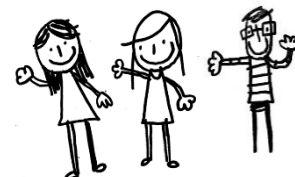
**Questions...**



Even if you agree to join us, you might change your mind. That's OK!

Some things are difficult to talk about, especially if you're worried about upsetting somebody you love. The group will be a safe space for you to talk about how you really feel.

If you have any questions just ask a teacher or ask Tanya, Hazel, or Angie when you meet them. We're looking forward to meeting you!



## **J. Letter to parents and parent consent form**

February 2016

Dear Parents or Guardians

### **Research project developing a school-based group intervention for children who have experienced domestic violence**

I am writing to inform you of a research project we are undertaking at York St John University in partnership with York-based organisation, *Independent Domestic Abuse Services* (IDAS). The aim of the project is to identify effective interventions to support children affected by domestic abuse. The project seeks to develop and evaluate an eight week IDAS programme and will take place at Westfield Primary between March 2016 to May 2016. As part of the evaluation, our aim is to talk with the children in a research interview setting once they have completed the programme. As the parent of your child, we will also require you to complete a short questionnaire before and after the group and we would like to seek your permission to include these scores in our evaluation. Your child's teacher will also complete a questionnaire. The questionnaire is a means of us understanding your child's emotional and behavioural scores before and after the group to measure if there has been any positive or negative change.

The group programme will be delivered to Westfield and Carr Junior pupils via IDAS referrals, and we aim to generate meaningful data and resources for those working with children affected. The project is part of the ongoing work of the domestic violence research group at York St John University.

Following school referral, children will be assessed by an IDAS worker, and we would like to invite your child to participate in the group programme and research process. Due to your child's age, in order to address all relevant ethical considerations, we would like to inform you of our project and seek your permission for your child to participate. This includes your consent for IDAS to share your child's information with York St John's research team. The group will be a safe space for your child to explore their thoughts and feelings. However, given that we might be exploring sensitive topics with your child, it is important to inform you of safeguarding procedures. If your child discusses issues that concern members of the team, one of the teachers at school will be notified and they will take appropriate action.

To provide you with details of the project, I enclose project information and a consent form. To indicate your permission for us to invite your child to participate in the project please complete the response slip below and return to Angie Deighton at IDAS.

Please do not hesitate to contact us if you have any questions that are not answered in the enclosed information. My contact details, details of the project supervisors, and the Faculty Ethics Chair are below.

With Many Thanks

Tanya Beetham  
MSc Research Student  
Faculty of Health and Life Sciences  
York St John University  
Email: [t.beetham@yorks.ac.uk](mailto:t.beetham@yorks.ac.uk)

The Project Team:

Project Lead:  
Tanya Beetham ([t.beetham@yorks.ac.uk](mailto:t.beetham@yorks.ac.uk))

Project Supervisor:  
Dr Lynne Gabriel ([l.gabriel2@yorks.ac.uk](mailto:l.gabriel2@yorks.ac.uk))

Project co-supervisor:  
Dr Hazel James ([h.james@yorks.ac.uk](mailto:h.james@yorks.ac.uk))

Angie Deighton, IDAS Children's Worker.

Hazel Burton, IDAS Children's Worker.

Christine Muller, Research Assistant

Zahra Tizro, Research team.

Jane Cronin-Davies, Research team.

Faculty Ethics Chair:  
Nat Noret ([n.noret@yorks.ac.uk](mailto:n.noret@yorks.ac.uk))

*The team at York St John are members of the following professional bodies:  
British Association for Counselling & Psychotherapy (BACP).  
British Psychological Society (BPS).  
College of Occupational Therapists (COT).*



## **RESPONSE SLIP**

Your name:

Your address:

Your telephone number:

Your child's name:

Your child's date of birth:

Please place a cross in the appropriate box.

*Do you consent for your child to participate in the research project?*

**YES**

☐

**NO**

☐

## K. SDQ Scores

| ID: Jack   | Parent |       | Teacher |       |
|--|--------|-------|---------|-------|
|  | Pre-   | Post- | Pre-    | Post- |
| Overall Stress   | 14     | -     | 19      | 13    |
| Emotional Distress   | 5      | -     | 8       | 8     |
| Behavioural Difficulties   | 1      | -     | 1       | 0     |
| Concentration Difficulties   | 5      | -     | 4       | 0     |
| Difficulties getting along with other children   | 3      | -     | 6       | 5     |
| Kind and Helpful Behaviour   | 7      | -     | 8       | 9     |
| Impact on Life   | 0      | -     | 2       | MD    |
| Diagnostic Predictions   |        |       |         |       |
|  | Risk   |       |         |       |
| Any disorder   | Low    | -     | High    | N/A   |
| Emotional disorder   | Low    | -     | High    | N/A   |
| Behavioural disorder   | Low    | -     | Low     | N/A   |
| Concentration disorder   | Low    | -     | Low     | N/A   |
| Pre-Teacher Comments: K will apologise for other children' behaviour. He <u>doesn't</u> easily understand social interactions. |        |       |         |       |

**MD:** Missing Data

**N/A:** The respondent stated that they do not feel the child has any difficulties in the areas identified by the assessment.

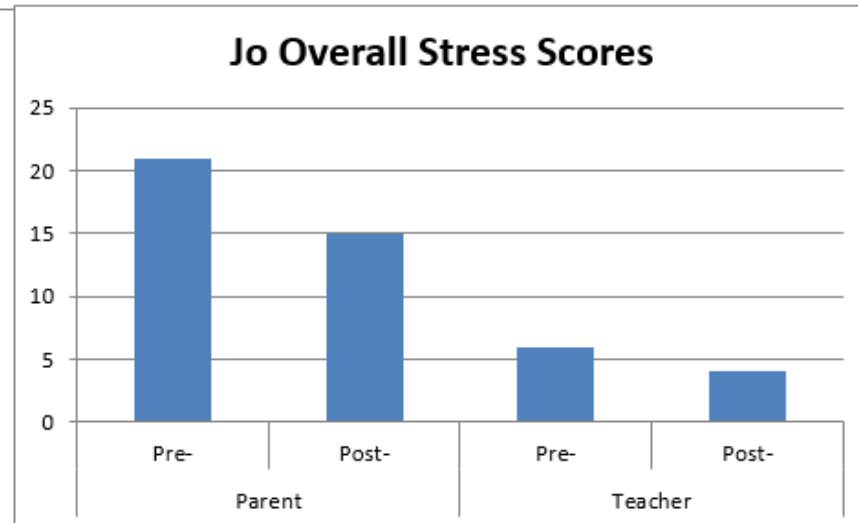
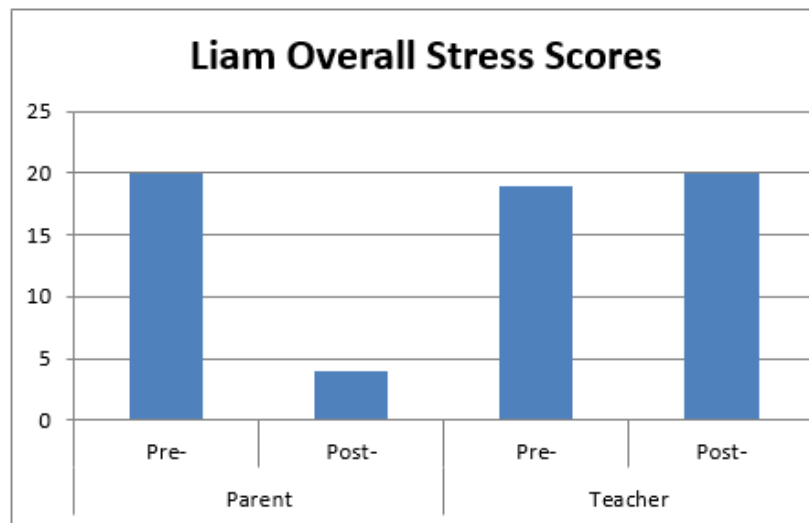
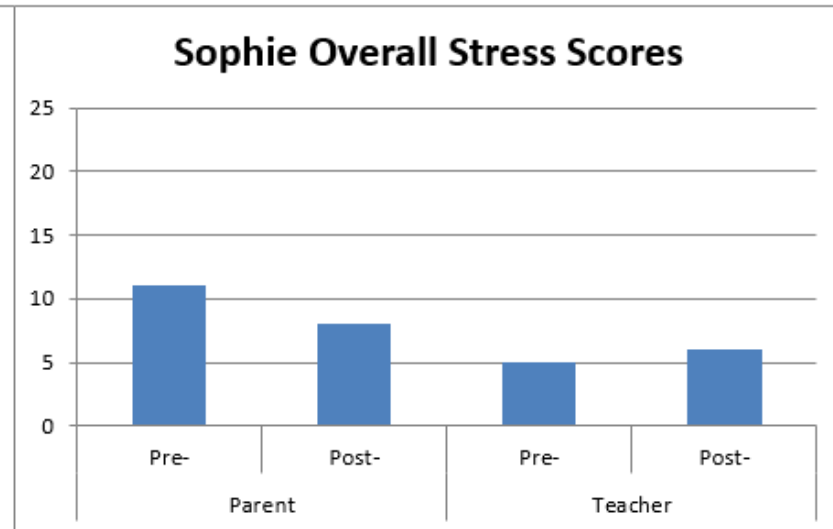
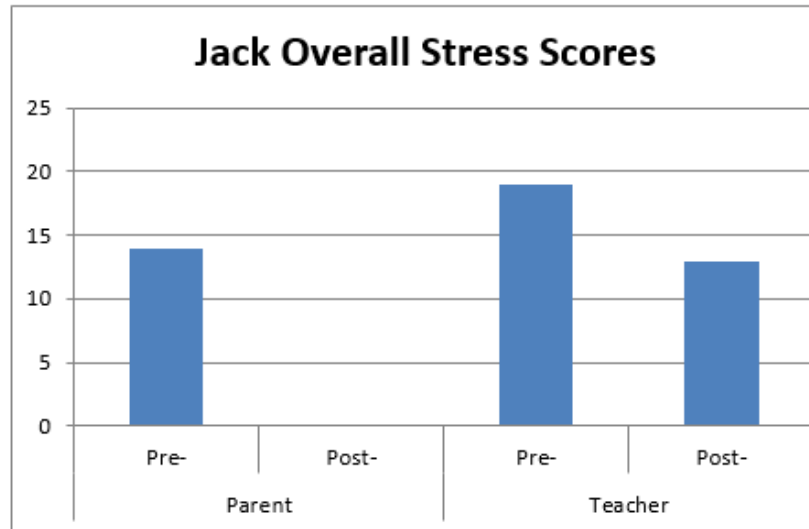
| ID: Sophie                                     | Parent |       | Teacher |       |
|--|--------|-------|---------|-------|
|  | Pre-   | Post- | Pre-    | Post- |
| Overall Stress                                 | 11     | 8     | 5       | 6     |
| Emotional Distress                             | 4      | 3     | 4       | 4     |
| Behavioural Difficulties                       | 1      | 0     | 0       | 0     |
| Concentration Difficulties                     | 2      | 2     | 0       | 1     |
| Difficulties getting along with other children | 4      | 3     | 1       | 1     |
| Kind and Helpful Behaviour                     | 9      | 10    | 10      | 9     |
| Impact on Life                                 | 0      | 0     | 0       | 0     |
| Diagnostic Predictions                         |        |       |         |       |
|  | Risk   |       |         |       |
| Any disorder                                   | Low    | N/A   | Low     | Low   |
| Emotional disorder                             | Low    | N/A   | Low     | Low   |
| Behavioural disorder                           | Low    | N/A   | Low     | Low   |
| Concentration disorder                         | Low    | N/A   | Low     | Low   |

| Key              |        |
|------------------|--------|
| Scores           | Risk   |
| close to average | Low    |
| slightly low     | Medium |
| slightly raised  |        |
| HIGH             | High   |
| VERY HIGH        |        |

| ID: Liam                                       | Parent |       | Teacher |        |
|--|--------|-------|---------|--------|
|  | Pre-   | Post- | Pre-    | Post-  |
| Overall Stress                                 | 20     | 4     | 19      | 20     |
| Emotional Distress                             | 7      | 1     | 3       | 6      |
| Behavioural Difficulties                       | 4      | 0     | 4       | 4      |
| Concentration Difficulties                     | 6      | 2     | 8       | 9      |
| Difficulties getting along with other children | 3      | 1     | 4       | 1      |
| Kind and Helpful Behaviour                     | 8      | 10    | 6       | 6      |
| Impact on Life                                 | 1      | 1     | 1       | 0      |
|  |        |       |         |        |
| Diagnostic Predictions                         | Risk   |       |         |        |
| Any disorder                                   | Medium | Low   | Medium  | Medium |
| Emotional disorder                             | Medium | Low   | Low     | Low    |
| Behavioural disorder                           | Medium | Low   | Medium  | Medium |
| Concentration disorder                         | Medium | Low   | Medium  | Low    |

| ID: Jo   | Parent |        | Teacher |       |
|--|--------|--------|---------|-------|
|  | Pre-   | Post-  | Pre-    | Post- |
| Overall Stress                                 | 21     | 15     | 6       | 4     |
| Emotional Distress                             | 5      | 3      | 1       | 0     |
| Behavioural Difficulties                       | 4      | 4      | 0       | 0     |
| Concentration Difficulties                     | 9      | 6      | 4       | 3     |
| Difficulties getting along with other children | 3      | 2      | 1       | 1     |
| Kind and Helpful Behaviour                     | 9      | 8      | 6       | 6     |
| Impact on Life                                 | 1      | 2      | 0       | 0     |
|  |        |        |         |       |
| Diagnostic Predictions                         | Risk   |        |         |       |
| Any disorder                                   | Medium | Medium | Low     | Low   |
| Emotional disorder                             | Medium | Low    | Low     | Low   |
| Behavioural disorder                           | Medium | Medium | Low     | Low   |
| Concentration disorder                         | Medium | Medium | Low     | Low   |

| Key              |        |
|------------------|--------|
| Scores           | Risk   |
| close to average | Low    |
| slightly low     | Medium |
| slightly raised  |        |
| HIGH             | High   |
| VERY HIGH        |        |



## L. Intervention Scoping Review Data Extraction Tables

Table 1 Intervention Literature (including grey literature)

| Article details/name of intervention  | Intervention Design and Outcome Measures  | Data collection method and Sample  | Findings/Results  | Conclusions/ Recommendations  |
|---|---|--|---|---|
| B1: Kids Articulate Programme ( <i>Wicks, 2011</i> ) UK*                                      | Play therapy, attachment theory, group theory<br>Parents complete worksheets at home<br>Outcome measures: SDQ   | Sample: n=10 (aged 7-11)<br>SDQ scores and 'discussions' with parents and children | SDQ scores: 50% decrease<br>Most qualitative feedback positive; exception of one child who deteriorated, and 2 who reported no change.  | Concludes that intervention was effective.<br><br>Recommends identifying additional need early on.  |
| B4: Community Group Programme for Children and Young People ( <i>Nolas et al., 2012</i> ) UK* | 12-week Psychoeducational group programme.<br>Parallel group for mothers.<br>Outcome measures: CGP Questionnaire, modified CGP Questionnaire, The Kidscreen Questionnaire, CHI-ESQ. | Qualitative Sample: n=24 (aged 7-14)<br>Survey Sample: n=32                        | Limited qualitative report on child experiences: general trend towards children feeling more positive about themselves. Statistics (pre and post) generally non-significant. Slight indication that children feel less responsible to intervene post-intervention. Some post-scores demonstrated decline. | More consistent theoretical approach to group work needed.<br><br>Children's experiences complex – indicated by varied range of statistical scores.<br>Need validated outcome measure<br>Longitudinal research recommended. |
| A13: Domestic Abuse Recovering Together   | 10-week group focus on rebuilding the mother-child relationship following DV.<br>Reduce difficulties experienced  | Measures completed:<br><br>6 months before ( 158 mothers, 166 children),           | Positive changes in well-being measures, mothers more affectionate towards children and increase in self-esteem and   | RCT recommended to ensure more robust comparison. Also noted that it is important to recognise needs of different families and adapt accordingly, e.g.  |

| Article details/name of intervention   | Intervention Design and Outcome Measures   | Data collection method and Sample   | Findings/Results   | Conclusions/ Recommendations   |
|--|--|---|--|--|
| <p>(DART) Programme<br/>(<i>Smith et al, 2015</i>) UK</p> <p>Evaluation Report – grey literature published online in March 2016 (Smith,2016)</p> | <p>by child (conduct, emotional, peer relations), increase self-esteem of mother and child, and increase mothers’ confidence in parenting skills.</p> <p>Outcome Measures:</p> <p>Mothers: Rosenberg self-esteem scale, PLOC, PARQ and SDQ. Children completed adapted version of Rosenberg self-esteem scale and child PARQ. SDQ used for control group</p> | <p>directly after intervention (158, 96) and 6 month follow up (22, 27).</p> <p>Comparison play therapy group (n=18).</p> <p>Practitioner (10), mother (22) and children (14) qualitative interviews.</p> <p>Surveys about experience completed (95 mothers, 92 children).</p> <p>Children aged 7-11.</p> | <p>confidence in parenting. Children experienced fewer emotional and behavioural difficulties. DART intervention rated highly by all (mother, child, practitioner). Practitioner interviews highlighted barriers in services that meant adaptations had to be made. However 55% children who were in high needs SDQ category pre-intervention still remained in high-need category after DART.</p> | <p>contact with abusive parent, or some families who have high levels of additional needs, or offering additional support, e.g. one to one, or more long-term support depending on need. Adapted version of DART now being developed to support those families with higher level of needs. Findings also emphasised importance of working with external agencies, e.g. considering risk of homelessness or families experiencing difficulties with courts or financial hardship.</p> |
| <p>A16: Sutton Stronger Families Group Treatment Programme<br/>(<i>Debbonaire, 2007</i>) UK*</p>   | <p>12-week group programme part of a larger whole family treatment programme.</p>  | <p>124 children referred to the programme during 9 month period of evaluation. 50 female, 74 male. Range of ages from 2 to 16.</p>  | <p>Qualitative interviews carried out with children.</p> <p>Children valued friends and fun, the staff, being able to talk,</p>  | <p>The service helps to keep children in school, to promote children’s mental well-being, to promote the physical and other aspects of safety for children and</p>   |

| Article details/name of intervention   | Intervention Design and Outcome Measures  | Data collection method and Sample   | Findings/Results   | Conclusions/ Recommendations   |
|--|---|---|--|--|
|  | <p>Original Canadian model and approach used (unclear which model this is).</p> <p>All five outcomes for children in the Every Child Matters Framework are being supported.</p> <p>Outcome Measures: No specific measures identified.</p> | <p>Feedback from 13 children who have taken part in the programme and from 16 women who between them had 31 children, 21 of whom participated in a group during this time.</p>  | <p>dealing with anger and understanding more.</p> <p>Children and women learned about the nature of domestic violence, communication skills, and dealing with their feelings.</p>  | <p>helps to reduce domestic violence by supporting women.</p> <p>Identified the need for the group to be part of an integrated community response to domestic violence.</p>  |
| <p>B8: Safer Families Domestic Abuse Intervention Project (<i>Donovan et al, 2010</i>) UK*</p> | <p>Group is a small intervention part of a larger early-intervention programme which supported 267 women survivors of DV in Gateshead.</p> <p>Outcome Measures: No specific measures identified.</p>                                      | <p>One group with 6 children along with 1-to-1 work (81 children in total). 25 mothers interviewed in total to evaluate Gateshead programme, 13 had received a service for their children, 9 rated this service as good or excellent.</p> | <p>Only possible to gain an impression of the impact of the project on children due to lack of available data. Generally, feedback from mothers was positive and the service had contributed to improvements in the child's wellbeing.</p> <p>Some respondents unaware there was a children's service available.</p> | <p>Overall outcomes: Risk reduction, improved multi-agency working, improved health and well-being.</p> <p>No specific information available on outcomes from group.</p> <p>Need for evaluation systems to be embedded in future projects. Children's services filling a gap in need and should continue. Improved capacity in future to enable full engagement of women and children.</p> |

| Article details/name of intervention  | Intervention Design and Outcome Measures   | Data collection method and Sample  | Findings/Results  | Conclusions/ Recommendations   |
|---|--|--|---|--|
| B9: Community Group Treatment Programme Pilot ( <i>Enright, 2012</i> ) UK*            | <p>12 week programme for 7-9 year old CEDV, each session lasted 1.5 hours. Mothers/carers attend separate group concurrently.</p> <p>Aim: validation of children's experiences, understanding abuse, reducing self-blame, safety planning, understanding emotions and coping strategies.</p> <p>Outcome Measures: No specific measures identified.</p> | <p>7 children and 5 mothers attended. 3 girls and 4 boys.</p> <p>Post-group evaluations by mothers, pre- and post-group questions asked of children.</p>   | <p>Children: improved ability to identify abuse and developed problem solving and conflict resolving skills.</p> <p>Fewer children: would intervene in DV, condoned any violence in relationships or felt they were the cause of abuse.</p> <p>Mothers: Felt they benefitted greatly, helped realise they are not alone in experiencing DV.</p> | <p>Model recognised as good practice.</p> <p>Assists children in recovering from exposure to DV and to build healthy relationships in the future.</p> <p>More time needed during planning stages of programme.</p> |
| B10: Kaleidoscope group, part of New Beginnings Programme ( <i>Allman, 2015</i> ) UK* | <p>Therapeutic group for CEDV supported through play, part of larger whole-family intervention programme.</p> <p>Outcome Measures: No specific measures identified.</p>  | <p>68 children had been supported by January 2015.</p> <p>Evaluation: 25 parents engaged with an interview evaluation of New Beginnings interventions.</p> | <p>Mothers stated the group helped to rebuild their own confidence as they felt guilty about the effects of DV on their children.</p> <p>No evaluation information gained from children involved.</p>   | <p>New Beginnings Programme: positive experiences and programme has been hugely successful.</p> <p>Need for increased capacity to deliver DV interventions.</p>  |



| Article details/name of intervention   | Intervention Design and Outcome Measures  | Data collection method and Sample   | Findings/Results                     | Conclusions/ Recommendations         |
|--|---|---|--------------------------------------|--------------------------------------|
| B12: Helping Hands Children's Group and Family Work Groups( <i>Women's Aid, 2014</i> ) UK* | <p>Delivered to children between the ages of 4-7 years through group work activity and individual sessions.</p> <p>Family Work groups offered to family units for children aged 4-10 years old. Group is for a period of 6 weeks.</p> <p>Outcome measures: No specific measures identified.</p>                       | <p>Over a year, 3 Helping Hands groups run with a total of 10 children and 10 mothers attending.</p> <p>Family Work groups, 13 children engaged and completed over a year period.</p> | No evaluation information available. | No evaluation information available. |
| B13: Talking Without Fear Group ( <i>Rampersad, 2013</i> ) UK*                             | <p>12-week therapeutic group for children affected by domestic abuse, separate group run for mothers pre-intervention.</p> <p>Aim: Provide children a place to discuss their past home experiences; develop a safety plan and support children in building up healthy relationship with their peers by addressing</p> | <p>Pre- and post- group questionnaires.</p> <p>No evaluation information available.</p>   | No evaluation information available. | No evaluation information available  |

| Article details/name of intervention   | Intervention Design and Outcome Measures   | Data collection method and Sample   | Findings/Results   | Conclusions/ Recommendations   |
|--|--|---|--|--|
|  | <p>unhealthy messages and interaction patterns.</p> <p>Outcome Measures: pre- and post- group questionnaires.</p>  |   |  |  |
| <p>A3: Cedar Group in Scotland – Children and Mothers Experiencing Domestic Abuse Recovery (<i>Sharp et al., 2011</i>) UK*</p> | <p>Programme developed in Canada (Community Groupwork Treatment), piloted in Scotland. 12 week programme for CYP, concurrent mother programme. 6 children per group.</p> <p>Psychoeducational, strengthen mother child relationship through developing resilience. Group based around strengths-based and self-esteem building activities.</p> <p>Child: reduce self-blame, understanding and managing</p> | <p>Ongoing monitoring of quantitative data monitored (referrals and group work indicators).</p> <p>Evaluation: formal and informal feedback from CYP and mothers, in-depth interviews with CYP and mothers, 3 web surveys filled out by facilitators and co-ordinators.</p> <p>27 children, 25 parents and 43 group facilitators.</p> <p>Ages 3-17, males and females (14% 5-8; 36% 9-12)</p> | <p>Improved parent-child relationship, knowledge and attitudes about abuse, improved self-esteem.</p> <p>Children enjoyed the group, a non-judgemental place to talk and be heard. Preferred group work to individual work.</p> <p>Key outcome was resilience building and the value of underlying message children to children that DV is not an inevitable part of their future.</p> | <p>Role of facilitators important, power of group work vs. individual work important.</p> <p>Importance of needing to listen to children, ensuring participants are ready to partake in intervention.</p> <p>Important to enhance the overall response to domestic violence within the community and work towards reaching areas that have yet to receive the appropriate support.</p> |

| Article details/name of intervention   | Intervention Design and Outcome Measures  | Data collection method and Sample   | Findings/Results   | Conclusions/ Recommendations  |
|--|---|---|--|---|
|  | <p>emotions and actions, safety planning.</p> <p>Outcome measures: No specific measure identified.</p>  | <p>57% boys, 43% girls (ratio similar across ages). 93% white British.</p>  |  |   |
| <p>A7: Community-Based Intervention for Children Exposed to Intimate Partner Violence Child and Mother Intervention (<i>Graham-Bermann et al.,2007</i>) USA*</p> | <p>Based upon Kid's Club Model (Graham-Bermann, 1992).</p> <p>Addressed responsibility for violence, managing emotions, conflict and its resolution, family relationship paradigms.</p> <p>Each group had 5 to 7 children.</p> <p>Outcome Measures:</p> <p>Mothers: Conflict Tactics Scales, Severity of Violence Against Women Scales, Child Behaviour Checklist</p> | <p>Trial comparing three intervention groups; child and mother (two separate 10 week groups) (n=56), child only (10 week group) (n=60) and control group (6-month waitlist).</p> <p>Interviews with mothers and children: pre-intervention, post-intervention and 8 months following.</p> <p>Groups were age graded, 6-8 and 9-12.</p> <p>110 boys and 111 girls.</p> | <p>Children in the child and mother group had best overall outcomes for externalising problems and attitudes to violence.</p> <p>Improving attitudes and reducing aggression better when treating both parent and child, these were also maintained over time better than in the child only group.</p> | <p>Intervention for child and mother was effective in reducing some negative outcomes for children. Working with child and mother recommended over working with child only.</p> <p>Replication and evaluation of programme with children in other settings needed. Intervention needs to be further refined in response to evidence gathered.</p> |

| Article details/name of intervention   | Intervention Design and Outcome Measures   | Data collection method and Sample  | Findings/Results  | Conclusions/ Recommendations  |
|--|--|--|---|---|
|  | Children: Attitudes about Family Violence Scale  |  |   |   |
| <p>D14: Kids Club in Sweden (<i>Cater &amp; Grip 2014</i>) Sweden*</p> <p>Two reports have been published in Swedish regarding this intervention (Broberg et al., 2013; Cater and Grip, 2014).</p> | <p>Intervention design is based upon Kids Club method (Graham-Bermann, 1992).</p> <p>Outcome Measures: APQ, SDQ-P and TSCYC.</p>   | <p>Unclear as results are published in Swedish.</p> <p>Pre- and post-test analyses were carried out.</p>                                       | <p>Mothers stated: children's mental health improved significantly (SDQ-P), children's trauma symptoms fell (TSCYC).</p> <p>Mother: No detectable change in self-reported parental strategies (APQ), unable to detect any change in mothers' levels of anxiety, depression or frequency of trauma symptoms.</p> | <p>No conclusions/recommendations available.</p>  |
| A39: Superheroes: An Interactive Group for 6-11 Year Old CEDV ( <i>Lee et al, 2012</i> ) USA*  | <p>10 week (1.5 hour sessions) group for CEDV, companion parent support group run concurrently.</p> <p>Primary outcomes: alleviation of guilt/shame, improvement of self-esteem, establishment of trust/teamwork skills,</p> | <p>Pre- and post- intervention measures.</p> <p>Children aged 6-11.</p> <p>27 children completed the programme, data only obtained for 18.</p> | <p>Overall decrease in depressive symptomology, symptoms of psychosocial impairment and certain problematic behaviours.</p> <p>Results support continuation of the programme.</p>   | <p>Programme offers a promising framework of intervention for CEDV.</p> <p>Stronger links between research and practice are needed.</p> |

| Article details/name of intervention                             | Intervention Design and Outcome Measures   | Data collection method and Sample  | Findings/Results                     | Conclusions/ Recommendations         |
|--|--|--|--------------------------------------|--------------------------------------|
|  | <p>enhancement of personal safety and assertiveness skills, abuse prevention.</p> <p>Outcome Measures: CDRS-R, PSC, Behavioural Changes: Parent/Guardian Report, Superheroes Information Quiz</p>  | 16 female, 11 male.  |                                      |                                      |
| B14: Children Making Choices Group ( <i>Benton K, 2016</i> ) UK* | <p>8-week programme. Focus to enable children to boost self-esteem and confidence; looking at positive relationships, friendships, feelings and looking after themselves. Activities include circle time, discussions and therapeutic play activities. Unclear on parent's level of involvement, appears no parent involvement in group.</p> <p>Outcome measures: No specific measures identified.</p> | <p>Children 6 to 11 years old affected by domestic violence.</p> <p>No evaluation information available.</p> | No evaluation information available. | No evaluation information available. |

| Article details/name of intervention  | Intervention Design and Outcome Measures  | Data collection method and Sample  | Findings/Results   | Conclusions/ Recommendations  |
|---|---|--|--|---|
| A21: Group Art Therapy Case Study ( <i>Mills and Kellington, 2012</i> ) UK* | Group context in a refuge. The group is a 27-week art therapy group.<br>No outcome measures identified. | Case study with one child (11 year old girl). Use of creative products from the group and behaviour within the group, analysed by the researcher | Art therapy helped the child to develop healthy relationship with her mother and peers, and to develop a more 'whole' sense of self. Self-esteem increased and the child was less fearful. | Art therapy can help with reducing the shame and silencing that children experience following exposure to DV. |

\*grey literature

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Table 2: Other Literature (not specific intervention focused)

| Article details  | Aims   | Data collection method and Sample  | Findings/Results   | Conclusions/ Recommendations   |
|--|--|--|--|--|
| B3: Positive Steps<br>(Barton, 2015) UK*   | Scope the DV services that are available for young people in Hampshire   | Sample: 10 (age 11-20)<br>Mixed methods (observations, questionnaires and interviews): Consultations with young people, professionals and adults who historically experienced DV   | Impact of funding cuts; young children particularly at risk of missing out.<br>Timing, accessibility and training all key issues.<br>'Whole family' approach beneficial, but children need interventions of their own. | Recommendations: multi-agency approach, holistic interventions and training. Long-term interventions more beneficial, rather than crisis point.<br><br>Social media, drop-in services and advocates are useful tools for young people.   |
| A2: UNARS: Understanding Agency & Resistance Strategies: Children's Experience of Domestic Violence<br>(Callaghan and Alexander, 2015) UK* | Develop better understanding of YP experience of living with DV. Develop an intervention with CYP who have experienced DV, aims to enhance capacity for resilience and agency while building upon positive self-identity. Group intervention is based upon Gestalt, creative, narrative and systemic techniques. | Action research, initially interviews with CYP (age 8-19) (110), parents (34) and professionals (74).<br>Group intervention piloted in the UK and used in 3 other European countries.<br>Follow up interview with 21 CYP of the 60 who participated in pilot intervention. | Intervention is in development based upon evaluation of pilot.<br><br>Children found the group a positive experience.<br><br>Professionals felt better able to support CYP following training.                         | Emphasis upon working with children not for them; language is important in order to validate and hear children's voices.<br><br>Services need to be more accessible, not just available at crisis point.<br><br>Highlights need for awareness-raising campaigns, good training for professionals and collaborative working between agencies. |
| A1: Preventing domestic abuse for children and young   | Literature review of school-based preventive interventions, with a focus on whole-school   | Scoping review inclusive of international literature and UK grey literature  | Important factors: shifting societal norms, managing disclosure, authenticity of   | Gender issues; boys reported that some interventions have an anti-men message that is off-putting. Those delivering and  |

| Article details  | Aims  | Data collection method and Sample   | Findings/Results  | Conclusions/ Recommendations  |
|--|---|---|---|---|
| people (PEACH): a mixed knowledge scoping review ( <i>Stanley et al., 2015</i> ) UK*   | interventions, aims to inform UK practice and policy.   |   | facilitators (use of materials that are meaningful to CYP), peer group power and encouraging older YP to intervene/challenge abusive behaviour  | receiving the intervention should contribute to the development of it. Context of the intervention is important and influences the outcome measures used. Teachers need to be trained; schools prepared and supported.  |
| A4: The Effectiveness of Targeted Interventions for Children Exposed to Domestic Violence ( <i>Howarth et al., 2015</i> ) UK | Explore how CYP, parents and practitioners measure success in interventions that target CEDV. To develop greater consistency in how outcomes are measured across studies and interventions to create better quality evidence. | Systematic review of trials (n=20) and a meta-synthesis of qualitative studies, includes consultations with parents (6), CYP (16) (age 12-22) and practitioners (20). | Trials most frequently evaluated changes in children's symptoms and disorders, whereas all involved has broader concepts of success that extended beyond narrow health-focused outcomes. A number of studies measured other outcomes but there was inconsistency in the types measured. | Consistency between interventions, services and researchers required to agree on outcomes that best measure and represent benefits of DV interventions. Emphasized need to work with CYP to gain their perspective and opinions Good definitions of measured outcomes are required. |
| A8: Comprehensive Review of Interventions for Children Exposed to Domestic Violence ( <i>Chamberlain, 2014</i> ) USA*        | Comprehensive review of interventions to create and maintain a website about interventions for CEDV for access of DV advocates.   | Review of interventions within the USA, across journals, publications and contact with key informants. 23 interventions that serve children and families              | Interventions focus on improving mothers' parenting skills and the child's emotional and social skills. Key aspect is that they work concurrently with 'non-battering' parent. Nearly all of the interventions  | Information about these interventions, which is supported by different types of evidence, can help services and professionals to make evidence-based decisions about programme development.   |

| Article details   | Aims   | Data collection method and Sample  | Findings/Results   | Conclusions/ Recommendations  |
|---|--|--|--|---|
|   |  | exposed to domestic violence found.  | identified conducted some type of evaluation from RCT to pre- and post- test comparison studies.   | Some interventions were missed in the comprehensive review, ongoing work to maintain the website created from the review and include new interventions.   |
| A9: Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence ( <i>BCCEWH, 2013</i> ) <i>Canada*</i>  | Review to examine interventions to identify, prevent, reduce and respond to domestic violence between family members or between intimate partners. 5 research questions identified, one specific to the interventions and approaches used in responding to CEDV. | Comprehensive review of a wide range of databases and websites<br><br>For the question regarding CEDV, one systematic review with 25 articles was identified (Rizo et al, 2011) plus 13 additional articles. | The majority of studies were before and after studies that did not have follow-up points. Interventions aimed at mothers and children together appear to be more beneficial for improved outcomes for both. Improved outcomes in mothers often led to improved outcomes in children. | There are several benefits to multi-system integrated interventions for children and adults. The diversity of interventions and lack of reporting benefits makes it difficult to compare modalities.<br><br>General population interventions with children or flexible community based interventions are lacking in the literature. |
| A11: Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice ( <i>Humphreys et al., 2008</i> ) <i>UK*</i> | Comprehensive literature review to inform policy and procedures within Scotland to enable good practice for working with CEDV. Ensuring children's voices are heard in developing policy.  | Synthesis of information collected from 6 studies, gathered from review of both Scottish and international literature.   | CYP require provision that is both separate and linked to the non-abusing parent. Proactive support recommended. Informal support is a critical aspect of provision for CYP.<br><br>Individual work is most important for children showing   | Proactive support recommended for those subjected to DV. Strengthening the mother-child relationship is a critical aspect of provision.<br><br>'Directions for good practice' list provided to enable prevention of domestic abuse through education.   |

| Article details   | Aims  | Data collection method and Sample  | Findings/Results   | Conclusions/ Recommendations  |
|---|---|--|--|---|
|   |   |  | <p>the most disturbed emotional and behavioural patterns.</p> <p>Group work is the intervention of choice for children.</p>  |   |
| A14: Children's exposure to intimate partner violence: Impacts and interventions ( <i>Wathen and MacMillan, 2013</i> )<br><i>Canada</i> | Provide an evidence-based overview regarding children's exposure to IPV, including epidemiology, risks, consequences, assessment and intervention. Specific guidance for clinicians provided. | No evidence in article of how evidence included in review was collected or screened.     | Child exposure to IPV is a prevalent form of maltreatment and is associated with increased risk of psychological, social, emotional and behavioural problems. Risks for exposure are complex, and there is no evidence to support universal screening of women or children for IPV exposure. | <p>Mother-child and child-focused therapies show promise in improving behavioural and mental health outcomes.</p> <p>Understanding IPV and being prepared with appropriate responses are essential skills for professionals.</p>    |
| A17: A review of family interventions for intimate partner violence with a child focus or child   | Create a critical summary and analysis of research on interventions that indirectly or directly target CEDV.  | Systematic searches of article databases identified 31 articles for inclusion in review. | <p>Four categories of intervention: counselling/therapy, crisis/outreach, parenting and multi-component intervention plans.</p> <p>Researchers have mainly tried to address needs of CEDV by</p>   | Many studies included had relatively small sample sizes, limiting the generalizability of findings. Due to methodological problems, it is not yet possible to definitively state whether or not these interventions are beneficial. |

| Article details  | Aims   | Data collection method and Sample   | Findings/Results   | Conclusions/ Recommendations  |
|--|--|---|--|---|
| component ( <i>Rizo et al., 2011</i> ) USA   |  |   | offering services to children directly and/or to caregivers who are mothers.   | Encourage researchers to document and research utility of service delivery strategies.  |
| D11: The Damage Done: Children Exposed to Intimate Partner Violence and their Mothers ( <i>Grip, 2012</i> ) Sweden*                        | Thesis upon CEDV and their mothers including a national project evaluating the support available to children exposed to IPV and their mothers to remedy the lack of empirical evidence within this subject in Sweden. To give a voice to IPV-exposed children. | A summary and synthesis of four empirical studies carried out in Sweden with children aged 9 to 13 years old. | Children reported reduced post-traumatic stress and general psychological problems. Mothers reported significant reduction in behavioural problems. Despite the statistically significant results, majority of children remained unchanged following support.                | Important to look at individual characteristics of children to understand their adjustment after exposure to IPV, and to use this to target aspects in individual interventions<br><br>Results point to the need to monitor during treatment to identify those who are unchanged or worsened during treatment.                                  |
| A12: IMPROving Outcomes for children exposed to domestic Violence (IMPROVE): An evidence synthesis ( <i>Howarth et al., in press</i> ) UK* | Systematic review of the evidence-base for interventions for children and young people who have experienced DV   | Systematic review of the evidence-base world-wide.  | Located 13 trials between 1992-2015 (most North America, none in the U.K.) and 5 qualitative studies between 1992 – 2012 (Most U.S., one U.K.)<br>The U.K. grey literature: 26 reports, 19 interventions, 17 of those underwent evaluation in 21 studies (mostly tailored to | Despite evidence of interventions, there is no U.K. evidence (with exception of grey literature) to evaluate effectiveness of interventions.<br>Need for agreement on core set of outcome measures; currently many are used.<br>There is an urgent need for U.K. trials with different groups of children.<br>The study recommends to follow-up |

| Article details   | Aims  | Data collection method and Sample  | Findings/Results  | Conclusions/ Recommendations   |
|---|---|--|---|--|
|   |   |  | <p>needs of children as well as the needs of parents)</p> <p>Findings suggest difference between interventions that improve children's mental health (child only intervention in group format) and children's behavioural problems (child and parent parallel interventions).</p>                               | <p>post-completion of intervention (longitudinal designs and use of statistics in evaluations as well as qualitative findings.</p> <p>Instead of generalising the needs of all children who have experienced DV, interventions could be targeted for specific needs or clinical profile of the child.</p>  |
| A20: School-Based Group Interventions for Children Exposed to Domestic Violence ( <i>Thompson and Trice-Black, 2012</i> ) USA | Aims to outline objectives and procedures for group interventions ( structured and non-structured, run by school mental health professionals) for 'elementary aged' children who have been exposed to domestic violence | The study provides no information on sample size or demographics. Sample was 'elementary aged' school children.<br>Data collected by generating data about the procedures and objectives of the group interventions. The paper does not seek to evaluate the groups. | Objectives of group interventions: conflict resolution and problem solving, identification and expression of feelings, reduction in self-blame, safety planning, knowledge, awareness and attitudes about DV, self-concept. The article does not offer findings about the effectiveness of these interventions. | Therapeutic interventions should address developmental problems, schools are an ideal setting because it suggests that all children have access to school mental health professionals. It is important that mental health professionals feel prepared to deal with DV, and a supportive environment is crucial. Recommended that facilitators should praise and reinforce prosocial behaviour. |

\*grey literature

## Table 2 Reference List

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