**AN INVESTIGATION INTO HOW EDUCATIONAL PSYCHOLOGISTS'
CONCEPTUALISE DOMESTIC VIOLENCE**

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ABSTRACT

There is an increasing awareness of the impact of domestic violence (DV) on children's psychological well-being. A cross-government strategy, Together We Can End Violence Against Women and Girls (VAWG) has recently been launched (HM Government 2009). Although, the role that education can play has previously been neglected, there is now a growing interest in the role of schools in combating DV. However, the contribution educational psychologists (EPs) can make to this debate has been neglected.   A small scale study was conducted to explore how EPs conceptualised DV and the role EPs could have in working with schools and children and families. Five EPs from educational psychology services (EPS) in two local authorities were interviewed using a semi-structured interview. A thematic analysis was conducted and 4 main themes highlighted; knowledge of DV, experience of DV in work, facilitators and barriers to practice. The research concludes that EPs face challenges in working with DV. Issues of safe working practices and confidentiality, professional sensitivities and lack of clarity of the EP role are identified. It is argued that some of the inherent difficulties to EP practice occur due to the hidden nature of children within DV as children exposed to DV have been marginalised and minimised within the dominant DV discourse

DEDICATION

To my partner, Nicholas Rumney,

for his love and support

without which I would not have completed this journey

and

in memory of my Mother, Winifred Sparks,

who inspired in me a love of learning

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Glossary

BPS	British Psychological Society
CEDV	Children exposed to domestic violence
DCSF	Department of Children, Schools and Families
DOH	Department of Health
DV	Domestic violence
EBD	Emotional and behavioural difficulties
ECM	Every Child Matters
EWO	Education Welfare Officer
IEP	Individual Education Plan
LAC	Looked After Child
MARAC	Multi-Agency Risk Assessment Conference
OFSTED	Office for Standards in Education
PTSD	Post traumatic stress disorder
SEN	Special Educational Needs
VAWG	Violence Against Women and Girls
WHO	World Health Organisation

Chapter 1

Overview

1.1 Introduction

There is an increasing awareness that exposure to domestic violence (DV) affects children's development and psychological well-being. The British Psychological Society (BPS 2007) state that children exposed to DV (CEDV) have suffered psychological abuse. It can have a long lasting impact on their lives. Supporting children who have been exposed to domestic violence has not received a high priority within the education and schools sector.

1.1.1 Intended Audience

The intended audience for this research is the journal Educational Psychology in Practice. They outline their scope thus; "The defining feature of "Educational Psychology in Practice" is that it aims to publish refereed articles representing theory, research and practice which is of relevance to practising educational psychologists in the UK and beyond." There is a tension between the University of Birmingham's required referencing style and that of the journal Educational Psychology in Practice. Therefore it is the University of Birmingham's referencing requirements that will be followed.

1.2 Context

DV places a significant economic burden on the criminal justice system, health and social care services, costing £3.1 billion in England and Wales in 2004 (Department

of Health 2005). The true scale of the problem is unknown due to under-reporting (Home Office 2009). Despite this DV constitutes a significant proportion of all violent crime. Kershaw et al (2008) report that DV accounts for 16% of all reported violent incidents. 85% of incidents of DV were against women. The majority of violence, particularly severe and chronic incidents, is perpetrated by men against women and their children and DV affects one in four women and one in six men over the course of their lifetime (Home Office 2007). DV occurs throughout all social groups, irrespective of class, race, age, disability, sexuality and lifestyle (Dodd 2009).

Internationally DV is recognised as a serious problem in terms of human rights and public health (World Health Organisation 2005) in which all types of DV are considered as violations of the Human Rights Act 1998 (Barnish 2004). These rights are deemed to be universal and superordinate to cultural norms and traditions. Violence against women has been described as a problem of pandemic proportions (UNIFEM 2007). Women are more at risk of experiencing violence in intimate relationships than anywhere else. DV is also acknowledged to be pervasive throughout all sectors of society in all countries of the world (WHO 2005).

There is an increasing awareness of the impact living with DV has on children's well-being. Children living with or witnessing DV are now defined as at risk of significant harm in the Adoption and Children Act (2002 cited by Humphreys 2006). It is recognised that children experience DV even if they are not direct targets for the abuse. Children's experience of DV is recognised as separate from their mother's and that their needs are different to their mother's (McGee 1997). The estimates of

prevalence vary. Carlson (2000) suggests a rate of 10 – 20% CEDV in some form

over the course of one year with that figure rising to 1 in 3 at some point during

childhood. However the effects of DV on children is not acknowledged within the

Home Office definition (Izzidien (2008)

1.3 Summary of Literature Review

Chapter 2 provides a literature review. The context for understanding DV is

highlighted in section 2.2 and terminology and definitions are outlined in section 2.3.

Research on psychological theories of DV are considered in section 2.4.

There are also links between DV and child abuse: the abuse of children is likely to

occur in a DV context (Mullender, 2000). This is considered in section 2.5.1.

A context of family violence has implications for the quality of the parent-child

relationship. Thus, children who are exposed to violence (CEDV) are affected by the

situation of abuse but also by the relationship they experience with their parent. This

is considered in section 2.5.2.

DV has a range of effects on children: emotional, social, behavioural, physical and

cognitive. DV will be considered according to the developmental stage of the child in

section 2.5.3.

There has been scant attention paid within education to DV. To the author's

knowledge there has been no previous literature that considers how educational

psychologists understand DV. (Section 2.1.1 outlines search strategy) In view of the

dearth of research the views and understanding of DV of other professionals from

education, health and social care, who work with adults or children who are affected by DV, are examined. Professionals' understanding of DV is considered in section 2.6.

1.4 Empirical Research

Chapter 3 discusses the empirical research. The aim of the research was to explore how educational psychologists (EPs) conceptualise domestic violence. It has been noted that here has been an absence of research in this area. This is an exploratory study to investigate how DV is understood by EPs. The principal research focus is an examination of EPs' conceptualisations of DV and the role of EPs in working in schools and settings and with children and families who have been exposed to DV. The research questions are outlined in section 3.2.1.

1.4.1 Ontological and epistemological assumptions

Parker (1994) observes the researcher is central to the sense that is made of a specified issue. It is important that the researcher highlights their own position and recognises how this may have influenced the research. This is further considered in section 4.1.

A qualitative research design was adopted. The ontological assumption within qualitative research is that reality is complex and multi-layered. Tindall (1994) states that qualitative researchers engage with a complex and dynamic social world in which the construction of understanding and the existence of multiple realities is acknowledged.

The epistemological assumption is made that within a qualitative paradigm knowledge is constructed rather than a reflection of an objective reality. There are multiple interpretations of events and within an interpretative paradigm the researcher seeks to understand the participants' subjective experience (Cohen at al. 2000).

A research design was thus chosen which permitted an exploration of EPs' views, beliefs and experiences. The research method adopted was a semi-structured interview in order to gain an understanding of how EPs conceptualise DV. Following the interpretative paradigm, data was analysed using the qualitative method of thematic analysis and an inductive data analysis was conducted. (Braun and Clarke 2006).

Chapter 4 offers a critique of the research, implications for EP practice and conclusions.

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Chapter 2

Domestic Violence: A Review of Psychological Theories, Its Impact on Children and Professionals' Understanding

2.1 Abstract

Children's exposure to domestic violence affects their development and psychological well-being. This literature review outlines a context where the role of education in supporting children exposed to domestic violence and in combating domestic violence has generally been neglected. The definition of domestic violence is acknowledged to be problematic. Theories of domestic violence are examined and explanations found to derive from a number of different perspectives. Individual theories locate the analysis of causal factors at the intrapersonal level. The role of development, attachment relationship and cognitive style are outlined   An interpersonal account of domestic violence locates causal factors within family dynamics and interaction characterised by ineffective communication and conflict resolution. Within the socio-structural perspective the role of social and cultural factors on domestic violence is outlined. Feminist theories of male violence against women reveal how patriarchal attitudes and societal institutions have perpetuated gender inequality. However, ecological models offer a better account of the complexity of the issue of domestic violence. The impact of domestic violence on children is examined. Children who live with domestic violence are at an increased risk of suffering abuse themselves. They are also affected by the quality of the relationship they experience with their parents. Domestic violence has a range of

effects on children: emotional, social, behavioural, physical and cognitive. The differential impact is considered according to the developmental stage of the child. Moderating and mediating factors are explored. Professionals' understanding of domestic violence is examined. Educational psychologists work with children and parents and focus on promoting psychological well being in schools: yet the topic of domestic violence and its effects on children has received scant attention. Studies have found that other professionals have a lack of awareness of the prevalence, the nature and the dynamics of abusive relationships and face barriers in their work with people exposed to domestic violence.

2.2 Introduction

There is an increasing awareness that exposure to domestic violence (DV) affects children's development and psychological well-being. It can have a long lasting impact on their lives. Supporting children who have been exposed to domestic violence (CEDV) has not received a high priority within education and schools.

This chapter begins by outlining the context for understanding DV. In section 2.3 definitions of DV and the use of alternative terminology are considered. Psychological theories of DV will be the focus in section 2.4. Section 2.5 considers the impact DV has on children. Finally, how professionals understand DV is discussed in section 2.6.

2.2.1 Rationale for research

This review of literature will consider the topic of DV. The focus is on exploring psychological theories of DV and how DV affects children. There has been no previous literature that considers how educational psychologists understand DV. In view of the dearth of research the views and understanding of DV by other professionals, who work with adults or children who are affected by DV, will be examined.

The bibliographic database PsychInfo and Swetwise were searched. The search strategy used Boolean logic and combinations of key terms including domestic, violence, abuse, psychologists, education and schools. A snowballing technique of searching references of published documents was used. Government web sites were also searched for documentation.

The term DV is not uncontested and this issue is explored further in section 2.3. However, the term DV will be used in this paper as it is the term used in policy documents, by professionals and is in everyday use. However, other terms are also used to reflect a particular author's terminology, for example, domestic abuse, wife abuse and intimate partner violence.

2.3 Context

2.3.1 The Legislative Context

DV has risen up the political agenda due to the costs to society. DV places a significant economic burden on the criminal justice system, health and social care services (Department of Health 2005). (See Chapter 1for further discussion). DV has a significant impact on the lives of children and young people. (This will be explored in Section 2.5) Child abuse and DV have been identified as causal factors in the mental and physical ill health of children and young people (Itzin 2006). There are also well established links between DV and child protection (Ofsted 2008).

Several key pieces of legislation and statutory guidance exist to protect all children. The Children Act (1989) made the welfare of children paramount. In issues concerning child contact with separated parents and child protection, children's development and well being should come first. However, the Act fails to acknowledge DV as an issue. Thus, Harrison (2006) argues in practice this and subsequent legislation has failed to adequately protect children within the domestic abuse arena. The DV Crime and Victims Act (2004) improves legal protection for witnesses of DV and makes common assault an arrestable offence but fails to specifically address the needs of children.

The Children Act (2004) and Every Child Matters (2003) provide a basis for the development of effective services to meet the needs of children and young people and offers a focus on early intervention and improved multi-agency working to protect

and safeguard children. Organisations and services have a duty to safeguard and protect the welfare of children under Section 11 Children Act 2004.

2.3.2 Multi-Agency Approaches

Domestic abuse has been identified as a priority across government (DOH 2005). A cross-government initiative has brought together key government departments to address this issue. Itzin (2006) states:

> "There are now a substantial number of high priority, high profile, cross Government policy initiatives on which to build to improve service responses to victims of domestic and sexual violence and abuse, including children, adolescents and adults ... throughout the NHS, social services and housing, and ...the criminal justice system." Itzin (2006 p 29)

There is an acknowledgement of the need for a multi-agency response to tackle DV. The National DV Delivery Plan outlines the co-ordinated cross government strategies. Multi-agency risk assessment conferences (MARAC) have been developed to support those at high risk of DV. The aim is to engender a co-ordinated response to a complex social issue. Hence, the DOH Handbook states:

> "...by working together, central and local government, criminal justice agencies, voluntary sector organisations and the NHS have a greater chance of meeting women and children's needs." DOH (2005 p.1)

However, one key agency that has been neglected in these initiatives is education and the role that education and schools can play has been ignored. Educational professionals are well placed to support children experiencing DV yet their potential role has been largely absent in many initiatives. McGee (2000) observes:

> "There are a number of agencies who have involvement with women and children experiencing DV. However, there has been a tendency for DV to be considered as a problem only to be addressed within the remits of police social services housing and refuges" (McGee 2000 p.20)

More recently, Byrne and Taylor (2007) note that DV had received little attention within education.   Whilst Alexander et al. (2005) suggest that children who have been exposed to DV require support within school. They highlight the need for teacher training and note that such children who have experienced DV merit intervention.

2.3.3 DV and Education

There is now a developing awareness of the role of schools and education in combating DV. The Violence Against Women Initiative (VAVI), part of the Crime Reduction Programme (CRP 2000) aimed to develop and implement strategies to reduce DV. In the VAWI project the aim was to raise awareness and change attitudes (Hester and Westmarland 2005). Evaluation of these interventions revealed small changes in pupil awareness. However, Hester and Westmarland (2005) suggest:

"The impact may be short term and is likely to depend on the extent to which the issues are embedded within the curriculum and wider school activities in the longer term." (Hester and Westmarland 2005 p.17)

Furthermore, Hester and Westmarland (2005) note some teachers were uncomfortable with the topic and concerned about their ability to cope with the material and the children's responses. They conclude:

"Staff seemed to lack confidence and skills, and that schools need continued support from outside agencies to address these issues." (Hester and Westmarland 2005 p.19)

The following findings from VAWI were noted:

Table 1 Findings from the Violence Against Women Initiative, Crime Reduction Programme (2000), Primary Prevention Project:

- a positive response from children,

- an increase in factual awareness by the children

- need for sustained interventions

- multi-agency support and training for teachers was important

- cross-curricular approaches were beneficial

                                        (Hester and Westmarland 2005)

The Cross-Government Strategy, Together we can end Violence Against Women and Girls (VAWG) was launched in November 2009, following consultation, and

"...represents an integrated approach to tackling this problem (VAWG) and supporting its victims across the three key areas of prevention, provision and protection." (p.4)

The following areas for action were identified:

Table 2 Actions from Together We Can End Violence Against Women and Girls

Prevention	- Promoting Healthy Relationships Through Schools - Early Identification and Professional Training –for frontline professionals
Provision	- VAWG to be part of core business for all statutory agencies - VAWG to be mainstreamed into the Joint Strategic Needs Assessment - Co-ordinated locally driven VAWG strategy

The Department for Children, Schools and Families (DCSF) VAWG Advisory Group was established in July 2009:

"Its key role is to provide advice...on how schools can most effectively tackle the issue of VAWG, as part of the development of the cross government VAWG strategy." (DCSF 2010 p.1)

Previously government initiatives have conceptualised DV as a parental problem, like substance abuse, that can affect children rather than as a form of child abuse. However, there is now a change of understanding. DCSF (2010) acknowledge that: "... children who have witnessed DV have, by definition according to the British Psychological Society, suffered psychological abuse." (DCSF 2010 p.4)

The DCSF VAWG Advisory Group have agreed the following recommendations:

Table 3 Recommendations from DCSF VAWG Advisory Group

- addressing VAWG through the curriculum,
- issuing statutory guidance to schools on how to address issues relating to VAWG
- initial and on-going training programmes for teachers and other school staff
- pathway for identification, referral and support
- pupil led VAWG audit tool
- national campaign to challenge attitudes (to include schools)
- parent/carer survey, support and guidance

These initiatives have reconceptualised the issue of domestic violence. DV within education has now become a term synonymous with violence against women and girls (VAWG).

It will be argued in the following section that the failure to conceptualise DV without explicit reference to its effects on children and child abuse has lead to difficulties. Furthermore, the role of education in addressing child welfare as well as child protection needs has not been explored. Despite the recent acknowledgement that education has a role in prevention and changing attitudes to VAWG, the issue of how schools can work to create an understanding of DV, raise awareness and build resilience within children who continue to live with or have lived with DV has yet to be fully considered. This is acknowledged within the DCSF strategy (2010). Thus, it is suggested:

> ".. the upcoming DCSF consultation on an early intervention framework should explicitly include a question on the role of schools in identifying, assessing and supporting children affected by violence." (DCSF 2010 p.17)

2.4 Definitions

It is important to define DV in order to develop successful prevention and intervention programmes. DV cannot be adequately addressed if there is no consensus on definition. It could be argued that clear terminology and a shared understanding is necessary for effective preventative action and intervention. Thus, the existence of

different terms is misleading and a hindrance to the development of successful strategies.

DV comprises a broad range of abusive, threatening or violent behaviours (Mullender 2004). It has been defined as:

> "... any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together or between family members, regardless of gender or sexuality. The violence may include physical, sexual, emotional and financial abuse."
>
> www.homeoffice.gov.uk (2007)

Definitions and terminology continue to be debated and a number of terms are in use to describe DV. Surprisingly, there is not a shared or statutory definition in use by UK criminal justice agencies and other relevant groups (Barnish 2004). Mooney (2000) identifies a lack of consistency over the relationships and types of behaviour that are included in the term. This inconsistency is apparent amongst both policy makers and researchers. Significantly Izzidien (2008) also observes that the Home Office definition fails to acknowledge the effects of DV on children. The need for clearer definitions has been identified as a key issue in research on CEDV (Prinz and Feerick 2003). One consideration is the term violence and what constitutes violence. DV for example has different connotations to domestic abuse and may appear to include some behaviours such as physical violence and exclude other

forms of psychological, emotional and financial abuse. The term domestic abuse reflects the use of power and control by one person over another.

 Definitions are also critical in determining prevalence as different rates of DV may be measured using different definitions. Itzin (2000) states that:

> "...how violence is conceptualised and defined will determine what is visible and seen and known; how it is understood and explained; and what is and is not done about it through policy and practice." (Itzin 2000 p.357)

A second point concerns the nature of the relationships understood to be covered by the term domestic. Domestic relationships are understood to be intimate relationships between both heterosexual and homosexual partners. It also includes dating and separated partners, sibling and child to parent violence. This term acknowledges the variety of patterns of abuse in relationships and makes apparent the existence of forms of minority violence.

However, the term domestic is not uncontested because of its generality and specifically because it is viewed as gender neutral, as it suggests men and women are equally likely to be victims of violence (Mooney 2000); despite Home Office (2007) recognition that the majority of severe and chronic violence is perpetrated by men against women. Humphreys and Stanley (2006) argue that the language used forms a representation of an understanding of the pattern of violence within society and hence where the attention of professionals involved in child protection will fall.

To minimise the dominant pattern of violence will inhibit the safeguarding role of child protection professionals. The term family violence may be preferred by some minority ethnic communities as it acknowledges culturally specific abuse where the model of the western nuclear family is less relevant (Malley-Morrison and Hines 2007).

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The definition is also problematic in terms of children. Although living in a situation of DV is considered a risk factor for children the definition does not highlight this. Houghton (2006) observes that domestic abuse has traditionally been understood as an adult issue, with women the service users and children the hidden victims.

Furthermore, DV and child abuse have been understood as separate issues despite the existence of an overlap between the two areas: the abuse of children is likely to occur in a DV context (Mullender, 2000). The link between DV and child abuse will be explored more fully in section 2.5.1.

2.5 Theories

Given the complexity of the subject of DV it is perhaps not surprising that explanations derive from a number of different perspectives; many of which are mutually exclusive. Such conceptualisations are important because they deal with fundamental questions about what type of problem DV is and what behaviours are of concern. As Gelles and Loeske (1993) note such considerations are not esoteric, as how the problem is conceptualised impacts directly on political policy and practical action.

The main differences in conceptualisation are the location of the level of analysis and the understanding of the role of gender. The psychological theories of DV will now be considered within a framework that privileges these different levels of analysis.

2.5.1 Individual Perspective

Individual theories locate the analysis of causal factors of DV at the intrapersonal level where individual differences and psychopathology are the focus. Interrelated factors are suggested to offer explanations for DV. Gilchrist et al's (2003) study of offender characteristics identified an heterogenous group with multiple risk factors including negative early experiences, shaming, anger, lack of empathy and alcohol dependence. Barnish's (2004) literature review highlight insecure attachment styles, harsh disrupted parenting, depression, low self-esteem as factors that explain DV.

A developmental approach to partner violence is advanced by Ehrensaft (2008) that posits that early family experiences, from the prenatal period, through infancy and childhood, may result in adjustment difficulties across the lifespan. The cumulative effects of these problems lead to difficulties with emotional regulation and affect expectations of others behaviour. Family risk factors for personality pathology, youth antisocial behaviour and partner violence are highlighted. However, in contrast, Hines and Saudino (2002) argue that genetic influences should be considered in addition to those of familial influences.

The effect of attachment relationship style was examined by Maurico and Gormley (2001) who studied 60 men in USA arrested for DV. Using self-report questionnaire

and scales they found a relationship between adult attachment style and frequency of violence. However, there are limitations to their study. Use of self- report measures may have been problematic as the authors found 42% of their sample of offenders had a secure attachment style coupled with a high social desirability response bias. This may indicate that these self-report measures may not be reliable. Additionally, as the men were volunteers recruited from batterer intervention programmes the sample may have been subject to a self-selection bias and the men may have sought to cultivate a good impression.

Further support for explanations at the individual level of analysis is offered. Dutton and Nicholls (2005) argue anxiety and intimacy problems are psychological factors that increase the risk for abusiveness in relationships. Additionally, pathology and personality disturbance is associated with abusive men compared to non-abusive men (Barnish 2004, O'Leary 1993).

The effect of cognitive processes and DV has also been studied. Stith et al's (2004) meta-analytic review examined 85 studies to identify risk factors associated with intimate partner violence. A large effect size was found for the risk factor "having attitudes condoning violence" and was a strong correlate of being physically abusive. This aspect of the review was based on five studies with a combined total of 2318 participants. Each study used a different methodology to elicit beliefs about interpersonal violence, which included questionnaires and inventories of attitude. Threats to validity exist in meta-analytic studies. Stith et al (2004) acknowledge the possibility of "file drawer bias" in which studies without significant results are not

published; which would therefore have an impact on meta-analytical reviews. Furthermore, the definition of intimate partner violence used by Stith et al (2004) for their meta-analysis only included physical violence and is narrower than other definitions that also include psychological abuse. Gilchrist et al (2003) conducted a study of the characteristics of DV offenders. Psychometric test data from 219 men and interview data from 42 female partners revealed offender attitudes condoning DV. The validity of this study is increased by triangulation through collecting data from both perpetrator and victim. However, Gilchrist et al (2003) note the heterogeneity of perpetrators and thus, as the sample only included convicted offenders the findings may not be representative of all perpetrators.

Criticisms have been levelled at individually orientated explanations. These theories are not sufficient to account for the widespread nature and complexity of abusive relationships. Gelles (1993) states that psychological theories neglect the uniqueness of the family as a social entity: in fact, he describes the family as one of society's most violent institutions. Bograd (1988) notes individual theories ignore the issue of power and fail to explain the abuse perpetrated by men without psychopathology. Additionally, it could be argued that attitudes and cognitive theories are not held within individuals but are actually constructed within society (Muehlenhard and Kimes 1999). Furthermore, feminist researchers, such as Dobash and Dobash (2006) argue that violence must be placed within the context in which it occurs in order to examine social factors. Thus, individual approaches lack sufficient explanation of why DV perpetrators are most often male and fails to acknowledge the socio-structural context of DV (Barnish 2004).

2.5.2 Interpersonal Perspective

An interpersonal account of DV locates causal factors within family dynamics and interaction characterised by ineffective communication and conflict resolution (Mauricio and Gormley, 2001).This way of relating between partners is seen as forming a pattern of circular transaction (Adams, 1988). Further, Gelles (1993) views the family as a system that can serve to maintain, increase or decrease violence within it. However, as this view suggests a role for all parties in the dispute it has been taken as evidence of victim blaming and ignoring power dynamics in relationships (Adams 1988, Barnish 2004). Additionally, it has been argued that viewing the family as a system neglects the role of gender and associated power relationships, as not all parties in the family have equal power (Yllo, 1993).

Social learning theory is used to account for the inter-generational transmission of violence. Children are exposed to a negative model of conflict resolution as they witness their parents use negative strategies such as violence to deal with disagreements and arguments (Carlson 2000). Barnish (2004) in her literature review further notes that childhood exposure to DV is a strong predictor of future perpetration. However, Johnson and Ferraro (2000) in their review argue that evidence is limited of inexorable generational transmissions of violence as the majority of child witnesses to violence in the studies they examined did not become perpetrators.

2.5.3 Socio-structural Perspective

Within this perspective the role of social and cultural factors on DV is privileged.
Feminist theories of male violence against women reveal how patriarchal attitudes
and societal institutions have perpetuated gender inequality. Unequal power
relationships within society are seen as perpetuating male to female violence. The
constructs of gender and power are studied for their explanatory role within these
theories (Bograd 1988, Maurico and Gormley 2001). Violence against women is thus
understood within a context of social attitudes and systems (Dobash and Dobash,
1998). A further conceptualisation of male violence is the control model of DV; the
power and control wheel, in which male violence is seen as a pattern of behaviours
that may include emotional and economic abuse and which is culturally sanctioned
(duluth-model). Bostock et. al's (2009) studied women's experience of support
following DV. They found some systems of support perpetuated women's
responsibility for ending the abuse as health, legal and social resources were not well
equipped to offer support to women seeking strategies to deal with the abusive
situation.

DV occurs across all social and economic groups (Barnish 2004). However, Heise
(1998) acknowledges the role played by structural factors such as socio-economic
status and class and notes increased DV in low income families, although, this
association may be weak. For example, Stith et al (2004) in their meta-analytic
review, found only small effect sizes for correlations between employment status,
income and DV. Ethnicity and cultural factors also impact on DV as violence against
women is more prevalent in patriarchal cultures. (WHO 2002) Further, Stith et al

(2004) found the factor of traditional sex role ideology held by perpetrators to produce a strong effect size for association with DV.

A number of criticisms have been levelled at the feminist perspective. These include the neglect of individual differences and a failure to account for the fact that not all men are violent to women (Maurico and Gormley, 2001; Barnish, 2004). Further evidence that violence is not a male preserve is offered by Burke and Follingstad (1999) who cautiously opine that lesbians and gay men are as likely as heterosexuals to abuse their partners, although the severity is unknown. However, Renzetti (1998) notes difficulties exist in obtaining true prevalence figures for a population that, due to homophobia, is often hidden.

2.5.4 Ecological Models

There has been an increasing recognition that perspectives that are situated at a single level of analysis are insufficient to capture the complexity of DV. In contrast multiple and integrated perspectives are acknowledged to offer a better account of the complexity of the issue of DV (Barnish 2004). Stith et. al. (2004) have observed a shift in theoretical conceptualisation from single to multifactor frameworks. An ecological framework permits understanding at different levels within social systems;

Table 4 Consideration of Domestic Violence Factors within an Ecological Framework

Levels of Analysis	Features
Individual or ontogenic level	• personal characteristics • perceptions • childhood experiences and relationships
Micro-systemic level	• interpersonal relationship • family context
Exo-systemic level	• socioeconomic status • social networks • identity/peer groups
Macro-level	• cultural influences • history • social norms

Heise (1998) notes this approach acknowledges violence as an interplay between personal, situational and socio-cultural factors. Dutton (2005) suggests more effective interventions could be developed if the complexity of need was acknowledged when dealing with intimate partner violence.

2.6 Impact on Children

There is an increasing awareness of the impact living with DV has on children's well-being. Children living with or witnessing DV are now defined as at risk of significant harm in the Adoption and Children Act (2002). Children's needs have gradually

come to prominence reflecting an understanding that they experience domestic

abuse even if they are not direct targets for the abuse. Mullender (2006) states

children know when DV happened in their home and had knowledge of incidents of

which their parents believed them to be unaware. Although estimates of prevalence

vary Carlson (2000) suggests a rate of 10 – 20% CEDV in some form over the course

of one year with that figure rising to 1 in 3 at some point during childhood.

Furthermore, half of adult respondents who had experienced DV were living with

children (Mullender 2000). The next section will outline how living with DV may affect

children.

2.6.1 DV and Child Abuse

Children who live within families where DV is occurring are living in an abusive

context (Holt et al, 2008). Holden (2003) suggests such children are psychologically

maltreated. Further, children who live with DV are at an increased risk of suffering

abuse themselves with men who are abusing their partners more likely to abuse their

children (Holt et al.2008, Carlson 2000). Edleson's (1999) review suggests the

overlap between DV and child abuse to be between 30% and 60% whilst Osofsky

(2003) reports figures from the U.S.A. that children living in violent homes experience

physical abuse and neglect at a rate fifteen times higher than the national average.

Mullender (2006) highlights research with children who told of their experiences of

DV. They reported inappropriate punishment, arguments being about them, being

used by the perpetrator to threaten or hurt the abused parent or being forced to

watch abuse. They may also be hurt when trying to intervene. Similar findings were

reported by Fantuzzo and Fusco (2008) who examined the prevalence and nature of children's exposure to and involvement in DV crimes investigated by the police. They revealed that when children were present 95% experienced sensory exposure to the event and 75% were involved in the violence. Three types of involvement were identified; children were part of the precipitating event, children called for help or children were physically involved, which included active intervening or passive, such as been held by mother during assault.

However, many researchers have identified difficulties defining exposure (Edleson 1999). Wolfe et al. (2003) note a whole continuum of involvement inherent in the experience of exposure, whilst Holden (2003) also suggest it is not a simple dichotomous construct. He identifies a taxonomy of ten categories of exposure including direct involvement such as prenatal exposure, and indirect involvement such as experiencing the aftermath.   This inconsistent use of common criterion in research is problematic given the range and types of exposure identified.

2.6.2 Parenting Capacity

Children who are exposed to violence (CEDV) between their parents/caregivers are not only affected by the situation of abuse but also by the relationship they experience with their parent, be it the perpetrator or the victim. This has implications for the quality of the parent-child relationship. Mullender et al. (2002) found women themselves believed their parenting had been affected by the DV. Holtzworth-Munroe et al's (1997) review observed that between one and two thirds of abused women may experience depression, low self-esteem and post-traumatic stress

disorder. The mother may experience a chronically overwhelmed state of mind and hence be withdrawn or emotionally unavailable to meet her child's needs.

One of the basic functions of parenting is to distil life events, making experiences manageable and tolerable, allowing the child to make emotional sense of what has happened and providing thought and reflection, thus, permitting the child to integrate information (McIntosh 2002). The dissociation of both parents from the emotional experiences of the DV compromises child development. Williams (2003) notes a context of family violence threatens the health and survival of the mother and the viability of the father-child relationship. DV thus impacts on parenting skills as victimised parents are preoccupied with their own needs (Sullivan et al 2004).

DV is also suggested to affect maternal control and discipline (Holt et al 2008) whilst Humphreys (2006) notes maternal authority to be undermined in such a situation as the child is exposed to the abuse of the mother. Further, difficulties can continue after the family have left the abusive situation. For example, Buckley et al's (2007) study reported adolescents had exhibited challenging behaviours; such as physical aggression against their mothers, school refusal and stealing since leaving the DV situation. In a consideration of parenting capacity the emphasis on the mother's parental skills is not uncontested. Rivett and Kelly (2006) suggest that women are assumed responsible for emotional health of their children and indirectly blamed. Williams (2003) also notes that women are blamed for their own victimisation and their role with children scrutinised more than the perpetrator. It has additionally been argued that women are coping with children who have heightened needs and require

more parental involvement whilst simultaneously seeking to maintain their own physical and emotional survival (Humphreys 2006).

The emphasis on the mother as responsible for protecting her children has obscured the role of the fathering relationship. Guille (2004) notes that the father-child relationship has received little attention. In fact Fusco and Fenzutto (2008) state that in situations of marital conflict it is the quality of fathering that is compromised rather than that of mothering, with a tendency to less engagement and higher negativity with children.

Differences in parenting styles have been observed in families with DV. Knutson (2009) states partner violence covaries with a harsh punitive discipline style. However, there is also an heterogeneity of family experiences of DV. Katz and Windecker-Nelson (2006) study of parenting in a community sample whose participants experienced low severity and frequency of DV found parents were able to help their children manage their emotions, although there was greater difficulty talking about fear and anger

Conversely parenting capacity has been identified as a mediating factor. It is noted that children's perceptions of parental support moderate the impact of living with DV (Humphreys 2006, Knutson 2009).   Mullender (2006) found that children reported the importance of their mothers to help them cope both whilst living with the violence and after. Parental capacity and skills have an impact on how children cope with and understand their experiences with a resultant impact on children's development.

2.6.3 Children's Development

DV has a range of effects on children: emotional, social, behavioural, physical and cognitive. The differential impact of DV will be considered according to the developmental stage of the child in the next subsection (2.5.3.1). The impact of moderating factors will then be outlined in subsection 2.5.3.2. Finally, a methodological critique will be offered in subsection 2.5.3.3 and highlights some difficulties present in this type of research.

DV occurs in particular dyadic and family contexts (Knutson 2009). Family violence occurs as a process not a singular event so violent events build on previous episodes and are thus embedded in a web of family relationships (Williams 2003). The effect on a child's development is the result of a complex interaction between the individual child and environmental influences, as noted in the previous section (2.5) on theories of DV and in subsection (2.6.2) on the moderating role of parenting. McIntosh (2002) suggests exposure to family violence may subvert children's psychological development.

In considering the processes by which exposure to DV may exert effects Gewirtz and Edleson (2007) employ a developmental risk and resilience framework. Within this conceptualisation:

> "A child's adaptive functioning results from a complex interplay among individual physical and mental capacities, developmental stage and external factors in the social and physical environment (e.g., caregiver, family, community)." (Gewirtz and Edleson 2007 p.151)

Risk factors for children include DV exposure, poverty, homelessness, parental mental illness or substance abuse, conduct problems and physical abuse and are associated with a greater potential for poor developmental outcomes. These variables are moderated by protective factors that act as a buffer to adversity and include features at different environmental levels. Such factors include individual characteristics such as child's intellectual ability, social competence; interpersonal factors such as good relationships and secure attachments and cultural and community support.

2.6.3.1 DV Impact and developmental stage

During infancy Gewirtz and Edleson (2007) identify the primary developmental task is to form a secure attachment to a primary caregiver. The complete dependency of an infant requires caregiving that is sensitive to the infant's needs enabling a sense of confidence and security to develop that its needs will be met and providing a safe base from which to explore. However, insecure attachments develop as parents fail to respond adequately to their babies.

Gerhardt (2004) describes how DV disrupts babies' attachment relationships. Problems of emotional regulation between parent and child may be revealed as an insecure attachment, with the infant experiencing anxiety or fear. Such early experiences can affect physiological responses, neuronal networks and biochemical functioning, through distortion of the stress response and production of high levels of cortisol. Specific brain regions are suggested to be most vulnerable at times of greatest development, as trauma manifests its greatest effect on the developing

stress response system in children up to the age of 3 years and early stress affects the individual's ability to respond to future stress (Gerhardt 2004). Together with concurrent psychological expectations this creates an emotional framework that guides the individual's response. The moderating role of physiological processes are also considered by Cummings et al. (2009) who suggest children respond to violent family contexts through an integration of biological and psychological processes. They propose a biopsychosocial model of emotional and physiological reactivity and regulation. Children's regulatory processes are thus suggested as a moderating factor in children's adjustment to violent situations.

Toddlers and pre-schoolers face increasing developmental challenges. Gewirtz and Edleson (2007) highlight that the task of learning to regulate behavioural, affective and cognitive states assumes prominence as the child learns to understand and manage their emotions through their relationship with a sensitive and responsive caregiver. Cicchetti and Toth (2005) state maltreatment is a significant threat to development of affective regulation with deficits in recognition, understanding and expression of emotion. Such developmental limitations mean that the child may seek alternate ways to express themselves. McGee (1997) reported that young CEDV may manifest their distress in a variety of ways. Thus, although some children may respond with aggression, destructive and externalising behaviours, others may reveal no behavioural changes but react emotionally with fearful, inhibited or over controlled and internalising behaviours. Carlson (2000) notes some children react with anxiety and fear for their own safety and may be clingy and demanding.

Fear may also manifest itself through psychosomatic problems, e.g., headaches, stomach aches (Holt et al. 2008). Osofsky (2003) notes young children may be particularly vulnerable to the effects of DV and may exhibit their distress through regressions in language and toileting.

School age children are required to negotiate an increasingly complex social mileu and to develop skills in communication with peers and others. Children's reaction to DV exposure, through externalising or internalising behaviour, may impact on their social competence in such contexts. Gewirtz and Edleson (2007) suggest some children may display lower social competence and may fail to notice or misinterpret social cues. Additionally they may display proviolent attitudes and believe aggression is an acceptable way to manage conflict and is a part of relationships (Osofsky 2003). Within a school setting this can lead to conduct problems and disobedience (Carlson 2000). Cicchetti and Toth (2005) also observe maltreated children display more antisocial behaviours and fewer prosocial ones. They have fewer, lower quality peer relationships and may also experience low self esteem, anxiety and depression (Carlson 2000). Emotional reactions may also include severe anxiety and post traumatic stress disorder (PTSD). Children may develop trauma symptoms such as hypervigilance, emotional numbing and flashbacks (Carlson 2000).

Increasing social awareness may lead children who have experienced DV to feel shame and to attempt to keep the family situation secret. Alexander et al (2005) observes school age children to be secretive about family problems due to fear of being bullied or teased. Relationships at school may be affected as children may

isolate themselves, for example, being unable to invite peers home (Buckley et al. 2007). Izzidien (2008) notes a cultural barrier for children from South Asian communities who feel a particular cultural pressure to maintain silence.

Children's cognitions may also be affected by exposure to violence and include academic performance and attributions. However, there has been a lack of studies on the effects of DV on cognition and learning (Wolfe at al. 2003).   Carlson (2000) suggests children's cognitive and verbal ability may all be affected with a consequent impact on school performance.   Furthermore, as children's cognitive skills develop and they seek to understand the DV they may rationalise it, attempt to predict or prevent it or absorb guilt and self-blame (Holt et al. 2008). Rivett et al. (2006) also suggest the attributions the child makes about the violence and the meanings ascribed to it may have implications for their response. Kitzman et al. (2003) found poorer academic outcomes between child witness to DV and non-witnesses. Furthermore, in consideration of a mediating pathway, Harold et al. (2007) propose children's self-blaming appraisals function as an indirect link between inter-parental violence and their academic attainment. Conversely, however, school may also be a positive experience for some children as it can be a respite from the home situation and offer a source of security and stability (Holt et al. 2008).

Adolescents face additional developmental challenges. Aymer (2008) notes exposure to DV is an additional stressor for adolescents negotiating transitions and increasing autonomy. Buckley et al's (2007) study found teenagers living with DV described a loss of confidence and a feeling of being different   The impact of

exposure to DV may particularly reveal effects as adolescents seek to establish intimate relationships. Osofsky (1999) notes exposure may impact negatively on the ability to form relationships; whilst Carlson (2000) observes effects of dating violence, delinquency, substance abuse, depression and suicidality. Edleson (1999) reports a significant association between childhood victimisation and exposure and use of violence by adolescents.

2.6.3.2 Moderating Factors

The impact of exposure to DV is suggested to vary as a function of the interaction of a variety of risk and resilience factors. It has been suggested that exposure to DV during early childhood has a greater negative impact than exposure at an older age because the subsequent chain of development is affected (Holt et al. 2008). However, in their mega-analysis Sternberg et al. (2006) found children's age was not a moderator on internalising behaviour although older children were at a greater clinical risk. However, age was a moderator on externalising behaviour for older children. They suggest this reflects older children's increased capacity for reflection and cognitive appraisal of the meaning of the violence. A meta-analysis of 27 studies that compared developmental stages was conducted by Wolfe et al (2003). They found a significant difference with school aged children demonstrating the largest effect size. However, when a minor adjustment was made to the analysis and one study removed the difference disappeared. The conclusion was drawn that there was no significant difference across the age range which suggests that age is not a moderator. This result is attributed to methodological variability in the studies examined rather than a reflection of the insignificance of age as a moderating factor.

Gender has also been proposed as a moderating variable (McIntosh 2002). Edleson (1999) notes boys display externalising behaviours and girls exhibit internalising behaviours. However, a number of meta-analytic studies have found that gender does not have consistent support as a moderating factor. Kitzman's et al (2003) meta-analytic review initially found no significant effect for gender. However, when they considered the interaction of factors of age, gender and outcome, a greater negative affect-distress for preschool girls than boys was found. Wolfe et al (2003) initially found a significant effect for gender but again minor adjustments in their meta-analysis, in which studies that only included boys were removed, revealed no significant affect for gender. These variations in results raise questions of validity. Sternberg et al. (2006) suggest the inconsistent pattern of results for boys and girls are due to the existence of different mechanisms that moderate risk and resilience. By contrast Fowler and Chanmugan (2007) suggest that it is the research design factors that account for the variance in some cases as opposed to participant factors. As Wolfe et al (2003) conclude:

"Methodological variability and other unspecified factors produced larger effect sizes than did the selected moderators of age, sex and type of outcome" (Wolfe et al 2003 p.184).

2.6.3.3 Methodological Critique

Research on the impact of DV on CEDV is beset by difficulties; not least of which is terminology. The research literature refers to the term "effects" in consideration of exposure to DV and child development; although there is recognition that many

studies are in fact revealing associations between variables rather than cause-effect relationships (Edleson 1999).

Research design has also been subject to criticism. In seeking to identify the effects on CEDV, comparison may be made between two groups of children; those who have been exposed to DV and those who have not. For example, Sternberg et al. (2006) observed significant differences between children who had been exposed and those who had not: they were more likely to exhibit externalising and internalising of problems. However, there are difficulties in comparison between such groups of participants without controlling for other variables that may influence the outcome. Levendosky and Graham-Bermann (2001) suggest that comparisons between violent and non-violent families neglect potential mediators in the relationship between exposure to violence and children's subsequent adjustment. The need for attention to research methodology has been stressed by Fowler and Chanmugan (2007) who argue that research must determine the mechanism by which exposure to DV adversely affects child development.

Problems of definition exist within the research. The construct of exposure to DV lacks precise definition and measurement. Wolfe et al (2003) observe that the heterogenous nature of experiences of DV exposure is not considered in research on effects on children. The continuum of exposure to DV studied by Edleson et al (2003) has previously been highlighted in section 2.5.1 Fowler and Chanmugan (2007) state that the severity, frequency and type of violence and child's proximity to

and awareness of the violence are all important aspects of exposure that require clarification in research studies.

Concerns have been identified about the validity of the type of measures that are used to indicate the effect on children. Ratings of children's behaviour are often sought from mothers. Kitzman et al (2003) found a significantly larger difference in effect sizes between mothers reports of their children and children's own reports. The increase in maternal rating may reflect the mothers' own distress rather than their child's. Alternatively, the lower child rating may reflect denial or minimisation of effect. Therefore, the possibility of self-report bias must be considered.

The Conflict Tactic Scale has often been used by researchers to determine if violence has occurred. However, concerns over construct validity have been raised. Sternberg et al (2006) suggest family violence is multi-dimensional and reliance on a single tool may produce inaccuracies. Criticisms over construct validity have also been levelled at the Child Behaviour Checklist. Edleson (1999) cites an overreliance on this tool is problematic describing it as a "rough gauge of general functioning" (p.860) as it lacks the sensitivity to measure the impact of exposure.

A further methodological critique concerns sampling techniques. Holt et al (2008) suggest samples drawn from women's shelters or clinical populations have been overrepresented in the literature. An overreliance on those populations thus may not be representative of those experiencing DV more generally. However, Evans et al

(2008) in their meta-analysis found similar effect sizes for samples drawn from populations in clinical settings, battered women's shelters and community settings. A possible confounding variable is the co-occurrence of child abuse with exposure to DV. For example, Sternberg et al (2006) found children who were both victims and witnesses to family violence are at greater risk of a variety of behavioural and emotional problems. However, Wolfe et al (2003) found in their meta-analysis that many studies did not consider the issue. Furthermore, Holt et al (2008) recognise the co-morbidity of multiple stressors that may be prevalent in families affected by DV. This adversity package includes parental mental health, unemployment and substance abuse. The presence of these factors can be expected to impact on child outcomes. The interaction of these adversities can increase social isolation with a resultant impact on maternal psychological functioning (Levendosky and Graham-Bermann 2001). These factors are not consistently addressed in research. For example, Evans et al (2008) noted only 25% of the studies in their meta-analytic review considered parental psychopathology.

A number of unanswered questions remain including how exposure to DV interacts with multiple risk and protective factors to produce outcomes. In fact Sternberg et al (2006) argue for "the importance of multidimensional, interactive approaches to the study of child development". (p.109). A number of commentators have made similar points in outlining future research directions. Fowler and Chanmugam (2007) argue consideration of the mechanisms of the relationship between DV and child outcomes is necessary to understand risk and resilience factors. Additionally, Levendosky et al (2007) argue more robust methodologies are necessary to test hypotheses.

However, they identify a lack of longitudinal research has made it difficult to study mechanisms.

A critique of research design could also be offered on the basis of epistemology. Meta-analytical studies rely on aggregating data to calculate the strength of a relationship between the independent variable, exposure to DV, and the dependent variable, such as child outcome. However, such quantitative research has limitations if only behaviours that are included on particular checklists are examined. As has been noted questions of reliability and validity exist and these measures may not be sufficiently finely attuned to capture aspects of behaviour. Furthermore, Fowler and Chanmugam (2007) suggest a low number of studies in a meta-analytic review may increase the risk of potentially significant relationships going undetected. They go on to consider; "whether the variables related to study methodology account for more variance than the key moderators under study" (p.338). Sternberg et al (2006) suggest there is an assumption that the various measures and constructs from individual research studies are comparable and conclude that meta-analysis is not the best method to study subtle effects. In view of the lack of consistency in some areas of the research more detailed studies are needed. The heterogenous and multidimensional nature of the problem means wider conceptualisations of family violence are necessary. Thus, Williams (2003) advocates the need for qualitative design and methods such as case studies to examine the context and dynamics of family violence

2.6.3.4 Conclusion

This section has explored the impact on CEDV. Children's exposure to DV affects their development and psychological well-being. Children who live with domestic violence are at an increased risk of being abused themselves. They are also affected by the quality of the relationship they experience with their parents. DV has a range of effects on children: emotional, social, behavioural, physical and cognitive. These were examined within a developmental risk and resilience framework, which considers that the effects of DV on a child arise as a result of a complex interaction between individual child characteristics, developmental stage and environmental factors. Moderating factors of age and gender were explored. A lack of consistency in findings highlights methodological variability across studies. A methodological critique noted difficulties with definition, population sample and techniques and validity of measures. Consideration is given next to professionals' knowledge and understanding of DV.

2.7 Professionals' Understanding of DV

Educational psychologists work with children and parents and focus on promoting psychological well being in schools: yet within the literature the topic of DV and its impact on children is almost completely absent. Given the role of educational psychologists DV is an important issue for practice (Dodd 2009). Furthermore, within the field of education the topic has received scant attention. In Williamson's (2000) research with women who have experienced DV, schools and teachers were not identified as a resource for support and information.   This section will explore how professionals have understood and conceptualised DV. Initially some general findings will be outlined before exploring some studies in more depth. Given the

dearth of research within education and educational psychology, the perspectives of professionals from other disciplines will be considered.

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A number of studies have found that professionals from fields of health, such as physicians, general practitioners and health visitors, have a lack of awareness of the prevalence of DV; many participants reporting it to be rare in their caseload (Peckover, 2003; Mckie et al 2002; Frost, 1999). By contrast in Jones and Gross's (2000) study social workers reported a high prevalence of DV cases. Studies have also explored what professionals understand by the term DV. Peckover (2003) reported health visitors limited the term to physical violence whilst social workers (Jones and Gross 2000) included physical and sexual violence. Definitions were found to be wider in McKie et al's (2002) research with GPs, as DV was understood to include psychological a well as physical abuse. Many professionals were also found to have a poor understanding of the nature and dynamics of DV relationships. A number of professionals considered women partly responsible for the abuse (Wong, 2006; Jones and Gross, 2003) particularly if they did not leave the relationship.

Some studies have considered the barriers health professionals may face when screening patients for DV. Professionals' self-efficacy was identified as a limitation to screening practice, as was lack of knowledge of referral resources and procedures (Tower, 2006; Gadamski, 2001).

One factor that was common to many studies was the experience of fear felt by professionals. This fear assumed many forms. Frost (1999) found health visitors had a fear of damaging their relationship with the woman if the topic of DV was raised. By contrast GPs (Wong 2006) and doctors and social workers (Tower 2006) reported fear of the perpetrator. However, Tower's (2006) respondents also reported a fear of offending the victim. Interestingly the professional's fear of the perpetrator appears to mirror the victim's fear of the perpetrator. Given that the GPs in Wong's (2006) study also held the woman partly responsible for the abuse this appears to reveal a contradiction in their attitudes.

A number of different methodological approaches have been taken to studying professionals' perceptions of DV. These can be categorised as qualitative studies using interviews and discourse analysis and quantitative studies using questionnaires and vignettes.

2.7.1 Qualitative Studies

Mildorf (2003) examined doctors' knowledge of DV using narrative analysis.   20 general practitioners (GP) were interviewed about their experience with patients who had experienced DV. The participants comprised males and females from across the age range who worked in Scotland in both city centre and suburban practices with mixed socio-economic backgrounds. Analysis found GPs' knowledge of DV included cultural myths and stereotypes and revealed DV was not high on their agenda. This, it is suggested, may lead to lack of awareness and neglect of DV within the general practice setting.

Certain epistemological assumptions underpin the methodology of narrative construction that concern the nature of knowledge. In adopting an interpretative design the meanings held by the participants are the focus of research. Qualitative interviews are a method that permits the exploration and sharing of a world view, seeking to elaborate how others understand their world. Further, the stories told about experiences are regarded as tools that serve to give order and shape to experience; and hence to construct perception. Narratives evoke the conceptualisation and explanation of an issue and thus reveal how a topic is understood. In so far as such narratives create reality, they also serve as explanatory frameworks which influence resultant behaviour and responses to the issue. Thus, Mildorf (2003) argues:

> "...the way GPs discuss and reconstruct certain 'realities' of DV in their narratives reflects their attitudes towards this problem as well as their understanding and reasoning of it."(Mildorf, 2003 p.238)

However, it could alternately be argued that the resulting narratives are an artifice of the interviewing process rather than an accurate representation of the doctors' views. For example, Mildorf (2003) acknowledges that narrative is interactive and is influenced by context. Thus, within an interview situation the presumed expectations of the interviewer and their subsequent reactions may shape the resultant narration. Indeed Mildorf (2003) reveals that GPs may have felt restrained by the interview process or sought to offer an interesting story. Thus, a criticism that could be levelled at this study is respondent bias may have affected the validity of the

research. Additionally, the analysis of the data was carried out by one researcher and may result from confirmatory bias of the researcher.

Another study using a qualitative research design to investigate professionals' perspectives on DV was undertaken by Byrne and Taylor (2007). They explored the perspectives of 12 education welfare officers, social workers and teachers of children at risk from DV, using a semi-structured interview and thematic analysis. Participants agreed that DV affects all levels of children's development and may affect educational attainment and life chances. However, with the exception of social workers, most professionals would not ask directly about DV. A lack of attention to DV issues was identified in the education sector together with a lack of inter-agency initiatives to address the issue of DV.

There are, however, limitations to Byrne and Taylor's (2007) research design. The sampling of participants was purposive and restricted to those who had experience of DV work. The teachers were those in middle management positions in secondary schools such as Special Educational Needs Coordinators or Heads of Pastoral Care. Cohen and Manion (1994) note such samples are non-representative and problematic in terms of generalisability. The conclusions cannot be seen as a reliable indicator of teachers' perceptions more generally and are thus limited to this study.

Researchers who adopt a positivist stance may level accusations of bias and subjectivity against qualitative studies and question its usefulness. In contrast

positivist researchers advocate quantitative research because of its focus on a value free methodology. It is these approaches that will be considered next.

2.7.2 Quantitative Studies

Sugg et al (1999) explored the knowledge, attitudes and beliefs of a primary health care provider team towards the identification and management of DV cases. 206 physicians and nurses were recruited from an urban primary health care clinic in Seattle, U.S.A. A questionnaire was used to gather responses with a response rate of 86%. The results found most providers cited a prevalence rate for DV of less than 1%, whilst 45% seldom or never asked about DV when examining injured patients. All participants felt less confident asking about DV than about alcohol consumption or smoking; whilst 25% believed aspects of the abused person's personality led to the violence. Further, perceived self-efficacy was a key issue for providers; only 23% reported having strategies to support abused patients. Institutional support was also a concern as approximately 50% of providers reported having insufficient access to mental health workers and social workers. The researchers conclude providers' attitudes and beliefs have implications for the identification and management of DV.

A number of limitations can be identified in Sugg et al's (1999) research. The results represent a primary care team in an urban setting in USA and results may therefore not be generalisable to other contexts or health care settings. Additionally, the definition of DV used by Suggs et al (1999) included only physical and sexual violence and was therefore narrower than that used by other workers in the field where psychological and financial abuse is also understood as constituting DV.

Sugg et al (1999) instigated a number of procedures to address the construct validity of the questionnaire. For example, themes were based on data gained in a previous qualitative study and validity established by a panel of experts in the field of DV. Despite these steps however, the questionnaire design remains a potential threat to validity; as the questions posed may not be sufficiently sensitive to capture the professionals' attitudes to DV. Furthermore, the questions were used with a 5 point Likert scale ranging from strongly negative to strongly positive to categorise responses. This may not have allowed the depth of information necessary to accurately reflect their beliefs.

Response bias in which participants may not have accurately answered the questions and sought to give socially desirable answers is also a possible limitation; although the high number of respondents may have mitigated this effect. However, this high number of responses, 86%, was achieved through three follow up phone calls and a visit to the practice. Thus, conversely it could be argued that respondent's attitudes to filling in the questionnaire may have been affected by the researcher's coercion and so they may not have taken care with their answers.

Wandrei and Rupert (2000) explored psychologists' conceptualisations of intimate partner violence by examining causal attributions for violence through written scenarios. A random sample of 1,000 psychologists from the American Psychology Association were contacted. A response rate of 32% was achieved and the sample consisted of 52% female, 93% Caucasian with an average of 20 years experience. Each respondent received one of four possible scenarios which varied on two

dimensions; severity of violence and abuse history of the female victim. Causal

attributions were gathered using a 7 point Likert scale to rate sixteen possible causes

of the violent incident in the scenario. Two causes were given that were either stable

or unstable for each of four potential loci; husband, wife, couple and environment.

The following results were found; causal attributions did not vary according to gender

of the respondent and the perpetrator was held to be highly responsible for the

violence, irrespective of severity; although husband causes received higher ratings in

the high severity of violence scenarios. However, dispositional causal factors within

the wife were regarded as contributors if she had a prior history of being in abusive

relationships. Thus, internal attributions such as the woman's personality or

behaviour were perceived as relevant to the causes of and responsibility for the

violence. These results are suggested by the authors to reveal dilemmas in

treatment of intimate partner violence.

The methodology adopted by Wandrei and Rupert (2000) had the advantage of

efficiency, enabling collection of data from a large number of participants. However,

there are also limitations to this research. Issues of content validity are paramount in

scenario research. It is necessary to be certain that the scenario created will reveal

respondents attitudes to DV. In comparison to the Sugg et al (1999) study which

focused on participants' actual practice, the vignettes in the Wandrei and Rupert

(2000) study are hypothetical and for the sake of simplicity and to permit

manipulation of variables, severely limited in the information provided. Robson

(1993) notes that attitudes are complex phenomena and susceptible to the effects of

question wording. Thus, the responses may be an artifice of the method employed rather than the actual conceptualisation of DV held by the psychologists.

2.8 Conclusion

A number of studies have examined the ways in which professionals from health and social care understand and perceive DV. These studies have focused on identifying and or responding to adult victims. When psychologists have been mentioned this has been within the domain of health or therapy in terms of identifying and treating adult patients. However, Moffit and Caspi (1998) outline a number of reasons why child psychologists should be concerned about partner violence; firstly, partner violence occurs between adolescents as well as adults, secondly, young children are adversely affected and additionally, children are at increased risk of child abuse in families where DV occurs. Despite these concerns there has been a lack of research on the role of educational psychologists within DV work. A literature search failed to discover any papers which addressed educational psychologists' understandings or perceptions of DV.

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Chapter 3

An Investigation into how Educational Psychologists Conceptualise Domestic Violence

3.1 Abstract

There is an increasing awareness of the impact of domestic violence (DV) on children's psychological well-being. The British Psychological Society (BPS 2007) have defined children exposed to DV (CEDV) as suffering from abuse. There is a recognition that DV places a significant economic burden on the criminal justice system, health and social care services. A cross-government strategy, Together We Can End Violence Against Women and Girls (VAWG) has recently been launched. Although the role that education can play has previously been neglected, there is now a growing interest in the role of schools in combating DV. However, the contribution educational psychologists (EPs) can make to this debate has been neglected.   A small scale study was conducted to explore how EPs conceptualised DV and the role EPs could have in working with schools and children and families. Five EPs from educational psychology services (EPS) in two local authorities were interviewed using a semi-structured interview. A thematic analysis was conducted and 4 main themes highlighted; knowledge of DV, experience of DV in work, facilitators and barriers to practice. The research concludes that EPs face challenges in working with DV. Issues of safe working practices and confidentiality, professional sensitivities and lack of clarity of the EP role are identified. It is further argued that some of the inherent difficulties to EP practice occur due to the hidden

nature of children within DV as CEDV have been marginalised and minimised within the dominant DV discourse

3.2 Introduction

3.2.1 Rationale for research

The aim of the research is to explore how educational psychologists (EPs) conceptualise domestic violence (DV). It was highlighted in Chapter 2 that there has been an absence of research in this area. A literature search failed to discover any papers which addressed educational psychologists' understandings or conceptualisations of DV. In view of the lack of research it was necessary to undertake an exploratory study. The research questions were as follows:

1) What are EPs' conceptualisations of domestic violence?

2) What do EPs' see as their role in school and other settings with regards to domestic violence?

3) What do EPs' see as their role in working with children and families who   have been exposed to domestic violence?

3.3 Methodology and Method

3.3.1. Design

The research paradigm adopted in this study was qualitative. The ontological assumption within qualitative research is that reality is complex and multi-layered. Tindall (1994) states that qualitative researchers engage with a complex and dynamic social world in which the construction of understanding and the existence of multiple realities is acknowledged.

The epistemological assumption is made that within a qualitative paradigm knowledge arises out of a construction between the researcher and the researched. Parker (1994) observes the researcher is central to the sense that is made of a specified issue as representations of the world are always mediated. Knowledge is constructed rather than a reflection of an objective reality.

Parker (1994) identifies three aspects of qualitative research:

> " a) an attempt to capture the sense that lies within, and what structures what we say about what we do; b) an exploration, elaborations, systemisation of the significance of an identified phenomenon; c) the illuminative representation of the meaning of a delimited issue or problem." (Parker 1994 p.3)

In contrast positivist research focuses on objective knowledge in which there is a search for causal relationships between phenomena. Thus, for the positivist knowledge of the world exists independently from thoughts that are held about it. Qualitative research seeks to gain an understanding of the meanings of the actions and experiences of participants. Stress is placed on acknowledging the complexity of meanings for participants in their context. The current research sought to explore how EPs conceptualised DV. An inductive approach was adopted in which understandings from the participants' accounts was privileged. Tindall (1994) suggests qualitative research is:

> "...theory generating, inductive, aiming to gain valid knowledge and understanding by representing and illuminating the nature and quality of people's experiences." (Tindall 1994 p. 142)

A research design was chosen which permitted an exploration of the participants'

views, beliefs and experiences. The research method adopted was a semi-

structured interview in order to gain an understanding of how EPs conceptualise DV.

It is recognised that EPs' interpretations are dynamic, fluid and change over time and

with contexts (Cohen et al. 2000). The semi-structured interview allowed an

exploration of how EPs conceptualise DV within the context of their own work role

and their Educational Psychology Service, as it permits the understanding of the

meaning of participants' own experiences within their context of working (Robson

2002).

3.3.2 Rationale

The method of data collection that was chosen was a semi-structured interview.

Robson (2002) notes an interview permits the exploration of multiple perspectives.

The interview provided an opportunity to understand EPs conceptualisations of DV

and offered the flexibility to explore EPs own individual experiences and views.

The interview was chosen as a method of data collection as it has the flexibility to be

used in a semi-structured and less formal style. For example, the interviewer is free

to modify the order of questions or rephrase the questions in the light of what the

respondent has previously said. Additionally, the interviewer can also take the

opportunity to clarify any answers or probe more deeply the respondent's replies. In

this sense it is a dynamic, interactive method of data collection and reflects its

description as "a conversation that has a structure and a purpose." (p.6 Kvale 1996)

In seeking to obtain information it was also important that the interview design

(appendix A6) maximised internal validity. Thus, the interview followed a sequence

of questions that were designed to increase co-operation and alleviate anxiety and so

obtain more accurate answers that actually reflected the participants' views. In fact

Robson (2002) suggests that confusion and defensive behaviour can result if the

respondent feels threatened. The interview began with an introduction by the

interviewer which set the scene for the interview by gaining the respondent's

consent, giving reasons for the interview, informing the respondent who would have

access to the data, including confirming their anonymity and right to withdraw. The

interview schedule contained 10 questions and prompts. These questions were

based on findings from the literature review. Kvale (1996) suggests attention is paid

to thematic and dynamic aspects of questions, which both maintain conversational

flow whilst addressing the research themes. The key questions were open questions

which allowed participants to choose how to answer rather than being constrained by

closed or scaled questions. The interview sequence began with an easy question to

relax participants. During the interview process it was important I engaged in active

listening. Kvale (1996) notes this may take many forms: empathic listening,

interpretative listening to the layers of meaning in the participants statements and

listening without prejudice. Given the sensitive nature of the subject (DV) we were

discussing, this was of paramount importance. The final question allowed concluding

comments. This opportunity to debrief provided space for the participant to highlight

any issues or concerns that arose during the interview (Kvale 1996).

3.3.3 Pilot

The interview schedule was piloted with 3 participants to ensure that the participants

understood the questions and that the resultant data was relevant to the research

questions. However, during the pilot interviews the participants reported that they had different understandings and use of terminology surrounding DV. Thus, the decision was made that following an initial exploration of participants' understanding of the term DV, the Home Office definition would be shared with participants so that all subsequent questions could be answered in the light of that definition. Other changes were made to questions to reflect the prompts so that these prompts were consistently offered to participants if needed. The participants reported that the interview schedule covered a sufficient range of questions relevant to the topic of DV.

3.3.4 Ethics

The ethical guidelines of the British Psychological Society (BPS 2006) and University of Birmingham were followed (appendix A1). Potential participants were given information on research aims and myself as a researcher (appendix A3). Those who volunteered to participate for interview were asked to sign a consent form (appendix A4). Participants were informed of their rights to withdraw from the research at any stage and were given anonymity. Following the interview participants were debriefed and provided with the researcher's contact details in case of any concerns about the research. Transcripts and interview data were stored securely.

3.3.5 Participants

Participants were qualified educational psychologists who worked in two urban local authorities. The number of potential EP participants from the two local authorities was thirty. Each Educational Psychology Service (EPS) was approached and asked to participate in the research (appendix A2). The two EPSs were chosen for

logistical reasons, as they were convenient for the researcher to access. I gave a

presentation to the educational psychologists at an EPS meeting to inform them of

my research and to ask for volunteers to participate (appendix A5). This was

followed up one month later with an email to request further participants. The

sampling technique was non-purposive and opportunistic as the participants

contacted me, by email or phone, to volunteer. Some of the research participants

were previously known to me as work colleagues. Five participants volunteered to

take part; three female and two male. They had been qualified as EPs for between 4

and 15 years. It was important within the limited time scale of the research to be

realistic about the number of participants who could be recruited and interviewed and

thus the final sample size was small. Another limitation of the study was the

participants were not from a random sample.

3.3.6 Procedure

Participants were interviewed at a time and location convenient to them (at their work

place). Interviews were audio-recorded with the participant's permission in order to

ensure completeness of data, although there is a disadvantage of potential

distraction due to the presence of a tape recorder. Written notes were also made.

The interviews were then transcribed. The transcription process involved transcribing

words rather than non-linguistic features of speech (see appendix 7 for transcript

from one participant).

Participants were interviewed according to the interview schedule (appendix A6).

The semi-structured interview offers flexibility and permits the questions to be

answered in any order. The first question was designed to be easy and straightforward to relax participants. The next question asked for the participant's definition of domestic violence. Following this I provided a written copy of the Home Office (2007) definition and asked that future questions were considered in the light of that definition. This was to ensure clarity and consistency. Following the interview the participants were debriefed and reminded of their right to withdraw from the research.

3.3.7 Data Analysis

Following the interpretative paradigm, data transcripts were analysed using the qualitative method of thematic analysis (Braun and Clarke 2006). Within the method of thematic analysis the whole data set was coded. An inductive data analysis was conducted. As Braun and Clarke 2006 note;

> "An inductive approach means the themes identified are strongly linked to the data themselves..." Braun and Clarke 2006 (p.83).

In this approach the data is not coded according to pre-existing coding frames and the thematic analysis is driven by the data. Braun and Clarke (2006) note it is appropriate to undertake a rich, thematic description of the whole data set when a research area has not been investigated or participant views are unknown. Braun and Clarke (2006) identify two types of theme within thematic analysis. Within the data semantic themes were identified explicitly from what the participant said. Latent themes were also identified and these are theorised by the researcher

to reflect underlying assumptions and conceptualisations that may inform the semantic content.

A six phase procedure of data analysis was followed, as described by Braun and Clarke (2006). Initially, familiarisation with the data set was achieved before the generation of initial codes. Initial codes were transcribed onto post-its. The search for themes began with these resultant codes sorted and grouped to form themes and sub- themes (see appendix 8). The data was physically manipulated onto sheets of paper which comprised the themes and sub-themes. There was then a constant reviewing of the themes and sub-themes for internal and external homogeneity to ensure the coherence of data within each theme and distinction between each theme. A process of refinement of codes, sub-themes and over-arching themes was then conducted and resulted in the generation of thematic maps. This displayed the relationship between the themes and the sub-themes (see appendix 9-12). The coding was then checked by an independent co-worker to permit inter-rater comparison.

3.3.8 Validity and Reliability

Cohen at al. (2000) assert validity is key to effective research. Internal validity concerns the extent to which research findings can be sustained by the data whilst external validity refers to the extent findings can be generalised. Within qualitative research Yardley (2000) notes this involves evaluating the conduct of the research and its trustworthiness. Yardley (2008) sets out a framework of four principles for evaluating the validity of qualitative psychology: sensitivity to context, commitment and rigour, coherence and transparency and impact and importance. Sensitivity to

context was demonstrated as relevant literature was examined to devise appropriate research questions which addressed a gap in current knowledge, on EPs' conceptualisation of DV. Consideration was given to participant perspectives. Open ended questions were devised to permit participants to discuss their own experiences and views. Personal reflections on the nature of the interviewer-interviewee relationship are also explored in Chapter 4.

Commitment and rigour was demonstrated in selection of participants as the research study was open to a broad range of EPs across two local authorities. It was important to adopt a respectful approach to participant data and therefore allow sufficient time for interviewing and analysis. Thus, a realistic sample size was sought and the time limited nature of this research acknowledged. The thematic analysis was undertaken with sensitivity to context as a pre-conceived framework was not imposed on the data set. Rather I sought to explore the specific meanings of the participants' understandings.

Validity was increased through the coherence and transparency of the study. There is coherence and consistency across this study as the interpretation of the data is commensurate within the interpretative design and small sample size. There is acknowledgement that the small sample size and range of perspectives impact on the findings. Attention was given to disconfirming instances as these were described and discussed. Analysis of the data is transparent as the entire data set was coded rather than just coding for selected preconceived elements. Additionally, the context

of data was included when themes and sub-themes were reported. Reflexivity of the researcher is also relevant to transparency and is considered in Chapter 4.

The impact this study may have has been considered. It offers potential practical application through suggestions for consideration of the EP role and practice. This is outlined in Chapter 4.

A number of threats to validity exist with the interview method.   Cohen et al (2000) highlight threats to validity in interviews as: "...the characteristics of interviewer, characteristics of the respondent, and the substantive content of the questions." (Cohen at al 2000 p.121), Thus, within the current study reliability was increased as the interview schedule was the same for each participant with each participant being asked the same set of questions with the same wording and leading questions were avoided (appendix A6). A pilot interview increased the reliability of the interview schedule as this led to an operational definition of DV being provided for participants which increased construct validity. However, the participants could have reported what they thought the interviewer wanted to hear, a social desirability response bias, particularly if, in conducting research into EP understanding and practice, the participants perceived the research interview as a threat. The interaction between interviewer and interviewee may also be viewed as a potential source of bias. However, Kitwood (1977 cited by Cohen et al.2000) suggests interviews are "interpersonal encounters" (p.124) in which a conversation can occur and the participant feel at ease.

3.4 Results

Following the thematic analysis of the interviews, the main themes and sub-themes that were identified are outlined below. The themes and sub-themes are described and discussed in Section 3.5 as in practice it was not possible to separate the description of the themes from the discussion. Banister et al. (1994) note this may be appropriate within qualitative research. The sub-themes are presented in tabular form with a selection of excerpts from the interviews reported to illustrate some of the comments made by the participants. Where individual participants have made comments about a sub-theme, an extract from that participant is included. Thus, it is possible to identify the number of participants who made comments about a specific theme. Where participants have made more than one reference to a sub-theme during the course of the interview an extract from each individual reference is included. Thus, it is possible to identify the number of times a participant made reference to a particular sub-theme. Thematic maps are included in appendices A10 to A13.

Four main themes were identified. These are; knowledge and understanding of DV, experience of DV in EP practice, facilitators to EP practice and barriers to EP practice. These are considered in relation to the research questions.

3.4.1 EPs' conceptualisations of domestic violence

a) What are EPs' conceptualisations of domestic violence?

3.4.1.1 Knowledge of DV

Participants displayed a range of knowledge and understanding of DV. Excerpts from the interviews, together with the individual participant number, are presented in Table 1.

3.4.1.2 Experience of DV in EP Practice

Participants outlined their experience of DV in their practice as an EP. Excerpts from the interviews are presented in Table 2.

3.4.2 The Role of the EP

a) What do EPs see as their role in school and settings with regards to domestic violence?

b) What do EPs see as their role in working with children and families who have been exposed to domestic violence?

3.4.2.1   Facilitators for EP Practice

A number of sub-themes were identified which act as facilitating factors for EP practice in relation to DV. Excerpts from the interviews are presented in Table 3.

3.4.2.2 Barriers to EP Practice

A number of sub-themes were identified which act as barriers to EP practice in relation to DV. Excerpts from the interviews are presented in Table 4.

Table 1a   Knowledge of DV

Sub-theme	Summary and example quotes
Definition	Participants provided definitions of DV
Physical	Participants defined DV to include physical aggression.
	P1 "usually physical aggression" **P3** "aggression towards family members within home. Physical mostly" **P4** "violence that occurs in the home"
Physical and Verbal	Participants defined DV to include physical and verbal aggression.
	P1 "any physical /verbal aggression"
Physical and Emotional	Participants defined DV to include physical and emotional aspects.
	P5 "physical and emotional nature of violence"
Any abuse	Participants defined DV as including any abuse.
	P2 "any sort of abuse of any category"
Child Abuse	Participants defined DV as including child abuse.
	P2 "a person in household experiences; ...children, person in vulnerable position"
Other Terms	Participants identified other terms for DV.
	P2 "domestic abuse" **P3** "emotional abuse" **P5** "domestic abuse"
Rate	Participants identified prevalence of DV.
Overestimate	**P4** ". I'm going to go for high proportion. I don't know I'm going to go for 50%."
Underestimate	**P2** "10-20% of households looking at breadth of definition, estimate" **P3** "Higher than I might think; 1:20, 1:25" **P5** ".Probably in the area where I work might be about 10-20%"

Table 1b Knowledge of DV contd.

Sub-theme	Summary and example quotes
Perpetrator / victim	Participants described the perpetrator and victim of DV
	P1 "Most often it's the male in the relationship against the female although it can be the female against the male although that's much less well known and not really accepted in the same way has happening" **P2** "any sort of abuse of any category a person in household experiences. female , male, children, person in vulnerable position" **P3** "any sex and direction" **P5** " I think the stereotype is women but I haven't come across personally any incidences where a man has been affected, but you do hear about it don't you?"
Causes	Participants described causal factors of relevance to understanding DV.
Social / Cultural	Participants identified the influence of social context, norms and attitudes to violence as relevant to an understanding of DV.
	P1 "A cultural, social elements to it and where brought up. Parents demonstrated DV and that's modelling for children" **P2** "We've got cultural difficulties. Oppression of women reducing whilst oppression of Muslim women continues." **P3** "Models, community behaviour around them, learnt behaviour, norm in group relevant to them." "Media plays a part"
Interpersonal	Participants identified the salience of the nature of the relationship, including couple conflict and power dynamics.
	P1 "Power and dominating influence. 1 partner wishing to dominate another." **P3** "Nature of relationship." **P4** "difficulties with relationships." "... people living together close relationship not as happy as it might be," **P5** "I think a lot of the time there are issues to do with power aren't there between people? of one person needing to exert power over another. Some people who are involved in a relationship where they are a victim of domestic violence seem to have had a number of relationships like that ... thinking that they are not worth something in a relationship that makes them a victim ... other side of coin perpetrators might seek out people who capitulate to that view."

Table 1c Knowledge of DV contd.

Sub-theme	Summary and example quotes
Causes Individual	Participants identified individual factors, such as personality type, emotional difficulties, low self-esteem and pathology as relevant to understanding DV.
	P1 "Some personalities perhaps, lead to behaving in abusive way" "don't have much empathy or awareness of the impact of what they are doing on the other person." "unable to be flexible in their thinking, about how relationship could work so no equality idea of working" **P2** "Personality,..." **P3** "personality type; need to control environment." "Means that a person has to rely on own resources; In terms of their resilience and their own mental health; a lack" **P4** " ...people who've got an innate difficulty with aggression and violence...." **P5** "Some people who are involved in a relationship where they are a victim of domestic violence seem to have had a number of relationships like that. ...something there as well about being a victim or having, thinking that they are not worth something in a relationship that makes them a victim and really that's all they deserve, don't deserve better than that. I suppose you can say other side of coin perpetrators might seek out people who capitulate to that view."
Substance misuse	Participants described the salience of substance abuse, such as alcohol and drug misuse.
	P2 "...alcohol,..." **P3** "Alcohol/drug fuelled."

Table 1d Knowledge of DV contd.

Sub-theme	Summary and example quotes
Causes Adversity Factors	Participants identified the influence of a disadvantaged environment and stress factors such as poverty, unemployment and crime as relevant to understanding DV.
	P1 "Financial difficulties in my mind contribute to stresses that lead to parental and emotional stress" **P2** "One of root causes we see in this particular part of the city; ...socio-economic status, people struggling to survive." ".. crime and unemployment " **P3** "Tensions on family. Child with disability, profound impact." "Financial needs, 1 parent not working etc," "Children not doing well in school." **P4** "If there are difficulties in a relationship then other stresses, maybe like financial, health. Maybe a coming together. " "Aggression, it's often born out of stress and family life can be very stressful. ...stress, unemployed , people living together close relationship not as happy as it might be, what can you do?" **P5** "I think sometimes things can get worse can't they, at particularly stressful times? At home, for instance if a member of the family lose their jobs or have a new baby, money tight in the home, times when relationships between people change. Pressure of family, bereavement lots of family goes through." "...I don't think they cause it as lots of people have these things happen and are not violent but it makes it worse. I think it could be a catalyst of violence."

Table 1e Knowledge of DV contd

Sub-theme	Summary and example quotes
Effects on Child Emotional and Behaviour	Participants identified the potential effects of DV on children.
	Participants described externalising behaviours, such as aggression, and internalising behaviours, such as anxiety and depression.
	P1 "Emotionally they would be quite badly affected by observing and hearing the fights. General violence be very stress provoking". **P2** "Children acting out ...withdrawing. ...decreased self esteem" **P3** "Affects view of world; people, adult as safe." "Parents may think PTSD won't occur if not seen" It can be as great as if they were the person it had happened to." **P4** "..Kids having to behave in 2 ways: 1when the perpetrator is not in the home... a safer place, 1 when is in the home. ...They're going to have to, well, they're not going to be themselves, for a lot of the time." " ..I met entrenched school phobics, but not want to be away from mum or leave home ... Girls have wanted to stay at home. Boys go to EBD more than girls. May not be differences in terms of protection or for their own reassurance that out of sight what's happening to mum." **P5** "I think they can, at times, learn the behaviour they witness, and that can be either ways really, be aggressive towards people or they can be victims of aggression."
Cognitive	Participants outlined a negative effect on education and learning including the effects of stress and distraction.
	P1 "... a knock on effect with learning in school and we all know that the more stressed you are, less able you are to learn things and remember them and relate them to other things. ... So their progress will be affected " **P2** "Education, life skills" **P3** "learning in school." **P4** I think kids who are immersed in an environment where there is DV must be so distracted from learning.".

Table 1f Knowledge of DV contd

Sub-theme	Summary and example quotes
Effects on Child	Participants identified the potential effects of DV on children.
Social	Participants described the negative impact on peer relationships, for example, due to their understanding of relationships and to home / school moves.
	P1"... won't help their relationships either." **P2** "Then one step further , and if they have to move out of the household then got all the social side of moving haven't you, but having to make peer groups so quickly." **P3** "...relationships in school,..." **P4** ". I think views understandings about relationships must be influenced by DV."
Child Abuse	Participants described physical abuse and child neglect.
	P1 " Very often children not adequately fed or clothed properly" **P3** "violence directed to them physically"
Physiology	Participants described physical effects such as disturbed sleep and eating patterns, hypervigilance and physiological responses to stress.
	P1 "There might be a lack of sleep or anything else that goes on as a result of violence and abuse." **P3** "...the effect on their whole well being, on their sleep patterns, their eating. physiological responses to stress," **P4** "a lot of those kids they had a 6th sense where could sum up person's safety in an instant."
Development	Participants noted the potential developmental effects of DV.
	P1 "Effects long lasting potentially affect their relationship later on." **P3** "Because it affects them during the time of their development." **P4** "Influence on development"

Table 2a Experience of DV in Work

Sub-theme	Summary and example quotes
Casework	Participants described their experience of DV in their EP casework.
Extreme	Participants described examples of casework where there was extreme DV and child Safeguarding concerns.
	P3 "I knew of a family that split and he was prosecuted. ... in the notes described horrific abuse." **P4** "I've got a current case where child is presenting with significant difficulties. In yr 7, father incarcerated, up for parole. So everybody around table seeing child behaviour and aggression; child resurgence of aggression link to release of father. Earlier EBD that child presented with in primary school. Before my time, an ultimate event that nearly killed his mother, he witnessed it. Police said, "in all my 30 years have not seen" . She defied medicine by surviving."
Specialist	Participants described examples of casework with LAC who had been exposed to DV.
	P3 "With LAC at PRU. Records notes described abuse. I had role to complete statutory assessment., for EBD" **P4** "Have been some cases where known police involved. Known LAC and know where in and know a lot more about domestic history and life story of children described in case files, described DV. Very small number of cases where mum's in safe house; clear because of that reason."
Routine	Participants described routine casework where there were no Child Protection or Safeguarding concerns.
	P2 "Speak to staff about issues in household. And other professionals, quite often we are told." **P3** "it's an issue that's mentioned by SENCOs to me.... But not expected to see on Record or Psychological Advice, unless prosecuted or split up. ...I think they're quite happy to mention it, "oh you ought to know" as EP, and they will tell you face to face, that information." **P5** "My experience of it is quite often through a parent telling me that's what they've experienced. It's rarely that parents that's what parents are experiencing now but it's quite often that's what they have experienced in the past."

Table 2b Experience of DV in Work contd.

Sub-theme	Summary and example quotes
Formulation	Participants made reference to the extent DV was considered as an hypothesis in their casework; one participant considered it whilst one did not.
	P5 "I think it is important from your own hypothesis formation about what's going on with the children and what they are trying, to re-enact something or what purposes of behaviour might be." **P4** "With these ones I'm going to hold my hands up and on my list of hypotheses it wasn't on there. Might be now... it is, DV on table now. Didn't have slot on DV it was missing."
Multi-Agency Work	One participant described multi-agency work.
	P2 "(work with) EWO and Parenting Worker" "We have social worker in team now...links in cases." "...school staff, voluntary third sector staff, medics..."
Parent Work	Participants described their work with parents, including target setting or signposting to support.
	P2 "Parents and teachers together...set up targets, skills for children or family...things we want children to develop or children and family to develop; translate into activities in schools." "We also do... home visits... to support parents." "We've started some Triple P parenting group. ... One to one Triple P." **P5** "Might be also about signposting a parent if you suspect it going on or if not come to terms in past and get support for themselves."
DV Hidden Suspect	Participants described situations where DV was suspected.
	P1 "...it's something that the people we're working with parents have clearly not wanted to talk about." "it's just people's feeling about what might be going on. " **P5** "Now I don't believe that I have never worked with anybody who is currently experiencing domestic violence. But it's more difficult for people to be open about that in their current relationship, but unwilling."
Covert knowledge	Participant described situation of receiving covert knowledge of DV.
	P3 "it's an issue that's mentioned by SENCOs to me." "Aura of secrecy and shame. Incredibly reluctant to mention it. But not expected to see on Record or Psychological Advice, unless prosecuted or split up." "I think they're quite happy to mention it, "oh you ought to know", as EP, and they will tell you face to face."

Table 3a Facilitators for EP Practice

Sub-theme	Summary and example quotes
Support School	Support was identified as a facilitator to EP practice.
	Participants highlighted supporting school staff to support children exposed to DV was part of the EP role.
	P1 "helping school to understand child's situation and make allowances for them to take pressure off, homework or whatever, **P2** "A big part of our role is explaining the issues to others. Finding out what the issues are, see links, exploring why happening e.g. if child kicking off." "Support schools... as pupil as client. Emotional well- being of teacher " **P3** "I'm thinking about supporting the adults who work with the children, pupils affected by DV." **P4** "If we can describe route of challenging behaviours on cause, what's driving behaviours. Explain reason for it, get more sympathy." **P5** "Sometimes your job is about helping a teacher to understand where a child is coming from isn't it. It's about you having the full picture and interpreting that for somebody else. Empathy for the child." "... advising a teacher how best to engage a child in school and to manage their behaviour"
Parents	Participants said they would be able to support parents by providing information or signposting to other organisations.
	P1 "But we have got victim support here." "There are places in (town) where they can go and take the children with them." **P2** ".(Refuge name) which is a local charity, support services....They know about telephone lines and things. " **P3** "Look for an E.P. in the team with a special interest in domestic abuse" "If I was in a position where there wasn't somebody like that then I would look to relevant community support, e.g. Family Centre " "Linked back into support from school; more effective. " **P4** "Signpost adults to local DV support group, see on flyers in health centre and schools to police. " **P5** "I think the first port of call would be (Refuge name) ... Could provide further information. If it wasn't them could point me in the right direction. The other one is an Asian Women's group as well."

Table 3b Facilitators for EP Practice contd.

Sub-theme	Summary and example quotes
Support contd. E.P. Supervision	Participants described the support they received or could access.
	P1 "...support to through normal EP procedures" **P2** "Our normal supervision routes. There's nothing specific." **P3** "Access to supervision within service; informal or formal..." **P4** "Minimum would be supervision arrangement," **P5** "I think the main thing, if I was working with a case like that I would go two ways. One would be through the multi-agency support team that I am part of because there may be other members of the team who have more expertise than me, e.g. social worker, and the other way would be through my own professional supervision."
Training Received	Training was identified as a facilitator to EP practice
	Participants described receiving Safeguarding or awareness training.
	P2 "We've been on awareness sessions " **P3** "Level 2...(Child Protection) does cover DV quite thoroughly." **P5** "Training within Multi-Agency support team--safeguarding."
Offer	Participants said they could offer training on child development or in response to school needs.
	P3 "...It's dissemination of information really, it's a potential issue, be prepared to offer what schools think they might need to know." **P4** "We've enough info on child development to offer training to those people to understand and be sensitive to behaviour."
Formulation	Formulation was identified as a facilitator to EP practice as participants highlighted that DV could be considered as a factor in casework..
	P3 "It's a potential issue, raise it as hypothesis" **P4** "DV could become one of main things on a checklist ." **P5** "Not putting it on one side and say that for parents, but acknowledged as part of the picture."

Table 3c Facilitators for EP Practice contd.

Sub-theme	Summary and example quotes
Identification	Identification of DV was identified as a facilitator to EP practice as one participant suggested a role for EPs to identify children exposed to DV.
	P4 "We should be people who unearth DV by seeing end product." "Who else is there in the world of people who work with children to spot effects of DV on children? Allowed to sit in on classes. Who else is there? Responsibility to spot kids, with my training and my expertise. This is serious stuff". "Must be a difference between a child who exposed and not exposed. Emotional differences. We ought to be people who see 'cos we see other kids. Norms are skewed with social services. Range of norms we see- unusual to see 5 yr old kids punching; learnt behaviour from somewhere."
Prevention	Participants suggested EPs could have a role in preventing DV..
	P3 "...we have a role to prevent any potential barrier to child's learning and well being **P4** "Is it role for EP or advising teacher schools on PHSE curriculum?" "Direct role for EP to work with groups vulnerable to DV." **P5** "Some work goes on sometime in school about healthy relationships with young people, as a very early intervention strategies hoping to break the cycle of the violence in home going on to be a violent adult so could be part of that."
Intervention	Participants suggested EPs could have a role in supporting children exposed to DV.
	P1 "put in place, variety of things .. circle of friends, mentoring" **P2** "Do some working with the child, maybe therapy with child; ...CBT, solution focus, PCP, resilience." **P4** "Direct role CBT supporting "victims"...How children have misunderstood relationships and behaviour of adults. ... Advising on behaviour difficulties" "... counselling." **P5** "I could see a role of direct therapeutic work with children. Depends on circumstance."
Multi – Agency	Participants suggested EPs could work with other agencies with DV cases.
	P1 "EP work is part of multi agency team." **P4** "Multi agency plan, TAC, e.g. MARAC , specialist role" **P5** "I kind of take that for granted work with other professionals, I think here because we do that anyway it's just part of the way our team set up."

Table 4a Barriers to EP Practice

Sub-theme	Summary and example quotes
Multi-Agency Work	Participants suggested a lack of clarity of the EP role when working with other agencies.
	P1 "Depend on how many other people involved, don't want too many people involved; part of same multi agency approach to ensure no duplication." **P2** "We're not front line workers with it are we? ... There are others out there that are better suited, other workers." "There are courses out there that we can access if we want to but we don't really go further than the awareness raising. Because not direct worker and have social care and they'd be doing enough of that. We'll probably struggle to justify." **P5** "I suppose here it might fall under someone else's umbrella a bit more." "Here I tend to think it may be seen as more, fall more under the umbrella of (others in team) ..."
Time	Time pressures were identified as a key barrier to intervention
	P1 "wouldn't want to be introducing that as an issue unless I knew I was going to stick with case for the long term really. ... That's hard to do really." **P3** "I would always err on the side of caution; not unable to carry through; other work with boundaries." **P5** "I've just done Triple P parenting course They have in there enhanced module and part of that looks at conflict between parents. Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship. ... Just having time to do it."
DV Same as any Other Issue	Participants described the issue of DV as the same as other issues with which EPs work.
	P2 "It's something that we come across, that we're always going to come across aren't we. Comes into other discussions that we have." "We're not always specially talking about that issue." **P3** "DV; put alongside range of other issues, e.g. sex abuse" **P5** "I don't really see it as different from other issues that come across with children. It's part of the same assessment cycle isn't it really."

Table 4b Barriers to EP Practice contd.

Sub- Theme	Summary and example quotes
DV is too wide a remit for EP practice	A lack of clarity about the EP role and DV was identified as a barrier to practice.
	P1 "Well, it's sort of thing nothing to do with us in a sense unless you can relate it more directly to the child and the child problems they're having." **P2** "I'm not the one going into the house when the abuse has just happened." "Our remit to support ...educational issues and social inclusion." "...might refer (child) to Behaviour Support or longer term support." "We're not front line workers with it are we?... Better suited other workers." "There are courses out there that we can access if we want to but we don't really go further than the awareness raising. Because not direct worker and have social care and they'd be doing enough of that. We'll probably struggle to justify." **P3** "How to stop and cure it. Behind closed doors late at night." "Not capacity to work with other agencies. I would always err on the side of caution; not able to carry through; other work with boundaries. " "Clear on role; no more than signpost; e.g. If a parent mentioned that in a meeting ... Linked back into support from school; more effective. " "Few parents have mentioned it and I think our discussions tend to be; discussion child focused; and parents worries are about that." **P5** "I suppose here it might fall under someone else's umbrella a bit more so here,...of (others in team), Social Worker or parent support advisor more part of their role." "Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship." "Obviously our prime focus is the children isn't it. What we're concerned about is the welfare and development of children. I think it is important that in our work with children we understand the impact that DV can have on the family."

Table 4c Barriers to EP Practice contd.

Sub-theme	Summary and example quotes
DV is a sensitive issue	Sensitivity around working with DV was identified as a barrier.
	P1 "It's not something you can bring up very easily you could be sabotaging relationship." "wouldn't want to be introducing that as an issue unless I knew I was going to stick with case for the long term really" "We could be opening up quite a big bag of worms and then just disappearing from the case." "But I think really unless we've got a case where we'd have that experience of working with Domestic violence it's hard to know what to do." **P3** "Aura of secrecy and shame. SENCo's incredibly reluctant to mention it. But not expected to see on records or psychological advice, unless prosecuted or split up." "I think they're quite happy to mention it, "oh you ought to know", as EP. and they will tell you face to face." "Difficult if situation on-going; not write on referral record. Verbally provided ... Not want to make it worse. 2 scripts. "And I think there is a huge fear from staff ... Staff sensitive and fear of making it worse." "I was thinking, the questions have prompted me to think more deeply about the role and what I actually do do. And what I suppose I was getting to I'm not frightened of it, I'm not, I'm not. I find it an absolutely awful thing to happen but I'm not frightened of thinking that does happen. I don't shy away from it in the sense that if somebody brings it up I've got personal issues around it or personal experiences of it that would provoke a particular response." **P5** "I've just done parenting course. They have an enhanced module and part of that looks at conflict between parents. From point of view and how that interferes with ways those parents are able to managing their children's behaviour. Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship."

Table 4d Barriers to EP Practice contd.

Sub- Theme	Summary and example quotes
DV is a problem for EP practice	A number of aspects of DV work were identified as problematic for EP practice.
Suspect/Hidden	The hidden nature of DV was identified as a barrier to EP practice.
	P1 "Might suspect it in some case work but very rarely alluded to by people you're talking to." "I think it's quite a frustrating area. You might suspect there's domestic violence but there's nothing you can do to pursue that suspicion." "So it is very hard when you suspect that something is going on but you can't make any progress and it's the same when you talk to other professionals already involved in the case. So it is an ongoing frustration. You want to try to open out that there's an area of discussion."
Professional Relationship with Parent	Sensitivities around the relationship with the parent were identified as a barrier to EP practice.
	P1 "It's not something you can bring up very easily you could be sabotaging relationship." "wouldn't want to be introducing that as an issue unless I knew I was going to stick with case for the long term really." "That's hard to do really. We could be opening up quite a big bag of worms and then just disappearing from the case which wouldn't feel right." "Potential for creating more problems."

Table 4e Barriers to EP Practice contd.

Sub- Theme	Summary and example quotes
DV is a problem for EP practice contd.	A number of aspects of DV work were identified as problematic for EP practice.
Parental Co-operation	Parental reluctance to engage with professionals was identified as a barrier to practice.
	P1"Certainly couple of cases where I've been aware of a case where woman made regular trips to police station complaining about assaults but never press charges and at that point even the police get really irritated and frustrated with lack of progress and will stop reacting to mother in terms of making a complaint by saying 'if you want to come here and make a proper complaint and carry it forward or you don't come'. Come across situation before. They've offered support for DV people who they work with but it's not taken up or..."Therefore a very difficult situation to try and support. Takes up a lot of their time and resources." "It stretches everyone who comes across that situation I think " "This is the problem. Finding out what they needed and whether they'd be accepting of having someone else being involved." "So that's the problem getting the mum to accept that there'd be something positive that could happen by accepting support and wouldn't necessarily lead to situation worsening if partner found out about it." "Ideal situation would be to get both of them to see need for support but that would be hardest thing to do and it would depend on I suppose which agency is involved with the family whether they could build up trust in them." "depends on how keen families would be to try out ideas and see how they work. That would be a major hurdle."

3.5 Discussion

This study set out to explore how EPs conceptualised DV and the role of the EP in working with children and families and in schools and settings, with regards to DV. This research provides important information about how EPs conceptualise DV and their role when working with DV.

3.5.1 EPs' conceptualisations of domestic violence

3.5.1.1 Knowledge of DV

EPs' displayed a range of knowledge of DV. DV was defined in terms of physical violence whilst emotional abuse was also recognised as constituting DV. However, the breadth of definition that encompasses DV was not acknowledged by EPs. In particular no participants made reference to the financial or sexual aspects to DV. Studies of other professionals have also demonstrated a range of understanding. Peckover (2003) found health visitors recognised different types of abuse, although most characterised DV by physical abuse; whilst social workers were also less emphatic in labelling emotional abuse as DV (Jones and Gross 2000). In contrast Lewis et al. (2005) found community service providers (from health, social, education and justice) included all aspects of abuse in their definition. EP participants reported inaccurate estimates of the prevalence of DV in society with the rate often underestimated, with rates from 4% to 20% cited. The rate of DV reported by the Home Office (2009) is that one in four women and one in six men will be a victim of DV at some point in their lives. However, some inaccuracies were not as large as those found in studies with other professionals. For example, Sugg et al (1999) found health providers estimated prevalence to be less than 1%. Thus, some EPs in

this study had some awareness of the magnitude of DV and of the range of

behaviours, beyond physical violence, that are included in the definition.

All participants made reference to the adult nature of DV. Interestingly, one

participant incorporated the presence of children within the definition. However,

generally, there was a failure to conceptualise CEDV as child abuse. Similarly there

was not a recognition of the links between DV and child abuse. Traditional

definitions of DV have not acknowledged the impact of DV on children; even the

Home Office (2007) definition does not make the link with children apparent (see

Chapter 2), although children who live within families where DV is occurring are living

in an abusive context (Holt et al. 2008). Additionally, the British Psychological

Society (BPS 2007) state that children exposed to DV have suffered psychological

abuse. This has only recently been acknowledged by DCSF (2010).

How EPs understand the causes and effects of DV has implications for practice.

Within this study psychological causes for DV found most support from EPs where

the focus is on individual differences and psychopathology. Participants identified

individual factors, such as personality type, emotional difficulties, low self-esteem and

pathology as relevant to understanding DV. Interpersonal explanations were also

favoured. Participants identified the salience of the nature of the relationship,

including couple conflict and power dynamics. Socio-cultural causes received less

attention. Participants identified the influence of social context, norms and attitudes

to violence as relevant to an understanding of DV. In contrast socio-structural

explanations were minimal. For example, the gendered nature of most DV was not

acknowledged and participants did not situate their understanding within a socio-

structural perspective. . Structural explanations also received attention as participants identified the influence of a disadvantaged environment and stress factors such as poverty, unemployment and crime as relevant to understanding DV. However, although factors such as poverty and stress may provide a context that interacts with individual, interpersonal and socio-cultural variables to lead to DV, such a conceptualisation was not offered by participants. In fact, ecological or interactional causes were not reported. However, this finding may be an artifice of the research instrument; the semi-structured interview method. If an alternative research method had been adopted such as multiple choice questions the results may have been different. Nevertheless, Jones and Gross (2000) found a similar pattern of identification of causal factors amongst social workers. This finding suggests that EPs may have a narrow view of the causes of DV. An ecological or interactional approach permits understanding at different levels within social systems. Thus, this perspective acknowledges DV as an interplay between personal, situational and socio-cultural factors (Heise 1998). EPs understanding of the causes of DV has important implications as more effective interventions could be considered if the complexity of DV is acknowledged. Consideration of resilience factors, for example, fits in with an ecological framework. Rutter (1999) defines resilience as "... the phenomenon of overcoming stress or adversity." (p.119) Sterne and Poole (2010) identify a range of resilience factors that could be addressed within the child's environment, such as from school, to support to the child exposed to DV.

In seeking to understand the processes by which exposure to DV impacts upon children a risk and resilience framework permits consideration of the interaction of

factors such as the characteristics of the individual child, parent and family and wider social and community influences. Participants recognised children may display a range of responses to exposure to DV.   Participants described how emotional and behavioural reactions may manifest as externalising behaviours, such as aggression, and internalising behaviours, such as anxiety and depression. Reference was made to variables that may mediate or explain how and why effects occur. Carlson (2000) suggests how children cope with exposure to DV may affect outcome. Participants identified coping strategies; for example, a child may adapt their behaviour when the abusive parent is present. Further, a child may seek to protect the abused parent and not wish to leave the home or be anxious about what was happening at home, be reluctant to go to school and become labelled as "school phobic". One participant referred to PTSD which has also been proposed as a mediating factor (Carlson 2000).

Other risk and resilience factors were identified. Participants highlighted that exposure to DV may exert a social impact: for example, on peer relationships, due to the child's understanding of relationships or due to home and school moves; whilst stress and distraction may have a negative impact on a child's education and learning. Gilligan (2004) identifies a scaffold of support based on social, educational and recreational relationships and contexts that may act as resilience factors. School offers opportunities to engage in recreational, social and academic activities and to develop relationships with teachers and social networks with peers that may be particularly facilitating for children who are exposed to DV.

This study found that although EPs recognised the impact of DV on children, exposure to DV was not described as child abuse. EPs were also unaware of the links between DV and child abuse, although children who live with DV are at an increased risk of suffering abuse themselves, as men who abuse their partners are more likely to abuse their children (Holt et al, 2008, Carlson, 2000). Edleson (1999) suggests the overlap between DV and child abuse to be between 30% and 60%. The failure to conceptualise CEDV as child abuse has significant implications for EP practice. Opportunities to identify and recognise the nature of abuse may be missed, as are opportunities to consider DV in case formulation and intervention.

Opportunities are also missed to assist children and parents and refer them to other sources of support. Similar findings have been noted for other professional groups. Shearer (2006) observes chiropractors' lack of knowledge of DV means missed opportunities to link victim-patients with community resources.

EPs outlined a range of experiences of DV in their practice. A few EPs made reference to cases of extreme DV and specialist cases, e.g. looked after children (LAC), in their casework. However, whilst some EPs reported experience of DV in their routine casework this was not a universal occurrence for all participants. This pattern has some similarities with results of studies with other professionals. Mildorf (2003) found GPs reported extraordinary or dramatic cases of DV from their practice. This is suggested as revealing DV is not high on GPs agenda and routine cases are not memorable, as what is reported or what is considered important about cases reveals how the issue is understood. Mildorf (2003) concludes less-obvious DV

cases are not recognised as they do not conform to the GPs schematic knowledge of the issue. Peckover (2003) also found that health visitors' perceptions of DV involved recounting harrowing narratives. This, she explains, as due to the increased visibility of physical abuse. However, she moves beyond individual explanations to consider factors at the macro-level, by acknowledging a professional failure to recognise the issue of DV;

> "...professional silence simply reflects the prevailing patriarchal discourses that have served to marginalise men's violence against women." (Peckover 2003 p.206)

Thus, such a feminist analysis situates health care practice within a broader conceptual framework of welfare and health provision.

A comparison between EPs' and health professionals' understanding of DV raises some interesting points. However, there cannot be a direct comparison between the professions due to the different nature of their roles. It could be argued that health service providers would have greater contact with cases of DV due to open access to their services and the ubiquitous need for health care. EPs, by contrast, may have restricted access from members of the public to their services and often have specialist and complex cases referred to them.

EPs experiences of DV in their routine casework were not universal. Some participants described routine casework where there were no Child Protection or Safeguarding concerns. Examples were cited from practice where DV was hidden; either it was suspected by professionals or EPs were informed of the existence of DV

by other professionals and EPs became engaged in maintaining the secrecy. This is comparable with results of other research. Frost's (1999) study found health visitors reported the private nature of DV made identification difficult whilst Peckover's (2003) study with health visitors found they were reluctant to name situations as DV. This was interpreted as a practice of minimisation in which the understanding of DV is limited by the dominant discourse to physical and visible events. Mildorf (2003) argued in their study that GPs focus on the extraordinary cases of DV and insensitivity to hidden signs of abuse could lead to misdiagnosis and incorrect treatment.

It is interesting to note that although most EPs reported having had experience of DV in their practice, it was generally not explicitly considered in case formulation. This has implications for EP practice because if DV is not considered in formulation, the impact of DV is not going to be recognised and appropriate intervention strategies are not going to be devised.

3.5.2 The role of the EP with reference to DV

3.5.2.1 Facilitators for EP Practice

Facilitating factors refer to the skills and resources that are necessary to undertake a particular behaviour. This involves factors such as knowledge and training. A number of facilitating factors were identified in this study.

All EPs mentioned their role with reference to DV could include offering support to parents and schools. The support EPs identified for parents was in the form of referring them on to other agencies or community support. EPs identified a range of

support options for schools including helping staff to understand the nature of child difficulties and suggesting strategies to manage pupil needs in school. The fact that there was unanimity about this aspect of DV work suggests that EPs have a familiarity and confidence with this part of their role. Additionally, most EPs highlighted a role of delivering interventions for CEDV, such as direct therapeutic work based on CBT (cognitive behavioural therapy), solution focus therapy or PCP (personal construct psychology). A few EPs also suggested they could offer training to schools on DV related topics in response to school need.

These results appear to indicate that EPs feel able to offer support to parents, schools and children in situations where DV is a concern. Sugg at al. (1999) considered provider self-efficacy in managing DV in their study with health care providers. They defined self-efficacy as the ability to assist the abused person to seek help and having confidence in referring the abused person. Tower (2006) also explored the screening practices employed to identify clients exposed to DV, amongst medical social workers, family practitioners and obstetrician-gynaecologists. Self-efficacy was found to be the strongest predictor of screening behaviour.

The EPs in this study identified strategies to support the abused parent, e.g. signposting to local DV support group, and strategies to help the child. Although self-efficacy was not specifically measured in this study, the potential role EPs identified suggest EPs demonstrate self-efficacy. In contrast, in Sugg et al's (1999) research provider self-efficacy was low. However, although this difference is interesting, the two studies are not directly comparable. There are a number of

possible reasons for this difference between the findings. Sugg et al. (1999) sought

to examine self-reported practice behaviours toward identification and management

of abused patients, amongst health care providers in a primary care setting. The

survey instrument chosen sought to examine self-efficacious behaviour. In contrast

this study was exploratory and questions about self-efficacy were not specifically

asked. Further, the self-efficacy aspects of this study were identified in response to

EPs consideration of their potential role in cases with DV rather than a report on their

actual practice.

EPs reported having received support which may act as a facilitator for EP practice.

All EPs said they received support for their practice through supervision whilst some

EPs reported they had received some training on DV, usually as part of their

mandatory Child Protection training. Additionally, some EPs made reference to

working with other professionals in a multi-agency role. This finding is in contrast to

Sugg et al's (1999) research where most health care providers had not attended any

educational programmes about DV. Further, nearly half of the providers did not have

access to other professional expertise, such as medical social workers. Sugg at al.

(1999) identify institutional factors that support health care providers in their practice

with victims of DV, as including access to professional support and commitment to

staff training. Their findings were interpreted as a lack of institutional support for

health care provider practice in DV screening behaviour.   This may have

implications for practice as Tower (2006) notes that health professionals who had

received education on DV issues reported fewer barriers to screening and more

screening behaviours than those who had not received such training.

A comparison between the results from these studies with the current study appear to suggest EPs in this study benefit from supervision, training and access to other professionals. This could be interpreted as evidence of institutional level factors that may offer support for EP practice in working with DV. However, on closer examination this may not be the case. For example, the training highlighted concerned Child Protection rather than dedicated DV training. Further, training was not specifically for EPs or tailored to the nature of their role. These factors are considered further below and in section 3.5.2.2

Other potential aspects of the EP role elicited less agreement amongst the participants. Although some EPs acknowledged a role of considering DV in case formulation, prevention and intervention, only one EP suggested EPs could contribute to the identification of children exposed to DV. These potential aspects of EP practice stand in contrast to the actual practice EPs adopted within their work experience.

Additionally, further factors are worthy of note. Firstly, given that the findings from this study suggest that EPs appear to have a perceived self-efficacy around DV and, secondly, that there appear to be some institutional factors that support EP practice, it is perhaps surprising that EPs did not report greater involvement in DV work in their actual reported practice and work experience. This could be interpreted as suggesting that although EPs are utilising their psychological knowledge and skills in their practice with DV, this practice is not explicitly acknowledged as DV work. Instead it could be suggested that EPs' knowledge and practice is implicit. In order

to examine this apparent contradiction it is necessary to consider the barriers to practice. These will be explored in the next section.

3.5.2.2   Barriers to EP Practice

A number of barriers were identified in this study that prevented EPs from involvement in DV cases. Multi-agency working was recorded as a barrier as some EPs suggested that DV work was better suited to other professionals within the multi-agency team. The reasons cited included that EPs were not front line workers or that in a multi-agency team the role of DV work with children and families belonged more to social care workers. Thus, although multi-agency working was identified as a facilitator it can also serve as a barrier when EPs work in multi-agency teams. Research with health professionals has found that practitioners are reluctant to become involved with DV cases as it is viewed as a social problem despite the health implications (Lavis et al. 2005). Similarly, EPs suggest DV to have more relevance to social care work despite the acknowledgement of the effects on children and the implications for education. Thus, it could be argued that EPs working in multi-agency teams face institutional barriers to DV work due to the lack of clarity of their role. Furthermore, reliance on referral to other agencies to deal with the issue is not unproblematic.   Jones and Gross (2000) make reference to the "dilemma of public responsibility," (p.369) concerning DV intervention, and comment that the receiving services may not be better equipped or willing to intervene than the referring organisation. Additionally, their research indicated that social workers may be unwilling to accept a case where DV did not involve physical violence. These findings appear to indicate a role for EPs in DV work does exist. The professional

perception of role was considered by Tower (2006) who identified professional barriers to DV screening amongst physicians. Those who recognise the medical consequences of DV and consider involvement part of their role were more likely to screen patients for DV compared to those who viewed it as a social problem. Additionally, physicians who fail to consider DV may treat only the presenting problem or injury without making connections to causes or considering the social context. There are parallels here to EP practice; for example, in developing hypotheses and case formulation without a consideration of DV.

Multi-agency working might have been expected to promote joint working and an opportunity to share skills and resources. Daniels et al. (2007) observe;

> "the working practice to protect 'at risk' young people and families are not the discrete province of any one profession but require planned configurations of complementary expertise drawn from across education, health and social services." (p.532)

Farrell et al. (2006) reported that EPs are able to make a valuable contribution to multi-agency teams through their psychological knowledge and systemic perspective. However, working as a multi-agency professional raises challenges.   Hymans (2006) research with multi-agency teams, comprising health, education and social care members, found practitioners had concerns that revolved around role clarification and professional identity, as multi-agency working has the potential to actually highlight differences between professional groups (Dennison et al. 2006). Multi-agency working is clearly a complex area. As Daniels et al. (2007) note;

"issues of how expertise and shared knowledge are claimed owned and

shared are extremely important and can be problematic" (p.532)

These findings highlight the need for further research into how EPs work in multi-

agency teams in general and specifically in relation to DV work.

The issue of time was identified as a barrier to EP practice. Some EPs reported

there was a lack of time for DV work. Reference was made to the need for a long

term involvement in a case if DV was an issue. There was a recognition of the need

to avoid over commitment to a case. This appears to indicate that EPs had a

perception that DV work would be time consuming, particularly in relation to other EP

work. This affirms the results of other studies. Samuelson and Clark (2005) found

practising psychologists in U.S.A. reported a lack of time to screen clients whilst.

Shearer et al. (2006) noted chiropractors identified time constraints as a barrier to DV

identification. Gremillion and Kanuf (1996) noted that physicians reported they did

not have time to ask about DV.   Gremillion and Kanuf (1996) identify time as a

professional barrier due to the inflexible nature of clinical practice. Thus, time

appears to be presented as an external factor over which professionals do not have

control. However, Mckie at al. (2002) in their study exploring GPs experiences of DV

in their work revealed a contradiction in practice   Mckie et al. (2002) assert that time

is mythologised by GPs who comment on their lack of time to ask about DV, despite

asserting their ability to control their consultation time if they decide it is appropriate.

Interestingly, one factor that may lead to GPs extending their consultation time with a

patient was when children were known to be present.

A further barrier identified was how EPs understood DV. Some EPs believed DV is the same as any other issue with which EPs work. This was mentioned in comparison generally with any issue and also specifically in comparison with sex abuse. However, it is argued that, in fact, DV is different to many other issues with which EPs work due to a combination of factors and therefore this response has been clarified as a barrier to EP practice. A number of reasons will be outlined for this position. It has already been highlighted DV is prevalent in society with around 750,000 CEDV a year (Department of Health 2002), there is an overlap between DV and child abuse; Edleson (1999) reports a rate of 30-60%, exposure to DV has a range of effects on children and CEDV have suffered psychological abuse (BPS 2007). Additionally, the nature of DV poses challenges in working practice for EPs, with safety and confidentiality specifically. For example, the child may still be living in a DV situation therefore an EP working with the child may have to adopt specific procedures to ensure a safe method of communicating with the mother. Further, the mother's fear of the perpetrator may cause her to be reluctant to engage with professionals. As supporting the non-abusive parent may be the most effective way of protecting and supporting the child developing that relationship would be important (Sterne and Poole 2010). Working with DV also poses further challenges. These are considered with reference to the following three sub-themes; DV is a sensitive issue, DV is a problem for EP practice and DV is too wide a remit for practice.

A deterrent to EP practice was identified as the sensitive nature of the topic of DV. Some EPs noted professionals had a sensitivity about working with DV, including both EPs and also other professionals, such as school staff. The sensitivity included

a fear of damaging the relationship between the EP and the parent, a reported fear from school staff of making the situation worse, a lack of confidence in practice and the hidden nature of DV. These findings are comparable with the results of other studies. A number of researchers have found that health and social care practitioners are reluctant to inquire about DV due to fear of threatening the relationship with the client (Shearer, 2006; Tower, 2006; Frost, 1999; Sugg et al., 1999; Gremillion and Kanof, 1996). This is identified as a professional barrier to practice by Tower (2006) and Gremillion and Kanof (1996). It could be asserted that these are also professional barriers to EP practice.

A corollary to this is the hidden nature of DV and the reluctance of women to disclose DV with a resultant fear by professionals of asking about DV and professional lack of confidence in becoming involved. This has also been found in other research. Samuelson and Clark's (2005) study with practising psychologists working in mental health settings in U.S.A. found they reported women's unwillingness to disclosure. Tower (2006) cited lack of disclosure as a barrier to practice whilst Frost (1999) observes that health visitors recognise the private nature of DV within their practice. The perceived reluctance to disclose is in contrast to assertions that survivors want to be asked (Gremillion and Kanof 1996).

It could be argued that the impact of professional fear of involvement with DV coupled with its hidden nature has led to a process of marginalisation of the experience of women and children who are exposed to DV. In her work with health professionals Williamson (2000) found a reluctance to record and name situations as

DV. This resonates with the experience highlighted by an EP in this study who

revealed that DV was not usually recorded on documentation unless there had been

a prosecution or separation. Peckover (2003) asserts the reluctance to name DV is

indicative of a process of minimisation in which the dominant discourse around DV

limits its understanding. Allied to this understanding is the notion of silence around

the subject of DV, both by the survivors of DV and by the professionals involved.

Holt (2003) also observes the phenomena of minimisation within the social work

arena when reports fail to record DV as an issue to be considered. A further aspect

to practice is recognised by Lavis et al. (2005) in which the contribution of DV is

neglected or minimised. This is suggested to be due to professional discomfort in

working with DV. These findings together with a number of the results from the

current study appear to have implications for EP practice.   Aspects such as

discomfort around raising the topic of DV, a wariness around involvement with some

aspects of this work and a reluctance to record DV information suggest that similar

processes of marginalisation and minimisation of DV may be present within EP

practice.

 A limiting factor to practice was identified as DV is too wide a remit for EP practice.

EPs suggested a number of reasons which limited EP involvement. These ranged

from the child and education focus of the EP role to suggestions that DV work is

more effectively delivered by other professionals, including school and social care.

These findings could be interpreted as suggesting a lack of clarity surrounding the

EP role. Holt (2003) highlights that a lack of policy guidelines leaves practitioners

unsure of how to respond to DV cases. Difficulties around role are classified by

Gremillion and Kanof (1996) as professional barriers to practice who note confusion by physicians about the proper role for medicine in relation to DV. There appears to be some similarity with EP practice as EPs appear unsure of what their role could be in response to DV.

DV is a problem for EP practice was identified as a sub-theme and recorded as a barrier to EP practice. One EP mentioned a number of difficulties in working with DV. These difficulties were noted to be; the hidden nature of DV, lack of parental co-operation and maintaining a professional relationship with the parent. Although, these issues have been discussed previously, it is the problematising aspect to this sub-theme and description of professional frustration in the face of DV that is characteristic of this theme. This reflects societal and cultural barriers to practice as defined by Gremillion and Kanof (1996) in which the survivor of DV is held responsible for the violence and the failure to accept help or leave the relationship. These beliefs are identified as cultural myths by Bograd (1982). Kurtz and Stark (1990) report health care providers regard female DV survivors as responsible for their abuse and a source of frustration to staff as they appear to fail to comply with health care norms. This discourse serves to individualise the problem of DV rather than place it within a socio-cultural arena. The problematising nature of the discourse is evident through the participant's use of metaphor; "opening up a can of worms". Lavis et al. (2005) argue that the use of metaphor allows practitioners to distance themselves from uncomfortable situations. The metaphor "opening up a can of worms" has also been used by other health professionals in response to DV. Lavis et al.(2005) interpret this as suggesting involvement may "unleash a flood of

negative repercussions"(p.448).   In seeking to explain the function of metaphor they go on to comment;

> "...it is proposed that by employing such metaphors to describe the reasons
> why they fail to intervene with women experiencing DV, medical practitioners
> can draw attention to the negative aspects of intervening and distance
> themselves from the reality that their failure to intervene appropriately may
> perpetuate the woman's situation." (Lavis et al.2005, p.449)

Thus, such a metaphor may serve to reveal discomfort and fear of being overwhelmed by the perceived complexity of the work. Lavis et al. (2005) note that given the prevalence of DV, professionals may also be survivors of DV, although they observe the impact of such experience on practice is unresearched.   Gremillion and Kanof (1996) observe personal barriers to DV practice. Thus, professional feelings of frustration may represent their perceived powerlessness in the situation as dissonant to their self-identity as problem solvers. The ability to offer help highlights the topic of provider self-efficacy as discussed in the previous section on facilitators to practice.

A number of tensions are apparent in considering the facilitators and barriers to practice. Firstly, the perceived self-efficacy in the potential EP role with DV appears to be incongruent with the problematised aspects of the EP role. These specifically, appear to be around confidence in practice in terms of both the actual support and interventions offered and the management of the work. A second tension in EP practice can be identified in the conflict between sub-themes that DV is the same as

any other issue in practice and that DV work offers problems to practice. A third tension in EP practice concerns the fact that children's experiences of DV have been neglected. EPs experience a dissonance in practice in that they have some knowledge and awareness of the effects of DV on children yet are working within a hegemony that neglects children within DV. Within the dominant discourse of DV children are largely invisible and are neglected from the definition. Therefore, it is asserted that children's experiences of DV have been marginalised and minimised by the dominant discourse of the definition of DV as an adult problem.

3.6 Conclusion

This research has explored how EPs conceptualise DV. Based on this small sample the EPs demonstrated a range of understandings of DV. There was a tendency to not recognise the full definition of DV and to underestimate its prevalence. There was a breadth of understanding of causes of DV although minimal consideration was afforded to socio-structural explanations and interactive factors were neglected. There was a detailed understanding of the impact of DV on children which was considered within a risk and resilience framework. However, there was a failure to conceptualise CEDV as child abuse, despite the BPS (2007) definition. Similarly there was not a recognition of the links between DV and child abuse. EPs had had some experience of DV in their practice but generally did not consider it in case formulations. This neglect of DV in formulation represents a challenge to EP practice.

In considering the potential role of the EP, facilitators to practice were identified. EPs highlighted offering support to children, schools and parents. This was interpreted as suggesting that EPs appear to have a perceived self-efficacy around DV. Additionally, some institutional factors exist that support EP practice, i.e. supervision and access to other professionals. However, EPs did not report significant involvement in DV work in their actual practice and work experience. Consideration of EP working in relation to DV has revealed areas of tension which result in challenges to EP practice. There are concerns about safe working and confidentiality and professional sensitivities around DV, whilst the maintenance of secrecy surrounding DV represents a challenge to the EP profession. These factors indicate that DV does require a different approach to working practice. A lack of acknowledgement of this leads to tension in practice. The lack of clarity of the EP role, particularly in multi-agency working, provides a challenge to working with DV. Further, it is argued that some of the inherent difficulties to EP practice occur due to the hidden nature of children within DV as CEDV have been marginalised and minimised within the dominant DV discourse.

Much of the research used for comparison in this paper were health studies. Health care professionals adopt a medical model based upon an individualistic approach with a focus on within-person conceptualisations of problems. By contrast EPs adopt an interactive framework in which consideration is given to the context within which people are situated. Thus, consideration of the EP role extends beyond a medical model and conceptualisation of DV and it is this area that will be considered in the next section.

3.7 The EP role and DV

It has been argued that the needs of CEDV have been neglected. There is a complex interaction between a range of risk and resilience factors that affect children and contribute to outcomes (Rutter 1999). EPs work within and between the systems of home, school and community that children negotiate and are in a position to offer support to children and families. There are a number of resilience factors that could be addressed within the child's environment which EPs could facilitate, for example; support for abused parent, help with safety planning, flexibility in school rules and expectations, positive relationship with key adult, learning and behaviour support and extra-curricular activities (Sterne and Poole 2010).

There is a role for the EP to support CEDV. Hester et al. (2000) assert that all CEDV need support to cope with the impact of their experience yet the needs of CEDV are not being met (Byrne and Taylor 2007). Furthermore, they note that social workers respond to referrals where there are clear child protection issues, thus, CEDV who do not meet this criteria are not getting support. Sterne and Poole (2010) note most families exposed to DV do not receive support from specialist services; hence schools may be one of their only sources of support.

Gilligan (2004) also observes the importance of schools in child welfare. EPs are well placed to support schools work with families and CEDV both at a systemic and individual level. Part of the role of the EP could be to raise school awareness of the difficulties CEDV face. School staff may offer emotional support to CEDV through providing a secure base (Osofsky 1999) whilst a nurturing school ethos offers CEDV

safety and security through consistency and a sense of belonging within

relationships, social networks and structures (Gilligan 2004). This is important

because as Buckley (2007) acknowledges CEDV revealed their experiences at

school included social isolation and difficulties with school work.

There is also a role for EPs to work at a systemic level within schools to support

universal services for all children, i.e. education and information on DV and

prevention. Further systemic level work within schools and settings, such as

Children's Centres and nurseries, could facilitate the development of systems that

offer support to all CEDV. This could involve providing training and raising staff

awareness of DV. Holt (2003) observes that the welfare and empowerment of the

child's main carer offers the best source of support for the child. EPs are well-placed

to initiate positive relationships with the non-abusive parent. It is suggested that

within the context of education this is extended to include all the adults around the

child, including school staff and teachers.

The EP has a role in individual casework with children referred to them. Increased

awareness of DV would enable consideration in identification, assessment,

formulation and intervention. EPs are also well placed to consider the child's voice.

In Buckley et al's (2007) study children reported they would have welcomed talking to

some-one in a formal helping capacity. EPs have a role in multi-agency work with

complex cases as highlighted by participants in this study. However, there is

perhaps scope for increasing the focus on support for the non-abusive parent and

developing the role in community settings such as refuges. Additionally, it is worth

noting the Local Government Association (2006) recommendation for;

"...routine questioning and the provision of information about DV by all service providers in regular contact with children and young people" (Local Government Association 2006, p.22)

DV is a complex phenomenon that may be viewed as a process over time (Wilcox 2006). The role of the EP has been neglected in government guidance on working to support CEDV. Yet EPs are in a strong position to intervene with different systems around children from individual support for CEDV, contributing to multi-agency responses, offering support to families, work at a systemic level within school either through education and prevention or facilitating the development of school systems to support CEDV and their families.

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Chapter 4

Conclusions

This conclusion acknowledges limitations to the research whilst areas for future research are considered. The distinctive contribution of the empirical research to the literature on EPs conceptualisation of DV is recognised.

4.1 Limitations of the research

Consideration has been given to validity and reliability (see section 3.3.8). This section will acknowledge the limitations in this research.

The importance of both personal and functional reflexivity in which there is an examination of the personal impact on the research practice is relevant in consideration of limitations. Cohen et al (2000) note the notion of power is significant and can reside with both interviewer and interviewee. Burman (2002) suggests that both participants within an interview, position themselves to achieve specific outcomes as,

> "...power is not conceived of as a uni-dimensional quality that is possessed or lacked" (Burman 2002 p.68).

In the current research, for example, interviews took place at the EPs place of work. In situations where I did not know the EP or their Educational Psychology Service (EPS) I was positioned as a trainee EP (TEP) in a particular role mindful of the co-operation and welcome I was receiving from the EP participants. Concurrently the qualified EPs may have sought to adopt particular positions. Different subject positions may also have been adopted when I interviewed EPs who were work

colleagues from my own EPS and thus known to me prior to interview. Our previous roles had been based on supervision and support in my practice as a TEP. The position of power within the interview was ambiguous. For example, the participants took control of the interview agenda at different points in the interview. Although the power within the interview relationship may have initially appeared to reside with me as interviewer, our previous working relationships were positioned in an organisational hierarchy where these participants had greater power. Interestingly, it was within these interviews that there was increased meta-reflection on the construction of meaning within the interview process as participants verbalised their attempts to respond. For example,

"These are not solid gold beliefs of mine, they're initial thoughts." (P4)

and

"These questions have prompted me to think more deeply about the role." (P3)

Parker (1994) argues that reflexivity permits the position of the researcher and the way that has informed the study to be acknowledged. There is a recognition that through studying how EPs conceptualise DV has ultimately had an effect on what was being studied, such that;

"...speaking will restructure the way it is understood by others." (Parker 1994 p.14)

This suggests that the resultant data has been changed through the activity of the research interview. Such phrases also indicate changes in narrative position and suggest different stocks of knowledge are being accessed (Holstein and Gubrium 1995)

Recruitment of participants was achieved by self selection. As there was a small sample size the EP participants may not be representative of EPs in general. The EPs that volunteered may have had a greater or lesser knowledge of DV or may have had a particular interest in DV. Thus, Cohen et al. (2000) suggest the characteristics of the respondents could be a source of bias. However, Parker (1994) suggests small sample sizes allow the meaning of the responses to be respected and permits a greater examination of the meanings. Therefore in producing meaning within this research a respectful and sensitive approach to the participants' information was adopted.

Data analysis is also located within a specific research context and as such relevant constraints and possibilities should be acknowledged (Burman 1994). The interviews were tape recorded. These were subject to thematic analysis. The analysis did not follow a precoded frame. However, as Burman (1994) notes there are multiple potential interpretations and the resultant interpretation is of its nature incomplete and subject to the selectivity of the researcher. Braun and Clarke (2006) observe themes do not emerge passively from the data, rather the researcher adopts an active role in identification. Thus, it is recognised that the results can only represent a partial knowledge and that other interpretations are possible. However, in offering an interpretation of the data, attempts have been made to make apparent the process by which this was achieved. For example, by reporting the data extracts within the context of the interview.

A further limitation of this research was the practicalities of the time frame and word limit imposed on the project. This reduced the amount of time available to conduct the study with a resultant impact on the number of participants that could be interviewed.

4.2 Future Research

Despite its limitations this small exploratory study has highlighted many aspects to EP practice in relation to DV. To the author's knowledge this is the first study to consider EPs' conceptualisation of DV. It is now necessary to explore conceptualisations of DV with more EPs. A quantitative study could be employed to permit data collection from a larger sample of participants. The EPs in this study acknowledged a role for self-efficacy in their practice. Future research could establish the nature of the role of self-efficacy in relation to DV. Findings from previous research and the present study indicate a lack of clarity of the role of the EP in multi-agency working with reference to DV. Future research could explore this area.

4.3 Implications for EP practice

This study has highlighted challenges to EPs in working with DV. The implications of this are considered in relation to EP practice.

Implications for practice are apparent at a number of systemic levels. There is a necessity to reflect on EP practice and DV. It is acknowledged that DV presents real and different challenges to practice from other aspects of EP work; for example in

relation to neglecting DV in formulations and maintaining secrecy around DV. Thus,

an EPS policy on responding to DV requires consideration. In fact H. M. Government

(2009) state VAWG (violence against women and girls) "...needs to be part of core

business for all statutory agencies..." (p.8) Greater awareness of DV and dedicated

training for EPs may also enhance EP practice. Further, the barriers to practice

identified at an institutional level indicate a need for greater role clarity, particularly in

multi-agency teams. Gilligan (1998) notes there are difficulties in multi-agency work

between education and social care and Byrne and Taylor (2007) also identify a

"paucity of joined up initiatives" (p.197), between professionals in education and

social care.

Additionally, consideration should also be given to the contribution the EP profession

could make in working with DV. Potential areas include the role of the EP in

supporting the non-abused parent, how EPs could support schools and other settings

to develop a whole school approach to supporting all CEDV in schools, as well as the

role in DV education and prevention.   CEDV are at risk of poor cognitive, social,

emotional and behavioural outcomes. There is a need for a co-ordinated response to

support children and families exposed to DV to mitigate the risk factors and enhance

resilience.

4.4 Concluding Comments

This small scale study has explored how EPs conceptualise DV. Working with DV

presents challenges for EP practice. This study has identified issues of safe working

pratices and confidentiality, professional sensitivities around DV and lack of clarity of

the EP role as barriers to practice. Further the presence of children in DV remains hidden as CEDV have been marginalised and minimised within the dominant DV discourse. Various limitations are acknowledged but this small scale study offers some insights into an unexplored domain of EP practice and provides directions for future research.

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MPhilA, MPhilB, MPhil/PhD, EdD, PhD IS

This form MUST be completed by ALL students studying for postgraduate research degrees and can be included as part of the thesis even in cases where no formal submission is made to the Ethics Committee. Supervisors are also responsible for checking and conforming to the ethical guidelines and frameworks of other societies, bodies or agencies that may be relevant to the student's work.

Tracking the Form

   I. Part A completed by the student
  II. Part B completed by the supervisor
 III. Supervisor refers proposal to Ethics Committee if necessary
  IV. Supervisor keeps a copy of the form and send the original to the Student Research Office, School of Education
   V. Student Research Office – form signed by Management Team, original kept in student file.

Part A: to be completed by the STUDENT

NAME: Caroline Gallagher

COURSE OF STUDY (MPhil; PhD; EdD etc): App. Ed. And Chd. Psychol.

POSTAL ADDRESS FOR REPLY: ████████████████████████

CONTACT TELEPHONE NUMBER: ████████

EMAIL ADDRESS: ████████████████

DATE: ██████

NAME OF SUPERVISOR: Huw Williams

PROPOSED PROJECT TITLE: Educational Psychologists Conceptualisations of Domestic Violence

BRIEF OUTLINE OF PROJECT: (100-250 words; this may be attached separately)

This is a research project to investigate educational psychologists' (EPs) conceptualisations of domestic violence. It seeks to explore how educational psychologists conceptualise domestic violence in relation to their role. The project will explore how EPs define domestic violence and understand its effect on children. Further, the project will investigate EPs experience of domestic violence in their work and consider what role the EP might have in working with those who have experienced domestic violence and the EP role in schools and other settings. Participants will be qualified EPs in a local authority Educational Psychology Service and will volunteer. The method adopted will be a semi-structured interview and thematic analysis.

MAIN ETHICAL CONSIDERATION(S) OF THE PROJECT (e.g. working with vulnerable adults; children with disabilities; photographs of participants; material that could give offence etc):

The principle of giving informed consent will be adhered to. Questions will be asked about a sensitive topic, domestic violence.

It is possible that some participants may have experienced domestic violence or may come to understand that they have experienced it during the course of the interview or after the interview. Participants may be distressed by discussion of domestic violence and in considering its effects on children. .

Although participants may have volunteered to be interviewed this does not mean that they will be fully cognisant of the effects discussing domestic violence may have, as described above. However, it is anticipated that discussion of domestic violence would not pose additional risks to those faced by EPs in their daily practice.

Participants will be advised of potential difficulties that may arise as a result of talking about domestic violence. Participants will be advised of

additional sources of support for domestic violence on an information letter prior to the interview.

The ethical guidelines of the British Psychological Service, Ethical Guidelines for Conducting Research with Human Participants, will be adhered to.

RESEARCH FUNDING AGENCY (if any):

DURATION OF PROPOSED PROJECT (please provide dates as month/year): 10/09 to 08/10

DATE YOU WISH TO START DATA COLLECTION:
December 2009

Please provide details on the following aspects of the research:

1. What are your intended methods of recruitment, data collection and analysis? [see note 1]

Please outline (in 100-250 words) the intended methods for your project and give what detail you can. However, it is not expected that you will be able to answer fully these questions at the proposal stage.

Participants wil be educational psychologists working within an educational psychology service in a local authority. Participants will receive details of the research initially and be asked to volunteer to take part by making contact with the researcher by email or phone. Data collection will be through semi-structured interviews, followed by thematic analysis.

2. How will you make sure that all participants understand the process in which they are to be engaged and that they provide their voluntary and informed consent? If the study involves working with children or other vulnerable groups, how have you considered their rights and protection? [see note 2]

Participants will be informed at the initial information stage of the topic, purpose, scope and the process of the research. I will give a presentation about my research and asking for participants to the educational psychology service of a local authority.
Participants will be asked to contact the researcher to be involved. in the project.
Participants will then be given written information about the research topic. This will include a written outline of potential difficulties associated with taking part in the interviews.

3. How will you make sure that participants clearly understand their right to withdraw from the study?

Participants will be informed of their right to withdraw at the initial information stage. Prior to interview the participants will be verbally informed of their right to withdraw at any stage with subsequent destruction of data without giving reasons. This will also be included on the information letter given to participants after they have volunteered to take part.

4. Please describe how you will ensure the confidentiality and anonymity of participants. Where this is not guaranteed, please justify your approach. [see note 3]

Participants' names will not be recorded during the interview.   Participants will be informed that data will be anonymous but may be discussed with research supervisors at the thematic analysis stage. Participants will be informed that the findings of the research may be shared with interested parties such as the University and Local Authority, however, the resulting data will not be identifiable as theirs.

5. Describe any possible detrimental effects of the study and your strategies for dealing with them. **[see note 4]**

a. Participants will be informed of the sensitive nature of discussion about domestic violence. Participants will be advised of potential difficulties that may arise as a result of talking about domestic violence. Participants will be advised of additional sources of support for domestic violence on an information letter prior to the interview

b. To ensure a participant is not identified only number of years in role will be recorded. Participants' names will not be recorded. Participants' interviews will be allocated a number for data recording purposes.
Participants will be informed that data will be anonymous and the resulting data will not be identifiable as theirs.

6. How will you ensure the safe and appropriate storage and handling of data?

Data will be held securely by myself in the form of a tape recording of the interview and written notes of the interview made by myself. Data will be kept in a locked cabinet at home. During transportation from the interview location the data will be in the possession of the researcher at all times. No one else will have access to data.

Data will be destroyed at the end of the research project.

7. If during the course of the research you are made aware of harmful or illegal behaviour, how do you intend to handle disclosure or nondisclosure of such information? **[see note 5]**

If participants reveal illegal behaviour the participant will be informed that the researcher will have to carefully consider disclosure. If such disclosure is planned the participant will be informed of their intentions and the reasons for it.

> If behaviour reported is likely to be harmful to participants or others, the researcher will also consider disclosure. The participant will be appraised of the researcher's intentions and reasons for disclosure.

8. If the research design demands some degree of subterfuge or undisclosed research activity, how have you justified this and how and when will this be discussed with participants?

> There is no deception or subterfuge within this research.

9. How do you intend to disseminate your research findings to participants?

> Participants will be advised they can request a copy of the summary of the findings from the researcher. Participants will be advised that research findings will be produced in the form of a research report for the University of Birmingham and researcher's employing local authority. The findings may be presented for publication to a journal such as Educational and Child Psychology.

Part B: to be completed by the SUPERVISOR

1. Have the appropriate guidelines from relevant research bodies / agencies / societies (e.g. BERA, BPS, SRA, Research Governance Framework, Data Protection Act, Freedom of Information Act) been checked and applied to this project?

Yes ☐   Not applicable ☐

If Yes, which:

2. If relevant, have you ensured that the student holds a current Criminal Records Bureau check for the participants they will be working with during their research project? **[see note 6]**

Yes ☐   Not applicable ☐

If not applicable, please state why:

3. Have you seen information and consent forms relevant to the present research project? [if not relevant at this time, please review this within 6 months]

Yes ☐   No ☐

4. Is a referral to the Ethics Committee necessary?

Yes ☐   No ☐

5. Do you require a formal letter of approval from the Ethics Committee?

Yes ☐   No ☐   Not applicable ☐

Declaration by Project Supervisor

I have read the University's Code of Conduct for Research and the information contained herein is, to the best of my knowledge and belief, accurate.

I am satisfied that I have attempted to identify all risks related to the research that may arise in conducting this research and acknowledge my obligations as Project Supervisor and the rights of participants. I am satisfied that those working on the project have the appropriate qualifications,

experience and facilities to conduct the research set out in the attached document and that I, as Project Supervisor, take full responsibility for the ethical conduct of the research in accordance with the School of Education Ethical Guidelines, and any other condition laid down by the School of Education Ethics Committee.

Print name: Signature:

Declaration by the Chair of the School of Education Ethics Committee **(only to be completed if making a formal submission for approval)**

The Committee confirms that this project fits within the University's Code of Conduct for Research and I approve the proposal on behalf of the University of Birmingham's School of Education Ethics Committee.

Print name:
(Chair of the Ethics Committee)

Signature:
Date

Date:

Supervisor – please keep a copy of this form for your records and send the original to the Student Research Office, School of Education.

Date sent to Student Research Office:

STUDENT RESEARCH OFFICE – PLEASE OBTAIN SIGNATURE FROM MANAGEMENT TEAM AND RETAIN ORIGINAL IN STUDENT FILE

Date Form Received:

Print name:
Signature

For and on behalf of
Student Research Office
Date:

Appendix 2   Letter to Principal Educational Psychologist

16th October 2009

Dear Mr X

My name is Caroline Gallagher and I am a third year Trainee Educational Psychologist at Birmingham University undertaking the Doctorate in Applied Educational and Child Psychology. Part of the requirements for this course is to undertake research. I am writing about my proposed research thesis.

My research is titled; Educational Psychologists' Conceptualisations of Domestic Violence. There has been no research done in this area. Studies of other professional groups suggest a range of understandings of domestic violence and its effects. The aim of this research is to investigate how educational psychologists conceptualise domestic violence and what they see as their role in working with children, families, schools and other settings with regards to domestic violence.

I am hoping to recruit participants from an educational psychology service in the West Midlands area. The research will follow the ethical guidelines of the British Psychological Society. Both the educational psychology service and participants will be anonymous and subsequent data not identifiable as theirs. Data would be collected through a semi-structured interview with educational psychologists. Participants have the right to withdraw from the research without reason. I enclose an Information Sheets for Participants.

I am writing to ask if your educational psychology service would be willing to be involved in this research. I would like to approach educational psychologists in your service to inform them about my research and ask if they would consider involvement by volunteering to be interviewed.

Please feel free to contact me for any further information.

Yours sincerely

Caroline Gallagher (Ms)

Appendix 3 Information for Participants

Research Project Information
Educational Psychologists' Conceptualisation of Domestic Violence

Thank you for being willing to take part in an interview. This research project forms part of a doctoral thesis undertaken by a Year 3 Trainee Educational Psychologist at Birmingham University.

This project will involve an interview between an Educational Psychologist (EP) participant and the researcher. The interview will involve discussion of domestic violence in relation to EP practice. No specific subject knowledge is expected or needed as the interview is about your own personal conceptualisation of domestic violence.

The research questions are;
* ❖ What are EPs conceptualisations of domestic violence?
* ❖ What do EPs see as their role in school and settings with regards to domestic violence?
* ❖ What do EPs see as their role in working with children and families who have been exposed to domestic violence?

Domestic violence is a sensitive topic for discussion. It is important participants are aware of potential difficulties that may occur as a result of taking part in the interview. These have been identified as; participants may find talking about domestic violence and EP practice distressing. However, it is anticipated that any discussion of domestic violence would not pose additional discomfort or risks to those faced by EPs in their daily practice.

Data collected will be anonymous. Participants' identities will not be recorded and data will not be identified as theirs. The interview may be recorded with participant permission. Data collected may be discussed with researchers at Birmingham University. Research findings and excerpts from interviews may be shared with a wider audience; e.g. university, local authority, publications, in the form of a research report or paper but individuals will not be identified. Participants may request a copy of the final research summary.

Participants have a right to withdraw from the research at any stage in the research process, either before, during or after the interview and all data will be destroyed. You are also free to choose not to answer any question. No explanation will be necessary.

If you have any concerns following your participation in the research please contact me. I will be able to put you in touch with my research supervisor. The following are Helpline numbers of organisations who may be able to help with issues concerning domestic violence:
National Domestic Violence Helpline: 0808 2000 247
Men's Advice Line   0808 801 0327
Broken Rainbow (LGBT)   08452 604460

Appendix 4 Consent Form

Consent Form

Educational Psychologists' Conceptualisation of Domestic Violence

My name is Caroline Gallagher and I am a Trainee Educational Psychologist. This research is undertaken as part of my doctorate training.

This consent form should be read in conjunction with the Research Project Information.

I am very willing to answer any questions you may have about the research. I can be contacted on;

████████████████

██████████████

████████████████████

If you feel you have had all the information you need to consent to participate and have read the Research Project Information
please sign below (or use initials)

I confirm I have read the Information for Participants and am willing to participate in the research.

Name

Signature

Date

Educational Psychologist's
Conceptualisation of
Domestic Violence

Caroline Gallagher

Introduction

- Year 3 Trainee Educational Psychologist
- Doctorate training course in Applied Educational and Child Psychology
- Course requirements: research thesis

Aims of Research…

- To explore how educational psychologists conceptualise domestic violence
- To explore what educational psychologists see as their role in working with children and families with regards to domestic violence
- To explore what educational psychologists see as their role in working with schools and settings with regards to domestic violence

…contd:

- But…
- knowledge of domestic violence not needed
- research is about EPs own understanding
- everyone's contribution will be valid

As valid to know nothing as to have a good understanding

It's about what people bring with them

Anyone taking part will contribute a lot to the project

Methodology

- Qualitative methodology
- Participants – Qualified Educational Psychologists
- Semi-structured interview between participant and researcher
- Interview will involve a discussion of EPs own conceptualisation of DV in relation to their role
- Data subject to thematic analysis

Ethics 1

- Research will follow British Psychological Society Ethical Guidelines

- Data will be confidential

- Psychology Service will not be identified

Ethics 2

- Participants' data will not be identifiable as theirs but data may be discussed with Research Supervisor at University of Birmingham

- Right to withdraw from study at any stage without reason

Research supervisor is Huw Williams

Research Questions

- 1. How do educational psychologists conceptualise domestic violence?

- 2. What do educational psychologists see as their role in schools and other settings with regards to domestic violence?

- 3. What do educational psychologists see as their role in working with children and families who have been exposed to domestic violence?

Participants

- 5 x Qualified EPs
- Participants invited to volunteer to participate
- From one local authority
- No specific knowledge or experience about domestic violence expected or needed

No specific knowledge needed or expected as interview is about own personal conceptualisation of domestic violence

Why LA X?
 1. Local authority chosen as do not know EPs there as not worked there; therefore no professional issues of interviewing supervisors etc.
 2. To enhance potential for discussion

Data Collection

- Interviews will last between ½ hour to 1 hour

- Data collection from December 2009

- Location - EPS office / to suit participant

- Time arranged between participant and researcher

Dissemination of Findings

- Research Report will be produced
- Course requirements are to submit report to Birmingham University
- Research report will be provided to local authority employer (Dudley MBC)
- Participants will be provided with research summary upon request
- Research report may be submitted for publication

Next Steps

- Potential participants are asked to contact the researcher...

    ...if they wish to discuss any questions about research

    ...if they would like further information

    ...if they wish to consider possible involvement in research study

Contact Details

- ███████████████████████████████
  ██████████
  ████████████████████████
  ██████████
  ███████████████████████
  ███████

███

Thank You!

- Any questions?

Appendix 6 Interview Schedule

Questions

1. How many years have you been working as an EP?

2. How would you define domestic violence? (Do you use any other terms to describe it?)

a) Do you think any particular groups in society are affected by it?

3. What would you estimate is the prevalence rate of domestic violence?
   (Prompt: no: of adults experienced across lifetime)

4. What would you suggest are possible causes of domestic violence?

5. How do you think the experience of domestic violence might affect children?

6. Thinking about your role as an EP: what experience have you had of domestic violence in your work?

7. Where would you signpost people who had been affected by domestic violence (if you felt additional support was needed)?

8. What support mechanisms are in place for EPs working with domestic violence?

9. What do you see as the role of EP with regards to domestic violence?

a) What role do EPs have in schools/ other settings / community?
b) What role do EPs have in working with children?
c) What role do EPs have in working with parents / families?
d) What role do EPs have in multi-agency work?
e) What role do EPs have in preventative work?

10. What training have you ever received about domestic violence?

Last question:

11. Is there anything else about EP work and domestic violence that I haven't covered and you wish to highlight?

Debrief:
Thank you for taking part.
Is there any other information you would like or want to ask before we finish?

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Appendix 7 Definition of domestic violence

Domestic violence has been defined as...

any incident of threatening behaviour, violence or abuse between

adults who are or have been in a relationship together or between

family members, regardless of gender or sexuality. The violence

may include physical, sexual emotional and financial abuse.

Home Office 2007

Appendix 8 Interview Transcript

P5 Interview

I – Can I start off by asking you how many years have you been working as an EP?

2005 so that's 4 ½ years isn't it.

I – Thinking about domestic violence (DV), how would you define that term?

Domestic Violence. I suppose that it's violence that happens between 2 people, usually in the home environment, we usually think of it about being between adults, probably refer to it as something else if children involved.

I – Do you use any other terms to describe it, DV?

I know we have a training session once from basic guidance service and they talked more in terms of domestic abuse encompassing domestic violence but also on other kinds of power relationships, includes physical, that were beneficial to people.

I - Domestic abuse encompasses Domestic violence as well

Yes

I – I've got a definition from Home Office here which is one I'm working to throughout research, which gives a wider definition of DV. I wondered if we could use that definition in thinking about DV and rest of questions?

OK

I- Thinking about that definition of DV do you think any particular groups in society are affected by it?

I think it can be anybody , I think the stereotype is women but I haven't come across personally any incidences where a man has been affected, but you do hear about it don't you?

I – Yes. What would you estimate is the prevalence rate of domestic violence?

I wonder if it depends where about you live. It might vary area to area. I would think.
Probably in the area where I work might be about 10-20%

I – OK. What would you suggest are possible causes of DV?

I think a lot of the time there are issues to do with power aren't there between people, of one person needing to exert power over another. Some people who are involved in a relationship where they are a victim of domestic violence seem to have had a number of relationships like that. So there is something there as well about being a victim or having, thinking that they are not worth something in a relationship that makes them a victim. Does that make sense?

I – something about the way they feel about themselves?

Yes and really that's all they deserve, don't deserve better than that.

I- so how victim feels?

Yes and I suppose you can say other side of coin perpetrators might seek out people who capitulate to that view.

I – Something about the relationship.

Yes

I - Anything else you wanted to say?

I think sometimes things can get worse can't they, at particularly stressful times. At home, for instance if a member of the family lose their jobs or have a new baby in the home, money tight, times when relationships between people change. Pressure of family, bereavement lots of family goes through. ? I don't think they cause it as lots of people have these things happen and are not violent but it makes it worse,

I – What people experience, additional factors but not causes?

Yes, I suppose so, but I think it could be a catalyst of violence.

I – Shall I go on? How do think the experience of DV might affect children?

Well in a number of different ways I think, I think they can feel protective towards victims of Domestic abuse. I think they can, at times, learn the behaviour they witness, and that can be either ways really, learn to be aggressive towards people or they learn can be victims of aggression.

Sometimes get children don't you who don't really want to leave the home environment they worry about what might happen when they are not there. I could see that there might be other situations where children are not very keen to return to the home environment as they may be worried about what they find when they get back. That must be very confusing.

I – Shall I move on?

Yes

I - Thinking as role as an EP: what experience have you had of DV in your work?
My experience of it is quite often through a parent telling me that's what they've experienced. It's rarely that's what parents are experiencing now but it's quite often that's what they have experienced in the past. Now I don't believe that I have never worked with anybody whose is currently experiencing domestic violence. But it's more difficult for people to be open about that, isn't it, in their current relationship.

I – reluctant to talk about it?

As a teacher can remember a child spoke about his parents, a disclosure, but not an EP I haven't had that experience. It's mainly come from the mother.

I – Could you say a bit more about that, the impact on case? Did it affect the case?

I think it is important from your own hypothesis formation isn't it, about what's going on with the children and what they are trying, not trying to, what re-enacting, something or what purposes of behaviour might be.

I – So it's something about making links?

Yes. It's about having understanding. Even if they don't say it is still happening at home you have your suspicions that that may be to case. It's about also understanding what the child is living with. What their home life might be like. Practical things like not getting enough sleep. That actually if they're irritable in the morning, might not be getting sleep at night.

I – Would that help with work with child?

Sometimes your job is about helping a teacher to understand where a child is coming from isn't it. It's about you having the full picture and interpreting that for somebody else. Empathy for the child. Knowing when they need to be a bit more lenient and know when they can to set boundaries,

I – Right.

Might be also about signposting a parent if you suspect going on or if not come to terms in past and get support for themselves.

I – Where would you signpost people who had been affected by DV?

I think the first port of call would be (refuge name) They run refuges they also have a counselling service as well. Could provide further information. If it wasn't them could point me in the right direction.

I – Shall I do next question?

Oh and the other one is an Asian Women's group as well. For the Asian community does work in the Haven.

I – What support mechanisms are in place for EPs working with DV?

I think the main thing, if I was working with a case like that I would go two ways. One would be through the multi-agency support team that I am part of because there may be other members of the team who have more expertise than me, e.g. social worker, might be others in the team as well. And the other way would be through my own professional supervision. Thinking about the direction of my work might be from a more psychological perspective.

I – You have some options there?

Yea

I - What do you see as the role of EP with regards to DV?

Obviously our prime focus is the children isn't it. What we're concerned about is the welfare and development of children. I think it is important like I said before, that in our work with children we understand the impact that Domestic violence can have on the family. From a systemic point of view really, it's about, it's not just these children have seen this and very traumatic that it's about but the impact this has on other children and impact on mother and therefore her relationship with children as well. It's building a complex picture isn't it and understanding where Domestic Violence fits into that child's complex picture.

I – Yea

I think we have a role also as well as do other professionals in making sure that we are not colluding. So that we are giving the message that it is not OK for children to live with domestic violence as well. But I don't think we're the only professionals who do that.   Our unique role if you like is understanding and helping other's understand what's going on for children, about what's going on at home and trying to make things better in any way we can, I don't know whether that's to get help supporting the parents, supporting the parents to get help, whether providing counselling, advising a teacher how best to engage a child in school and to manage their behaviour.

I – It's about a key role working with other professionals who are working with child?

I kind of take that for granted work with other professionals, I think here because we do that anyway it's just part of the way our team set up. I don't really see it as different from other issues that come across with children.

I – Right.

It's part of the same assessment cycle isn't it really.

I – So do you mean then you approach the case and consider a variety of other issues and DV is one of those issues?

Yes. Because you are building a picture, I know it's a cliché, of the whole child aren't you. For that child with domestic violence might be a huge part of what occupies their minds whether at school or at home, but there will be other things as well which perhaps have that impact on interaction relationships with teachers, issues with siblings and all kinds of different things. It's about (not knowing) if you suspect or if you hear that domestic violence is happening has been an issue, that's for parents. It's about acknowledging as part of role. Not putting it on one side and say that for parents, but acknowledged as part of the picture.

I - Even if in the past?

Sometimes parents are may think they have been very successful in concealing it from the children and in some senses have. But the children are quite confused about the way their parents choose to conceal it from them.

I – Can I ask you to say a bit more about your understanding systemic viewpoint? Considering the role of the EP. Not just thinking of child but wider impact and impact on families.

I think if you look from systemic point of view at circular causation. If a child is in a situation where domestic violence is occurring it's not just the relationship between the parents is it that affected, then it's the relationship with the child as well. But then the way the child reacts affects their relationship and relationship with peers, their reciprocal relationship back with parents. It becomes a very complicated picture, doesn't it?

I - Right

And you can end up with children rejected at school potentially from a problem that started, well you can't say started, which includes parents, at home.

I – Yes

It's a positive in a way because but knowing that knowing you can intervene in one bit, can have a positive knock on effect in another bit it means that you can start in lots of different places doesn't it. Give quite a lot of optimism for support, to move forward? You can start in lots of different places.

I think from that point of view I think even when you get a really complex situation, that you think oh my goodness where do I start, it worth thinking in mind that wherever you start it can have a knock on effect. There's always room for hope, no matter how hard it seems.

I – Right. You've mentioned EPs working in schools. What role do EPs have in working with children and families?

I haven't had that kind of role but I can see that there is a possibility that you could have that kind of role. I suppose here it might fall under someone else's umbrella a bit more so here, and then in some authorities an EP may do a workshop or a drop in or something like that and parents could be involved. Here I tend to think it may be seen as more ?fall more under the umbrella of (others in team), Social Worker or parent support advisor; not that couldn't be part of EP role, more part of their role. Yes, I could see a role of direct therapeutic work with children. Depends on circumstance.

I – What role do EPs have in preventative work?

Do you mean parents?

I – Could be either, parents or children.

I could see EPs could contribute directly or by supporting other people to develop that kind of role. I know some work goes on sometime in school about healthy relationships with young people, as a very early intervention strategies hoping to break the cycle of the violence in home going on to be a violent adult   so could be part of that. I think. I've just done Triple P parenting course.

I – Oh right

Do you know much about Triple P?

I – a bit, we've had some input on it at uni.

They have an enhanced module and part of that looks at conflict between parents. From point of view and how that interferes with ways those parents are able to managing their children's behaviour. Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship.

I - ? (inaudible)

There's that part and there's also included parents with mental health difficulties, e.g. high end depression/anxiety, so parents experience and helping them deal with that in managing their children's behaviour.

I – Sounds interesting.

Yes it is interesting. Just having time to do it.

I – What training have you ever received about DV?

Training within multi-agency support team-domestic abuse-safeguarding.

I – This is the last question now. I just wondered if there's anything else you wanted to add about EP work and DV that we haven't already covered?

No, I think that's about it.

I – OK. Thank you.

Appendix 9 Initial Codes

Code Headings

K (knowledge) / Def (definition) / Physical
P1 "usually physical aggression"
P3 "aggression towards family members within home. Physical mostly"
P4 "violence that occurs in the home"

K / Def / Physical and Verbal
P1 "any physical /verbal aggression"

K / Def / Any abuse
P2 "any sort of abuse of any category"

K / Def / Physical and Emotional
P5 "physical and emotional nature of violence"

K / Def / Other terms
P2 "domestic abuse"
P3 "emotional abuse"
P5 "domestic abuse"

K / Def / Between Adults
P3 "By adults"
P1 "adults ...most prominent definition in my mind"
P5 "we usually think of it about being between adults, probably refer to it as something else if children involved"
P4 "Stereotypical DV is violence between 2 adults in a home and within a family."

K / Def / Child abuse
P2 "a person in household experiences; ...children, person in vulnerable position"

K / Def / Male to female and female to male
P3 "any sex and direction"
P1 "Most often it's the male in the relationship against the female although it can be the female against the male although that's much less well known and not really accepted in the same way has happening"
P2 "any sort of abuse of any category a person in household experiences. female , male, children, person in vulnerable position"
P5 " I think the stereotype is women but I haven't come across personally any incidences where a man has been affected, but you do hear about it don't you?"

K / Rate
Overestimate
P4 ". I'm going to go for high proportion. I don't know I'm going to go for 50%."
Underestimate
P2 "10-20% of house holds looking at breadth of definition, estimate"
P3 "Higher than I might think; 1:20, 1:25"
P5 ".Probably in the area where I work might be about 10-20%"

Varies by area
P5 "It might vary area to area. I would think."

Varies by household
P2 "Degree of it differs in different households*"*

K / Cs (causes) / Stress / Adversity Factors

P1 "Financial difficulties in my mind contribute to stresses that lead to parental and emotional stress"
P2 "One of root causes we see in this particular part of the city;   socio-economic status,   ...people struggling to survive."
.".. crime and unemployment "
P3 "Tensions on family. Child with disability, profound impact. (shape around needs).
 Financial needs , 1 parent not working etc,
Children not doing well in school."
P4 "If there are difficulties in a relationship then other stresses, maybe like financial, health. Maybe a coming together. "
"Aggression, it's often born out of stress and family life can be very stressful. We've got a very privileged position. We've got jobs and things so what it must be like... I'm not excusing   So yes, stress, unemployed , people living together close relationship not as happy as it might be,   what can you do?"
P5 "I think sometimes things can get worse can't they, at particularly stressful times. At home, for instance if a member of the family lose their jobs or have a new baby, money tight in the home, times when relationships between people change. Pressure of family, bereavement lots of family goes through."

K / Cs / Catalyst
P5 "I think sometimes things can get worse can't they, at particularly stressful times. At home, for instance if a member of the family lose their jobs or have a new baby, money tight in the home, times when relationships between people change. Pressure of family, bereavement lots of family goes through. ? I don't think they cause it as lots of people have these things happen and are not violent but it makes it worse,
I – What people experience, additional factors but not causes?
Yes, I suppose so, but I think it could be a catalyst of violence."

K / Cs / Interpersonal
P1 "Power and dominating influence. 1 partner wishing to dominate another."
P3 "Nature of relationship."
P4 "Um.. difficulties with relationships."
"... people living together close relationship not as happy as it might be,   what can you do?"
P5 "I think a lot of the time there are issues to do with power aren't there between people, of one person needing to exert power over another. Some people who are involved in a relationship where they are a victim of domestic violence seem to have had a number of relationships like that. So there is something there as well about being a victim or having, thinking that they are not worth something in a relationship that makes them a victim and really that's all they deserve, don't deserve better than that. I suppose you can say other side of coin perpetrators might seek out people who capitulate to that view."

K / Cs / Individual
P1 "Some personalities perhaps, lead to behaving in abusive way
don't have much empathy or awareness of the impact of what they are doing on the other person.
 unable to be flexible in their thinking, about how relationship could work so no equality idea of working
Themselves wanting something and if any resistance that is the way to get it,
denying other person any proper way of expressing themselves
getting what they want out of relationship. "
P2 "Personality,..."
P3 "personality type; need to control environment."
"Means that a person has to rely on own resources;   In terms of their resilience and their own mental health;a lack"
P4 "Apart from people who've got an innate difficulty with aggression and violence...."
P5 "Some people who are involved in a relationship where they are a victim of domestic violence seem to have had a number of relationships like that. So there is something there as well about being a victim or having, thinking that they are not worth something in a relationship that makes them a victim and really that's all they deserve, don't deserve better than that. I suppose you can say other side of coin perpetrators might seek out people who capitulate to that view."

K / Cs / Social / Cultural / Media
P1"I'm thinking of educational influence relevant here.
I'm not so sure I can separate it out from major areas of social and cultural power."
"A cultural, social elements to it and where brought up
Parents demonstrated DV and that's modelling for children"
P3 "There's an aspect of learnt behaviour isn't there "
"Models / community behaviour around them. Learnt behaviour. Norm in group relevant to them."
"Media plays a part"
P2 "This is a muslim area.   Fighting all the time against this; we've got cultural   difficulties.
Oppression of women reducing whilst oppression muslim women continues."
"We've talked about cultural influences haven't we? ... Ambiguity live in one culture and be from another culture."
"Lots of sex workers in all day.. I don't know what political term is, the red light area/district if you like.
and we saw a lot of abuse of Women and girls."
"...oppression of Men to Women-   men to women in household culture."

K / Cs / Substance misuse
P2 "...alcohol,..."
P3 "Alcohol/drug fuelled."

EF (effects) / Social
P1"... won't help relationships either."
P2 "Then one step further , and if they have to move out of the household then got all the social side of moving haven't you, but having to make peer groups so quickly."
P3 "...relationships in school,..."
P4 ". I think views understandings about relationships must be influenced by DV."

EF / Emotional and Behavioural
P1 A picture I have in my mind its the ongoing threat which has major impact
I think it would have quite a severe effect on them
Emotionally they would be quite badly affected by observing and hearing the fights.
General violence be very stress provoking.
I think leave them in a delicate, very fragile state
or looked after in terms of the emotional warmth in home and
I think alot of older children, secondary age kids perhaps, find it more difficult potentially to be a bystander without doing something to perhaps support their mum if it was father who was doing the abusive
So if they did do something about it they'd feel equally they were failures or not being adequately supportive of mum.

P2 Huge-   Children acting out   withdrawing.   You don't know effects because they don't always show them but manifest themselves in their adult lives and relationships
Role modelling isn't it if you're seeing   is the norm then that's what you'll act   what experience decreased self esteem
Personality and resilience

P3 "Becomes part of the information they know about adults. "
"Affects view of world . people / adult as safe."
"Parents may think PTSD won't occur if not seen" It can be as great as if they were the person it had happened to."
"It can be as great as if they were the person it had happened to."
"Certainly have the emotional effects"

P4 I've come across teenage boys who're protective of their mums and   because of violence in relationship and that leads to difficulties in schools, attendance. So that's older boys who don't want to be away from the victim . That's something I 've come across directly. And then there's to live in an atmosphere of fear. Could lead to, that must have profound psychological effects on children.
What's popped into my mind is Kids having to behave in 2 ways: one when the perpetrator is not in the home a better place, a safer place, a happier place and one when returns or is in the home. It must be a very different atmosphere, so kids must be living 2 lives and I wonder what that does. They're going to have to, well, they're not going to be themselves, for alot of the time.
But you knew about the families and some mums were in safe houses. Some families well known and mums would be open and would talk about it. Lads needed to be at home more than they needed to be at school for that reason.
Hunches they've had school phobia girls described as school phobic rather than non-attenders so I met entrenched school phobics, but not want to be away from mum or leave home .something to do with relationship mum and father something to do with
Kinda hunch so there might be something in responses of children that the girls, pragmatic one, not wanted to leave mum's side. Girls have wanted to stay at home. Boys go to EBD more than girls. May not be differences in terms of protection or for their own reassurance that out of sight what's happening to mum. Serious way. both want to be by mum
...and cause massive anxiety and might learn behaviour and from what they see.
P5 Well in a number of different ways I think, I think they can feel protective towards victims of Domestic abuse. I think they can, at times, learn the behaviour they witness, and that can be either ways really, be aggressive towards people or they can be victims of aggression
Sometimes get children don't you who don't really want to leave the home environment they worry about what might happen when they are not there. I could see that there might be other situations where children are not very keen to return to the home environment as they may be worried about what they find when they get back. That must be very confusing.

Ef / Cognition
P1 has a knock on effect with learning in school and we all know that the more stressed you are, less able you are to learn things and remember them and relate them to other things.
So their progress will be affected
All sorts of problems would come out in school with attendance and progress in school
P2 Education/life skills
P3 learning in school.
P4 I think kids who are immersed in an environment where there is DV must be so distracted from learning, in terms of priorities and things. Where are their minds going to be? some Kids escape kids can do that we know that kids who are bereaved they can cope and stuff. It's an ongoing thing. I would imagine a huge distraction going on
cause massive anxiety
that could explain 75% of our behavioural difficulties in schools.
Ef / Development
P1 Effects long lasting potentially affect their relationship later on.
P3 Because it affects them during the time of their development
P4 Influence on development

Ef/ Physiology
P1 Plus whatever the health effects.
There might be a lack of sleep or anything else that goes on as a result of violence and abuse.
Very often children not adequately fed or clothed properly

P3 is the effect on their whole well being, on their sleep patterns, their eating. physiological responses to stress,
P4 And what I thought about alot of those kids they had a 6th sense where could sum up person's safety in an instant.

Ef / Child abuse/Physical Violence
P3   violence directed to them physically

EXP (experience) / Formulation
P5 "I think it is important from your own hypothesis formation about what's going on with the children and what they are trying, to re-enact something or what purposes of behaviour might be."

Exp/ DV Not Considered
P4 "With these ones I'm going to hold my hands up and on my list of hypotheses it wasn't on there. Might be now .. it is, DV on table now. Didn't have slot on DV it was missing."

Exp/ Extreme Cases
P3 "I knew of a family that split and he was prosecuted.   in the notes described horrific abuse."
P4 "I've got a current case where child is presenting with significant difficulties. In yr 7, father incarcerated, up for parole. So everybody around table seeing child behaviour and aggression. Child resurgence of aggression link to release of father. Earlier EBD that child presented with in primary school. Before my time, an ultimate event that nearly killed his mother, he witnessed it. Police said, "in all my 30 years have not seen" . She defied medicine by surviving."

Exp/ Specialist Cases
P3 "With LAC at PRU. Records notes described abuse. I had role to complete statutory assessment., for EBD"
P4 "Have been some cases where known police involved. Known LAC and know where in and know alot more about domestic history and life story of children described in case files, described DV. Very small number of cases where mum's in safe house; clear because of that reason."

Exp/ General Casework
P2 "Speak to staff about issues in household. And other professionals, quite often we are told."
P3 "it's an issue that's mentioned by SENCOs to me.... But not expected to see on ROI or P/A, unless prosecuted or split up. ...I think they're quite happy to mention it, "oh you ought to know" as EP. and they will tell you face to face, that information."
 P5 "My experience of it is quite often through a parent telling me that's what they've experienced. It's rarely that parents that's what parents are experiencing now but it's quite often that's what they have experienced in the past."

Exp/ Multi -Agency Groups
P2 "(work with) EWO and Parenting Worker"
"We have social worker in team now...links in cases   "
"...school staff, voluntary third sector staff, medics..."

Exp/ Parenting / Family Work
P2 "Parents and teachers together   consultation.   Together,   set up targets, skills for children or family;   . It could be or it could be things we want children to develop or children and family to develop; translate into activities in schools.   So they're all on IEP."
"We also do one off home visits   or series of home visits to support parents."
"Support/ involvement for family"
 "We can get a few successes with parenting work, parenting group. We've started some Triple P parenting group. ...   One to one Triple P; parenting skills, behavioural, enhanced on both parents, feeling / emotion, impact together, thinking about CBT elements."
P5 "Might be also about signposting a parent if you suspect going on or if not come to terms in past and get support for themselves."

Exp/ DV Suspected / Hidden
P1 "I'm not saying it's not there in background somewhere but not out in open
But it's something that the people we're working with parents have clearly not wanted to talk about
It's been alluded to as a possibility but again other professionals in same position of not having any evidence or   ... and the family aren't actually saying this is a problem it's just people's feeling about what might be going on. "

P5 "Now I don't believe that I have never worked with anybody whose is currently experiencing domestic violence. But it's more difficult for people to be open about that in their current relationship, but unwilling."

Exp/ Covert knowledge of DV
P3 "it's an issue that's mentioned by SENCOs to me.
 Aura of secrecy and shame.   Incredibly reluctant to mention it. But not expected to see on ROI or P/A, unless prosecuted or split up."
"I think they're quite happy to mention it, "oh you ought to know"   as EP.   and they will tell you face to face "
"Difficult if situation on-going; not write on referral record. But wouldn't have written it   formally in record of information.   Verbally provided "

Exp / Work done   -
Work with school to support pupil with EBD
P4   "I've got a current case where child is presenting with significant difficulties. In yr 7 father incarcerated up for parole. So everybody around table seeing child behaviour and aggression. Child resurgence of aggression link to release of father. Earlier EBD that child presented with in primary school."
"Current case, senior staff very sympathetic."

Multi-Agency meetings with family
P2   "Support/ involvement for family ... Task for each member, pragmatic, then lead ... and then we reached the family as a group.   ... what can you do?

I.E.P. meeting
P2   "Parents and teachers together   consultation.   Together,   set up targets, skills for children or family;   . It could be or it could be things we want children to develop or children and family to develop; translate into activities in schools.   So they're all on IEP."

F (facilitators) / Support Teachers
P2   "Support schools   as pupil as client.   Emotional well- being of teacher ."
P3 "I'm thinking about supporting the adults who work with the children   pupils affected by DV."

F/ Refer pupils to other agencies
P2 "Might refer him to behaviour support or longer term support   or refer to SIPS or youth social inclusion pupil support. "

F/ Received Safeguarding Training
P3 "Level 2 training (Child Protection) does cover DV quite thoroughly."
P5 "Training within MA support team-domestic abuse-safeguarding."

F/ Received Training
P2 "We've been on awareness sessions seminars around Domestic Violence and how to support people,"

F/ Consider DV in Hypothesis
P3 "it's a potential issue, raise it as hypothesis"
P4 "DV could become one of main things on a checklist of what's behind."
P5 " It's part of the same assessment cycle isn't it really?"
"It's about (not knowing) if you suspect or if you hear that domestic violence is happening has been an issue, that's for parents. Acknowledge as part of role. Not putting it on one side and say that for parents, but acknowledged as part of the picture."

F/ Identification
P4 "we should be people who unearth DV by seeing end product."

If DV, behavioural responses in school; ought to be a time when can...must be a difference between a child who exposed and not exposed. Emotional differences. We ought to be people who see 'cos we see other kids. Range of norms we see- unusual to see 5 yr old kids punching; learnt behaviour from somewhere."
"If enough research that comes through; expertise in identifying"

F/ Preventative
P3 "I think we have a role in sense that we have a role to prevent any potential barrier to child's learning and well being. "
"Stop behaviour developing pattern"
P4 "is it role for EP or advising teacher schools on PHSE curriculum?"
" All vulnerable young children need to be empowered to spot DV. Understand it can creep up on you, especially other ones, emotional, financial. Spot signs of bad relationship. Direct role for EP to work with groups vulnerable to DV (all children but vulnerable)"
P5 "Some work goes on sometime in school about healthy relationships with young people, as a very early intervention strategies hoping to break the cycle of the violence in home going on to be a violent adult   so could be part of that."

F/ Multi –Agency
P1 "Well I think it's EP work is part of multi agency team."
"We have contacts with most community support services. "
"...so it's likely not to be just ourselves on that case anyway, not just school based issues, home issues"
"Seek to liaise with social services and police/ expect about situation"
"generally to tap into other professionals services and voluntary people [who might be available"
P4 "not riding alone on it, should be us thinking about little MAT; social workers, police, psychology /CAMHS."
"Multi agency plan   TAC. e.g. MARAC direct specialist role"
P5 "I kind of take that for granted work with other professionals, I think here because we do that anyway it's just part of the way our team set up.**"**

F/ Knowledge of Support for Parents
P1 But we have got victim support here in (town). Police operated support unit there and somewhere else
"we've got-you know- where women can go, move out of the house to a (refuge), to stay supposedly safe from the partner. If they need to do that there are places in (town name) where they can go and take the children with them."
P2 "...a local charity, support services. Women's groups and give to specific local groups. Do signposting to local groups   ...We know they've got   (refuge) have got,   they know about telephone lines and things. "
P3 "Look for an E.P. in the team with a special interest in domestic abuse"
"If I was in a position where there wasn't somebody like that then I would look to relevant community support, e.g. Family Centre. "
"Linked back into support from school; more effective. "
P4 "Signpost adults to local DV support group, see on flyers in health centre and schools to police. "
P5 "I think the first port of call would be (name) They run refuges they also have a counselling service as well. Could provide further information. If it wasn't them could point me in the right direction. The other one is an Asian Women's group as well, for the Asian community does work in the (refuge)."
F/ Access to E.P. Supervision and Support
P1 "but we probably just leave it to support to through normal EP procedures to address that problem."
"have service knowledge of how to deal with a variety of stressful situations."
P2 "Our normal supervision routes. There's nothing specific.   Peer supervison with teams and peer supervision with EPs."
P3 "Access to supervision within service; informal or formal basis; if needed support / advice - experienced EPs"
P4 "Minimum would be supervision arrangement, if needed can use those. Don't need to wait for next session. Someone on team has a special interest; would act as further support and professional advisor."

P5 "I think the main thing, if I was working with a case like that I would go two ways. One would be through the multi-agency support team that I am part of because there may be other members of the team who have more expertise than me, e.g. social worker, and the other way would be through my own professional supervision. Thinking about the direction of my work might be from a more psychological perspective."

F/ E.P. Knowledge
P3 "Awareness of issues relating to DV."
P5 "It's about understanding what the child is living with. What their home life might be like. Practical things like not getting enough sleep. That actually if they're irritable in the morning, might not be getting sleep at night."

F/ Intervention
P1 "put in place, variety of things, ... circle of friends, mentoring "
P2 "Do some working with the child, maybe therapy with child; We're all or part way or virtually all CBT accredited, solution, PCP, resilience."
P4 "Other support, counselling? dedicated services for children who Dv victim".
"Direct role CBT supporting "victims" what's terminology? How children have misunderstood relationships and behaviour of adults. Direct approaches Advising on behaviour difficulties"
P5 "I don't know ... whether providing counselling, advising a teacher how best to engage a child in school and to manage their behaviour."
"It's a positive in a way because but knowing that knowing you can intervene in one bit, can have a positive knock on effect in another bit it means that you can start in lots of different places doesn't it. You can start in lots of different places."
"Yes, I could see a role of direct therapeutic work with children. Depends on circumstance."

F/ Offer Training
P3 "I think the role is 2 fold is to use the training perhaps through safeguarding children in practice; *It's dissemination of information* really, it's a potential issue, *be prepared* to *offer* what *schools think they might need to know* about."
P4 "Enough info on child development to offer training to those people to understand and be sensitive behaviour."

F/ Information and Support for Schools
P1 "helping school to understand child's situation and make allowances for them to take pressure off, homework or whatever,
P2 "So remit to support others. A big part of our role is explaining the issues to others ... alot of awareness raising, issues awareness raising. Finding out what the issues are, see links, exploring why happening? E.g. if child kicking off."
P3 "I'm thinking about supporting the adults who work with the children pupils affected by DV."
P4 "If we can describe route of challenging behaviours on cause, what's driving behaviours. Explain reason for it, get more sympathy."
P5 "Our unique role if you like is understanding and helping other's understand what's going on for children, about what's going on at home and trying to make things better in any way we can"
"Sometimes your job is about helping a teacher to understand where a child is coming from isn't it. It's about you having the full picture and interpreting that for somebody else. Empathy for the child. Knowing when they need to be a bit more lenient and know when they can to set boundaries, fuller picture."

Barrier / Unclear or minimal Role
P1 "Well, it's sort of thing nothing to do with us in a sense unless you can relate it more directly to the child and the child problems they're having.
P2 "We're not front line workers with it are we? Any thing else under the umbrella; others out there. ... There are others out there that are better suited, other workers."
P3 Clear on role ; no more than signpost. E.g. If a parent mentioned that in a meeting
 Linked back into support from school; more effective.
P4 "Not felt I've been the first professional to know, not come across a case."
P5 "I suppose here it might fall under someone else's umbrella a bit more."

"Here I tend to think it may be seen as more fall more under the umbrella of MAST, Social Worker or parent support advisor more part of their role. "

B/ Multi-Agency setting- lack of clarity of role
P1 "Depend on how many other people involved, don't want too many people involved; part of same multi agency approach to ensure no duplication."
P2 "We're not front line workers with it are we? Any thing else under the umbrella; others out there. ... There are others out there that are better suited, other workers."
There are courses out there that we can access if we want to but we don't really go further than the awareness raising. Because not direct worker and have social care and they'd be doing enough of that. We'll probably struggle to justify ."
P5 "I suppose here it might fall under someone else's umbrella a bit more."
"Here I tend to think it may be seen as more fall more under the umbrella of MAST, Social Worker or parent support advisor more part of their role. "

B/ Lack of Subject Knowledge / No Training Received
P1 "None, (training) not seen much around training advertised for that sort of thing. So hard to go on courses for that sort of thing
P2 "There are courses out there that we can access if we want to but we don't really go further than the awareness raising. Because not direct worker and have social care and they'd be doing enough of that. We'll probably struggle to justify .
P4 "I've done no research and had no training on DV."
"Waiting for research to be definitive. Research needed and waiting for, is likely to lead to this effect and displayed through these behaviours"

B/ Hypothesis Not Considered
P4 "With these ones I'm going to hold my hands up and on my list of hypotheses it wasn't on there. Might be now .. it is, DV on table now. Didn't have slot on DV it was missing."

B/ Time/Resources
P1 "wouldn't want to be introducing that as an issue unless I knew I was going to stick with case for the long term really.   ...   That's hard to do really. We could be opening up quite a big bag of worms and then just disappearing from the case which wouldn't feel right.
P3 "I would always err on the side of caution; not unable to carry through; other work with boundaries."
P5 "They have in there enhanced module and part of that looks at conflict between parents. From point of view and how that interferes with ways those parents are able to managing their children's behaviour. Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship.   ...There's also included parents with mental health difficulties, e.g. high end depression/anxiety, so parents experience and helping them deal with that in managing their children's behaviour.Just having time to do it.

B/ Wary of intervention with Parents
P5 "I've just done Triple P parenting course. ... They have in there enhanced module and part of that looks at conflict between parents. From point of view and how that interferes with ways those parents are able to managing their children's behaviour. Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship. "

B/ Preventative- no role
P1 "Not sure how easy that would be because if it was between adults. Don't really have an easy role there as don't really involve ourselves with the adults until the children are raised as the children we need to deal with by the school.   By that point it's been happening, I suspect, for some time usually."
P2 "Probably should have more of a role but I have to say   I don't do much in the way of preventative work. We've been on courses to clue us up a bit more on signs but again that's not preventative, is it?"

B/ Parents Lack of Engagement

P1 "This is the problem. Finding out what they needed and whether they'd be accepting of having some one else being involved. "

"So that's the problem getting the mum to accept that there'd be something positive that could happen by accepting support and wouldn't necessarily lead to situation worsening if partner found out about it. "

"They've (the police) offered support for DV people who they work with but it's not taken up or. Therefore a very difficult situation to try and support"

" We do Triple P parenting, but I don't know how that might be, but certainly parents buy into that aspect of parental support through Triple P. Then there's, so lots of discussion of strategies helping parents to reduce the amount of friction between them but don't deal directly with that just some of the strategies they use. So certainly. But again that would be something again depends on how keen families would be to try out ideas and see how they work. That would be a major hurdle "

B/ EP reluctance to become involved

P1 "wouldn't want to be introducing that (DV) as an issue unless I knew I was going to stick with case for the long term really. ... That's hard to do really. We could be opening up quite a big bag of worms and then just disappearing from the case which wouldn't feel right.

P3 "I would always err on the side of caution; not unable to carry through; other work with boundaries."

P5 "I've just done Triple P parenting course. ... They have in there enhanced module and part of that looks at conflict between parents. From point of view and how that interferes with ways those parents are able to managing their children's behaviour. Children of parents in conflict more likely to have behavioural difficulties in child but also working together will help them manage behavioural difficulties better. I suppose that's kind of early intervention. But I would be wary of getting into relationship. "

B/ Same as any Other Issue

P2 "It's something that we come across, that we're always going to come across aren't we. Comes into other discussions that we have.

We're always going to discuss be involved with. We're having   We're not always specially talking about that issue."

P3 "Potential barrier to children's learning and psychological well-being. Therefore different at different times. DV ; put alongside range of other (issues?), e.g. sex abuse. "

P5 "I don't really see it as different from other issues that come across with children. It's part of the same assessment cycle isn't it really."

B/ DV hidden /suspected

P1 "I'm not saying it's not there in background somewhere but not out in open Although professionals might have had their theories or doubts about it

But it's something that the people we're working with parents have clearly not wanted to talk about It's been alluded to as a possibility but again other professionals in same position of not having any evidence or   ...   and the family aren't actually saying this is a problem it's just people's feeling about what might be going on. "

I think it's quite a frustrating area. You might suspect there's domestic violence but there's nothing you can do to pursue that suspicion.

So it is very hard when you suspect that something is going on but you can't make any progress and it's the same when you talk to other professionals already involved in the case. So it is an ongoing frustration. You want to try to open out that there's an area of discussion

P3 "it's an issue that's mentioned by SENCOs to me.

 Aura of secrecy and shame.   Incredibly reluctant to mention it."

How to stop and cure it; alcohol/drug fuelled, behind closed doors late at night.

P5 "Now I don't believe that I have never worked with anybody whose is currently experiencing domestic violence. But it's more difficult for people to be open about that in their current relationship, but unwilling."

Even if they don't say it is still happening at home you have your suspicions that that may be to case.
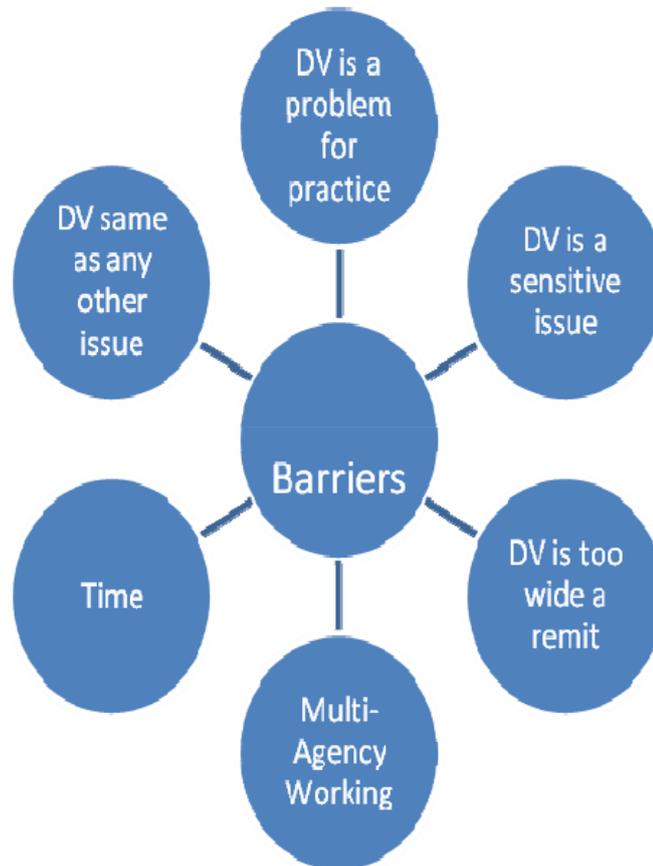
Appendix 10
Thematic Map 1
DV Knowledge
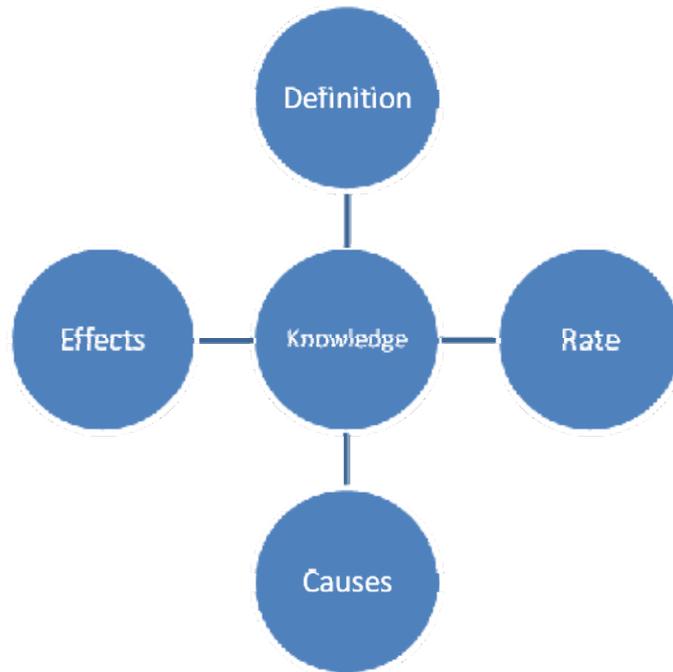
Appendix 11
Thematic Map 2
Experience of DV in Work
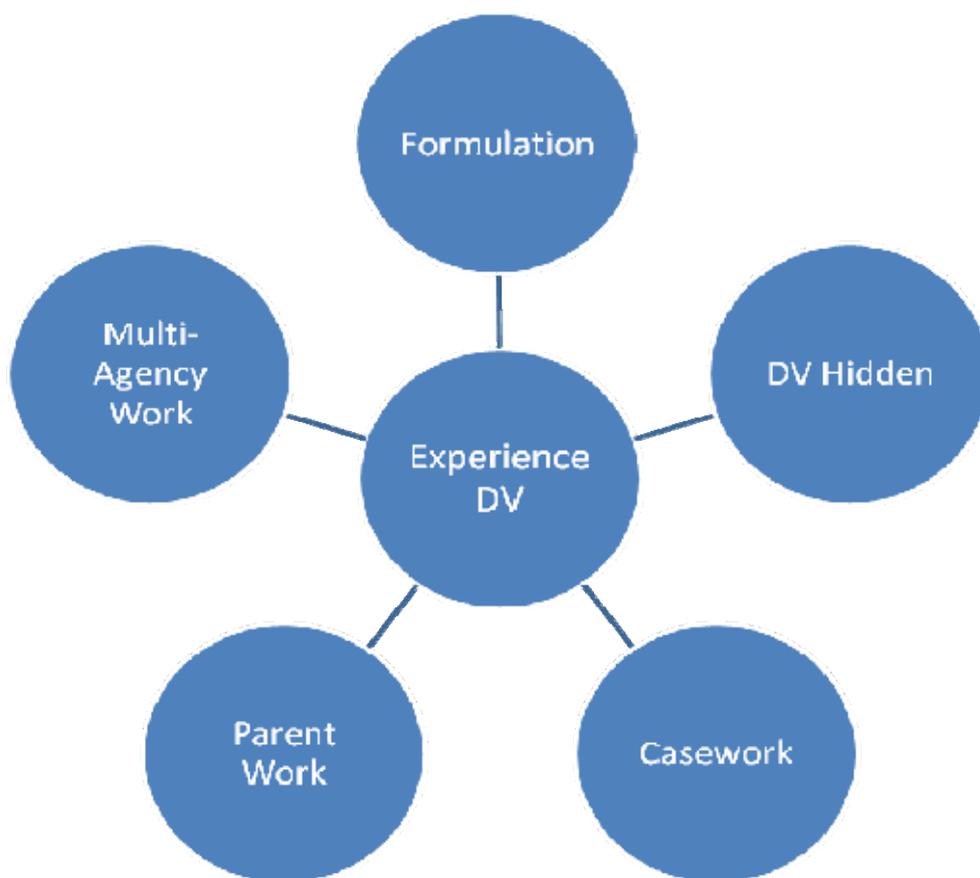
Appendix 12
Thematic Map 3
Facilitators to EP Practice

Appendix 14

Literature Review Public Domain Briefing

Domestic Violence: A Review of Psychological Theories, Its Effects on Children and Professionals' Understanding

Context

DV has risen up the political agenda due to the costs to society. DV places a significant economic burden on the criminal justice system, health and social care services (Department of Health 2005). DV has a significant impact on the lives of children and young people. Several key pieces of legislation and statutory guidance exist to protect all children. The Adoption and Children Act (2002) defines a child who lives with or witnesses DV as being at risk of significant harm. The Children Act (2004) and Every Child Matters (2003) provide a basis for the development of effective services to meet the needs of children and young people and offers a focus on early intervention and improved multi-agency working to protect and safeguard children.

There is now a developing awareness of the role of schools and education in combating DV. The Cross-Government Strategy, Together we can end Violence Against Women and Girls (VAWG) aims to offer support across the three key areas of prevention, provision and protection. The Department for Children, Schools and Families (DCSF) VAWG Advisory Group key role is to provide advice on how schools can most effectively tackle the issue.

The failure to conceptualise DV without explicit reference to its effects on children and child abuse has lead to difficulties. Furthermore, the role of education in addressing child welfare as well as child protection needs has not been explored.

Definitions

It is important to define DV in order to develop successful prevention and intervention programmes. The existence of different terms is misleading and a hindrance to the development of successful strategies. DV comprises a broad range of abusive, threatening or violent behaviours (Mullender 2004). It has been defined as:

> "... any incident of threatening behaviour, violence or abuse between adults who are or have been in a relationship together or between family members, regardless of gender or sexuality. The violence may include physical, sexual, emotional and financial abuse."
> www.homeoffice.gov.uk (2007)

Theories

Theories about the causes of DV derive from a number of different perspectives.
Individual theories locate the analysis of causal factors at the intrapersonal level. The role of development is considered by Ehrensaft (2008) who posits that early family experiences may result in adjustment difficulties across the lifespan. Maurico and Gormley (2001) found a relationship between adult attachment style and frequency of violence. Stith et al's (2004) meta-analytic review examined 85 studies to identify risk factors associated with intimate partner violence. A large effect size was found for the risk factor "having attitudes condoning violence" and was a strong correlate of being physically abusive.

An interpersonal account of domestic violence locates causal factors within family dynamics and interaction characterised by ineffective communication and conflict resolution. Social learning theory is used to account for the inter-generational transmission of violence. Children are exposed to a negative model of conflict resolution. However, Johnson and Ferraro (2000) argue that evidence is limited of inexorable generational transmissions of violence as the majority of child witnesses to violence in the studies they examined did not become perpetrators.

Within the socio-structural perspective the role of social and cultural factors on domestic violence is outlined. Feminist theories of male violence against women reveal how patriarchal attitudes and societal institutions have perpetuated gender inequality. However, ecological models offer a better account of the complexity of the issue of domestic violence. Heise (1998) notes this approach acknowledges violence as an interplay between personal, situational and socio-cultural factors.

Effects on Children

Children who live with domestic violence are at an increased risk of suffering abuse themselves. Children who live with DV are at an increased risk of suffering abuse themselves with men who are abusing their partners more likely to abuse their children (Holt et al.2008, Carlson 2000). Edleson's (1999) review suggests the overlap between DV and child abuse to be between 30% and 60%.

They are also affected by the quality of the relationship they experience with their parents. Parenting capacity has been identified as a mediating factor. It is noted that children's perceptions of parental support moderate the impact of living with DV (Humphreys 2006, Knutson 2009). Mullender (2006) found that children reported the importance of their mothers to help them cope both whilst living with the violence and after. Parental capacity and skills have an impact on how children cope with and understand their experiences with a resultant impact on children's development.

Family violence occurs as a process not a singular event so violent events build on previous episodes and are thus embedded in a web of family relationships (Williams 2003). The effect on a child's development is the result of a complex interaction between the individual child and environmental influences. Domestic violence has a range of effects on children: emotional, social, behavioural, physical and cognitive.
The differential impact varies according to the developmental stage of the child. Gerhardt (2004) describes how DV disrupts babies' attachment relationships. Problems of emotional regulation between parent and child may be revealed as an insecure attachment, with the infant experiencing anxiety or fear.

Toddlers and pre-schoolers face increasing developmental challenges. Developmental limitations mean that the child may seek alternate ways to express themselves. McGee (1997) reported that young CEDV may manifest their distress in a variety of ways. Thus, some children may respond with aggression and externalising behaviours, others may react emotionally and may be clingy and demanding.

School age children 's reaction to DV exposure, through externalising or internalising behaviour and relationships at school may be affected . They may display proviolent attitudes and believe aggression is an acceptable way to manage conflict (Osofsky 2003). Children's cognitions and attributions may be affected. Carlson (2000) suggests the affects on cognitive and verbal ability may impact on school performance. Adolescents may also be affected. Edleson (1999) reports a significant association between childhood victimisation and exposure and use of violence by adolescents.

Moderating and mediating factors have been explored. Wolfe et al (2003) conclude that age is not a moderator as no significant difference in effects was found with age. Gender has also been proposed as a moderating variable. However, a number of meta-analytic studies have found that gender does not have consistent support as a moderating factor.

Professionals' Understanding of DV
Educational psychologists work with children and parents and focus on promoting psychological well being in schools: yet within the literature the topic of DV and its effects on children is almost completely absent. Furthermore, within the field of education the topic has received scant attention.

A number of studies have examined the ways in which professionals from health and social care understand and perceive DV. These studies have focused on identifying and or responding to adult victims.
Studies of health professionals have found a lack of awareness of the prevalence of DV; many participants reporting it to be rare in their caseload (Peckover, 2003; Mckie et al 2002; Frost, 1999).

Professionals had a range of definitions for DV. Many professionals were found to have a poor understanding of the nature and dynamics of DV relationships. Some studies have considered the barriers health professionals may face when screening patients for DV. Professionals' self-efficacy was identified as a limitation to screening practice, as was lack of knowledge of referral resources and procedures (Tower, 2006; Gadamski, 2001).

Qualitative Studies

Mildorf (2003) examined doctors' knowledge of DV using narrative analysis and found GPs' knowledge of DV included cultural myths and stereotypes and revealed DV was not high on their agenda. This, it is suggested, may lead to lack of awareness and neglect of DV within the general practice setting.

Byrne and Taylor (2007) explored the perspectives of education welfare officers, social workers and teachers of children at risk from DV, using a semi-structured interview and thematic analysis. Participants agreed that DV affects all levels of children's development and may affect educational attainment and life chances. However, with the exception of social workers, most professionals would not ask directly about DV. A lack of attention to DV issues was identified in the education sector together with a lack of inter-agency initiatives to address the issue of DV.

Quantitative Studies

Sugg et al (1999) explored the knowledge, attitudes and beliefs of a primary health care provider team towards the identification and management of DV cases. Perceived self-efficacy was a key issue for providers. Institutional support was also a concern. The researchers conclude providers' attitudes and beliefs have implications for the identification and management of DV.

Conclusion

There has been a lack of research on the role of educational psychologists within DV work. A literature search failed to discover any papers which addressed educational psychologists' understandings or perceptions of DV.

Appendix 15 Empirical Research Public Domain Briefing

An Investigation into how Educational Psychologists' Conceptualise Domestic Violence

Summary

This report aims to summarise the literature the methodology and the main findings from research into an investigation of how educational psychologists' conceptualise domestic violence.

1. Background

There is an increasing awareness of the impact of domestic violence (DV) on children's psychological well-being. The BPS (2007) have defined children exposed to DV (CEDV) as suffering from abuse. There is a recognition that DV places a significant economic burden on the criminal justice system, health and social care services. A cross-government Strategy, Together we can end Violence Against Women and Girls (VAWG) has recently been launched. Although the role that education can play has previously been neglected, there is now a growing interest in the role of schools in combating DV. However, the contribution educational psychologists (EPs) can make to this debate has been neglected.

2. Literature Review Summary

Children's exposure to domestic violence affects their development and psychological well-being. The role of education in supporting children exposed to domestic violence and in combating domestic violence has generally been neglected. The definition of domestic violence is acknowledged to be problematic. Theories of domestic violence derive from a number of different perspectives. Individual theories locate the analysis of causal factors at the intrapersonal level. The role of development, attachment relationship and cognitive style is recognised   An interpersonal account of domestic violence locates causal factors within family dynamics and interaction characterised by ineffective communication and conflict resolution. The socio-structural perspective includes the role of social and cultural factors on domestic violence. Feminist theories of male violence against women reveal how patriarchal attitudes and societal institutions have perpetuated gender inequality. However, ecological models offer a better account of the complexity of the issue of domestic violence. There are a range of effects of domestic violence on children. Children who live with domestic violence are at an increased risk of suffering abuse themselves. They are also affected by the quality of the relationship they experience with their parents. Domestic violence has a range of effects on children: emotional, social, behavioural, physical and cognitive which manifest differently according to the developmental stage of the child. Studies examining moderating and mediating factors are inconclusive .
Professionals' have a range of understanding of domestic violence. Educational psychologists work with children and parents and focus on promoting psychological well being in schools: yet the topic of domestic violence and its effects on children has received scant attention. Studies have found that other professionals have a lack of awareness of the prevalence, the nature and the dynamics of abusive relationships and face barriers in their work with people exposed to domestic violence.

3. Research Questions and Method

The aim of the research is to explore how educational psychologists (EPs) conceptualise domestic violence (DV).
The research questions were as follows:
1) What are EPs conceptualisations of domestic violence?
2) What do EPs see as their role in school and settings with regards to domestic violence?
3) What do EPs see as their role in working with children and families who have been exposed to domestic violence?
Participants were qualified educational psychologists who worked in two urban local authorities Each Educational Psychology Service (EPS) was approached and asked to participate in the research Five participants volunteered to take part; three female and two male. They had been qualified as EPs for between 4 and 15 years.
The method of data collection that was chosen was a semi-structured interview.   The interview provided an opportunity to understand EPs conceptualisations of DV and offered the flexibility to explore EPs own individual experiences and views. This method allowed the interviewer to modify the order of questions or rephrase the questions in the light of what the respondent has

previously said. Additionally, the interviewer can also take the opportunity to clarify any answers or probe more deeply the respondent's replies.

Interviews were audio-recorded with the participant's permission in order to ensure completeness of data. Written notes were also made. Data transcripts were analysed using the method of thematic analysis (Braun and Clarke 2006).

4. Results

Following the thematic analysis of the interviews, the comments made by EPs were grouped into the main themes and sub-themes.

Theme1. Knowledge of DV

Participants displayed a range of knowledge and understanding of DV

Sub-themes: definition, causes, rate, effects

Theme 2. Experience of DV in EP Practice

Participants outlined their experience of DV in their practice as an EP

Sub-themes: casework, multi-agency work, parent work, formulation, DV hidden.

Theme 3 Facilitators for EP Practice

A number of sub-themes were identified which act as facilitating factors for EP practice in relation to DV.

Sub-themes: support, training, formulation, identification, prevention, intervention, multi-agency.

Theme 4 Barriers to EP Practice

A number of sub-themes were identified which act as barriers to EP practice in relation to DV

Sub-themes: multi-agency work, time, DV same as any other issue, DV is too wide a remit for EP practice, DV is a sensitive issue, DV is a problem for EP practice.

5. Conclusions

This research has explored how EPs conceptualise DV. Based on this small sample the EPs demonstrated a range of understandings of DV. There was a tendency to not recognise the full definition of DV and to underestimate its prevalence. There was a breadth of understanding of causes of DV although minimal consideration was afforded to structural explanations and interactive factors were neglected. There was a detailed understanding of the impact of DV on children. However, there was a failure to conceptualise CEDV as child abuse, despite the BPS (2007) definition. Similarly there was not a recognition of the links between DV and child abuse. EPs had had some experience of DV in their practice but generally did not consider it in case formulations.

In considering the potential role of the EP, facilitators to practice were identified. EPs highlighted offering support to children, schools and parents. This was interpreted as suggesting that EPs appear to have a perceived self-efficacy around DV. Additionally, some institutional factors exist that support EP practice, i.e. supervision and access to other professionals. However, EPs did not report significant involvement in DV work in their actual practice and work experience.

Consideration of EP working in relation to DV has revealed areas of tension which result in challenges to EP practice. There are concerns about safe working and confidentiality and professional sensitivities around DV. These factors indicate that DV does require a different approach to working practice. A lack of acknowledgement of this leads to tension in practice. The lack of clarity of the EP role, particularly in multi-agency working, provides a challenge to working with DV. Further, it is argued that some of the inherent difficulties to EP practice occur due to the hidden nature of children within DV as CEDV have been marginalised and minimised within the dominant DV discourse.