A Culture of Silence:

A study of a social emotional learning (SEL) intervention

for teenagers affected by domestic violence.

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by

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DECLARATION

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SUMMARY

This study explored the effects of domestic violence on teenagers' social emotional learning (SEL). The impact of an active social emotional learning intervention on their skills and their awareness of these effects were the focal points of the research. The initial scoping inquiry was in three marginalised areas of Dublin. It concerned the prevalence of domestic violence and the supports available to teenagers. Community workers and education professionals were asked their understanding of local awareness and the possibility of developing SEL groups for teenage victims of domestic violence. These conversations first highlighted the fear and silence that surrounded the topic, the victims as a hidden population and the concerns around mandatory reporting for professionals and those affected.

After eighteen months of fruitless efforts to engage with services and recruit participants, the engagement and support of the family services centre in Poplaville made the study possible. The family service recruited participants among their clients with children aged 12–14, which enabled the delivery of the 'up2talk' programme. This was an active SEL programme designed by the researcher. The family worker, Luke, was a co-facilitator with the researcher on the sessional programme, which ran over ten weeks. The initial interviews established the boundaries as being skills-based, SEL and not a therapeutic intervention.

The literature review offers a range of research addressing the effects of domestic violence on young people, the societal and personal aversion to discourse on the topic and investigates interventions and support groups for those affected.

The method was qualitative action research, the process was iterative and the theory was based on social constructivism that held the participants to be the experts on their

own lives. The practitioner was an active member of ‘up2talk’. The programme put the emotional safety of the young people first. The building of group trust and positive relationships was vital. Ongoing consent was applied to all activities individually and as an overall right to leave the group without explanation. There was a growth in skills and trust from games and fun activities to debates, discussions and expressions of emotions. Increased social skills and competencies became evident in daily activities and the reports of participants and parents. The use of artefacts, drama, third-party discussion and debate offered a safe place to reflect and share without personal exposure. The ongoing review of process and individual response guided the programme.

The data were analysed using initial broad-sweeps coding and then the relating and collapsing of codes as they became more detailed. The data were triangulated for credibility by coding the materials produced by participants, researcher, facilitator and parents.

Key findings concerned the intense level of silence around domestic violence, from families affected by it to community representatives. The self-blame expressed by each participant did not appear related to the severity of their experiences. The young person’s understanding and choice around their abusive parent was a significant finding to be further explored. The importance of voice for young people affected by domestic violence emerged as very significant, as this allowed them to express their emotions, questions and needs. Further research could explore the ability of young people, demonstrated in this study, to choose their own supports and level of engagement and study their awareness of their own emotional well-being. Recommendations for incorporating SEL training in existing school formats such as Social Political Health Education (SPHE) and media studies projects are considered.

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1 INTRODUCTION TO THE STUDY: A CULTURE OF SILENCE

1.1 THE RATIONALE FOR THE STUDY

The professional experience of the damage done to all aspects of child development, and later life paths, by violence in the family provided the motivation to conduct this study. A practice and theory-based understanding of the harm done to teenage social emotional learning (SEL) by domestic violence (Stokes, 2004; Gordon, 2017), was a key factor in selecting an active intervention as the material for the study. The importance of the teenage years in identity formation, employment pathways and relationship development was established by Erikson (1971). The ability to build and sustain positive relationships—social, familial and academic—was found to be essential for all young people in the study of SEL (Morgan, 2014). This can present particular difficulties for those affected by domestic violence (Dehon & Weems, 2010; Moylan et al., 2010). The growing understanding of adverse childhood experiences (ACEs) is informed by large-scale studies, such as in the United States, and in Wales, (Centers for Disease Control and Prevention, 2014; Bellis et al., 2016). In a systematic review of the concept of the effects of adversity on children's well-being, ACEs are defined as:

> Adverse childhood experiences are childhood events, varying in severity and often chronic, occurring within a child's family or social environment that cause harm or distress, thereby disrupting the child's physical or psychological health and development (Kalmakis and Chandler, 2014, p. 1495).

These studies have detailed the negative lifetime effects on health, well-being and relationships of childhood traumas, among which domestic violence is a significant element. The intergenerational effects of domestic violence were also explored (Alexander, 2015; Jouriles & McDonald, 2015). The issue of dating violence researched by Ehrensaft et al. (2003), suggested adolescence as an appropriate time to offer

interventions to affected teens. The importance of hearing the direct experience of young people about the supports they want and their preferred method of working emerged in Ireland, in the Department of Children and Youth Affairs (2015), and in Scotland with the work of Houghton and VAV: Voice Against Violence (2011). The importance of peer support was a vital feature of group work for survivors of domestic violence in the review of supports by Bunston, Pavlidis, and Cartwright (2016). The societal silence and secrecy risks young people being unable to self-identify as victims of violence, or discuss their experiences, even in the family (Stanley, 2011). This silence influenced the participation of young people in direct research and in developing materials for their peers (Lundy, McEvoy, & Byrne, 2011; McEvoy & Smith, 2011). The specialised skillset of the researcher in designing programmes and working with young people on such issues as sexual health, relationships, substance abuse and social emotional skills training at all levels was a reason for devising an action programme for teenagers. Yorke and Swords (2012) found that young people affected by domestic violence remained a hidden population. This influenced the aim of this present study to add to the knowledge around the effects of domestic violence on teenagers' SEL and to explore their own awareness of this. The skills training purpose of the group, as part of this research, was to enable the participants to enhance their skills in SEL and to deepen their understanding and awareness of their lived experience of domestic violence. The research element of this present study—to explore the effectiveness of the programme 'up2talk', in achieving this change—was made explicit to participants from the first meeting with parents and teenagers. This research aspect of the intervention programme 'up2talk' formed part of ongoing discussion with the group about recording of data and possible uses of it by the researcher. The use of a voice recorder in group

and individual sessions, the sharing of data and materials generated, such as DVDs, and the use of these data for research purposes was negotiated with the group.

The intention was also to devise some materials with the young people to use in the publicity or process of further groups. This approach to participant research, driven by the perspective and priorities of the young people as recommended by Lundy, McEvoy, and Byrne (2011), was a key element of domestic violence research concerning effects on young people (Houghton, 2015b).

1.1.1 Intersectionality

The interest for this study came from twenty years' working with young people and their families in under-served areas of Dublin. The study of intersectionality is very relevant to the prevalence of domestic violence in communities that have been marginalised from access to essential mainstream services. The intersection of domestic violence with deprivation will be part of the overview of domestic violence in the family and community, in supports offered and in societal attitudes and responses to the issue.

How intersectionality as a research approach positions the many factors that intensify or reduce risk of domestic violence is not within the range of this study. Intersectionality, however, offers a theoretical view of issues such as the prevalence of domestic violence in relation to socio-economic status (SES) and educational attainment. The work of Etherington and Baker (2018) considered factors such as race, religion, ethnicity, culture, gender, citizenship, poverty levels and education in increasing the child's risk of domestic violence exposure. They identified how the interplay of these multiple identities for the child affects their experiences, including seeking help. Research into issues around poverty, family problems and educational disadvantage by O'Brien and Flynn (2007) and Gordon (2017) discussed this intersectionality. This was noted in a UK

study, which recommended that: "*More attention should be paid across all levels of the children's services system to the impact of destitution, poverty and financial insecurity on family life*" (Bywaters, 2017, p. 6). The study conducted by Devaney (2008) with children in the child protection system, found that domestic violence frequently occurred in families with substance abuse issues who were living in economic and social deprivation. This concurrence has been quantified in adverse childhood experiences (ACEs) international research. These studies found that ACEs had negative impacts on lifetime health, well-being, relationships and academic achievements (Centers for Disease Control and Prevention, 2014).

The literacy, social and life-skills programmes that I devised previously were delivered to young people in alternative education settings, probation projects, clubs and schools. Domestic violence was the factor hidden in plain sight. Many young people disclosed situations of violence, neglect and abuse to these services. This was very apparent in the study of Youthreach trainees by Gordon (2017). Some were still living in the situation, some were in and out of their homes and some were in care or homeless as a result of the violence. The many different effects and factors in domestic violence emerged over the years. The desperation of the young trainee caught stealing from the refrigerator, who explained there was no food at home, as his father had wasted the family budget on alcohol and then been so violent his son had put him out, exemplified this. This professional experience, coupled with the previous research involved in designing and implementing community development programmes, initiated the research into the effects of domestic violence on children and the subsequent development of the intervention programme 'up2talk' that constitutes the group study of this thesis.

1.2 THE FRAMEWORK FOR THE STUDY

The study explores the effects of living with domestic violence on the social emotional development of teenagers. Domestic violence is defined as: *"a pattern of coercive/ threatening, controlling behaviour used by one person over another within a close or intimate relationship"* by Safe Ireland (2018). The complexity of domestic violence delineation is found in the report of the Task Force on Violence against Women, which defined domestic violence as:

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

The fact that abuse of a parent and child often occur together, frequently by the same perpetrator, and children can be doubly victimised is explored by Hamby, Finkelhor, Turner, and Ormrod (2010). Child neglect or abuse is defined by Tusla, the child and family agency, as:

> Child abuse can be categorised into four different types: neglect, emotional abuse, physical abuse and sexual abuse. A child may be subjected to one or more forms of abuse at any given time. Abuse and neglect can occur within the family, in the community or in an institutional setting (Tusla: Child and Family Agency, 28-03-18).

The issue of child-witnessing of domestic violence as a form of child abuse and neglect and the studies of concurrence include the work of Edleson (1999); Herrenkohl, Sousa, Tajima, Herrenkohl, and Moylan (2008), and Kimball (2016). For the purposes of this study, the terms domestic violence, domestic abuse, intimate partner violence (IPV) and family abuse are used to denote the use of: *"physical abuse, emotional or psychological abuse, sexual abuse, financial abuse"* as outlined by Safe Ireland (2018), within the intimate partner relationship and the family. The five families participating in the study

experienced this violence taking place inside or in the area of their homes. The perpetrator in these families was the father or the mother's partner. The violence affected the young people directly, by being present in the locations when violent attacks occurred, and indirectly, by a range of effects on their well-being and on their relationships in the family. The gendered nature of this violence and the wider societal context of its occurrence will be discussed in the literature review.

1.2.1 The importance of SEL in adolescence

The effects of domestic violence on the social emotional development of adolescents is the focal point of this study. SEL is defined by the Collaborative for Academic Social and Emotional Learning (2015) as:

> Social and emotional learning (SEL) is the process through which children and adults acquire and effectively apply the knowledge, attitudes, and skills necessary to understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions. Retrieved from:www.casel.org.

The primary task of adolescence is the evolution of identity, according to Erikson (1971), and this necessitates a secure home environment, according to the Irish Department of Children and Youth Affairs (2014, p. 14): *"As children develop through adolescence into young adulthood, we want them to have a strong basis from which to develop the skills needed to thrive"*. This was clarified as: "*Children who are exposed to violence in the home are denied their right to a safe and stable home environment"* in the United Nations International Children's Emergency Fund (2006, p. 3). Domestic violence has a negative impact on all aspects of development. The opportunity to form peer relationships of all types, including romantic and sexual, will be restricted by issues such as exhaustion, isolation, frequent relocations, lack of funds and being unable to bring friends home (Holt, Buckley, & Whelan, 2008). The emotional restrictions, according to research, include shame, guilt, low self-esteem, fear of going out and leaving their

mother alone and the feeling of being unique in the experience of family abuse (Moylan et al., 2010; Stanley, 2011; Devaney, 2015). The research of Ehrensaft and Cohen (2012) into the impact of these various effects of domestic violence on young people, suggested it reduced their social interactions, school and leisure pursuits and could affect their expectations and experiences of adult intimate relationships because of behaviours and attitudes learnt in the family. This has a strong intergenerational element (Alexander, 2015). These developmental and cumulative effects of domestic violence are pertinent to the changes experienced in adolescence, where social emotional learning is central to healthy development. The North American review of Grasso, Dierkhising, Branson, Ford, and Lee (2016) on the effects of traumatic experiences at the three stages of childhood, with 3,485 adolescents, found multiple adverse childhood experiences (ACEs) in childhood were implicated in the development of adolescent psychopathology. This is at the core of the research questions. The focus of the study is the impact of domestic violence on the SEL of teenagers, and it examines how the specially tailored SEL programme, 'up2talk', enhanced participants' skills, especially elements relating to self-esteem, self-blame, isolation and relationships inside the family and with peers and society. These have been demonstrated in research to be negatively affected by domestic violence, according to Evans, Li, and Sepanski (2013), whose research focussed on the cumulative effects of exposure. The impact on all aspects of children's lives has been expanded by Buckley, Holt, and Whelan (2006). Research has identified connections between domestic violence and child and adolescent conduct problems (Jouriles et al., 2009; Jouriles & McDonald, 2015; Jouriles et al., 2016).

1.2.2 The research questions

1. How can a specially tailored SEL programme positively affect social emotional skills in 12–14-year-olds impacted by domestic violence?

2. How can such a group help participants to develop awareness of how the domestic violence in their families had affected their SEL skills?

3. How can a small-scale programme generate themes, ideas and instruments to develop SEL programmes for other young people affected by domestic violence?

The programme called 'up2talk' was delivered over ten weeks to five teenagers, aged 12–13, who had been affected by domestic violence. It constituted a group intervention programme and process for the three boys and two girls. 'up2talk' operated as a group process in that the majority of activities took place in the group, with ideas and experiences reviewed within it. The design (detailed in Table 6:p.153), had a bounded time limit, a set of activities with planned learning outcomes and a defined participant group for the duration of the programme. The intervention aim was to enhance participant communication skills by addressing specific negative impacts caused by domestic violence. The increased participant awareness and understanding of these effects was another desired outcome. The objectives included exploration of these insights in relation to further development of supports for other young people. This structure encompassed the aims and desired learning outcomes of 'up2talk' as an intervention programme.

The study of this group process and its effectiveness as an intervention programme for participants were central aspects of the research.

The understanding of the importance of SEL in education, employment and relationships has grown in research and practice since the 1970s (Collaborative for Academic Social and Emotional Learning, 2015; Taylor, Oberle, Durlak, & Weissberg, 2017). Social and

emotional learning (SEL) prioritises the ability to establish and maintain positive relationships and make responsible decisions (Collaborative for Academic Social and Emotional Learning, 2015). Research has established how these important life skills in adolescence are negatively impacted by the experience of domestic violence (Grasso, Dierkhising, Branson, Ford, & Lee, 2016).

1.2.3 The perspective of the study

The study prioritises the perspective of the young person in their experience of domestic violence. The impact on a young person of the event, its wider implications and the interventions available are presented from the perspective of the child. This is in line with theories of social constructivism in research, according to Lincoln (2001), and the use of practitioner action research (Bradbury, 2015). The value of community-based inquiry was central in research (Herr & Anderson, 2015). The benefit of action research, where theory is articulated through and in action was suggested by van der Meulen (2011). Each violent event occurs in a familial and social context and the resulting emotions and beliefs influence the behaviours of those affected. This pattern affects intrafamily relationships and networks of relationships in the extended family, school, street, work and clubs, in the analysis of Bronfenbrenner and Ceci (1994). This ecological view of violence is endorsed by the World Health Organization (2018):

> The ecological framework is based on evidence that no single factor can explain why some people or groups are at higher risk of interpersonal violence, while others are more protected from it. This framework views interpersonal violence as the outcome of interaction among many factors at four levels—the individual, the relationship, the community, and the societal.
> (http://www.who.int/violenceprevention/approach/ecology/en/)

The negative effects on the physical, emotional and social development of young people are well documented in research (Holt, Buckley, & Whelan, 2008; Stanley, Miller, & Richardson Foster, 2012; Devaney, 2015). The difficulties in establishing prevalence

figures and the fear and denial in the cultural discourse of domestic violence result in a culture of silence for victims and wider society (Georgsson, Almqvist, & Broberg, 2011). Historically, the provision of support for those affected was by response services such as women's refuges. The delivery of interventions for victims of domestic violence was influenced by whether they were supplied by women's support services or statutory child protection services. The research into the relationship of these services in the Australian context by Douglas and Walsh (2010) referenced the three planet theory of Hester (2011).She had identified the lack of connection between the domestic violence offence and family court decisions in the UK, concerning access by abusive partners following separation. The studies from the 1980s analysing pathological symptoms in children sought an objective measurement of effects on development (Graham-Bermann & Hughes, 2003). Interventions were influenced by the results and attitudes of these studies. Research in the 1990s became focussed on the direct expressions of the child and the use of peer-group supports in the work of Peled and Davis (1995). Research continued to integrate these insights into knowledge of the effects of domestic violence (Stanley, 2011). The value of young people's input into service evaluation was recognised in the work of Gray (2015). Young survivors of domestic violence worked with Houghton and youth advisors (2017) and made direct submissions to the justice committee concerning the domestic abuse bill in Scotland. These supports and interventions will be discussed in the literature review, from the perspective of the young person.

1.2.4 Biography of the researcher

I started my teaching career as a Montessori directress (teacher) in a private school. This was where I was involved in my first referral for child maltreatment, involving a mother

beating a four-year-old in the face with a hairbrush. The result of a query by the principal was that the child was removed from school and the parent was protected under diplomatic immunity from a social services inquiry. I had previously worked in a Children's Home and been involved in my uncle's work with homeless boys. I later took a counselling course and adult education tutor training, which led me to work in the inner city with alternative education projects. This became my work for the next 21 years, from 1988 to 2009. The family support groups and 'clubs' that I developed were inspired by a parent and child group designed by a family therapist. This model involved inviting parents/guardians to an informal weekly coffee with a discussion initiated by the group. During the final hour the individual child joined their parent to make an arts-and-crafts piece together. This developed into a monthly weekend outing to parks, beaches and museums and grew to include fathers, mothers, siblings, grandparents and babies. I learnt from these families about loyalty, commitment and all the struggles and issues that accompany poverty and lack of opportunity over generations.

Youthreach began in Dublin in 1989. *"Youthreach is a Department of Education and Skills official education, training and work experience programme for early school leavers aged 15–20"* (Youthreach 2018), and it was where I taught for ten years. The focus of the training programmes was on development of the confidence, social skills and self-esteem of the young person, as well as the provision of training and vocational opportunities, as noted by Gordon (2013). In my role facilitating social skills, relationships and sexuality workshops, I became familiar with the circumstances of the young people's lives. My work as a tutor and programme developer in Youthreach and in community development was also task-focussed in imparting skills and knowledge and accessing apprenticeships, welfare and health entitlements. The family work illuminated the daily nature of marginalisation in an under-served community and how

this impacts every aspect of life for the residents. I was aware of the impact of domestic and sexual violence in the young people's difficult behaviours, drug abuse, homelessness and depression from my work with schools and in Youthreach. A comprehensive review by the National Educational Psychological Service found significant numbers of Youthreach learners impacted by social disadvantage, neglect, family violence issues and depression (Gordon, 2017). I had experienced the positive results from SEL groups with many young people and families during my years of teaching and training. I was especially interested in group work, as I have found teenagers engage well in activity-based groups, they enjoy debating and exploring ideas freely and they listen to each other. Research into SEL identified these preferences for active learning and debate and evaluated the positive outcomes (Romasz, Kantor, & Elias, 2004; Durlak & Weissberg, 2007). I was also aware of the dearth of support groups available for young people affected by domestic violence, an issue that appeared to be unchanged since it was highlighted by Hogan and O'Reilly (2007).

1.2.5 Role of the researcher in the intervention programme

I functioned as the researcher and programme designer and then as facilitator and researcher-observer within the 'up2talk' group. My perspective was that of an educator, community support worker and trainer. The structure of the group programme 'up2talk' and the approach used were based on training and experience of the positive impact of such programmes for participants. I have worked with several fathers victimised by domestic violence, emotional and physical; my primary experience of domestic violence, however, has been that of a gendered crime committed by men against women. I had experience of cases of sibling and elder abuse also but not directly of gay or lesbian relationship violence. In this present study the families who responded to the invitation

to join the group were all headed by mothers, although a wide group of clients of the centre had been invited to join. Thus, while mothers in this study are the custodial parents and victims of domestic abuse, this applies to this particular group and does not represent all those affected by domestic violence. The partial use of the word 'victims' in this study, referring to young people and adults who have suffered from domestic violence, is an acknowledgement of the lack of choice and powerlessness experienced by many of them. It is not intended to label them or disrespect their agency, but is an attempt to avoid the sanitisation that can be implicit in phrases such as 'impacted by' or 'affected by'. In constructing the intervention programme 'up2talk', I wrote the programme, structured the phased process and learning outcomes and designed the instruments. The phases had specific objectives attached to each one, with a choice of instruments and approaches available for development by the group in the 'plan do review' model (see Table 6: p.153).

1.3 REFLECTIONS ON THE RESEARCH PROCESS

The frustrations and the inability to move through barriers of silence in the first sections of my community inquiries became very challenging. I was taken aback at the levels of resistance I encountered to a discussion about domestic violence. At times I wondered was this similar to the experience of a person affected by domestic violence when they attempted to access support or speak openly about the violence?

When the inquiry led me to the specialist social workers and services for domestic violence, I learnt about the reasons for not working with those still living with domestic violence and the essential practice of having therapeutic supports in place for participants. These measures are intended to protect young people from confronting the abuser or from becoming overwhelmed by trauma from which they have distanced

themselves as a protective measure. Smith (2016), evaluating the 'DART' recovery programme for mothers and children, found this inability to discuss the violence continued in the family after separation. This is particularly relevant if the adult victim makes multiple returns to the abuser, according to Anderson and Saunders (2003). There are questions concerning the ethics of not including children in research concerning their lives, equal to those raised by the possibility of retraumatisation, which are explored by Øverlien (2010). She suggests that barriers to direct research with children may also be due to control issues by gatekeepers, and a fear of the abuse the young people could disclose.

I knew from my previous work with traumatised children and families the necessity for having supervision for myself. At the start of the research I debated whether I would need it, as I would only be doing research and not dealing with clients. I organised counselling through college services and outside supervision sessions. I found out that reading about the suffering of children and their carers (usually mothers) had a deeper impact than direct work with clients. The type of vicarious trauma involved in research into painful life stories has been identified by Emerald and Carpenter (2015):

> Researchers are familiar with ethics applications that endeavor to ensure the safety of their participants, but only recently have they been urged to examine the short- and long-term effects of research on themselves and consider the risks to their own safety and well-being. This article considers some of the risks to researchers of engaging in research by exploring some emotional dangers the authors encountered while engaged in their own research. The authors use their autoethnographies to create a co-constructed narrative to identify some of the emotional risks that can be associated with being a researcher. The risks are discussed in terms of vulnerability, emotional labor, emotions as data or evidence, and emotionally sensed knowledges (Abstract).

My search for a site for the programme 'up2talk' led me to the Poplaville family centre. The team, led by the centre manager John, understood the programme and were

supportive of the disruption of their lunch room and all that is involved in having an active group of young people in the centre. The centre has an excellent reputation locally (Daughters of Charity, 2018), and the warm, caring atmosphere combined with professional services is the reason.

I found that honesty, kindness and integrity were still the bedrock of effective group work. I had concerns that I was too out of touch to work with young teenagers, that they would see me as too old to understand them. The lunch and snack break each week played a major part in ensuring energy, sharing and enjoyment. Laughter, fun and games were the most important parts of the programme to create bonds and the trust to appear a bit silly or serious at times and to be different than your usual self. The youth assertiveness and drama, the team building and the planning and hosting of an event are elements I had developed over the years with groups of all ages and types. The form may change but the self-esteem that grows from successful events, performance and production for the participants is a dependable outcome. The vital ingredient of any such event is that each group/class member has a meaningful role.

I found I had a tendency to be over-directive with this group as a result of dealing with many challenging young people in outdoor education settings or catering training that posed inherent health and safety risks. My impulse was therefore to manage or confront challenging behaviours early in the group. I learnt so much from Luke (the family worker), who in his seemingly effortless way could read and redirect the group. The influence on the programme of the family centre and Luke's role in the design and delivery of the programme will be outlined in the methodology chapter. The methods we used were light positive reinforcement, reminders of our shared purpose and gentle requests for attention, which proved very effective. The disruptive behaviours of weeks one to two had virtually disappeared from the group by week three.

The many-layered nature of enabling voice for young people proved to be so much more complex than I had anticipated. The personal skills of communication, the awareness of self and the knowledge of the issues that facilitate communication on sensitive topics took time to develop.

Stake (2010) has claimed that bias is found in all thinking and that the innate tendency to error, in seeing things as we would like them to be, means there is a need (particularly in qualitative studies) for a disciplined, consistent effort on the part of the researcher to maintain awareness of how his/her personal biases operate. He has further claimed that researchers should check their data-collection methods, validate the analysis of their data by triangulation, involve outside readers in that validation and generally look for bias in their analyses. He has suggested that the explication of bias to readers, the expression of personal interest, and the inviting of other interpretations can minimise the effects of bias error in the work.

Many cases I worked with were extreme in neglect and violence and I was inclined towards the view that it was better to cut the ties with the abusive parent. The readiness of some women to accept violent partners back into the home caused regular concerns for children's well-being. I believed this to be based on ill-founded hopes of change in the abuser held by the woman and thought this belief could be altered by better support and education. I developed a broad knowledge of the diversity of the relationships and the complex nature of domestic violence in the family. This was gained from the research and the data from the programme 'up2talk'.

The unconscious need to be doing it 'right' can create a wish to gloss over negative feedback for the researcher, so this group taught me the importance of ongoing review and planning with the participants. I learnt a lot from the participants' views, preferences and their reasons for them. The view of participants as experts on their own

lives was explored by Flynn (2013) in her study of pupils with social emotional and behaviour difficulties (SEBD). This also applied to these young people and taught me so much about how they coped with adversity. The primary drive of every teenager to be themselves, have fun, chat, play, eat, communicate and explore ideas was just the same for this group, who did not want to be defined by the domestic violence they had experienced.

1.4 THE PROCESS OF DEVELOPING 'UP2TALK'

1.4.1 Initial inquiry in the community

This study began with an inquiry in 2013 into the awareness of domestic violence, and the supports available to young people affected by this issue. I spoke with psychologists, family therapists and family service providers in three areas of Dublin that are designated as disadvantaged. Ethical approval for the study was granted in June 2014 and I began an attempt at raising community awareness of domestic violence. The original aim was to offer a specially tailored programme in social and emotional skills for teenagers, with embedded family therapeutic supports locally. A website www.up2talk.me was set up in July 2014 to offer information on the programme and to respond to possible queries and comments. My efforts included disseminating posters, sending out letters and having meetings with community representatives, educators and domestic violence specialists. In July 2014 a local youth service in Greentown was interested in running the programme in their centre. This SEL programme planned for February 2015 in Greentown was cancelled in December 2014 as a direct result of the various difficulties involved in recruitment. This disappointment led to further research with specialist services for domestic violence, and the development of the social emotional skills programme 'up2talk' for teenagers affected by domestic violence. The

process of rejection by many contacts and the community denial of the issue, highlighted the fear and secrecy surrounding the topic at all levels. The final programme of 'up2talk' was developed with the support and expert input of specialist family services in Poplaville in meetings from December 2014–April 2015, detailed in Table 4: p.133. This was an active programme delivered over ten sessions from March to June 2015. The research study concerns the 'up2talk' programme. This analyses how the 'up2talk' enhanced the social skills and emotional literacy of the five teenage participants, and includes interviews and feedback from the participants and their mothers.

1.5 THE IRISH CONTEXT

The development of social and political awareness of domestic violence in Ireland can be discussed under a number of related aspects, including community awareness, legislation, disclosure and service provision. This section will look at how these aspects are interrelated in the Irish situation.

In Ireland from 1970 to 2010 the subject of domestic violence became both a political and social issue and became part of the discourse of international human rights. Irish writers such as John B. Keane (1928–2002), and John McGahern (1934–2006), had addressed family violence and the status of women in their work, but the culture of silence concerning domestic violence was re-enforced by cultural and religious beliefs concerning the sanctity of the family and the unique position of the clergy in Ireland. This particular cultural political control was illustrated in the treatment of John McGahern's novel *The Dark*, published in 1965 (2008).The book captured the levels of distress and despair in a family brutalised by their father and also dealt with parental and clerical sexual abuse of children. It illustrated the systematic nature of the various types of abuse as a means of control (McGahern, 2008). The book was banned shortly

after its publication and McGahern was removed from his teaching job by the archbishop of Dublin (Wroe, 2002).

Domestic violence, however, remained largely absent from public discourse until the founding of Women's Aid in 1974. This public awareness of domestic violence in Ireland was spearheaded by women's rights campaigner Nuala Fennell, who was so affected by a BBC documentary on the subject in 1974, that she wrote a letter to *The Irish Times,* a daily broadsheet newspaper, which led to a huge outpouring of support and the founding of Women's Aid (Sheahan & Cody, 2009). The Irish television series *The Family*, written by Roddy Doyle and broadcast on television in Ireland in 1994, presented the theme of family violence 'in the house next door'. The novel *The Woman Who Walked into Doors,* by Roddy Doyle, continued the story of the abused wife of the series (Doyle, 1996). The work of Women's Aid in Ireland kept the topic in the general political forum, as Women's Aid released manifestos in advance of the Irish general elections in 2002, 2007, 2011 and 2015 (Women's Aid, 2015). The World Health Organization (WHO) also identified violence against women as a human rights issue (WHO, 2013).

1.5.1 Legislation

The first Irish domestic violence legislation, passed in 1976, made three-month barring orders available to women who were being abused by their husbands. A series of measures followed, including the introduction of protection orders in 1981 and the increase of the length of barring orders from three to twelve months. A 2005 study found that: *"The legislation of most direct relevance to domestic violence in Ireland is a piece of civil (as opposed to criminal) legislation, the Domestic Violence Act, 1996 and the related Domestic Violence (Amendment) Act, 2002*" (Watson & Parsons, 2005, p. 31). This allowed for court orders that constrained certain behaviour and could prevent entry

to the shared home. These orders were enforceable by arrest without the necessity of a police warrant. The report noted, however, that no definition was supplied for domestic violence in the Act (Watson & Parsons, 2005). The Non-Fatal Offences Against the Person Act (NFOAP) of 1997 defined harm as meaning: *"harm to body or mind and includes pain and unconsciousness"* (NFOAP Act, 1997: S1). This had little effect, as no guidelines for how this might be defined or applied in the legal context were made. This definition was crucial for the identification and protection of victims of the emotional and psychological aspects of domestic violence, but without a method of application it remained of no value (Watson & Parsons, 2005).

1.5.2 Legal protection for Irish women victims of domestic violence

The enforcement of the law becomes complex as the use of exclusion orders, and the attempt to leave the home, can place the woman in further danger. Research has established how these escalations of violence can threaten the victim's life, and those of her children, particularly at the extreme end of the spectrum of abuse (Abrahams, 2010; Women's Aid, 2013; Safe Ireland, 2014).

The legal system that deals with violence, child protection and access issues in the UK has been called the 'three planets theory' by Hester (2011). She viewed the system as operating: on the planet (1) of domestic violence, where the courts might prosecute the abuser and remove him from the home, offering the victim the protection of the law; whereas on the planet (2) of child protection, a victim might be penalised for failing to protect her children and could lose the custody of her children as a result. On planet (3), however, the family court could give access or custody to an abusive parent where the records of the abuse perpetrated and criminal proceedings were not part of the family court judgement. Holt (2011) had similar issues in the Irish system on custody and

access, and also found high levels of abuse, both physical and psychological, continuing after separation via the child-contact arrangements. The children's need for protection from the violent parent pre-separation was not evident in the later proceedings concerning custody or contact, where the children's voice was not heard and few mechanisms existed for them to be consulted. In the first phase of Holt's study 62% of mothers reported concerns for their children's well-being during contact with their father (Holt, 2011). The effects of legal interventions on families affected by domestic violence, designed to help and protect women and children, such as mandatory reporting (Minister for Children and Youth Affairs, 2014), and child protection issues that cause pressure to leave being put on the woman, can escalate the violence (Women's Aid, 2013). The period just before and just after leaving the violent situation are the most dangerous time for the victim of abuse—thus, these measures may create more barriers to seeking help.

1.5.3 The status of women in Ireland

Status is defined by the Concise Oxford Dictionary as social position, relation to others and also the person's legal standing that determines his or her rights (1991, p. 1192). In light of this definition the status of women in Ireland remains inferior to that of men and shows an unequal access to power between the sexes, according to statistics on pay, representation and pensions (Bacik, 2015; Morgan McKinley, 2016). The legal rights and status of women in Irish society have improved since the 1970s, with such changes as the removal of the marriage bar to public service employment in 1973 (Government of Ireland, 1973), the entitlement to the family home legislation in 1976 (Government of Ireland, 1976), the right to divorce being signed into law in 1996, the establishment of

the equality board in 1988 and the employment Equality Acts from 1998 to 2011 (1998) establishing the right to equal pay.

Nevertheless, the guarantees contained in the Employment Equality Act to equality of opportunity, equal access to work, education and health, to protection under the law from coercion and violence and the right to a voice in private and public life are not reflected in reality. In 2015 women remained under-represented in political and commercial life, with only 10% of board members being female, a gender pension gap running at 37%, with the majority of low-paid workers being women, as well as the majority of single parents, who are also affected by long-term poverty (Higgins, 2015). In 2015 women accounted for 16% of the Dáil and 32% of the Seanad's population. Ireland ranks 88th in the world and 25th out of 28 in the European Union (EU) for female representation in national parliaments (Bacik, 2015). The SAFE Ireland (2014) report noted that the poor public representation of women, the lack of support services and the difficulty in achieving well-paid work for women victims of domestic violence all added to their difficulties in accessing services, training and employment for rebuilding their lives.

A 2016 report on the Irish gender pay gap by Morgan McKinley (2016) found the difference to be on average 20% in salaries, but with an extra 50% in men's bonuses compared to women's. This gap was not impacted by further education, as women with doctorates were found to be earning on average 28% less than their male counterparts.

1.5.4 Disclosure

The disclosure of domestic violence by an adult or a child is directly related to how prevalence is estimated and services are designed. In 1992 research undertaken in the Hospital Project in St James's Hospital, Dublin, showed that when staff were trained in

how to respond to and question the victims of apparent domestic violence, more women disclosed the real reason for their injuries (Cronin & O'Connor, 1993). This issue was substantiated by a study commissioned for Women's Aid in 1995, which looked at prevalence rates, social attitudes and beliefs around domestic violence and suggested that it was frequently under-reported and that the fear victims felt of the violence helped to maintain their silence (Kelleher & Associates & O'Connor, 1995).

Fear of the violence worsening as a result of intervention is noted repeatedly in studies of domestic violence by victims and professionals working in the area (Watson & Parsons, 2005; Buckley, Holt, & Whelan, 2006; Health Service Executive, 2010b; Safe Ireland, 2014). Respondents to the Sexual Abuse and Violence in Ireland (2002) (SAVI) survey who disclosed sexual abuse, stated in 47% of cases that this telephone interview was their first disclosure. The introduction to the European Fundamental Rights Agency (FRA) report on violence against women also commented that it was: *"made possible by the participation of women in the survey who gave their time to talk about very personal and difficult experiences. It was the first time many of them had spoken to anyone about their abuse*" (2014, p. 3). This added to the knowledge of the low level of reporting that existed (McGee, Garavan, de Barra, Byrne, & Conroy, 2002, p. xxxvii). The SAVI report found a high proportion of sexual abuse had been reported by female psychiatric patients and noted a reluctance by psychiatric staff to engage with these patients—an institutional silence on the subject (McGee, Garavan, de Barra, Byrne, & Conroy, 2002). The SAVI report inquired into sexual assault and violence, with 2,988 Irish women aged from 18 to 60, not specifically concerning domestic violence. The figures on the numbers of perpetrators known to their victims, however, and the location of the violence to be frequently in the context of the home, suggests the element of domestic violence:

> When asked if they had ever been beaten, raped, attacked or seriously threatened, 9.9 per cent said “yes”. This happened in their own homes in 46 per cent of cases and the attacker was known in 70 per cent of cases (McGee, Garavan, de Barra, Byrne, & Conroy, 2002, p. 11).

Clear statistical patterns emerged in the SAVI report, showing a three times greater risk for those who experienced childhood sexual abuse of suffering adult sexual violence from spouses and other perpetrators. The authors warn against causal analysis of this pattern and similar difficulties in collecting and analysing prevalence data will be discussed in the literature review.

This theme was seen as a continuing spiral of silence in research done in the general medical practice setting by Lawlor (2014). Of the women surveyed by SAVI, 85% had stated they would not disclose domestic violence to the doctor unless directly questioned (McGee, Garavan, de Barra, Byrne, & Conroy, 2002). The lack of analysis of patient visits by doctors means injury patterns (related to domestic violence) may go unnoticed, according to Lawlor (2014). Tucker (2011) found that disclosure for children frequently involved not being believed. A fear of the violence worsening after disclosure was a significant factor according to Stanley, Miller, Richardson Foster, and Thompson (2010). In the system of coercive control the young person may attempt to support their mother by enduring direct violence, as they don’t want to leave their mother alone by reporting the violence and leaving the home (Stark, 2009, 2017).

Families can collude to hide the violence (even when victimised by it) and information may not be shared by different services as in the (Irish) case of Baby G. This case involved the death of Baby G at four months old while the teenage mother was sleeping over at a friend’s house. The report detailed a complex history of family problems around domestic violence, neglect, addiction and mental health issues. The death was found to be a sudden infant death by the coroner. Nevertheless, the severity of the family

problems and the instability caused by the violence of the grandfather had caused the mother and child's erratic lifestyle and it was found that the services had not provided an integrated response or an intervention concerning the domestic violence (Buckley, 2011).

The study of Gardaí (police) use of the Section 12 right to remove children at risk has been the subject of an audit by Shannon (2017). His findings suggest that under-reporting of child protection incidents into police computer ('pulse') information systems may be common practice because of fear by Gardaí of such reports being used in evidence (2017, p. 193).

1.5.5 Service provision

In 1986 the first custom-built refuge opened in the Dublin suburb of Rathmines and others followed round the country. Figures quoted, however, in the annual report of Women's Aid (2014) found that: *"During all of the contacts made with the Women's Aid 2014, 16,000 disclosures of emotional, physical, sexual and financial abuse were made. 5,786 disclosures of child abuse were also made in 2014*" (Women's Aid, 2014, p. 9). There are crisis funding issues and a countrywide shortage of places in refuges (Women's Aid, 2014). This report provided information on the levels of violence still in existence. This silence and under-reporting, according to Safe Ireland (2015), hinders the work of service providers, both in assessing the needs of families and delivering services, as the client group (victims of domestic violence) remain a hidden population. Records of domestic violence exist mainly through legal, medical, child protection and refuge records, all of which are confidential. This raises both ethical and practical questions of access to victims in sufficient numbers for the undertaking of large-scale research studies. Sonas (2013), which provides housing for families affected by domestic

violence, found in their report that 42% of victims had suffered violence for over a year before seeking help.

The services for children, both preventative and direct, have been steadily reduced since the recession in 2009, as noted by Safe Ireland (2014). These cutbacks include 'Cosc' (National Office for the Prevention of Domestic, Sexual and Gender-based Violence) education programmes to prevent sexual violence, school counselling services and supports for pupils who are emotionally distressed by school and life issues (National Office for the Prevention of Domestic Sexual and Gender-based Violence, 2010). Surveys by the Teachers' Union of Ireland showed a reduction in individual guidance counselling in schools of 59%, with vulnerable and poorer pupils the worst affected (Humphreys, 2014). Hogan and O'Reilly's (2007) study suggested that informal support and interventions in the refuges were often the only dedicated support that young people received and they stated that: *"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"* (Hogan & O'Reilly, 2007, p. 2). Shortages in refuge places, resources and support services reflect the same situation in 2015 (Women's Aid, 2014; WomenSafeInc., 2015).

The Irish government task force (1997) on violence against women involved the development of a wide range of services for victims. It was recommended that specialist training be provided for personnel in justice, law enforcement, medical and social services. This was to facilitate the implementation of initiatives through locally coordinated services. In 2007 'Cosc' (National Office for the Prevention of Domestic, Sexual and Gender-based Violence) was established. It is situated within the Department of Justice and Law, but is working to address domestic, sexual and gender-

based violence across government departments and also works with non-governmental organisations (NGOs) in the field. Its primary function is to develop and implement the recommendations of the task force report of 1997 (National Office for the Prevention of Domestic Sexual and Gender-based Violence, 2010). The underfunding of refuges and of Women's Aid in 2014, and the difficulties in accessing legal protection and supports identified by SAFE suggests that these measures have failed to become part of mainstream services (Government of Ireland, 1997; Safe Ireland, 2014; Women's Aid, 2014).

1.5.6 SPHE/SEL for adolescents in Irish schools

The mainstream programmes of Social Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) are on the curriculum and are the only recommended SEL education that the pupils experience. Reviews of the programmes' implementation, and the views and feedback of the students, supply information on their SEL priorities, which include domestic violence, addiction, relationships and dating (Department of Education and Science, 1999, 2000; Mayock, Kitching, & Morgan, 2007; Roe, 2010; Department of Education and Skills, 2017). The details on their preferred methods of learning and their concerns on these issues are not readily available in national research. For this reason, this SPHE and RSE research is examined in relation to the SEL programme 'up2talk', specially designed for teenagers affected by domestic violence—the focus of this thesis.

1.6 THE LAYOUT OF THE THESIS

1.6.1 Chapter 1: Introduction

This includes the background to the study and the researcher's position and motivation in relation to the study.

1.6.2 Chapter 2: Literature review

This supplies a context to the study of domestic violence since the 1970s. The focus is on how research into the effects on children developed from an understanding that their experience was different than that of their parent, known then as 'the battered wife'. The review looks at the effects of domestic violence and the types of interventions offered to young people and to women. How the beliefs and political context of the time influenced the design and delivery of these programme from the 1970s until the current era of 2018 will be explored. The focus of this study is social emotional development and how it is impacted by domestic violence; this aspect will be forefronted in the review. The development of group work and the use of groups for survivors of domestic violence will be studied.

1.6.3 Chapter 3: Methodology

The methodology was based on theories of social constructivism, viewing the young people's experience as unique and their expertise around their own lives as the primary element of the programme's emerging format. The learning gained from the community inquiry informed the design of the 'up2talk' programme in line with best practice and international research. The process of the intervention programme 'up2talk' was moulded according to preferences and needs expressed by the participants. The use of semi-structured interviews, group debates and performances facilitated the voice of the participants in generating the data. The data analysis used the thematic analysis method of coding data (Braun & Clarke, 2006).

The methodology used in the design, implementation and analysis of the programme was action research using qualitative methods. The semi-structured interviews and the iterative method of the group shaped the programme process, informed by the feedback and engagement of the young participants.

1.6.4 Chapter 4: Findings

The findings are presented initially without detailed reference to the literature review and the body of research. This is a deliberate effort to maintain the purity of the data and avoid a possible confusion of data-recording and interpretation as noted by Yin (2012).

The data are laid out in two sections**:** the first details the SEL skills and awareness developed by the participants during the programme and offers evidence and examples of these. The second examines the process of 'up2talk' itself and identifies essential elements in the programme that enabled the enhancement of awareness and improved SEL. It offers insights and examples into how these elements of the programme operated and the participants' responses to them. The findings will be aligned with the research questions.

1.6.5 Chapter 5: Discussion

The discussion chapter relates the findings to the research literature and examines the connection with the research questions. The implications for the participants of these enhanced SEL skills and the increased awareness of the effects of domestic violence in their lives is explored. How these insights can benefit others in the same situation and those who deliver support services, statutory and voluntary, is discussed. The young people offered important messages that can be utilised to inform practice, and possible methods for achieving this are expanded.

This chapter also refers to the societal context of silence where the domestic abuse and the young people's experience of it occurs. This context raises fundamental queries concerning the voice of the child in domestic violence interventions, or, specifically, the lack of their voice. How the issues raised by the participants relate to established practice and beliefs in the domestic violence services and dissemination of materials to

reach victims of domestic violence is part of this inquiry. Issues of identification, naming of the violence and recognising themselves as being affected by it, are key elements in effective outreach programmes with young people.

The position of the child in the reporting of child abuse and domestic violence, and in social work interventions, will be discussed in terms of an approach based on children's rights. This views participation as the actions of children's daily life, in cultural, social, political and religious contexts in the work of Percy-Smith and Thomas (2010). The factors that affect young people's engagement in formal and informal settings on issues integral to their life choices are addressed in the work of Lundy (2007) and Evang and Øverlien (2014). The issues concerning children's participation in research are referenced in the literature review (2.5). The manner in which silence had impacted the teenagers understanding and expression of the violence they had suffered emerged as a crucial issue in the findings. This element of 'voice' was a key issue, although it was not included in the original research questions of this study.

This chapter will look at the contribution these findings make to the empirical knowledge of adolescent experience of domestic violence. The study had a small number of participants with intensive communications work for ten weeks. Thus, their expressions and learning outcomes offer in-depth experiential insights into the teenage perspective of the effects of domestic violence on social emotional learning. The knowledge gained has valuable information for current programmes for young people in general SEL, where the students have requested such material. These particular approaches formed and evaluated by the young people will also inform the creation of specialist programmes for victims of domestic violence. The young people's awareness of their choices around their level of engagement with the group and how they communicated their experiences of domestic violence are informative in understanding

their needs. This illustrates the need to consult directly with young people when designing and delivering such programmes. Additional learning points concerning the effects of domestic violence on SEL emerged, such as the deeply engrained level of silence and denial. Significant issues included the high level of self-blame and isolation felt by the participants, which is well substantiated in research (Saunders, 1995; Mullender, 2006; Collis, 2013). This highlights the need for more public discussion and whole-school initiatives on domestic violence. The importance of the parental relationships for the young person, even when these have been violent, is an issue needing more research. The contribution to theoretical knowledge, and practice in specialist group work, made by the 'up2talk' programme, will be discussed. Recommendations for how these insights could inform practice in current interventions are included. Future areas of research that have emerged as relevant to engaging with young people's awareness and choice around violence support groups, and mainstream SEL programmes, will be noted.

2 LITERATURE REVIEW

2.1 INTRODUCTION

The methods used in accessing the literature review are detailed below (2.2). The elements of domestic violence, its effects and its location will be viewed in terms of the intersectionality of the issue. The fact that it happens in the home, the first place of learning and attachment, negatively affects every aspect of the child's development. The location of the violence in the home involves an intersection of the legal rights to privacy, the use of mandatory interventions and supports. These are supplied by a range of services, voluntary and statutory. The research into the prevalence of domestic violence illustrates these issues and highlights the difficulty in compiling accurate statistics, especially for children affected by it (2.3).

The history of research into domestic violence demonstrates the complexity of the issue and its impact across all spheres of life and society. This review will explore the important developments and attitudinal shifts in research, while maintaining a focus on the effects of domestic violence on the SEL of teenagers.

Research in the 1970s was first focussed on women and it was the 1980s before children were seen as victims in their own right. The research into effects has been impacted by issues such as the physical economic location in society of those affected and in societal attitudes to domestic violence (2.4). The debate around children's right to be heard, according to the UNCRC declaration (Committee on the Rights of the Child, 2011), forms part of a conflicting view of children, who can be seen as passive, needing protection from their trauma, being unreliable or unable to express their views, or able to participate in research and consultation on matters closely concerning them. The latter approach regards their input on their own life experience to be essential, not only for

them, but for informing policy, and suggested the necessity to find age-appropriate ways to hear children's voices (Hallett & Prout, 2003; Percy-Smith & Thomas, 2010; Lundy, 2012). This intervention, 'up2talk', facilitated the expression of teenagers concerning domestic violence in the multimedia they selected and, as such, is aligned with the view of young people as active agents in their own lives and with research (2.5). The difficulty in locating research participants and gaining access to child participants has been a logistical and ethical challenge in all decades of the research into domestic violence (2.5). The negative effects on young people aged under 18, and their development, of experiencing domestic violence covers many interconnected areas of research. Research into physical, psychological, social, cognitive and academic effects is reviewed in section (2.6).

The evidence of lifelong effects of childhood trauma (ACEs) is linked to neurobiological research illustrating how prolonged exposure to trauma, particularly in the home, impacts on the development of neural pathways in the brain in the (Schore, 2001). The research into resilience has suggested some children affected by domestic violence are achieving all their developmental markers and show no clinical markers of psychological damage (Kitzmann, Gaylord, Holt, & Kenny, 2003; Yoo & Huang, 2012). Ungar (2012), places further emphasis on the situation of the individual in society and the family.

The cumulative nature of the effects, and the individual but not unique experience of domestic violence exposure, are discussed by Hamby, Finkelhor, Turner, and Ormrod (2010). The location and balance of resilience factors in the environment and the individual are explored (2.7).

The intersection of wider issues of community location and a background of endemic disadvantage with the existence of domestic violence will be noted. The role of literacy, violence and poverty in domestic violence will be briefly reviewed. The gendered nature

of domestic violence and some transgenerational aspects of its effects will be referenced. The theory of intersectionality forms, however, a distinct body of research and research methods, which is not part of this study (2.8).

The role of SEL in child development, how it is affected by domestic violence, and what interventions and supports are effective for teenagers are the core topics of the literature review.

The concepts of SEL are explored in view of the effects of domestic violence on child development (2.9). The provision of SEL in schools in Ireland is reviewed, as this is the only statutory input for teenagers, and the feedback from pupils is noted. This is relevant, as national reviews of SEL offer insight into the needs of all teenagers. This includes those affected by domestic violence, the target group recommended for these school based programmes (Department of Education and Skills, 2013, 2017). This is discussed in section (2.10).

The history of support and intervention programmes for women and children, and children only, in domestic violence services will be examined through the SEL lens. The relationship between support programmes, therapeutic interventions and mainstream SEL programmes will be discussed (2.11). Prevention education around domestic and intimate partner violence (IPV) will be viewed in light of historical changes in provision and direction. The participation of young people in the design and delivery of SEL materials pertaining to their issues will be discussed. The transgenerational effects of domestic violence, especially on teenage attitudes and dating behaviours, will be noted, as it is related to the study. This specialist area of research involves other types of intimate violence not covered in this study.

The manner in which this literature review informed the design of the intervention 'up2talk', the group SEL programme that is the subject of the study, will be explained.

2.2 THE LITERATURE REVIEW METHOD

The search methods of this review included database searches and handsearching relevant journals, books and reports. The direct method of obtaining information, materials, leaflets and handbooks from domestic violence services, and contacting experts in the field for information, research references and relevant aspects to investigate was vital in developing a topical and informed approach.

The databases used included: ProQuest, PsycINFO, PubMed, Jstor, Elsevier, Social Sciences Index and Wiley online library.

The journals handsearched included:

TOPIC	**JOURNAL**	**JOURNAL**
Domestic violence	*Violence against Women*	*Child Abuse and Neglect*
Health sciences	*Journal of Clinical Child and Adolescent Psychology*	*Journal of the American Medical Association*
Youth development	*Childcare and Youth Forum*	*Children and Youth Services Review*
Education and disadvantage	*Education and Culture*	*Irish Educational Studies*
Neurobiological studies	*Epigenetics*	*Infant Mental Health Journal*
Qualitative research	*Qualitative Inquiry*	*Qualitative Research*
Preventative education	*Sex Education*	*Journal of Adolescent Health*
Social skills training: SEL	*Qualitative Research*	*Health Education*
Programme design/evaluation	*Social Work Research*	*Journal of Family Violence*
Criminology	*Family Court Review*	*Crime, Media, Culture*
Research interview skills	*Early Education and Development*	*Qualitative Health Research*
Social work/child protection	*The British Journal of Social Work*	*Irish Journal of Applied Social Studies*

The study of the developmental effects of domestic violence on children provides an insight into their experience. Intersectionality concerning the location of domestic violence in poverty will be discussed with the other topics itemised in the introduction.

The early development of interventions and supports for child victims will be reviewed in the context of later beliefs and practice in the design and delivery of these programmes. The rationale and background to the development of this intervention study called 'up2talk' will be related to the research explored in this chapter. A brief summary concludes the review.

2.3 PREVALENCE OF DOMESTIC VIOLENCE

The barriers to conducting direct research with children have made the gathering of data concerning the numbers of children affected by domestic violence—as witnesses or as direct physical or emotional victims—difficult (Holt & Devaney, 2016). Many prevalence studies calculate the number of children affected by the average number of children in the families of women victims, according to Carlson (2000). Osofsky (2003) found that prevalence figures for children affected by domestic violence have frequently been extrapolated from numbers of women with children in the research studies and surveys concerning violence against women. She questioned the accuracy of parent reports of levels of child-witnessing of the violence in US studies based on telephone surveys, and noted the lack of detail in such surveys around the children's exposure or perception of the violence in survey questions. There is a dearth of direct research internationally with children affected by domestic violence, whose existence and witnessing is often hidden physically during incidents, and in research studies. Radford, Corral, Bradley, and Fisher (2013, p. 809) assessed the computer-assisted self-interviews of 2,160 parents and caregivers, 2,275 children and young people and 1,761 young adults and concluded:

> … there is a substantial gap between known, substantiated cases of child maltreatment, as measured by the number of children in the UK subject to a child protection plan (in 2009 46,679 children; (DfE, 2010) which at the time of the study was 0.35% of the child population, and the 2.5% (caregiver reported for children aged under 11), to 6% (young person aged 11–17 reported) rates for the prevalence of maltreatment in the past year reported in this research. This suggests that the

> rates of maltreatment in the population each year are 7–17 times greater than the substantiated cases recorded by child protection services.

The 'Making the Links' survey of Kelleher & Associates and O'Connor (1995) found 18% of women reporting some level of violence in intimate partner relationships and responses suggested this was evenly distributed among all social classes. McGee, Garavan, de Barra, Byrne, and Conroy (2002) further illuminated aspects of the Irish context in the report known as SAVI through their exploration of the prevalence of and attitudes towards sexual and domestic violence in Ireland, finding that almost one third of women and a quarter of men reported some level of sexual abuse in childhood. The SAVI survey questioned prevalence of adult sexual violence, but the retrospective questions concerning childhood experiences illuminated the lifelong effects of abuse. These were exemplified in 25% of female and 16% of male victims, who attributed their symptoms of post-traumatic stress disorder (PTSD) to this abuse, and were found to be high risk for admission to psychiatric hospital (McGee, Garavan, de Barra, Byrne, & Conroy, 2002, p. xxxvi). Watson and Parsons (2005) looked at levels of violence committed by both men and women and found 16% of women and 6% of men reported that they had experienced sexual, emotional or psychological abuse by an intimate partner. Figures reviewed by Safe Ireland (2014), a body representing 40 domestic violence support services in Ireland, suggested that the majority of women do not disclose the violence or seek help due to fear, shame or lack of options for re-housing. The reluctance of victims to report or prosecute might be due to an understanding of the inefficacy of the legal system to support them (Safe Ireland, 2014), as well as fear of intensified violence (Women's Aid, 2014). The shame attached to domestic violence also contributes to silence on the issue both for victims and the general public (Holt, Buckley, & Whelan, 2008; Safe Ireland, 2014).

The relationship between actual incidences of domestic violence, the prevalence figures reported in public surveys—such as the combined minor and severe domestic abuse figures at 29% for women (Watson & Parsons, 2005)—the number of calls to the Women's Aid helpline (15,952 in 2016) and 3,823 disclosures of abuse against children in 2016 during contact with direct services (Women's Aid, 2017), remains difficult to quantify. 5,638 children were directly supported for domestic violence issues by the Tusla Child and Family Agency (2015), although a report by Buckley (2012) suggested that reports of child abuse in Ireland are being investigated at a rate of only 5%. The incidence of domestic violence in child protection and abuse cases, suggested to be between 40% and 70% (Edleson, 1999), and the records of criminal charges brought for domestic violence indicate high levels of under-reporting may still exist in Ireland (Women's Aid, 2016). There are concerns over record-keeping—new police figures recorded just under 6,000 domestic violence incidents for 2016 in the Republic of Ireland. In Northern Ireland, however, the comparable figure was nearly 29,000—despite the much smaller population (RTE News, 2017).

The international prevalence figures demonstrate the high levels of violence against women and their children (United Nations International Children's Emergency Fund, 2006) distributed across all cultures and classes (World Health Organization, London School of Hygiene & Tropical Medicine, & South African Medical Research Council, 2013; FRA European Union Agency for Fundamental Rights, 2014), and these international studies show consistently high levels of under-reporting, in line with Irish experience.

2.3.1 The culture of silence

How domestic violence is conceptualised and spoken of influences the responses of individuals and services. The private nature of it—in the home—fosters an atmosphere

of personal shame and secrecy, and this is established in the research of Barnardos (2016). Senator Tony Mulcahy spoke of his own experience of living with a violent father to the Parliamentary Committee on Justice in the Oireachtas (Irish parliament) in February 2014. He said that his father was *"a thug and a bully"* and that domestic violence situations should be treated as a crime scene.

Saunders (1995) writing for the NSPCC, UK, from personal experience of living with a violent father and then in a women's refuge, suggested that western society maintains a firm belief that it is better not to talk to children about very upsetting events. He further commented that children quickly learn not to talk about their experiences of violence (Saunders, 1995). Other research has stated that it is the violence that the children have suffered that has caused their trauma, not the process of talking about their experiences (Mullender et al., 2002; Watson & Parsons, 2005; Humphreys, Mullender, Thiara, & Skamballis, 2006). The retrospective research of O'Brien, Cohen, Pooley, and Taylor (2013) with adult women who had suffered domestic abuse as children reported similar themes of feeling forgotten and abandoned by society as no outside intervention was made to stop the violence. Corbin and Morse (2003) referred to this reluctance to engage in research with victims of violence and other sensitive issues, and suggested that trained researchers with an empathy and interest in the issue might provide more support for victims than family or friends. Family and friends may have their own agendas and needs, which could include silencing the victim.

Colgan (1995) also found her own experiences as a counsellor enabled her to support and empathise with women victims of violence, who found that it was helpful to be heard. Women have reported fear, emotional and financial issues and a desire to keep the family together as top reasons for staying in a violent relationship and maintaining secrecy around the violence (Kelleher & Associates & O'Connor, 1995; Stanley, 2011;

Sonas, 2013). The importance of attachment to the abusive partner as a reason for returning to the relationship was explored in the work of Griffing et al. (2002).

Stanley, Miller and Richardson Foster (2012) found these fears of open discussion and of the repercussions of disclosing the violence were expressed by adult and child victims and by the perpetrators of violence. The themes of secrecy, shame and the fear of the judgement of others were recurrent in the interviews, as was a fear of children being taken into care (Stanley, Miller, & Richardson Foster, 2012). These fears were also expressed by Irish participants in research into domestic violence effects (Ferguson & O'Reilly, 2001; Buckley, Holt, & Whelan, 2006; Holt, Buckley, & Whelan, 2008; Safe Ireland, 2014).

The voices of children as participants in research and as reporters of their own lived experience were severely restricted, particularly in quantitative research, which often drew on court records (Carrell & Hoekstra, 2010), child protection statistics (Barnardos, 2017), caregiver reports (Osofsky, 2003), or professional assessments measuring malfunction (Katz, 2015a).

Children's participation in research causes controversy, located as it is in the wider debate over the child's right to be heard, according to the UNCRC, versus their right to be protected from harm. This dilemma could be overcome through a process of engagement that prioritises the choices of the child and uses ongoing consent (Cater & Øverlien, 2014, p. 75):

> To understand a child's everyday life, we must (attempt to) step into the child's world and treat each child as an expert on his/her own life. However, closeness takes time to develop, and if we are not prepared to take on a very long commitment, an ethical research design should also imply distance.

Young people in the Voice against Violence (Houghton & VAV: Voice Against Violence, 2011) project were clear that they were the experts:

> People who are there to help (family, friends, professionals) should all listen to children ... Another big message for services and people that try to help children is that they should listen to children, believe them and respect their opinions and views. One young person wrote that if they could change one thing it would be that: "if a child is experiencing or witnessing abusive behavior then they are listened to". (p. 21).

These studies and reports highlighted the complexity of the issues in relation to domestic violence in Ireland and internationally: conflation in the figures of women and children affected, difficulty in deciphering prevalence rates, a culture of secrecy and shame surrounding domestic violence, and the lack of integration between legal, police and social services.

2.4 How research into the effects of domestic violence on children developed

While much of the research on domestic violence has focussed on women characterised as the 'battered wife', this study seeks to move the perspective to research on children's experiences and the effects on their lives. This section explores how research into the effects of domestic violence on children has developed a broader view of them as individuals, located in a family and a social system, in which they live as active participants (Greig, Taylor, & MacKay, 2013). An understanding of the far-reaching effects of domestic violence on children grew as international research in the 1980s and 1990s focussed on their perspective (Hughes, 1982; Graham-Bermann, 1998; Hester, 1999; Humphreys & Mullender, 1999). This view and the use of qualitative research was part of the work of 'research in practice' group based in the UK (Mullender, Debbonaire, Hague, Kelly, & Malos, 1998; Mullender et al., 2002; Mullender, 2006; Stanley, 2011). Knowledge of the effects of abuse—short-term and long-term—in their lives developed. Exposure to violence was a traumatic experience in itself for children, as evidenced in these studies (Mullender & Morley, 1994; Saunders, 1995; Jaffe & Geffner, 1998; Graham-Bermann & Hughes, 2003). Mothers in many cases had tried to protect their

children, directly and indirectly, from the violence and were often shocked at how aware children of all ages were of the incidents (Kelleher & Associates & O'Connor, 1995; Mullender, 2006; Rivett, Howarth, & Harold, 2006; Collis, 2013). The children were negatively affected whether they were present during the violence, directly injured, or not. This aspect of children's experience began to influence research into the pervasive nature of the effects (Mullender & Morley, 1994; Graham-Bermann, 1998; Humphreys & Mullender, 1999). International research into the impact of domestic violence on the cognitive, physical, psycho-social and academic development of children increased. Research in North America in the 1990s tended towards quantitative studies, which attempted to measure effects using methods such as control groups of non-abused children and testing the effects on cognitive ability (Graham-Bermann, 1998; Jaffe & Geffner, 1998; Huth-Bocks, Levendosky, & Semel, 2001). A major review of the effects of witnessing domestic violence was carried out by Kitzmann, Gaylord, Holt, and Kenny (2003). Their analysis of 118 studies suggested that many had not controlled for variables such as socio-economic status (SES) and addiction in the family. Their findings also suggested that the lack of clarity in relating effects and outcomes could be attributed to the difficulty in analysing the multiple problems of children affected by domestic violence. Other issues concerned the possibility of more severe effects for those who were both witnesses and directly abused (Kitzmann, Gaylord, Holt, & Kenny, 2003). This area of research into the cumulative effects of domestic violence has become prominent through the study of ACEs (Centers for Disease Control and Prevention, 2014) and polyvictimisation in the research of Finkelhor, Hamby, Ormrod, and Turner (2005). The different ways children might express their problems and reactions were suggested as being hidden within group analyses. British and Irish research frequently used qualitative studies, which prioritised the direct voice and experiences of the participants

(Saunders, 1995; Mullender, Debbonaire, Hague, Kelly, & Malos, 1998). Hogan and O'Reilly (2007) found that Irish research had focussed primarily on women victims and the voice of children had not been heard. This growing awareness of the multiple issues involved in all areas of the child's life was reflected in emerging research on the child's voice. The research of Lundy (Lundy, 2007, 2010; Lundy, McEvoy, & Byrne, 2011), was influential and increased the focus on how children's voices could be heard. The field of special education was also exploring methods of including learners in planning and review and questioning the segregation of those with extra educational needs (Shevlin & Rose, 2003; McPhillips, Shevlin, & Long, 2012). This convergence led to research in the fields of sociology, education and psychology (Fitzgerald & Jeffers, 1991; Ehrensaft et al., 2003; Daniel, Wassell, & Gilligan, 2010). The need for integrated approaches by service providers was established but strategies to implement change often lacked specialised training and long-term funding (National Office for the Prevention of Domestic Sexual and Gender-based Violence, 2010; Stanley, Miller, Richardson Foster, & Thompson, 2010; Safe Ireland, 2014). Similar difficulties in integration existed internationally (Stanley, Miller, Richardson Foster, & Thompson, 2010; Habib, Labruna, & Newman, 2013; Øverlien, 2013; Clarke & Wydall, 2015). Such research with vulnerable young people and victims of domestic violence evidenced a widespread lack of continuity of care and a failure in service integration.

2.4.1 The coexistence of domestic violence and child abuse

Significant evidence of the coexistence of domestic violence and child abuse emerged in research into the effects on children and this link (either in the form of direct physical abuse of children or emotional abuse through witnessing violence) was well established internationally (Edleson, 1999; Humphreys & Mullender, 1999; United Nations

International Children's Emergency Fund, 2006). Edleson (1999) reported an overlap between domestic violence and child sexual and/or physical abuse of between 30% and 60% in cases studied. He also explored the weaknesses in sources of information used in these studies, such as the overuse of social service samples, the incomplete nature of institutional records and the inconsistent reports of adults, children and social workers concerning the same incident. Edleson (1999) also found that another relevant factor was that child protection services tended to be statutory bodies and women's support services were often voluntary bodies. Kimball (2016) revisited the earlier work of Edleson and found a continuing focus in later research on measuring the externalising and internalising behaviours shown by children and less on their experiences and the impact on them of exposure to domestic violence. She referred to Edleson's (1999) view that assessment of these effects on children relied on Achenbach's child behaviour checklist, which targeted problem behaviour but did not record the impact on the child. (CBCL; Achenbach & Edelbrock, 1983 as cited in Edleson 1999). Ferguson and O'Reilly (2001), studied child protection cases and found that in 7% of cases domestic violence was the main reason for the referral; this increased, however, to 32% on investigation. Their study identified lack of integration of services as contributing to the problem; this was still an issue in the Irish system according to the Safe Ireland (2015) research on service provision. Similar issues concerning integration between domestic violence services and child protection existed in the UK system. These issues led to mother blaming, loss of child custody by the victim of abuse and a lack of accountability and engagement with the perpetrator (Hester, 2011).

2.5 PARTICIPATORY RESEARCH WITH CHILDREN

The study of the factors involved in domestic violence (United Nations International Children's Emergency Fund, 2006), and how the child's experience was mediated by familial environment expanded from the earlier study of psychopathology in young victims by Graham-Bermann and Hughes (2003).

The understanding of the individual, but not unique, experience and voice of each child came to be seen as a vital part of researching the impact of abuse on young people from the 1990s onwards (Mullender & Morley, 1994; Holt, 2011; Stanley, 2011; Stanley, Miller, & Richardson Foster, 2012; Collis, 2013). Research focussed on direct interviews with young survivors using a variety of age-related instruments (Buckley, Holt, & Whelan, 2006; Mullender, 2006; Hogan & O'Reilly, 2007). This was further related to the ACEs research into the effects of multiple adversities on children continuing into adulthood (Centers for Disease Control and Prevention, 2014). The earlier location of resilience within the child was expanded by Zahradnik et al. (2010) and by Ungar (2011) to an understanding that the social, political and economic situation of the individual was crucial to their individual experience. Ungar (2013) expanded his theories to include the importance of social support systems for traumatised children.

This qualitative research has been done with children as young as seven years old (Øverlien & Hydén, 2009). The work of Greenberg, Doi Fick, and Schnider (2016) supported children of four years old in coping with acrimonious separation. The use of art-based workbooks with children enabled expression of difficult feelings in the work of Humphreys, Mullender, Thiara, and Skamballis (2006). Katz and Hamama (2013) studied the use of drawing with children who had been sexually abused. This body of research demonstrated the capability of the child from a young age to express emotions, memories and preferences.

The UNCRC declaration on the rights of the child, especially to a voice in important issues affecting them (Lundy, 2007), has influenced research (Lundy, McEvoy, & Byrne, 2011). Children's right to a voice in domestic violence has further influenced the development of supports, as these young people, of all ages, have consistently expressed a desire to be heard (Stanley, 2011). They are clear that their needs are different to those of their parents and that they want to be involved in, and consulted about decisions concerning them, actions taken on their behalf and the type of help and support they are offered (Mullender et al., 2002; Holt, Buckley, & Whelan, 2008; Holt, 2011). As one 17-year-old living in a refuge put it:

> I think there should be a hell of a lot more done, to talk to them. It's all right saying "everything's going to be all right" I think some kids should have counselling. You shouldn't have that sort of strain on a kid (quoted in Humphreys, Mullender, Thiara, & Skamballis, 2006, p. 66).

This question of children's actions and experiences living with domestic violence was addressed by Øverlien and Hydén (2009, p. 3), who noted that: *"Acts of violence against women not only take place in the adult's lives, they also take place in the children's lives. The violence is something children experience from a position as subjects, and not as objects, as the concept of 'being exposed to' may suggest".*

The agency of the young person and their actions in resisting the domestic violence was examined in the work of Katz (2015a):

> By contrast, children are seen as passive. The data gathered about them (through, for example, the Child Behavior Checklist or the Children's Depression Inventory) are almost always designed to assess whether they are aggressive, withdrawn, depressed, or suffering from PTSD or other problems, and are therefore limited to recording the level of damage they have sustained and their resulting behavioural (mal)functioning. These data are rarely accompanied by data on the active coping strategies children are using or their ways of interacting with their mother on an everyday basis. As a result, considerations of children's agency or actions have been all but missing from the quantitative research on domestic violence and mother–child relationships (p. 73).

The debate on whether sensitive research could retraumatise those affected, especially young people and children, has denied a voice to children and further victimised them (Yorke & Swords, 2012). These concerns can be addressed by a considered approach by the researcher that prioritises the need for their well-being above research needs. The use of age-appropriate materials and approaches is a key element in research on child contact (Holt, 2011). Children aged four to seven showed the ability to participate and regulate their interviews in the research of Evang and Øverlien (2014).

2.5.1 Ethical considerations

Conducting direct research with children, particularly those from vulnerable populations, requires ethical methods at every stage. The means of contacting a hidden population, such as domestic violence survivors, needs access to sensitive files and contact information that may endanger their safety from the perpetrator (Safe Ireland, 2014). The issue of how informed consent is granted by participants who are traumatised or in a dependent situation, such as in refuge, is complex and requires ongoing consent. The necessity of therapeutic supports being available for sensitive research participants and the need for the researcher to be trauma-informed are key elements in such research, as detailed by Emerald and Carpenter (2015) and for those working with traumatised youth in the study of Habib, Labruna, and Newman (2013).

In all research with children the issue of informed consent is part of supplying age-appropriate materials and recognising the children's ways of expressing themselves. Cater and Øverlien (2014, p. 74) suggested that a new ethical focus for research with children affected by domestic violence was needed:

> Therefore, relying on participatory models from disciplines that do not focus on children in vulnerable life situations limits the development of a participatory ethos in social work research (cf. Healy 1998). Because of this, we have argued that research involving children in vulnerable situations requires that special attention be given to research ethics; researchers must beware of adopting a focus on

'obtaining ethical clearance' or 'child access', and instead take full responsibility for children's participation and protection.

2.6 PHYSICAL AND PSYCHOSOCIAL EFFECTS OF DOMESTIC VIOLENCE

The location of family violence in the home contributes to the overwhelming nature of this trauma for children and young people. The anticipation of the outburst, the dissembling and attempts to distract the victims and the use of irrational rage to justify the physical attacks are elements of abuse identified in the Duluth model of control (Stanley, Miller, Richardson Foster, & Thompson, 2010). These elements occur in the theory of abuse as a system of power and control and in the life stories of those affected. The Duluth model takes responsibility for domestic abuse away from the victim and puts it on the abuser and aims to involve the community in safety and accountability processes referenced in the Domestic Abuse Intervention Programmes (2011).

As the home is the place of nurture and security and the first centre of learning, the effects of violence experienced there by children will be pervasive and cumulative, according to Holt, Buckley, and Whelan (2008). The indirect effects on a mother's well-being and emotional availability can increase the negative impact on child development (Graham-Bermann, 1998; Carlson, 2000; Evans, Davies, & DiLillo, 2008; Dehon & Weems, 2010; HSE, 2010b).

This section will look at various physical and psychosocial effects of violence related to the child's developmental stages. The long-term effects of adverse childhood experiences (ACEs), and the role of domestic violence in continuing these ill effects into adult life will be explored.

2.6.1 Physical effects of domestic violence

Physical effects can be direct, as pregnancy can be a trigger for the onset of violence, causing injury to the mother and damage in utero to the baby (Casey, 1989; Kelleher &

Associates & O'Connor, 1995; World Health Organization, London School of Hygiene & Tropical Medicine, & South African Medical Research Council, 2013). The infant and toddler may be undernourished, lacking sleep and suffering from developmental delays. Developmental delays can be physical, such as problems with speech, toilet training, eating and other markers that the child is not achieving in comparison to his/her age group (Fitzgerald & Jeffers, 1991; Mullender & Morley, 1994; Buckley, Holt, & Whelan, 2006 p17.; Daniel, Wassell, & Gilligan, 2010).

In children and teenagers physical symptoms resulting from domestic violence can include poor nutrition, bed-wetting, stomach problems, rashes, pains, sleep disorder, and wounds incurred from direct violence (Nguyen, Edleson, & Kimball, 2012). The effects on the neural pathways of the brain of living with extreme trauma have been explored by Schore (2001). The interlinked results on the ability to make effective relationships has been established in neurobiology by Siegel (2010).

2.6.2 Psychosocial effects

These effects can be manifested at a level of clinical disturbance (Graham-Bermann, 1998; Murphy, 2002), as externalising or internalising behaviours (Stanley, Miller, and Richardson Foster (2012), or as emotional distress by the child or teenager (Moylan et al., 2010). This distress or disruption affects all developmental stages, according to Holt, Buckley, and Whelan (2008). Toddlers need help from adults to contain and interpret emotions. The young child is typically with the parents more than the older child and may see more of the violence. They will show the effects physically and in signs of emotional distress as young as one year old (Devaney, 2015). The pre-schooler may be so physically distressed and emotionally upset that they may not be ready for school. The child from age three onwards tries to distinguish right from wrong and may blame

themselves for the violent incidents (Buckley, Holt, & Whelan, 2006; Mullender, 2006; Holt, Buckley, & Whelan, 2008; Health Service Executive, 2010b). As one young woman living in a refuge described the level of distress this caused her: *"I would feel like killing myself because I would think it's my fault 'cos he drilled it in my head."* Mullender (2006, p. 59). The older child may internalise the aggression and become withdrawn, or be angry and act aggressively socially (Buckley, Holt, & Whelan, 2006; Collis, 2013). Collis (2013) conducted ongoing qualitative interviews with five young teenagers affected by domestic violence. She recorded their stories, perceptions and paths to healing, along themes emerging through their narratives, over the span of a year.

2.6.3 Attachment

Attachment is a physical survival need of the infant and a lifelong emotional need of the child and adult. It is negatively affected by childhood exposure to abuse and violence. Rutter's (1981) work identified continuity of the primary bond as key to the child's feelings of security. The vital nature of this need was illustrated graphically by the Robertsons' film study (1971) that showed the extreme and increasing distress of children separated from their mother and placed in a nursery without an allocated carer (Robertson & Robertson, 1971). Rutter concluded that more research was needed on the effects of the disruption of the primary carer and other bonds for the child (Rutter, 1981). Bowlby (1988) suggested that a failure to form a secure attachment to a primary carer when one is an infant can affect all other relationships in life and that the mother's ability to build a secure attachment to her baby was linked to her own childhood experiences, particularly with her parents. Attachment difficulties may be revealed in the form of the child being very withdrawn or unable to separate from the mother appropriately according to standard psychological expectations. Bowlby (1988) found

that developmental delay could lead to immaturity of understanding and poor social relational skills in comparison to other children of the same age—an issue further researched by Mullender and Morley (1994). Studies have expanded on the earlier theories of the importance of secure primary attachment and how this has lifelong effects on relationships (Ainsworth, Blehar, Waters, & Wall, 1978; De Lozier, 1982; Bowlby, 1988; Gerhardt, 2004; Alexander, 2015). Research with perpetrators of domestic abuse has found patterns of child maltreatment and abuse in their life stories (Fox, Sayers, & Bruce, 2002). The work of those researching neurobiology and the physical and psychological effects of trauma on the development of the brain highlight the enduring and formative effects of childhood trauma (Anda et al., 2006; Porges, 2007; Murgatroyd, Wu, Bockmühl, & Spengler, 2010; Evans, Li, & Sepanski, 2013). The neural pathways formed in childhood in the brain are directly impacted by emotional and social experience, according to Beckett and Taylor (2010), who found that attachment patterns are established in the brain. Another study of infants stated that: "*the physical development of the human brain is designed to be moulded by the environment it encounters, particularly in the early years of life*" (Schore, 2001, p. 14). This body of research into trauma and recovery places the relational damage done by violence and abuse at the heart of the trauma and sees the therapist's ability to attune to the client, and build a relationship with them, as the most important aspect of treatment. This has been stated as their primary need by young people in interventions for domestic violence in foster care (Habib, Labruna, & Newman, 2013). How these theories of children's social emotional development are based on attachment will be the focus of section(2.9).

2.6.4 Absence of the father

The separation from their father could have varied meanings for the child who commonly lacks any choice in the abusive relationship. They may have had conflicting feelings of love for their father and wanted contact, or wanted to stop contact completely (Jouriles et al., 2016). Children and mothers rarely discussed the violence to avoid bad memories and upsetting each other, according to Humphreys, Mullender, Thiara, and Skamballis (2006). This issue emerged in the counselling group for children aged five to seven run by Thompson (2011), who found some children were sad but lacked a safe place to talk about it.

In his research, Sidebotham (2015) explored some facets of relationships of abusive fathers with their children. He found that many fathers experienced sadness at the absence of their children while still lacking a means to engage in overcoming abusive behaviour. He also identified that the fathers had frequently suffered abuse and neglect in their own childhood. Sidebotham concurred with the views of Holt (2015) that abusive men must take responsibility for their actions and that post-separation contact needs to offer families protection from abusive fathers. The transgenerational nature of domestic abuse highlighted the need for specialised programmes for fathers. Groups like the responsible parenthood groups (RPGs) attempt to offer support for fathers who struggle to become aware of, and change their behaviour (Thomas, Mederos, & Rodriguez, 2018). The loss experienced by some children on separation from their father, and his frequent absence in any social work intervention, removes the possibility of his role as either a resource or a threat. Stanley, Miller, and Richardson Foster (2012) found that understanding how the children had been affected by the violence provided motivation for change in their fathers. Featherstone and Fraser (2012) suggested this limited view of men as offenders or abusers ignored all their other identities.

2.6.5 Effects of trauma including post-traumatic stress disorder (PTSD)

PTSD in children was recognised by the Diagnostic and Statistical Manual (DSM) III published by the American Psychiatric Association as early as 1987, and research by Rossman (1998) has shown similar symptoms in child sufferers of domestic violence as those of children in war zones. Severe effects were evident in the studies of childhood and adolescent PTSD by Anda et al. (2006). These symptoms can appear as the aggressive or inappropriate behaviours and responses to everyday situations shown by some young people affected by domestic violence (Graham-Bermann, 1998; Mullender et al., 2002; Ardino, 2011). The misdiagnosis of victims of domestic violence as delinquent or suffering from personality disorders was perceived as problematic decades before by Bowlby (1988, p. 103).

Rossman's (1998) research into these extreme emotional and aggressive responses suggested they could be a physical adaptation to conditions of severe threat and danger. He noted that these effects had been found in adult sufferers from PTSD and recommended further research into the possible consequences for children's behaviour and brain development Rossman (1998). Ardino indicated that prolonged exposure to trauma could interfere with neurobiological development and with the ability to integrate sensorial, emotional and cognitive information into a coherent frame, as: *"traumatic experiences during infancy and childhood can trigger prolonged alarm reactions which alter the neurobiology of the brain and central nervous system*" (Ardino, 2011, p. 213). She went on to say that behaviours such as sleep difficulties, irritability, anxiety and hyperactivity in young people might be a result of PTSD (Ardino, 2011). Emerging research in neurobiological studies of the long-term effect of childhood trauma suggests a physiological link between prolonged stress and changes in brain function and structure (Anda et al., 2006).

Studies such as the Adverse Childhood Experiences (ACEs) in the USA by the Centers for Disease Control and Prevention (2014), and the body of international research have identified the impact of domestic violence on children's development (Holt, Buckley, & Whelan, 2008; Sousa et al., 2011; Tajima, Herrenkol, Moylan, & Derr, 2011). The ACEs studies in Wales found negative lifelong effects on physical and mental health and an elevated risk for addiction and self-destructive behaviours. This increased dramatically with multiple ACEs being experienced in childhood (Bellis et al., 2016). The convergence between epidemiologic and neurobiological evidence of the effects of childhood trauma was researched using the ACEs project as a case example by Anda et al. (2006). The studies of how neural pathways in the brain are affected and how the stress-response systems in the body can become overactive as a result of stress and trauma involve the fields of psychology, neurobiology and epidemiology (Committee on Integrating the Science of Early Childhood Development - Board on Children Youth and Families, 2000; Anda et al., 2006). Devaney (2015) explored how this interaction between the individual's mind, body and environment combined to determine the health, mental stability, academic achievement and life path of the person. A further development involves the study of epigenetics, a mechanism whereby it appears that characteristics and emotional traumas can modify structures of the brain and also be transmitted to the next generation (Murgatroyd, Wu, Bockmühl, & Spengler, 2010; Roth, 2014). Neuroscience suggests this close link between emotional and cognitive development has implications for the study of the effects of trauma, including domestic violence.

Neurobiological research has established that trauma affects physical, emotional, cognitive and relational functioning (Schore, 2001; Siegel, 2010; Perkins & Graham-Bermann, 2012; Tsavoussis, Stawicki, Stoicea, & Papadimos, 2014). The work of trauma experts with young people in practice and research emphasised the damage that is

lifelong if not addressed, as demonstrated in the ACEs study of Bellis et al. (2016). The pervasive nature of damage to relational ability and the fact that many traumatic responses are lodged in primitive responses and unconscious memory suggested the use of other methods than talking cures to access emotional affect in trauma recovery research (Schore, 2001; Solomon & Siegel, 2003; Codrington, 2010; O'Neill, Guenette, & Kitchenham, 2010). The work of van der Kolk (2003) on trauma explored its effects on functioning and went on to describe:

> *The Apparent Uniqueness of Traumatic Memories*.
> A century of study of traumatic memories shows that
> They are primarily imprinted in sensory and emotional modes, although a semantic representation of the memory may co-exist with sensory flashbacks (van der Kolk & Fisler, 1995) …
> 4.these sensory imprints tend to occur in a mental state in which victims may be unable to precisely articulate what they are feeling and thinking (Rivers, 1918, Blank, 1985) (cited in van der Kolk, 2003, p. 179).

This understanding of the sensorial nature of traumatic memory informed the decision to use multimedia methods in the group 'up2talk'. The group was not a therapy group but, as it focussed on the effects of domestic violence on teenage SEL skills, it was required to be trauma-informed in its process. This approach has become a part of recommended youth work and residential and school-based groups for traumatised youth (Burgess & Phifer, 2013a; Habib, Labruna, & Newman, 2013; Rossen & Hull, 2013; Akin, Strolin-Goltzman, & Collins-Camargo, 2017; Bartlett et al., 2018). It involves the group leader or educator being aware of the behaviours and effects associated with trauma, and trained in managing and referring disclosures as a minimum requirement (Burgess & Phifer, 2013a). This is discussed further in the section on the transferable elements of 'up2talk' in section (4.3) of the findings.

2.6.6 Effects on academic achievement and literacy

The physical and social impact of living with domestic violence will affect the academic experience and negatively impact cognitive development for the child and young person. Physical injury, destruction of school equipment and clothing will limit school attendance. Motivation and progress will be hampered by the pervasive effects of stress and anxiety on concentration. If the family moves for safety reasons all these difficulties can be magnified by the trauma of moving, a new school and the shame of refuge residency for young people (Humphreys, Mullender, Thiara, & Skamballis, 2006; Hogan & O'Reilly, 2007; Thompson & Whimper, 2010).

Academic progress can be badly affected by broken sleep, which combined with anxiety and panic, will make it difficult for the child to focus on learning (O'Connor, Ruddle, & O'Gallagher, 1988; Horsman, 2004). A study of children who had suffered both domestic violence and abuse found no statistically significant difference between those who had suffered one or other or both types of abuse in young children's intellectual function, although the children in the non-maltreated group performed at a higher cognitive level than all three violence-affected groups (Huth-Bocks, Levendosky, & Semel, 2001). Research conducted with adolescents affected by family violence and abuse by Moylan et al. (2010), however, suggested that those who had suffered from both types of abuse showed increased vulnerability to youth depression. The varied results of such research suggests the complexity of the effects of domestic violence and abuse on children and the importance of understanding the role of culture, environment and socio-economic factors in determining the child's experience.

2.6.7 Self-esteem and social development for teenagers

Adolescents may try to cope with their feelings by numbing them with drugs or alcohol, or by staying out of the home. A teenager may get involved in taking care of siblings and

the abused parent, in the majority of cases the mother. This is a relationship that Katz (2015b) viewed as dynamic and involving the agency of the child, not a passive experience. This contrasts with the concern that either of these responses can take away the young person's childhood and affect the possibility of a successful transition to adulthood (Buckley, Holt, & Whelan, 2006). Self-confidence and self-esteem can be damaged by feeling to blame for the violence in the home, feeling isolated, different and being judged to be worth less than others, as stated by participants to Mullender (2006). Adults reflecting on their lives in refuges as children described intense feelings of difference and inferiority to other children as follows: Sandra, a study participant, told a friend's family she was in the refuge and found that: *"they don't want to know you, they think you are some kind of scum"* (Saunders, 1995, p. 20). John said: *"when I was in the refuge I was ashamed. I thought I wasn't normal, that I was a bad kid and a failure"* (Saunders, 1995, p. 27). Feelings of depression, suicidal tendencies, introversion or tendencies to aggression and self-harm are among the effects reported by young people to Mullender and Morley (1994). One eight-year-old described his situation thus:

> How I feel about it? … When it happens, I feel as if things are growing in my head, outwards and pressing on my head. … There was a big argument one day. My dad did not want his tea. He bought me an ice-cream. He punched her three times. Someone came running. He kept kicking her. Mum was crying and crying ... then he got out again and he came for me so I ran away … I'm frightened I'll be like it when I grow up. … I want to help her. I get worried for her (Mullender et al., 2002, p. 95).

In similar terms a young interviewee informed Buckley, Holt, and Whelan (2006): *"It's the shame as well. You're embarrassed in front of friends … We didn't have birthday parties at home, we had our own parties. We couldn't invite friends. Therefore we didn't really get invited to other parties"* (p. 40). It appeared that older children and adolescents who lived with domestic violence might have social difficulties owing to their inability to interpret the social cues of others and problems in expressing their

needs verbally (van der Kolk, 2007). This could cause a young person to be at risk of being bullied because of isolation and low self-esteem, or, at the other end of the spectrum, to be aggressive and a bully (Daniel, Wassell, & Gilligan, 2010; Grasso, Dierkhising, Branson, Ford, & Lee, 2016). Such difficult living conditions can result in an inability to focus on school or the other 'normal' activities in adolescence and can affect the capacity for adaptive, developmental behaviours, because the energy needed for adapting to growing up is being absorbed by stress and familial responsibilities, as identified by Stanley (2011).

An earlier study by Fitzgerald and Jeffers (1991) of the psychological adjustment, reading attainment and intelligence of 2,029 ten and eleven-year-olds in Dublin suggested that children who had experienced domestic violence had a 90% chance of becoming psychologically disordered. This was a community-based study compared to a study by Murphy (2002) that was located in a refuge. Murphy compared the mental health (as measured on a clinical level of disturbance) of three groups of Dublin children in her research study. These were local school children, children attending a psychiatric clinic, and children resident in a refuge. Psychiatric outcomes showed refuge children had an incidence of psychological disturbance of 47%, the psychiatric clinic group of 65%, and the local control group of 2%. She also found higher levels of hyperactivity in the refuge group and suggested this could be related to post-traumatic stress disorder (PTSD). The refuge children self-reported as having a higher level of disturbance at 67% than the children attending the clinic, although the mothers in the refuge situation had underestimated their children's levels of disturbance at 47%. The cumulative effects of domestic violence on teenagers at school and socially were most obvious in difficulties in relationships according to a multi-disciplinary handbook from North America on supporting traumatised students (Burgess & Phifer, 2013a).

2.7 DEVELOPMENT OF THE CHILD AND THE EFFECTS OF ADVERSE CHILDHOOD EXPERIENCES

The length and severity of the child's exposure to violence is fundamental to how this affects the child. The home situation, the axis of all other experience, is central to the developmental view of the negative effects of domestic violence and is situated in wider circles of influence (Bronfenbrenner & Ceci, 1994; Jaffe, Wolfe, & Campbell, 2012). The primary attachment relationships offer the security to enable the acquisition of social-emotional, cognitive and physical skills for the infant and then the child (Holt, Buckley, & Whelan, 2008; Daniel, Wassell, & Gilligan, 2010). This development is sequential and, according to Vygotsky's theory, occurs in a context of the physical environment and social relationships available for the child (Mahn, 2003). Vygotsky's social cultural theory found that: *"human learning presupposes a specific social nature and a process by which children grow into the intellectual life of those around them"* (Vygotsky, 1978, p. 88). His theory of child development was based on the existence of critical periods rather than a linear process. The interdependence of the individual and social experiences of the children and the meanings they made from this are the key themes in the critical periods theory, according to Vygotsky in Mahn (2003). The new psychological developments in the personality, including changes in language and conceptual thinking, occurred in the critical periods and initiated the change to the next level of development for the child in Vygotsky's theory. Vygotsky (1998, p. 190) found that these new formations: "*basically determine the conscious consciousness of the child, his relation to the environment, his internal and external life, the whole course of his development during the given period*". These theories are discussed in depth in section (2.9) on SEL.

2.7.1 Polyvictimisation

Research on polyvictimisation suggests that a child may be abused at home, bullied at school and picked on in the local community (Finkelhor, Hamby, Ormrod, & Turner, 2005). The links between witnessing domestic violence and direct maltreatment of children, identified by Edleson (1999), were further developed in the national telephone survey of 4,549 children aged from 0 to 17 carried out by Hamby, Finkelhor, Turner, and Ormrod (2010). Results showed a high concurrence of witnessing and experiencing violence for children, and recommendations for screening in child protection services and adult services for this overlap were made. Significant correlation between witnessing partner violence and victimisation by community and peer violence and criminal actions was also found in this study. The coexistence of multiple forms of family violence was noted.

Similarly, Alexander (2015) suggested that the overlap between different forms of family violence was so significant that it made no sense to study one type of family violence in isolation. Her experience as a psychiatrist of working with depressed women in the 1970s, uncovered high levels of incest cases, demonstrating the long-term effects of trauma.

2.7.2 Individual but not unique effects

Research has suggested that children and young people will be affected in different ways by domestic violence, depending on age, developmental stage and their relationship with the non-abusing parent (Mullender & Morley, 1994; Humphreys & Mullender, 1999; Buckley, Holt, & Whelan, 2006; Stanley, 2011).

Other factors such as the length and severity of the abuse and the extent of other nurturing relationships in the family, community and school will mediate the effects.

The importance of social services supporting attachment relationships for the child was noted by Devaney (2015, p. 85):

> A secure attachment to a non-violent parent or other significant carer has been cited consistently as an important protective factor in mitigating the trauma and distress associated with exposure to domestic violence (Holt et al., 2008). Therefore practitioners and service providers should develop interventions that seek to repair and promote these positive attachments, either between children and their parents, or, if necessary, another significant adult such as a grandparent.

The need to prioritise the personal experience of each child as a basis for research or intervention was emphasised by Saunders, based on personal experience (Saunders, 1995), and highlighted by participants in further qualitative research (Hogan & O'Reilly, 2007; Nguyen, Edleson, & Kimball, 2012).

2.7.3 Resilience factors

Ungar located the qualities of resilience as being limited by the environment of the individual and maintained that: "*I have never met an individual who resists an offer of help that respects his or her efforts to survive*" (Ungar, 2004, p. ix). Ungar suggested that reduction of risk for a child could be done in two ways—the first was by increasing the child's coping strategies and the second was by reducing the child's exposure to the hazard or risk. Domestic abuse is an issue that restricts both these possibilities by damaging the child's social development and limiting their choice to leave the violence, as it is situated in their home.

Ungar (2011) later expanded on the key elements of resilience as being located in the systems within which the child lives and found that too much emphasis had been put previously on the individual attributes of the child. The individual nature of children's responses to trauma has suggested that children with high levels of resilience can succeed despite challenging situations that could have extremely negative long-term effects on other children. In some cases children may even gain emotional strength and

depth from the experience of living with domestic violence of a kind that left others severely damaged (Holt, Buckley, & Whelan, 2008). The school can offer support and a safe place for young victims of domestic violence to build positive relationships and develop resilience, according to Burgess and Phifer (2013a), although teachers are often unaware of the violence. The child's trauma-based behaviour problems can lead to further stress and isolation for them in school (O'Neill, Guenette, & Kitchenham, 2010). The study of resilience factors deepens our understanding of the experience of children and teenagers living with domestic violence and of the supports that might be useful to them. Theron (2012) has cautioned, however, against overstating the resilience of young people who may flourish in one area of their lives, e.g. academically, but suffer isolation or psychological damage in other parts of their lives. Theron has also noted that promoting and honouring those who survive adversity can reduce the onus on society to improve the conditions of those being abused. She has further stressed the important part played by living conditions, social networks and customs in enabling some people to be resilient (Theron, 2012). Buckley, Holt, and Whelan (2006) noted how a young person taking on responsibility for younger siblings could develop increased self-esteem, while, on the other hand, it could cause them to suffer academically or socially. The research emphasised the need to work with each child and family individually and to recognise their strengths (Nguyen, Edleson, & Kimball, 2012). In her narrative study with five young people affected by domestic violence, Collis (2013) has claimed there is a need to assist traumatised young people to integrate the positive aspects of their lives, both external and internal. This is to help them develop an understanding of their experience and place it in the context of their lives. She noted the importance of sustaining trustworthy relationships in young people's lives and emphasised the need for a sensitive approach to each young person. Malekoff (1997) saw the role of the youth

worker or educator lay primarily in understanding the adolescents' experiences in their environment and exploring how they used resilience to survive in a way that worked in the context of their lives. He placed the different values of the predominantly white, educated social workers in contrast to the survival needs and social reality of the marginalised youth they worked with (Malekoff, 1997). The innate and individual factors of resilience, such as positive outlook and relationship skills, also develop within the limits of social, economic and family circumstances. Ungar (2011) questioned the construct of resilience as universally positive. Further research into the desirability of young people being moulded into overly adult roles explored whether resilience can lead to exploitation of the strong, resilient child living with adversity, who may become responsible for maintaining well-being for his/herself and others in extreme situations: "*Thus, the very contexts in which resilience might be observed are often concomitant with violations of basic human rights*" (Theron, 2012, p. 334).

2.8 THE INTERSECTIONALITY OF THE EFFECTS OF DOMESTIC VIOLENCE

Kitzmann, Gaylord, Holt, and Kenny (2003) in their meta-analysis of studies on the effects of domestic violence found that such research provided significant evidence of damage to children's emotional and social functioning, but did not always differentiate between levels of violence in the home or focus on the effect of socio-economic factors, parental addiction and the community background. The study of the positionality of the individual in family, community and society can form "*a child-centred approach that recognizes diversity among children exposed to IPV, extending the challenge to traditional 'one-size-fits-all' models to include an intersectionality-informed stance*" according to Etherington and Baker (2018,abstract). Their study found that as women's experience of domestic violence was found to be significantly influenced by their

positions and identities in society, there is a need for more research on the role of these intersectional factors for children living with domestic violence.

2.8.1 Socio-economic status (SES) in relation to domestic violence

International research has found domestic violence to be more heavily concentrated in communities affected by social and educational disadvantage according to studies of family violence by Barnett (1997) and educational disadvantage by Horsman (2004) in North America. Similar patterns of economic deprivation and complex problems were found in UK research by Devaney (2008) around the child protection system. Theories of the intersectionality of the issue find a mixture of societal factors are involved in higher rates of domestic violence. Sokoloff and Dupont (2005, p. 48) suggested that this analysis demonstrates the need for a social justice approach:

> Many studies on intimate partner violence have found that when socioeconomic factors are controlled, racial and ethnic differences in the rate of intimate partner violence largely disappear (Hampton et al., 1998; Rennison & Planty, 2005). This finding suggests that at least one major underlying reason for the greater level of domestic violence among African Americans is not attributable to racial and cultural factors but to the high and extreme levels of poverty in Black communities.

In accordance with international trends, domestic violence in Irish society may be more common in families affected by poverty, inadequate housing, addiction, child abuse, unemployment and criminality. The poor educational achievements of parents were frequently associated with domestic violence and social deprivation (Fitzgerald & Jeffers, 1991; Kennedy & Hickey, 2005). Domestic violence was reported by young people as a major reason for homelessness on leaving the family home (Mayock & Vekic, 2006; Sonas, 2013).

Although figures for incidents of domestic violence and abuse, when analysed with controls in place to discount other factors, show minor class- or income-based variations, families that are economically disadvantaged are over-represented in the

publicly reported figures and in their use of the social and judicial services (Kelleher & Associates & O'Connor, 1995; Watson & Parsons, 2005; Stanley, Miller, & Richardson Foster, 2012). The majority of reported cases are situated in lower socio-economic circumstances, and while these children may receive support in the refuge, they will not have the means to access private therapeutic services that are an option for wealthier families. Women with significant resources have more options to avail of private services rather than involve the voluntary or statutory agencies, and this may be a reason for the lack of research on more affluent victims. Thus, it is difficult to assess whether children from more privileged families receive less help, as they were never in a refuge, which is the place where the majority of interventions for children are based, according to Hogan and O'Reilly (2007). This situation regarding wider availability of interventions had not improved in 2016, according to the review of Women's Aid (2017). The ecological model of family violence (World Health Organization, 2002) identified how factors such as poverty and poor education affected the life of the individual, their experiences in relationships and their position in the community and society. This acted to increase the overall prevalence of domestic violence. Kearns, Coen, and Canavan (2008) highlighted the importance of effective targeting of domestic violence prevention programmes at the appropriate level of the individual, the family and the community. They argued for an integrated approach that included addressing social deprivation. The need to be aware of cultural beliefs and attitudes around domestic violence to enable successful implementation of the wider aims of violence reduction was an issue addressed by Fitzgerald and Lawlor (2010). The work of Featherstone, White, and Morris (2014) emphasised the stresses on family life caused by living in areas of multiple disadvantage and the spiralling effect of one problem on another, and appealed for a more humane and integrated approach to social work with families.

2.8.2 Coercive control

The work of Stark (2007) found that the definition of domestic violence, with a heavy emphasis on physical violence, overlooked the prevalence of the system of abuse he called 'coercive control'. He attributed the failure of the domestic violence movement to an inability to define abuse, to address the lasting nature of abusive relationships and to devise approaches that worked for women victims in the criminal justice system. He suggested the pervasive and difficult to identify nature of coercive control was the underlying reason for this. Stark (2009) postulated that coercive control involving the systematic isolation, intimidation and control of women might be due to the greater equality and freedom women now enjoyed in public life. Thus the system of coercive control by a male partner took place primarily within traditional female roles of carer, homemaker and sexual partner. The low level of obvious violence, measurable in the 'violence model', meant that this deprivation of liberty was not identified by the criminal or social services. In a presentation to Women's Aid Wales, Stark (2017), discussed the use of coercive control on children and teenagers by the abuser. In his interviews with children he identified similar patterns of physical abuse, isolation and control as were used on women. He found that patterns of abuse were frequently below the level for criminal justice or social service intervention while they involved regular incidents of physical and emotional abuse. The children were used primarily to hurt and intimidate their mother in a strategic manner. The effects on children were complicated and not what was expected. An example he offered was that the rigid gender roles applied to children affected their ability to perform well in school. They lacked social flexibility as a result of coercive control impacting their development. These control methods he described as crimes against liberty and the suppression of basic freedoms. The justice and social service systems needed more comprehensive methods of assessment to

identify this crime, as he compared it to hostage taking or kidnapping in a seminar with police and professionals in the UK (Stark, 2016).

2.8.3 Cumulative effects

If the child's exposure to trauma is prolonged, development will be affected, with each stage that is impeded impacting on the next, as noted by Grasso, Dierkhising, Branson, Ford, and Lee (2016). Experiences and new relationships will be restricted according to the severity of the violence and level of negative control involved (Committee on Integrating the Science of Early Childhood Development - Board on Children Youth and Families, 2000). Much of the existing research shows the coexistence of long-term poverty, low literacy skills and the increased prevalence of domestic violence (United Nations International Children's Emergency Fund, 2006; Devaney, 2008). Researchers, however, have described parents caring successfully for their children in disadvantaged families and children who have overcome multi-faceted adversity to succeed in life, suggesting that attempts at identifying causal patterns are inadequate (Nguyen, Edleson, & Kimball, 2012; Collis, 2013). Domestic violence was identified as a factor involved in those affected by youth and family homelessness in Irish research studies (Mayock & Vekic, 2006; Sonas, 2013). In her research with women in prison, Colgan (1995) found that up to 80% of those incarcerated were affected by domestic violence and her research implied that their children would be doubly affected by the violence and the loss of their mother.

2.8.4 Literacy, disadvantage and domestic violence

A body of evidence indicates that the effects of family violence on concentration and cognitive ability are significant. The direct impact on education for young people is discussed in section (2.6.6). Flynn (2007) suggested that educational disadvantage came

from poverty, addiction and social deprivation and she linked it to patterns of incarceration for fathers in poor communities, which caused further poverty for their families. The role of alcohol and drug abuse in reducing the family's ability to support children in education was evident in the study of educational disadvantage by Flynn (2007).

A number of research studies have suggested that illiteracy is associated with severe social disadvantage. The nationwide longitudinal study 'Growing up in Ireland' (Williams et al., 2009) and the research of Combat Poverty (2015) demonstrated how these elements of poverty affect life prospects including access to higher education.

The association between poor literacy and severe lifelong disadvantage is evidenced in Morgan and Kett's research on the literacy levels of Irish prisoners. Their study found 20% of prisoners had such low levels of literacy, having left school before minimum legal age, that they had to develop a pre-level of testing. It is challenging, however, to interpret the causal meaning of such data, according to Morgan and Kett (2003), who inquired whether poverty was influential in forming low literacy levels or vice versa. Their research does, however, align with the ACEs research into combinations of disadvantage and traumatic experiences in the Welsh study of Bellis et al. (2016). The ACEs research evidenced the lifelong and intergenerational effects of trauma including domestic violence on children's development.

In an Irish study, children struggling with reading were seen at higher risk of early school-leaving, of socio- economic problems and a continuing poverty cycle (Kennedy & Hickey, 2005).The ability to read is seen as a major factor related to developing self-regulating behaviour and self-esteem, with low academic achievement being associated with poverty and family discord (O'Connor, Ruddle, & O'Gallagher, 1988; Kennedy & Hickey, 2005; O'Brien & Flynn 2007). Research into how children learn to read suggests that

feelings of self-confidence and self-efficacy are important parts of the process (Kennedy & Hickey, 2005). The ability to process several strands of information simultaneously and to synthesise and guess the meaning from context, all require the child to take risks and need a trusting relationship with a teacher (O'Neill, Guenette, & Kitchenham, 2010). A United Nations International Children's Emergency Fund (UNICEF) report noted that problems with learning began at primary level for children exposed to domestic violence and found that 40% of these children had lower levels of reading ability than children from non-violent homes (United Nations International Children's Emergency Fund, 2006). In a review of parenting interventions Cotter (2013, p. 3) reiterated that:

> Education is a key determinant of health across the life course; children who are already at a disadvantage in terms of school readiness at the first point of education entry may carry this through their education experience – which may be cut short. This lack of engagement can be passed between the generations in terms of attitude to education creating a cycle of exclusion with potential impacts on health.

The Organization for Economic Co-operation and Development (OECD) report on adult literacy found that people who had poor skills in literacy also had less community involvement and less social activity in their lives (OECD, 1994, p4). 'Growing up in Ireland', a major longitudinal Irish study, reported that the child whose mother had achieved a third level education had an eight times greater chance of reaching third level education themselves. It also strongly related the figures for childhood behaviour problems to socio-economic circumstances Williams et al. (2009 fig.6.1). Research on the effects of illiteracy show lifelong effects on job prospects, self-confidence and social life and the repetition of poor academic achievement into the next generation (Murray, Kirsch, & Jenkins, 1997; Williams et al., 2009). Ainsworth (1974) had previously suggested low levels of literacy could be transmitted through generations.

According to Carlson's research (2000), between 10% and 20% of children in the USA are exposed to domestic violence annually. Research conducted into the effects of violence on children by Perkins and Graham-Bermann (2012) suggested that:

> Violence exposed children have an increased risk of developing school-related problems including: mental health problems, learning disabilities, language impairments, and other neurocognitive problems. These problems interact to create a complex web of deficits and disabilities where intervention access points are difficult to assess. Often mental health problems and academic problems develop in parallel (abstract).

Carrell and Hoekstra (2010) studied the effects that young victims of domestic violence had on their class group and found that one child thus affected had a significant negative impact on the class scores, as well as having lower academic achievements themselves. The pupils in their study were identified as victims of domestic violence by local court records. The authors noted the difficulty for research purposes of identifying and isolating the single factor of domestic violence in a student's life, even when using a system of controls of other variables. Their focus was on the negative spillover effects on the class group of having a pupil affected by domestic violence in the class (Carrell & Hoekstra, 2010). They found these effects significant, and noted that pupils from troubled families affected a significant decrease in overall attainment scores in their peer groups and increased disciplinary incidents in their class group. The study also noted that the effects appeared to be worse among those young people whose families had not yet reported the abuse. Family violence was associated with other problems, such as poverty, addiction and low education standards in the family.

2.8.5 Gender in domestic violence

Gender is central to the study of domestic violence. Key areas in the body of research include the issue as a gendered crime, the manner in which the gender of the victims mediates both their responses to it and the effects the violence has on them. The role

of gender in the transgenerational aspect of intimate partner violence for perpetrators, victims and witnesses has been a subject of research. The issue of gender is implicated in the design of effective prevention education materials about domestic violence for mainstream and affected groups.

2.8.6 A gendered crime

The debate on the extent of intimate partner violence (IPV) man to woman, and woman to man has tended to conclude that in the majority of cases the man was the aggressor and that women's acts of violence towards men were largely in self-defence (Jaffe & Geffner, 1998; Dasgupta, 2002; Kimmel, 2002). The suggestion that women's violence to men might be equal to that of men to women by Kelly (2003) was challenged by Holt, Buckley, and Whelan (2008), who referred to the greater prevalence and severity of the violence against women, who have also a much higher risk of lethal injury than male victims. This disparity in severity and effects had been highlighted by the research of Dobash and Dobash (2004). The data from the Conflict Tactics Scales (CTS), produced by Straus (1979), which generated much higher figures of gender symmetry in family violence, have been criticised for their lack of context and measures of severity. Kimmel (2002), in a comprehensive review of the issue, found that Straus himself (the author of these CTS scales) expressed concern that they were being misused to minimise the severity of domestic violence to women and suggested that the most extreme cases were perpetrated in significantly more numbers by men to women (Kimmel, 2002).

2.8.7 Gender as it affects victims' experiences

In studies of young victims of domestic violence by Peled and Edleson (1995), it was perceived that boys were more likely to show externalising behaviours, such as aggression, and girls would typically display internalising problems, such as depression—

a view reiterated in other studies (Hughes, 1982; Evans, Davies, & DiLillo, 2008). This association between the gender of the victim and the effects of domestic violence was seen as more complex by Phillips and Phillips (2010). Their study found that young people included experiences of domestic violence as only one factor within the cultural and social context of their lives as told to Phillips and Phillips (2010). Fox, Hale, and Gadd (2014) identified the particular gender positions and experiences of a group as a key factor, with this environmental context having an influence greater than a simple gender divide. Phillips and Phillips (2010) suggested that for the young people in their study: "*Gender identity helped them explain their past and deal with the present. 'Doing normative gender' represented a key way for the youth to ground themselves in an otherwise chaotic and insecure world"* (p. 292). The girls defined their gender identity in line with the wider female social group. Examples offered by the girls involved being cognisant of the boys' emotional needs and freely talking about their own feelings. They resisted the requests of the staff that they behave more assertively as being unfeminine, and did not relate this behaviour to their experience of domestic violence, but to social expectations:

> Courtney: I mean I wasn't saying they [the boys] should do all of it [the interviewing]. I was just trying to help them out. Tammi did say we should cooperate, right? I think they're [the advocates] just afraid we're gonna let guys run all over us like our dads did with our moms, ya know?
> Beth: Yeah, why do you think you wanted to help them out?
> Courtney: Well, I don't know . . . Ok, it's like this: girls are supposed to care what guys think. It's the way we are, I guess.
> Beth: Oh, ok.
> Courtney: I mean, I am this way because of lots of things, like yeah being a teenage girl, you know? Like not just DV [makes me who I am] (Phillips & Phillips, 2010, p. 302).

The boys also expressed opposition to the values offered by the violence prevention programme, such as suggestions about walking away from bullying, and both sexes held views of masculinity involving strength, toughness and a lack of emotional display.

Research suggests, however, that male victims of domestic violence, while much fewer in number, suffer from the same 'culture of silence' as female victims and may encounter further difficulties in seeking help. There may be a reluctance to show weakness on the part of the male victim and a belief on the part of the services that a man cannot be abused. The male victims may fear sexual abuse allegations by their partner, leading to a loss of their children, according to the 'Amen' support service for male victims (McKeown & Kidd, 2002; Lehane, 2005; Amen). The abuse in same-sex relationships and elder or parent abuse requires in-depth research of intimate violence that is beyond the focus of this study.

2.8.8 The transgenerational aspect of domestic violence

This has been studied in relation to the gender of perpetrators and victims and the likelihood of its recurrence through generations (Alexander, 2015). Childhood experiences were found to be influential in DeLozier's (1982) study of physically abusive mothers who had suffered many threats and acts of violence and abandonment in their childhoods. Bowlby (1988) has suggested the existence of childhood attachment problems for both mothers and fathers in violent families. It has been claimed that approximately 50% of violent men may have experienced violent childhoods (Bowlby, 1988; Peled, Jaffe, & Edleson, 1995). Alexander (2015) found significant evidence that abusive parents were more likely to have had an abusive childhood. She suggested that one third of child victims could be abusive parents as adults, one third could be vulnerable to abusive behaviour under pressure and one third would not be abusive (Alexander, 2015). This vulnerability of those who suffered abuse as children to repeating the maltreatment patterns as perpetrator or victim has been supported by research into the history and characteristics of male abusers by Murrell, Christoff, and

Henning (2007). A further tendency for child victims to choose violent partners as adults, identified by Ehrensaft et al. (2003) in a longitudinal study of three generations, may contribute to the repetition of violent behaviour. The combined influences of learnt behaviour, identified by Bandura (1977), of attitudes formed at home and in the community, studied by Phillips and Phillips (2010), and of the emotional damage suffered in childhood appeared to affect partner choice and parenting behaviours in the view of Alexander (2015). Research into family violence by Holt and Devaney (2016) cautioned against simplistic views of cause and effect and proposed an individual focus on each family situation and an understanding of the interplay of circumstances, genetics and personal characteristics in each case.

The nature of social emotional skills makes them fundamental to all forms of learning and development. These life skills are based on relationships from birth, including experiences in utero, and the damage done by trauma is primarily to the abilities to trust and build relationships at each stage of life. These SEL skills will be the focus of the next section.

2.9 SOCIAL EMOTIONAL LEARNING IN CHILD DEVELOPMENT

2.9.1 Nature, nurture and social development

Different theories have at different times viewed either nature, in the form of genetic inheritance, or nurture, in the role of the environment and upbringing, as having the greater influence shaping human development. The interdependence of the cognitive, social and emotional spheres in childhood development in this body of research influenced the focus of this study and the design of the intervention 'up2talk'. The earliest learning is relational and takes place in the intimate space of child and primary caretakers. The social emotional learning of infancy to adulthood is bounded by

relationships and formed within social, political and economic circumstances. Theories of early child development have built on the concept of learning as sequential, located in intimate relationships, and involving both cognitive, sensorial and emotional skills. Attachment theory (discussed in detail in section 2.6.3) has suggested that the earliest emotional relationships of infants with their main carers affects how the child views and explores the world and influences their subsequent relationships as an adult (Bowlby, 1988). Maria Montessori's ground-breaking ideas were based on active learning and a belief in the child's intrinsic ability, according to Lillard-Stoll (2007). Her success in the 1900s, preparing children with mental disabilities for state exams, was based on her extensive studies of how children learn both sensorially and cognitively. Her theory of the relationship between movement and cognition—from the use of gestures to improve communication to physical movement and manipulation of objects to enable new learning grew from this sensorial experience. Montessori (1969) also believed development to be sequential, with there being sensitive periods for acquiring various skills, such as language and walking.

Vygotsky, writing in the 1920s and 1930s (Mahn, 2003), found cognitive and social development occurred in social interaction, with children's environments influencing how they made meaning of experience. His theory studied how children co-constructed all forms of knowledge with their partners within the zone of proximal development. Vygotsky (1978) also prioritised the role of language for the child in this process, both the self-talk and the speech with a social purpose of the child. The work of Piaget, who published widely from the 1920s to the 1950s, focussed on the developmental stages of the child, which he suggested were genetically ordered (Singer & Revenson, 1978). These theories were expanded on in the social learning theory of Bandura (1977). He

developed his theory to encompass the effects of the child's personal attributes, values and social context on the way they integrated what they saw or experienced.

Bronfenbrenner and Ceci (1994) highlighted how the individual's life experiences and outcomes are lived in a series of systems from the intimate family circle to wider social and economic spheres. Research into the importance of positive relationships in school for troubled children also prioritises secure attachment relationships (O'Neill, Guenette, & Kitchenham, 2010; Flynn, 2013). The negative effects of a failed attachment in domestic violence can include relationship problems and parenting difficulties in adulthood. These issues could present at sub-clinical levels of distress, or as part of mental health problems, according to a retrospective Swedish study of 2,500 young people aged from 20 to 24 conducted by Cater, Miller, Howell, and Graham-Bermann (2015). The authors recommended screening for domestic violence incidence in mental health services owing to the high incidence of witnessing and experiencing domestic violence in childhood reported. The need for further research into how problems with relationships and family may be related to the impact of domestic violence was noted. The body of research into child development and its sequential nature supports the fundamental role of social emotional learning at all stages, including adolescence and young adulthood.

The negative impact of domestic violence on a key period of identity formation—adolescence—and the possible ameliorating effects of a specialised SEL programme inform the central structure of this study.

2.9.2 The impact of domestic violence on SEL for adolescents

The previous sections have discussed the negative psychological and physical effects of domestic violence on young people. This section looks at the ways that SEL is central to

child development and is negatively impacted by domestic violence. The child's ability to participate fully in life and school is curtailed if social skills are underdeveloped (Holt, Buckley, & Whelan, 2008; Daniel, Wassell, & Gilligan, 2010). Living with domestic violence has been identified in itself as an educational disadvantage for children (Humphreys & Mullender, 1999; United Nations International Children's Emergency Fund, 2006; Collis, 2013).

Figure 1: p.79, was created to illustrate the intersectionality of the child's social, emotional and cognitive development. The positive attachment relationships and security needed for healthy growth contrast with the restrictions that the cumulative effects of domestic violence and other forms of child abuse have on development. Primary carers and the home environment have a central and interlinked role in enabling healthy physical, emotional, psychological and social growth for the child.

The coloured circles highlight important aspects of this development, dependent on the primary carer's relationship to the child, as discussed in the section on child development theories (2.9).

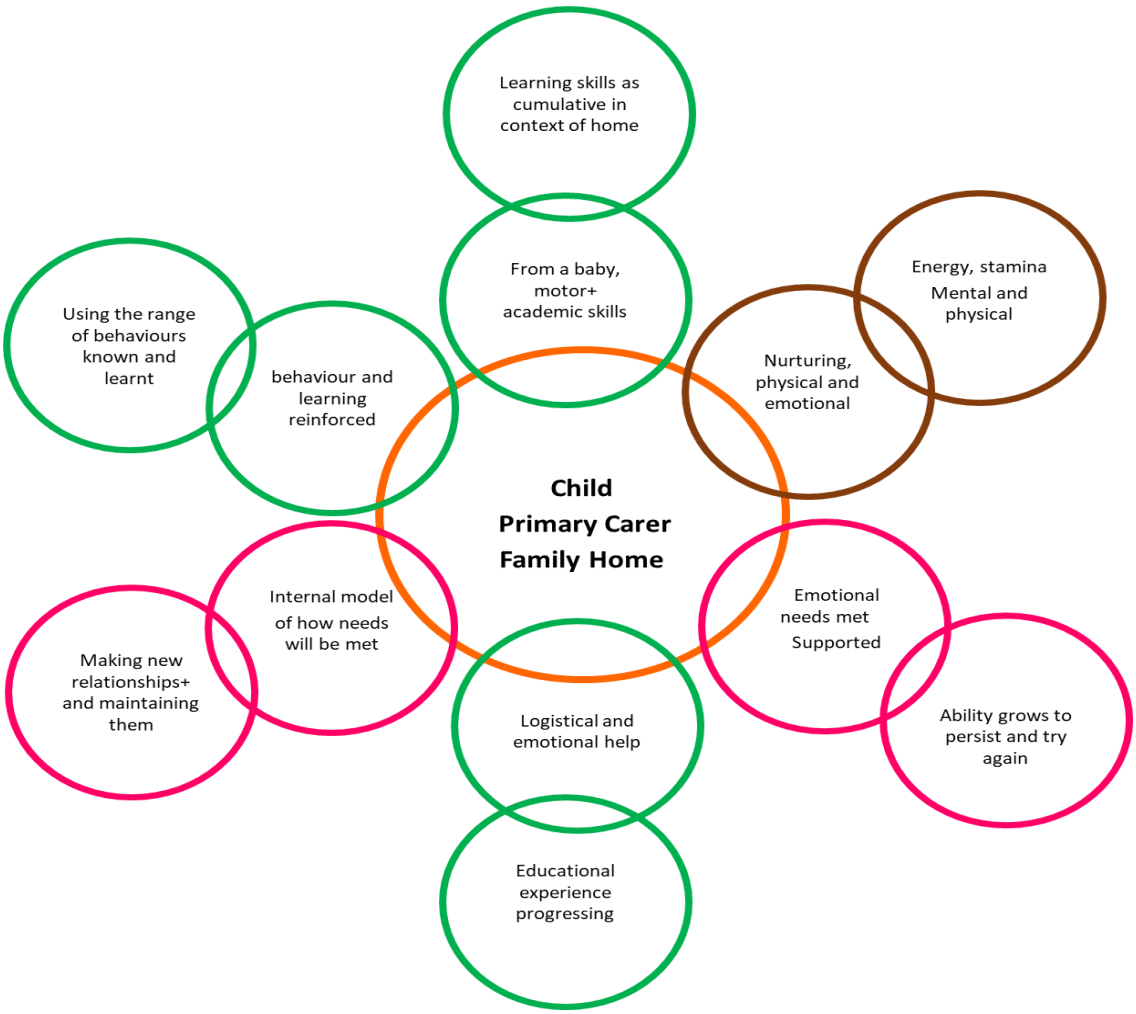


Figure 1: The interconnections in child social development.

Orange: The hub of life: the child, the carer and the home.

Brown: The basic physical/emotional needs: nurturing, food, shelter, reassurance, love.

Green: Learning skills at home, motor and cognitive. Behaviour and learning reinforced. Building up emotional and logistical support for expansion to education outside the home.

Pink: Emotional needs are met, providing secure attachment and the ability to persist. A positive internal model of relationships is constructed, encouraging the formation of new relationships.

2.10 SOCIAL EMOTIONAL LEARNING FOR ADOLESCENTS

The term social emotional learning (SEL) originated in 1994 with the establishment of the Chicago-based Collaborative for Academic Social and Emotional Learning (CASEL) at a time when schools were inundated with personal development and prevention programmes. The aim was to devise frameworks for effective integrated school-based programmes by the Collaborative for Academic Social and Emotional Learning (2017),

and this group has been influential in the development of SEL programmes internationally. Research since 2000 into the importance of SEL suggests that positive relationships between teachers and pupils can play a role in ameliorating stress. The role of SEL in moderating social disadvantage in school and facilitating learning is explored in the work of Morgan (2014).

2.10.1 Irish SPHE and RSE

Morgan (2014) looked at how personality factors can affect school success, the impact on school achievement of SEL programmes, self-regulation and how it affected achievement. His research has suggested that personality traits are as important as IQ tests in predicting educational success, success in work and the long-term health of a person. He further noted the importance of the teacher–student relationship.

The Social Personal Health Education (SPHE) (National Council for Curriculum and Assessment, 1999, 2011) and the Relationships and Sexuality Education (RSE) programmes reviewed by Mayock, Kitching, and Morgan (2007) should be experienced at primary and secondary school level by all Irish pupils. These programmes, which were introduced in Ireland at primary level in 1999 and post-primary in 2000 (O'Higgins, Galvin, Kennedy, Ni Gabhainn, & Barry, 2009), have various strands and are age-appropriate. The RSE module within SPHE suggests that school SPHE offers pupils opportunities for personal development and well-being (Department of Education and Science, 2000). Schools will be designing and evaluating their own Junior Cycle programme from 2014 based on the 'Framework for Junior Cycle' (Department of Education and Skills, 2013).

Table 1: Provision of SPHE and RSE in Irish schools

Session	Class/Cycle	Frequency	Status	Personnel
		Per week p.w. Per annum p.a.		Staff=in-house staff
SPHE	1st–4th class	In curriculum	In curriculum	Class teacher
SPHE/RSE	5th–6th class	In curriculum	In curriculum	Staff/class teacher
SPHE	Junior Cycle	1 period p.w.	Compulsory	Staff/class teacher
RSE	Junior Cycle	Within SPHE class period	Compulsory	
SPHE	Senior Cycle	1 period p.w.	Non-compulsory	Staff/teacher
RSE	Senior Cycle	6 periods p.a. within SPHE	Non-compulsory	Teacher or extra facilitator

Primary school programmes include the 'Stay Safe' programme and the RSE programme, which is delivered within the SPHE classes to fifth and sixth classes. The fifth and sixth class programme has three strands: myself, myself and others, and myself in the wider world (National Council for Curriculum and Assessment, 1999). The Junior Cycle SPHE framework lists belonging and integrating, self-management, communication skills, physical health, friendship, RSE, emotional health, influences and decisions, substance use and personal safety as core elements (Social Personal & Health Education support service: Post primary, 2003).

Senior Cycle RSE programmes identify three themes: human relationships, human growth and development, and human sexuality (National Council for Curriculum and Assessment, 2005). The recommended teaching style is experiential and facilitative but the material presents with directions such as 'discuss', 'identify' and 'understand' appearing frequently, while terms suggesting experiential learning are not always obvious. The adult view is offered as a starting point both in representations of teenage

and family life in the review of the National Council for Curriculum and Assessment (1999, p. 61), and in the framing of adult–teenager relationships. For example*: "the child should be enabled to: recognise the important and legitimate role that adults have to play in making decisions and setting boundaries for young people"* (National Council for Curriculum and Assessment, 1999, p. 60).

2.10.2 Evaluation and review of implementation of SPHE and RSE programmes

Reviews of the programme by Mayock, Kitching, and Morgan (2007) found a high level of support across parents, teachers and students. The logistical barriers to successful implementation included overcrowded timetables, scarcity of resources, lack of experiential skills among teachers and large class groups (Mayock, Kitching, & Morgan, 2007; O'Higgins, Galvin, Kennedy, Ni Gabhainn, & Barry, 2009). A study of pre-service teachers, found only 25% stated their intention to teach SPHE owing to lack of training, the low status of the subject and the fact it was mainly taught by women (Mannix-McNamara, Moynihan, Jourdan, & Lynch, 2012).

Parents, teachers and students referred to the programmes as a way: "*difficult topics can be discussed in a safe environment*" (O'Higgins, Galvin, Kennedy, Ni Gabhainn, & Barry, 2009, p. 28). An important part of the SPHE/RSE curriculum is the cross-curricular approach, where issues are followed through different subject areas. In RSE this did not appear to be happening. Students reported that *"it's (RSE) completely jumped over. Well, because I don't think we're allowed to talk about it because it's a Catholic school"* and: *"there are a few teachers who would be brave enough now*" (Mayock, Kitching, & Morgan, 2007, p. 27).

Outside facilitators were used by 95% of schools in Senior Cycle RSE. Students reported finding it easier to ask questions of these facilitators but this contributed to a

fragmented programme as these sessions were not integrated into the whole school programme, as reported by the Department of Education and Skills (2013, p. 16). The Irish youth parliament, Dáil na nÓg (Department of Children and Youth Affairs), conducted a research study in 2009 with 220 young people on the implementation of the SPHE and RSE programmes in school. The study by Roe (2010) found a low level of RSE implementation at Senior Cycle level. Similar barriers were identified in the other implementation studies, such as curriculum overload, lack of importance given to the subject and a lack of experience among teachers in the area of relationships and sexuality education (National Council for Curriculum and Assessment, 2006; Mayock, Kitching, & Morgan, 2007; Roe, 2010). Dáil na nÓg is a representative body that consists of 200 delegates elected from youth councils established in each of the 31 local authority areas to give young people a voice on their own local issues (Department of Children and Youth Affairs). Dáil na nÓg research suggested that SPHE programmes have an agenda that is frequently adult-driven and lacks the input of the young participants (Roe, 2010). Despite these obstacles to implementation, students, parents and teachers recorded a high level of satisfaction with the programmes and this is also reflected in a review of the Junior Certificate completed by young people with Roe (2011). Currently, it appears that delivery of mainstream RSE may not be meeting basic information needs of students, according to Mayock, Kitching, and Morgan (2007). A high priority for second-level students in the Irish study of SPHE and RSE by Roe (2010) was the topic of relationships and sexuality. The specialist provision for teenage victims of domestic violence recommended by the National Office for the Prevention of Domestic Sexual and Gender-based Violence (2010) is not available due to cutbacks and budgetary restrictions, so school-based programmes offer the only contact point for discussion of relationship and family issues. These topics, including family violence, addiction and

intimate partner relationships, are all on the curriculum. It appears they are not widely addressed in schools owing to the factors explored in the research mentioned. These include lack of training for teachers, religious barriers, awkwardness with the topics and the low status of the subject in schools.

2.10.3 SEL: infancy to adolescence

The World Health Organization (2000, p. 3) defined skills-based health skills training as happening: "*through the development of knowledge, attitudes and especially skills, using a variety of learning experiences, with an emphasis on participatory methods".* Skills such as communication, decision-making, problem-solving, coping and self-management were seen as essential, as was the opportunity to practise the skills in context. The importance of ongoing process review, which informs this programme 'up2talk', and outcome review, which measures the success in achieving the objectives, were also emphasised in the WHO, (2000) report. This development of learning outcomes with students and the use of experiential learning described as: "*experiencing; processing; generalising, applying"* were included in SPHE programmes (Department of Education and Skills, 2013, p. 21).

Durlak, Weissberg, Dymnicki, Taylor, and Schellinger (2011) surveyed 270,034 students who had received whole-class SEL programmes in North American schools and found that programmes that offered sequenced skills training in an active format with a focus on skill development and explicit aims were the most effective, thus creating the acronym SAFE. The importance of social emotional skills in relationships and academic achievement was emphasised in their review. A further study of 82 SEL programmes involving 97,406 pupils by Taylor, Oberle, Durlak, and Weissberg (2017) found that the positive impact of the SEL programmes was evident up to 195 weeks later. The benefits

were apparent in improved SEL skills and relationships and showed a reduction in harm-based choices by the participants. Enhanced skills rather than attitudes were found to be more durable and to be associated with improved academic performance and behaviour among the young people. While this meta-analysis showed positive results across the demographics, Taylor, Oberle, Durlak, and Weissberg (2017) recommended more research into factors of community, culture and SES, as not all studies had identified these.

This positive teacher–pupil relationship has been found to be more significant for pupils with behaviour and learning difficulties and those with domestic problems (Flynn, 2007; Cefai & Cooper, 2009).

Cognitive and social development were showing negative effects from domestic violence as early as pre-school, according to Graham-Bermann (1998), who stressed the importance of social emotional skills for learning and making good relationships from infancy. Domestic violence has been identified in research as affecting young people's behaviours and relationships in all areas of their lives (Humphreys & Mullender, 1999; Huth-Bocks, Levendosky, & Semel, 2001; Holt, Buckley, & Whelan, 2008; Collis, 2013). I used the following table of the psychosocial stages of development employed by Erikson (1971) and suggested a relationship exists between these stages and the effects of domestic violence on young people.

These effects have been discussed in the sections 2.6–2.8 in detail and are referenced below in relation to Erikson's theory of stages of development.

Infancy: the infant may be injured, undernourished, lacking sleep and suffering from developmental delays. These effects continue to have a negative impact through all the developmental stages to adulthood if they are not addressed (Anda et al., 2006).

Toddler: the effects can be physical, emotional and psychological, and were seen to restrict the child's efforts at independence by Buckley, Holt, and Whelan (2006) and harm the attachment that promotes this development according to Devaney (2015).

Pre-school: children under five spend most time with parents and thus suffer repeated exposure in a violent home. Huth-Bocks, Levendosky, and Semel (2001) found a fear of separation affected school readiness, and cognitive damage was evident at an early age. All forms of development are intertwined, according to a major study by the Committee on Integrating the Science of Early Childhood Development - Board on Children Youth and Families (2000), USA.

Primary school: a difficulty in successful transfer and attendance at primary school will be the result of physical, logistical and emotional problems. These include lack of self-confidence, social difficulties and a lack of support from home, according to Humphreys, Mullender, Thiara, and Skamballis (2006).

Adolescence: the effects impact on school achievement but educators may be unaware of the trauma suffered by students. How this impacted their subsequent negative behaviours was explored by Burgess and Phifer (2013a). Adolescence is a period of identity formation and new relationships; domestic violence, however, frequently isolated its victims, according to McGee (2000), making this change difficult. Moylan et al. (2010) found a higher level of externalising and internalising behaviours in teenagers affected by domestic violence, and higher rates of youth depression.

Mid-adulthood: the study of the intergenerational nature of domestic violence identified patterns of vulnerability in victims to repeating the cycle, as stated by Ehrensaft et al. (2003). Adults who remain in abusive relationships had higher levels of poverty and social isolation across their lifespan, as seen in the study of Stanley, Miller,

and Richardson Foster (2012), particularly when combined with residence in deprived areas.

Maturity and death: the regrets and sense of despair and helplessness engendered by living with domestic violence were expressed by current victims and by those adults looking back on their life in the study done by Buchanan, Wendt, and Moulding (2015, p. 407), whose participants expressed that*: "I mean, looking back now, as an adult I can see that my mum was in a state of deep depression".* This lifelong aspect was identified in the femicide report, detailing cases of women killed by men. The report of Brennan (2017) found that 24.8% of women killed were aged 46–55 and 10% were aged 56–75. The older group were the least likely to leave the abusive situation. This report stated: *"Femicide is generally defined as the killing of women by men because they are women"* (Brennan, 2017, p. 4).

The psychological profiling report of learners in the alternative education sector by Gordon (2017, p. 51) drew on Erikson's chart, with an emphasis on the need for successful attachment and caring relationships for healthy adolescent development. This was a key issue in the study conducted on the relation of childhood trauma to youth suicide by Devaney et al. (2012).

Table 2: Social emotional learning: a cumulative process

Age	Erikson's stages of development. C.C. challenge/crisis Event:	Result: S. Success F. Failure	*Age-related effects of domestic violence on child's response to challenge/crisis*
Toddler	**C.C.** Autonomy/doubt **Event**: Toilet training	**S.** Success is autonomy, confidence, and control. **F.** Failure means shame and doubt.	***Difficulty in toilet training and independence, emotions can overwhelm, lacking comfort.***
Play/group	**C.C.** Initiative/guilt **Event**: Exploration of the environment	**S.** Successful exploration leads to confidence. **F.** Failure adds disapproval and guilt.	***Developmental delay, not ready for school, bed-wetting, nightmares, difficulty learning social cues.***
Primary school	**C.C.** Industry/inferiority **Event**: School	**S.** Success found in new competence. **F.** Failure leads to inferiority feelings.	***Fear of leaving home, concentration problems, emotional distress, isolation.***
Teenager	**C.C.** Identity/role confusion **Event:** Social relationships, modelling + learning	**S.** Success gives identity and self-confidence. **F.** Failure feeds low self-esteem.	***Adult responsibilities, feeling different, self-blame, anger, secrets and shame.***
Young adult	**C.C** Intimacy/isolation **Event**: Relationships	**S.** Success means strong relationships. **F.** Failure adds to isolation.	***Stress, isolation, anxiety, aggression in family and dating relationships.***
Middle adult hood	**C.C** Generativity/ stagnation **Event**: Work and parenthood	**S.** Success is effective. **F.** Failure feels like a lack of involvement in life.	***Struggling to maintain a difficult situation.***

Age	Erikson's stages of development. C.C. challenge/crisis Event:	Result: S. Success F. Failure	*Age-related effects of domestic violence on child's response to challenge/crisis*
Maturity	**C.C** Ego-integrity / despair **Event:** Reflection on one's life and meaning	**S.** Success means feels fulfilled and wisdom gained. **F.** Failure brings regrets and despair.	***Regret at a wasted life and possibly experiencing the patterns repeated in the family.***

The social and emotional skills that are needed for learning can be harmed by the exhaustion and emotional distress experienced by the young person living with domestic violence (Holt, Buckley, & Whelan, 2008; O'Neill, Guenette, & Kitchenham, 2010). This disruption of links to school and social life is especially significant for adolescents, as, according to Malekoff (1997), the group is the primary focus for teenagers. The nature of adolescence as a time of physical and emotional development was a key aspect in the review of soft skills for adolescent learners conducted by Gordon of the (Irish) National Psychological Service (NEPS):

> The period of adolescence provides a particularly fruitful opportunity for intervention because synaptic pathways that were formed earlier in life become pruned in adolescence and new ones established. Thus it is possible to help a child to learn emotional and social skills that will serve them well in their adult lives and to unlearn ways of thinking and behaving that may have assisted them to survive childhood but are no longer helpful or protective (Gordon, 2017, p. 4).

The research into age-specific effects of ACEs, particularly of domestic violence, by Grasso, Dierkhising, Branson, Ford, and Lee (2016) used data from 3,485 children who had one established trauma. Data came from the National Child Trauma Stress Network (NCTSN) service in North America, which existed to integrate services for traumatised children and their families. Results found that multiple childhood ACEs

increased the risk of psychopathology in adolescence, and that the teenagers reported higher levels of emotional abuse and were at risk for polyvictimisation. This adolescent group aged from 12 to 18 had added risk of violence in the community and at school. The combination of the cognitive opportunity to learn effective SEL skills and the awareness of the high risk of violence attached to adolescence identify it as a vital age for intervention.

2.10.4 Programmes for children (under 18)

A variety of methods, including art, games and group work for approaching emotional issues with children in refuges were used, as well as more traditional psychotherapy, in early programmes, according to Hughes (1982) and Peled and Davis (1995). Graham-Bermann and Hughes (2003) later noted the changes from the study of symptoms and pathology of the 1980s through to the 2000s. The realisation that children's experience was different from their parents and was affected by societal and familial factors was explored in research (Nguyen, Edleson, & Kimball, 2012). The study of children's rights, and their ability and need to participate directly in research was part of this change, according to Emerson and Lloyd (2014). The declaration of the UNCRC (Unicef, 1990) informed this shift. In qualitative research young people affected by domestic violence, and other trauma, consistently valued being heard as their preferred support (Houghton & VAV: Voice Against Violence, 2011; Stanley, Miller, & Richardson Foster, 2012). Many programmes continued to be delivered informally in shelters or associated services, or indirectly, through youth work initiatives (Dickson, Vigurs, & Newman, 2013). The emphasis on direct research, primarily qualitative, with increased ownership of the intervention by young participants who were engaged in developing materials, was developed in the work

of Lundy, McEvoy, and Byrne (2011). Further actions involved young survivors giving submissions to government policy consultations by Houghton and youth advisors (2017).

2.10.5 The group-work model

The work of Kurt Lewin in the 1940s on change in human systems discovered that these situations often included elements and issues that couldn't be researched by the traditional methods based on physical sciences. This led to the development of action research and the belief that the people who were part of the system needed to be part of the research or inquiry, to institute effective change:

> … Lewin's conceptualization that people change when they experience the need for
> change (unfreezing), move to a new standard of behavior and values (moving), and
> stabilize the change in normative behavior (refreezing; Lewin, 1948/1998). He further asserted that change occurs given conditions that emphasize reduction of those forces restraining change rather than an increase in the forces driving change. (Coghlan & Jacobs, 2005, p. 445).

Social-skills programmes frequently have a declared aim of initiating or improving a set of behaviours or responses to certain issues. The use of groups for training and later for therapy and personal growth has its origins in the training groups of the 1940s, known as 'T' groups , according to Yalom (1985), the eminent psychotherapist and writer. The encounter groups developed from these 'T' (training in human relations) groups, based on the work of Kurt Levin. These groups had generated new elements, such as feedback and 'here and now' observations of the process, with which they aimed to challenge the participants' view of themselves. During the 1960s the emphasis shifted to personal growth and the excesses of some encounter groups led to polarisation of therapy and encounter groups, as practitioners were concerned about lasting ill effects for some participants of the encounter groups, according to

Yalom (1985). He further suggested that a lack of belief in group work may be a legacy of the poor practice of some encounter groups. He discussed the growth of self-help groups, which were often similar in their goals to therapy groups in achieving personal changes in behaviour or overcoming phobias or addictive behaviours. These included personal development groups and peer-support groups such as Alcoholics Anonymous (Yalom, 1985). Research into the effectiveness of groups by Lieberman, Yalom, and Miles (1973) found significant positive results for participants and identified leader style as more important to participants than the ideological school of the leader. The importance of responsive leader style and positive trusting relationships is also found in youth groups, therapeutic and club-based.

Yalom identified basic differences between therapy and encounter groups in the structure, aims and personnel involved. The encounter group leader was usually a participant in the group and expected the members to have the skills necessary to participate fully. By contrast, the therapy group members presented with a set of needs and difficulties that could be severe and cause them anxiety or distress. The therapy group leader was expected to produce results and offer resolution for members. Yalom (1985) stated that the therapy group typically lasted for an extensive period and met in a limited time frame, weekly or fortnightly. These differences were expressed by Reid (1997) as the social-work group being composed of members who have similar interests or problems and who work together for a common goal, while group psychotherapy attempted to treat emotional and behavioural disorders in the group using interaction to increase awareness for the individual and enable change.

Yalom listed the therapeutic principles that form the basis of his approach to group psychotherapy as follows: *"instillation of hope, universality, imparting of information, altruism, the corrective recapitulation of the family group, development of socialising techniques, imitative behaviour, interpersonal learning, group cohesiveness, catharsis and existential factors"* (Yalom, 1985, p. 3).He further identified the ability to manage emotional stimulation in the group and to use a flexible leadership style, avoiding a rigid authoritarian approach, to be vital leader qualities for group function. Demonstration of caring, support and helpful meaning-making by the leader were also essential.

The work of Stock-Whitaker (2001) on training in the design and delivery of groups led by social workers, therapists and health professionals found the same requirements for effectiveness. She stated that: *"a group therapist's overall purpose is to enable and assist each individual in a group to achieve personal benefit through making as full use as possible of the potentials of the group as a medium for help"* (Stock-Whitaker, 2001, p. 4). She suggested the range of participants using groups to be extensive and to include people functioning normally but suffering a particular trauma or transition, people suffering from anxiety and phobias, those in psychiatric care and trainee therapists or care workers. The structured approach to recruiting, designing and conducting a group required knowledge and expertise of the levels of interventions and supports that would be necessary for each group. The importance of considering the individual in the group and the appropriate timing of a group intervention for each member was a priority in group planning and delivery (Stock-Whitaker, 2001). Fleming and Ward (2013) looked at the use of self-directed group work and found it was used by peer groups without professional leadership and in

therapeutic settings, showing mixed purposes and participants availing of the method.

2.10.6 Group work with young people

Group work is used in youth work activities, in decision-making and planning, in reviews of youth work and in school-based SEL. The review on the uses and outcomes of group work with young people in alternative education programmes was completed by Gordon (2013) and offers valuable feedback. Concerns have been expressed by Dickson, Vigurs, and Newman (2013) that youth work has become over-focussed on at-risk youth and has less resources to service the whole community. This differentiation of needs and levels of group interventions is addressed in 2.12.1. A major review of international youth work programmes by Dickson, Vigurs, and Newman (2013, p. 43) identified the difficulty in defining 'youth work':

> … found that 'it is almost impossible to provide a universally accepted definition of youth work that encompasses a broad, yet specific enough understanding of it'. Nevertheless, as with the international evaluation literature, 'social and personal development' was considered to be the core element, in addition to 'social education' and 'empowerment of marginalised young people'.

The frequency of the use of SEL skills in youth work provides valuable insights into their importance in all issue-based work for teenagers. The work of Yeager (2017) explored the value of SEL for all adolescents:

> Adolescents may especially need social and emotional help. They're learning how to handle new demands in school and social life while dealing with new, intense emotions (both positive and negative), and they're increasingly feeling that they should do so without adult guidance. Social and emotional learning (SEL) programs are one way to help them navigate these difficulties. (summary).

Youth work, in the review of Dickson, Vigurs, and Newman (2013), involved a wide range of group activities from leisure, sports, SEL, community activity, targeted social change, and work readiness in the 175 studies of international youth work. The

shared principles appeared as an emphasis on the process as a means of enabling participation and a belief in working with, not on, the young people. Social and personal development were a priority in all the services they reviewed. The necessity of them having trusting relationships with leaders and a feeling of ownership of the space and the activities was seen as central to successful engagement of the young people. This type of group work for sensitive issues (such as domestic violence) has varying levels of intensity. For example, in the Irish context level 1 is general information and education on the issue, such as the 'Walk Tall' whole-class programme for 6th class, aged 11–12. The next (level 2) would be a programme aimed at an 'at-risk' group, part of targeted school support or youth work, such as drugs education, crime prevention with specialised information, supports and links to agencies. The more intensive (level 3) group would be for participants self-identified as affected by the issue (in this case, domestic violence) and would deal directly with the particular issue with a built-in therapeutic support system, such as the TLC Kidz evaluated by Furlong, Leckey, Roberts, O'Connor, and McMahon (2018). This is delivered by Barnardos for mothers and children recovering from domestic violence. These targeted interventions and supports are discussed in the next section.

2.11 Interventions and supports for domestic violence

2.11.1 Mothers and children

Programmes addressing domestic violence are concerned with support and recovery for those directly affected and with developing resources for the prevention of such violence. Many programmes were offered to mothers and children together in refuges, while some were only for mothers, or for children. These groups were rarely

recorded or evaluated, according to Rivett, Howarth, and Harold (2006), restricting our knowledge of children's direct experience. The focus originally was on the mothers, as detailed in the research development. Addressing parenting difficulties on the part of women who have lived with domestic abuse is sensitive, as their self-esteem and self-efficacy may have been seriously damaged by the violence. A mother has been abused and her children may have been used against her (Irish Society for the Prevention of Cruelty to Children and Children First, 2000; Mullender, 2006; Holt, 2011). This impacts directly on the children. Women may also be struggling with the shock of realising that their children witnessed the abuse. Many programmes worked concurrently with mothers and children while offering each a different group, as discussed by Bunston, Pavlidis, and Cartwright (2016), and in the Barnardos programmes TLC Kidz (AVA: Against Violence and Abuse, 2010). Key elements in effective interventions included the strengthening of bonds between siblings, mother and children. Katz (2015b) viewed the support and mutuality of the mother–child bond as a positive and recommended more resources be directed at strengthening these bonds. She challenged the attitude to family relationships within domestic violence, where previous research viewed children as passive recipients of mothers' parenting, who could be 'over-parentified'. Her notion of a dynamic two-way parent–child interaction focussed on the agency of the child and the necessity to hear their independent voice in emerging research. This is found in the work of Lundy (2007) and the sociology theory of childhood by Corsaro (2011).

Research studies frequently relied on parent reports of children's feelings, or the effects of the trauma, and later analysis found mothers to be unreliable assessors. In self-reports of witnessing violence, for example, Osofsky (2003) found mothers

consistently underestimated levels of exposure and traumatic effects regarding their children. This understanding helped to develop direct research methods with children.

2.11.2 Effective intervention programmes for young people

Programmes for those affected by domestic violence focussed on positive thinking and learning other ways to address conflict than through the violent methods previously experienced (Peled & Edleson, 1995; Jaffe, Wolfe, & Campbell, 2012; Howarth et al., 2015). The promotion of healthy social skills and positive gender attitudes, information on relationships and what affects them was deemed useful to help children make sense of what had happened to their family (Collis, 2013; Fox, Hale, & Gadd, 2014). Some children appeared to think violence was normal, according to one mother whose son said to her: "*but Daddy didn't hit you that much*", quoted in McManus, Belton, Barnard, Cotmore, and Taylor (2013, p. 301).

Future planning was another aspect, including safety plans where appropriate, and the linking-in with social activities, clubs and community supports to reduce isolation were recommended by Sharpen (2009). The use of age-appropriate materials was highlighted, as was the importance of the nurturing atmosphere of the group and positive trusting relationships. These needs remained consistent through all the developments in group supports (Peled & Edleson, 1995; Mullender, Debbonaire, Hague, Kelly, & Malos, 1998; Jaffe, Wolfe, & Campbell, 2012).

The trusting relationship was a constant in all reviews by young people in the work of Bunston, Pavlidis, and Cartwright (2016). The study drew on 18 years' experience of running groups and examined a range of international interventions. They declared the group work to be relational in every aspect and highlighted the damage

to relationships of all types for young people affected by domestic violence. Trusting relationships were also the vital element in the successful youth work review of Devlin and Gunning (2009).

Young people prioritised being able to talk about domestic violence and being taken seriously to do this as being the most useful kinds of help they received. One interviewee stressed the importance of being heard in the following terms:

> I have, I tell you, one social worker I've got to give it and I want her mentioning, [social worker's name], oh she was just the best, 24 hours a day she would just be there, you know even if it was two o'clock at night, she'd be there, no problem, you know what I mean (Stanley, Miller, Richardson Foster, & Thompson, 2010, p. 61).

The previous sections of this review (2.6 and 2.7) detailing the cumulative effects of domestic violence on all parts of a young person's life indicated that social and emotional and relationships skills were negatively impacted. A review of the Domestic Abuse, Recovering Together (DART) programme in the UK exemplified this, in that many families in the study had difficulty talking about the abuse and feared upsetting each other by doing so (McManus, Belton, Barnard, Cotmore, & Taylor, 2013). This further illustrated how the silence is maintained around abuse. Katz (2015b) observed that mothers were hoping children were not aware and children were protecting mothers from knowing how they had been affected.

Intervention programmes with adult and child victims of domestic violence have been used in refuges and community-based programmes since the 1970s (Hughes, 1982; Graham-Bermann & Hughes, 2003). A review of these supports found social-skills training was involved in all groups. SEL is involved in the process of gaining information around domestic violence, learning new skills in behaviour, empowerment from safety skills and confidence in receiving support from others.

The use of groups has been consistently identified as supportive by young people and as a way of reducing isolation, shame and self-blame in the review of Howarth et al. (2015). They further noted that evaluation and outcome measures frequently failed to consult participants as to their views and priorities, which often related to everyday life and feelings not included in the formal evaluation. Bunston, Pavlidis, and Cartwright (2016) found that many effective group-work programmes were done informally and not evaluated owing to time pressure, lack of stability in refuge life, and sometimes owing to a reluctance of participants to complete paperwork. This suggests that qualitative research enabling the direct voice of participants is valuable in enhancing knowledge of young people's experience and in designing supports for them. The work of projects such as VAV, where young people designed and delivered an online survey to 786 participants aged from 11 to 26 in Scotland, demonstrate this need for agency, as expressed by one participant:

> I would let the children and young people decide what they want to do after they've experienced domestic abuse, and not have trained adults decide for them (Houghton & VAV: Voice Against Violence, 2011, p. 21).

The reviews of effective support groups in Ireland include 'TLC Kidz' for Barnardos by Furlong, Leckey, Roberts, O'Connor, and McMahon (2018), and the account of the 'SIN' group which worked with mothers and children by Holt, Kirwan, and Ngo (2016). These reviews identified the need for trusting relationships and a safe space for participants of all ages to share their history of domestic violence. The power of the group, the reduction in fear and guilt and the improved family relationships resulting from the group support aligned with earlier qualitative research (Irish Society for the Prevention of Cruelty to Children and Children First, 2000; Buckley, Holt, & Whelan, 2006; Hogan & O'Reilly, 2007). The international research into domestic violence

supports found similar essential elements. These were the power of the group support and positive relationships (Graham-Bermann & Hughes, 2003; Jaffe, Wolfe, & Campbell, 2012; Gray, 2015). The meta-analysis of Kitzmann, Gaylord, Holt, and Kenny (2003) highlighted the complex issues that affected the impact of domestic violence on a child, and noted that many studies and evaluations had not included factors of socio-economic status and community and family circumstances. This understanding of the unique nature of the experience and the influence of broader factors further influenced the development of direct research with those affected by domestic violence, particularly with young people.

2.11.3 Differentiation in groups: purpose, facilities and expertise

Reid (1997) highlights the importance of the personal interview to guide group composition and the need for group members to have sufficient social and emotional skills to participate in the group. Individuals with severe anti-social behaviours, aggressive expression, severe anxiety, paranoia, or psychiatric difficulties will not benefit from a group that lacks specialist professional leadership such as exists in a psychiatric setting. Yalom (1995) refers to the additional psychopathology of the psychiatric patient that exists for them in addition to the common social difficulties. He considered this to be the fact that is often not known or understood by the untrained encounter group leader.

This need for varied levels of intervention, and the appropriate instrument to address the individual's need is illustrated in trauma work with teenagers in residential care by Kagan and Spinazzola (2013). Their study offered the programme 'Real Life Heroes' (RLH) to 119 children in seven child and family services. The study measured the outcomes of the children on the programme again others receiving standard

treatment. The successful measures evaluated were (a) whether children were removed from home and placed in residential care, or (b) whether they were hospitalised in a psychiatric facility during the programme. The study showed positive outcomes for the RLH.

This study found that the majority of children in residential care (69%) had experienced significant neglect including, in many cases, physical and sexual abuse. The children were not responding to behavioural therapies focussed on improving their negative actions and desensitising them to trauma. The authors suggested that therapeutic programmes were over-focussed on addressing challenging behaviours and not on the attachment damage and trauma suffered by young people. They found a low level of training and understanding of the dynamics of trauma in residential staff and the foster care system. The 'Real Life Heroes' programme provided practitioners with tools including a manual, a life storybook, creative ideas and psycho-educational materials developed to engage high-risk children in phase-based treatments for trauma. The emphasis was on participants having trusting relationships with caretakers and professionals and the acquisition of self-regulation and communication skills in a phased programme. The RLH also helped practitioners and carers involved with the child reframe their experiences with them into a journey to healing, thus shifting the focus from the child's diagnosis and difficult behaviours. The programme was phased and based on the restoration of hope and trust in others for the young person. The need for staff training and an integrated approach was emphasised (Kagan & Spinazzola, 2013). Another study by Habib, Labruna, and Newman (2013) suggested that 92% of young people in residential settings had suffered multiple traumas, an issue also addressed by van der Kolk (2007). The

implementation of specific trauma-focussed programmes produced positive results. The Kagan and Spinazzola (2013) study had found a similar lack of awareness of the details of the children's traumas among professionals and carers in the child's life. Van der Kolk found that acquiring and practising of communication skills in a stable environment was the starting point for recovery in all children's trauma programmes. He stressed the relational and developmental nature of trauma stating that: *"neural development and social interaction are inextricably entwined"* (van der Kolk, 2007, p. 228). The building of trusting relationships, essential in all programmes, had particular significance for abused children.

Locally based group interventions delivered successfully in refuges and survivors groups, can be a valuable resource for use by school and youth club programmes, according to McKee and Holt (2012). The involvement of parents and children has been found to be beneficial to both, and supporting parents while children are in programmes has been seen as very important, as children may become angry or distressed as they get emotionally involved in the programme (Dolan & Holt, 2002; Stanley, 2011). This research into group work highlighted essential components for group work at all levels and ages. These include a detailed inquiry into the needs and abilities of group members, the creation of a safe place built on trust and respect, and instruments that meet the abilities and needs of the group. Effective leadership coupled with appropriate levels of training and practice expertise, flexibility to respond to the needs of the group and the necessary facilities to meet client needs were key components of successful groups.

2.11.4 Evaluation of intervention programmes

Sullivan (2011) suggested that the focus of traditional social skills programmes lay in changing the behaviour of the clients, whether the aim was improved literacy skills or decreased addiction, and that this was in contrast to domestic violence programmes. The evaluation of outcomes needed to be in a wider frame, according to Sullivan (2011), as a unique feature of domestic violence programmes is that the client's problem lies not within their own behaviour, but in the behaviour of the abuser. She further distinguished between outcome evaluation and satisfaction surveys, and noted that a client can be very satisfied with how a service was delivered without feeling they gained a positive outcome from the support. Constantino, Kim, and Crane (2005), reviewed a structured support programme that had produced significant improvements for female residents of a shelter. A sense of belonging, evaluation, self-esteem and tangible support (BEST) were the basis of the intervention (Constantino, Kim, & Crane, 2005). The results were validated by use of a control group who were only offered the regular support of the shelter. Constantino, Kim, and Crane (2005) further commented on the lack of control groups or defined criteria in other evaluations of shelter supports. Similar issues were found concerning the use of invalid control groups and the complexity of the variables in the research into effects of domestic violence by Wolfe, Crooks, Lee, McIntyre-Smith, and Jaffe (2003), and in the meta-analysis of Kitzmann, Gaylord, Holt, and Kenny (2003) of child-witnessing effects. These issues have direct relevance to the study and measuring of the effects of domestic violence on young people, and the knowledge of the effective elements needed for a positive intervention, as the

original support groups began in shelters and frequently worked with women and children together.

Group programmes for mothers and children were often highly rated by participants as they allowed participants a chance to share their experiences and reduced isolation and self-blame. Children in the 'Domestic Abuse Recovering Together' (DART) programme, were 7–11 years old and enjoyed the activities and games. McManus, Belton, Barnard, Cotmore, and Taylor (2013) suggested that teenagers might be more difficult to engage.

There is a relationship between the negative effects of domestic violence and the development of effective social and emotional skills. Research has identified behaviours such as becoming isolated or aggressive as typical of many young people affected by domestic violence (Buckley et al., 2006; Holt et al., 2008; Collis, 2013). Research participants in youth club settings, who have been affected by domestic violence, have detailed social emotional difficulties with friends, at school, in leisure situations and with family (Coburn & Gormally, 2014). Collis (2013) found that self-knowledge and self-mastery, were key elements for young people who were overcoming the feelings of helplessness, caused by the experience of domestic violence. Describing the benefits of effective support programmes, one young woman said:

> I picked up lots of skills what people do ... I stayed out of the way for quite a while. Wanted to be my own person. I need time to act like a child … I was keeping a lot of stuff inside … now that it's all out and I've told—everything, I feel that it's always going to be there but I can kind of move on (Collis, 2013, p. 145).

Evaluation based on feedback and behaviour changes from young participants has frequently been the main information source on what methods are most effective in

recovery. The introduction of manualised programmes and standard evaluation procedures has been challenged as to its efficacy by Katz (2015a, p. 25):

> When data are gathered about children (through, for example, the Child Behavior Checklist or the Children's Depression Inventory), the aim is almost always to assess whether they are aggressive, withdrawn, depressed, or suffering from PTSD or other problems. The procedure is therefore limited to recording the level of damage sustained by children and their resulting behavioural (mal) functioning. These data are rarely accompanied by data on the active coping strategies used by children, or their ways of interacting with their mother on an everyday basis.

The DART programme was reviewed with reference to a control group at three points in the intervention with parents and children. A mixture of numerical measures such as Likert scales and interviews were used, which captured the complexity of responses observed by Smith (2016, p. 30):

> I enjoyed being in the DART group because it has helped me learn and understand what domestic abuse is. But it made me feel a bit upset sometimes (Child).

The children rated the programme on average at 4.7 out of a possible 5. Mothers noted how the creative activities had facilitated children's emotional expression:

> [My son] never spoke to me about how he felt [whilst the abuse was happening]. Only afterwards [during a DART activity] he made a house, showing me crying in the bedroom, and [the perpetrator] on top of me and [my son] crying, it hit home to me. I thought he'd forgotten about it … But these things were still in his mind. I never thought he thought about it [any more] (Mother, DART) (Smith, 2016, p. 36).

Howarth et al. (2015) questioned the outcome evaluation methods of domestic violence recovery that focussed on children's behaviour and symptom measurement, and frequently failed to gather the information from children and parents concerning the activities of daily life and their emotional well-being. The study analysed a range of outcome evaluations, and then involved ten young people and four mothers in a focus group discussion on what constituted a successful outcome from an intervention for them. The study recognised the difficulty in identifying and

measuring particular outcomes and suggested devising these outcomes with participants before the intervention. Howarth et al. (2015) found that young people prioritised new understanding, acceptance, less isolation and feeling able to move on, while stating that one never fully recovers from the experience of domestic violence. Young people consistently required trusting relationships and an active group experience in addressing sensitive issues. This need was consistently expressed in feedback from participants in domestic violence groups, in SEL programmes and domestic violence prevention programmes.

2.12 DOMESTIC VIOLENCE IN EDUCATION

Government reports have recommended that domestic violence awareness should be a mandatory element in SPHE curricula in schools (Watson & Parsons, 2005). Positive relationship education and school-based information should form a part of primary prevention in recommendations by the Health Service Executive (2010b). The Health Service Executive (2010a) report found that sustained interventions were more likely to be effective than short-term programmes in maintaining attitude change. Disclosure of domestic violence and talking about the experiences and effects of domestic violence remain difficult subjects to engage with and this operates at primary prevention education levels, and in direct work with those affected. In the reviews of the SPHE and RSE programmes students were concerned about their personal safety and that of others. The issue of violence related to substance abuse, including domestic violence, also came up a number of times, as a participant stated:

> … someone being drugged and raped, like someone having something put in their drink … like knowing how to stay safe when they are out … and a lot of

> domestic violence is fuelled by alcohol so there can be problems at home … like someone in your family becomes violent after drink, like people need to know how to cope with that, if we can talk about it, it won't lead to other problems for themselves … (National Council for Curriculum and Assessment, 2006, p. 47).

A student suggested other important issues to cover were: "*Relationship violence: Child and sexual abuse, domestic violence, how to support self and others dealing with such situations"*, as recorded by the National Council for Curriculum and Assessment (2006, p. 50). This feedback suggests that students are aware of the issues of violence and abuse and would welcome a more direct approach than there currently appears to be in the SPHE and RSE programmes.

A conflict exists between delivering a general class-based programme on an intimate or traumatic topic, such as domestic violence, and attempting to reach those negatively affected by the issue. This challenge in devising an acceptable programme that offers information, discussion and appropriate channels for receiving support, without causing undue distress to the wider group applies to violence-prevention programmes, especially those offered to younger children (Fox, Hale, & Gadd, 2014). The need to address attitudes of acceptance to 'dating' violence, which is associated with teenagers and young people not in established relationships, as well as family violence, was seen as a key issue in such programmes with targeted, at-risk groups and whole-class groups in the research of Fox, Corr, Gadd, and Sim (2014); Howarth et al. (2015).

The whole-class and individual SEL supports recommended internationally for the adolescent pupil highlight the relational and trust-building aspects of these initiatives. Trauma research identified relationships as key in working with traumatised young people (van der Kolk, 2007; Kagan & Spinazzola, 2013; Muldoon, 2018). This attachment-repair approach was central in the therapy work of Fosha

(2003) and vital in school-based supports for resilience reviewed by Taylor, Oberle, Durlak, and Weissberg (2017).

2.12.1 Prevention education

Single-sex models used in domestic violence education in 1970s and 1980s were often ineffectual in changing attitudes to violence; later studies such as O'Leary and Smith Slep (2012) suggested that the use of mixed groups was essential for developing strategies to reduce intimate partner violence (IPV). Gender is also relevant to the design, both in attitude and content, of prevention materials for use with young people on the topics of domestic and dating violence. These programmes need to acknowledge the reality of levels of male to female violence, which can present challenges for young men and boys, while enabling discussion that is non-judgemental. The norms of some adolescent relationships, which may have a higher level of reciprocal violence, will require a different approach to engage the young participants (Fox, Gadd, & Sim, 2015). The importance of meeting the needs of groups according to cultural beliefs, age and gender was addressed by Fox, Hale, and Gadd (2014), whose research into teen-dating violence in the UK found a significantly higher level of acceptance of intimate partner violence among those who had been victims and further noted a link between those young people who expressed an acceptance of violence and the possible perpetration of such behaviour. The different cultural beliefs and practices of a community will impact on the local engagement with programmes. Factors concerning gender norms, access to resources and awareness of the issue and possible change among the target group inform all stages of planning and delivering an effective group. Fear of endangering

a participant or causing dropout can cause avoidance of sensitive questions around domestic violence (Thoresen & Øverlien, 2009).

The fact that all children who have experienced domestic violence could benefit from individual and group work, whether or not they have been involved with child protection services, was reinforced by Devaney (2015). He suggested this could help them protect themselves and gain understanding of what they have endured, to help them move forward in a positive way in their lives. This ability to integrate trauma into conscious memory was part of the healing journey of the five teenagers who worked with Collis (2013). The integration of traumatic experience from the unconscious memory into accessible memory, where it is recognised as being from the past, is central in the therapeutic recovery work of Siegel (2010).

Review of the SPHE and RSE programmes found that the methods that were effective varied between groups, with environmental, age and social factors having an impact. Literacy levels, motivation and media preferences all affected participation. Boys appeared to enjoy active hands-on methods, with girls showing a preference for group sharing and discussion. The advantages of a teacher who knew the young people and their circumstances, and who was a constant figure, could be reduced by the teacher's discomfort with the topics or ignorance of the young peoples' social realities. This was measured against the professional facilitator who was well informed and comfortable discussing sensitive topics, but who lacked the relationship with the young people and might not have the necessary teaching skills. The lack of integration of the outside facilitator's work into the overall school programme was noted, an issue raised in the Irish and UK research (Cosc: The National Office for the Prevention of Domestic Sexual and Gender-based Violence,

2012; Fox, Gadd, & Sim, 2015). Social emotional skills development in Irish schools is delivered through the Social Personal Health Education (SPHE) and Relationships Sexuality Education (RSE) modules, which are discussed in detail in the SEL section of this review (2.10.1). These mainstream programmes were intended to become part of an integrated approach to violence-prevention education that would include specialist support programmes for young people affected by trauma and emotional difficulties. This has not been achieved in the Irish system as recommended in the strategic plan of the National Office for the Prevention of Domestic Sexual and Gender-based Violence (2010). Kearns, Coen, and Canavan (2008) found that strands of the original 2007 Cosc programme had already closed in the same year, (2007), because of funding cuts. Services for young people affected by domestic violence remain split between voluntary agencies and statutory bodies, including schools. The existence or application of the support service can be random or dependent on the ability or commitment of the local personnel to deliver it. This also applies to the mainstream social emotional programmes in Irish schools—Social Personal Health Education (SPHE) and Relationships and Sexuality Education (RSE). The feedback from students, teachers and parents supports this view of the incomplete delivery of the programmes (Ni Gabhainn, O'Higgins, & Barry, 2010). This is discussed in section (2.10.2).

2.13 SUMMARY OF THE CHAPTER

The literature review explored the historical context of domestic violence. The social and political attitudes to domestic violence and how these affected the ongoing development of research into the issue were addressed. The development of

research into the effects on children as a separate issue, and the complexity of studies of a hidden family problem were discussed. The cumulative and interconnected effects of domestic violence on children's development were reviewed, while the influence of factors such as socio-economic status and polyvictimisation on the impact of domestic violence were considered. The central aspect of relationships in all stages of learning and development was studied in various theories of child development. Montessori, Vygotsky and Piaget all identified the carer relationships and immediate environment as the central elements in the child's development. These theories are discussed in section (2.9) about SEL in child development. The theory of attachment first studied by Ainsworth, Blehar, Waters, and Wall (1978), and Bowlby (1998), as the foundation of healthy emotional development, has been validated by research into the physiological effects and neurological adaptations caused by prolonged stress and trauma for the child. The period of adolescence has been likened by Gordon (2017), to the early childhood period from 0 to 3, in the intensity of changes and development that takes place. The reactive nature of the adolescent brain, that appears to have an underdeveloped frontal cortex for evaluative process, affects teenage behaviour. These emotional reactions that arise in the limbic area of the brain, resulting in the ability to use logical process being compromised, are part of adolescence, according to the neurobiology research of Siegel (Codrington, 2010). In adolescents affected by trauma these reactions can be extreme and volatile, as they may experience everyday approaches as threatening (Ardino, 2011). These changes are grounded in relationships at home, at school and with peers. This is where domestic violence has a huge impact on child and youth development. Isolation, self–blame, low self-esteem, criminal behaviour,

addiction, early pregnancy and a range of intergenerational problems with dating and parenting are associated with childhood trauma; described in the study of ACEs by Bellis et al. (2016). These factors also emerged as significant elements in the research into youth suicide (Devaney et al., 2012). Domestic violence is established as a widespread and deeply negative experience for many young people (Finkelhor, Hamby, Ormrod, & Turner, 2005; Radford, Corral, Bradley, & Fisher, 2013).

In this literature review the fundamental role of social emotional learning (SEL) in childhood and adolescent development was related to the damage done, by domestic violence, to SEL.

The aims and theories underlying the support programmes and interventions for adults and children affected by domestic violence were explored, in the societal and historical context in which they were constituted. The 1980s and 1990s research that focussed on maladaptive symptoms of young victims, was challenged by the growing understanding of the individual nature of the experience. The strongly held desire to be heard and the ability young people have demonstrated to manage the interview process, and be active in research have been substantiated (Buckley, Holt, & Whelan, 2006; Clarke & Wydall, 2015; Callaghan, Fellin, Alexander, Mavrou, & Papathanasiou, 2017). These factors influenced the design of an interactive programme, 'up2talk', for this study.

The SEL programmes currently available in mainstream Irish schools were reviewed, with a view to how they enabled awareness of key issues such as domestic violence. The use of SEL in support programmes for domestic violence victims was discussed in reference to key elements in the evaluation of a range of interventions. The cumulative and lifelong effects of trauma, such as domestic violence, were

established in the ACEs study of 17,000 participants by the Centers for Disease Control and Prevention (2014) in North America. The developments in neurobiology, (Spear, 2013), suggest that adolescence is an appropriate time for interventions, as:

> At this time, the developmental shift from greater brain plasticity early in life to the relative stability of the mature brain is still tilted more toward plasticity than seen in adulthood, perhaps providing an opportunity for some experience-influenced sculpting of the adolescent brain (abstract).

Adolescence as an important time for acquiring SEL skills was also identified by Gordon (2013) in her work with 'Youthreach'. Her later review showed that these learners shared a high level of traumatic experiences in their lives. Almost two thirds had more than four ACEs in their lives, including parental addictions, mental health issues and the experience of sexual and physical abuse (Gordon, 2017).

The common aims and elements of SEL programmes and specialised support programmes identified in research informed the design of the intervention programme of this study, 'up2talk'. The feedback from young participants in practice and research demonstrated the high levels of shame, self-blame and ignorance about domestic violence that existed for victims. The research into the effects on child development highlighted the damage done to relationships at all ages by living with violence. The neurobiological effects of trauma, and how these can be repaired, were discussed in relation to SEL. Trauma-informed practice shaped the methods used in 'up2talk' of nurturing, a safe space and ongoing consent.

Research identifying the importance of activity and practice for learning and maintaining SEL skills and the benefits of group work for those affected by domestic violence influenced the development of an action research model. The value of groups in supplying a safe place to approach traumatic events and the importance of

having the emotional support and the skills to do this is established. How this understanding influenced the design and delivery of the programme ‘up2talk’ will be further detailed in the methodology chapter.

3 METHODOLOGY

3.1 INTRODUCTION

This research constitutes a study of the effects of an active intervention called 'up2talk' on five young people's social and emotional learning (SEL). The group members were five teenagers who had lived with domestic violence, and the programme was tailored to meet their communication needs as identified in research (Holt, Buckley, & Whelan, 2008; Stanley, 2011; Devaney, 2015), and in practice, working with such young people.

This chapter sets out the ontological background of the researcher (3.2) and explores the theoretical framework of the study (3.3). The research approach (3.4) and the fieldwork with adolescents completed by the researcher (3.4.1) are detailed. The design of the intervention programme 'up2talk' followed a model of change (3.5.1) explored in (3.5), including recruitment, inclusion criteria and parental involvement. The ethical considerations of working directly with young people and the safeguards used are discussed in sections (3.9) and (3.10). The dual purpose of this research as a study of the impact of domestic violence on young people's SEL, and the exploration of how the programme 'up2talk' enhanced the participants' skills and understanding is clarified.

The preliminary inquiry in the community, the methodological approach, the content and the process of the intervention are detailed. The development of the research approach and the instruments is included, with the instruments available in the appendices.

The research questions were as follows:

1. How can a specially tailored SEL programme positively affect social emotional skills in 12–14-year-olds impacted by domestic violence?
2. How can such a group help participants to develop awareness of how the domestic violence in their families had affected their SEL skills?
3. How can a small-scale programme generate themes, ideas and instruments to develop SEL programmes for other young people affected by domestic violence?

3.2 EPISTEMOLOGICAL AND ONTOLOGICAL ORIENTATION TOWARDS THE RESEARCH

> **Constructivist and interpretive theoretical perspectives**: Theoretical approaches in sociology that carefully examine assumptions about the genesis of everything from friendship to scientific knowledge as social constructions rather than biological givens or obvious social facts. From this perspective, childhood and all social objects (including class, gender, race and ethnicity) are thought to be interpreted, debated and defined in processes of social action. In short they are viewed as social products or constructions (Corsaro, 2011, p. 371).

The theory of attachment, the relational basis to trauma effects and the vital role of relationships in effective treatment interventions in the work of van der Kolk (2007), developed my understanding of the effects of domestic violence on SEL. This aligned with the research into the importance of the primary carer and safe environment as the foundation of learning, first associated with Bowlby (1988). Learning through social interaction is part of the developmental theories of Piaget (Singer & Revenson, 1978), Vygotsky (1998) and Montessori (Feez, 2010). All the theorists identified key sequential stages in learning and highlighted the interactive social, physical and environmental elements in child development. Epistemology—the understanding and beliefs around knowledge creation—in this study is concerned with the expression of participants' narratives and views through art and drama. Their

awareness of the effects of domestic violence on their SEL development is explored. The work of varied international researchers confirms the long-term effects of domestic violence and other trauma on the individual's development (Anda et al., 2006; Cater, Miller, Howell, & Graham-Bermann, 2015). The ideas of the childhood development theorists concerning the vital nature of secure attachment and the sequential, relational nature of all SEL are borne out in the interconnected current research. The fields of neurobiology are expanding the understanding of how the neural pathways are formed by relational experiences from the *in utero* stage (Schore, 2001). This increases our understanding of the complexity of the effects of domestic violence on body, mind and brain. The knowledge of the integrated nature of learning and experience influenced the approach, design and delivery of the multi-modal programme 'up2talk'. The growing understanding of the unique and individual nature of the experience and the effects of domestic violence formed the choice to work with a small group. This situation maximises relationship-building and opportunities for participants to share their lived experience through their chosen medium at their own pace.

3.3 THEORETICAL FRAMEWORK

The theoretical framework underpinning this research draws on a social constructivist analysis in line with the ontological lens that seeks to understand young people in context. Young people are agents in their own lives, adapting to and learning from their environments (jointly with their carers) through physical, emotional and cognitive experiences (Greig, Taylor, & MacKay, 2013).

Corsaro (2011, p. 371) describes the: "***Constructivist model:*** *Model of socialization in which the child is seen as an agent and eager learner. In this view the child actively constructs his or her social world and his or her place in it*". In domestic violence research this view of children as active agents is affecting how research is done and creating a focus on the effective ways that children survive and resist the violence rather than the deficit model of them as passive victims, according to Katz (2015a). Social constructivism in domestic violence research followed similar trends in moving from viewing women as victims to survivors. Research in adult and child situations places language at the centre of how individuals create social reality. In their study of mothering in domestic violence, Buchanan, Wendt, and Moulding (2015, p. 403) suggested: *"This perspective encourages participants to speak about their lived experiences and considers their voices in light of the discourses in society".* The interplay between the physical circumstances, including social, racial and political elements of the individual's lived experience, and the wider societal discourses and beliefs that frame this experience is complex and ever-changing. The fluid nature of definitions of domestic violence was illustrated by Muehlenhard and Kimes (1999), who examined historical discourses concerning sexual violence. 1970s studies examined the role of female rape victims in provoking their attack, and apportioned culpability to women who had attended events where alcohol was served without a male escort. In the 1980s women did not always name their assault as rape if the rapist was known to them owing to the prevalent idea that rapists were strangers—illustrating how domestic violence is a social construct rather than a final definition, as discussed in the work of Muehlenhard and Kimes (1999).

Macdonald (2017) found children, as young as six years old, were making clear requests regarding contact but being disregarded or reinterpreted in the court system. Callaghan, Fellin, Alexander, Mavrou, and Papathanasiou (2017), whose work in various European settings focussed on children's expression of emotions around domestic violence, found these emotions to be complex and age-specific. The importance of children's direct involvement in domestic violence research, the benefits for the research validity, and the empowerment of the young people are addressed in detail in section (2.5). The difficulties in achieving this expression are significantly influenced by societal secrecy on the topic, according to Hogan and O'Reilly (2007). The study of child development, the research of the cumulative effects of domestic violence and the importance of SEL skills particularly in adolescence, identified by Gordon (2013), provide the theoretical basis of the research.

3.3.1 Theory into practice

This approach to direct expression of youth participants shaped the design of the intervention programme 'up2talk', and was informed by previous group studies and interventions. These include groups based in schools led by Thompson and Trice-Black (2012), groups in refuges focussed on safety planning by Sharpen (2009) and those that included mother and child programmes reviewed by Bunston, Pavlidis, and Cartwright (2016).

Material generated in 'up2talk' from participants is related to the stories of other young survivors of domestic violence, gathered through research (Mullender, 2006; Øverlien & Hydén, 2009). The young people's voices are heard directly in 'up2talk', in the spoken word and their artefacts, not filtered through adult interpretation. This

direct expression for young people is vital, according to children's organisations (The National Children's Office, The Children's Rights Alliance, & The National Youth Council of Ireland, 2005). Through triangulation of the accounts in this study, by interviews with parents and facilitator, use of observation field notes, group debate and review, a deeper knowledge of the effects of the domestic violence on these participants will be developed. This specialist insider knowledge will provide further insights into supporting other young people affected by domestic violence, in expressing their experience and developing a framework for other groups.

3.4 RESEARCH APPROACH

My research approach was qualitative, and my position was that of an active practitioner. This was influenced by logistics, as research with families affected by domestic violence has shown recurring themes of shame, fear and secrecy and renders them a hidden population. This created further challenges in discussing the subject in community and educational settings and recruiting participants—an issue identified in research into prevalence figures.

The culture of secrecy around domestic violence in Ireland is reflected in studies suggesting under-reporting of this issue can be up to 70% (McKeown & Kidd, 2002; Watson & Parsons, 2005; Safe Ireland, 2014). Families affected by domestic violence are not an ethnic group, as research suggests that such violence is evenly spread through society (McGee, Garavan, de Barra, Byrne, & Conroy, 2002; McKeown & Kidd, 2002; World Health Organization, London School of Hygiene & Tropical Medicine, & South African Medical Research Council, 2013). The places devoted to their support, such as refuges or specialist services, are not permanent social or

geographical meeting points for them. The combination of the hidden nature of the population and the resistance encountered towards public discussion made access difficult for the research purposes of this current study. The ethical issues raised by the sensitive nature of the topic and the specialist training and information I had received guided my choice to be an active participant in the research, by means of the intervention programme 'up2talk'. Titchen and Binnie, 1994, p.2 cited inTitchen (2015, p. 2), suggested that:

> Fundamentally, action research is a broad landscape of distinctive, and primarily qualitative research strategies for bringing about 'social change through action, developing and improving practice and, at the same time, generating and testing theory'.

There is benefit in engaging with the community on issues of importance to them, for the participants and the researcher, according to van der Meulen (2011, p. 1292): *"in other words, an action research methodology is one in which theory can be articulated through and in action".*

3.4.1 Developing personal knowledge of the field

In order to deepen my insight into the challenging aspects of young people's lives concerning trauma and living with domestic violence, I completed a series of preparations for this study in the period 2013–2015. These included training, study modules, volunteering and part-time employment in the field with young people at risk and those who had suffered traumatic experiences. I delivered a literacy support programme with the "SUAS" foundation over four weeks in a primary school in Dublin. I volunteered from September 2012 to June 2014 in the separated children refugees' homework club, helping international students with exam preparation and

English-language support. I delivered a workshop on relieving stress to these students, as they had all suffered trauma.

I attended modules on domestic violence and child protection in Trinity College. I participated in a workshop on Dialectical Therapy in the Mayo Children's Institute, Castlebar, where I met with local workers in the women's refuge to discuss effective interventions for young people in refuge. I completed 'Children First' training in child protection. I worked part-time as an assistant in a residential home for teenagers from November 2013 to July 2015, where the majority of residents were in care as a result of domestic violence and displayed aggressive behaviour themselves. I attended training in Therapeutic Crisis Intervention (TCI) while working in the residential centre. This provided me with a contextual understanding for the review of the literature and the design of my intervention programme 'up2talk'.

3.4.2 Quantitative and qualitative research methods

Positivist research is based on scientific principle and the belief in pure logic—*logos*, the idea of truth with a scientific base—which dominated western research thinking from the late nineteenth century to the mid-twentieth century (Creswell, 2014). Quantitative research collects and processes data in controlled circumstances and seeks objective truth in a fixed, observable world. Valid research is important for prediction of outcome, a position that can be summarised as 'if this is done in this way, this will be the result', (Sanders & Wilkins, 2010). Qualitative research, however, is rooted in the interpretive, constructivist view of society and sees reality as socially constructed (Creswell, 2014). This can be important in expressing the views of those in vulnerable positions (such as those with special needs), and making their views known in a wider societal context, as in the case of young people affected by

domestic violence. Stake (2010) suggested qualitative research involved seeking different viewpoints and acknowledging the interaction and subjectivity of the researcher in the process. It is, according to Stake (2010), experiential and sees reality as a human construction. This research approach fits this study in offering a voice to participants and recognising the unique nature of their experience of domestic violence. This desire to be heard is consistently expressed by respondents in studies of domestic violence and reviews of the efficacy of supports and interventions (Mullender, 2006; Holt, Buckley, & Whelan, 2008; Collis, 2013).

Sanders and Wilkins (2010, p. 4) have suggested that: *"if you want to know about human experience, the best thing to do is to ask a human being".* This approach is fundamental to research on topics that may be associated with emotional responses for the participants, such as sexual or domestic violence, as in this current study (Kennedy-Bergen, 1993; Corbin & Morse, 2003; Stanley, Miller, & Richardson Foster, 2012). Stake (2010) further explored the causal understanding of decision-making and suggested that most events have multiple causes and preconditions, and has cautioned against attributing causes to sequences of events. This perspective of multiple causes and factors being involved in life issues is validated in the qualitative research into the effects of domestic violence explored in the literature review. The principles of active participation in the research, of acknowledging the researcher's biases and subjectivity, and of appreciating the importance of context and culture resulted in a different research approach in this study, to that of a quantitative study. The belief in the unique, socially constructed reality of the individual or group that inspires qualitative research is in direct contrast to research based on positivist principles of objective truth (Sanders & Wilkins, 2010; Flynn, 2013).

The role of the researcher as a participant in the activities of this intervention 'up2talk' was designed to promote a trusting relationship with participants and facilitate more in-depth discussions and explorations of themes that emerged through activities and multimedia representations of material.

3.5 COMMUNITY INQUIRY

The community inquiry was conducted in three phases from October 2013 to March 2015. The first was an inquiry into the community awareness of domestic violence and the availability of services for young people affected. This took place in three urban areas of educational disadvantage in Dublin, as designated by the government guidelines for schools by the Department of Education and Science (2005)—Blueville, Greentown and Slatestreet. The second phase, following ethical approval being granted in June 2014, took place in Greentown, which offered a possible location, hosted in a youth facility and supported by links to local schools. The trialling of instruments and workshops was completed in Greentown schools and youth services during this phase. This programme was developed but did not run. This was due to a number of factors causing the dropout of seven of the eight possible participants. This indicated a need for further research with specialist domestic violence services and led to the final phase in the Poplaville family centre. The third phase was guided by the specialist information and best practice guidelines gained from experts in the field of domestic violence. This enabled the design and delivery of the intervention programme 'up2talk' in the family services centre in Poplaville.

The information collected from meeting with those working in the area of domestic violence during each section of the community inquiry was augmented by the

training undertaken by the researcher (3.4.1). The support offered by specialists in domestic violence, including service managers of a women's refuge, support services and therapists, and professionals involved in SEL programmes, increased the researcher's understanding of the problems of domestic violence, particularly as it affected teenagers. The best-practice knowledge gathered at each phase of the inquiry further influenced the sampling and inclusion procedures, the design of the study and the aims and the content of the programme 'up2talk'. These decisions were tested against the research in the area of domestic violence, with reference to training for professionals and interventions conducted with young people (Graham-Bermann & Hughes, 2003; Bulanda & Byro Johnson, 2016; Callaghan, Alexander, Sixsmith, & Fellin, 2016).

3.5.1 Phase 1: Community inquiry

This process of inquiry was influential in highlighting the theme of silence and denial of domestic violence in the community that is validated in research and appeared in the participants' feedback at all stages of the subsequent intervention, 'up2talk'. The inquiry started in December 2013 with the long-term aim of raising community awareness of domestic violence and the SEL programme for teenagers in three areas—Blueville, Greentown and Slatestreet. The eventual objective was to initiate recruitment in conjunction with teachers, youth workers and social workers and also through the website (www.up2talk.me) established in July 2014 to support this process. Respondents would be offered the intervention programme 'up2talk' through these channels. I took this approach because previous studies had often been conducted with families in refuges and it had been suggested by Evans, Davies, and DiLillo (2008) that the separation from home, school and all things familiar made

for further trauma for families. I was keen to broaden the access to the programme, as Murphy (2002) had indicated that people affected by the most extreme cases of violence may never attend refuges.

The secrecy and shame were expressed in a fear of naming the topic by many schools and community facilities, where suggestions for 'softening' the title were made by both the professionals and the young people affected, in the period September 2014 to April 2015. This reluctance to discuss the violence was frequently encountered in her research into the disclosure of violence by women in health service facilities by Lawlor (2014). In my case, many community and education representatives were not available to discuss the issue, or were unwilling to place my poster (Appendix 2.). Some specialist youth services were engaged with young people who had suffered domestic violence, but this was privileged information (outside of social work referrals, which were concurrent) and staff expressed fears that "*If we send them up to you and it doesn't work out, we'll lose them altogether and they will have nothing*" (phase 2. Y.W. Greentown). The use of terminology such as 'sending' young people for help and adult decisions to protect young people from possible engagements with support services did not appear to involve the voice of the young person. These responses correlated with research in the area concerning the hidden and shameful nature of the experience (Cater, 2014; Houghton, 2015b; An, Kim, Joon Choi, Platt, & Thomsen, 2017). There was no integrated response by key gatekeepers from Slatestreet and no way of making contact with senior management in Blueville, so neither area was available. The interest and the integrated approach shown by the youth service and family centre of the third area, Greentown, suggested this as a possible location for the intervention.

3.5.2 Phase 2: Community inquiry: Greentown, September –December 2014

Table 3: Community research interviews: Greentown

Date	Personnel	Questions
September 2014	Youth service staff team Greentown	How would this fit with your work?
September 2014	Education support worker Addiction support worker	How could young people locally be made aware of such a programme?
September 2014	SEL researchers SPHE programme contributors	Where does this issue fit with the schools programme on SPHE?
September 2014	Refuge manager (Dublin)	What patterns are current in families using the refuge?
October 2014	Coordinator of domestic violence services (HSE)	What are the needs of young people affected? What are the issues in running groups?
November 2014	Specialist social workers who had run programmes with families	What are the needs of young people affected? What are the issues in running groups?
November 2014	Family therapist	What are the needs of young people affected? What are the issues in running groups?
November 2014	Refuge staff (rural)	What patterns are current in families using the refuge? What are the needs of young people?

Meetings continued with local professionals to learn from their specialist knowledge and publicise the proposed intervention programme 'up2talk'. The system of statutory reporting of neglect or abuse in Ireland outlined in the Children First Bill, (Minister for Children and Youth Affairs, 2014) appeared to add to the secrecy around the issue. Professionals in the area noted that in their experience, children and parents can have real fears about being separated by social services, and that abused children may be more fearful of being taken away, than of continuing to experience

traumatic events at home (Georgsson, Almqvist, & Broberg, 2011; Tucker, 2011; Edwards & Dardis, 2016).

Responses to the inquiry included a denial that domestic violence existed, suggestions it was not relevant to this community or organisation and requests to make it a 'softer' topic. One community centre with a dedicated counselling programme for children considered the posters (Appendix 2): *"unsuitable, as we don't deal specifically with teenagers*" (phase 2. Greentown).

Gatekeepers feared that their original service could be legally responsible for a later failure by the 'up2talk' programme to refer child protection disclosures appropriately and this blocked interagency involvement. Two young people who had been placed in care as a result of family violence were deemed: "*to have moved on"* and revisiting the domestic violence was suggested by childcare workers as: "*being unhelpful and possibly upsetting for them"* (Y.W. phase 2, Greentown), so they or their guardian were not consulted about joining the group.

Schools cancelled meetings without explanation (principal: School 3. Greentown), and proposed engagements with parents were withdrawn with general comments such as: "*we might do something another year but not now"* (teacher. School 2. Greentown).

3.5.3 Development in Greentown of an 'up2talk' programme

The support of a youth service in Greentown led to the development from June 2014 to November 2014 of 'up2talk', the intervention programme, in the youth centre.

The recruitment attempts involved the researcher attending four of the youth club open nights and having informal information sessions with the teenagers and the

young volunteers. Developmental meetings with all the youth workers about the programme ‘up2talk’ were held and posters and information sheets were displayed. Youth workers shared this information in other forums, such as clubs and specialist services. Youth workers discussed the benefits and challenges of hosting such a programme at the staff meetings attended by the researcher. They supplied local information on how to publicise it, what approaches would be effective in the activities and what were the current popular initiatives in the centre, such as cooking, collage and a huge mural. Feedback from youth club members over the ‘open club’ nights informed how the programme information was presented, and the original poster (Appendix 2) was replaced with a simpler sheet compiled by one youth group (Appendix 3). Details of specialist programmes offered in the youth centre around personal development and issue-based work such as sexual health and substance abuse prevention were shared. Youth workers asked how information and feedback from ‘up2talk’ would be shared with their full-time staff; factors such as statutory reporting of any abuse, pastoral care on the part of key workers with young people, and respect for the confidentiality of the young people were raised. The feedback from the youth workers, volunteers and members at the club nights informed the design of the materials and the approach.

The inclusion criteria for the original Greentown programme, 2014, were:

- Young people were aged 12–14
- Young people had experienced domestic violence in their home
- Young people were not currently living with the violence
- Young people had the permission of their custodial parent

- Young people understood what the programme was about and the meaning of ongoing consent.

The local family therapy service in Greentown was well established and operated referrals through the schools and community. They were approached concerning the availability of therapeutic supports for participants of the programme. A third youth and family worker was available to offer individual support on-site during the actual programme.

3.5.4 The collapse of the programme in Greentown:

In December 2014 the planned programme in the Greentown youth centre, scheduled for February 2015 was cancelled, owing to problems that informed the next phase (3) of the community inquiry in Poplaville. The original group of eight participants in Greentown was unable to start for a variety of reasons that mirrored the reality of living with domestic violence for young people affected. These incidents were:

- A statutory intervention that removed several children from their home
- The inability of gaining consent from several parents who were already involved with child protection services
- The withdrawal of young people when they realised that information on the nature of the programme, domestic violence, was required in parental consent forms
- The decision of care workers not to offer the intervention to two young people who had suffered severe domestic violence but were now in a safe home.

This unwillingness to hear young people speak of their traumatic experience has been explored in the research of Humphreys, Mullender, Thiara, and Skamballis (2006).

This led to further research and consultation with experts, and a meeting with the centre staff in Poplaville where the ‘up2talk’ programme, the focus of this research study, took place in April-June 2015.

3.5.5 Phase 3: Community inquiry: Poplaville

Table 4: Community inquiry: Specialist services, Poplaville

Dates	Personnel	Questions
December 2014	Specialist social workers who had run domestic abuse programmes with families	What are the needs of teenagers? What are the issues running teenage groups?
January 2015	Family centre manager, Poplaville	What are the profiles of young people affected? What are the issues running this type of group?
January 2015	Family centre staff team	What age patterns are current in families using the centre?
February –April	Luke, family worker who was involved in recruiting and facilitating the group	Regular meetings to determine age profiles, facilities and activities that were available/suitable and timetables for the 'up2talk' programme.
February –April	Process and protocol meetings with centre manager	Boundaries, limitations, centre protocols and practices, therapeutic supports, and confidentiality practices around the materials generated.

3.6 Design of the intervention programme 'up2talk'

This was a qualitative study using an active practitioner approach, where the researcher acted as facilitator and designer of the group intervention but was also a participant in sessions, planning and reviews with the young people. The programme used a social constructivist approach to elicit the perspective of the five (thirteen-year-old) participants, concerning the impact domestic violence had on their lives. The choice of an action research method was informed by the dual purpose of action research. Bradbury (2015) viewed this purpose as learning directly from the participants to add to knowledge and to aim for an improvement in services or

circumstances for participants. In all the phases of this research, the names of the localities of the community inquiry, schools, family centre, youth services, participants, parents and the family centre facilitator, have been changed to protect the privacy and safety of those involved. In the data and the quotes taken from participant interviews, numbers allocated to individuals have been changed several times, within different sections, to preserve anonymity. A code book to record all these allocations, numbers and pseudonyms was created by the researcher. This is a sensitive issue, bearing a stigma for those affected, and specific autobiographical details and details of violent incidents would enable identification of participants. This anonymity remained a priority through the study. This was in line with the recommendation that the child's well-being comes before research needs, according to Øverlien (2010, p. 90):

> A child whose safety is compromised by taking part in a research study on violence in the home cannot be used as an informant. The welfare of individuals must have higher priorities than the needs of society and science. At the same time, research not only needs children, but children need research, and research can have an empowering effect on children in need.

3.6.1 Aims of the research study and the SEL intervention.

Research into the multiple social adversities and the isolation frequently connected with domestic violence has established negative effects on social emotional skills for teenagers (Buckley, Holt, & Whelan, 2006; Stanley, 2011). Personal disclosures to me of domestic violence by young people and parents and attendance at case conferences was how I originally became aware of this. My initial inquiry into community awareness of domestic violence showed a deep silence and shame attached to domestic violence.

The research study called ‘up2talk’ that resulted, had a dual aim that was made clear to participants from the initial meetings. The direct aim of the SEL programme ‘up2talk’ (which constituted the intervention) was to provide effective social emotional skills training for teenagers affected by domestic violence. The programme was designed to meet their specialised needs according to research, professional experience and best practice guidelines. The secondary aim of the study was to generate knowledge and materials to inform further intervention programmes for young people who had experienced domestic violence.

The negative effects on the young person’s emotional maturity caused by this trauma, as observed by Grasso, Dierkhising, Branson, Ford, and Lee (2016), and the adolescent need to develop a separate identity in the life stages of Erikson (1971), suggested this (12–14) was an appropriate age to offer an SEL programme for young victims of domestic violence.

Creswell and Plano Clark (2011) suggested that qualitative research can mean an attempt to bring change to an identified group, as did Sanders and Wilkins (2010), who highlighted the role of the active researcher in bringing new developments to work practice and policy. This is compatible with the dual aim of this intervention study to play a part in positively impacting the participants’ SEL and, from the analysis of this intervention, to develop further programmes for young people. Stake’s (2010) view that qualitative researchers may use advocacy for policy change beyond knowledge development has influenced the developmental aim of this study. Group SEL training, such as ‘up2talk’ offers, forms part of the recommended interventions for young people outlined in a range of Irish government and agency policy documents (Irish Society for the Prevention of Cruelty to Children and Children First,

2000; Health Service Executive, 2010a; Cosc: The National Office for the Prevention of Domestic Sexual and Gender-based Violence, 2012).These SEL programmes are recommended to be delivered at the educational level to class groups and as part of supports for those affected by domestic violence. The aim of this study to develop programmes like 'up2talk' is therefore compatible with government policy.

3.6.2 Model of change

The Wight, Wimbush, Jepson, and Doi (2016) six-step model for intervention development offered useful guidelines. The scope of the projects in their examples is far larger than the 'up2talk' project but their six principles are relevant:

1. The definition of the problem is around the effect of domestic violence on teenage SEL, and this is explored in the literature review section (2.10). The causes of domestic violence intersect all levels of the community and have socio-economic, political and cultural aspects beyond the scope of the intervention 'up2talk' to address.
2. The factors that are receptive to change include the increased levels of social and emotional skills available to teenage participants by structured SEL training, and the use of these skills to reduce the intensity of shame, isolation and self-blame frequently found in children affected by domestic violence. In a study of 'Youthreach', an alternative education centre for teenagers, Gordon (2017) identified adolescence as a key time for intervention owing to the plasticity of the brain at this age. She discussed how old neural pathways are pruned and new ones constituted, enabling the learning of new social emotional skills.

3. The mechanism for change is an active group programme of SEL, with a focus on the experience of living with domestic violence. The use of a social emotional learning programme, not a therapy group, provides safety and enables participation in a third-party format.
4. This change mechanism will be delivered by means of a structured development of SEL skills through a multi-modal process. The group format itself acts to reduce shame and isolation by participants' shared understanding and realisation of shared experience. The safe environment, emotional and physical, employs a 'plan, do, review' process that is formed by ongoing participant feedback.
5. The instruments and activities used in the programme have been developed and used with young people previously and have been trialled in workshops in advance of this intervention 'up2talk'.
6. The data is generated by the participants' direct communication in group debate, individual interviews and by creative use of art, clay and drama. The overall aim is to facilitate their expression of the emotions, ideas and experiences of living with domestic violence. The analysis of the data, triangulated between participant, parent and facilitator interviews, records and observations offers evidence of increased social emotional skills and understandings. These changes are also evidenced in the artefacts created, especially drama pieces, where participants articulate new ways of thinking and feeling. The behavioural changes self-identified can be validated by parent reports, group reviews and facilitator observations.

The reduction in negative emotions specific to domestic violence exposure, increased awareness of the effects of the violence and enhanced levels of SEL for participants provide benefits that are transferable to other young people affected by domestic violence.

These six stages form part of a programme-design system developed by Wight, Wimbush, Jepson, and Doi (2016).

The individual nature of the experience of domestic violence and the factors such as age, family and social circumstances suggest that preliminary collaborative research would be required with any comparable group to devise an appropriate SEL programme.

3.6.3 Outcomes

The role of assumptions is important in planning, especially 'back mapping' from desired outcomes in the Theory of Change (2003) model. In the case of 'up2talk', the original assumption that recruitment of young participants would result from community publicity, posters, website and personal contacts was erroneous and consumed a lot of energy and time. This assumption lacked knowledge of the deeply embedded silence around domestic violence in society and the fears of gatekeepers in collaborating on any programme addressing the issue. The other validated assumptions, based on practice and research, were that young survivors suffered negative emotions and isolation that could be addressed by group work. The assumption that young people learnt best by activity, and in methods that they chose, was also justified. The full process of 'back mapping' in designing an outcome in line with programme users' expectations and preferences was not available in the intervention 'up2talk' owing to time constraints, the ten-week programme and the

lack of contact before the programme began. The discussion of purpose and reshaping of the programme was ongoing with participants during the ten weeks of the intervention, although extra benefit would have been gained by more collaborative exploration before 'up2talk' began, as modelled in Theory of Change (2003), which stresses the need to understand the necessary preconditions for achieving the stated aims.

The relevant preconditions for this 'up2talk' programme's success were:

- Recruitment of teenage participants from a hidden population
- Building trusting relationships to form a supportive safe space
- Delivery of a programme that met the SEL needs specific to survivors of domestic violence
- This intervention programme addresses the negative effects of their domestic violence experiences, while being attractive enough to maintain teenagers' attendance.

These preconditions allowed achievement of successful outcomes:

- The enhancement of SEL skills specifically related to the negative impact of domestic violence,: self-blame, isolation and silence
- The increased awareness of the participants of the effects of the violence on their SEL
- The exploration of themes, ideas and instruments for use with other young people affected by domestic violence

This model also considers which changes will occur within the process and which will require an intervention. Interventions explain what the programme will do to achieve the goals in sequence, detailed in the Theory of Change (2003). In the 'superwomen'

programme, used as an example, the aim was to equip female survivors of domestic violence with skills in building and maintenance trades, and this was delivered.

In the 'up2talk' programme specific elements and activities were used as sequential interventions to develop SEL skills and awareness. The development of trust and safety were changes that were intended to develop within the group process, strengthened by the targeted elements of the intervention.

3.6.4 Evaluation

The soft-skills model developed for Youthreach by Gordon (2013) used 'soft indicators' as a method of measuring progress in skills acquisition. These indicators constitute a mix of attitudinal and behavioural changes that mark the progress of the learner. Examples of soft indicators include increased confidence, assertiveness, appropriate social behaviours and positive habits of planning and taking responsibility. These changes were evaluated by trainer reports, individual records and self-reports. These skills are further developed into competencies indispensable for a good life in the PISA report for the Organisation for Economic Cooperation and Development (2001) on preparing youth for an international and inclusive world.

The measurement of soft-skills acquisition is more complex in recovery groups for survivors of domestic violence, according to Sullivan (2011). This is due to the unique needs of each participant and the fact that the problem behaviour (domestic violence) is not the participants' issue in the majority of cases. She highlighted the pressure advocacy and domestic violence support services are under to assess and demonstrate the efficacy of their programmes. Where this demand from funders for evaluation is not met with increased resources, it puts extra pressure on frontline services. Howarth et al. (2015) discussed the need to evaluate changes that were

important to participants and found that measurement was frequently driven by funders' or other stakeholders' needs. They suggested many assessment tools were clinically based and failed to capture the changes in everyday life that were important to young people and their families. In light of this research knowledge of the challenge in measuring SEL, the increased complexity in the domestic violence context and the effects of the violence on communication skills for teenagers, the evaluation method of this programme 'up2talk' was based on triangulating the data generated by the participants.

3.6.5 Evaluation of 'up2talk'

For 'up2talk', evaluation had two components. The first was to explore the effectiveness of the programme in enhancing participants' SEL, and in reducing the negative emotional effects of living with domestic violence. The content used for this was the complete data set of the expressions of the teenagers and parents during the process of 'up2talk'. These data were related to the stated aims and outcomes of the programme, including the objectives stated by participants and parents. The method of evaluating changes in SEL was by triangulation of the interviews, artefacts, group debates, field observations and behaviours evidenced and reported by participants, facilitators and parents of the participants. Gordon (2013, p. 7), in the 'Youthreach' soft-skills system, viewed evaluation as a:

> Development of systems to measure soft outcomes and distance travelled are now considered good practice in programmes as they record progress being made by learners. Among the changes measured are attitudes (e.g. in relation to motivation, confidence), personal attributes (e.g. in timekeeping, appearance) and practical learning (e.g. form filling, money management). The skills are measured by a combination of self-reports on attitudes and experiences trainer reviews of learners, portfolio evidence and record of progress in individuals' plans. There is no uniformity across these employment and social inclusion programmes and it is accepted that no one model fits all.

The second component of the evaluation was to explore the empirical knowledge of how domestic violence affected teenagers' SEL, and what methods and elements of the programme were effective and possibly transferable. This aspect of the process was explored through direct recommendations and insights offered by participants about their lived experience, what was effective in the programme and what they would tell other young people in a similar situation. The effective elements and approaches of the programme were recorded and observed each week. The feedback from participants shaped the programme process and this provided learning and insights into what was effective, important and valued for the young participants.

How the approach, elements and instruments used in the sessions of the programme contributed to successful outcomes is addressed in the account of the process of 'up2talk' in section (3.7). The use of '*member checking'*—that is, asking participants to read and validate the accuracy of their work, ongoing review and the use of an outside reader—explored the researcher bias. The reader, Dr Patricia McCarthy, is an associate researcher in Trinity College and a tutor on inclusion education programmes. She acted as a reader from the inquiry stage of the study in 2013 onwards. Triangulation for validity of the themes generated from the data was by the variety of artefacts, interviews, drama sketches, group and individual reviews done by participants, parents and the researcher and facilitator.

The findings from the data generated from the intervention programme are in chapter (4). The relevance of these emerging themes to the research questions and the research literature is expanded in the discussion chapter (5).

3.7 THE PROCESS—OVERVIEW

The motivation to do this study of the effects of domestic violence on young people's SEL came from a career spent designing and delivering programmes to disadvantaged children, teenagers and families. The personal experience of the negative effects of domestic violence on adolescents—significant, according to Moylan et al. (2010)—and the interlinked social problems that frequently accompany it—identified in the ACEs research of Bellis et al. (2016)—inspired the effort to design and run an SEL programme for teenagers. The research involved analysing the data generated by the participants, to increase knowledge of the lived experience of the young people and relate it to the existing research on the effects of domestic violence. A long-term aim involved furthering the understanding of effective elements and methods in support and intervention programmes specifically for adolescents and chosen by them.

The initial scoping exercise was a community-based inquiry with adult professionals concerning their understanding and awareness of the levels of domestic violence in their community and what supports were available for teenagers. This is recorded in section (3.5). The term young people in this study refers to those aged 10–18, who legally can be still be referred to as children. The location of 'up2talk' in the family centre in Poplaville offered logistical support, local knowledge, a trusted reputation and a co-facilitator, Luke, known to the families.

3.7.1 The ethos and role of the Poplaville Family Centre

The intervention programme called 'up2talk' was conducted in a specialist centre that offers a voluntary family support service under the auspices of the Health Service Executive (HSE). The staff team includes psychologists, counsellors, play therapists, family workers and outreach workers. The initial contact was made with the centre

manager, John, who consulted the team. As a result, Luke, a family worker who specialised in working with young people, volunteered to assist me in facilitating the intervention programme. Luke brought the essential local links and a sense of emotional security to the programme, based on many years of experience working with local families and children, individually and in groups. This local link offers the first step to building a safe supportive environment (Corrigan, 2008; Collis, 2013). The family centre maintains a strong ethos of voluntary engagement by families and an individual support plan designed to meet their unique needs as a family. The emphasis on welcome and respect is stated on their website (Daughters of Charity, 2018), and is a foundation of their work. The centre had previously offered self-esteem and friendship-building groups for young people before the 'up2talk' programme, and staff were familiar with the parameters of an SEL group as distinct from a therapeutic group.

3.7.2 Recruitment of the target population

The target population for this intervention study were teenagers aged 12–14 who had been affected by domestic violence. The study began originally with a community awareness-raising effort (section 3.5) to contact local educational community and youth organisations. These efforts, from December 2013 to June 2014, attempted to develop a local network of support, such as employed by Theron (2012), and to progress to speaking directly to young people in education and leisure facilities and to a range of community organisations. This earlier effort to build these participatory groups was unsuccessful, as there was an embedded silence on the subject. The subsequent meetings with specialists in the area of domestic violence

groups, initiated the connection to Poplaville Family Centre. The support of the Poplaville centre, including hosting the intervention and the co-facilitation by Luke, an experienced family worker, led to a series of planning meetings and development of the 'up2talk'. (Table 4: p.133).

The inclusion criteria for the 'up2talk' programme in Poplaville were that:

- Young people were aged 12–14
- Young people had experienced domestic violence in their home
- Young people had been involved with the Poplaville Family Centre service
- Young people were not currently living with the violence
- Young people had the permission of their custodial parent
- The custodial parent agreed to participate in meetings and interviews at the beginning and the end of 'up2talk'.

Recruitment for the 'up2talk' programme, in the family centre in Poplaville, involved 24 letters being sent out to families with children aged 12–14 who had attended the service with domestic violence issues in the previous eighteen months. Six families expressed interest and attended for interview—of these, five families committed to the programme. The five participants were aged thirteen, one had his thirteenth birthday during the programme. The sixth participant, aged twelve, attended the first interview and stated clearly she did not want to participate, although her mother wanted her to be part of the group. The decision was taken to utilise a simple intake form, which supplied the information on the group programme 'up2talk' and the ongoing consent and confidentiality clause: (see Appendix 6). This followed consultation with the centre manager John, and the family worker Luke. The issue of

the families' right to privacy around their therapeutic files in the centre and the stated purpose and parameters of the group as being interactive social-skills development, not therapy or an assessment of problems of the young participants, formed this decision. The gathering of data around the length and severity of the violence and detailed information on the family was deemed inappropriate for this programme, as the group's function concerned SEL development. The importance of a clarity of purpose around interviewing on sensitive subjects, owing to the risk of retraumatisation, was highlighted by McClinton Appollis, Lund, de Vries, and Mathews (2015). The stated aims of the intervention programme 'up2talk', as per the research questions, were the improved SEL of participants and increased awareness of how the violence had affected their own development of SEL by the teenagers. The final research question concerned exploring some materials to use with other teenagers affected by domestic violence.

The centre team of therapists, social care workers, psychologists and support staff offered holistic support, led by the manager.

Participant families had all previously used the family services and were offered access to therapeutic support as they wished, on an ongoing basis during and after the 'up2talk' programme. A centre therapist was scheduled to be available every week for any young person who might need an individual session; this facility, however, was never required.

3.7.3 Key elements of the programme

A safe and supportive atmosphere was a priority identified in a review of interventions by Jaffe, Wolfe, and Campbell (2012) with participants. The research in

the UK of Jessiman, Hackett, and Carpenter (2016) around how children affected by sexual abuse experienced a therapeutic intervention found that supportive relationships with the child and the child's carer, and allowing the child choices were as important as the content of the sessions. The national round-table held by Nguyen, Edleson, and Kimball (2012) in North America identified a welcoming, supportive atmosphere for young people, and ensuring that they are listened to, as key elements in support programmes. These needs were endorsed in research (Rivett, Howarth, & Harold, 2006; Holt, Buckley, & Whelan, 2008).

In 'up2talk' this security was initiated by the use of a familiar setting (the family centre) and the presence of a known and trusted local family worker, Luke. The sharing of lunch and snacks each week remained a core activity. This was identified in an extensive review of groups by Jaffe, Wolfe, and Campbell (2012), who found 'pizza' the most memorable aspect for young participants. The informal approach, with a stated emphasis on enjoyment while learning, was provided by offering a menu of activities and using the ongoing feedback from the group to shape the programme.

The culture of respectful listening and equality was modelled by the facilitators and adopted by the young people as their own during 'up2talk'. This had been highlighted in the work with young people as advisors of Houghton and VAV: Voice Against Violence (2011). The choice the participants maintained over the depth of their engagement and selection of activities, and their ongoing evaluation of their own work, enhanced their communication skills. This was also observed by Coburn and Gormally (2014)—their specialist youth project used a variety of supports, of which participants valued understanding relationships the most.

This secure base was an integral part of maintaining this emotional safety—important, according to Abrahams (2010), whose research focussed on the amount of traumatic disruption children had suffered, all through circumstances out of their control. The research design focussed on enabling the teenagers' voice to be heard through the varied media they created, and by their regular evaluation and review of the programme and their own skills development.

3.7.4 The use of multi-modal methods:

The fact that traumatic memory can be stored in the unconscious and sensory fields suggested that the use of creative methods such as art, artefacts and drama would be effective in enabling participants to express such emotions in another media than speech. This is discussed in the section on trauma (2.6.6). The use of games, drama, drawing, and cartoons are part of social-skills and support programmes internationally and were rated positively by participants (Humphreys, Mullender, Thiara, & Skamballis, 2006; Sharpen, 2009; Thompson & Trice-Black, 2012; Bowen et al., 2014; Houghton, 2015a). The use of art and artefacts to explore family relationships and trauma has been effective in eliciting interpretations of experience with young people (Merriman & Suzanne Guerin, 2006; Rowsell, 2011; Theron, Mitchell, Stuart, & Smith, 2011). Theron, Mitchell, Stuart, and Smith (2011), however, cautioned against the adult applying interpretation to the young person's piece of work and recommended measured input from the facilitator.

3.7.5 Participants selecting the activities, media and engagement levels

The 'up2talk' group were involved in selecting the activities and then choosing the medium to engage with the active task of the session. The focus of the skills session,

for example, could be listening. The group chose the listening activity and the review method. Their feedback informed the further skills sessions in listening.

The participants practised and modelled the skills at each stage of the session as they negotiated choice, compromised with each other and reviewed their own learning, as suggested in best practice guidelines from local studies to international reports (Stephenson, McElearney, & Stead, 2011; Chung & McBride, 2015). The skills developed and the growth of group cohesiveness enabled the group to address the more difficult issue of domestic violence, using tools such as the third-person approach.

3.7.6 Reflexive journal and bias

The researcher, Norah, and family worker, Luke, discussed the significance of the participant data generated each week. These meetings guided ongoing planning and clarified assumptions and bias held by the facilitators. This enabled analysis of these effects when they were present, as recommended by Stake (2010). The researcher kept a reflexive journal during the 'up2talk' programme, recording events, the responses of herself and others and her reactions. This reflexive activity is essential in action research. Finlay (2002, p. 215) suggested that:

> The challenge for researchers using introspection is to use personal revelation not as an end in itself but as a springboard for interpretations and more general insight. In this sense, the researcher moves beyond 'benign introspection' (Woolgar, 1988: 22) to become more explicit about the link between knowledge claims, personal experiences of both participant and researcher, and the social context.

The process was iterative and developed in line with events and participants' needs and preferences. The researcher's reflexivity began with the community inquiry and continued through the process of 'up2talk' and the follow-up reviews. It involved questioning her responses and actions to the young people's behaviours and

opinions, noting unexpected findings and tracing emerging themes in the research. The shared reviewing and questioning with Luke, the family worker, added another viewpoint and an in-depth understanding of local family life and its challenges.

3.7.7 The 'plan, do, review' model

This 'plan, do, review' method involves an epistemology that includes experiential and practical learning. This knowledge can be linked to the survival skills of the participants and a sharing of culture and information by mixed media. This takes place orally and visually and forms part of the daily routines of life in the view of Wicks, Reason, and Bradbury (2008). They saw this as the implementation of action research.

Communications and SEL issues were explored with the group through games, drama, art, projects, cooking, sharing meals, debates and team work. Each session had an explicit framework, with a shared meal to start, a social skills training element, a group game, a creative activity and a review.

Table 5: A typical session of 'up2talk'

Time	Element	Activity	Aim
2.15	Lunch	Participants choose the menu and help to prepare food	Nurturing, ice-breaking, building trust between participants, researcher and facilitator
2.45	Active game 1	Numbers game; active games for the skills of talking, listening, expressing emotions by actions, guessing, reading body language	Social cohesion— concentration, listening, fun, awareness of body language, taking turns
3.00	SEL activity	Assertiveness cartoons by individuals and discussed within the group. Creating scenarios. Assertiveness games and acting, filming.	Introduce the link between feelings and behaviour, using a third-party method
3.50	Snack break and individual review	Drawing or recording an individual review. Checking the accuracy of their expression as I had recorded it.	To verify with participants their intention and my interpretation
4.00	Group project	Magazine art work, interviews, video recording of short drama piece	Decision-making, confidence-building, team work, planning, ownership
4.50	Group review and closure	Evaluation questions, unfinished sentences, group rounds, debates and card games	Feedback on process and preferences. Centralising voice of participants.

The social emotional skills of individual participants and their ability to share experiences and emotions developed over the programme. Co-operation in shared tasks and a confidence in stating and debating opinions within the group increased

on a weekly basis. These enhancements were evident in the activities and in the reviews. The 'plan, do, review' model enabled this learning in action. These developments were reviewed weekly in light of the desired outcomes noted in section (3.6.3).

Table 6: Weekly progression of skills

Week	Element	Activity	Aim
Week 1–3	Nurture, relax, fun	Food, cooking, sharing, clay pieces, games, cartoons	Trust-building, identifying feelings
Week 3–5	Games, art drama	Communications: active fun methods. Assertiveness.	Skills development, confidence-building
Week 6	Reflection	Debate, discuss, explore, drama	Develop emotional literacy, group cohesion
Week 7	Emotions: story of a child and domestic violence	Clay-pots: painting emotion, pouring water, planting for hope	Naming and expressing emotion through clay pots and paint activity
Week 8	Individual interviews	Reviewing the programme process and experiences to date. Preparing for celebration day.	Reflect and integrate learning
Week 8	Team-building	Night walk with team challenges on route in the mountains	To work as a team in a new environment. To get a different view of the city and oneself.
Week 9	Planning celebration day, finishing individual interviews	Preparing for show: signs, invitations, posters, performance, menu, plan of events. Semi-structured interviews with participants.	Exhibit achievements, show how SEL skills work. Explore changes and developments from their viewpoint
Week 10	Celebration day	Display work, greet guests, explain the work. Conduct interviews with parents. Accept the certificate and speak of own experience. Closure of the group.	Illustrate their achievements, skills in action. Finish with a joyful event to remember: "*bad feelings don't last forever*" (participant).

Week	Element	Activity	Aim
6 months later	Lunch: follow-up interview	Semi-structured interview (participant) and offer of other support if needed.	To ascertain how emotional well-being had been in the six months and reflect on the programme

3.7.8 The 'third-party' method and the impact of domestic violence on SEL

The participants predominantly selected the third-party response to debate on domestic violence issues in the group situation. This enabled discussion of feelings without personal exposure, where a teenager could speak fluently with feeling and particular examples about how: *"a thirteen-year-old might be affected by domestic violence"*. The group could participate in a similar manner. The use of clay modelling, the assertiveness method and short drama pieces offered the same safe distance and the choice of levels of engagement. The issue of choice has emerged in research as a key element in the level of comfort in dealing with sensitive topics expressed by participants. The participatory study of housing needs for young people affected by domestic violence by Baker (2005, p. 285) found young people had varied expressions of ongoing consent:

> However, we found that children and young people were also able to assert themselves through the use of subtle methods of objecting to participation such as silence and disruptive behaviour. This places a responsibility on the researcher to be experienced enough to read these subtle signals in the ways in which children intend rather than expecting them to conform to adult standards and 'formally object' to participating any further in the research.

3.8 'UP2TALK' INSTRUMENTS AND ACTIVITIES

Each instrument that was used in the programme was developed as a result of the preliminary fieldwork and pilot work with young people and informed by previous research and support programmes. The researcher trained with Barnardos to

become a facilitator of a twelve-week intervention for children affected by domestic violence in 2016, called TLC Kidz (AVA: Against Violence and Abuse, 2010).

The elements of the weekly sessions of 'up2talk' were designed to meet the needs of young people who had suffered trauma for emotional security, trusting relationships and a safe place to learn social emotional skills. The use of group debate and individual interviews aimed to maximise involvement. Punch and Graham (2016, p. 8) compared the benefits of both methods:

> This is a key reason why it can be beneficial to conduct both individual and group interviews, as the group situation allows for individual viewpoints to be validated, questioned, or challenged (see also Valentine 1999a). Meanwhile the individual interview encourages interviewees to talk at length and in detail about their own understanding of issues without interruptions or tensions emerging from the group context. Hence, this chapter suggests that conducting both individual and group interviews, with either children or adults, enables researchers to combine the benefits of each type of interview.

3.8.1 Instruments and pilot groups: July 2014–April 2015

The trialling of the instruments, the delivery of talks to pupils and staff teams and the completion of pilot groups were completed during the second phase of the inquiry in 2014, and examples are available in the appendices (Appendices 3, 4, 5, 7, 8 and 9.)

The following instruments were piloted:

- The feelings chart:

The chart was developed by the researcher and trialled on ten young people aged 10–14 and their parents in October 2014. These were six girls and four boys, and their parents, accessed through local contacts in the primary school parents group and personal contacts. The feedback was positive, with young people having no difficulty using it and reporting it to be fun, easy, interesting and different. There is possible

upset caused by questions about feelings to younger children, as identified by Ybarra, Langhinrichsen-Rohling, Friend, and Diener-West (2009). This was remarked on by one ten-year-old in the pilot for this current study, who said she didn't agree with question 1: "*I give out to myself, I think it's my fault"* on the feelings chart with an answer range: "*a lot, sometimes, a bit".* The reason she gave was: *"that question might make someone sad".*

Another ten-year-old didn't know what question 2, *"I lose the head"*, meant. This is a common phrase used by teenagers to describe losing their temper and demonstrated the value of age-specific elements of materials for young people, as noted by Thompson (2011).

- The Schonell reading test:

Trialling of the instrument had indicated that the covering and revealing of spellings one line at a time, as recommended in the manual (Schonell Reading Test, 1971), could be discouraging for the child, and also necessitated the researcher leaning across them. I put the test on a computer as a PowerPoint, which allowed the teenager to scroll down one line of spellings in their own time, thus removing anxiety about how much of the test they had successfully completed.

- SPHE session with 6th class on family violence:

This session was delivered in line with the 'Walk Tall' programme of SPHE for 6th class after consultation with the class teacher. The two initial questions the class asked me were: "*who are you to do this class?"* and "*how do you know its violence and just not an ordinary row?"*

The details of the session are in Appendix. 4. The co-teaching approach proved important in the ensuing class discussion of feelings in family life. In a debate about

the difference between arguments, anger and frightening inappropriate anger, one boy stated: "*that is like my house"*. I was able to refer him back to his teacher for support as we had clarified this earlier. She was later able to confirm that the school was active in the situation.

- The assertiveness programme:

This was developed in 1992 in Youthreach as part of a social-skills training module by the researcher for teenagers aged 15–19. The method was devised in response to low literacy and concentration problems, rendering standard assertiveness programmes ineffective. The cartoons (Appendix 7) are the starting point and it progresses to situations (Appendix 10), vignettes and debates, all involving activity. The pilot assertiveness session in Greentown held on 17-11-2014 (Appendix 5) was an introductory session aligning with an emotional literacy series delivered by the youth worker.

3.8.2 Semi-structured interviews

The initial semi-structured interview was held in the family centre in Poplaville, and mothers and teenagers attended. The guardians of the participants in this particular study were all mothers, although attendance was open to any client of the centre with a teenager who had experienced domestic violence.

This interview involved an explanation of the purpose and content of the 'up2talk' programme and the background to the research study. The researcher was introduced by the centre's family worker, Luke, and the implications of the research and the management of the data were detailed. The young person had an individual interview with the researcher, while the mother was asked for some background to the young person's experience by Luke, which included filling in the feelings chart

concerning their child. The parent and child then rejoined the researcher and Luke to review their understanding of the programme and the principle of ongoing consent. Parent and child were asked what they valued most about each other and were reminded, in conclusion, of the open-door policy of the centre for accessing support at any stage. The midway interview with the mothers explored their view of the programme's impact and any concerns or queries they might have. The final interview with the mothers involved their review of the process from their own perspective and their observations of their teenager. The parent interview schedule and timetable is found in Table 10: p.175.

3.8.3 Individual semi-structured interviews: young people

In the first interview on the intake day, the researcher offered some background to her work with young people and the reasons she had elected to run the programme. The issue of ongoing informed consent was clarified, and there was an opportunity to ask questions. The young person was assured that they would be involved in selecting the activities and would not be asked to do anything they did not want to do. There were questions about what the young person hoped for from the programme and if they had reservations or fears about involvement in the programme. The teenager completed the Schonell reading test and the feelings chart before re-joining their mother. The second individual semi-structured interview in week 8 with the participants involved reviewing and evaluating the programme, completing and comparing the feelings chart to the original, and offering messages for other teenagers affected by domestic violence. The follow-up interview in December reflected on the effects of 'up2talk' after several months, and revisited the feelings chart again.

3.8.4 Feelings chart

The feelings chart was created in response to feedback in professional practice and research, from young people in who had frequently perceived assessments as being intrusive and impersonal. Bunston, Pavlidis, and Cartwright (2016), reviewing domestic violence groups for women and young people, recommended incorporating the assessment questions in conversation and prioritised building a trusting relationship with the child. The focus of this 'up2talk' group was on SEL, rather than a therapeutic purpose, so it was deemed inappropriate to administer questions designed to establish the incidence of problem behaviours or emotions. The Kautz, Heckman, Diris, ter Weel, and Borghans (2014) report for the Organization for Economic Cooperation and Development (OECD) on fostering and measuring cognitive and non-cognitive skills reviewed the assessments and evaluation tools used. The study identified various issues, such as the role of incentives in the respondents' answers to written assessment. In one study a supply of M&Ms (candies*)* to one group of children was found to close a gap in IQ test results between two groups. They went on to question the self-reporting of respondents who are required to interpret the key words such as 'lazy' in questions on the Likert scale, and suggested that the meaning of words and phrases is not uniform among individuals or cultures. The use of self-reporting and triangulated observation by carers and teachers was the recommended option, as discussed in the work of Gordon (2013) on evaluating social skills. In light of the research, practice experience and the ethos of this study, the pictorial 'feeling charts' were the chosen instrument, Appendix 7.

The objective of the chart was to provide a snapshot of how the young person and their parent perceived aspects of their emotional well-being and behaviour, and to initiate discussion at the beginning and the end of the intervention 'up2talk'.

Participants were asked to indicate their levels of emotional well-being, using the pictorial feelings chart, at the semi-structured interviews at the beginning (April 2015), the end of the study (June 2015) and at the follow-up interview six months later in December 2015. This chart (Appendix 7), was completed twice by their mother, at the start and finish of the programme, regarding her interpretation of her teenager's well-being. The chart was completed independently and separately by the young person and their parent; it required no instruction or scoring by the facilitator and was discussed at the time and as a talking point of comparison at each subsequent individual interview. This gave the power and the evaluation of the chart to the participants from the initial meeting and was an important tool in respecting their awareness of their own well-being, as recommended in the AVA: Against Violence and Abuse (2010) group programme. The chart also functioned as an introduction to SEL, as the participants were naming and considering their own emotional and behavioural states. The full data from the charts over three interviews are compiled in Appendix 8. The collated chart functioned as a way to check the accuracy of the recorded data around participant responses to sequential feelings charts they had completed at two or three stages. The individual feelings charts stimulated conversations about shifts in attitude and behaviour in the semi-structured interviews, and offered a reference point over time—from original comments by the participant. Participants have been allocated a number for

purposes of anonymity, as only three completed the third and final interview in December 2015.

3.8.5 Follow-up protocol

The young people were invited for a follow-up meeting in December, six months after the programme. Four responded: three to confirm appointments and one to say they were unable to attend; the other did not respond. The final interviews conducted with those three participants form part of the data, identified in the findings as 'ssitv.3'.The value of the collated 'feelings charts' data (Appendix 8), lies in the insights offered by the young people into changes in their perceptions and experiences during the programme. The purpose of the chart in the interviews with the young people was to facilitate them in expressing and comparing their feelings and attitudes over time. At the midway interview the first two charts were reviewed, and in the follow-up interview, six months after the programme, the three charts were used. The young people spontaneously identified changes and offered factors and reasons for these changes. A choice to socialise in a smaller group was noted by one participant who reflected on the closer relationships this offered, and the reduction in trouble on the street for the group as a result.

One family shared that they were still attending the therapy that they had requested during the programme.

In his review, Luke noted that none of the families had returned for appointments to the centre, which he judged to be a positive sign of their situation.

3.8.6 Schonell reading assessment

Research has established the negative effects on literacy development caused by trauma, and it was suggested by Morgan (2014), that an increase in SEL skills

contributed to improved academic performance. To explore this it was intended to measure the reading level of participants before and after the intervention using the Schonell sight reading test. This test generates an estimated reading age and was repeated at the end of the programme. All the participants in this study were reading at their appropriate age level, with no difference at start of finish of the programme. Due to the small numbers in this group, however, and the complex nature of the study of literacy acquisition, the focus of this study was on the SEL development of the young people. The Schonell test was completed but no other literacy measurement was included for this reason.

3.8.7 Group activities and games

These were designed to illustrate and practise the skills required for effective communications and SEL. They required close listening and attention to body language for interpreting emotional expressions. These developed into exploring beliefs and attitudes through 'walking debates', where participants were required to physically situate themselves on a line of opinion from '*absolutely not'* to '*absolutely agree'* and then explain their position. All the activities were developing in depth and complexity on a weekly basis and were guided by participant preference.

3.8.8 Co-operative activities and team-building

The cooking and sharing of meals practised these skills, as the kitchen was small and co-operation was essential. The 'baking against the clock' challenge in two groups demonstrated co-operation when one team forgot an ingredient and the others noticed and reminded them to include it. The outdoor team-building event took place on an evening walk in the Dublin Mountains with team challenges on the way.

Figure 2: Preparing for the egg throw

3.8.9 Artefacts from art, craft and sensorial exercises

Visual methods to elicit emotion and explore issues have been widely employed in research according to Rose (2014, p. 25), who suggested: *"'Visual research methods' are methods which use visual materials of some kind as part of the process of generating evidence in order to explore research questions".* In 'up2talk', the art and design materials, print media, clay art and clay pots were employed to express emotions and ideas in a unique way, described by Rowsell (2011, p. 332) *as: "Artifacts and the stories that they sustain hold promise as a research tool to access information that might not be possible through observation, document analysis, even interviews".* The clay was introduced in the second week, and the individual clay figures were made in response to an emotions card chosen by each participant from a large range. This included everyday feelings such as *tired, annoyed, happy, pleased* and more intense emotions such as *frightened, angry and upset*. There was an option to choose their own words, which some participants used.

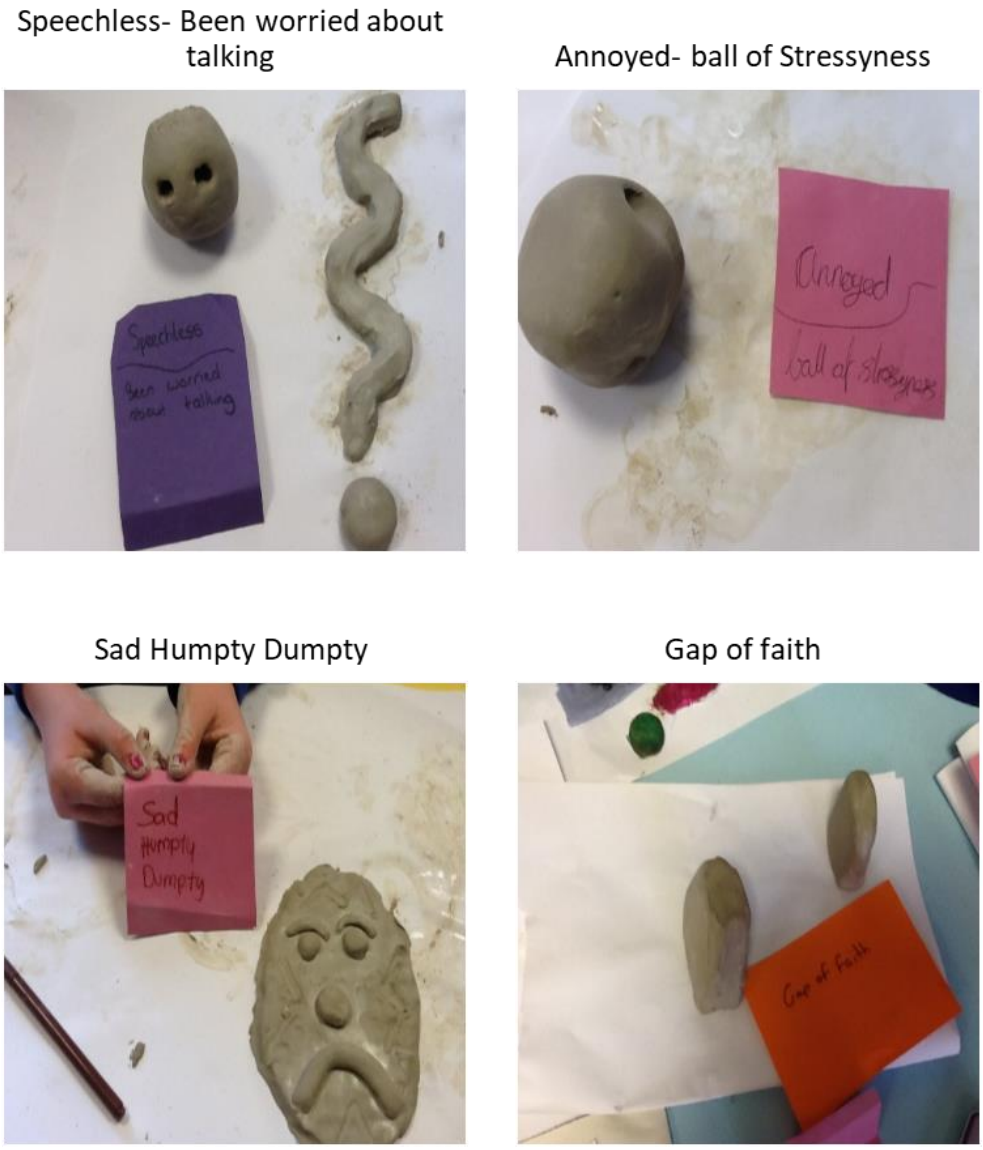
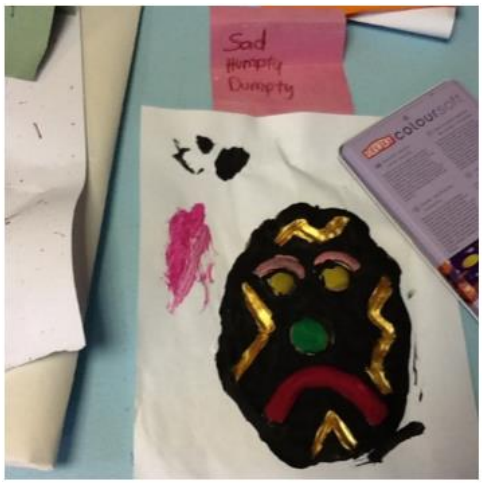


Figure 3: An emotion in clay

The young people decorated their clay pieces the following week. They discussed in the group why they had chosen the word and how it had influenced the shape of their clay art piece. The explanations were predominantly short and while the spine of anger developed as a theme, the artist did not relate it to any specific events. It was interesting to note how the meaning of some clay pieces was referred to in more detail in the final interviews.

Sad Humpty Dumpty



Speechless- Been worried about talking

Spine of Anger

Annoyed- ball of stressyness

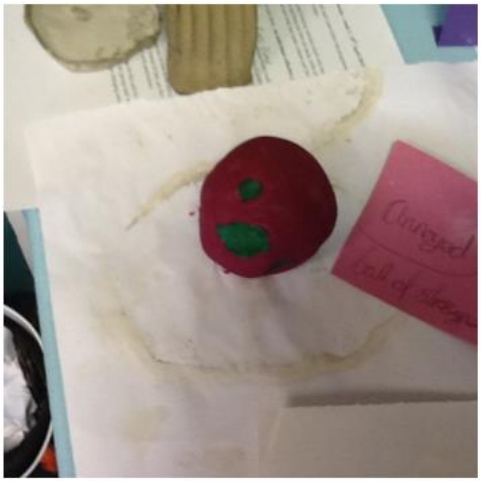


Figure 4: Decorating the clay

3.8.10 The relationships chart : Figure 5: p.167

This chart in week three asked the participant to explore types of relationships—from close emotional ties to casual or functional—and continued the dialogue around the meaning of communications and relationships in our lives.

The relationships chart that was given to each participant had an outline figure and four circles. Each person had their own sets of cards with all the types of relationships

represented, from parents to school-bus driver. The instruction was to place the cards naming those closest to you in your heart in the pink: *Heart circle;* those who teach you, those you learn from in the green: *Head circle*; people in your daily life in the blue: *Personal life circle*; everyday life contacts, which can be regular or once-off meetings, in the yellow: *Widest circle* (see Figure 5: following page 167).

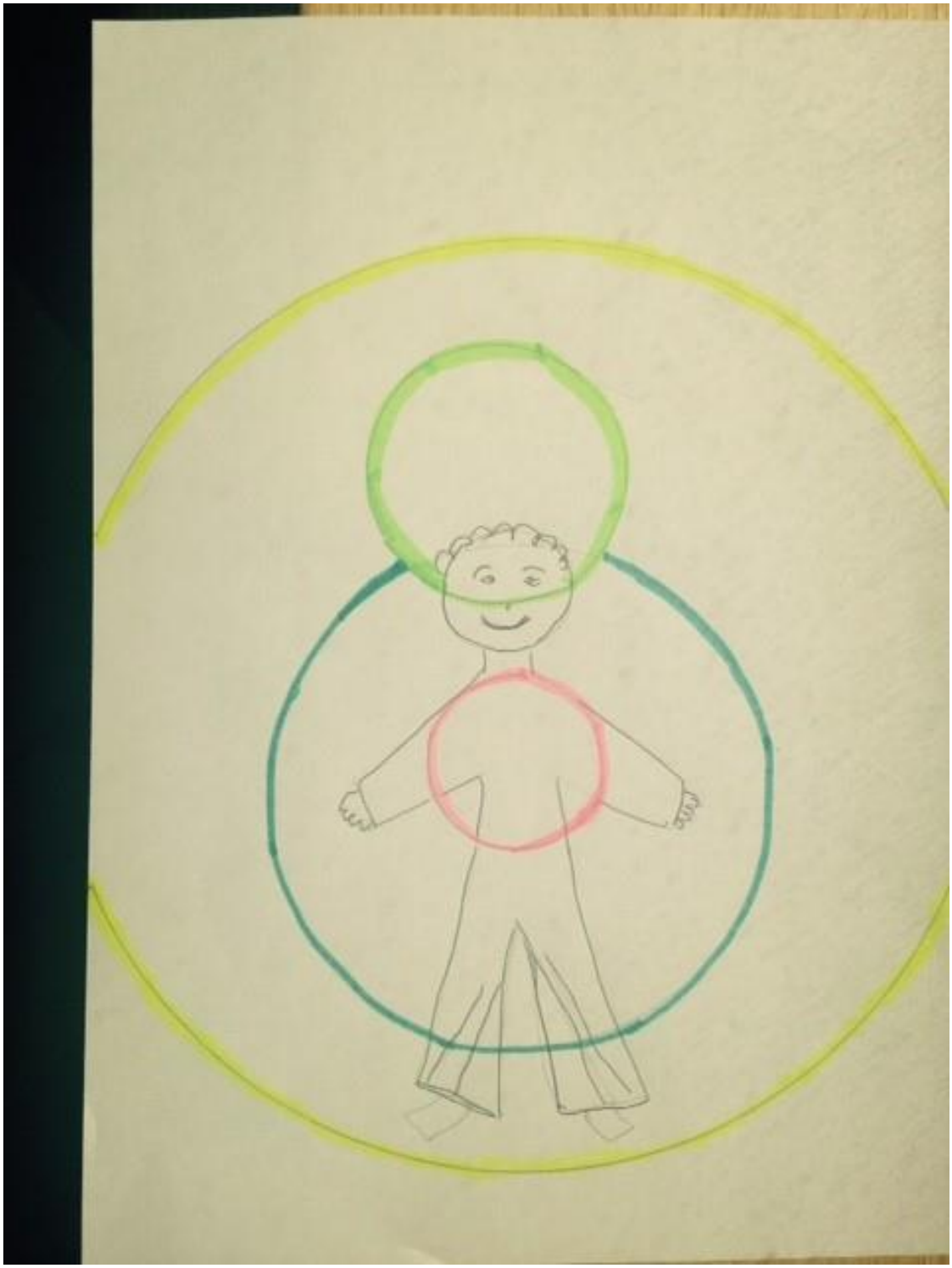


Figure 5: Relationships chart: sketch of person (week 3)

The following chart Table 7:p.168, is the result of the first circle cards, as created by the participants.

Table 7: Closest to my heart: relationship charts results

Partcpt	People placed "Closest to my heart"	Father placed
Partcpt 1	SISTER, DAD, MAM (*as drawn in caps*)	In heart circle
Partcpt 5	Sister, best friend, Father, Mother, Granny, Aunt	In heart circle
Partcpt 2	Best mate, mother, brother, aunt, Grand-dad, Father, friend	In heart circle (*deceased)*
Partcpt 3	Girlfriend, on my road, Club-member, Aunt, SNA, chipper chef *(Mother added in heart at following week review. Edit initiated by partcpt)*	Farthest outer corner, enclosed in a bubble shape
Partcpt 4	Team mates, brother, mother, sister	Added last on reflection, in a different colour and on extreme outer edge

The expression of feelings through the creative clay continued with painting feelings around domestic violence on the flower pots (week 6).

The card was made for the celebration day (week 10) by a participant, to place with the display of the finished pots planted with flowers.

The decorating of the pots by painting over the first set of feelings around domestic violence was articulated by one participant as "*don't worry, be happy*", which was put on their pot under the decorative paint (week 7). The water from the pouring exercise of *Amanda's story* (Appendix 11) was used to water the seeds after the pots had been painted (week 8).

Colours

Paint pots

Plant seeds

Grow flowers

Figure 6: Decorate and plant the pots

3.8.11 Assertiveness programme

This was a key activity in working with young people, especially those affected by domestic violence. It systematically identified the extremes of behaviour and explored how they will impact on each other. The programme used in this study was devised by the researcher for use with youth groups and has been adapted to each group over the years. It started with cartoons, then progressed to card games,

situation questions and short drama vignettes. The drama therapy of Novy with women determined to change their lives was studied by Jones (2008, p. 275). It emerged that:

> Novy described the origins of the idea for the work in the following way: there were two principal ideas underpinning the project methodology. The first was an idea shared by both drama therapy and narrative therapy, that people's lives and identities can be represented in different ways and from varying perspectives; that the stories we or others tell about us are creations and, as such, they can be created or constructed differently. Participants in the project were invited to step out of their everyday lives and into a play space where they might creatively explore personal life stories.

This view of different identities as a focus of change, and stories as a way of sharing, was used in videos made with adolescents by MCI Ireland (2015) and in a children's group affected by domestic violence by Thompson (2011).

The first exercise of assertiveness involved a discussion about types of feelings and behaviours. Then each person drew the three heads, which were explained as:

'Sad head': passive, *'Happy head'*: assertive, and *'Aggro head'*: aggressive.

Each 'head' had thoughts, words and feelings attributed to it by the individual artist.

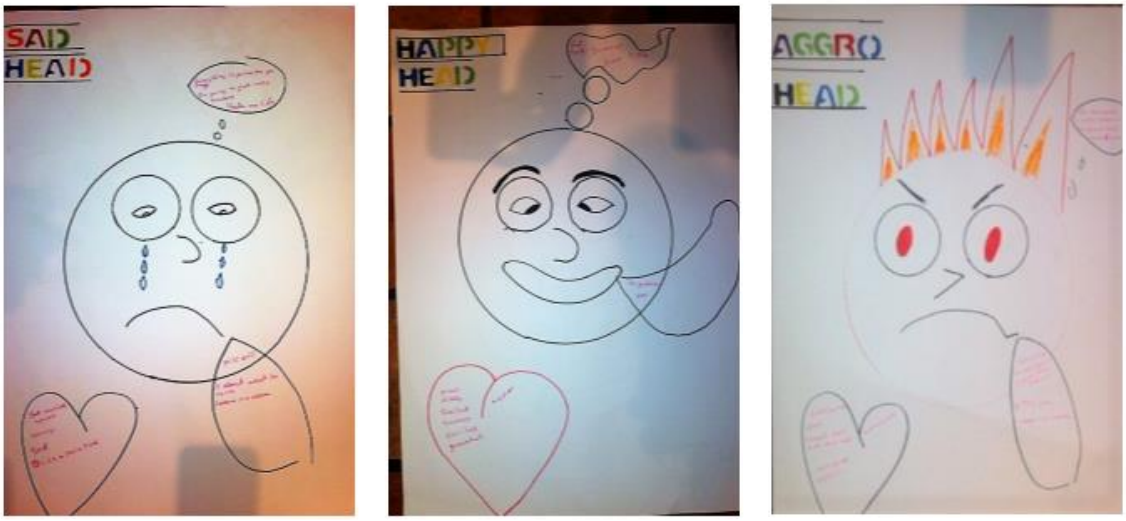


Figure 7: The assertiveness cartoons

The use of situation cards progressed the interaction by exploring the links between feelings and behaviours and how individuals affect each other.

Table 8: Situation cards—assertiveness: examples

Aggressive I know what I'm doing. Get out of my way.	**Aggressive** Shut up now … or else you will be ***** sorry.	**Aggressive** You're always like that—you're thick.
Assertive I want to be called Jim, I don't like being called the ******.	**Assertive** Actually, you didn`t pay me back, you still owe me €10.00 and I need it today.	**Assertive** Let's sit down and talk it over. I want to explain how I feel.
Passive It's always me. I never get to pick … it's not fair.	**Passive** Nothing works out, no point, it's always ****.	**Passive** She is always making me depressed.

The use of short drama sketches and the employment of props developed as a major element for this group. Participation in these short drama vignettes offered the group a chance to explore the way we can present our life stories from different perspectives, and how the stories others tell about us have real effects on our lives, either helpful or limiting. This theme was analysed by Jones (2008) in a review of the connections between drama vignettes and psychotherapy. In 'up2talk', choice of their level of participation was always with the participants in the drama vignettes. Some starred in every sketch while others took on the filming, writing or props and invariably got involved with a small part. This learning in action allowed the young people to experience the behaviours and their effects in a safe environment and to review the meaning individually and as a group.

Figure 8: Props for drama: glasses and hats were best!

3.8.12 The celebration day

This day was to exhibit the materials, perform for the parents and siblings, explain their work and host their families in the centre. Each detail—from designing the invitation cards and the menu to the running order—was the responsibility of the participants. They decided what materials they would share publicly and delegated tasks as needed for a successful event. If there was disagreement—for example, one person did not want their drama video shown—their choice was respected and others who were happy to share their videos did so. The allocation of the roles was done co-operatively and some tasks were left unclaimed and undone, while new elements were added such as a singing duet. Each young person spoke briefly concerning their experience in the group when receiving their certificate, and parents were also asked for feedback on the programme and the day. The young people were asked if it was acceptable to contact them in six months to have a follow-up interview and they all agreed to this.

3.8.13 Sessions: timetable and attendance

The programme involved ten weekly sessions of two and a half hours for the five teenage participants, three boys and two girls. The programme was designed as a ten-week programme; this was partly to fit with the end of school term in May. Practice experience with SEL groups by the researcher and the family centre suggested that eight to ten weeks was an optimum length for a group intervention. If a school break intervenes, members may be lost, and if the group is too lengthy, interest and attendance fades. There were individual interviews at the initial meeting in April 2015, the review in June 2015 and the follow-up in December 2015. There was an outdoor team-building event in addition to the ten sessions. The family worker from the centre, Luke, acted as co-facilitator in the sessions. The mothers of the five participants were interviewed with their child at the initial interview, as a mothers' group halfway through the programme and individually at the end. The attendance of participants was consistent and punctual, with three of the young people missing one session each for prior commitments. One mother missed the peer session. All the mothers attended initial interviews and the celebration day.

Table 9: 'up2talk' schedule and attendance

Date 2015	Event	Focus	Participants	Facilitator
20-03	Initial interviews	Information, consent, hopes	Parents and teenagers (5)	Luke, Norah
24-03	Initial interviews	Schonell, feelings chart, information and questions	Five teenage participants	Norah
15-04	Session 1	Welcome games, assertiveness project plan	Five participants	Luke, Norah
22-04	Session 2	Sam's story, assertiveness, clay	Four participants	Luke, Norah

Date 2015	Event	Focus	Participants	Facilitator
29-04	Session 3	Assertiveness, relationship chart clay	Five participants	Luke, Norah
06-05	Session 4	Assertiveness, sketches, filming	Four participants	Luke, Norah
13-05	Session 5	Assertiveness, clay pots, filming	Five participants	Luke, Norah
14-05	Mothers	Review process and concerns re domestic violence. Peer group.	Four mothers	Luke, Norah
20-05	session 6	Assertiveness/drama-film DVD, clay pots	Five participants	Luke, Norah
27-05	session 7	*Amanda's story*, pouring water	Five participants	Luke, Norah
03-06	Session 8	Clay pots, filming, individual ssitvs	Five participants	Luke, Norah
04-06	Team building	Outdoors in the Dublin Mountains	Four participants	Luke, Norah
10-06	Session 9	Preparation, planning for celebration, individual interviews (ssitv)	Five participants	Luke, Norah
10-11 -06	Individual meetings	Individual ssitv, review programme, discuss changes	Four mothers	Norah
17-06	Session 10	Celebration day: exhibit review	Five participants five families, centre staff	Luke, Norah
02-12	Follow-up interviews	Interviews with participants on SEL after 6 months	Three participants	Norah
02-12	Group closure	Thank you, best wishes for future and open door of centre	Three participants	Luke, Norah

3.8.14 The parental involvement

The mothers were involved in semi-structured interviews at the beginning, middle and end of the programme and had ongoing access to support in the family centre. The interviews with parents were designed to reduce the power differential between

researcher and parent and to highlight their knowledge concerning their own children. The importance of parents being involved and aware of the process their children were experiencing in has been identified in research in the literature review. These interviews started with refreshments and the mothers had their own review group where they generated questions and comments, which they then reported back to the researcher (week 5). Through this process they clarified their own thoughts and experiences and offered valuable learning insights to the researcher. The parents offered interpretations of their child's emotional well-being through a 'feelings chart' they completed about their child at the initial and final interviews. They also provided observations on behaviours, moods and attitudinal changes shown by their children over the course of the programme. The effects of the 'up2talk' on family relationships were discussed.

Table 10: Interviews with parents

	Interview Schedule	'up2talk' format	April–June 2015 Objective
April 2015	1st interview: Parent and teenager, with researcher and family worker. Together and separately.	Supplied information and completed consent forms. In a separate interview the mother completed the feelings chart in relation to her child.	To introduce the intervention, supply information on the programme, initiate personal contact and establish the participants' hopes and fears

	Interview Schedule	'up2talk' format	April–June 2015 Objective
May 2015	2nd interview: Mothers attend a group to give and receive feedback, and clarify group process and issues	Issues supplied for a peer discussion for the mothers. The researcher and family worker joined the parents later to expand on their responses.	To check parents' experience of the group. Explore changes they had seen in their teenagers. Their possible concerns on our approach to domestic violence.
June 2015	3rd interview: Individual parent with researcher	The mother filled the feelings chart again and compared it. Questions about parent and teenager's responses to 'up2talk'and parent's view of its effects.	To review the process from the parent's perspective and offer ongoing support
June 2015	Celebration day	Participants delivered an exhibition of their work to their families. A sign-in book recorded visitor comments, and the teenagers chose to do live interviews with the parents.	To celebrate and share the work done. To show parents and staff the participants' achievements.

3.9 Ethical concerns

I applied for and was granted ethical approval from the School of Education in Trinity College in June 2014 before beginning my formal research. My practice was guided by active research principles, which involve working with subjects in a participatory way (Sanders & Wilkins, 2010; Greig, Taylor, & MacKay, 2013). These included informed consent, as outlined in the Belmont Report (1979), which necessitates that

participants have an understanding of the process of the research, of what will be asked of them and of what will happen to the results of the research and to the data generated. The researcher is further required to act for the greater good of his/her participants. Non-maleficence places the onus on the researcher to do no harm and this includes avoiding pain or suffering, mental or physical, on the part of the participants, according to Greig, Taylor, and MacKay (2013).

Ethical concerns were part of the preliminary investigations in the community and the development of this intervention 'up2talk'. These concerns affected open discussion of the topic, the publicising of the intervention, and were affected by gatekeepers' views on mandatory reporting and their reluctance to share information about programmes with their service users. The fear of retraumatisation is considered far less than the benefits to participants who engage in research (Yorke & Swords, 2012; Cater & Øverlien, 2014). A focussed review of 30 studies involving sensitive research by McClinton Appollis, Lund, de Vries, and Mathews (2015) included four adolescent and 26 adult studies. In the adolescent studies, 3% to 37% of participants (median: 6%) reported harms, but none of these studies measured benefits or regrets. Among adults, 4% to 50% (median: 25%) reported harms, 23% to 100% (median: 92%) reported benefits, and 1% to 6% (median: 2%) reported regrets. These results suggest that the risk–benefit ratio related to sensitive research is not unfavourable, but there are gaps in the research. The self-blame, shame and fear experienced by victims of domestic violence, combined with a high level of under-reporting, suggests they remain a hidden population (Safe Ireland, 2015).

3.9.1 Ethics and direct research with young people under eighteen

In Ireland direct research requires the consent of their parent if the young person is under eighteen years old. This can be a barrier, as the abusive parent can withhold consent. The ability of young people to give informed consent and participate equally in research is a contested area. A protectionist view of young people as vulnerable can deny them voice, according to Herr and Anderson (2015, p. 152): " *at the same time we know that sometimes research protections have so minimized the participation of vulnerable groups to the point that their input into the conditions of their lives has been rendered mute*". Studies into children's experience of participatory research consistently find that young people value being heard and believed as the highest form of support they receive, as reported to Stanley, Miller, and Richardson Foster (2012). Factors that can add extra stress to research participation include fear of upsetting their parent and feeling pressurised into taking part (Cater, 2014). Direct research studies must ensure that young people understand all the stages of informed consent and that the outcome and expectations of the project are clear to them. Age-appropriate methods of engagement in the process are essential and the dual right of the child to be heard and protected can be met. This is achieved by attention to the process at all stages, and responding to the needs of the child, which are always primary, ahead of the research requirements (Cater & Øverlien, 2014). The process of contacting young people affected by domestic violence and the development of a SEL programme that would be appropriate for them, both involve ethical considerations. Families resident in a refuge owing to domestic violence are in a vulnerable situation physically and emotionally, so the presumption that their agreement to taking part in research

constitutes ‘informed consent’ may be questioned. The support services have ethical dilemmas in instituting follow-up requests for feedback to families who have moved on from the refuge or service. The danger of serious injury or death for victims at the extreme end of domestic violence raises safety questions over their participation in any group or meeting where they could be seen or identified by their abuser for Women's Aid (2014). Therefore, an open community request for participants in this intervention appeared to be the most ethical way to recruit young people affected by domestic violence. This was proven to be ineffectual.

There are ethical concerns that reactivating traumatic memories without therapeutic support to process these experiences could cause participants more emotional upset. Georgsson, Almqvist, and Broberg (2011), however, suggested that it is the fear of being disbelieved or of escalating violence that causes anxiety for children.

In this research study, ‘up2talk’, contacting possible teenage participants and designing the intervention required information about the therapeutic safeguards necessary to deliver such a programme. Corbin and Morse (2003, p. 350) addressed this controversy concerning the risks of interviewing those affected by emotional trauma or distress and reported:

> We could not locate a single reported case of lasting psychological harm from studies using unstructured interviews. However, we acknowledge that even a single case of long-lasting psychological harm would provide evidence for more stringent IRB review of qualitative studies, and we are open to reports of this nature.

Extra supports and resources needed for working with trauma are discussed in the next section on therapeutic safeguards and further in section (5.4.1) p.243.

3.9.2 Therapeutic safeguards

In accordance with these concerns and the recommendations of the domestic violence service of the Health Service Executive (HSE) and the family centre, which had completed a previous research piece with young people affected by domestic violence, the following safeguards were put in place. The inclusion criteria section (3.6.4) required that participants were not currently living with the violence, that they had support of their guardian, and that both had access to family therapeutic support services during and after the programme. The family centre detailed a therapist to be available to us each week during the sessions of 'up2talk', in case a young person needed an individual session, but this was not required at any stage. The need to be aware of the possible stress on mothers during the young people's programme was emphasised by the professionals I spoke with during my community inquiries and was corroborated by research (Mullender et al., 2002; Katz, 2015a).

3.9.3 Special considerations around domestic violence research

Informed consent was a core value and ongoing practice in this programme, especially as it involved vulnerable young people, as highlighted by Greig, Taylor, and MacKay (2013). Protection of the data was particularly important, in the case of domestic violence (Health Service Executive, 2010b). The importance of emotional security for teenagers in group programmes has been highlighted by young people in the research of Collis (2013). The need for trusting relationships in domestic violence research was observed in other studies (Buckley, Holt, & Whelan, 2006; Howarth et al., 2015). The use of age-appropriate materials for children and the importance of staff being trained to manage disclosures and to process the effects of the violence they hear on themselves is a precondition for facilitation on a domestic

violence intervention. Emerald and Carpenter (2015) explored these significant emotional effects on researchers dealing with traumatic stories and situations. The ability to enter into the young person's world and to be sensitive to negative reactions by them, is part of ongoing consent that protects the children and enables their voice (Cater, 2014). Yorke and Swords (2012, p. 95) found that: *"Furthermore, participatory structures offer children a sense of security and trust where they feel an acceptance that they may not necessarily experience elsewhere".* They went on to say that: *"the participation and protection of children are not mutually exclusive activities"* (p. 96).

I applied the principle of open communication with the parents/guardians and the participants from the first interview. I offered clear information about the aims, activities and materials used in the group, and explained how difficult emotions and discussions would be managed. The nature of the group as an SEL intervention meant that personal disclosures were not a required element of the programme. The focus would be on acquiring social skills and increased confidence. There would be two facilitators, the researcher and Luke, the family worker, in the group and one therapist available in the centre, so any individual could leave the group with a facilitator or see the therapist. The family centre was the location and this made support easily available for the participants, who had already worked with the service. Confidentiality in the group was maintained around personal feelings and thoughts; any issues concerning child neglect or abuse, however, would be referred to the designated liaison person, according to the guidelines of 'Children First' issued by the Department of Children and Youth Affairs (2011). That this would be so was

made clear to participants and their families at the initial interview, although no issues requiring this referral arose during the programme.

I explained to participants how I would use the data, assured them it would be safely stored, recorded using pseudonyms, and would be presented in a way that made individuals unidentifiable in the written accounts. It was explained how participants would be involved in 'member checking' the accuracy of the records generated from their activities, discussions and journals. The information letters and consent forms are in the appendices (Appendix 6).

3.10 DATA COLLECTION: ANALYSIS AND SYNTHESIS

The approach used was thematic analysis, which, according to Braun and Clarke (2006, p. 78) encompasses a range of methods:

> ... there are methods that are essentially independent of theory and epistemology, and can be applied across a range of theoretical and epistemological approaches. Although often (implicitly) framed as a realist/experiential method (Aronson, 1994; Roulston, 2001), thematic analysis is actually firmly in the second camp, and is compatible with both essentialist and constructionist paradigms within psychology (we discuss this later). Through its theoretical freedom, thematic analysis provides a flexible and useful research tool, which can potentially provide a rich and detailed, yet complex, account of data.

The data collected before the group intervention programme 'up2talk' began were stored in two formats. The data on the forms providing personal information and the reading and well-being assessments were stored in individual files for later coding. Emotions or opinions expressed about the programme at the initial interview were recorded and analysed by the coding process used on all the participant data.

These data, including individual interviews of parents and children, the dialogue of the drama DVD, the reviews and comments of the participants on a weekly basis, both as individuals and as a group, were transcribed weekly. The notes and weekly

reflections of the researcher, Norah, and facilitator, Luke, were recorded and formed part of the data, as recommended to monitor bias by Stake (2010), and to examine reflexive observations (Finlay, 2002; Graham, Powell, & Taylor, 2015).

Individual and group data generated provided a form of triangulation through comparison. Central themes emerged in individual accounts, and were compared with regard to evidence of peer influence and experience in the group data. The initial reading of all the data generated allowed me to identify broad themes and expressions emerging in two streams from group reviews and activities and individual work and reviews. The detailed analysis developed by subjecting these themes to focussed coding using the methods of Saldaña (2013). Coding is a cyclical method in the methods of Saldaña. The first cycle of coding was a broad sweep of the data as it was recorded. Various coding methods were used in this process, such as structural coding, which provided an overview of the data. Descriptive coding began the process of grouping the data contents. In vivo coding, using direct words of the participants, and other affective coding, such as emotion coding, aided in identifying emerging emotional references while versus coding named conflicts. This first cycle employed elemental and affective coding methods in preference to literary and language methods more suited to discourse or conversational analysis of the data:

> In Vivo coding is particularly useful in educational ethnographies with youth. The child and adolescent voices are often marginalized, and coding with their actual words enhances and deepens an adult's understanding of their cultures and world views (Saldaña, 2013, p. 91)

The second cycle of coding refined the first cycle's inventory of contents. The aim was to start developing categories from the initial coding. This development used pattern coding and focussed coding to develop codes and sub-codes, which built into categories. Each step leads to the development of theory as it becomes more

conceptual. This data coding process was recorded on the NVivo system, which enabled me to compare and contrast different sections of coded data for related meanings or new threads emerging.

The later stages of analysis explored the relationship between the impact of domestic violence and the development of social emotional skills. This expanded as the depth of participant engagement in the process provided more layered feedback. Individual and group feedback was coded for themes and meanings. The visual material was viewed with participants attributing their own meaning to the work without adult interpretation, as, according to Theron, Mitchell, Stuart, and Smith (2011), this can change the meaning. The initial reading and well-being assessments, including 'feelings charts', functioned like a snapshot of each participant before, during and after the group. The participants took the reading test and completed the 'feelings chart' at the beginning, middle and end of the programme. The comparisons that they found over time were part of their interviews, including the final interview on the completion of the group. Each parent/guardian had also filled the 'feelings chart' concerning their experience of their teenager both before and after the programme. I developed a record collating these changes, using all the feelings charts, and comparing parental assessment to the teenagers' self-appraisal (Appendix 8). These developments and changes informed inquiries in the reviews. The group size allowed for further discussion with individuals concerning perceptions of each parent and child and was a feature of the individual interviews with mothers and teenagers recorded in the data. This differing viewpoint between parent and child of the child's emotional well-being also appears in larger research samples. It can find children assessing themselves as happier than their parents imagine, as in the Ballymun

research of McKeown and Haase (2006), or parents underestimating the level of the child's distress, as in Murphy (2002).

The NVivo software system enabled the recording of developing nodes and sub-nodes (categories) of data as I applied coding to the materials. The system allows investigation of patterns and relationships between different nodes (categories)—for example, to search for correspondence between a theme's expression by parents and children.

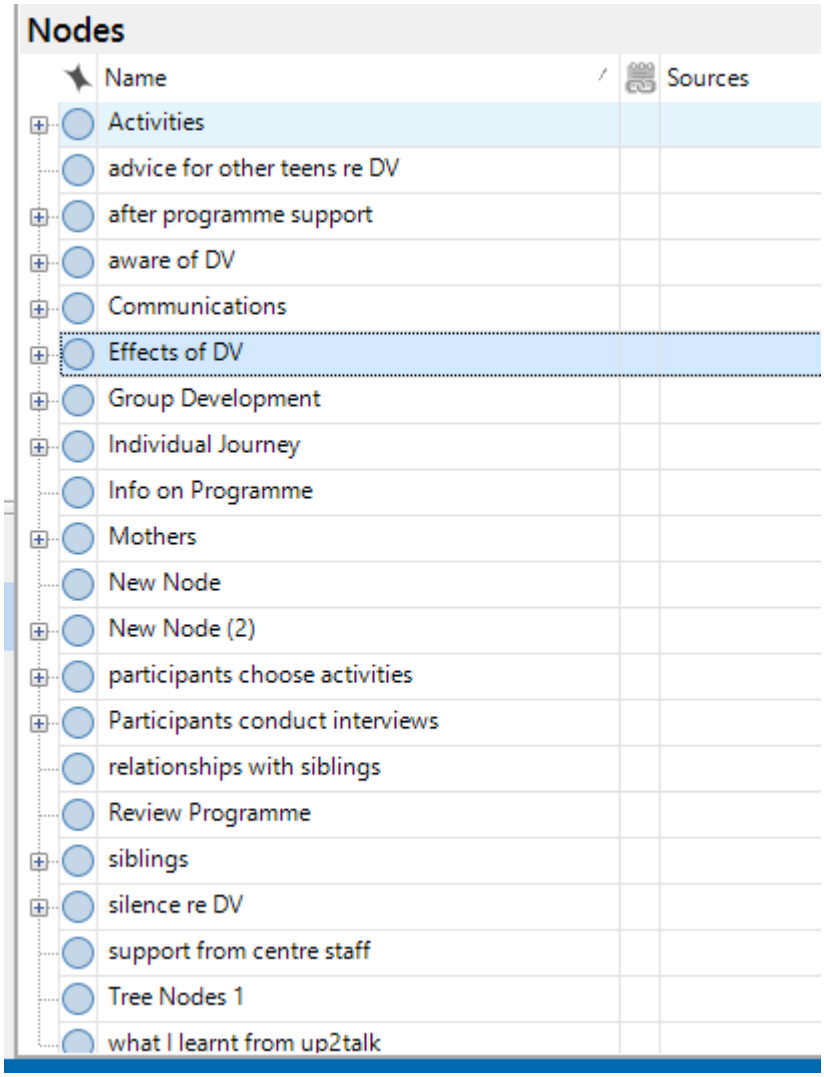


Figure 9: Broad Sweep Coding (NVivo)

The next level of coding involves creating sub-categories: in this example the category 'Effects of DV' (domestic violence) has developed seven sub-nodes or sub-categories.

Figure 10: Creating sub-categories in NVivo

3.10.1 Credibility, dependability and transferability

May (2011) claimed that the researcher needs explicit awareness of his/her own biases, beliefs and the socio-cultural or historical influences to which he/she is subject. He suggested it is impossible to carry out research in a totally independent realm unaffected by who you are and what you find. He found it was not always possible for the researcher to take their desired role in the research process and the reasons that prevented this access could give valuable information on the power bases within the studied groups or organisations. These restrictions could be in how the access to certain participants was controlled, the research questions that could be asked, or in the use or dissemination of the results of the research.

Triangulation has been described by Stake (2010) as looking at the material several times. This is done to check the veracity of the observation, possibly using another vantage point. Triangulation can also involve checking with the interviewee that the record is accurate, sometimes called 'member checking'. This method was used with the participants in inviting them to look at their work—written, artefacts and video

recordings—and confirm that it was accurate and clarify details that were unclear or unfinished. In one representation of close family, (see week 3, Figure 4: p.165), a primary carer had been omitted, the participant noticed it immediately in their own check of their work, and said: "*Oh, that's funny, I forgot my Mam…"* and put the person in. At the same review, another young person who had left their abusive parent out of it altogether confirmed this choice, and another one remarked that the previously abusive parent still offered love and support to them and had an important place in their life (week 3). Stake (2010) has claimed that no two people will report an experience in exactly the same way and has suggested that in these differences there were valuable insights to be gained, and this proved very pertinent to this intervention study, 'up2talk'. Yin (2012) has recommended collecting data with a sceptical attitude, actively looking for rival explanations, so the researcher can prepare him/herself to offer a vigorous defence of the data and be ready to answer those directly opposed to the findings of the study. This issue arose in one of the reviews where both facilitators were surprised by issues concerning participants' devotion and loyalty to an abusive parent. Later exploration of the issue clarified this in more detail, and the participants identified the conflict in the attachment to a previously abusive father and shared deeper insights on these relationships. The method of comparing the material created by the participant each week, and independently recording our impressions and thoughts to deepen our understanding was effective in this and other instances. Reflection and comparison of the data concerning an issue generated comments questions and ideas. The development and deeper understanding came from in-depth reviews and interviews with the young person, which took place at the beginning, middle, and end of the programme.

The five participants had arrived on time to the first interview and the following week the first session had found the entire group engaged positively with all the sections. In the last round of feedback on week two, a participant shared that he was unwilling to come to the group and had been told to come by his mother. This began a conversation where four of the five agreed and the researcher had explored this reluctance with the group as an issue. In the facilitator review meeting that day Luke pointed out the attendance, engagement, demeanour and high quality of the work done by all of the group in the session. He suggested that the evidence in their behaviour and work indicated that this 'unwillingness' was a peer-group response not grounded in what we had experienced and seen. This interpretation was borne out by the consistent engagement of the group in further sessions.

Yin (2012) suggested that generalising from a small scale, qualitative study is often thought to be difficult or impossible and that this was frequently described as the greatest limitation of the case study approach. Yin proposed that multiple case studies can seek to replicate findings in another setting as in direct replication, or seek to predict a contrast in the findings in the other case-setting theoretical replication. He further suggested that analytic generalisation was a way to generalise from small-scale studies. This involved the use of a hypothesis from the study's findings that could be relevant in similar situations. It was important to show the relevance of the findings to relationships in events, concepts or sequences of events. It might be possible to apply the same theoretical constructs to other similar situations, not covered by the case study.

Thomas (2011), however, questioned the idea proposed in the natural sciences, and by quantitative social science researchers, that it is possible to provide complete

replication of one study by generalisation, owing to the changing nature of people and situations in social life. He has further noted the role of multi-faceted thinking and intuitive insight in the work of scientific exploration, and has linked this way of developing intuitive ideas to the personal focus and detailed inquiry that typically unfolds in a case study. This study of the group of participants on the SEL programme, who were affected by domestic violence, has common features with the case study approach, according to Basit (2003, p. 147), who found that:

> A case study examines a single instance, which could be a pupil, a class, a group, a school, a community or a profession, to illuminate the wider population to which it belongs. In this respect, it is similar to ethnography. The two are not mutually exclusive as they have cognate features and it would be appropriate to refer to studies like the two being discussed as 'ethnographic case studies'.

3.11 SUMMARY OF THE CHAPTER

The study explored the effects of a specially designed SEL programme on the social emotional skills of a group of young people aged 12–13 who had been affected by domestic violence. The method chosen was qualitative and the approach was that of active research. This was due to logistical, ethical and vulnerability factors in the population recruited. The intervention programme 'up2talk' was designed to take place in a safe supportive atmosphere, to provide structured SEL training and to explore participants' awareness of how the domestic violence had affected their SEL skills. The design and delivery of the intervention programme was shaped by the research questions generated by the researcher's rich professional experience of dealing with children at risk. This was developed and informed by the expert guidance and best-practice guidelines provided by all those who took part in the research interviews and training. It was refined in line with research into the effects of domestic violence and into effective social-skills programme provision with

particular reference to the local literature, such as Irish Society for the Prevention of Cruelty to Children and Children First (2000).

Preliminary community research work involved three phases. The first was an unsuccessful attempt to publicise the study, raise awareness and recruit participants in three disadvantaged areas of Dublin. The second phase involved developing the intervention programme 'up2talk' with a youth service in Greentown. This proved impractical due to a number of factors that informed the third phase of research.

The third phase involved contacting social and family services that worked with families affected by domestic violence. This was the method that found a site and participants in Poplaville. The involvement of a family outreach worker, Luke, in the programme, known to the participants and experienced in working with vulnerable young people added local links and emotional security.

The instruments used included semi-structured interviews, journals, individual and group process reviews and participant-led choices of learning methods for the SEL skills. The interpretations of the data were validated by striving for accuracy in the analysis. The methods used included paying attention to my own biases and using an outside reader, Dr Patricia McCarthy, associate researcher in the School of Education. Dr McCarthy was reading the thesis from February 2014. Triangulation from participants' original interviews and materials, parental reports and member checking by participants of the records and interpretations of their materials and processes were used. I took part in a reflexive process, with Luke, the family worker, questioning my personal biases, interpretations and expectations, as recommended for this type of study (Stake, 2010; May, 2011; Yin, 2012).

The direct aim of this study was to explore the effects of 'up2talk' on the young participants who had been affected by domestic violence. The programme aimed to improve SEL skills and to enable the young people to understand some of the effects of the violence on their own development.

This understanding of their experience and the sharing of it with others was a stage identified by young people as crucial to their recovery in the work of Collis (2013). Her in-depth study recorded the experiences of five young people who had experienced domestic violence. They discussed the complex ways it had affected their lives, how difficult it could be to speak openly and they shared their sense of hope for the future. In the words of one young woman:

> I didn't want to talk about it because I was scared I would make her (mum) upset and I was scared it might make her want to take him (dad) back … didn't really want to talk to anyone about it … and now that it's all out and I've told—everything … I can move on … and try and put it in the past (Coral) (quoted in Collis, 2013, p. 117).

The primary aim of this study was to deliver the programme 'up2talk' to a group of adolescents affected by domestic violence. The second aim was to develop a framework for use in delivering support programmes with other such groups. The empirical knowledge gained of young people's lived experience of domestic violence, and the methods and materials they found to be effective in addressing SEL skills impacted by violence in the home, informed this emerging group framework.

The project was driven by these two interwoven aims, common in action research, according to Bradbury (2015) in her introduction to the Sage handbook of action research:

> Action researchers nearly always start with a question, such as "How can we improve this situation?" We are committed to doing good work that minimizes suffering and brings appreciable, positive impact through the collaborative character of our work. Beyond privileging cognitive understanding, action

> researchers draw on and contribute to an ever-increasing repertoire of experiential practices at personal, interpersonal and/or collective levels, allowing us to address complex problems while also giving attention to coordinating needed action (Introduction).

The need to differentiate between raw data and the information that may be inferred from it on analysis, guided the decision in this study to record and analyse the data in the findings chapter (4) and to relate the resulting themes to the literature review in the discussion chapter (5).

4 FINDINGS OF *A CULTURE OF SILENCE* AND THE PROGRAMME 'UP2TALK'

4.1 INTRODUCTION

The primary focus of this chapter is the participants' data and the process of the programme 'up2talk'. The programme was an interactive SEL programme with five young people aged thirteen. Three boys and two girls completed the programme. The third girl, aged twelve, decided not to join at the initial interview. All the teenagers lived with their mothers and the abusive partner had left the home. The average length of time since separation was two years. The details of the violence intensity and duration were not asked of the parents or teenagers at interview or during the process. This was because it was a social emotional learning programme not a therapeutic intervention. This point is discussed in section (3.7.1) in the context of the family centre ethos. There was a wide range of experience of domestic violence that emerged in review and interview with the teenagers and their parents. In two families the mothers had new partners—in these two situations of new relationships the young people expressed deep attachment to their biological father in spite of previous events and their mothers' reservations. In one family the abusive father was dead. That family, however, had experienced extreme violence from a subsequent relationship and had suffered numerous moves and flights. One family had gone to court to stop access, which was causing distress and ongoing trauma. The children in one family were divided, with some refusing to see their father and others hoping for recovery of a family relationship despite all the violence and mental instability involved.

The stories of their lives in domestic violence emerged in dialogue with the mothers and their teenagers. The level of disclosure was varied, with four teenage participants speaking openly in personal interviews and one maintaining the third person throughout the programme. Comments and questions shared in the group also expressed emotional experience, but in line with a SEL group focus, these were not questioned for personal detail, but accepted or discussed within the group. The four mothers who completed the midway interview spoke openly about their experiences. The focus of their interviews was how they viewed the effects of violence on their teenagers' SEL development and the impact they had observed of the programme.

The findings derive from the direct expressions of the participants and are related to the research questions of the study. Feedback from the mothers' interviews is included in the findings where it related directly to factors identified by participants in section (4.3.6). The connections to the literature review are addressed in more detail in the discussion chapter.

The first section (4.1) notes the major impact of silence and lack of voice for victims of domestic violence. The experiences and reflections of community workers and educators provided an informative context as to how silence actively restricts services and seeking help for victims of domestic violence. The resulting theme of a system of silence developed significantly through the programme in the shared experiences of participants.

The second section (4.2) is framed around the findings of the social emotional learning (SEL) programme 'up2talk' that took place for ten weeks in the family centre. These findings are discussed in relation to the first two research questions:

1. How can a specially tailored SEL programme positively affect social emotional skills in 12–14-year-olds impacted by domestic violence?

2. How can such a group help participants to develop awareness of how the domestic violence in their families had affected their SEL skills?

The third section (4.3) explores the aspects of 'up2talk' that could inform other programmes. This is in relation to the young people's responses concerning the final research question:

3. How can a small-scale programme generate themes, ideas and instruments to inform the development of SEL programmes for other young people affected by domestic violence?

This section (4.3) explores how the young people engaged with the SEL programme and the ways they managed the process of exploring their experiences of domestic violence, a sensitive and distressing issue. The participants' recommendations for other such groups and their messages for other teenagers affected are noted.

The fourth section (4.4) sets out the reflections of the family worker, Luke, the participants and their parents. These reflections concern the 'up2talk' programme, its impact and the reality of violence in the daily life of the community. They serve to deepen understanding of the links between the major themes of the study, the programme 'up2talk' and the issue of domestic violence in society.

The relationship of these findings to research and the literature review will be further reviewed in the discussion chapter (5).

4.1.1 Silence as a communications system

Silence formed the meta-narrative of the data. It was the overarching theme that emerged from the first day of the community inquiry, and evolved significantly

through the pilot programmes, the initial programme attempt in Greentown and developed further through the intervention 'up2talk'.

This secrecy formed a connection between the body of research into the effects on teenagers of domestic violence and the findings of this intervention 'up2talk'. These effects concerning their shame, self-blame and difficulties with relationships are established in research (Jouriles, Mueller, Rosenfield, McDonald, & Dodson, 2012; Grasso, Dierkhising, Branson, Ford, & Lee, 2016). Research also indicated that those affected by domestic violence in childhood were showing elements of increased violence acceptance and perpetration in teenage dating (Ehrensaft et al., 2003; Ehrensaft & Cohen, 2012).

Shame and silence appeared as a significant factor in the participants' and parents' interviews and group debates in 'up2talk'. These will be discussed in the findings concerning SEL in section (4.2.1) on social skills and section (4.2.4) on emotional literacy. This silence in society, the community, extended intrafamily among those who had been affected by domestic violence and impacted on issues of:

- Shame
- Secrecy around the existence and experience of domestic violence
- Isolation born of secrecy and shame
- Stigma of being a victim of domestic violence
- Ignorance of the naming of domestic violence even among victims
- Self-blame
- Fear of seeking help, as the unnamed cannot be spoken of or addressed
- Separation from their father, frequently an issue of silence
- Access: issues around choice.

This issue affected communications in the family about the violence, as children and mothers tried to protect each other, as expressed in interviews with Collis (2013). The silence and shame included sub-themes about stigma, isolation, self-blame and a difficulty with identifying the existence of domestic violence, which in turn impacted on help-seeking behaviours. Fear of interventions was a frequent topic at all the stages of the research and is validated in research on children's experience of disclosure (Graham-Bermann, Kulkarni, & Kanukollu, 2011). Research has established these patterns of silence in families affected by domestic violence (Holt, Buckley, & Whelan, 2008; Moylan et al., 2010). This fear limited both information-giving and discussion of the topic. In the pilot programme young people who were already involved with child protection services expressed fears of being removed from home: *"just one call to Childline and the social workers will take you away"* (Appendix 5: Pilot: assertiveness group YS), and maintained their belief concerning their loving family in the face of violence*: "I'm going to save all my money to get my Dad a Christmas present, because he's just the best, he does everything for us"* (Appendix 5: Pilot: assertiveness group YS).

The possible stigma of being identified as a young person affected by domestic violence or even interested in the subject was illustrated in comments by youth workers about the toilet in the youth service being the best place for viewing posters on the subject. Silence operated as a dual system, blocking communication and information both within family and in community settings.

4.1.2 Voice of young people in domestic violence

The lack of voice for young people affected by domestic violence emerged as an important central theme in the research. The protection versus participation debate

frequently took place without consultation of the young people affected. This issue of voice and choice around experiences of domestic violence for young participants became a key element of 'up2talk', although it had not been stated as the original focus of the study. Young people's voices were often silent in their lived experience of domestic violence. This was apparent in behaviours and attitudes of participants and their parents during the ten weeks of 'up2talk', such as:

- An inability to name the violence
- Parental hopes that they were unaware of this trauma that had occurred in their own home
- Lack of communication about the violence with their mother
- Denial of the severity or claiming not to remember the violence
- Lack of choices in how to process the trauma; ignorance of help or support
- An understanding that mandatory reporting removes any control of pace or type of disclosure from the young person
- Lacking choice around the type, if any, of post-separation contact they wanted
- Constrained in processing feelings towards their father.

These two themes of silence around the topic of domestic violence and a lack of voice for young people concerning their experience formed comprehensive links through the data. Young people did not appear to be fully aware of the meaning of the term or the process of domestic violence. Keeping the secret in public life and living with silence within their own family had left them without a way to name the experience. Two of the mothers had never directly discussed the violent events with their

children and expressed fears of: "*upsetting the kids, bringing it all up again, just when we are settled*" (Ruth: ssitv 2), and also debated the reasons for their silence:

> I don't know why I never talked about it (in therapy), I thought they were over it, didn't want to drag it up again. I've never really gone into the ins and outs and talked properly. I either think, well he doesn't remember or it might affect him if I bring it up (Sara: ssitv 2).

Some participants did not want to hear about the extent of the abuser's violence—this became part of an inability to accept the situation*: "I've explained it all in so much detail, why he (Dad) became so violent and how I had to leave for the kids, but she doesn't want to hear it, she still blames me "* (Linda's mum: ssitv 2). The issue had also been absent in family counselling; young people explained this avoidance as: *"I don't really remember, a lot happened outside the house"* (Linda: ssitv 3) and: *"I don't know, I just never really ... dunno ... didn't talk about it*" (Jack: ssitv 3). Mothers had sometimes kept silence by ignoring the topic in therapy: *"well, I ... it just never came up."* (Sara: ssitv 2).

One participant called the violence the "*nuisance*" and was clear in a refusal to discuss the possible personal effects: "*all that stuff, just went over my head, doesn't get me down"* (ssitv 2). In contrast, during week eight all five participants gave a detailed insightful response to a question about the effects: *'a young person might have'* who lived with domestic violence, showing the safety offered by the third-party method of discussing sensitive topics. Dylan had talked to his mum about it but in his individual interview he mentioned how he kept the silence:

> Norah: What you would call it in your mind. Like, I would call it domestic violence, 'course that's kind of the formal word but in your mind what do you think of it as ... when people are just ...Very violent at home, behaving badly, would you have had a name for it?
> Dylan: No, I don't know … I never … actually had a name for it
> Norah: Would you have ever talked to anyone?
> Dylan: Shakes his head.

Norah: So … be like a big secret?
Dylan: Yeah. (Dylan: ssitv 2).

The greater awareness of feelings around violence and its effects on their lives was expressed as a group after an emotional activity, *Amanda's story* (week 7):

Luke: So what did you think of that story, was it hard to hear? Is it rough stuff … is it…?
(Participants' responses in the group): mmmmm
Partcpt 1: Rough stuff all right …
Luke: Rough stuff … And I heard a response from you "ungrateful p****" when he threw his dinner against the wall? So it was hard to hear his response and how he was treating Mam, yeh?

The conversation maintained the third party as it moved to ways Amanda, aged 8, could get help for herself. This showed the complexity of sharing the problem for a young person where their carer is herself a victim:

Luke: What do you think she could have done, or could do, that could help her cope better with the feelings that she is experiencing every single day?
Partcpt 4: Talk to someone.
Luke: So, talk to someone about it?
Partcpt 4: Uh huh.
Partcpt 1: See a counsellor.
Partcpt 2: Speak to her Ma 'bout it.
Luke: So open up to someone she can trust and loves? What's that?
Partcpt 1: He said talk to his Ma about it but his Ma is the one going through it.
Partcpt 2: So what? He can't talk to her about it?
Partcpt 1: Yeah.
Luke: Be tough for his Mam to hear it as well?
Partcpt 1: Yeah, that's the way ...
Partcpt 2: Then they can both help each other.

The group showed some anxiety and distress at their inability to effect any change, so a redirection led to looking at Amanda's feelings and sources of support:

Norah: We're not even really thinking of big actions to stop things or change things, we are thinking … more ... (*partcpt 1 interrupts*)
Partcpt 1: She can't put a gun up to her Dad's head!
Norah: Can she talk to someone?
Partcpt 4: Tell a teacher or someone; what she should do?
Luke: We're not asking how she can fix the thing or resolve it, cos it's not her responsibility to do that, we're just asking you, from all you've done in here.

> What horrible feelings she's getting ... How she can release them or how can she let people know she's feeling them feelings or ...
> Partcpt 1: I've never worked so hard in my life!!

An awareness of the possible consequences of involving outsiders was also expressed:

the phrase in '*Amanda's story*': "*she wanted to get help for her Dad without getting him into trouble*" had earlier generated a strong reaction with intense pouring of water.

4.1.3 Protection, participation, debate

The issue of protecting while potentially silencing young people was found in family and public life at all stages of the study, and forms part of the debate about levels of youth participation in research. The need to protect young people can appear to conflict with their right to their voice, although young people express the desire and ability to be heard from a young age (Byrne & Lundy, 2015). Cater (2014) found that young people were able to choose their engagement level and moderate the interview process. There has been an increased level of direct research with children and youth following the declaration of the rights of the child to participate in decisions concerning them by the Committee on the Rights of the Child (2011). The key themes of silence on the issue of domestic violence and the lack of voice for young people in the findings of this study are related to this debate, which is addressed in section (2.5) of the literature review on participatory research.

4.2 FINDINGS OF THE STUDY 'UP2TALK'

4.2.1 Social skills, communications: research question 1

This section explored the findings of the programme in relation to research question 1: How can a specially tailored SEL programme positively affect social emotional skills in 12–14-year-olds impacted by domestic violence?

For the purposes of this study communication skills are the process of learning and applying the knowledge of understanding and self-regulating emotions, and feeling empathy for others. The ability to maintain positive relationships, to make decisions, and set and achieve appropriate goals are fundamental to SEL, according to the Collaborative for Academic Social and Emotional Learning (2015). The enhancement of self-esteem and self-confidence as a result of SEL or life skills training was established in the reviews of programmes in North America by Durlak and Weissberg (2007), and in Ireland by Gordon (2013). The importance of sequential, active methods of skills acquisition within a focussed programme that offers explicit understanding of the targeted skills was proven to be effective in a series of sequential reviews by Durlak and associates (Durlak & Weissberg, 2007; Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011; Taylor, Oberle, Durlak, & Weissberg, 2017). The findings indicated a significant development in SEL skills among the participants in 'up2talk'. This was demonstrated in their gaining of knowledge and understanding of the skills, practice of the skills and use of these skills in the group and in their everyday lives.

For clarity in presentation of the findings, SEL skills are explored as social skills in section (4.2.2) and emotional literacy in (4.2.5). In the programme of 'up2talk', however, they were operating holistically in all the sessions.

The following table illustrates SEL skills development in the programme from an early simple event (A) to a more complex interaction (B):

Table 11: Social skills

Social skill		Event	Skill	Awareness
Understanding views/feelings Communication	A	group games	listen and respond	hearing others
	B	debate	listen and counter opinions of others	others can inform my views
Self-regulate emotion/feeling	A	'work' week 1, 2	accept unpopular task	my choice will follow soon
	B	disruption of work	accept correction	I would have done the same thing
Preferences	A	select lunch	express opinion	preferences acted on
	B	choose activity	negotiate level of engagement	I can change
Positive relationships	A	play games	take turns	equal space
	B	share sensitive stories	respect, listen, empathise, explore options	shared emotion—not alone
Decision-making	A	draw cartoons	try new action	not good at 'art'
	B	act in videos	practise a new form	new can be fun
Goal setting	A	count to 65	group attention	group achieved
	B	finish video	persist as a team	change is possible
Self-esteem	A	display art work	belief in own value	my work is useful
	B	release shame/stigma	understanding who is responsible	I am responsible for myself
Self-confidence	A	reviewing a session	speaking the truth	my view is valid
	B	performance: Celebration day	joy in sharing talents	my work is shared and appreciated

The methods used to address the targeted social skills and how effectiveness of the programme was measured are illustrated in the following skill areas:

Communication skills and understanding emotions

In light of the knowledge of restricted communication in the family, and the limits of secrecy socially for the teenagers, a stepped communications and assertiveness programme was the primary activity of the group. The aim was to enhance the participants' skills of speaking and listening and their confidence in expressing opinions and feelings. The sequential development of the SEL skills is illustrated in the methods chapter (see Table 6:p.153). Participation and co-operation were the tools for building group trust. The early listening exercises and games built up concentration levels and confidence as all games offered 100% success and none involved exclusion. The responses of the participants to a review of the first two weeks are included with the questions appearing in bold type. In week one some apprehension and a dislike of 'work' (i.e. writing) were expressed.

Table 12: Review of weeks 1 and 2

Week 1 Review	Partcpt 1	Partcpt 2	Partcpt 3	Partcpt 4	Partcpt 5
Q. Worst thing today was?	I was shy	Starting a new group	Work	Writing	My work
Q. Before I came here for my interview I felt?	Worried	Uncomfortable	Relieved at how well it went		Hyper
Q. … and thought it would be?	Scary	Awkward	Awkward		Very fun
Week 2 Review	**Partcpt 1**	**Partcpt 2**	**Partcpt 3**	**Partcpt 4**	**Partcpt 5**
Q. Now we have started I find it?	Helpful and good	Fun	Relaxing		

Week 1 Review	Partcpt 1	Partcpt 2	Partcpt 3	Partcpt 4	Partcpt 5
Q. One thing I like is?	We do lots of activities	I get along with everyone	Food, games, art		The chocolate bars

The high level of participation, the positive comments concerning the activities, the relaxed atmosphere and the group's full engagement in all the games suggested that group trust and a bond was being established. The increased ability to speak and debate in the group was shown in their actions. New initiatives taken by participants in daily life were validated by their interviews and by their parents.

Academic and social engagement

The extremes of behaviour—from being quiet and doing good work to being 'bold', upset or unable to concentrate—as the effects of domestic violence were mentioned:

> Norah: How do you think that could affect how you behave at school?
> Jack: Being really bold.
> Norah: And your work?
> Jack: Either good, expressing it through art or just being really … not want to do anything and be really upset in school (ssitv 2).
> Norah: How do you think you'd be affected in school?
> Anna: Not telling anyone, not talking and then you're always down in school.
> Norah: So if you're down, how do you manage?
> Anna: Can't focus or concentrate (ssitv 2).

Reviews in individual interviews substantiated changes in awareness and behaviour. Participants discussed changes in self-blame, mother-blaming, attitudes to school and social life and noted behavioural changes that followed these attitudinal shifts, such as being more committed to school:

> Partcpt 1: Well, I don't know if the course helped me but I've started putting my head down in school a lot more.
> Norah: Yeah?
> Partcpt 1: 100% a lot more, and I find myself in less trouble … like they are speaking to me, like how good I'm doing and that I should get A grades in exams (ssitv 3).

Self-regulation

The games and activities initially required self-regulation in attention, turn-taking, sharing food and completing pieces of unpopular tasks, like writing. Progression involved accepting group preferences and views. The group participated fully in observation games, which progressed to miming and guessing emotions. The engagement with the strong emotions of some material, visible in the emotions in clay (see Figures 3: p.164, and Figure 4: p.165). There were intense emotions generated in the group by '*Amanda's story*' (Appendix 11). The return to emotional stability, and the ability to express this at session closure, demonstrated increased self-regulation among the individuals and the group.

Positive relationships: effects of assertiveness

The assertiveness programme was central from week one for the simultaneous practice of communications skills and emotional literacy. Assertiveness training offered a stepped level of engagement from individual cartoons to matching cards, group games and short sketches. The third-party format, the scenarios and the props enabled the young people to practise other behaviours. Figure 7: p.170, shows the original cartoons: '*Happy head*' (assertive person), '*Sad head*' (passive person) and '*Aggro head*' (angry person). Assertiveness cards matching feeling to behaviour Table 8:p.171 (assertiveness, week 2) and the chart, Figure 5: p.167, on relationships (week 3) enabled discussion about words, feelings, behaviours and thoughts. The assertiveness programme was seen as having facilitated changes in action and awareness:

> Norah: Okay. Cool. And you liked the assertiveness then from the beginning?

> Dylan: Yeah, okay, yeah. A different way of expressing, really good …. And the DVDs … We could look back on what we did. Yeah, I thought that was brilliant (ssitv3).

There was a discussion after reading of *Amanda's story* on the differences between an argument, with annoyance or anger expressed, and a violent episode. Varying levels of fear, injury, inability to communicate and a negative or lack of resolution were identified as features of an aggressive episode. A drama sketch written by the group, '*Calling down to John's house'*, was filmed twice by the group, as the same request to Dad by Jenny obtained two totally different results. The first scene, DVD 3(a), showed an angry blanket refusal by Dad due to concerns about safety and drugs in John's home, followed by a defiant visit by Jenny and a further very angry grounding from Dad. The second scenario, DVD 3(b) had a measured discussion with Dad outlining his concerns and Jenny pointing out that Dad was being prejudiced and that John and his Mam were OK. A compromise was reached, which involved Jenny visiting when John's Mam was there and promising to come home if anything 'kicked off'.

Another positive outcome expressed was in improved family relationships:

> Norah: Ok, so you had lost the head a lot and now just a bit, what changed?
> Partcpt 3: Just thinking things through more.
> Norah: … Can you give me an example?
> Partcpt 3: If I misplaced something, I'd have been angry at myself, but now I wouldn't hide it, I'd just say sorry and help them find it (partcpt 3: ssitv 3).

Closer relationships with family and more affection being displayed by the teenager was referred to by three of the mothers during their interviews. One mother said:

> I felt like our bond had gone and I was keeping a distance, his attitude was so bad and we didn't understand each other. I used to feel awful and think, what are you doing, as I would almost retreat ... If he did get close. He could be pretty up in your face and aggressive, though. But now it's much better and that's probably the best thing that's come out of it (Sara: ssitv 2).

The ability and 'voice' to ask for needs and rights was expressed in their reflections on the programme as a change in attitude towards the isolation experienced formerly.

In the context of not talking about '*it'* and not knowing other people were going through '*it*' (*domestic violence*):

> Norah: 'One thing I didn't know that's important is …' (*Unfinished sentence review*)
> Jack: That a lot of people go through it.
> Norah: Yeah, it's not rare, or weird, or your fault but it's not right or normal either, life shouldn't be like that.
> Jack: Most important thing is … you don't let yourself think it's your fault.

Decision-making

The expression of minor preferences for snacks, colours in the materials and elements of the sessions was the precursor to larger decisions. The ability to state preferences and requirements, which requires confidence and negotiation, developed and the ongoing review and planning facilitated this. The young people's use of voice in this study was notable in the way they negotiated their responses. Strategies such as rowing back from expressed emotion, used in the creative clay when participants qualified their choice of label, and not remembering incidents in their home were two ways they modified their answers. In their individual reviews participants referred to their preferences regarding timing of elements of the work, like*: "it was too personal, would have better waiting till we knew you better"* (review, week eight).

Decision-making was built into the activities. The walking debate involved a '*yes*' area at one end of the room, a *'no'* area at the other and all shades of opinion were in between. Participants were required to decide on a position in response to a stated view and justify it. This generated different views in response to the question: "*Is*

there such a thing as a perfect family?" Answers included "*yes*" at one end of the room and: "*families were made to fight*" at the other. The middle ground responded: "*families have to look out for each other*" and consensus was reached that all families have difficulties but violence is not acceptable. Practical decisions concerning activities and unspoken decisions about levels of engagement were part of the sessions. This developed into scripting, filming and performing of drama and song and was supported with the ongoing assertiveness programme skills.

Goal-setting

The ability to negotiate and to maintain commitment to decisions was active from the first day. The unpopular nature of writing, or 'work', was expressed from day one (indiv. reviews, week 1, 2 p.196), yet the group completed the written tasks of weeks one and two until week three, when the emphasis changed to more action. Participants who had missed a session asked to complete their clay modelling during lunchtime. The acting and filming found some people initially refusing to take part, then beginning to film others, then acting but not agreeing to being filmed. Negotiations were ongoing about the process of the programme. There was a well-equipped yard outside and numerous requests were made to go out, but this wasn't possible owing to insurance. The team-building event was the compromise.

The ability to set goals progressed from weekly targets to complete art and video projects, into self-directed plans for interviews, performance at the celebration day and hopes and plans for the future. The successful production of all the posters, DVDs and displays for the celebration day involved lots of 'work' and was all done effectively. I asked the group putting final touches to the display: *"Did you enjoy doing that? It looks fantastic, you must be proud of it."* Surprised glances and a: "*No,*

it's work, everyone hates work" response from one was reinforced by nods and ''*yeah*" from the rest (celebration day review). Individuals discussed personal goals in their interviews, including achieving high marks, sports wins, joining choir and attending drama society.

Self-esteem

The opportunity to be the powerful one in the scenario as the principal, teacher or parent allowed for action and humour, but also explored power differentials and behavioural choices in such situations. This is influential in life changes, according to the principles of Jones (2008, p. 275):

> The second idea influencing the project, an idea from narrative therapy, is that the stories we or others tell about us have real effects on the way we live our lives. While some stories generate possibilities others have limiting unhelpful effects.

This increased awareness of personal behaviours, rights and responsibility and active use of the skills enhanced feelings of self-worth. Lower levels of anxiety and self-blame fostered more positive choices and improved self-esteem.

Self-confidence

The enthusiasm for the assertiveness programme and the ensuing video dramas was a surprising result. Luke was originally doubtful that the teenagers would engage with this, but the level at which they immersed themselves in the dramas was very powerful.

In later interviews participants recounted their use of assertiveness in school, family, and commercial interactions. Confidence in their understanding was part of their individual reviews in week 8: (1–5: 5 being the top score).

> Norah. Ok and what about the cards, things written on, what type of behaviour? (assertiveness)

> Linda: That's a 5, so you'd know if someone was talking to you, you'd know if they were being cheeky or serious, it's not really the way they say it, it's what they're saying that really gets to you (Linda: ssitv 2).

The assertive skills of maintaining a singular focus, speaking for yourself, asking directly for what you want and respecting the choices of others were demonstrated in group activities. The group took responsibility for every detail of their celebration day, from creating and delivering invitations to the layout and selection of materials. Each participant spoke, unscripted, as they received their certificate. The common threads were increased self-confidence, appreciation of the group support and enjoyment. One selected activity was interviewing parents, which was done in roving reporter format by a participant. Similarly all the parents spoke of the increased confidence shown by their teenager since joining the group. Another issue mentioned in three families was better relationships with siblings and mother. More engagement in leisure activities outside the home was also noted by three parents. Two participants who had responded in week one to suggestions about final displays of work or performances: "*Only if you want to see me go red*" and "*I'd be scarlet*" shared a musical piece on the celebration day, selected and rehearsed completely on their own. The ability to display such personal work, to answer questions on it, to exhibit video, to perform in song and drama, to conduct interviews and to welcome and host a gathering demonstrates a high level of integrated self-confidence from planning to execution. The audience was composed of the five families, the centre team and several visiting staff from another centre. This successful event evidenced very clearly the growth in social skills and communications of the entire group. Each participant played several roles in the celebration and did so with commitment.

up2talk: what we did

The tree of help

Bob's body of feelings

Chloe, the girl who came to tea!

Figure 11: Exhibition: celebration day

The increased ability to question and debate different views and beliefs was central to the process. The researcher's input on the assertiveness programme, the child development study (week 5) and the exploration of the effects of domestic violence on teenagers attempted to create an open space for participants to challenge ideas or reflect on them. The ability to empathise with the position of others while expressing personal reservations was shown in the debate on: *"should gay marriage be legal*". A range of views was expressed including: "*well, I wouldn't stop anyone but I wouldn't like it in my own family"*, while others felt: "*you would have to stand up for your family*" (walking debate, week 4). The shift between public and private beliefs

was identified and discussed without critical feedback. This ability to see beyond the personal, to disclose and defend private views was a positive development in the group.

4.2.2 Emotional literacy: research question 1

This section explores how the process of the programme impacted on the emotional skills of the participants and how these changes relate to research question 1: How can a specially tailored SEL programme positively affect social emotional skills in 12–14-year-olds impacted by domestic violence?

The table below offers some examples of the development of emotional literacy in simple situations (A) and more complex events (B):

Table 13: Emotional literacy

Skill		Element	Attitude/Action	Awareness
Recognise emotion	A	emotion card games	mime and guess	body language
	B	respond to sad story (Amanda's family)	express and discuss emotion	strong emotion: links: anger + fear
Express emotion	A	bird trapped on fence	upset by suffering	helpless
	B	self-blame for family violence	thought it was my fault	not my fault, not to blame
Reflect on emotion	A	cartoons: assertive	attribute feelings	anger and sadness
	B	isolation/secrecy	belief in uniqueness	I can seek help
Understand effects of emotion	A	video clips	acting a role	it feels different
	B	drama vignettes	try various responses	choice in actions
Empathy for others	A	'*Amanda's story*'	anger, pity, desire to help	limited options for a child to change
	B	aware of other victims of violence	concerned; will they get help?	others are in the isolation I was in before
Self-esteem	A	review friendship	valuing connections	positive choices
	B	accept support	praise from teachers	I am able to do this
Self-confidence	A	filming	choosing to join in	I can do this easily
	B	ongoing supports review	asking for family therapy	aware of my needs—feel they can be met

This programme, 'up2talk', identified emotional literacy as the ability to recognise, express, reflect on and understand the effects of our emotions and enable feelings of empathy for others. Increased SEL skills and assertive skills result in enhanced self-

esteem and self- confidence, which are the basis of successful self-regulation and social engagement. This was evident in research (Gordon, 2013; Chung & McBride, 2015; Gresham, 2016). The individual skills are related to the research questions and the effectiveness of the programme'up2talk' in enhancing emotional literacy is explored in this section.

Recognition of feelings, thoughts and emotions

The group games introduced this skill by focussing on body language and tone of voice. The understanding of the effects of feelings and emotions on behaviours developed from this. The assertiveness programme asked when '*Happy Head*' meets '*Aggro Head',* what will the conversation be like. What might be the impact of the meeting on their feelings, thoughts and behaviours? On the '*Aggro Head*' cartoon the participants' tags for his heart shape suggested his feelings to be:

- Alone, depressed
- Sad, depressed, should have took that help
- Alone, worried, upset, used
- P***ed off
- Sad, aggressive.

There was only one mention of 'aggressive' and one of 'pi***ed off' as his possible feelings, as discussion in the group saw loneliness, isolation and anxiety as the likely outcome of aggressive behaviour.

When more life situations were supplied, participants began to offer reasons for the sadness, happiness or aggression and some acted out the scenes with support and comments from others. In further activities, exploring the stages of development

from infancy to adulthood, the participants explored emotional experiences and ideas related to the events and stages of life.

Secrecy and stigma

Stigma could involve a feeling of everyone knowing, as Jack said: "*you feel like you have a sticker on your forehead"* (Jack, week 4). The judgement of others was keenly felt: *"I dunno which is worse, the ones (teachers) who give you pitying looks or the ones who look at you as if YOU are crazy"* (Linda, week 8). The secrecy, not telling anyone, was extended to home, according to Anna:

> Norah: How are you going to be at home? If you're putting up with all this hassle?
> Anna: You're not gonna talk to anyone (ssitv 2).

Stigma and silence had impacted three out of five of the young people, who had not discussed the previous violence in their family. Two mothers said they had not discussed the violence directly in therapy or with their children. In reviewing the programme (week 8), participants spoke about the need to "*tell someone you really trust, like family"* and thought you should *"just talk to someone"* (ssitv 2). This reflected a change in secrecy levels and in recognition of the impact domestic violence compared to previous answers.

It was repeatedly stated by educators and community personnel during my inquiry that the 'up2talk' programme was very risky, and could cause retraumatisation. The participants and their parents in 'up2talk' did not refer to these concerns at any stage of the study, and the mothers' meeting week 5; Table 10:p.175, expressed unanimous consent for us to talk directly to their children about domestic violence with no reserved topics.

The silence around the issue blocked links to information and supports that would offer meaning-making for their experiences, or direct interventions for the participants, and stopped them speaking about their experience. The SEL enhancements in recognising emotions and behaviours demonstrated by participants were endorsed by their mothers for all five teenagers. Their reflexive abilities strongly indicated participants' increased awareness of the effects of domestic violence on their SEL development. This positive outcome was the objective of the second research question:

2. How can such a group help participants to develop awareness of how the domestic violence in their families had affected their SEL skills?

Expression of emotion

The expression of emotion was through acting, art, third-person debate and actions such as building clay pieces and pouring water, during stories read aloud, as a way to signify strong emotion. This aligned with the understanding that trauma is often lodged in sensory memory. The use of non-verbal and third-party methods was designed to maintain the boundaries of SEL and allow the participants control of their engagement with a difficult topic on an ongoing basis. Expressing emotions as an activity strand started with the water pouring to Sam's story, then continued with participants making the clay pieces representing an emotion. Some young people commented on the emotion they selected: *"I only picked it 'cos it was easy*" and said that the emotion named only referred: "*to a match on TV"* (week two). After the pieces were painted, the later review had more depth:

> Loved the clay … it was very inspiring looking at what everyone else was doing and calling their pieces. You could just tell that it made sense. Like the spine of anger—I get a shiver in my spine when I'm angry (partcpt 2: ssitv 2).

(See Figure 3: p.164 , Figure 4: p.165).

The painting of the clay pots allowed the expression of emotions of teenagers affected by violence, like feeling depressed, lonely, isolated, to blame and alone. Anxiety had reduced for some: "*I don't know; I just … I just start to realise that things weren't all my fault. Yeah. That I didn't have to blame myself*" (Dylan: ssitv 2); and been replaced by anger in some cases*: "I just get angry and get it all out … instead of … being worried and then getting angry*"(partcpt 5: ssitv 2). Pride in independence and self-sufficiency was expressed by Jamie: "*I taught myself loads of stuff, social skills and stuff*" (ssitv 2). The use of reflexive language and comparison by the teenagers such as*: "start to realise … just get it all out … taught myself … social skills and stuff"* showed their awareness of previous patterns and identified ongoing changes.

Self-blame and anxiety as a response to violence emerged in group reviews, as topics painted on the clay pots, and in individual interviews. The pouring of water into their pots by each person was in response to emotions felt during '*Amanda's story*' of domestic violence. The only sound was that of flowing water as two bowls flooded the table. Participants later represented these emotions on 'Bob's body of feelings'—a poster displayed at the celebration day (Figure 11: p.214).

Exploration of emotions was involved in the chart in week three (Figure 5: p.167) that asked for a representation of the importance of many relationships in the individuals' lives. The complete answers to "*closest to your heart*" are detailed in Table 7: p.168. Two participants didn't add their father in the heart centre; one added their father later on a far corner, one had the father outside the heart in a bubble and one

included a deceased father. This importance for some of their fathers in their lives was endorsed in individual interviews with the participants in week eight.

Love and complex emotions around missing Dad were expressed, from happy memories to anger and helplessness that emerged in response to '*Amanda's story'* (Appendix 11). The confusion between Dad being kind and fun, the longing expressed in comments by participants like: "*this is the Dad we want*", mixed with anger and futility at a man who hits a woman and frightens a child*: "she* (the child, Amanda) *can't put a gun up to her Dad's head and tell him stop, can she?"* (Group debate after '*Amanda's story'* of violence, week 7).

Reflect on emotion and behaviour

The change introduced by violence was also mentioned in the review of *'Amanda's story'* (Appendix 11), a young girl's experience of a violent drunken event by her father. One participant clearly identified the boundary that is crossed when violence becomes part of the situation of conflict as: *"you know ... once someone starts throwing the digs ..."* (group review, week 8).

This exploration of the feelings of the child around domestic violence included how one person's feelings affected another—for example, could a child talk to her mother about the violence if the mother is suffering too? Reflections on changes in feelings of self-blame and responsibility for the violence were expressed in all the individual interviews, directly and using the third party. This demonstrated awareness of how these feelings had added to their earlier isolation and anxiety.

Empathy for others

The expression of empathy was evident in week two, when Luke read '*Sam's story*' (Appendix 10) of a day full of setbacks, getting into trouble at school and at home. The instruction was to individually pour water from a jug into a basin when feeling upset or worried by the story events. All the group responded at varied times and intensities but they all participated and no-one questioned the meaning of the task. In week four a small bird got tangled in the fence and was attacked by magpies. The five participants became very upset, distressed and angry at the: "*unfair, cruel attack, he can't get away*". Several ran to the office demanding a ladder, others wanted to go out and climb the fence or phone the animal cruelty association. Luke pointed out that the bird was already dying and that there was no question of anyone getting involved owing to the safety concerns. The group accepted this but with a sombre tone lasting the rest of the afternoon.

The expression of concern for others who might be suffering domestic violence demonstrated high levels of empathy by one participant:

> Norah: So they could be a bit nervous about relationships, you mean?
> Jack: Yeah and they could maybe feel a bit guilty, is it happening to anyone else that I don't know about? (ssitv 2).

Self-esteem

A reduction in self-blame enabled increased self-esteem, as the habit of disabling self-talk lessened. Self-blame was part of a struggle to make sense of the violence, and Jamie questioned it as: *"You wonder if it's your fault, like for being born?"* (Jamie: ssitv 2). Dylan remarked on a change in these feelings:

> Norah: So, how would you notice that? Why would you say you give out to yourself less?
> Dylan: I don't know, I just; I just start to realise that things weren't all my fault. Yeah. That I didn't have to blame myself (ssitv 2).

Confusion about the reason for the violence was another worry: *"I didn't know what my mam and dad were arguing about so I would have thought ... is it because of me? Something I did …?*" (Linda: ssitv 2).

Anna also found a reduction in anxiety and self-blame:

> Norah: Ok; and what would you have been worried about before?
> Anna: It's my fault and I'm gonna get in trouble… oh, no …
> Norah: And was that when the problems started at home?
> Anna. Yeah, pretty much that time (Anna: ssitv 2).

Mothers also expressed self-blame for the children being in the violent situation**:**

> Norah: Do you think maybe one of the reasons you take it (*negative behaviour from children*) is because you feel guilty?
> Mother: Yeah, because it was going on for a long time, and was very hard on the kids, but I didn't see that for a long time.
> Norah: So you feel guilty you didn't do it early enough. But you were hoping one day he would get better?
> Mother: I did, I think I got blinded by that, one day he will get better (Betty: mother ssitv).

Self-confidence

Self-confidence is included in both sections as it functions as an attitude and an action. Increased self-confidence was self-reported by participants in their interviews and confirmed by their mothers. It manifested within the group in their attitude to participation, trying new activities and decision-making. The level of trust in the group, and of the group by the centre, was clear when participants requested and were allowed unsupervised use of therapy rooms in the centre for interviewing each other. The more positive engagement with school and leisure activities that resulted was stated by three participants. The request for more family therapy after the group, openly articulated by one teenager within the 'up2talk' group, showed this confidence.

Mothers also reported increased confidence in parenting:

> Norah: But you find him now a bit more receptive, bit more patient?

> Sara: Yeah, not as big a scene when you ask him to do things, and I think I'm changing the way I communicate … instead of just giving out … I'm saying you're not going out until it's done (the chore), he's actually realising I mean it … He still argues, 'my friends are allowed'… but I'll stick to my guns (Sara: ssitv 2).

The social skills needed to be proactive individually, and in a group, to complete defined goals, and overcome difficulties by negotiation were shown in the group by all its members. Their increased capability in daily life was clear in their individual interviews. The various group discussions and self-reflection by the teenagers around past and current beliefs, emotions and behaviours evidenced the more internal process of enhanced SEL skills by the participants. The findings triangulated from group activity and observation, interviews and reviews, parental reports and group achievements detailed a significant expansion of social skills and emotional literacy. This increase in SEL skills and awareness of the negative effects of domestic violence were the desired outcomes of 'up2talk' as an intervention, contained in the first two research questions.

The discussion strand was woven in with activities, debates and charts. This offered a platform to express and discuss domestic violence with the safety of the third person and the activity as a prop.

4.2.3 Awareness of the effects of domestic violence on SEL

The participants' increased awareness of SEL development was explored in light of research question 2: How can such a group help participants to develop awareness of how the domestic violence in their families had affected their social emotional learning (SEL) skills?

Their increased awareness of the effects on their SEL was expressed in terms of its emotional and behavioural impact. The group identified with emotions such as

anxiety, self-blame, shame and feeling alone, in group debates, on relationships and domestic violence. The understanding of the effects on their behaviour included insights into the impact on their schooling, relationships and leisure activities. The reflective nature of the feedback demonstrated clear understanding of the effects of violence on emotions and behaviours. The impact on daily life and the changes in awareness during the 'up2talk' were frequently expressed.

Table 14: Awareness of the effects

Awareness	Element	Expression of insight
Effects on emotions: anxiety, self-blame	*"feeling very anxious …" "was it something I did?"*	*"I didn't have to blame myself"*
Effects on behaviour at school	*"not want to do anything" "feeling really down"*	*"I've seen myself learn more in school than last year, since I done the group"*
New understanding of responsibility	*"most important, thing is … you don't let yourself think it's your fault"*	*"I just started to realise that things weren't all my fault"*

The complexity of interventions

The group showed a growing understanding of all the implications of domestic violence; like a fear of interventions that might be unwanted:

> Norah: Do many people talk to their teachers about real serious stuff? *(e.g. domestic violence)*
> Partcpt 4: I would.
> Partcpt 1: If I had anything to talk about I would ...
> Partcpt 4: Counselling and all … they could get in trouble.

Suggested options for Amanda's mother, suffering domestic violence, referenced the difficulty for the child when the carer is a fellow victim (week 7):

> Luke: What about Amanda herself?
> Partcpt 1: If I was her, I'd tell her Ma to get a divorce.

Partcpt 2: She's what, 8 or 6?
Partcpt 3: Like an 8-year-old is gonna tell her Ma to get a divorce?

They reflected thoughtfully, individually and as a group, on the isolation and other negative emotions caused by domestic violence and the awareness of the effects on their lives. Examples of their increased awareness were expressed in group debate, individual interviews and reflected in their actions.

4.3 How to generate other programmes: research question 3

The generation of themes, ideas and instruments for further programmes for teenagers drew on the experience and learning gained in the 'up2talk' process to expand on research question 3: How can a small-scale programme generate themes, ideas and instruments to inform the development of SEL programmes for other young people affected by domestic violence?

Three important factors were involved in the positive outcomes of 'up2talk' as an SEL intervention, according to the findings. These form the transferable elements of 'up2talk': the core themes addressed in the intervention, the approach and the particular elements of the method used.

Table 15: Transferable elements of 'up2talk'

Core themes addressed	Secrecy and shame, ignorance, normalisation of family violence, self-blame, helplessness, isolation, depression, loneliness. Silence as the system underlying the emotions. Role of SEL skills learnt and applied to understanding the effects of the violence.
Approach to the group	An engaged, trusted local person is a vital link to the group. A primary element of a trauma-informed support programme is trusting, attuned relationships. The setting, the introduction and the weekly nurturing all start with a warm welcome. A shared meal, selected by the group, begins the session each week. Building trust with games and activities that are engaging and involve all the group.

Method	Ongoing 'plan, do, review'. Activities are shaped by participants, their preferences developing into choices and decisions. Multimedia to address the sensory nature of traumatic memory and allow creative expression. Negotiated consent ongoing for engagement in activities. Review and reflection embedded in every session. Group sharing and support breaks isolation and allows sensitive conversations around domestic violence. SEL skills enable communication, assertiveness and engagement.
Effective elements	Active learning through art, clay, assertiveness, drama, filming and walking debates. The use of group debate and third-party discussion to maintain choice around levels of disclosure and participation.

4.3.1 Themes of 'up2talk'

Core themes from 'up2talk' reflected in research

Emotional issues of secrecy and shame, ignorance, normalisation of family violence, self-blame, helplessness, isolation, depression, loneliness and 'thinking you're the only one' were significant. The high levels of association of these emotional issues with international research identified these as central issues for any SEL or support programme for young people affected by domestic violence (Evans, Davies, & DiLillo, 2008; Geffner, 2016). The role of secrecy in underpinning these painful emotions was involved in every stage of the 'up2talk' group. How this functioned as a system restricting and silencing the voice of the teenagers around domestic violence emerged as a core theme. The awareness of changes in attitude and behaviour has been documented in section (4.2). How the method empowered changes in emotional well-being and self-confidence is an important theme outlined in section (4.3.3).

4.3.2 Approach to the group

A trusted person (Luke) was the link and foundation for building trust and positive relationships. This formed part of a trauma-informed approach, which provided a safe space and enjoyable activities. The use of fun interactive games increased trust and confidence and developed personal SEL skills and awareness. The primary commitment of the researcher and the family worker—above the process, the research aims and the programme—was the emotional well-being of the participants and their parents. This was aligned with the ethos of the family centre staff and the researcher.

4.3.3 Method and elements

The method was a 'plan, do, review' model, which involved ongoing evaluation of the process and choices by participants. This proved integral to the developing of communication and decision-making skills for participants, as it facilitated their own pace and preferences. Some of the integral elements are reviewed below. The elements can be viewed in two formats: the active skills of communication and teamwork and the reflective skills of negotiation and expression.

Communication skills and activities

The communication skills to explore the naming and meaning of domestic violence in their lives were the starting point of 'up2talk' and would be necessary for any group. The increased skills of communication and emotional literacy generated the materials, which were concepts, ideas, artefacts and performances. The multimedia used offered choices in expression, which was important to maintain interest and enjoyment.

Active learning of SEL

The assertiveness programme delivered communication skills in a structured sequence that built on knowledge and understanding. The practice of the skills in a safe place encouraged different behaviours. A feeling of containment was another opportunity the drama offered: "*because we were filming, I knew exactly what I had to do and wasn't gonna make mistakes 'cause I was in film"(Linda ssitv2).*

Luke expanded on these changes in behaviours in his reflections:

> Luke: Em ... To have skills in life, they know violence isn't acceptable, it's not a choice or a path that they want to continue on. I think the role play for different situations was probably the most beneficial and I think dressing up like that … I was dumbfounded with that … but they loved coming out of who they are and just being someone else, the kids came to life.

The review of activities and learning enabled assimilation of the life skills, not merely attitudinal changes which are less influential (Durlak, Weissberg, Dymnicki, Taylor, & Schellinger, 2011).

Reflective skills

The principle of ongoing consent was part of the daily life of the group. Young people selected their levels of engagement. A preference could change, as one participant remarked: "*Some people didn't like to do acting but everyone wanted to do it in the end, it was fun".* These reflections developed a self-awareness of boundaries and privacy that participants discussed in later individual interviews.

The need for different methods of member checking of materials was due to the complexity of the participants' responses. In her review in week 8, participant 5 said of the relationship chart done in week three: "*Didn't really like it—rather keep things personal. Didn't like having to show other people ...*" (partcpt 5: ssitv 2). This chart

had been individually checked with her at the time and she had offered no indication of any discomfort.

Anna reviewed and liked a session of painting feelings on the pots: "*Clay pots—liked that, you covered up the emotions, it was kept personal*". This exercise had referred directly to domestic violence effects on children but was not seen as too personal. Such incidents highlighted the unique nature of each person's experience and, thus, the need for integrated review and reflection.

Voice and choice

This use of their preferences and decision-making at every stage realised the increased skills of SEL in an ongoing feedback cycle. The use of ongoing review allowed the immediate application of their learning preferences and was a starting point for hearing their voices. The importance of choice at every level in the group process is part of the response to the restricted voice and choice experienced by victims of domestic violence. In the following excerpts, the coalescence of active and reflective skills is shown:

> Norah: When you found it hard to concentrate, I was worried you weren't going to get your project finished and so I was a bit bossy and assertive, but I wasn't mean, I didn't say you're wrecking the whole thing. I just said you need to settle down and get the work finished. How did you feel about that?
> Linda: That was grand, I knew what you meant, I was kinda thinkin', like if I was in your shoes—you want it done, and so would I if I was you (ssitv 3).

Reference was made to the assertiveness skills learnt:

> Norah: So, are you OK with talking more directly about the domestic violence now we know each other better?
> Dylan: Yeah ...
> Norah: If it's too nosey like, would you tell me to stop?
> Dylan: Yeah, sure, assertiveness and all that! (ssitv 2)

Another participant corrected her first response, which presupposed a group view:

> Norah: And when we did the clay pots, did you feel it was a bit too serious when we asked people about effects of violence and things like that?
> Linda: No, if it was a bit too serious we would have said that we didn't like it.
> Norah: OK, that's good. And do you think all the group could have said 'oh no, I don't like that' or just you?
> Linda: I don't know about the rest of them. I just know I could have said out straight, it's making me feel uncomfortable or whatever (Linda: ssitv 2).

The use of the third-party *(what we might feel or might do)* for discussion and review of distressing events was utilised by the group:

> Norah: *Amanda's story*? (A girl's experience of domestic violence) what about the purpose of it, seeing how much you're affected by violence?
> Linda: Yeah, it does help, after it we talked about what we could do if it happened to us? That was like giving us a life lesson. I give it a 5 too (ssitv 2).

Jamie expressed his preference clearly regarding a more personal discussion:

> Norah: Now that we have worked together and know each other, do you think you would be comfortable to talk more personally with me about the effects of living with domestic violence? If you find it too nosey or you want to change the subject ... It's up to you, same as always.
> Jamie: Well … I just call that a nuisance ... it just went right over my head (makes a sweeping gesture over his head with his hand and pauses) *(silence).*
> Norah: Ok. So would you like to review the feelings chart and the other things we did?
> Jamie: Yeah … (ssitv 2).

Another suggested more options for individual or group reviews should be offered and referred to timing of 'personal stuff' being better at the end of the group:

> Norah: So what would have made it easier to talk about hard stuff? Anything?
> Anna: Maybe talking about personal stuff at the end when you know people a bit better, what they're like and have a choice about whether or not you share in the group or talk to you or Luke on our own (Anna: ssitv 3).

The messages that were stated most clearly by participants as being important for other teenagers were around not blaming yourself and talking to someone you trust:

> Norah: Have you advice for other teens?
> Partcpt 2: Best thing I did for myself was to come to this group and actually talk about things. It's very important not to blame yourself. Most important thing is not to worry too much about things (partcpt 2: ssitv 2).

Third party discussion

The ability to express choices grew from use of third-party discussion concerning how: *'a teenager might feel, react, think about domestic violence'* and how: *'a young person might seek help or talk to someone'*. This proved to be an essential instrument in the method. Participants also used varied communication systems to moderate engagement. This included direct requests, ignoring some activities, avoiding some pieces of the sessions and minimising or deflecting strong feelings. Levels of disclosure were applied in a similar fashion, interviewees sometimes maintaining that they didn't hear or see the violence and then talking openly about it in the same session:

> Norah: Is that what you felt like? Do you mind me asking? (Referring to general comments made.)
> Partcpt 2: No, I don't mind. I wasn't there for most of the times it happened in my house.
> Norah: And were you … with your mum when your dad broke the window?
> Partcpt 2: No I don't remember that ...
> Norah: So is that a bit strange, that there's been these very violent incidents but you kind of don't really …
> Partcpt.2: Yeah. I was there for most of them, my dad was … loads of times (partcpt 2: ssitv 2).

The use of activities and interviews

The instruments were designed from the pilot stage to meet expressed needs or needs identified in the body of research into interventions and the results of the community investigation. The feelings chart was reviewed positively:

> Norah: So was there anything else you wanted to tell me about the chart? What did you think of it?
> Linda: It's very good. Well put-together, explains everything and easy to read (ssitv 2).

The assertiveness programme, which was a core element, offered participants a selection of media to work with and built up from cartoons to their own short films. The use of peer interview proved to be powerful. Interviewers were sensitive, and reassured the interviewee while leading the pace and signalling when it was over.

The review in the form of individual journals designed by Norah was (politely) ignored by the group—folders remained empty and time ran out each week for the journal entries. In accordance with the ethos of prioritising participants' choices, these journals were left aside. The use of drama and interviews became the predominant form of review. Participants interviewed the researcher, Luke, each other and their parents. Sometimes these interviews were part of the drama sketches and involved props and costumes, and some were done in a counselling room lent by the centre and had a more serious tone. Participants interviewed Norah and posed thoughtful questions:

> Q: What would you think are the best and worst bits of domestic violence? Well, maybe not the best bits …
> Q: How do you feel when you hear about someone and their domestic violence? (Linda)
>
> Q: What was the hardest thing about it?
> Q: How did you feel when you walked in? (*To this group*) (Jamie)
>
> Q: How do you feel when people don't want to take part?
> Q: Have you always wanted to do this work?
> Q: Do you have any regrets? (Jack).

The interaction between the base values, the activities, the ongoing feedback and the review by participants formed the process of learning and development. The skills shown in negotiating the pace and type of involvement in activities, and interviews, showed an advanced ability to manage difficult topics by the teenagers who had been affected by violence. This ability and the method that enabled its development provide useful elements for other SEL programmes concerning domestic violence.

Programme process

The lack of voice for the young people and of the necessary conditions to enable it were part of the web of secrecy described in the initial research and the literature review. This emerged as a metanarrative in the intervention 'up2talk'. This affected the programme's process and focus. A primary task of 'up2talk' was to develop the communication and SEL skills to address sensitive topics. This took longer than expected due to secrecy levels and ignorance of domestic violence among participants. This meant that although it was designed as a programme for self-identified victims of domestic violence, more time was spent on information and debate than expected. As first-year, post-primary students, these participants were in the early stages of project and reflective group work at school. This may have been a skills factor that reduced the time available for the design of materials and messages for use with other teenagers.

The flexible framework

The review of the group process and materials identified the importance of a flexible programme. Therefore, both the process and anticipated outcomes were designed around soft-skills development or SEL and were measured with soft outcomes. In contrast to a science- or construction-based skill training, in SEL the process is responsive. The agreed minimum parameters of the group's purpose were explicit for logistical factors like time, place and resources. The process boundaries included elements such as purpose, targeted outcomes and elements like respectful communication. The flexibility meant participants could choose the media to work with and the pace. Decision-making and negotiation were core skills of SEL, based on values, methods, elements and processes that respond to the participants' needs.

The need for the ongoing involvement of young people in support programmes around domestic violence is stated clearly by young experts reviewing services in Houghton (2015b, p. 243):

> Young experts had been silenced by the experience and the response that they received, they were confident that others experiencing domestic abuse had no voice. It was very important to this group that adults did not speak for them, including their mothers. Communication with others about domestic abuse was difficult and eased considerably if creative, empowering, cooperative, respectful methods were used.

The boundaries of the programme

The context of the programme also affected its approach, pace and aims. The facilitator, Luke, and researcher/facilitator, Norah, later analysed their available information concerning the type and severity of domestic violence the participants had experienced. The apparent lack of understanding and the awareness of the issue of domestic violence displayed by participants' questions were not related, in this group, to the nature or severity of their experiences. The declared function of this group as a social emotional skills programme restricted exploration of the nature of the violence suffered, as this would cross over into therapeutic work. This tension between social emotional skills training and therapeutic support had been incorporated into the design and the difference had been clarified in the introduction interview. The similarities and differences between support groups and therapeutic groups has been discussed in the literature review. These are described by Lieberman, Yalom, and Miles (1973) as a self-help group typically having members capable of participating fully in the common purpose and led by a participant or facilitator. In contrast, the therapy group has members who may have severe difficulties and advanced needs. The professional leader will use group

psychotherapy methods to treat emotional and behavioural disorders in the group. The interaction will be a way of increasing awareness and enabling change for the individual (Yalom, 1995). The 'up2talk' group used the SEL group model, but facilitators were trauma-informed and experienced in working with the issue of domestic violence. Therapeutic support was embedded in the programme, available each week and ongoing for families at the centre as required.

4.3.4 Reflections on the group 'up2talk': Luke

Themes observed by Luke included local insights such as:

- The normalisation of domestic violence in the under-served communities.

He remarked that his client families would rarely mention *'it'* (domestic violence) as an issue unless asked directly and this was apparent in 'up2talk':

> Norah: So I think there is a big theme there about the silence.
> Luke: Yeah, even when we brought it up and we actually started discussing the thing of DV and stuff related to it there was huge silence.
> Norah: Yeah.
> Luke: … And no response to it initially … We had to keep digging a little bit more, talking a little bit more and eventually the feelings started coming …
> Norah: Yeah.
> Luke: … to the fore and they were saying frustrated, or worried, lonely.

And his feedback on the programme:

- The importance of the assertiveness programme:

> Luke: I think one of the biggest things that came out of it … was the assertiveness. The chance to take a different role. Like with, the penny dropping within the actual session, you know.
> Norah: Yeah.
> Luke: You could see the true personality coming out as the 'school teacher' (Luke: ssitv 1).

- The participants used assertiveness in new skills and approaches to life:

> Luke: Yeah, definitely the acting and the role playing of different situations, whether it be in the home or whether it be damaging situations in life; it was brilliant them being able to voice thoughts, feelings; challenge, develop their own life skills, build them as people, you know.
> Norah: Yeah.

- The lack of voice for young people in their awareness of domestic violence:

> Luke: I think it's so frequent and regular it has become as normal as many other behaviours in the home that are positive and negative, em, I think the level of violence in society as well sort of bolsters that, and I think as well sort of the lack of outlets to talk about what's going on at home, safely for kids … Again, normalises it again, so they have to have their own coping mechanisms to get on with that (Luke: ssitv 2).

- A lack of voice for children as a risk in the child protection procedures.

Child protection interventions by the social services are mandatory following a disclosure by a child. Luke expressed concern for the child's experience and therapeutic needs, which could be lost in a series of assessments and reports:

> Norah: So, em, would this finding of the normalisation of domestic violence be across other services you would talk to?
> Luke: Yes.
> Norah: Would other services express this concern that there's no safe place for children to disclose their traumas to?
> Luke: Yes.
> Norah: And some of them (*the young people in his practice*) claim disclosure made it worse? Everyone talking about them ... writing about them …
> Luke: I think for an awful lot of our reactionary responses, it's more of a disservice to the child.
> Norah; Uh huh.
> Luke: Yeah, I know it's all best intentions to get them safe, but if you're a child and you have disclosed something that was difficult for you to do and all of a sudden you're pushed aside … people are removed from homes into other places, people are separated from siblings, em, what good are we doing within the process. We are ticking boxes, we're going within the legislation policy but at the end of the day has the child's need been met? On the safety level, maybe, on the therapeutic level, absolutely not.

Luke later commented on the huge amount of forms involved in a referral and the questions arising about exact ways of writing them. He mentioned that the one question that's not often asked is: '*How is the child? How are they being cared for in all this?*' The social work and child services are overloaded with cases in many areas, but the child can still be left without a safe place to be heard and supported.

This issue concerning the voice of the child in all aspects of disclosure, intervention and post-separation access was addressed in the literature review. It will be part of the discussion chapter.

4.3.5 Participants' reflections

The young people reflected on the specific changes they perceived in themselves in the course of this programme and also on aspects of the programme itself. The feelings chart was a useful reference point, as all five teenagers had completed two charts (April 2015 and May/June 2015) and three had completed a third chart in December 2015.

Issues included reduced self-blame:

> Norah: And what about giving out to yourself, that's gone from sometimes down to a bit, where do you notice that in yourself? *(re feelings chart)*
> Partcpt 5: I dunno. I just used to get in trouble more and think it was my fault but I don't really get into as much trouble anymore (partcpt 5: ssitv 2).

Reflections around friendship:

> Norah: Ok, so it *(relationship chart)* makes you think about who's really important in your life?
> Partcpt 3: Yeah, who's my real friends really? Who is someone I can talk to if I needed to?
> Norah: Ok, did you feel that was too personal?
> Partcpt 3: No, not really.

> Norah: *(re friends*) Ok, you had a big gang before?
> Partcpt 1: I did but then realised not everyone is your friend in a big gang. You're better off with your friends, there's a small group of us now and we do our own thing(partcpt 1: ssitv 3).

Changes in levels of anger and feeling down:

> Norah: You were saying since you did this course you found yourself more angry, rather than more down? … Has it evened out a bit?
> Partcpt 1: It's evened out a bit … I don't feel like ... I don't be down any more, I just get on with it, these things happen so I have to get on with it … and then ... I just get annoyed sometimes at other people like, like take my anger out on other people then but I wouldn't be down. (partcpt 1: ssitv 3)

Assertiveness skills:

> Partcpt 4: I know one thing that's changed. Assertiveness, when the computer game was broken, well I just said, like real calmly, no, it was broken when I got it ... That's not right! And they gave me the money back. (partcpt 4: ssitv 2.)

4.3.6 Mothers' reflections

Mothers expressed hopes in the initial meeting for their teenager and reflected on these in their later group and individual meetings. Increased confidence for their child was mentioned initially by all five mothers as a desired outcome of the programme. The ability to get along better with siblings was mentioned by three mothers.

Mothers reflected on changes in emotional awareness and behaviours they noticed in their children. This was related to the questions on the feelings chart concerning their child that they had filled in at the start of the 'up2talk' programme in April 2015 and repeated in their individual interviews in June 2015 (ssitv 2). These charts provided a reference point for discussion around changes and developments in the teenager.

Mothers were concerned about education, some reflected on their own experiences of school; others considered the effects of violence on their life patterns and were concerned how this might impact on their children:

> Norah: The bit I would be a bit concerned when they start that … kind of becoming bad tempered about school, it's easy to … And he's a smart kid, he'll be looking to go to college?
> Mother 1: Yeah, yeah, that's what he would always say ... I just, I remember myself, personally, I hated school from first year I couldn't wait to do the Junior Cert and get out there, it just doesn't …
> Mother 1: Yeah, the only thing I'd be a bit wary is my own experiences; this is actually relevant to this. When we went through all that moving … that was me running away, bringing the children with me … But I don't want them to feel that it is constantly okay to pack up and run and move.
> Norah: But these moves weren't their choice.

> Mother 1: No, no; but I don't want them to feel that because this school isn't working out, 'I'm gonna ... leave'.

The theme of guilt and the 'mother-blaming' by children was identified by one mother, who connected it to the verbal abuse the child had seen her mother receive for a long time:

> Norah: Is she ever angry with you and says you brought all this on us?
> Mother 2: All the time, I'm the cause of all the problems …
> Mother 2: Exactly, but you see she heard her dad blame me for everything for years…

And more frequent hugs were experienced by another mother:

> When I came in from work yesterday he gave me a hug, which is now—that's not very unusual, but he is doing it more frequently now (Ruth: ssitv 2).

More confidence was apparent, according to several mothers; Liz had definite examples of this increased confidence in daily life:

> Norah: He had said, and you had said from the start that what you would like to see for him is more confidence. Do you see any changes in that department?
> Liz: All the different friends coming to the house, going to more sleepovers … a different variety of people he's interacting with … he's more confident … in front of everyone, in front of the class ... People he knows, before he would have been nervous … (ssitv 2)

> Norah: What did you think was the best part of this for your child?
> Angie: Definitely the confidence, I see a big change that way. She's definitely more settled and outgoing (celebration day).

Another change was that young people appeared less anxious about leaving their mother alone *"yeah, used to be always hanging around me, now it's: " I'm off'"* (Betty: ssitv 2).

Concern about their children's future was a common theme and a mixture of positive improvements and concerns for the future were expressed. Reflections on their own approach to parenting were part of all the interviews:

> Then he, well … Then he walks off, so well, you know… Is he just? I dunno—
> But I'm definitely going to sit down and have a proper conversation with him (Ruth: ssitv 2).

> There's so much good in him and he's such a good person but he even says to me sometimes he just feels … grrrr. He has a lot of good qualities; obviously, he's just learning how to manage it without getting carried away (Sara: ssitv 2).

> … But with him it was always, always the same, doesn't want to talk about it (domestic violence). Which I was concerned, 'cos he started generating a lot of anger ... em ... he's fine ... He's after chilling out and that's obviously great progress. So that's since coming here to the group. Definitely, kind of that … relaxed and more calm in himself (Ruth: ssitv 2).

Questions about how much the mothers had discussed the family violence with their children were painful to address and were not within the scope of this study to consider in depth. A common thread of wishing to spare the children further pain and uncertainty as to how much they remembered were reasons given for a lack of direct conversation with their children by three mothers.

The denial of the severity of the situation in the past by their children formed another part of the mothers' anxiety about the safety of young people when with their father. This conflict between attempting to protect the children and enabling them to have a relationship with their father was ongoing for several families. The views of mothers were often in conflict with the teenager's positive view of the relationship, with mothers expressing a lot of fear round the access times because of previous instabilities and substance abuse. One mother felt that:

> He'll *(son)* say you're always giving Dad a hard time but my view is that no, when he's with you he should be sober, but he seems to be very loyal to his dad in a way, even though he *(Dad)* doesn't do a lot for him, or when he's with him, he's bored a lot of the time (Sara: ssitv 2).

Another mother mentioned unsuccessful efforts at facilitating access:

> I always tried to help arrange having visits with her Dad ... But when she's with him, do nothing but ... "Come and get me". She wants to be with him and I understand that, he's her Dad, but he's not … it's not real (Betty: ssitv 2).

The ambivalence present in ongoing relationships with a separated Dad was expressed: "*you probably think it's hypocritical after what he did; but he really helped*

me"; and another teenager found that: "*he's just always there for me*". The difficulty in accepting the reality of Dad's behaviour was mentioned in attempts to repair relationships with him: "*we tried but it all kicked off"* (ssitv 2).

Unexpected acts of generosity had been very touching for a parent, where a young person had returned shopping money for clothes with a: "*thank you for taking care of me all these years"* (Mother 3: ssitv 2). Others noted that "*we are having a laugh again"* (Liz), and "*we are closer, I thought that was gone for good"* (Sara).

Mothers' interviews at the celebration day were conducted informally by participants, who dressed for the part as journalists and recorded responses to two questions: "*What did you think of the course? How did it help your child?"* The mothers' responses were compliments on the work done and the great hosting skills on the day. The common thread was how all the mothers saw it had helped build confidence. Mothers and siblings were proud and surprised to see the performances, both live and on DVD, and the individual comments offered by each participant on receiving their certificate. The full attendance of participants and families on the day evidenced the commitment to the programme from the teenagers and their families. The card the group made that accompanied the clay pots display read: "*we found out that bad feelings don't have to last for ever".*

4.4 SUMMARY OF THE CHAPTER

The findings highlighted the silence and shame around domestic violence in society. The emotional suffering, isolation, shame and the self-blame of the individual were frequently expressed in 'up2talk' and correlated significantly with experiences of other young participants in research into domestic violence. The absence of the

young people's voice in domestic violence at all levels emerged. The reluctance to discuss the topic or publicise the programme, evident from within the community to intrafamily, suggested this situation still exists.

The voice of the young people was a key issue in their relationships with their absent fathers and their resident mothers. There were some who saw their father as an important person in their lives and others who had no contact. One family had to go to court to suspend unwanted court-ordered access. The young people blaming their mother for the separation could form part of how they understood the family situation. In the 'up2talk' programme itself, these key issues were manifested in young people's attitudes and communications.

The elements of the programme that were found to be transferable were in the trauma-informed approach, the multimedia instruments and activities and the ongoing review of choice of materials and engagement levels by the participants. The role of third-party discussion maintained their control of personal disclosure. The implications of these findings and how they relate to the literature will be explored in the discussion chapter.

5 DISCUSSION OF THE FINDINGS

5.1 LAYOUT OF THE CHAPTER

This chapter provides a brief overview of the development of the SEL programme 'up2talk', including the initial understanding of domestic violence gained in the community inquiry. The aims of the programme 'up2talk', and the context of the programme's delivery, are discussed. The meaning of the skills and knowledge gained from the research, and during the process of the 'up2talk', are explored. There is a summary of the results in relation to the research questions of the study (5.2).

The findings are explored in connection with the literature review. The emotional expression and the use of voice by the participants in this study, is considered in light of previous support interventions for young people. The significance of the findings of 'up2talk' is debated in terms of relevance to further direct research themes with young people (5.3).

The contribution to knowledge, of this current study, is grounded in the lived experience of adolescents affected by domestic violence who were participants in the study 'up2talk'. The issue of silence and the power of the group to address this issue, and other aspects of domestic violence are discussed. The addition to conceptual understanding, of the effects of domestic violence on young people, provided by this current research study is expressed. How this study, 'up2talk', contributes to practice in the delivery of supports to young people, directly affected, is detailed (5.4).

The strengths and limitations of the study are addressed and possible generalisations are discussed (5.5).

There is an exploration of how the empirical knowledge gained from this research study could inform policy in the supports delivered by the strategy of Cosc: The National Office for the Prevention of Domestic Sexual and Gender-based Violence (2016), and school based SPHE and RSE programmes (5.6). The conceptualisation of the knowledge gained from the 'up2talk' programme to further direct research with young people is considered. The implications of these findings for aspects of this research area, domestic violence and young people, are discussed (5.7). Concluding comments (5.8).

5.2 Overview of the study

5.2.1 The aim of the study

The doctoral study: 'A Culture of Silence' investigated the effects of domestic violence on teenage SEL. The body of research on the topic of domestic violence, historically and in the Irish context, was explored. The use of supports and interventions for young people affected was a special focus of the research. The 'up2talk' programme, designed by the researcher, functioned as an active SEL skills programme for teenagers, and an intervention with planned elements and outcomes. The data generated by the participants of 'up2talk' formed the material for further understanding of the effects of domestic violence on teenage SEL. This dual purpose was in accordance with active research: *"that participation in life is fundamental to our being; knowledge is gained in response to a real need of daily life"* (Wicks, Reason, & Bradbury, 2008, p. 19).

The theoretical contribution to knowledge of this study, around the effects of domestic violence on teenagers, was explored through the lens of silence on the topic. The power of group work to address difficult topics was demonstrated. The effectiveness of the group work in enhancing SEL skills, for identifying and processing some of the negative effects of domestic violence, offered an important addition to direct work with young people affected by domestic violence. Thus, the contribution to knowledge is grounded in the lived experience of adolescents affected by domestic violence, who were participants in this study; 'up2talk'. This is congruent with the stated dual aim of the research study. This was enhancing the SEL skills of participants to enable their understanding of the effects of domestic violence; and the generating of approaches and materials for use with other young people affected.

5.2.2 Context

The eighteen-month inquiry I undertook initially on the community awareness of domestic violence, and the supports available for young people, met with very little success. This inquiry strongly indicated that public discourse on the topic of domestic violence needs to address the general denial of the issue in society. The inability to initiate discussion in the community and education centres led to the development of the programme, 'up2talk', in a family services centre.

The effects of the social political discourse, on young people's experience of domestic violence, have been explored in the literature review. The international figures for domestic abuse are beset by issues such as under-reporting in some countries, contrasted with higher interventions rates and more accurate recordings in others. Overall, the figures represent a state of emergency, according to the reports of the

World Health Organization, London School of Hygiene & Tropical Medicine, and South African Medical Research Council (2013). The Irish prevalence figures are partially compiled by incidents reported by Gardaí (police) and legal records. The 2014 domestic violence figures in Northern Ireland being four times higher, than those recorded in 2014 in the South of Ireland, led RTE News (2017) to question the accuracy of police records. An audit by Shannon (2017) of Gardaí use of the Child Care Act, (1991), to remove children at risk, suggested that the reluctance of Gardaí to be involved in giving evidence contributed to under-recording of such incidents. These are current examples of the silence around domestic violence affecting prevalence figures within statutory bodies.

The current mandatory reporting system in Ireland appears to offer little, if any, voice or choice to children concerning the outcomes of disclosure. The aspirations and legislation contained in the United Nations Convention on the Rights of the Child (UNCRC, 1991), are difficult to translate into everyday practice with children (Lundy, 2012). The applications of these rights in education and services are hampered by funding cuts, a dearth of specialised personnel and a lack of training opportunities (Buckley, 2014).

The rigidity of the theme of silence and the power of group work, for emotional support and SEL enhancement, proved to be the key elements of the study.

5.2.3 Summary of the results of the research questions

1. How can a specially tailored SEL programme positively affect social emotional skills in 12–14-year-olds impacted by domestic violence?

2. How can such a group help participants to develop awareness of how the domestic violence in their families had affected their SEL skills?

3. How can a small-scale programme generate themes, ideas and instruments to develop SEL programmes for other young people affected by domestic violence?

The participants demonstrated increased SEL skills through activities completed as a group and as individuals. These are detailed in section (4.2). Their active skills of communication, decision-making, team-building and goal-setting progressed to the design and hosting of a celebration day event. Reflexive skills of emotional literacy were increased, including empathy and awareness of emotions and behaviour. These changes, substantiated by observations of the facilitators and parents, indicated significant enhancement of SEL skills as a result of the intervention 'up2talk'. These outcomes were specifically related to the first and second research questions.

The third question concerned the transferable aspect of the programme and was addressed in (4.3). The flexible framework of 'up2talk' was designed to meet the needs and ability of the participant group. This approach is transferable as a model; as the principles informing these methods and elements can be utilised to design an intervention for another group. A fundamental element was to address essential themes—silence, shame, self-blame and lack of voice—as these were highlighted in research and emerged as central to the findings of this 'up2talk' study. The trusted local person, the nurturing approach, the safe place and the enjoyment of the programme all formed part of a trauma-informed approach to support. This study demonstrates the effective use of third-party discussion and how this was skilfully used by participants to negotiate their disclosure and engagement. This regulation of the pace of sensitive interviewing by the participant has been identified in research as key to maximising the benefit of direct research (Abrahams, 2010; Katz, 2015a).

Their management of the pace and level of the interview reduced the risk of negative effects on participants (Evang & Øverlien, 2014).

5.3 THE FINDINGS OF 'UP2TALK' RELATED TO THE LITERATURE

The findings concerning the participants' direct expressions of negative emotions they had suffered, related accurately to the body of research with other young people affected by domestic violence (Holt, Buckley, & Whelan, 2008; Stanley, Miller, & Richardson Foster, 2012; Cater & Øverlien, 2014). The findings of 'up2talk' have further implications to the debate around direct research and group work with young people affected by domestic violence. This debate about hearing their voice in research and practice includes discussion of the possible benefits of direct engagement of young victims, and the perceived risks of harm by retraumatisation (Thoresen & Øverlien, 2009; Evang & Øverlien, 2014; An, Kim, Joon Choi, Platt, & Thomsen, 2017). The effectiveness of SEL skills in 'up2talk', thus enabling these young people to address the effects of living with domestic violence, accords with the trauma informed approach to education and building resilience (Rossen & Hull, 2013).

The systematic manner that victims of domestic violence are impacted by silence and shame has been established in international research. Many qualitative UK and Irish research studies prioritised the voice of the young person (Buckley, Holt, & Whelan, 2006; Mullender, 2006; Hogan & O'Reilly, 2007; Stanley, Miller, & Richardson Foster, 2012). International quantitative reviews have established the prevalence of domestic violence towards women and their children and the widespread underreporting of this issue (United Nations International Children's Emergency

Fund, 2006; World Health Organization, London School of Hygiene & Tropical Medicine, & South African Medical Research Council, 2013; FRA European Union Agency for Fundamental Rights, 2014). This amounts to a societal, familial and individual web of silence on the subject of domestic violence. The design and delivery of specialised support groups and programmes, without direct consultation with those affected, contributes to a systematic silence for the participants (Georgsson, Almqvist, & Broberg, 2011). Issues around manualisation, recruitment of young people to direct research and the pace of engagement of programmes are decided by those designing the research (Thoresen & Øverlien, 2009). The input of young people affected, the experts on the topic, is rarely included, although young people have definite ideas and preferences around this work (Houghton, 2015b).

5.3.1 Emotional expression and social skills

The main themes identified by young people in this study, 'up2talk', of shame, self-blame, isolation and feeling unique were consistent with research (Collis, 2013). The damage to social development caused by these negative emotions (Clarke & Wydall, 2015), highlighted the importance, and value, of SEL skills training in this group. The use of sensorial materials aligned with the understanding that: *"children who experience violence in their homes experience it with all their senses"*(Øverlien & Hydén, 2009, p. 181). This equated with the positive engagement of 'up2talk' participants with art, clay, drama and movement. The reduction of negative emotion for the teenagers in this study was related to growth in their communication skills, assertiveness and the ability to reflect on their experiences. This included situations within the 'up2talk' itself, and past events. The participants named this enhanced ability to name emotion and experience clearly in their reviews, in a similar manner

to young people in research studies. The role of life skills in addressing trauma, and acquiring new emotional and educational was emphasised in the study of Youthreach learners; a group who were found to have a consistently high levels of ACEs (Gordon, 2017).

5.3.2 Voice of young people

How this system of silence negates the voice of young people was demonstrated very clearly in 'up2talk', as victims had no name or context for their experiences. Research into the value of young peoples' involvement in designing publicity that will be effective, corresponds with the ignorance of terms such as *'domestic violence'* shown by participants in the 'up2talk' study. This questions the effectiveness of publicity materials, designed by 'expert adults', in reaching the young people (Houghton & VAV: Voice Against Violence, 2011; Cody, 2017). The findings illustrated how this lack of voice for young victims extended from their own awareness, through experiences of disclosure and interventions such as family support. This issue of having their voice heard is central in research concerning the effects of trauma on young peoples' development (Buckley, Holt, & Whelan, 2006; Hogan & O'Reilly, 2007; Lundy, McEvoy, & Byrne, 2011; Lundy, 2012). Young people were rarely consulted in issues such as access arrangements (Hester, 2011; Holt, 2015). This was illustrated by the family in this study, 'up2talk', who were obliged to attend court to stop access, a decision that had been clearly requested by the children. The need for more direct research to hear children's voice is especially relevant to domestic violence, which fosters silence. Lundy's (2007) model requires that young people have space, voice, audience and influence to enable meaningful participation in matters that affect them. The development of the skills to use their voice is described in Houghton and

VAV: Voice Against Violence (2011). The developmental pattern of these current findings, 'up2talk'; was shown in a gradual increase in skills and confidence in the group and group support, leading to the ability to begin addressing their experiences of domestic violence.

Enabling the voice of young people is a key factor in the practice of direct research. How young people experience sensitive research was explored by Ybarra, Langhinrichsen-Rohling, Friend, and Diener-West (2009), and how they manage the process was studied by Cater (2014). The enhanced SEL abilities of 'up2talk' participants to make positive changes and reflect on their experiences, combined with their increased level of emotional well-being, indicated the relevance of the space, voice, platform and influence model in the SEL training of 'up2talk':

> An important first step is that children are asked which matters they consider impact on them, and how (or indeed whether) they would like to be involved in influencing the outcome of the decision. Children complain that the issues which they are allowed to influence are predetermined (Lundy, 2007, p. 934).

5.3.3 Interventions and group supports

The young people in the group 'up2talk' expressed emotions, experiences and preferences in line with the results in quantitative research into the effects of domestic violence (United Nations International Children's Emergency Fund, 2006), and qualitative studies with smaller numbers(McGee, 2000; Buckley, Holt, & Whelan, 2006; Hogan & O'Reilly, 2007). The participants demonstrated the ability to regulate their engagement through their actions, and through direct expression of choices to continue speaking in general terms or be more personally direct in their individual interview. The element of choice in the approach to sensitive topics and the control of timing and engagement with traumatic events with specialised groups has been studied from the child's perspective (Ybarra, Langhinrichsen-Rohling, Friend, &

Diener-West, 2009; Georgsson, Almqvist, & Broberg, 2011; Evang & Øverlien, 2014). These studies revealed that anxiety was caused for the young participants by feeling pressure to approach difficult topics, a lack of choice in the pace and methods of group work and feeling a loss of control of the process. The use of age-appropriate and multimedia materials was found to lessen these negative responses (Coburn & Gormally, 2014; Houghton, 2015a; Bunston, Pavlidis, & Cartwright, 2016; Hellman & Gwinn, 2017). The young participants in 'up2talk' had clear preferences in their activities and engagement levels, and this was mirrored in research with young people in Scotland who prepared publicity materials and conducted an online survey (Houghton & VAV: Voice Against Violence, 2011). The participants in research studies in this literature review frequently mentioned the relief of sharing their experiences (Collis, 2013), and particularly in the context of a group (Coburn & Gormally, 2014). The teenagers and their mothers in the study 'up2talk' expressed the benefits gained from the group 'up2talk', in terms of increased confidence and self–efficacy for the individuals. There was an improvement in the relationship for three of these five mothers with their child, an element also mentioned in research into groups (McManus, Belton, Barnard, Cotmore, & Taylor, 2013). It is interesting that the issue of retraumatisation, a frequent reason for not engaging with work with young victims of domestic violence, was never mentioned by any participant in this current study. The protectionist view of children and young people as being vulnerable to sensitive research, and unable to articulate or moderate their response is challenged by the experience of this study and the research (Øverlien & Hydén, 2009; Katz, 2015a).

5.3.4 Exploration of the results

The central theme of silence and shame around domestic violence was consistent from the earliest community inquiries, which met with a brick wall of silence, resistance and denial of the topic. This silence continued through the 'up2talk' programme, with five teenage participants and their mothers. All five families had participated in family support services, had volunteered for the programme and received explanations at an individual meeting about the content of the programme. Therefore this silence inside the family, and ignorance of the term and concept of domestic violence among the teenagers, was an unexpected result. At different stages of the programme three of the five participants asked the researcher what was '*domestic violence'*. Later in interviews two of the participant families, mothers and teenagers, mentioned that they had avoided talking about the issue of the domestic violence among themselves, or during therapy (McManus, Belton, Barnard, Cotmore, & Taylor, 2013). These attempts by mothers and children to protect each other from painful discussion are frequently referenced in research (Humphreys, Mullender, Thiara, & Skamballis, 2006). This extreme silence corresponds with the research literature on the public attitudes to domestic violence as hidden and shameful (Stanley, 2011; Lawlor, 2014). The strength of some participants' attachment to abusive fathers was not foreseen by the researcher, in 'up2talk', and highlighted the need for awareness of the significance of this bond, even in negative relationships. A safe place to discuss these complex emotions was part of some support groups for children affected by domestic violence (Thompson, 2011; Nguyen, Edleson, & Kimball, 2012). Open discussion with a responsive, flexible approach and ongoing review, met such emerging needs of the participants in 'up2talk'.

The detailed and frequent connections between the themes expressed by ‘up2talk’ participants, and those identified in research, suggested that the homogeneity of the group, and the small number in the study did not significantly limit the range of their experience. There were notable differences in the views and experiences of the five participants, as detailed in larger-scale research around emotional effects and social effects of domestic violence. The influence of culture, religion, disability and ethnicity on the context and experience of domestic violence is a central element in research, but falls beyond the scope of this current study. Research suggests that religious and cultural attitudes, and political status such as that of migrants, impacts at another level on the experience of domestic violence (Safe Ireland, 2014; Women's Aid, 2017). The five participants were all of the same local ethnic group and shared a common culturally referenced background. However, differences in responses to the experience, preferences in group work, concepts and beliefs around domestic violence were extremely varied among this group of five and their mothers, and corresponded to a wide range of responses illuminated in the literature review. The individual, but not unique nature of domestic violence being a core finding in the literature review and the study, ‘up2talk’, enables transfer of successful approaches to support groups for others affected. The central tenets of the programme, that it is integrated into the community and is participant led, enable the generation of a tailored programme that forms part of the lived reality of any group of participants.

The supportive environment in the ‘up2talk’ programme and confidence gained by enhancing their SEL skills in a participant-led group formed the central foundation of the transferable elements of ‘up2talk’.The SEL skills enabled the participants to discuss domestic violence and its effects and to learn about emotions and

responsibility, and this significantly reduced feelings of self-blame and shame. Their choice of engagement level by third-party debate and indirect discussion offered emotional safety.

5.3.5 Significance of the findings

Key insights emerging from discussion of the study that are relevant to research include the web of silence around family violence from societal discourse to intrafamily discussion by victims; the importance of facilitating voice for the young people affected by domestic violence; the value of process and participant-led interventions for them; and the benefit of support from trusted local personnel.

The implications from the findings for educational practice and youth policy, prioritise hearing the voice of young people in youth- and community-based initiatives around domestic violence and healthy relationships. This awareness encompasses whole-school activities and classes such as SPHE, with the aim of increasing discourse around domestic violence. This would assist the voices of those affected by domestic violence to be heard and facilitate their direct input into the design of effective supports.

There is a paucity of direct research into the lived experience of young people affected by domestic violence, and how this impacts their SEL development, from their own perspective. This study provides valuable insights into the impact of this violence on their social emotional lives, from the young people concerned.

The study describes how these effects of domestic violence, and the silence surrounding it, intersect in their daily life. Their journey to awareness illustrates the SEL stages in the development of the necessary communication skills and self-confidence for the young people to engage with these topics. The system of silence

had actually increased negative emotion, fear of intervention and isolation among participants in their everyday lives and within their families. The value of a trauma-informed approach, providing awareness and support for young people to address the issue, was vital. The nuanced methods participants used in disclosure and discussion showed understanding and ability in regulating the research process. The findings tracked the conscious development of these SEL skills with ongoing reviews by participants, parents and facilitators. These findings add to the knowledge base of the concepts around direct research of domestic violence by connecting and reviewing theory and practice. The elements that are effective in direct research with young people are identified by the participants, during their engagement in the programme and their ongoing process review.

5.4 CONTRIBUTION TO KNOWLEDGE

This research study contributed to theoretical knowledge of how the embedded public silence, and the concept of domestic violence as shameful, impacts on all aspects of the experience itself, and the available supports, for young people affected by it. The focus of the group, 'up2talk', shaped by participants, was on the role of SEL skills in supporting young people affected by domestic violence. This research study offers empirical knowledge of young people's experience of domestic violence. This approach adds to the theoretical understanding of how the issue impacts teenage SEL, and contributes to developing methods and practice in support groups for such young people. The 'up2talk' study thus supports the transfer of the conceptual knowledge gained into practice work with young people.

5.4.1 Levels of engagement and therapeutic supports

The ‘up2talk’ tailored design, matching specialist support to the boundaries of the group process, engages with the ‘participation versus protection’ debate around young people’s direct voice in research. Negotiating a balance between social skills training and therapeutic changes is informed by the input of parent/guardians, local representatives of therapeutic and social services, and the participants themselves. This particular model uses personal and local knowledge to ground the programme, and shapes it in line with local culture, religion and the personal support needs/ disabilities of the participants.

This is a perquisite for any purpose led group (Stock-Whitaker, 2001). This understanding will develop in the group but begins as a statement of intention, process and boundaries. In ‘up2talk’, participants and parents were informed at the start that while the group was for those affected by domestic violence and would address the issue, they would not be asked direct disclosure questions. They could also pass on any activity and leave the group briefly, or altogether, at any point.

I developed the following diagram, Figure 12:p.259, to illustrate the relationship between participants, facilitators, levels of engagement and required levels of therapeutic support in groups. This diagram reflects the design of the ‘up2talk’ group, but can be adapted to structuring other groups.

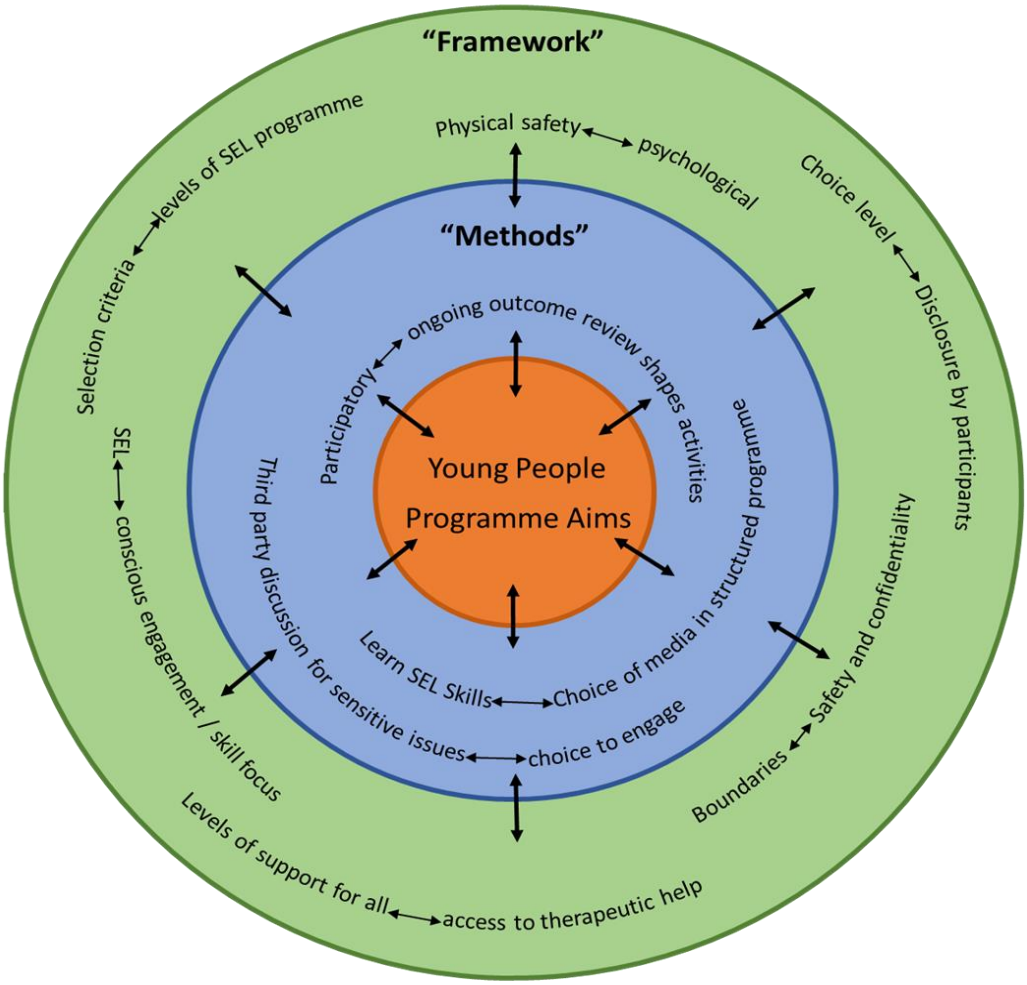


Figure 12: Levels of engagement and support in groups

The three circles are interconnected:

Orange: The young people are at the centre of the development of the aims and purpose of the group.

Blue: The methods and media are shaped by the ongoing choices of participants to work towards the agreed aims. The levels of engagement and depth of exposure to sensitive topics are related to the choice of the participants and the stated purpose of the intervention.

Green: The boundaries of the group reflect the agreed limits of the group's function, physical and psychological. The level of therapeutic support depends on the issues,

the intensity of engagement, the abilities, the resources and the needs of the participants and facilitators in the group.

The 'up2talk' method was based on providing a nurturing safe space for the participants and to offer active learning of SEL skills. The literature around successful teaching of social skills and communications by the Collaborative for Academic Social and Emotional Learning (2015), identifies positive relationships and active learning as the essential elements. This applies across whole-school programmes like 'Life Skills' by the World Health Organization (2000). The intensity of the engagement with trauma determines the level of therapeutic support necessary to operate the group. The trauma informed approach in education aims to support educators dealing with traumatised children in understanding the effects and behaviours resulting from trauma (Burgess & Phifer, 2013b). The supportive environment and the modelling of positive relationships in the classroom aims to offer the child alternative experiences and behaviours and empower them to participate in learning.

5.4.2 The research area

A contribution to knowledge was the research area itself; providing a study of a sequential SEL skills programme, 'up2talk', that was also a reflexive model. This used ongoing review by the teenage participants of the efficacy of these SEL supports, to formulate and evaluate the programme.

The use of multimedia approaches and sequenced interviews offered an opportunity to discern these personal skills developments from the perspective of the teenage participant. This study expands the knowledge of the young person's experience, and develops useful approaches to direct research and group work with traumatised

young people; identified in research (Pepler, Catallo, & Moore, 2000; Thompson & Trice-Black, 2012; Howell, Miller, Barnes, & Graham-Bermann, 2015).

5.4.3 The methods of 'up2talk'

The practice contribution to knowledge concerns the methods used in the study 'up2talk'. The interactive, multimedia methods, set within the framework of participant led choices of material and pace, used the skills model (Hellman & Gwinn, 2017). The participants' nuanced responses, both oral and through their artefacts, add to the theoretical knowledge around their direct experiences. The efficacy of the methods of third party discussion and the use of drama, art and artefacts expands the concepts of what constitutes the safe environment necessary for the processing of trauma (van der Kolk, 2007; Kagan & Spinazzola, 2013). The beliefs of young participants in 'up2talk' concerning domestic violence, and their ability to reflect on the effects on their own SEL development, call into question the frequent reluctance to engage with young people in direct research. This is due to perceived risks of retraumatisation, the possible challenges in interpreting their views and ethical restrictions (Evang & Øverlien, 2014; Byrne & Lundy, 2015; Clarke & Wydall, 2015). The ongoing choice of levels of engagement in every session and activity, the use of third party discussion and group debate provided a boundaried safe space for participants in 'up2talk'. This enabled them to learn SEL skills at their own pace, and thus approach difficult topics well resourced.

5.4.4 The issue of silence and domestic violence

The study addresses a current problem. It increases knowledge of how an embedded system of silence impacts negatively on young people's lives and their experiences of domestic violence (Øverlien, 2010; Georgsson, Almqvist, & Broberg, 2011). The

silence intersects in many aspects of life and deepens isolation and self-blame for the young people. The body of qualitative research, in Ireland and internationally, has enabled the voice of children and recorded their expressions and experiences of living with domestic violence (Buckley, Holt, & Whelan, 2006; Evans, Li, & Sepanski, 2013; Habib, Labruna, & Newman, 2013; Swanston, Bowyer, & Vetere, 2014; Grasso, Dierkhising, Branson, Ford, & Lee, 2016). This research study further explored the issue of silence at the inquiry stage, at community level, and within the 'up2talk' programme'. The effects of this silence are exemplified in the current study; in society, prevalence figures, educational institutions and even in the safe space of therapy for families affected.

5.4.5 The group work model

The structured group SEL training, 'up2talk', aimed to enhance the participants' SEL skills, and to meet emotional and communication needs identified in direct research with young people. The SEL approach offered the teenagers affected by domestic violence, specific skills to address SEL deficits without including personal disclosure. The issues included self-blame and shame around domestic violence, and restricted relationships and communications skills due to trauma, isolation and family secrets. The power of the group to support difficult discussion and break the silence and isolation, operated even with the limitations of the third party approach. This approach involved using scenarios and posing questions indirectly to the group on sensitive topics, allowing space for questions, reflections and opinions without personal disclosure. The group used free expression at their own level of engagement, and combined this with their individual interviews. This process provided a direct link between experience and reflection as expressed in the voice of

the young participants. This expands the empirical knowledge of how young people make sense of the experience of domestic violence—an issue that has been explored in direct research with young people affected (Graham-Bermann, Kulkarni, & Kanukollu, 2011; Callaghan, Alexander, Sixsmith, & Fellin, 2015). The power of group work to break the silence and build skills and confidence expressed itself in action and reflection by the young participants of 'up2talk', and the resulting data expand the knowledge base of this group process. This 'up2talk' study provides sequenced data on how participants, mothers and teenagers, utilised the instruments of SEL to express and reflect on emotions and support each other.

The study further contributes to the theoretical debate around the benefits and risks of participation in sensitive research by demonstrating the importance of this sequential SEL skills training (Habib, Labruna, & Newman, 2013). The use of group work in direct research has suggested that young people dislike being told when to disclose details of their trauma and value having control of the timing and depth of the process (Gray, 1998; Katz & Hamama, 2013). Similarly, reviews of group interventions for those affected by domestic violence have highlighted the need for flexibility and a child centred approach (Hellman & Gwinn, 2017; Furlong, Leckey, Roberts, O'Connor, & McMahon, 2018). This current study, 'up2talk', adheres to recommended approaches to working with trauma: creating a safe place for the victim (van der Kolk, 2003), empowering them with the tools they need to address the issue, supporting them in emotionally processing trauma, using a variety of methods, and recognising the somatic nature of many emotional traumas (Fosha, 2003; Dauber, Lotsos, & Pulido, 2015).

The methods of the 'up2talk' add to the body of knowledge concerning the ability of the young people to manage their discussion and emotional process of this sensitive issue, domestic violence. The teenagers moderated their disclosure and chose their level of engagement very clearly, and the importance of this for participants has been identified in research (Ybarra, Langhinrichsen-Rohling, Friend, & Diener-West, 2009; Evang & Øverlien, 2014). Their improved understanding of how to use and reflect on these nuanced methods of communication in 'up2talk', demonstrated their increased awareness of the effects of domestic violence on SEL, and their enhanced SEL skills. A key feature of this study is the particular focus on the voice of the young participants. This desire to be heard is highlighted in the body of research around young people and the effects of domestic violence. The importance of having choices about interventions, and the negative effects of feeling forced to participate or answer certain questions, has been recorded in evaluations of supports (Holt, Kirwan, & Ngo, 2016). This study, 'up2talk', adds to the expertise around using group work in approaching trauma effects with young people. It illustrates how increased self-efficacy and reduced shame and self-blame can be enabled in the group without the need for self-disclosure of trauma. This connects with a public health approach to widespread trauma, such as domestic violence, which recommends responding as if to an epidemic. This approach aims to reach the maximum number of the population, as it is impossible to ascertain who has been affected (Blaustein, 2013).

Research into trauma-informed work at school level by Burgess and Phifer (2013b) and in residential care settings by Habib, Labruna, and Newman (2013), finds the supportive relationships and the acquiring of basic social skills to be very important for effective group delivery. The adult carer, whether in school, youth service or other

facility, requires an understanding of the effects of trauma (Bulanda & Byro Johnson, 2016). This relates to the group work model, Figure 12: p.259, which requires therapeutic support to be in line with the boundaries of the group process, and the abilities and needs of participants. This was the approach of 'up2talk' where the two facilitators had the support of a specialist therapist available in the event of a young participant becoming distressed and needing further individual assistance. This was not necessary in any session but offered a valuable safety net.

Bowlby (1988) found serious damage to relational ability to be a lifelong result of domestic violence in childhood. This was established in the study of ACEs by Anda et al. (2006). Barnardos' review of their 'TLC Kidz' programme for young people affected by domestic violence indicated that closer relationships and better communications resulted (Furlong, Leckey, Roberts, O'Connor, & McMahon, 2018). The international research into effective interventions for young people affected by domestic violence found that their top priorities were being heard and having a safe space to break the silence (Abrahams, 2010; McManus, Belton, Barnard, Cotmore, & Taylor, 2013; Howarth et al., 2015). The findings of 'up2talk' validated the importance of supportive relationships in the group, for acquiring SEL skills and breaking the silence around the violence. The multimedia method for learning the SEL skills and expressing emotions in 'up2talk' was informed by the somatic nature of trauma, which is not always lodged in conscious memory (van der Kolk, 2003). The teenagers' moderation of their involvement demonstrated their capability to manage interviews. This has been identified in research as a way of reducing stress with those affected by domestic violence during interviews (Evans, Davies, & DiLillo, 2008; Øverlien & Hydén, 2009; Greig, Taylor, & MacKay, 2013). The two related issues of

silence and voice appeared consistently through the expressions of the 'up2talk' participants. These themes were key issues in the body of research literature into children's experience of domestic violence since the 1980s.

A structure that provides boundaries to the programme's activities and depth of engagement, and has appropriate levels of therapeutic support is required in group work, especially when dealing with trauma. Figure 12: p.259, illustrates a system I designed for matching levels of engagement to therapeutic support.

5.5 THE FINDINGS: STRENGTHS AND LIMITATIONS

The strengths of an intensive interaction with a small number include the time available to build positive relationships, between facilitators and participants and with each other in the group. Limitations could be said to be around the size of the group in terms of generalising from the data. The fact that all the participants had the same ethnicity is a limiting factor in generalising from the personal experiences of participants in the study as discussed in (5.3.3). The importance of religion, culture, physical and mental health status in research was not however the focus of this study. The limited age range (12–13-year-olds) indicates that different activities and leadership styles would be required for other age groups. Research interventions have tended to focus on extreme cases and participants are frequently recruited through shelters, social or mental health services or court records. In this case, all five participants were living in their family homes, were attending school and were fully participating in the programme. In this respect they appeared atypical to many participants in direct research studies of domestic violence. However, during the ten weeks intense emotions emerged both individually in interviews, and by third-party

discussion. The experiences and feelings they shared in 'up2talk' corresponded to those at all levels of disclosure in the literature review, as did their desire to choose their own activities, snacks and levels of exposure and engagement in this programme.

The fear of being forced to talk about trauma, and the possible ill effects from remembering it as part of a group process, were expressed by the 'up2talk' group and their mothers, and these issues are documented in the reports of specialist groups for young victims (Graham-Bermann & Hughes, 2003; Howarth et al., 2015; Bunston, Pavlidis, & Cartwright, 2016). This raises the question as to who should decide when it is necessary for participants to share their traumatic experience and if it is helpful for them to disclose in a group (Furlong, Leckey, Roberts, O'Connor, & McMahon, 2018). Individual disclosure can form a standard part of a manualised group session (AVA: Against Violence and Abuse, 2010); this approach does not align with the method, ethos or experience of this group.

As 'up2talk' developed, the small number of participants, five teenagers and their mothers, generated a richness in the data, that came from the close trusting relationships in the group. The breadth of experience and understanding across the five young participants and their mothers resonated with the experiences of participants in research studies, large and small. The variety of post-separation contact arrangements in this group mirrored experiences reported in research. The ten-week period of 'up2talk', with a follow-up interview six months later, enabled deep reflection on the part of participants and facilitators. This ongoing awareness of changes in behaviour and understanding was instrumental in the acquisition of SEL skills for participants, not merely as attitude changes or acquisition of new

information. The three participants who attended the third interview in December said that they had maintained their levels of improved self-confidence and increased social interaction. This lasting impact of effective SEL was found in the quantitative review of SEL in American schools (Taylor, Oberle, Durlak, & Weissberg, 2017). The mothers and teenagers feedback from interviews offered valuable insights into the changes that took place in attitudes and behaviours in the individual, and the family during 'up2talk'. This improvement in family relationships is noted in reviews of support groups (McManus, Belton, Barnard, Cotmore, & Taylor, 2013).

5.5.1 Generalisations from the results

The application of this SEL model for young people affected by domestic violence to other groups, lies in the guiding principles of a participant led programme, formed by ongoing review of the participants. This approach is represented in Figure 12: p.259, and puts the young person and their needs at the centre of the programme design and delivery. The methods of learning, the boundaries of materials and engagement, and the appropriate therapeutic supports are emanating from the centre. This framework is the transferable element of the programme 'up2talk'. Table 15: p. 226, represents some of these elements of the 'up2talk' programme.

Although the study was small-scale, the participant data identified key emotional issues, highlighted from research, that are relevant in any support programme. Similarly, the pervasive nature of shame and silence operating as a system in 'up2talk', is an issue that requires background research for any proposed group affected by domestic violence. The level of engagement is an ongoing process to be negotiated in any new group, and particularly in domestic violence groups. Young people have been denied a voice by domestic violence of its nature, both in the home

and the wider community. Thus, the control over their level and pace of engagement is vital for a safe group setting. Manualisation of group programmes such as 'up2talk' is a contested issue in evaluation studies, as it can act to restrict their effectiveness. A tightly structured session may not be able to address unexpected issues due to time factors. The participant choice about their pace of engagement will be restricted if the sessions are mapped out in detail in a manual (Howarth et al., 2015). Therefore, generalisation to other groups from 'up2talk' will be most effective in utilising its approach, instruments and 'plan, do, review' method. The use of a trauma-informed approach requires experienced group leaders, integrated therapeutic referral, and the provision of a safe space and engaging activities for the group. The effectiveness of offering multimedia methods would apply to any group of young people, who will have talents and preferences in their approach to their work. The importance of choice and voice for group members is a key tenet of this intervention study. This is a transferable element and involves the ongoing selection of activities—and the reflection on the process for participants and group leaders—as the learning method of the programme. The SEL skills, both active and reflexive, develop from this voice and choice approach.

5.6 Developing useful practice ideas

The contributions for use in practice include method and approach, and instruments, involving both practical tools and techniques of communication. The centrality of the young people's voice and their choices shaped the process. The intervention study illustrates multimedia methods of developing communications skills and SEL. The development of third-party discussion, expression through artefacts and use of

drama shown in this study are very relevant for work with traumatised young people. These instruments are adaptable and use low technology and inexpensive resources. The study offers frameworks for designing SEL groups for those educators, youth workers and professionals who work with young people in the general population and with specific at-risk groups, using the trauma informed approach (Rossen & Hull, 2013).

5.6.1 Areas of SEL programme development

SEL and assertiveness training are first-aid tools for dealing with any trauma or life challenge. Young people are aware of their needs and know what way they learn best and at what level. The challenge is to develop simple cost-effective methods of increasing awareness of domestic violence, using personnel already working in the community (Cosc: The National Office for the Prevention of Domestic Sexual and Gender-based Violence, 2016). There is an urgent need to facilitate access to support for victims of all ages and incorporate awareness of such issues into mainstream SEL in various formats (Department of Education and Skills, 2017). At a time of continuing shortfalls in funding, it is imperative to look at existing structures and organisations and expand and integrate with the work that is already being done (Gordon, 2013; O'Sullivan, Moynihan, Collins, Hayes, & Titley, 2014).

Areas for programme development include:

- The interactive methods that build from fun games to more difficult topics could expand the delivery of the SPHE programme, which contains material on violence, addiction and other issues
- The current curriculum for secondary schools in Ireland that uses project work and media projects with teenage students, as laid out by the National

Council for Curriculum and Assessment (2015), for subjects including English and Media Studies could include options to research sensitive issues raised by the students

- A forum for teachers to voice their concerns about teaching SPHE, and address some of the current barriers to delivering SPHE in a participant-led way, could be part of in-service or summer school courses. A survey for teachers on this issue could be initiated using existing networks in the teachers' magazines
- The youth services and voluntary youth organisations already running groups with specialist themes such as self-esteem, and relationships could expand these to include domestic violence issues
- Schools that are involved in bullying prevention, friendship, restorative justice and other programmes could focus on issues such as domestic violence, prioritised by the pupils in the SPHE reviews.

5.6.2 Policy and practice

The data from this study reinforce the recommendations for the delivery of mainstream preventative programmes in domestic violence education by Cosc: The National Office for the Prevention of Domestic Sexual and Gender-based Violence (2016). The need for the appropriate SEL and communication skills for discussion of sensitive topics is shared by teenagers of all backgrounds. The learning points from this study can inform practice for those who design and monitor whole-school SEL, SPHE programmes in the Department of Education and Skills (2017).

- Future interventions could benefit from the insights gained from working with young people in this study in the following ways. Policy around

prevention and education on domestic violence needs to factor in the level of secrecy existing among children and families, even after interventions. This suggests an urgent need for public conversation about domestic violence and a new approach to involving young people in designing information around prevention.

- The numbers reporting psychological and emotional abuse are higher than physical violence in the latest figures in the report of Women's Aid (2017). The low levels of awareness of the nature of abuse is still evident in victims' reports and the public's view, according to the impact report of 2016 by Women's Aid (2017). The use of SEL training in 'up2talk' provided the skills to develop voice, where denial and ignorance of what constitutes domestic violence had silenced it among participants.

5.7 Recommendations for further research

Further research into the value of SEL skills training in preventative education and in recovery from trauma, including domestic violence, would increase knowledge of what constitute effective supports for young people. The increased understanding of trauma-informed approaches and methods would be very beneficial for those who work with all young people, as trauma is part of life (Rossen & Hull, 2013; Bulanda & Byro Johnson, 2016). Direct research into young peoples' trauma in their daily lives, such as the current study, increases understanding of their lived experience. Greater knowledge of how they prioritise supports will enable the design of more effective interventions.

The involvement of trusted local personnel working in the community is essential from the initial outreach to the completion of the programme. The value of embedded local supports and knowledge of local issues in this 'up2talk' study, has implications for direct research. The effectiveness of engagement with the research process by participants appears to be significantly impacted by how they are contacted and consulted in the design of the research.

5.7.1 Reflections on the process

I began the initial research with a real-life understanding of the effects of domestic violence from a career working with young people and their families with multiple social exclusion issues. The significant effects of effective SEL groups on young people's development was shown in the 'Youthreach' centre by improved attendance and placement rates for the pupils (Gordon, 2017). The longitudinal results often surprised me on meeting students years later. Students recounted how they had used the social skills to gain employment in service industries or spoke of using assertiveness skills in everyday life. In the situation of ongoing crises working with traumatised young people, responses are urgent and instant. It was years later when the opportunity to conduct a doctoral research study on the effect of domestic violence on teenagers' SEL became available to me. The understanding I had gained in practice was expanded to encompass the complexity of the family relationships that exist within, despite and because of domestic violence. The expansion from a local viewpoint to knowledge of international research was a major learning experience.

In this wider context I became aware of the long-lasting effects of adverse childhood experiences (ACEs). I learnt about the interplay between addiction, domestic

violence and mental health and the intergenerational implications of these issues (Bellis et al., 2016). I became conscious of the necessity to listen and explore the situation and the parental relationships through the young person's perspective without judgement. Even when the parental relationship presented a danger to the child, they still needed to grieve their loss and express their hopes and fears around the situation—past, present and future. The most important thing I learnt was that each person's experience and emotions are truly unique and to hear them clearly necessitates careful non-biased listening.

5.8 Concluding comments

The international reports on violence against women and children find figures remaining at crisis levels. The latest studies show 13 million women in the European Union had experienced violence in the year prior to the survey (FRA European Union Agency for Fundamental Rights, 2014)—this means 7% of women aged from 18 to 74. A population study in the UK showed high levels of undisclosed domestic violence (Radford, Corral, Bradley, & Fisher, 2013), and similar problems with record-keeping emerged in 2017 in Ireland. The development of direct research with marginalised groups is one hopeful development internationally. Research aimed at hearing the voice of the child is one aspect and this is becoming more influential in research in the international context. The influence of such research on government policy is slower to become established, although consultation with those marginalised by various factors is becoming part of government policy in Ireland and abroad. The efforts at the integration of services for those affected by trauma and violence internationally have been informed by the research into ACEs, illustrating the

detrimental effect of childhood trauma. The trauma-informed approach to work with young people promotes integrational methods and prioritises positive relationships. This broadens the scope of supports from the clinical model and maximises the role of educators and community members in healing trauma with young people. The importance of caring relationships is key for young people affected by domestic violence and it is a need they consistently express.

This research study was initially inspired by seeing the far-reaching effects of domestic violence on the lives of local teenagers. The original concept for the study 'A Culture of Silence' evolved from research, from training and with information from professionals in practice. The learning from the intervention programme came primarily from the lived experience of the participants who committed to 'up2talk'. The value of current methods in relational and child-centred approaches to trauma, such as domestic violence, are significantly related to the findings of this study. The effectiveness of the SEL programme 'up2talk', for teenagers affected by domestic violence, was grounded in supportive relationships, with the facilitators and with each other, and a sympathetic environment.

The research questions concerned the efficacy of a specially tailored SEL programme in extending the SEL abilities of teenagers affected by domestic violence. Their artefacts, interviews, final exhibition and live performances demonstrated that this had occurred for all five teenagers. The question concerning a growth of awareness of the effects of domestic violence on their own SEL, was also answered by their reflections on what they had learnt, and the changes they experienced. The preferred and effective methods of group work were those of active engagement and review, with the important elements being in the area of approach and process, not the

activity itself. The two key messages delivered by these young people in 'up2talk' to others were: '*to tell someone you trust'* and *'don't blame yourself'*. The feedback of the participants of this group illustrates clearly that these two objectives of reduced self-blame and awareness of where to get help were achieved.

From these five teenagers and their mothers I learnt about honesty, courage and humour on their life's journey so far, and their ability to change behaviours and beliefs in the light of new understanding.

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7 APPENDICES

APPENDIX 1: LIST OF ABBREVIATIONS: GENERAL USAGE

CASEL: Collaborative for Academic Social Emotional Learning

HSE: Health Service Executive

ISPCC: Irish Society for the Prevention of Cruelty to Children

NCCA: National Council for Curriculum and Assessment

NGO: non-governmental organisation

NWCI: National Women's Council of Ireland

RSE: Relationships and Sexuality Education

SEL: social emotional learning

SES: socio-economic status

SPHE: Social Personal and Health Education

TCI: therapeutic crisis intervention

UN: United Nations

UNICEF: United Nations International Children's Emergency Fund

UNCRC: United Nations Convention on the Rights of the Child

WHO: World Health Organization

Abbreviations particular to this research study.

FW: family worker

Indiv: individual

Partcpt: participant

Sch: school

Ssitv: semi-structured interview

YS: youth service

YW: youth worker

Gr: group

APPENDIX 2: POSTER USED IN COMMUNITY AWARENESS AND TALKS PROGRAMME

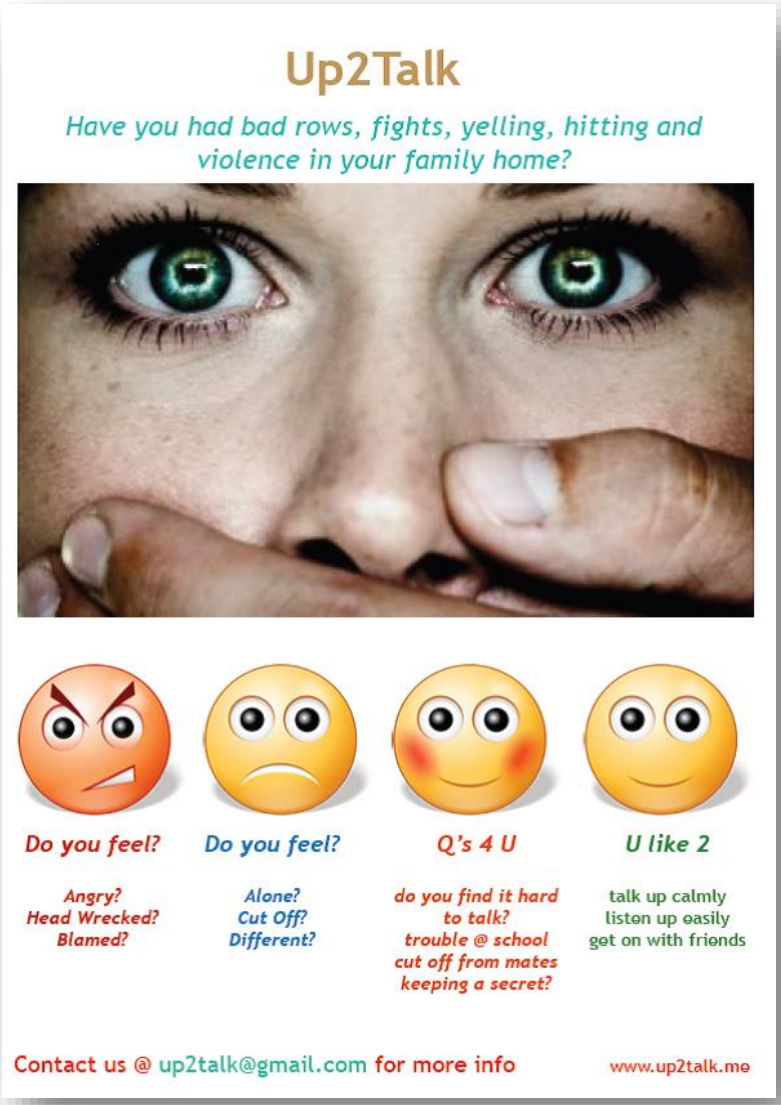

Figure 13: Poster for community awareness

APPENDIX 3: YOUTH CLUBS INFORMATION POSTER

www.up2talk.me

when we have hard stuff happen to us

we get upset

angry, ashamed,lost,down and fed up!

When someone dies or goes away, our mates let us down, we get dumped or something else bad, we can feel

SAD, MAD OR BAD!

When the bad stuff is fights and rows and hitting at home, it's worse cos we have no one to talk to, + feel alone.

Check out: www.up2talk.me

Lots of info, links and stories of young people. Group starting in October here.

APPENDIX 4: PILOT: SPHE SESSION WITH 6TH CLASS ON FAMILY VIOLENCE

Talk to the class 10 minutes on feelings and how they affect us and how living with domestic violence "bad rows and heavy arguments" at home might affect a young person in school and home.

Oral presentation with feedback and interaction

Ask class what work they did most recently in SPHE on feelings and feeling safe

Everyday feelings come and go:

Feelings as a **rainbow** .. Going through different ones in a day: ask for examples: EG (draw on board)

Happy worried upset excited angry giddy

Get everyday examples from the pupils: .....

When really hard things happen to us: bereavement, separation, bullying, violence at home or in the community. How do our feelings affect our behaviour?

Example from facilitator: *My dad died when I was 13 and I became very bold at school and couldn't concentrate on my work and was always in trouble.*

Input 'Rainbows' (*a bereavement and separation group available in school*) can help with these feelings.

Feelings as a **seesaw**: feeling very upset, and getting stuck in the feeling: ask for examples: EG (draw on board)

Very angry lost confused to blame cut off

Get examples from the pupils: .....

How would this affect the daily life of a young person?

Information on a new club programme in Greentown for young people who have experienced domestic violence. Active club programme with art, video, outings, cooking, communications, learn to speak up for yourself without losing the head and understand how your feelings affect your behaviour.

All information on the website: www.up2talk.me

APPENDIX 5: PILOT: ASSERTIVENESS GROUP YOUTH SERVICE

Group: 17-11-14. YS. Assertiveness

17-11-2014

Group of five young people 11–13 who have been working on emotional issues for 12 weeks.

Part I

Task: completing (assertiveness) cartoons about states of emotion: happy sad angry. What thoughts feelings and words go with each state?

Feedback from group:

Happy feelings identified: excited, giddy, so happy I cried , going to youth club, getting new stuff, anticipation of birthdays, family visits , pets , happy memories, hyper running around

Happy thoughts: I am happy, I will help you

Sad feelings identified: lonely, the only one who feels like this, angry, crying, can't stop crying

How the group get help: friends at school talking to them, family at home, memories of the person who died, and feeling that the person is close to them and watching over them still

Feedback on the session:

- Amazing, I like talking about sad and happy feelings
- Feel relaxed after that it was good makes you think
- It's good to talk about feelings and get them out
- It was good I feel relaxed

- It was good to talk about my Ma (recently deceased) I kinda feel she's still looking out for me

Themes:

- Happiness as active and giddy
- Sadness as more isolated, in your room feeling like the only one
- Feeling relaxed after talking about feelings

The youth worker supplied some support information including the telephone number of 'Childline' (Group 11–14yr olds. Y.S.).

APPENDIX 6: CONSENT AND INFORMATION LETTERS

School of Education: Trinity College Dublin, Research Study.
Norah Sweetman, PhD student supervised by Professor Michael Shevlin.

Group: 'up2talk' to run for 10 sessions over 10 weeks.

Dear (Parent or Guardian)
Your child is invited to take part in a research study that will last 10 weeks and have activities, games, art, video projects and team projects from April to June 2015. It is for young people who have lived with violence in their home and we hope to help them with their social emotional skills. It is not like counselling or therapy, it's about learning daily things in a fun way, for life at school, home and with friends. Research and work experience have shown us that young people may find it hard to cope with feelings around violence in the home and can become cut off from others.

At the beginning in a private interview, I will be writing down reading levels from the Schonell tests, and your child will be filling in a questionnaire about their social and emotional skills (about how you get on with others and understand yourself, and what makes you angry, sad and happy and how you cope with all these things.) The aim of the programme is to help them learn and practise these life skills in lots of ways in a group club. Then at the end of the 10 weeks I will do one to one interviews with each participant to see if they find changes in the feelings chart and if reading has got easier for them. If any young person or parent would like to meet with a family therapist in the centre, we can help you arrange that, if a young person is upset in the group they can go out for a quiet private chat. There will be a family therapist here every week in the centre if anyone would like to talk to them. A family worker from the centre, Luke, will be working with me.

Each student is free to leave the group at any time without saying why. The activities and discussions we have in the group will stay in the group. Everything I am told will be treated with respect and although I will write about the programme at the end of it, and the journals, literacy levels, questionnaires, group reviews and ideas they give me will be part of that, I will not use your child's, family, school or teacher names in anything that I write. If you or your child speaks to me privately, I will not share this information unless I believe that they themselves or someone spoken about is in danger.
I am a doctoral student in Trinity College, School of Education and supervised by Professor Michael Shevlin. If you have any questions let me know, or you want to contact me or the family centre during the programme I'll be happy to answer any questions or concerns you may have.
Thank you for taking part,
Best wishes,
Norah Sweetman
norahsweetman@gmail.com

Group: ‘up2talk’ to run for 10 sessions over 10 weeks.

INDICATION OF CONSENT

Parent or guardian

Please tick one of the following boxes in response to each question: yes….no ….

I understand that this is about learning social and emotional skills for 10 weeks in a group yes….no ….:

I know that my child can leave the group whenever he/she wants: yes….no ….

I know my child’s name, family name, school’s name or teacher’s name will not be used: yes….no ….

I understand that the information from the reading levels questionnaires, journals and group reviews might be written about when it is over, but it will all be anonymous yes….no ….

I consent to my child being a part of this ‘up2talk’ group yes….no ….

Please print your name ……

Please sign your name below

Date……..

Thank you for taking part,

Norah Sweetman

sweetman@tcd.ie

Mobile : 086 829 4842

Information letter for participants:

School of Education: Trinity College Dublin: Research Study.

Group: "up2talk" to run for 10 sessions over 10 weeks.

Dear (participant),
You are invited to take part in a group that will last 10 weeks and have activities, games, art, video projects and team projects from April to June 2015. It is for young people who have lived with violence in their homes and we hope to help you with your communication skills and understanding yourself better. It is not like counselling or therapy, it's about learning daily things in a fun way, for your life at school, home and with your friends. Luke, from the centre, will working with us in the group.
At the beginning in a private interview I will be writing down your reading levels from Schonell tests, and you will be filling in a questionnaire about your social and emotional skills (about how you get on with others and understand yourself, and what makes you angry, sad and happy and how you cope with all these things.) The aim of the programme is to help you learn and practise these life skills in lots of ways in a group club. Then at the end of the 10 weeks I will do one to one interviews with you to see if you find changes in the questionnaire and if reading has got easier for you.
You are free to leave the group at any time without saying why. The activities and discussions we have in the group will stay in the group. Everything you tell me will be treated with respect and although I will write about the programme at the end of it, and the journals, literacy levels, questionnaires, and group reviews and ideas you give me will be part of that, I will not use names of participants, families, school personnel or schools in anything that I write. If you speak to me privately, I will not share this information unless I believe that you or somebody whom you have spoken about is in danger.

My name is Norah Sweetman, I am a doctoral student in Trinity College, School of Education and supervised by Professor Michael Shevlin. If you have any questions let me know.

Thank you for doing this interview today.
Best wishes,
Norah Sweetman.

Trinity College Dublin. Research Study. April-June 2015

Group: 'up2talk' to run for 10 sessions over 10 weeks on Wednesdays.
Norah Sweetman, PhD. student in the School of Education,
Supervisor: Professor Michael Shevlin

INDICATION OF CONSENT: participant

Please tick one of the following boxes in response to each question: yes…no…

I understand it's about learning social emotional skills for 10 weeks in a group: yes…no…

I know that the literacy records, journals, questionnaires and group reviews will be used
in the writing up of the study but my name will not be used anywhere…….yes…no…

I know that family, school or school personnel names won't be used: yes…no…

I know that I can leave the group whenever I want: yes…no…

I would like to be a part of this 'up2talk' group: yes…no…

Please print your name: ……

Please sign your name and the date below

Date……Name…….

Thank you very much.

Norah.

Email: sweetman@tcd.ie

Phone number: 086 8294842

Coláiste na Tríonóide, Baile Átha Cliath
Trinity College Dublin
Ollscoil Átha Cliath | The University of Dublin

Approval Norah Sweetman (Ph.D) **4th April 2018**

Dear Norah,

The School of Education's Ethics Committee received and considered your application (submitted on 18th June 2014) for approval of your Ph.D.research project entitled "Don't want to learn to read, don't care if I can't".

It was the decision of Dr. Colette Murphy Chair of the Committee on 23/6/14 that no additional information was needed regarding your application. Therefore, approval was granted for your research, on the condition that it was carried out as indicated on your original application.

If you have any queries regarding this decision, please contact the current Chair of the School of Education's Ethics Committee and Director of Research, Dr Ann Devitt (devittan@tcd.ie).

Kind regards,

Fiona McKibben
Research Officer at the School of Education
on behalf of Professor Ann Devitt
Director of Research

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APPENDIX 7: FEELINGS CHART

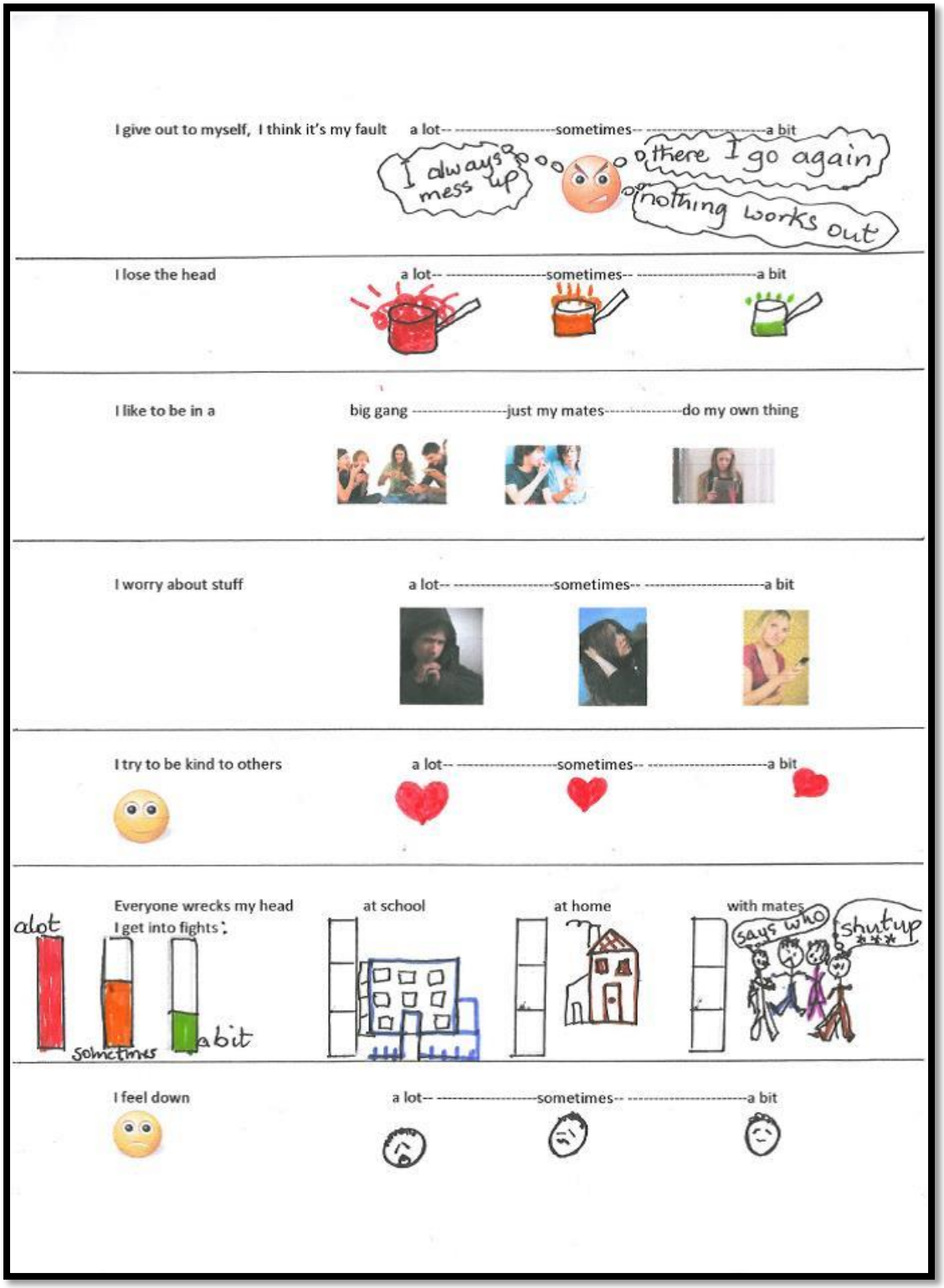

Figure 14: The feelings chart

APPENDIX 8: FEELINGS CHART COLLATED

Name	Child/Mom	Date	Q1	Q2	Q3	Q4	Q5	Q6			Q7
								School	Home	Friends	
participant 1	Child	31/3/15	0.5	0.5	5	1	5	3	2.5	1	1
		03/06/2015	1	3	3	5	5	1	3	1	1
		n/a									
	Mum	31/03/2015	2.5	3.5	2	5	4	5	3	3	3
		05/06/2015	3	2.5	3.c	4	3.5	5	2.5	1	
participant 2	Child	**27/03/2015**									
		27/03/2015	5.c	1.5	4.5	4.5 c	5	0.5	3.c	2.c	3
		03/06/2015	3	1	3	3.c.	5	1	1	3	1
		02/12/2015	3	1	3	5	5	1	3	3	3
	Mom	27/03/2015	3	1.5	2	4	5	0	0.5	0	2
		15/06/2015	0	0 c. never	3	3--5	5	0	0	0	0.c.no
participant 3	Child	23/03/2015	3	5	3	5	5	1	5	0	3
		17/06/2015	1	3	3	1	3	1	3	1	3
	Mum	23/03/2015	4	1-5.c. chng	4.c	3	4.5	1	5.c	1	3
		15/06/2015	3	4	4	3	4.5	0	1	0	1
participant 4	Child	22/03/2015	3	2	5	5	3	5	1	1	1
		10/06/2015	1	5	3	3	3	1	3	1	1
		02/12/2015	3	1	3	3	3	1	3	0	1
	Mum	22/04/2015	3	n/a	3	5	1	1	3	3	3
participant 5	Child	27/03/2015	1	5	3	3	2	5	4	0.5	n/a
		17/06/2015	3	1	5	1	1	3	1	0	never
		02/12/2015	3	5	5	5	3	3	5	5	5
	Mum	27/03/2015	minus 1	4.7	3	minus 1	2	2.5	3.5	0	1.5
		15/06/2015	5	3	3	3	5	5	5	1	3

Figure 15: All feelings charts collated

Key to questions collated from feelings charts of mothers and children:

Q.1 <u>I give out to myself, I think it's my fault</u> …a lot.. sometimes.. a bit

Q.2 ***<u>I lose the head:</u>*** ***a lot……. sometimes……..a bit***

Q.3 ***<u>I like to be in a</u>:*** ***big gang……..just my mates…..do my own thing***

Q.4 ***<u>I worry about stuff:</u>*** ***a lot……. Sometimes……..a bit***

Q.5 ***<u>I try to be kind to others</u>: a lot….sometimes…. a bit…..***

Q.6 ***<u>Everyone wrecks my head, I get into fights</u>: a lot… sometimes… a bit***

At school…… at home…… with mates……

Q.7 ***<u>I feel down</u>: a lot… sometimes… a bit***

APPENDIX 9: ASSERTIVENESS SITUATIONS

A friend asks you to lend them money, you can't do it, and they pressurize you by saying….	A little boy on your road is stealing a lot in the shop, his mum works very hard and doesn't know, his sister asks you to keep the secret.	Your friends are going to …?.. IT'S TROUBLE you don't really want to and you will get in loads of hassle but they are all going?	A school mate call your family names and says mean stuff about them. You hear about it AND…
Your new expensive jacket has a broken zip after a week. The shop say it was a sale item? And won't refund you.	You lost your temper and were very rude to the teacher and are going to be excluded. Ask for another chance.	Your sister broke your Mam's favourite thing and you are getting blamed, talk to them in turn.	A team mate robbed some stuff from the changing room. You saw them, the coach is going crazy everyone one is upset?
You are blamed in the wrong in school; ask the teacher to listen to you.	Someone is getting picked on in school because they are……?… You think it's mean, ask them to stop	Your sibling damaged your music and is lying about it. You got in trouble for yelling.	You want to go a party but there will be older teens there and Mam says no way.
You are asked to a friend's, place but your Mam doesn't like them because they were in trouble you are not allowed hang out with them.	You feel really upset and worried about something, it's making you cranky and your friends are staying away from you. Explain to them.	Your friends are slagging the foreign worker in the shop. You hate the carryon ask them to stop.	Ask a class mate to stop making sexist remarks to you

APPENDIX 10: *SAM'S STORY*

Sam woke up late, went into the kitchen, the house was quiet, everyone was asleep. An empty milk carton on the table meant no breakfast—again. He hadn't finished his homework and he still had not got his gym shirt so that would be more trouble for him.

He crossed the road in time to see the bus going by. Now he really felt down about the day. Still, maybe he could sneak into the second class without being caught. He started walking trying to convince himself it would work all out.

As Sam came into the hall the vice principal saw him and hurried over.

"Second time this week, Sam, you should get up when you are called," she said crossly.

(I wish someone would call me, Sam thought.)

"I have to give you detention for this, you know," she continued.

Sam felt so angry and upset he just walked out of the school and went home.

This piece was written by Luke as a story he had heard many times in different ways of young people trying to get to school with no support.

The participants each had their own jug of water and bowl and they poured the water into their bowl, depending on how the emotions of the story affected them.

APPENDIX 11: AMANDA'S STORY

Amanda is an eight-year-old girl who lives with her Mam and Dad and younger brother Davey, who is 5. They live in a nice house and have good neighbours, friends and extended families. Their father is a builder and more often than not goes to the pub on his way home from work each day. Their Mam works as a cleaner in their school in the mornings. Each evening Amanda prays their father will be home by 6.30; when he is, he's in great form and he spends time with her and Davey. However, if it's gone 6.30 and their father is not home they know that he is hitting the pub and this causes them to worry as their father is very different when he is drunk. Amanda, Davey and their Mam all feel this worry but no one says it as they don't want to scare each other. Davey goes quiet, Mam starts cleaning frantically, keeping busy, and Amanda likes to be alone. If her Dad hasn't returned by 8.30 her Mam starts to heat his dinner as she knows he will start to give out and shout. Although concerned about her Mam Amanda goes to bed before her Dad gets home. While in bed she thinks about what might happen when he gets home, hoping he won't be angry. 9pm comes and Amanda hears her father trying to put the key in the door so she knows he is drunk. She hears her Mam putting his dinner in the microwave Amanda's heart is racing and her stomach is churning. She wants to go down but she is too scared; she's frustrated cos she wants to protect Mam but she knows she can't. She also needs to stay upstairs to make sure Davey doesn't hear anything and if he does she can distract him or comfort him. Her Dad immediately starts to argue with her Mam saying she's a useless mother and she's only a cleaner, only a scrubber. He demands his dinner and then says it's too cold and throws it against the wall. Amanda can hear her Mam trying to be nice to her Dad and is frightened for her Mam. This name calling and

shouting lasts for about 20 mins and Amanda feels isolated and anxious. She hears her Mam being hit by her Dad and then it all goes quiet. Amanda is so worried. This is what usually happens when her Dad is drinking. Amanda cannot even try to go asleep until she hears her Mam going to bed.

This story was written by Luke, from Poplaville Family Centre, as a composite fictional account. It recounts the experience of many young people affected by domestic violence.

The water in the bowls was used to water the flower pots after the exercise. After this activity and discussion there was a group-round to check on how each person felt.

The researcher led the group in a mindfulness breathing exercise and visualisation of the safe place we were in now in the room. We celebrated the support and caring that surrounded us and was further available in the family centre.

The mothers had been informed at their meeting (week 5) about this session and had our contact details to let us know if any young person displayed distress after this session. All the participants reported feeling calm and present. There was a quiet stillness in the room, which Luke contrasted with the disruptive noisy behaviour that can be shown by young people to avoid emotional issues. The feedback from the mothers at the final day was positive, with no ill effects reported.