‘It’s just an awful topic’: A psychosocial exploration of how educational psychologists encounter and respond to domestic abuse in their work.

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Abstract

The prevalence of domestic abuse in the UK and its impact on children and young people exposed to it suggests that it is likely to be encountered by educational psychologists (EP) in their work and that they could have a key role in supporting within educational settings. However, the subject has received sparse attention in the research literature of the profession. Whilst research exists more generally about professional responses to domestic abuse, there is little evidence of the use of psychosocial research methods. In order to address the gap in EP and psychosocial research around domestic abuse, this study explored from a psychosocial perspective how EPs encounter and respond to domestic abuse in their work. Four EPs were interviewed following the Free Association Narrative Interview method (Hollway & Jefferson, 2013). Thematic analysis was used to gather a picture of how educational psychologists encounter domestic abuse in their work. The outcome of this analysis showed that for these participants, key elements of domestic abuse encounters were: Visibility (invisible/visible); Risk (danger/protection); Disturbance (disturbed/detached); Possibility (possible/impossible); and Learning (intellectual/experiential). Evidence of defence against unwanted thoughts and feelings in relation to domestic abuse work was then explored through individual analysis, paying attention to hesitations and avoidances in the interviews as well as the researcher's own experience of interview encounters. This analysis, supported by psychosocial supervision, suggested that there were aspects of domestic abuse that appeared threatening to participants. These pertained to describing the abuse; situations of conflict; experiences of helplessness; negative evaluations; and feelings of shock, horror, and fear. The outcomes of this study suggest that domestic abuse is an emotive topic for EPs that is hard to process and requires further education and

support to enable domestic abuse to be talked about and managed in a safe way when encountered in EP work.

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Chapter 1: Introduction

1.1 Introduction

How do professionals respond when presented with information about violence, fear, shame or control? These are some of the words associated with domestic abuse, an issue that is prevalent within the United Kingdom (UK), affecting both adults and children. Can professionals respond to domestic abuse encounters 'objectively', defining their capability in terms of knowledge and protocols? How far do emotions impact on their response? Can thinking about emotional processes 'subjectively' add anything to the current thinking around professional engagement with domestic abuse issues?

This chapter describes what domestic abuse is, explores its prevalence and positioning within national and local contexts, and shows how exposure to domestic abuse has both physical and psychological consequences. It then demonstrates how, despite the implications for children, there is currently little attention paid to educational support for children exposed to domestic abuse. It shows that, whilst educational psychologists (EP) could be well placed to provide support in this area,

domestic abuse is little talked about in the profession. The chapter concludes by advocating for research into how EPs encounter and respond to domestic abuse, which pays attention to both the conscious and unconscious processes affecting engagement and recognition. It presents psychosocial research as the most suitable methodology for exploring this area.

1.2 Definition and Terminology

Domestic abuse is defined by the UK government as:

> any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological; physical; sexual; financial; emotional (Home Office, 2013).

Thesaurus searches of the term ‘domestic abuse’ in research databases reveal a number of other terms apparently synonymous with domestic abuse. ‘Intimate partner violence’ (IPV) is most often cited in the literature (see systematic literature review) followed by ‘domestic violence’. Other terms include partner/spouse abuse, family violence/conflict and battered females. Lavis, Horrocks, Kelly and Barker (2005) use the terms ‘domestic abuse’ and ‘domestic violence’ together to show both the range of abuse and the brutality. They also adopt the term ‘survivor’ to refer to the people subject to the abuse rather than ‘victim’ to reflect an active rather than passive stance.

This thesis adopts the Home Office (2013) term, ‘domestic abuse’ and its definition as it is most relevant to the UK context, represents the wide range of abusive behaviours and is not gender or relationship specific. However, where studies have referred to other terms, this has been made explicit when citing them. Following the reasoning of Lavis et al (2005) about agency, the term ‘survivor’ has been used to refer to individuals who have been subject to domestic abuse.

1.3 UK Context

1.3.1 Law and policy relating to domestic abuse

The first UK legislation specifically targeting domestic abuse was introduced in 1976 with the Domestic Violence and Matrimonial Proceedings Act. Other laws have followed this relating to housing rights (1977 Housing Act), harassment (1997 Protection from Harassment Act), powers of arrest (2004 Domestic Violence, Crime and Victims Act), and the criminalisation of controlling and coercive behaviour (Serious Crime Act 2015). Since 2003, domestic abuse has been given a higher profile in government with the 2003 Inter-Ministerial Group on Domestic Violence, the 2005 Home Office report (Domestic Violence: A National Report) and the 2010 and 2016 Home Office Strategy to End Violence against Women and Girls. In July 2017, a £17m fund was introduced for earlier intervention and prevention of violence against women and girls.

Whilst it is clear that there is now greater acknowledgement and prioritisation of domestic abuse, there has been some critique about specific aspects of policy. For example, Lavis et al (2005) argue that the extension of categorising domestic abuse as a social care issue to a health issue as well (Department of Health, 2000) can lead to complex issues being reduced to diagnosis and cure, which functions to protect professionals. This positions the professionals, rather than the survivors, as having expert knowledge around the situation and the resources to 'fix' it. Tower (2007) acknowledges intimate partner violence as a healthcare issue but also argues that a medical model can reinforce feelings of helplessness and isolation in survivors.

1.3.2 Law and policy relating to children and young people

Laws and policy relating to domestic abuse not only apply directly to young people aged 16 or over who are survivors of domestic abuse, but also concern the

children exposed to domestic abuse in the home. The Children Act 1989 originally made no direct reference to domestic violence or abuse but this was added later when the Adoption and Children Act 2002 amended the definition of harm to include 'impairment suffered from seeing or hearing the ill treatment of another'.

Laws and policy have primarily centred on Social Care, police and Health services, with the role of educational professionals being limited to statutory safeguarding duties. However, there have been recent steps to increase the involvement of education. For example, in June 2016, BBC News reported on Operation Encompass which requires police in certain areas to notify the school if a domestic abuse incident has occurred in the home (Wilcox & Lee-Ray, 2016).

1.3.3 Prevalence

Recent UK research shows that 28.3% of women and 14.7% of men have experienced domestic abuse at some time from the age of 16 (ONS, 2015) and 14.2 % of children and young people under the age of 18 have been exposed to domestic abuse during childhood (Radford, Corral, Bradley, Fisher, Bassett, Howat & Collishaw, 2011).

1.4 Local Context

The large Local Authority in which this research took place has a population of 1.4 million according to 2014 Census information. Information from the website of the Police and Crime Commissioner (PCC) for the Authority showed that 26,000 domestic abuse incidents are reported every year, representing 80 police calls a day. However, the PCC estimated the actual prevalence to be closer to 125,000 incidents. Domestic abuse was one of the priorities of the PCC, with initiatives in place to raise awareness of domestic abuse in the area. The Council had also targeted domestic

abuse in its core commissioning strategy for keeping people safe from harm. Funding had been delegated to: reduce the prevalence and impact of domestic abuse; provide intervention programmes for survivors and perpetrators; support young adults exposed to domestic abuse; and educate young people about healthy relationships. The responsibility for working towards domestic abuse outcomes rested mainly with police, Health and the Voluntary and Community Sector. The role for schools related to safeguarding and providing educational services to prevent young people becoming survivors or perpetrators of domestic abuse. No reference was made to the roles of support services such as EPs.

1.5 Domestic Abuse and Children

Exposure to domestic abuse is acknowledged as a form of harm to children (Adoption and Children Act 2002). It is also found to co-occur with other forms of child abuse. For example, one third of children exposed to domestic abuse also experienced another form of abuse (Radford, Aitken, Miller, Ellis, Roberts & Firkic, 2011); and children who experienced maltreatment from a parent were at least 3 times more likely to witness domestic abuse (Jütte, Bentley, Tallis, Mayes, Jetha, O'Hagan, Brookes & McConnell, 2015). Hester, Pearson and Harwin (2000) use the terms 'direct' and 'indirect' abuse to distinguish between the co-occurrence of domestic abuse with other forms of child abuse and the indirect experience of living with and witnessing violence. Both will have an impact on the child but it is the 'indirect' abuse that will be explored further in this section as to how it affects children.

Research into the impact of domestic abuse highlights the complex interactions that lead to different outcomes for children. For example, a literature review on the impact on children of witnessing 'intimate partner violence' (IPV)

tracks how the psychological impact of exposure to IPV can influence the development of

> internalizing and externalizing behaviours, conduct disorders, or addictions, and can, in turn, lead to crime and delinquency, victimization, academic dysfunction, and employment challenges. (Artz, Jackson, Rossiter, Nijdam-Jones, Géczy, & Porteous, S., 2014, p.554-555)

However, it is also recognised that some children exposed to IPV are resilient to these effects and that schools can be a protective factor. The majority of this research focused on shelter populations and used self-report data from small sample sizes. This limits the generalisability of the findings to other contexts and populations.

Cooper and Vetere (2005) write about the psychological impact of domestic abuse by explaining how family violence can affect children's core beliefs and assumptions. They describe the family as a system for filtering cultural messages such as rules for behaviour and conceptualisations of gender. They also acknowledge the complexity of measuring the impact of domestic abuse due to different levels of exposure (e.g. short/long term; overhear/directly observe). They cite how exposure to domestic abuse can lead to children fearing for their own safety (Drotar, Flannery, Day, Friedman, Creeden, Gartland, McDavid, Tame & MaTaggart, 2003) and being at increased risk for post-traumatic-stress-disorder (McClosky & Walker, 2000). The impact of cultural diversity and difference on organisational responses is also acknowledged by the authors.

Witnessing domestic abuse can affect a child's development by the trauma it entails, the beliefs that are formed, and the fear of its reoccurrence. There are also indirect effects from the impact of domestic abuse on other family members. For example, children may experience parenting which is inconsistent due to the abuse suffered by one parent. There is also an increased likelihood of negative fathering

when the perpetrator is the father (Holden & Ritchie, 1991). Children face dilemmas of betrayal in the need to protect one parent and love the other (Cooper & Vetere, 2005). Access to support may be limited as children fear telling professionals in case they are not believed or it leads to further violence (McGee, 2000).

1.6 Domestic Abuse and Education

The impact of domestic abuse may be seen in schools through its effect on academic performance, behaviour and attendance. Artz et al (2014) describe how this can be due to the direct psychological effects of witnessing the domestic abuse as well as the potential for reduced parental support for school work and moving schools as a safety measure to protect the family.

Exposure to domestic abuse also appears to have an effect on children's cognitive development. For example, Huth–Bocks, Levendosky and Semel (2001) found that children who had witnessed domestic abuse had significantly lower verbal abilities than non-witnesses after controlling for socio-economic status and child abuse. A large scale comparison study of twins also found that domestic violence was significantly correlated with IQ: children exposed to high levels of domestic violence scored on average 8 points lower on IQ assessments than those whose mothers reported no domestic violence (Koenen, Moffitt, Caspi, Taylor & Purcell, 2003).

It also needs to be acknowledged that, given the definition of domestic abuse encompassing young people aged 16 and above, some school pupils will directly experience domestic abuse within their relationships. Teenage women aged 16-19 are the most at risk of domestic abuse of any age group with 13% of young women likely to be victims (Garboden, 2011). A survey of 1353 young people aged 13-17 also revealed that 25% of girls and 18% of boys experienced physical abuse in their

relationships and 75% of girls and 50% of boys experienced emotional abuse (Barter, 2011).

1.7 Support in School for Domestic Abuse

Information on school support for children exposed to domestic abuse is available from the research of Radford, Aitken, Miller, Ellis, Robert & Firkic (2011) who explored the needs of children living with domestic violence in London. This comprehensive study drew upon multiple sources from a large number of questionnaire responses and interviews with professionals, mothers and children. Children who had been exposed to domestic abuse spoke in interviews about wanting 'help to move on, make new friends, get settled in school and to have a 'normal' childhood' (Radford et al., 2011, p.19). However, professionals also interviewed as part of this research found it hard to focus specifically on the needs of children and identified gaps in provision for this (e.g. in counselling, group work and school-based prevention activities).

Another study to explore the school experience of children exposed to domestic abuse took place in Ireland using focus groups with 22 children and young people (Buckley, Holt & Whelan, 2007). Secretiveness about family problems was described as a 'fairly universal trait' amongst children in the groups (Buckley et al, 2007, p.301). Fear of teasing and lack of trust in others appeared to affect willingness to talk about what was going on at home. Reports suggested that relationships with peers were affected by fears of rejection or the home situation being discovered. Descriptions of educational experience were varied with some children describing school as a safe haven whilst others spoke about concentration difficulties and fear of bullying. When asked what they would like of services, the young people in the group

thought that if teachers were more informed about and open to talking about their situations, the problems at school would have been reduced. However, younger children favoured privacy. Although this was a small scale study, the responses demonstrate how exposure to domestic abuse can affect the educational experience of children and provides more evidence that this is something that should be given more attention in schools.

Research into teacher responses to domestic abuse has explored reporting rates and factors affecting identification and decision to report. Teachers make the most reports of professional groups but are also most likely to not report (Gilbert, Kemp, Thoburn, Sidebotham, Radford, Glaser & MacMillan, 2009; Kenny, 2001; Sundell, 1997). Factors affecting reporting rates include the knowledge teachers have about abuse and procedures for reporting (Byrne & Taylor, 2007; Wan & Bateman, 2007; Trendafilova, 2010; Zosky & Johnson, 2004), with researchers advocating more training in this area (Kenny, 2004). Those interventions found to be most effective include: training for teachers which involves a range of learning methods including experiential or post-training discussion component; 'booster' after the end of training; signposting to local domestic abuse agencies or other professionals with specific domestic abuse expertise; and drawing from a clear protocol for intervention (Turner, Hester, Broad, Szilassy, Feder, Drinkwater, Firth & Stanley, 2017).

Although recommendations relate to protocols and training, there is some reference to emotional factors in the research such as fear of what will happen if a report is made (Kenny, 2001) and lack of confidence in responding to domestic abuse issues (Goldman & Padayachi, 2005).

In research completed by an EP, Ellis (2012) explored the impact on teachers of supporting children exposed to domestic abuse. The analysis described teachers' fear of families, the information they may find out, and what might happen as a result of action.

1.8 Educational Psychologist (EP) Involvement

Local Authority EPs work with children and young people aged 0-25. A core part of their work is linking with school settings to provide psychological advice, assessment and intervention in response to school-identified concerns or requests for statutory assessments. All children being assessed for an Education, Health and Care Plan (EHCP) will be known to an EP (DfE & DoH, 2015). In the Local Authority which is the context of this study, all schools also have a link EP and access to additional consultation support. Given the prevalence of domestic abuse and its impact on academic and psychological functioning, it is likely that EPs will encounter children and young people who have been exposed to domestic abuse or are themselves survivors of it. However, there is limited research around this within the profession with only 3 UK studies making reference to EP work around domestic abuse (Dodd, 2009; Gallagher, 2014; Cort & Cline, 2017).

Dodd (2009) described how domestic abuse should be seen as a 'crucial issue' for EPs (p.21) and demonstrated how they can be involved in enhancing the psychological well-being of mothers and children who have experienced domestic abuse. The article outlined an EP led intervention for young children and mothers which provided opportunities for therapeutic play and parenting support. Although the study was small scale and more descriptive than evaluative, it provides some evidence that groups of this kind can be beneficial to parents and children. It also

provides an example of the role EPs may take in supporting children and families who have experienced domestic abuse.

Gallagher (2014) explored EP conceptualisations of domestic violence through 5 semi structured interviews exploring the EP role and facilitators and barriers to practice. The thematic analysis was grouped under four factors seen to impact on practice: institutional, professional, personal, and societal and cultural factors. The EPs interviewed appeared to have had training in domestic violence but saw this as more of a social care role. They had perceived self-efficacy in being able to deliver interventions around domestic abuse but considered the work time consuming and of a long term nature. Some 'sensitivity' was expressed around working with domestic violence such as fear of damaging the relationship with the parent, lack of confidence in practice and a fear of making the situation worse. Personal factors included a sense of powerlessness, frustration and not knowing what to do. Societal and cultural factors included definitions of domestic violence being restricted to physical violence, the 'lack of cooperation' of the woman (p.59), and the hidden nature of domestic violence whereby EPs may become engaged in maintaining this secrecy.

Gallagher (2014) raised concerns around the lack of awareness of domestic violence in EP work and the potential for this to therefore be neglected in case formulations and intervention work. Gallagher (2014) also identified that:

> A number of tensions are apparent in considering the facilitators and barriers to practice, as seen in the range of issues raised by participants, including responses relating to discomfort, fear, complexity of work in this field, the minimising of distinctive features of this area compared with other aspects of work and the highlighting of problematising aspects, such as secrecy and invisibility. (p.60)

Cort and Cline (2017) did not directly research the EP role but explored the impact of domestic abuse on women's perceptions of their role as a mother. The implications for professional practice were then considered by suggesting roles EPs could take in supporting mothers who had experienced domestic abuse.

1.9 Focus of this Research

1.9.1 Psychosocial understanding of EP encounters

The aim of the current research is to build on the work of Gallagher (2014) by exploring in more detail the emotional responses of EPs to domestic abuse encounters. As 'tensions' and feelings such as fear, shame, secrecy and lack of recognition are referred to in discussions around domestic abuse, a psychosocial approach appears to be most appropriate.

Psychosocial research takes the stance that subjects are 'defended' and are not fully conscious of their own motivations and feelings (Hollway & Jefferson, 2000). It assumes that researchers are also subject to unconscious biases that shape their actions and interpretations (Hunt, 1989). Psychosocial research draws on psychoanalytic theories to explore defences against anxiety (Klein, 1988a, 1988b) and the emotional experience of the interview encounter. It does not see this as subjective information to ignore but views subjectivity as a route to objectivity by considering what experiential information communicates about the participant and the researcher and how this can inform the analysis. It does not assume that what is said is the only material for analysis but considers all the information available in and beyond the interview encounter.

Being open to participants and researchers being defended can add value to research around domestic abuse as it provides a space to explore the 'hidden' nature

of domestic abuse. It is possible that domestic abuse is hidden due to professionals avoiding talk about it. Standard interview or questionnaire approaches would be ineffective in accessing this information as they only prioritise what is said by the participant, and treat this as a true reflection of their views or actions. In comparison, psychosocial research pays attention to both what is said and what is unsaid by noticing hesitations and avoidances in the interview encounter, and by drawing upon the emotional experience of the researcher to aid interpretation.

1.9.2 Researcher position

This thesis cannot have a starting point of subjects and researchers being defended without clarifying the position of the researcher in this area. In order to avoid false objectivity, areas referring to researcher reflexivity in this thesis will be discussed in the first person. They will also be italicised to help the text flow for the reader.

The decision to explore EP responses to domestic abuse came from my own experience as an EP working in this area. My acknowledgement of domestic abuse as an issue affecting the children I worked with began 5-6 years ago, despite having worked as an EP for 5 years previous to this. However, once I began acknowledging this in my work, I came to encounter more reports of domestic abuse and more disclosures of child abuse in general. At the same time I was supervising a trainee EP who voiced conflicts in how to respond to reports around domestic abuse provided in casework at the time. Like those EPs involved in Gallagher's (2014) study, I noticed that domestic abuse was often kept hidden in the way schools talked about it and the way it disappeared from formal reporting. This made me consider how standard interview methods which assume that professionals can talk openly about their responses, being fully aware of the motivations behind their actions, may not be the

best methods for exploring this area of contradictions, silences and the unseen. I also need to acknowledge the possibility that by choosing to explore the responses of others, I am hoping to find out something about my own motivations and behaviours in this area.

1.10 Summary

Due to its impact on educational achievement and the psychological and physical well-being of children, domestic abuse is an area worthy of study and focus within the EP profession. The fact that it has received little attention thus far may reflect a wider organisational function of protecting the professional group from anxiety in working in this area. It also parallels the local and national strategies that see a limited role for educational professionals in supporting families exposed to domestic abuse. Whilst the immediate need is to provide physical protection, support for psychological well-being needs to be available at a universal as well as specialist level. This argument is supported by the views of children who have been exposed to domestic abuse and are requesting support in their schools (Radford et al, 2011). Whilst barriers to responding to domestic abuse encounters may indeed include lack of training and protocols, there may also be emotional barriers which have so far not been explored in EP work. The next chapter considers what psychosocial research exists around professional responses to domestic abuse encounters.

Chapter 2: Literature Review

2.0 Introduction

The aim of this chapter is to explore what psychosocial research already exists in relation to professional responses to domestic abuse encounters. Given that little research exists generally on educational psychologist (EP) involvement in this area, the role of professional is expanded to include those who work in a similar area (education) or role (peripatetic or consultation). The literature review also focuses specifically on the individual encounter or perspective rather than group or organisational interventions. Therefore the question being asked in the literature review is:

What does psycho-social research tell us about how individual professionals encounter and respond to domestic abuse issues?

For the purpose of this study, encounter is defined as any time a professional has been 'faced with' domestic abuse in their work; response is defined as the reply, reaction or 'act of responding' to specific encounters or the subject of domestic abuse in general.

2.1 Search Strategy

The following databases were searched on 12/05/2016 for articles relevant to the research using 'Discovery', a programme which allowed a unified search of all databases available to the University library: PsycINFO, Education Source, ERIC, PEP Archive, SocINDEX with Full Text, Psychology and Behavioural Sciences Collection, PsycARTICLES, PsycBOOKS, MEDLINE, Health Business Elite and CINAHL with Full Text. In order to make sure that search terms were appropriate for

the separate databases, thesauruses were used from individual databases to find variations of the key words representing the main themes of the question (psychosocial, professional, domestic abuse).

The terms shown in Table 1 were selected as being relevant to the question and accessible for all databases.

Psychosocial	Professionals	Domestic abuse
Psychosocial Psychodynamic Socio-cultural	Professional personnel Educational personnel Psychologists School counsellors School nurses Teacher aides Teachers Health personnel Counselors Clinicians	Domestic violence Intimate partner violence Family conflict Partner abuse Spouse abuse Battered females Marital conflict Family violence Domestic abuse

Table 1 Search terms used for the literature review

Whilst a large number of professional role name related search terms could have been chosen, those listed were selected as they most closely resembled the type of work of an educational psychologist (education professionals and/or those who would be working with children or families on a less frequent basis in a consultation role but without a specific domestic abuse remit).

A search was carried out for each theme by searching for all of the terms listed in Table 1 using the limiter 'Subject Terms'. The search results were then combined using 'AND'.

The inclusion and exclusion criteria in Table 2 were used to filter retrieved articles for their relevance to the literature review question. Initially the inclusion criteria intended to limit psychosocial research to that defined by Wendy Hollway (Hollway, 2015; Hollway & Jefferson, 2013) which assumes that subjects are

defended and uses psychoanalytic ideas to interpret both the said and the unsaid ('unconscious, preconscious and embodied', Hollway, 2015, p.18). However, no articles used this method of analysis or interpretation of psychosocial. Therefore, the inclusion criteria were expanded to allow for other forms of psychosocial research which considers the relationship between the individual and their social context.

Inclusion	Exclusion
• The focus of the research is on knowledge, response, engagement or experience of professionals • The focus of the study is on domestic abuse issues encountered in work • Published in the English language • Published in a peer reviewed journal • Primary sources	• The focus is on intervention/project work **(intervention)** • The focus goes beyond that of the professional response or experience (e.g. focus on victims, families) **(non-professional)** • The focus of the study is on domestic abuse or conflict encountered in the personal life of the professional **(personal life)** • Research where domestic abuse is not the core focus **(wider focus)** or is not referred to at all **(other focus)** • The focus of the study is on other forms of violence or abuse **(other violence)** • Targeted population are professionals whose primary role is working with domestic abuse **(expert role)** • Secondary sources (e.g. books/book reviews) **(secondary source)** • Unpublished work **(unpublished)**

Table 2 Inclusion and exclusion criteria

Once articles had been filtered for English language and academic journals, the search retrieved 206 articles. Abstracts were reviewed against the inclusion and exclusion criteria. Those articles that were not relevant to the question are listed in Appendix 1 with the reason for their exclusion.

Once all inclusion and exclusion criteria were applied, 21 articles remained. These articles were reviewed for quality using the following evaluation tools:

- For qualitative studies: Critical Appraisal Skills Programme (CASP, 2011): Each study was considered against the ten questions provided in the CASP and scored according to how many of those criteria were met (e.g. a score of 8 meant that 8 questions were answered with a 'yes'). A RAG rating was then given to indicate the strength of the study with scores over 7 rated as green, scores of 5 and over rated as amber and scores below 5 rated as red.
- For quantitative studies: A checklist for critical appraisal of quantitative research, based on Wilkinson et al (1999): Questions from this checklist were considered together to reach a decision about the strength of the study. Comments were made on the three areas of method, results and discussion about features that were evident and those that were absent (written in italics in Appendix 3). This information was used to make a subjective decision about the strength of the study and the weight that should be given to it in the literature review. This was indicated using a RAG rating in the review table in Appendix 3. However, when writing about particular studies in the literature review, the specific issues to note were referenced rather than the RAG rating itself.

Appendix 2 provides a summary of the qualitative reviews and Appendix 3 summarises the quantitative reviews.

2.2 Synthesis of Literature

2.2.1 Organisation of information

Articles were initially sorted into four groups based on whether they represented perspectives of survivors or professionals and whether they were

qualitative or quantitative. The studies were then grouped into themes under the four general headings (see Table 3)

	Survivor	**Professional**
Qualitative	Survivor experience (2 studies)	Barriers (3 studies) Experience (4 studies) Role (1 study) Practice (1 study)
Quantitative	Survivor views (1 study)	Screening (7 studies)

Table 3 Organisation of articles

Two studies (Androulaki, Rovithis, Tsirakos, Merkouris, Zedianakis, Kakavelakis, Androulakis & Psarou, 2008; Zust, 2008) were omitted from the synthesis due to the low quality of the research (see Appendices 2 & 3 for critique).

All the quantitative studies reporting professional views were about screening for domestic abuse. They were also predominantly from the health sector and therefore may reflect the recent initiatives outlining a more central role for health professionals (see Department of Health, 2005 for UK context) and the preferred model of quantitative research as the 'gold standard' (Fox, 2003). However, the qualitative studies also represented a large number of health professionals with the other professionals being social workers, police officers and community decision makers. Perhaps this parallels the prioritisation or acknowledgement of domestic abuse across professions. For example, social workers may find it hard to give domestic abuse a specific place in their work (Humphreys, 1999) whilst educational staff may not even have a shared language for talking about it (absence of studies involving educational professionals).

The following sections provide details of the individual studies and a summary of what each group of studies shows. This is followed by a critique of the evidence from a psychosocial perspective.

2.2.3 Survivor experience of professional involvement

Three articles considered domestic abuse survivors' experiences of professional involvement.

Larsen, Krohn, Püschel and Seifert (2014) used transcendental phenomenology to explore the experiences of 6 female survivors who were accessing healthcare services in Germany. The study focus was broader than just interactions with health professionals as the interviews also asked about the impact of violence on health, and individual and social factors affecting access to healthcare. Themes arising from analysis relating to interaction with professionals were: personal barriers to health care; systematic barriers to health care; and feeling alone in seeking help. Personal barriers included the frantic pace of life making it difficult to access services, fear of disclosing the abuse and the possibility of not being believed if abuse was disclosed. Systematic barriers referred to the quality of care provided with a desire for empathy and the experience some women had of providers appearing dismissive. The theme, 'alone in seeking help' included the lack of information given to women about the options and services available to them. Although this research is not directly generalisable to the population of women survivors of domestic abuse, it provides a glimpse of the professional encounter and can be triangulated with other research. For example, the authors cite research supporting themes such as the hectic pace of life (Postmus, Severson, Berry, & Yoo, 2009) fear and shame of disclosure (e.g. Bacchus, Mezey, & Bewley, 2003), the desire for empathy, and the experience of health care providers minimising the situation (Nemoto, Rodriguez & Valhmu, 2006; Feder, Hutson, Ramsay & Taket, 2006).

Zink, Jacobson, Regan and Pabst (2004) studied the experiences of healthcare from the perspective of elderly survivors of domestic abuse. 38 women were

interviewed, with the interview process changing from face to face to phone interviews as the study progressed. Interviews were analysed using immersion crystallisation techniques and organised into three themes: reasons for non-disclosure; negative experience of disclosing; and positive experiences of disclosing. Like the findings of Larsen et al (2014), personal barriers included embarrassment. They also related to the abusive relationship, for example commitment to the perpetrator sometimes prevented disclosure and other women did not recognise the relationship as abusive. Provider oriented barriers to disclosure included the feeling that providers were in a rush and would not be supportive. There were also concerns when the professional also provided services to the spouse. Those who had negative experiences of disclosing abuse reported not receiving validation, having the abuse minimised, the subject changed, feeling judged as an individual, or receiving an unempathic response because they chose to remain. This is similar to the feelings of minimisation identified by Larsen et al (2014) and Feder et al (2006). Conversely, positive experiences included being listened to, having an empathic response and being referred to specialist services. When asked to give advice to professionals, women recommended that professionals help women name the abuse, link abuse stress to health problems, respect choices, take symptoms seriously and pick up on hints that something is wrong. This study had robust recruitment procedures, a clearly explained analysis process and comprehensive reporting of results which were validated by the examples given and the reference to other research. However, the small number of participants limits the generalisability of findings and should be viewed as individual perspectives about positive and negative responses of professionals.

Tan, O'Doherty and Hegarty (2012) carried out a quantitative study into the relationship between General Practitioners' (GP) communication skills and women's comfort to disclose intimate partner violence. Aspects of communication that influenced comfort to disclose fear of a partner included GPs spending time with a patient, demonstrating care, involving patients in decisions about their care and building trust. Women GPs were found to have better communication skills than male GPs. However, this difference was not present when 'putting patients at ease' was taken into account suggesting that it is this skill that may have differentiated between the experience of women and male GPs. This study involved a large number of women (4467) giving weight to the findings about the importance of communication. However, it excluded women with communication difficulties and was reliant on GP recruitment, making the results potentially under representative of the actual situation.

In summary, the research suggests that good communication may be an important factor in women's comfort to disclose domestic abuse. Analysis of individual perspectives also suggests that approaches which demonstrate empathy rather than judgement and minimisation may lead to a more positive experience for survivors. Feelings of fear and shame may affect an individual's readiness to disclose or discuss abuse.

2.2.4 Views of professionals

Research exploring the views of professionals around encountering and responding to domestic abuse issues in their work can be grouped into three areas: barriers to involvement; the roles professionals take on; and their 'screening behaviours'. Research referring to screening behaviours is specific to the health profession and explores the degree to which professionals enquire about abuse as a universal practice. Although some 'screening' studies also refer to barriers, they have

been kept in a separate section to maintain awareness of the context in which professional response is described. For example, ‘screening’ studies refer to compliance with a duty whilst the ‘barrier’ studies discuss domestic abuse more generally. The studies are explored in more detail under the relevant headings below.

2.2.4.1 Barriers

Three studies explored the views of professionals about barriers to responding to domestic abuse issues. Jakobsson, Borgstede, Krantz, Spak and Hensing (2013) explored the perceptions and beliefs about the possibilities and hindrances for prevention of domestic abuse through 7 focus groups with 42 professionals and decision makers in Sweden. Some themes related to general views about how society responds to domestic abuse. Themes relating specifically to the professional role were grouped under ‘hindrances’ and ‘closeness and distance to intimate partner violence (IPV)’. Hindrances included lack of knowledge and commitment regarding IPV including underestimating the prevalence. ‘Closeness and distance to IPV’ reflected the varying views around responsibility and experiences of disillusionment. Police professionals were reported to be more likely to view another professional as responsible for the work whereas politicians were more likely to accept responsibility. With reference to professional disillusion, police officers and social workers expressed feelings of frustration and hopelessness and a lack of professional effectiveness. It is unclear how much general conclusions of this study represent the views of the group although variations in statements were highlighted.

Kulwicki, Aswad, Carmona and Ballout (2010) explored barriers to utilising domestic violence services among Arab immigrant women through 10 focus groups with 65 professionals and community leaders. 8 themes emerged from thematic analysis of data. Some related to general intervention programmes and systems across

service providers. Those themes that related to professional response included: the absence of questioning around signs of domestic abuse due to the environment not being ‘conducive’ to this or cultural barriers (e.g. language); and lack of confidentiality or lack of trust in the professionals approaching a domestic abuse issue in a confidential manner. However, limited weight can be given to this study due to the lack of information on participants, how themes were derived from the data and examples representing themes.

Djikanovic, Celik, Simic, Matejic, and Cucic (2010) explored health professionals' perceptions of intimate partner violence (IPV) against women in Serbia through 6 focus groups with 71 health professionals. 3 themes emerged from content analysis (perception of IPV, perceived role, barriers for providing appropriate help) with detailed information on how themes and categories had been reached. The authors noted that health professionals hesitated to talk about IPV and often used short and incomplete statements. Categories under ‘perception of IPV’ included the unacceptability of violence, understanding woman as a victim but also critical appraisal of the partners’ contribution to the violence. The authors reflected on the impact of the interest some professionals had in the reasons behind the violence, suggesting that these thoughts

> might be subconsciously reflected (either verbally or through body language) in communication with female patients. They may discourage women from disclosing violence or seeking help, and leave them feeling guilty and isolated. (Djikanovic et al, 2010, p.51)

Under the theme ‘perceived role’, professionals referred to being part of a chain of support and feeling unqualified to deal with the IPV directly. They talked about eliciting a women’s disclosure of the violence and the importance of confirming this experience to trigger more action. The theme ‘barriers for providing appropriate help’

included reported lack of education and information as well as concerns for their own safety in the community if they became involved in these issues. The main limitation of this study concerned the participants as they knew each other and therefore may have responded in a socially desirable way.

Whilst the three studies cited in this section label barriers in different ways, there seems to be some similarity in uncertainty around talking or asking about domestic abuse and taking direct responsibility; and requests for more knowledge, training and other professionals or community partners to become involved.

2.2.4.2 Role

Maina and Majeke (2008) interviewed 11 health professionals about their role in managing and preventing IPV but insufficient information is provided about the process and analysis of data in this study to give weight to reported findings. The outcome of the study was a list of 5 roles that health professionals perceived themselves as having in relation to IPV.

2.2.4.3 Screening

Studies exploring the screening behaviours of clinicians were all quantitative and related to health professionals.

In a strong study by Jaffee, Epling, Grant, Ghandour and Callendar (2005), a questionnaire was used with 143 health professionals to explore identified barriers to screening. Two factors emerged from factor analysis, which were labelled ‘general knowledge’ and ‘practice policy’. Comparisons were made between factor scores for groups. Differences in general knowledge were found for ‘years since speciality training’ with more recent graduates having more knowledge. Gender differences were also identified for general knowledge with men seeing this as more of a barrier

to their screening practice than women. General estimates of prevalence were much lower than information at the time about prevalence of domestic abuse.

A study by Shearer and Bhandari (2008) into chiropractors' knowledge, attitudes, and beliefs about intimate partner violence also noted very low prevalence estimates among practitioners in Ontario. 88% of chiropractors who responded to a survey thought that 1% or less of patients were victims of abuse. Gender differences were also identified with females being 1.3 times more likely to disagree that they did not have time to ask about IPV and males twice as likely to report angering non abused women with IPV enquiry. However, multiple tests were carried out to analyse differences for each question, potentially reducing the meaningfulness of the data.

Jeanjot, Barlow and Rozenberg (2008) surveyed healthcare providers to obtain their views around screening for domestic violence. Descriptive statistics only were given for responses. However, these again showed low prevalence estimates (75% estimated that domestic violence was <5%) and low systematic screening for domestic violence (4/56). However, the majority of professionals interviewed (52/56) screened when domestic abuse was suspected. Reported barriers to screening were around language and culture; the partner accompanying the patient; and practitioners feeling uncomfortable and insufficiently trained. As the responses were from staff in only one hospital, it is hard to know whether this reflects organisational factors or general factors around screening.

Goff, Byrd, Shelton, and Parcel (2001) used a survey method to explore the association between screening behaviour and education of healthcare professionals (physicians, dentists and nurses) about domestic abuse. The analysis was based upon 193 surveys: this was a low response rate to the 561 surveys sent out, possibly

reflecting a bias in the participants who chose to respond. Positive associations were identified between education and screening thoroughness, and education and positive expectations for ‘identifying and treating domestic abuse’. However a positive association was also found between education and the number of *incorrect* domestic abuse screening questions used. Authors did not provide a robust explanation for this counter result or how they made judgements about correct and incorrect questions. Whilst they used questions from two established surveys to explore assessment of family violence and views and preparedness about when to screen, the questions about how to screen were added by the authors of the study. Therefore, the validity and reliability of this aspect of the survey is unclear and suggests caution in interpreting the association between education and the number of incorrect screening questions.

Chamberlain and Perham-Hester (2002) analysed the impact of perceived barriers on primary care physicians' screening practices through a survey sent to all physicians in Alaska. A high response rate of 80% (305 respondents) was achieved and results were clearly explained and interpreted. The study identified that females, younger physicians and those who reported feeling more comfortable screening were more likely to screen at initial visits. Those who estimated higher prevalence and thought it was their responsibility were also more likely to screen. The study also reported a finding that was contrary to expectations and the literature: time constraints, training, belief that they can help and comfort with screening were *not* associated with frequency of screening for abuse. Whilst this is a strong study in terms of its sampling, use of instruments and analysis process, it potentially presents a simplistic analysis of screening behaviours that does not reflect the complex reality of how multiple individual and social factors interact to influence the response of the

physician. The authors acknowledge this in discussing how personal experience, patient characteristics and organisational pressures may also affect screening behaviour. They advocate for more qualitative research to explore the decision making process for screening for partner abuse.

Papadakaki, Prokopiadou, Petridou, Kogevinas, and Lionis (2012) used factor analysis and multiple regression analysis to determine the reliability and validity of a measure defining readiness to screen which had been adapted for Greek physicians. The multiple regression model revealed associations between opinions and practice, for example views on constraints and the feasibility and ethics of screening affected screening practice. However, insufficient information was provided to explain what these factors represented or even whether factors such as 'practice issues' reflected a positive or negative aspect. This makes it difficult to interpret associations between factors.

Smith, Danis and Helmick (1998) investigated factors associated with nurse and physician screening behaviours at clinics affiliated with a University teaching hospital in America. A survey was sent out to 349 clinicians asking about frequency of screening and knowledge, attitudes and beliefs about domestic violence and their professional role. Descriptive statistics were used to describe behaviours whilst bivariate analysis was used to explore differences between groups and multivariate regression analysis to explore factors affecting screening behaviour. Screening thoroughness varied from 63% of clinicians asking about domestic violence when observing a physical injury to 10% asking about domestic violence at each visit (universal screening). Obstacles significantly associated with screening behaviours were the patient's 'unwillingness' to disclose abuse and legal issues. Descriptive statistics also showed that over 50% of respondents agreed that asking about abuse

was uncomfortable, time consuming and frustrating because they could not effect change. Multiple regression analysis showed that perceived competence and belief that physicians should screen all women as part of routine examinations were predictors of screening behaviours. Whilst the statistics provide an overview of behaviours at the clinics in the area explored, the sample sizes of nurses and physicians were uneven and the analyses seemed more post hoc than following a prescribed method. Therefore, they may be useful for the intended purpose of establishing baseline behaviours pre-intervention but are of limited utility in making generalisations about behaviour beyond adding examples to support theories about certain factors affecting behaviour. For example, Chamberlain and Perham-Hester (2002) also found that physicians were more likely to ask questions about domestic abuse if they observed a physical injury. Jaffee et al's (2005) reference to feeling insufficiently trained and Jeanjot, Barlow and Rozenberg's (2008) description of practitioners feeling insufficiently trained could be described as coming under the heading of perceived competence, supporting the idea of this being a predictive factor.

In summary, screening behaviour appears to be affected by knowledge and training around domestic abuse; emotional factors such as comfort in asking about domestic abuse; and potentially organisational factors such as time constraints. There may be some gender differences in screening behaviours, with females appearing to report more frequent screening than males. Prevalence estimates for domestic abuse appear to be much lower than actual information on prevalence. It is unclear from these quantitative studies how these factors interact to influence a professional's response to a patient.

2.2.5 Experience of professionals

In contrast to the analysis of group differences in asking about domestic abuse, Williston and Lafreniere (2013) explored individual experiences of healthcare professionals (HCPs) of inquiring about and receiving disclosures of domestic abuse. Interpretative phenomenological analysis (IPA) was used to analyse semi-structured interviews with 9 professionals. The authors noticed that professionals described their experience in 'surprisingly similar ways' (p.818), which were grouped under two main themes: asking and disclosure as a journey; and disengaging (the self) in order to engage (with a patient).

The metaphor of a journey involved 'going to a new place', described as being inside the patient, 'beneath the surface of regular interaction' (Williston & Lafreniere, 2013, p.819). Another theme identified in the journey was 'charting unmapped territory' beyond the bounds of typical medical practice. Professionals talked about being uncertain about what they would uncover and feeling outside of their comfort zone. Metaphors such as 'Pandora's box' and 'opening up a can of worms' reflected the feeling of entering into something that cannot be undone. Professionals also viewed themselves as unskilled navigators. The third sub theme was 'resisting the journey' which reflected the resistance that could be encountered when asking about abuse, the caution about pushing too far and the need to meet the patient where they were.

The 'disengaging in order to engage' heading was organised into two subordinate themes: 'abuse is not curable' and 'approaching the patient's reality'. 'Abuse is not curable' reflected the struggle in not being able to fix the problem, the desire to take control over care and decision making, feelings of uncertainty and the ambiguity of psychosocial issues which did not appear 'clear cut' like other medical

issues. Interestingly, this theme may also reflect the variation in research around domestic abuse with attempts to make things more clear-cut compared to attempts to explore and stay with the complexity. 'Approaching the patient's reality' involved putting the patient's thoughts and feelings above the practitioner's own, surrendering personal and professional control; taking an empathic stance; being reflexive in the interaction; and preparing oneself cognitively and emotionally to ask about abuse. The authors summarise that:

> Disengaging from a personal response is linked to HCPs' understanding of themselves as caring professionals and a belief that their own evaluations and feelings should not have a central place in patient interactions, particularly when their own responses and reactions might negatively affect or close down these interactions. (Williston & Lafreniere, 2013, p. 824).

It is noteworthy that the language used in the study to report and discuss findings includes words related to battle such as: *surrender* ('surrendering personal and professional control' p.824); *fight* ('HCPs find themselves fighting against what comes naturally to them' p.822); *struggle* ('a continually negotiated struggle between the desire to fix a patient's problem and the necessity of loosening their control' p.825); *border* ('IPV sits at the border between…' p.827); and *conflict* (e.g. 'the desire to fix abuse faced by the patients conflicted with…' p.825-826). This may reflect unconscious processes of the researchers that have not been considered reflexively but parallel the reported experiences of the professionals.

Laisser, Lugina, Lindmark, Nystrom and Emmelin (2009) explored the experiences of healthcare workers in meeting clients exposed to IPV. Interviews were carried out with 11 staff in Kenya although little information is provided about the content of the interview or the process of analysis. Whilst this study should be viewed with caution, the themes and ideas are comparable to other studies cited in this review. Themes included: internalising women's suffering and powerlessness (similar

to Williston & Lafreniere, 2013); being caught between encouraging disclosure and lack of support tools (see e.g. Jaffee et al, 2005); 'Why bother? A struggle to manage with limited resources' (disillusionment of Jakobsson et al. 2013); and striving to make a difference. References were made to a range of feelings including guilt, despair, weakness, struggle and apathy. Cultural factors were acknowledged in this study such as the stigma and shame of disclosing domestic matters and the taboo to tell about home secrets.

Cultural factors were also identified in a study exploring IPV among Afghan women living in refugee camps in Pakistan (Hyder, Noor & Tsui, 2007). As part of this study, interviews were carried out with 20 health care workers and analysed using grounded theory. The analysis was more detailed for interviews with women exposed to IPV (main part of the study) but the comments of the workers indicated that the main response to family conflict was treating physical ailments. Key barriers to asking about violence included beliefs about the privacy and the sensitivity of addressing family affairs. Health workers in this situation appeared to be aware of the prevalence of IPV but 'lacked protocols and training to deal with such cases' which left them feeling helpless and unwilling to ask about conflict in the home (Hyder, Noor & Tsui, 2007, p.1546).

Hogan, Hegarty, Ward and Dodd (2012) explored another social factor, which may affect response to abuse: constructions of gender. The study explored experiences of working with male survivors of domestic abuse through IPA analysis of semi-structured interviews with 6 counsellors. 10 themes were grouped under 3 domains representing the counsellors' experience of working with male victims; the impact on the counsellors' sense of self; and strategies used to cope with work related difficulties. The results include the surprise and lack of recognition of male survivors

of domestic abuse, the change that this brings about to the counsellors' outlook and the feelings of challenge, uncertainty and risk in this type of work. The discussion raised awareness of society's conception of masculinity which may have resulted in organisational issues such as lack of support services and a system that 're-victimises' male victims.

The studies about professional experience suggest that working with domestic abuse issues is complex and emotional, affected not only by knowledge, systems and protocols but also by socially informed beliefs around gender and culture and personal feelings of uncertainty, fear and challenge.

2.2.6 Practice of professionals

One study (Humphreys, 1999) reviewed the actual practice of professionals rather than reports on practice by analysing the ways in which child protection professionals intervened in cases where domestic violence was a feature. The analysis included documentary analysis of case files for 32 families and semi-structured interviews with the social workers involved. The description of the participants and analysis process was lacking in detail but the reporting of results triangulated information well, giving evidence for each theme. Two overall themes emerged: 'avoidance and minimisation' and 'confrontation'. These were set up as polarised positions that professionals moved between. The dominant theme was minimisation of domestic violence which was evidenced in reports failing to mention domestic violence (recorded in notes but not highlighted in reports or to conference); avoidance of naming the violence (e.g. general references to 'argument'); naming of other issues as the problem (e.g. alcohol abuse rather than the violence was positioned as the central issue); naming of the mother's violence as an equal or greater problem; and the man's lack of involvement in the assessment. The study highlighted the tension

between issues around ignoring domestic violence and the risk in intervening in an insensitive way without recognising the dangers or over-simplifying the situation to one factor. Individual experiences of social workers included their distress and concerns over ‘tackling’ these issues and the possibility that they may inadvertently project their dissatisfactions onto other women whom they perceive as ‘failing in their responsibility towards their children’ (Humphreys, 1999, p.84). Organisational issues were also identified such as the lack of training, the division between child protection and women protection with little time for business that is not perceived as ‘core child protection’, and the allocation of resources to incident intervention rather than prevention programmes.

2.2.7 Conclusion

Survivor reports suggest that responses of professionals that are helpful include communication skills which put patients at ease (Tan, O'Doherty & Hegarty, 2012) and an empathic, non-judgemental response (Zink et al, 2004; Larsen et al, 2014). However, this balanced response seems difficult to achieve with a tension between professionals minimising domestic abuse issues (Djikanovic et al., 2010; Humphreys, 1999) and intervening in an insensitive way (Humhreys, 1999; Laisser et al, 2009; Goff et al, 2001).

Concerns around acting insensitively, especially in relation to the cultural context, can prevent professionals from asking about abuse (Kulwicki et al., 2010; Laisser et al, 2009; Hyder, Noor & Tsui, 2007). Professionals report lack of knowledge as another hindrance to screening for domestic abuse but this appears to be more likely to be used as a reason by males than females (Jaffee et al, 2005). In comparison, females have been found to be more open to talking about domestic abuse issues (Shearer & Bhandari, 2008; Chamberlain & Perham-Hester, 2002).

Wider organisational and social issues impact on responses such as the provision of training (Goff et al, 2001; Jaffee et al, 2005), domestic abuse being seen as an ‘add on’ to standard work practices (Humphrey, 1999; Lafreniere, 2013) social constructs of gender (Hogan et al, 2012), cultural practices (Hyder, Noor & Tsui, 2007; Kulwicki et al, 2010), organisational language (e.g. report writing Hogan et al, 2012) and the hidden nature of domestic abuse in society (Laissser et al, 2009). Many studies reported low prevalence estimates from professionals of the incidence of domestic abuse in their community. Estimates of prevalence can impact on the likelihood of enquiring about domestic abuse (Chamberlain & Perham-Hester, 2002).

Responding to domestic abuse is complex and although reference has been made to knowledge and training (Goff, Byrd, Shelton & Parcel, 2001; Jaffee et al, 2005), reports on individual experiences suggest that emotions have a significant influence on the professional response (Lafreniere, 2013). The next section will explore the impact of emotional factors on the research outcomes by critiquing the studies from a psychosocial perspective.

2.3 Psychosocial Critique of the Literature

The definition of psychosocial used in this subsection is based on that presented by Hollway and Jefferson (2013). It works from the assumption that subjects are defended and may not be fully aware of their motivations or beliefs. They may have an identity investment in how they describe themselves. Similarly researchers are also seen as defended and unable to place themselves in a purely objective position. Their choice of research area, analysis of themes and even construction of survey questions are all guided by biases developed from personal experience and social discourses. The interaction between researcher and participant

may also influence the research outcomes, for example through the experience of unconscious processes such as transference, countertransference, splitting and projective identification (Klein, 1988a, 1988b). Psychosocial research advocates researcher reflexivity to enable the researcher to be aware of these processes and their own biases and assumptions.

The aim of this section is to explore whether the articles presented in the review show evidence of researcher reflexivity or make references to unconscious processes. It will also explore whether there are any examples of how professionals may defend against anxiety when responding to domestic abuse issues.

2.3.1 Researcher Reflexivity

Although many studies are reflective in considering the outcomes and limitations of the research, no studies make reference to researcher reflexivity. However, attention to the language of the research reports shows that the researchers are not immune to unconscious processes surrounding domestic abuse work. For example, Lefreniere (2013) uses words relating to conflict throughout the article; Smith, Danis and Helmick (1998) include patient 'unwillingness' to disclose as a survey item, making an assumption about the motivations of the survivor; and Goff et al (2001) make judgements about correct and incorrect screening questions, for example stating that 'health care professionals should realize that this is not a useful question to determine if a patient might be experiencing abuse' (p.50-51). However, at the same time, they advocate 'nonconfrontational, nonjudgmental wording' of questions around domestic abuse (Goff et al, 2001, p.50).

2.3.2 Unconscious Processes

No studies directly analyse unconscious processes although some make reference to these in their discussion. For example, Dijkonavic et al (2010) hypothesise that professional interest in the reasons for violence may subconsciously affect the patient's willingness to disclose; Williston and Lafreniere (2013) stay with metaphors and imagery to describe experiences; and Humphreys (1999) pays attention to the 'not talked about' aspects of the professional response. Of all the research presented, it is the article by Humphreys that is most reflective on the social and psychological processes affecting decision making. The analysis not only looked at what was said and how 'the files, and particularly the minutes represent very particular ways of constructing social reality' (Humphreys, 1999, p.79), but also what was unsaid: 'the silences, gaps and anomalies around the theme of domestic violence were often as important as the text' (p.79).

References to professional discomfort, lack of confidence and fear of repercussions in the literature could be considered as examples of transference in working with survivors of domestic abuse who also report feelings of fear and shame. Efforts to minimise the situation may be a defensive strategy to avoid further action or maintain a positive worldview. This could be paralleled at a research level where attempts to provide clear explanations of a process or professional response could serve to reduce the vastness and complexity of the topic and maintain the illusion of control and power.

2.3.3 Working with defended subjects

Ideas about the defended subject could affect the weight given to self-report studies, especially those that require participants to answer questionnaires or surveys with predefined responses. For example, Chamberlain and Perham-Hester (2002)

found that reports of professionals were not consistent with what descriptive research had identified as factors affecting screening. The authors do not explore why this was not identified in survey responses but maintain that:

> assumptions that these perceived barriers exert significant influence on physicians' screening practices have persisted in the absence of supportive and consistent data to substantiate these associations. (Chamberlain & Perham-Hester, 2002, p. 65)

Jaffee et al (2005) found that males, who were less likely to screen than females, stated general knowledge as a barrier to screening. It is possible that this intellectualised reason is a defence against screening behaviours which may be explained by more personal factors such as putting patients at ease (Tan, O'Doherty & Hegarty, 2012).

Low prevalence estimates identified in a number of studies may be another form of defending against anxiety in responding to domestic abuse issues. For example, if domestic abuse is not consciously recognised, then there is no requirement to intervene. This may be at an individual as well as a societal level where domestic abuse is often a hidden issue. How far do professionals and communities collude with this perspective?

2.4 Aims of the Current Study

The literature review shows that responding to domestic abuse issues is not a simple, objective process. The psychosocial critique poses that individual and social factors affect the way individuals (survivors, professionals and researchers) talk about and respond to it. However, the research currently available has not allowed for a full exploration of these processes. This study uses a psychosocial methodology to explore professional encounters with domestic abuse that allows for the complex

interaction of conscious and unconscious processes affecting responses. It focuses exclusively on the educational psychology profession as little is already said in the profession about domestic abuse and this exploratory study may help begin that dialogue.

Chapter 3: Methodology

3.1 Aims

The previous chapters have developed an argument for the need for research into EP responses to domestic abuse encounters that pays attention to psychosocial processes. This chapter describes in detail how this has been attempted in the current study. It specifies the research questions and provides justification for the exploratory, qualitative nature of this study. In accordance with the intentions to take a psychosocial perspective, it argues for a psychosocial ontology and epistemology and provides information on the psychoanalytic lens being applied. Information is then provided on the research participants, the interview method and the means by which interviews were analysed. An argument is presented for the dual use of thematic analysis at a group level and psychosocial analysis at an individual level in order to access semantic and latent information. Finally, consideration is given to ethical issues and factors affecting reliability and validity.

3.1.1 Research questions

The overarching question being asked in this research is: How do EPs encounter and respond to domestic abuse issues that arise in their work? This is represented by three subsidiary questions:

1. How do EPs encounter domestic abuse in their work?
2. What do EPs talk about when asked about working with domestic abuse?
3. What evidence is there of EPs being defended against unwanted thoughts or feelings in relation to working with domestic abuse?

3.1.2 Purpose of the research

The purpose of this research is exploratory because these issues have yet to be explored in the field of EP practice from a psychosocial position. The research also has an explanatory purpose because it is trying to make sense of EP responses to domestic abuse issues in their work.

The research is qualitative because it is looking for rich and detailed descriptions of EP responses that go 'beneath the surface' (Clarke & Hoggett, 2009) and focus on subjective experiences. Qualitative research is more appropriate for exploratory research than quantitative research which functions better to validate or evaluate.

3.2 Orientation

This section provides an overview of what is considered the status of knowledge that is being sought to answer the research questions. This is the ontological position of the research. It then provides a description of the epistemology used to find that knowledge or 'truth'. Finally, it details the theoretical lens used to view the information according to a particular theory or framework, in this case, a psychoanalytic one.

3.2.1 Ontology

This research is based upon a psychosocial ontology. It assumes that there is truth in individual experiences that is accessible but that can be difficult to access due to unconscious defences. A psychosocial ontology acknowledges the presence of wider social factors that impact on individual psychological processes. This is not just in terms of an individual's own experience of socialisation through, for example,

parenting or schooling, but also in terms of the wider social context in which that takes place, represented through cultural norms, structures and ideals.

A psychosocial ontology has been interpreted in research to mean that there are both social and psychological realities, which interact to impact on individuals, and, in turn, individuals shape social and psychological realities, (Salling Olesen, 2013; Weber, 2013). Other researchers have employed this ontological stance successfully within EP research (e.g. Fleming 2016; Keaney, 2017; King, 2016; Soares, 2017).

This research assumes that something can be said about psychosocial realities but that this interpretation is a tentative representation of the truth. As Alvesson and Sköldberg (2000) write:

> Empirical material should be seen as an argument in efforts to make a case for a particular way of understanding social reality, in the context of a never-ending debate. *(*p.27)

3.2.2 Epistemology

This study uses a psychoanalytically informed psychosocial epistemology (Hollway, 2015) to explore how EPs encounter and respond to domestic abuse in their work. The choice of using psychosocial methods is based on the questions being asked in the research, which explore the emotional factors affecting EP responses to domestic abuse issues as well as the context of these encounters. This fits with a psychosocial framework which views individuals as a product of their own psychic world and a shared social world. Both social and psychological aspects need to be held in mind when 'explaining a person' in a way that does not reduce interpretations to one or the other in a binary way (Hollway, 2011). Scheff (2006) describes how researchers can hold these two viewpoints through part/whole analysis: 'The parts are words and accompanying gestures (if available), wholes the biographical, linguistic,

social, cultural and others structures in which the text is embedded' (p.32). Hollway and Frogett (2012) also emphasise the importance of the 'in-between' area of experience which mediates between the psychological and the social and includes unconscious processes.

In psychosocial research, unconscious processes are not only thought to operate within the subject being studied, but also within the researcher. It makes assumptions that subjects and researchers are defended: that neither is fully conscious of their actions and reasoning and each may engage in self-deceit and dialogue that protect against anxiety and support identity (Hollway & Jefferson, 2013; Alexandrov, 2009). This view of participants and researchers can be compared to more positivist approaches to qualitative research (e.g. questionnaires) which assume that participants are fully aware of their actions and decision making and that the researcher is objective in collecting and interpreting this information.

Instead of viewing emotions as unhelpful or biased information, psychosocial research promotes 'affective ways of knowing' by employing a psychoanalytic lens (Clarke & Hoggett, 2009). The benefit of paying attention to this information is that 'learning how respondents typically defend themselves from painful truths may help researchers to better understand the data that they collect, enriching their research findings' (Jervis, 2009, p.166).

3.2.3 Psychoanalytic lens

Following on from the assumption that researchers and subjects are defended, the lens used to explore any unconscious mechanisms in this research is a psychoanalytic one, drawing primarily from theories of Klein and Bion. The psychoanalytic concepts that will be considered as part of this research are: splitting

(Klein, 1946), projective identification (Klein, 1946; Bion, 1959), transference (Freud 1912, 1915; Klein, 1952) countertransference (Heimann, 1950, 1960; Money-Kyrle, 1956; Bion, 1962b) and containment (Bion, 1962b, 1970). The following sections provide definitions of each concept.

3.2.3.1 Splitting

In order to understand the concept of splitting, reference needs to be made to Klein's theories on the early development of the ego. Klein detailed two states of mind that infants move between:

- Paranoid-schizoid (Klein, 1946): experienced as a fear of persecution (paranoid) and the splitting of people or objects into good or bad parts (schizoid). In this state of mind, the individual is concerned with maintaining an ideal object within themselves and protecting against persecution or annihilation. This is achieved through projection of bad parts of self and introjection of good parts to and from external objects (Segal, 1973)
- Depressive position (Klein, 1935, 1940, 1945): development to this state of mind involves being able to relate to objects as wholes and to hold together both the good and bad parts:

> The infant, at some stage…is physically and emotionally mature enough to integrate his or her fragmented perceptions of mother, bringing together the separately good and bad versions…. Depressive anxiety is the crucial element of mature relationships, the source of generous and altruistic feelings that are devoted to the well-being of the object. In the depressive position efforts to maximise the loving aspect of the ambivalent relationships with the damaged 'whole object' are mobilized. (Hinshelwood, 1998, p.139)

Being able to hold good and bad parts together in the self leads to a state of ambivalence, generating anxieties specific to this, that 'destructive impulses have or will destroy, the object that [the infant] loves and totally depends on'

> (Segal, 1973, p.69). Feelings towards external objects which, by containing both good and bad parts, can be loved and hated are also more complex. These can include feelings of loss of the idealised object and guilt from the sense of having destroyed it. Defences against anxiety in the depressive position can move beyond splitting to 'inhibition, repression and displacement' (Segal, 1973, p.75).

Whilst Klein's theories were developed through work with children, they have also been applied to adult states of mind, the idea being that people move between depressive and paranoid-schizoid positions throughout life:

> Even after a more depressive stance has been achieved, it may be that under the sway of intensified anxiety, or the fear of separation for example, a person may lose his ability to see things from another's point of view. He may slip, in Klein's terms, from a capacity for depressive concern to a more selfish set of worries about himself. Likewise he may recover his previous empathic self when the testing time has passed. (Waddell, 1998, p.7)

Therefore, anxiety or traumatic events can lead to defensive processes more associated with a paranoid-schizoid position. One of these processes is splitting: the separation of good or bad parts of the ego to enable idealization of the good parts and removal of the bad parts (Klein, 1946). Whilst this may function to protect the integrity and identity of the ego, there is also a risk that the sense of self is weakened through becoming fragmented. Splitting can also occur in relation to objects so that they are not viewed objectively but seen as part-objects (e.g. wholly good or wholly bad). Both splitting of objects and splitting of the ego can be involved in the process of projective identification described next.

3.2.3.2 Projective identification and introjection

Projective identification is linked to the process of splitting and is the means by which the split off parts are got rid of. Projective identification involves projecting

the split off parts into external objects (e.g. other people) so that they contain these evacuated parts and become 'possessed by, controlled and identified with the projected parts' (Segal, 1973, p.27). The object being projected into is perceived as a part-object (representing that part of the self) rather than a separate individual. Klein (1946) wrote that the function of expelling unwanted parts is to overcome anxiety and, at times, to control the other.

Whilst evacuating unwanted parts to defend against anxiety is one function of projective identification, Bion (1959, 1962b, 1962/1984) described a second, communicative function. He theorised that parts of the self are projected into others so that the object experiencing that projection can take in those feelings. This is expanded upon in his theory of containment (described in the next section).

Another process linked to identification and the defence of the self was described by Klein (1946) as introjection which, rather than projecting aspects of the self into outside objects, involves taking in external good objects. In the paranoid-schizoid position, the introjected good parts become part of the self (omnipotent introjection) whereas in the depressive positions, these can be related to as a whole part.

3.2.3.3 Transference, countertransference and containment

The term transference originally referred to the feelings of a patient toward their analyst, both positive and negative (Freud, 1912, 1915). Klein (1952) revised this theory to describe transference as a re-enactment of events or phantasies in the 'here and now', the present interaction.

Countertransference refers to how transference is responded to. Heimann (1950) argued against analysts being a blank screen and defined countertransference

as a specific response of the analyst to the transference of the patient. This idea was extended further to consider how an analyst could use transference to inform their response to the patient (Money-Kyrle, 1956). Countertransference could also serve a containing function by the person experiencing the transference taking in the emotional state being projected (Bion, 1959, 1962b).

Bion (1962b) used the term container-contained to describe the relationship between the person projecting the feelings and the object of the projections. When the analyst or mother is unresponsive, this was theorised to lead to increased projective identification. In comparison, when the emotional state could be contained and taken in, this was defined as a state of reverie.

3.2.3.4 Summary

Whilst the psychoanalytic concepts outlined in this section are defined with reference to analyst/patient or mother/infant interactions, they are relevant to this research in assisting understanding of EP responses to domestic abuse. If, as Waddell (1998) suggests, people can move to paranoid-schizoid positions in response to anxiety or traumatic experiences, it is likely that some aspects of splitting or projective identification may take place to protect the self or enable the emotional experience of domestic abuse to be communicated. Research showing the difficulties in talking about domestic abuse (e.g. Humphreys, 1999) supports the idea that paying attention to unconscious elements such as defence mechanisms will enable a richer picture of the experience of working with domestic abuse issues. Therefore, the theories outlined here are drawn upon when thinking about the content and experience of the interactions with participants.

3.3 Research Method

3.3.1 Research participants

The population of interest for this research was educational psychologists (EPs) in the UK. The sampling frame was EPs from one large Local Authority (LA). Following agreement from the Senior Management Team to conduct this research in the Educational Psychology Service, EPs within the LA were invited to participate through an email providing details of the aims of the research and what it would entail (see Appendix 10). In order to allow sufficient opportunity for participants to read and respond to the email, EPs were given three weeks by which to reply. Two participants stated an interest in participating via email and another two agreed to be involved following a further conversation about the research. Therefore, the final sample size was four EPs: one male and three females.

Whilst the sample size for this study is small, this is usual for psychosocial research, which Hollway explains is due to the depth of analysis required by this approach (Hollway, 2004). This number of participants has been used in other studies that utilise the Free Association Narrative Interview technique (e.g. Boyle, Kernohan & Rush, 2009; Guest, 2012; Moroney, 2014).

The sample was not intended to be representative of the population as the proposed outcome of this research was not to generalise findings but to give a rich picture of EP encounters and responses to domestic abuse issues from which readers have the opportunity to transfer relevant aspects to their own situation. However, contextual information is helpful to enable transferability (Lincoln & Guba, 1985) and interpretation of meaning. Further information about participants is therefore provided in the analysis section.

3.3.2 Data collection

In order to capture the conscious (language based) and unconscious (affect based) aspects of EP responses to domestic abuse, a number of data collection methods were employed. Free Association Narrative Interviews (FANI) were used to frame the research/participant interaction and a data collection sheet used to collect basic demographic information. These participant-report methods were accompanied by the use of reflective diaries and psychosocial supervision to capture the researcher experience of the encounter, including a focus on the emotional elements. Each of these methods is described in turn.

3.3.2.1 Free Association Narrative Interviews (FANI)

Data on EP experiences was collected using the FANI method (Hollway & Jefferson, 2013). The FANI is designed to elicit story through open ended questions and follows the direction of the respondent by using their ordering and phrasing in follow-up questions. Narrative and storytelling methods are argued to be more effective in capturing 'moving' affective data than interviewing and classifying methods (Manley, 2009). The FANI in particular is proposed to access deeper levels of meaning by moving away from cognitive and theoretical answers to affective answers related to the retelling of lived experience (Hollway & Jefferson, 2013).

The FANI was developed 'in order to steer interviewees away from well-worn responses dominated by readily available discourses' (Hollway, 2015, p.43).

Questions were designed to get narrative accounts, encouraging participants to describe in detail events related to the focus topic. The 'free association' element allowed interviewees to choose the stories to tell and the order of their telling, providing information about their 'unconscious logic':

> The particular story told, the manner and detail of its telling, the points emphasised, the morals drawn, all represent choices made by the story-teller. (Hollway & Jefferson, 2013, p.32)

The aim of eliciting stories is to get experience-near rather than theoretical or intellectualised accounts. Although it is acknowledged that the language based nature of the interviews still allows for conscious control:

> Narrative is particularly difficult for the speaker to control completely, and therefore it provides less capacity for conscious and unconscious manipulation by the speaker. (Wengraf, 2001, p.118)

The role of the interviewer in FANI is non-directive and avoids checking the relevance of stories to the research question or accessing specific information. The aim instead is 'to assist narrators to say more about their lives… without at the same time offering interpretations, judgements or otherwise imposing the interviewer's own relevancies' (Hollway & Jeferson, 2013, p.34).

Certain techniques are recommended to facilitate this type of storytelling such as: using open questions to elicit narratives; enabling each story to be finished uninterrupted; following up on the participant's ordering and phrasing; keeping intervention to a minimum; and using questions that draw out details of experience rather than theoretical explanations (Hollway & Jefferson, 2013; Hollway, 2015).

When selecting the most appropriate method for collecting information from participants about how they encounter and respond to domestic abuse issues in their work, the following other psychosocial forms of data collection were considered in addition to the FANI:

- Grid Elaboration Method (GEM) (Joffe & Elsey, 2014): this also uses tools of free association by asking participants to name or draw four things associated with a particular word or concept before elaborating on these further. Whilst this method is consistent with the ontology and epistemology of this research,

the aim of GEM is to elicit representations of a concept so is not an appropriate method for answering questions about EP responses or experiences.

- Biographical Narrative Interpretative Method (BNIM) (Rosenthal and Bar-On, 1992; Schutze, 1992; Rosenthal, 1993): this method was originally designed to elicit life stories of participants through the use of open ended interviews split into three sessions. The first session asks just one question. The second session includes story-eliciting questions following up on themes from the first session which are asked in order of appearance in the first story. The third session includes questions not restricted to story-telling which return to the research question. Data analysis takes the form of checking out hypotheses at each stage of the story telling. There are many similarities to the FANI due to the FANI being adapted from this method. However, the choice of FANI over BNIM for this research is based on the interest being more on the phenomenon of domestic abuse rather than participants' life stories although it is posed that BNIM can be used to study 'special issues and topics' as well (Wengraf, 2001).

Two interviews were held with each participant and recorded using a digital Dictaphone. Audio recordings were transcribed following the interview.

3.3.2.1.1 Developing interview technique

A pilot interview was carried out to practise FANI techniques using questions for the first interview. Techniques and questions were evaluated through a discussion with the pilot participant at the end of the interview, notes taken immediately after the interview and a review of the tape recording of the interview. The participant experience of the interview was that a 'nice style' was employed that was 'in the here

and now'. Reflections post interview were to pay more attention to the emotional content of the interview and use follow-up questions about experience to move away from intellectualised answers. Notes after reviewing the recording of the interview were about avoiding questions that compared the relevance of statements to the research (e.g. 'thinking about the focus of this research…').

Researcher technique continued to be evaluated through reflective diaries completed immediately after the interviews and review of tape recordings. Notes from the research diary included statements such as 'allow longer silences to check the story is finished' and 'work on identifying themes and returning to them in order'.

3.2.1.1.2 Interview content

The use of two interviews is standard practice for the FANI method (Hollway & Jefferson, 2013) and each has a specific role. Interview 1 is similar to the combined first two stages of BNIM: the aim is to ask open ended questions to elicit stories around the focus area, in this case, domestic abuse issues raised in EP work. The researcher may make brief notes during the interview on key words or topics to ask for more examples or details about. The second interview is designed to take place a few weeks later after an initial review of transcripts to provide opportunities to follow up on hesitations and avoidances or gather information and narratives around specific themes. The content of Interviews 1 and 2 for this research is detailed below.

Interview 1

The first interview began with a scene setting question about the individual as an EP.

- Would you tell me a bit about yourself? How long have you been an EP?

This was then followed by open ended questions designed to elicit narratives linked to the broad research question:

- Can you tell me about a time when you encountered a domestic abuse issue in your role as an educational psychologist (EP)?
- Can you think of the first time you became aware of domestic abuse as an issue in your school work?
- Can you think of any times when working with domestic abuse issues challenged your role as an EP?

Further questions followed up the main question based on the narratives produced. They used techniques advocated by Hollway and Jefferson (2013) detailed in the previous section.

Interview 2

The second interview took place 2-3 weeks after the first interview. All interviews began with the following questions:

- Did anything stand out for you from the last interview?
- Has anything else come to mind since that discussion?

Further questions for this interview were unique to each participant and aimed to explore themes, elicit further narratives or explore areas that may have been avoided. They were constructed following review of the transcripts of the first interview to identify situations of tension (Hollway & Jefferson, 2013; Hollway, 2011). To support this task, tables were created summarising responses to each question, themes that were raised by the participant and notes on any contradictions, avoidances and hesitations. Ideas for second interview questions were noted at the end of these tables (Appendix 5).

The questions followed the guidance of Hollway (2015) to select 'appropriate and salient questions' which define an area of interest that can be asked about in whatever manner the interviewer finds appropriate in the moment' (p.45). The specific questions for each interviewee are provided in Appendix 6.

3.3.2.2 Data Collection Sheet

At the end of the first interview, participants completed a 'Data Collection Sheet' (Appendix 4) to provide details about gender, ethnicity, employment, and the number of domestic abuse issues raised with them in schools. The purpose of this was to provide some contextual information to assist with analysis and transferability of findings (see 3.3.1).

3.3.2.3 Reflective field notes

Reflective field notes were taken immediately after the interview encounter and at any time when thoughts or images arose which related to the interview participant. These included reflection on: first impressions (Hollway & Jefferson, 2013); unconscious dynamics (Hollway & Jefferson, 2013); and thoughts, feelings and dreams (Crociani-Windland, 2009). Appendix 7 provides an example diary template.

Using reflective field notes allowed all aspects of the research encounter to be recorded, taking into account communication beyond the verbal exchange:

> Resemblances, echoes, resonances, and roundabout links; dreams, images, associations, memories and pictures: all of these – elements of the unconscious and remains of the conscious – are an integral part of communication today. (Manley, 2009, p.95)

This information is also useful in considering unconscious processes and these notes provided a basis for discussion in psychosocial supervision.

3.3.2.4 Psychosocial supervision

Hollway (2015) defines the function of supervision as providing 'a confidential space…where all aspects of researcher subjectivity could be thought about and explored for their meaning and relevance' (p.50).

The experience of the interview process with each participant was discussed in psychosocial supervision to explore the unconscious and conscious processes taking place during the interview encounter. Four sessions took place, with each session focusing on an individual participant. The supervision sessions were used to interrogate and add depth to analysis of unconscious processes. Two sessions took place between Interviews 1 and 2 and therefore also helped to inform the questions asked in the second interview.

Using psychosocial supervision as a tool for researcher reflexivity not only aids data collection and analysis but also allows the researcher to demonstrate 'transparency and trustworthiness' by disclosing motives and biases in the research process (Nicholls, 2009). The supervision helps to differentiate between the researcher's own feelings and those belonging to the participant and 'distinguish informative from unhelpful countertransference', allowing researchers to 'ensure that the conclusions they reach have firm foundations' (Jervis, 2009, p.150 & 155).

3.3.3 Data analysis

Thematic analysis was chosen as the method of analysing EP encounters of domestic abuse by organising and summarising the views and experiences of educational psychologists as presented verbally. This method was chosen as it allowed data to be organised and described in rich detail following a transparent process (Braun and Clarke, 2006). The strength of this method in comparison to other

forms of analysis such as interpretative phenomenological analysis or discourse analysis, is that it is not tied to a particular ontology or epistemology. Braun and Clarke (2006) write that thematic analysis can be compatible with psychoanalytic modes of interpretation.

There is evidence of thematic analysis being used in research employing the FANI as an interviewing method (e.g. Boyle, Kernohan & Rush, 1009; Capri & Buckle, 2015; Guest, 2012; Moroney, 2014). However, the use of thematic analysis as the sole tool of analysing data has sometimes been at the cost of utilising the reflexive part of the interview and drawing upon psychoanalytic concepts. For example, Braun and Clarke (2006) write that thematic analysis is 'unable to retain a sense of continuity and contradiction through any one individual account, and these contradictions and consistencies across individual accounts may be revealing' (p.27).

The other method of analysing research using the FANI is by developing psychosocial case studies. Hollway and Jefferson (2000) advocate such holistic analysis of individual cases then extrapolating single case analysis into theory. Decisions about whether to employ a case study or thematic analysis method may depend on the topic being studied. For example, a case study approach such as that utilised by Hollway and Jefferson (2000) is ideally suited to the subject matter of that research: identity change and fear, which are topics relating to the individual. Other psychosocial research has prioritised themes across participants over individual stories (e.g. Joffe & Elsey, 2014).

This research aimed to honour what participants had chosen to communicate whilst also paying attention to unconscious and emotional processes affecting their responses. Therefore, thematic analysis was selected to provide the summary of

experiences and views as presented by participants whilst individual analysis was selected to look in detail at individual accounts and explore any unconscious processes. The method by which each analysis is carried out is described further in the next sub sections.

3.3.3.1 Inductive thematic analysis

Thematic analysis was used to answer questions about how EPs encountered domestic abuse in their work (question 1). This followed the Braun and Clarke (2006) method. During data collection, items of potential interest were made note of between interviews as well as after both interviews. The six phases of data analysis were completed as follows:

Phase 1 Familiarising yourself with the data

This phase began at transcription with all interviews being transcribed by the researcher. As well as recording all verbal and nonverbal utterances, transcription included notes on pauses, manner of speaking and stresses on words. The key used for transcription utilised some of Silverman's transcription symbols (Silverman, 1993, summarised in Wengraf, 2001) and is shown in Table 4.

Following transcription, each interview was read at least once before any formal coding took place. Handwritten notes were made on the transcripts about any ideas and potential coding schemes.

Symbol	**Example from interview transcripts**	**Explanation**
(.4)	Yes. (0.4) yeah there's a (.2) not as wide an understanding	Numbers in parentheses indicates elapsed time in seconds
Underlined word	I think to actually see that happening families there are incredibly open	Underscoring indicates some form of stress via pitch or amplitude
(word)		Parenthesised words are possible hearings
-	it was quite drain-, It's quite mas- quite overwhelming almost more hi-, I don't know whether it's more hidden	Hyphen indcates an abript cut-off of the sound in progress
(*italics*)	father I did meet who was, erm (*intake of breath*) Yeah (*laughs*) it was quite a thing really (*very soft voice*)	Italicised print in brackets were notes about nonverbal utterances such as laughter, sigh or intake of breath
[square brackets]	In [Location A]	Information changed to protect anonymity

Table 4 Key for transcription

Phase 2 Generating initial codes

The transcripts were uploaded to MaxQDA 12 in order to record codes and themes. The entire data set was coded systematically in an inductive way. It followed the advice of Braun and Clarke (2006) to code for as many themes/patterns as possible and to code inclusively by including context or words around the segment. Interviews were coded in sequential order with coding completed for the first and then second interviews of one participant before coding the interviews of the next participant. New codes were generated as these were identified in the data. Once all

the interviews had been through a first coding, they were reviewed again to ensure that codes identified in later interviews were considered in the earlier interview extracts (e.g. new codes may have been generated when reading interviews of the fourth participant which had not been considered when coding interviews of the first participant). Re-reading the interviews also led to identification of codes that were not initially 'seen' or acknowledged by the researcher. Examples of these were codes relating to being 'vulnerable to physical threat' and 'sexual abuse'. Theories about why these were not initially identified will be explored in the analysis and discussion sections but are based around the ideas of a defended researcher. If a new code had been identified in the second coding exercise, earlier transcripts were read again for examples of that code.

After the second coding of interviews, all the codes were reviewed to check that items were consistent with the code name. Memos were made for some codes to define them and note any thoughts around them. At the end of this process, there were 2484 coded segments organised into 435 codes.

Phase 3 Searching for themes

Although themes were not explicitly identified when generating initial codes, codes started to be organised into colour groups at the coding stage to make it easier to find potentially relevant codes for an extract. At this stage, the colour groups were not organised around themes but broad areas that were talked about. 10 colour groups were created during the coding process: communication; EP practice; emotions; support strategies; services and relationships; theories; information about the child; information about abuse; contextual information; and reflections.

During the final review of codes, ideas started to be noted about potential themes which linked different codes. Quite often these codes came from different colour categories, emphasising the role of sorting into colour groups being to organise codes rather than develop theories around them. Notes were made in the research journal about connections which took the form of mini mind maps. These were then explored in more detail using MaxMaps once the review of coded extracts had been completed.

As notes about themes were made, the decision was made by the researcher to group these into dichotomies as for every statement relating to one theme, there was a contrary idea expressed in a different data set or often within the information presented by the same participant.

Phase 4 Reviewing themes

Themes were reviewed by reading all the data extracts within that theme to check that they related to the theme. Whilst the majority of codes were already placed within themes, all of the 435 codes were reviewed as part of this process to check whether they fit an already established theme, related to a new theme that had not been identified, overlapped with another code or were of low importance and could be discarded from the analysis. Some codes were so strongly linked to one participant that they were omitted from the thematic analysis and placed in a miscellaneous group of codes for that participant, ready to be considered in analysis at an individual level. At the end of this process, codes were grouped into six superordinate themes with two dichotomous themes per area. Each theme had a number of sub-themes pertaining to it which are detailed in the findings section.

Once themes had been reviewed at the code level, they were then compared to the data set. This was achieved by reading through all hard copies of the interview extracts again and making notes on the themes that occurred then considering at a whole text level whether the themes reflected the interviews as a whole. Further changes to one superordinate theme were made at this stage.

Phase 5 Defining and naming themes

Each theme was described using a few sentences to define what was distinctive about it. A name was then chosen that best represented that theme. Initial themes were shared with a tutor group and the research supervisor to check explanations were reasonable and understandable from outside perspectives. Further refinement of themes and definitions were made following this feedback.

Phase 6 Producing the report

This took the form of the findings chapter.

3.3.3.2 Analysis at an individual level

Analysis at the individual level used information from inductive thematic analysis, reflective notes, supervision sessions and deductive thematic analysis. This information was triangulated to develop an account of each participant which summarised the experiences they relayed, the way they talked about domestic abuse and explored any evidence of defensive mechanisms.

3.3.3.2.1 Deductive thematic analysis using a psychoanalytic lens

Whilst carrying out the thematic analysis, notes were made about situations of tension, avoidances, inconsistencies, contradictions, changes in emotional tone and hesitation. After completing the inductive thematic analysis, each transcript was deductively coded for evidence of: laughter, intake of breath, change in tone (e.g. soft

voice) and hesitations (defined as a pause of more than 2 seconds or change of direction mid-sentence). These aspects were selected as worthy of attention as they can be potential cues to unconscious defences or significant emotional content. The examples for each individual participant were then analysed to consider the context in which they were used and their possible defensive function. These observations were also discussed in psychosocial supervision.

3.3.3.2.2 Using the experience of the researcher to inform analysis

Information about researcher subjectivity was collated using reflective diaries and psychosocial supervision sessions. This enabled thoughts and ideas to be explored about defences and anxieties of both the participant and the researcher in relation to the issue being discussed and the actual interview encounter.

3.4 Reliability and Validity

The question of reliability and validity for psychosocial, qualitative research is not about how close findings match a real world objective truth or whether the research can be repeated with the same outcomes. Instead, it is about how trustworthy the results are and whether they are relevant and beneficial to the people concerned (Angen, 2000).

In order to establish trustworthiness, the research methodology and approach employed techniques to enable credibility and transferability (Lincoln & Guba, 1985). Lincoln and Guba's (1985) further criteria of dependability and confirmability were replaced by requirements to be relevant and beneficial (Angen, 2000).

3.4.1 Credibility

Credibility is about how confident people can be about the findings. Scheff (2006) emphasises the importance of the researcher detailing the concepts and

methods used and providing access to the raw data to allow others to assess the relevance of the ideas and methods used. Patton (1999) similarly talks about how the researcher ‘has an obligation to be methodical in reporting sufficient details of data collection and the processes of analysis to permit others to judge the quality of the resulting product’ (p.1191)

This section provides details of how the data were analysed. Transcripts and examples of coded extracts are included in the Appendices and there is access to the MaxQDA file to show the full coding of the thematic analysis.

The following techniques recommended by Lincoln and Guba (1985) were also used to establish credibility: triangulation; peer debriefing; negative case analysis; and member checking.

3.4.1.1 Triangulation

Different sources of data were triangulated to inform findings. This included data from the two interviews and the reflective diary. Psychosocial supervision could be seen as a further method of triangulation through using multiple analysts to review the findings (Patton, 1999). Although the full transcripts were not looked at during supervision, sections of transcripts were looked at in detail to explore psychosocial processes taking place in that interaction.

3.4.1.2 Peer debriefing

The purpose of peer debriefing is to explore ‘aspects of the inquiry that might otherwise remain only implicit within the inquirer's mind’ (Lincoln & Guba, p.308). This was achieved through psychosocial supervision.

3.4.1.3 Negative case analysis

Alternative explanations were considered in the findings and discussion. For example, aspects of forgetting could have been interpreted as repressed memories or could have been a legitimate forgetfulness given the number of children and families that EPs work with.

3.4.1.4 Member checking

Member checking is the process by which data, interpretations and conclusions are shared with the participants. Elements of member checking were included within the second interview when participants were asked to provide reflections on the first interview and their experiences of the interviews as a whole. Themes from the first interview were also presented for further discussion, for example by referring to what the participant said and asking for further thoughts or examples. Some interpretations were also checked explicitly with participants, for example, one participant cancelled one interview and was then late to the rescheduled one. During the interview, she described a mother who was often cancelling or avoiding interviews. At the end of the interview, the idea was posed about whether our interview experience was paralleling the interview with that mother: the participant denied this, saying that it was a consequence of the busyness of the EP work. Member checking was not used at the end of the analysis due to critiques of this approach for confirming findings, outlined by Angen (2000). For example, the findings are not assumed to be a fixed truth that respondents are being asked to confirm or deny. Working from the assumptions of subjects being defended, participants may agree the findings are ‘true’ to please the researcher or may deny them to protect an ideal version of self. Angen (2000) argued that this process could add more confusion to the data rather than clarity.

3.4.2 Transferability

Transferability is about how the findings can be applicable to other contexts. Lincoln and Guba (1985) posit that this can be achieved by providing a thick description of the data. This is achieved by the type of interview approach used which aims for experience near accounts. It is also achieved through the addition of individual analysis to the thematic analysis so that the accounts can be reviewed at a semantic and latent level.

The research purposefully keeps the data and methods in context (Patton, 1999), perhaps unusually for thematic analysis, retaining the individual voice within the description of themes by referring to participants by their names. This is to avoid over-generalisation of the data and to allow for the idea that people may experience domestic abuse issues in different ways whilst also retaining elements of similarity in their experience.

3.4.3 Relevance and benefits to the profession

Lincoln and Guba's (1985) requirements of dependability and confirmability explore how consistent, repeatable and objective the findings are. These appear inconsistent with a psychosocial approach which assumes that findings are based on subjective experiences and interpretations and take into account the uniqueness of each interview interaction. The emotions experienced within each interaction will be affected by the context, the social experiences and perspectives of the researcher and participant which will differ across interactions and time periods. However, this does not mean to say that the findings are therefore of no relevance or use to the profession.

Angen (2000) uses the term 'validation' instead of 'validity' to talk about how interpretive research is evaluated through 'intersubjective agreement':

> Validity does not need to be about attaining positivist objective truth, it lies more in a subjective, human estimation of what it means to have done something well, having made an effort that is worthy of trust and written up convincingly. Doing effective interpretive research requires that we do something meaningful that furthers our understanding and stimulates us to more informed and, hopefully, more humane thought and action. (p.392)

As a researcher and practitioner, the themes that have derived from the data have been relevant and useful to me in my own practice in being able to name what is going on and to notice this in the experience of others. This has already led to purposeful discussion about how we respond to domestic abuse.

The experience of the participants was that domestic abuse had been thought about more and noticed more following the first interview and therefore, providing time and space for this topic appeared to be the beginning of an intervention in itself.

How useful and beneficial this research is will be dependent on how others respond to its outcomes. However, one step towards this will be to make the findings accessible by sharing outcomes of the research with the individual participants then disseminating these to a wider audience through ongoing discussion and publication.

3.5 Ethical Issues

Ethical approval for research was granted by the Ethics Committee of the University (Appendix 8). The following steps were taken to ensure that the research was carried out in an ethical way.

3.5.1 Consent

Consent to carry out the research within the EP Service was sought from the Senior Management Team of the Service. The ethics agreement, consent form and information sheet were included with the request for consent.

Participants were asked to give informed consent by signing a consent form (Appendix 9). This was accompanied by an information sheet explaining the purpose of the study and what it entailed as well as information on how data would be stored and used (Appendix 10).

3.5.2 Withdrawal

Participants were informed of their right to withdraw from the study at any time and were given the option to stop the interview at any moment that they felt uncomfortable. This information was provided on the consent form and verbally before each interview.

3.5.3 Anonymity and confidentiality

Transcripts and research write ups were anonymised and any identifiable details were omitted. Interview arrangements were made in a way that would avoid participants being identified by colleagues. For example, participants were met in an agreed, neutral room rather than in an office with other EPs present.

3.5.4 Risk

It is acknowledged that domestic abuse is an emotive issue and there was therefore the potential for it to be distressing for participants to discuss. There was also the possibility that participants had personal experience of domestic abuse given its prevalence. Steps to show care for the subject and avoid harm are outlined next.

3.5.4.1 Providing a containing environment

A containing environment was provided within the interviews so that any causes of distress could 'be discovered not to be threatening to the survival of the self' (Hollway & Jefferson, 2013, p.90-91). This was achieved within the interview interaction through providing space for the participants to express their feelings, using

active listening to show close attention to what was being said and demonstrating an ability to stay with the emotional content of what was being shared. The open ended nature of the questions meant that participants were able to choose what they wanted to share.

The feelings of the participant were checked at the end of each session and information was available to signpost to additional support that could be accessed within the EP Service (e.g. supervision) and from voluntary organisations providing specialist support for victims of domestic abuse (e.g. Victim Support, Refuge, Women's Aid, National Domestic Violence Abuse Helpline)

3.5.4.2 Honesty, sympathy and respect

Hollway and Jefferson (2013) talk about the importance of applying the principles of honesty, sympathy and respect in order to act in an ethical way.

Honesty involves approaching the data openly, making sure that judgements are supported by evidence and are consistent with a transparent theoretical framework. This includes being mindful of one's own biases and how these might influence data analysis. Psychosocial supervision helped to attend to biases and the use of a systematic approach to data analysis helped to approach data openly.

Sympathy is about sharing the feelings of another without judging them or bringing 'self-knowledge' to understand the experiences of that person. Attempts were made to adopt a non-judgemental but empathic mindset during the interview encounter. However, the psychosocial analysis will show that this was not always fully achieved.

Respect is about paying careful attention to the participant and all aspects of the data. Using both thematic and individual analysis to fully explore the data was a

way of showing this respect. Participants had something to say that was intended to be honoured through thematic analysis without trying to add further interpretation. However, the individual analysis enabled attention to the participant at an emotional level, which may not have been noticed by or consciously accessible to participants.

3.5.4.3 Avoiding misrepresentations

This write up aims to present findings in a way that avoids misrepresentations of the participant and ensures research presents what is important to them (Clarke & Hoggett, 1999). The analysis intended to provide a summary of what participants wanted to share by applying the thematic analysis at a semantic level (taking their accounts at face value). When exploring individual accounts, psychosocial interpretations are presented in a careful way, not assuming that these are the absolute truth but are one possible way of viewing that encounter or dialogue. They are checked out in psychosocial supervision and referenced back to psychoanalytic theories. Alternative interpretations are also included within the findings and discussion sections.

3.5.5 Data protection

Participants were made aware of how the information would be used and how long it would be stored for in accordance with the Data Protection Act 1998.

3.6 Summary

The chapter shows how the ontological and epistemological positions have influenced the methodology used to answer the research question. It has placed emphasis on the use of a psychoanalytic lens to answer questions about defensive processes and enable detailed exploration of emotive material. It has also provided a detailed description of the analysis in order to establish trustworthiness. It has shown

the steps taken to protect the well-being of participants, which has included the essential actions relating to anonymity and data protection as well as psychosocial practice of honesty, sympathy and respect. The next chapter details the findings from this analysis process in a manner that should continue to demonstrate care for participants and objectivity within subjectivity.

Chapter 4: Findings

4.1 Aims

This chapter details the outcomes of the analysis used to answer the research questions:

- How do EPs encounter domestic abuse in their work?
- What do EPs talk about when asked about working with domestic abuse?
- What evidence is there of EPs being defended against unwanted thoughts or feelings in relation to working with domestic abuse?

Encounters with domestic abuse were explored using thematic analysis, which groups information on EP experiences, views and knowledge to create a picture of domestic abuse as encountered by EPs in their work.

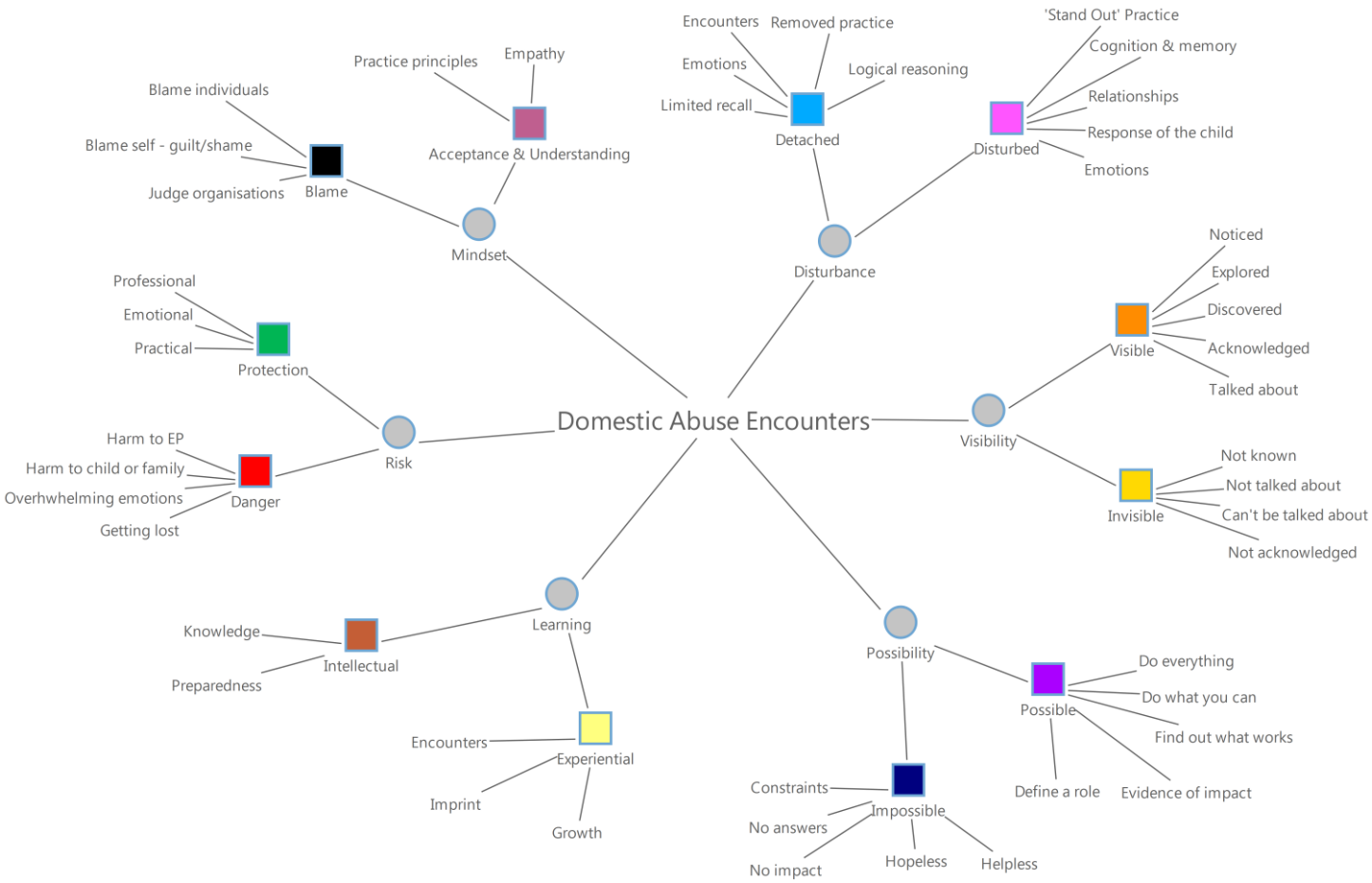
The second question is answered by providing a summary of the experiences that EPs chose to share when asked about domestic abuse. It provides a context for answers to the third question which involved individual analysis of transcripts looking at indicators of defence against unwanted thoughts and feelings.

4.2 How do EPs encounter domestic abuse in their work?

4.2.1 Overview of the thematic analysis

When talking about domestic abuse encounters, participants: described individual case studies; drew on general experiences; generated formulations; reflected on actions, thoughts or emotions; and problem solved ways forward. This information provided a rich picture of domestic abuse as encountered by EPs, which was grouped into six superordinate themes.

Each superordinate theme contained two main themes that could be viewed as dichotomous, although participants often switched back and forth between the two stances. The superordinate themes and their related themes and codes are shown in Figure 1. Each superordinate theme is described in detail but these are not presented in any particular order. Extract examples are included within the text to illustrate themes but a wider range of examples can be found in Appendix 11. The sources for references are given in the following format: participant initial, interview number, segment number of interview (e.g. N1:32 = Neal, first interview, segment 32). Frequency of extracts for each code are shown by the number of extracts given as the first number and the number of participants making statements linked to that code as the smaller number (e.g. 4^2 = 4 extracts from 2 participants).



Key:

Circles: Superordinate theme

Squares: Themes

Free writing: Sub themes

Figure 1 Thematic Map: Overview of themes arising from the thematic analysis

4.2.1.1 Superordinate theme: Risk

This superordinate theme captures participants' talk about domestic abuse that refers to perceptions of harm or threat to self or others ('***Danger***') and actions taken to protect against that harm ('***Protection***').

4.2.1.1.2 Theme: Danger

'Danger' is grouped into 4 sub themes: Danger of harm to the EP; Danger of harm to the child or family; Danger of overwhelming emotions; and Danger of getting lost. The sub themes and related codes are shown in Figure 2. Any codes named in the text are written in italics.

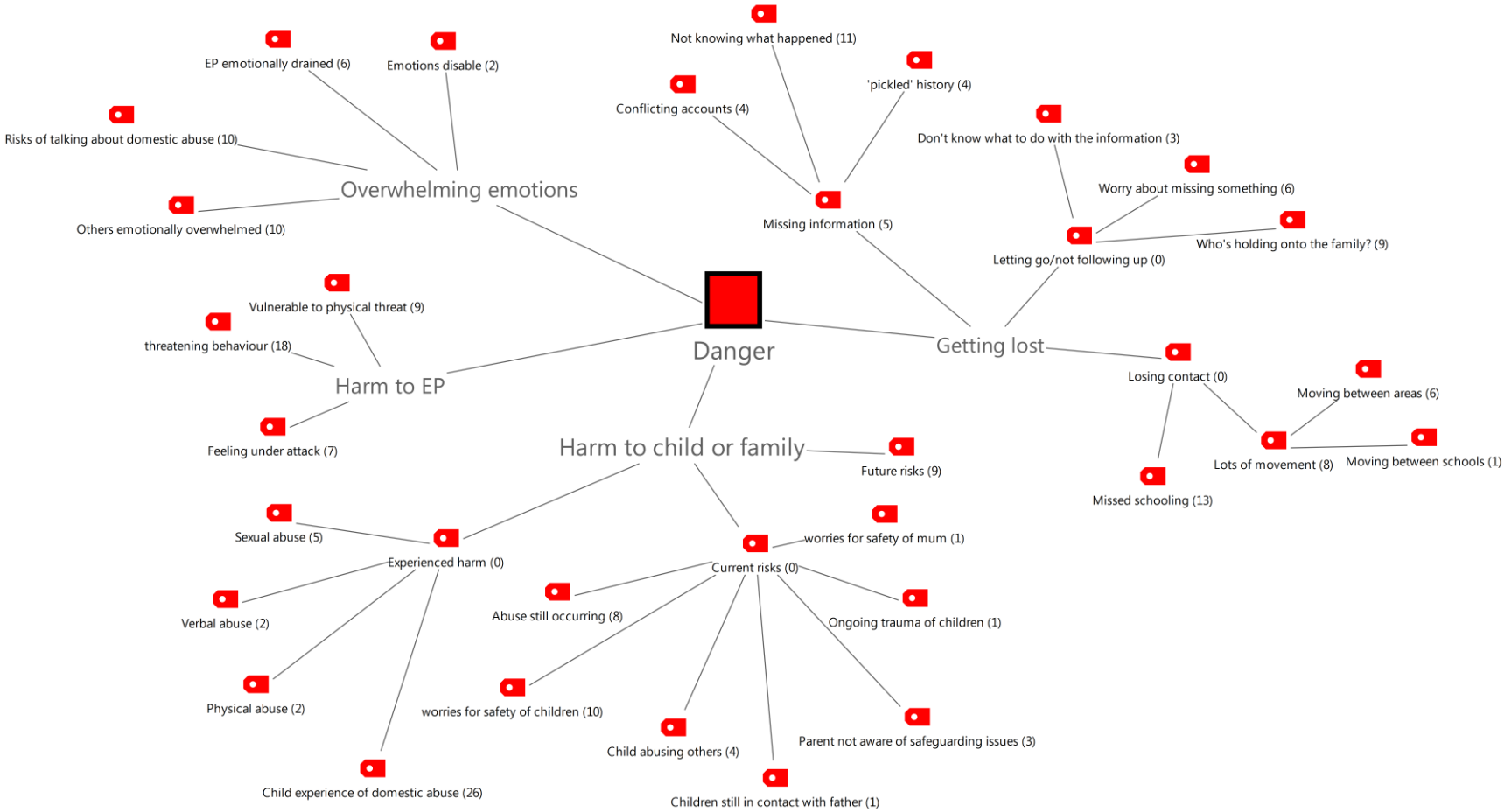


Figure 2 Danger: sub themes and codes

4.2.1.1.2.1 Sub theme: Danger of harm to the professional

> *Dad kind of came in strutting, literally sort of, throwing his weight around, "Oh what are they doing here?"* (R1:28)

Every participant referred to times when they had felt intimidated, at risk of physical harm, or had experienced verbal abuse in their work around domestic abuse. They also made reference to school staff and other professionals feeling at risk. Examples of this are given in Appendix 11.

4.2.1.1.2.2 Sub theme: Danger of harm to the child or family

This sub theme incorporates information shared about the *harm that children had experienced*, not only in relation to domestic abuse but to other forms of child abuse. It also included *current risks* for that child or family such as the children still being in contact with the father, worries for the safety of the mother, the risks of the child abusing others and the parent not being aware of safeguarding issues. In some cases, the abuse was still occurring. Emily and Neal talked about the *future risks* for the children they were working with if patterns of behaviour continued.

These statements show the awareness of harm and risk that participants had of the children and families they were working with. Emily commented that the *'stakes are so high'* (E2-259) and vocalised her fears in the statement:

> *Well yeah I mean it's that the ultimate fear is of something happening isn't it? Of them being on the news one day, you know, 'dad slaughters two children and himself'.* (E2:191)

4.2.1.1.2.1 Sub theme: Danger of overwhelming emotions

> *Cos you're taking on all the information but you're also taking on all this … emotion* (J2:61)

Participants were aware of how others they were working with became overwhelmed by emotions when talking about or working with domestic abuse. They

reflected on the *risks of talking about domestic abuse* in meetings and interviews with parents. Some also talked about their own experience of being *emotionally drained* and the potential for emotions to *disable* their approach to work.

4.2.1.1.2.2 Sub theme: Danger of getting lost

'Danger of getting lost' reflects three areas where there is a risk of losing something about the child:

- missing information,
- physically losing contact with the child or family, and
- not following up a case or piece of information.

The code, *missing information* captures statements about the risk of losing or not having all of the information about a child or family. Neal talked about situations being:

> *chaotic and it's actually hard to unpick it all.* (N2:253)

Examples of information being unclear related to the *pickled history*, not knowing what happened after involvement, and receiving *conflicting accounts* about events.

The code *losing contact* includes the experience or risk of institutions and professionals losing physical contact with a child as a result of lots of movement or missed schooling. For example, Rebecca talked about a family who:

> *did that thing where they move around a lot so you never, you never quite get a handle on what's going on for them.* (R2:46)

The code, *not following up* captures concerns about situations where potential risks have not been identified or addressed, either due to the risk not being known,

people not knowing what to do with the information or confusion around who is responsible for the family:

> *It sort of passed around between different agencies, you know there's social care, the education, the mental health service, the the schools…it's not quite clear whose responsibility it is at any one point.* (N2:183)

4.2.1.1.3 Theme: Protection

'Protection' captures descriptions of any actions taken to mitigate against the risks associated with domestic abuse (outlined in the previous section 'Danger'). This includes:

- The practical steps to keep children safe and to keep safe as a professional;
- The steps required to manage overwhelming emotions such as looking after others and looking after self;
- The responsibilities to follow statutory duties and communicate in a careful way.

Figure 3 shows the sub themes and codes that are grouped under this theme.

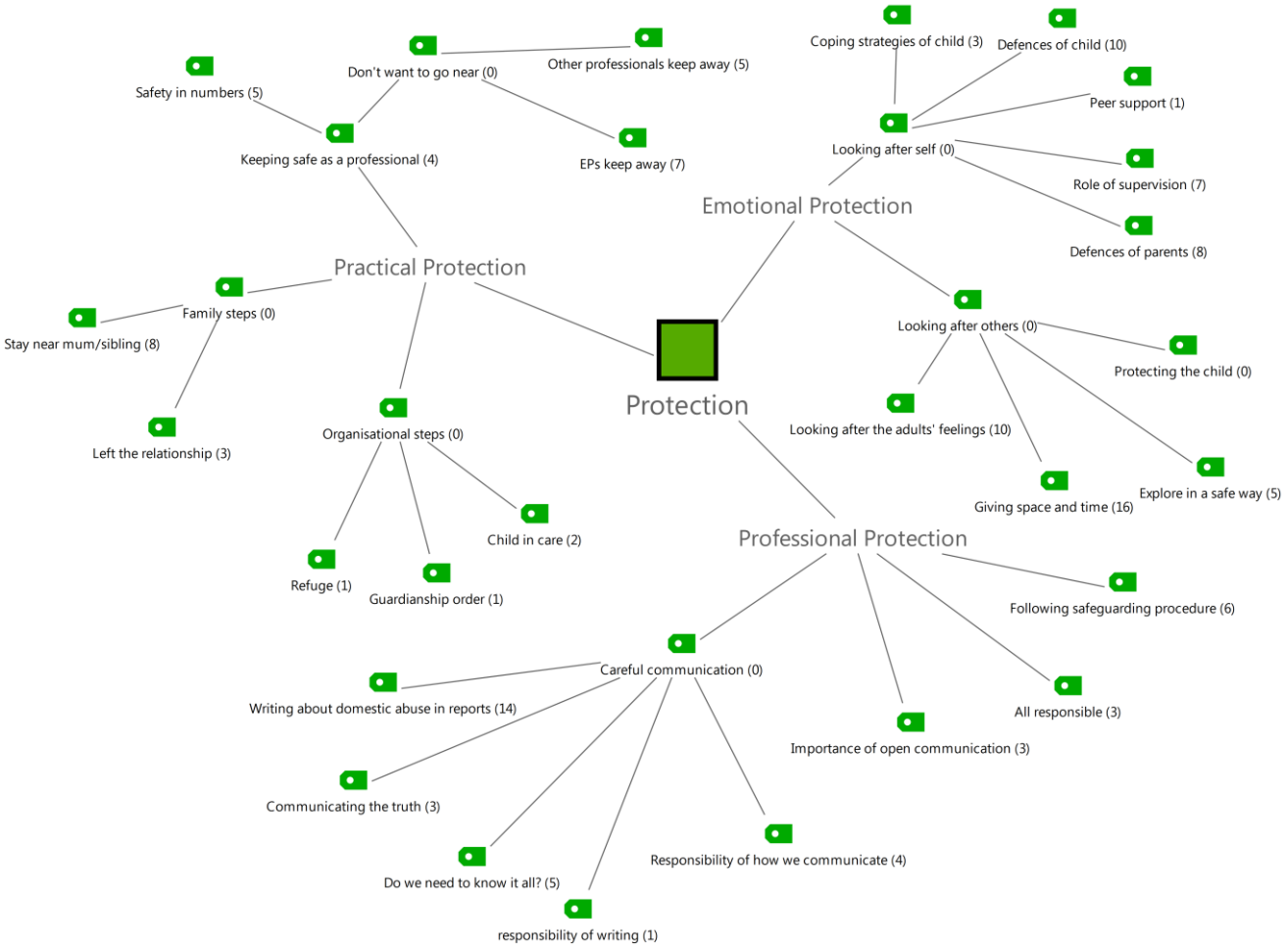


Figure 3Protection: sub themes and codes

4.2.1.1.3.1 Sub theme: Practical protection

Practical steps included references to actions taken by survivors to remove themselves from situations of abuse, steps taken by authorities to protect the family, steps taken by children to keep members of their family safe (e.g. staying near mum) and steps taken by professionals to keep safe.

Protective steps taken by professionals included actions such as not making a home visit or there being safety in numbers. There was also a code relating to keeping away from people and events associated with domestic abuse. Participants talked about how other professionals distanced themselves from a child or family and how they as EPs wanted to keep away from the subject or perpetrators. For example, Emily described domestic abuse as:

> *the ugliest thing you could think about but not wanting to (.1) go near it isn't it?* (E2:259)

Rebecca wondered whether there are:

> *fathers who are so intimidating they kind of put off social workers* (R1:146).

4.2.1.1.3.2 Sub theme: Emotional protection

Emotional protection encompasses codes relating to looking after others and looking after self.

Looking after others is about the steps taken to protect other people emotionally and the strategies that supported people to feel safe. This was a dominant theme for Emily as she talked about looking after the adults' feelings and exploring in a safe way. However, other participants made reference to some aspects of this such as the benefit of giving people space and time.

Looking after self includes EP references to the need for supervision as one form of emotional support and theoretical descriptions of how children and parents may act to defend themselves. For example Neal described a boy as

just doing what he does in order to cope with how he feels (N1:76).

4.2.1.1.3.3 Sub theme: Professional protection

'Professional protection' encompasses the statutory duties that EPs have to respond to domestic abuse issues as well as the softer responsibilities of how they communicate about domestic abuse.

Emily and Rebecca both talked about the statutory duties relating to domestic abuse, with Emily emphasising the requirement to treat domestic abuse as a form of child abuse and Rebecca sharing how she met these duties in her work. Emily and Neal talked about the notion of all professionals being responsible and the importance of open communication and sharing between professionals.

Emily, Neal and Jenny referred to different aspects of being careful in communicating information as EPs. There were questions about how much to share, the need to communicate the truth, and the particular things to take into account when writing about domestic abuse in reports.

4.2.1.2 Superordinate theme: Mindset

The superordinate theme '**Mindset**' reflects what EPs said about the attitudes and dispositions held by them and others in relation to domestic abuse. Two themes are used to describe alternate states of mind:

- ***'Blame'***: captures discussion about any attempts to assign responsibility or to find fault in others for a situation. This may not have been directly referring

to the domestic abuse but to other factors such as a child's behaviour or a service's response.

- ***'Acceptance and Understanding'***: encompasses descriptions that portray an intentionally open attitude to the situation which attempts to take on perspectives, acknowledge contextual information and reflect on actions'

4.2.1.2.1 Theme: Blame

> *It takes quite a lot of, quite a safe exploration of that to not, not let people feel shame or blame? (.2) or guilt cos all those things are there aren't they?* (E1:26)

The theme '***Blame***' comprises the sub themes:

- 'Blame individuals': this encompasses examples where the participant struggles to understand the actions of parents or where the child has been the target of judgements.
- 'Blame self'*:* captures negative feelings associated with self for having done something wrong (guilt) or feeling unworthy or inferior to others due to actions or experiences perceived to be wrong (shame).
- 'Judge Organisations': this included codes about services being judged negatively.

Figure 4 shows how these themes are organised.

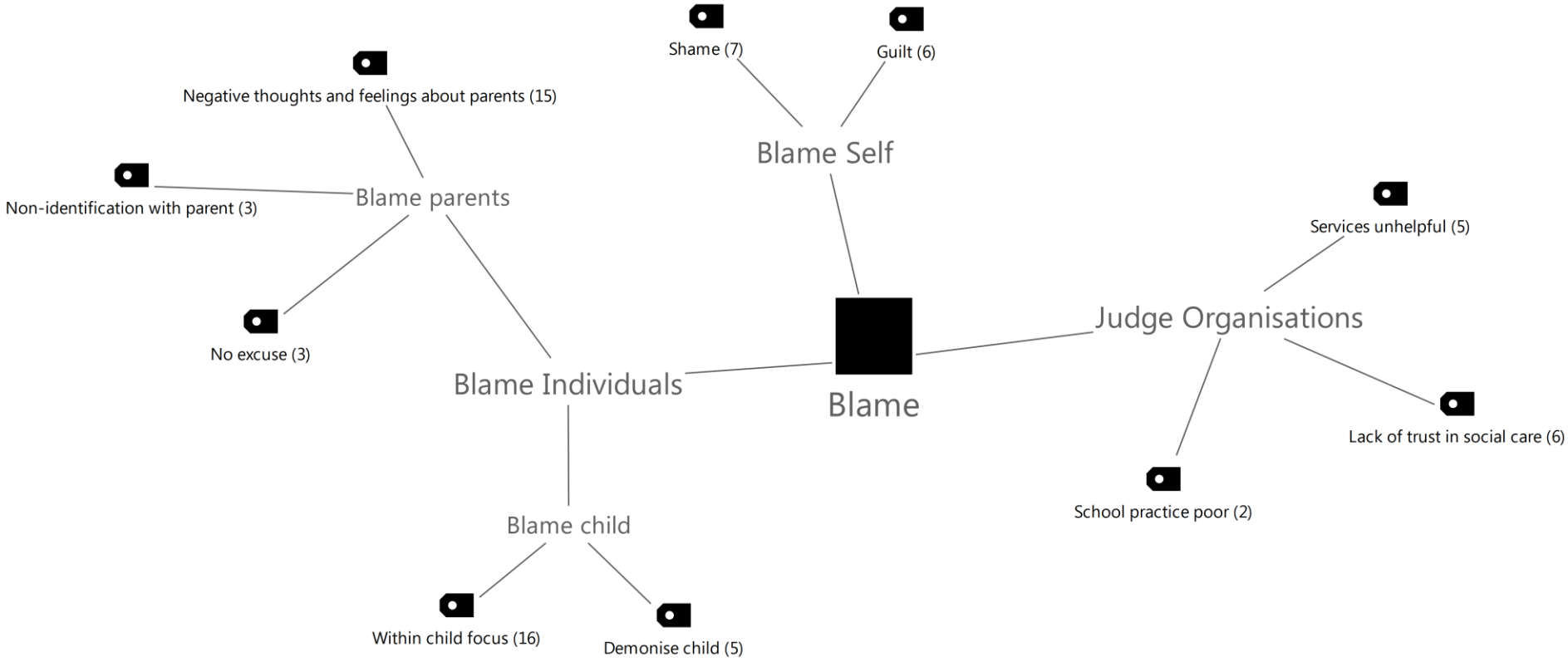


Figure 4 Blame: sub themes and code

4.2.1.2.1.1 Sub theme: Blame individuals

The sub theme 'Blame individuals' includes general attempts to find fault in a situation as well as specific examples where fault has been identified in an individual. These can be seen to fall into two areas:

- *Blame parents*: EPs referred to times when they personally could not identify with parents, or had negative thoughts and feelings towards them.
- *Blame the child*: this included EP perceptions of parents or other professionals blaming the child, either directly by quoting a person attributing fault to the child or indirectly by talking about people adopting within-child models (e.g. paediatricians seeking diagnoses N3:14). No participant directly expressed views that something about the child was the cause of problems.

4.2.1.2.1.2 Sub theme: Blame self

Guilt and shame were included together as forms of judgement of the self. The guilt extracts (6 extracts from 2 EPs) all referred to EP feelings or behaviours, for example, Jenny said:

> *I feel quite bad about that because I wasn't able to make the follow up meeting.* (J2:75)

In comparison, the shame extracts referred to the feelings expressed by family members (7 extracts from 3 EPs):

> *He said, "it makes me feel ashamed that it's in there". He said, and he had a lot of -, he said, "I should have protected my daughter.* (E1:153)

4.2.1.2.1.3 Sub theme: Judge organisations

> *Sometimes I'm not incredibly confident that that's the (.1) the sorts of things that will be encouraged by other Services.* (J2:109)

This sub theme comprises three codes reflecting negative appraisals of social care, school practice and general statements about services being unhelpful. These

codes mainly included EP views but examples of views given by other people EPs encountered were also included.

4.2.1.2.2 Theme: Acceptance and Understanding

This sub theme represents an intentionally open mindset which can be contrasted to the '***Blame***' theme, where cause is attributed to an individual or organisation. The codes comprising '***Acceptance and Understanding'*** reflect empathy with others, and views on the mindsets people should hold. Figure 5 shows how these codes were organised into sub themes.

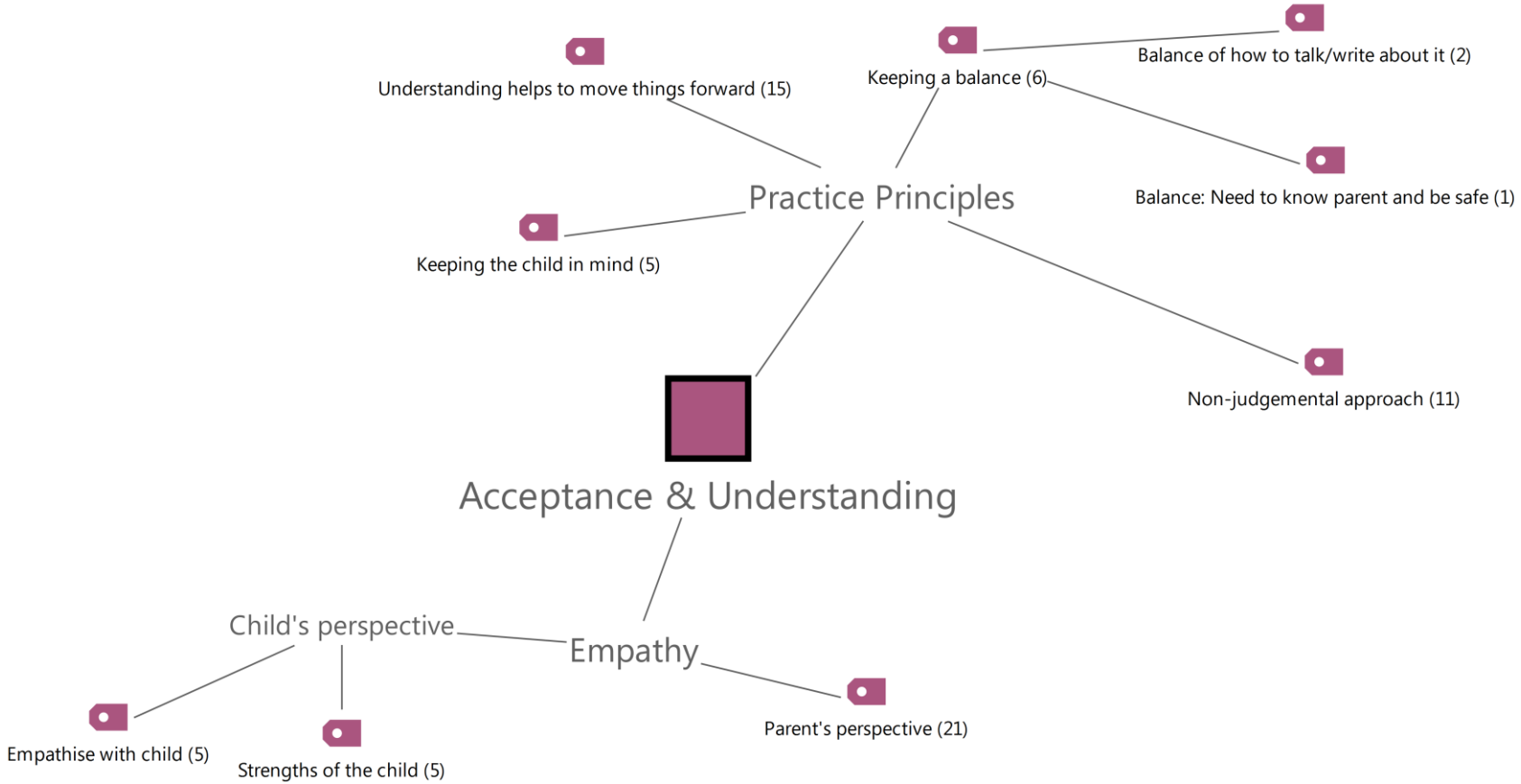


Figure 5 Acceptance and Understanding: sub themes and codes

4.2.1.2.2.1 Sub theme: Empathy (understanding individuals)

'Empathy' captures attempts by participants to take on the perspective of the parent or child. This includes any examples where participants have identified with parents by making direct parallels with their own experience or taking on the parent's perspective. EPs also showed evidence of empathising with the child by trying to understand the child's view point or drawing out their strengths. For example, Neal said:

> *He sabotaged that because he didn't really want to go. And I don't blame him in some ways.* (N2:125)

4.2.1.2.2.2 Sub theme: Practice principles (acting in an understanding way)

'Practice principles' captures the beliefs expressed by participants about the importance of operating in a way that promotes acceptance and understanding. The three key areas of this sub theme are having a non-judgemental approach, developing understanding to help move things forward, and keeping a balanced perspective.

> *I do think (.1) whatever conversation we have, we can do it with dignity and with (.1) encouragement* (E1:127)
>
> *It's about not being judgemental isn't it? Which, which we all have to do in any interaction and (.1) erm (.3) you've got to deal with the person you've got in front of you.* (N2:231)

4.2.1.3 Superordinate theme: Visibility

> *There's different levels of how hidden, like visible or invisible it is* (E1:12)

The superordinate theme '**Visibility'** captures the degree to which domestic abuse is seen or perceived by the mind. It relates both to the identification or acknowledgement of domestic abuse and to the communication about it. The theme ***'Visible'*** comprises examples of when domestic abuse was acknowledged or known about whereas ***'Invisible'*** includes descriptions of when this was unseen or not acknowledged.

4.2.1.3.1 Theme: Invisible

'Invisible' captures information about domestic abuse that is not clearly seen or acknowledged. The subthemes and codes are shown in the thematic map in Figure 6.

Every participant described in some way the issues of information not being known, noticed or revealed. Both Neal and Jenny used the metaphor of picking away layers to get to information

> *So it's taken me quite a while today just to unpick some of the history of this*. (N2:111).

Rebecca was honest in talking about how domestic abuse information went unnoticed or unaddressed. Each of the four sub themes of '***Invisible'*** are considered next.

Figure 6 Invisible: sub themes and codes

4.2.1.3.1.1 Sub theme: Not known

The sub theme 'Not known' gathers examples shared by EPs of individuals being unaware of domestic abuse issues:

> *The school didn't have any idea (.1) about historical, domestic abuse.* (J1:71)

Three participants talked about not knowing about domestic abuse at the start of their work with a child and all referred to times when they had been unclear on the details.

> *Some of the details of that are still a bit murky.* (N1:54)

4.2.1.3.1.2 Sub theme: Not talked about

This sub theme includes descriptions of situations where domestic abuse is not spoken about or is spoken about indirectly. Examples were given of specific cases where parents had not told schools about domestic abuse, professionals had not discussed this in meetings and services had not raised domestic abuse issues with each other. Emily also felt that EPs did not talk about domestic abuse.

> *I think professionally, like as EPs, we've never had any training on it. Or (.1) talk about it.* (E2:269)

4.2.1.3.1.3 Sub theme: Can't be talked about

Instead of looking at the state of not knowing, this sub theme is about the blocks to finding out about domestic abuse, referring specifically to avoidance or difficulty in talking about this subject. All participants described some difficulties or hesitance with asking questions about domestic abuse, and often interpreted parents or others as avoiding the discussion.

> *But they hadn't been given that history. And I thought it was interesting because I thought actually mum was quite reluctant.* (J1:18)

> *So (.2) you know, you'd never had been able to say (laughs) 'Okay do you want us to do anything? Do you want us to call anyone?' It would never have been (.1)* (R1:146)

4.2.1.3.1.4 Sub theme: Not acknowledged

> *It's amazing how it feels like it's (.2) either not known about or acknowledged but not regarded as (.1) hugely important* (N1:6)

'Not acknowledged' is about the importance or presence of domestic abuse and related emotional needs being hidden or not prioritised. Statements grouped under this sub theme referred to others (not participants themselves) not acknowledging the presence of or importance of domestic abuse.

4.2.1.3.2 Theme: Visible

'Visible' captures situations where domestic abuse is acknowledged, noticed, talked about or disclosed. Figure 7 shows how codes were organised into sub themes.

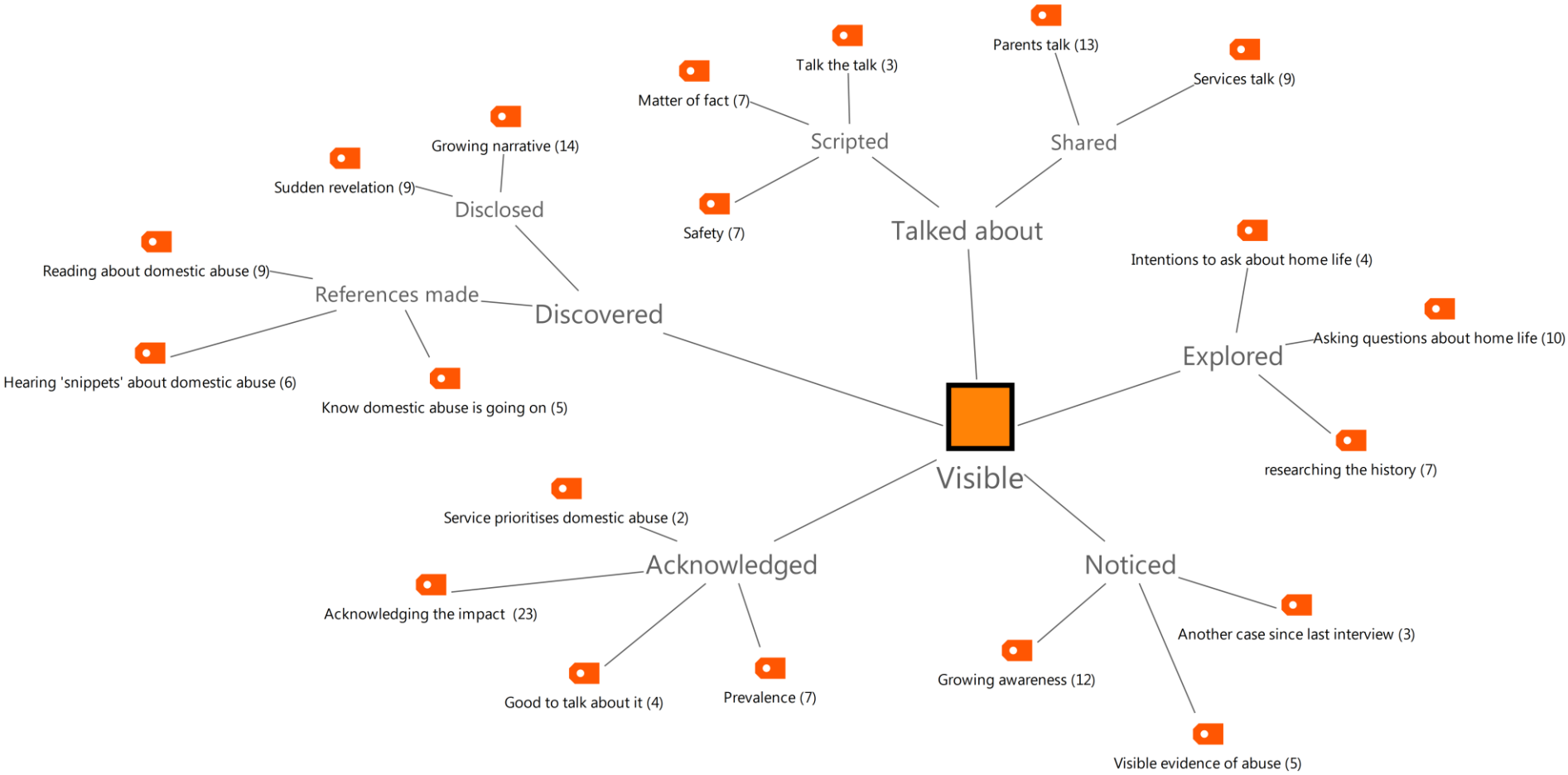


Figure 7 Visible: sub themes and codes

4.2.1.3.2.1 Sub theme: Noticed

> *I became a lot more aware that a lot of the families I was working with, were experiencing domestic abuse* (R1:6)

When considering participants' own perspectives, three participants made reference to a growing awareness of domestic abuse that led to them noticing it more. Participants also referred to further cases that had come up between interviews, suggesting an increased 'noticing' of domestic abuse.

4.2.1.3.2.2 Sub theme: Explored

> *It was almost like trying to pick away layers.* (J1:42)

There is a further EP specific sub theme 'Explored' which is defined as 'intentions or attempts to enquire about domestic abuse or home life'. This can be contrasted with the 'Can't be talked about' sub theme of '***Invisible'***.

4.2.1.3.2.3 Sub theme: Discovered

> *It arises s-sometimes because (.1) maybe I've read something, some paperwork to suggest that, maybe the child may have witnessed domestic violence.* (N2:61)

Another set of codes related to how participants found out about domestic abuse: this was either through parent disclosures or other professionals making reference to domestic abuse verbally or in reports.

4.2.1.3.2.4 Sub theme: Acknowledged

> *When you actually work with the family (.1) you, erm realise that act- you know that this does happen to real children and real families.* (J1:62)
>
> *So I think I'm probably one of the real converted people who really thinks, we should be doing a lot more, you know, acknowledging this.* (E1:177)

This sub theme captures examples of times when the importance and prevalence of domestic abuse is acknowledged by others and by participants themselves.

4.2.1.3.2.5 Sub theme: Talked about

The 'Talked about' sub theme is about the way others talked about domestic abuse which made it more visible. This encompassed the codes:

- *Shared*: examples of open sharing of information by professionals or parents. For example, Emily talked about information being:

  > *clear early on, it was very upfront and open, the family were very open that they (.1) were living in quite a lot of fear* (E1:4)

- *Scripted*: examples of times when domestic abuse was talked about in a way that appeared scripted rather than spontaneous. Rebecca described:

  > *families who talk the talk and are actually really convincing* (R2:78)

4.2.1.4 Superordinate theme: Disturbance

The superordinate theme '**Disturbance'** captures codes relating to the degree to which domestic abuse issues disturb or unsettle a situation. This comprises two contrasting themes:

- ***'Disturbed'***: participants talk about situations where there has been a disturbance of their own thinking or where they have encountered disturbances in relationships, emotions or behaviours.
- ***'Detached'***: participants talk about situations where they have felt detached from the situation through their practice, recall or their emotional response.

4.2.1.4.1 Theme: Disturbed

Participants' narratives about domestic abuse included many references to disturbances in cognitive processing, emotions or behaviours. Each of these areas is shown in Figure 8 and will be described in turn.

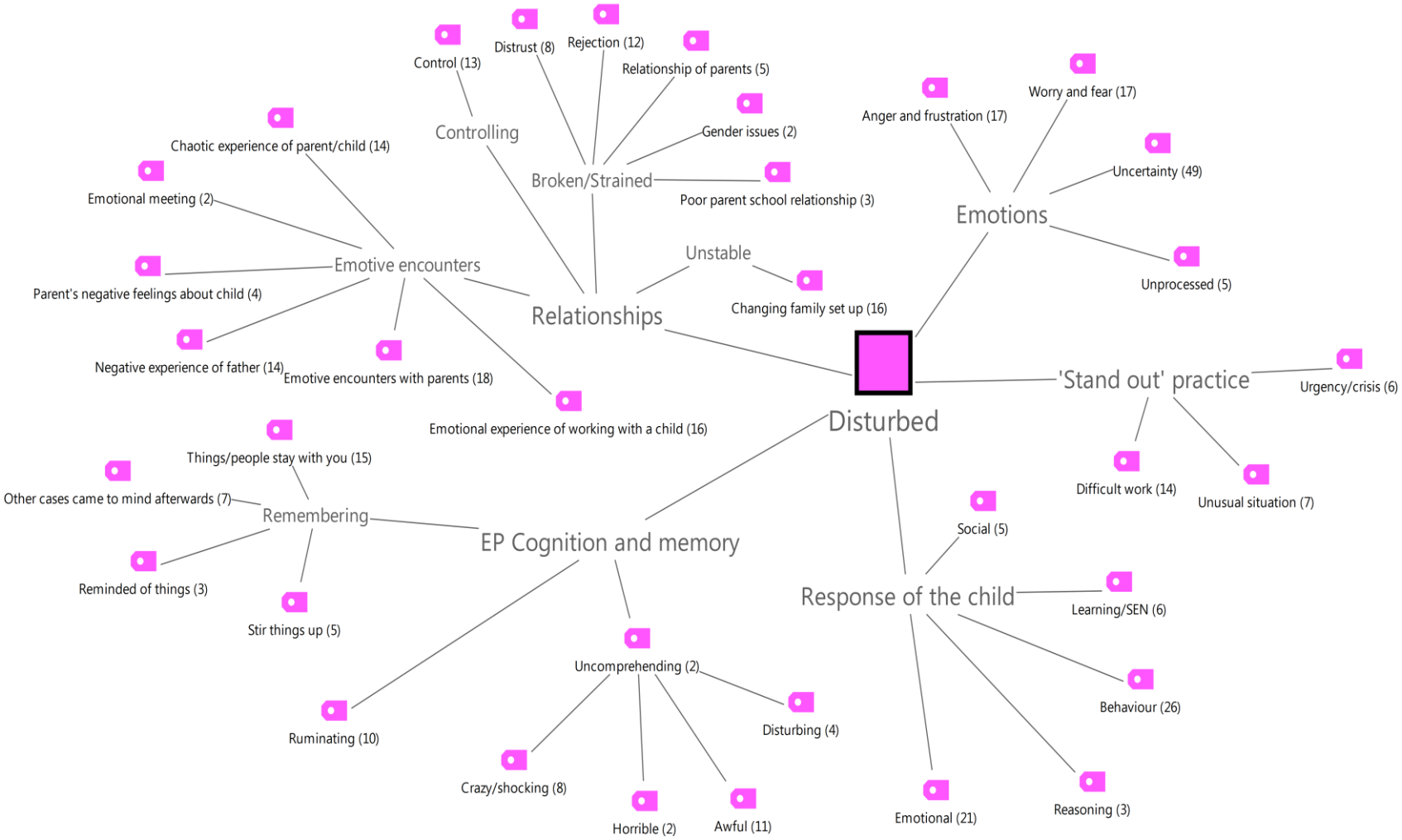


Figure 8 Disturbed: sub themes and codes

4.2.1.4.1.1 Sub theme: Disturbed - EP cognition and memory

This sub theme encompasses information about disturbances in EP thinking and remembering:

- *Ruminating*: Participants talked about how they thought or ruminated about pieces of work where domestic abuse had been a feature. They all referred in some way to ruminating about a case or having their own thinking changed as a result of that piece of work. Three of the four participants also said how they had thought about things that had been discussed between interviews.

- *Remembering*: Rebecca and Jenny talked about domestic abuse work leaving a 'lasting imprint' and people 'staying with you' whilst Neal talked about things being 'stirred up' when working with domestic abuse incidents. Emily described the interview experience acting as a reminder of things that she would like to do around domestic abuse work. Three participants recalled other cases after the first interview.

- *Uncomprehending*: this was defined as events that could not be comprehended by EPs because of the size of the topic, the 'awful' nature of events or the 'crazy' situations that were being described.

4.2.1.4.1.2 Sub theme: Disturbed - relationships

This sub theme is about the disturbance in relationships that EPs commented upon. Disturbance of relationships was grouped into:

- *Emotive encounters*: meetings with schools or parents that were emotive and unsettled. Almost all of these references were made by the three female participants.

- *Broken/strained relationships*: examples of relationships that were under stress or where conflict was present.

- *Unstable relationships*: where the disturbance was defined as movement or change in relationships (e.g. changing family circumstances).

- *Controlling relationships*: where participants described situations of control seeking in relationships.

4.2.1.4.1.3 Sub theme: Disturbed – response of the child

> *This child was literally just this ball of fury, running around the school and creating chaos* (J1:111)

A further sub theme of '***Disturbed***' is about the response of the child (in the cases described) which indicated a disturbance of some kind, for example unsettled actions, thinking and emotions. 26 references were made to the behaviour of the child and 21 references to their emotional needs. Other references were made to learning needs, reasoning and social relationships. These were usually the main reasons for EPs becoming involved.

4.2.1.4.1.4 Sub theme: Disturbed - emotions

This disturbance sub theme captures the emotional disturbance caused by domestic abuse issues: this included references participants made to emotions that had been stirred up in themselves or others. These are grouped according to the emotion described:

- *Worry and fear*: all references to fear were attributed to other people with the exception of Emily who made one statement about the fear of the worst that could happen in a domestic abuse situation. Rebecca talked about the 'worry' of things falling through the net and anxious feelings of working with children who were anxious to get home. Jenny talked about feeling nervous in her

meetings with parents, knowing what had been happening at home. Neal talked about observing and understanding anxiety in others.

- *Uncertainty*: All participants talked about feeling uncertain in their work around domestic abuse issues. Three participants also referred to feeling confused: the same three expressed self-doubt at times in the interview process (Neal, Rebecca and Emily).

- *Anger and frustration*: Three participants talked about the anger observed in children or parents. Jenny and Rebecca used the word frustration: For Jenny, this was used to express her own frustration with services whilst for Rebecca, this was about identifying with the frustration of parents.

- *Unprocessed*: Jenny and Rebecca talked about a generic feeling of being 'shaken' as a result of their encounters with domestic abuse issues in their work. Jenny talked specifically about the rawness of these emotions.

4.2.1.4.1.5 Sub theme: Disturbed – 'stand out' practice

This sub theme captures aspects of practice that stand out due to being different to the usual order of events or having a sense of urgency or crisis. All participants talked at some point about the work around domestic abuse cases being difficult and some referred to practice being different from usual. Three participants made reference to a sense of urgency in the pieces of work that they were describing.

4.2.1.4.2 Theme: Detached

The theme '***Detached'*** is contrasted with '***Disturbed'*** as, instead of being unsettled, interrupted or upset by an event; it is about standing apart from it or showing no emotional response. '***Detached'*** comprises five sub themes which are shown in Figure 9.

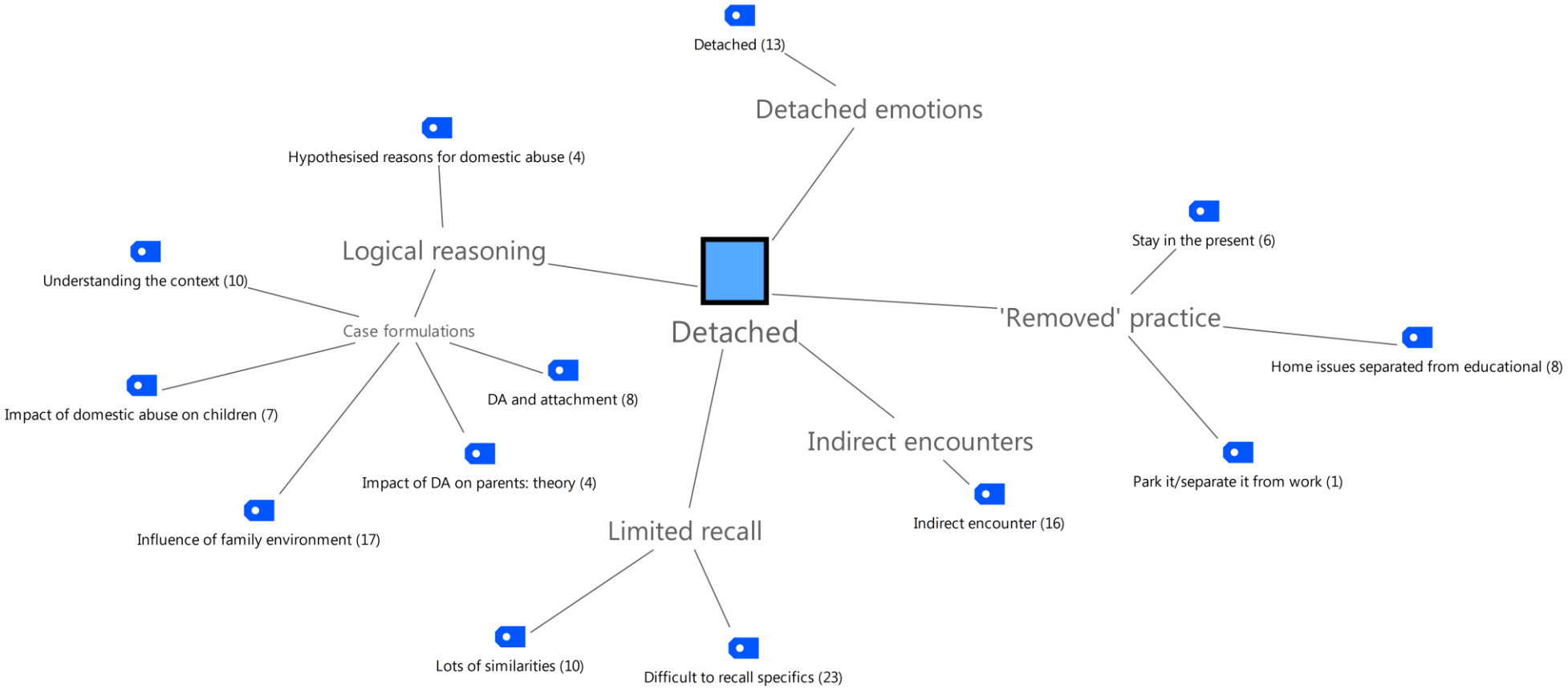


Figure 9 Detached: sub themes and codes

4.2.1.4.2.1 Sub theme: Limited recall

> *It's quite hard to think of specific examples isn't it? Cos there's so many, they all become a blur.* (J2:13)

In contrast to the remembering and ruminating examples shared in the 'Disturbed – memory and cognition' sub theme, many references were made to difficulties recalling events or differentiating between them. All participants talked about finding it difficult to recall specifics and three participants commented on the similarities between cases.

4.2.1.4.2.2 Sub theme: Detached emotions

> *I felt a bit detached from it.* (N2:249)

The 'Detached emotions' sub theme captures the emotions described by the participants that came across as detached, passive or removed from the situation. Participants talked about different people being detached: for Jenny and Rebecca, it was the parents that were described as detached whilst for Neal, he commented on his own feelings of detachment. Emily talked about others being detached and included EPs in this group.

4.2.1.4.2.3 Sub theme: Indirect encounters

Three of the four participants talked about their encounters with domestic abuse mainly being indirect: known about but not the main focus of the EP work. Neal summarised this clearly in saying that:

> *I think the- the problem we've got in our, in the way we encounter it or not in the work that we do is it's always a bit indirect, we're not the agency that responds to that, we're not the agency that anybody reports that to, we're not the agency that deals with the aftermath of it. We're an agency that recognises the huge significance that it can have on children's development and try to give advice to people who do have to deal with it…So we're always a bit detached from it.* (N2:245)

4.2.1.4.2.4 Sub theme: Removed practice

'Removed practice' captures codes connected to statements about how EP practice is removed from the domestic abuse incident: this can be in a temporal way (staying in the present), in a subject specific way (separating home issues from educational) or in a cognitive way ('park it').

4.2.1.4.2.5 Sub theme: Logical reasoning

'Logical reasoning' encompasses all the attempts made by participants to come up with a psychological formulation about the cases they were presenting in interviews or about domestic abuse in general. This is interpreted as detached as theoretical accounts can distance the participant from being personally placed within the 'case' by acting as an observer.

4.2.1.5 Superordinate theme: Possibility

'Possibility' encompasses references about domestic abuse which reflect participants' views, experience and feelings on what is possible or not possible about a situation. The two themes within this superordinate theme are '***Impossible'*** and '***Possible'***.

4.2.1.5.1 Theme: Impossible

The theme '***Impossible'*** captures aspects of the domestic abuse situation that feel insurmountable, unable to be changed or get in the way of change. Figure 10 shows how codes were organised into sub themes relating to this area.

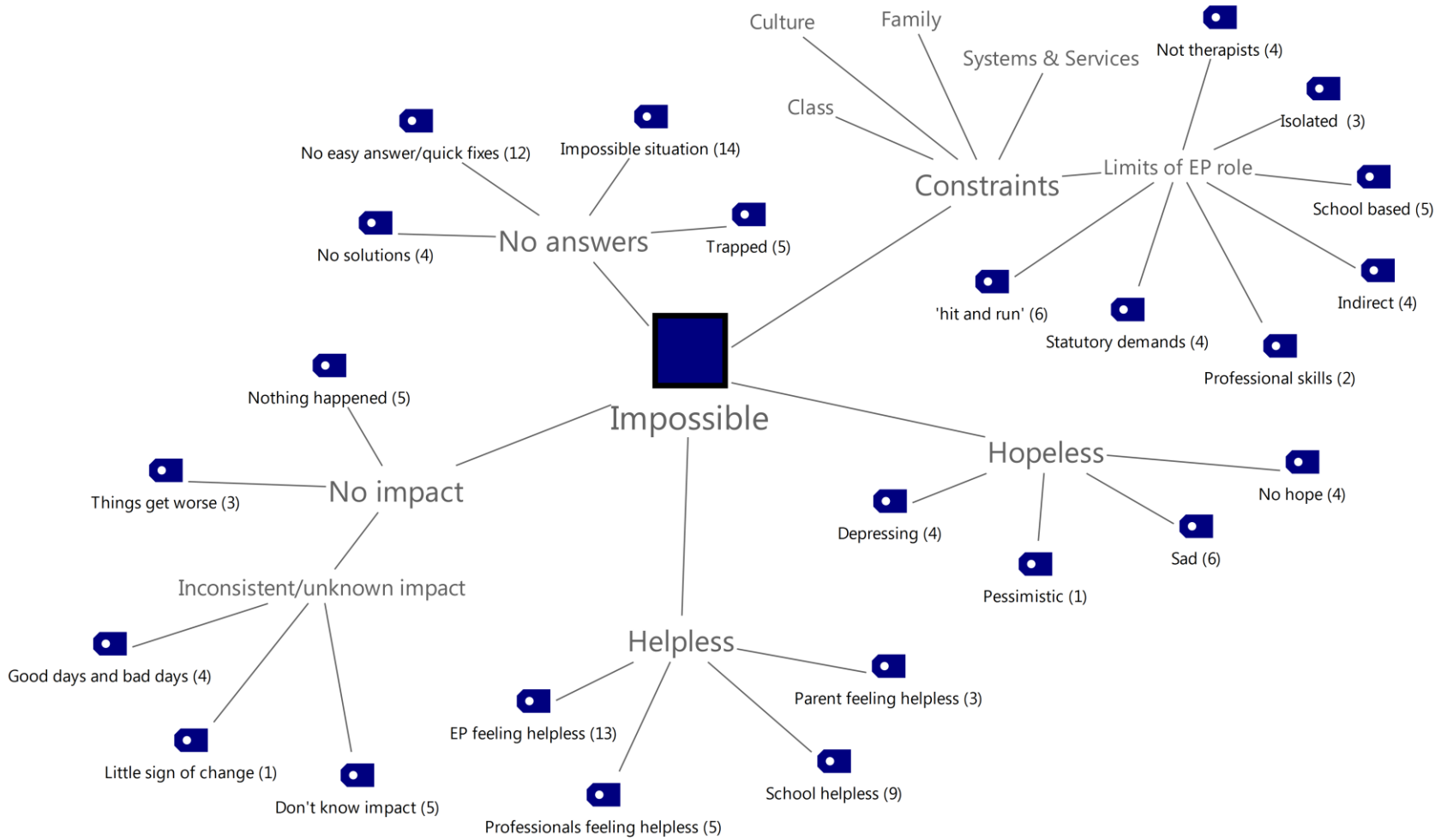


Figure 10 Impossible: sub themes and codes

4.2.1.5.1.1 Sub theme: Constraints

Participants talked a lot about constraints in work with domestic abuse. This was organised into four areas:

- *Constraints of systems and services*: participants talked about services letting people down, for example by passing families from service to service and the organisational constraints of limited time/capacity, restricted provision and lack of team work. Limited capacity/time was widely quoted across participants with 22 extracts referring to this.
- *Family Constraints*: family constraints included physical barriers (e.g. safety in the home); attitudinal barriers (people not wanting the help or wanting to engage with services); and the complex nature of the families making situations feel entrenched.
- *Cultural constraints*: this included examples of times when EPs felt aspects of culture affected provision of services or the ability to talk about domestic abuse. For example, Rebecca talked about how a middle class culture may have led to services not challenging abusive relationships in wealthy families. Emily contrasted areas she had worked in, with one area being so open about domestic abuse as to not identify it as an issue and another area being closed to talking about home life.
- *Limits of EP role*: the EP role was described by participants as limited due to the statutory demands, the 'hit and run' nature of the role, the focus on support in schools and the skill set of professionals.

> *There isn't time or scope or or our role doesn't allow us to (.1) do much more than that.* (N1:94)

4.2.1.5.1.2 Sub theme: Helpless

'Helpless' captures moments when participants felt helpless or noticed the helplessness of others they were working with. This sub theme was organised according to who is feeling helpless:

- EP feeling of helplessness: all participants referred to feeling helpless at some point in their work with domestic abuse issues. For example, Neal commented that:

  > *I frequently feel out of my depth with all of this stuff* (N1:98).

  Jenny described frustration about not being able to do something in the home; Rebecca acknowledged that sometimes 'nothing happened'; and Emily outlined the awful situation and the lack of solutions.
- Parent feeling helpless
- Professionals feeling helpless
- School feeling helpless:

  > *They were really open to supporting her but they just couldn't, couldn't contain her.* (E1:48)

4.2.1.5.1.3 Sub theme: Hopeless

'Hopeless' captures statements made by participants, which reflect hopeless thoughts or feelings about a domestic abuse situation. The main feelings described are sadness, depression and pessimism:

> *It all sounds a bit bleak and pessimistic. (N1:16)*

4.2.1.5.1.4 Sub theme: No answers

This sub theme captures participants' views of the lack of a solution or quick resolution to the problems posed by domestic abuse. All participants acknowledged

that there were no easy answers or quick fixes. They also all referred in some way to the situation being impossible to resolve:

> *How are you ever gonna (.2) do anything about that?* (R1:58)

4.2.1.5.1.5 Sub theme: No impact

'No impact' includes any comments made by participants about the impact of their actions being unknown, ineffective or there being a worsening of the situation in the longer term. Three participants described situations that had worsened and this was when pupils they had worked with had since been excluded from school. Rebecca talked about nothing happening as a result of her being unable to carry out a home visit to see a young person. Emily talked about not knowing the impact of work undertaken and the difficulties of evidencing impact which she described as:

> *so hard because I would like to think we sow some seeds with people, but then we don't know if they're gonna rot or if they're going to grow or if they're just going to stay seeds and then maybe grow 10 years later.* (E2:111)

Emily and Neal talked about the mixed response to involvement which could lead to children and parents alternating between being engaged and disengaged.

4.2.1.5.2 Theme: Possible

The theme '***Possible*'** captures reports of efforts, actions or observations of participants that suggest that something can be done to improve the situation.

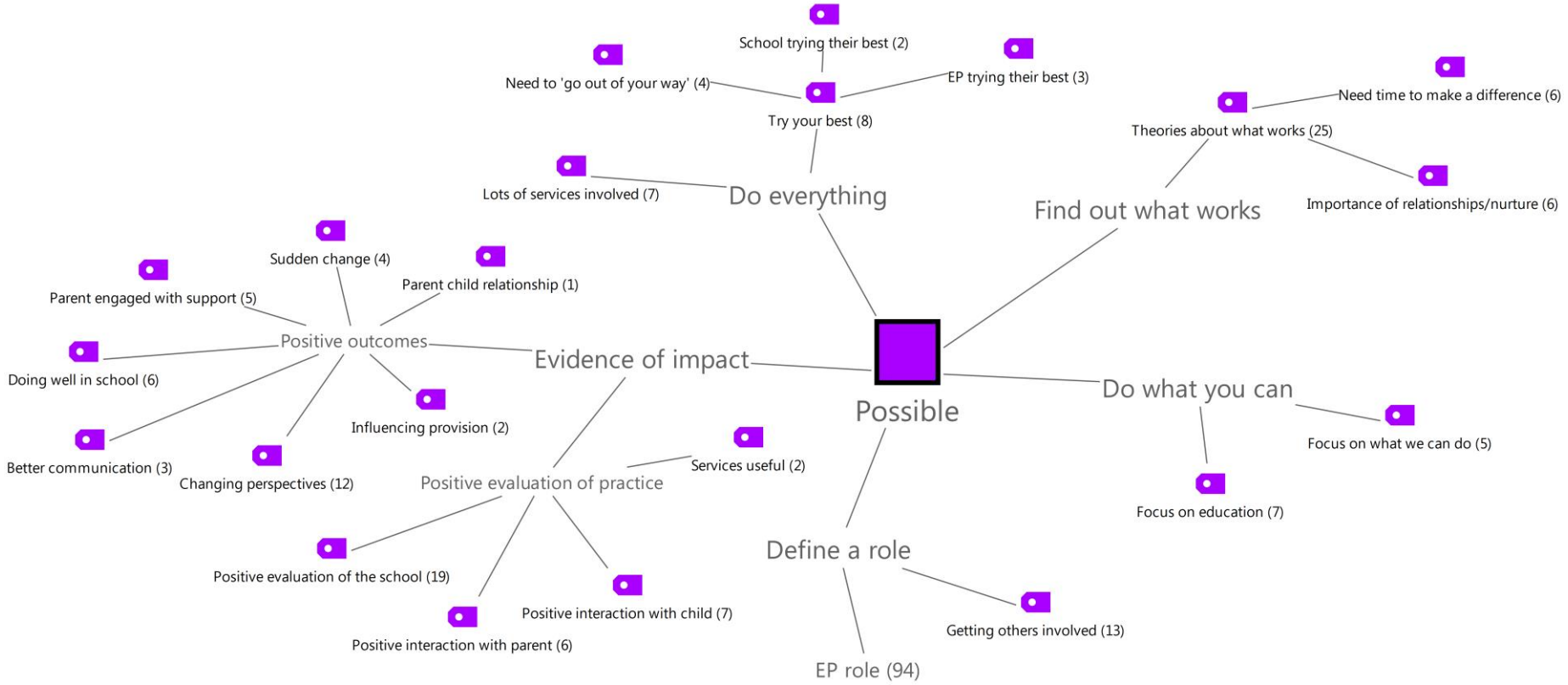


Figure 11 Possible: sub themes and codes

4.2.1.5.2.1 Sub theme: Do everything

'Do everything' contains occasions when participants report that they, or others, have done everything they can to help a situation. At a service level, this may be that lots of professionals and organisations are involved, which was often the situation in the cases described (31 quotes from 4 participants). At an individual level, this was about the school or EP doing their best or going out of their way.

4.2.1.5.2.2 Sub theme: Find out what works

'Find out what works' reflects the attempts by participants to think about what could help with supporting children and families who have experienced domestic abuse. These theories came from two participants, with the 24 of the 26 quotes coming from Neal. Jenny thought that more focus should be placed on carrying out direct work in the home (J2:109) whilst Neal felt that support needed to be focused on helping children to socialise and regulate their emotions (N1:12), providing nurture (N1:72) and searching for positives and strengths (N2:219).

4.2.1.5.2.3 Sub theme: Evidence of impact

'Evidence of impact' is described in two ways: positive evaluation of practice and positive outcomes. Positive outcomes were about noticeable improvements in a situation whereas positive evaluations of practice were about the participant's impression that a person had gone about their work in the 'right' way.

Examples of positive outcomes were: parents engaging with support (references made by Emily - 5^{1}), provision being influenced by EP advice (2^{2}), signs of change (e.g. young person settling into new placement N2:155), improved communication between home and school (3^{2}) and perspectives being changed.

Examples of positive evaluations of practice were participants' comments about the culture of the school or the way they worked with a child or family; and participants' own positive experiences of working with a child or parent.

4.2.1.5.2.4 Sub theme: Do what you can

We've gotta focus on what we can do haven't we. (E2:265)

The 'Do what you can' sub theme captures specific actions that participants felt EPs could take to support a situation where domestic abuse had been an issue. Three actions were referred to: following the safeguarding procedures (a key theme for Rebecca and also referred to by Emily); focusing on what we can do; and focusing on education.

4.2.1.5.2.5 Sub theme: Define a role

'Define a role' is specific to participants' views on the EP role in supporting situations where domestic abuse has been a factor. This included both what EPs could do, and also what roles should be undertaken by others.

All participants talked about referring to other services when appropriate and listed services such as Social Care and police for safeguarding concerns (e.g. R1: 46), and therapeutic support to address emotional needs of families (e.g. E1:42).

Fourteen ideas were put forth about the type of roles EPs should or could undertake to support domestic abuse issues. These were:

1. Making sense of behaviour (24^4)
2. Making sense of information (12^3)
3. Giving space and time (7^3)
4. Enabling communication about domestic abuse (5^3)
5. Providing training (4^3)

6. Raising awareness of domestic abuse (9^2)
7. Building strength (9^2)
8. Supporting staff (7^2)
9. Sharing information (4^2)
10. Advising on strategies/provision (3^2)
11. Working with families (2^2)
12. Highlighting the seriousness of domestic abuse (2^1)
13. Supporting in the present (2^1)
14. Providing containment (6^1)

4.2.1.6 Superordinate theme: Learning

The superordinate theme '**Learning'** captures the way in which the participants develop knowledge around domestic abuse. It contains two themes, '***Intellectual Learning***' and ***'Experiential Learning'***. The '***Intellectual Learning'*** theme encompasses those situations where EPs have engaged in formal learning such as training or reading. The '***Experiential Learning'*** theme captures times when EPs have developed knowledge, or as Rebecca describes it 'wisdom', from encountering domestic abuse in their work.

4.2.1.6.1 Theme: Intellectual Learning

> *I don't think we understand enough about it. I don't think our training's helped us to understand enough about it.* (R1:114)

The two sub themes of '***Intellectual Learning***' are shown in the thematic map (Figure 12). These encompass codes relating to the information acquired through formal training and reading; and reviews of whether that type of knowledge is sufficient preparation for EP work with domestic abuse issues.

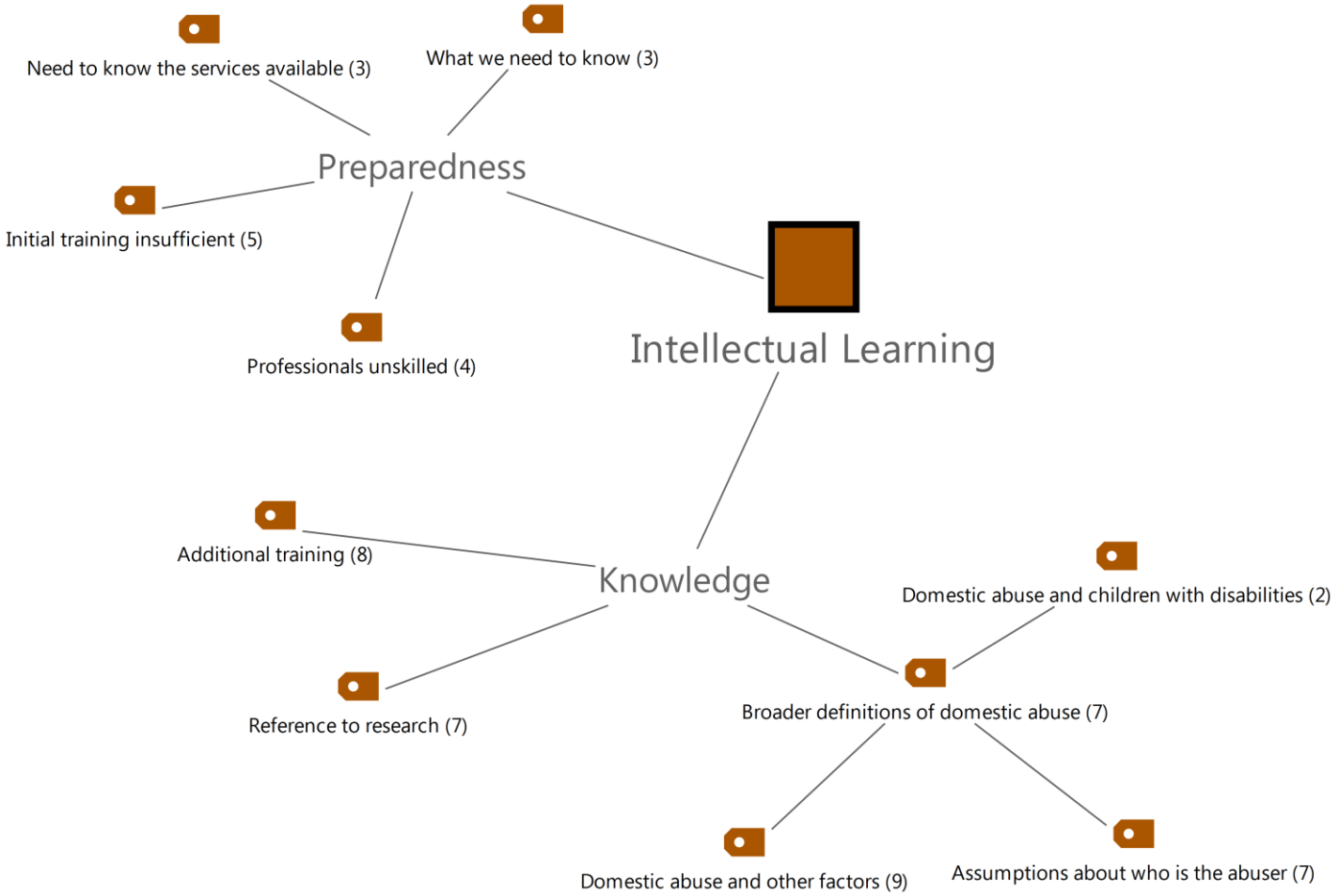


Figure 12 Intellectual Learning: sub themes and codes

4.2.1.6.1.1 Sub theme: Knowledge

With regards to the acquisition of knowledge, two participants talked about receiving additional training in domestic abuse whilst another (Jenny) had some input during initial training. Three participants quoted research about domestic abuse, showing evidence of further reading. Neal, Emily and Rebecca all talked about aspects of abuse that were broader than what they described as traditional versions of women being hit by men.

4.2.1.6.1.2 Sub theme: Preparedness

The 'Preparedness' sub theme encompasses codes reflecting views about whether participants' knowledge prepares people for work involving domestic abuse issues. This included statements about training not being sufficient, acknowledgement of more that needed to be known, and discussion of the skills required to do this type of work.

> *Service-wise I actually think that's an area of development for me, knowing what's out there and who can do what and (.1) you know, making some connections.* (J2:109)

4.2.1.5.2 Theme: Experiential Learning

'Experiential learning' encompasses the encounters with domestic abuse and the impact of such encounters (see Figure 13).

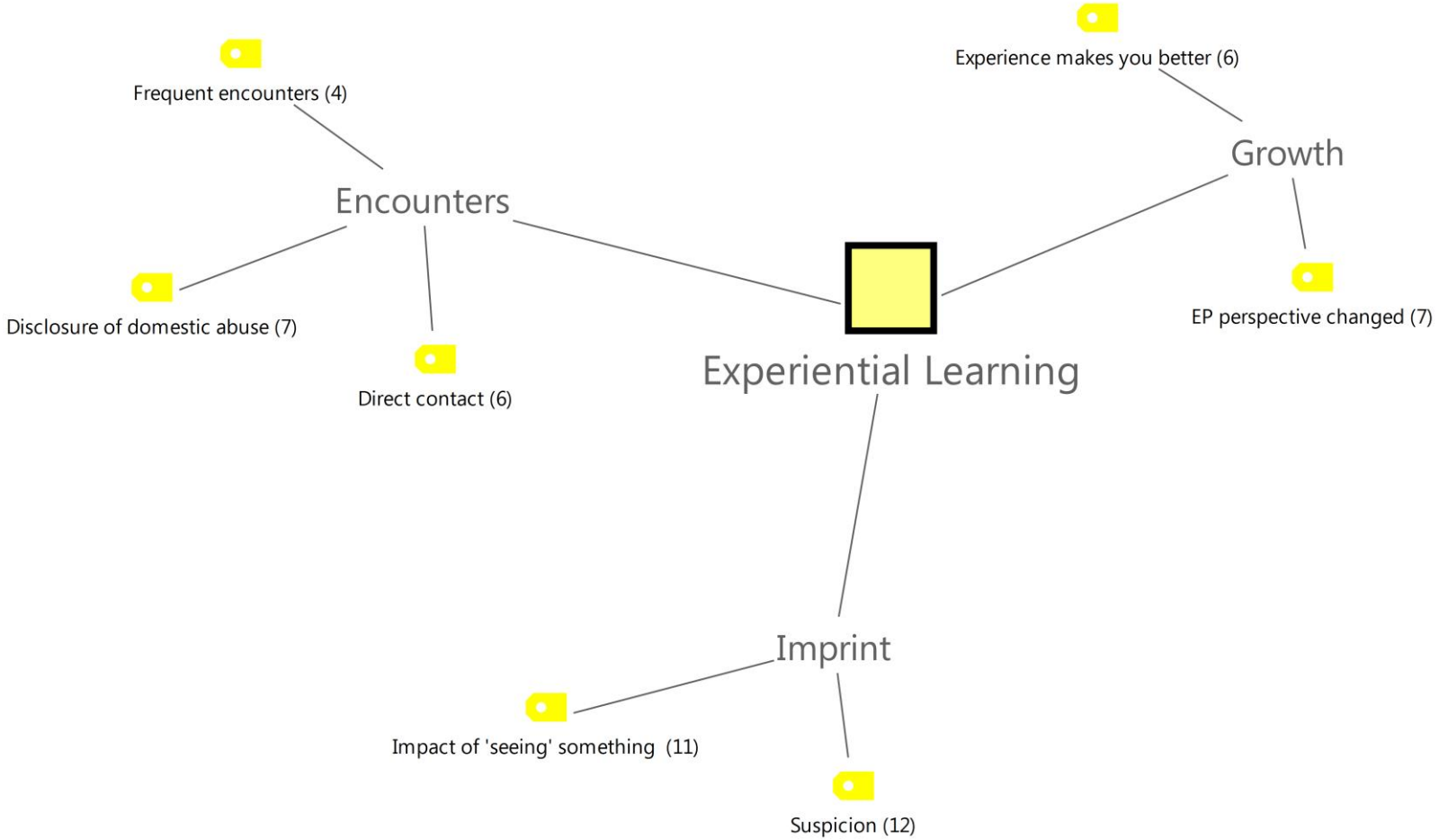


Figure 13 Experiential Learning: sub themes and codes

4.2.1.5.2.1 Sub theme: Encounters

> *Over the years, I think I've come across it quite a lot really.* (E1:4)

Three participants talked about having frequent encounters with domestic abuse (Emily, Rebecca and Neal) and all had cases that they could talk about. Rebecca, Emily and Jenny described direct encounters such as disclosures or being in a home where there was visible evidence of domestic abuse.

4.2.1.5.2.2 Sub theme: Imprint

> *You hear about it but it's kind of like an unreal … thing but then when you actually work with the family (.1) you, erm realise that act- you know that this does happen to real children and real families.* (J1:60)

This sub theme captures what is left over from that domestic abuse encounter: how it impacts on the understanding or skills of the EP. Jenny and Rebecca both talked about the impact of seeing something face to face whilst Neal, Emily and Rebecca made references to instinct in particular situations.

4.2.1.5.2.3 Sub theme: Growth

> *But then I suppose that's what makes you better, the more years you do your job…you build on that, that experience.* (R2:230)

'Growth' captures descriptions about how experience leads to an improvement in skills or understanding. Jenny and Rebecca put across the view that 'experience makes you better' and gave examples of when their perspectives had changed. Emily also made reference to her perspective changing as a result of a direct encounter.

4.3 What do EPs talk about when asked about working with domestic abuse?

This section details the experiences of participants, providing an account of their individual encounters with domestic abuse issues at a semantic level.

4.3.1 Emily

Emily was the first person to respond to an invitation to take part in this research and explicitly declared an interest in the topic. At the time of interviews, Emily had been an EP for 12 years, operating in a specialist role for some of that time. Prior to this, she had been a teacher. Over her 12 years of working as an EP, Emily recorded that domestic abuse had been raised with her in her work ‘many many times’.

4.3.1.1 What is Emily’s experience of domestic abuse in her work?

Emily described 6 case studies and 4 other experiences related to domestic abuse. These experiences are summarised in Appendix 12 and included working with a family as part of a multi-disciplinary team; providing transition support for a pupil who was living in a domestic abuse situation; intervention support for a parent who had experienced domestic abuse; finding out about domestic abuse midway through a statutory assessment; and sharing information about historical domestic abuse with a school.

4.3.2 Rebecca

At the time of being interviewed, Rebecca was in her 11th year of being an EP and had a broad experience, having worked in 3 Local Authorities, a private practice and taken on a senior role in her work. Rebecca estimated that around 20 domestic abuse issues had been raised during her work as an EP.

4.3.2.1 What is Rebecca’s experience of domestic abuse in her work?

Rebecca described 8 case studies, which spanned her EP career and included one example from her teaching experience. The cases shared are summarised in Appendix 12 and included seeing visible evidence of domestic abuse during a home

visit; experiencing a meeting where a father was verbally abusive to his wife and child; attempting to work with a young boy who had witnessed domestic abuse; and difficulties setting up visits with families where domestic abuse was a feature. Rebecca was open in reviewing her own thoughts and actions: she talked about things not happening as a result of her not making a home visit; and acknowledged that there may have been times when she had used positions of power (R2:118). Rebecca placed an emphasis on doing the right thing, and made the most references to following safeguarding procedures (e.g. R2:202).

4.3.3 Neal

Neal was an experienced EP, having worked as an EP for 16 years, including a number of years working as a senior EP. He agreed to be interviewed after enquiring further about the nature of the research and what was required as a participant. Neal estimated that domestic abuse issues had been raised in his work as an EP 'at least once or twice a year'.

4.3.3.1 What is Neal's experience of domestic abuse in his work?

Neal's experiences of domestic abuse are outlined in Appendix 12. Neal made lots of references to generic experiences, for example describing domestic abuse as a feature of mental health issues in children he worked with in CAMHS; attending meetings where domestic abuse was talked about; and sharing openly when this is known. Neal described his involvement with 3 pieces of case work. Two individuals were boys who had been exposed to domestic abuse in their past and presented with sexual behaviour problems: one had been rejected at school and the other was due to be evicted from his care placement. The third case was a girl, also in care, who spent her early years in a household where domestic abuse was present alongside other forms of abuse.

4.3.4 Jenny

Jenny agreed to be interviewed after an informal conversation about the research. She was the last participant to be interviewed and the interviews took place in her home. At the time of interviews, Jenny had been an EP for 3 years within the same Local Authority and before that had been a teacher. Jenny estimated that domestic abuse had been raised with her 5 times in her EP work.

4.3.4.1 What is Jenny's experience of domestic abuse in her work?

The experiences Jenny shared are detailed in Appendix 12. Jenny described three young children whom she had been involved with due to behaviour issues: two of these led to disclosure of domestic abuse from the mothers. She also talked about cases where there had been sexual abuse, physical abuse and bereavement. Of the 4 participants, Jenny recalled the most disclosures of domestic abuse. Disclosures were often made after Jenny asked questions about history.

4.4 What evidence is there of defence against unwanted thoughts or feelings?

4.4.1 How does the interview interaction with Emily show evidence of defence against unwanted thoughts or feelings? (Defended Subject)

Emily appeared to repress a range of unwanted thoughts and feelings during the interviews. Indications that she may be doing so were:

- Hesitations (defined as a pause of .2 or longer, pause mid-word, or change of phrasing mid-sentence);
- Laughter that was incongruent with the subject being discussed;
- Staying positive when discussing difficult issues.

4.4.1.1 Hesitations

Some of Emily's hesitations appeared to reflect a genuine attempt to recall information or think of an answer to a question (e.g. a pause following 'Erm' or at the end or beginning of a sentence). However, at other times, the hesitations were mid-sentence or involved a rephrasing of the sentence. When looking in detail at these types of hesitations, they occurred most often when Emily was about to describe an abusive or risky situation:

> *She was saying how, her little boy made her (.1) really really angry, like angry to the point where (.2) she just (.1) felt like she (.1) could do something awful, not to him but she felt like, she felt this overwhelming sense of anger (subdued tone).* (E1:62)

Such hesitations could betray unconscious defence mechanisms that serve to protect against the anxiety of being too close to information that may either threaten Emily's construction of the world (e.g. as a safe space) or her construction of her ideal self (a person who can cope and sees things in a positive light).

4.4.1.2 Laughter and avoidance

Laughter and humour served to make the interview relationship a positive experience and comments were made in the reflective diary about liking both interviews with Emily. Whilst the laughter felt appropriate at the time, when looked at in detail, it often occurred in inappropriate places. Laughter was used within descriptions of negative thoughts and feelings, impossible or crazy situations or when re-enacting a narrative.

An example of the defensive function of laughter for both Emily and me as researcher is shown in an extract which was considered during a psychosocial supervision session (E2:217-248). The extract was part of an answer to a question about voicing fears for children or families. Emily initially answered generically,

quoting statistics about domestic homicides. She then talked about children potentially being exposed to continued violence, for example through contact visits with parents who had been abusive to their partners. She asked who would take responsibility if something happened to children, her worse fear. This was followed by the extract shown in Table 5.

Table 5 Extract to exemplify avoidance of persecutory thoughts and feelings

E2:217
E: Like can you imagine? How many families probably and, that we do not know about, that are not involved with statutory services who have kids going off **I:** Mm **E:** Having contact with people who might not talk or even if it's not domestic violence, going into places where there are cultures and communities and families that are inappropriate or criminal or stuff going on that children are seeing, witnessing and being part of. (.2) Yeah (*said like a sigh*) (.2) we can't think about that too much though can we (*said softly*)? (*laughs* .3) **I:** And erm- **E:** You ask the question **I:** Yeah (.1). **E:** (laughs) **I:** Yeah I know! (*both laugh*) Gosh, yeah. Erm, you talked about how **E:** This is where you start thinking 'why didn't I think about some kind of speech and language issue or some kind of –' **I:** It kind of makes me think, you- you kind of emphasise the importance of it. Like I feel like I've just scratched the surface and gone 'oh, haven't really thought about that but maybe we should think about it a bit more' **E:** Mm **I:** I don't think it's a bad thing **E:** Mm **I:** But it's, it's a bit gruelling isn't it **E:** Mm **I:** to, to imagine **E:** Mm

I: Yeah

E: Which is probably why I think as professionals we don't (.1). Because there's no answer. It's not like we sit here and we go, like you ask me a really dirty question and I come up with some really grim answer

I: Mhmm

E: And then we go 'huh! But why don't we do this'

I: (*laughs*)

E: **'**Yeah, we can do that'

I: Yeah (*says while laughing*)

E: Like there's no, there is no ans– and I think

I: Yeah

E: Maybe that's something else, that's un-invisible in all this is the pain of the topic?

I: Mm

E: Like that people can't bear to think about it? Cos it is (.1) like worst case scenario, it is death isn't it, that's what you're talking about. Or a life of trauma

I: Mm

E: don't know what is better really, you know, when you look at it like that.

I: Mhmm

E: What would you rather do? You know, pff (.1). So it's just an awful topic. And I think maybe because it's so awful, and there's no solutions to it, you have to accept that it goes on (.2)

There was a high level of turn taking in this extract, which was different from other parts of the interview. *I twice attempted to ask the next question, possibly to move away from the feelings of horror evoked by Emily's answer.* Emily was able to name this emotion and took on the containing responsibility of leading the conversation, with laughter being used to diffuse feelings of hopelessness and discomfort in not being able to manage this.

It seems that I as interviewer, more than Emily, was the person who was unable to tolerate the ideas that Emily was sharing. When analysing this in the context of psychoanalytic theories, I may have been operating from a paranoid-schizoid position where I could not hold good and bad ideas together and wanted to distance myself from the 'bad' information being relayed.

4.4.1.4 Staying positive

Emily described focusing on the positives as one of her ways of making 'difficult conversations' more manageable with parents:

> *And I'm always really strengths based. I'm really really like sandwiching those (.1)… difficult conversations with lots of positives about, you know, the here and the now… and what's working well now (.1) to h-hopefully help them to see that (.2) undoing some of that stuff doesn't undo everything now?* (E1:119)

Emily used a similar strategy to answer questions within the interview, with positive phrases often following descriptions of situations that seemed uncertain, hopeless or helpless. For example, Emily was hesitant and showed uncertainty about how to work with a girl but concluded that it was a 'good' and 'nice' piece of work to do (E2:269).

As the interviewer, I also showed examples of 'staying positive' in the light of negative information. For example, when Emily talked about the depressing, ugly, risky and secretive nature of domestic abuse, I provided a solution to 'fix the things you can fix' (E2:264).

4.4.2 How does the interview interaction with Emily show evidence of defence against unwanted thoughts or feelings? (Defended Researcher)

Examples of my discomfort with talking about sexual abuse, death and the horror of imagining the prevalence of domestic abuse have already been discussed. This was realised through the use of reflective notes, psychosocial supervision and

deeper analysis of the hesitations and avoidances in the interview. A fourth form of data was a dream I had following the first interview with Emily which made me more aware of some of my feelings in relation to the interview encounter. The dream was recorded in note form the following day and is shown in Table 6.

Table 6 Notes on a dream following interview 1 with Emily

Dream
Trying to transcribe interview: recorded over something else. Kept rewinding to find the start. Children interrupting. Didn't ever find it. Go into London to transcribe it. Normally peaceful working space but chaotic with people everywhere (someone's house). Too noisy to transcribe. Guy there appears to like me – says will find a quiet space upstairs. Makes me a drink which I didn't ask for – odd soup thing – I drink it politely. Ready to go upstairs then realise I don't have the tape. 2 friends turn up: 1 parent friend. Thinking could not waste journey into London by doing something with her. See another friend in the corner of the room (going through marriage problems): not sure if want to spend time with her, might not have enough. Thinking – or do I just go home? But the journey would have been a waste of time.

Some of the themes of the dream seem to reflect anxieties around the research project which were pertinent at the time. For example, on the day before the dream I had only managed to write one word of the transcription. However, two other key elements seem specific to the interview with Emily. I was given a drink during the dream, which I was suspicious of. At the time of the interview, someone had made a tea for me (on Emily's suggestion) which I felt was a violation of Emily's anonymity. The request to go upstairs with a man posed risks of sexual abuse, which had been referred to in the interview. The friends in the room whom I did not want to go near may have represented the vulnerable parents Emily described who required a high level of resources to support. Reading the dream still feels disturbing in terms of the feeling of threat and vulnerability in that situation. This was further evidence of how I

as a researcher had been disturbed in listening to stories of abuse and the particular aspects that felt most threatening for me.

4.4.3 How does the interview interaction with Rebecca show evidence of defence against unwanted thoughts or feelings? (Defended Subject)

The following were noted during deductive thematic analysis as indications of defence mechanisms that Rebecca may have used to suppress or deny unwanted thoughts or feelings:

- Hesitations and avoidances;
- Whisper/quiet voice;
- Laughter;
- Sigh/intake of breath.

Analysis of the contexts in which these were evident is detailed below and suggests that Rebecca found it uncomfortable to describe abusive situations; was reluctant to acknowledge or share negative emotions and thoughts about others; and used laughter as a means of defence against feelings/thoughts that were hard to bear.

4.4.3.1 Discomfort in describing abusive situations

Rebecca often hesitated when describing domestic abuse (e.g. R1:64). An intake of breath was also used before Rebecca shared uncomfortable details, suggesting difficulties accessing her thinking about this. She talked in a quiet voice when describing a horrible experience or potential situations of danger (R2:184):

> *So that felt to me pretty abusive. I mean, personally you know and it wasn't (.1) (quiet voice) hitting her.* (R1:91)

Laughter was used as another device to defend against painful feelings, such as fear that arose in situations of danger:

> *Yeah he was horrible (laughs). Glad I don't have to meet him again (laughs).* (R1:182)

4.4.3.2 Reluctance to share negative thoughts and feelings about others

A whisper or quiet voice seemed to be used when Rebecca was expressing something that perhaps she felt should not be said. She used this when talking about families that were 'difficult' (e.g. R2:46). She also whispered when saying things that could be implied as a judgement on individuals:

> *(says next bit in a whisper) And I just thought, blimey, if my kids had been taken into care, I'd remember to the day* (R2:82)

She hesitated to describe her guilt in making these types of judgements (R2:70). She also hesitated when describing actions that could be perceived as 'not doing the right thing':

> *But I'm not sure I really (.2). I'm not saying I didn't pay attention to it. I don't, I just think I didn't really know what to do with that information.* (R1:98)

4.4.3.3 Shock and impotence

Laughter was used in descriptions of absurd situations that seemed almost unbelievable:

> *And it was almost (laugh), it was almost like a kind of, set up, if you had to set the scene of a family experiencing the most stereotypical type of domestic violence.* (R1:26)

Feelings of exasperation, helplessness or sadness were marked by the use of a sigh or intake of breath. For example, Rebecca talked generally about parents mentioning:

> *You know, "Oh I'll get", you know (sigh), "I'll take him home and beat him" or something* (R1:10)

The use of laughter when talking about these impossible situations may have emphasised the disconnection between what Rebecca felt should happen and the actual reality of this not being able to take place:

> *So (.2) you know, you'd never had been able to say (laughs) 'Okay do you want us to do anything? Do you want us to call anyone?'* (R1:146)

This included a wry view of what was offered by other services:

> *Social services will never be onto him will they?...They don't go for parents like that (laughs).* (R1:130)

This may reflect a depressive position whereby Rebecca is able to hold the reality of the impossible situation together with the ideals of what should happen, with laughter enabling these to sit together. Alternatively, these thoughts and feelings may together feel intolerable and laughter is a defence mechanism to keep a distance from feelings of fear and shock associated with abuse and helplessness associated with impossibility.

4.4.4 How does the interview interaction with Rebecca show evidence of defence against unwanted thoughts or feelings? (Defended Researcher)

Review of the reflective notes and psychosocial supervision were used to explore my experiences of interviewing Rebecca. Feelings that were noticed during interviews were those of respect, competition, frustration and insecurity. I had alternating feelings of respect for Rebecca's broad experience of EP work and competition when she talked about working in private practice. At the time of interview, I was working on a tribunal that involved some difficult conversations with an independent EP which had challenged my feelings of competence. When Rebecca mentioned her experience of this work, I projected some of my feelings about the independent EP onto Rebecca (projective identification). Rebecca's interview was shorter than the interview with Emily, which made me feel insecure and thinking that I'd failed in my interview technique. This could be paralleled with Rebecca's experience of having followed protocols but feeling like that was not enough. I also wrote in the reflective diary about my 'frustration at the impotent description of the

EP role'. It seemed that Rebecca had shared lots of information but concluded that she did not know what to do.

4.4.5 How does the interview interaction with Neal show evidence of defence against unwanted thoughts or feelings? (Defended Subject)

Neal naturally used pauses in his speech and took time to consider what to say before speaking. However, indicators of defence mechanisms seemed to be around the structure and style of Neal's response, such as evidence of:

- Disassociating: Talking generally about the subject in an observer position;
- Intellectualising: Monitoring the usefulness of his own contributions;
- Compartmentalising: Evaluating the status of domestic abuse as a discrete topic.

The three combined seemed to serve the function of detaching from a topic that seemed too messy and overwhelming to be able to contribute anything of use, which to Neal may have been to make sense of it:

> *So yeah there was an interesting process going on and I, it felt as though some of it was about the muddle it felt those things were in and being able to (.1) … make some sense of it was quite hard* (N2:3)

Domestic abuse may have been seen as a threat to Neal's feelings of competence and agency or need for information to be clear. He described it as appearing:

> *a bit bleak and pessimistic* (N1:16)

This matched my own feelings of 'sadness' and 'hopelessness' noted in the reflective diary at the end of the first interview.

4.4.5.1 Disassociating

Neal made several references to the indirect nature of his involvement with domestic abuse issues and the experiences he shared were general impressions rather than detailed accounts. He talked about 'common' features, patterns and responses, giving a more theoretical, objective account of domestic abuse in EP work. When asked to describe specific situations, he hesitated for long periods. This may have been due to difficulties with memory but could also represent avoidance and minimisation which Neal identified as factors affecting how others talked about domestic abuse:

> *They tend to get brushed under the carpet. Either because people don't want to talk about them or because people don't attribute a lot of significance to them …because the conversations as EPs we get involved with, with parents or schools or carers are about how the young person presents right now and to, it's not always easy to hark back to (.1) what happened historically* (N2:33)

In the second interview, Neal commented on how detached he had felt in the first interview. He talked about more case examples from the present but this still seemed to be from an observer perspective, maintaining a detached position.

> *I felt a bit detached from it and it was only afterwards it sort of er (.2) some-things started to crystallise a little bit* (N2:249)

4.4.5.2 Evaluating responses

Neal hesitated when making statements about the usefulness of his contributions, suggesting that the pauses were to evaluate contributions or provide an answer that met perceived expectations. This may have served to protect a preferred version of self in delivering what is required. One of these evaluative extracts (N1:22 see Table 7) was considered in psychosocial supervision as it was experienced by me as a rejection similar to the one Neal had described when working with a boy in his home: the boy had worked well with Neal then terminated the conversation. Neal's

description of the limited role of EPs and his expressed uncertainty about whether his contribution would be helpful felt like a similar abrupt ending.

Table 7 Evidence of shared experiences of rejection

N1:22
N:I'm not sure that answers your question very well but erm (.2) I guess my experience of it is, as I say, always at a bit of a distance and always as an observer rather than, and less directly (.1) hands on and any, with any continuity with some of these (.1) families. Cos we are a bit, as a profession **I:** Mm **N:** We're a bit hit and run aren't we? We go in and do a piece of work, come out and do the next piece of work, and the other people who've got to deal with those (.1) families and young people are left to (.1) do it as best they can (.4). So, I mean, that was one of the reasons **I was a bit unsure about whether this would be helpful**, is that (.1) I've got lots of erm, broad brush stroke experience of this sort of issue but not a lot of (.1) close up

Neal's reference to 'hit and run' may also reflect the way he talks about work with domestic abuse by absenting himself from the accounts in a way to defend against the difficult emotions associated with it.

4.4.5.3 Compartmentalising

Neal's comments about domestic abuse being part of a number of other things that mess children up was experienced by me as a judgement on the topic of study. However, in seeking specific details of domestic abuse experiences, I felt that our roles had changed from friendly colleagues to interview/interviewee interrogation. In this way, I may have placed Neal in a position of feeling judged and my feelings of being judged may be evidence of projective identification.

4.4.6 How does the interview interaction with Neal show evidence of defence against unwanted thoughts and feelings? (Defended Researcher)

I experienced a number of feelings in the interview encounter with Neal such as frustration, judgement, sadness, hopelessness and also guilt in placing Neal in a position that did not appear to be comfortable or affirming for him. These experiences were discussed in psychosocial supervision. This included reflection on my discomfort in experiencing conflict in a working relationship. Table 8 gives an example of my response to one of Neal's comments about the usefulness of participating, which was verbally affirming but may not have felt authentic to either of us (N1:78). I gave a scripted answer which did not attend to what was actually happening; that we may both have been dissatisfied with how the interview was currently proceeding. It also avoided further discussion or potential conflict by moving onto another question.

Table 8 Example of uncomfortable feelings in the interview encounter

N1:78
N: (.4) Is this any good for you? (laughs) **I:** It **N:** I don't know whether it's what you need or not **I:** No (quite assertive) I it's, it's just your experience of it so, your telling me your experience of it so there's no kind of **N:** right or wrong **I:** set answ- yeah. The other area I was thinking about was any time EPs have experienced a situation that's made them, kind of challenged their role as an EP

This extract may be another example of 'hit and run' discussed in section 4.4.5.2. Even in sharing this extract as part of this chapter, I quickly moved onto the next section, with my tutor commenting that the section 'seems to end abruptly. There

is more to say here!' This extract remains difficult to read and talk about and generates thoughts in conflict with my ideal version of self as a competent, likeable person who is doing something worthy.

4.4.7 How does the interview interaction with Jenny show evidence of defence against unwanted thoughts or feelings? (Defended Subject)

Analysis of Jenny's laughter, hesitations and change in tone of voice suggests that the following situations generated unwanted thoughts or feelings for her:

- Describing situations of conflict or confrontation;
- Describing situations when Jenny felt helpless or incompetent;
- Talking about abuse or fear.

4.4.7.1 Conflict

Jenny described herself as being:

> *very uncomfortable with confrontation. I just don't like it*. (J2:49)

She laughed when describing situations of confrontation in meetings and conflict with parents (J2:41), with laughter potentially being used as a way of diffusing the painful emotions generated by this retelling.

Jenny paused when talking about her emotional reactions to events or negative thoughts and feelings about parents, describing these as '*awful to say'* (J1:165). She was also hesitant in describing conflict between others and would balance these statements with points about the competence of schools:

> *School and mum weren't getting on (.1) incredibly well … (.2) Erm, it's actually a very <u>good</u> school in terms of SEN.* (J1:89)

4.4.7.2 Feeling helpless

Jenny paused before describing how:

> *personally I struggled a bit with not being able to [help], there there's that helpless feeling isn't there?* (J1:141).

At other times, she laughed when talking about the constraints of making an impact or not being able to help people:

> *Well (.1) I can't help you with that (laughs).* (J2:119)

These experiences may have been a threat to her feelings of competence and portrayal of being a confident practitioner which she had developed over time:

> *But when I was first out of training, I must have given off this sort of very new (laughs) feeling because (.1) I went into several meetings and was just completely (.1) you know, overlooked …(laughs). Erm (.1) but (.1) yeah it was, it- I- having the confidence I think in my own (.1) ability to kind of …give useful advice really. And believe that it's useful* (J2:133).

4.4.7.3 Talking about abuse or challenging behaviour

Jenny was hesitant in describing the abuse that had been experienced by individuals (e.g. J1:50), which may have been connected with the pain of thinking about these events. She was also cautious in describing behaviour of children that was posing a problem to schools (J1:113).

4.4.8 How does the interview interaction with Jenny show evidence of defence against unwanted thoughts or feelings? (Defended Researcher)

Compared to my interviews with the other participants, I felt flat in my emotional response during and after the interviews with Jenny. The exception to this was feeling sick and angry after hearing the description of a child being burned. I noted in the reflective diary that the interview interaction was quite pleasant and was impressed by how Jenny could describe emotions in an unaffected way. The function of emotional flatness was considered in psychosocial supervision and conceived as a possible form of defence against threats to competency and the emotional trauma of what was being talked about. Jenny could have been operating from a paranoid-

schizoid position whereby negative events such as conflict or abuse were split off from positive evidence of working well with people. I may have unconsciously protected Jenny and myself from painful emotions generated by the experiences by using an interview approach that was more supervisory, occasionally using questions unrelated to the research topic such as 'what was the biggest thing you reckoned you learned in that first year?' This was very different to my style with the other participants and was not part of the FANI method.

4.5 Summary

This chapter has described the outcomes of analysis which explored EP encounters and responses to domestic abuse at a semantic and latent level. The next chapter considers what these outcomes might mean: theoretically, in terms of how they fit with current research; and practically, in terms of implications for the EP profession.

Chapter 5: Discussion

5.1 Aims

This chapter summarises the findings presented in the previous chapter to provide a psychosocial account of how participants encounter and respond to domestic abuse. The outcomes of this research are then discussed by asking:

- How do these findings fit with current research on professional responses to domestic abuse?
- What were the effects on participants of engaging in this research?
- What are the implications of this research for EPs?
- What should be the focus of future research?
- What are the limitations of this research?

The chapter finishes with a self-reflection on undertaking the research as an EP before providing final conclusions.

5.2 Summary of Findings

5.2.1 How do EPs encounter domestic abuse in their work?

The findings from thematic analysis suggest that for these participants, domestic abuse is a risky subject both physically and emotionally, which requires protective steps at a personal and professional level. It is also a topic that can entail a high level of emotion and disturbance to thoughts, relationships and practice. In contrast, there are also experiences of being detached from the topic or events described, which is shown in the emotions portrayed, the scripts used to talk about domestic abuse and the actual distancing of practice. Whilst all participants had

knowledge about domestic abuse, training seemed insufficient to prepare for the emotional experiences of encountering it in practice.

Participants experienced different levels of visibility in noticing and talking about domestic abuse, which ranged from it not being known or talked about to it being discussed openly. Visible and invisible aspects included reference to whether it was permissible to discuss domestic abuse, with some individuals being described as guarded or defensive.

Encounters with domestic abuse often left EPs experiencing situations as impossible and difficult to fix. However, talk about what was possible included references to lots of services being involved, adherence to safeguarding protocols, and people doing their best by going out of their way. Ideas were also given about how EPs could support schools in this area.

There were many references to blame in situations involving domestic abuse, and attributions that did not take into account the context. However, there were also examples of more understanding mindsets, including attempts by participants to take into account the perspective of the child or parent and to consider all the factors affecting a situation.

5.2.2 What do EPs talk about when asked about domestic abuse?

When talking about domestic abuse, participants made reference to situations where they had encountered domestic abuse such as it being revealed in a meeting or read about in paperwork. In addition, they shared their knowledge and reflections about domestic abuse as a general topic; and talked about learning from training and experience. The type of work described in the case studies covers a lot of the general work of EPs and shows how domestic abuse encounters appear to be responded to in

the same way as any other area of need that schools raise with EPs. However, the psychosocial analysis of individual responses suggests that there is anxiety around this topic, which may not be present in all examples of EP work.

5.2.3 What evidence is there of defence against unwanted thoughts and feelings?

5.2.3.1 Evidence of defended subjects

The individual analysis suggests that there are aspects of domestic abuse that appeared threatening to participants. Participants avoided or hesitated to describe abusive situations or their own feelings of fear, horror and shock. At times, even thinking about this seemed too much. Participants also appeared defended against describing situations or feelings which were in conflict with their ideal professional self, such as views which could be considered judgemental; situations of conflict or confrontation; and feelings of impotence or incompetence. There was evidence of detachment and distancing, such as describing events from an observer perspective; presenting as emotionally detached during interviews; and providing intellectualised responses such as sharing general views and theories around domestic abuse.

5.2.3.2 Evidence of defended researcher

As a researcher, it was uncomfortable hearing the details of domestic abuse incidents which participants were also hesitant to describe. Sometimes I moved questioning on to avoid thinking about this further, which was especially evident when Rebecca and Emily invited me to imagine how prevalent domestic abuse is. Three interviews generated a lot of emotions in me, reminiscent of the 'Disturbed' theme, whilst another left me feeling detached, despite the nature of the content raised. In a similar way to the participants, I noticed more examples of domestic abuse in my own case work as an EP after interviews, which poses questions about

whether this goes unnoticed as a defence against unwanted feelings or whether it is just a result of talking acting as a cue to memory.

The decisions taken about the research questions, design and approach may also have constituted evidence of a defended researcher. For example, focusing on two areas of analysis (thematic analysis and case study analysis) may have enabled me to unconsciously distance myself from the topic as I was not able to elaborate on each theme/case study in as much depth as would have been possible with only one form of analysis.

5.3 How do these findings fit with current research on professional responses to domestic abuse?

5.3.1 Domestic abuse encounters

This section compares the themes that arose from this analysis with those that were present in the studies summarised in the introduction and literature review. It then considers what the current research adds, looking particularly at the value of applying a psychoanalytic lens.

5.3.1.1 Polarised themes

The positioning of themes as being polarised within each superordinate theme is similar to how others have viewed themes relating to domestic abuse. For example, Humphreys' (1999) review of professional practice around domestic abuse led to two overall themes being identified, which were described as polarised positions that professionals moved between. Cort and Cline (2017) noted that many of the nine themes arising from analysis of interviews with survivors about the mother role

‘seemed to represent contrasting negative and positive poles of a related construct’ (p.175).

The one potential exception to polarised themes was the ‘Visibility’ superordinate theme as it could be argued that this can be represented as a continuum. In Williston and Lafreniere’s (2013) research into the experiences of healthcare professionals of discussing domestic abuse, asking and disclosure was described as a ‘journey’, which was similar to the ‘growing narrative’ aspect of ‘Visible’. However, one sub theme of the ‘journey’ was ‘resisting the journey’ which shares more similarities with the ‘can’t be talked about’ subtheme of ‘Invisible’. Initially the ‘Visibility’ theme was grouped as a series of stages of disclosure, similar to Lafreniere’s journey and perhaps this better reflected some experiences of domestic abuse being disclosed. However, other descriptions in the interviews were more akin to a line being crossed between the unknown and the known when a disclosure was first made (‘sudden revelation’). Emily’s statement of there being different levels of how visible or invisible domestic abuse is combines both ideas of visible/invisible and a staged process. Therefore, ‘Visibility’ is the one superordinate theme that may not be seen as clearly consisting of two polarised positions.

5.3.1.2 Risk

Studies from the literature review that made reference to elements of ‘Risk’ mainly related to the risk of talking about domestic abuse which could be seen as similar to the sub theme, ‘risk of overwhelming emotions’. Larson et al’s (2014) exploration of survivor perspectives showed that survivors feared disclosing abuse. Humphreys (1999) described the risk of ‘intervening in an insensitive way’, whilst Williston and Lafreniere (2013) talked about the experience of ‘entering into something that can’t be undone’ and the caution about pushing too far. When talking

more generally about emotional risks, Hogan et al (2012) described professionals' feelings of challenge, uncertainty and risk when encountering domestic abuse issues in their work.

Ellis' (2012) exploration of the impact on teachers of supporting children exposed to domestic abuse included reference to the fear of false accusations and the need for teachers to be safe within their role. Ellis described procedural knowledge as a form of protection against the risks of overwhelming situations. This was similar to the 'following safeguarding procedures' aspect of the 'professional protection' sub theme of this research.

5.3.1.3 Visibility

Evidence of 'Visibility' being a key feature of research into domestic abuse comes from screening studies showing how prevalence estimates are often much lower than actual prevalence (Jaffee et al, 2005; Shearer & Bhandari, 2008; Jeanjot et al, 2008; Jakobsson et al, 2013). Themes from other studies are also consistent with different aspects of visibility and invisibility. For example, Humphreys' (1999) 'avoidance and minimisation' theme was similar to the 'Invisible' theme of this research as it related to professionals failing to mention domestic abuse, avoiding naming it, or naming other issues as the problem. Gallagher (2014) also referred to hidden aspects of domestic abuse. Kulwicki et al (2010) referred to the absence of questioning around signs of domestic abuse which is similar to the 'not talked about' sub theme of 'Invisible'. The 'not noticed' sub theme was similar to Zink et al's (2004) reference to survivors not recognising relationships as abusive.

Research outcomes consistent with the 'can't be talked about' sub theme of 'Invisible' included Smith et al's (1998) reference to patients' unwillingness to

disclose abuse and professionals' discomfort in asking about this; and Larson et al's (2014) findings that patients felt fear and shame in disclosing information. In comparison, there were similarities to the 'explored' sub theme of 'Visible' when researchers described professionals eliciting women's disclosure of violence (Djikanovic et al, 2010) and descriptions of professional beliefs supporting screening for domestic abuse (Smith et al, 1998).

5.3.1.4 Mindset

The two 'Mindset' themes are represented well in the contrasting experiences of survivors of professional responses to domestic abuse shared in Zink et al's (2004) study. The negative experiences of domestic abuse entailed descriptions of professional behaviours, which may have demonstrated a 'Blame' mindset. For example, survivors described feeling judged and receiving an unempathic response. In comparison, positive experiences were more associated with responses showing 'Acceptance and Understanding'. Examples of an 'Acceptance and Understanding' mindset were also shown in Williston and Lefreniere's (2013) emphasis on the importance of 'approaching the patient's reality' by taking an empathic stance; putting the patient's thoughts and feelings above the practitioner's; and being reflexive.

Examples of 'Blame' mindsets were shown in Djikanovic et al's (2010) perception of IPV, which included the unacceptability of the violence and critical appraisal of a partner's contribution to violence. Humphreys (1999) showed how professionals were aware of their own mindsets by describing the concerns of social workers about exposing their dissatisfactions of women they viewed as failing. Cort and Cline's (2017) interviews with survivors about their roles as mothers included a

blame theme comprising examples given by survivors of feeling judged by a variety of people and blaming themselves.

5.3.1.5 Possibility

Several studies shared outcomes similar to the 'Impossible' theme of this study. For example, the 'abuse is not curable' theme of Lefreniere's (2013) study was similar to the 'no answers' sub theme of this study. Aspects of 'helplessness' were also identified by Smith et al (1998) who described the frustration of professionals in not being able to effect change; and Hyder et al (2007) who described professionals feeling helpless.

The hopeless sub theme could be compared to Jakobsson et al's (2013) description of professional disillusion and Gallaher's (2014) description of EPs feeling powerless. Themes arising from survivor perspectives came more under the 'constraints' sub theme of 'Impossible' such as references to the pace of life making it difficult to access services (Larson et al, 2014) and the feeling that providers were in a rush (Zink et al, 2004).

A few studies described aspects that could be seen as similar to the 'Possible' theme. For example, descriptions of responsibilities (Jakobsson et al, 2013) and being part of a chain of support (Djikanovic et al, 2010) could be considered similar to the 'define a role' sub theme. The description of the types of communication affecting comfort to disclose could be compared to the 'find out what works' sub theme (Tan, O'Doherty & Hegarty, 2012).

Cort and Cline's (2017) themes arising from interviews about the mother role of survivors of domestic abuse reflected both possibility and impossibility. Two of

the nine themes reflected helplessness and failure whilst another two related to being hopeful and parenting well.

5.3.1.6 Learning

Several studies from the systematic literature review referred to intellectual learning and how this prepared professionals for domestic abuse encounters. For example, three studies described professional perceptions of feeling insufficiently trained (Jeanjot et al, 2008), qualified (Djikanovic et al, 2010) or knowledgeable to deal with domestic abuse (Jakobsson et al, 2013). One study investigated associations between education and screening thoroughness, finding positive and negative outcomes of education (Goff et al, 2001). Ellis' (2012) study of teacher responses included contrasts of training against experience similar to those noticed in this study, with participants being quoted as saying how experience helped them develop confidence. Turner et al (2015) recommended that training for teachers incorporated experiential learning and post-training discussion.

5.3.1.7 Disturbance

Themes and outcomes from the literature review studies did not directly match those from the superordinate theme, 'Disturbance'. However, there were references to emotional disturbance and detachment in a few studies. For example, Lefreniere (2013) described professionals disengaging from a personal response, which is similar to the 'detached emotions' sub theme of 'Detached'. Laisser et al (2009) listed some of the emotions experienced by professionals in domestic abuse work as guilt, despair, weakness, struggle and apathy showing elements of both emotional disturbance and detachment. Ellis' (2012) study of teachers showed elements of disturbance across themes such as fear of unsettling relationships,

references to the impact on the child and descriptions of the emotional impact on teachers.

Gallagher's (2014) 'institutional factors' theme shared elements of the 'removed practice' sub theme of 'Detached' as it included examples of how a child and education focus limited the role of EPs in working with domestic abuse. There was also reference to EPs seeing this as somebody else's responsibility. Examples of 'Disturbance' were found in Gallagher's 'professional factors' theme, when reference was made to fear of damaging relationships or making the situation worse. 'Personal factors' also included examples of EPs feeling frustrated.

5.3.1.7.1 Evidence of 'Disturbance' in trauma literature

Whilst the 'Disturbance' themes are not well represented in the psychosocial literature on professional responses to domestic abuse, they are evident in wider research around trauma. This includes theories relating to vicarious traumatisation, compassion fatigue and secondary traumatic stress.

Vicarious traumatisation (VT) is used to describe the effect on cognition of hearing about traumatic experiences such as domestic abuse (McCann & Pearlman, 1990). This can include re-experiencing traumatic memories associated with hearing about or imagining the trauma. It can also lead to shifts in beliefs, expectations and assumptions about the world, especially in relation to areas of trust, safety, control, esteem, and intimacy (Pearlman & Saakvitne, 1995). These proposed changes in cognition can be compared to aspects of 'disturbed cognition and memory' from the current study (e.g. uncomprehending; ruminating and remembering).

When thinking about the emotional impact of being exposed to domestic abuse stories, compassion fatigue is a term used to describe the physical and

emotional effects of exposure to trauma of those in helping roles (Figley, 1995; Mathieu, 2012). Symptoms associated with compassion fatigue are similar to descriptions organised under the 'Detached' theme and include helpers becoming more desensitised to patient stories, experiencing higher rates of depression and noticing changes in empathy and ability to connect with others.

Secondary traumatic stress (STS) is the term used to describe how individuals become traumatised by being exposed to traumatic events experienced by others (Figley, 1995; Bride 2012). This can include talking with traumatised individuals or even reading written records of trauma (Ludick & Figley, 2017). This is similar to the type of indirect exposure to domestic abuse that EPs described in the interviews. Effects of STS include intrusive imagery, avoidance of reminders and cues, and distressing emotions. STS is reported to be elevated when helpers take an empathic stance to enable them to understand and support those who have experienced trauma. This is a key role of EPs and the one acknowledged most frequently by all participants ('making sense of behaviour'). Therefore, emotional and cognitive disturbance as an effect of EP work around domestic abuse can be understood in the context of STS.

In contrast to the more negative aspects of being exposed to trauma, recent discussion has focused on posttraumatic growth and resilience. For example, 'vicarious resilience' has been contrasted with vicarious traumatisation as a way of considering the factors that affect more positive outcomes for those exposed to domestic abuse (Frey, Beesley, Abbott & Kendrick, 2017). A model of compassion fatigue resilience (CFR) has been developed to explore how secondary trauma associated with compassion fatigue and STS is reduced (Ludick & Figley, 2017). The CFR Model proposed that the factors important in building resilience are: detachment

(the ability to leave behind client traumas or detach from their suffering); sense of satisfaction; and social support. Seen in the context of 'Risk' and 'Disturbance' themes, detachment may therefore be a necessary process to protect individuals against the risk of overwhelming emotions.

5.3.3 What EPs talk about

The only other study that sought EP perspectives about domestic abuse was that conducted by Gallagher (2014). This shared similarities with the current study in aspects of the thematic content, which have been referenced in the previous section. However, the nature of the interviews from Gallagher's study meant that a direct comparison of what EPs choose to talk about cannot be made as EPs were asked for their views and perspectives rather than recounts of experience. Asking EPs to give accounts of domestic abuse work made this research unique. When considering *what* EPs talked about, the types of work shared by participants spanned the range of general EP practice (5.2.2). Gallagher (2014) also wrote that 'participants normalised domestic violence as an issue for practice through describing it as similar to other areas of work' (p.59). However, she was keen to emphasise that it was in fact different from many other issues that EPs work with due to the challenges it poses to practice. Participants in this study did notice elements of difference in their work, which was organised under the 'stand out practice' sub theme of 'Disturbed'. For example, they described the work being difficult; there being a sense of urgency and crisis; and situations being different from the norm. This would support Gallagher's assertions that domestic abuse is a uniquely different part of EP work, not only because of the issues of safety and confidentiality outlined by Gallagher, but also due to the disturbance it creates in those exposed to it. This idea is supported by McCann and Pearlman (1990) who state that:

> The potential effects of working with trauma survivors are distinct from those of working with other difficult populations because the therapist is exposed to the emotionally shocking images of horror and suffering that are characteristic of serious traumas. (p.58)

5.3.4 Defence against unwanted thoughts and feelings

5.3.4.1 Individual analysis

Of the studies shared in the literature review and introduction, the only study to consider professional encounters with domestic abuse from a psychoanalytic perspective was that of Ellis (2012) who explored the impact on teachers of supporting children exposed to domestic abuse. Although Ellis did not carry out a psychosocial analysis, her interpretation of themes included psychoanalytic theories. For example, she referred to the concept of containment to explain why teachers may seek comfort in procedures. She also talked about parallel processes (Searles, 1965) and countertransference (Heimann, 1950) as ways of understanding the fear teachers had about working with domestic abuse. Countertransference has also been referred to in this study. However, this was used in a different way to Ellis' study by drawing on the interview experience of the researcher to inform understanding about the participants' own thoughts and feelings.

The idea of the defended researcher and the researcher experience as a tool for knowledge appears to be rarely applied in the EP profession. There have been some steps to introduce psychoanalytic thinking into EP practice and research, such as Pellegrini's (2010) literature review of splitting and projection in EP research (revealing one study). However, these concepts were used in a similar way to Ellis (2012): as a theory to understand what is going on in others, rather than an affective experience to draw upon to aid interpretation. Therefore, although there may be some steps towards considering psychoanalytic concepts in psychological formulations, the

experiential understanding and application of this is not yet noticeable within the research literature of the profession.

5.3.4.2 Interpreting themes through a psychoanalytic lens

In the same way that psychoanalytic concepts and methods can be used to add to understanding of the thoughts and feelings associated with professional encounters with domestic abuse, they can also be used to add to interpretations of themes. Some examples are given here with reference to the superordinate themes 'Disturbance' and 'Learning'. A broader example is then given with reference to defences at an organisational level.

5.3.4.2.1 Disturbance

Non-psychoanalytic theories relating to the 'Disturbance' superordinate theme have been shared in section 5.3.1.7.1 with regards to theories about professional reactions to working with trauma. These theories are not based upon psychoanalytic models, and indeed some make explicit reference to there being a difference. For example, proponents of vicarious traumatisation (McCann & Pearlman, 1990) emphasise that this is distinctly different from countertransference, which they define as the emotions experienced by the therapist when working with the client which are a result of their personal unresolved conflicts. They argue that responses to trauma are not about therapists' own unresolved conflicts but are a 'normal reaction to the stressful and sometimes traumatizing work with victims' (McCann & Pearlman, 1990, p.145).

Shubs (2008) argues that even reactions 'expected' in response to hearing stories of abuse, can still be considered examples of countertransference. However, in addition to 'normal' reactions ('nonpathological countertransference'), Shubs (2008),

drawing on the work of Wilson and Lindy (1994), argues that there can also be ‘subjective’ or ‘personalized countertransference’.

The different forms of countertransference are exemplified well in Wilson and Lindy’s (1994) modes of empathic strain, where reactive styles are grouped into quadrants based on whether the reaction is normative or personalised and shows evidence of avoidance or over-identification. The four quadrants are shown in Figure 14. The reactions share many similarities with the sub themes of both ‘Disturbed’ and ‘Detached’ as well as the response styles described of individual participants.

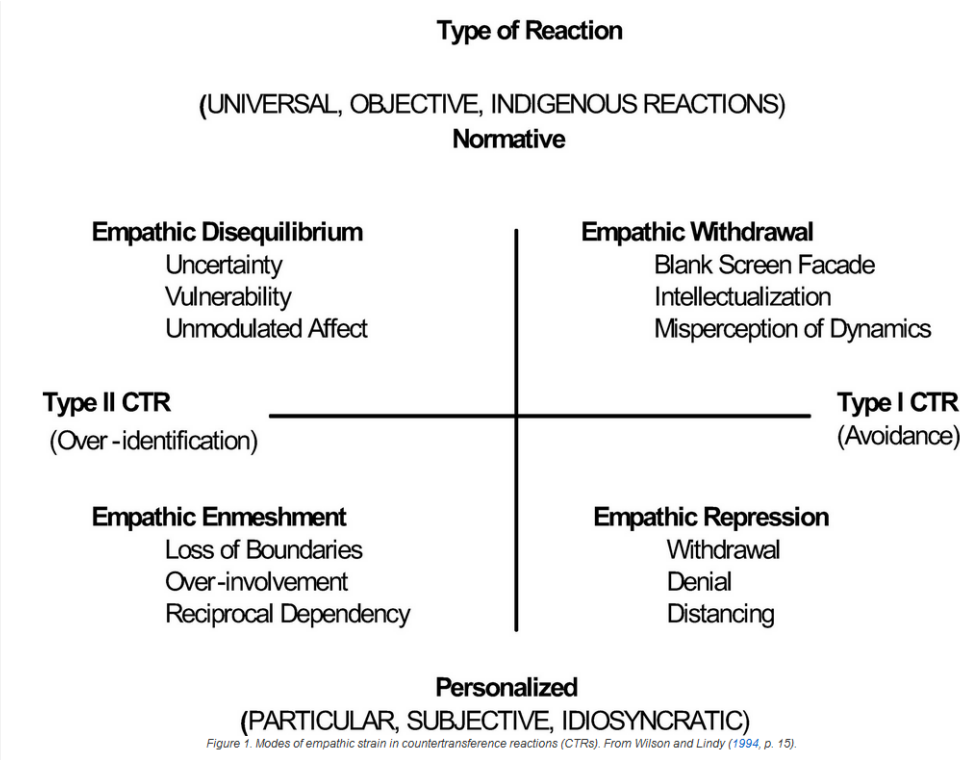


Figure 14 Modes of empathic strain, taken from Shubs (2008)

Shubs (2008) describes a third form of countertransference, which follows Heiman’s (1950) definition, that countertransference is a valuable form of unconscious communication, which can aid understanding of the patient and their experience. Therefore, instead of rejecting a simplified version of countertransference

as irrelevant to trauma responses, this model enables countertransference to be seen as a useful tool in developing understanding of working with trauma, which adds to rather than conflicts with theories of professional responses.

5.3.4.2.2 Learning

The superordinate theme of 'Learning' and the contrast between intellectual learning and experiential learning can be interpreted in the context of vicarious posttraumatic growth (Arnold, Calhoun, Tedeschi, & Cann, 2005) and vicarious resilience (Hernández, Gangsei, & Engstrom, 2007). Vicarious resilience is about how the therapist or helper demonstrates growth and transformation as a result of being exposed to the resilience of the person they are helping (Hernández, Engstrom & Gangsei, 2010). Vicarious posttraumatic growth is defined as positive psychological changes that occur as a result of being vicariously exposed to trauma. For example, positive changes can take place in relationships or self-perceptions (Arnold, Calhoun, Tedeschi, & Cann, 2005). The sub themes of 'Experiential Learning' were generally around experience benefiting learning in a positive way ('growth'), although sometimes it was the shock of events that led to further thinking and changes of practice or view ('impact of seeing something face to face').

The process of experiential learning can also be understood from a psychoanalytic perspective through the work of Bion (1962/1984). Bion talks about the need for sense impressions to be transformed and made available to conscious thought in order for thinking and reasoning to take place. He described the need for another to act as a container to enable the thinking to take place. Bion viewed knowledge as a relationship between a person and an object (e.g. xKy = x Knows y) and explained how information can be processed to remove pain, for example by evading or misrepresenting it. Bion designated Knowledge concerned with knowing a

person or thing as K and evasion through misunderstanding as –K. He also differentiated between 'learning from' experience and 'having' a piece of knowledge, explaining that 'having' knowledge does not constitute K. This is similar to the contrast between the 'Intellectual Learning' and 'Experiential Learning' themes. The emotional relationship with knowledge can also add to understanding of how people process information about domestic abuse. For example, it may explain why information about domestic abuse appears invisible or why people detach from the experience or provided scripted, potentially unprocessed accounts.

Posttraumatic growth and K learning do not need to be seen as theories in conflict with each other. The former is more about the 'what' of explaining what happens when people are exposed to trauma. The latter is more about the how of what is happening, with particular reference to the interplay between conscious and unconscious processing. Conditions for learning in both examples could be seen as similar. For Bion (1962/1984), there is a need for another to act as a container to enable information to be thought about. This can be through forms of projective identification whereby projections are received by another in a way that enables them to be introjected in a more organised form. Relationships also appear to be important for posttraumatic growth, with relational quality being positively associated with vicarious resilience, although how this acts as a support is unclear (Frey et al, 2017). Social support is also a resilience factor against compassion fatigue (Ludick & Figley, 2017). However, in the CMR model, detachment is another factor protecting against secondary traumatic stress. Whilst Bion (1962/1984) acknowledges the presence of detachment and its function in evading pain of processing information, this does not seem to be seen as leading to growth or learning in his model. However, perhaps

there is still a need for protection from reality to enable people not to be overwhelmed by information they are presented with.

5.3.4.2.3 Defences at an organisational level

Applying a psychoanalytic lens to the thematic analysis allows for consideration of whether defensive mechanisms may be in operation at a group level when working with domestic abuse.

Social defences can be viewed as the way in which an organisation contains and externalises the anxieties of the individual members of that organisation (Jacques, 1955). They can also be about how the primary task of an organisation fosters anxiety. For example, Menzies Lyth (1960/1988) examined nursing practice and described organisational defences to manage primary task anxiety as: the use of procedural tasks to distance nurses from patients, isolating emotions from actions; displacing anxiety onto trivial matters for example by referring decisions about any matter upwards and rechecking actions; and using a system of surveillance, discipline and punishment, as a 'management defence against its own anxieties, phantasies and projections' (Halton, 2014, p.34). Themes arising from the thematic analysis suggest that similar defences could be in operation in organisations when working with domestic abuse. For example, the 'removed practice' sub theme of 'Detached' whereby EP work is focused on education rather than home could be a mechanism for allowing professionals to distance themselves from the overwhelming emotions of working with domestic abuse.

Hoggett (2014) suggests that child protection work has been proceduralised in a similar way to nursing in order to avoid the difficult emotions associated with failure and impossibility: 'It was as if these latter reactions were guided by the

illusion that highly complex family/community systems could be subject to such control that the possibility of failure could be entirely removed' (p.56). This can be compared to the 'Protection' theme of 'Risk' whereby participants describe the steps required for 'professional protection'. The perceived within-child diagnostic model of the health profession, featuring in the 'Blame' theme could be seen as another example of using procedures as a defence mechanism.

The impact of wider social structures on organisational defences in child protection work has been explored by Cooper and Lees (2014) who explain how the move to a market economy may have led to managerial anxieties superseding or adding to anxieties about the risk of exposure to aggression or physical harm in work. Managerial anxieties were described as relating to rationing (managing scarce resources), performance, and working in partnerships with other agencies. These bear similarities with the 'constraints' sub theme of 'Impossibility'. Therefore, when working with domestic abuse, there can be interplay between individual anxieties, organisational structures and social pressures.

5.4 What were the effects on participants of engaging in this research?

Practical steps to carry out the research in an ethical way so that it showed care for the research participants and avoided harm are outlined in the Methodology chapter. This was based upon ethical guidelines from the University Ethics Committee and the British Psychological Society (BPS, 2010) as well as recommendations from psychosocial research (e.g. Hollway & Jefferson, 2013). However, in the light of research suggesting that defence mechanisms such as

detachment are a resilience factor, some might question whether it was helpful to explore these in any way.

Hollway and Jefferson (2013) challenge the 'avoidance' of discussing events that may generate emotional responses, and align themselves with the psychoanalytic principles that 'well-being depends on making the causes of distress conscious, in a containing environment, where they can be discovered not to be threatening to the survival of the self' (p.90-91). They separate harm from distress, explaining that a person can experience difficult emotions without being harmed by them. Feedback from the participants suggested that this was the case in the current study. All participants mentioned times when they had found the interview difficult emotionally or described the topic in negative terms such as 'awful' or 'depressing'. However, each said that emotions generated in the interview had not been unmanageable. They also talked about the benefits gained from being involved in the research. The reflections of participants on the interview experience are outlined below.

5.4.1 Emily

When talking about her experience of being interviewed, Emily had mixed views. She described it as:

> *brilliant…cos when do we get the time and space to think about this?* (E2:439).

She felt this had been good for her professional practice (E2:439) but also described the experience as:

> *quite heavy, like I felt a bit like 'oh' …it's quite depressing. So the actual experience of it is like mixed* (E2:449).

Emily added that the experience had:

> *reminded me that actually it will be quite nice to have … time in my diary, to actually think a bit more productively about these things* (E2:467).

5.4.2 Rebecca

At the beginning of the second interview, Rebecca talked about how she'd:

> *mulled over everything I said and then kept kind of thinking 'Oh gosh, why didn't I tell Katy about that one?' … So I think that that's probably more what I took back was that I sort of (.1) thought a lot about it, mulled it over and kept remembering* (R2:4).

Rebecca talked about how certain episodes punctuate narratives of professional life to the point that they become anecdotes. She said that the interview experience had made her:

> *think far more about that in terms of a narrative and how it fits in with your professional development, your professional life and the way you see things* (R2:24).

She returned to this idea at the end of the interview, saying:

> *It's amazing how much it's made me think about it, really really interesting. And just how much you carry…that you don't realise. Like how many of those little stories (.1) you tell yourself.* (R2: 228)

At the end of the interviews, Rebecca concluded that her hopes for working with domestic abuse were related to confidence in the system working (R2:218). She expressed in interest in reading about what other people had said and experienced:

> *cos I think people's experiences are so wide and it's not just about your professional experience, it's way more about your personal experience than you as a professional…and what you bring to it emotionally..* (R2:246-250)

5.4.3 Neal

When asked about his experience of the interviews (N2:251-253), Neal described them as '*interesting*', explaining that he felt unprepared for the open ended questions. He also added that the experience challenged him to 'drag up' some experiences of working with individual children. The challenge seemed to be around recalling the details as Neal described the cases as '*complex and yet, a lot alike*' and thought that:

> *the fact that I've had to focus on 3 relatively recent ones is probably significant' as over time the details get 'lost in the mist'.* (N2:32)

However, Neal also talked about how domestic abuse is

> *the sort of subject that kind of comes round later on and you sort of think about a day later* (N2:261).

This suggested that talking about domestic abuse brought to mind other cases over time. At the end of the second interview, Neal said that if his contribution had been useful, then that was *'good'* (N2:255).

5.4.4 Jenny

Jenny described her interview experience as *'alright'* and talked about the general benefits of talking to someone about your work:

> *cos you don't get that much opportunity outside of supervision* (J2:163).

When talking specifically about domestic abuse, she noted that:

> *I just think it's more of an issue than I previously realised* (J2:170).

5.5 What are the implications of this research for EPs?

5.5.1 Messages to disseminate

There are key messages from this research that would be beneficial to disseminate to the EP profession and to wider stakeholders such as schools and local authority educational support services. These messages include the invisibility of domestic abuse; the disturbed and detached reactions that can occur when encountering domestic abuse; the training that may be insufficient to prepare practitioners for domestic abuse encounters; and the potential avoidance or discomfort of professionals in talking about abuse and acknowledging their emotional reactions

There are plans to raise awareness of these messages through creating a poster or one page report summarising the outcomes of the research to share with schools and practitioners supporting educational settings. The poster will be shared at local school conferences, Local Authority days for children's service staff; and EP regional conferences.

The research will be written up as a journal article so that the information can be disseminated to the EP profession. Initial thoughts are to submit this to 'Educational Psychology in Practice' as it is the national peer-reviewed journal for the profession. However, due to the gaps in psychosocial research generally about professional responses to domestic abuse, it may be worth considering a wider audience. Therefore, advice will be sought from the awarding institution as to the most appropriate journal to publish this research in.

Specific information for action and reflection will be provided to EP Services and school groups through the delivery of workshops. This information will have a psychoeducational purpose in describing how professionals respond to domestic abuse encounters by referring to not only the outcomes of this research but also the wider research literature summarised in this thesis.

Dissemination for action at a systemic level is intended to take place through sharing this information with EP managers and training providers to see how some of the recommended actions can be implemented in practice.

5.5.2 Implications for reflection

As a researcher, hearing these stories first hand and immersing myself in the detail of them, has led to changes in my own practice such as increased noticing and an ability to acknowledge and stay with situations that do not have a simple solution.

It also made me aware of some of my own biases and sensitive areas of practice. Participants similarly described increased self-awareness and the benefits of having time and space to talk about domestic abuse. Therefore, providing time to talk about domestic abuse is likely to benefit EP practice. Supervision is one vehicle for this but there may need to be times when domestic abuse is placed as an agenda item for team or Service discussions. This is due to the possibility of the topic being avoided or remaining unnoticed due to some of the factors identified in the individual analysis of participant responses (e.g. avoidance of describing or imagining the possibility of abuse).

The outcomes of this research suggest that supervision models used to talk about domestic abuse should show an awareness of unconscious defences. An example of a supervision model which incorporates psychoanalytic reflections is the seven-eyed process model of supervision (Hawkins & Shohet, 2006). EPs should also be encouraged to pay attention to countertransference reactions within their case work. Shubs (2008) explains how paying attention to these reactions serves: 'to help limit potential… denial, misattunement, misunderstanding, therapeutic transgressions, and patient injury'. Therefore, if EPs are enabled to reflect upon their own reactions within supervision and whilst undertaking case work, they may be more equipped to support schools and families to work with domestic abuse issues in an open and understanding way.

5.5.3 Implications for action

Recommendations for actions to make domestic abuse more noticed and acknowledged in schools and EP work include providing training to schools and EPs about what domestic abuse is and the impact it has on children and families. The training should also provide information on risk assessments and safeguarding duties.

Training for ‘intellectual learning’ needs to be supplemented by learning opportunities which prepare practitioners for the emotional experience of working with domestic abuse. This could be set up so that an initial awareness raising training is followed up with termly supervision sessions to enable participants to share experiences and reflect further on practice.

To reduce anxiety and increase confidence and competence in talking about domestic abuse, it would be useful for schools and EP services to have principles for talking about domestic abuse, including language for describing it to different audiences. For EPs, this also includes guidance on how to write about domestic abuse in reports. Principles and guidance should be developed within EP services, drawing upon the advice of other practitioners who work with domestic abuse on a daily basis (e.g. social workers, targeted domestic abuse teams).

Information shared about the outcomes of this research should support EPs and school staff to manage the disturbed or detached reactions around domestic abuse. By normalising some of these responses, practitioners may be enabled to acknowledge these in their own practice without feeling defensive or anxious. An understanding of other practice which is available in the wider literature around professional coping and resilience to trauma should also be drawn upon to help professionals manage reactions to domestic abuse.

The thesis has shown how a psychoanalytic interpretation can add to understanding of domestic abuse responses. However, psychoanalytic theories or methodologies do not seem to be included in the teaching of all Trainee EP courses. Therefore, a further suggestion would be to disseminate the methodology and outcomes of the research to training providers to discuss how recommendations could

be incorporated into training programmes. For example, courses could include: a distinct focus on domestic abuse and the psychological impact on children and families; and information and supervision support around professional reactions to distressing events, which are understood from a psychoanalytic perspective.

5.6 What should be the focus of future research?

Whilst there are many ways that research around EP work with domestic abuse could be extended further, this section focuses on three areas identified in this research that may be worthy of further exploration. These are based on the researcher's own areas of interest and identification of issues that appeared pertinent after conducting the interviews and analysis rather than on specific gaps in research.

The first area is specific to report writing, a key aspect of EP work raised by Emily, which connects with themes relating to 'Visibility' and 'Risk'. Research could explore how EPs write about domestic abuse by either focusing specifically on the content of the phrases used in the reports that refer to domestic abuse; or using the reports as a stimulus to talk with EPs and analyse their decisions behind what they included in the report.

A second piece of research could compare how EPs talk about domestic abuse with how they talk about more cognitive pieces of work such as assessments of learning difficulties or speech and language needs. Are there the same examples of forgetting and generic overviews or are EPs more able to recall the details of such work? Is there similar evidence of defence against unwanted thoughts or feelings?

Finally, going beyond the EP profession, it would be interesting to explore the perceptions of other professionals, such as social workers or health professionals about the EP role or the role of schools in working with domestic abuse. This may

help to understand some of the gaps in school based interventions (Radford et al, 2011).

Therefore, key questions that future research could begin to answer are:

- How do EPs write about domestic abuse in reports? What influences their decisions?
- Are responses to domestic abuse different from responses to other types of work?
- What are the perceptions of other professionals of the role of EPs or school staff in relation to domestic abuse?

5.7 What are the limitations of this research?

As mentioned in the methodology chapter, the nature of this research, including its small sample size, means that it is not appropriate for the findings to be broadly generalised to the EP profession. This could therefore be seen as a limitation due to the low power it would have as a knowledge base in promoting change at a systemic level. However, if the experiences shared by these participants resonated with members of the wider profession, the research may provide the impetus required to start discussions about the profession's response to the topic.

Whilst the psychosocial research methodology employed could be seen as a strength of this research, there are limitations to the way this has been employed within the current study. Firstly, it is acknowledged that the research has not been carried out by a trained psychotherapist who does not have the level of understanding of psychoanalytic concepts that is held by this profession. Others may read the transcripts and come up with different interpretations of what is occurring within the research encounter. However, this does not mean to say that the interpretations

provided are unreasonable or a result of ‘wild analysis’. Being transparent about the analysis process and making use of psychosocial supervision are measures that were taken to protect against this. Ideally multiple analysts make the interpretation process more robust but this has not been possible due to the research being a sole endeavour as part of a Doctoral thesis. Time has been another constraint in the analysis process as there was an end point by which the research had to be completed. This, combined with word count restrictions, meant that only a select few sections could be written about whereas there was the potential that each interview could become the main focus of this thesis, such was the richness of the data.

It could be argued that the thematic analysis took away from the truly psychosocial aspect of the research and that a case study analysis should have been undertaken to avoid the compromise of depth described above. However, the thematic analysis provides information on the ‘social’ part of the psychosocial by providing information on the context in which EPs encounter domestic abuse.

Both aspects of the analysis have resonated with me in different ways in my own work. I have noticed themes of the thematic analysis arising when considering the ‘whole’ of the domestic abuse encounter (e.g. how information is shared; the interactions that take place) whilst the individual analysis has helped me to consider my individual response further.

Reading about social defences has led to consideration about whether the research focus was too interpersonal and did not pay sufficient attention to the organisational elements of domestic abuse. Whilst this was not the nature of the research question, it should still be acknowledged as a limitation as any research that

does not take into account the context in which professionals are working may miss another layer of analysis.

Finally, in keeping with assumptions of the defended researcher, I may have presented my own responses in a biased way. Although some of my defences have been made conscious through psychosocial supervision and been written about, I could still have experienced subjective countertransference which was not acknowledged as such and led to inaccurate interpretations of the responses of participants. Making the transcripts available with the thesis means that others can make their own interpretations. Therefore, findings have been presented cautiously as a stimulus for discussion rather than as a statement of fact.

5.8 What was the researcher's experience of conducting this research?

As a result of being a psychosocial piece of research, researcher reflections have been incorporated throughout the thesis. Therefore, this section will talk about the experience of completing this piece of research in more general terms.

Of interest to me at the start of carrying out this research was my personal experience of moving from not noticing domestic abuse to seeing it everywhere. I was interested to note echoes of this in the participants' descriptions of having further domestic abuse cases after talking about domestic abuse in interviews. I also noted, as analysis progressed, that I was noticing domestic abuse in the profiles of children discussed during work practice even though only a limited part of this research was focused on the impact on children of domestic abuse. Therefore, the experience of analysis (experiential learning) rather than of reading research summaries

(intellectual learning) appears to have affected my awareness of domestic abuse in practice.

Carrying out the individual analysis not only developed my understanding and application of psychoanalytic concepts but also directed my attention to nonverbal communication in other aspects of my practice as an EP. The psychosocial supervision sessions added to my self-knowledge by providing a forum to explore my own defences as a researcher and wider biases which may be unconsciously influencing my practice.

Despite completing research focusing on this topic, I would not claim any expertise in working with domestic abuse. However, I would say that from talking and writing about it, I am less 'afraid' to raise it during discussions and feel more prepared for what that might entail. Describing the conflicts and uncertainties of work with domestic abuse has enabled me to reconcile some of my own feelings relating to this. Whereas previously I may have responded to domestic abuse issues in more 'simplistic-fix' or 'avoidant-can't fix' terms, I feel that the dialogue with these four participants has enabled me to achieve a balance of being realistic about the complexity of domestic abuse whilst maintaining a sense of agency in being able to work with this. I am grateful to the participants for their willingness to share their views and experiences and for what they taught me through how and what they shared.

6.0 Conclusions

It has been demonstrated how domestic abuse is relevant to the work of EPs due to its prevalence, and the impact on children exposed to it, which can affect learning, social relationships and emotional well-being. It has then been shown how the subject, if not ignored in the profession, has received little attention within the research literature. Whilst the current study does not attempt to answer the why of the neglect of domestic abuse in the EP profession, it adds to the current research by exploring domestic abuse encounters in a way that allows a closer look at the emotional experience of the professionals involved. This has been achieved through using a psychosocial methodology to interview four EPs and analyse their responses at a group and individual level.

Domestic abuse as a topic or event is complex, and the encounters described by the participants have shown evidence of themes relating to risk, disturbance, visibility, mindsets, learning, and possibility. Many of these elements have been noted in other research into professional responses to domestic abuse or trauma in general. However, very little has been talked about from a psychoanalytic perspective. Analysis of individual responses from a psychoanalytic perspective has also been rare. The findings showing defences against thinking about and describing abuse; acknowledging judgements and helplessness; and recalling emotional content may serve as a mirror to help readers consider their own thoughts, feelings and actions in relation to this work. The implications of this research are not intended to be directed at a systemic level, although there are steps that can be taken to provide more training on domestic abuse and psychoanalytic theories to the profession. However, the hope is that those who read these stories and consider the analysis may

be enabled to review their own practice and their psychological role in safeguarding the well-being of survivors of domestic abuse and those in supporting roles.

Word Count: 38,903

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Zust, B. (2008). Assessing and addressing domestic violence experienced by incarcerated women. *Creative Nursing*, 14(2), 70-72.

Appendix 1: Excluded articles from the systematic literature review

Article (n=185)	**Reason for exclusion** (see Table 2.2 for key)
Massie, H., & Szajnberg, N. (2006). My life is a longing: child abuse and its adult sequelae: results of the Brody longitudinal study from birth to age 30. *International Journal Of Psycho-Analysis*, *87*(2), 471-496.	Non-professional
Kelly, U. A., Skelton, K., Patel, M., & Bradley, B. (2011). More than military sexual trauma: interpersonal violence, PTSD, and mental health in women veterans. *Research In Nursing & Health*, *34*(6), 457-467.	Non-professional
Smith, M., Nunley, B., & Martin, E. (2013). Intimate Partner Violence and the meaning of love. *Issues In Mental Health Nursing*, *34*(6), 395-401.	Non-professional
Rogers, B., McGee, G., Vann, A., Thompson, N., & Williams, O. (2003). Substance abuse and domestic violence: stories of practitioners that address the co-occurrence among battered women. *Violence Against Women*, *9*(5), 590-598.	Intervention
Duxbury, J., Pulsford, D., Hadi, M., & Sykes, S. (2013). Staff and relatives' perspectives on the aggressive behaviour of older people with dementia in residential care: a qualitative study. *Journal Of Psychiatric & Mental Health Nursing*, *20*(9), 792-800.	Other violence: workplace
Ermentrout, D. M., Rizo, C. F., & Macy, R. J. (2014). “This is about me”: feasibility findings from the children’s component of an IPV Intervention for justice-involved families. *Violence Against Women*, *20*(7), 653-676.	Intervention
Patel, C., Beekhan, A., Paruk, Z., & Ramgoon, S. (2008). Work-family conflict, job satisfaction and spousal support: an exploratory study of nurses' experience. *Curationis*, *31*(1), 38-44.	Personal life
Lutgendorf, M., Busch, J., Doherty, D., Conza, L., Moone, S., & Magann, E. (2009). Prevalence of domestic violence in a pregnant military population. *Obstetrics & Gynecology*, *113*(4), 866-872.	Non-professional
La Bash, H., Vogt, D., King, L., & King, D. (2009). Deployment stressors of the Iraq war: insights from the mainstream media. *Journal Of Interpersonal Violence*, *24*(2), 231-258.	Other focus

Furlow, B. (2010). Domestic Violence. *Radiologic Technology*, *82*(2), 133.	Non-professional
Elon, R. D., Leister, D. Z., Waterman, L. L., & Naqvi, F. A. (2012). The conflicted surrogate syndrome: implications for nursing facility work force stress, safety, and turnover. *Journal Of The American Medical Directors Association*, *13*(8), 675-678.	Personal life
Rosenbaum, B., & Varvin, S. (2007). The influence of extreme traumatization on body, mind and social relations. *International Journal Of Psycho-Analysis*, *88*(6), 1527-1542.	Other focus
Ackerson, K. (2012). A history of interpersonal trauma and the gynecological exam. *Qualitative Health Research*, *22*(5), 679-688.	Wider focus
Scourfield, J. (2001). Constructing women in child protection work. *Child & Family Social Work*, *6*(1), 77-87.	Wider focus
Gültekin, L., Brush, B. L., Baiardi, J. M., Kirk, K., & VanMaldeghem, K. (2014). Voices from the street: exploring the realities of family homelessness. *Journal Of Family Nursing*, *20*(4), 390-414.	Non-professional Wider focus
McNaughton, D. B., Hindin, P., & Guerrero, Y. (2010). Directions for refining a school nursing intervention for mexican immigrant families. *Journal Of School Nursing*, *26*(6), 430-435.	Intervention Wider focus
Cortina, M., & Marrone, M. (2004). Reclaiming Bowlby's contribution to psychoanalysis. *International Forum Of Psychoanalysis*, *13*(3), 133-146.	Other focus
Chakrapani, V., Newman, P., Shunmugam, M., McLuckie, A., & Melwin, F. (2007). Structural violence against kothi-identified men who have sex with men in Chennai, India: a qualitative investigation. *AIDS Education & Prevention*, *19*(4), 346-364.	Other violence: structural
Bemiller, M., & Williams, L. S. (2011). The role of adaptation in advocate burnout: a case of good soldiering. *Violence Against Women*, *17*(1), 89-110.	Other focus Personal life
Day, L. (2007). Lessons from the classics: conflict and tragedy in critical care at the end of life. *American Journal Of Critical Care*, *16*(3), 290-293.	Other focus
Johansen, M. L. (2012). Performance potential. Keeping the peace: conflict management strategies for nurse managers. *Nursing Management*, *43*(2), 50-54.	Other violence: workplace
McCarroll, J., Ursano, R., Newby, J., Liu, X., Fullerton, C., Norwood, A., & Osuch, E. (2003). Domestic violence and	Non-professional

deployment in US Army soldiers. *Journal Of Nervous & Mental Disease, 191*(1), 3-9.	
Zhang, Y., Flum, M., Nobrega, S., Blais, L., Qamili, S., & Punnett, L. (2011). Work organization and health issues in long-term care centers: comparison of perceptions between caregivers and management. *Journal Of Gerontological Nursing*, *37*(5), 32-40.	Other focus
Distasio, C. (1995). Employee violence in health care: guidelines for health care organizations. *Health Care Supervisor*, *13*(3), 1-15.	Other violence: workplace
Hoge, H. (2006). Divorce at childbirth: a self-psychological perspective. *International Journal Of Psychoanalytic Self Psychology*, *1*(2), 175-195.	Wider focus
De Santis, J. (2009). HIV infection risk factors among male-to-female transgender persons: a review of the literature. *JANAC: Journal Of The Association Of Nurses In AIDS Care*, *20*(5), 362-372.	Other focus
De Masi, F. (2007). The paedophile and his inner world: theoretical and clinical considerations on the analysis of a patient. *International Journal Of Psycho-Analysis*, *88*(1), 147-165.	Other focus
Thomä, H. (2004). Psychoanalysts without a specific professional identity: a utopian dream? *International Forum Of Psychoanalysis*, *13*(4), 213-236.	Other focus
Acker, G. (2003). Role conflict and ambiguity: do they predict burnout among mental health service providers? *Social Work In Mental Health*, *1*(3), 63-80.	Other focus
Silver, A. S. (2006). Teaching about psychodynamic work with severely ill patients. *Journal Of The American Academy Of Psychoanalysis*, *34*(1), 197-214.	Other focus
Gilchrist, H., Jones, S. C., & Barrie, L. (2011). Experiences of emergency department staff: alcohol-related and other violence and aggression. *Australasian Emergency Nursing Journal*, *14*(1), 9-16.	Wider focus
Hinojosa, R., & Hinojosa, M. S. (2011). Using military friendships to optimize postdeployment reintegration for male Operation Iraqi Freedom/Operation Enduring Freedom veterans. *Journal Of Rehabilitation Research & Development*, *48*(10), 1145-1157.	Other focus

Khaleelee, O. (2008). Succession and survival in psychotherapy organizations. *Journal Of Analytical Psychology*, *53*(5), 633-652.	Other focus
Schuler, S. R., Trang, Q. T., Ha, V. S., & Anh, H. T. (2011). Qualitative study of an operations research project to engage abused women, health providers, and communities in responding to gender-based violence in vietnam. *Violence Against Women*, *17*(11), 1421-1441.	Intervention Wider focus
Akhtar, S. (2002). Forgiveness: origins, dynamics, psychopathology, and technical relevance. *Psychoanalytic Quarterly*, *71*(2), 175-212.	Other focus
Rudden, M. G., Twemlow, S., & Ackerman, S. (2008). Leadership and regressive group processes: a Pilot Study. *International Journal Of Psycho-Analysis*, *89*(5), 993-1010.	Other focus
Clark, G. (2006). A Spinozan lens onto the confusions of borderline relations. *Journal Of Analytical Psychology*, *51*(1), 67-86.	Other focus
Feder, L. (1980). Preconceptive ambivalence and external reality. *International Journal Of Psycho-Analysis*, *61*161-178.	Other focus
Wiener, J. (2007). The analyst's countertransference when supervising: friend or foe? *Journal Of Analytical Psychology*, *52*(1), 51-69.	Other focus
Weinryb, R. M., Rössel, R. J., Gustavsson, J. P., Åsberg, M., & Barber, J. P. (1997). The Karolinska Psychodynamic Profile (KAPP): studies of character and well-being. *Psychoanalytic Psychology*, *14*(4), 495-515.	Wider focus
Steiner, R. (1994). In Vienna Veritas *International Journal Of Psycho-Analysis*, *75*511-573.	Other focus
Guard, A. (2009). Splinters and fragments. *Injury Prevention (1353-8047)*, *15*(1), 72-72	Wider focus
de Millán, S. G., & Millán, S. (2004). Hidden meaning of an early loss: the common ground of attachment and social character assessments and their clinical applications. *International Forum Of Psychoanalysis*, *13*(3), 157-163.	Other focus
Messing, K., Caroly, S., Ahlgren, C., & Gillander Gådin, K. (2011). Struggle for time to teach: teachers' experiences of their work situation. *Work*, *40*111-118	Other focus
Tutté, J. C. (2004). The concept of psychical trauma: a bridge in interdisciplinary space. *International Journal Of Psycho-Analysis*, *85*(4), 897-921.	Non-professional

Stone, L. (1954). On the principal obscene word of the english language—(An inquiry, with hypothesis, regarding its origin and persistence). *International Journal Of Psycho-Analysis*, *35*30-56.	Other focus
Brooke, R. (2009). The self, the psyche and the world: a phenomenological interpretation. *Journal of Analytical Psychology*, *54*(5), 601-618.	Other focus
Borbely, A. F. (1998). A psychoanalytic concept of metaphor. *International Journal of Psycho-Analysis*, *79*923-936.	Other focus
Horacio, R. E. (2009). Comments on León Grinberg's life and work. *International Journal of Psycho-Analysis*, *90*(1), 195-204.	Other focus
omez, C., & Yassen, J. (2007). Revolutionizing the clinical frame: individual and social advocacy practice on behalf of trauma survivors. *Journal of Aggression, Maltreatment & Trauma*, *14*(1/2), 245-263	Wider focus
Kwak, J., Kramer, B. J., Lang, J., & Ledger, M. (2013). Challenges in end-of-life care management for low-income frail elders: a case study of the Wisconsin Family Care Program. *Research on Aging*, *35*(4), 393-419	Intervention Other focus
Shtarkshall, R. (2007). Involving regular partners when prescribing PDE-5 inhibitors: a critical note for professional organizations dealing with sexuality and sexual health. *Sexual & Relationship Therapy*, *22*(3), 295-301	Other focus
Fraser, J. (1997). Methadone clinic culture: the everyday realities of female methadone clients. *Qualitative Health Research*, *7*(1), 121-139	Wider focus
Austin, S. (2009). A Perspective on the patterns of loss, lack, disappointment and shame encountered in the treatment of six women with severe and chronic Anorexia Nervosa. *Journal of Analytical Psychology*, *54*(1), 61-80.	Other focus
Angelini, A. (2008). History of the unconscious in Soviet Russia: from its origins to the fall of the Soviet Union. *International Journal of Psycho-Analysis*, *89*(2), 369-388.	Other focus
Tillman, J. G. (2006). When a patient commits suicide: an empirical study of psychoanalytic clinicians. *International Journal of Psycho-Analysis*, *87*(1), 159-177.	Other focus
Falzeder, E. (2007). The story of an ambivalent relationship: Sigmund Freud and Eugen Bleuler. *Journal of Analytical Psychology*, *52*(3), 343-368.	Other focus

Raderstorf, M., & Kurtz, J. (2006). Mental health issues in the workplace: maintaining a productive work force. *AAOHN Journal*, *54*(8), 360-367	Personal life
Hodges, J., Steele, M., Hillman, S., Henderson, K., & Neil, M. (2000). Effects of abuse on attachment representations: narrative assessments of abused children. *Journal Of Child Psychotherapy*, *26*(3), 433-455.	Expert role
Mauno, S., Kinnunen, U., & Ruokolainen, M. (2006). Exploring work- and organization-based resources as moderators between work-family conflict, well-being, and job attitudes. *Work & Stress*, *20*(3), 210-233.	Personal life Wider focus
Baker, L., O'Brien, K., & Salahuddin, N. (2007). Are shelter workers burned out?: An examination of stress, social support, and coping. *Journal of Family Violence*, *22*(6), 465-474.	Expert role
Bahner, A., & Berkel, L. (2007). Exploring burnout in batterer intervention programs. *Journal of Interpersonal Violence*, *22*(8), 994-1008.	Expert role
Cheung, F., & Wu, A. (2012). An investigation of predictors of successful aging in the workplace among Hong Kong Chinese older workers. *International Psychogeriatrics*, *24*(3), 449-464.	Personal life Other focus
Marshall, K. (2009). The embodied self: thinking psychoanalytically in a time of 'Science'. *Journal of Analytical Psychology*, *54*(5), 677-696.	Other focus
Schramm, J., Andersen, M., Vach, K., Kragstrup, J., Kampmann, J., & Søndergaard, J. (2007). Promotional methods used by representatives of drug companies: a prospective survey in general practice. *Scandinavian Journal of Primary Health Care*, *25*(2), 93-97	Other focus
Kernberg, O. F., Yeomans, F. E., Clarkin, J. F., & Levy, K. N. (2008). Transference focused psychotherapy: overview and update. *International Journal of Psycho-Analysis*, *89*(3), 601-620.	Other focus
Connolly, A. (2006). Through the Iron Curtain: analytical space in Post-Soviet Russia. *Journal of Analytical Psychology*, *51*(2), 173-189.	Other focus
Sonnenberg, S. M., & Myerson, W. A. (2007). The educational boundary. *International Journal of Psycho-Analysis*, *88*(1), 203-217.	Other focus

Halpert, E. (2009). Some aspects of the psychoanalytic psychology of Physicians. *International Journal of Psycho-Analysis*, *90*(5), 1039-1056.	Other focus
MacKenna, C. (2009). From the numinous to the sacred. *Journal of Analytical Psychology*, *54*(2), 167-182.	Other focus
Knox, J. (2009). When words do not mean what they say. Self-agency and the coercive use of language. *Journal of Analytical Psychology*, *54*(1), 25-41.	Other focus Non-professional
Karnieli-Miller, O., Werner, P., Aharon-Peretz, J., & Eidelman, S. (2007). Dilemmas in the (un)veiling of the diagnosis of Alzheimer's disease: walking an ethical and professional tight rope. *Patient Education & Counseling*, *67*(3), 307-314.	Other focus
Iecovich, E. (2000). Sources of stress and conflicts between elderly patients, their family members and personnel in care settings. *Journal of Gerontological Social Work*, *34*(2), 73-88.	Other focus
Mazerolle, S. M., Pitney, W., & Goodman, A. (2012). Strategies for athletic trainers to find a balanced lifestyle across clinical settings. *International Journal of Athletic Therapy & Training*, *17*(3), 7-14.	Personal life
Tolhurst, H., Talbot, J., Baker, L., Bell, P., Murray, G., Sutton, A., & ... Harris, G. (2003). Rural general practitioner apprehension about work related violence in Australia. *Australian Journal of Rural Health*, *11*(5), 237-241.	Other focus
Sutton, A. (2011). General practitioners' conflicts of interest, the paramountcy principle and safeguarding children: a psychodynamic contribution. *Journal of Medical Ethics*, *37*(4), 254-257.	Wider focus
Hollander, N. C. (1992). Psychoanalysis and state terror in Argentina. *American Journal of Psychoanalysis*, *52*(3), 273-289.	Wider focus
Magin, P. J., May, J., McElduff, P., Goode, S. M., Adams, J., & Cotter, G. L. (2011). Occupational violence in general practice: a whole-of-practice problem. Results of a cross-sectional study. *Australian Health Review*, *35*(1), 75-80.	Other violence: occupational
Maduro, R. (1980). Symbolic equations in creative process: reflections on Hindu India. *Journal of Analytical Psychology*, *25*(1), 59-90.	Other focus
Gallagher, A., Wainwright, P., Tompsett, H., & Atkins, C. (2012). Findings from a Delphi exercise regarding conflicts of	Wider focus

interests, general practitioners and safeguarding children: 'Listen carefully, judge slowly'. *Journal of Medical Ethics*, *38*(2), 87-92.	
Slattery, S., & Goodman, L. (2009). Secondary traumatic stress among domestic violence advocates: workplace risk and protective factors. *Violence Against Women*, *15*(11), 1358-1379.	Expert role
Verhaeghe, P., Vanheule, S., & De Rick, A. (2007). Actual neurosis as the underlying psychic structure of panic disorder, somatization, and somatoform disorder: an Integration of Freudian and attachment perspectives. *Psychoanalytic Quarterly*, *76*(4), 1317-1350.	Other focus
Mazerolle, S. M., Pitney, W. A., Casa, D. J., & Pagnotta, K. D. (2011). Assessing strategies to manage work and life balance of athletic trainers working in the National Collegiate Athletic Association Division I setting. *Journal of Athletic Training (National Athletic Trainers' Association)*, *46*(2), 194-205.	Personal life
Pitney, W. A., Mazerolle, S. M., & Pagnotta, K. D. (2011). Work-family conflict among athletic trainers in the secondary school setting. *Journal of Athletic Training (National Athletic Trainers' Association)*, *46*(2), 185-193.	Personal life
Howe, E. G. (2011). How can careproviders most help patients during a disaster?. *Journal of Clinical Ethics*, *22*(1), 3-16.	Other focus
Lynöe, N., & Mattsson, B. (1998). Loyalty conflicts in medical practice: a comparative study of general practitioners', paediatricians' and gynaecologists' assessments of three cases. *Scandinavian Journal of Primary Health Care*, *16*(3), 135-140.	Wider focus
Sikkema, K., Hansen, N., Tarakeshwar, N., Kochman, A., Tate, D., & Lee, R. (2004). The clinical significance of change in trauma-related symptoms following a pilot group intervention for coping with HIV-AIDS and childhood sexual trauma. *AIDS & Behavior*, *9*(1), 277-291.	Other focus
Luce, J., & White, D. (2007). The pressure to withhold or withdraw life-sustaining therapy from critically ill patients in the United States. *American Journal of Respiratory & Critical Care Medicine*, *175*(11), 1104-1108**.**	Other focus
Lowe, T., Hopps, J., & See, L. (2006). Challenges and stressors of African American Armed Service personnel and their families. *Journal of Ethnic & Cultural Diversity In Social Work*, *15*(3/4), 51-81.	Wider focus
Dodd-McCue, D., Tartaglia, A., Myer, K., Kuthy, S., & Faulkner, K. (2004). Unintended consequences: the impact of	Other focus Personal life

protocol change on critical care nurses' perceptions of stress. *Progress in Transplantation*, *14*(1), 61-67.	
Adroer, S. (1998). Some considerations in the structure of the self and its pathology. *International Journal of Psycho-Analysis*, *79*681-696.	Other focus
Tutty, L. (1998). Mental health issues of abused women: the perceptions of shelter workers. *Canadian Journal of Community Mental Health*, *17*(1), 79-102.	Expert role
Garg, A., Butz, A., Dworkin, P., Lewis, R., Thompson, R., & Serwint, J. (2007). Improving the management of family psychosocial problems at low-income children's well-child care visits: the WE CARE Project. *Pediatrics*, *120*(3), 547-558.	Intervention Wider focus
Adams, S., & Freeman, D. (2002). Women who are violent: attitudes and beliefs of professionals working in the field of domestic violence. *Military Medicine*, *167*(6), 445-450**.**	Expert role
Bell, N., Harford, T., Fuchs, C., McCarroll, J., & Schwartz, C. (2006). Spouse abuse and alcohol problems among white, African American, and Hispanic U.S. Army soldiers. *Alcoholism: Clinical & Experimental Research*, *30*(10), 1721-1733.	Non-professional
Cervantes, R. C., Goldbach, J. T., & Padilla, A. M. (2012). Using qualitative methods for revising items in the hispanic stress inventory. *Hispanic Journal of Behavioral Sciences*, *34*(2), 208-231.	Other focus
Garza-Guerrero, C. (2004). Response. *International Journal of Psycho-Analysis*, *85*(1), 18-25.	Other focus
Tang, C., Cheung, F., Chen, R., & Sun, X. (2002). Definition of violence against women: a comparative study in Chinese societies of Hong Kong, Taiwan, and the People's Republic of China. *Journal of Interpersonal Violence*, *17*(6), 671-688.	Wider focus Non-professional
Barnett, O. (2001). Why battered women do not leave, part 2: external inhibiting factors -- social support and internal inhibiting factors. *Trauma, Violence & Abuse*, *2*(1), 3-35.	Non-professional
Weaver, D., Chang, J., Clark, S., & Rhee, S. (2007). Keeping public child welfare workers on the job. *Administration in Social Work*, *31*(2), 5-25.	Wider focus
El-Bassel, N., Gilbert, L., Rajah, V., Foleno, A., & Frye, V. (2001). Social support among women in methadone treatment	Non-professional

who experience partner violence: isolation and male controlling behavior. *Violence Against Women*, *7*(3), 246-274	
Gillespie, G., Gates, D., Miller, M., & Howard, P. (2010). Violence against healthcare workers in a pediatric emergency department. *Advanced Emergency Nursing Journal*, *32*(1), 68-82.	Other violence: workplace
Hong, W., Yamamoto, J., Chang, D. S., & Lee, F. (1993). Sex in a Confucian society. *Journal Of The American Academy Of Psychoanalysis*, *21*(3), 405-419.	Other focus
Paniagua, C. (1998). Acting in revisited. *International Journal Of Psycho-Analysis*, *79*499-512.	Other focus
Migone, P. (1994). The problem of «real» trauma and the future of psychoanalysis. *International Forum of Psychoanalysis*, *3*(2), 89-95.	Other focus
Samuel, T., & Subbannan, K. (2008). Horns of a dilemma. *Journal of Clinical Oncology*, *26*(13), 2219-2222.	Wider focus
Kendall-Tackett, K., Marshall, R., & Ness, K. (2003). Chronic pain syndromes and violence against women. *Women & Therapy*, *26*(1/2), 45-56.	Non-professional
Ruff, J., Gerding, G., & Hong, O. (2004). Workplace violence against K-12 teachers: implementation of preventive programs. *AAOHN Journal*, *52*(5), 204-209.	Other violence: workplace
Murphy, D. (2010). Goodbye to the 'family from hell'. *Journal of Dementia Care*, *18*(6), 10-11.	Other focus
DuBois, J., & DeVita, M. (2006). Donation after cardiac death in the United States: how to move forward. *Critical Care Medicine*, *34*(12), 3045-3047	Other focus
Perez, L., Newman, M., Bruton, N., & Peifer, K. (2003). Work in progress. Infant mental health evaluation process: evaluating, diagnosing, and treating infant mental health in community practice. *Zero To Three*, *23*(5), 55-64.	Wider focus
Kirchmeyer, C., & Cohen, A. (1999). Different strategies for managing the work/non-work interface: a test for unique pathways to work outcomes. *Work & Stress*, *13*(1), 59-73.	Personal life
Drolet, M., Paquin, M., & Soutyrine, M. (2006). Building collaboration between school and parents: issues for school social workers and parents whose young children exhibit violent behaviour at school. *European Journal of Social Work*, *9*(2), 201-222.	Other violence: bullying

Schow, D. (2006). The culture of domestic violence advocacy: values of equality/behaviors of control. *Women & Health*, *43*(4), 49-68**.**	Expert role
Keeling, J. (2004). A community-based perspective on living with domestic violence. *Nursing Times*, *100*(11), 28-29.	Secondary source
Eckhardt, C., Murphy, C., Black, D., & Suhr, L. (2006). Intervention programs for perpetrators of intimate partner violence: conclusions from a clinical research perspective. *Public Health Reports*, *121*(4), 369-381.	Intervention
Thompson, B., & Cavallaro, L. (2007). Gender, work-based support and family outcomes. *Stress & Health: Journal Of The International Society For The Investigation Of Stress*, *23*(2), 73-85.	Personal life
Weiss, E. (2005). Workplace issues. Domestic violence: caring for a colleague. *Journal of Perianesthesia Nursing*, *20*(4), 268-274.	Personal life
Steele, L., Lemieux-Charles, L., Clark, J., & Glazier, R. (2002). The impact of policy changes on the health of recent immigrants and refugees in the inner city: a qualitative study of service providers' perspectives. *Canadian Journal of Public Health*, *93*(2), 118-122.	Wider focus
Stark, L., & Wessells, M. (2012). Sexual violence as a weapon of war. *Journal Of The American Medical Association*, *308*(7), 677-678**.**	Non-professional
Salmon, P. (2007). Conflict, collusion or collaboration in consultations about medically unexplained symptoms: the need for a curriculum of medical explanation. *Patient Education & Counseling*, *67*(3), 246-254.	Other focus
Coles, J., Koritsas, S., Boyle, M., & Stanley, J. (2007). GPs, violence and work performance - 'Just part of the job?' *Australian Family Physician*, *36*(3), 189-191.	Other violence: workplace
Jaye, C., & Wilson, H. (2003). When general practitioners become patients. *Health: An Interdisciplinary Journal For The Social Study Of Health, Illness & Medicine*, *7*(2), 201-225.	Other focus
Onyskiw, J. (2002). Health and use of health services of children exposed to violence in their families. *Canadian Journal Of Public Health*, *93*(6), 416-420.	Non-professional
Keeling, J. (2002). Support and education: the role of the domestic violence coordinator. *Nursing Times*, *98*(48), 34-35.	Expert role

Williams, D. S., & Mulrooney, K. (2012). Research and resilience. *Zero To Three*, *32*(4), 46-56.	Other focus
Adams, S. (2000). Understanding women who are violent in intimate relationships: implications for Army Family Advocacy. *Military Medicine*, *165*(3), 214-218.	Non-professional
Vinton, L., & Mazza, N. (1994). Aggressive behavior directed at nursing home personnel by residents' family members. *Gerontologist*, *34*(4), 528-533.	Other violence: workplace
Liao, M. (2006). Domestic violence among Asian Indian immigrant women: risk factors, acculturation, and intervention. *Women & Therapy*, *29*(1/2), 23-39.	Non-professional
McCosker, H., Barnard, A., & Gerber, R. (2004). A phenomenographic study of women's experiences of domestic violence during the childbearing years. *Online Journal Of Issues In Nursing*, *9*(1), 11**.**	Non-professional
Hadley, S., Short, L., Lezin, N., & Zook, E. (1995). WomanKind: an innovative model of health care response to domestic abuse. *Women's Health Issues*, *5*(4), 189-198.	Intervention
Mandleco, B., Olsen, S., Dyches, T., & Marshall, E. (2003). The relationship between family and sibling functioning in families raising a child with a disability...including commentary by Craft-Rosenberg M. *Journal Of Family Nursing*, *9*(4), 365-437.	Wider focus Non-professional
Osofsky, J. (2001). Helping young children and families cope with trauma in a new era. *Zero To Three*, *22*(3), 18-20.	Wider focus
Day, A., Chung, D., O'Leary, P., & Carson, E. (2009). Programs for men who perpetrate domestic violence: an examination of the issues underlying the effectiveness of intervention programs. *Journal Of Family Violence*, *24*(3), 203-212.	Intervention
Literature review. (2008). *Nurse Practitioner*, *33*(6), 47-48.	Wider focus
In brief. (2007). *Nursing Times*, *103*(24), 4-4.	Wider focus
Marshall, A. D., Panuzio, J., & Taft, C. T. (2005). Intimate partner violence among military veterans and active duty servicemen. *Clinical Psychology Review*, *25*(7), 862-876.	Non-professional
Hagenow, N. (1999). Management case book. When an employee is arrested. *Curtincalls*, *1*(2), 10-cover.	Other focus Personal life
Hammer, T. H., Saksvik, P. Ø., Nytrø, K., Torvatn, H., & Bayazit, M. (2004). Expanding the psychosocial work environment: workplace norms and work-family conflict as	Personal life

correlates of stress and health. *Journal Of Occupational Health Psychology*, *9*(1), 83-97.	
Sloat, A. (2000). Medical response to battered women: victimhood, medicalization and gender...33rd Annual Communicating Nursing Research Conference/14th Annual WIN Assembly, 'Building on a Legacy of Excellence in Nursing Research,' held April 13-15, 2000 at the Adam's Mark Hotel, Denver, Colorado. *Communicating Nursing Research*, *33*269-269.	Secondary source
Aristodemou, P., & Membrey, L. (2006). Minerva. *British Medical Journal (International Edition)*, *333*(7563), 360-360.	Other focus
Lindsey, E. W. (1998). Service providers' perception of factors that help or hinder homeless families. *Families In Society*, *79*(2), 160-172.	Wider focus
Lambert, E. G., Hogan, N. L., & Barton, S. M. (2004). The nature of work-family conflict among correctional staff: an exploratory examination. *Criminal Justice Review*, *29*(1), 145-172.	Personal life
Burke, R. J. (1994). Stressful events, work-family conflict, coping, psychological burnout, and well-being among police officers. *Psychological Reports*, *75*(2), 787-800.	Personal life
Keough, M. E., & Samuels, M. F. (2004). The Kosovo Family Support Project: offering psychosocial support for families with missing persons. *Social Work*, *49*(4), 587-594.	Other focus
Mishra, R. C. (2009). Review of Psycho-social aspects of domestic violence. *Journal Of The Indian Academy Of Applied Psychology*, *35*(1), 166.	Secondary source: book review
Farver, J. M., Natera, L. X., & Frosch, D. L. (1999). Effects of community violence on inner-city preschoolers and their families. *Journal Of Applied Developmental Psychology*, *20*(1), 143-158.	Other violence: community
Tower, M. (2007). Intimate partner violence and the health care response: a postmodern critique. *Health Care For Women International*, *28*(5), 438-452	Secondary source
Chantler, K., & Smailes, S. (2004). Working with differences: issues for research and counselling practice. *Counselling & Psychotherapy Research*, *4*(2), 34-39	Wider focus
Morgan, J. (2005). Tackling domestic violence during pregnancy. *British Journal Of Midwifery*, *13*(3), 176-181	Secondary source

Bell, H. (2003). Strengths and secondary trauma in family violence work. *Social Work*, *48*(4), 513-522	Other focus Expert role
Protivnak, J. J., & McRoberts, J. L. (2011). Abusive partner relationships in secondary schools: identification and intervention strategies for school counsellors. *Australian Journal Of Guidance And Counselling*, *21*(1), 49-59.	Secondary source
Gasser, H. (2008). Female domestic violence victims' experiences of hospital care -- a literature review. *Nordic Journal Of Nursing Research & Clinical Studies / Vård I Norden*, *28*(1), 51-55	Secondary source
Catallo, C. (2006). Review: meta-analysis of qualitative studies generated recommendations for healthcare professionals meeting with women who had experienced intimate partner violence. *Evidence Based Nursing*, *9*(4), 125-125	Secondary source
Valente, S., & Wight, C. (2007). Military sexual trauma: violence and sexual abuse. *Military Medicine*, *172*(3), 259-265	Wider focus
Simmons, C. A., Lindsey, L., Delaney, M. J., Whalley, A., & Beck, J. G. (2015). Real-world barriers to assessing and treating mental health problems with IPV survivors: a qualitative study. *Journal Of Interpersonal Violence*, *30*(12), 2067-2086	Wider focus Expert role
Hoff, L. (1992). Battered women: understanding, identification, and assessment. A psychosociocultural perspective... part 1. *Journal Of The American Academy Of Nurse Practitioners*, *4*(4), 148-155	Non-professional
Humphreys, C. (2008). Responding to the individual trauma of domestic violence: challenges for mental health professionals. *Social Work In Mental Health*, *7*(1-3), 186-203	Non-professional
Lavis, V., Horrocks, C., Kelly, N., & Barker, V. (2005). Domestic violence and health care: opening Pandora's box -- challenges and dilemmas. *Feminism & Psychology*, *15*(4), 441-460	Secondary source
Ansara, D., & Hindin, M. (2010). Formal and informal help-seeking associated with women's and men's experiences of intimate partner violence in Canada. *Social Science & Medicine*, *70*(7), 1011-1018	Non-professional
Macy, R. J., Rizo, C. F., Johns, N. B., & Ermentrout, D. M. (2013). Directors' opinions about domestic violence and sexual assault service strategies that help survivors. *Journal Of Interpersonal Violence*, *28*(5), 1040-1066	Expert role

Director, T., & Linden, J. (2004). Domestic violence: an approach to identification and intervention. *Emergency Medicine Clinics Of North America*, *22*(4), 1117-1132	Secondary source
Letourneau, N., Young, C., Secco, L., Stewart, M., Hughes, J., & Critchley, K. (2011). Supporting mothering: service providers' perspectives of mothers and young children affected by intimate partner violence. *Research In Nursing & Health*, *34*(3), 192-203	Non-professional
Betts-Cobau, T., & Hoyer, P. (1997). Part I -- domestic violence: are professional pledges such as the 'Nightingale Pledge' obsolete?. *Journal Of Perinatal Education*, *6*(4), 17-38	Secondary source
Lo Fo Wong, S., Wester, F., Mol, S., & Lagro-Janssen, T. (2007). 'I am not frustrated anymore.' Family doctors' evaluation of a comprehensive training on partner abuse. *Patient Education & Counseling*, *66*(2), 129-137	Intervention
Tandon, S., Parillo, K., Jenkins, C., & Duggan, A. (2005). Formative evaluation of home visitors' role in addressing poor mental health, domestic violence, and substance abuse among low-income pregnant and parenting women. *Maternal & Child Health Journal*, *9*(3), 273-283	Wider focus
Read, J., & Fraser, A. (1998). Staff response to abuse histories of psychiatric inpatients. *Australian & New Zealand Journal Of Psychiatry*, *32*(2), 206-213	Wider focus
Vatnar, S., & Bjørkly, S. (2009). Interactional aspects of intimate partner violence result in different help-seeking behaviors in a representative sample of women. *Journal Of Family Violence*, *24*(4), 231-241	Non-professional
Stenson, K., & Heimer, G. (2008). Prevalence of experiences of partner violence among female health staff: relevance to awareness and action when meeting abused women patients. *Women's Health Issues*, *18*(2), 141-149.	Personal life
Dubowitz, H., Lane, W. G., Semiatin, J. N., Magder, L. S., Venepally, M., & Jans, M. (2011). The safe environment for every kid model: impact on pediatric primary care professionals. *Pediatrics*, *127*(4), e962-e970	Intervention
O'Reilly, R. (2007). Domestic violence against women in their childbearing years: a review of the literature. *Contemporary Nurse: A Journal For The Australian Nursing Profession*, *25*(1/2), 13-21	Secondary source

Macy, R. J., Johns, N., Rizo, C. F., Martin, S. L., & Giattina, M. (2011). Domestic violence and sexual assault service goal priorities. *Journal Of Interpersonal Violence*, *26*(16), 3361-3382	Wider focus
Moss, V., & Taylor, W. (1991). Domestic violence: identification, assessment, intervention. *AORN Journal*, *53*(5), 1158-1164	Secondary Source
Sisley, A., Jacobs, L., Poole, G., Campbell, S., & Esposito, T. (1999). Violence in America: a public health crisis -- domestic violence...including commentary by Sachs CJ. *Journal Of Trauma*, *46*(6), 1105-1113	Non-professional
Johnson, F. (2009). Research review. *International Emergency Nursing*, *17*(2), 135-136	Secondary source
Newman, K. (1993). Giving up: shelter experiences of battered women. *Public Health Nursing*, *10*(2), 108-113	Non-professional
Hsieh, N., Herzig, K., Gansky, S., Danley, D., & Gerbert, B. (2006). Changing dentists' knowledge, attitudes and behavior regarding domestic violence through an interactive multimedia tutorial. *Journal Of The American Dental Association (JADA)*, *137*(5), 596-674	Intervention
Research evidence to update practice guidelines for domestic violence screening in military settings. (2007). *Military Medicine*, *172*(7), ii-iv	Secondary source
Short, L., Hadley, S., & Bates, B. (2002). Assessing the success of the WomanKind program: an integrated model of 24-hour health care response to domestic violence. *Women & Health*, *35*(2/3), 101-119	Intervention
Sleutel, M. (1998). Women's experiences of abuse: a review of qualitative research. *Issues In Mental Health Nursing*, *19*(6), 525-539	Secondary source
Krugman, S., Witting, M., Furuno, J., Hirshon, J., Limcangco, R., Périssé, A., & Rasch, E. (2004). Perceptions of help resources for victims of intimate partner violence. *Journal Of Interpersonal Violence*, *19*(7), 766-777	Non-professional
Morrill-Cornelius, S., Wolpert, C., Eubanks, S., & Martin, S. (2006). Genetic counselors' views about domestic violence in the prenatal population: results of focus groups and a national survey...Presented abstracts from the Twenty-Fourth Annual Education Conference of the National Society of Genetic Counselors (Los Angeles, California, November 2005). *Journal Of Genetic Counseling*, *15*(1), 11-11	Unpublished research (only abstract from conference published)

Vetere, A. (2012). Supervision and consultation practice with domestic violence. *Clinical Child Psychology & Psychiatry*, *17*(2), 181-185	Expert role
Virkki, T. (2015). Social and health care professionals' views on responsible agency in the process of ending intimate partner violence. *Violence Against Women*, *21*(6), 712-733 22	Expert role

Appendix 2: Review of qualitative articles (n=12)

Study	Aims	Participants	Data Collection	Data Analysis	Findings	CASP Score	Limitations
Larsen, M. M., Krohn, J., Püschel, K., & Seifert, D. (2014). Experiences of health and health care among women exposed to intimate partner violence: qualitative findings from Germany. *Health Care For Women International*, *35*(4), 359-379	Find out how survivors of IPV experience health and health care and how they connect it with violence. *Clearly stated. Qualitative appropriate.*	6 female survivors IPV (Germany) *Appropriate but selected from medical centre and intervention group so accessing services and may have more positive experiences. .*	Semistructured qualitative interviews *Appropriate design and data collection. Ethical considerations given.*	Transcendental phenomenology *Clear explanation of analysis process.*	Themes: physical and mental burden of violence; significance of support; personal barriers to health care; systematic barriers to healthcare; alone in seeking help. *Rich descriptions, took account of contradictory data,*	8.5 Green	*Recruitment: people already accessing services. Reflexivity: Does not consider relationship between researcher and participants*
Jakobsson, A., Borgstede, C., Krantz, G., Spak, F., & Hensing, G. (2013). Possibilities and hindrances for prevention of	Perceptions and beliefs of decision makers and professionals about the possibilities and hindrances for prevention of IPV.	19 men, 23 women (Sweden) *Clear rationale for recruitment selection and systematic to represent*	7 focus groups *Some focus groups homogenous (profession), others heteregenous.*	Phenomenological approach. *Clear explanation of process with considerations*	Themes: prevention proposals; hindrances; closeness and distance to IPV.	8.5 Green	*Make up of focus groups. Selection bias – participants were interested in the topic.*

intimate partner violence: perceptions among professionals and decision makers in a Swedish medium-sized town. *International Journal Of Behavioral Medicine*, *20*(3), 337-343	*Clearly stated. Qualitative appropriate.*	*predecided groups.*	*Unclear reason for this. Questioning process clear. Reference to ethical considerations.*	*for inter-rater reliability.*	*Weight for statements based on variations rather than frequency Refers to contradictory information.*		*No reference to researcher reflexivity.*
Williston, C. J., & Lafreniere, K. D. (2013). "Holy cow, does that ever open up a can of worms": Health care providers' experiences of inquiring about intimate partner violence. *Health Care For Women International*, *34*(9), 814-831	Investigate experiences of Primary HCPs in treating patients who have disclosed abuse. *Aims clear Qualitative appropriate*	9 Primary Healthcare Providers (HCP) – 6 Family Physicians, 3 Nurse Practitioners (Canada) Convenience and snowball sampling. *Doesn't explain how final participants selected*	Semistructured interviews *Research explained and justified methods. Reference to ethical considerations.*	Interpretative phenomenological analysis (IPA) *Reference to steps to ensure trustworthiness of study. Analysis process clear and transparent.*	Themes: Asking and disclosure as a journey; disengaging (the self) in order to engage (with a patient) *Themes clearly explained with examples given. Little contradictory data. Not sure how representative of data set.*	8 Green	*Small scale exploratory – not clear how representative of wider care providers. No reference to researcher reflexivity.*

Maina, G., & Majeke, S. (2008). Intimate partner violence in Kenya: expanding healthcare roles. *Nursing Standard*, *22*(35), 35-39	To identify health professionals' perceptions of their role working in the emergency department (ED) in managing and preventing intimate partner violence *Qualitative appropriate*	1 Doctor, 6 nurses, 4 clinical officers (Kenya). Theoretical sampling. *Rational for selection. No explanation for composition of final sample*	In-depth interviews *Very little information on interview content. Reference to ethical considerations. Could a different design be used e.g. Delphi method given the question being asked?*	*Minimal information about how themes were derived.*	Roles: Clinician; Liaison Officer; Health Educator; Community Educator; Sustaining publicity about the need to prevent IPV. *Only one example from each role.*	6 Amber/Red	*Limited information about analysis. Question whether the design was the best to explore this question. Not transparent how themes were derived. Limited evidence for these.*
Hogan, K. F., Hegarty, J. R., Ward, T., & Dodd, L. J. (2012). Counsellors' experiences of working with male victims of female-perpetrated domestic abuse. *Counselling & Psychotherapy*	To provide an understanding of counsellors' experiences (personal and professional impact) of working with male victims of female-perpetrated domestic abuse. *Aims stated but described*	6 counsellors. Snowball sampling. Worked in variety of settings. *Clear explanation of recruitment process and rationale for selection.*	Semi structured interviews *Clear description of interview process and questions. Reference to ethical considerations.*	IPA *Clear explanation of analysis process. Evidence of researcher reflexivity.*	10 themes under 3 domains: counsellors' experiences of working with male victims of domestic abuse; the impact on counsellors' sense of self; strategies used to cope with work related difficulties.	8.5 Green	*Participants self-selected – some bias. Small sample size, some participants had limited experience of working with victims of domestic abuse.*

Research, *12*(1), 44-52	*differently across report*				*Clear description of themes and weight given to each theme (frequency of reports)*		
Laisser, R., Lugina, H., Lindmark, G., Nystrom, L., & Emmelin, M. (2009). Striving to make a difference: health care worker experiences with intimate partner violence clients in Tanzania. *Health Care For Women International*, *30*(1/2), 64-78	Health care workers (HCWs') experiences and perceptions of meeting clients exposed to intimate partner violence (IPV).	16 Health Care Workers (HCW) (Tanzania) Purposive and snowball sampling. *Clear explanation of process.*	In-depth interviews *Detailed overview of the interview content. Ethical considerations.*	Content Analysis *Transparent explanation of how analysis carried out.*	4 main themes: Internalising women's suffering and powerlessness; caught between encouraging disclosure and lack of support tools; Why bother? A struggle to manage with limited resources; striving to make a difference. *Not always clear how subordinate themes relate to the superordinate one (reasonable interpretation?).*	7.5 Green	*Unclear analysis No reference to research reflexivity*

					Unclear whether these themes represent comment of one person or several (aim for variation or frequency?)		
Humphreys, C. (1999). Avoidance and confrontation: social work practice in relation to domestic violence and child abuse. *Child & Family Social Work*, *4*(1), 77-87	Explore the ways in which child protection professionals intervened in cases where domestic violence was a feature in the family	Files from 32 families Stratified sampling. Social workers connected to cases. *Unclear how many social workers interviewed or how many files/documents reviewed.*	Documentary analysis of case files Semistructured interviews with social workers.	Documentary analysis Themes and patterns from file analysis and interviews. *Description of process unclear e.g. not sure how themes were derived.*	Avoidance and minimisation – confrontation (pendulum swing) *Triangulation of information. Good evidence for themes (from case worker notes, files and interviews) Reports contradictory findings.*	7 Amber	*Sample – cases that have gone forward for child protection (may not be generalisable to other settings). No information on ethics or researcher reflexivity. Process of analysis somewhat unclear.*
Zink, T., Jacobson CJ, J., Regan, S., & Pabst, S. (2004). Hidden victims:	To better understand the needs and experiences of older victims of	38 women who had experienced IPV >55 years.	Semistructured interview *Information provided on*	Immersion crystallisation techniques	Themes: under categories ‘Disclosure’ ‘Positive experiences of	7.5 Green	*Change in strategy: face to face to phone interview.*

the healthcare needs and experiences of older women in abusive relationships. *Journal Of Women's Health, 13*(8), 898-908	IPV in the healthcare setting	*Wide recruitment, clear criteria for stopping.*	*interview content and how developed over time.*	*Clearly explained analysis procedure. Group comparison of themes. Validity checks in place.*	providers when disclosing IPV' and 'Negative experiences of providers'. *Clear examples for each theme and indicator of frequency.*		*No reference to ethical issues or researcher reflexivity.*
Kulwicki, A., Aswad, B., Carmona, T., & Ballout, S. (2010). Barriers in the utilization of domestic violence services among Arab immigrant women: perceptions of professionals, service providers & community leaders. *Journal Of Family Violence, 25*(8), 727-735	(1) examine the role of personal resources, family, religion, culture and social support system and domestic violence service providers in the utilization of domestic violence services by Arab immigrants experiencing partner violence; (2) identify personal, socio-cultural and institutional barriers in domestic violence service utilization; and (3)	65 individuals participated. Recruitment based on knowledge and willingness to take part in project. *Recruited participants from wide range of professions. Not sure about representation across groups.*	Focus group discussions. Used inquiry guide. *Good rationale for focus group. No information on the content of the inquiry guide.*	Thematic analysis *Measures in place to increase validity and reliability but does not say how themes were extracted (e.g. referring to specific method).*	8 themes listed *Themes described in detail but minimal statements to support some themes. States variation in views.*	6 Amber	*Minimal information on ethics. Unclear how themes extracted from data. Incomplete information on participants. No researcher reflexivity. Participants all from one community.*

	identify culturally competent policy strategies in reducing barriers for service utilization by Arab immigrants experiencing domestic violence.						
Djikanovic, B., Celik, H., Simic, S., Matejic, B., & Cucic, V. (2010). Health professionals' perceptions of intimate partner violence against women in Serbia: opportunities and barriers for response improvement. *Patient Education & Counseling, 80*(1), 88-93	To explore the perceptions and attitudes of health professionals toward violence against women in intimate relationships. *Qualitative appropriate. Aims clearly outlined.*	71 health professionals (Serbia) *Recruitment process clearly explained. Professionals known to each other – socially desirable responding acknowledged.*	6 focus groups *Detailed information on structure of group. Ethics: consent sought, information about violence against women disseminated to group.*	Content analysis: direct approach. *Information on process (could be replicated): two researchers – Independently then together (reliability)*	3 themes separated into categories. *Findings explicit: examples given for categories and themes.*	8.5 Green	*Participants knew each other. No information on researcher reflexivity.*
Zust, B. (2008). Assessing and addressing domestic violence experienced by	To learn about the needs of incarcerated women.	Telephone survey to women's prisons.	Telephone survey: questions used are listed	Data collection is still taking place but some analysis has taken place for	Preliminary findings listed as bullet points *Not sure where this information*	3 Red	*Not sufficient information to make decisions about quality*

incarcerated women. *Creative Nursing, 14*(2), 70-72	*Loosely defined aims. Qualitative could be appropriate.*	*Unclear who is being interviewed and how many.*		preliminary findings. *No information about how the data is being analysed*	*comes from (e.g. number of surveys, respondents)*		*or give weight to any findings.*
Hyder, A., Noor, Z., & Tsui, E. (2007). Intimate partner violence among Afghan women living in refugee camps in Pakistan. *Social Science & Medicine, 64*(7), 1536-1547	To explore events and factors that lead to conflict in the home in the Afghan refugee setting, and the current status of the health sector's ability to respond to evidence of conflict.	20 women, 20 health workers (Afghan refugee camp, Pakistan. 3 clinics in camp). Health care workers recruited women. Direct recruitment of health workers - all said yes, stopped at 20. *Good rationale for choice of camp given. No information on number of women approached. Ethics: consent process for participants and verbal consent from community leaders.*	Qualitative in-depth interviews. Loosely structured: topics outlined. *Interviewers experienced and trained, spoke the local language. Not all interviews tape recorded (11/20 of health care workers, some analysis based on notes).*	Grounded theory: 2 researchers created codes from the 40 transcripts. *Clear explanation of process.*	Themes given which link women's reports to theory. *More comprehensive analysis of women's perspectives compared to health care views. Uses words such as 'most' health care workers but numbers would be better to indicate how many shared that view.*	7.5 Green	*No information on researcher reflexivity. Recruitment biased due to health care workers being relied upon to recruit.*

Appendix 3: Review of quantitative articles (n=9)

Study	Method	Results	Discussion	Rating	Limitations
Androulaki, Z., Rovithis, M., Tsirakos, D., Merkouris, A., Zedianakis, Z., Kakavelakis, K., Androulakis, E., & Psarou, M. (2008). The phenomenon of women abuse: attitudes and perceptions of health professionals working in health care centers in the prefecture of Lasithi, Crete, Greece. *Health Science Journal*, *2*(1), 33-40	Aim: To evaluate the attitudes and perceptions of healthcare professionals against the phenomenon of abused women, as well as their level of knowledge in identifying and managing the women-victims. Sample: 91 health professionals. *No information on inclusion and exclusion criteria or sampling process.* Instrument: questionnaire *No information on questionnaire content or whether reliable or valid.* Procedures: self-administered. *No other information on conditions under which data was captured.*	Study reports percentages, measures of central tendency and measures of dispersion. *No analysis* *Data not displayed visually*	Discussion links findings to theory and other studies. *No limitations acknowledged.*	Red	*Insufficient information on questionnaire content, sampling procedure and ethics.* *Unclear analysis (e.g. how means were derived).*
Jaffee, K. D., Epling, J. W., Grant, W., Ghandour, R. M., & Callendar, E. (2005). Physician-identified barriers to intimate partner violence	Aim: to identify factors that have impeded the successful implementation of IPV screening in primary care settings. Sample: 143 health care professionals. *Sampling process clearly explained.* *Demographics presented.*	Factor analysis to test for hypothesised domains. *Tables display factors clearly.* Differences in IPV screening tested for the 2 factors that emerged	*Outcomes compared to those of other studies.* *No limitations acknowledged.*	Green	*No information on validity/reliability of questionnaire as designed for purpose of study*

screening. *Journal Of Women's Health, 14*(8), 713-720.	Measures: Dependent variable (DV) - barriers to screening (questionnaire); Independent Variable (IV) demographics (gender, experience, setting, speciality) Instrument: questionnaire designed to measure 4 domains of interest. *Questionnaire design based on literature review. Information on questionnaire content given.*	based on demographics. *P-value reported.* Regression analysis to identify relationship between demographic variables and factor scores			
Smith, P., Danis, M., & Helmick, L. (1998). Changing the health care response to battered women: a health education approach. *Family & Community Health, 20*(4), 1-18	Aim: investigate baseline factors associated with clinician screening behaviors prior to implementing an intervention. Sample: 138 physicians and 22 nurses in 14 outpatient clinics attached to a University. Measures: screening behaviour, obstacles to identification & attitudes towards physician responsibility. Instrument: self-administered questionnaire, likert scale, question examples given.	Descriptive and bivariate statistics (chi-square and t-tests) – variables influencing behaviour, differences between nurses and physicians. Multiple linear regression – factors associated with how likely physicians will screen. *Multistage approach to multiple regression (multiple correlations) due to 'sample size constraints'*	Results organised around predisposing, enabling and reinforcing factors based on prior research. *Can a comparison be made between physicians and nurses given the difference in size of the groups?*	Amber	*Multiple analysis carried out. Seemed more post hoc than planned.*
Goff, H., Byrd, T., Shelton, A., &	Aim: To explore the association between education of healthcare	Comparisons of mean scores for different	*Described result that ran counter to*	Amber	*Some parts of the study clear and well*

Parcel, G. (2001). Health care professionals' skills, beliefs, and expectations about screening for domestic violence in a border community. *Family & Community Health, 24*(1), 39-54	professionals and screening behaviour. Sample: Survey emailed to entire population of primary care physicians in El Paso (n=561). 193 surveys returned. *Information on sample size and sampling procedures.* Measures (instruments): education (scale 2-20), preparedness to screen (scale 1-4), beliefs about screening (0-4 Guttman Scale indicating agreement with statements for when and how to screen) and outcome expectations (12 outcomes listed in survey). *Variables clearly explained. Lack of clarity about some aspects of survey. Unclear whether tools are valid & reliable – designed for this study. Face validity.*	practitioners *but no information on the test used to determine significance.* Linear regression for association between education and screening preparedness and beliefs, and outcome expectations Multiple linear regression to determine factors associated with screening for domestic violence. *Tables showing outcome of regression analyses.* Factor analysis to determine whether there are 3 distinct categories for outcome expectations. *This showed there weren't but the categories were used to describe results anyway.*	*expectations (negative association between education and screening questions) although not very clear explanation given. Results linked to other research. Limitations to the study acknowledged (e.g. low response rate, self-report). Write up merges method and results – unclear structure.*		*presented but other areas unclear e.g. outcome expectations (ignoring results of factor analysis), how means were compared (describing test used) and explaining counter result. Also low response rate.*
Chamberlain, L., & Perham-Hester, K. (2002). The impact of perceived barriers	Aim: to examine primary care physicians' screening practices for female partner abuse and investigate the relationship	Bivariate and multivariate analyses (*explanation of how responses were grouped into categories)*	*Results clearly explained and interpreted. Acknowledges findings counter to*	Green	*Potentially presents simplistic analysis of screening behaviours that does not represent the*

on primary care physicians' screening practices for female partner abuse. *Women & Health, 35*(2/3), 55-69	between perceived barriers and screening practices. Population: all physicians in Alaska emailed survey (305/383 responded – 80%). *Also compared respondents and non-respondents to check for differences.* Measures (instruments): screening practices and barriers (survey). *Good validity e.g. barriers collated from literature review and interviews with 30 physicians.*	Forwards stepwise logistic regression models. *Entry and exit criteria stated. Attempted to avoid problems with multicollinearity.*	*expectations. Also acknowledges limitations of the study: self-report, social desirability bias, more complex nature of barriers affected by patient and physician factors. Makes suggestions for future studies.*		*complex reality (acknowledged by the authors of the study).*
Papadakaki, M., Prokopiadou, D., Petridou, E., Kogevinas, M., & Lionis, C. (2012). Defining physicians' readiness to screen and manage intimate partner violence in greek primary care settings. *Evaluation & The Health Professions, 35*(2), 199-220.	Aim: to test the validity and reliability of Greek translation of PREMIS (Physician Readiness to Manage Intimate Partner Violence). Population: All GPs in 2 areas in Greece (80/108 responded, 74%) Measures: Face Validity (5 point scale for 5 GPs to rate each question according to 3 criteria); reliability (test-rest – 20 GPs), validity (PREMIS)	Factor analysis to extract key survey factors (appropriate analysis for validating instrument). Internal consistency reliability assessed. Factors tested for internal consistency.	7 factors: preparedness, constraints, workplace issues, screening, self-efficacy, alcohol/drugs, victim understanding. *Factor loadings high suggesting strong, theoretical cohesion. Reflects on limitations of study e.g. generalisability.*	Green	*Sample from 2 regions of Greece may affect generalisability of results.*

Jeanjot, I., Barlow, P., & Rozenberg, S. (2008). Domestic violence during pregnancy: survey of patients and healthcare providers. *Journal Of Women's Health*, 17(4), 557-567.	4 aims clearly stated. Last aim relevant to research: to evaluate the attitude of healthcare providers toward screening for domestic violence. Sample: healthcare providers in obstetric department. All 56 sent questionnaire, 50% response rate Instrument: 2 auto questionnaires (closed ended answers with options for comments) to measure attitude towards domestic violence. No information on content of questionnaire.	Descriptive statistics only given, expressed as percentages. *Ethical issues with interviews of mothers: only oral acceptance of study. Described as 'survey about their healthcare'. However protocol agreed by ethics board.*	*Responses of healthcare professionals not referred to in the discussion.*	Amber	*Gives some simple information on prevalence estimates and screening practice but small sample means not very generalisable to other populations. 50% response rate also means that those who responded may have been more interested or aware of these issues (self-selecting bias).*
Tan, E., O'Doherty, L., & Hegarty, K. (2012). GPs' communication skills - a study into women's comfort to disclose intimate partner violence. *Australian Family Physician*, 41(7), 513-517.	Aim: to explore the association between specific aspects of general practitioner communication and female patients' comfort to discuss fear of a partner. Sample: 4467 women from GP practices in Melbourne, Australia. *Inclusion criteria and sampling procedure outlined. Sample compared to general population and found to be similar.* Measures: outcome variable – comfort to discuss fear of a	Regression modelling used to analyse associate between communication skills and comfort to disclose (bivariate logistic regression) and whether the association was affected by compounding factors (multivariate logistic regression). *Table shows results clearly. P-value reported.*	*Features of design suggest generalisability possible due to large sample size and sample reflecting the population. However, low response rate so may be biased sample. Limitations of study stated*	Green	*Women with communication difficulties excluded from study. GPs who responded may have been those already more engaged with this issue and potentially more patient centred so could underrepresent the issue.*

	partner. Exposure variable – GP communication skills. Instruments: Likert scale about comfort in discussing fear of partner. General Practice Assessment Questionnaire (GPAQ)				
Shearer, H., & Bhandari, M. (2008). Ontario chiropractors' knowledge, attitudes, and beliefs about intimate partner violence among their patients: a cross-sectional survey. *Journal Of Manipulative & Physiological Therapeutics, 31*(6), 424-433.	To assess attitudes, beliefs, knowledge and experience about intimate partner violence. Sample: random sample from Canadian Chiropractic Association membership. 61% of 505 mailed surveys responded. *Sampling procedures described. Computer generated randomisation.* Instrument: demographic form (independent variable age, sex, year of graduation), survey (independent variable – knowledge, behaviour and attitude about IPV). *Evidence that survey is valid and reliable.*	*Clear information non statistical tests carried out. Tables used well to show results. Hard to make sense of results due to analysing differences between groups on each scale point of a question (also acknowledged by researchers).*	*Discussion synthesises results into clear headlines but the statements may be broader than the findings suggest. Identified limitations associated with sampling (only generalisable to that population), selection bias, and self-report (socially desirable responding).*	Amber	*Strengths: sampling procedures and survey validity/reliability. Limitations: analysis – how meaningful it is.*

Appendix 4: Data Collection Sheet

Please select the option or write in the space provided to complete the information sheet.

1. **Sex:** Male Female
2. **Age:** 20-30 30-40 40-50 50-65 65-80

3. **Ethnicity:** [ ]

4. **How long have you been working as an EP?** [ ] years

5. **How many different authorities have you worked in as an EP?** [ ]

6. **Do you have a specialist role or responsibility?** Yes No

   i) **If Yes, please list:** [ ]

7. **Approximately how many times has a domestic abuse issue been raised**

   with you in your work in schools as an EP? [ ]

8. **What role/s were you employed in before training to be an EP?**

[ ]

Appendix 5.1: Interview 1 structure and follow up questions for Emily

Structure	**Initial Themes/Topics**	**Hesitations/Avoidances**
Q. Tell me a bit about yourself Length of time as EP Change of area Senior Specialist		
Q: Tell me about a time when you encountered a domestic abuse issue Come across it a lot School location A – multidisciplinary team	 Referral/Upfront and open	**What was E's actual involvement?** Narrative
Q. That one came to mind because… Multidisciplinary team: worked with family Description of family situation School experience People involved Worked as part of a team	 Direct vs indirect involvement Lots of services involved Working together	
Q. it was on the table right from the start Process of discovering: mum to school, CAF to team Comparison to normal EP work – hidden Reasons for openness or hesitancy Comparison of openness in different areas Location A (incredible open) vs Location B (guarded) Stories gradually come out Shock in comparing the two attitudes	 Hidden vs open Visible vs invisible Not bothered vs guarded Poor vs well to do Growing narrative Trust	'you get little snippets – a little bit of something … and sometimes schools brush over it' 'other times schools do pick up on it but are a bit nervous of how to broach the subject with parents' **More examples of stories gradually coming out**
Q. Can you think about the first time you noticed that (the change) talking about the shock Location B focused on learning and SEN with mental health 'under the radar' – more parents than schools Got to know families and schools – growing narrative	 Focus on other areas (learning) Growing narrative – trust	

Exceptions to being guarded: Example 2: did a lot of work with the mum Child in Reception Mother abused Focus on other factors Talking to help understand the experience Encounter with mum – Defensive Report on mum's life experience, feeling overwhelmed Machine gun shooting at everybody	Guarded – 'keep themselves to themselves' Focus on other areas (child blame) Trust – growing narrative Shame/Blame/Fault Refusing services/rejection/defence Attack	Fault: I don't think she knew where to start really with thinking about whose fault was
Q. Did you feel shot at? Sort of – deflect (never in this job to be liked) – wasn't too personal, hasn't moaned about you Nothing was going to change unless she sort of.. Mum in better place Scared that pattern would repeat over and over again Gone from focus on boy and need for diagnosis and his behaviour at home – shift away from that I don't know what happened to them	Self-defence Repeating patterns Focus on other areas – child blame No follow up	I'm never in this job to be liked really so you kind of get quite used to it. Explore this theme a bit more
Q: What was your first encounter with mum like? Drain/whirlwind Late, really loud, chaotic, jumpy Can't go but stays 2 hours All over the place/sick Contain – need for therapy When you going to see the boy Observation, feedback strengths, dismissed Mother child relationship – need for therapy Other child – problem child Notes	Draining Chaotic/whirwind/unregulated Sick Trust/narrative grows Containment Focus on others	It was quite drain-, it was a whirlwind (avoidance of negative experience?) It was very tough
Q. And is that usual to what you normally do? Really different	Focus on others/Fault?	They couldn't contain her.

Talked about counselling: this is about him, I don't want that But talked and cried I never tell anyone this stuff, can't believe I told you this stud, flood gates open Open to counselling Wasn't the boy it was the mum causing the grief Mum attacking school School built up trust School open to supporting but couldn't contain her	Refusing services/rejection Opening floodgates/defences down Not him - her Attack Trust Need for containment/counselling	
Q. How did that first 2 hour meeting feel like for you? Rollercoaster Don't mind those conversations Feeling confused and exhausted Trying to keep a thread Lists all the factors What came first? Experience – jumped a lot from bit to bit 'emotional flood from attacking to angry to curious to puzzled to bemused to sad to you know, like the whole array of emotions that she went through	Chaotic Self defence Confusion Exhaustion Trying to understand Fault	I quite like, I quite like conversations like that though. So I don't, I don't mind them. I don't fear them. And I'd rather be like that with someone than someone who's scooting round, scooting round a bit? Hesitance around mother's part – was she aggressive too? What was the boy like? Missing his story?
Q. Tell me a bit more about the first note you wrote Scripts Boy made her really angry Scripts so she could own her own anger and not make it be about him? She got that it might not be about him – something in her Had counselling in the past but overwhelmed Time and space to unpick N: First note – stop breathe. Mantras. Trigger to positive thoughts about boy. Reconnect – is it him that's evil? Guard up boy deliberately trying to break Other notes – heard from school…, encouragement	Focus on other things – not him, her Time and space Focus on other areas: child blaming Guarded Time and space	I don't know what the long term impact is – 'it's hard to think about what we do and where it goes'

Space in between sessions She liked the notes I don't know what the long term impact is	Not knowing what happens next	
Q. How'd it feel when she talked about those notes? Really good But not worried if she didn't like it She was listening and talking to the school more	Self-defence Team approach	I'm not worried if they read it and they go in the bin, I'm not worried if they don't read it at all because, what, it is whatever it is. So I don't, I wouldn't feel disappointed if in the same way that I felt pleased
Q. Can you think about times, it could be that one or other pieces of work, which made you think about your role as an EP in that type of work? Training – domestic violence, impact on child development Ensuring schools take it seriously Location A – nonchalant, what's the point of referring? Rife – culturally accepted Safeguarding training – realisation this is safeguarding issue More proactive with schools Schools nonchalant, what's the point of referring? Social care – better systems in place EPs – knowing what's around, people available, helping schools to navigate How would schools know if nobody tells them about systems or families don't open up. EP role – help prioritise Other impacts of domestic violence on children Need to be clear about myths around domestic abuse	Training role Safeguarding/prioritising role Realisation domestic abuse as safeguarding issue Social care EP role: safeguarding EP role: knowledge sharing	when they don't see it, it can actually have a worse impact on
Q. And can you think about a time where you've had to have that discussion with school or parent? Genogram with one parent Asked question – disclosed domestic violence Suggested impact on child – oh no no no not been an issue		

Question about contact No worries about contact but ex beats up new partner Do the children go into this, stay when they go and see dad? Only stay during day – not concerned or hiding concern? Appendix D – boy's behaviour all over the place Worked with boy, met mum again. Shared information with parents How do I write this in reports? Tried to help school think about impact of domestic abuse – EP role Need for him to feel safe – 'school really picked up on that' I think all parents know Guilt and shame – fault/blame: 'fear of admitting that to themselves' Gently allow ways to put it on the table – non-blaming Having a little unpack is a good way to move forward Defence mechanisms keep us going Have conversations with dignity and with encouragement and a position of safety to help people feel like they're safe No promises about making things better but having clear narrative helps	Ignoring impact of domestic abuse Hidden vs open (hiding things from self?) Chaotic, unregulated Writing about domestic abuse/sharing information EP role – including domestic abuse into hypotheses Safety – dialogue opener/scaffold Guarded/hidden EP role: gently allow ways to put it on the table 'little unpack' vs all over the place (containment) Being gentle Safety to enable dialogue Endings	I think all parents know, to be fair. I do think people know, they know there's a link but I think, obviously they're own feelings about that. And we talked about the guilt and shame, Cos I think, that'd be quite dangerous probably to do it, you know, therapeutically, emotionally or as an EP to kind of like blatantly unpack that with someone then go, "See ya"
Prompt: Reports? Can you think about a time when you really had to consider how to write about (domestic abuse)? Recent - EHCP Mum quite chaotic Girl –severe special needs, all over the place Really hard work – I was climbing the walls, couldn't pin her down Worked with the teacher 20 min then 15 min with girl "I've had it, I can't do anything" so painful to work with her	Chaotic Painful/tough/hard work	Overwhelmed with how she made me feel

Mum same – talked fast, worried about daughter, listening to SENCo, 'involved' Year later – nurture focus, younger toys Dad went mental – should we treat her like a baby? She's 7 Then girl suddenly living with dad, mum disappeared Dad broke down (had taken mum back when girl was baby, Question assumptions about men – who is the abuser? Talked with dad History – child taken away, back again – very confusing EHCP meeting, looking at report – no mention of domestic abuse Surprised but didn't say anything Dad spoke afterwards and came up with something to put in, checked with mum Mum was okay – unfounded fear Dad was sharing guilt and shame about not being able to protect. But also need for it to be there. Made it into report but the route to get to it is really hard Balance – enough for people to know their story but not so much that it's all out there for everyone to see – dignity and respect Comparison with bereavement People lose the links	Attack Assumptions Who is the abuser?	Everyone was kind of trying to look after the adults' feelings
Q. And in that meeting do you think it was forgotten Forgotten or deliberately evaded because personal Dad upset and on edge in meeting Really emotional meeting Dad: I don't want her to be having sex/abused School: we want her to reading and write etc. Imagining this whirlwind child as a vulnerable adult made people feel sick 'spiral out of control' Forgotten or not brought up because emotionally intense (going to send everybody over the edge) Difficulty for the chair – give her a bit of slack	Looking after the adults' feelings	Self questioning Am I overthinking it? Is this the right thing to write? The right thing to say? Should we talk about it? Should it be something we scooch under the carpet?'

Sometimes you just can't really say what you wanna say. I've done a lot of work and training around it. I'm a convert. We should demystify and take the fear out of it.		

Appendix 5.2: Interview 1 structure and follow up questions for Rebecca

Structure	Themes/Topics	Hesitations/Avoidances
Q. Tell me a bit about yourself 11 years as EP County A – London Borough (2x maternity leave) – Private – County B		
Q. Any time in your work when domestic abuse issues were raised Domestic violence in casework but removed London Borough – rife, increased awareness Working families as part of EY work – intense work, home visits More common for children with disabilities? Talked about a lot in team Parents mentioning beat child (West African) Specific encounter – White British – masculine Home visit – more aware it could be going on Private practice – middle class, won't have domestic abuse Interview with mother and father (banker) Father strutting, masculine, disappointed in child, abusive (way talked about) Physical violence – deprived borough, coercive for more wealthy? (theory) All over really isn't it	 Rife (Area) In the homes Culture, normalised Masculine Direct encounter raises awareness Class – assumptions Masculine Behind closed doors Class & control Prevalence	God knows what they would have said behind closed doors? Don't think there was any physical domestic violence Follow up on class & cultural assumptions All over really isn't it
Q. Can you give examples of it being rife Told domestic abuse going on or others involved, link up with them and child protection Preschool case – home visit		Distancing self from situation Power as a professional

Mum 9 months pregnant (8 months pregnant), bruises all over her. Talk about child moving to Reception Dad – throwing weight around, get the f-out of my house, nothing wrong with my son Tag, tattoos on leg, Pitbull in garden Mother – terrified, realise what that must be like We got to leave Left shaken Referred to child protection Theorising – masculinity – showing who was in charge, control through aggression Feminist perspective – oppressed women but man powerless too – not had job, did badly at school, only power 'in domestic sphere' We are rich, professional, articulate Trying to rationalise – that's our role Awful and dreadful, no excuse, but really sad Shame – children with disabilities – more powerlessness, needing help Mum was terrified – knew what was going to happen when the door shut We contacted police and social care What do you do? Awful	Ignoring the issue – focus on what can do Stereotypes: assumptions Identify with mother Survivor guilt Identify with father Power dynamic Trying to understand: Psych role Behind closed doors EP role: refer Feeling powerlessness	
Q. Any you were 8 months pregnant Yes, she was about to give birth, obviously we were vulnerable 3 of us – nothing was going to happen Similarities – resonated, powerful When I think of domestic violence I go back to that example – most direct experience, changed how thought about it Complex – more than bully hitting someone Unless acknowledge reasons, how are you doing to change it She wasn't going to leave, not what you do West Africans raised by schools but East End families – more hidden/less acknowledged	 Type of experience Complexity Excusing the inexcusable Mother staying/hopeless Cultural assumptions Systemic perspective	We were vulnerable in that, I mean there were 3 of us, nothing probably was going to happen. I think he knew better than that Complexity – what is EP role in working with the complexity? Some forms of domestic abuse acknowledged more than others. Who is it not acknowledged by?

Not individual bullies but cultural messages/circumstances leading to behaviours Cultural messages about power and masculinity	Power and masculinity	
Q. Can you give examples of the disability side – seen impact of child with disabilities experiencing domestic abuse in the home. Very wealthy family – culture – prep school, do well Kid didn't fit cultural expectations - failing in that context Anger from father – judged by son being 'thick one in school' Cross with his wife – had a go at her (to do that in front of someone) Used to having power – didn't have power to make better so blaming someone He was horrible, glad don't have to meet him again	Economic power Shame Avoidance/fear of perpetrator	Avoidance/fear of perpetrator
Q. Can you tell me about that encounter with him in more detail Do assessments in school, meet parents in centre Came to Reception, coffee – child was there (unusual) School recommended he got seen – father ashamed – lazy, useless, wife not doing enough Frustrated - sad as want child to do well Know another path suit them better Just horrible	Shame Problem with child/others	Shame
Q. And how was his wife in that situation? She kind of took it, I kind of just took it, I didn't challenge it particularly Powerful & domineering but tiny & bald Glad he's not my boss Comparison with other parents who generally want the best – he just wanted it the way he thought it should be	Identify with mother Helplessness Avoidance/fear of perpetrator or not me (we got to leave)	Examples of times felt helpless/powerless in EP work Survivor guilt??
Q. Can you think about the first time you came across domestic abuse? Probably County A – indirect School with children from traveller community – teacher said going on	Level of encounter	Not raising or pursuing issues relating to domestic abuse other than referring

Didn't know what to do with it Interesting cos time when supposed to be more joined up Met with parent, not anything I would have raised Would have addressed it if parents raised They wouldn't bring it up, you hear indirectly – someone else found out or from child protection Not ever had the issue addressed directly Not have confidence to… But clearer idea how affects children – didn't know enough earlier	 Avoidance? Keeping it hidden? Fear? Disconnect from actual work Not for me to ask/enquire Confidence Education	I don't recall ever having domestic abuse addressed directly. I don't know that I'd even have the confidence to really – confidence to what?
Q. Can you think about times when it has made you reflect ton your role as an EP? Realise isolated professionals Try to think systemically but don't work with other people the way we should and tend to disregard the impact of family environment on the child. Don't understand enough, training's not helped understanding Even if aware, don't know what to do Not the resources to do anything about it Don't even know what's around in this area Knew what was available in London – representatives gave training then Never had to directly deal with it Not sure if can make difference beyond reporting Know what to do if people disclose things (how to report) Don't know if know what to say or what to do if woman came to me	 Ignore/minimise impact of family factors Confidence Resources Knowledge Level of encounter EP role: report/refer Knowing procedure	Question about confidence
Q. Tell me about the change between then and now (how things have changed) Lack coherent integrated working – don't talk Possibility of things falling through net – multiple disclosures before taken seriously Not sure have understanding of different forms of domestic abuse beyond dad hitting mum – new coercive control law Probably worked with families like that but didn't register Need to understand it more Drip drip drip impact of controlling parents	 Multi-agency working Hidden Understanding Impact Class/assumptions	

Social workers don't go for middle class parents Say rife in London but maybe rife here but stereotypical about how see it Working class – physical, middle class – (comparing the two men)		
Did you have any further contact with the men? 'I'm not sure I'd have wanted to meet either of them again' Only time would have seen the father – in home Not sure how many home visits Intimidating fathers put off social workers? Always there, always standing up Never be able to say – do you want us to do anything? Looked so downtrodden but young, pretty, loving 'and all those things you sort of expect a young mum to be'	Fear/avoidance of perpetrators Powerless to help Wanting a normal experience for her (or it could be me?)	

Appendix 5.3: Interview 1 structure and follow up questions for Neal

Structure	Emerging Themes/Topics	Hesitations/Avoidances
Q. Tell me a bit about yourself, how many years as EP EP 14 years – 2 locations		Brief
Q. Times when you've encountered domestic abuse issues in work Often crops up – not viewed as hugely important by others Theory: historic, impact on development and education CAMHS experience – common feature but diagnoses e.g. ADHD preferred Family history as better explanation Spend time on support Can't recall specifics Rarely done direct work Statutory assessments/school work dominates Sometimes part of team work or casework in CAMHS – can't recall specifics Don't know what works for them – maybe promoting social and emotional skills	 Frequent Impact on child Inappropriate response: diagnosis (label) Not direct Remembering this type of work Evidence based practice/outcomes Resilience Normalising	Very general theoretical answer, no specific recall of events Personal = what I haven't done What is view of 'direct' work with domestic abuse issues? General difficulty remembering cases or specific to domestic abuse??
Q. Can you remember the first time it was brought up in schools? Not sure – feel similar/generic Same conversation – domestic abuse but won't affect them now. Research against this Not wide understanding on impact – possible reason for focus on ADHD/ASD Suggestions aren't helpful	 Generic experience Ignoring long term impact (misconceptions) Inappropriate response	Theoretical view rather than personal narration Personal = involvement in 'same' conversations
Q. Any specific examples of conversations with paediatricians? Not easily available	 Systemic issues NHS	Theory based on experience Personal = observer, hit and run

Issues with Health Service – availability, who now diagnoses, Psychiatrists in paediatric service Experience at a distance – as an observer, less direct EP – hit and run, broad brush experience, not close up experience	Observer & reader/not direct Not valid participant	Hit and run – other examples?
Q. Any examples of where you've noticed something by just observing or reading? Recent case: Pupil on border – father in prison, 5 children in care, 'sexual behaviour problem' label – isolated Ofsted – special measures New team – liked not demonised Was domestic violence within the family Teacher who liked him got best out of him Not every case will be as easy: Boy raped sister Not sure if witnessed domestic violence – locked in room, parents split Sexualised dangerous behaviour, unsure future Foster carers don't want him any more – feel like battered wife Empathy with foster – 2 hours with boy Engaged a bit but abusive/controlling Want to find out more – does it matter or not? Helps understand behaviour but others manage Coping by trying to control Your question was about specifics	Inappropriate response: diagnosis/label Sexual behaviour Resilience Domestic abuse suspicions Sexual behaviour Professional distancing History – understanding Resilience	Narrating as observer not actor
Q. Tell me a bit more about that encounter as it stands out Cos it was yesterday Mixed nationality, kept a secret Mother had another partner and children – abused that sister Details are murky	Insufficient information	Legal process – does he want justice for the other child? Avoidance of the third reason? Trying to hold to child centred response Trying to make more palatable (strengths) –

No legal process – hanging over him, might get support Theory: identity and rejection issues Nowhere to go next week – school and foster cares said no Quite messy but positives – articulate, good nonverbal but 'real mental health difficulty' Got on well with archery instructor but 'sabotaged', burning bridges, not sure where will end up or how will get out of this Wanted mum and family to visit school Need to speak to mum and dad Feels like a mess	Professional distancing Uncertain future	trying to cover up unpleasant feelings about this boy? Managing the unknown
Q. You saw him at foster carer's house Wanted to go back to today but saying goodbye Up in the air where going Want to see him again Described visit – at end wanted to punish for getting on with him Feeling of needing to be in control Wanted to show an arrow and access a knife Can see why foster carer feels like battered wife- verbally abusive and would probably be physically as well Theory: product of mess parents made bringing him up. What do you do? Find someone willing to be nurturing? Lot of damage to undo Some conversation with foster carer – no sense of agency Is this any good	Feeling controlled Feeling threatened Identification with foster carer Feeling helpless Feeling inadequate	Does he want to see him again? Other examples of feeling controlled/threatened, pupils difficult to like, feeling helpless, feeling inadequate Tell me more about when he tried to show arrow/knife?
Q. Any time experienced situation that challenged their role as EP in working with domestic abuse Always makes me question my role Focus on what you've been asked to do – paper towards process Other agencies may be overrun or inaccessible Raise awareness amongst schools Vulnerable children let down by system and easy to ignore, don't see them, don't need to worry about them	EP role: paperwork System lets you down EP role: educating school	Examples of vulnerable children that have been ignored/let down by the system More about EP role in writing reports What is our mandate?

No mandate other than to write reports, make schools and parents more aware of what serious issue it is Theory: Impact of the emotional climate at home Frequently feel out of my depth Not mandated to do much: advise if asked How young people make adults feel powerless and out of control, create chaos	EP role: paperwork Powerless, out of control	

Appendix 5.4: Interview 1 structure and follow up questions for Jenny

Structure	**Emerging Themes/Topics**	**Hesitations/Avoidances**
Q. Tell me a bit about yourself, how many years as EP Qualified 2013, 3yrs In this LA for 5 years On and off with break for child		Can't remember – had baby in training, avoiding sharing that?
Q. Tell me about a time when you encountered domestic abuse in your work Patch school 2nd week – 'help' Early years, no warning Running, biting, kicking, punching, spitting, not joining in Don't believe no issues before Panicking Couldn't cope – p/t timetable EHC application + funding Mum shared domestic abuse 0-2 School not known before – mum reluctant Older sibling died How much included in paperwork/conversations. Who knows? Information 'dripping through' School experienced supporting families Child in a state Information – light bulb moment Useful info but hard to get at Impact on staff and on EP EHCP – goof LSA, full-time timetable	Hidden vs open Help/panic – crisis Looking after adults? Can't manage Disclosure Trauma Unknowns Developing story	Repeat about can't manage and the need for help Interesting mum wasn't very forthcoming about history What to share? Paperwork, conversations A lot of unknowns in the situation Impact on EP I couldn't assume, what it was that stopped mum saying but (.1) once she had, it made things a lot easier, erm, it was almost like it was more open? Because it was out in the open it was talked about, and it was easier to move forwards I think
Q. Can you tell me a bit more about that conversation or that meeting where it all came out? Met parent with SENCo and Head Talking about behaviour, agreement, like that when young Trying to pick away layers Eventually asked what happened?	Gradual evolving of story	You have to be quite careful about what you ask, don't you? In terms of how much you push

Started giving few details, detail evolved, didn't 'blurt it out' Details of violence – child used as shield	Trauma for child	
Q. Tell me more about the lasting imprint School were quite aware and worked with children before I was aware but not been there at the unveiling – coming out raw, emotional Thinking about it – supervision Unreal to real 'leaves you thinking about it'		Being present at the unveiling you know that this does happen to real children and real families and it's quite (.2) upsetting I think really
Q. Tell me about the first time you became aware of domestic abuse as issue Training – role plays but 'weren't really in touch with it' First contact – Y3 trainee Light touch – in the background, Social Care dealt with it/no longer issue or being monitored Example probably first direct contact Others – spoken to people e.g. EHC – revealed to J separate to school Child stopped talking Mother not seeing information as current/relevant Training made aware but doesn't prepare you for contact Raw emotion – leaves imprint	Impact on child development	What is it like to be in touch with domestic abuse? Why does nobody know this? Why have you not told anybody? – frustration with the mother? I'm quite sensitive to that sort of thing anyway so I tend to (.1) take it on board, and I need to (.1) then offload it (*laughs*).
Q. Can you describe the conversation with that other mum? Parent and school not getting on Good school for SEN Child SLCN, behaviour, extreme difficulties, engaging curriculum Met mum –go back to when he was born Father abusive –tell to shut up Skimmed over but happy to share Shared with SENCo – really shocked 'that there'd been any issues at all'. Said explained a lot.		Other times when getting the birth history has been helpful in developing your understanding of a child? Any other experiences of times when schools completely unaware of a child's background?
Q. You talked about the raw emotions – how did that leave you? Mum very calm, not emotional outwardly. Easier to manage – less of a crisis situation.	Crisis	Other examples of crisis situations at school

Describes first crisis situation – mum in tears, school not wanting him in, child ball of fury This parent more detached Not affected younger sibling, want ADHD	Problem is the child	
Q. And the other one? Because parent upset and child visibly struggling, all over the place, hitting. To see that happening and to imagine how it must have been Behaviour – might have been like for him Not forever imprint I'm definitely more aware of now in terms of it may be something that's going on that hasn't been picked up? Look too much – interventions be the same Impact on understanding and response of others Something to be aware of, supervision important Can be 'extreme' emotions taking on Mother wouldn't talk about bereavement – physically shut down 'It's frustrating that I can't know everything and help'	Impact on child 2 types of knowing Impact of knowing Depth of probing Extreme emotions Wanting to know	Effect of imagining on work/emotions – being faced with the facts Not forever imprint Tendency to look into things like that too much Any other examples of taking on extreme emotions? Other experience of having conversations shut down
Q. Can you think of times when working with these issues made you consider your role as an EP? First one – facilitator – allowing conversation to happen & supporting child in the now. Feeling helpless in doing anything about that Appropriate referrals Frustration – who can help Second one – patch things up, advocate for mum passing info on Schools very understanding both times Like investigator & altering perspectives Naughty child to emotionally damaged	EP role facilitator No easy answer/solution EP role – fixer, advocate EP role investigator, changing perspectives Child centred to trauma centred	there's that helpless feeling isn't there? Of actually, can't do anything about that
Q. Any other experiences come to mind that you want to share around domestic abuse?		

Don't think so Couple of children where domestic abuse going on Light touch work – got lot of people involved already Help in school – access learning Hands are tied – home situation Feelings towards the parent – you need to get your children into a safe place Wouldn't want to understand what that's like Want parents to get out for sake of children		
Q. Can you describe your encounters with those mothers Matter of fact – well known Didn't speak at great length – 'don't want to talk about it' – want to talk about school Conversations mainly with school who shared frustration Just need to do what we can in school	Avoidance of family factors or **family-school divide** Pragmatic or detached response?	Our hands are tied, we can't make anything happen here. we just need to sort it out as far as we can in school and be as consistent as we can in school

Appendix 6.1 Interview 2 questions for Emily

Starter questions

- Did anything stand out for you from the last interview?
- Has anything else come to mind since that discussion?

Individualised questions

- You talked about the child you worked with when part of the multidisciplinary team and that it stood out as you did some work with the family. Can you tell me about the time when you became involved with this family?
- You talked about how, often in schools, stories about domestic abuse come out, gradually here and there. Can you give examples of times when this has happened?
- Thinking back to the Reception pupil whose mum you met with several times and sent notes back and forth. Can you tell me a bit about your encounter with the boy?
- A couple of times you mentioned about not knowing what happened to families or what the long term impact was. You said it's hard to think about what we do and where it goes. Have you got any other examples of that?
- There were times you alluded to concerns around the violence of the mother or contact between children and their father. Would you be able to put into words any fears you had for children or their parents?
- You talked about how people were trying to look after the adults' feelings in an EHCP meeting around the girl who had been taking away by her mother then was back with her dad again. Can you give any other examples of situations where looking after the needs of the adults has influenced what you have said or done?

Ending questions:

- What has been your experience of the interviews?
- Is there anything that has arisen from the interview process that has upset or confused you? Would you like to discuss this further with someone?
- Are there any other comments you would like to make?
- Would you like information about the outcomes of the research? How would you like this presented?

Appendix 6.2 Interview 2 questions for Rebecca

Starter questions

- Did anything stand out for you from the last interview?
- Has anything else come to mind since that discussion?

Individualised questions

- You talked about situations sometimes being impossible to change and us being limited in our role (in terms of resources and understanding) to work with domestic abuse issues beyond making safeguarding referrals. Can you describe other times in your work where you've felt limited in how much you can intervene?
- You also talked about violence and power seeking being a response to feeling powerless in society. You compared this to the power that professionals can have, for example in terms of class or education. Can you give examples of other times in your work where you've felt aware of your position of power?
- You talked about the relief in being able to leave a situation of violence and the possibility that fear affects the response of a service such as social care. Can you recall a time when your experience of working with someone has affected the work you plan to do with them?
- You referred to things people said or did in front of you making you wonder what happened behind closed doors. Are there times when you have had fears for children or parents about what might happen in the home situation?
- You said you were unsure about how confident you would feel in responding to any direct domestic abuse disclosures. What would you like to feel confident to be able to do?

Ending questions:

- What has been your experience of the interviews?
- Is there anything that has arisen from the interview process that has upset or confused you? Would you like to discuss this further with someone?
- Are there any other comments you would like to make?
- Would you like information about the outcomes of the research? How would you like this presented?

Appendix 6.3 Interview 2 questions for Neal

Starter questions

- Did anything stand out for you from the last interview?
- Has anything else come to mind since that discussion?

Individualised questions

- You talked about having a more broad brush experience of domestic abuse and finding it hard to recall specifics. I was wondering whether you had any thoughts about how details get lost in the mist.
- You said you often had the same conversations with people about the impact of domestic abuse on children. Can you tell me more about the context of these conversations?
- You described being an EP in domestic abuse situations in several ways: awareness raiser, report writer, observer and 'hit and run'. How would you like EPs to be able to work with this?
- You described uncertainties in your work in this area such as incomplete information on family history or unknown futures. Can you think of examples of other times when you have had to manage uncertainty in your work?
- You talked about how the system lets down vulnerable children such as those in care or who have experienced domestic abuse. You described how they are easy to ignore as, if people don't see them, they don't need to worry about them. Can you tell me more about your experience of this with individual children or young people?
- It is clear from the way you talk about young people that you always search for the best in them. You also talked about the impact of being demonised or liked on a child's behaviour. Can you think of times when you've had to balance both those impressions of children or young people?

Ending questions:

- What has been your experience of the interviews?
- Is there anything that has arisen from the interview process that has upset or confused you? Would you like to discuss this further with someone?
- Are there any other comments you would like to make?
- Would you like information about the outcomes of the research? How would you like this presented?

Appendix 6.4 Interview 2 questions for Jenny

Starter questions

- Did anything stand out for you from the last interview?
- Has anything else come to mind since that discussion?

Individualised questions

- You talked about how knowing some information about a family's history completely changed yours and the school's understanding of a child. Can you think of any other times in your work where a piece of information has switched a light bulb on?
- You talked about the tension between wanting to know everything and being careful not to probe too deeply as 'we have a tendency to look into things like that too much? Can you describe a time when you had to think carefully about how much to ask? Or a time when you think you may have asked too many questions about a family or had a parent shut down a conversation?
- You talked about how in crisis situations you as an EP have taken on extreme emotions from the child and parent. Can you think of any other examples when you have experienced this?
- You talked about that helpless feeling of not being able to do anything about the family situation or the trauma a child has experienced. Can you give any other examples of times in your work where you've felt helpless to intervene or that your hands are tied?
- You also said that you wouldn't necessarily want to be close to situations involving domestic abuse as it could be quite stressful. Can you think of times when it's felt uncomfortable to be that close to a family's situation or where you may have avoided contact?
- You talked about the difference between knowing about something and coming into contact with it, in this situation how the contact made things seem very real. Are there other experiences you've had that have made you very aware of the reality of a phenomena?

Ending questions:

- What has been your experience of the interviews?
- Is there anything that has arisen from the interview process that has upset or confused you? Would you like to discuss this further with someone?
- Are there any other comments you would like to make?
- Would you like information about the outcomes of the research? How would you like this presented?

Appendix 7: Reflective diary

Participant:		Interview number:	
Date:		Time: (duration)	

General

1. Describe the interview briefly:

2. Anything particular or unusual you would like to mention?

3. Did you like interviewing this participant?
    - I liked it very much
    - It was okay
    - I'm indifferent
    - I did not like it much
    - I did not like it at all

Interview Detail

4. How did the participant respond to the interview questions?

5. Are there any specific words, phrases or experiences that stand out?

6. Did the interview generate any salient thoughts, feelings or images for you?

7. Did the interview experience remind you of any other people or events in your life?

Post Interview

Please comment on any thoughts, images or feelings that have arisen following the meeting in relation to the interview:

Date	Context	Comment
	e.g. supervision, lecture, work activity, dream, conversation	

Appendix 8: Ethical Approval

The Tavistock and Portman NHS
NHS Foundation Trust

Quality Assurance & Enhancement
Directorate of Education & Training
Tavistock Centre
120 Belsize Lane
London
NW3 5BA

Tel: 020 8938 2699 www.tavi-port.org

Katy Cole
By email

06 July 2016

Re: Research Ethics Application

Title: EP responses to domestic abuse issues raised in schools: a psychosocial approach

Dear Katy,

I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,

Paru Jeram
Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: pjeram@tavi-Port.nhs.uk

cc. Brian Davis, Course Lead

Appendix 9: Consent form

The Tavistock and Portman NHS
NHS Foundation Trust

Research Title: EP responses to domestic abuse issues raised in schools: a psychosocial approach

Please initial the statements below if you agree with them:	**Initial here:**
1. I have read and understood the information sheet and have had the chance to ask questions.	
2. I understand that my participation in this research is voluntary and I am free at any time to withdraw consent or any unprocessed data without giving a reason.	
3. I agree for my interviews to be recorded.	
4. I understand that my data will be anonymised so that I cannot be linked to the data. I understand that the sample size is small.	
5. I understand that there are limitations to confidentiality relating to legal duties and threat of harm to self or others.	
6. I understand that my interviews will be used for this research and cannot be accessed for any other purposes.	
7. I understand that the findings from this research will be published in a thesis and potentially in a presentation or peer reviewed journal.	
8. I am willing to participate in this research.	

Your name: ……

Signed……. Date…../…../…..

Researcher name: Katy Cole

Signed…….. Date…../…../…..

Thank you for your help.

Appendix 10: Information Sheet

The Tavistock and Portman NHS
NHS Foundation Trust

Title: Educational Psychologists' responses to domestic abuse issues raised in schools: a psychosocial approach

Who is doing the research?
My name is Katy Cole. I am a practising Educational Psychologist (EP) in my third year of studying for the post-professional Doctorate in Educational and Child Psychology. I am carrying out this research as part of my course.

What is the aim of the research?
The research aims to find out about EPs' responses to domestic abuse issues raised in schools. It intends to explore the social and psychological processes that affect EPs' engagement with these issues in their work.

Who has given permission for this research?
The Tavistock and Portman NHS Foundation Trust has given ethical approval to carry out this research. The Local Authority Educational Psychology Service has also given permission for the research to go ahead.

Who can take part in this research?
I am looking for EPs who have had at least one domestic abuse issue raised with them in their work in schools. This could include a school mentioning it in a consultation or parents or pupils referring to this. If more than the required number of EPs volunteer to take part, participants will be randomly selected from the responses received.

What does participation involve?
If you agree to take part, you will be invited to meet me at a venue that is convenient to you. In the first meeting, we will talk for around an hour about your experiences as an EP of working with domestic abuse issues in schools. This will be explored through me asking you a small number of open ended questions. At the end of this interview you will be asked to complete a one page form with a few questions relating to your demographics and experience as an EP. 2-3 weeks after the first interview, we will meet again for up to an hour to discuss themes and follow up questions from the first meeting (e.g. requesting further examples or clarification). I will make audio recordings of the meetings which will be transcribed for analysis and then deleted. I will also keep a reflexive diary of my experiences as a researcher to support analysis.

What are the possible benefits of taking part?
Whilst there is a lot of research about professional knowledge and training in responding to domestic abuse issues, very little has been carried out with

Educational Psychologists, and nothing from a psychosocial perspective. Therefore there is a benefit to the EP profession in exploring responses to these issues. There may also be personal benefits in having time to reflect on your own practice, which may improve the quality of your work.

What are the possible risks of taking part?
As domestic abuse is an emotive issue, it may be distressing to think and talk about experiences of this in your work as an EP. However, the open ended nature of the questions gives you freedom in choosing what to share. There will also be options to access additional supervision and/or support from other services if this is required.

What will happen to the findings from the research?
The findings will be typed up as part of my thesis which will be read by examiners and be available at the Tavistock and Portman library. I may also publish the research at a later date in a peer reviewed journal. You will have the option to read a summary of my findings or the full thesis once the analysis has been completed.

What will happen if I don't want to carry on with this research?
Participation in this research is voluntary and you are free to withdraw from the research at any time without giving a reason. Any research data collected before your withdrawal may still be used, unless you request that it is destroyed.

Will my taking part in this study be kept confidential?
Yes. All records related to your participation in this research study will be handled and stored securely on an encrypted drive using password protection. Your identity on these records will be indicated by a pseudonym rather than by your name. The data will be kept for a minimum of 5 years. Data collected during the study will be stored and used in compliance with the UK Data Protection Act (1998) and the University's Data Protection Policy.

Are there times when my data cannot be kept confidential?
Confidentiality is subject to legal limitations or if a disclosure is made that suggests that imminent harm to self and/or others may occur. The small sample size (4-6 EPs) may also mean that you recognise some examples and experiences you have shared in interviews. However, to protect your identity, pseudonyms will be used and any identifiable details changed.

Further information and contact details
If you have any questions or concerns about any aspect of the research, please contact me:
Email:
Telephone:

If you have any concerns about the research then you can contact … who works for the Tavistock and Portman research department. His contact details are:
Email: Telephone:

Appendix 11: Examples of coded extracts from thematic analysis

These are example extracts to help understanding of each theme and sub theme. The complete list of extracts for each code can be found in the MaxQDA file. The source of each extract is given in brackets: the letter corresponds to the name of the participant, the second number to the interview and the number after the colon to the segment of the interview (e.g. E1:21 = Emily, Interview 1, Segment 21)

Theme: DANGER (Superordinate theme: Risk)		
Subtheme	**Code**	**Segmented Text Extract**
Danger of harm to the professional	Feeling under attack (7^3)	*and she was just a bit like, "Wha-, you got a grilling" and I was, "Blimey, that was quite an aversive reaction".* (E1:141) *I think this kind of like (.3), almost like, machine gun like, shooting at other people was a way of, kind of, helping her just to (.1) deflect it from herself really (.1)* ***I:** And did you feel shot at in that (.1) time?* ***E:** Yeah, a little bit* (E1:28-30) *the school were kind of answering these (.1) questions that were fired at them* (J2:51)
	Threatening behaviour (18^4)	*dad kind of came in (.1) strutting, literally sort of, throwing his weight around, "Oh what are they (.1) doing here?" and you know, "What the f-, get the fuck out of my house. There's nothing wrong with my son"* (R1:28) *trying to provoke (.1) his foster carer by doing something like wanting (big intake of breath) to show me an arrow he'd got that was, been handcrafted and was quite sharp, and he actually wanted access to a knife that he used sometimes but his (.1) foster carer wouldn't let him* (N1:70) *not before he'd (.2) been quite abusive and (.1) tried things out* (N1:46) *I've had a few where (.1) erm there's been a lot of violence and school have kind of said you need to be aware that the parents can be quite aggressive* (J2:145)

	Vulnerable to physical threat (9^2)	*he is quite abusive verbally and (.1) probably, when push comes to shove, probably would be physically as well.* (N1:70) *wanting (big intake of breath) to show me an arrow he'd got that was, been handcrafted and was quite sharp, and he actually wanted access to a knife that he used* (N1:70) *Given that his foster carers (.1) were worried he was going to <u>stab them</u>, or damage somebody or something* (N2:151) *I was 8 months pregnant and she was, about to give birth…So obviously (.1) we were vulnerable in that* (R2:48) *his physical presence was was quite intimidating and I found it- it- but then it gives you a feel for what that child's life is like at home* (J2:151)
Danger of harm to the child or family	Harm that children had experienced (35^4)	<u>Children's experience of domestic abuse (25^4)</u> *'I think the children had witnessed quite a lot of violence as well'* (E1:6) *When she was little, her mum was stabbed by her dad that they're still living with. And she was one of the people that went and got like a cloth. So she would have been about 5 maybe? Got a cloth and like stemmed the blood flow* (E2:23) *The domestic violence that happened was both directed at the children but also she was on the receiving end of it from some of the partners she had* (N2:51) *The child had experienced extreme domestic violence as an infant erm, right up until he was about 2?* (J1:16) <u>Children's experience of other forms of abuse (9^4)</u> *or the parents had mentioned, you know, "Oh I'll get", you know (sigh), "I'll take him home and beat him"* (R1:10) *domestic violence was part of the mix but there was also sexual abuse'* (N2:137)

	Current risks for the child or family (18[4])	<u>Still in contact with the father (1[1])</u> *And they do still have contact with him…* *So, you know when you start thinking, 'okay so these children still could be, like continually exposed to violence* (E1:106) <u>Worries for the safety of the mother (1)</u> *you kind of felt you knew what was (laugh) going to happen when the door shut*. (R1:46) <u>Risk of the child abusing others (4[2])</u> *this young boy presents with quite a lot of (.1) sexualised (.1) dangerous behaviour really, threatening people with (.1) sharp instruments and all sorts of stuff.* (N1:42) <u>Parent not aware of safeguarding issues (3[1])</u> *And also just the nonchalance of the mum like in a way, that's like, that worries me that (.2) that it hadn't dawned on her (.1) that you know, violence and inappropriateness doesn't happen- doesn't just happen at night time.* (E2:195) <u>Abuse still occurring (8[3])</u> *But then in her erm current, there's still a lot of a-a-abuse going on at home between the two parents and erm unsettled.* (E2:27) *But (.1) still (.1) you know there was all sorts of stuff going on at home.* (R2:86)
	Future risks (9[2])	*Cos that was the same child where (.1) the dad, in the meeting was saying, "Look, I don't want her to be 14 and be having sex with every, you know, everyone under the sun because (.1) that's what she's seen her mum do and that's what, that's what she feels that that's how you get love and affection is to (.1) do whatever people say to you. You know, and to do as you're told, in a sexual way, I don't want her learning that".* (E1:167) *at the end of the day he's (.1) a damaged individual who's probably going to be a big cost to society in different ways unless something more (.1) erm, helpful can be done for him* (N1:98)

Danger of overwhelming emotions	Overwhelming emotions of others (10^3)	*if she stops to think about something (.1) it's just so overwhelming it, you know she feels like she's going to, going to lose control completely (.1) and I think this kind of like (.3), almost like, machine gun like, shooting at other people was a way of, kind of, helping her just to (.1) deflect it from herself really (.1)* (E1:28) *And the LSA said yeah, "sometimes I just lie to him and say, 'yeah you might come tomorrow' cos I can't stand the look on his face when (.1) he knows that he's not coming to school tomorrow"* (R2:90)
	Risks of talking about domestic abuse (10^3)	*I er, probably think, maybe that's why I didn't bring it up at the time? Cos I probably thought, 'this is just going to send everybody over the edge if I say, 'can we just put something in there about the, let's add violence in there as well please''. I just didn't feel like I could at the time.* (E1:173) *Cos I think, that'd be quite dangerous probably to do it, you know, therapeutically, emotionally or as an EP (.1) to kind of like (.2) blatantly unpack that with someone then go, "See ya" (quiet laugh)…Could be really, really awful to them* (E1:123) *we can have some quite intimate conversations with them about stuff but (.1) we actually (.1) for every child we see, we might see the parent once, twice* (N2:71)
	EPs emotionally drained (5^2)	*"Huh, I need a shot of Vodka, like seriously, that teacher needs a medal" and they were like, "Do you see what I mean?" and I'm like, "Do I see what you mean?" it's like, oh, she was really really really hard work. I was (.1) overwhelmed with how she made me feel* (E1:137) *I came out a bit, feeling a bit, like my head was…swimming…(laughs) you know* (J2:55)
	Emotions disable (2^2)	*Cos you're taking on all the information but you're also taking on all this (.3) emotion and …you have to almost pick through that don't you? To pick out the actual …Facts and information* (J2:61) *you can't disable yourself to the point where you're just 'oh this is so awful and depressing'.* (E2:265)

Danger of getting lost	Unclear Information	<u>'Pickled' history (4^3)</u> *I assessed her, she suddenly appeared I think in Reception was she? Oh or maybe Year 1, or maybe it was Reception but she'd missed a year of something. She hadn't been to any early years provision, but she'd been away for a year and come back. It's quite a pickled history.* (E2:21) *its actually quite hard to follow the, kind of the line of, even though even, it's not that they're badly written but (.1) because, because a lot of it is about family relationships and who's relate to who…and who is whose father and who is whose step sister, it's actually quite hard to just get a chronology… And a clear history that doesn't kind of mix something up somewhere along the line and it's it's easy to just sort of assume this person is that person's father when that actually isn't the case.* (N2:105) <u>Not knowing what happened (11^2)</u> *And I think I'll probably always think back and think 'God, what happened to her?' cos she was lovely* (R2:216) *I don't know what happened to them actually cos it was an infant school so they (.2) went off to a different junior school, so I don't know* (E1:34) <u>Conflicting accounts (4^3)</u> *that's not because it hasn't been quite well documented, it's just because there's slightly conflicting accounts in (.1) some of the paperwork* (N2:113) *So she would say something then say something that contradicts it or or…kind of let something slip out. You know it was almost like she was quite guarded, which I can understand.* (J1:26)

	Losing contact	<u>Lots of movement (15[3])</u> *And so the dad was in charge of all, and then the mum came back and took the child, back to live in [other county]. So from the statutory assessment point of view she then got plopped into a school in [other county]. So all the statutory assessment went to [other county] (.1) and then they started, they had another meeting. So she had another EP there, another like assessment there, another meeting* (E1:143) *They did that thing where they move around a lot so you never, you never quite get a handle on what's going on for them.* (R2:46) *And I was hoping to go in on the back of that, when the tutor had established a relationship. Erm, she's at home and (.1) home tuition is likely to be in some neutral venue. Er (.3) but as it happens, they're moving house, they're going away* (N2:25) <u>Missed schooling (13[4])</u> *He'd stopped going to school. He'd escaped a lot from school.*(R2:42) *If young [boy's name] is somewhere with a foster carer, not attend- hasn't been in school for months, partly because he's very hard to engage, erm, then no one else needs to worry about that* (N1:98)

	Not following up	Worry about missing something (6^2) *risk there of being too kind of (.1) I dunno just accepting what's on paper and not looking any further* (J2:29) *I was saying this to my husband the other day actually, you know when you sort of hear cases of children where awful things have happened, you do think 'oh gosh, have I ever missed one?'* (R2:190) Unclear responsibilities (9^2) *who takes responsibility for that? Like not saying obviously the person if they do something, they have to take responsibility for that. But like who takes responsibility for monitoring that or working on that?* (E2:215) *it sort of passed around between different agencies, you know there's social care, the education, the mental health service, the the schools, the (.2) it's not quite clear whose responsibility it is at any one point* (N2:183) *it's easy for someone to assume there's someone else who's (.1) dealing with it.* (N2:187) Not knowing what to do with the information (3^1) *But I'm not sure I really (.2). I'm not saying I didn't pay attention to it. I don't, I just think I didn't really know what to do with that information.* (R1:98)
Theme: PROTECTION (Superordinate theme: Risk)		
Subtheme	**Code**	**Segmented Text Extract**
Practical protection	Professional steps	EPs stay away (7^3) *God yeah it's like, it's like the ugliest thing you could think about but not wanting to (.1) go near it isn't it?* (E2:259) *I: Did you have any further contact with them after those visits?* *R: Erm I met, not with the fathers, no (says while laughing) 'I'm not sure I'd have wanted to meet either of them again' (laughs).* (R1:137-138)

		I wouldn't necessarily (laughs) want to, to be (.1) you know, that close to that situation cos I think it could be quite (.1) stressful. (J1:167) <u>Other professionals stay away (5^2)</u> *And I wonder if there are fathers who are so intimidating they kind of put off social workers* (R1:146) *His foster carers don't want to (.1) keep hold of him.* (N1:44) <u>Safety in numbers (5^2)</u> *where I've almost felt a bit (.1) on edge. Erm (.2) so there's been somewhere I've had meetings and I've requested somebody to sit in with me* (J2:145) *I mean there were 3 of us, nothing probably was going to happen. I think he knew better than that* (R1:50)
	Organisational steps	<u>Refuge (1)</u> *they've spent some time living in a refuge, which was this one case for instance because there'd been domestic violence against the mother and they'd moved out as a family* (N1:8) <u>Guardianship (1)</u> *all of the children were now under a special guardianship with their nan* (J2:69) <u>Child in care (2^1)</u> *I went to see a young man who (.1) er is in care er because he [abused] his sister* (N1:42)

	Family steps	Stay near mum/siblings (8^3) *so it'd got to the point where he wouldn't leave his mum and wouldn't leave the* house, *and dad was, you know the- there was definitely…and he wouldn't go anywhere without his mum* (R2:40) *And they've actually had another child now so there's an infant boy, a toddler who the little girl now cares a lot for, looks after the little boy when mummy and daddy are rowing, she takes the little boy up and keeps him safe upstairs* (E2:27) *so that they all slept in the same bed because mum was worried about them* (E1:6) Left the relationship (3^1) *She was single, she'd kind of got rid of this (.1)* bloke. (E1:30) *"Oh, so you've been (.2) you've had some (.1) time apart, and then you've come back and then you've split up again* (E1:106)
Emotional Protection	Looking after others	Looking after the adults' feelings (10^1) *But then I think a lot of EPs just go 'oh that's a bit too far, let's just not, let's just not mention it'. And then I think that's not, that's protecting our feelings, and probably the parent* (E2:315) *So on the one hand we can be shying away from it. But on the other hand we could be actually doing our job (.1) in keeping people safe* (E2:349) Exploring in a safe way (5^1) *whatever conversation we have, we can do it with dignity and with (.1) encouragement and with er like, a position of safety to help people feel like they're safe (.1) just to think about what they feel safe thinking about.* (E1:127) Giving space and time (16^3) *It's kind of interesting when kids say stuff to you, and it's not quite enough for it to be, you know… a disclosure or something…But you kind of wonder if you got to know them better* (R2:180-184)

		Apparently, not with me because I'm barely getting to know him, but he has in conversations with his foster carer, shown some insight into (.2) (clears throat) where he's at and (.1) what his problems are (N1:76) *It's took the mum pretty much the whole of the infant years (.1) to come in and say, "Actually, yeah this is what happened in the past.* (E2:153)
	Looking after self	<u>EP Supervision (8^2)</u> *So maybe that's a third strand of like thinking about people's feelings, is things like supervision and what structure do we have to (phone starts vibrating) what structures do we have to protect ourselves?* (E2:367) *I'm quite sensitive to that sort of thing anyway so I tend to (.1) take it on board, and I need to (.1) then offload it (laughs)…to someone else* (J1:79) <u>Child defences (10^2)</u> *He's got no great sense of agency, he's just doing what he does in order to cope with how he feels* (N1:76) *you meet some children and it's really difficult to sort of w-warm to them. They were just really kind of (.1) defended.* (R2:56) *he didn't engage (.1) very willingly, he certainly put up some (.1) defensive (.1) behaviours* (N2:149) <u>Adult defences (5^3)</u> *I think people's (.1) defence mechanisms is what keeps us going isn't it? It's maybe what keeps them (.1) going as a mum, being able to go to work and, have a job and have a family* (E1:125) *she almost physically shut down any conversation that was, around that. So it was obvious that that was an ongoing (.1) difficult area for her* (J1:131)

Professional Protection	Careful communication	Communicating the truth (3^2) *So I suppose that that is a valuable thing that we can bring to it in in the report writing we do do, is having a bit of time and care to make sure that the facts we were representing are erm, are evidenced properly.* (N2:115) *'Well it's all true isn't it. So there's no reason why it shouldn't go in there'.* (E1:151) Responsibility of how we communicate (4^1) *And it's in in, so actually when we're talking about this subject it is really (.1) an emotional responsibility. Because you have no idea what you're triggering off in other people.* (E2:496) Do we need to know it all? (5^3) *then I also think sometimes we have a tendency to look into things like that too much because actually, regardless of what has happened, the interventions would be (.1) the same* (J1:127) *And in a sense that almost (.1) doesn't matter. It's enough to know some of the (.1) the history of how he's been treated, erm, to understand some of the problems he might have* (N1:46) *you know, it's a delicate balance of (.2). And also I think it's, it's really personal as well isn't it. So like that's that child's life you're writing about, it's a bit, not just domestic violence but whether it's sexual abuse or (.2) anything that's happened to them, you've gotta think, 'right, when that child's an adult, if they look back, are we writing that respectfully? Are we, giving enough of their story that (.1) enough that people need to know to help them?* (E1:155) Writing about domestic abuse in reports (19^2) *How do I write this in reports?" That's another whole thing, like, how do you write (.1) stuff about domestic abuse in …reports…for everyone to see. So that's another, erm, interesting thing (*E1:108)

Theme: BLAME (Superordinate theme: Mindset)		
Subtheme	**Code**	**Segmented Text Extract**
Blame individuals	Blame parents	Non-identification with parents (3^3) *you think 'why are you still living with someone who's stabbed you in the belly?' Like I don't understand* (E2:167) *And I just thought, blimey, if my kids had been taken into care, I'd remember to the day…And she couldn't remember like "they were 2 or 3"? It was that vague (.1). It was really weird.* (R2:84) Negative thoughts and feelings about parents (15^4) *It's funny how much it impacts on how you look at a case as well, and the sorts of judgements you might (.1) make. I mean I was trying not to judge but on this particular one I felt very angry at these parents* (J2:83) *I know it's awful to say but it's frustrating in terms of your feelings towards that parent when they're in an ongoing situation, you know for examples to to, the mother of that child, to say, you know, "you need to get your children into a safe place".* (J1:165) *the fact that it's happening is, says something about the emotional atmosphere between a couple, in a house where a child is supposedly being raised* (N1:14) *Like what sense do they make of the world when people who (.1) should be, should be caring for them, looking after them, are doing that to each other?* (E2:27) *Oh, yeah, I'm glad he's (.1) you know, not my boss cos I imagine that's how he treats everyone everywhere but yeah, in the family* (R1:94) *I was kind of thinking, 'My goodness, you are really mean and controlling and (.1) this poor mum. I was really thinking, I was quite worried about the dad.* (E1:141)

	Blame child	<u>Within-child focus (16^4)</u> *mum's demanding, "I need an assessment to, for ADHD and for autism" and for this and for that and, telling me why he's such a, such a pain in the arse and (.1) "why he's so horrible to me and why he hits me and you know I, he's uncontrollable and d-d-d-d"… This isn't about me, this is about him, this is about him"* (E1:34…42) *"He's just so lazy, he's just so useless, I" you know, "I can't kind of believe my son's (.2) you know, in this situation" and you know. Yeah, it was all about him being lazy and useless and about his wife you know not doing enough* (R1:88) *he, he seemed to have been sort of tarnished with this, 'he's got a' sort of 'sexual behaviour problem'.* (N1:34) *she had a younger child as well who she said, "Well, it hasn't affected her". She was (.1) younger, at the time…She hadn't realised, she hadn't really put it down to that, she'd put it down to individual factors…And she was very very keen for a diagnosis of ADHD and things like that* (J1:115) <u>Demonise child (5^2)</u> *is it him (.2) that's evil? Little thing that's setting out to destroy which is kind of what she thinks* (E1:68) *he'd effectively been isolated and demonised* (N1:40)
Blame self	Guilt (6^2)	*You know (.2). I probably feel a bit guilty about not liking him, cos this poor kid, what a crap life he had* (R2:70) *I feel quite bad about that because I wasn't able to make the follow up meeting but the erm plan wasn't agreed for that child because it was felt to be medical funding* (J2:75)
	Shame	*He said, "it makes me feel ashamed that it's in there". He said, and he had a lot of -, he said, "I should have protected my daughter* (E1:153)

	(7^3)	*I think it was something to do with the shame he felt, of having a child sat there in a wheelchair as well. Like his child (.2), that, there was something about that as well, you know (.1), the shame he felt about having to open his doors and need the help cos his child had this (.1) yeah* (R1:44) *his (.1) father (.1) kept him a secret from his own family, when he was first born, so it was some years be- after he was born before his own grandparents, paternal grandparents, knew of his existence* (N1:54)
Judge organisations	Lack of trust in social care (6^2)	*I'm not sure, even social care, you know they open they close, they open they close, they play the game a bit, they close* (E2:121) *The drip drip drip of (.1) the sorts of things that parents can say that (.1) damage their children and damage family relationships (.3). But you know, social services will never be onto him will they?* (R1:130) *it's in Social Care's hands … which is frustrating isn't it? When you can see the impact it's having on a child* (J1:163)
	School practice non-inclusive (5^2)	*for a term had been effectively isolated. He was taught one to one, away from his class. Er, he didn't present with huge problems but this clearly wasn't an ideal situation. Erm, and it wasn't preparing him for (.1) a good transition to a secondary school.* (N1:36) *if she was in a wheelchair, you wouldn't expect her to go up two flights of stairs (whispers) that school might do actually, to be fair* (E2:179)
	Services unhelpful (5^3)	*I suppose that extends to paediatricians who regularly work on a medical model and will happily look at something that's wrong within the child and call it whatever it, they want to call it. But the underlying reason, if we need one, is probably, somewhere else (.2). Calling it ADHD or ASD doesn't change what you've got to try to do about it.* (N1:14) *I think it can be quite frustrating when you can see some things that need to happen (.1) but then you have to hand it over and actually sometimes I'm not incredibly confident that that's the (.1) the sorts of things that will be encouraged by other Services.* (J2:109)

		"So what support do you have? Do you have any (.2) counselling or any?" you know and she's like, " Oh I've been there, done that, it's all crap. It's all a waste of time. (E1:42)
Theme: ACCEPTANCE AND UNDERSTANDING (Superordinate theme: Mindset)		
Subtheme	**Code**	**Segmented Text Extract**
Empathy	Consider parents' perspective	Identification with parents (21^3) *It's a really hot, you know imagine, imagine if I had to go and admit- and especially if I'm still with -. I think it's maybe, because it's an ongoing one, it's worse. But it's also worse for her to tell. Because she's still living there* (E2:167) *She just kind of took it I think yeah. From what. I mean he was very kind of strutty, you would just take it. I kind of just took it.* (R2:92) *the woman says she feels like a battered wife, which is an interesting (.1) term to use…Having spent two hours at the house (.1) yesterday, I could see why,* (N1:44) *when you've got somebody who is very emotional, if you take that on board, you do tend to kind of, you empathise more with them don't you? And then, you are drawn to their side if you like, you know* (J2:51)

	Consider child's perspective	<u>Strengths of the child (5^3)</u> *And we got to that point I've just described where he seemed to really enjoy (.1) just doing some of those organisation of dots exercises, just enough for me to know that (.2) he can do that really and, and he was enjoying it* (N1:68) *I did a lot of feeding back his strengths to her (.1) which she could see but she would dismiss them quite quickly but, over time she did (.1) start to recognise his strengths.* (E1:36) <u>Empathise with child (5^3)</u> *He sabotaged that because he didn't really want to go. And I don't blame him in some ways* (N2:125) *You put yourself in the position of that child, that I came away from that feeling quite (.1) upset I think* (J2:75)
Practice principles	Understanding helps move things forward (17^4)	*What it does impact on is how people understand the situation. Erm, how staff respond to him maybe? Maybe they're a bit more understanding (.1) now? Rather than just considering him to be naughty* (J1:129) *You know, there's so much going on in terms of what's happening for that person, what's happening for other people. And it's not, I guess there's that kind of, it's not to excuse it, cos it then feels to me like I'm excusing something which is inexcusable. But (.1) also, unless you kind of acknowledge that, how are you ever going to change it?* (R1:58) *But actually just having a little unpack of it, just to kind of make sense of things, is like (.1) a good, a good way to move forward.* (E1:119)
	Non-judgemental approach (11^3)	*it's about not being judgemental isn't it? Which, which we all have to do in any interaction and (.1) erm (.3) you've got to deal with the person you've got in front of you* (N2:231)

		I could really you know feel that, watching that. Erm, and taking on board their emotions I suppose. But at the same time trying to (.1) step back and remain neutral I guess because I felt there wasn't really anybody neutral in that room. No independent person who wasn't going to side one way or the other. (J2:51) *And so if you can kind of, gently allow them ways to kind of, put it out on the table, see what they think of it. And if you can do it in a, you know, I always use phrases like, 'no one asked for this and no one, no one says, you know I'm going to go and get married. I'm going to have a violent, a violent husband or (.1) you know, no one sets out to put your childrne, you know your family in that position. And it's just the way life is* (E1:119)
	Keeping a balance (6^2)	*I think you- you've obviously got to try and see the best in children and work on their strengths, but that shouldn't blind you to what (.1) the real problems are, especially for the people who've got to live with it…I guess what we don't want to be is some sort of (.1) do-gooding person who looks for the positives all the time cos people (.1) see through that quite quickly. We do need to look for the positives and for the strengths cos that's the beginning of where to start successful work but we've got to acknowledge people's real difficulties* (N2:217)
Theme: INVISBLE (Superordinate theme: Visibility)		
Subtheme	**Code**	**Segmented Text Extract**
Not known	Not knowing about domestic abuse or family issues (10^3)	*and the school didn't have any idea (.1) about historical, domestic abuse* (J1:71) *it was a bit like the other one as well where the referring issue was nothing, like there was no domestic violence mentioned* E1:106)
	Not knowing all the details (22^4)	*she kind of, erm, started giving a few details. She didn't go into huge amounts of details* (J1:46) *some of the details of that are still a bit murky* N1:54)

		as far as I know there isn't domestic abuse going on. The father of this child has left, although she has a new partner and I don't really know about that. (R2:88) *we talked about it I'd go, "Ooh there's something there that we don't know yet"* (E2:139)
Not talked about	Not talked about by parents (4^3)	*Parents very very rarely raise it. It was the first meeting, you know, they're never gonna (.2). Yeah, you hear about it indirectly don't you? And I, I don't think they even often raise it with schools* (R1:102) *And I I was like (laughs as says it) "Why does nobody know this? Why have you not told anybody?"* (J1:73)
	Not talked about by professionals (9^2)	*I'd always meet with parents, I would have met with the parent. It's not anything I would have raised* (R1:98) *we'd kind of looked at the draft and put it all together. And there was no mention of violence in it at all. There was no mention of domestic violence* (E1:143)
	Not talked about in profession (2^1)	*I think professionally, like as EPs, we've never had any training on it. Or (.1) talk about it.* (E2:269)
	No communication between Services (4^2)	*I think there's just a massive issue with a lack of coherent integrated working, that people just don't (laughs as saying it) talk to each other.* (R1:124) *So they found it quite hard to believe that nothing had been raised previously* (J1:12)

	Using other words	Other words general (5^3) *there was allusion to (.1) mum's mental health and mum's needs erm, and the impact that had on her emotionally but there was nothing in there about, the domestic violence* (E1:143) *"He had an unsettled childhood"* (J1:44) Emotional atmosphere (5^1) *the emotional climate of a household, where that sort of thing happens* (N2:41) Trauma (11^3) *And that's where the (.1) kind of trauma's (.1) happening.* (R2:88) *the level of trauma that an-, that's what we keep trying to get across to the school, is these are not children who have been traumatised, these are children who are currently living in trauma* (E2:33) Attachment/nurture (4^2) *that often leads to productive conversations about attachment* (N2:61)
Can't be talked about	Don't think about it (13^2)	*it's a bit gruelling isn't it…to, to imagine…Which is probably why I think as professionals we don't* (E2:230) *Maybe that's something else, that's un-invisible in all this is the pain of the topic?...Like that people can't bear to think about it?* (E2:243) *to imagine a 10 month old baby sitting there in a boiling hot bath is just rr it's just awful* (J2:77)
	Hide it away (5^2)	*you kind of felt you knew what was (laugh) going to happen when the door shut* (R1:46) *so then why would we have loads of provision about 'they need trusted adults, they need this' when we've not told them for what reason they need that* (E2:323)

	Not wanting to talk about it (4^2)	*Whether it was forgotten or it was deliberately evaded because it's really (.1) quite personal. And I think people knew* (E1:167) *they tend to get brushed under the carpet. Either because people don't want to talk about them* (N2:33)
	Pretend it's not happening (4^2)	*She had bruises on her (.2). And we were talking about the child moving up to Reception and all of* (R1:28) *Just shove it in a cupboard…Pretend it doesn't happen. And then that's (.1) get on with your day.* (E2:261)
	Avoid talking about family life (19^3)	*But they hadn't been given that history. And I thought it was interesting because I thought actually mum was quite reluctant* (J1:18) *it's not always easy to hark back to (.1) what happened historically* (N2:35) *it was like, a very different demographic, where erm, families were very well to do and almost a bit more, like guarded or a bit more, like, "Oh no, everything's fine here, everything's fine here"* (E1:14)
	Not able to delve/ask questions (5^4)	*So, yeah out of everything I did, and even when I did the psychological advice for statutory assessment, I think I managed to speak with mum briefly on the phone but there was a bit of something in the background, "Oh I've got to go, got to go"* (E2:145) *We couldn't really delve.* (E2:23) *became a bit abusive when he felt I was just sort of asking too many questions* (N1:68) *I tend to stop I I read when people are gonna (.1) Erm, I have had some quite defensive parents before where I've had to be very careful* (J2:41)
	Can't say what you want to say (5^4)	*I don't always give my all, in those…Meetings because sometimes you just (.2) you can't really say what you wanna say.* (E1:175)

		So (.2) you know, you'd never had been able to say (laughs) 'Okay do you want us to do anything? Do you want us to call anyone?' It would never have been (.1) (R1:146) *So it's actually quite hard to progress that to (.1) erm, so what does what does that indicate about what (.1) other things they might have witnessed or seen that might not have been very helpful because implicitly that's a criticism of their (.1) parenting of not keeping them safe* (N2:65)
	Difficult to talk about (11^3)	*So it was (.1) useful information, but it was quite hard to get at* (J1:32) *So it's actually a very difficult to talk about with someone who's (.1) er been, who's experienced it* (N2:71) *So you know, it was just, it was really hard to (.1) have that conversation with her* (E2:149)
	Uncertainty how to talk about it (10^2)	*Yeah I don't I don't recall ever kind of (.2) having a, sort of, particularly addressed it directly, in that way. Certainly not early on in my career and I don't know that I'd even have the confidence to really.* (R1:106) *I wobble too still, that I'm still (.1) thinking, 'oh is this the right thing to write? The right thing to say? Should we talk about it? Should it be (.1) something we scooch under the carpet?' Erm, all those things really, I think* (E1:177)
Not acknowledged	Educational needs prioritised over emotional (7^2)	*She needs to act like she's 7". And I'm like, "Yeah she is 7 but emotionally she's like, 3 or 4? So we need to be turned back to what we do with a 3 or 4 year old to kind of get her to be emotionally more like a 7 year old" and he was not having any of it.* (E1:141) *"yeah that's happening but I want to talk about (.1)…school. I want to talk about how you're gonna" you know, what was going on at the moment.* (J:175)
	Not acknowledging importance (14^4)	*but people don't often give it the credence or the…priority that it needs really.* (E2:9) *it's amazing how it feels like it's (.2) either not known about or acknowledged but not regarded as (.1) hugely important.* (N1:6)

		because she kind of saw it as (.1) not current, and therefore not relevant, (J1:73)
	Schools 'brush over' domestic abuse (8^3)	*sometimes schools brush over it* (E1:12) *I think last time I suppose I did talk a little bit about how they tend to get brushed under the carpet.* (N2:104)
	Emotional and mental health needs 'under the radar' (4^2)	*emotional well-being, mental health things were (.3) just under the radar a little bit.* (E1:16) *I'm sure I've worked with families where that's been an issue. I can't remember cos it probably didn't even register with me at the time. It wasn't even on my radar.* (R1:128)
Theme: VISIBLE (Superordinate theme: Visibility)		
Subtheme	**Code**	**Segmented Text Extract**
Noticed	Growing awareness of domestic abuse (12^3)	*but it's something I'm definitely more aware of now in terms of it may be something that's going on that hasn't been picked up? Or hasn't been explored* (J1:127) *But, erm (.2) then I became a lot more aware that a lot of the families I was working with, were experiencing domestic abuse,* (R1:6)
	Another case since last interview (3^3)	*And and it just struck me, reading the case history of this young person, who was 9 years old tomorrow, and was abused by her mother and taken into care several years ago. Er (.2)And domest-, the word domestic violence which I know this, the topic of your interviews is about.* (N2:15) *Interestingly I had another case very recently where erm, they mentioned that this child had erm been in a family where there was domestic violence and (.1) and I kind of noticed it more, I think* (J2:5)
Explored	Asking questions (10^3)	*like we did a birth history and so she was talking about (.2) how erm (.4) what like relationships, what's going on. Or was it to do with a genogram? I think we was doing the genogram and so she*

		was talking about, and she said about her and her boyfriend had split up (.1) while she was pregnant with the boy (E1:106) *it was almost like trying to pick away layers. "Okay, so what happ-"…you know. "Was he like that at pre-school?" "Well yes but they weren't concerned" "Was he, is he like that at home?" "Ooh yes, he's awful at home". And we kind of picked away and picked away and eventually she just said, "Ooh I don't know if it's because of what happened". (.1) And then you sort of think 'okay'. And then you have to be quite careful about what you ask, don't you? In terms of how much you push (.1) and (.1) so (.2) we did ask her, erm in the end, "What was it that happened?* (J1:42)
	Researching the history (7^3)	*actually when you delved into the history there'd been some (.1) domestic violence* (N1:6) *So sometimes a full assessment is required yeah. And all the history stuff* (J2:27)
	Intentions to ask about home life (4^3)	*part of my assessment is I want, I want to find out a bit more about his background* (N1:46) *Ask her about this, ask her when they went to- ask her- do a family tree, do a genogram* (E2:141)
Discovered	Disclosures	<u>Sudden revelation (9^2)</u> *then you're meeting with the parent and the school and then suddenly it all comes out* (E1:12) *she just kind of let it (.1) slip, while we were going over the history* (J1:91) <u>Growing narrative (14^3)</u> *once you get to know families then they become (.1) more trusting of you and then it kind of, you know, stories come out gradually and the narrative kind of grows, not just with the EP but with the school as well* (E1:14) *I believe that the the level of detail has (.1) you know been picked up at [SEN Support] planning…and through regular conversation with the school.* (J1:46)
		<u>Hearing 'snippets' about domestic abuse (6^2)</u>

	References to domestic abuse	*I think in EP work you kind of hear snippets of bits* (E1:6) *from the start of my casework, you'd always kind of have conversations like, "Ooh there's domestic violence at home" and stuff* (R1:4) <u>Reading about domestic abuse (9^3)</u> *I think it was, it was (.1) it was written down* (E1:12) *it arises s-sometimes because (.1) maybe I've read something, some paperwork to suggest that, maybe the child may have witnessed domestic violence* (N2:61)
Acknowledged	Acknowledging the impact (19^4)	*So I think I'm probably one of the real converted people who really thinks, we should be doing a lot more, you know, acknowledging this an (clears throat), de, de-mystifying it and de, taking the fear out of it (.3)* (E1:177) *I guess my feeling is and I feel this probably more than I ever have done, that it (.1) where it's happened it is very important in a child's development and ability to access (.1) education, social life and all the rest of it and it effects their emotional development.* (N1:6)
	Acknowledging the ongoing impact (6^3)	*it's not as simple as that obviously but, erm, and he will have ongoing problems I'm sure, in his relationships and his (.1) feelings about himself and all that sort of thing* (N1:40) *but I am really passionate about making sure that there is something (.1) that's recorded cos I think it's such an important thing that can over time just be(.1) forgotten about.* (E1:157)
	Acknowledging the prevalence (7^4)	*when you actually work with the family (.1) you, erm realise that act- you know that this does happen to real children and real families* (J1:62) *You know I say domestic violence was rife in [London Borough] but actually maybe domestic violence is rife (.2) in, you know wherever I work now in a different form.* (R1:132) *Like can you imagine? How many families probably and, that we do not know about, that are not involved with statutory services who have kids going off* (E2:217)

Talked about	Shared	Parents Talk (13^3) *it was clear early on, it was very upfront and open, the family were very open that they (.1) were living in quite a lot of fear* (E1:4) *I couldn't assume, what it was that stopped mum saying but (.1) once she had, it made things a lot easier, erm, it was almost like it was more open? Because it was out in the open it was talked about* J1:38) Services Talk (9^3) *there's a domestic abuse support worker and sometimes we'd sort of link up with, them, and speak with them about the family,* (R1:22) *So I suppose what I tend to do, I think- I think it's the right thing to do, is if I know someone, if I'm (.1) sending an email to say a social worker about something, er, where it's appropriate, I'll copy as many people as possible into it who I think are involved and need to know this, erm so that (.1) there's sort of a loop of information being created and very often people will then, all those people will get included and sometimes it's not always necessary but, as long as the the information is appropriate it feels like at least it's sort of (.1) er working that model of us all being responsible…Or taking responsibility... rather than us all trying to do our own bit in (.1) separately and in secret in some way* (N2:189)
	Scripted	Matter of Fact (7^3) *other people were fairly matter of fact about it, you know 'this this happened this time ago and she's been on- social care are involved', you know 'let's just get on with it* (J2:79) *But they were, were quite nonchalant about it?* (E1:90) Talk the Talk (3^1) *those families who talk the talk and are actually really convincing? So actually when I met (.1) with mum, she kind of knows (.2) everything…to say* (R2:78)

		Safety(7^3) *So we talked a lot about the need to feel safe? Erm (.2) and then, once I think, it was the safety theme that (.1) the school really picked up on and actually that started as a kind of (.1) a scaffold really, started to make sense?* (E1:113) *Ah, right, I completely understand now, where he's coming from"…Why he feels so unsafe (.1) you know?* (J1:28)
Theme: DISTURBED (Superordinate theme: Disturbance)		
Subtheme	**Code**	**Segmented Text Extract**
Disturbed cognition and memory	Ruminating(10^4)	*It's amazing how much it's made me think about it, really really interesting.* (R2:228) *So this is erm, and because it's current it's in my head a lot* (E2:19) *I guess when you asked about the impact, on me, I thought about that a bit more (.1) afterwards. Cos I hadn't really twigged, I'd just kind of (.1) moved on.* (J2:3)
	Remembering (30^4)	*Because I actually think that you kind of, I suppose you just park it and you do your work, but you don't realise how much it stays with you?* (R2:2) *several other (.1), you know, families I worked with who I remembered after…you know after I spoke to you. So I think that that's probably more what I took back was that I sort of (.1) thought a lot about it, mulled it over and kept remembering …More, kind of …people from the past , sort of characters in your mind that, sort of come back and (.1) yeah… So that kind of triggered more…more memories* (R2:4) *But it's often, it's the sort of subject that kind of comes round later on and you sort of think about (.1) a day later or 2 days later or something.* (N2:261) *the way this issue is very erm (.3) it kind of, it resonates and stirs things up for us doesn't it?* (N2:7) *there was other ones that I, that I thought about afterwards* (E2:3)

	Uncomprehending	'Wrong' (17^3) *it's really just disturbing... the level of trauma that…(sigh) it's just horrible, it's not a nice topic*. (E2:31) *It was just …So horrific* (J2:71)Crazy / Shocking (10^3) *There was (.1) that, that family that we always used to speak about in [London Borough] you know, the one who put the Samurai sword through the car roof (laughs). Crazy stuff.* (R2:20) *it's just (.1) crazy that these children have been pulled into this, witnessing this* (E2:27)
Disturbed relationships	Broken/strained relationships	Distrust (8^4) *So the school were kind of answering these (.1) questions that were fired at them. Erm, but there was obviously huge issues around people feeling that other people had failed them, so there was no trust in that relationship.* (J2:51) Rejection (12^2) *he sort of punished me at the end, by not saying goodbye, as though he (.1) regretted having engaged, er didn't want to talk to me afterwards* (N2:149)Gender issues (2^2) *being aggressive to his peers, to the staff, mostly female staff, he wasn't doing it to male staff.* (J1:123) Conflict (4^2) *"I absolutely refuse. If you choose to do that in the school that's your professional opinion but I refuse* (E1:141)
	Controlling relationships (13^3)	*he'd (.2) been quite abusive and (.1) tried things out and quite, quite (.1) controlling* (N1:46) *needing to show that he was in charge and he could decide, who came and left* (R1:36)

		other days she just (.1) is not in a place where she can listen to anyone telling her anything, she has to be completely in control. (E2:33)
	Unstable relationships (16^3)	*His mother, he lived, he did live with his father for a while, his mother went on to have another partner who they've had three other children who are younger than he is (.1) and they kind of live together as a unit* (N1:54) *And then it turned out that this girl was suddenly living with the dad. And the mum had moved like, disappeared.* (E1:141)
	Emotive encounters	Chaotic experiences (14^3) *just her, emotional (.1) flood from (.3) erm, attacking to angry to curious to (.1) puzzled to bemused to sad to you know, like the whole (.1) array of emotions that she went through (.1) erm, you know, it, it with me, it was quite…Yeah, it was quite a thing really* (E1:56) Emotive meetings (18^3) *I did go to a meeting recently actually, which was very emotional, both sides and quite uncomfortable for me* (J2:49) *it was like a really emotionally (.1) heightened meeting* (E1:173) Emotive encounters with children (16^4) *the woman says she feels like a battered wife, which is an interesting (.1) term to use… Having spent two hours at the house (.1) yesterday, I could see why* (N1:44) *yeah, some really (.1) even now, and it was 11 years ago, I can still remember it quite clearly and quite clearly remember how I felt* (R2:68)
	Impact on the child: behaviour (34^4)	*But as soon as he'd come in, he'd been running? Erm, he'd been biting, kicking, punching staff, spitting, (.1) screaming… not joining in with anything.* (J1:10)

Disturbed response of the child		*Erm, this child was literally just this ball of fury, running around the school and creating chaos* (J1:111) *He was quite disruptive on the visit and (.1) apparently since has (.1) phoned them up and left an abusive message* (N1:58) *He was, he was really challenging* (R2:40) *his behaviour was all over the place* (E1:108) *this little girl was (.2) quite severe special needs in the sense that (.1) literally, I was clim- I was like, she had like a massive impact on me the first time I worked with her. I came out the room and I wanted to sort of like go, "yeeehhhhh" like that, I was just like, ready to climb the walls. Cos she was like I could not pin her down.* (E1:137)
	Impact on the child: emotions	*this child was in, you know, in a state really.* (J1:28) *the child was visibly, emotionally struggling (.1) to regulate* (J1:123) *he is quite messed up* (N1:58) *they had often social and emotional difficulties and quite complex home lives, and there was obviously some form of domestic violence going on at home, or domestic abuse* (R2:28) *I think the children had witnessed quite a lot of violence as well so the children were a bit all over the shop* (E1:6)

Disturbed emotions	Worry and fear	Worry (4^2) *because mum was worried about them (.1) being found* (E1:6) *And when you're talking about like, the things, like going on parent- kids going off to parents and you think 'Oh my God' (whispered)* (E2:473) *"I need to go home to mum"* **…***"and protect her". "I need to get home to mum." And a couple of kids who (.1) just had kind of an over-whelming urge to do that... to which I would feel sort of very anxious when I was working with them cos obviously I was kind of picking up* (R2:28) Fear (8^3) *his foster carer was quite, who who was very good but to be fair to her was quite jumpy around some of his behaviour* (N2:123) *And, you know, as I say, she was clearly terrified of him* (R1:34) Nervous (5^2) *I probably was a bit uncomfortable (.1) knowing what had been happening at home…and knowing (.1) that I'm probably going to have a difficult conversation with them* (J2:147)
	Uncertainty	Feeling confused (10^3) *'God is this some kind of trauma based thing?' because I couldn't really work it out. Or is this a learning thing or is it a bit of both?* (E1:141) *Or maybe that would be alright too, I don't know. I don't know* (E2:337) *And maybe that was something about herself getting older, I don't know (sigh)* (N2:105) *Whether I feel I would have the professional skills to do anything beyond that if a, if a woman, came to me or or whatever, I don't know. I don't know whether I would know (.2) what to say or what to do.* (R1:116)

		Feeling uncertain (29[4]) *I don't quite know what I'm going to do with that one yet* (N2:171) *often it feels like a lot of it is uncertain doesn't it?* (J2:53) Self-doubt (6[3]) *I don't know if I'm making sense now* (R2:2)
	Anger and frustration	Anger (6[3]) *there was a lot of anger over what had happened* (J2:51) *because the expectation was that you do something, it just seemed to bring about so much, erm, sort of anger from his father* (R1:80) *but she felt like, she felt this overwhelming sense of anger (subdued tone). And like, he just seemed to really irritate her, really really wind her up.* (E1:62) Frustration (11[2]) *yeah there is that frustration with just, you know, just get out, just sort it out* (J1:167) *I can see he was really frustrated.* (R1:88)
	Unprocessed emotions (5[2])	*we all left kind of, shaken* (R1:36) *So yeah I I I was left with … Feeling a bit unsettled about what, quite a lot unsettled about that one, I think that (.1) that really got me* (J2:77)
Disturbed practice	Difficult work (15[4])	*but yeah it's it's (.1) certainly an uphill struggle.* (N2:101) *but he was hard and mum was hard, really hard.* (R2:72) *It was very tough* (E1:40)

	Unusual situation (7^3)	*unable to (.1) erm, use all the, the usual strategies* (N1:104) *I'm sure the child was there while we were having that conversation, which would have been unusual* (R1:86) *So then last term we did a plan- and the transition plan that the school did with the specialist teacher team was en- I've never seen anything like it in your life.* (E2:43)
	Urgency/crisis (6^2)	*Okay, so I worked with, a school who, called me in urgently* (J1:8) *the (.1) social worker's frantically scrabbling round to find some (.1) accommodation for him.* (N1:58)
Theme: DETACHED (Superordinate theme: Disturbance)		
Subtheme	**Code**	**Segmented Text Extract**
Limited recall	Difficult to recall specifics (23^4)	*It's quite hard to think of specific examples isn't it? Cos there's so many, they all become a blur* (J2:13) *So I mean the specifics of working with particular young people are a bit, lost in the mist.* (N1:10) *I've got two families that I keep muddling up in my head.* (E1:106) *And she couldn't remember like "they were 2 or 3"? It was that vague* (R2:84)
	Lots of similarities (10^3)	*I'm not sure I can because they kind of feel quite similar but the kind of the experiences feel, it's some sort of generic experience* (N1:14) *I'd thought about several kids I'd worked with where that was kind of, the narrative* (R2:38) *he was kind of like the dad I met on the first home visit* (R1:14)
Detached emotions(13^4)	Detached Emotions	*this other child was struggling, really struggling to manage (.2) but I think the parent was a bit more detached from that* (J1:113)

		It was that vague (.1). It was really weird. (R2:84) *I felt a bit detached from it* (N2:249) *it's that kind of cognitive dissonance. Is that the right term?...Like when it's so awful you just have to like (.1) pretend it's not happening* (E2:249)
Detached practice	Indirect Encounters (16^3)	*it's been very light touch work as I say because they-, first because they've got a lot of people involved already* (J1:157) *I guess from (.2) from the start of my casework, you'd always kind of have conversations like, "Ooh there's domestic violence at home" and stuff but it was always sort of quite removed* (R1:4) *I guess my experience of it is, as I say, always at a bit of a distance and always as an observer rather than, and less directly (.1) hands on and any, with any continuity with some of these (.1) families.* (N1:22)
	Removed practice	Stay in the present (6^3) *my role was around supporting the child in the now* (J1:141) *you've got to deal with the person you've got in front of you* (N2:231) *I don't want to think about when she's 14, like I just, she's 7, like I just (laughs) I just want to think about her when she's 8* (E1:169) Home issues separated from educational (8^2) *I think we like to think we work systemically and probably when we see children in schools we try and think about the system of the school? But I think we have a real tendency to (.1) disregard (.1) the main influence on children which is their family environment. I think that's a real problem for us.* (R1:112) *parents I think have been a bit more like, "Oh, is that, is that something I should think about then?".* (E1:16)

		Park it/separate from work (1) *Because I actually think that you kind of, I suppose you just park it and you do your work* (R2:2)
Detached reasoning	Parent theories (4^2)	*but I do understand the psychology of it but, generally it's probably much more shameful for her to admit that than it is for someone to say 'I had this terrible ex person that I …got rid of in my life and this is what happened', maybe a bit more factually.* (E2:167)
	Perpetrator theories (3^2)	*was just so powerless (.1). And I guess that's what made me think about it, how complex it is like, he's never had a job. He did (.1) really badly at school. He's got, you know, we were the, we were the kind of, rich peop-, rich professional, articulate people with the power in that situation and so the only way he could exert that power, was within the domestic sphere.* (R1:40)
	Influence of family environment (17^4)	*But when they've got all this other stuff going on at home…you can only do so much in school can't you?* (J2:93) *And the thing is, it's sort of, it's (.3) it's all part of the package isn't it? I mean, it's all part of an emotional climate at home, whether there is or isn't domestic violence, if there's a propensity for it, erm there's something not right between, er, parents, and that impacts on children.* (N1:100)
	Children theories (7^3)	*I guess my feeling is and I feel this probably more than I ever have done, that it (.1) where it's happened it is very important in a child's development and ability to access (.1) education, social life and all the rest of it and it effects their emotional development.* (N1:6) *Part of that with school was (.1) threatening because of attachment issues, and part of that was cos he had to be with his mum* (R2:60)
Indirect Encounters	Understanding the context (10^2)	*so I I sort of feel he's got identity issues, to do with (.1) his father's heritage, to do with the fact that he was a secret to his father's family for a long time (.2). Erm, I feel he's got rejection issues because of the fact that his mother went away and had three other children who, on the face of it, as far as I'm aware, are, well they're able to live with their mother which is (.1) one thing he isn't able to do. His father (.2) is worried about (.1) him being near (.2) other children he's got now* (N1:56)

		There was something about her own family, but I actually, I think, I think she'd been adopted but then her adoptive parents hadn't been very kind to her either. They'd been really (.2) really really strict, I think quite abu-, physically abusive themselves (.2) so I think she had so many of her own (.2) wobbles I think growing up (.1) you know, I think then becoming an adult and then being pregnant and having children, and then (.1) being in relationships where she's she's very controlled (E1:28)
Theme: IMPOSSIBLE (Superordinate theme: Possibility)		
Subtheme	**Code**	**Segmented Text Extract**
Constraints	Constraints of systems and services.	<u>System lets you down (4[3])</u> *I guess it's more (.2) I suppose I just really want to feel confident the system worked…maybe that's it. I don't know that I (.1) want to upskill professionally necessarily, like I want to be able to be better at working… with kids who experience domestic abuse, I want to gain professional skills particularly. I I think it's that I want to know (.1) that I worked in a system that didn't make those kids vulnerable…in the way they do* (R2:218) *But then there's that (.1) frustration related to that about, you know, who do you refer to? H-how-what's their capacity, to support, you know, does he meet criteria, this that (laughs) d'you know? It's so frustrating* (J1:145) <u>Limited capacity time (22[4])</u> *The problem is that the, the agencies that might er, get involved, are either overrun or not (.1) accessible* (N1:94) *with time the way it is, and workload and everything else, there's just no- it's just not something I can (.1) do* (J2:105) *And at the moment, to be honest, there's not the resources to do anything about it is there? There's not, what do, what would I do about that?* (R1:114)

		there's lots of things we would like to do, but if I had a space in my head, in my time in my diary, to actually <u>think</u> a bit more productively about these things (E2:465) <u>Limited team working (9[4])</u> *I don't think we have enough opportunity for joint working and, you know, meeting up with other Services erm (.1) currently* (J2:109) *we're actually quite isolated professionals (.2). That we kind of (.1) erm (.2) saying we don't work with other people in the way we should sounds really trite* (R1:112) <u>Legal process barriers (4[2])</u> *I mean in both cases, with the boy and with her the the kind of (.1) the process, the bureaucratic and statutory process of finding something suitable has dragged on for for quite a long time* (N2:171) *because of the court system being as, I've had to sit back 4 months knowing that she's in that place* (E1:153)
	Family constraints	<u>Don't want the support (5[3])</u> *you're trying to help them, and everyone else knows that everyone's trying to help them but they don't want that* (J2:129) *cos any help that's offered he doesn't want it* (N1:58) *she would say "I don't want that, I don't want that"* (E1:42) <u>Sabotage (6[1])</u> *here was a possibility of a residential placement in Wales which he went to and, erm, sort of sabotaged really* (N1:58) <u>Difficulty setting up visits (4[2])</u>

		So I arranged for him to come here, he didn't come (R2:150) *I wanted to go back today but he's (.1) saying goodbye and packing* (N1:62) Complex families (3^2) *that family situation's just so entrenched.* (R2:94) *I met you a few years ago, so obviously that went well (laughs). You know and you just think with these complex families* (E2:109)
	Cultural constraints	Culturally accepted (2^1) *So it was just (.2) it was so culturally accepted (.3) that it wasn't an iss- you know, and actually I worked there for so long I (surprised tone) got into that as well a little bit really.* (E1:90) Not talked about (3^1) *I think that people are just a bit more… Keep themselves to themselves* (E1:16) Masculine culture (3^1) *so much of that culture is about, being a man, you know like, I remember seeing a – (.2). I was in the nursery one day and we were showing a family around and, like we said, "And this is the home corner", and you know, the father saying, "If I fucking see you in there, I'll have your lights out". Because as a 3 year old, you don't play in the home corner, you're a boy.* (R1:66)
	Limits of EP role	Isolated as professionals (3^3) *because I think as an EP you're often quite isolated really in terms of (.1) seeing your colleagues. You might not see them that often* (J2:163) *we're actually quite isolated professionals* (R1:112) School based (5^1)

		But when they've got all this other stuff going on at home…you can only do so much in school can't you? (J2:93) Indirect (4^2) *the problem we've got in our, in the way we encounter it or not in the work that we do is it's always a bit indirect, we're not the agency that responds to that, we're not the agency that anybody reports that to, we're not the agency that deals with the aftermath of it* (N2:245) *obviously there's consultation work and training and things like that, but again it's only (.1) what people take from that isn't it? And it's only what people (.1) will accept so you can offer training…but (.1) then they don't want it or they don't- it's not, you know, something they buy into. A bit limited really.* (J2:105) Statutory demands (4^1) *And it doesn't always feel as though we get that chance while we're writing (.1) EHC plans all the time.* (N2:93) Professionals skills (2^2) *but then, do we know that? Do we have those techniques at our fingertips? Probably not, through our training? Not unless you choose to go and develop them yourself? (.2) I don't think you can expect every EP to (.1) think into that level of emotional…detail about keeping people safe?* (E2:357) *Whether I feel I would have the professional skills to do anything beyond that if a, if a woman, came to me or or whatever, I don't know* (R1:116) Hit and run (5^2) *We're a bit hit and run aren't we? We go in and do a piece of work, come out and do the next piece of work* (N1:24)

		And sometimes it's not safe for people to (.1) go there…when you're not a therapist and you're not going to see them every week for the next year and be able to help work them through that. (E2:351) <u>Not therapists (4^2)</u> *we never see children that, you know we don't see children for any therapeutic work do we?* (R2:208) *So I don't, I don't think it's our job to go and (.2) delve and, and erm (.2) be therapists about it, really* (E1:127)
Helpless	EP feeling of helplessness (13^4)	*I think personally I struggled a bit with not being able to, there there's that helpless feeling isn't there? Of actually, can't do anything about that* (J1:141) *So yeah I frequently feel out of my depth with all of this stuff* (N1:98) *I think I worked with her for about 20 minutes on one time and 15 minutes on another. And I was just, "I've had it, I can't do anything".* (E1:141)
	Parent feeling helpless (3^2)	*I've had to sit back 4 months knowing that she's in that place where God knows what's going on and I can't do anything about that* (E1:153)
	School helpless (9^3)	*It was one of my patch schools who, phoned me up second week in saying (.1) "help" (laughs)* (J1:8) *And erm 2 schools, 3 schools in consecutively saying they couldn't manage her.* (N2:171) *So they were really open to supporting her but they just couldn't, couldn't contain her.* (E1:48)
	Professionals feeling helpless (5^4)	*nothing stops it, cos they're still together. And it doesn't seem like there's an awful lot that anyone can do about it* (E2: 27)
Hopeless	No hope (3^2)	*He's got kind of, he's kind of in that classic position as a family where however much they're helped (.1) there's very little sign of (.1) very little sign of (.1) change.* (R2:78)

		at the end of the day he's (.1) a damaged individual who's probably going to be a big cost to society in different ways (N1:98)
	Sad (4^1)	*how's that ever going to change?* **…***for that little boy?***…***Yeah it's really sad. (.2)* (R2:96)
	Depressing (4^1)	*Quite depressing. Sorry.* (E2:95)
	Pessimistic (1)	*It all sounds a bit bleak and pessimistic* (N1:16)
No answers	No easy answers/quick fixes (12^4)	*it's not as simple as that obviously but, erm, and he will have ongoing problems I'm sure* (N1:40) *that it's not going to be a magic cure (.1) that it's not even going to give them that…So it's not, "Ooh, let's talk about this because it's going to make everything alright". Because actually it's not that either though is it?* (E1:127) *You know, how are you ever gonna (.2) do anything about that? Because I mean she was never going to leave. It's not what you do in [London Borough]* (R1:58)
	Impossible situation (14^4)	*our hands are tied we can't, we can't make anything happen here* (J1:177) *So there's a sort of, we're on this (.1) cusp now. It's Thursday today, Monday is the deadline when his foster carers have said they want him out and there's nowhere for him to go. So it's, it's quite a mess really* (N1:58) *And it was - (.1) I guess there's that sense in which (.1) you know you can do a lot of -, at school level I suppose, although like there isn't really any specialist therapeutic stuff happening at the moment cos everyone keeps (…) and there's nowhere you can (.1) send them for any more (laughs)…Erm, so you can do little bits at school (.1) but (.1) they'll still go home, to it.* (R2:86) *nothing stops it, cos they're still together.* (E2:27)
	No solutions (4^2)	*that happened. I can't help that, you know, I can't help with that.* (J1:141) *So it's just an awful topic. And I think maybe because it's so awful, and there's no solutions to it, you have to accept that it goes on* (E2:249)

No impact	Inconsistent/unknown outcomes	Good days and bad days (4^2) *Initially he was sort of (.1) he did try to (.2) respond to some things I said but then he became a bit abusive* (N1:68) *she's she's hanging on and she has some good days and- but then she has some really bad days* (E2:61) Little sign of change (1^1) *as a family where however much they're helped (.1) there's very little sign of (.1) very little sign of (.1) change.* (R2:78) Don't know impact (5^1) *we're not entirely clear how that's working yet* (E2:55)
	Nothing happened (5^1)	*Well yeah just…nothing happened.* (R2:172)
	Things get worse (3^3)	*I've gone in year 6 to do erm an assessment and they've gone 'oh yeah, that's brilliant' you know 'we're managing it really well, put all that in place, it's working really well' you know 'yes he's got his difficulties but we're managing it' and off they go to secondary school and then they're out within the first half term.* (J2:91) *oh, I met you a few years ago, so obviously that went well* (E2:109)
Theme: POSSIBLE (Superordinate theme: Possibility)		
Subtheme	**Code**	**Segmented Text Extract**
Do everything	Try your best (8^4)	*the other people who've got to deal with those (.1) families and young people are left to (.1) do it as best they can* (N1:24) EP trying their best (3^1)

		And I did, I really tried to make an alternative, it was like a wild goose chase. I had to phone (.1) (laughs) I had to phone somebody's some some guy's phone, who then took the phone to the mum and then I spoke to the mum. Then I had to phone them again, like that he was in Ireland (laughs) he was somewhere else so he couldn't take the – you know, like I've kind of really tried…to get something set up, sent the letter, let's go to [office], this is where we can meet. (R2:170) School trying their best (2^1) *So the junior school are trying their best* (E2:59) Need to go out of your way (4^3) *I guess you have to go out of your way to ask don't you I suppose if you want to find out (said quietly)?* (E2:123)
	Lots of Services involved (7^4)	*they've got a lot of people involved already* (J1:157) *there's quite a lot of pre-existing reports. There's an EP report from earlier this year, Great Ormond Street did an in-depth psychological and psychiatric assessment last year, specialist teacher advice, there's school's advice, social worker's advice*(J2:29) *The Social Worker was involved and the (.2), the [multidisciplinary] team and the Youth Service were, there's quite a lot of services involved. Erm, and the school, and erm, the Women's Refuge as well were, kind of supporting the children* (E1:6)
Find out what works	Theories about what works (25^2)	*I'd love to run some (.1) like parent support workshops or something dyou know some things that could directly impact* (J2:109) *what works for them is not something I've sort of delved into a lot. But I suspect a lot of it is about (.1) promoting skills to help them socialise and deal with their own emotional regulation, have friends and all those (.1) normal stuff that kids (.1) man* (N1:12) *And quite what you do about that I don't know (.2) apart from trying to find someone who's willing to (.1) be nurturingy kids don't find as difficult as they do.* (N1:72)

		<u>Need time to make a difference (6^3)</u> *I'd probably want to go in (.1) for a significant period of time* (J2:103) *so I've got that that time to do that with. So that's quite good* (E2:71) <u>Importance of relationships & nurture (6^2)</u> *they put a fantastic learning support assistant in, for him. Erm, who was brilliant and was almost naturally, doing all of the things that we would recommend around, all the attachment style support.* (J1:34) *A decent relationship with a grandparent or even a teacher at school can make a difference.* (N1:102)

Evidence of impact	Positive outcomes	Perspective change (12[2]) *altering maybe the perspectives (.1) around the situation, you know, 'we've got this child who's really naughty (.1) and we can't cope with him' to 'we've got this child who's incredibly (.1) emotionally damaged (.1) how can we support him?'. It was that, almost that shift…in thinking. Erm, so I suppose that was (.1) what I was trying to make happen. Erm, and I think it did happen in both cases* (J1:153) *And so they've had to really really rethink you know their approach to her, and to their whole entire school in a way.* (E2:37) Sudden change (4[1]) *So he was transformed from this pariah into this (.1) perfectly normal boy, overnight* (N2:145) Parent engaged with support (5[1]) *she really wanted me to do a lot of work with her child* (E1:18) *Really wanting the best for her daughter, erm, really supportive. Really on, really listening to the SENCo, asked for advice, asking questions. She was really erm (.1) involved.* (E1:141) Doing well in school (6[2]) *He was working towards a full time timetable, there was lots of strategies and better communication between home and school* (J1:36) *so far, that's all going well and he's accessing education* (N2:125) Better communication (3[2]) *The communication was better.* (J1:141) *you got that impression from the school that she was (.4) listening and talking with them a bit more and like she was a bit les guarded I think.* (E1:86)

	Positive evaluations	<u>Positive evaluation of the school (19[3])</u> *they put a fantastic learning support assistant in, for him. Erm, who was brilliant and was almost naturally, doing all of the things that we would recommend around, all the attachment style* (J1:34) *school have had quite a bit of experience with families who have been in that situation, so they were very good at supporting the family* (J1:28) *And the school are, erm, a good school emotionally so they were quite (.1), they didn't need a lot of help with making links*(E1:113) *the new staff who came in who were, didn't know anybody in the school, they were just drafted in on a temporary basis… Er, think the boy is lovely, and included him* (N2:143) <u>Positive interaction with parent (6[2])</u> *So although I felt pleased that we'd got that good feedback from her that she was having a look at them and she wanted to take them home and wanted to (.1) own them. Erm yeah it was good. It was nice feedback to know that* (E1:86) <u>Positive interaction with child (7[3])</u> *actually he was, you know (.1) so meek and mild with me and he kind of came out of it, "Oh miss I wish you worked at this school. I can really talk to you about stuff"* (J2:149) *He'd been absolutely fine for about half an hour and then engaged with stuff and as I say, appeared to be enjoying it.* (N1:70) *Although apparently it's good that he spoke to me at all …cos the Psychiatrist had taken months for him to say anything to him* (R2:62)

Do what you can	Focus on what we can do (5^3)	*We've gotta focus on what we can do haven't we. We can't, you can't sit around, you can't disable yourself to the point where you're just 'oh this is so awful and depressing'. So you have got to look at what you can do* (E2: 265) *And in a sense it (.1) you've either got to (.2) just focus on what, what you've been asked to do* (N1:92)
	Focus on education (7^3)	*school have been very aware, they've got lots ticking on and what they've wanted me to do is to help them <u>in</u> school on this situation* (J1:161) *I guess there's that sense in which (.1) you know you can do a lot of -, at school level I suppose* (R2:86)
Define a role	EP role	<u>Making sense of behaviour (24^4)</u> *it's really important to just share that information, to get that school staff understanding why it is that she behaves in that way?* (E2:177) *as an EP, I think it helps you look at something slightly differently maybe?* (J1:131) *It feels like some of our role is trying to put some, and it's not just our role, it's other people's as well, trying to put some er (.1) flesh on the bones of people's impressions of (.1) how a child functions* (N2:105) *And I suppose it's all about, you know from my point of view trying to rationalise that isn't it. Trying to make sense of that in a, sort of intellectual way, because that's what we do because we're psychologists* (R1:42) <u>Making sense of information (10^3)</u> *my job currently is to sort of weave that into something statutory assessment service can use and that's relevant for the girl.* (N2:29) *so trying to just (.2) keep those threads and keep a, kind of a sense of what was going on,* (E1:56)

		Supporting staff (7^2) *Theoretically at least you're working with other professionals and promoting the idea of attachment (.1) with them* (N2:91) *better to support the staff to support him* (E1:18) *And then, my job is to like (.1) give a bit of supervision really to those members of staff* (E2:53) Supporting children in the now (2^1) *my role was around supporting the child in the now* (J1:141) Providing containment (6^1) *but I was just kind of like (.1) you know (.1) contained her I guess, and listened* (E1:28) Building strength (9^2) *We do need to look for the positives and for the strengths cos that's the beginning of where to start successful work* (N2:219) *I suppose you could ask them before you start talking about those things, what resources do you have? If you talk about anything today that upsets you, who would you talk to? You know, so I suppose you could capacity build that* (E2:353) Working with families (2^2) *I'd love to run some (.1) like parent support workshops or something dyou know some things that could directly impact- or go into the home and do some work on (.2) you know sort of like over a period of so many weeks on the you know (.1) er a bit like the VIG stuff or observations in the home and er giving, not advice but working with the parents to try and (.1) find a way forward* (J2:109) Giving space and time (7^3)

		And so having some time and space to (.1) unpick it (E1:66) *after a while he became a bit more comfortable* (N1:68) <u>Highlighting seriousness of domestic abuse (2^1)</u> *the other thing I think is a really big thing is (.2) our role in ensuring how serious these schools take it?* (E1:90) <u>Sharing information (4^2)</u> *But when I went to the school, back to the SENCo to say you know, "This is the discussion we've had, I think we really need to get together and talk about this."* (J1:95) *So I'd said, I spoke to mum a bit about that and she said it's okay to tell the school. So I told the school about it* (E1:111) <u>Advising on strategies and provision (3^2)</u> *we can put them in there…advice about nurture and (.1) developing a (.1) a young person's feeling of safety and ability to interact with others etc. if that's part of their erm plan, that's got to be provisioned somehow…and if that changes an emphasis on erm, how young people are, w- what provision they are given through schools and other settings that may be (.1) some way forward.* (N2:93) *Just do something that she's engaged. And get that trust and get her talking and doing something. But just start, expect nothing. And then build up from there."* (E1:141) <u>Helping to communicate domestic abuse (5^3)</u> *So my role. So in the first one, I was more of a facilitator?* **…***And it was about (.1) just allowing that conversation to happen* (J1:137)

		he said "Can you help me word something?" So I was like "errr, okay". So we spent about half hour, trying to write a paragraph (E1:149) <u>Training (4^3)</u> *obviously there's consultation work and training and things like that* (J2:105) *Having a, sort of a common training that schools can access…common ideas, common resources, common language so that people are all singing, sort of singing from the same hymn sheet and understanding things in a similar way.* (N2:99) *I've done (.1) a couple of bits of training in schools and a project as well around the (.1) like the impact of domestic violence on children's development. I think that's a massive thing about like what EPs bring to (.2) the table really* (E1:90) <u>Raising awareness about domestic abuse (9^2)</u> *I guess what we can do sometimes is (.1) erm (.1) maybe raise a bit of awareness amongst (.1) schools that we work in* (N1:94) *I guess for me I need to go in armed a bit more with some domestic violence (.1) maybe information…for the staff to say (.1) just kind of picture what she's living and then think about how that might make her feel* (E2:63)
	Getting others involved (13^4)	*it's about appropriate referrals I guess* (J1:145) *And obviously we, contacted the Police and Social Care were already involved* (R1:46) *it might allow him to access some support from agencies (*N1:54) *Then I started being a bit more, like, provocative to schools and saying, "So you know, have you thought about any (things), social care involved?"* (E1:90)
Theme: INTELLECTUAL LEARNING (Superordinate theme: Learning)		

Subtheme	Code	Segmented Text Extract
Information acquisition	Reference to research (7^3)	*we know, from research that…the child doesn't need to remember things in a, in a sort of coherent way …to just be aware of it* (N2:35) *Because (.2) what do they say? That children kind of disclose violence like 7 times before anybody takes any…takes any notice* (R1:124) *you know from research that (.1) the children say, "we couldn't see anything but we could hear voices, things being smashed, people screaming, crying" (.2) and actually, we know as psychologists that (.1) when you hear scary things, what you (.1) visualise and what you fantasise (.1) can actually be a lot more (.1) for them (.1) if they had been in the room and actually seen the exchange* (E1:100)

	Broader definitions of domestic abuse	<u>General (7^2)</u> *You know, maybe it's (.2) maybe it's the different ways that perhaps (.1) and I'm saying men because obviously I am being an old school feminist and I'm being stereotypical to different ways in which men exert power isn't it? So if you're working class you do it through a (.1) backhand, and if you're middle class you do it through (.2) what you can say.* (R1:132) *unpicking the word d-, the phrase domestic violence leads you in all sorts of different directions cos there's this sort of the, the popular,* not popular, but this sort of the common image of it *(.1) being about a man hitting a- a woman, and the woman going to a women's refuge and and all the kind of fall out and support and everything else that goes with that* (N2:17) <u>Children with disabilities (2^1)</u> *maybe how much more common it is for children with disabilities as well? You know, how that kind of, seems to be something of a, a risk factor* (R1:8) <u>Other factors (9^2)</u> *it kind of gets subsumed in, as part of a bigger picture of stuff anyway. Erm (.2) it may or may not have been a (.2) an act that led to any legal action or led to any significant action being taken or someone moving on or moving out or changing the status of the relationship. If it's happening regularly, it's likely to be part of something else as well.* (N2:47) *these children have been pulled into this, witnessing this…not even just the abuse but everything else that comes with it* (E2:27) <u>Assumptions about who is the abuser (7^3)</u> *it's really tempting to see domestic violence in terms of dad hitting their kids* (R1:128) *of course it can happen the other way can't it? Men can be hit by their…female partners,* (N2:19)

	Additional training (8^2)	*because I've done a bit of kind of training around family therapy, I think on a kind of (.1) academic level I sort of get it?* (R2:104) *I've done so mu-, I've done a lot of work (.1) around it in terms of thinking about training and going on training and attending conferences and things to (.1) really really get get to grips with the issues* (E1:177) *In fact he was at, he opened a domestic violence conference I went to in [county]* (E2:451)
Preparedness	Initial training insufficient (5^3)	*So I think actually throughout the training we're, you're kind of made aware of it but I don't think it (.2) necessarily really prepares you for coming in- into contact with people who have really experienced it.* (J1:75) *I think professionally, like as EPs, we've never had any training on it. Or (.1) talk about it.* (E2:267) *I just don't think we're very good at it (.2). I don't think we understand enough about it. I don't think our training's helped us to understand enough about it.* (R1:114)
	Need to know the services available (3^3)	*Service-wise I actually think that's an area of development for me, knowing what's out there and who can do what and (.1) you know, making some connections* (J2:109) *So again that that sense of that level of EPs being involved (.2) knowing those sorts of things are around, like knowing what systems there are? Knowing there's these people? And then helping schools to navigate that system, to say, "Well do you know, so this family have got some (idea) history. Do you know what's going on there? You could contact that key person"* (E1:92)
	What we need to know (3^2)	*kind of like myths I guess (.1) about domestic violence and development that I think we need to be really clear on ourselves* (E1:102)
	Professionals unskilled (4^3)	*Whether I feel I would have the professional skills to do anything beyond that if a, if a woman, came to me or or whatever, I don't know* (R1:116)
Theme: EXPERIENTIAL LEARNING (Superordinate theme: Learning)		

Subtheme	Code	Segmented Text Extract
Encounters	Frequent encounters (4^3)	*over the years, I think I've come across it quite a lot really* (E1:4) *I guess from (.2) from the start of my casework, you'd always kind of have conversations like, "Ooh there's domestic violence at home" and stuff but it was always sort of quite removed and, sort of thinking about it, I guess it was when I was in [London Borough] where (.1) I mean if I'm honest, it's rife* (R1:4) *It crops up erm (.2) I can't, I wouldn't, I'd hesitate to put a figure on how often* (N1:6)
	Direct contact	Direct contact (6^2) *I think this was probably my first, which is why it sticks in my mind…my first real direct contact, erm (.2) with a victim of domestic abuse.* (J1:69) *when I sort of had very direct experience in their home as part of kind of…A home visit* (R1:10) Disclosure of domestic abuse (7^2) *she said that his father, who was living with them at the time but is no longer there now, was abusive verbally to him and physically to her and he would al- constantly tell him to shut up.* (J1:93) *"Oh you know" then she'd disclosed about, you know, what he was actually, it it was quite a, quite a erm (.1) violent relationship, was quite a (.1) hot headed relationship.* (E1:106)
Imprint	Impact of seeing something face to face (11^2)	*you hear about it but it's kind of like an unreal … thing but then when you actually work with the family (.1) you, erm realise that act- you know that this does happen to real children and real families.* (J1:60) *I think that was kind of (.3) that really made me, well made me think and, kind of really changed how I thought about it I guess* (R1:12)

	Suspicion (12^3)	*It wouldn't surprise me, to find out that (.2) there may have been some (.1) abuse that he's witnessed, or violence that he's been party to (.1) in the past.* (N1:46) *And you could just tell by the child's behaviour, that that was happening* (R2:86) *But that sentence said to me 'ooh, there's trauma there* (E2:293)
Growth	Experience makes you better (6^2)	*I wouldn't say it's left a forever imprint on me or anything…but it's something I'm definitely more aware of now in terms of it may be something that's going on that hasn't been picked up? Or hasn't been explored.* (J1:125) *But then I suppose that's what makes you better, the more years you do your job…you build on that, that experience.* (R2:230) *it's not just about your (.1) professional experience, it's way more about your personal experience than you as a professional …and what you bring to it emotionally.* (R2:248)
	EP perspective changed (7^3)	*They can't see that and they'll swear at you and tell you where to go and (.1) so that, yeah that was a bit of an eye opener for me I think. Erm (.3) as well a-about taking feelings on. Learning not to take that personally* (J2:129) *And I'm starting to sweat, and I'm starting to go '(panicked in-out breathing)…Oh my God (laughs), this realisation* (E2:510)

Appendix 12: What EPs talk about when asked to recall domestic abuse encounters

Emily

Case Study[1]	Details of experience	Response
1.1	Family worked with as part of multi-disciplinary team: escaped a violent relationship. Children had witnessed the violence and presented with emotional needs and some special needs. The family were living in a lot of fear. The school made the referral.	Worked with the family as part of a team.
1.2	A school mum wanted Emily to work with her Reception aged child in school. The parent had been abused as a child and got into abusive relationships. The pupil was at risk of exclusion and the mum was requesting assessments for ADHD and autism.	Met with the mum a few times and talked about her response to her son: came up with some scripts together which were reinforced through notes. Supported the staff to support the pupil.
1.3	Attended safeguarding training and found out that 'any domestic violence should be an automatic consideration for referral to social care'.	Became more proactive with schools raising the profile of domestic abuse and the safeguarding element.
1.4	Referral for a boy included no reference to domestic abuse but this was raised by the parent in the first meeting. The children were still in contact with the father. The boy was seen again in the Juniors for an Appendix D.	The pupil was seen once in the infants and again in the Juniors for a statutory assessment. In conversation with the parent, Emily made the link between domestic abuse and the children's behaviour; asking about the risk of still being in contact with the father. For the statutory assessment, she met with the parent a second time, worked with the pupil and spoke with the school. She shared information about domestic abuse with the school. Used the theme of 'keeping safe' to plan support.
1.5	Statutory assessment for Education, Health and Care Plan (EHCP). Girl with 'severe special	Emily worked with the girl and met the mum as part of statutory assessment. She recommended

[1] The numbers refer to the interview and order of case study presented e.g. 1.1 = interview 1, case study 1

	needs' who was really hard to work with ('a whirlwind'). Midway through the statutory assessment, the mother left the family and then returned to take the girl away to another county. It took the dad 3-4 months to get full custody through the courts. Information about domestic abuse was disclosed in a meeting with Emily: The mum had previously left the dad and been in a violent relationship for 2 years then returned to the dad. During the meeting to discuss the plan, no reference was made to domestic abuse.	play at earlier developmental stages which the 'dad went absolutely mental' about. Emily met with the dad after the mum had disappeared: he disclosed information about domestic abuse. Emily supported the father to come up with wording about domestic abuse to be included in the EHCP.
2.1	New case since last interview: girl transferred from infant to junior school. 'Pickled history': been in another country with her mum, missed a year of schooling and no Early Years provision. A statutory assessment was completed during infants. The Junior school were struggling to manage her behaviour: 'very controlling', 'a lot of attachment kind of difficulties', couldn't complete a task. When the girl was little, her mum was stabbed by her dad that they're still living with. She was one of the people who got a cloth and stemmed the blood flow. The abuse is still continuing. The girl protects her younger brother by taking him upstairs when parents are rowing. 5 professionals already involved.	3 days allocated to support the transition for this pupil. Emily was involved in the information sharing with other professionals about the home situation. She provided advice about how to respond to the girl: child led support building on what worked in the infant school. She worked with other professionals to develop a transition plan. She provided the junior team with attachment training. She attempted to make contact with the mother but only managed this briefly by phone.
2.2	Worked with one family in an area. The family then moved to London and then to another place by the sea.	Done a bit of work but didn't hear about the family for a while then found out they'd moved away.
2.3	Quality assuring a report by another EP which mentioned an incident led to a father being in	Engaged in discussion with the EP about how much to include in reports.

	custody. There was no mention of domestic abuse or trauma.	
2.4	Retelling a case study shared in a conference about teenage violence: 17 year old girl going out with a 21 year old. High level of violence and entrapment. She had been caught stealing with his family. He had attacked her so badly he thought he might have killed her. He was present for all probation meetings. He went to prison and the youth probation team did a lot of work with the girl and got her moved. The boy then returned from prison and the girl has moved with him out of the county.	Raised awareness about teen violence.
2.5	Hearing about domestic abuse during a conference	Makes the connection with domestic abuse behaviours and a previous relationship.

Rebecca

Case Study[2]	Details of experience	Response
1.1	London Borough: White British East End family - joint home visit with the nursery teacher and preschool worker to see the parent and child (wheelchair user) as part of preschool assessment. Mother was 9 months pregnant – she opened the door with bruises on her. Rebecca was 8 months pregnant at the time. The dad came in and asked why people were there and told them to get out of his house.	Referred concerns on: contacted the Police and Social Care. Did a follow up transition visit in school but the father didn't attend.
1.2	Private practice assessment with parents and child: wealthy Italian banker and Spanish wife. Verbally abusive to his wife and child during an assessment meeting: saying what a disappointment his	'I kind of just took it. I didn't challenge it particularly.' One off assessment, no further contact with the family.

[2] The numbers refer to the interview and order of case study presented e.g. 1.1 = interview 1, case study 1

	child was – lazy, useless and how his wife wasn't doing enough.	
1.3	First LA placement: school with children from the traveller community made a referral for a child where there was domestic abuse going on.	Aware of the information, 'I saw the child and I did my work, I'm not sure I really (.1) did much more than that (.2)'…'I would have met with the parent. It's not anything I would have raised'.
2.1	London family: 'the one who put the Samurai sword through the car roof'	'we always used to speak about' it. Given as an example of 'things you go back to when other things happen'.
2.2	Pupil Rebecca worked with in the first month of qualifying: challenging behaviour and domestic abuse going on. He'd escaped a lot from school and had stopped going. He wouldn't go anywhere without his mum other than the local CAMHS service. The family had moved around a lot. Social care were also involved.	Statutory assessment at the local CAMHS office: met with mum and the boy. Both were described as difficult to like and work with. Rebecca talked with the pupil about school. He physically built a barricade between him and Rebecca out of tables and chairs. He spoke to Rebecca during the assessment.
2.3	EHC assessment: history of domestic abuse – the family had moved from another LA. The mother openly shared information about how the children ended up in care as a result of physical abuse but were now back with her. Mum has a new partner. Mum said her son doesn't like leaving her but the support worker at school shared how the boy dreaded the weekends, saying 'I don't want it to be Saturday tomorrow'.	Statutory assessment
2.4	Arranging an assessment for a child from a traveller family who was out of school (request by the statutory assessment service). The child was invited to the office for an assessment as the home environment was not assessed as safe.	Attempts were made to set up alternatives to a home visit – contacting the mum via another person, sending a letter confirming arrangements. The child didn't attend the assessment and the family weren't seen again. He got sent to an alternative

		provision but wouldn't get in the taxi.
2.5	When Rebecca was a teacher: child came in with strange bruises. Nothing else about her that made you think she was abused other than appearing to need lots of attention.	Rebecca followed safeguarding procedures but wonders now what happened to that girl.

Neal

Case Study[3]	Details of experience	Response
1.1	Working with a CAMHS team: domestic abuse was a common feature of children's mental health difficulties. Other professionals were seeking to make a diagnosis.	Reading about the history
1.2	'Generic experience' of being in a meeting with a mum. Information shows that there has been domestic violence but the 'common response' is that the child's too young so wouldn't have understood what is going on.	Present in the meeting.
1.3	Conversation with a paediatrician about the pressures on them, which leads to a 'uniform approach to these issues that were very rooted in finding a diagnosis'.	Conversation with paediatrician.
1.4	Young man in care, at a small school in a neighbouring County. The father was in prison for a sexual offence and all 5 children were in care in different places. The boy was 'tarnished' with having a sexual behaviour problem' and was taught one to one away from his class. The management team changed after Ofsted put them into special measures. The treatment of the child then changed: the teacher	EP support was requested to help with transition to secondary school.

[3] The numbers refer to the interview and order of case study presented e.g. 1.1 = interview 1, case study 1

	liked the boy, he was included with his peers and preparations were in place for transfer to secondary school.	
1.5	Young man in care and out on bail because he had sexually abused his half-sister. It is unclear whether he witnessed domestic abuse between his mum and dad, who have been split up for some time. Both parents have since had other children. The boy has lived with his dad and mum for a time. His dad disciplined him by locking him in a room. The boy presents with 'sexualised, dangerous behaviour'. His foster carers don't want to keep hold of him. The social worker is trying to find a residential placement.	2 hour home visit to carry out an assessment: met with the boy and completed cognitive assessments. Spoke with the foster carer. Want to see him again to '*complete a meaningful assessment'*.
2.1	A case Neal was working on that day: 9 year old girl who was abused and neglected by her mother and taken into care several years ago. Domestic violence was a feature of the background information. The mother has had multiple partners. 3 schools said they couldn't manage her. She also attended the PRU. The girl likes to be at home with her carers. The social worker is talking about changing placement.	Statutory assessment. Neal has read through the paperwork, to 'unpick some of the history'. He has contacted the foster carer and booked a visit.
2.2	Conversations about domestic abuse: 'often in a meeting with a parent' – something that's disclosed at the time and leads to productive conversations. Foster carers acknowledge that it might have an impact on the child.	Generic description of meetings rather than specifics
2.3	Update on 1.5 – has gone to a local social care provision and is 'doing very well apparently'.	Neal was due to be visiting the pupil in the provision the following day.
2.4	Reference to 1.4 'domestic violence was part of the mix but there was also sexual abuse'. The boy was	Used to exemplify a point.

	'transformed from this pariah into this perfectly normal boy, overnight by being treated differently by adults'. A 'more optimistic picture'.	
2.5	Communication: Neal emails everyone who is involved and needs to know all the information relevant to a case.	

Jenny

Case Study[4]	Details of experience	Response
J1.1	Early years child – school had requested Jenny's help due to behaviour (biting, kicking, punching female staff, spitting, not joining in). Mother revealed in a meeting with Jenny and school staff that there had been domestic abuse until the child was 2. The father had been violent towards her and the child had been used as a shield or threat to her. The child's older sibling had also died when the boy was a baby.	First experience of the 'unveiling'. It left a lasting imprint. It was a 'crisis situation' and the mother was in tears. 'It leaves you thinking about it'. Facilitator role: 'supporting the child in the now' Supported school then later EHCP request.
J1.2	Statutory assessment: The boy had speech and language difficulties and was behaving aggressively toward others ('a ball of fury'). School and parent weren't getting on so Jenny met them separately. When 'going over the history' the mother revealed that the child had stopped talking at 18 months. When asked if other events had happened at that time, the mother revealed that there had been domestic abuse (verbal to the boy and physically to the mother). The boy had a younger sister who the mother felt hadn't been affected.	Jenny got the mother's permission to share the information with the school. Experience 'easier to manage' as the mother was calm and not outwardly emotional when sharing the information. Although the child was 'struggling to manage', the parent was 'more detached from that'. Role: trying to 'patch things up', advocate for mum, passing information on. Altering perspectives around the situation.

[4] The numbers refer to the interview and order of case study presented e.g. 1.1 = interview 1, case study 1

	The mother was keen for a diagnosis of ADHD.	
J1.3	A couple of children in situations where there's ongoing domestic abuse.	'Light touch' work as social care are involved. School wanted Jenny to help them in school with the situation e.g. accessing learning. Conversations mostly with the school. Conversations with parents were 'very matter of fact'…'because it was all well known' and 'all happening currently'.
J2.1	Since interview – had case where school mentioned that the child have been in a family where there was domestic violence.	'I kind of noticed it more'
J2.2	Pre-school parent who was reluctant for information about the boy's previous behaviour (biting, struggling with transition) to be put into Jenny's assessment.	Jenny had to read her report over the phone to the parent so that they could discuss what should be included.
J2.3	Emotional meeting at a special school: 'school and the parents were polar opposites'. Social carer were also present. The placement had broken down and the child was at home and experiencing mental health difficulties. A video was shown of the child struggling.	Transfer review: Jenny was going to gather information but came out of the meeting as the person who was going to sort out the reintegration back to school.
J2.4	Child had been sexually abused by her father's friend over a long period of time. All children were under a special guardianship with their nan and had little contact with their mother.	Jenny met with the nan and teacher for an Appendix D. She came out of the meeting feeling quite upset
J2.5	A child had been placed in a boiling hot bath and had significant burns requiring skin grafts. Statutory assessment request to support with her care. The child couldn't hold a pencil	Statutory assessment. Jenny wasn't able to attend the follow up meeting but the plan wasn't agreed. She feels 'quite bad about that'. The details shared 'really really got me'.

	because her hands were burnt, she couldn't go to the toilet herself.	
J2.6	Y10/11 pupil who was showing aggressive sexualised behaviour in school towards staff and pupils. Jenny was told she needed someone with her when meeting with him but she worked with someone nearby. The pupil was 'so meek and mild with me'.	Jenny felt nervous about the meeting but by the end of it, 'I was absolutely fine with him'.
J2.7	Jenny met a dad who told her that what she and the school were saying was a load of rubbish and that if somebody said something to his son then he has told them that he should 'whack em back'. His 'physical presence was quite intimidating'.	

Appendix 13 Examples of coded segments used to consider anxiety and defence

Emily

Topic/Area	Extract (Source)
Describing the abuse or possibility of abuse	*so they, there was quite a lot of, and I think the children had witnessed quite a lot of violence* (E1:97) *They'd been really (.2) really really strict, I think quite abu-, physically abusive themselves (.2) so I think she had so many of her own (.2) wobbles I think growing up* (E1:28) *And I'm not really sure actually what level of violence there was (.1) from her to the other person as well (.2) I never quite got an, she talked about being physically hurt (.1) and emotionally controlled by this person (.1)* (E1:52) *But that sentence said to me 'ooh, there's trauma there' (laughs)* (E2:289) *"I'm really angry, I need to go away" (short laugh)* (E1:62)
Describing threatening behaviours	*This mum will (.2) shout at you, she'll (.1), she'll say you're not doing a good enough job… I think this kind of like (.3), almost like, machine gun like, shooting at other people* (E1:28) *Of course so when we fed this back to the dad, the dad went absolutely mental. He was like, "What bu- blah blah blah blah blah. Are you saying we should treat her like a baby?" And I was like, "hhhh, nurturing like you might treat a much younger child"* (shaky and tentative voice with slight sense of humour) (E1:141)
Naming neglect	*'Well yeah actually, if you look, if you think about it (surprised whisper like telling a secret), it is di-', you know so why don't we do s-?* (E1:90) *And there was no mention of violence in it at all. There was no mention of domestic violence, there was no (.2).* (E1:143) *So, you know when you start thinking, 'okay so these children still could be, like continually exposed to violence but (.2) you know, the mum was not (.2) erm (.1) massively aware I don't think of (.2) possible repercussions of that* (E1:106)
Describing the risk	*as she's getting older she's a lot, she's really erm (.2) the dad says, a bit like her mum. Almost like quite needy around men, and unsafe around, how she acts around, erm strangers? And, like a lack of awareness around safety.* (E1:145) *So yeah, worse fears is yeah (.2) that something will happen isn't it? (softer voice). (.2)* (E2:213)

	she was saying how, her little boy made her (.1) really really angry, like angry to the point where (.2) she just (.1) felt like she (.1) could do something awful, not to him but she felt like, she felt this overwhelming sense of anger (subdued tone) (E1:62)
Describing difficult emotions	*Yeah, it was quite a thing really (very soft voice) (.3)* (E1:5) *but it's just (.2) it's really just disturbing…the level of trauma that an-*, (E2:31)
Making a judgement	*Like you want, if she was in a wheelchair…you wouldn't expect her to go up two flights of stairs… (whispers) that school might do actually, to be fair* (E1:179-184)
Describing overwhelming emotions	*this little girl was (.2) quite severe special needs in the sense that (.1) literally, I was clim- I was like, she had like a massive impact on me the first time I worked with her. (E1:137)*

Rebecca

Topic/Area	**Extract (Source)**
Describing domestic abuse or the possibility of abuse	M*aybe there's something going on. It's not just about in-dividuals being (.2) bullies* (R1:64) *But you kind of wonder if you got to know them better, or you know extrapolating gosh (whispered word) what's that all about?* (R2:184). *you know, "Oh I'll get", you know (sigh), "I'll take him home and beat him" or something* (R1:10)
Describing experience of a frightening or abusive situation	*So that felt to me pretty abusive. I mean, personally you know and it wasn't (.1) (quiet voice) hitting her* (R1:91) *Erm I met, not with the fathers, no (says while laughing) 'I'm not sure I'd have wanted to meet either of them again' (laughs)* (R1:138) *yeah he was horrible (laughs). Glad I don't have to meet him again (laughs).* (R1:182) *then I kind of had this, sort of flashback to this, father I did meet who was, erm (intake of breath)* (R1:12)
Describing situations that seem 'absurd'	*And it was almost (laugh), it was almost like a kind of, set up, if you had to set the scene of a family experiencing the most stereotypical type of domestic violence.* (R1:26) *it was like a wild goose chase. I had to phone (.1) (laughs) I had to phone somebody's some some guy's phone…* (R2:170)
Making judgements	*Yeah , he was (.1) (in a whisper) it was a really difficult family (R2:46)* *(says next bit in a whisper) And I just thought, blimey, if my kids had been taken into care, I'd remember to the day (R2:82)*

Negative actions of herself or other services	*But I'm not sure I really (.2). I'm not saying I didn't pay attention to it. I don't, I just think I didn't really know what to do with that information.* (R1:98); *And just, conversations don't seem to be (.2) happening* (R1:126)
Describing impossible situations	*So (.2) you know, you'd never had been able to say (laughs) 'Okay do you want us to do anything? Do you want us to call anyone?'* (R1:146) *social services will never be onto him will they?...They don't go for parents like that (laughs).* (R1:130) *there isn't really any specialist therapeutic stuff happening at the moment cos everyone keeps (...) and there's nowhere you can (.1) send them for any more (laughs).* (R2:86) *Yeah that family situation's just so entrenched. And I think her (intake of breath) because she, she's so defended because she's, that's just that barrier she's built up in in (.1) almost talking the talk and being positive because she knows that's (.1) just how you bat people away, she won't let anyone in* (R2:94)
Uncertainty	*I'm not sure how many home visits happened, you know, as I say social care had some involvement. I don't know (.3) how that panned out.* (R1:144) *Was that alright? (laughs).* (R1:152)
Negative emotions	*You know (.2). I probably feel a bit guilty about not liking him* (R2:70)

Neal

Topic/Area	**Extract (Source)**
Recalling information	*It crops up erm (.2) I can't, I wouldn't, I'd hesitate to put a figure on how often* (N1:6) *I can't exactly remember the first time but I can remember several times where the same conversation comes up where (.1) you're in a meeting with (.2) erm, mum for instance* (N1:14) *Erm (.6). Yeah one case recently which was, erm, a young man who was in (.1) care (.2). I'm just trying to remember the details of it now* (N1:33)
Describing something that is unhelpful	*so many of the things that they suggest trying to do about it aren't necessarily (.1) relevant or helpful (.2). It all sounds a bit bleak and pessimistic* (N1:16)

	families and young people are left to (.1) do it as best they can (.4). So, I mean, that was one of the reasons I was a bit unsure about whether this would be helpful, (N1:24) *Erm (.2) really there isn't, there isn't time or scope or or our role doesn't allow us to (.1) do much more than that.* (N1:94)
Describing abusive or controlling behaviour	*He did engage a little bit but (.1) not before he'd (.2) been quite abusive and (.1) tried things out and quite, quite (.1) controlling and erm* (N1:46) *Cos he then sort of, s-, said er "right I'm off then" and walked out.* (N1:70)
Describing history of or possibility of abuse	*It wouldn't surprise me, to find out that (.2) there may have been some (.1) abuse that he's witnessed* (N1:46) *His father (.2) is worried about (.1) him being near (.2) other children he's got now* (N1:56) *one of the children there that [name] er (.1) er (.1) abused (.1) assaulted and (.3) some of the details of that are still a bit murky* (N1:54) *but (.2) the paperwork doesn't give a great (.1) picture of a (.2) a very (.1) co-, a very well (.1) constructed, boundaried household that he's been part of* (N1:60)
Describing work that has been difficult	*it's it's (.1) certainly an uphill struggle. (.2)* (N2:101)
Evaluating answer against question	*but er (.4) so your question was about specifics?* (N1:48) *I'm not sure that answers your question very well but erm (.2)* (N1:22) *And (.1) I don't know where I'm going with this really* (N1:58) *I think I went off on a tangent a bit there (.2)* (N2:55) *Erm (.2) So I mean to answer your question* (N2:225) *(.4) Is this any good for you?* (*laughs*) (N1:78)
Evaluating domestic abuse as a topic	*Er (.2)And domest-, the word domestic violence which I know this, the topic of your interviews is about. The word domestic violence features in there but it features alongside a whole heap of other stuff that is, of which that's just a part* (N2:15) *Just that (.2) it's such a, kind of a dense topic in many ways isn't it?* (N2:245) *actually it's just part of a wider range of stuff that is (.1) that could, that messes people up* (N2:21)

Coming up with a formulation	*Erm (.3) so I I sort of feel he's got identity issues, to do with (.1) his father's heritage* (N1:56) *So (.5) it feels as though he's really sort of burning his bridges in all directions and erm, it's not clear where he's going to end up or what an outcome for him is going to be.* (N1:58) *But (.6) I mean in both cases, with the boy and with her the the kind of (.1) the process, the bureaucratic and statutory process of finding something suitable has dragged on for for quite a long time* (N2:171)

Jenny

Example	**Extract**
Describing situations of conflict or high emotion	*was really really defensive, she actually made me read my report to her over the phone, erm, once I'd written it (last 3 words said with a laugh) before I submitted it* (J2:41). *School and mum weren't getting on (.1) incredibly well … (.2) Erm, it's actually a very <u>good</u> school in terms of SEN* (J1:89) *she was emotional and (short intake of breath) erm* (J1:60) *you know I-I had somebody's shoes thrown at my face (laughs).* (J2:127)
Feeling helpless or overlooked	*It was one of my patch schools who, phoned me up second week in saying (.1) "help" (laughs)* (J1:8) *well (.1) I can't help you with that (laughs)* (J2:119) *you know sort it all out (laughs as says 'sort it all out') which is an awful position to be in. I was "no no no no" but erm (.1) yeah I I almost feel like everyone's waiting on my report now, which is (.1) a bit stressful isn't it (said quietly)? (.3) Yes we'll see. I'm still in the midst of that one, I don't quite know what I'm going to do with that one yet* (*laughs*). (J2:53) *but when I was first out of training, I must have given off this sort of very new (laughs) feeling because (.1) I went into several meetings and was just completely (.1) you know, overlooked and- you know, as a (.1) Oh I think one person said to me, was it a parent or a teacher? "Oh you barely look like you're out of school yourself" you know and I was just like "Excuse me!" (laughs). Erm (.1) but (.1) yeah it was, it- I- having the confidence I think in my own (.1) ability to kind of …give useful advice really. And believe that it's useful* (J2:133). *I think a lot of the first year I spent saying things and thinking 'Was that helpful?*' (*laughs*) (J2:137)

Describing abuse or 'sad' situations	*she revealed that, the child had experienced extreme domestic violence as an infant erm, right up until he was about 2? (intake of breath) erm,* (J1:16) *he's his father had been incredibly violent towards her, erm (intake of breath .1) that he'd witnessed it, that he'd been used (.1) as a shield erm (.3) you know or as a threat to her* (J1:50) *she was saying, that he hadn't been physically (.1) abused in that situation but that he had witnessed (.1) the abuse against her. So (.3) so, yeah* (J1:52) *it was a child who had been sexually abused by her (.1) father's (.1) friend* (*said in a staccato way*) (J2:69) *this other child was struggling, really struggling to manage (.2)* (J1:113) *On top of that, mum suddenly revealed that the older sibling had died when he was tiny* (*softer voice*) (J1:18)
Describing emotional sensitivity	*it's quite (.2) upsetting I think really* (J1:50) *And I, I'm quite sensitive to that sort of thing anyway so I tend to (.1) take it on board, and I need to (.1) then offload it* (*laughs*). (J1:79) *I wouldn't necessarily (laughs) want to, to be (.1) you know, that close to that situation cos I think it could be quite (.1) stressful.* (J1:167)
Describing impossible or unhelpful situations	*H-how- what's their capacity, to support, you know, does he meet criteria, this that (laughs) d'you know?* (J1:145) *You can't force training on people can you? As much as you might try* (*laughs*). (J2:103) *In terms of actually (.1) giving them (.1) enough time, what they actually need* (*laughs*) (J2:117)