



# **Listening to children: Children's stories of domestic violence**



Waterford Institute of Technology

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# Listening to children: Children's stories of domestic violence

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**Fergus Hogan and Máire O'Reilly**

*October 2007*

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**The Centre for Social and Family Research** was established at Waterford Institute of Technology in 2003. It brings together the teaching and research strengths of members of staff from Applied Social Studies and Law, and is coordinated by Fergus Hogan and Máire O'Reilly. It is a practice-minded research centre, committed to the pursuit of social care and social justice, which seeks to develop collaborative research projects within the South-East region, as well as at national and international levels.



# Executive Summary

This research was commissioned by the Office of the Minister for Children with the overall aim of increasing our understanding of children's experiences of living with domestic violence. The central focus of the research was to gather original narrative accounts from children who have lived with domestic violence, exploring (a) their experiences of the violence itself and (b) the types of services they found most helpful.

A key objective of the study was to broaden our understanding of how best to engage children in this type of research. Particular attention is paid to the process of recruiting, engaging and interviewing vulnerable children, and this study provides a unique perspective in this regard.

The aims of the research were to identify:

- the impact on children of witnessing domestic violence;
- the nature, scope and adequacy of domestic violence services for children.

## Research process

This research has provided a forum for children to tell their stories about domestic violence and provides considerable detail on how children can be successfully engaged in research. Children's capacity to reflect on their experiences was evidenced in this study. Accessing and utilising such reflections requires very careful consideration. Ethical issues were always to the forefront of this research, to the extent that key methodological decisions were made solely on ethical grounds. Notwithstanding these ethical concerns, the importance of understanding children's experiences, often of traumatic situations, from the perspective of the child cannot be overestimated. The importance of including children in research as active subjects rather than passive objects is now recognised. The challenge for social researchers is to explore children's private experiences and present them for public debate using non-intrusive and safe methods.

## Methods

Methodologically, our study employed qualitative in-depth interviews with a purposive sample of key professionals (n = 22), mothers (n = 19) and children (n = 22). Interviewees were sampled through women's refuges and community support services after a careful process of negotiation with gatekeepers. The sample of children includes 13 females and 9 males, ranging in age from 5-21 years. These 22 children were members of 15 households: 10 of the children had either recently stayed in a refuge or were currently in a refuge at the time of the research interview; 11 children were accessed through community support services; and one child was accessed through a residential unit.

The sample reflects three distinct (if small) subgroups of children:

- 7 of the children were aged between 5 and 11 years (3 female, 4 male);
- 12 of the children were aged between 12 and 17 years (8 female, 4 male);
- 3 of the 'children' were young adults aged between 18 and 21 years (2 female, 1 male), who reflected on their childhood lives growing up with domestic violence.

Interviews lasted between 60 and 120 minutes. All of the interviews were recorded and transcribed, and all names and identifying information have been changed to ensure anonymity.

Some of the key findings in this study are based on our experience of the process of interviewing children, sometimes in very distressing and out-of-home contexts, such as living in a refuge or trying to keep secret a new home address. However, we believe that both the process of carrying out the interviews with the children and the stories they shared with us make an important contribution to the developing literature and policy frameworks related to children who live with domestic violence.

## Key findings

The findings show some very strong correlations between how children, mothers and professionals assessed the adequacy of the service responses. The prevalence of key themes across all categories of interviewee (children, mothers and professionals) strongly highlights the inadequacies of services.

The key finding of this report is that child-centred services for child victims of domestic violence are minimal and difficult to access. Outside of refuge-based child care services, few child-centred services are available to protect children and address the impacts on them of domestic violence. Our overall recommendation is for a greater recognition by the professional system of the huge adversities experienced by child victims of domestic violence and an increase in community-based child-centred supports to respond to their needs.

### Interviewing children about domestic violence

- Our experience of interviewing children showed that they are capable and willing to share a coherent and congruent narrative on their experiences of living with domestic violence, the impact it had on their lives and what they thought of the services they received in response.
- Informed consent was obtained from all children, as well as their mothers, after careful explanation of the research aims, process and outcomes.
- In some cases where the mothers' consent to interview their children was obtained, the children themselves declined to be interviewed. No effort was made to persuade them to participate.
- Many children indicated that the research interview was their first opportunity to tell of or discuss their experiences of domestic violence with anybody other than their mothers and/or siblings. Many of the children reported that the interview had helped to ease the burden in their minds.

### Children's experiences of domestic violence

- The young children we met in refuges all spoke of missing their fathers. Even where the children clearly understood that he was violent and that they could not live together, they asked to see their fathers. Many of these children's mothers also spoke of their belief that such access with their fathers was important for the children.
- Teenagers (unlike the younger children) did not speak of missing their fathers or wanting access visits arranged. In these interviews, the teenagers had either grown tired of their father and his violence, or organised whatever visits and meetings they wanted with him themselves.
- Some of the teenagers spoke of their experience of living with a 'control freak', a man who tried to control everything they did. Such domestic violence was in the order of threats and derogatory talk about women.
- Many teenagers spoke of years of witnessing and overhearing the man's violence. For some, overhearing the violence was an enormous stress, given that they could only imagine what was happening to their mother.
- Some children told us how they had also been assaulted as part of the violence, either as a tactic used by the man to further control their mother or when they actively tried to intervene to protect their mother.

- A number of the children explained in detail how mobile phones were used to send threatening and abusive messages to them about what their father was going to do to their mother. Such tactics resulted in the teenager actually returning home, at great risk, to try to avert the violence.
- Mothers also identified the use of mobile phone to threaten children's safety.
- We interviewed two children from one family whose mother was the perpetrator of the domestic violence. Their narratives of living in fear and shame, with feelings of guilt and responsibility for the violence, mirrored the dynamics expressed by all of the children.
- Children identified the negative impact of domestic violence on their relationships with their fathers and mothers.
- The crisis and chaos in children's lives as a direct result of the violence were also identified. Unplanned pregnancy, drug and alcohol abuse, behavioural problems, physical health problems, dropping-out of school — all were attributed to the domestic violence.

### **Adequacy of child-centred services**

- Children and mothers appreciated refuge accommodation and support services.
- The crisis and often short-term nature of refuge services was identified as a key barrier to working effectively with children in addressing the impacts of domestic violence.
- Children, mothers and some professionals spoke out against the general rule that teenage boys may not stay with their mothers and siblings in a refuge. There is an immediate need to open refuges to teenage boys who are at risk of violence or consequent homelessness.
- Children, mothers and refuge staff spoke about the limited play facilities in some refuges. The playrooms were not always open because of poor staff ratios. When available, play facilities were praised by the children and their mothers.
- Children, mothers and refuge staff spoke about the lack of community-based services and/or community care social work response when families came into and left a refuge.
- The children recognised and appreciated practical assistance received, such as when a community welfare officer had helped them find and pay for private rented accommodation.
- Not all women or children (certainly not teenagers) wanted a refuge-based service. Many of those we spoke with explained their preference for community-based local supports, such as drop-in centres, where they could get support and advice, as well as the time to think through their situation and make the decisions that might be necessary.
- Children, mothers and professionals were remarkably similar in their assessment of social work intervention. We uncovered little evidence of social workers engaging in risk assessments of children living with violent men. The very few children who did have a social worker had little good to say of them.
- We identified several cases where children are known to live in extremely violent households, with little evidence of protecting them from further domestic violence.
- Waiting lists for therapeutic services, such as child psychology and counselling, are unacceptable.
- A dearth in community-based support services was identified by all interviewees.
- For most of the children interviewed, their greatest supports — practical and emotional — came from their siblings and then from their mothers.



# **1 INTRODUCTION**

This research was commissioned by the Office of the Minister for Children (OMC) in order to develop our understanding of childhood experiences of domestic violence and to assess the adequacy of child-centred domestic violence services. The research offers an in-depth exploration of children's experiences of domestic violence and domestic violence services in Ireland. In doing so, the voices of children themselves were considered paramount in elucidating the complexities of domestic violence as it pertains to them.

Despite the growing awareness of the impact of domestic violence on children (McGee, 2000; Hester *et al*, 2000; Edelson, 1999) and an increasing recognition of the need to understand children's experiences directly from themselves (Mullender *et al*, 2002), research on domestic violence in Ireland has until relatively recently focused exclusively on the adults involved. Irish research has highlighted the extent of domestic violence in intimate relationships (Bradley *et al*, 2002; Watson and Parsons, 2005) and has focused on the narrative accounts of what professionals and/or mothers have to say about its effect on children (O'Connor and Wilson, 2004). Such research has been important in the development of policy and practice in relation to child and family services, and these perspectives are also included in this study. However, children have been afforded little opportunity to articulate *their* experiences of domestic violence. A recent study by Buckley *et al* (2006) has begun to address this deficit by including what children themselves had to say about living with domestic violence and domestic violence services.

A key objective of this study is to broaden our understanding of how best to engage children in this type of research. Particular attention is paid to the process of recruiting, engaging and interviewing vulnerable children, and this study provides a unique perspective in this regard. We sought to privilege children's voices by directly interviewing them about the violence they lived with, the fraught and volatile relationships between significant adults in their lives, the consequences for them of witnessing domestic violence and the types of services they found to be most helpful.

The inclusion of children in research, notably as subjects rather than objects, underpins recent developments in children's rights with a recognition of children as people. The United Nations Convention on the Rights of the Child (1989), the National Children's Strategy (2000), together with the establishment of the Office of the Minister for Children (2005) and the Children's Ombudsman (2004), have all underpinned this endeavour to give children a voice in their own right. This movement towards including children's voices in policy and legal provision has created a new demand to have ways of accessing children's narratives.

As evidenced in the following chapters, the manner of engaging, listening with and giving voice to children's views is somewhat challenging and loaded with ethical concerns. Some of the key findings in this study are based on our experience of the process of interviewing children, sometimes in very distressing and out-of-home contexts, such as living in a refuge or trying to keep secret a new home address. However, we believe that both the process of carrying out the interviews with the children and the stories they shared with us make an important contribution to the developing literature and policy frameworks related to children who live with domestic violence.

## Aims of the research

The aims of the research were to identify:

- the impact on children of witnessing domestic violence;
- the nature, scope and adequacy of domestic violence services for children.

Adequately responding to the needs of children who witness domestic violence presents a complex set of questions:

- What is the impact on children of witnessing domestic violence?
- What are the subsequent service needs?
- What exactly are services responding to?
- Does service provision reflect a child-centred ethos?
- How best can services engage with and provide support to children who witness domestic violence?

The central focus of this research is to address these questions through the use of qualitative research methods. Particular attention is paid to exploring domestic violence with the children themselves. In addition, rather than studying children's views in isolation, the views of their mothers and the professionals they engage with were also sought. Given that research has shown that children's emotional recovery is linked to the healing and empowerment of their mothers (Bancroft and Silverman, 2002), mothers' views on the necessity and adequacy of child-centred services were established. The views of professionals who work with victims of domestic violence were also considered important in elucidating child-centred domestic violence services. Fathers as victims of domestic violence were not included in this study; further work is required to examine how services respond to fathers and children where women are the perpetrators of violence.

## Witnessing domestic violence

For the purposes of this research, we sought to include children who had seen, heard or were a direct victim of domestic violence themselves. Defining precisely what is understood by 'witnessing domestic violence' is an important challenge for those providing services to children and researchers investigating service responses. Witnessing domestic violence *suggests* that a child may not be a physical victim of the violence; it also *suggests* that the child is actually present when the violent incident or behaviour occurs (Hester *et al*, 2000). However, Hester *et al* (2000) argue that children can witness domestic violence in many other ways that extend beyond being physically present. Children may, for example, overhear the violent incident or may become aware of it through witnessing its aftermath. Similarly, Jaffe *et al* (1990) conclude that witnessing domestic violence can include direct observation of the violence and indirect awareness of the violence through overhearing the behaviour or witnessing the physical and/or emotional manifestations of the violence in the form of injuries, fear and intimidation. McGee (2000) found that the vast majority of children in her study directly witnessed their mother being slapped, punched, kicked and hit with objects, often on a regular basis. This is similar to the findings of the study by Abrahams (1994) where children witnessed similar acts. McGee also found that a significant number of children overheard violent behaviours and witnessed the physical aftermath of the abuse; she concludes that it is important to acknowledge that the negative impact on children is not just a result of extreme forms of physical violence. In fact, a number of children felt that hearing the violence was more distressing than actually seeing it, in terms of feelings of powerlessness.

This study includes a sample of children who reported directly seeing violent incidents, listening to the violence and witnessing its aftermath in terms of physical injuries and the emotional fallout. A number of children themselves were direct targets of the domestic violence.

## Researching children's narratives of domestic violence

We sought access to children who were known to have lived with domestic violence and who were also known to a domestic violence agency. We negotiated access to the children in this study through a two-fold process. Firstly, we met with key professionals in the field, refuge workers and community-based service providers to discuss the research, interview them and seek access to mothers who had used their service. In the second phase of the process of negotiating access to children, we met with and interviewed mothers and asked their permission to interview their children. This was a time-consuming process, but one that has shown itself to be both methodologically and ethically sound given the sensitive nature of the research. Interviewing children, giving them the space, time and power to speak for themselves about their own lives, was a central concern in this study. Finding children with a range of ages (5-21 years), across a national geographical spread and through a range of types of service providers, was time-consuming, but ultimately worthwhile. In total, in-depth interviews were conducted with 22 children (representing 15 households), 19 mothers and 22 professionals. The findings are presented according to each perspective.

## Structure of report

The report is presented in seven chapters. *Chapter 2* outlines the background to the research and the methodology. Considerable attention is paid to the process of negotiating access to women and children who have been victims of domestic violence. As the findings show, ethical considerations and gatekeepers' concerns about the potential impact of the research on participants ultimately dictated our overall sample. *Chapter 3* presents the research findings on what mothers had to say about the nature of domestic violence their children had witnessed and its impact on them. *Chapter 4* focuses on the children's narratives surrounding the types of experience they actually had of witnessing domestic violence and the impact this violence had on their lives. *Chapter 5* outlines what the children had to say about the services they did, or did not, receive in response to the domestic violence. *Chapter 6* outlines the findings regarding assessments by mothers and professionals of child-centred services. Finally, *Chapter 7* presents the key findings and recommendations on child-centred service provision gained from this study.



# **2 TOWARDS UNDERSTANDING CHILDREN'S EXPERIENCES OF DOMESTIC VIOLENCE**

An understanding of the current literature on the impact of domestic violence on children is an important foundation for policy and service development. How children experience and react to domestic violence needs to be properly understood by service providers in order to respond appropriately. This chapter provides an overview of children and domestic violence. Specifically, it examines the impact on children of witnessing domestic violence and explores the link between domestic violence and child abuse. In doing so, the aims and objectives of this study are framed within the context of what is known about children and domestic violence. The research methodology and sampling framework are also outlined. As mentioned in Chapter 1, a gap exists in the current research on children's experiences of domestic violence and it concerns what children actually say about the violence themselves — the process of interviewing vulnerable children, the methods of doing so and the challenges involved. This chapter also includes a discussion on how best to engage children in this type of research.

## Extent of domestic violence

The extent of domestic violence within the Irish population has been highlighted in several studies. The Women's Aid study *Making the Links* was the first national prevalence study (Kelleher *et al*, 1995). It found that 18% of women had been subjected to at least one form of violence at some time in their lives by a current or former partner. The forms of violence reported were mental cruelty (13%), actual physical violence (10%), threatened physical violence (9%), sexual violence (4%) and property damage (2%). A recent Rotunda Maternity Hospital study found that 12.5% of women experienced partner abuse in pregnancy (O'Donnell, 2000).

Further indications of domestic violence are applications through the courts for protection. In 2004, 3,210 applications were made to the courts for barring orders (Court Service Annual Report, 2005). In addition, reported incidents of domestic violence (as outlined in An Garda Síochána Annual Crime Statistics) and calls to the Women's Aid Helpline offer a further indication of the extent of the problem. Garda figures indicate that in 2004 the Gardaí responded to 5,459 domestic violence incidents; 1,104 people were charged and 538 convictions were achieved (Garda Síochána, 2004). In 2005, 25,843 calls were made to the Women's Aid Helpline (Women's Aid, 2006).

The most recent Irish study, by Watson and Parsons (2005), found that about 1 in 7 Irish women and 1 in 16 Irish men have experienced severe abuse, providing further evidence of the extent of domestic violence. The survey suggests that in the region of 213,000 women and 88,000 men in Ireland have been severely abused by a partner at some point in their lives. The report makes no direct comment on children or their experiences of living with violence. However, it does show that: 'Those who ever had children face over three times the odds of severe abuse compared to those without children. This pattern was found for both men and women and is unrelated to the age of the children or to the number of children. The greater vulnerability associated with parenthood could be due to a number of factors, including the stresses of parenthood or the greater difficulty in leaving a relationship when there are children involved' (Watson and Parsons, 2005, p. 24).

While these reports and various statistics offer an indication of the extent of domestic violence in Irish families, the number of children affected by domestic violence is unknown. Statistics on domestic violence as it pertains to children, in terms of the nature and extent of the problem, are not produced. Hence it is impossible to state definitively how many children live with domestic violence. Despite the lack of available data, given the increasing evidence of the extent and nature of domestic violence, we can assume that a considerable number of Irish children live with a range of violent behaviour in their homes.

## Impact of domestic violence on children

The impact on children of witnessing domestic violence is well documented in the literature; however, research exploring the impact as identified by children themselves is relatively sparse. The inclusion of children in such research is clearly necessary since discrepancies exist between

children's accounts of living with domestic violence and those of their parents and professionals (McGee, 2000). Mullender *et al* (2002) warn of the danger of adults making assumptions about what children have been exposed to and their subsequent needs; they found, for example, that mothers typically were unaware of what their children had seen or heard. Similarly, Edelson (1999) argues that parental assessments of the impact of domestic violence on children often underestimate the effects, with parents believing that they have shielded their children from the violence.

Research has found that witnessing domestic violence can have a detrimental impact on children (Saunders *et al*, 1995; Abrahams, 1994; Jaffe *et al*, 1990). Early work on children and domestic violence (Evanson, 1982) found that 72% of mothers who were victims of domestic violence felt that their children had experienced negative emotional impacts because of the violence.

Notwithstanding how children witness domestic violence, the literature identifies a range of impacts on children who live in a violent household. The literature also notes that there is no uniform response to living with domestic violence and children react in many different ways (Hester *et al*, 2000). Edelson (1995), in a review of 84 domestic violence studies, highlights the association between domestic violence and a series of childhood problems, and concludes that 'child witnesses of domestic violence exhibit a host of behavioural and emotional problems when compared to other children'.

In the study by Hester *et al* (2000), *Making an Impact*, the authors provide an extensive analysis of the wide-ranging effects on children of witnessing domestic violence. These can be summarised as physical injuries (bruising and broken bones); physical manifestations of emotional problems (self-harm, bed-wetting, weight loss); behavioural problems (aggression and introversion); emotional problems (fear, insecurity, low self-esteem); and social problems (social isolation, poor social skills). McGee (2000) identified the following effects on children: fear, sadness, anger, powerlessness, health problems, educational difficulties, and impact on relationships with abusing parent, non-abusing parent, siblings and peers. The most common impact identified *by children themselves* was the fear and intimidation they felt on an almost daily basis, resulting in behavioural problems and aggressiveness. Fear also manifested itself, with children 'developing a nervous twitch, sleep-walking, stuttering and becoming clumsy' (McGee, 2000, p. 71). In the study by Mullender *et al* (2002), children spoke about their sense of loss around losing their home, friends, pets and contact with extended family and community, resulting in feelings of resentment, anger and sadness. Buckley *et al* (2006) also highlight the feelings of regret, shame and stigma felt by child victims of domestic violence.

In the context of reviewing services for women, a small number of Irish studies (Kelleher *et al*, 2001; O'Connor and Wilson, 2004) have explored the impact of domestic violence on children as identified by their mothers and child care professionals. According to mothers, children experience ongoing negative impacts as a result of witnessing and experiencing domestic violence. These impacts, according to O'Connor and Wilson (2004, p. 58), include 'becoming withdrawn and silent, acting out aggressive behaviour, being clingy and frightened, being depressed and in some cases trying to overcompensate by always being good and taking on responsibility beyond their years'. In the study by Buckley *et al* (2006), service providers identified physical manifestations of domestic violence on young children, such as sleeping difficulties, feeding problems, failure to thrive and behavioural problems. Among the impacts on teenage children were non-attendance at school, inappropriate sexual relationships and young men mimicking the behaviour of their violent fathers. Young people themselves identified the increased responsibility for the well-being of their mother and/or siblings and the consequent impact on 'normal' childhood.

While the insights of mothers and professionals of the impact of domestic violence on children are extremely valuable, this current study explores *children's own experiences* of domestic violence. Children were asked to voice their feelings about living with domestic violence and how it had impacted on them. Standardised methods of identifying and measuring the impact on children were

not employed, given (i) the wealth of existing data elsewhere and (ii) the short-term nature of this study. Weinhall (1997), in identifying the impact on children, interviewed 15 young people over a 4-year period, adopting a longitudinal approach. What we offer is a 'snapshot' exploration of the impact on children as identified by the children themselves.

What is clear from the literature is that domestic violence harms children in a variety of ways. The risk to children of direct physical abuse is apparent, as is the emotional impact that often manifests itself in behavioural, psychological and social problems. Kolby *et al* (1996) conclude that 'two decades of empirical research indicate that children who witness domestic violence are at increased risk of maladaptation'.

## Domestic violence and child protection

The Report of the Task Force on Violence against Women (Department of the Tánaiste, 1997) and *Children First: National Guidelines for the Protection and Welfare of Children* (Department of Health and Children, 1999) refer, albeit briefly, to the emotional implications for children of exposure to domestic violence. The nature of this emotional abuse is not defined, but is premised on the emotional fallout of witnessing violence between adults. The Report of the Task Force on Violence against Women (1997, p. 30) recognised that children are 'victims of domestic violence' and notes that the negative effects on children of witnessing or overhearing violence are similar to the symptoms experienced by children who are themselves abused.

The link between domestic violence and child abuse has been explored in several studies. Child protection research has provided insights into children who are abused and living in the context of domestic violence. Edelson (1999), in reviewing American studies, indicated that in 32% - 53% of families where women are victims of domestic violence, the children too were subjected to direct physical abuse (O'Connor and Wilson, 2004, p. 12). Hester *et al* (2000) also highlight the link between domestic violence and child protection, citing evidence from several studies. Farmer and Owen (1995) discovered that in 3 out of 5 cases where children were physically or emotionally abused or suffering from neglect, their mothers were also victims of domestic violence. Similarly, Gibbons *et al* (1995) found that in 27% of child protection referrals, domestic violence was also recorded in case files.

Within an Irish context, Ferguson and O'Reilly (2001) provide evidence of the prevalence of domestic violence in child protection work. In 7% of 286 cases referred to social work teams, domestic violence was the main reason for the referral. In a further 19% of cases, domestic violence was also cited as a child protection concern; this increased to 32% upon investigation (Ferguson and O'Reilly, 2001). Humphreys (1999) argues that the link between domestic violence and child abuse, either in the form of direct physical abuse of children or emotional abuse through witnessing violence, is now well established.

Despite the overwhelming evidence pointing to the relationship between domestic violence and child abuse, research has shown that professionals can minimise the risk to children of domestic violence (Farmer and Owen, 1995). According to Mullender *et al* (2002), despite widespread recognition of the adverse effects on children, mainstream services fail to respond appropriately. This is compounded by the marginal position domestic violence holds within formal child protection work and the varying professional assessment of the risks posed to children in domestic violence cases (Ferguson and O'Reilly, 2001).

The relationship between domestic violence and child protection must be taken into account in any assessment of the impact of domestic violence on children. Professionals need to grapple with what exactly is going on — Is the child emotionally abused as a result of witnessing violence? Is the child physically abused as a result of direct violence? — raising the question of should the responses of services differ and if so how? As our findings show, professionals rarely directly interviewed the children in our sample (according to mothers and children), accepting parents' accounts of the domestic violence. Hence professional assessment of the physical risks to children, as well as the emotional ones, are not informed by directly interviewing children.

## Policy and practice background to domestic violence and children

A Government Task Force on Violence against Women was established in 1996. It adopted the definition of domestic violence as 'the use of physical or emotional force or threat of force, including sexual violence, in close adult relationships' (Department of the Tánaiste, 1997, p. 27). Children's exposure to domestic violence received limited attention. Following the publication of this report, the National Steering Committee on Violence against Women was established to provide a cohesive response to violence against women, though again, limited attention was paid to child-centred responses. The legislation of most direct relevance to domestic violence in Ireland is the Domestic Violence Act, 1996 and the Domestic Violence (Amendment) Act, 2002. These Acts make provision for the protection, safety and welfare of spouses and other persons in domestic relationships where there is violence or the threat of it exists.

Policy and legislative developments have increased the level of accountability of those responsible for the welfare of children. The role of the State in child welfare and protection has been clearly specified through the full implementation in 1996 of the Child Care Act, 1991 (Ferguson and O'Reilly, 2001). The Child Care Act placed a duty on the then Health Boards to 'take such steps as it considers requisite to identify children who are not receiving adequate care and protection and co-ordinate information from all relevant sources relating to children in its area'. Research has shown (Buckley *et al*, 1997; Ferguson and O'Reilly, 2001), however, that despite the child welfare focus of the Child Care Act, services charged with promoting the welfare of children have focused their work narrowly into a child protection framework. The report by Ferguson and O'Reilly (2001), *Keeping Children Safe*, highlighted the fact that cases drawn into the child protection net receive the bulk of services, while children in need and suffering a range of adversities impacting on their welfare, including domestic violence, receive little or no service.

The past decade has seen considerable expansion and development in the range and quality of child and family services in Ireland (Department of Health and Children *et al*, 2004). However, domestic violence services for children are linked to services for their mothers, with children interfacing with a range of services responding to violence against women. Refuge provision for women and children is the main immediate response (O'Connor and Wilson, 2004). There are currently 18 refuges in Ireland, with an overall capacity for 111 women and 353 children (Morton, 2004); at any one time, more than half the residents in refuges are children, raising the obvious need to examine how refuges engage with children.

In addition to refuge-based supports, statutory and voluntary community-based supports provide services to children who live with domestic violence. Services that are delivered under the rubric of the Child Care Act, such as child protection and family support services, are obliged to respond to children in danger of not receiving adequate care and attention. How children interface with these services, in terms of connecting with a range of agencies, needs to be examined.

## Methodology

The aims of this study required a methodology that allowed us draw on the experiences of a strategically designed sample of children, mothers and key professionals. A qualitative approach was adopted through the use of in-depth interviews, which provided rich contextualised data on domestic violence and domestic violence services as they relate to children. Given the sensitivity of the subject area, other qualitative methods such as focus groups were considered potentially limiting. According to Greene and Hill (2005), individual contacts with children are generally preferable for the exploration of personal issues because children may be reluctant to discuss such issues in a group setting. In-depth interviews, with their unstructured mode of enquiry (Bryman, 2001), allowed research participants to identify the key issues involved and drive the research process in a safe and comfortable research atmosphere. Interviews adopted a 'conversational' style, where women and children were invited to 'tell us your story'.

## Sampling strategy

The sampling framework utilised purposive sampling, which is designed to enhance understandings of selected individuals', or groups' experience(s), or for developing theories and concepts. Researchers seek to accomplish this goal by selecting 'information-rich' cases, i.e. individuals, groups, organisations or behaviours that provide the greatest insight into the research question (Devers and Frankel, 2000, p. 264). Thus, the first phase of our recruitment was to purposefully target children, through their mothers, via the professionals working with victims of domestic violence.

In the first instance, we contacted members of the National Network of Women's Refuges and Support Services (NNWRSS). The NNWRSS is an organisation representing refuges and support services working in the area of domestic violence against women and their children in Ireland (Morton, 2004). All refuge members ( $n = 18$ ) of the NNWRSS were invited to participate in the study. Of the 15 refuges that agreed to participate, 5 expressed concerns about inviting children to take part in this kind of research, while the remaining 10 indicated that they were willing to act as gatekeepers to women and children. A total of 8 refuges were sampled for inclusion and represented a geographical spread in terms of their location. Refuges with both dedicated child care staff and those with no specific child care services were included. Individual refuges are not identified in this report in order to protect the identity of participants.

Before we met with children, we first had to meet with the sampled refuges and discuss our research in detail with them. We then went through a process of interviewing mothers who were willing to participate and asking them if we could interview their children. This was both a necessary and time-consuming way into children's lives and, as we reveal below, not particularly fruitful in ultimately gaining access to children. In effect, negotiating two stages of gatekeepers in this way doubled the possibility of being refused access to children.

In the first instance, professionals differed in who they judged as being suitable mothers to refer to us. Some believed that women and children currently living in a refuge were 'too vulnerable' to be interviewed for research. Other professionals felt that it was unethical to contact women and children who had left the refuge, either because they had returned to live with the violent man or because the professionals wanted to allow the women and children to bring some 'closure' to their experience. The complexity of ethical concerns resulted in a gatekeeper-filtering process, which ultimately dictated the overall sample profile. Willingness to act as a gatekeeper did not always result in active recruitment.

A significant number of children, predominantly older teenagers, actively declined to meet with us. For example, one young woman who initially agreed to be interviewed changed her mind; she explained to us that on further reflection 'while she was currently doing alright in her life, opening up the story of her childhood of domestic violence with a researcher the day before she was leaving home to go back to college would not be the most sensible thing for her to do'. Another example was a 15-year-old boy who simply refused to come down from his bedroom to talk with us on the night we visited his home. On that occasion, we interviewed his mother and his 14-year-old sister, who, while somewhat unsure about doing the interview, did not refuse us and spoke with us in detail for over an hour and a half.

The second phase of our recruitment process focused on negotiating access with a number of strategically chosen community-based services and professionals, working in the area of family support and domestic violence. This strategy was more successful in helping us to meet with and interview older children, teenagers and, in particular, teenage boys who, because of their age (being over 13), had been refused access to 'women and children' refuges. Three community-based support services were selected in order to ascertain child-centred supports in non-refuge-based settings. Finally, we contacted community care professionals, in the fields of social work and child psychology, to identify how they respond to children who have lived with domestic violence.



Even when interviews were secured, the process of gathering data from women and children — in terms of obtaining informed consent and successfully conducting interviews — proved challenging. We experienced difficulties with successfully interviewing some of the children who appeared to ‘hold back’ within the interview. However, these methodological issues reflect the difficulties with engaging children in research, in terms of recruitment and successfully conducting interviews, and raise issues such as how best to allay children’s fears about participation. These findings in relation to recruiting children in such research are of huge interest in terms of how best to include children’s voices. In a similar study, Mullender *et al* (2002) revealed that the complexity of negotiating access in terms of navigating the layers of consent, from gatekeeper to mother to the child, had proved enormously time-consuming. The authors also noted that the majority of children resident in refuges during the time of the study were too young to be interviewed. Teenage children do not constitute a significant proportion of the refuge population (Hester *et al*, 2000): only 15% of 2,271 children in refuges were aged 11-17 years (Hague *et al*, 1996). We experienced similar obstacles in that many of the women we interviewed were mothers of babies and very young children. Such women were interviewed since their experiences around support for young children are important when assessing service responses, in terms of supporting the mother to support her children.

## The sample

All interviews with mothers and children were conducted at a venue of their choice, in either a refuge service, community agency or the family home. Regardless of the venue, all gatekeepers agreed to make themselves available to participants following the research interview. Although our sample was in effect selected by gatekeepers, as a random sampling procedure was considered both unnecessary and inappropriate, we are confident that our findings are not biased given the candid responses by participants in relation to particular services.

### Sample of children

The sample of children consisted of 22 children, made up of 13 females and 9 males, ranging in age from 5-21 years. These 22 children were members of 15 households: 10 of the children had either recently stayed in a refuge or were currently in a refuge at the time of the research interview; 11 children were accessed through community support services; and one child was accessed through a residential unit.

The sample reflects three distinct (if small) subgroups of children:

- 7 of the children were aged between 5 and 11 years (3 female, 4 male);
- 12 of the children were aged between 12 and 17 years (8 female, 4 male);
- 3 of the ‘children’ were young adults aged between 18 and 21 years (2 female, 1 male), who reflected on their childhood lives growing up with domestic violence.

Mothers of the children were interviewed in all but two cases. Interviews with children and young people explored their views and feelings about their experiences, any services they had encountered, services they found to be the most helpful, coping mechanisms and recommendations for service provision. It is important to emphasise that interviews were conducted in a way that allowed children to discuss, in as much or as little detail as they wished, their experiences of living with domestic violence (*see ‘Ethical issues’ below*).

### Sample of mothers

The sample of mothers consisted of 19 women ranging from 20 to 50 years of age, from both urban and rural backgrounds, across the social class spectrum, Traveller and settled women, mothers of very young children (0-4 years), mothers of children aged 5-11 and 12-17, mothers who had used refuge services (n = 11) and mothers who had come into contact with community-based services (n = 8).

Interviews with mothers focused on:

- the nature and extent of the domestic violence that led them to seek support from a particular agency;
- perceptions of the impact of domestic violence on their children;
- service responses to their children;
- adequacy of such responses;
- recommendations for service provision.

The women were mothers of 53 children, 11 of whom were under 4 and thus deemed too young for interview. Hence, we had a potential sample of 42 children, 22 of whom were interviewed. Of the 20 children who were not interviewed, 3 were living with the abusive parent; the remaining 17 children either refused outright, initially agreed but withdrew from the study, or were not recruited at the request of their mother.

### Sample of professionals

The professionals interviewed were drawn from a variety of agencies. The sample included professionals working in refuge services, supported housing services and community support services. In total, 22 professionals were interviewed (3 by telephone). Table 1 gives a breakdown of the sample.

Table 1: Sample of professionals

Professional discipline	Number of interviewees
Child care workers	7
Refuge managers	4
Community care social workers	3
Community support workers	3
Child psychologist	1
Refuge support workers	2
Play therapist	1
Child counsellor	1

Interviews with professionals followed a systematic interview schedule, which addressed the following main areas:

- overview of services;
- nature and scope of child-centred services;
- outcomes for children;
- professional assessment of the impact of domestic violence on children;
- risks posed to children as a result of living with domestic violence;
- inter-agency work;
- limitations to services;
- recommendations for child-centred service provision.

While three social workers were interviewed, it is important to note that the social workers, Gardaí and barristers whom some of the children in this study were critical of were not included in the professional sample.

### Ethical issues

Sound ethical practice governing the inclusion of children in non-medical research has received very little attention until recently (Greene and Hill, 2005). Given the nature of this study, ethical considerations were paramount. The study was granted ethical approval from the Ethics Committee of the Waterford Institute of Technology.



Hill (2005), drawing on the work of Alderson (1995), raises the ethical issues relating to children as research subjects. These may be summarised as follows:

- involvement of children in research;
- consent and choice;
- possible harm and distress;
- privacy and confidentiality.

We were extremely careful to practise 'process consent', whereby children can, and indeed did, exercise their right to withdraw from the study at any stage. Mothers and children were reminded as the interview progressed of their choices around what they were comfortable discussing. As outlined by Morrow and Richards (1996), ethical issues were considered at all stages of the research. As Hill (2005, p. 65) puts it, 'they are not simply a preliminary stage or hurdle to be got out the way at the beginning'. Mothers and children were informed that they could terminate the interview at any stage, should only talk about issues they felt comfortable with, and should ask the researcher to 'move on' if any particular questions were uncomfortable.

## Obtaining informed consent

Perhaps one of the most challenging ethical concerns is obtaining children's informed consent. This raised questions such as:

- Do children really understand the aims of the research?
- Do they feel able to refuse?
- At what age can children make informed decisions?

Hill (2005) points out that some researchers (although few) have rehearsed with children how they can say 'no'. In this study, preliminary discussions with children provided a space within which children could say 'no'. In terms of the age at which a child can make an informed decision to participate in research, Weithorn and Sherer (1994) suggest that younger children will need very careful explanations of the research process; however, 'it is wrong to assume that younger children are incompetent to assent'. Hill (2005) argues that for consent to be valid, it must be 'appropriately informed' and suggests that children should be informed of the following:

- the aim of the research;
- the time commitment involved;
- who will have access to results;
- whether the researchers will provide feedback;
- whether confidentiality will be guaranteed.

We carefully explained to children the aims of the research and who was commissioning it and why. We also explained that the research would be placed in the public domain and that the interview would be taped and typed by someone other than the researcher. Assurance was given that only the researchers and the typist would have access to the transcripts; however, we did clearly inform children that what they told us would be put into a report.

Children sought, and were provided with, a great deal of reassurance on the outcome of the research. Some children expressed concerns that they would be recognisable. All children were informed that their names and all other identifying information would be changed to ensure anonymity.

In summary, ethical concerns drove the research process in relation to recruitment and engagement with children in terms of the content and duration of interview. Interviews were dictated by children's willingness to talk. While the desirability of giving children money as a 'thank you' for participating in research is debatable, where concerns centre on the danger of inducing children's participation, we made a small payment after the interview as a token of thanks, hence it did not affect their decision to participate.

## Researching children's experiences in contexts of childhood and development

As mentioned earlier, Irish social policy and legal systems have become concerned with children's rights in recent years, most notably children's rights to be recognised as people. This recognition of the rights of children has resulted in a growing awareness of the importance of giving a voice to children on matters affecting them. However, the manner of engaging, listening with and making sense of children's views is somewhat challenging. In their recent collection of essays, *Researching children's experience: Approaches and Methods*, Greene and Hogan (2005) offer a substantial contribution to the theoretical debates, ethical issues and practice implications of researching children's experiences.

As one looks from an historical perspective at the vast amount of empirical research conducted on and with children in the social sciences field, it is evident that the predominant emphasis has been on children as the *objects* of research rather than children as the subjects; on child-related *outcomes* rather than child-related processes; and on child *variables* rather than children as people (Greene and Hill, 2005).

While the study of 'the child' has traditionally been the domain of psychology, sociology has over the past two decades rediscovered childhood. Thus, a central struggle in researching children's experiences has been between developmental psychologists, on the one hand, who tend to favour an objectivist exploration of age-related child development, and sociologists of 'childhood', on the other, who claim to recognise children as competent subjects, actors as it were, in their own lives and environments (Hogan, 1998 and 2005).

While conscious of these debates in researching children's experiences, we attempted within this study to allow space for both a recognition of and a sensitivity to a child's age-related development. We were extremely concerned not to treat children as being less than adults in any way, or as Greene and Hill (2005) put it, 'people in the making rather than as competent and complete social actors'. We were also concerned not to patronise them in any way by speaking as if we saw them as, to quote Hallden (1991), 'unfinished products rather than complete works'. Hence our primary focus has always been to privilege the child's narrative of self as central to this study's findings and recommendations.

This research is thus framed with a vision of children — even those who have, as in this study, experienced violent and fractured childhoods — as being competent subjects in a social world, rather than deficit objects to be randomly abused and manipulated. Notwithstanding this attitudinal disposition towards children, as researchers we struggled about how we could engage children of different ages, gender, social class, etc. and how we might make sense of and present their stories.

## Chaos and crisis of living in a refuge

As already mentioned, a number of the refuges we approached, while enthusiastic about the nature of this research project, declined to facilitate access to women and children currently living in the refuge. They believed that the context of living in a refuge was such that families were already too vulnerable and were there to secure immediate safety. A number of other refuges did, however, facilitate such access for us, in negotiation with the women currently living in the refuge. But as we were to learn, gaining access to women and children living in a refuge was not in and of itself going to simply allow us to carry out a standard research interview.

Our direct experience of trying to meet with and interview women and their children living in a refuge offered a very clear picture of just how chaotic and crisis-driven their lives are, as a direct result of the domestic violence suffered and their attempts to separate from it and to protect their children and themselves.<sup>1</sup>

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<sup>1</sup> In this research we have been conscious, as Kelly (1996) has warned, not to mix up the effects of the violence with the effects of living in a refuge. We have specifically asked each of the children to talk with us about their experience of living with domestic violence, as well as their experience of living in a refuge. However, we do believe that having to live in a refuge is a direct effect of living with domestic violence for some children.

Our first real experience of family life in a refuge was when we were shown around a number of the refuges we were working with. In general, the rules were similar: women and children were admitted if there was adequate space; boys over the age of 13 were not admitted (with very few exceptions); women who turned up drunk or on drugs were not admitted; and keeping their rooms clean and tidy was the responsibility of the families themselves. Some of the refuges had children's play rooms, although all of them were equipped to varying degrees with age-appropriate toys and games; however, very few were open and available to children all of the time.

Our second direct experience was of just how difficult it is to do anything more than 'hold' (meaning to keep safe and nurture) the women and children in the refuge as they tried to grapple with the chaos and crisis in their lives. For example, it was difficult to even find the time or private space to interview the mothers in the refuge, given the cramped and understaffed nature of the services. We are immensely grateful to the refuge workers who cared for the young children while we interviewed their mothers, although our interviews with women were constantly interrupted by children running in and out to 'keep an eye' on them.

The transient nature of families' time in a refuge became immediately obvious to us when, early on in the research, we travelled 180 miles to a refuge to interview a mother and her four children, only to realise on arrival that she and the children had left the refuge that very morning. In terms of learning lessons for researching such transient populations, we quickly realised that we needed to become much more flexible in fitting in with the women and children's lives, rather than simply trying to schedule interviews to suit our own diaries. We developed some close communication with a number of refuges that were willing to contact us at very short notice to set up interviews, with the result that we met a number of women and their children the day before they were due to leave a refuge.

However, notwithstanding all of the above, we did secure a number of important interviews with some relatively young children. Through the refuges, we interviewed seven children between the ages of 5 and 11. And while these interviews in themselves presented us with some key challenges in engaging with the children about such a sensitive topic, their narratives make clear that even very young children are aware of domestic violence and can offer insights on the services they received.

## Difficulties and dilemmas in interviewing young children

Through meeting with and interviewing young children in the age group 5-11, we feel confident that we have learned something about the process of engaging with them on such a sensitive topic and about the need to establish rapport and trust with them. We came to the interview prepared with drawing materials and often found that talking with a child as they drew a picture 'about living in the refuge' or 'about when they lived with their dad' was a very constructive way of engaging them, especially the younger ones. Given that we were recording the interviews in order to transcribe them, some of the children responded particularly well to 'speaking into the microphone'. While there are many good references and workbooks related to direct work with children, Carr (1997) in particular offers some very useful suggestions on combining playful techniques while conducting a narrative interview with young children.

Specifically, however, once we had established rapport with the children, we were challenged to develop a practice of asking them about their experience of domestic violence. This research echoes previous work, which found that children can talk about domestic violence and that they do want to be heard and believed (Jaffe *et al*, 1990; McGee, 2000). As Hester *et al* (2000, p. 137) reiterate: *'It is important that domestic violence issues are discussed and acknowledged if children are to make sense of their experiences and gain the appropriate support ... [in order to do this] ... practitioners need to ask the "right" questions, to show a sympathetic attitude and to be patient if the child is to feel that they are able to disclose any information.'*

In the beginning, we reflected on our own feelings and sense of resistance to ask direct questions to these children about their experiences of domestic violence – how, as Humphreys (1999) warns, we might in effect 'co-construct avoidance'. A strong recommendation from the literature on

working with children who have lived with domestic violence is to specifically name the issue and speak in very direct language with children about the violence, given that children, too, may for various reasons try to avoid making public the fact of the violence. Silvern *et al* (1995), in their psychotherapy work with children, recommend the role of 'straight talking' with children who have lived with domestic violence; as they state: *'It is necessary to ask specific questions and to draw explicit conclusions about the traumatic event. Directness is necessary to provide cognitive structure, to interrupt avoidance about the details of the trauma ... and to explore and reframe beliefs about guilt, helplessness.'*

To give an example of this 'straight talking' approach, Sean was 7 when we interviewed him, together with his 4-year-old brother, Tom. (We interviewed a number of sibling groups together for various reasons and with various results, discussed below.) Sean did most of the talking for his brother and himself, and came across as a shy gentle boy who quite openly spoke with us about how his parents had separated 15 months previously. He missed his dad, but saw him every second weekend for an overnight access visit. As a way into the story of Sean and Tom's experience of witnessing domestic violence, we rather tentatively asked:

*Why do you think your mam and dad separated?*

They were fighting a lot.

*Were they?*

Yes, but dad used to throw things. He threw a cup and it smashed.

*When did that happen?*

Day time.

*And did you see it or did you hear it?*

We heard it, we were in [livingroom] watching TV. They were in the kitchen.

*Did your little brother know it was going on?*

Yeah, he just stared at the TV.

*What was it like for you?*

It made me sad, like.

*Did you ever tell anyone?*

No.

*And when you get sad, what happens to you? How do you know you are getting sad? Did you ever get a pain?*

No.

*Did you cry?*

Yes.

## Systemic interviews with siblings

Interviewing sibling groups together like this allowed us to generate systemic sibling conversations, drawing in particular on the ideas and techniques initially presented by the Milan School of Family Therapy in its classic paper *Hypothesising, Circularity and Neutrality: Three guidelines for the conductor of the session* (Selvini Palazzoli *et al*, 1980). Among the ideas for engaging with families, the Milan team developed a means of generating information from families or groups in what they referred to as a systemic manner.

One useful example for this research was circular questioning, such as 'Who do you think was most worried about the violence in your family? Who was next most worried? Who was least worried?' Such questioning allows for the generation of systemic information, even if the various other family members are not available for interview. We used this interview technique to some extent in cases such as the one where a teenage boy would not meet with us, but his teenage sister did.

During that interview, when she spoke of her experience of her step-father's violence towards her mother, we asked her 'What do you think your brother would have to say about that if he were to speak with us? Do you think he would agree with what you have told us? Do you think it affected him any differently to you? What makes you think that?'

Another systemic technique we used regularly, specifically where we met with some very young children, is known as *triangulation*. Here, we would ask one sibling to comment directly on what they thought another might say, then we would ask if the sibling being spoken about either agreed or disagreed with the comment. In a tactical way, this technique allows for (even very young) siblings to talk together about what they remember of the domestic violence rather than have to face a direct interview with 'a stranger' (i.e. the researcher).

One simple example of how this type of triangular conversation can be used to bring someone into a conversation is shown in the interview with a brother and sister, Frank (aged 8) and Mary (aged 7). For the first 40 minutes of the interview, Mary had actively refused to answer any question put directly to her; she had also playfully distracted Frank at every opportunity until the conversation became somewhat more emotional:

Interviewer: *How do you feel?*

Frank: Sad.

Interviewer: *Did you know Frank was sad?*

Mary: Yes.

Interviewer: *How did you know?*

Mary: He told me.

Interviewer: *Were you sad too?*

Mary: Yes.

Notwithstanding the obvious benefits of hosting such sibling interviews, the context also exemplified the challenge of actually engaging children in the interview itself. At times, as in the example above, the siblings seemed to 'gang up' on the interviewer and distract from the 'seriousness' of the interview: Frank and Mary (*above*), for example, used the first half hour of the interview to make a recording of themselves singing their favourite Christmas songs. Another 5-year-old boy had a very nuanced 10-minute conversation about the value of therapy in children's lives based, as it turned out, not on his own direct experience of any therapy but from watching American TV shows. All of which, once again, supports the key recommendations of being both patient and listening actively when working with children, as well as not being afraid to ask some very direct questions to them about the subject in hand.

## Accessing teenagers' and young adults' narratives

Given the population profile of women and children who use the refuges, and the timing and context of people's lives when they actually reside in a refuge, we purposely targeted other community-based service providers in order to gain access to (a) older (teenage) children and (b) children (and mothers) who may not have used refuge services. In accessing teenage children through such community support services, we simply asked service providers to introduce us to teenagers they had come into contact with and with whom they had done some form of professional work around the issue of domestic violence. This led to our meeting with 12 teenage children, aged 12-17. We also interviewed a further 3 young adults who were between the ages of 18 and 21 at the time of the interview but who had had recent experience of growing up witnessing domestic violence. Of these 15 interviewees (10 female, 5 male), only 3 (all females) had ever used a refuge as a place to stay.

We purposively chose to seek out and include this small number of young adults ( $n = 3$ ) who could reflect on their childhoods of abuse. They were accessed via word of mouth and snowballing techniques. We have chosen to include their accounts as a means of exemplifying some of the key

dynamics evident throughout many of the children's narratives. Also, given the time and space reflected upon within these young adults' narratives of domestic violence, we gain a glimpse of a type of longitudinal reflection on the issue of domestic violence. The accounts of the 3 young adults require particular attention since they flesh out many of the fragmented stories we uncovered with the younger children during the study.

## Gender, age and place in the family of children in sample

Through the process of interviewing children about their experiences of domestic violence, we were keen to explore the implication of age and gender in how they either experienced or dealt with domestic violence. We found that the categories of age and gender were, at least in this sample, rather arbitrary in how children experienced, spoke about or dealt with the domestic violence.

Age distinctions were not a real factor in delineating how children spoke about their experiences. For example, some of the most confident interviewees were some of the youngest children in the study. Their interviews were raw and immediate; they, as will be seen, were very able to answer direct questions and spoke of missing their fathers, being sad for their mothers and what they did or did not like about the refuge. The older children's narratives evidenced a more fluid conversation: their accounts were given within a storied narrative, showing the effects that time and space can have on the way children reflect upon and make sense of their lives.

Neither do we believe that gender was a distinguishing factor. We interviewed slightly more girls ( $n = 13$ ) than boys ( $n = 9$ ) in this study; in the younger age group, we interviewed 3 girls and 4 boys, while in the teenagers' group we interviewed 10 girls and 5 boys. Some teenage children refused to talk with us when requested to do so, but this happened as often with teenage girls as with boys. We also found that teenage girls were as easy or difficult to interview as teenage boys, and that the boys we spoke with were as likely to speak about their emotions and feelings as were the girls. This finding supports our previous research findings — that young men and boys are able to talk about the most intimate aspects of their lives once they are invited and challenged to do so (Ferguson and Hogan, 2004; Ferguson and Hogan, 2007).

We did, however, find distinct differences in how the eldest child in each family spoke about their experience of domestic violence, as well as how broader issues of social marginalisation impacted negatively on how domestic violence impacted on the children's lives (*for details, see below*).

## Limitations of sample

We recognise that many mothers and children do not access specialised domestic violence services, given that domestic violence remains hidden and is thought to be largely underreported (Morton, 2003). However, the purposive sampling of women and children known to service providers allowed us to address the research aims. Undoubtedly, a gatekeeper-generated sample has the potential to produce biased research findings (in favour of the service provider); however, as our findings show, mothers and children did provide a critical view of the services they had encountered, indicating that they felt protected by the anonymity afforded by the research.

Fathers as victims or perpetrators of domestic violence were not included in this study. Research shows that men are far less likely than women to report domestic violence or to use domestic violence services (McKeown and Kidd, 2003). This is not to deny the reality that men, too, are victims of domestic violence. As this research sought to explore children's experiences of domestic violence and domestic violence services, we made the methodological decision to recruit children through refuge and support services, which, by their nature, respond to women and children. In accessing teenage children through community support services, we simply asked service providers to introduce us to teenagers they had come into contact with around the issue of domestic violence. Of the 15 teenagers we met in this way, 2 of them (from one family unit) were living with their father, having grown up witnessing their mother being violent to him. Further work is required

to examine how services respond to fathers and children where women are the perpetrators of the violence. Given the vulnerable position of the women and children in this study, it was decided not to include fathers and men who perpetrate domestic violence.

## **Data analysis and presentation of findings**

All interviews were recorded, with informed consent, and fully transcribed for analysis. The transcription of interviews generated a wealth of raw data, which was analysed for content to uncover key experiences, themes and the range of issues important to interviewees. This process involved the repeated reading of interview transcripts and coding the text data in order to reduce the data and generate key findings.

The findings are presented according to key themes to emerge from interviews, with illustrative quotes from mothers and children reproduced throughout the report. (These have received minimal editing in order to retain the flavour of the spoken word.) All participants were given pseudonyms to protect their anonymity. In some cases, family details, such as the number, age and gender of children, are altered, again to protect anonymity. Mothers and children sought reassurance that they would not be identifiable to either service providers or to the perpetrator of the domestic violence.





# **3 MOTHERS' EXPERIENCES OF DOMESTIC VIOLENCE**

This chapter focuses on the accounts provided by mothers of the nature and extent of domestic violence witnessed by their children. We sought to contextualise responses to children by exploring with mothers the nature of the violence itself and its impact on their children. In essence, the data presented here outline what mothers had to say about the violence their children experienced.

While childhood experiences of domestic violence and domestic violence services are the central focus of this study (see *Chapters 4 and 5*), the views and experiences of the children's mothers were also considered important. In particular, some of the mothers had children who were too young to be invited to participate in the study. We considered it crucial to include these mothers' voices, in addition to the mothers of the children we spoke to, because the difficulties and hardships endured while escaping domestic violence with young children are important in assessing the adequacy of child-centred responses. The views of mothers of teenage children, who themselves did not wish to be interviewed, are also included.

The mothers' narratives reveal the extent of domestic violence women and children live with and the adversities they must overcome. Some women suffered severe physical assaults in the presence of their children; others spoke of the violence their children overheard, the physical injuries they saw and the emotionally abusive behaviour they lived with, resulting in fear and intimidation. The relationship between domestic violence and child protection emerged from interviews, with some mothers telling us that their children too were physically abused.

## Nature of domestic violence

Mothers provided often harrowing accounts of the nature of domestic violence as witnessed by children and offer insights into the kinds of volatile households many children live in. Mothers reported a range of domestic violent behaviour, with obvious negative consequences for children given the scale of the violence. As articulated by Jennifer (mother of 4 children, aged 18 months to 8 years):

He used to frighten the heart out of me ... he was pissed drunk and he frightened me. He said, 'I'm fed up with you and I'm fed up with those fucking little bastards ... I'm going to kill them three children and I'm going to put you and them children into bed, get into bed,' he said, 'and I'll put the three children around you and I'll kill you first' ... [8-year-old son] heard him saying that ... he was screaming his pants off. He said, 'Daddy, please don't hurt mammy, please don't hurt mammy ... daddy, we will do whatever you want us to do, just please don't hurt mammy'.

Jennifer described her son's concern for her safety and his subsequent protective behaviour, by pleading with her to remove herself from the immediate danger. The extent of the abuse witnessed by this little boy (aged 8) illustrates the adversity children experience as a result of domestic violence. Jennifer continued:

The girls would be asleep. He [son] comes down when I puts him to bed there at night. He'll always come back down. He pretends it's just for a drink of water or a drink of milk, but it's to make sure that mammy is alright. He took the role of mammy, you think he was the mammy ... [he says] 'Daddy, please don't hurt mammy, don't hurt mammy, sure we'll do whatever you want to do' ... [then] 'Mammy, just leave him alone, leave him alone', he said ... 'Mammy, please come up to bed with me now, mammy' ... so I went upstairs with him to bed and I put him in the bed and I lay down beside him, touching his head until he went off to sleep, I said it's alright, mammy won't go back down anymore, daddy will fall asleep down there, I said, and we will leave him down there until morning. You and me will stay here. [He said], 'Promise now, mammy, promise now when I go asleep you won't go back down there'.

Geraldine (mother of 3 children, aged 7-17) also described the domestic violence her children had witnessed, recalling both physical violence and emotional abuse. Geraldine had been separated for several years when we interviewed her and, like many other mothers, the violence continued despite the existence of barring orders meant to protect her and her family:

He came in and sat down and the two small ones came in ... they heard me shouting and ... he started and he threw me around the kitchen, mouthing off, he couldn't control himself, and he threw me straight into a chair and I banged my head off the back of it ... He was at it all the time. Sometimes he would walk in and ye know he'd call me awful names [in front of the children] that were very very hurtful ... and the children would be sitting there having their tea and he would walk in and say, look at your mother, she is a prostitute, she is a tramp, and I would look at the three of them and [they] would be crying.

Emotionally abusive behaviour directed at mothers in the presence of their children was reported by many mothers. Maeve (mother of 3 children, aged 4-15), spoke of the years of emotional abuse she and her children had suffered:

It was all verbal and mental ... anything from name-calling, isolating me from my family and telling me I was off the wall and telling me I was crazy and I needed counselling, calling me names, you know, 'you crazy cow' and 'you stupid cunt' and all those horrible names.

Mothers' perceptions of what their children had actually witnessed varied and appears to be linked to the immediacy of the violence. Almost all the mothers of younger children (who were in the process of leaving a violent relationship) were adamant that their children had not witnessed the violence. Some mothers told us that their partners would never exhibit violent behaviour in front of the children. When we interviewed Linda (mother of 2 children, aged 6 and 9), it was her third admission to the refuge:

The kids never saw any of it because they were in separate rooms. He would never hit me now or anything in front of the children. No, he wouldn't do that even when he'd have drink down him ... he would not hit me in front of the children 'cos my children are big and, like, he understands that it's not nice for children to be seeing this kind of thing. He wouldn't hit me in front of the kids, but when the kids is not there he would do it.

Sue (mother of 3 children, all under 4 years) was adamant that her children never directly witnessed the violence. Nonetheless, she felt that, although her children were sheltered from directly seeing the violence, it was getting more and more difficult to hide the physical injuries:

Like, he wouldn't hit me in front of the kids, but kids can sense these things. They can sense when there is something wrong, they can see it, like in the past he has given me horrible beatings. I mean, one Christmas I had two black eyes and, God, I never in my life seen anybody worse, like I could barely see through my eyes and my whole face ... my lip was touching my nose.

Other mothers spoke of their attempts to shield their children from witnessing the violence and were very aware of the consequences for children of witnessing violent episodes. Caroline (mother of 4 children, aged 7-15) said:

We [mother and children] would be upstairs and he would come in and he'd be going 'Caroline, Caroline' and as soon as you heard that, that was it: it was either wake the kids or go down so the kids wouldn't be disturbed. So I would do down and if I didn't, if I got in bed beside one of them, he would come up and he'd be whispering in me ear, 'Down the stairs now. If you don't come down the stairs, I'll kill you in front of the kids' ... So in my mind, if you go downstairs the kids are not going to see it.

Similarly, Clare (mother of 4 children, aged 16-21) recalled the violence her children had witnessed:

Oh they did, they did, I'd say, they did because [daughter] has to remind me of things now. That's the other side of violence, like, that I obviously have so much buried way down there ... There was some evenings when she saw him pushing my head down on top of the cooker ... sure, [children] heard it all.

Clare described an incident when her son, then aged 14, was the victim of his father's rage and was forced to leave his bed in the middle of the night and seek refuge with relatives. This father's physical violence and intimidating behaviour produced frightening and dangerous outcomes. Clare recalled an incident when her husband loaded his hunting gun while drunk, terrifying herself and the children.

Several mothers reported violent episodes while they were holding young children, raising obvious concerns for their physical safety and child protection concerns. Anita (mother of 2 children, aged 4 and 6) outlined an incident when she came home from hospital with her new-born baby:

He took to ranting and raving and screaming and shouting around the bed ... I was holding him [baby] in my arms and I was feeding him ... He [father] jumped out of the bed and he came over and he grabbed [baby] and he had him out, like this, so that his little head was hanging down and his little legs were ... that was very traumatic for me because I sort of felt that I am a mother now and I couldn't protect my own child.

Geraldine also described situations of physical danger to her children:

He'd think nothing like, you know, when [daughter] was three or that he would think nothing of coming in from the pub and I suppose to save myself I would always pick her up. Yeah, I did that, but that was the only protection I had and if he had hit her in any way I definitely would have done something about it ... he would get in over her some way and she would be crying and screaming, like, just leaning over her and busting me in the side of the head, you know what I mean, he's a very violent man.

The relationship between domestic violence and child protection emerged from interviews, with some mothers reporting direct physical abuse of children as well as the domestic violence they had witnessed. Caroline described the following scene:

[Daughter] told me that he was punching her ... like me, he'd grab them by the hand and smack their heads off the wall or off the beds. He was punching them and he wears steel-capped boots ... and if you saw my little [son], he's just a little stick, he's real thin and he's just so placid, he's a brilliant little kid, and he was booting him with the steel-capped boots. [Daughter] came up one day and she had bruises on her cheek and ear from him punching her. And [other daughter] came up and she was all black and blue behind the ear.

In this case, Caroline had left the family home and was homeless until she was provided with accommodation by a housing support agency, facilitated by Women's Aid and a domestic violence community support agency. Caroline felt that in her absence the children 'took her place' and were the target of her husband's violence. She was extremely critical of social workers, Gardaí and legal responses to her children, given that their father, a known violent perpetrator, was awarded custody of the children (*see Chapter 6, 'Community-based responses'*).

Clare also expressed concerns for her children's physical safety, recounting an incident with her husband and son:

He went down one night. He was in such a temper that he threw a shoe at the bulb and the bulb broke in bits on top of the child ... and I can remember going down later that night and putting my hand around [son] and I crying in the bed below with him and saying, '[Son], I will take you out of this place'. But I never took him out.

In this case, Clare reported increasing episodes of violent behaviour between the father and the children as they grew older, with the children (now young adults) physically intervening. The impetus for seeking a barring order after over two decades of violence was her fear that her sons would assault their father and have to bear the consequences.

Continued exposure to domestic violence, even with the protection of barring orders, was identified by mothers as further contributing to their children's trauma. As illustrated by Geraldine:

He took over the house one night [after he had moved out] and the three children were in there and I wasn't in ... He rang me and said, you get back here or you are dead, and I rang the guards and got them to come down because he wouldn't get out of the house ... he wouldn't come out. He got fined 500 euros for pulling me in the door and pushing the guard out ... he wouldn't come out [so we left]. I went up to stay with my sister and I brought the children out ... when I got to the house [earlier], there was about 8 guards there and he wouldn't come out, so I knew that the kids were in there and I knew no matter what beating I was going to get, I had to go in for the kids. So when I got to the door, he pulled me in

by the hand and he pushed the guard out, and she fell so she done him ... The next day the guards rang and told me I could go home ... so that is what he has done and the children witnessed all that as well.

Although Geraldine told us that her local authority house was rented in her name only, since she no longer lived with her husband, she and the children had to seek alternative accommodation as he refused to leave their home. In Clare's case, despite the granting of a barring order, her children still had to witness domestic violence as on several occasions her husband broke the barring order. Clare found the Gardaí response to be ineffectual, given delays in responding to her request for assistance:

He was around the house loads of nights, banging on the window. One night he was here, and [son] was here and he said this is unbelievable. He [husband] would be banging on the windows and shouting in and hooting in the yard, coming in at 1 o'clock in the morning, and [son] was livid. He said, you've gone to court and you've been through all of this and is this the quality, is this life now? Like, they [the children] could see what it took out of me to go to court and this is what you get.

The use of mobile phones in perpetrating more violent behaviour, through obscene text messaging and voice mails, emerged from interviews, again evidencing post-separation violence. In one case, a mother received an abusive text during the research interview and forwarded the text to her daughter, who was also being interviewed in another room. The mother debated whether to show the text to the researcher, concluding 'No, it's disgusting, he just won't leave me alone'. This mother was separated from her husband and under the protection of a barring order.

In more sinister examples, two mothers told us that the children's father had made death threats on their mobile phone message minder. Louise was in refuge with two of her four children when her husband left a threatening message on her phone:

[Husband] was after leaving a death threat on the phone ... like, I had his favourite one [daughter], he never parts with her, he wouldn't leave her in here in a million years. So I brought her in and I wouldn't answer my phone, so that night he was, like, 'I am going to kill [son] and the baby' ... so the guards went out and they said everything was alright. Then I went to court a few days later and ... I told the judge that he left a death threat on the phone. So he [judge] said, where is the social worker? And my sister said, she has no social worker, and he started giving out to them. He said, here is a child at risk and we need to see if she is alright ... I said to him, I don't have a social worker and they won't do nothing like ... I turned around and said, what good is the child to me when she is dead, in a box like? And he agreed with me ... So after that he [husband] had to bring the child in [to the refuge].

In this case, Louise was awarded custody with immediate effect and returned to the refuge with her four children. However, she returned home the following day.

## Impact on children of domestic violence

Interviews with mothers revealed their perceptions of the impact of domestic violence on their children. Maeve explained that her son began to carry a knife as a result of his concern for her safety. Her son's growing anger towards her partner was a key factor in her decision to leave the family home; Maeve was unsure how much longer she could control her son's anger. Her 12-year-old daughter also reacted to living in an abusive household: 'she kinda withdrew into herself ... her personality changed ... she got moody, fighting ... not wanting to go out, not wanting to come home'.

The legacy of living with domestic violence as a child was poignantly described by Clare, who recalled a violent episode the night of her daughter's 18th birthday party. According to Clare, her daughter said to her: 'Mom, he robbed me of my First Communion, he robbed me of my Confirmation, today he's robbing me of my 18th, he robbed me of every Christmas, he robbed me of my whole childhood'. The mother was 'devastated after that, devastated for her because this is her memory, this is her 18 years, this is the memory she has of 18 years'.

Other mothers described the impact of domestic violence on their children in terms of emotional and behavioral responses. Caroline said:

Ah, their little heads are ... they all need counselling, they all need something because I think they seem to think it's OK and they are very aggressive themselves ... I can't control her. She was biting me and she went to stab [other daughter] and she went to put a glass in [other daughter's] face ... There is no fear in her, absolutely no fear ... she is just real out with aggression, whereas [other daughter] will keep it in. She will have little outbursts, but nothing. You can always calm her down and talk to her. But [other daughter], you can't, there is no calming her down.

Most of the women interviewed were no longer living in a violent relationship. Their assessment of the impact on their children was made when they were away from the chaos of the violence. Deirdre, who had lived with her abusive husband for 15 years, noted that a mother's awareness of the violence as it is happening is minimal:

You just don't see the kids in the middle of it. I mean, the violence was happening and the kids continued to play and it never entered my head to actually ask them how they were feeling ... the kids are pushed into the background and it took me until 2 years ago to realise, hang on, Deirdre, what the fuck are you doing ... I never once thought of my children. You just don't think, you are listening to so many things, when you are focusing on barring orders and protection orders, and you are trying to get to doctors or whatever. You never stop to think of the children ... it's tough, like it's tough, and I think kids can't express how they feel. They're angry, they're hurt, they don't know what the emotions are.

She felt that abusive men are:

Bastards with no appreciation for children ... because when they are at home, they will beat the shit out of you in front of the children and then, when the children are gone, they are, I love and I miss my children ... they are not realising what they are fucking doing to the children at all in the middle of all this ... he just doesn't care. He will tell you, oh I love my children. I have no doubt that he loves his children, but it's a stupid love because he is not thinking when he is beating the shit out of me in front of five children. Does he love his children then? No, I don't think so.

In terms of making the decision to leave a violent relationship, mothers explained that the impact of the violence on their children was a key deciding factor. As Sue reported:

I spent five years with it and it was time to face up to what was going on and the type of life I wanted and the type of life I didn't want my children to have ... if you didn't leave, if you stayed, and this was going on for years ... My little fella, who is four now, what about when he comes to 14 and he sees his dad do this to his mom? ... How do I know [if] it's going to affect him? It could affect him emotionally or physically. It could do anything, but like, if he got married and he did it to his wife, you'd say, look, that was my fault because he was taught that.

Clare felt that her children were hugely damaged by domestic violence, but she was at a loss to suggest how services could or should have intervened. 'Of course it's affected the children, big time ... big time. I mean, if you had no father, I assume it would be better than a father who was saying, 'better if you were shot' or 'pity I didn't drown you the minute you were born'.

For another mother, Michele, children are the 'casualties' of domestic violence, with learned violent behaviour her biggest concern:

The worst thing is that my son is an abuser. He is going to be even worse than his father because he had someone very good to teach him ... In a few years, there will be another woman coming here, saying that man abused me and my children. And do you know, that man is going to be my son.

Overall, the impact on children was well illustrated by Deirdre:

It's like a vicious whirlpool ... it's all bottled up and it's like a vicious circle ... from me looking at it, it is like a whirlpool. I'm going around and around, my children are following me and where are they going to end up?

## Leaving a violent partner — seeking refuge

A key finding is that many of the women had sought refuge on multiple occasions over several years. This has implications for child-centred services since many of the children had lived through a childhood dominated by domestic violence. It also raises questions about how best services can intervene. Some of the women told us that they had accessed refuge services as many as 15 times in different locations. One woman described how she had sought shelter from 5 different refuges all over the country in an attempt to escape her violent partner. At the time of interview, this mother was preparing to leave the country with her three young children (all aged under 4). Her account presents a chilling picture of fleeing domestic violence. This woman showed the researchers her extensive scarring as a result of many attacks by her husband, who had used weapons such as a knife, slash hook and burning cigarettes. Many of these attacks were witnessed by her children, whom refuge staff considered 'extremely traumatised'.

The women who sought refuge from domestic violence outlined the difficulties involved in trying to leave home with children and move to a refuge. Packing their children's belongings without their partner being aware of what they were doing proved difficult. Some women did not manage to bring anything bar nappies and baby blankets. Many other women described the panic at being found out that they were leaving. Maureen recalled:

We packed the car ... I was shaking because his brother lives next door. If he looked out his door and saw the boot open and stuff going in, he'd ring him ... I was just waiting for his van to come around the corner. And if he did, he would have killed us because he said if I tried it again, that I was taking his boys away from him and that was it, he'd rather see them all dead than go off living with me because he didn't want them [his children] growing up like my 'little bastards' [step-children].

Sue, preparing to move to rented accommodation, spoke of the difficulties in providing for her children. Community welfare financial support was considered insufficient to meet her children's needs. Given that Sue did not return home, out of fear of her husband, her children's belongings had to be replaced. 'It's just dreadful in this day and age because you are starting with literally nothing. I did expect more help than what I got from community welfare'. Sue relied on charitable donations from the refuge, such as toys and clothes.

Men's controlling behaviour, in terms of not allowing women to leave with all of the children, was evident in some interviews, raising questions about children's safety in the care of violent men. Deirdre, describing the night she left to seek refuge for the tenth time, was very critical of the Gardaí response:

[Father] blew up and I rang the guards ... I got [two daughters] out the front door and I was going back for the three smaller ones and [father] closed the front door and said, fuck you, you are not having them. So I said to the guards, help get my children, and [father] opened the door and he said, I know the law, I am their father, now fuck off ... The guard said he has a point ... so I said to the guard, please ask him can I have my children. So the guard knocked and said, [father], come out now and hand over the children. And he [father] said no and that was it. The guard put me in the squad and brought me in here and that was it.

According to Deirdre, she requested social work visits to her home to speak directly with the children. However, the social worker met only with the father and did not directly interview the children. Deirdre said, 'They are beating around the bush ... they told me if I had concerns for my children that I could contact the guards and the guards would go out and check on my children ... they just won't talk to the children'. Deirdre was extremely dissatisfied with the social worker and Gardaí response to what she felt they considered a custody dispute. She had concerns, however, for her children's safety, ringing the Gardaí late one night to check on her children:

He [father] rang me and he was off his head on drugs and drink. He was very very ... he was ranting, so I got the girl downstairs in the office to put a call through to the garda barracks for the guards to go out and check on my children. That's all I wanted, to know were my children OK ... They rang back 15 minutes later and told me there was a light on in the house but no answer, and that was it! That was it! ... I mean, how more dangerous can it be that



a man is off his head on drugs, he's ranting and raving, and how more dangerous a situation do they want it to be before they can remove the children ... I mean, they'll tell you that the law states clearly they have the powers to remove your children if they are in a dangerous situation. They are not removing mine. They are refusing to remove mine.

Louise described a chilling account of her attempts to escape domestic violence. She recalled one occasion when she sought refuge in a field in an attempt to escape a violent incident:

I went through a train track in the middle of the night and I brought [baby] with me and I had to go through a field, like we were in the middle of the country. He was looking for me down the road in the van and I had to go through the fields and the bushes. I had to leave [other children] there ... I went down the train track until I got to a village and I rang the guards from there.

According to Louise, her other children were in the care of their father. A social worker visited the family home the following day. Louise outlined her husband's attempts to ensure her return to the family home:

I used to go out during the day time and see my children, and then I would come back in like and swap the children. I'd have a different one ... he wouldn't let me [bring all children] 'cos he thinks I wouldn't come back. So that is why he always keeps one of them. He won't give them to me ... that is my downfall. I will always go back for the children.

## Concluding comments

The nature and extent of domestic violence as experienced by children and the volatile family relationships endured by children are evident from mothers' narratives. This raises complex questions for child-centred services. How and to what extent can services intervene to provide support to children who have witnessed violence and to protect children known to be at risk from domestic violence? The service limitations are clearly articulated by children, mothers and professionals, again raising questions about how should statutory and voluntary services intervene in terms of supporting and protecting children. These issues are explored in Chapter 6.



# **4 LISTENING TO CHILDREN'S EXPERIENCES OF LIVING WITH DOMESTIC VIOLENCE**

A gap exists in the current research on children's experiences of domestic violence and it concerns what children actually say about the violence themselves. In this study, we were specifically concerned with addressing this deficit. This chapter offers a specific focus on what children have to say when asked about their experience of living with domestic violence and the impacts of that violence on their lives. All of the children interviewees were able to give very clear accounts of their experience of witnessing domestic violence. However, accessing children and developing a trustworthy environment for the interview was most challenging, given the nature of the subject, how hidden and controlled the issue is in society in general and how many of the gatekeepers, professionals and mothers wished to 'draw a line under' the domestic violence and move on with their lives.

As discussed in Chapter 1, we were concerned in this study not simply to explore children's experiences of physical violence, but to frame a research sample specifically focused on children who had experienced a range of abusive behaviours. We were successful in accessing a sample of children whose narratives about their experiences of domestic violence offer a very clear account of what life is like to live with various forms of domestic violence:

- when they are controlled and put down by an abusive father (or father figure);
- where they overhear the violence perpetrated by the man against their mother;
- where they witness the violence or its aftermath;
- where the children themselves become direct victims of the violence.

## Children's experiences of some men's power and control

We met with three teenage girls from two family units. They explained how they had ended up living in a refuge for a period of time, on a number of occasions, as they and their mothers tried to separate from a man trying to control their lives.

Olive (aged 12) remembered how her mother's new boyfriend began to take control when he moved in on their family, first causing everyday rows over things like what to watch on television:

Well, me and [15-year-old brother], we used to be always there watching a film or something on the telly and he'd come in and change over when we were watching it. And that used to really annoy us and we went to tell Mam and Mam came in and said, did something about it. But that then started a fight, so we just went to our rooms and played with a game.

While this example could be read to represent quite normal adjustment dynamics within step-families with teenage children, the constant pattern of this man's controlling behaviour was to have quite devastating effects for Olive and her family, which got to a point where they simply could not continue to live with him and had no option but to move into the refuge as a first step to finding alternative accommodation. As Olive said, 'It's a place where mams go when there's trouble at home and I said I don't care as long as we get out of the house'.

In a similar case, where a mother made a decision to move her teenage family in with her new boyfriend (only to end up having to leave again and move into a refuge), Carmel (aged 16) and her younger sister Hazel were very clear that his initial playfulness towards them changed very quickly once they moved in to live together. Hazel (aged 10) recalled:

Well, when we moved up to live with him, like there was a lot of rules. I couldn't play out in the garden ... I don't really know why there was a lot of rules, and if we were sporting [having fun playing] he'd go angry. There'd be fights a lot of the time, but other days he'd be nice and all, but he kinda changed a lot of the time.

Carmel's narrative recognised how he was constantly belittling them and objectifying them as young women in their new home. The fact that he was originally their landlord may have accentuated his attitude of power and control over the family unit. As Carmel said:

I didn't like him from day one because the first thing he said to me was that I was eating too much. And fair enough, I might have been big at the time like, but I didn't like him then. I

wasn't happy with any of that. Well, as long as I can remember, I didn't get along with him that well so. Well, he was the landlord. I just called him an asshole. Actually I had a name for him, me and my brother, we used to call him 'prick face'. I'm sorry for cursing now, but that's what we used to call him so. We never mentioned his name, like we used to call him 'that prick'.

Carmel and Hazel's narratives very clearly report their experience of living with, as Carmel put it, 'a control freak'. Carmel's description of this man's practices and daily routines of exerting control in 'his home' offer a striking echo to the analysis of men's domestic violence offered by the Irish family therapist, Dr. Colm O'Connor, of the Cork Domestic Violence Project (O'Connor, 1996). He argues that men's domestic violence must be understood within the broader frame of patriarchy, where men who are violent do so in a calculated effort to take control rather than lose control.

Carmel was conscious that this man's attitude towards women — her mother and herself included — was based on the patriarchal continuum and was always closer to misogynistic than to gender justice:

He had this vision that the reason I wasn't allowed get a job and make my own money was because women stay at home in the house, they do the work and mind the kids and that's it. They don't go out, they don't get a job, they don't go anywhere, that's the man's job. Having said that, he didn't have a job. He didn't bring in much money, but you know that was the way he felt anyway. I mean like, he's no experience of teenagers of any kind, let alone teenage girls. The stuff he would come out with would be disgusting. He used to use the word 'goolin', which is an absolutely disgusting female word, I'm not even gonna say what it means, but it's a word he used to use — 'you're goolin everywhere', 'you're goolin this' and 'you're goolin that' — all this sorta crap, its just the stuff he'd come out with was disgusting. It's to do with a woman, you know. I don't even know what it's supposed to mean. It's like he was saying it because you are a woman. I can't put it in words like, but basically it was a way of trying to insult you because you are a woman.

And while Carmel did not speak of any actual physical violence, the effect of living with this 'control freak' was enough to cause Carmel's mother to move out of the house and into the refuge on a number of occasions. Carmel recalled:

I don't know if you would call it even violence, but like threatening, kinda 'You'd better watch your back now, if you put one step wrong now' — like, I don't know, you'd be harmed or something. I don't know what way he put it, but he put it in a sneaky way as if to say like he's not really threatening you. He threatened my mother with a knife and that was the day I walked out of the house. It's probably my fault, like in the way I walked out, that it got so bad, you know.

However, Carmel was also clear that having to move into the refuge to get away from this man actually precipitated her brother separating from the family. Being over 13 years of age at the time, he was refused admission to the refuge. As Carmel said:

He was like 15 and very tall, do you know, so they said they couldn't let him in ... women could feel threatened by such a grown man, is what they said. I mean, there was nobody staying in the refuge at the time either, except for us, so I don't see what the big problem was ... he had to go stay with his friend's parents. At 16, it was when he got an apartment with his friends and then he kinda got a job and he kinda settled into it, 'cos he decided that he wasn't going to go back [home] ... we ended up coming back and he said, 'I'm not going back', and then he ended up moving out.

Speaking about the same man and the same occasions in their family's life, Carmel's younger sister, Hazel (aged 10), had somewhat different reflections on what annoyed and upset her most. This may be evidence of age-related differences in experiences or differences due to place in the family. Hazel spoke less in terms of the man's power and control, and more in terms of specific examples and experiences of his shouting and fighting:

Well, he was grand at first and when he first moved in, like he was really nice and all. He played chase and all. But when we moved up to his house, he kinda got angry. He'd just be shouting and all. But then it got really bad and he was throwing things and all, and I was very scared.

The three teenage girls interviewed from these two family units were absolutely clear that it was the pattern of persistent and increasing use of the man's power and control that made their experience one of living with domestic violence. Other children interviewed spoke specifically about overhearing the violence, from another room or at night from their bed. Some of the children felt that this was worse than seeing the violence because they were left not knowing what exactly was happening to their mother.

## Overhearing violence perpetrated by the man against the mother

Most of the children we interviewed spoke of overhearing the man's violence at some stage. While there is only really a semantic distinction between the above examples of men's abusive use of power and control, and shouting and threatening behaviour, all of the children who saw the violence or who were themselves directly hit also invariably overheard violence on other occasions.

Olive (aged 12) remembered such situations:

We'd only hear, we wouldn't see her, we'd just hear her, and it would upset us. Sometimes it was actually quite annoying hearing him as well, because mam was shouting back. We didn't mind hearing mam, but because we heard him shouting it made us angry ... It made it hard to concentrate at school and all, 'cos I used to get 10 out of 10 in tests and then, when the fighting started, I only got like 8 out of 10, 7 out of 10. I couldn't concentrate as much. It would be all in my head and when I'd go to bed, I'd cry sometimes and I'd come down to mam. That was about a year before we left the house.

Denise, who was 17 when we interviewed her and the eldest of three children, spoke of her sense of responsibility in 'shielding' her younger sisters from the noise of the violence they overheard at night:

We'd wake up at night and daddy would be yelling and shouting at mammy after coming home drunk from the pub. They'd [her sisters] wake up, they'd sense something was going on, that there was something wrong with mammy. They'd be saying, 'Are you all right, mammy?', do you know, that kind of a way. And I'd be trying to shield them in another room and I'd have to look after them and say, you know, it's going to be all right, you know, that kind of a way. But it wouldn't be though.

For many of the children, including those who regularly saw the violence, overhearing the violence was the worst aspect, given that they simply did not know what was happening to their mothers. Again, Denise (aged 17) recalled:

I'd wake up in the middle of the night and he'd be roaring and screaming. She'd be banging across the floor, you know what I mean, and I'd have to stay up listening to it and after a time I'd hear a thump, knowing well like that's mammy downstairs, getting bet [beaten] up and that's what hurt me most.

Overhearing the violence also left many of the children with a deep sense of guilt and misplaced responsibility for 'not having done something to stop' it. Jennifer (aged 16) remembered:

Sometimes, like, I feel like it's my fault, like why did I never stop it. Like why did I never go down and ... It's horrible like. It's just, what if I went down ... he would have stopped and, do you know, things like I remember the feeling and I still remember like I couldn't go down downstairs. Like what if he did it to me or something. It was horrible ...

## Seeing the violence and its aftermath

In speaking with the children (and their mothers) about their experiences of witnessing violence, we gained no sense that the men were in any way discretionary in where or when they would abuse the mothers and children. For example, the violence sometimes occurred at night, when a father may have come home drunk from the pub and the children happened to be in bed. These men were reported to be as likely to arrive home drunk during the day too and begin the violence.

In about a third of the interviews, the children spoke, without prompting, of the role of alcohol or drugs in their father's violence and in two instances the children believed their fathers were 'alcoholics'.

While we did not interview any of the violent men in this study, the point remains that the men did not seem to try to protect the children in any way from seeing or overhearing violence. Rather, the violence could begin over a mealtime, when watching television or, as one child put it, 'whenever he took a notion'. We did, however, find evidence that mothers actively tried to manage the man's violence to protect and shield their children from witnessing or overhearing it. During the interviews with the mothers, it became quite clear just how often they placed themselves at risk of the man's violence. In some cases, they got up from their beds and went down to meet him in his rage, as they explained, to try and stop him from coming to the bedrooms looking for them or the children.

Catherine was 13 when we interviewed her and she spoke with us about the day four years previously when her dad left their home for the last time:

He'll be out of the house four years in September. There was an awful lot of domestic violence. He'd leave and now and again he'd come back. We were all in bed that morning and I heard mammy screaming and shouting downstairs. I didn't think it was getting that bad till I saw it. She was all covered in blood and there were clumps of her hair all over the place and the baby was crying. And he woke up the other kids and told them mammy was making him leave. He said to us, 'Mammy is a whore and that baby's not mine and she is making me leave'. I remember picking up mammy's clumps of hair that day and ringing the guards.

Jennifer (aged 16) spoke about the 'madness' of seeing the violence her father carried out on her mother:

I had me music on, but I heard her shouting and everything downstairs, so I headed down and he got the big thing, one of them car things, do you know, where you lift up the car for taking the wheel off — a car jack — and he hit that off her. Like, I did see things, you know, and it's not nice. It's horrible, like I was just scared, horrible ... agh, it was mad.

Many more of the children remembered how they would at times 'leave him [their father] and then go back to him'. Denise (aged 17), for example, recalled:

I seen it all. One minute they'd be getting on and the next minute they wouldn't, you know like, and mammy kept taking him back in and it was terrible waking up everyday living here, not knowing what was going to happen next. I didn't know whether to stay or to go 'cos I reared the two girls and mammy knows that herself ... and then the fighting would start all over again. Daddy'd start getting mammy by the hair, throwing her up against the bin, slapping her up against the door, holding her by the neck.

Similarly, Esther (aged 21) remembered:

I suppose we always had to listen to that. I mean, I remember we used to have to get up in the morning and go to school, having heard all this all morning over the breakfast table. We would have seen him hit my mother quite a lot. We often had to leave the house when we were younger. We used to go back, but we used to leave [again].

## **Direct experience of being assaulted during or as part of the violence**

Some of the older teenagers, girls as well as boys, spoke with us about how they actively intervened to try to protect their mothers and younger siblings. They did so at great risk and cost to themselves, but they quite simply could no longer put up with the terror of the man's violence. Denise (aged 17) described the day she 'couldn't keep it in any more':

I'd seen him pushing mammy and I'd give it all back to him. I'd say to him, 'You leave her alone, she's my mother, you get your filthy hands off her, and you get away from her right now'. He'd say, 'Come over here to me, you. I'm going to burst you'. And one day I had it in me. I just couldn't keep it in any more and I got the mop and belted it over him and the top of the mop went flying off. Like, daddy is a really big man, he's not like a small stick, he is a big man, you know like.

Hazel (aged 10) recalled violent scenes involving her brother (aged 15 at the time):

My brother and him used to beat up each other and all 'cos my brother used to get really annoyed with him. He [father] used to be hitting my mam and all. When he got really bad, I was very scared and when my brother was living there he used to always have fights and everything, and I used to be crying and all. He used to hit my mam when he got bad. My brother used to just tell him to stop and mam, she'd be telling him [son] to go down to his room and all, and he said no ... because he was saying bad things and all to mam.

Involving themselves and intervening to protect their mothers was only one of the ways the children we interviewed were actually directly assaulted by the men. As outlined in Chapter 2, the literature highlights the correlation between child abuse and domestic violence, where domestic violence should be considered as an indicator of child abuse. The evidence from this study further supports these findings: a number of the children we interviewed reported being directly assaulted by the men during, or as part of, domestic violence.

Jennifer (aged 16), who had worried about trying to protect her mother when she lived with domestic violence, recognised how her father turned his violence against her once her mother had moved into a refuge:

I remember the worst hiding that I ever got. We all went to the chipper. I ordered the wrong order or something, different food, I think. The kebabs or something were too spicy. He had me on the ground, you know, booting me and everything, like as if I was a man like. Savage, you know. I couldn't hold me breathe or anything, and I was getting the worst, you know. I was getting, they were getting worse, the same hidings ... I was getting me hair reefed. I was, just everything. It started getting worse and not alone that, he wore steel-capped boots, so, you know ...

## Experiencing a mother's violence

During this study, we interviewed two children from one family where their experience related to the domestic violence perpetrated by their mother against their father and themselves. We have not tried to extrapolate any representative findings in relation to the dynamics of women's domestic violence towards men. Rather, we have remained focused on what the children say about their own experience of living with the violence and their sense of the impact of it on them. We found that these children's accounts are very similar to those of the other children in the study — initially they felt theirs was a normal life, they felt closer to the non-abusing parent, they were afraid they would be left alone with the violent parent and they felt responsible for both causing the violence and trying to stop it.

Alex (aged 17) described growing up with a mother who was violent towards his father:

I grew up with it since I was a child, most of my childhood. I think my mother was a 'clean freak' ... she was, like, 'you can't touch things' or anything. I can remember things like my father being hit and myself and my sister, just for nothing. My mother controlled us. I remember him being thrown out for no reason. I remember he left. He had to come back for us. He had to [because] if he didn't come back, she would hurt us. She'd hit us and that kind of thing ... He was stressed over that too. He said to me one night when I was going out, if this doesn't stop he'd leave, it was getting too much, it was getting tough on him. I mean, nobody deserves to go through that, you know what I mean ... what we went through. We are still affected like. [Sister's name] suffers from depression ... we are all probably a bit insecure over it like, my father, my sister ... I probably am as well. You mightn't know it to look at me, but I am.

Alex's account of his mother's violence to his father, and even to himself and his younger sister (aged 14), is highly gendered, raising issues of, in this instance, *women's madness* as opposed to *men's badness* when it comes to understanding patterns of domestic violence. Alex continued his story:

She'd hit him around the house and he would never hit her back. Well, like, she couldn't hurt him ... she was too small and thin, she was anorexic, but there was a lot of mental stuff. All kinds of name-calling, like verbal name-calling — 'you're fat' or whatever, 'whoremaster' and

this kind of thing ... nasty stuff. And she'd hit us like. She gave my sister an awful time. She gave her a worse time than myself. I was kind of the pet of the house. She was happy, she said, when she had me. But when she had Susan, she got post-natal depression ... and then she broke down after that.

While Alex recognised that his mother was 'too small and thin, she was anorexic' and that she could not inflict serious physical damage, his narrative clearly shows just how damaging such domestic violence actually is.

## Impact of domestic violence on children's lives and relationships

It is evident that children are very well able to voice their experiences of domestic violence, whether it is their experience of being overly controlled and threatened, overhearing the domestic violence within their home, or witnessing or being directly assaulted. In the following discussion, we focus more specifically on what the children said was *the impact* of the domestic violence in their lives.

In presenting the various impacts or effects of witnessing domestic violence, we have grouped the children's narratives around four emerging themes on how the violence affected them (not in any specific order):

- relationship with fathers or father figures;
- relationship with mothers, siblings and friends;
- going 'out of their minds' (the 'madness making' of living with domestic violence);
- crisis, chaos and change in the children's lives as a direct impact of the violence.

## Relationship with fathers or father figures

For the younger children in this study, 'missing their dad', by virtue of their stay in a refuge and their parents' separation, was a key theme to emerge from the interviews. Almost all of the younger children (aged under 10) spoke about their fathers and how much they missed them, expressing sadness at their separation. For this group of younger children, the man who was violent was generally their biological father (often in the case of the teenagers the violent man was a biological father, step-father or their mother's current boyfriend).

Frank (aged 8) and Mary (aged 7), for example, had not seen their father since they had moved into the refuge four months earlier.

*Do you ever see him [their father]?*

No.

*Do you miss him?*

Yes.

*Do you call him?*

He calls us.

*Do you tell your mam about him?*

Yes.

*What do you say?*

I don't know.

*Private things?*

Maybe.

*Will you see him for Christmas?*

No ... I wish we could though.



This is not to say that the children wanted to return to live with the father or to allow him to return to live with them. On the contrary, the children we interviewed were able to describe their father's violence and the consequent separation and that they were better off living separately, but they still missed their dad. They worried about him and often wanted to be able to visit with him. Even at the age of 7, Sean could articulate his parallel feelings of missing his dad while also knowing it was better that his parents remained living apart:

*Do you cry much now?*

Not much, sometimes when I miss Daddy.

*What do you do those times? What times do you miss him most?*

On Mondays, 'cos that would be six days away till I see him again.

*Do you ever think they will get back together?*

They'll never get back together.

*How do you know?*

'Cos they still argue.

*Maybe it wasn't safe for them to live together, like when your dad threw the cup — was it that bad?*

Yes.

*What was the worst thing?*

That they were fighting.

*Worse than splitting up?*

Yeah, even worse than them splitting up.

Thus, regardless of the type of violence perpetrated by their fathers, these children missed them. For them, some of the struggle in the early stages of separating and seeking safety from the violence was also about missing their dad and wanting some form of access to him.

The narratives from teenagers about their father (or father figures) were very different to those of the younger children, who were only recently separated and still missing their fathers. Again, some of the reason for this is that some of the teenagers were, in fact, speaking not of their biological father or even a man who had ever emotionally become their step-father; rather these teenagers were recounting domestic violence by a man whom they themselves had no emotional relationship with — as a number of the teenagers put it, 'he was just my mam's boyfriend'. Olive (aged 12) remembered:

He was OK at the start. But as the years went past, he started to get worse and I started to hate him. The way he drinks and the way he caused fights, that's why I hated him. I'd say it was drink. I'd say it was the drink that caused the fights and I used to always think that it was mam's fault.

Given space and time from the immediacy of the violence, the teenagers were able to distance themselves emotionally from their biological or step-fathers. As a result of the domestic violence, they had grown to, as some of them put it, 'hate' or 'give up on' their fathers — men whom their children came to realise just were not capable of changing. Tony (aged 19) said:

He never spoke with us unless he was shouting at us. I don't speak with him at all now, since last year. It's sad in a way for him, but he's a chronic alcoholic.

Denise (aged 17) said:

I grew up to half-hate him, half-love him, you know. Sometimes when I look at him now, I say to myself, 'Who do you think you are? Marrying some woman and then thinking you can push her around and abuse her'.

Esther (aged 21) said:

He is a bully, so that is what we saw from the very beginning with him. And there was never any affection or any love, or any, not even love, he didn't even care, you know. He



refers to us as 'his cripples'. He introduces us to people like that ... He couldn't possibly be luckier in the sense that there isn't a blemish to any of us. He tells us all the time that if he'd known then what he knows now, then he would've drowned us all when he brought us home from the hospital ... He's a sick man. He can't think of enough nasty things to say, you know.

While living with their fathers' violence had not put all the girls off all men, some actually felt that, through knowing a violent father, they were better placed to be able to judge a 'good husband' in the future. As Olive (aged 12) put it:

It hasn't put me off. I'd say I'll still probably get married and all. I'd say I probably still would and the first thing I'd make sure of is that the man doesn't drink or smoke because I'm not going to drink or smoke. I took the pledge with my Confirmation. Because after seeing what my mam went through, and I know what men are like now, and my mam said not all men are like that, a lot of men are real decent, and I'll ... well, that's just what I'd look for.

Others girls, however, were able to describe in detail how the effects of their fathers' relationship with them had created 'issues' for them in their relationships with others and in their confidence in themselves. Esther (aged 21) said:

I've big issues with trust as well, probably due to him, I don't know. Maybe not, maybe it's just my personality, but I suppose I'd be very, em ... I'm always very wary of people, relationship-wise. I always pretend not to care because it's easier than letting them know. I've seen with my dad how he can manipulate me when he knows I care, which he did. So I think that's why, with me, now I'm just very wary of people in general. I suppose the way I look at it is that I never had anybody to trust, you know what I mean, to place that kind of trust in. So now people have to almost prove themselves. You know, it seems like a small problem, but it's a huge problem.

Where the younger children in this study spoke of missing their fathers and wanting to see them, the older teenagers, in general, neither wanted to see their fathers or spoke of missing them. Being older seemed to give them the confidence to manage arranging to meet their fathers if or when they wanted. Denise (aged 17) said:

There is often a time I'd go to daddy. Now like we'd meet up down town and we'd be having an ould laugh and he'd say, 'That's the way I reared you', and I'd stop him and say, 'No, daddy, you never reared me', and he knows that he never reared me.

Catherine (aged 13) reported:

Sometimes I see him now, sometimes I don't. I'm not scared of him any more. He sees the boys sometimes, up in their granny's house, and sometimes I go up. But more times I say I don't want to.

However, many of the teenagers were conscious and concerned about how the men used the issue of access arrangement with the younger children as a tool of power and control to further abuse the women and children. As Carmel (aged 16) related:

He started making threats then, that he wanted to see them [younger siblings] more often, that if he wasn't going to see them then he'd come looking for us, like he didn't know where we were. My mam said, 'Look, if you want to see your kids, you better stop this'. And then he took the kids and then he started threatening that if he didn't see them this weekend, which wasn't his turn, that something was going to happen to the kids the next time he sees them, that mam won't get them back, she won't see them again or something, you know, bad was going to happen and stuff. So then mam rang him up and she told him, 'Look, [name], I'm not bringing the kids down to you next weekend now. You can forget about it. You can wait till the courts come along and sort this out'. So there was a big deal made about that. Then he started threatening more and more.

The teenagers' awareness of the dynamics of power and control extended to their discussion on the often crudely asked question, 'Why did your mother put up with the violence?' Or, as we enquired

in our interviews, 'I think it is a crude question, but how did your mother manage to stay with him for so long?' Denise (aged 17) answered in this way:

One minute they'd be getting on, the next minute they wouldn't. You know like, mammy wouldn't be able for that, so she wouldn't. Whatever it was about daddy, he just couldn't control his anger, you know. He was a really violent man. And it was more brutish between mammy and daddy. He'd never let mammy go, he told me that, and mammy would have gone long ago only he wouldn't let her go, do you know.

This very point — of 'not being let go' — is central to the dynamics of power and control and domestic violence. Don Hennessey (2004), the Director of the National Domestic Violence Project, has highlighted an analysis of the statistics of Irish women who have been killed by their husbands or partners; this shows that the most dangerous time for a woman and her children is when she actually tries to leave the violent man. Hennessey warns that professionals, regardless of their good intentions or heroic urges, should be very careful in the type of pressure they put women or mothers under to leave a violent man. The person best placed to judge the best or safest time to separate must always be the person living in the context of the violence.

This awareness is echoed in the responses given by the oldest child we interviewed — Esther (aged 21):

It's a very reasonable question. It's something I've asked her [mother] a thousand times. A lot of it is fear, I remember her saying. When I was younger, maybe I was 14, I said to her, 'Look, why don't you just go away? Why do we have to stay here all the time?' And she said, 'Where are we going to go? Regardless of where we go, he will find us', which is true. Like because even now, even now that we have this barring order and everything, and he knows by law he is not allowed near us, it doesn't matter to him. There is no law with him so. I think she was probably trying to protect us because maybe the way she looked at it was, God knows what would happen if he did find us or what was she going to do with four small children on the run ... and if he did find us, it only takes a minute for him to go a step too far. I know he might regret it for the rest of his life, but I remember she used to always say that to us, when we were younger even — 'It only takes a minute for him to kill one of us'. You know, we were only children and where was she, how was she supposed to protect us, and at least by staying she felt that she was pacifying him, I think, you know.

In some cases, the teenagers themselves understood and spoke about their own role and influence in getting the mother to return to live with the man who had been violent. Issues such as missing their own friends and school, together with their experiences of having to live in a refuge and keep new rules, contributed to some of the teenagers either putting pressure on their mother to return or agreeing with her when she wanted to. As Carmel (aged 16) said:

We stayed there [the refuge] for a while. There was no contact, then he'd start harassing and stuff like and I was still going to the same school. He had a nephew in that school and the nephew was always coming up and saying, 'What's going on?' and all this, being nosy, like obviously reporting back. So then eventually it would be like, 'What about the kids, [mother's name], will we meet up for the kids' sake?' And then they'd meet up and then meet up a few times more and then there'd be talk and then all of a sudden everything would be, like, going back [home]. I mean, at the time, it wasn't seriously bad, despite the fact that I did hate his guts. I had friends and everything living there, so I was happy to go back. It was just generally, she just got sick of all the controlling and stuff. But like, eventually, when threats and stuff that time, that's when it got bad and I wouldn't want to go back.

However, we also heard of instances where the teenagers actually believed that they were the final instigator of the separation, where they spoke of convincing their mothers to leave the violent man once and for all. Carmel (aged 16) continued with her story:

We went back again [home]. I think we actually left four times, em. One time was over Christmas. We had our Christmas Day there [in the refuge]. Another time was probably just a weekend, Mam wanted a break. Another time I went to Dublin; I ended up staying there with my nana for the whole summer, but that didn't work out so we ended up going back to [rural town/home] again, and then now we're here [in supported housing]. But this time, like it's

definitely different because, do you know, the threats and stuff. The last time she talked to us about it, we were like, 'Yeah, we want to go back, we want to go back to our friends, I don't like it here'. But I don't see that happening now and if it does, then I'll just be like [brother's name] 'cos I won't have anything to do with it. I won't be going back. I'd go and work away. I'm not going [home]. Or if she did decide to go back, I'd probably end up living with a friend, but I wouldn't go back there, you know.

## Effect of violence on children's relationship with their mother

Many of the teenagers were acutely aware of how living with domestic violence and the patterns of leaving and returning home had all impacted on their relationship with their mothers, which at various times was very close and at others distant and argumentative. Tony (aged 19) explained:

I suppose all of us would be close with our mother since we had no relationship with our father at all, ever. It was like there was always a father figure there without him ever being a father. He would never give us any advice growing up, like I presume other fathers would for their children ... He always sat at the top of the table, that was his place sort of thing, he always sat there, but he had no interest in us at all as children. He never came to a football game or anything. When we were younger, it was always our mother who brought us to them [football games]. She was very into whatever we were doing.

Even when they spoke of arguing with their mother, the children did so in the context of explaining it as a time in the family's life and a consequence of the crisis and confusion of the violence. As Denise (aged 17) said:

Mammy and me weren't getting on then really, because of daddy. Daddy was trying to ruin the relationship we had between us. Daddy would think, 'You're mammy's pet, you go to her and tell her things about me'. You know, he did destroy it [their relationship] on us.

Many of the children, particularly the eldest sibling in each family, spoke of having a very close relationship with their mother, one where at times they experienced themselves as being overly responsible for the safety of their mother and their younger siblings. Esther (aged 21) recalled:

My Mum always says even as a child I was always the one saying to her, 'You know this isn't right' and 'Everybody else's dad isn't like this'. And she always says that if only she had stopped to listen, that children do have something, sometimes maybe they have more knowledge than adults. ... She was just trying to make our house normal all the time. Whereas, I think, I was always aware that he wasn't right, which is why I don't have any relationship with him. I was always the one who stood up to him and who tried to fight back, but obviously a child against an adult is never going to ... I don't know, maybe because I am the eldest, yeah, I suppose, because in one way when we were growing up, I was very much like a mother to my brothers, if you know what I mean, even though there is very little [age difference] between us.

In some cases, children had previously left the violence, to live with relatives and friends (mainly grandparents), but returned to the violence in order to try to protect their mother. In one terrifying example of the use of mobile technology, an abusive father used to call his daughter's mobile phone and leave messages that he was going to kill her mother if she did not return from her grandmother's house. Jennifer (aged 16) tells her story:

I missed me ma and all. I was always wondering what was he doing to her, you know, and I was always the one, like if I was up there I could probably stop it ... I was going to counselling — me nanny got me counselling — and we were just talking about things and then I was hearing things [on mobile phone] and then he left a message on the phone ... I dunno, did you ever ring someone and then you think you knocked their phone off, but it goes on to its message or loud intercom or something, the loudspeaker on the phone, and then it saves on to the phone. I could hear in the background, 'Do you want me to kill her? ... Do you want me to slit her throat? ... I'll slit her throat in' ... I just wanted to get home to her and to try and protect her. I felt like if I was there, nothing would happen. If I was to stay somewhere [else] and the kids were giving her a hard time, I feel like if I'm not there, I can't protect her or anything like that.

Being there, however, to protect their mother also became a tension because the mother felt that the child was beginning to control her, just like their father had done. Denise (aged 17) explained:

Mammy was a really strong woman. She was able to cope, like not drowning her sorrows, that kind of a way. Mammy used to say, 'Don't worry about me'. I used to say, 'Ah come on, mammy, you don't have to live like this'. I did turn around and say, 'Mammy, you don't have to live with this' — that's when we started not getting on 'cos mammy thought I was trying to rule her, like daddy ... But I wasn't prepared to go on with it. I knew there was a lot going on and, you know, she knew that I knew. Then it hit a certain point when I couldn't cope any more and mammy and myself were arguing like. We weren't always arguing, only when daddy came around we'd start, do you know that kind of a way. Because I was so fed up of the way he was going on.

A key finding in relation to the younger children was how acutely aware of their mothers' feelings they were. During our interviews with the mothers, the children spent considerable time coming in and checking if their mother was alright. This could also be read as checking in with her to ensure that they themselves were safe. But the children's narratives spoke clearly of how they were looking after her. They told a history of watching her cry and seeing her upset — evidence that could easily be labelled as being an 'over-parentified child'. It could also be interpreted as the development of a deep sensitivity within the child, given the context of their family life. This was the case in the interview with Sean (aged 7), where he clearly showed his awareness that the separation of his parents was, overall and after some time, a good thing for mammy, who was happier now:

*What advice would you give to other kids?*

Some mummies and daddies split up, but it gets easier — it gets easier for mammy, she's happier now.

*How do you know?*

Well, she says it.

*And how do you know she used to be upset?*

She used to go up to her room and cry and I'd go up after her to check if she was alright.

*What would you do?*

I'd give her a hug.

## The 'madness' of it all

Living with violence, the pattern of the controlling and abusive behaviour, the men's minimising and denials, and their mothers' struggle to separate, only then to return or take him back — all these things contributed to the children's confusion. A number of them described this as 'wrecking their heads' or 'going mad with it all'. Denise (aged 17) described the feeling:

When I thought daddy was gone for good and that mammy wouldn't take him back again, they'd meet up. Mammy would say they didn't, but I knew well they were after meeting up. And then I used to think the two of them were trying to play mind games with me. I didn't know what was going on. I didn't even know myself any more.

Similarly, Jennifer (aged 16) suffered confusion and doubts:

I swear to God, I was thinking about him ... you'd think the world of him, like you would. He'd sit down and you'd believe anything out of his mouth, he's so convincing. He convinces himself, so he convinces everyone else. So it's mad like — he'd tell me, 'I never hit your ma before'. But I've heard and I've seen him ... and then you'd be saying to yourself, 'Did he never hit me ma? What did go on?' Do you know what I mean, you'd be starting to wonder then.

This 'madness making' of living in the context of domestic violence is something which is strongly supported at a broader socio-political level, where violence is colluded with and ignored (Kennedy and Gibson, 1998). Esther (aged 21) summed this up well:

Being honest with you, we live in a rural area to begin with, where nobody talks about their problems. Nobody. Everybody has this outside face. It's like the valley of the squinting windows. Everybody knows, but nobody talks about it. I mean, everybody would be aware that my dad is violent in the pub, for example, and aware that he has a temper. He's been in court numerous times for different things, nothing to do with our family. Everybody would be aware, I'm sure, that he must be like that at home.

Even other family members and mothers often did not want to admit to or discuss the violence, thus co-constructing the individual's confused sense of what they were really experiencing or remembering having actually happened to them. Again, Esther explained:

Sometimes none of the rest of my family wanted to talk about it. They didn't want to hear about it. If I said to my mum, 'Do you remember the time ...?' And she'd say, 'Look, Esther, we won't talk about that right now. We've something else to do. We've dance class to go to or we have this or that' ... I think that's why I used to doubt my memories. I used to say, well if nobody else remembers them, you know, then maybe I made them up.

Living with the violence, sometimes from the time they were in their mother's womb, created the 'crazy' context of violence being a normal part of childhood and family life. Esther's story continued:

I suppose we were always aware of it, em, because my dad doesn't make any secret, you know, within our house, it was never [hidden] ... I, I hear stories sometimes, you know, from children who weren't aware of what their mother went through, we'll say in the beginning or anything. But from the very start, yeah, he has been violent ... In recent years, we found out from my mum she was only married to him six months when he hit her first, and she stayed with him for 20, well 21 years, so that's, that's our entire lives. I think that's the main thing it does — it robs you of your childhood because even as kids, we were always aware that we couldn't have our friends staying over, for example, because we didn't know how he would be on a given night or anything. So, for that reason, you know, I don't think we were ever proper children in that sense, in that we never had the innocence children should be allowed to have, I suppose, but it was normal for us.

The sheer level of utter chaos that became normal for some of these children was exemplified by Cormac (aged 16), who ended up being removed from his parents and being placed in foster care as a consequence of the effects of, first of all, his father's violence and then later his step-father's. Cormac told us:

My dad was a drinker and there was an incident — em, how can I put this now without sounding too crazy — he got very drunk one night and, em, basically tried to set the house on fire with us inside. And then my mother got a boyfriend, who was probably worse. Every single day, drunk or not, he would just beat up anyone who got in his way, whether it would be children, mothers, whatever. Em, my mother tried to commit suicide various times. Once, when I was there, I had to call the ambulance myself to help her. These are, you know, the kind of things that would get you thinking all through your life, rather than, you know, just alcohol and stuff, 'cos, I mean, it's, it's more scary when there is no alcohol because at least if you are drunk, maybe there's, there's an excuse for some things you do ... in a way there kind of is 'cos you're drunk like ... but it's really scary when they are not. They are capable of anything then, like if they are not drunk. That was when they [the social workers] just took me straight out and put me into a foster home ...

To be honest with you, which is a kind of an unrealistic point of view for someone, maybe, who hasn't, em, been through it, it actually becomes normal and at the time — to be honest with you, up till about 6 or 7 — I just thought it was normal. It was kinda an accepted way of life for all of us at that stage of our life, you know. They [older siblings] would say, 'What happened to Mam? Dad beat her up again?' and that would be the end of it. There'd be no 'What are you feeling about it?' and 'How is it affecting you?' That wouldn't matter, like you know. The thing that would matter is, you know, 'How are we getting food tonight?' or something like that. That would be the questions asked, not 'Are you alright?' That was non-existent because it was pretty obvious that none of us were alright. It was a rhetorical question at that stage.

## Crisis, chaos and change in children's lives as direct impacts of violence

Some of the children clearly attributed their own 'going mad' or 'off the rails' as teenagers as being a direct result of living with domestic violence, having to move into a refuge, becoming homeless or moving out of home sooner than they might have done. Instances of becoming violent themselves in their intimate relationships, becoming pregnant at an early age, drug use as teenagers, drinking heavily and becoming seriously ill were all, on occasions, specifically attributed by the teenagers to the impact of their fathers' violence. Jennifer (aged 16) told of her relationship with her boyfriend:

Do you know like, me boyfriend, he's real gentle he is, like he is nothing like me da and anything like that, and it's mad when I got with him at first. I was hitting him and everything. I was, I swear to God, giving him an awful time and it was like I was showing him — look at me, you are not going to walk all over me the way me da walked all over ... So I was really, I was beating him and everything. I was horrible, like I was screaming at him and calling him this, that and the other. And he'd be, no matter what, he still wouldn't shout back at me, you know. He still loves me. So that would even annoy me. I don't know what it was. I think I wanted him to hit me just to see what, what me ma went through. And I was kinda trying to think back to that now. At the start, I was waiting, like I wanted him to hit me and I wanted him to do the things that me da used to do to me ma, just to see what me ma went through ... I just wanted to kill him all the time. I just wanted to hit out and stuff, and I was always giving him an awful time ... and then I hated myself. Like, what am I doing? Me ma would be like, 'You can't be doing that, Jennifer, lashing out at him. He did nothing'.

For Jennifer, an unplanned pregnancy in this relationship became the focus that seemed to stabilise her waywardness:

I think this pregnancy, it's after quietening me down. It's after getting me mature and everything. Now, I know I was mature for my age and everything, but ... it's great, do you know that kind of way. I know like now I can say that's not going to happen to my child. I'm not going to become an alcoholic. Do you know, things like that I do be saying to him [boyfriend], like, 'I don't want you to be ever doing these things'. I know he wouldn't, but I'm just putting it like that.

Denise (aged 17) blamed 'dropping out' of school, starting doing drugs and even attempting suicide on the impact of the violence she had experienced.

We all had a fight and I was 16 at this stage. I started getting panic attacks and going mad and everything. I started smoking hash and all. Then because of this and drinking, I was going mad. I couldn't take it any more. That's when I got the social worker 'cos I ran away in the middle of the night. I was gone for three days. I wanted to be on my own for a while. I wouldn't answer their calls or anything ... I tried suicide. I tried it one night. I was claustrophobic and panicky, and I went up to this house and got a load of valium at about 7 o'clock at night and I took every last one of them. But I left the door open and some of my friends came up and found me with my eyes rolling in the back of my head and called an ambulance at 999. And they asked me what did I take and why. And it was all based on what had happened, depression and anger. I didn't want to talk to anyone, just wanted to keep it all inside myself.

Like Denise, Esther (aged 21) also tried, hopelessly, 'to keep it all inside' herself. Her story illustrates another way in which the stress of living with domestic violence can become visible — in her case, through a very severe skin complaint:

First and foremost, I suppose my health suffered in that I'd a skin condition that medicine couldn't cure. I had it for 7 years. I was covered with it, from head to toe. I've been in hospital with it. I'd been given treatment 3 times a week, which involved driving 25 miles, 3 times a week, for treatment, blah, blah. It only went away when I started going to counselling and things. So, even outwardly, I was showing it, I suppose.

For Alex (aged 17) and Susan (aged 14), it was their mother who had been the perpetrator of the domestic violence. The result was similar to all of the other children we interviewed — witnessing the domestic violence at home had a very significant impact on both of them. As Susan recalled:



I got all depressed with it like. I thought it was all my fault. She kept saying that and she'd be screaming and hitting my dad and then she'd start in on me like for no reason at all. Just depends on her mood, whatever mood she was in when she got up like. But she was mad too. She was always taking tablets and all, and was in and out of hospital. But I ended up getting very depressed over it and not eating or anything.

Alex's story was similar:

I used to get very upset over it. I didn't know what to do about it, do you know what I mean. I was so young then, you wouldn't know where to go, who to see or who to talk to. There was nobody there ... no one at home or no one.

The assessment of statutory services was also similar in the narratives of Susan and Alex about the type of professional service they said they got from both the police and the social workers. They felt that neither group of professionals believed them or their father when they reported their mother's violence. The next chapter discusses in detail all the children's accounts of the services they got, the ones they wanted and what they would recommend in relation to domestic violence.

## Concluding comments

As this discussion shows, children can clearly articulate their range of experience regarding domestic violence. In recognising children as capable actors in their own lives, we were committed to hear from them exactly how they felt the domestic violence had impacted upon them. For some, the man's pattern of controlling behaviour was such that the children and their mother could no longer live with it. For others, the form of violence included overhearing, witnessing or being directly assaulted; for some of these children, being the eldest in their family seemed to create a context where they carried more of the worry and responsibility about the violence.

Given the level and types of impact the children spoke about, and being mindful of the aims of this research project, we were keen to explore with them exactly what types of service responses they received, what they thought of them and what recommendations they would make for the development of a child-centred service. The following chapter focuses on these issues.





# **5 CHILDREN'S PERSPECTIVES ON SERVICE RESPONSES**

As seen in Chapter 4, children of all ages, once asked, were able to discuss their experience of living with domestic violence and the impact the violence had on their lives and relationships. Children react and cope with their experiences in very different ways. Given the range of experiences, together with the diverse descriptions of how the children themselves made sense of the impact of the violence on their lives and those of their siblings, we were conscious to consult the children about the types of response services they got, wanted or would, on reflection, now recommend.

This chapter focuses on what the children had to say about the services they did or did not receive. It begins with their perspectives on refuge services and goes on to cover child protection social work services, community-based counselling supports, the police and the court services.

## Children's perspectives on refuge services

Like other similar research, this study found that it is more likely to be younger children who will actually experience living in a refuge. Most of the teenage children we interviewed had never lived in a refuge, in fact only 3 of the teenage girls had. Hague *et al* (1996), in their study of refuges in England, found that only 15% of children in refuges at any given time are teenagers; more specifically, they found that 90% of refuges had an upper age limit for boys. This gender bias against young boys was clearly evident in our study too, where we found a general rule that boys over the age of 13 would not be admitted to 'women and children's refuges'. While some mothers with younger children did live in the refuge, their teenage children sometimes stayed with relatives or friends. Overall, our sample, like other studies of domestic violence, is biased towards lower socio-economic classes, who tend to access services more readily given their lack of alternative options. Nevertheless, we did succeed in accessing a number of children who came from higher socio-economic groups (e.g. the professional class).

This research does, however, show how reluctant children — of all ages and backgrounds — living with domestic violence are of speaking about it, even with their closest friends.

## Reluctance to talk with others about the violence or living in a refuge

Esther (aged 21) was the oldest 'child' we interviewed and she spoke quite clearly about how certain factors — such as living in the countryside, being middle-class, coming from a small community — all mitigated against her mother ever thinking of staying in a refuge:

*The first thing, I think, that stopped her is her job. She works in our local area, she has quite a high profile job. She is a teacher in our local school and, em, so for that reason I think that probably stopped her doing something about it ... She kinda felt that she should just get on with her life and stay married like everybody else does in our area, regardless of how miserable they are, and, em ... She's, I mean, like she's very forward-thinking and she is very well-educated and everything, so I don't understand it.*

Carl, who was 5 years of age at the time of interview, was the youngest child we talked to on his own. He explained clearly how he only spoke with his older sisters and mother about living in the refuge because he was afraid that if he told even his closest friends, they might tell everybody in school.

*So, Carl, can you tell us how long are you living here?*

*About two weeks.*

*About two weeks. Did you ever live here before?*

*Nope, in my whole life.*

*What, you know, what do you call this place then?*

*Kinda hotel place.*

*And in school, did you stay going to the same school?*

*Yeah.*

*And did you tell any of your friends that you'd moved house?*

No.

*Did you not?*

No.

*How come?*

I just didn't, in case they told everyone.

*So did they think you were living at home still then?*

Yeah.

*Is that hard then not telling them?*

Nope.

*You just want to keep it private, do you?*

Yes.

Carl's narrative exemplifies the struggle of many others to come up with a 'cover story' about where they are living, why they moved and what they can tell about their lives to others, even school friends and teachers.

A central and immediate piece of direct work for refuge workers and social care/child care workers might be to support children in developing such cover stories and thinking through the possible implications of either telling people or not about their life story. Peter (aged 9) was in a refuge with another small boy from the same school; the child care worker told us how both boys had negotiated and agreed that they would not tell other children where they were currently living. This may result in further compounding the secrecy and shame of domestic violence. However, the young children we spoke to were clear that they did not want their friends to know they were in a refuge. This wish to remain anonymous, while perpetuating notions of stigma, should be respected.

### **Crucial role of sibling support**

Without exception, the primary source of emotional support for each of the children we interviewed was their siblings. After this, the children turned to their mothers and only after that did some (few) turn to others, mainly refuge workers, for support. The most significant finding for this age group (5-11 years) is how central sibling supports are. Even very young children supported and comforted each other.

Sean, for example, who was 7 years of age at the time of interview and whose parents had been separated for 15 months, had not spoken about the separation or violence with anyone except his parents and younger brother. When we interviewed Sean with his brother Tom (aged 4), we were curious about how Tom might have experienced his father's domestic violence 15 months previously (when he was only about 2½) and if being brothers might offer a container of comfort to them. Sean's responses, with Tom present, to these questions were:

*Do you two share a bedroom?*

Yes, we have bunk beds. I sleep on the top ... We're the sort of children that always fight [laughter, both brothers and interviewer].

*Who says that then?*

That's what mammy says about us.

*And when your mam and dad used to fight and your dad was throwing things, would Tom know you were upset?*

Yes.

*How did he know?*

'Cos at night in bed he would say to me, 'Are you all right?'

The strength of this sibling support was reflected through all ages of children we interviewed without exception. It raises the possibility of a real focus on how service providers and professionals might work to support children at such times, by strategically working with sibling groups rather than, for example, the more traditional peer group settings.

### Young children's views on living in a refuge

In various ways and through different stories, the younger children explained what life was like living in a refuge, how it felt to have to leave their own homes, what they missed most from home, what was difficult about living in a refuge and also what made living there easier for them.

Carl (aged 5) spoke of how he felt when they moved into the refuge, remembering the little things he missed from home:

Mam told me for a little while that we were going to come and live here [the refuge] and I was kinda crying 'cos I don't want to move house ... but it feels OK [now] and everything is just different and it's different to the life and it's not so hard as I thought it would be ...

*What's the worst thing about living in a place like this? What do you miss most?*

I miss my play station. No, actually, I don't miss my play station 'cos they have one of those in the home. But one thing I do miss is my bed 'cos it's comfier than these beds.

*That's a really good point. And what kind of bed have you got at home then?*

Ah, I only miss it 'cos it's gone. But my mam took off the duvet and we're gonna to, we are gonna to have it in my new house. She brought the duvet from our old house, yeah, yeah, so it will be in our new house in time for Christmas. And I miss all my toys, but they're in my new house though.

The things Carl liked about the refuge while he was there was 'the computer 'cos I'm allowed play on it whenever I like. I just have to ask [name of the community child care worker]'.

Peter (aged 9) also expressed appreciation for the playroom facilities in the refuge: 'You can make things, draw pictures and painting, and play the play station. It's great'. However, Peter lamented that the playroom was closed on his return from school and was unavailable to him. Overall, he said he was 'happy' in the refuge and there was 'no worst bits' about staying there, apart from missing his maternal grandparents. Peter's aunt, along with his young cousins, had sought refuge following his own mother's admittance to the refuge. The interview with Peter and his cousin, Sharon (aged 6), was conducted with the two children running in and out of the refuge apartment, resulting in a fragmented discussion. However, both children were well able to articulate what they liked about the refuge. Again, the playroom was the main attraction: 'I like staying here, it's fun ... I like the playroom, we can paint and play and things like that'. Sharon also noted that the refuge was 'good' and 'the ladies were very nice'. Enrolling in a new school and missing old school friends and teachers was a worry for Peter, who, although excited about his new school, said he missed not being able to play on his old school's soccer team.

Hazel (aged 10), together with her older sister and mother, had lived in a number of refuges during times when they had left home and then returned to their mother's violent 'boyfriend'. Hazel described overhearing the violence and being threatened directly:

Well, usually when he came in, we went down to our rooms, but we could still hear him 'cos he was shouting so loud and he used to have a very bad temper and he used to run down, come down the hall and all, and come into our rooms and start shouting at us, like if we'd done something wrong, and my sister kinda used to stick up for me and tell him to get out and all 'cos he'd be there. He'd keep shouting at us and all.

For Hazel, moving out of home into a refuge did bring relief from this man's tyranny. Yet life in a refuge was also difficult, as she explained — dirty and untidy bedrooms, together with other unruly children, made living there uncomfortable:

Well, the people there [staff in the refuge] weren't too bad. But it was very dirty as well there 'cos there was loads of spiders and all, and I used to hate it 'cos all the dirt was there and the bed sheets were manky. It just needed a bit of a clean like. When we got in there, I will never forget it. There was moths and dead spiders and all in the beds and it was the middle of the night and how we were supposed to get into bed with that like. The sheets had probably been there for somebody else before and everything. It's just like, how do we know that someone hadn't slept in the beds before. None of us wanted to sleep in them. Like when we got to [another named refuge], we were handed out fresh sheets like, you know. They were all lovely and clean and fresh out of the press. We dressed the beds ourselves, which isn't too bad.

### Teenagers' views on living in a refuge

Some of the teenagers and mothers we interviewed spoke quite clearly of the fact that a refuge service was not the service they wanted. Rather, they wanted a community-based, drop-in support and advice service. However, when teenagers themselves actually did use the refuge service, they were quite clear with us about how difficult it was for them to live in, or out of, the refuge as teenagers, and what they liked or disliked about the service.

The very fact that, at a time of crisis, the refuge was there for them was something Olive (aged 12) was most appreciative of, as well as the practical support of a community welfare officer in helping with the rent allowance on their private rented accommodation:

Well, they [the refuge workers] just say like are you OK? They didn't have to 'cos the refuge, the facilities there, just being there like, we were fine then. They didn't have to talk to us 'cos we were alright then. But it was good being there. They were supportive and the social welfare worker, she was supportive as well with the rent for our house ... It feels more like a home and it's more fun here 'cos I have friends here and I've my own room and I have my own things. And I know that he's not going to be coming back from the pub or anything.

In general, it was the 'little things' that made their stay comfortable or otherwise. Some children who had stayed in more than one refuge knew the key differences between the ones that were child- and family-centred and the ones that were not. As Carmel (aged 16) recalled:

All you could do [in the other refuge] really was watch telly, up until the point where two little kids came in and destroyed it. And there was nothing said about that like, but well the place was left without a television or video or anything. So you couldn't watch TV anymore. So you were kinda stuck just going up to your room. There was a TV in the room, you could watch that like, but do you know the reception and all wasn't great. It [the refuge] was big, you know, it was nice, I don't think they looked after it. Maybe they didn't have enough staff. It just wasn't, you know, if it was looked after properly or had more staff, whatever it was, it would have been lovely.

Staff in the refuge having an age-appropriate appreciation of teenagers' needs and lifestyle was something that made a key difference to the young people, who, again, had various experiences of child or social care workers in the refuges. Again, Carmel (aged 16) recalled:

I have to say, not all the staff at [name of refuge] were great now. There was a few who I thought were. There was two who I thought were stuck up anyway. I'm not going to mention names, but ... do you know like, that's the way most of them would treat you, like 'Oh, are you OK, darling. Aw, you poor thing, what's wrong with you? You look so sad'. And you'd be there with a big smile on your face, do you know ...

But, do you know, of them all, [two staff named] I think were the loveliest. You know, anything you wanted like, if you wanted to talk to them, you'd talk to them, em. They'd let you go up on the computers like, do you know. If you were a child, you'd have to have someone supervising you, but they let me go up on my own, anytime of day or not. If I wanted to go somewhere like, they let me out, whereas in the other place they wouldn't let me out on my own. They'd say no, you have stay with your mother or your mother is to be with you all the time, even though at the time I was 15.

Hazel (aged 10), Carmel's younger sister, recalled:

They [the other refuge] didn't have child, proper childcare workers or anything like that. They had one girl who hardly spoke English like, which is not ... it's OK if you're older. The little kids couldn't understand, so she just did painting, painting and sat down with them and painted with them and made puzzles with them. It [the refuge] was probably short on staff, I'd say, at the time, which was wrong.

In general, these teenagers' accounts of their time in a refuge indicate a chaotic and cramped period in their lives, where a simple smile and clean sheets made an enormous difference to them. Staff who treated them as teenagers, rather than as victims, were recognised as being 'the best'. Refuges were places that teenagers were generally pleased to get out of as soon as possible, often so much so that they put their mothers under pressure to return to the violent home. Again, these children blamed the break-up of their family unit on domestic violence, but also on the fact that when they had to move into the refuge, their brother (aged 17, only one year older than Carmel) was refused access simply because of being 'a male over the age of 13'.

Thus, a key finding, strongly echoed by the children themselves, is how services, set up to support families at risk and in crisis, are actually creating family break-up, in cases where teenage boys are routinely refused access simply based on their gender.

Other serious concerns of the teenagers related to how little support, if any, was ever given to them and their families by the child protection social work services.

## Child protection and social work responses to child witnesses of domestic violence

Given all that the children in this study described during their interviews, we found that there was little evidence of family support or child protection intervention offered in these cases. Out of the 15 family units, with 22 children, only 3 had any social work intervention — Cormac (aged 16), Denise (aged 17) and Jennifer (aged 16).

Cormac (aged 16) was allocated a social worker only after his father had set fire to the family home, with all the children inside. Cormac was appreciative of the opportunities growing up in care has given to him, as opposed to remaining to live with the risk of his violent father. However, he was also quite aware of the ultimate cost that such a drastic response holds for children. As he put it:

I was so used to it, you know, up till the age of 7 or 8 when I did finally go into the foster home. The normality [of the domestic violence] was weird then and I didn't know what to do with that, rather than the other way round. So, to be honest with you, up till about 6 or 7 I just thought it was normal like. Well, obviously I knew there was something wrong going on, something that wasn't right, but it was, you know, it was kinda an accepted way of life for all of us at that stage of our life, you know.

*So being taken from your 'normality', even though it was crazy, being taken from that into foster care, did you miss home? Did you want to go? Did you understand where you were going at that age? Did you have a say in it?*

Well, well first of all I definitely didn't get a say in it ... They just put me straight into a foster home. You didn't have a say, you know. I'm sure they picked the best place for me, which turned out [it] wasn't. But, you know, I'd say they were all, the social workers, there for me like, em ... I think when you are taken, when you are pointed at normality, you do miss your home because it is your home and I think, em, anybody would realise that, no matter how much a mother or a parent hurts you. They are still your parent and you are always going to have that missing of your parent, no matter what they do to you. I mean, it's just like, em, say, with the mother no matter what a son or daughter did to them, they will always have that maternal love for them... yeah, you would definitely miss home. Even no matter how violent it is, you would miss it because it's home... you wouldn't know even what you'd be missing, you'd just miss it like. It's kinda very hard to explain, but they are the best words I can come up with.

Denise (aged 17) was another child in the study to be appointed a social worker, but not until after she had gone missing for three days from her home and took a drugs overdose. According to Denise, the social worker was only concerned with getting her to go back home, never once asking her why she had left or anything to do with her father's violence. Denise believes that 'there should be social workers out there for all kids, not just the ones causing trouble. All kids need someone'. Having someone outside of the family in cases of domestic violence is crucial, given Denise's own experiences — her mother kept taking her abusive father back and her grandmother's only advice, when she went to talk to her about it all, was to 'grow up and get away from him', which is exactly what she did, at the age of 15, when, instead of going back home, she moved into her (older) boyfriend's private rented flat. Due to her age at the time, she received no financial support at all from the community welfare officer. She went on a FÁS scheme and began earning her own money. Though she was legally still a child, the social worker soon stopped visiting her completely.

Given that the majority of children (apart from Cormac and Denise, above) had never actually met with social workers, they quite simply had nothing to say about them. Jennifer (aged 16), on the other hand, whose violent and controlling father had 'called in the social workers' when he discovered she was on The Pill at the age of 14, described her experience:

I got called down to the social work clinic when they [parents] found out I was on the pill, right. But I got called down there, I don't know like, like when I started doing it with my boyfriend. I went straight on the pill like. I was with him, I'm with him nearly two years. So I got called down and she [social worker] said, 'Well, we are going to go to the guards' and everything to get him done because he was overage. He is 19 now, but it was like, oh my God and I was just lashing out then. I was going, what are you doing? Do you know what I mean like. There is people out there and they're having babies at 12 and everything else ... I mean, this was, this is a different age [era]. But they told you to get off the pill, like get off the pill and stop having sex for two years. Like you're having sex and you are gonna stop for two years like! So she's sitting there and I'm looking at her like — so I got off the pill. Yeah, so I went off it anyways and that's how I got pregnant, so, em ...

*So did the social worker that you saw about the pill and stuff talk to you about the domestic violence? What I'm trying to get at is, did anyone sit down with you and talk to you about living with the domestic violence when you were a child?*

The social workers never did. No, they never did.

The social workers we interviewed in this study clearly explained the huge pressure of work loads and the constant struggle to balance risk assessments and prioritise case work. It is certainly the case that these children's narratives — of their lack of any level of appropriate child protection or family support — highlight the real challenges faced by the system in trying to respond adequately to the various dynamics of domestic violence in families. This is not to suggest, however, that family support or intervention work with child witnesses of domestic violence is impossible; on the contrary, such supports as we found were provided by community-based family centres and family therapy services.

## Community-based counselling and family therapy supports

Through the interviews with the mothers, we became sensitised to their recommendation that children who witness domestic violence, in its various forms, should receive therapy. Often mothers actively looked for service providers to meet, assess and talk with their children about their experiences of witnessing domestic violence.

Following the domestic violence, the mother of Sean (aged 6) approached the local social workers to ask for a referral to child guidance. But she was told that her children did not need the referral and would be fine. Apart from his parents and younger brother, Sean had not spoken with anyone else about the separation or violence before our interview. The end of Sean's interview was telling:



*What was it like talking with me today?*

It was hard and good, and I'm happy to talk with you ... just so I can get it out of my system.

*Is it in your system?*

Now like, no.

*And when it was in your system, what was it like?*

It made me sad.

*And what cheers you up?*

Playing with my yugio cards!

In the absence of having someone to talk with about the separation, Sean found other everyday ways to distract himself from his sadness. Thus, we were curious in our children's interviews to explore what they thought of therapy, if they had ever received any and if so what benefits they felt, if any, accrued from it.

Most of the children of all ages said they had not gone for therapy. In the vast majority of cases, the children reported that the interview itself was often the first time they had spoken at length about their experiences to anyone other than their mother. Denise (aged 17) reflected that she had 'never talked like this about the violence ever before, but I could keep talking all night'; having done the interview, she said she could recommend it to anyone else who had lived with violence:

*I think it's very unfair when children see or look at their parents fighting. Physical, emotional abuse going on in the home. I would advise other kids to go and get help.*

One teenage boy we met with (Jason, aged 13) kept us at some emotional distance during the short interview. His opening comment — 'Yeah, I am fine talking about it all, but I have to be gone in half an hour for the football' — set the tone of the interview, which may have indicated his eagerness to keep himself either too busy to think, feel or even talk about his experiences, or, equally valid, that he was fine and had to go and play football in half an hour. His mother was much more anxious for us to interview him and for him to talk with us, even though the violence had ended several years previously when they moved to Ireland to get away from her abusive partner, possibly suggesting that in some cases the value of therapy may be more about easing anxious mothers than directly helping children who have moved on or are coping in their own ways. Jason commented as follows:

*He wasn't my dad. He was my step-dad and I remember he used to hit my mother and she used to be crying and all at night ... The only time it used to be OK was when he was in prison. I remember he was sent down for a year for hitting my mother and that felt great. But then he got out and he came back and it all started over again. Then I remember my mam saying we were going to go to Ireland together, just the two of us, away from him. I knew then that she wasn't going to take him back again. Sometimes my mam still gets upset and she goes down to [name of community centre]. But I don't think I need any counselling. I feel fine 'cos I know she will never take him back.*

Almost in direct contrast to Jason's narrative, Olive (aged 12) spoke about her sense of value in counselling, maybe having overheard her mother's rationale — 'It's good to talk'. She recounted enjoying talking about her experiences in a trusting environment:

*Talking about it makes it easier, like. I've nearly forgotten all about it. It's just made it easier and it makes me feel all happier talking about it and getting ... like it's obviously still, still in me all this, but it makes me feel happier talking about it and now it's brought, now this talk has helped me get rid of it quicker than it would like just passing time ... I don't let the bad thoughts take over me. I take over them [bad thoughts]. I don't let the bad feelings get me down, stay positive all the time.*

Olive's narrative of having lived with a controlling and threatening man is replete with examples of just how she copes and manages to 'stay positive', given that one of the impacts for her is how the memory of his threats come back at times to haunt her.



*So how did you cope with what was happening to you?*

Well, I just thought of good things and that helped me cope. I just thought of good things and, em, dreamed of things that I would like to do and that helped me cope with all the anger kinda. Like I like, I love music so I dreamt of being on stage with singers and going places because I used to dream about that before and it just helped me to dream about things I like.

*Do you think you need therapy or you need counselling or would you be worried for your future?*

No, no, em, I'd say I'll be OK ... without him in my life. I probably won't need any, but people, other kids, that like get, em, hurt and punched and all, em, physical abuse like, they probably might need it. But ... I was OK and I put up with it for a few years like and I'm OK and I don't think I need anything. It's just like basically all gone out of my head.

*Yeah, and would you ever feel sad now or upset or worried?*

No, not really. It might just come to my mind if I'm tired or I'm just going in a mood and it just might come to me, but I just put it out of my head. Like I just put on music and then that just puts it out of my head. I just do things I like doing and then it just goes out of my mind and I'm alright then. I'm sorta ignoring it and it's just still in my mind, but I'm not thinking about it and then I'll, I'll, but it's gradually going out of my mind. It's gradually like coming out of me ... Being in the refuge helped me forget about it and helped me, em, be more like a child again kinda thing, without anybody talking to me. Just being able to do my own thing again, that helped.

But other children who had received the benefits of therapy were clear about how therapy and a certain type of talking worked. Alex (aged 17) spoke of how it was his previously abusive mother who had encouraged him to go for counselling after she had left the family home.

Well, I've got counselling there recently like. My mother thinks I need it. She says I need it because I am full of anger now. Well, I am angry with her. But I think counselling like, I think I do need it. There's a fella there, inside town, he's a good fella to talk with. It's good like, ever since I've been talking to him, I've been getting more angry with my mother like ... things are starting to come back up again. There was a lot of things I put to rest like ... so I started talking to my mam again to try and make things up like, lost time ... I'd have liked counselling when I was 13.

Esther (aged 21) began attending a counsellor when 'everything started getting in' on her during her Leaving Cert year. She had seen the benefits that counselling had brought to her mother. The cost, however, Esther said, was prohibitive:

I said, well, if it's doing [her mother] this much good, I'll give it a go. I didn't know if it would work or whatever, and it did. I could do with going for a lot longer, but then, you know, with college and things I had to move away and so I went for, I think, almost two years, I'm not sure, a year now, once a week. But it's very expensive, you see, that's the other thing. It was 45 euros a session. It's a lot of money. It's 90 euros for the two of us, 90 euros per week, you know.

The value of the therapy for Esther, however, was in how a non-judgemental listener helped her make sense of and piece together all of 'the madness' she had experienced through living with the violence:

I think from the very beginning what I liked about it was, there was no judgement. The fact that they don't tell you what you should do or what you should have done because I was already beating myself up enough about that, you know. I was constantly saying, well I should have been, I could have and everything else, when in fact I'd done entirely too much as a child anyway. The second thing was the fact that somebody else acknowledged that this wasn't right, if you know what I mean. In counselling, he, he didn't ever pass judgement on my father or whatever because he wasn't there. And then I'd say, well I'm not really sure if I remember that right. Then he'd say, well it doesn't matter, just tell me anyway, you know. And then when

I'd leave I'd say, yeah, I do remember that right, and then it's easier to put things away. If you put them away ... or put them aside, if you can talk about them, I think, whereas otherwise they'd just be eating me up, you know ... My counsellor was willing to sit there for an hour and let you talk at them, regardless of whether it was true or not, you know, whether it was your need to make sense of it or whether it was there in black and white for him to see.

Using therapeutic services in this way, to piece together a chaotic and fragmented childhood, was complemented by one example of community-based family therapy services. These services work with children and their mothers, to support them while they continued to live with men who were violent to them, or to help them prepare to separate, or to continue to work with them after the separation on negotiating safe access arrangements and court appearances.

Therapeutic services provided the very best model of family support in cases of domestic violence. Furthermore, the therapists understood the dynamics of power and control, and how living with domestic violence, planning to separate from it and managing to cope with the separation, shared parenting and court cases were all an ongoing process, not just a once-off event. However, these services were not widespread — only one child in our sample of 22 had engaged with a family therapist.

Catherine (aged 13) has been seeing the same community-based family therapist for four years since she heard her father beating up her mother and then found her lying in a pool of her own blood, with clumps of her hair pulled out all over the house. Catherine talked about the therapy she was receiving:

When I started seeing [name of family therapist] first, I used to talk with her about what I saw. I used to draw pictures of it and I used to cry. Then sometimes we'd talk about if I wanted to go and see him [father] and if I felt safe and all. I don't come to her all of the time, just if I want to or if I ever get upset, like when ma has to go back to court or whatever.

This therapeutic role of supporting women and children during a court process is absolutely crucial. A key finding in what children (and mothers) spoke to us about was how unsupported they all felt by both the police and the court system at a time when they were at their most vulnerable.

## Police service and court system

Even within this relatively small sample of children, the most significant finding is how few women, children and family units ever disclose the forms of violence they are living with. Repeatedly, the children in this study recounted stories of living with the daily routine of being controlled, threatened, overhearing the violence against their mothers, witnessing the violence or its aftermath, as well as very often being directly assaulted during or as part of the violence. For all of this, only a tiny minority of these cases ever came to the attention of the police or the court system — evidence of how the dynamics of power and control are socially sanctioned and colluded with at a broader socio-political level.

In some instances, it was the children themselves who made contact with the police and emergency services. Catherine (aged 13) spoke with us about the morning when she had phoned 999 four years earlier, when she was 9 years of age and had come downstairs to find her mother lying on the floor 'all covered in blood and there were clumps of her hair all over the place and the baby was crying'. Catherine's therapy later included a focus not just on her experience of finding her mother like that, but also her experience of being the one who had to contact the police.

Denise (aged 17) had put up with her father's 'uncontrollable temper' until she became a teenager and simply could not take any more of it. As she put it, 'He still beats mammy now, constantly still, and I started getting fed up of it all, so I started ringing the guards'. She continued her story:

He'd [father] say, 'Come over here to me, you, I'm going to burst you'. And I'd say, 'Come on so, there's guards outside the front door waiting for you'. And then he'd start, 'I'm going to

get you, I'm going to get you', saying 'You'd put your own father away behind bars. You'd put your own father in jail'. But I'd get him lifted, but somehow or other he kept getting back. I never knew how he'd get back into the house. Mammy always said, 'Whatever he wants, he always got his own way' ... We got barring orders and everything, but he was never put in prison, But he was in the barracks the whole time and like he bet [beat] up a guard before. He still has a court case over that.

In Denise's case, there was a barring order against her father, yet he consistently broke it and returned back home. The Gardaí knew him to be violent (in fact, they had an outstanding charge against him for assaulting one of their officers), yet their ultimate response was to get annoyed with Denise, blaming her for wasting their time calling them 'too often'. She remembered:

They just ended up giving out to me, saying that I was wasting their time and not to be calling them down to the house. You see, he'd be gone again by the time they came down. But you could tell that mammy had been bet [beat] up, but they just said I was wasting their time.

While we only interviewed two children from one family where the mother was the perpetrator of the domestic violence, both of these children (Alex, aged 17, and Susan, aged 14) spoke separately of how let down and ultimately ignored they felt by the police in particular, but also by social workers and health service providers. In their specific case, they felt that no one believed them when they said that their mother was the one who was violent. Alex (aged 17) talked about the Gardaí visiting their home:

The guards came here before my mam left. She left us. She left when I was 13. She was a manic depressive. She used to lock us out with my dad like when she used to break down, have a nervous breakdown, go manic like. She'd locked the house and threaten that if we came in, she'd stab us and this kind of thing. She used to be waiting behind the door with a bar and that kind of thing. She'd ring the guards and they used to think, they know it all, they think they know what's going on. They hadn't a clue like ... I think that the Gardaí have to be trained to deal with these things and social workers should be updated themselves about the houses they are going into, like analysing things, sitting down and talking, you know, and asking questions. The Gardaí aren't very talkative like, they don't ask what's going on or how are you feeling. They don't get into it. But I think they have to a small bit to find out what is wrong ... like if they go into a house and a woman's screaming 'He's after hitting me', you don't know what's going on. Like he might have hit her. She might be saying 'He's after hitting me' ... They jump to conclusions straightaway like — that's after happening ... so that is the problem. So they come into the house, my mother could have been there and hit herself like, bruised her arm or something, she would like ... And she would say it's my dad and then my dad is dragged out the door ... He was arrested when I was younger because they never believed his side of the story.

While this single example may highlight key gender prejudices on the part of the police and social workers towards male victims of domestic violence, the other children in the study were equally scathing of the poor quality of service and protection they received from the Gardaí.

Esther (aged 21), who had grown up all her life witnessing her father's violence to the entire household, spoke of her utter disgust and being let down completely by the lack of protection offered either by the Gardaí or the courts. Esther was adamant that her mother, who believed strongly in the sanctity of her marriage vows, only went to court for a barring order when she feared that her grown sons would no longer put up with their father's violence. Her rationale for looking for a barring order after 21 years of violence was in a way to protect her husband from her sons, but more so to protect her sons from getting the blame for taking revenge or standing up to their violent father. Esther explained:

You know, to go for this barring order and things was because, em — she said this in court herself on the day of her appearance — she said because now it's not only about protecting us from him, it's about protecting him from us, if that makes sense ... It's a very real fear that one of [us] will kill him. One of us, one of any of us could ... especially the boys. My youngest and my oldest brothers, they have very serious issues with him, em, and what had

happened in the weeks before the court appearance was that my mum had woken up one night and my dad had gone into my brother's room and woken him and pulled him out of bed. I don't know how or what he, em ... and when my mum got up, my brother had him [father] pinned up against the wall, his hand on his neck so .. she, she explained this in court and said, 'Look, it's not just us against him that we are trying to, you know, get him out now ... it's as much for his own safety'.

Esther remembered how, on the day in court, her father had the best business lawyer in town, who argued that her mother was making up these stories so that she could take over her husband's land. Esther said the lawyer said to her mother: 'How come you are only coming up with these stories now? You think we will believe that you put up with all of this for the past 21 years?' To Esther, it was like her mother was being abused all over again, this time by the solicitor and the court system. The Judge did award her mother the barring order, but that very night when she returned from the court her husband was already waiting at the house. Esther continued:

So anyhow, the barring order was granted ... which he didn't abide by at all. I've already mentioned that he's lawless, if that's the right word. He just, he just doesn't care, you know. The law, my mum, nobody can correct him. He'll live how he wants to or behave how he wants to, em ... So then, when my mum came home from the court that day, he had been in the house. I came home that night and I think I was home an hour when he arrived at the window, em ... He pushed in the back door and came into the house, so we rang the guards, who first of all told my mum on the phone that the barring order didn't come into ... wouldn't be coming into order or whatever that word is, em ... until maybe the following day or something, so that he wasn't doing anything wrong. So she said, 'What do you propose I do? I am here with my two children in the house. Fair enough, they are adults, but what are we supposed to do?' So they said, 'Look, we will look it up and ring you back'. So I remember I sat by the phone for half an hour, but there was no call. So I made her phone them back and they said they'd be along. An hour later they arrived, which was an hour and a half [since the first call], so I ended up arguing with the guards. My mum said, 'Esther, now would you not have just been nice to them? They were doing us a favour'. And I said, 'A favour, after an hour and a half?' And that's been the story with them ever since basically. My mum has only phoned them maybe twice more since.

The reason why Esther's mother simply gave up calling the Gardaí when her abusive husband broke the barring order was not simply that the hour-and-an-half delay (for a journey that should only take 10 minutes) made such emergency calls utterly pointless. Rather, it was the fact that, unlike the initial hearings for barring orders which are heard 'privately' in family courts, prosecutions for breaches of barring orders are heard in public open courts, thus shattering any and all efforts to maintain some privacy and dignity that the women and children have paid so dearly to try to protect.

Esther, as the oldest child in the study (at 21 years of age) and the one who had lived longest with the legacy and trauma of the hidden violence, summed up:

I think, again it's only my opinion, but I think the children are where the services need to be at more so than adults. To begin with, the parent can choose whether or not to speak about it anyway and they influence the child. But if you have services aimed directly at children — maybe better counselling services, we'll say, in secondary schools, nothing to do with domestic violence but just a counselling service within the school, because I think domestic violence still has that stigma about it. It's still a family matter, more so than we'll say a civil matter. I think, in my opinion, that domestic violence needs to be taken out of the personal setting. It may be a domestic matter, but it is violence. It doesn't matter where it goes on, in the home or on the street. I know it's harder for the guards or judges and things. It needs to become a civil matter, if that's the right word. First of all, people need to learn to speak about it more. It needs to be open, you know, not just behind closed doors, em, and I think if more people spoke about it, for example, if it became more of ... I think at the moment, yeah, everyone is talking about sexual abuse, with these industrial schools and everything else. I think if domestic violence became something that was for discussion in the public domain in general, more women and men would sit up and realise that there is somebody out there who listens and somebody who does care, and the services are there to deal with it. But it's very rarely spoken about.

## Concluding comments

Having lived with various forms of domestic violence and understanding the range of consequent impacts on their lives, the children we interviewed were equally aware of the services — or more specifically, the lack of appropriate services — that they received in response. While refuges do offer a key response to women and children in domestic violence situations, the children in this study offer clear suggestions about how ‘little things’ could vastly improve their experience of spending time in such places — things like a smile from the staff, clean bed linen, permission for their teenage brothers to stay with them, being treated with respect as teenagers.

Yet refuge provision must not be understood as the only appropriate service response. As this discussion has clearly shown, not all children (or women) want to move into a refuge. Many rather wanted locally based drop-in support services, which would be non-judgemental, offer support, understanding, legal and social advice, and provide supports around parent – child relationships. Children were scathing in their admonishment of community care social workers, whom they felt either ‘never got involved in their family’ or if they did ‘they never listened to them as the child’. Similarly, the children had no trust in the Gardaí, whom, if they did respond to a domestic violence call, often ended up ‘giving out’ to the child for arguing with their parents or making the call-out.

An example of ‘best practice’, as far as the children were concerned, included a therapeutic focus that ‘helped them get over and deal with’ the impact of the domestic violence.



# **6 ASSESSMENTS BY MOTHERS AND PROFESSIONALS OF CHILD-CENTRED SERVICES**

This chapter provides an overview of the kinds of services that are available to children who are victims of domestic violence. Assessments are presented from both mothers and professionals on the adequacy of the existing child-centred services and recommendations are given for best practice. Mothers' accounts of the services their children received indicate that child-centred services are minimal and difficult to access, with no single agency providing a comprehensive response. Specifically, attention is paid to the role of refuges, community support and statutory services, with a focus on how such services intervene to support and protect children. The extent of refuge child-centred services, the focus of such work, inter-agency collaboration and the limitations within which refuge child-centred services operate are highlighted.

## Refuge-based services

A key finding in relation to child-centred services for children who experience domestic violence is that refuges constitute the main service response. However, the findings also show that refuge support is a 'minority option' for women and children, given the extent of the problem of domestic violence and the numbers of women and children who access such services. This indicates that, for the vast majority of children, little if any services are available. Besides refuges, dedicated child-centred services are not mainstream, with few community-based services available to children. Mothers, refuge-based and community-based professionals all identified this gap in service, concluding that adequate services are simply not available.

The crisis and often short-term nature of refuge services was identified as a key barrier to working effectively with children in addressing the long-term impacts of domestic violence. Refuges provide little opportunity to engage with children in a therapeutic manner; many professionals actually stated that such work is beyond the remit of what refuges can provide or, indeed, should provide. The overwhelming theme to emerge was that refuge child-centred services aim to provide children with a safe, comfortable and 'fun' environment. This work is extremely important in 'holding' children in a safe contained space, free from violence, with immediate short-term benefits to the children.

However, the therapeutic benefit of child care work was considered important in terms of outcomes for children. As already mentioned, refuge child-centred services do not in the main provide therapeutic services. But a minority view says that they *should* and, indeed, a small number of refuges in our sample *did* provide therapeutic services, in the form of art therapy, play therapy and child counselling. But these services are not widespread and are offered to relatively few children.

## Living in a refuge

The type of living accommodation offered to women and children who seek sanctuary from domestic violence was considered an important aspect of a refuge's capacity to provide a child-centred service. Refuge accommodation for women and children consists of self-contained private units and/or shared communal living facilities. Self-contained units generally consist of private apartments, with a bedroom, living-room, bathroom and kitchen facilities. Communal facilities offer private bedrooms (and, in some cases, bathrooms), with shared living and kitchen facilities. Although mothers were generally very appreciative of the refuge, they spoke about the difficulties of sharing facilities with other families. The tensions created by this were illustrated by one mother, Maureen:

At the start, when I first went in, there was only 3 women and say 8 kids and it was fine. After that, it was crazy because they had no room in the fridges or the presses and there was only 2 cookers. There were so many kids to be catered for, it was just ridiculous. It was kind of hassle the whole time. You couldn't buy your milk, your bread or anything because nobody knew what was what. It was terrible. Oh Jesus, I'd never go back to it again. It's stressful to even think about it now, to be honest with you. It was really great to have a safe haven and great to have a bed to lie in, but I have to say you wouldn't recommend it.

The negative impact on children of living in communal facilities was a key theme to emerge from interviews. Almost all refuge professionals described how children are invariably exposed to other women's explicit accounts of domestic violence by virtue of the communal accommodation, further contributing to their exposure to domestic violence. One child care worker said:



Children are being exposed to too much altogether ... they listen to so much, they listen to ... not only have they witnessed their mother's violence, they are also listening to other women's violence.

The manager of one of the refuges said:

I think it's very important for children to have their privacy. They don't need to be listening to other people's stories ... Children are open to a lot more information than they need ... communal living is so unhealthy ... The consensus across the board is that self-contained [apartments] is what is needed.

In addition, lack of privacy, potential conflict of parenting styles and potential conflict between children were identified as the disadvantages of communal living, which can impact negatively on children. Professional community workers also identified the lack of child care facilities as problematic:

It's absolutely a major problem ... The children can understand what you are talking about and sometimes that puts a huge burden on them. Sometimes we have a mother who doesn't realise either that the children do understand what she is talking about or the impact of hearing all of this.

Similar to professionals, mothers also spoke of the advantages of self-contained accommodation. Its home-like atmosphere eased children's transition from living at home to living in a refuge. One mother, Linda, commented:

It's great for the kids ... they try to make it as good as home as possible. It's very comfortable here, like they are all private units, it's very homely ... The kids have their own space and they have their own, they can do what they want, they can go to the fridge when they want ... you can cook when you want ... I think it's a good advantage to them ... It's a way more homely atmosphere and they tend to settle in better.

### Policy and procedure towards children

Most refuges informed us that there are very few rules governing children's entry and stay in a refuge. However, policies about acceptable behaviour, use of play facilities and a mother's responsibility for her children were commonplace. One community child care worker (CCW) described quite innovative ways of informing children about rules and regulations. In the refuge in which she worked, house meetings were held with children, rules about safety and behaviour were discussed and children negotiated with the CCW on matters affecting them; in addition, children themselves recorded the Minutes of the meeting and were asked to sign a contract with their hand print. This level of inclusiveness — involving the children in the decision-making process — embodies excellent child-centred practice.

Although all the mothers were grateful for refuge accommodation, most of their criticisms centred on the refuge's rules and regulations around children, which were considered too restrictive and poorly thought out, particularly for younger children. Lack of adequate child-minding facilities was considered problematic since everyday chores (such as grocery shopping, washing clothes and cooking dinner) often had to be done by mothers with their children present in the same room at all times.

A key and important finding in relation to policy and procedure is the exclusion of teenage boys from refuges. Only one refuge in our sample of 8 permitted entry to teenage boys up to 17 years at the time of interview.<sup>2</sup> In all other refuges, the age at which teenage boys are excluded varies from 13 to 15 years. The main reasons cited for their exclusion revolve around concerns about their behaviour and physical presence; fears for other residents, particularly other children; potential for sexualised behaviour; and perceptions of the unsuitability of refuge accommodation for young males. As one CCW explained:

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<sup>2</sup> Subsequent to the research interviews, the National Network of Women's Refuges and Support Services produced a practice guidelines entitled *Child Protection and Welfare Principles: Policies, Procedures and Practice* (NNWRSS, 2006). This document acknowledges that barring teenage boys from refuges is discriminatory and reinforces negative notions about young men. However, the document falls short of recommending the complete removal of the ban on teenage boys, stating that refuges will review current service provision to assess appropriateness of admitting teenage boys and will undertake to source alternative accommodation should current provision be deemed inappropriate.

Our first rationale is that the bedrooms are shared accommodation ... a boy over 15 doesn't want to share a bedroom with his mum and his siblings, so purely from a privacy issue ... The other thing would be around younger children, if there were older boys, if there were behavioural difficulties, how safe would it be for the other children?

A refuge manager expanded on this:

Young males might, in terms of their aggressive behaviour, be threatening. There may be issues around having young males where there are young children.

Barring teenage boys from refuge services was considered a huge problem by mothers, children and community-based professionals. Community workers were critical of this exclusion policy, given its impact on the teenage boys themselves and women's ability to access services. A community support worker commented:

It's a total and complete and utter barrier to anybody who has a boy of that age. The majority of women would rather remain in a violent situation, where [at least] they can keep an eye on that child.

Two of the women in our sample had teenage sons who were refused entry to a refuge. In one case, the 15-year-old boy stayed with family friends, while his mother and younger brothers and sisters stayed in the refuge. In the other case, Maeve's 15-year-old son was initially refused admittance to the refuge; she said she was told by a refuge worker, 'We can't take him. [He is] considered a man and they don't allow men in the refuge'. Maeve explained to the staff that her son was 'a really young innocent fella' and she refused to come into the refuge without him. An exception was made and the entire family was admitted entry.

In one refuge, the policy of excluding teenage boys was recently revoked and the age limit increased to 17 years. The rationale was fairly simple, as one refuge support worker said: 'Simply because women will not leave their sons behind them ... because if you are leaving a violent partner, you are leaving your child with that violent partner, so the women will stay [home] rather than leave their child'. This indicates, however, that the impetus for change was concern for the women rather than the teenage boys themselves.

### **Extent of dedicated child-centred services**

The provision of playroom facilities, staffed by qualified child care workers, is central to refuge child-centred services. Almost all refuges offer a dedicated child care service, consisting of child care worker(s), in some cases assisted by playroom assistants, typically on Community Employment Schemes. In a small minority of refuges, the child care work is supplemented by the limited availability of a play therapist, art therapist and child counsellor.

In most refuges, playrooms operate on a restricted-hours basis, with some opening in the morning only, meaning that school-going children miss out on this aspect of the child care service. A lack of staff results in the closure of playrooms in the late afternoon and evenings, with little or no weekend service. According to one community child care worker (CCW), 'Ideally it would be open all day, but that is just not possible. But for the children themselves, ideally it would be open all day'. The lack of evening and weekend cover was identified as a major barrier to offering a comprehensive child care service. In only one refuge in our sample, child care workers were available at weekends and the playroom was open on a full-time basis, with mothers encouraged to supervise their children in the absence of the child care worker.

In addition to playrooms, some refuges offer child-centred spaces for children, such as a computer area, a den for older children and outdoor play areas. In one case, there was a 'salon' where children are provided with a relaxing atmosphere, with an emphasis on self-care and reflection. The work was described as:

not necessarily therapeutic, but it can have great therapeutic value ... I mean, I am not a therapist, but it's offering the child a space. It may only have short-term value. We don't know what's going to happen when the child walks out the door.

Overall, the role of the playroom was described by CCWs as:

*It's a great place where they can just play. The majority of children just want to take some time out to play and have some fun ... Even though they have been through quite a traumatic time, they still love to take some time out and play.*

The short-term crisis nature of staying in a refuge does not allow for planned programmes of therapeutic intervention. Some refuges regarded therapeutic work as central to their child care service: 'We would have a therapeutic playroom rather than a playroom ... it's all therapeutic work we do with the kids'. Other refuges felt that planned programmes of direct work with children could only be safely done if the children were no longer living with domestic violence. However, in reality, the lack of community-based facilities means that little post-refuge direct intervention is available to children. The commitment of mothers to planned programmes of intervention was considered 'huge ... there has to be a supported environment'. Again, this work was considered only possible where children did not return to domestic violence and were supported well by their mother.

In one of the refuges sampled, a child counsellor was available to the children on a limited sessional basis. The manager described the importance and value of this service in relation to a young boy, who had recently engaged with the child counsellor:

*She [counsellor] was working with this woman who had come in ... she had been stabbed and this little boy had witnessed the whole thing, the trauma of that, and we found him really quite aggressive, a very difficult child, very hyperactive. [Counsellor] did some lovely work with him ... one of the things she did was she brought in a retractable knife, you know; she does sand play and she said she just left it on the sand on the side and he took it up. It was allowing this child the space to be able to work through in whatever way possible this awful thing ... She was saying that once she got past that with him, he was able to talk about the fact that he hadn't been able to protect his mother.*

Few refuges provide CCW outreach services, given the constraints within which the child care services operate. In refuges that do offer an outreach service, CCWs make home visits to support both the children and their mothers. In one refuge, this outreach service was considered crucial in responding to the needs of those children whose mothers had left a violent relationship but had not accessed refuge services.

Only one refuge in this study did not provide a child care service (apart from the availability of toys in a communal living area). Lack of funding prevented the availability of a CCW, playroom and other such basic provisions. The lack of a CCW, according to one refuge support worker, meant that:

*The children are the mother's responsibility all of the time ... The minute a mother comes in here, the pressure is on her ... we have strict rules here. Children cannot be left unsupervised, so where the mother goes the child must go. So there is an added pressure on top of her.*

In one particular refuge, staff noted that their 'hands were tied' with respect to working with children since they are not professionally trained to work with children. The staff considered this situation to be 'frustrating'. While they felt well equipped with the knowledge of the impact of domestic violence on children, they were not equipped with the skills to address them. In this refuge, a CCW was available, on an occasional basis, to work with children about whom there were particular concerns. However, the availability of this service was extremely limited.

### **Adequacy of services**

Assessments by mothers and professionals on the adequacy of child-centred services revealed the constraints within which child-centred services operate. Inadequate provision of child care facilities was identified as the major constraint in providing children with a quality child care service. Inadequacies included a lack of professionally trained child care workers in refuges, leading to restricted access to play facilities where the direct work with children is done; lack of resources for access to specialised therapeutic services; and lack of physical child-centred space. As one refuge manager put it:

Our service is just too small for the amount of children we have at the moment ... it's just too small for the number of children we cater for. The room size is too small and I would say totally inadequate for what we have at the moment.

Not all refuges agreed that an increase in child care workers (CCWs) would necessarily address the inadequacies of child-centred services. One manager felt that therapeutic services are urgently required and that increasing access to CCWs in the playroom would not be the most effective use of resources. Several refuges recommended that their services need to be extended to include specific therapeutic interventions.

The development of CCW outreach services was also recommended by most service providers. This would provide children who leave the refuge with a supportive ally and enable them to maintain the relationship built up with the CCW while in the refuge. Other CCWs identified this service as crucial for children who do not access child care services, but whose mothers access refuge outreach support services. Conversely, one refuge manager felt that:

[Refuge CCW outreach work] lets the statutory sector off the hook. I think that their [social workers] service is so awful. I would see that as something the social work team and community child care worker should be looking at doing something about.

This refuge manager regarded post-refuge community-based services as 'abysmal', with little, if any, social work or community-based support. Waiting lists for child psychologists were identified as a major problem. Many refuges recommended the provision of a dedicated child psychology service for children who have witnessed domestic violence, particularly for teenage children. As illustrated by another refuge manager:

There is just no outlet for children to express their experiences, the impact it has had on them. Like the waiting lists to access psychology, like 18 months, I just find the whole thing disturbing to be honest ... The kids who are in here, who have come from these kind of situations, and there is no service to deal with it ... They need assessment and some kind of strategy to deal with that.

## Summary — Problems and solutions

In summary, refuge professionals reported little, if any, community-based child-centred services. Children who leave the refuge to return home to the violent perpetrator are not provided with therapeutic services, given the absence of a supportive home environment. Social work intervention appears to be the only available service to such children, but as interviews with social workers revealed, these children are often not engaged with beyond an initial investigation. Some children who leave refuges and do not return to the violent home are referred to specialised services, such as a child psychologist, play therapist or counsellor. These services are dependent on the mother's ability to provide a supportive home environment. Again, waiting lists for these services were considered problematic. Children whose safety is not considered an immediate concern but who are identified as 'in need' due to their exposure to domestic violence — these children receive no services from community-based providers.

Refuge professionals made the following recommendations for improved child-centred services:

- urgent requirement for additional professionally qualified child care workers;
- urgent requirement for weekend and evening cover;
- funding to resource child-centred outreach programmes;
- increase in availability of access to play and art therapists;
- age-appropriate children's support groups;
- urgent requirement to address child psychologists' waiting lists;
- urgent requirement to develop community-based services;
- develop a 'domestic violence training pack' for any professionals working with children, in particular teachers;
- urgent requirement that public policy recognises the emotional impact of domestic violence;
- availability of family rooms to facilitate access to fathers;

- increased provision of age-appropriate play and leisure areas (children ranging in age from 0-18 access the same facilities in many cases);
- centrally available funds for child-centred services.

## Community-based responses

Most of the families in this study had never engaged with a social worker, with some mothers deeming such support unnecessary. Jennifer, for example, felt that her children did not require social work intervention and thought that a refuge outreach child care worker (CCW) service was the most appropriate response:

*I know I can always have [a CCW] if they get upset ... She comes here and she will chat to them and talk, which is good, it's brilliant, she's very very good. I don't need a social worker.*

Several other mothers commented that social work intervention was not what their (young) children required. According to Linda, 'I don't think [son] needs anything ... I mean, she [social worker] said he was absolutely fine. I don't think there is a need to do anything with him'. Similarly, Sue commented, 'No, I don't think they need anything because I can sit down myself and talk to them in my own way and in my own words. I'd rather do it myself than have somebody else do it'.

Some mothers, however, actively sought social work support, primarily to seek reassurance that their children were 'OK'. Patricia contacted her local social work team requesting support for her 5-year-old son, and was informed that such support was unnecessary. Patricia was 'happy' with this response as 'he is fine really'. Several other mothers rang or visited the social work department to discuss their concerns for their children. However, the mothers we spoke to noted that the social worker did not offer to meet directly with their children, basing their assessment on what mothers had told them. Anita contacted a social worker following her separation from her husband:

*I was hoping that she would come out and talk to my children ... She said I was handling everything in the correct and right way ... Their workload is so high, she didn't take it as a priority ... I felt that I needed something more because I feel I am not doing enough and I'm extremely concerned that my kids are going to be scarred ... I felt very deflated after I'd come off the phone because I was prepared to take a social worker out to my house.*

The mothers we spoke to with experience of social work intervention were extremely critical of the social work response, noting a complete absence of support. Michele, whose 18-year-old daughter attempted suicide, felt that the social work response was:

*Disgraceful, absolutely disgraceful ... My social worker is a wanker and my child could be dead because he did nothing to even listen to her ... She took an overdose that summer and tried to kill herself. He never paid any attention to her at all.*

Caroline, too, was extremely critical of the social work response. The lack of a social work risk assessment of children living with a violent father was the basis of her dissatisfaction. In this case, while Caroline was living in supported housing following a period of homelessness, her 15-year-old daughter, while living with her father, presented to Gardaí with evidence of physical abuse. Following a social work investigation, her daughter was placed in residential care. Caroline explained:

*[Daughter] went down to the guards and reported her father for physically abusing her. She was after taking my role ... They [social worker] said because I hadn't got custody of her, I couldn't take her. [Daughter] asked could she come with me and they said no and they asked him [father] could she go to any of my family and he said no ... That was the hardest thing [daughter going into care]. That was harder than walking out on the kids. The two of us were clinging to each other.*

After three days in residential care, Caroline's daughter was returned to her care, while the other three children remained with their father. Although we did not interview the social worker in this case, according to Caroline, her other children were also at risk of physical abuse, but were not removed from their father's care. Subsequently, Caroline suspected that her other children were

being physically abused and notified social workers. According to Caroline, 'They said, you keep the kids for tonight and we will inform him that they are not going back to him ... So, according to social services, the kids are staying with me until a court hearing for custody'. Caroline was dissatisfied with the social work response to her children while living with their father: 'She [social worker] never talked to the kids, not by themselves, only with him in the house'.

Deirdre was also very critical of the social work response to her children, whom she felt were at risk living with their father: 'They are fucking useless and state that clearly in your report — they are fucking useless, just useless'. Deirdre's obvious anger was directed towards social workers because they 'will not remove my children from his care'. Her anger was also based on the lack of direct social work contact with the children: 'They never asked [children] where they want to live. They only talk to them when he is there. How are they supposed to say what they think in front of him? ... They never ask the children'. Deirdre expressed her frustration at what she considered an ineffectual and dangerous social work response:

I begged them to ... they know how violent he is. They have known him for 20 years and they still will not remove my children ... I have begged everyone I can absolutely think of to take my children out of there and they will not do it. They just say, go to court and ask the judge for custody.

Geraldine, on the other hand, was extremely satisfied with the social work response she received, having sought support as a result of her daughter's behavioural problems:

[Social worker] is excellent. There's nobody nicer than that social worker I have. She's lovely ... She always reassures me that I am a good mother ... I said to her would she speak to [daughter] because she is very nervous of her father and she is very worried. I told her fears to the social worker and she came out and had a chat with her about everything. I am very happy with the social worker ... She is very good to me and she will advise me and she is there like a friend.

Geraldine's satisfaction with her social worker appears to be based on the direct response of meeting with her daughter and supporting Geraldine herself.

Rachel was also appreciative of social work intervention. The extent of inter-agency work in her case provides an example of excellent support services for vulnerable women, which ultimately promote best outcomes for children. Rachel, on self-referral to a refuge, was referred to social work services due to her self-confessed poor parenting of her 18-month-old daughter. Having expressed suicidal thoughts, Rachel was referred to a psychiatrist and counsellor, while her daughter was placed in voluntary respite foster care. According to Rachel, refuge staff pleaded with her social worker to place her baby in respite foster care. The baby was placed in care for a 4-week period and subsequently returned to her mother. Rachel was extremely thankful for the respite foster care and considered the benefit to her baby as 'huge'. She described the support from the refuge, social work, psychiatry and counselling as 'fantastic'. She was strongly of the opinion that the support in the refuge and from social work allowed her the space to recognise her poor parenting and aided the return of her baby:

I didn't think I would have been able to take her back because there was nights there, here on my own, and I felt like hanging myself. I mean, if I didn't get the support, where would I be today? It has helped me and [baby] so much. I've come on great. I feel fantastic.

The outcome of Rachel's case — i.e. being referred to social work, respite foster care, psychiatry and counselling and support from refuge staff — resulted in her being able to care for her daughter. At the time of interview, Rachel was preparing to move from the refuge into rented accommodation with social work support. This kind of inter-agency work promotes positive outcomes for children. However, this kind of networking and inter-agency work was absent from almost all other cases, with mothers and children leaving the refuge with no offer of community-based supports.

The data suggest that social workers do not engage with children who witness domestic violence. The lack of a social work response to a mother's request for support services in cases where no explicit



child protection concerns, other than domestic violence, are evident indicates that such children are not considered to be at risk and are not a priority for social work services. This is further evidenced through interviews with social workers. Arguably, a social work investigation responding to child protection concerns would not be the most appropriate response to such cases. However, community-based family supports in terms of promoting children's welfare were absent from almost all cases, meaning no support services were provided. In cases with specific child protection concerns (as in Caroline's case of the physical abuse of her children and in Rachel's case of poor parenting and neglect), the social work response is much more proactive. This suggests that for children to receive a service, they must be drawn into the child protection net, while many families suffering huge adversities are provided with little or no service. In addition to requesting social work support, several mothers requested child psychology services. Again, no services were offered. As Patricia reported, 'They said there was no need as he [social worker] felt I was doing all the right things'.

The lack of any services for children was considered frustrating, with mothers themselves the only available supportive ally to their children. Anita said:

It is very difficult to find anything for the children. Where do you go? What do you do? Like there is a support group out there for women. There's a support group for men who have abused women, right. But there is nothing for children, you know — no play therapy, no nothing, nobody they can talk to apart from the parent. But if the parent is not strong enough, where does that leave children? ... There is nothing out there for them ... only if us women can pick ourselves up and get stronger and try to help the children ... Like domestic violence is so traumatic for an adult. Can you imagine what it does to a child!

In a small number of cases, children engaged with a family therapist and a child counsellor. Caroline, whose 12-year-old daughter was exhibiting serious behavioural problems, was referred for counselling by a child care worker:

[Child care worker] is after setting up counselling. It will be coming up in 5 or 6 weeks and there is a care plan for [daughter] ... Now, only for [CCW] I don't think they would have taken it as serious because I was ringing them and I was like, I can't control her [daughter]. She was biting me and she went to stab [other daughter] and she went to put a glass in [other daughter's] face ... She was brought home by the guards ... She attacked a 16-year-old. There is no fear in her.

Caroline's young daughter had lived with domestic violence for her entire childhood and her mother was convinced that the recent child protection investigation facilitated the referral to counselling. She was also convinced that she and her children had previously been ignored by the service providers: 'People are starting now to take us seriously at last'.

An overwhelming recommendation made by mothers was the need for a children's support group, particularly for teenage children who had lived with domestic violence. This type of child-centred service would provide children with peer support and a space in which to discuss domestic violence. As the interviews with children show (*see Chapter 5, 'Community-based counselling and family therapy supports'*), many children had never had the opportunity to talk about their experiences; our research interview was the first opportunity they got to do so. As a mother, Anita said:

My own personal opinion is the likes of a support group, where a group of children can sit down and talk openly about their feelings ... that's what the kids need, to be able to express it, to be able to show their feelings ... A support group for kids would be very unobtrusive and that's what I would dearly like to see because it's hard for them. It's easier for an adult to go and seek help. But where does the child go? So it is imperative that there would be something there for children.

Overall, mothers were of mixed opinion on the necessity for child-centred services. Some mothers (of young children) felt that their children did not require any services beyond that of supporting their mother and getting financial assistance to set up a new home. Other mothers, however, were critical of the lack of any child-centred supportive services other than child care work in refuges. In particular, mothers of teenagers were adamant that there was absolutely no age-appropriate

service available. Some mothers commented that there was 'just nothing available to their children'. Deirdre, for example, said, 'There is nothing there ... Nobody cares about the children. There is nowhere for them to go', while Anita commented, 'I have tried to get someone to talk to my children. I'm sure they have been affected by it all, but there is nothing there for them'.

### **Social workers' perspectives on responding to children who witness domestic violence**

Interviews with social workers revealed that the extent and nature of domestic violence dictates the social work response. One social worker, in describing 'low level' domestic violence cases, explained that in the absence of other child protection concerns, domestic violence cases are not a priority, given the pressures of high risk case loads. She explained:

Sometimes the violence can be ... usually the male, I would have to say, kinda making put-down comments, you know, emotional abuse. Or it can involve, say, the odd time where he might assault his female partner or hit her or something. But it wouldn't be ongoing and it would be just part of a poor situation, for want of a way to describe it.

Another social worker explained that underlying domestic violence may only be one of a range of child protection and welfare concerns, which themselves require an immediate response:

It [domestic violence] might not be the primary concern within the family. There might be other things that you would be more concerned about. The fact that he is coming in drunk every night of the week or she is taking prescribed medication or the kids aren't going to school, you know what I mean. I mean, as a social worker, you are well aware that there are long-term effects of domestic violence, but, that said, that mightn't be your primary focus. It might be that this kid has to go to school every morning. Like you are aware that dad comes in and throws his weight around every so often and throws mum a wallop and the kids can hear this and maybe see it. But that is not going to change right now. Right now, we just need to deal with school.

As outlined by the social workers interviewed, they face huge difficulties in working with domestic violence cases and effecting change. Where there is no immediate concern for a child's protection but there is evidence of regular domestic violence, social workers were at a loss as to what they can actually do. These difficulties were well illustrated by one social worker, who said:

Often times like, your man might knock her [mother] around or whatever, but that is their life. She loves him usually and she has accepted it ... She feels she can cushion them [children] a fair bit, she covers it ... She lives with him and she has made that decision for herself and the kids.

This social worker was very clear, however, that in cases with much 'higher level ongoing' domestic violence, the social work response is much more proactive, with social workers adopting an authoritative approach to protect children from further violence:

So if it's very bad, we would be saying to mum, 'Look, your choices are very limited. Either the man has to go or the violence has to stop. You make that decision with us or we might have to step in' ... and take a much more heavy hand.

Another social worker described the difficulties involved in working with families known to social work services for long-term domestic violence. She cited an example of one family known to the social work department for 'years':

He hasn't done anything to them [children] and they are very attached to him ... The violence never reached a stage where we felt that we kinda had to step in and take the kids into care, which kinda makes the case more difficult really ... So you can step in and do something if it has reached a level. You can resolve something. Whereas if it is just like keeping your head above water ... it doesn't become extreme, yet that low level of ongoing ... The question comes up, is that as damaging or more damaging when you have that kind of situation?



This also exemplifies the dilemmas faced by social workers in responding to domestic violence where risks to children's physical safety are not apparent. Again, the response must be understood in the context of high risk cases loads, where other children identified as 'at risk' are a priority. That said, there was no real evidence of a risk assessment of the children in the families we spoke to. We found little evidence of steps taken to protect children from living with continual 'high level' violence. Where the social work response was to remove children into care or remove children from the care of their violent fathers, other child protection concerns (such as neglect and physical abuse) were at the core of the response, not domestic violence. The overall response to domestic violence from social work services, again in the context of other high risk cases, was illustrated by one social worker, who said:

It's rare that you will get just domestic violence. And if it is just domestic violence and nothing else, the degree of services that it will get will be less ... if you look at the amount of time a social worker has to deal with cases. I know that's not good enough on one level, but you have reality on another level.

Another social worker raised the question as to what services can actually do, again in the absence of other child protection concerns where trying to engage with families is difficult:

The women are going to leave them [abusive men] and then they are not going to leave them. And then the men are kicked out for a while and then they are back in again. And then there is a barring order and then there is none and they love them. And this goes on all the time. That is their lives and this is where they live. That's the life that they live and that's the world that the kids are reared in.

This social worker raised the question of what is the best response in these circumstances. In her opinion, an investigative social work response, with children removed to care, is not in the children's best interests, hence little, if anything, can be done for these children. This social worker recommended the creation of a social work post dedicated to domestic violence and to act as a liaison between refuges and community care.

## Extent of inter-agency collaboration

The study showed that the extent and quality of inter-agency communication between refuges and social work departments varied considerably. Some refuges reported excellent working relationships with social workers, while others were critical of social work responses to refuge referrals. Even though the *Children First: National Guidelines for the Protection and Welfare of Children* are in place, the findings in this study highlight varying notification practices of domestic violence to statutory services by refuges. Some refuges submit a notification with respect to all children that use their service, while other refuges only send notification about those for whom there are other child protection concerns in addition to domestic violence. For refuges that send notification about all children, exposure to domestic violence was framed within a child protection context.

The need to send notification about all children who come to the attention of refuges was considered important, given the short-term nature of refuge stay. Anxiety about children's home life when they leave the refuges was noted by child care workers (CCWs) as the main reason for referral:

When a woman moves on, we have no control over what happens — whether the woman moves back [home], whether the children go back to the situation or whether the mother is able to set up a new life and keep the children safe.

Some refuges do not, however, make an immediate notification adopting an observational approach. The practice is to observe the mother and children, and make a risk assessment based on this observation. The rationale for not routinely notifying was explained by one CCW:

While a woman and children might enter the door of a refuge, we might not get the full picture and story. We might have heard one particular incident, but we actually wait until we can gather a whole picture of the family unit and see ... We just do an observation on the kids and see what is happening ... If there are very serious child protection concerns, then we would report, but not automatically [when] a woman comes in the door.

This CCW noted that following this risk assessment, most children are not notified to social workers, with relatively few additional child protection concerns coming to light. Even in cases where physical neglect is apparent on admission, notification is not made immediately, as one child care manager explained:

We want to gather information because what we try and see is ... we try to give a couple of days and if she is still not managing, even with our support ... the other side of domestic violence is that she has always been told she is crap ... so we are trying to see what she is like without the domestic violence partner undermining her parenting. Like to see is she able to maintain these kids on her own. And if she is not, we would CPN [Child Protection Notification] it because, at the end of the day, we are thinking of the kids.

Some CCWs questioned the practice of routinely notifying social workers of children who are exposed to domestic violence. Communication from social work departments was identified as poor and a lack of support services commonplace. Poor inter-agency collaboration, with little follow-up and communication from social workers, was identified as problematic. One refuge manager commented that social work departments 'don't really see it [domestic violence] as a major problem or else they don't have the facilities to see it as a major problem'. Another manager felt that social work services are 'abysmal ... They [social workers] are just keeping their fingers crossed and hoping to get away with it ... There is never anything done'.

Some refuges have regular network meetings with the social work department, with social workers making weekly visits, in some cases, to refuges. One CCW described the scene:

It's kind of like you would get that look from social workers — 'Oh God, they're here again' ... I don't think they [social workers] take us seriously enough ... I really don't think they do. I think that once they see a family is here, they see no role for the [child care workers] ... I just don't feel supported at all by social workers.

Lack of resources and overstretched social work teams were identified as the main reasons for poor responses. Some CCWs felt that social workers do not prioritise domestic violence referrals from refuges because the child was now in a safe place and engaging with other professionals. Community-based professionals also identified poor responses to families whom they referred to social work. This was attributed to both a lack of resources and the subjective views of individual social workers about the impact of domestic violence on children.

Engaging with social workers was considered problematic on two levels. First, according to one community support worker, many mothers are mistrustful of and simply refuse to work with social workers: 'Many mothers are not prepared to do that because there is a deeply embedded mistrust of social workers — the whole idea that they will 'take my babies away.' Secondly, the lack of social work response, in some instances, comes down to domestic violence not being considered a priority by the social work department, given resource limitations: 'I think that the social work department is just so overstretched that they really can't provide any adequate response to domestic violence'. Another community worker commented: 'Domestic violence is such a big problem, it is so pervasive, it would swamp [social workers]. It would close down social work services in the country'.

One community worker described the social work response:

What actually happens is you go down to the level of the individual social worker to decide whether a case comes under their ambit or not. It's really the front line social workers who will decide and when that is the case ... you can get unenthusiastic, enthusiastic, experienced and inexperienced. It's very subjective, to the point where you'll have children in the system under the category of domestic violence who really have no business there. And you will have children that we cannot get into the system no matter what ... The variations are phenomenal.

This community worker was of the opinion that the main response to children (outside of the refuge service) is a 'referral loop' between State agencies, with professionals notifying social workers of children affected by domestic violence and social workers, in turn, referring back to these professionals for support services, which they are not in a position to provide. This professional felt that children are 'shifted' around the system without any real response beyond initial referrals.

In the absence of child-centred community supports, many community-based professionals felt that working with women and promoting their protection and recovery ultimately protects the children involved. They considered this an 'effective', if 'simplistic' response: 'If you look at the official policy, the primary focus is on the safety of the woman. If she is safe, then she can make her children safe.'

Interviews with refuge-based and community-based support services reveal that dedicated child-centred services are not in any real sense available to children. Waiting lists and the marginal position domestic violence holds within statutory services means that referrals to specialist services (such as child psychologists, counsellors and child protection social workers) do not often result in a child-centred response. As one professional put it, 'The waiting lists are phenomenal. The services are simply not there'. In describing one agency's attempts to refer children to appropriate service, the community support worker commented, 'We actually operate in most cases as if the world out there is a desert — because it is a desert', concluding that 'there are absolutely no services for children'.

We interviewed one child psychologist only, working in a generic community care psychology service. The interview shed light on the type of work being done with children who have experienced domestic violence, as well as the necessary conditions for a therapeutic service to engage with children. The psychologist noted that 'we have a huge waiting list' for children referred to them for a whole range of issues, domestic violence being only one such issue. Interim advice is given to parents to help their children who are, for example, displaying emotional or anxious behaviours as a result of domestic violence. The child psychologist said:

I would give them advice on how to manage anxiety and I would give them resources, like stories, that they could use with children or some tools that they can use as a parent to 'hold' the child and manage it until such time as they can be seen directly.

The psychologist identified the presence of an 'adult ally' as imperative:

There is no point in doing all this therapy if the child doesn't have support ... I wouldn't find it very safe, as a psychologist, to be working with a child who I felt didn't have a supportive ally outside of this room. You are setting a child up to fail. You are setting a child up for further loss and trauma.

This indicates that therapeutic services are only available to children who no longer live with domestic violence, meaning that for children living with domestic violence no therapeutic services are available, given that they are deemed inappropriate.

## Concluding comments

Responding to children who are victims of domestic violence presents challenges for service providers. We have identified a number of cases where children repeatedly seek refuge with their mothers, only to return home time and again to volatile, violent households. Statutory services, according to mothers, did little, if anything, to intervene. Just how services can intervene to protect children and promote their welfare is complex, given the chaotic circumstances of some families' lives. (For example, in Louise's case, she continued to return to her husband, on one occasion just hours after being awarded custody of her children.) While mothers understandably need space and time to work through available options and ultimately to make decisions for themselves, the fact remains that children, through witnessing horrific violent attacks, suffer huge adversities, which need to be addressed. Furthermore, these children need to be protected from witnessing further acts of violence.

Our findings show that, beyond refuge child care work (which only a minority of child victims of domestic violence have available to them), comprehensive services are not provided to children. Social work intervention takes place when other child protection concerns are evident, indicating that the social work response does not specifically address domestic violence. Child psychology and counselling are not available to children in the short to medium term due to lengthy waiting lists. We did not uncover any evidence of children in our sample who were provided with other therapeutic services, such as play therapy and art therapy. The lack of engagement with families who do not seek refuge or families who leave refuge constitutes the largest gap in service. The data suggest community-based services for children who are victims of domestic violence are scarce and, where available, prove difficult to access.



# **7 DEVELOPING CHILD-CENTRED RESPONSES TO DOMESTIC VIOLENCE**

This study sought to explore with children their experiences of living with domestic violence and the services they received in response. The voice of the child was privileged at all stages in the research process. The views of mothers and key professionals were also taken into account. This report provides a detailed analysis of what children, mothers and professionals all reported in relation to their experiences of domestic violence and the service responses. The findings show some very strong correlations between how children, mothers and professionals assessed the adequacy of the service responses. The prevalence of key themes across all categories of interviewee (children, mothers and professionals) strongly highlights the inadequacies of services.

The key finding of this report is that child-centred services for child victims of domestic violence are minimal and difficult to access. Outside of refuge-based child care services, few child-centred services are available to protect children and address the impacts on them of domestic violence. Our overall recommendation is for a greater recognition by the professional system of the huge adversities experienced by child victims of domestic violence and an increase in community-based child-centred supports to respond to their needs.

Some of the children in this study had lived through a childhood dominated by domestic violence. We uncovered very little evidence of active risk assessments of children who lived with domestic violence. In some cases, children were provided with refuge and their immediate safety was secured; in other cases, neither the children nor their mothers identified a further service need, beyond that of supporting women to leave violent relationships. However, we have identified a number of children for whom domestic violence is central to their lives, yet child-centred services were fragmented and limited where available. The key service gap for such children is the lack of a comprehensive assessment to assess and identify the level of risk posed to them and the lack of community-based supports to promote their welfare.

## Researching children's experiences

This research has provided a forum for children to tell their stories about domestic violence. Many of the children commented that the research interview was their first opportunity to do so. This is echoed by Buckley *et al* (2006) where some young people commented on the supportive and positive experience of participating in the research. Similar research projects have begun to explore children's experiences of living with domestic violence (McGee, 2000; Buckley *et al*, 2006).

In this research project, we have specifically included a focus on the *process* of interviewing children — from initial steps, to recruiting children, to addressing their concerns about the research, to how interviews were actually conducted. This study provides considerable detail on how children can be successfully engaged in research and we hope has addressed gatekeepers' fears about access to children. Undoubtedly, children may be harmed by this type of research. However, we believe that the careful process of liaising with key professionals and parents, and obtaining informed consent has resulted in a positive research experience for the children. Young children are, in many ways, the most vulnerable to living with domestic violence. As we have shown, once asked, even very young children are capable of speaking about their feelings and what they thought of the services they had received. In line with the recommendations made in the literature, we found that direct conversations, which did not try to hide the reality of the abuse or who was responsible for carrying out the violence, were the best way of talking with the children, once we had established a level of trust with them.

## Understanding children's experiences

Children spoke about a range of abusive behaviours that they had witnessed or had been victims of. For some, the man's power and control within the household was such that the children and their mothers could no longer live with it. Clearly, the level of this abuse was much more than simply teenagers struggling against house rules; rather, these men were violent in their use of power and control. For other children, witnessing domestic violence meant seeing their mothers physically

assaulted, overhearing the violence from another room or witnessing their mothers' physical injuries. Overhearing the violence, while not actually seeing it, left some children fearing the worst. To a lesser extent, we uncovered evidence of children themselves being direct targets of the violence. Mothers' reports of what their children witnessed included harrowing and often disturbing accounts of the adversities children live with and add further depth to what the children had to say.

Children were also very articulate in describing how the domestic violence impacted on them. Key themes to emerge were the impact of the violence on their relationship with their father (or father figure) and the strain it placed on their relationship with the non-abusing parent. Children also spoke about the ongoing impact the violence had upon them, where many felt they were 'going out of their minds' with the 'craziness of it all'. Some blamed the violence for their dropping-out of school, starting drugs, becoming pregnant or becoming violent in their own peer relationships. We interviewed two children from one family whose mother was the perpetrator of the domestic violence: their narratives — of living in fear and shame, with feelings of guilt and responsibility for the violence — mirrored the dynamics expressed by the other children.

The younger children we met in refuges all spoke of missing their fathers. Even where the children understood that he was violent and that they could not live together, they asked to see their fathers. Teenagers, however, did not speak of missing their fathers or of wanting access visits arranged. The use of mobile phones emerged as a way some fathers furthered their violence, through threatening messages to intimidate children and their mothers.

## Refuge services

Refuge accommodation and support services in the form of child care work are the main responses to children who live, or have lived, with domestic violence. However, refuges respond to only a very small minority of victims of domestic violence and, as our findings show, mainly respond to mothers and young children. Limited availability of child care workers and play facilities were identified as a key barrier to adequate services. Playrooms were not always open because of poor staff ratios.

The children and mothers, while all appreciative of the refuge, were very clear in what they liked or disliked about the service. Play facilities, although restricted, were a welcome resource. Some commented negatively about unclean refuges, the lack of control of some of the other women and their unruly children, the difficulties of sharing communal living quarters, kitchen and television rooms, and the strictness of rules within some refuges.

While the findings of this study show that age-appropriate facilities for younger children, such as playrooms, are very restricted, facilities for teenagers were considered particularly poor, with the teenage children themselves citing this as a key reason why they often settled to return to the violence and their previous homes. Teenage boys were directly disadvantaged, and children, mothers and professionals all spoke out against the general rule that teenage boys may not stay with their mothers and siblings in a refuge.

Children of all ages remembered the warmth of a refuge worker's smile or the small things they had said or done that made them feel welcomed and safe. Teenage children spoke of knowing when refuge support workers respected them as being older and giving them some more freedom and responsibility within the rules of the refuge.

Refuge services need to be adequately resourced throughout the country and appropriately staffed with professionals who can work directly with children while they are living there, developing age-appropriate child-centred responses. There is an immediate need to open refuges to teenage boys who are at risk of violence or consequent homelessness. Furthermore, recognition must be given to the fact that not all children or mothers actually want to use refuge services and their needs require community-based drop-in support services. However, all interviewees spoke about the lack of community-based services and/or community care social work responses when families came into and left a refuge.

## Community-based services

Some of the children complained that they had no social worker when they felt they needed one. The very few children who did have a social worker had little good to say about them — blaming social workers for not listening to them, not believing them, believing their abusive fathers and telling the teenagers to simply go home. Children, mothers and professionals were remarkably similar in their assessment of social work intervention.

Social workers, however, were insistent that the social work response to domestic violence must be understood in the context of overburdened social workers, with high risk child protection case loads.

That said, as this report shows, we have identified several cases where children were known to live in extremely violent households, with little evidence of protecting them from further domestic violence. A very important finding of this research is that promoting active risk assessment of children living with violent men is central to best practice in child protection. However, we uncovered little evidence of social workers engaging with children in such risk assessments.

Similarly, children who had experience of the police or the court system were scathing in their assessments. All of the children felt that, like social workers, the Gardaí did not believe them and treated them like they were wasting their time whenever they reported domestic violence. Equally, children who had experience of the court system or who were aware of their mothers' experiences of court felt that this in itself was abusive, where barristers were described as blaming mothers for either causing the violence, putting up with it, leaving too soon or not leaving soon enough.

An important finding from this study is how children themselves experience an apparent lack of concern or actual engagement from the very statutory services that have been mandated to protect them. What is needed then, as this study shows, is for child protection professionals, social workers, Gardaí and court officials to develop their awareness of and competence in hearing the voice of the child in matters that concern their lives. It is important to note that the social workers, Gardaí and barristers that these children were critical of were not included in the professional sample (*see Chapter 2*). However, children clearly articulated their experiences of poor (or absent) service responses.

This research has uncovered some examples of community-based therapeutic services that worked with children and mothers. One child clearly articulated how professionals' understanding of the dynamics of power and control (including professional patience with them and their mothers for sometimes returning to live with the violent man) was appropriate and supportive for herself and her mother. This particular community-based therapeutic support agency described to us how they sometimes worked with women who were trying to make decisions about leaving the violent man; they also worked with children and women to prepare and support them through the process of going to court and back to court often over many years.

However, in the main, we found that such an approach was identified by professionals as only appropriate for children who no longer live with domestic violence and who have a 'supportive adult ally' in their lives. For children who then return to a violent home or whose non-abusing parent is not in a position to provide support, such services are deemed inappropriate. We are not challenging the basis of therapeutic professionals' assessments of the appropriateness of such therapy. However, again as this study shows, given the chaos, crisis and how the dynamics of abuse impact on children's lives, a service gap remains for these children in regard to community-based therapeutic services.

## Concluding comments

We have sought in this report to engage directly with children to develop our understanding of their experiences of witnessing domestic violence and to learn from them about how best to develop child-centred service responses. Overall, the provision of child-centred services responding to victims of domestic violence is hampered by a lack of child care workers supporting children in



refuges; a lack of engagement with children by the statutory services; a lack of community-based supports and therapeutic services; and a lack of an integrated service approach to child victims of domestic violence.

In addressing the needs of child victims of domestic violence, services need to establish the level of risk posed to children. For some, adequate protection and support is provided and ensured by the non-abusing parent. Some of the mothers of very young children were intensely aware of the potential impact of the domestic violence on their children; these mothers had actually sought help from social work and child psychology services. Other mothers felt that by leaving a violent relationship, their children were sufficiently protected and did not require any additional services. For many other children, however, there was a need for a service to address the long-term impacts of the domestic violence and to protect them from further exposure to violence. Such child-centred developments will require a real commitment to the funding of service provision for both refuge and community-based therapeutic supports.

The crucial finding of this study, however, was how the professional system does not hear children — what they have experienced and what they now need. Children of all ages, genders and backgrounds, when asked within a trusting relationship, were found to be very well able to articulate both their experiences of living with domestic violence and what they require from a child-centred service in response. The children in this study have spoken clearly of their understanding that domestic violence is about power and control. All of the children were at one time or another powerless in the face of their fathers' violence, powerless with regard to the decisions their mothers faced and powerless in respect of the type of level of service provision they received in response. However, the process of giving children their voice, allowing them to reclaim their narrative and piece together their fractured childhoods respects and empowers children. In doing so, the personal narratives of all the children interviewed for this study show their resilience, courage and real commitment to improving services for other children.



# **BIBLIOGRAPHY**

- Abrahams, C. (1994) *The Hidden Victims — Children and Domestic Violence*. London: NCH Action for Children.
- Alderson, P. (1995) *Listening to Children: Children, ethics and social research*. London: Barnados.
- Bancroft, R. and Silverman, J. (2002) *The Batterer as parent. The impact of domestic violence on family dynamics*. London: Sage Publications.
- Bradley, F., Smith, M., Long, J. and O'Dowd, T. (2002) 'Reported frequency of domestic violence: Cross-sectional survey of women attending general practice', *British Medical Journal*, 324 (7332):271.
- Bryman, A. (2001) *Social Research Methods*. Oxford: Oxford University Press.
- Buckley, H., Skehill, C. and O'Sullivan, E. (1997) *Child Protection Practices in Ireland: A Case Study*. Dublin: Oak Tree Press and South Eastern Health Board.
- Buckley, H., Whelan, S. and Holt, S. (2006) *Listen to Me! Children's experiences of domestic violence*. Dublin: Children's Research Centre, Trinity College Dublin.
- Carr, A. (1997) 'Involving children in family therapy and systemic consultation', in *Family Therapy and Systemic Practice: Readings on child protection, clinical techniques and empirical foundations*, A. Carr. Boston: University Press of America.
- Chisholm, L., Buchner, P., Kruger, H. and Brown, P. (eds.) (1990) *Childhood, Youth and Social Change: A Comparative Perspective: Arenas of Action*. London: Falmer Press.
- Courts Service (2005) *Annual Report 2005*. Dublin: Courts Service.
- Culleton, J. and Hogan, F. (2007) *Reintegration — Challenges in life after prison: An evaluation study of the You're Equal Mentoring Project*. Dublin: Irish Prison Service.
- Department of Health and Children (1999) *Children First: National Guidelines for the Protection and Welfare of Children*. Dublin: The Stationery Office.
- Department of Health and Children (2000) *The National Children's Strategy: Our Children — Their Lives*. Dublin: The Stationery Office.
- Department of Health and Children, and Child and Family Research Centre WHB/NUI Galway (2004) *Working for children and families: Exploring good practice*. Dublin: The Stationery Office.
- Department of the Tánaiste (1997) *Report of the Task Force on Violence against Women*. Dublin: The Stationery Office.
- Devers, K. and Frankel, R. (2000) 'Study Design in Qualitative Research — 2: Sampling and data collection strategies', *Education for Health*, Vol. 13, No. 2, pp. 263-71.
- Dobash, R.E., Dobash, R.P. and Emerson, R. (2004) 'Women's violence to men in intimate relationships: Working on a puzzle', *British Journal of Criminology*, Vol. 44, No. 3, pp. 324-49.
- Edelson, J.L. (1995) *Mothers and Children: Understanding the links between women battering and child abuse*, Paper presented at the Strategic Planning Workshop on Violence against Women, National Institute of Justice, Washington, DC.
- Edelson, J.L. (1999) 'Children's witnessing of adult domestic violence', *Journal of Interpersonal Violence*, No. 8, pp. 839-70.
- Evanson, E. (1982) *Hidden Violence: A study of battered women in Northern Ireland*. Belfast: Farset Press.
- Farmer, E. and Owen, M. (1995) *Child Protection Practice: Private risks and public remedies*. London: HMSO.
- Ferguson, H. and Hogan, F. (2004) *Strengthening Families through Fathers: Developing policy and practice in relation to vulnerable fathers and their families*, Centre for Social and Family Research, Waterford Institute of Technology. Dublin: Department of Social and Family Affairs.
- Ferguson, H. and Hogan, F. (2007) *Men, Sexuality and Crisis Pregnancy: A study of men's experiences*. Dublin: Crisis Pregnancy Agency.

- Ferguson, H. and O'Reilly, M. (2001) *Keeping Children Safe: Child abuse, child protection and the promotion of welfare*. Dublin: A&A Farmar.
- Garda Síochána, An (2004) *Annual Report of An Garda Síochána 2003*. Dublin: An Garda Síochána.
- Gibbons, J., Conroy, S. and Bell, C. (1995) *Operating the Child Protection System*. London: HMSO.
- Government of Ireland (1991) *Child Care Act*. Dublin: The Stationery Office.
- Government of Ireland (1996) *Domestic Violence Act*. Dublin: The Stationery Office.
- Government of Ireland (2002) *Domestic Violence (Amendment) Act*. Dublin: The Stationery Office.
- Greene, S. and Hill, M. (2005) 'Researching Children's Experiences: Methods and Methodological Issues', in *Researching Children's Experiences: Approaches and Methods*, S. Greene and D. Hogan (eds.). London: Sage Publications.
- Greene, S. and Hogan, D. (2005) *Researching Children's Experiences: Approaches and Methods*. London: Sage Publications.
- Grodin, M.A. and Glantz, L.H. (eds.) (1994) *Children as research subjects*. New York: Oxford University Press.
- Hague, G., Kelly, L., Malos, E., Mullender, A. and Debonnaire, T. (1996) *Children, Domestic Violence and Refuges: A study of needs and responses*. Bristol: Women's Aid Federation of England.
- Hallden, G. (1991) 'The Child as Project and the Child as Being: Parents' ideas as frames of reference', *Childhood and Society*, Vol. 5, No. 94, pp. 334-56.
- Hennessey, D. (2004) 'Our experiences of mandated and non-mandated interventions with perpetrators', Paper delivered at Conference PROTECTN&S, *Probation Reducing Offending through Enhanced Co-operation and Training North and South*, 19 October 2004, Enniskillen. Available at: [www.protectnands.org/activities.asp?id=128](http://www.protectnands.org/activities.asp?id=128) (accessed 14 August 2007)
- Hester, M., Pearson, C. and Harwon, N. (2000) *Making an Impact. Children and Domestic Violence: A reader*. London: Jessica Kingsley Publishers.
- Hill, M. (2005) 'Ethical considerations in researching children's experiences', in *Researching Children's Experiences: Approaches and Methods*, S. Greene and D. Hogan (eds.). London: Sage Publications.
- Hogan, D. (1998) 'Valuing the child in research: Historical and current influences on research methodology with children', in *Researching Children's Experiences: Qualitative approaches*, D. Hogan and R. Gilligan (eds.). Dublin: Children's Research Centre, Trinity College Dublin.
- Hogan, D. (2005) 'Researching the child in developmental psychology', in *Researching Children's Experiences: Approaches and Methods*, S. Greene and D. Hogan (eds.). London: Sage Publications.
- Hogan, D. and Gilligan, R. (eds.) (1998) *Researching Children's Experiences: Qualitative approaches*. Dublin: Children's Research Centre, Trinity College Dublin.
- Humphreys, C. (1999) 'Avoidance and confrontation: Social work practice in relation to domestic violence and child abuse', *Child and Family Social Work*, Vol. 4, No. 1, pp. 77-87.
- Jaffe, P., Wolfe, D.A. and Wilson, S.K. (1990) *Children of Battered Women*. Thousand Oaks, CA: Sage.
- Kelleher, P., Kelleher, C. and Breslin, R. (2001) *Framework for developing an effective response to women and children who experience male violence in the Eastern Region*. Cork: Kelleher Associates.
- Kelleher, P., Kelleher, C. and O'Connor, M. (1995) *Making the Links: Towards an integrated strategy for the elimination of violence against women in intimate relationships with men*. Dublin: Women's Aid.
- Kelly, L. (1996) 'When women protection is the best form of child protection: Children, domestic violence and child abuse', *Administration*, Vol. 44, No. 2, pp. 118-35.
- Kennedy, J. and Gibson, R. (1998) 'Women and Violence: A community response to therapy issues developed at Hesed House', *Feedback: Journal of the Irish Family Therapy Association*, Vol. 8, No. 2, pp. 10-17.

- Kolby, J., Blakely, E.H. and Engleman, D. (1996) 'Children who witness domestic violence: A review of empirical literature', *Journal of Interpersonal Violence*, Vol. 11, No. 2, pp. 281-93.
- McGee, C (2000) *Childhood experiences of domestic violence*. London: Jessica Kingsley Publishers.
- McKeown, K. and Kidd, P. (2003) *Men and Domestic Violence: What the research tells us*, Department of Health and Children. Dublin: The Stationery Office.
- McWilliams, M. and McKiernan, J. (1993) *Bringing it out in the open*. Belfast: HMSO.
- Morrow, V. and Richards, M. (1996) 'The ethics of social research with children: An overview', *Children in Society*, Vol. 10, No. 2, pp. 90-105.
- Morton, S. (2003) *Social Service or Social Change? Issues and challenges for women's domestic violence services in Ireland*. Athlone: National Network of Women's Refuges and Support Services.
- Morton, S. (2004) *Irish National Report on refuge service for women who have experienced domestic violence* (unpublished report). Athlone: National Network of Women's Refuges and Support Services.
- Mullender, A. (1996) *Rethinking Domestic Violence: The social work and probation response*. London: Routledge.
- Mullender, A., Hague, G., Imam, U., Kelly, L., Malos, E. and Regan, L. (2002) *Children's Perspectives on Domestic Violence*. London: Sage Publications.
- NNWRSS (2006) *Child Protection and Welfare Principles: Policies, Procedures and Practice*. Athlone: National Network of Women's Refuges and Support Services.
- O'Connor, C. (1996) 'Integrating Feminist and Psychological — Systemic approaches in working with men who are violent toward their partner. The Cork Domestic Violence Project', *Feedback: Journal of the Irish Family Therapy Association*, Vol. 6, No. 1, pp. 18-21.
- O'Connor, M. and Wilson, N. (2004) *Safe Home: Sonas Housing Association Model of Supported Transitional Housing*. Dublin: Sonas Housing Association.
- O'Donnell, S. (2000) 'Abuse in Pregnancy — The experience of women', *Irish Medical Journal*, Vol. 93.
- Peled, E., Jaffe, P. and Edelson, J.L. (eds.) (1995) *Ending the Cycle of Violence. Community responses to children of battered women*. Thousand Oaks, CA: Sage.
- Ross, S.M. (1996) 'Risk of physical abuse to children of spouse-abusing parents', *Child Abuse and Neglect*, Vol. 20, No. 7, pp. 589-98.
- Saunders, A., Epstein, C., Keep, G. and Debonnaire, T. (1995) *It hurts me too: Children's experiences of domestic violence and refuge life*. Bristol: Women's Aid Federation of England.
- Selvini Palazzoli, M., Boscolo, L., Cecchin, G. and Prata, G. (1980) 'Hypothesising, Circularity and Neutrality: Three guidelines for the conductor of the session', *Family Process*, No. 19, pp. 3-12.
- Silvern, L., Karyl, J. and Landis, T. (1995) 'Individual psychotherapy for the traumatised children of abused women', in *Ending the Cycle of Violence. Community responses to children of battered women*, E. Peled, P. Jaffe and J.L. Edelson (eds.). Thousand Oaks, CA: Sage.
- UN (1989) *Convention on the Rights of the Child*. Geneva: United Nations Office of the High Commissioner for Human Rights. Available at [www.ohchr.org](http://www.ohchr.org)
- Watson, D. and Parsons, S. (2005) *Domestic abuse of women and men in Ireland: Report of the National Study of Domestic Abuse*. Dublin: National Crime Council and the Economic and Social Research Institute.
- Weinhall, K. (1997) 'To grow up in the vicinity of violence', *Akademiska avhandlingar vid Pedagogiska institutionen*, Umea Universitet, No. 45, pp. 328-42.
- Weithorn, L.A. and Shearer, D.G. (1994) 'Children's involvement in research participation decisions: Psychological considerations', in *Children as research subjects*, M.A. Grodin and L.H. Glantz (eds.). New York: Oxford University Press.
- Women's Aid (2006) *Women's Aid National Free Phone Helpline Statistics 2005*. Dublin: Women's Aid.





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