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# Evidence-informed and peer reviewed programmes and interventions targeted at children and young people to support them through their lived experience of domestic violence

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# Research Report



**Evidence-informed and  
peer reviewed programmes  
and interventions targeted at  
children and young people  
to support them through  
their lived experience of  
domestic violence**

**Researcher: Siobhán O'Neill**

**Completed: June 2022**



**CHILDREN & YOUNG PEOPLE'S SERVICES COMMITTEES**

**Sligo Leitrim**



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The invaluable information provided by all those who participated enabled us to explore best practice interventions and supports for children and young people experiencing domestic violence.





# Executive Summary

## Introduction

**The need for a dedicated group to link and work with the local Domestic Violence Advocacy Service (DVAS) in Sligo and Leitrim, to support and promote this organisation and the work it does, was identified by the Sligo Leitrim CYPSC Safe and Protected from Harm Working Group.**

As a result of discussion between the Manager of DVAS, the Chairperson of the CYPSC Safe and Protected from Harm Working Group and the CYPSC Coordinator in late 2020, the Domestic Violence Working Group was established in 2021. The group has a clear Terms of Reference.

Membership of the Domestic Violence Working Group includes representatives from local organisations, both statutory and the Community and Voluntary. These include An Garda Síochána, Domestic Violence Advocacy Service (DVAS), Foróige, Home Youth Liaison Service (HYLS), MACE (Multiple Adverse Childhood Experiences), Mohill Family Support Centre, Sligo Leader Partnership Co. CLG, Sligo Rape Crisis Centre, Sligo Springboard Family Support, Sligo Leitrim Children & Young People's Services Committee (CYPSC).

This report was commissioned to explore existing, evidence-based, interventions for children and young people who have experienced, or are experiencing, domestic violence. Additionally, the report explores the current national landscape of domestic violence services for children and young people.

## Research Design

A range of data collection methods were used to achieve the aims of this report. A desk-based rapid review of the literature was conducted to explore evidence-based, peer reviewed interventions for children and young people. Additionally, a review of the grey literature was conducted to identify interventions that have not been submitted for publication in the peer-reviewed literature.

An online survey was sent to 28 national domestic violence services email addresses (n = 11) to develop an understanding of the services currently available to children and young people across the country. Additionally, semi-structured interviews were conducted with n = 2 participants to gain further, rich, insight into domestic violence services for children and young people.

## Summary of Findings

A total of 9 interventions were identified from the rapid review search. Interventions comprised play therapy, group-based interventions, and mother-child based interventions. An additional 7 interventions were identified in the grey literature, 3 of which were based on the same original intervention (Community Group Programme, TLC Kidz, Cedar).

The survey of national domestic violence services found that a range of supports are currently available to children, young people, and their families including clinical based therapies, evidence-based interventions, and intervention programmes developed in-house by the services based on the needs of their service users.

### Topics covered by these intervention programmes include:

**Healthy and unhealthy relationships**

**Boundaries**

**Emotion regulation**

**Communication**

**Resilience building**

**Support systems and safety planning**

**Identity and self-esteem development**

**Trauma and non-trauma topics**

Of the 11 services surveyed, 4 services have informally evaluated their children and young people services and a further 3 have both formally and informally evaluated their services. Challenges identified for lack of evaluation include lack of funding, limited time and resources, and staffing.

Two individual interviews were conducted to gather more detail about current understanding and practice with Safe Ireland and Barnardos. Both highlight the benefits of multi-agency collaboration for the development and implementation of supports for children and young people experiencing domestic violence. Additionally, the need to recognise the individual needs of children and families was identified as an important factor for the provision of supports.

## Key Recommendations

A number of recommendations have been identified for the development of supports and interventions for children and young people to support them through their lived experience of domestic violence.

- 1 A multi-agency, multi-level approach to ensure children and young people across a range of situations and experiences are supported.
- 2 A dedicated role should be established to co-ordinate supports for children and young people.
- 3 Any intervention implemented needs to be tailored to the individual needs of the children and young people.
- 4 All interventions and supports should include an element of intervention for the primary care giver.
- 5 A group element should be considered for any intervention.
- 6 A national investigation and evaluation of the supports provided to children and young people should be undertaken.



# Background 1



# 1 Background

**Sligo Leitrim Children and Young People's Services Committee (CYPSC) was established in 2014 and draws its membership from statutory, community and voluntary providers of services to children, young people and families in Counties Sligo and Leitrim.**

The work of the Committee is guided by the Sligo Leitrim Children and Young People's Plan (CYPP) 2020-2022, with priority actions arising from both the National Policy Framework, Better Outcomes Brighter Futures (2014-2020) and a consultation process with children, young people, parents and service providers in both counties. CYPSC has a number of working groups, including the Safe and Protected from Harm Working Group.

The aims of this Working Group are for all children and young people in Sligo and Leitrim:

**To have a secure, stable and caring home environment**

**To be safe from abuse, neglect and exploitation**

**To be protected from bullying and discrimination**

**To be safe from crime and anti-social behaviour**

In 2021 the Domestic Violence Working Group was established, led by the Domestic Violence Advocacy Service for Sligo, Leitrim, and West Cavan (DVAS) and members of the Sligo Leitrim CYPSC Safe and Protected from Harm Working Group. The Domestic Violence Working Group seeks to achieve the aims of the CYPSC Safe and Protected from Harm Working Group.

A further action of the Domestic Violence Working Group is to raise awareness and educate young people in relation to domestic violence. To achieve these aims this desk-based study was commissioned to explore evidence-informed and peer reviewed programmes and interventions targeted at children and young people aged between 0-24 years to support them through their lived experience of domestic violence.

This study also explores the current national landscape of domestic violence services for children and young people.



# Introduction 2



## 2 Introduction

**There is a lack of a clear definition for domestic violence across the literature, but it broadly describes violent, aggressive, controlling behaviour within the home.**

This behaviour can include verbal abuse, physical abuse and coercive control. Tusla (n.d.) describes domestic violence as:

The use of physical, emotional force, or threat of physical force, including sexual violence in close adult relationships. Domestic Violence includes violence perpetrated by a spouse, partner, son, daughter or any other person who has a close relationship with the victim. The term ‘domestic violence’ goes beyond physical violence and can also involve emotional abuse; the destruction of property; isolation from friends, family and other potential sources of support; threats to others including children; stalking; and control over access to money, personal items, food, transportation and the telephone.

Safe Ireland (n.d.) expand on this stating that domestic violence and coercive control

**“is a persistent and deliberate pattern of behaviour by an abuser over a prolonged period of time designed to achieve obedience and create fear”.**

For the purposes of this study the term domestic violence will be used to encompass the above definitions. It is important to note that other phrases encompass this violent aggressive behaviour including domestic abuse, intimate partner violence, and relationship violence.

## 2.1 Impact of Experiencing Domestic Violence

**Research exploring domestic violence is still in its infancy and has only become an area of intense research interest in the last 40 years (Stover, 2005).**

Research specifically focusing on the impact of domestic violence on children and young people emerged in the mid-1980s. This has provided a consensus that exposure to domestic violence has a significant negative impact on children's functioning relative to children from nonviolent families (Wolfe, Crooks, Lee, McIntyre-Smith, & Jaffe, 2003). Additionally, research estimates suggest that 10-20% of children are exposed to domestic violence each year (Carlson, 2000). According to Devaney (2015), although it is clear exposure to domestic violence has significant consequences for all those affected, the lack of an agreed definition across cultural contexts and research settings has made it challenging to fully elucidate the long-term implications of this exposure.

Research has found that although children and young people may not always observe the violence, they are aware the violence and abuse is occurring. Indeed, research suggests that their awareness of the abuse is greater than their parents recognise (Devaney, 2015; Holt, Buckley, & Whelan, 2008; Överlien & Hydén, 2009; Swanston, Bowyer, & Vetere, 2014).

The immediate and long-term effects of domestic violence can have a significant impact on development across the life-span (Lloyd, 2018). A review of the literature investigating the impact of domestic violence on children and young people (Holt et al., 2008) found that they are at increased risk of experiencing abuse (emotional, physical, and sexual), of developing both emotional and behavioural problems, and of increased exposure to other adversities. Holt et al. (2008) concluded that the impact can be long-lasting, even when the children and young people have been removed from the violent environment. Indeed, exposure to domestic violence in children and young people can have physical, emotional, behavioural, cognitive and social implications (Lloyd, 2018).

Exposure to domestic violence in early childhood can lead to social withdrawal, anxiety, regressive behaviour, inhibited independence, poor sleep, and impaired understanding (Baker & Cunningham, 2009; Lloyd, 2018). Separation anxiety can also be found in this age group, as well as in older children (Lloyd, 2018). Research has found that exposure to domestic violence can lead to health-related problems such as increased risk of developing asthma, bronchitis and eating problems (Calder & Regen, 2008). Lloyd (2018) states that children may exhibit emotional and behavioural challenges such as insecurity, low self-esteem, poor attention and concentration, unpredictable behaviour, aggression and hyperactivity. Research has also indicated that young people exposed to domestic violence are at increased risk of depression, self-harm, substance abuse and suicidal ideation (Lloyd, 2018).

Research conducted in Ireland found that the impact of domestic violence increased fear and anxiety, affected self-esteem, and produced a sense of being 'different' and a feeling of a lost childhood (Buckley, Holt & Whelan, 2007). This study concluded that children and young people respond to living with domestic violence in unique ways and service provision should reflect this in order to meet their needs, suggesting that intervention should be tailored to the individual (Buckley et al, 2007).

Although it is clear from the research that children and young people experiencing domestic violence can be negatively impacted by their exposure, some children and young people exhibit resilience in the face of this adversity (Martinez-Torteya, Bogat, Von Eye, & Levendosky, 2009). Resilience has been defined as the maintenance of healthy functioning or adaptation to significant threat or adversity (Luthar, Cicchetti, & Becker, 2000) and research highlights the importance of providing resilience building in interventions for children and young people (Callaghan, Fellin, & Alexander, 2018). A study by Martinez-Torteya et al. (2009) examining resilience in children exposed to domestic violence, found that 54% of the study sample were classified as resilient. This study also found a number of individual and family factors that predicted a child's status (either resilient, non-resilient, competent or vulnerable) including positive parenting, child temperament, socio-economic status, child cognitive ability, maternal depression, and stressful life events (Martinez-Torteya et al., 2009).

Along with the need to tailor interventions and build in resilience development, research indicates that a multi-agency approach, including specialised training for frontline staff, and early intervention/prevention is necessary to prevent deleterious longer term effects of exposure to domestic violence for children and young people (Harold & Sellers, 2018; Healey, Connolly, & Humphreys, 2018; Macvean, Humphreys, & Healey, 2018; Osofsky, 2018). Effectively supporting individuals and families exposed to domestic violence is complex, involving multiple individuals and factors and, usually, requiring a range of services such as the police, family courts, schools, child protection, and refuge (Macvean et al., 2018). When collaborating across agencies to support those experiencing domestic violence, it is important for services to bring their own lens and experience to the situation but equally it is important for the domestic violence informed lens to lead this work and frame the overall approach to the support (Anyikwa, 2016; Evans & Feder, 2016; Macvean et al., 2018).

## 2.2 Access

**Access to children and young people with the abusive parent is a complex issue, with both social and legal implications which may impact on supports and interventions.**

Hester (2011) describes the challenges of bringing together work with victims and perpetrators, child protection and safeguarding, and child contact, stating that these three elements have their own histories, cultures, laws, and sets of professionals. A study conducted by Thompson-Walsh, Scott, Dyson, and Lishak (2018) indicated a number of challenges to successful co-parenting post-separation between perpetrators of abuse and victims/survivors. This research found that fathers with a history of domestic violence demonstrated overwhelming negative thoughts of ex-partners, patterns of blaming mothers for the challenges they faced, and a lack of insight into the impact of conflict during co-parenting on the children (Thompson-Walsh et al., 2018). Thompson-Walsh et al. (2018) suggest that services should provide thorough and ongoing assessment and support for those with ongoing access to enable safe and effective co-parenting. Indeed, there is a body of evidence stating that domestic abuse does not end at the point of separation, and access is used as a mechanism for abuse and coercive control by perpetrators (Hardesty & Ganong, 2006; Holt, 2015; Thompson-Walsh et al., 2018).

When providing effective interventions to children and young people, issues may arise in relation to timing of interventions (e.g. weekends when access with the abusive parent may be scheduled), the willingness of the abusive parent to support their child's involvement in interventions, and the child's overall feelings and attitudes towards access. Research has indicated that children who are experiencing domestic violence need to feel safe and listened to, and have a desire to enhance their relationships with their abusing parent as well as their non-abusing parent (Howarth et al., 2015). However, there is clear evidence that access, post-separation, can facilitate the continued abuse of the children and abused parent (Holt, 2015).

A study conducted by Kelly, Sharp-Jeffs, and Klein (2014), exploring how women and children rebuild their lives after domestic violence found that early post-separation access to the abusing parent was facilitated, both formally and informally, despite the challenges access presented since children generally looked forward to seeing their fathers. However, by the end of the research period 42% of children had no contact with their fathers and they reported that this was accepted and, in some cases, welcomed (Kelly et al., 2014). The study also supports previous research, indicating that child access is used as a mechanism for abuse including physical and verbal abuse during unsupervised visits, children repeating derogatory language used by their fathers to their mothers, pressuring children to plead their case or fish for information, and deliberately disrupting plans to gain control e.g. arriving late to collect children (Kelly et al., 2014). It is clear, from the literature, that access is a complex and multi-faceted issue which may have implications for the efficacy of interventions for children and young people.

## 2.3 Domestic Violence Services in Ireland

In Ireland, there are 39 domestic violence services located in towns and cities across the country providing services for those experiencing domestic violence.

These services include (but are not limited to) refuge, advocacy, helplines, one-to-one supports, outreach and children's services. A number of these domestic violence services employ dedicated child support worker staff to coordinate the children's services and provide access to interventions, therapy, and one-to-one supports for children and young people.

Some of these services have also developed in-house intervention programmes for children and young people, utilising their own experience and knowledge of working with children and young people in their services to tailor supports. Table 1. below highlights some of the services available to children and young people, including intervention programmes.

**Table 1: Domestic Violence Services for Children from a Selection of Domestic Violence Organisations in Ireland**

Name	Location	Services Provided (According to Service Website)
Clare Haven	Clare	<ul style="list-style-type: none"> <li>› Childcare facilities</li> <li>› Art and Play Therapy</li> </ul>
Cuanlee Refuge	Cork	<ul style="list-style-type: none"> <li>› Art and Play Therapy</li> </ul>
Lifeline Domestic Violence Service	Donegal	<ul style="list-style-type: none"> <li>› Counselling for Children</li> </ul>
Sonas Domestic Abuse	Dublin	<ul style="list-style-type: none"> <li>› Provides Children's Services – does not expressly state them</li> </ul>
Cope Galway	Galway	<ul style="list-style-type: none"> <li>› Solas Óg – therapeutic support service</li> </ul>
Ambers Women's Refuge	Kilkenny	<ul style="list-style-type: none"> <li>› Play Therapist</li> <li>› Schools Programme</li> </ul>
Laois Domestic Abuse Service	Laois	<ul style="list-style-type: none"> <li>› Provides Children's Services – does not expressly state them</li> </ul>
ADAPT Services	Limerick	<ul style="list-style-type: none"> <li>› Play Therapy</li> <li>› Child and Youth Service Club</li> <li>› D.A.T.S (in-house programme)</li> <li>› Healthy Relationships Programme</li> </ul>
Oasis House	Waterford	<ul style="list-style-type: none"> <li>› TLC Kidz</li> </ul>
Donegal Domestic Violence Services	Donegal	<ul style="list-style-type: none"> <li>› Play Therapy</li> <li>› TLC Kidz</li> <li>› Drawing and Talking</li> </ul>
Meath Women's Refuge	Meath	<ul style="list-style-type: none"> <li>› One-to-one interventions</li> <li>› Mammy and Me Programme</li> <li>› Group Programmes</li> <li>› TLC Kidz</li> </ul>
Saoirse Women's Refuge	Dublin	<ul style="list-style-type: none"> <li>› Play Therapy</li> </ul>
Drogheda Women's & Children's Refuge	Louth	<ul style="list-style-type: none"> <li>› Child Counselling</li> </ul>
Mayo Women Support Services	Mayo	<ul style="list-style-type: none"> <li>› Provides Children's Services – does not expressly state them</li> </ul>

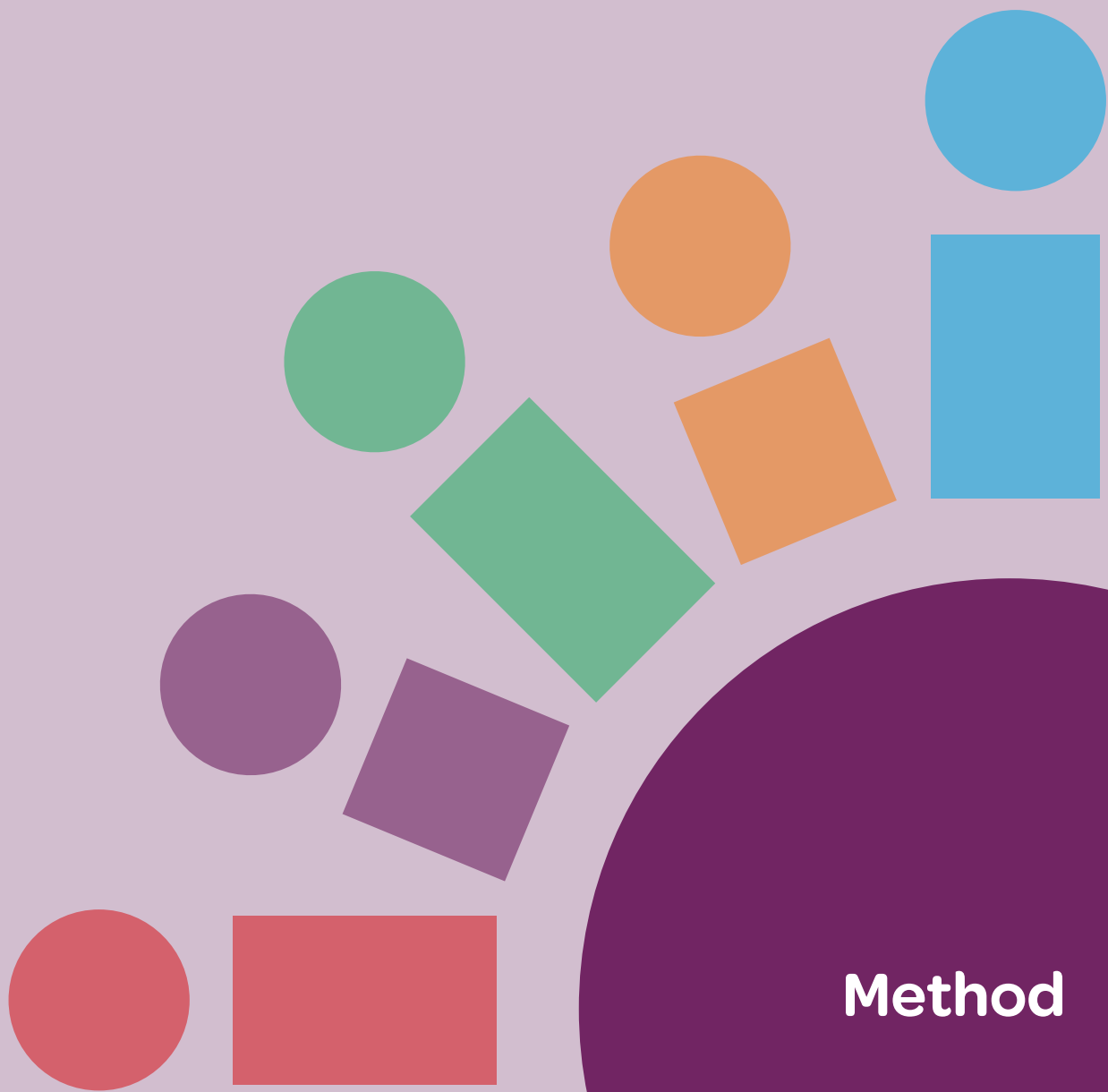
## 2.4 Study Aims

**The overall aims of this research are to provide a synthesis of evidence-based and peer reviewed interventions targeted at children and young people aged 0-24 which support them through their lived experience of domestic violence.**

**The specific aims are:**

- To document interventions and programmes that have been delivered nationally and internationally to support children and young people aged 0-24 years who have experienced domestic violence, with a particular focus on programmes that have been delivered by specialist domestic violence services or in conjunction with same
- To document evidence-based peer reviewed domestic violence programmes and interventions that have indicated long-term benefits for 0-24 year olds
- To make recommendations in relation to domestic violence programmes and interventions for the specified age cohort for delivery in Sligo and Leitrim
- To document the resources required locally to deliver identified programmes and interventions
- To survey domestic violence services in Ireland currently running services for children and young people
- To interview experts in the area of domestic violence supports within Ireland: Lisa Marmion, Services Development Manager with Safe Ireland; Áine Costello, National Coordinator of the Childhood Domestic Abuse Project, Barnardos.







# 3 Method

**Desk-based research was conducted to achieve the aims of this project, including a rapid review of peer-reviewed literature and a review of grey literature.**

A survey of domestic violence services across Ireland was completed and semi-structured interviews with Lisa Marmion (Services Development Manager, Safe Ireland) and Áine

Costello (National Coordinator for the Childhood Domestic Abuse Project, Barnardos) were conducted.

## 3.1 Rapid Review

**A rapid review methodology was utilised to explore the peer-reviewed literature examining the efficacy of intervention programmes for children and young people aged between 0 and 24 years who have experienced domestic violence.**

Rapid reviews are an emerging approach for knowledge synthesis which adopt a simplified approach of the systematic review methodology (Khangura, Konnyu, Cushman, Grimshaw, & Moher, 2012). Specifically, this research conducted a search of 4 databases between August 2021 and November 2021, utilising Boolean phrasing, to explore the literature. Titles and abstracts were screened and studies that met the inclusion criteria were read fully. Reference lists of included studies were screened for additional articles. Included studies are discussed in Section 3 of this report.

PsycARTICLES, PsycINFO, EBSCO, and Web of Science were searched using the following search terms:

- Intervention OR Programme OR Support
- Child\* OR Young People OR Young Person OR Adolesc\*
- Domestic (Violence OR Abuse) OR Intimate Partner Violence OR Relationship Violence

Studies met the inclusion criteria if they examined the efficacy of specified interventions for children and young people experiencing domestic violence.

## 3.2 Review of the Grey Literature

**Grey literature is information available outside of the traditional peer-reviewed databases in which academic papers are generally published, these usually include reports and policy documents from organisations and charities where the purpose of the activity is not in the publishing of the document itself (ICGL, 2004).**

Identifying grey literature can be challenging, therefore an extensive internet search was conducted using key terms ('intervention', 'programme', 'domestic/relationship/intimate partner violence', 'children', 'young people', 'report', 'findings'). The reference list of the

IMPROVE Evidence Synthesis (Howarth et al., 2016) was utilised to identify existing grey literature reported in a peer-reviewed publication and a search was conducted to explore updated reports on the listed interventions.

## 3.3 Survey

**To understand the national landscape, a brief online survey was developed and sent to domestic violence services across Ireland (see Appendix I for survey questions).**

A list of email addresses for the services was compiled by Carmel McNamee (Domestic Violence Advocacy Service Sligo Leitrim [DVAS]) and these services were twice contacted by email, firstly informing them about the research, and secondly providing a link to the survey.

The survey was created using Google Forms using the researcher's login credentials and access to the data generated from respondents is only accessible by the researcher.

## 3.4 Interviews

Purposeful sampling (Patton, 1990) was employed to identify individuals who could provide rich information to support the aims of this research project. Potential participants (Lisa Marmion and Áine Costello) were identified by Carmel McNamee, DVAS Manager and Maeve Whittington, Sligo Leitrim CYPSC Coordinator, and were initially contacted by Carmel for permission to be contacted by the researcher. Individual interviews with Lisa Marmion and Áine Costello were scheduled by the researcher using Zoom. With consent from both interviewees, the interviews were recorded and permission was granted to include the discussions in this research report. Interviews were transcribed by the researcher and the original recordings were then deleted.



# Results 4

# 4 Results

**The results of the desk-based study, survey and interviews are presented below.**

## 4.1 Rapid Review

A rapid review was conducted to explore the evidence-based literature investigating the efficacy of interventions for children and young people experiencing domestic violence. Although there has been an increase in research examining the impact of domestic violence, there is still very little focus on examining the efficacy of specific interventions. The findings of the rapid review are detailed below, and the characteristics of specific interventions can be found in Table 2.

It is important to note, also, that very few studies investigate the views and opinions of the children and young people in relation to the interventions they receive. However, an evidence synthesis conducted by Howarth et al. (2016) identified a number of benefits as outlined by children and young people after completing an intervention, including: spending time with their mother; realising they are not alone; fun and friendship; learning violence vocabulary; learning safety planning; enhancing behaviour management and prosocial behaviour; developing emotional intelligence and resilience; and enhanced self-esteem and empowerment.

The literature supports the use of play therapy as an intervention for children and young people experiencing domestic violence (Hall, 2019). During play therapy children and young people can improve their self-concept by challenging negative messages they receive through their homelife, they can also develop an understanding of healthy relationships, personal awareness and emotion regulation (Hall, 2019).

A study conducted by Kot, Landreth, and Giordano (1998) examined the use of an intensive child-centred play therapy for children and found a significant increase in self-concept, play behaviour of nurturing and creative themes, and a significant decrease in external and problem behaviours when compared to the control group. Patterson, Stutey, and Dorsey (2018) examined the efficacy of child-centred play therapy in reducing problematic behaviours exhibited by children exposed to adverse childhood experiences, specifically domestic violence, community violence, or direct victimisation. Participants underwent 6 weeks of individual therapy followed by 6 weeks of group therapy, and the study found that a combination of individual therapy and group therapy significantly decreased problematic academic behaviours, general worry, and intrusive thought patterns (Patterson et al., 2018).

The MPOWER Intervention was developed as part of an action research project, Understanding Agency and Resistance Strategies, with four European countries: Greece, Italy, Spain and England (Callaghan et al., 2018). This intervention utilises a resource focused approach whereby the strengths of the children and young people are highlighted and facilitators avoid deficit labelling and pathologising of the children and young peoples' experiences (Callaghan et al., 2018). This is a group-based intervention and the children and young people have decision making control on what the focus of the sessions would be, the findings suggest that the MPOWER intervention improves subjective wellbeing (Callaghan et al., 2018). This study also examined the children and young peoples' experiences of completing the intervention, and found that participants valued being able to work with others who shared a common history which enabled them to feel less isolated (Callaghan et al., 2018). This would indicate that there are additional benefits for children and young people in group intervention settings that may not be present in individual interventions. A case study by Perry and Frampton (2018) examining the efficacy of individual therapy for children and young people found mixed results, with 10% or less of the sample showing a decrease in outcome measures, between 28% and 49% showed improvements, with the remainder of the sample showing no change in outcomes. It is important to note, however, that the authors discuss the difficulties of examining the efficacy of therapy in a real-world setting (Perry & Frampton, 2018).

Research suggests that providing interventions for parents can effectively impact outcomes for children and young people experiencing domestic violence, either by incorporating parent intervention elements into the child's intervention or providing concurrent, separate interventions for the parents (Romano, Weegar, Gallitto, Zak, & Saini, 2019). Katz et al. (2020) explored the potential for a skills-based, emotion coaching parenting intervention in improving emotion regulation and parent-child relationships. Though the sample size was small,  $n = 50$ , and based on mothers' reporting the results are promising

and found that children exhibited an increase in emotion regulation, a decrease in negativity in parent-child interactions, and a decrease in depressive symptoms (Katz et al., 2020). The Project SUPPORT intervention utilises a multicomponent, family intervention approach to reduce conduct problems in children experiencing domestic violence (McDonald, Jouriles, & Skopp, 2006). A 24-month follow-up study examining the efficacy of Project SUPPORT found children to be happier, to have better relationships and to have lower levels of internalising behaviours than children in the control group, as reported by mothers (McDonald et al., 2006).

Graham-Bermann, Lynch, Banyard, DeVoe, and Halabu (2007) conducted an efficacy study on a community-based intervention with 3 control conditions: 1. child-only intervention, 2. child-plus-mother intervention, and 3. A wait-list comparison. Both child and mother interventions lasted for 10 weeks and were conducted separately i.e. the child-plus-mother intervention was not a combined intervention (Graham-Bermann et al., 2007). The results found that overall, children in the child-plus-mother intervention condition showed the greatest improvement over time in attitudes towards violence and externalising problems (Graham-Bermann et al., 2007). McWhirter (2011) conducted a study which involved two separate intervention conditions, a goal-oriented intervention or an emotion-focused intervention. These interventions took place over 5 weeks and included child-only and mother-only group sessions, and joint child-mother sessions (McWhirter, 2011). The results found that women in both groups reported decreased depressive symptoms and increased family bonding and self-efficacy, similarly children in both groups reported increased emotional well-being and self-esteem and decreased family and peer conflict (McWhirter, 2011). Differences were identified between the two intervention types, significantly greater increases in social support were reported by the emotion-focused participants and significantly greater decreases in family conflict were reported among the goal-oriented participants (McWhirter, 2011).

The Domestic Abuse, Recovering Together (DART) programme has been evaluated a number of times since its creation, including a peer reviewed study (McManus, Belton, Barnard, Cotmore, & Taylor, 2013) and grey literature evaluations (Smith, 2016; Smith, Belton & Cooke, 2020; Stokes, 2017). This 10-week intervention focuses on strengthening of the mother-child relationship as well as supporting other aspects of recovery from domestic abuse (Smith et al, 2020). A recent evaluation (Smith et al, 2020) found significant improvements for children and mothers completing the DART programme across all outcomes. The result found children had a reduction in emotional and behavioural difficulties, and mothers had greater self-esteem and felt more satisfied in their role as a parent, there were also improvements on aspects of the mother-child relationship (Smith et al, 2020). Although the findings are promising, the evaluation also found that some children remained in a 'high need' category post-intervention indicating that post-intervention supports are essential to ensure efficacy of engagement with services and long-term benefits of intervention (Smith et al, 2020).

Research has provided an insight into elements of interventions which provide an increased efficacy in reducing the impact of domestic violence and in supporting children and young people. Stylianou and Ebright (2021) recommend a coordinated multidisciplinary and multi-agency response to support children, young people, and families experiencing domestic violence. Romano et al. (2019) conducted a meta-analysis of interventions for children exposed to intimate partner violence. This study included 21 evaluation studies published between 2000 and 2019 and found that improvements at follow-up were maintained for internalising behaviours but decreased for trauma-related symptoms, externalising behaviours, and social behaviours (Romano et al., 2019). They found that there were greater intervention effects when the programme was not exclusively trauma-focused, they also found that interventions were generally effective for improving emotional and behavioural wellbeing but suggest that interventions should tailor to the specific needs of the children and young people, as well as incorporating components of both trauma-specific and non-trauma-specific content (Romano et al., 2019). It is interesting to note that this meta-analysis found that intervention format itself did not emerge as a statistical moderator, however they state that interventions with an active caregiver element, either jointly or in parallel with the child intervention is important (Romano et al., 2019). Romano et al. (2019) also highlight the need for interventions to focus on ensuring the long-term maintenance of intervention gains.

**Table 2: Characteristics of evidence-based interventions from the academic literature**

Authors	Intervention Participants	Intervention Duration	Intervention Type	Additional Details	Resources
<b>Patterson et al, 2019</b>	Children aged 5-9	12 weeks	Child-centred play therapy	6 weeks of individual therapy followed by 6 weeks of group therapy	Play therapist
<b>Katz et al, 2020</b>	Parents	12 weeks	Skills-based emotion coaching group intervention	Session 1: Introduction Sessions 2 & 3: Mother's awareness of emotion in herself and her child. Sessions 4 & 5: Emotion regulation abilities. Sessions 6-9: Emotion coaching abilities. Session 10 & 11: Responding to anger and talking about abuse. Session 12: Review, Summary and Plan Development	Emotion Coaching aware counsellor
<b>McDonald et al, 2006: SUPPORT</b>	Children aged 4-9 Parents		Multi-component family intervention	Aims: A) Providing mothers and children with social and instrumental supports and mothers with problem solving skills. B) Teaching mothers to use certain child management and nurturing skills	
<b>Kot et al, 1998</b>	Children aged 4-10	2 Weeks	Intensive child-centred play therapy	Children receive play therapy everyday for 2 weeks	Play therapist
<b>Graham-Bermann et al, 2007</b>	Children aged 6-12 Parents	10 weeks	Group based psycho-education	Children: Targeted knowledge about family violence, attitudes and beliefs about families and violence, emotional adjustment, and social behaviour. Enhance sense of safety, create common vocabulary, emotion management, conflict resolution, family paradigms. Parents: Empowering mothers to discuss impact of violence on child's development, build parenting competence, safe place to discuss parenting fears and worries, build connections. Improving repertoire of parenting and disciplinary skills and enhancing social and emotional adjustment.	
<b>Callaghan et al, 2018: MPOWER</b>	Children aged 11-16	10 weeks	Strengths based group psycho-education	Structured but child led. Predicated on 5 Principles: 1. Making sense of violence and coping. 2. Violence happens in a physical and relational world. 3. Coping, resistance and resilience as creative experiences. 4. Resource focused approach. 5. An emotion focused and relational approach.	
<b>Petty &amp; Frampton, 2017: CLEAR</b>	Children aged 4-17	Minimum 3 sessions	Individual therapy		Counsellor Psychotherapist
<b>McWhirter, 2011</b>	Children aged 6-12 Parents	5 weeks	Group therapy	Child and parent in separate groups with a joint session. Two intervention types: Goal-oriented or Emotion-focused	
<b>Smith et al, 2020: DART</b>	Children aged 7-14 Mothers	10 weeks	Group based psycho-education	Focuses on enhancing the mother-child relationship, both children and mothers attend the same group for half of the intervention.	

## 4.2 Grey Literature

**The grey literature examining the efficacy of interventions for children and young people experiencing domestic violence is presented below. The characteristics of the included interventions are detailed in Table 3.**

### TLC KIDZ

An evaluation of the TLC Kidz programme, developed by Barnardos, was conducted in 2018 (Furlong et al, 2018). This Programme was originally developed in Canada under the name the Community Group Programme (discussed below).

Results of the evaluation found that both mothers and children reported a number of positive, post-intervention outcomes including; reduced isolation; enhanced emotion regulation and expression; improved understanding of safety; identification acceptable and unacceptable behaviours; enhanced mother-child relationships; improved child confidence; improved school engagement; improved child physical and mental health; improved engagement of mothers in the community; and evidence of generalised benefits to siblings who did not take part in the intervention (Furlong et al, 2018).

Although a number of outcomes have been evidenced, this programme is designed for participants who are in recovery and not for those who are in different stages of experiencing domestic violence, i.e. early, crisis etc. As this programme has been specifically designed with that focus, it may be necessary to adapt elements to be suitable for children, young people, and mothers who are in a different stage.

Furlong et al (2018) identified a number of challenges with delivery of the TLC Kidz programme, which included child readiness, need for supports post-intervention, and parental barriers.

### CEDAR

The Children and Mothers Experiencing Domestic Abuse Recovery (Cedar) intervention is a multi-agency psycho-educational programme in Scotland for children and young people who have experienced domestic violence.

The Cedar programme, like the TLC Kidz programme, was originally called the Community Group Programme which was developed in Canada. This intervention provides a 12-week group-based programme for children and young people in recovery, along side a concurrent programme for mothers. Sharp et al (2011) conducted an evaluation of the pilot phase of the Cedar project which took place between 2008 and 2011. The results of the pilot indicated that the group element was vital for children and young people to develop a greater understanding of domestic violence, and the ability to give and receive peer support was found to be empowering (Sharp et al, 2011).

Children and young people reported a reduction in self-blame, an increase in emotion regulation, an increased understanding of safety planning (Sharp et al, 2011). Although this programme is aimed at children, young people, and mothers in recovery both Sharp et al (2011) and the Cedar Network (2019) discuss the flexibility of the Cedar programme, and the ability to adapt the intervention to suit local needs.

Adaptations discussed in the Cedar Network (2019) report include an intervention for children aged 0-4 years (Early Years Domestic Abuse Recovery: EYDAR) developed by Fife Cedar Plus, the development of post-intervention supports (including informal group meet-ups).

## COMMUNITY GROUP PROGRAMME FOR CHILDREN & YOUNG PEOPLE

The Community Group Programme (CGP), first developed in Canada, is a 12-week psycho-educational group-based programme for children and young people who have experienced domestic violence with a concurrent mothers group intervention. The intervention has been rolled out in England (under the name AVA Project) and an evaluation was conducted in 2012 (Nolas, Neville & Sanders-McDonagh, 2012). Outcomes for children identified in the evaluation included greater positive feelings about themselves and their lives, greater feelings of being listened to and supported, higher awareness that antisocial responses to difficult situations were inappropriate, and greater pro-social approaches to dealing with conflict (Nolas et al, 2012). Children valued the opportunity to explore their feelings, and sharing their experiences in a safe manner, and also rebuilding their relationship with their mother (Nolas et al, 2012).

Similarly, mothers valued rebuilding their relationship with their child (Nolas et al, 2012). As mentioned above, this programme has been rolled out across the UK (as the AVA Project), across Scotland (as the Cedar Project) and across Ireland (as the TLC Kidz Project).

## THE CHANGING PLACES PROGRAMME

The Changing Places Programme adopts an intervention approach based on cognitive behavioural therapy and was developed by the Cheshire Domestic Violence Abuse Partnership (Alison, 2005). The programme was developed to address the destructive behaviours of young men who have been exposed to domestic violence and it has been evaluated as part of PhD research (Curtis, 2010). This 11-week group-based programme is designed for adolescents aged between 14-21 (Curtis, 2010). The results of this study in terms of outcomes is mixed, suggesting that the intervention had limited effect on changing the young peoples' attitudes and reasoning towards abusive behaviour, however results also found an increased understanding of one's role in situations, improved confidence and self-esteem, greater identity awareness, improved friendships, greater emotion regulation, improved experiences at school, and increased feelings of happiness (Curtis, 2010).

## HELPING HANDS

The Helping Hands programme, a psycho-educational prevention programme developed by Women's Aid Federation Northern Ireland (WAFNI) and the Department of Education, is aimed at delivery in schools to provide preventative and early intervention for children and young people. The programme was based upon the Protective Behaviors Programme, which was developed in the 1970s in Wisconsin, USA. The Protective Behaviors organisation emphasises the rights of children to safety and support and aims to empower children to build support networks comprising safe adults they can trust. The Helping Hands programme was endorsed by the Protective Behaviours Network UK and was also informed by the work of the children's services staff across the eight Women's Aid groups.

The programme helps children to understand the warning signs of abuse. An evaluation of the teacher training programme for the delivery of Helping Hands was conducted in 2011 (WAFNI, 2011). The evaluation of the teacher training programme found an increased understanding of the context and impact of domestic violence among participants (WAFNI, 2011). An evaluation on the impact of Helping Hands on children and young people has not been published to date but research work is currently underway with schools across Northern Ireland, commissioned by WAFNI, and is anticipated to be published in early 2022.

## LET'S TALK

The Let's Talk programme is a 12-week group therapeutic programme for children affected by domestic violence which includes a concurrent programme for mothers. This programme is delivered in the London Borough of Hounslow and a grey paper identifies the weekly topic schedule and provides feedback from children and mothers who have participated in the intervention (London Borough of Hounslow (Undated). Children stated that they enjoyed the activities, including an activity which taught them about anger and mothers stated they found a number of elements useful, including meeting with people who have shared experiences; talking about problems and problem solving; having a greater understanding of their children's feelings and the impact on them.

## LINX

The LINX programme is designed to target empathy awareness through experiential learning and has been evaluated as part of PhD research (Ley, 2011). Participants in this study identified a greater range of behavioural coping strategies had positively impacted their relationships and they also exhibited heightened empathy awareness (Ley, 2011). Participants stated that changes made may not be long lasting and they also indicated a need for ongoing individual intervention or supports (Ley, 2011).

**Table 3: Characteristics of interventions from the grey literature**

Intervention	Intervention Participants	Intervention Duration	Intervention Type	Additional Details	Resources
<b>TLC Kidz</b>	Children (up to 18) and Mothers in recovery	12 weeks	Group-based psycho-education	Concurrent children and mothers' group. Children grouped by age, maturity and development	2 facilitators per group
<b>Cedar</b>	Children and Mothers in recovery	12 weeks	Group-based psycho-education	Concurrent children and mothers' group	2 facilitators per group
<b>Helping Hands</b>	Children in primary schools		Psycho-education prevention programme	Overall aim is to increase children's understanding of feeling safe and explore and promote behaviours which will contribute to a safe environment.	Delivered by teachers or youth groups
<b>Let's Talk</b>	Children and mothers	12 weeks	Group-based psycho-education	Concurrent children group and mothers' group. Referrals only accepted if the perpetrating adult does not live in the family home.	Play therapist
<b>LINX</b>	Adolescents	12 weeks	Group-based psycho-education	Focused on young people who display externalising behaviours.	
<b>The Changing Places Programme</b>	Adolescents aged 14-21	11 weeks	Group-based cognitive behavioural therapy	Utilises behaviour modification, behaviour therapy, including relaxation training, social skills training, self-instructional training, cognitive restructuring, problem solving training, rational emotive therapy, cognitive therapy, and schema focus therapy	Cognitive behavioural therapist
<b>Community Group Programme</b>	Children and mothers	12 weeks	Group-based psycho-education	Concurrent child and mothers' group intervention. Groups are designed around four core themes: 1. Validation of the children's experiences. 2. Safety Planning. 3. Understanding abuse and reducing self-blame. 4. Appropriate versus inappropriate expressions of emotions	

## 4.3 Survey

The survey was sent via email to 28 email addresses belonging to domestic violence services within Ireland.

Of those 28, one email was marked as unsent due to an invalid address. In total there were 11 responses (41% of the population), 10 of which granted permission for their organisation to be named in this report (see Table 4 below). One of the respondents, Bray Women's Refuge, are not currently offering services to children and young people as they were closed due to COVID-19 and the funding used to provide services had been

withdrawn. 55% of the respondents are located in an urban setting (n = 6), 1 service is located in a rural setting, and 4 services stated that they operate in both urban and rural settings. These services provide a mix of clinical supports, standardised interventions (e.g. TLC Kidz) and in-house interventions (programmes developed by the service). These are detailed in Table 4 below.

**Table 4: Domestic Violence Services for Children from Survey Responses**

Name	Location	Geography	Services Provided
<b>Adapt Domestic Abuse Service</b>	Limerick	Urban & Rural	<ul style="list-style-type: none"> <li>› One-to-one Play Therapy</li> <li>› Group Play Therapy</li> <li>› TLC Kidz</li> <li>› Incredible Years</li> <li>› Afterschool Service</li> <li>› Early Years' Service</li> <li>› Youth Club</li> <li>› In-house Interventions</li> </ul>
<b>Amber Women's Refuge CLG</b>	Kilkenny	Urban	<ul style="list-style-type: none"> <li>› One-to-one Play Therapy</li> <li>› TLC Kidz</li> <li>› Safety Planning</li> <li>› Parenting Support</li> <li>› Parenting When Separated Programme</li> <li>› Free Play with Childcare Worker</li> <li>› Group Work Activities</li> <li>› Referral to Services</li> <li>› In-house Interventions</li> </ul>
<b>Ascend Domestic Abuse Services for Women</b>	Tipperary	Rural	<ul style="list-style-type: none"> <li>› Referral to Services</li> </ul>
<b>Bray Women's Refuge</b>	Wicklow	Urban	<ul style="list-style-type: none"> <li>› Not currently providing services (due to COVID and lack of funding)</li> </ul>
<b>COPE Galway</b>	Galway	Urban & Rural	<ul style="list-style-type: none"> <li>› One-to-one Therapeutic Play (in-house and in community)</li> <li>› Parent and Child(ren) Play Sessions</li> <li>› Helping Hands</li> <li>› Youth Group</li> <li>› Group Work</li> <li>› Parent Support</li> <li>› Referral to Services</li> <li>› In-house Interventions</li> </ul>

Table 4 continued

Name	Location	Geography	Services Provided
<b>Cuanlee CLG</b>	Cork	Urban	<ul style="list-style-type: none"> <li>› One-to-one Art Therapy</li> <li>› Group Art Therapy</li> <li>› Safety Planning</li> <li>› TLC Kidz</li> <li>› Referral to Services</li> <li>› In-house Interventions</li> </ul>
<b>Cuan Saor Women's Refuge</b>	Tipperary	Urban	<ul style="list-style-type: none"> <li>› One-to-one Play Therapy</li> <li>› One-to-one Art Therapy</li> <li>› Group Art Therapy</li> <li>› Safety Planning</li> <li>› TLC Kidz</li> <li>› Parenting Under Pressure Programme</li> <li>› Referral to Services</li> <li>› In-house Interventions</li> </ul>
<b>Donegal Domestic Violence Services</b>	Donegal	Urban & Rural	<ul style="list-style-type: none"> <li>› One-to-one Art Therapy</li> <li>› Safety Planning</li> <li>› TLC Kidz</li> <li>› Referral to Services</li> <li>› Residential Support</li> <li>› Supervised Access Programme</li> </ul>
<b>Meath Women's Refuge</b>	Meath	Urban	<ul style="list-style-type: none"> <li>› One-to-one Play Therapy</li> <li>› Group Play Therapy</li> <li>› One-to-one Music Therapy</li> <li>› Safety Planning</li> <li>› TLC Kidz</li> <li>› Referral to Services</li> <li>› Psychoeducational Supports for Children &amp; Young People</li> <li>› In-house Intervention</li> </ul>
<b>Women's Aid Dundalk</b>	Louth	Urban	<ul style="list-style-type: none"> <li>› One-to-one Play Therapy</li> <li>› Group Play Therapy</li> <li>› One-to-one Counselling</li> <li>› Group Counselling</li> <li>› Life Story Therapy (children 6-12)</li> <li>› Psychotherapy (young people 12-18)</li> <li>› Safety Planning</li> <li>› Supervised Access Project</li> <li>› Children and Young Persons in Refuge Project Worker</li> <li>› TLC Kidz Programme</li> <li>› Referral to Services</li> <li>› In-house Interventions</li> </ul>
<b>Anonymous</b>			<ul style="list-style-type: none"> <li>› One-to-one Counselling</li> <li>› In-house Interventions</li> </ul>

## IN-HOUSE INTERVENTION PROGRAMMES

As well as providing clinical based therapies (play therapy, counselling, etc.) and standardised intervention programmes (TLC Kidz, Helping Hands, etc.) domestic violence services across the country are also providing intervention programmes developed within the service to children and young people, based on the needs of those engaging with their service. Of those who completed the survey, eight provide in-house intervention programmes (see Figure 1 for overview of topics).

Meath Women's Refuge provide a play-based intervention programme for children, specifically developed to support children in their recovery of domestic violence. The programme covers topics including identifying emotions, keeping safe, and coping mechanisms. The programme has been evaluated, and feedback has been incorporated into a new iteration of the programme. When asked about the reason for choosing this particular support for children, Meath Women's Refuge stated:

**Children need to have a space where they can explore their feelings and emotions around domestic violence in a safe and supportive environment. We name the experience for children in child-friendly terms such as shouting, hurting, fighting at home and we discuss how this can make us feel many different things.**

Solas Óg is a group-based programme developed by COPE Galway. This ten-week group work programme is run in the community with a maximum of 6 children per group. This programme, and the services provided by COPE, were developed through collaboration with staff, young people, and mothers and the forty-year experience of the charity working in this area. It is important to note that the respondent stated "we could see what was needed but needed funding and appropriate infrastructure to make it happen".

Amber Women's Refuge provide a domestic violence intervention programme entitled "Hear Our Voices" which deals with the impact of domestic violence. The programme was designed specifically to deal with issues faced by mothers parenting children in pre-, during, and post-abuse contexts and for age-friendly interventions, for children dealing with the effects of domestic violence and abuse. Cuanlee work with children using an age specific workbook that explores their understanding of why they are in refuge and also explores their experiences of domestic violence and abuse. Similarly, Cuan Saor provide one-to-one, tailored programmes for children who have experienced domestic abuse.

When asked the reason for providing these supports, Cuan Saor stated:

**With our experience of working over years with children who are living with, or who have experienced, domestic violence in the family home, we have, as an organisation, developed interventions that we feel provide a safe and secure environment for working with both mum and child.**

Adapt Limerick have developed a suite of in-house interventions, including an intervention for teenagers, a baby support programme, and a healthy relationship programme. The Domestic Abuse Teen Support programme (DATS) explores a range of topics related to domestic violence and coercive control including, the power and control wheel, victim blaming, cycle of abuse, "how I feel about family", coercive control, red flags in relationships, and mindfulness. This programme was developed specifically due to the need to develop understanding of the lived experiences of domestic violence in this age group. The baby support programme offers one-to-one time for babies with the childcare staff. The Healthy Relationships programme is delivered in schools and focuses on topics such as domestic abuse awareness, coercive control, red flags and green flags in relationships.

Women's Aid Dundalk also provide a number of in-house interventions including a parenting programme and a schools-based programme. The Parenting Through Trauma programme is an 8-week, group programme for mothers who are parenting within a domestic violence context. The programme aims to empower mothers and develop their understanding of domestic violence and the impact on their children and their parenting capacity. This programme was developed due to the needs of women accessing the service, these women felt responsible for the abuse they had suffered and the impact on their children. The programme was developed over 2 years and was piloted in 2019. This programme currently runs 4 times a year, with 8 women per group. The Safe Hands programme is a 6-week programme delivered to national school children in 4th- 6th class. The programme focuses on developing an understanding of domestic violence and provides supports for children in relation to accessing safety, who to talk to, and managing emotions. This programme was

developed due to the lack of domestic violence programmes for National school aged children and the understanding that children and young people are directly impacted by domestic violence in the home. This programme is delivered over 6 weeks in the classroom by two facilitators. This programme is currently being delivered in 6 schools each academic year.

Another respondent to the survey (Anonymous) offers in-house intervention programmes for both parents and children. Providing support sessions for mothers focusing on the parenting challenges specific to domestic abuse and providing services to children and young people after assessing their individual needs allowing for the development of interventions suited to the individual. This service has stated that they:

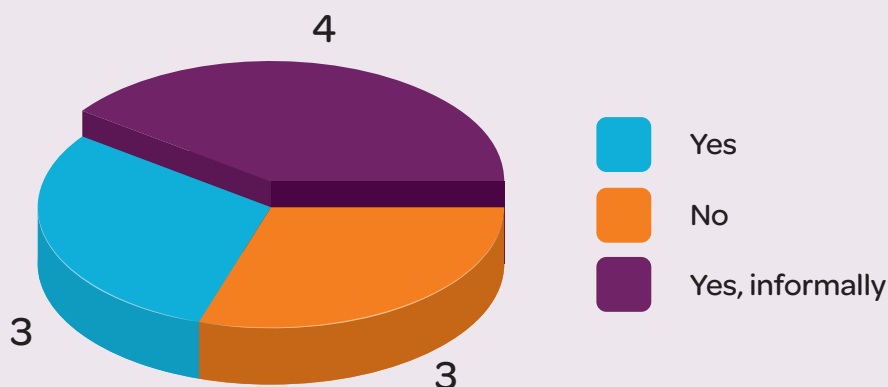
...recognise the individuality of each child and young person attending and the resulting different needs for each client and family.

**Figure 1: Topics Covered in Programmes Delivered by Irish Domestic Violence Services**



## EVALUATION OF SUPPORTS

**Figure 2: Number of Services who have Undertaken Evaluations of their Supports for Children and Young People**



Of the 11 respondents, 7 services have evaluated the supports they provide to children and young people. Of those 7 services, 4 services have informally evaluated the supports (e.g. chatted with participants or facilitators) and 3 services have both informally and formally evaluated their supports (e.g. chatted with participants or facilitators and collected survey data). One service, COPE Galway, has received funding to complete an evaluation and are currently advertising for a suitable researcher. Reasons for not undertaking evaluations of supports include: no funding available; limited time and resources; and staffing levels.

Overall evaluation of the supports was found to be positive, for both children and young people and their parent/caregiver. Feedback suggests that the supports received have been useful, have had a positive impact on behaviour, have improved familial relationships, and have improved emotional expression (Anonymous respondent). Women's Aid Dundalk have described the feedback received from parents and children, social workers, National schools and teachers. Parents and children have indicated that the supports received from Women's Aid

Dundalk have been hugely beneficial to their wellbeing, peace of mind, feeling of support and being proactive in their recovery. In terms of their school-based interventions, Women's Aid Dundalk provide insights into the feedback received:

**Feedback from National Schools is that it has been hugely beneficial to children in the room who are living or have lived with abuse and has validated for them and their classmates that this is not okay and they have a right to feel safe. Teachers say it has allowed them a platform to talk more openly to their students and has educated them in how to work with mothers who they are aware are living with abuse... it has given them a better understanding of what the family may have endured.**

## GAPS IN SUPPORTS

Respondents were asked to describe any gaps in the supports currently provided to children and young people through their service. Gaps were identified in relation to limited funding, resourcing, and supports for specific age groups. For example, Ascend receive limited funding to provide play therapy but it is not a sustained or ongoing service. Ascend also identify the lack of supports for those currently in crisis, experiencing domestic violence in the home as services in the North Tipperary area provide post-separation services only (e.g. TLC Kidz). Donegal Domestic Violence Services stated play therapy as a gap in their service provision. This was a support that the service provided in the past but no longer provides due to lack of access to a play therapist. A service, wishing to remain unnamed in this report, highlights their lack of provision for providing group interventions and a lack of staff resources to meet the growing demand on the service. They also stated that they have a very limited ability to engage in community awareness and education programmes due to resourcing.

Meath Women's Refuge identify a gap in supports for young people over the age of 15, stating the need for additional resources to be able to reach this age group. Additionally, they are hoping to be in a position to provide more parenting supports for mothers in the future by introducing the Circle of Security programme. Cuanlee note that a lot of the supports they provide are suitable for children aged 5 and over but a gap is present for those younger. They believe that a programme should be provided from pregnancy and in early infancy that specifically addresses attachment.

COPE Galway state that the plan for the Solas Óg programme is to develop a staged approach, accessed by children and young people as they get older. In the past 3 years they have been able to expand their support services to young people aged between 18-25, an age group previously not supported. Future plans for COPE include the development, in conjunction with young people, of a suite of books covering topics such as separation, incarceration of a parent, and access.

## MANAGEMENT OF CHILD AND YOUNG PEOPLE SERVICES

Of the 11 respondents to the survey, 9 services stated they have dedicated staff roles for services for children and young people, and 1 service stated they currently do not have dedicated staff but did in the past. All 11 respondents stated that it is important for domestic violence organisations to have a dedicated child and young people staff role. The qualifications held by dedicated child and young people staff in these organisations include Level 6 qualifications in child care and early years education and degrees (Bachelors, Masters) in psychology, social work, social care, child family and community studies, music therapy and play therapy, and psychotherapy.

The services for children and young people in 8 of these organisations are managed by a co-ordinator who has oversight of all programmes and supports for children and young people. The supports in one service are managed by the management team, and the management of children and young people supports in one service is integrated into the duties of other staff members, and one service currently does not have services for children and young people.

A number of services have a team of staff working with children and young people. For example, Meath Women's Refuge have three employees in their children's team including a Child Development and Support Worker, a Play Resource Worker, and a TLC Kidz Coordinator. Adapt employs a Coordinator and a team of 9 staff involved in providing services for children and young people.

## INTER-AGENCY SUPPORTS

Of the 11 respondents, 2 do not currently provide supports for children and young people in collaboration with other agencies, organisations or school, including Bray Women's Refuge which is currently closed. TLC Kidz is delivered by a number of the services (see Table 4 above). Ascend currently deliver the Healthy Relationships Programme to Transition Year students under Healthy Ireland Funding. COPE Galway work closely with Tusla social workers and family support workers. They also work closely with schools both in relation to their clients and also to deliver healthy and unhealthy relationship workshops to Transition Year students. Donegal Domestic Violence Services work with local schools, YouthReach, Foróige, and Springboard. Cuan Saor is a member of, and works with, a number of organisations and community and voluntary groups including Community Mothers Programme, Tipperary Rape Crisis & Counselling Centre, Infant Mental Health, CYPSC, Prevention, Partnership and Family Support (PPFS), and Child and Family Support Network (CFSN). Women's Aid Dundalk also work in conjunction with other

agencies and organisations including National Schools, Tusla, Genesis, MACE, and the Louth Leader Partnership. The delivery of these supports is managed by the staff member in charge of child and young people's supports within the domestic violence services or the TLC Kidz coordinator for the TLC Kidz programme if different.

## RESOURCING

The respondents were asked to provide details of the resources needed to provide their supports for children and young people including staffing, materials and resources, room and building requirements, and financial resources. Table 5 details the resource requirements of the participating domestic violence services. Where information is unknown by the respondents the relevant table cell has been left empty, where services do not provide on-site supports for children and young people the relevant table cells have been filled with N/A and where respondents have answered in relation to extra resources they would need the relevant table cells have been left blank.

**Table 5: Resource Requirements for Domestic Violence Services Providing Supports for Children and Young People**

Name	Staffing	Materials & Resources	Rooms & Buildings	Financial
<b>Adapt Domestic Abuse Service</b>	11 Staff Members	Arts & Crafts Xbox Outdoor Play Materials Messy Play Materials Projective Play Materials Role Play Materials Supervision & Training for Staff	Outdoor Play Area Sensory Room 5 Rooms in Creche-based Service	
<b>Amber Women's Refuge CLG</b>	Childcare Worker		Playroom	
<b>Ascend Domestic Abuse Services for Women</b>	Tutor on contract to deliver Healthy Relationships Programme	N/A	N/A	
<b>Bray Women's Refuge</b>	N/A	N/A	N/A	N/A

Table 5 continued

Name	Staffing	Materials & Resources	Rooms & Buildings	Financial
<b>COPE Galway</b>	8 Staff Members	Toys Books Arts & Crafts Sensory Play Activities IT Equipment	Playroom Youth Space Office Space	
<b>Cuanlee CLG</b>				
<b>Cuan Saor Women's Refuge</b>				
<b>Donegal Domestic Violence Services</b>	1 Staff Coordinator	TLC Kidz Materials Other Materials	Room for the Co-ordinator Playroom	Salary for Coordinator and running costs from Tusla
<b>Meath Women's Refuge</b>	3 Staff Members		Playroom Use Community Centre to Facilitate Group Programmes	Salary of 3 Staff Members Group Intervention and Staff Training are funded externally
<b>Women's Aid Dundalk</b>	37 Staff Members: Full-time Child Support & Supervised Access Coordinator 1 Play Therapist 2 Child Support Workers 1 Children & Young Persons Project Worker 7 Supervised Access Workers 23 Child Care Workers (Creche) 1 Full-time Creche Manager 1 Full-time Assistant Creche Manager	Arts & Crafts Materials Administration Materials Storage Specialist Play Therapy Equipment Toys Specialist Life Story Work and Memory Books 5 Laptops Office Furniture	Play Therapy Rooms 3 Supportive Therapies Offices (Leased)	Tusla funds the Play Therapist. Also, in receipt of MACE funding.
<b>Anonymous</b>	1 Part-time Staff Member	Arts & Crafts Materials Sensory Materials Expressive Toys Soft Materials Blocks Books as story-telling tools Instruments		

Additional resourcing identified by the 11 respondents includes additional day-to-day materials (e.g. arts & crafts materials, toys, sensory materials), space (e.g. therapy rooms, play rooms), and staffing (e.g. additional child workers, play therapists). A number of services indicated that their provision for supports for children and young people is dependent on external funding, indicating that the long-term provision for services is not guaranteed.

## ADVICE

Survey participants were asked to provide advice to a service wishing to implement supports for children and young people. This advice focused on planning and investigation prior to creating supports, including the development of a framework and visiting services that already have supports in place. Meath Women's Refuge suggested:

The need to develop a framework for the work is important. Developing risk assessments and support plans which really capture the child's experience is crucial in being able to provide the right support to children and young people. I think as a domestic violence service it is critically important to know when it is the right time to offer a recovery support and when it may not be the most appropriate time for a child to engage.

Adapt suggest starting small and making sure the supports are safe for children and young people to access. They also highlight the importance of ensuring the programmes are fun and the facilitators know the content. COPE Galway advise to:

**Visit other services and get a feel for similar services to your own. Visit other youth services for ideas for layout. Speak to other service staff about how they set up, considerations, funding, staffing etc.**

Donegal Domestic Violence Services stated the time and effort intensive nature of setting up supports for children and young people and said the supports "work better if done in conjunction with other services working with the same families". Cuanlee also suggest developing a way of collecting feedback from the children accessing your supports to let them inform the supports that are provided.

Anonymous advice includes practical steps in the functioning of the spaces used for providing supports for children and young people, including the time needed to re-set a room after therapy/ group programmes, appointment scheduling, and minimising overwhelm by limiting the use of posters and decorations.

## 4.4 Interviews

**Two interviews were conducted with staff working in the area of domestic violence in Ireland: Lisa Marmion, Services Development Manager, Safe Ireland; and Áine Costello, National Coordinator of the Childhood Domestic Abuse Project, Barnardo's.**

The interview with Áine Costello focused on the TLC Kidz programme and the work of Barnardo's in respect of domestic violence (See Appendix II for interview schedule). The interview with Lisa Marmion focused on ideas for bringing best-practice work to children and young people living with domestic violence and coercive control.

### ÁINE COSTELLO

The development of the TLC Kidz programme as a response to domestic violence came about due to the lack of services for children who had experienced domestic violence:

**...there were no services for children...they were looking at services for children, they wanted an interagency approach, one that supported children.**

The Community Group Programme from Canada was identified as a potential programme as it had been implemented in the UK, the programme was "child led" and it incorporates mother groups. The programme hasn't been adapted from the programme that is delivered in the UK (AVA Project) or in Scotland (Cedar Project), as the programme is an evidence-based model. The programme itself, within Barnardo's, has been renamed to the TLC Kidz Project "because it captures the breadth of the work that happens outside of the 12-week programme". One of the reasons this programme was initially chosen was because it "was an evidence-based model that incorporated, really focused on, the journey of recovery for children and families living with domestic violence". The programme can also be adapted to suit the needs of the service, for example it was adapted for "delivering it through COVID". Tailoring the programme may

be necessary "as needs arise" but it is important that the adaptations are made due to "the best interests... of the child" rather than due to resourcing or staffing issues.

Another crucial element was the "multi-agency approach" because "there's shared responsibility of domestic violence and abuse among service providers". The impact of the programme then extends beyond the 12-week delivery:

**...it's the shared responsibilities, increased case consultations, of upskilling and awareness raising in your local area... so it has huge knock on impact in the community**

The structure of this programme within services is that it is delivered by facilitators and managed by a TLC Kidz Coordinator. "The importance of having a Coordinator in post" is, as identified by Áine, "to drive it [TLC Kidz] in an open area". This enables the programme to really encompass the project ideals:

**...we've always maintained for the community coordinated approach where the steering group are the drivers in the local area for responding to childhood domestic violence**

The Co-ordinator role should be filled by someone "with an understanding of the impact of domestic violence and abuse" and they should have a broad understanding of "all the dynamics of coercive control and domestic violence". The TLC Kidz Co-ordinators are "linked into a National network

of TLC Kidz projects around the Country". This network enables opportunities for the sharing of supports, and the development of best-practice coordination. Facilitators are trained to "facilitate the 12-week programme" and the Co-ordinator's role "extends far beyond the 12 weeks", they are also responsible for "awareness raising". It is important to note here that there "is a lot of support out there for areas that set-up [TLC Kidz] in the local area".

Strengths of the TLC Kidz programme includes the "multi-agency approach", the "upskilling of your partner services and agencies" and the "benefits you get from working with other services". For example, each child on the programme is getting responses from multiple services. This multi-agency approach also ensures that children and young people who may be unsuitable for the TLC Kidz programme will receive the care and supports they need, for example children who "may be in crisis", this approach leads to a "real supportive capacity for families once they're referred". The community-based nature of the TLC Kidz programme is seen as another strength, as it ensures the programme "is accessible" and barriers, such as transportation and childcare, are removed as much as possible.

The programme content itself "would have all the 12 things you would expect from a recovery programme for domestic violence". A key strength of this content is the "communication piece between mother and child on the programme, and engagement". Experience from meeting with families prior to participation in the TLC Kidz programme would be a lack of communication between mother and children, but after taking part in the programme:

...there's a real openness around domestic violence, increasing communication, they're talking about fighting and hurting a lot more easily... that's, I think, a huge part of lessening isolation for families... especially for children to realise that they're not the only one.

In terms of Barnardos working in an area with a domestic violence service already in situ, Barnardos "always" takes "a partnership approach":

...It's always been very much in collaboration and partnership...with the domestic violence services. And that's where it works best...In terms of facilitation, delivery, referrals, steering group, every aspect of it will be in partnership with the domestic violence service.

When TLC Kidz is introduced to an area "the lead agency identified in the area would set up the steering group". This could be a pre-existing group, for example a "CYPSC sub-group", or a separate steering group, but it would be "local area dependent". The steering group should be comprised of "all the key players" including those who "work with childhood domestic violence", "perpetrator programme", "Tusla, PPFS [Prevention, Partnership and Family Support], housing, potentially mental health" services. The steering group would have "an oversight, advisory group capacity" and would:

... support the ongoing programme in terms of maybe releasing staff to be facilitators and providing the venue ...children... would feedback to the coordinator, to maybe the steering group about issues that are arising for them in the local area...patterns that are arising for families...would also come to the steering group and they would respond.

The provision of facilitators would be a key element of the steering group as there would “potentially be six or seven facilitators from a range of agencies delivering the programme” at any one time. Advantages of the steering group include “learning from each other, building networks in your local area... and evaluating... looking at funding”.

“Consent and engaging fathers” have been identified as one of the challenges in running the TLC Kidz programme but also that “it probably doesn’t happen as much” as you would think. However, this challenge is “really risk assessed to see what’s safe for the family... it doesn’t present itself as much of a barrier” and this is “due to maybe the recovery nature of the programme”. One of the benefits of the multi-agency approach would be the provision of “some service for the dad, as well, in your local area”. Post-separation access is a really important consideration for Barnardo’s and they “feel that the person best placed to assess that risk is the mother themselves”. This process is “handled very delicately” and is “on an individualised case-by-case basis”.

In relation to the gendered nature of domestic violence, Barnardo’s have worked in collaboration with services to form a “National Advisory Group” who put together a definition of “what does domestic violence mean and what does children’s experiences mean”. This work incorporated the importance of “participation” and led to “a shared understanding of childhood domestic violence and within that the gendered nature is acknowledged”. Requests have been received asking if men can participate in the TLC Kidz programme and if there was a “cohort of young children... whose fathers were victims... absolutely do the children’s programme”, however it is acknowledged that “it would probably be more common that it is women who are victims” seeking participation in the programme.

Lastly, Áine was asked if she had any advice for a service wishing to provide supports for children and young people experiencing domestic violence:

... I think the multi-agency aspect is really core in terms of its successful delivery... I think it’s important as well, that individualised support, for some children where a group might not be suitable, and for those kids living in crisis that they get wrap-around support. That it’s trauma-informed and domestic violence informed... The children will give you the advice, through the infographic called Our Rights Your Responsibilities (see Appendix III). There’s 20 key messages for professionals on how to respond to children living with domestic violence and abuse.

## LISA MARMION

An interview was conducted with Lisa Marmion, to receive feedback on the first iteration of this report, and to discuss ways to bring best-practice to working with children and young people living with domestic violence and coercive control.

Lisa identified the importance of drawing “particular attention to post-separation abuse... because as a sector we’d be fully aware of that... beyond the sector it’s not as clearly understood”. Additionally, Lisa highlighted the “need for intervention across a child or young person’s journey” and not “just addressing one point in the child’s journey”.

The “recipe for successful work in this area” would be for DVAS to have a “lead role” because “being at a very high proficiency [of knowledge] around this issue is one of the core elements to success”, and for collaborative, multi-agency work as “the answer lies in the shared approach”.

Key skills and knowledge for the development and implementation of supports for children and young people would be “expertise [in DV]...working with children is required...that you would have expertise, experience, knowledge, and capacity in working directly with children”. In order for a service to successfully introduce supports for children and young people, adequate resourcing is required along with a dedicated staff role for the management and implementation of the supports:

**...any kind of development would need to be resourced, not just on an annual basis, but multi-annual funding there and a commitment beyond a year... needs a dedicated child support role, as opposed to an add-on to an existing support role.**

When programmes are “parachuted in” and are not “embedded with a core role” within a service, it’s not “cost effective... you’re going to pay more than if you actually have a solid staff member who’s building on working with the children and young people across the age range in a variety of mediums”. The ingredients for success therefore are “money, role, sustainability, specialism... proper interagency” collaboration. This interagency work needs to be “guided by proper terms of reference and proper protocols” rather than “relationship based” as that “fall by the wayside when people leave”.

There’s also a need to provide supports “across all age groups and ranges”. The issue of consent was also discussed in relation to the challenges children and young people, and their mothers face in getting “the help at the right time, and the right help”. Providing a “suite of options across children and young people’s journeys” can go a way in addressing that issue, and in fact it would be essential that the “exclusion for children’s involvement in these programmes to be at a minimum”. Being “age sensitive” is important here, but also being sensitive to “where they are at in terms of their own development” for example, if a group could be facilitated with 12-18 year olds “there’s a big difference between a 17 year old and a 12 year old” but even removing the age-sensitivity, consideration needs to be focused on “whether they are fit or able for” the programmes.

Once supports have been put in place for children and young people, it is essential to gain feedback from the participants because the “involvement” of the “voice” of children and young people is essential. “The research is telling us what children need without actually asking children”. The content of the interventions is also important, in particular Lisa mentioned the “benefits of play therapy” and “the nurturing, and...support [of] the recovery of the mother child relationship” as this has been found to be “a really important part for children’s recovery into the future”.

Additionally, it was noted that developing an understanding of the supports currently available for children and young people across Ireland was important for those unfamiliar with the sector, because although a number of services are providing a lot of supports, “realistically there’s not a huge amount more happening...and...the sector can log the position now, take that moment in 2021 into 2022 and see the progression from there”. Conversely:

...there is a lack of understanding that this work has been ongoing for over a decade, and quite a few services, like the likes of Women’s Aid Dundalk... the likes of Cuan Saor... the likes of Adapt Limerick, have those bigger projects, but then a majority of others have an appetite to do it and haven’t been resourced at all.

This piece of work may also prove beneficial for accessing funding for the sector as a whole:

we’re moving now...and going to the Department of Justice...So this work I can’t tell you... how important it is around being able to just ‘here we are, this is really what’s needed’... a to-do list for any Department around what needs to happen next

Lastly, the need to provide education and training on domestic violence and coercive control was highlighted because currently:

what you’re reliant on is worlds colliding in the right way, where somebody has their work with children, and they then connect with a specialist DV service and they build capacity there. Wouldn’t it be lovely to have, at degree level... accreditation in this area as well

To conclude, the interviews with both Áine Costello and Lisa Marmion have provided a rich insight into working with children and young people experiencing domestic violence and coercive control, and the essential elements required for effectively provisioning supports. The interviews have also supported the peer-reviewed, and grey literature findings of this report, including the importance of inter-agency collaboration and a dedicated role for the management and implementation of supports for children and young people within a domestic violence service.



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## Conclusions and Recommendations

5

## 5 Conclusions and Recommendations

**To conclude, it is clear that there is a dearth of research exploring the efficacy of intervention programmes for children and young people experiencing domestic violence in the literature.**

However, there are a number of key outcomes from the research and grey literature in relation to providing evidence-based supports. These outcomes are also supported by the results of the survey study and interviews. A key message from the research indicates that there is no one best intervention, instead a range of interventions could be suitable depending on the individual circumstances of the child and young people and the stage they are at in their experiences of domestic violence (e.g. early stage, crisis, recovery etc.).

Effective interventions provide opportunities for children and young people to explore and understand their experiences of domestic violence, but they also include opportunities for non-trauma related intervention i.e. emotional regulation and intelligence development, self-esteem and self-perception development, development of coping strategies and so on (Callaghan et al., 2018; Hall, 2019; Romano et al., 2019).

The inclusion of the primary caregiver in the intervention process is also essential, along with ensuring interventions and supports are tailored to the individual needs of the children and young people (Graham-Bermann et al., 2007; McWhirter, 2011; Romano et al., 2019). This has also been identified by respondents of the survey administered to domestic violence services in Ireland. Both individual and group-based interventions have been effectively used to enable children and young people to develop positive social skills and understanding of healthy relationships (Patterson et al., 2018).

It is recommended that a multi-agency approach is taken when developing supports for children and young people experiencing domestic violence. The literature highlights the multi-faceted nature of experiencing domestic violence and the need for a cohesive and connected set of supports from across organisations, including domestic violence services, social work, schools, police, and youth organisations (Healey et al., 2018; Macvean et al., 2018; Stylianou & Ebright, 2021). The interviews with Lisa Marmion and Áine Costello also support the strengths of the multi-agency approach in providing wrap-around supports for children, young people, mothers, and families.

A dedicated role should be established to act as a co-ordinator of supports for children and young people and as a liaison between services and agencies, it is essential that communication and collaboration be at the heart of these supports and therefore identifying an individual with responsibility for understanding and co-ordinating these services will better ensure service provision. This role would benefit from being situated in a domestic violence informed service, as those experiencing domestic violence require specialist supports which can be provided by services with in-depth knowledge and understanding of their lived experiences, indeed research suggests that framing supports with a domestic violence informed lens is necessary (Anyikwa, 2016; Evans & Feder, 2016; Macvean et al., 2018).

The establishment of play therapy services is also recommended, the literature supports the utilisation of both individual and group-based child centred play therapy to enable children and young people to explore their experiences of domestic violence and to build healthy relationships, coping strategies, and develop emotion regulation (Hall, 2019; Kot et al., 1998; Patterson et al., 2018).

Research has highlighted the importance of tailoring interventions to the individual needs of the child in order to fully support them and to mediate the impact of domestic violence (Buckley et al, 2007), as such it is recommended that any intervention implemented for children and young people be tailored to suit the individual and group needs of those participating. Additionally, studies exploring concurrent or included parent interventions found more positive outcomes for children and young people (Graham-Bermann et al., 2007; McWhirter, 2011), therefore it is recommended that interventions incorporate a parent intervention element, either with the children or young people or run concurrently. Research has indicated that group-based interventions provide greater opportunities for children and young people to develop healthy social skills, gain a deeper understanding of their own experiences, and feel connected to others who have shared in similar experiences (Callaghan et al., 2018; Patterson et al., 2018).

When considering provision for supports and interventions for children and young people experiencing domestic violence it is important to explore the potential challenges in relation to parental access. Research states that access can be used as a mechanism for further abuse and coercive control, highlighting that thorough risk assessment procedures and policies should be in place to fully support the primary care givers and children and young people (Hester, 2011; Holt, 2015; Kelly et al., 2014; Thompson-Walsh et al., 2018). Additionally, it is recommended logistical and practical factors be fully explored to eliminate barriers to participation, for example identifying suitable locations to deliver interventions, challenges surrounding transportation, and the timing of delivery in relation to access agreements.

As previously stated, the specific format of intervention is not as important as tailoring supports to the individual needs and circumstances of the children and young people, therefore it is recommended to create a suite of interventions and supports to encompass the needs of a wide range of children and young people.

For children who are in the recovery stage, post-separation, the TLC Kidz programme is recommended. This programme, the AVA programme and the Cedar programme were originally called the Community Group Programme. The Cedar programme has a demonstrated history of flexibility and the Cedar Network identify the ability adapt the programme, and indeed encourage adaptation, this in conjunction with the discussion with Áine Costello indicate that the TLC Kidz programme has the flexibility to be adapted to the needs of the service in which it is implemented. Additionally, this programme, as the Cedar programme in Scotland, has already been adapted for use with infants (EYDAR) and further adaptations have included the introduction of post-intervention supports (Cedar, 2019; Sharp et al, 2011).

The MPOWER programme is recommended for older children and adolescents, as it provides a resource (rather than deficit) focused approach to encourage young people to take control of their own intervention journeys to explore empowerment, their lived experiences, and develop connections with other young people in similar circumstances (Callaghan et al., 2018). An individual and group-based child centred play therapy intervention is recommended, as described in Patterson et al. (2018). This intervention combines both group and individual elements cross a 12-week period to allow children and young people to safely explore their lived experiences. This type of intervention is recommended as it combines a number of elements identified in the literature as effective for ameliorating positive outcomes, i.e. incorporating a group element to the intervention and the use of play therapy as a medium.

A final recommendation for specific interventions is that of the Helping Hands prevention programme, this programme is recommended as research supports the necessity for prevention and early intervention programmes for domestic abuse (McCarry, Radford, & Baker, 2021). An evaluation of the Helping Hands programme is currently underway, commissioned by WAFNI, and a report is expected to be launched in early 2022. To date no other evaluation has been conducted so the overall efficacy of the Helping Hands programme cannot be commented on in this report.

Lastly, it is recommended that a national research programme be undertaken to explore the supports and interventions currently delivered across Ireland and to evaluate the efficacy of these programmes. Supports and interventions

currently available include play therapy, standardised intervention programmes, and interventions and programmes created in-house within individual services. A large amount of work is being done across the country in this area to provide supports for children and young people, but a number of challenges and barriers are in place to prevent the investigation of the impact of these services, including resourcing and funding. The lack of empirical evidence in the academic literature highlights the need for consistent and ongoing evaluation of interventions and supports to ensure the continued best-practice development of services to ensure children and young people are given the best opportunities available to them.

## 5.1 Summary of Recommendations

A summary of the recommendations is detailed below:

- 1 A multi-agency, multi-level approach is recommended to ensure children and young people across a range of situations and experiences are supported.
- 2 A dedicated role should be established to act as co-ordinator, liaison, and manager for interventions and supports across services. E.g. a role within DVAS to support the delivery and implementation of interventions and to liaise with outside agencies and organisations to provide co-ordinated supports across Sligo and Leitrim.
- 3 A steering group should be developed, regardless of the types of interventions that will be implemented, comprising multi-agency representatives from across the local area including but not limited to: Tusla, Garda liaisons, schools, mental health services, housing agencies, social works, youth groups.
- 4 It is recommended to provide opportunities for children and young people to receive supports from a suitably qualified play therapist.
- 5 It is essential that any intervention implemented needs to be tailored to the individual needs of the children and young people, therefore the recommended interventions should be adapted as necessary.
- 6 All interventions and supports should include an element of intervention for the primary care giver of the child or young person, whether that involves including them in the intervention programme the child or young person is receiving or whether a separate, concurrent parenting psycho-educational programme is delivered.
- 7 A group element should be considered with any interventions undertaken.
- 8 It is important that practical factors are fully explored, including timing of interventions (e.g. do they coincide with access?), provision of additional resources and supports for those attending interventions (e.g. transport, childcare etc.), location of interventions (e.g. neutral location).
- 9 It is important that a national investigation and evaluation of the supports provided to children and young people is undertaken, a large amount of work is being done but there is no clear sharing of knowledge or research across services.
- 10 Based on the research discussed in this study, the following interventions are recommended (see Table 5 for resources):
  - i. TLC Kidz programme for children and young people in recovery: can be adapted to local needs
  - ii. MPOWER (Callaghan et al, 2018)
  - iii. 12-week child-centred play therapy intervention (Patterson et al, 2019) for children and young people at all stages of experience of domestic violence
  - iv. An early intervention/prevention programme is also recommended, however with a dearth of empirical evidence present, the Helping Hands programme is recommended with the caveat that an evaluation study be conducted with services and schools delivering the programme within Ireland. This recommendation may further be supported by the upcoming evaluation report due to be launched in early 2022.

**Table 6: Recommended Interventions and Resources Required**

Name	Staff	Training	Materials and Resources
<b>TLC Kidz</b>	Co-ordinator (Can be remit of dedicated child services co-ordinator role).  Facilitators (for each group, comprising staff from across agencies involved)	Training provided by Barnardos – currently free of charge.  Part of a National Network of Coordinators.	TLC Kidz toolkit provided by Barnardos. Room for Groups.
<b>MPower</b>	2 Staff Facilitators (ideally with therapeutic training, youth worker, play therapists, or domestic abuse support workers)	Training provided by Callaghan et al – currently free of charge.  Two Training Sessions and Follow-up Support	Manual provided but delivery of the programme is intended to be flexible and guided by the participants. It is designed to run with children and young people regardless of parent engagement. The programme uses creative methods to explore safety, sources of coping and resilience, power and relationships
<b>12-Week Play Therapy</b>	Play therapist (ideally domestic violence informed)		Room for individual and group play therapy. Toys.
<b>Helping Hands</b>		Two-day accredited training programme (Effective Communication Skills for Social Guardians Delivering Helping Hands” (Approximately £375 per trained facilitator)	Training and classroom pack (£130 approximately and £100 for a refill pack [for 30 children])

To conclude, in the first instance it is crucial to provision for, and recruit of, a Child and Young Person Coordinator, ideally situated within the local domestic violence service. This role would be responsible for the provision of services and supports for children and young people in the area.

The next step would be the development of a multi-agency steering group, coordinated by the Child and Young Person Coordinator. The steering group would consist of all the key agencies and organisations responsible for services for families, children and young people, and the community. The steering group would be responsible for the development of services in the local area for children and young people, based on the recommendations contained in this report, in consultation with children and young people, in consultation with other domestic violence services, and based on the needs of those in the community, identified by the expertise of those agencies on the steering group.

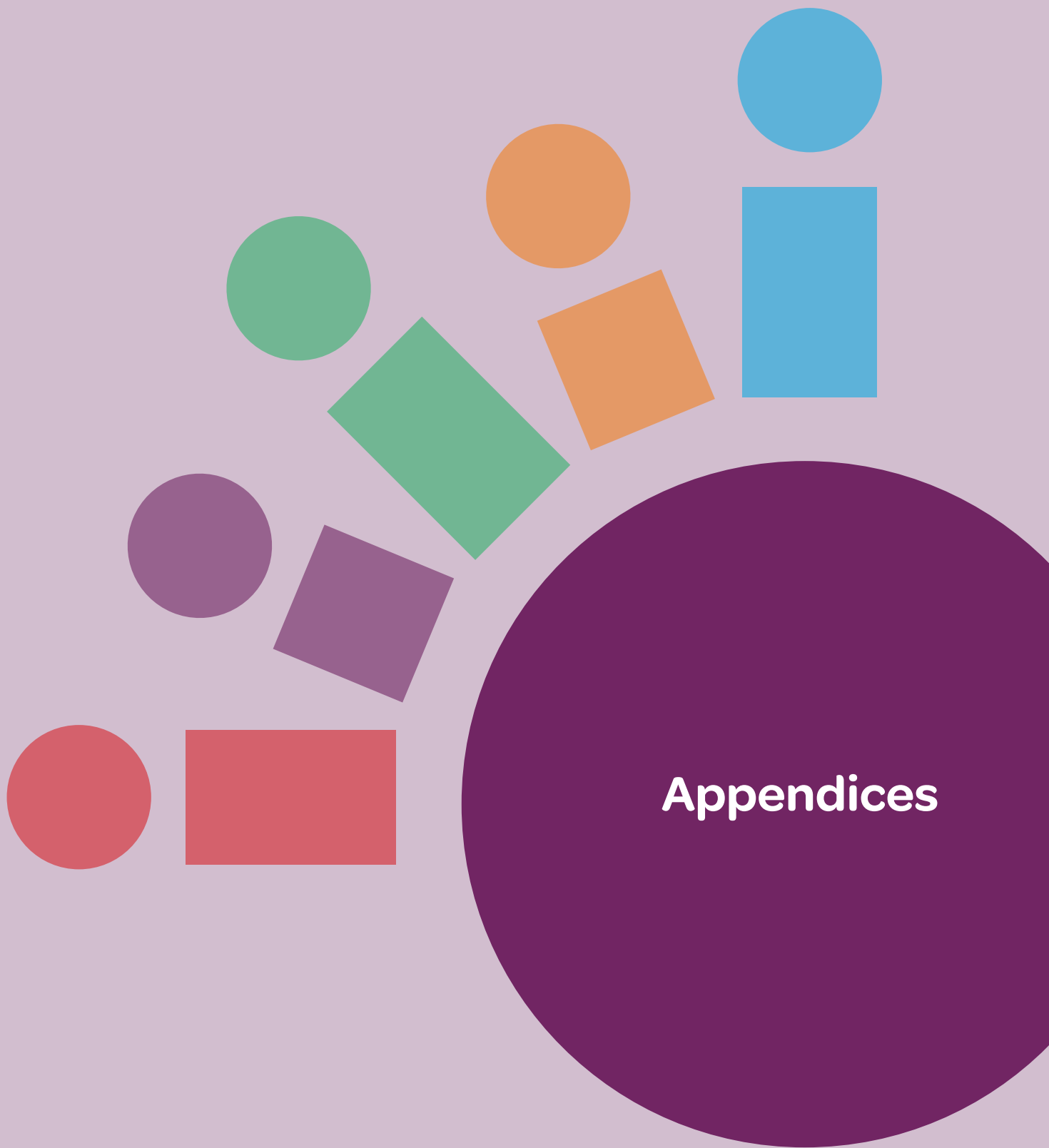
Additionally, it is important to create a programme of interventions, workshops, or awareness raising training for those with direct contact with children and young people on a daily basis, including programmes for schools and teachers. Ensuring an understanding of domestic violence, the key signs to look out for, and ways to support those affected, can permeate through the local area, creating a domestic violence informed community.

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## ●●●●● Appendix I: Survey Questions

### Domestic Violence Services for Children and Young People

Thank you for considering participating in this research project. The purpose of this document is to explain to you what the study is about and what your participation would involve, so as to enable you to make an informed choice.

The purpose of this study is to establish the range and content of children's programmes currently being delivered by domestic violence services in Ireland. This project is funded by Sligo Leitrim CYPSC and is overseen by the Domestic Violence Working Group. Should you choose to participate, you will be asked to complete a survey, which will include items on the supports offered by your organisation, how these supports are managed, and the resources required to run these supports.

Participation in this study is completely voluntary. There is no obligation to participate, and should you choose to do so you can refuse to answer specific questions or decide to withdraw from the study. All information you provide will be confidential, protected throughout the study, and will be available to the researcher, Siobhan O'Neill. Your contact details, name or IP addresses will not be collected at any point. We will ask you to provide the name of your Organisation, this information will be used in the report to list the supports you provide, you may leave this question blank if you do not wish your Organisation to be named.

You maintain the right to withdraw from the study at any stage up to the point of data submission. At this point your data will be collated with that of other participants and can no longer be retracted.

The data will be stored securely on the Researcher's OneDrive system for 2 years post project completion. The information you provide will be used in a report for the Sligo Leitrim CYPSC Domestic Violence Working Group on evidence-based domestic violence programmes for children and young people aged between 0-24. This report will be used to develop services for children in the Sligo Leitrim areas.

We do not anticipate any negative outcomes from participating in this study. Should you experience distress arising from participating in the research, please use this contact details of the Researcher involved in this study, who will provide assistance in identifying appropriate support services: Siobhan O'Neill, Saol Research Consultancy e: [siobhan@saolresearch.ie](mailto:siobhan@saolresearch.ie) or [siobhanoneill2@msn.com](mailto:siobhanoneill2@msn.com)

If you have any queries about this research, you can contact Siobhan O'Neill at [siobhanoneill2@msn.com](mailto:siobhanoneill2@msn.com) or [siobhan@saolresearch.ie](mailto:siobhan@saolresearch.ie)

If you have a concern about how we have handled your personal data, you are entitled to this raise this with the Data Protection Commission.

<https://www.dataprotection.ie/>

Should you become aware of a data breach you should report it to the data controller, the data controller for this study is Siobhan O'Neill, Saol Research Consultancy,

[siobhan@saolresearch.ie](mailto:siobhan@saolresearch.ie)

"A personal data breach occurs when the data is accessed, disclosed, altered, lost or destroyed in contravention of an organisation's obligation to keep personal data in its possession safe and secure"

<https://www.dataprotection.ie/>

If you agree to take part in this study, please complete the consent question below.

**\*Required**

1. I consent to participate in this survey\*

*Mark only one oval.*

Yes

☐ No Skip to section 6 (Thank you!)

**Services**

2. What is the name of your Organisation?

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3. Do you consent to your Organisation being named in the report?

*Mark only one oval.*

☐ Yes

☐ No

4. Which of these best describes the general area of your Organisation?

*Mark only one oval.*

☐ Urban

☐ Suburban

☐ Rural

☐ Remote

☐ Other: \_\_\_\_\_

5. Does your Organisation provide the following services for children and young people? Select all that apply

*Tick all that apply.*

☐ One-to-one play therapy

☐ Group play therapy

☐ One-to-one counselling

☐ Group counselling

☐ In-house intervention programme (Programme developed by your service)

☐ TLC Kidz (no adaptations to the programme)

- ☐ Adapted TLC Kidz
- ☐ One-to-one art therapy
- ☐ Group art therapy
- ☐ Safety Planning
- ☐ DART Programme
- ☐ Incredible Years
- ☐ Referral to services
- ☐ Other: \_\_\_\_\_

6. If you selected "Other" above, please detail the additional services you provide.

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7. If you provide In-house Programmes (programmes developed within your Organisation) please provide details of the programmes

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8. Why have you chosen to provide these supports in particular?

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9. If you previously provided specific supports for children and young people but no longer provide them, please provide details of the supports and why you no longer provide them.

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10. Do you think there are gaps in the supports you provide? For example, certain age groups or supports

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## Programme Delivery & Training

11. Do you have dedicated staff roles for the provision of services for children and young people?

*Mark only one oval.*

- ☐ Yes  
☐ No, but we used to  
☐ No

12. If yes, what are their academic or work experience backgrounds?

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13. Do you think it's important for DV Organisations to have a dedicated child and young people staff role?

*Mark only one oval.*

- ☐ Yes  
☐ No  
☐ Maybe

14. How are your services for children and young people managed? i.e. Is there a co-ordinator, managers for specific programmes/services, are they incorporated into the roles of other staff members?

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15. Do you provide supports in collaboration with other agencies/organisations/schools?

*Mark only one oval.*

- ☐ Yes  
☐ No

16. If yes, what agencies/organisations/schools do you work with?

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17. If yes, who co-ordinates the work between your organisation and the other agencies/organisations/schools?

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18. Please detail the delivery of your services e.g. located in your building or in the community, delivered on weekends or weekdays etc.

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19. Please detail the topics covered in your programmes e.g. safety planning, emotion regulation, trauma related topics, non-trauma related topics, relationship building etc.

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20. What challenges do you face in providing services for children and young people?

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21. If you deliver standardised Programmes (e.g. TLC Kidz) did you receive training?

*Mark only one oval.*

☐ Yes

☐ No

22. If yes, how was this training delivered to staff?

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23. If you deliver standardised Programmes (e.g. TLC Kidz) did you receive toolkits?

*Mark only one oval.*

☐ Yes

☐ No

24. Has your organisation adapted standardised programmes (e.g. TLC Kidz) for delivery with your service users?

*Mark only one oval.*

☐ Yes

☐ No

25. If yes, what adaptations were made and why?

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## Evaluation

26. Has your Organisation evaluated the supports you provide for children and young people?

*Mark only one oval.*

- ☐ Yes, we have formally evaluated the programmes  
(e.g. collected survey data etc.)
- ☐ Yes, we have informally evaluated the programmes  
(e.g. chatted with participants or facilitators)
- ☐ Yes, we have formally and informally evaluated the programmes
- ☐ No, we have not evaluated the programmes

27. If you haven't evaluated the programmes, what has prevented you from evaluating?  
e.g. staffing, funding, resources?

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28. If you have evaluated your services, formally or informally, what feedback did you receive?

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29. If you have evaluated your services what changes have you made to your programmes based on the evaluations?

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## Resources

30. Please detail the staffing requirements for running your services for children and young people

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31. Please detail the materials and resources required for running your services for children and young people

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32. Please detail the room/building requirements for running your services for children and young people

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33. Please detail the financial requirements for running your services for children and young people

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## Thank you!

Thank you for participating in this survey. If you have any questions about this research please feel free to contact the Researcher, Siobhan O'Neill at [siobhanoneill2@msn.com](mailto:siobhanoneill2@msn.com) or [siobhan@saolresearch.ie](mailto:siobhan@saolresearch.ie)

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## Appendix II: Interview Schedule

1. How was the TLC Kidz programme initially developed?
  - a. Why did Barnardos choose this model specifically?
  - b. Strengths & Weaknesses?
  - c. Adaptations?
  - d. Co-ordinator role?
2. Does Barnardo's work differently in areas of the Country where a domestic violence service is already present?
3. Can you tell me about the inter-agency aspect of TLC Kidz?
4. Can you tell me about the Safe and Together work currently being undertaken?
5. How does Barnardo's assess post-separation access?
6. Could you tell me about the stance Barnardo's takes in relation to the gendered nature of domestic violence?

# Our Rights, Your Responsibilities

Resp

1. SEE US. Don't ignore us. We have lived with it too.



2. Listen to us  
WE MIGHT BE YOUNG  
BUT OUR VOICES AND OPINIONS  
MATTER!

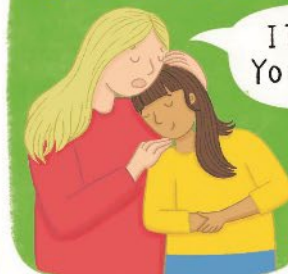
14. Ask us  
even  
to ask  
?

3. Believe  
everything  
we say

4. BE KIND

to us because we feel  
all the pain too.

5. ALWAYS TELL CHILDREN



IT'S NOT  
YOUR FAULT

6. Introduce yourself,  
explain your  
job and be  
clear to us.



7. Talk to us in a soft tone,  
NO RAISED VOICES.



8. Take time  
to get to know us.  
Don't rush and  
don't start with  
the hard stuff.

10. Be tuned into our

9. Always ask us how  
even if we look happy  
sometimes we can look  
but really we are hur

By the Empower kids Team hosted by Barnardos (CHY 6015/RO



Because childhood lasts a lifetime

# Responding To Childhood Domestic Violence and Abuse

Allow us to ask questions- if we have them 10 times.

15. Allow us to PROCESS THIS INFORMATION in our own time and then come back to us.



Do things to help us Keep Calm- and comfort us.

13. DON'T PUT US UNDER PRESSURE BY ASKING ONE QUESTION AFTER ANOTHER REALLY QUICKLY.

17. BE PATIENT. We have lived with this for so long it has become the norm.

ASK us questions about the problem when playing with us.

18.



ALLOW US OUR INDEPENDENCE

11. **TALK**

about fighting and hurting with us - don't shy away from it.

19. We should be asked to give an opinion about what's going to happen next.

needs.

We feel, by: k happy ting.



20. Keep us Safe  
We have no control over what happens in the family.



N 20010027)

## Appendix IV: Description of TLC Kidz Project

(PROVIDED BY ÁINE COSTELLO, BARNARDO'S)

**The TLC Kidz Project is a community coordinated response for children and mothers in recovery from domestic violence and abuse. The TLC Kidz Project seeks to create a common vision and shared responsibility among services in supporting the recovery of children and young people who have experienced domestic abuse.**

The TLC Kidz Project was established to raise awareness of the impact of domestic violence on children and young people, to provide a coordinated inter-agency response, to upskill professionals and to support children and young people in their recovery.

At the core of this project, is an evidence informed 12-week, psycho-educational, group programme is for children and young people (5 - 18 years) and their mothers recovering from domestic abuse. Child and mother groups are run concurrently.

The TLC KIDZ programme is an early intervention and recovery approach for children and young people who have experienced domestic violence and abuse. This is because early intervention is about reducing risk, increasing safety and wellbeing, and mitigating the long-term effects of domestic abuse on health and wellbeing, education, relationships and development.

The programme helps children and young people heal from the impact of domestic abuse, and helps mothers in understanding their child's experiences and support their recovery.

### It also aims to:

- Empower children and young people to share their experiences, to have their voices heard, to be believed and to feel validated.
- Support children and young people and their mothers in recovering from their experiences by focusing on strengthening the mother child bond.
- Raise awareness among local agencies within the wider community of the impact of gender based violence and abuse on children, young people and families.

### The Guiding Principles of the TLC KIDZ Programme are:

- Women, children and young people should be able to live their lives free of violence and abuse.
- The safety and well-being of children, young people and their mothers is of paramount importance when offering this service.
- Groups should be available to children, young people and their mothers from diverse cultural communities, lesbian, bisexual and transgendered communities and differently abled persons such as hearing impaired, developmentally, or mobility challenged.
- A feminist perspective on the provision of intervention and support to abused women emphasizes the importance of a woman feeling respected for her ability to make positive decisions for herself and her children. While men also experience domestic violence and abuse, research tells us that the prevalence and experience of DVA is a gendered issue; with women being disproportionately affected.
- The service provided is nurturing, non-judgmental and well-informed
- Research and evaluation is valued as a means of ensuring an effective, quality service.

Barnardos TLC Kidz has been the subject of a comprehensive evaluation by independent research consultants, published in January 2018 (Furlong et al). A core objective of their study was "an examination of the impact of the programme on child and mother outcomes, with a particular focus on the child's holistic development."

The researcher's analysed Barnardos data as well as the anonymised case files of 33 families who attended from 2015-17. More in-depth data was obtained in face-to-face interviews with nine children and eleven mothers who completed the programme from 2013-17. The evaluation determined that TLC Kidz "contributes to positive, sustained outcomes for children and mothers recovering from domestic abuse." The evaluation's recommendations – including children's and mothers' voices – today informs practice.

#### Outcomes include:

- Breaking the silence and isolation regarding domestic abuse
- Children and their mothers knowing what to do if in an unsafe situation
- Appropriate expression and regulation of difficult emotions (e.g. anger, anxiety, sadness)
- Mothers having a greater understanding of their children's experience of the violence
- Children having more support from mothers

### GIVING VOICE TO SELDOM HEARD CHILDREN AND YOUNG PEOPLE

Each local area TLC KIDZ project engages in youth participation work which aims to hear what children and young people are saying about their experiences of domestic violence and abuse and advise on how we can adapt our responses as a result. By giving voice and influence at local area level, it creates an understanding among service providers and decision makers about children and young people's experiences, and enhanced collaboration in responding.

### MULTI AGENCY COLLABORATION

Pivotal to each TLC KIDZ Project is the multi-agency (statutory and non-statutory) Steering Group whose membership shares the common goal of supporting children who have experienced domestic violence and abuse as they heal and recover from their experience. The Steering Group works collaboratively to support and enhance the work of the TLC KIDZ Project by bringing together a diverse and dynamic skill set.

A co-ordinated interagency community response highlights that responsibility for safety should not rest with individual families, but with the community and services they come into contact with and is based on the principle that no single agency or professional has a complete picture of the life of a child or young person who lives with domestic violence and abuse.

Collaboration is the absolute key to success in working in the area of domestic violence and abuse and operating a TLC KIDZ Project. Having community buy in that demonstrates support and partnerships is essential to sustaining a healthy programme and maximising resources. The many benefits include:

- Increased safety for children, young people and mothers. raises awareness across agencies of the impact and issues arising from domestic abuse for children, young people and their mothers.
- Skills obtained at group are transferable to other settings.
- Agencies start to take a shared responsibility for the issue of domestic abuse and committed to a community-coordinated approach.
- communication on domestic violence and abuse and relationships across and between agencies improve.
- Case consultation across agencies becomes more commonplace.
- Children, young people and women feel supported by a range of agencies rather than 'the specialist one'.
- Constructive dialogue starts at the interface of agencies who deal primarily with child protection or primarily with women.
- Increases individual practitioner's knowledge and expertise.

In order to achieve true collaboration in developing TLC KIDZ community partners must be brought in all facets of the programme. This begins with establishing a strong steering group. It is recommended, where possible that the advisory committee members consist mainly of individuals at a management level within the participating agency. Community partners provide skilled and knowledgeable facilitators, space, referrals, support and guidance to the programme



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