From 'Rights to Action': practitioners' perceptions of the needs of children experiencing domestic violence

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ABSTRACT

Not only has research over the past decade documented the emotional and behavioural consequences for children who witness domestic violence, but a number of studies have used children as participants thus, giving them an opportunity to describe their experiences in their own words. In policy terms, there has been a growing emphasis on children's rights and the importance and understanding of children's perspectives on their own lives. Consequently, children can no longer be perceived as forgotten victims where domestic violence is concerned. This paper explores practitioners' awareness of the needs of children and young people living with, and fleeing from, domestic violence. The research, conducted in a rural area in Wales, reveals that although the views of practitioners reflect the concerns reported by young people in other studies, there can be barriers to meeting these needs. While policy prescribes engaging with children, at the institutional level, operational priorities and increasing administrative demands can actually reduce opportunities for working directly with children. These demands may hamper the development of multi-agency practice.

INTRODUCTION

Many policy initiatives designed to tackle domestic violence have tended to focus on meeting the needs of adult victims and failed to fully acknowledge the experiences of children and their need for specialist support. Children have been variously described as 'forgotten', 'silent' or 'hidden' victims (Elbow 1982; Groves *et al.* 1993; Abrahams 1994; Hester *et al.* 2007); however, it is important that they are viewed not simply as 'innocent bystanders caught up in the crossfire' but as 'victims in their own right' (Devaney 2008, p. 444). While not all children who witness adult violence in the home are necessarily affected in the same way or to the same degree (Kitzmann *et al.* 2003), they are rarely passive observers (Fantuzzo & Mohr 1999). The violence takes place in the child's immediate living environment and they experience it from the position of subjects and not objects: 'Children who experience violence in their homes experience it with all their senses' (Øverlien & Hydén 2009,

p. 480). Indeed, as Irwin *et al.* (2006) maintain, the use of the term 'witnessing' in this context does not truly reflect the extent to which children may become involved in abusive encounters in the home.

Children who live in households where adult-to-adult domestic violence occurs are considered more likely to suffer physical abuse or neglect than children who do not encounter such violence (Osofsky 2003). Given this co-occurrence, domestic violence is an important indicator of potential harm to children and therefore a child protection issue. Following legislation in England and Wales, the 'impairment suffered from seeing or hearing the ill-treatment of another' is now identified as a form of significant harm (Adoption and Children Act 2002, s. 120). While this illustrates the increasing recognition of the impact of domestic violence on children, evidence suggests that defining the witnessing of domestic violence as a form of significant harm does not guarantee that children will receive the support they need (Stanley *et al.* 2011). Furthermore, not all such children will require

help from the statutory child protection services, but many may benefit from more general child welfare service provision (Edleson 2004).

There is a wealth of evidence to show that children who witness violence between adults, or experience its aftermath, can suffer negative consequences (Rivett *et al.* 2006; Stanley 2011). Research reveals that exposure to domestic violence in childhood is related to a number of conduct disorders, trauma symptoms and social problems (Holt *et al.* 2008) and can have a negative impact on a child's psychosocial development (Buckley *et al.* 2007). Furthermore, actions taken by mothers to move to a refuge to keep themselves and their children safe can result in homelessness for older children, particularly young men, when refuges are unable to support them (Communities and Culture Committee 2008).

Given the complexity and enduring nature of domestic violence, women and children may require help and support from a variety of statutory and third sector agencies (Harne & Radford 2008). Where domestic violence coexists with parental substance misuse or mental illness, the cumulative effect on the child can be more serious and the situation may require careful inter-agency collaboration (Gorin 2004; Cleaver *et al.* 2007). The importance of developing a multi-agency response to ensure effective action for sufferers was recognized by feminist activists as far back as the 1970s (Harwin *et al.* 1999). From an official policy perspective, partnership working has been increasingly promoted since the 1990s in England and Wales (Home Office 1995, 2003). The introduction of Crime and Disorder Partnerships towards the end of that decade gave an impetus to the development of local domestic violence multi-agency fora, but at the same time ensured that they were very much part of criminal justice partnerships in which a criminal justice discourse was prioritized (Home Office 1998; Harvie & Manzi 2011). The notion of partnership in this context should not be viewed as a purely practical development; it also has an ideological dimension. According to Welsh (2008, p. 172), '. . . not only does national and local government appear to see it as the way to take *on* the problem . . . but partnership is also seen as the way to take *forward* the problem' (emphasis in original). However, partnership working can be hampered by differences in organizational culture, professionals' attitudes towards domestic abuse and operational priorities in multi-agency groups (Blythe & Shaw 2009).

While the concept of joint working is now seen as central to providing effective family support services and safeguarding children (Department for Children, Schools and Families 2010), key agencies have not always appreciated that the incidence of domestic violence should be seen as an indicator for assessing the needs of those children who are living in the same household as the victim (Stanley & Humphreys 2006; Humphreys *et al.* 2008). However, while there is evidence of the emergence of strategies for supporting both adult and child victims, current policy and practice has a tendency to focus on monitoring the welfare and well-being of children who are experiencing domestic abuse, rather than planning early interventions to address the situation. According to McGee (2000), a common perception among victims (both women and children) is that services are reactive rather than proactive and there is a need to make services more accessible and child-friendly. This supports earlier work recommending that children's needs should be prioritized rather than marginalized when supporting families (Hester 1998). Following this, some researchers have interviewed children about their experiences of living with domestic violence (Gorin 2004; Øverlien & Hydén 2009; Stanley *et al.* 2012).

As a result of an increasing awareness of the possible adverse effects exposure to domestic abuse can have on children, researchers have explored the responses of child welfare practitioners, the role of multi-disciplinary teams and the specialist training and support provided for staff engaged in frontline work (Frost & Robinson 2007). This research highlights how key health, social care and educational professionals lack awareness of the dynamics of children's experiences of domestic abuse and as a result do not always respond appropriately (Holt 2003). There is also evidence of a 'cultural divide' between social work departments and domestic violence agencies (Radford *et al.* 2006). The latter tend to adopt an advocacy approach, which can result in an uneasy alliance, when integrating practice, with the care management approach characteristic of social work. In highlighting differences in professional discourses and practices, Hester (2011) comments that 'despite two decades of multi-agency working, practitioners from the three different areas of domestic violence, child protection and child contact work are continually surprised at the different approaches each uses, including their differential thresholds for defining "harm" or providing intervention' (Hester 2011, p. 839). The existence of these different practice cultures can potentially inhibit the development of inter-agency co-operation to ensure that the needs of both abused women and their children are met.

Protecting the welfare of children living with domestic violence partly depends upon the ability of practitioners to determine the type and level of need in individual cases, and the availability of appropriate services to meet the needs identified. In this context, it is essential that policy and professional practice is based on a broader and more complex understanding of the significance of domestic violence in the lives of children (Rivett & Kelly 2006). While some agencies have made progress in identifying and responding to children exposed to domestic violence, Stanley *et al.* (2011) note the importance of developing inter-agency structures to promote the effective sharing of information to help ensure that, in those cases which fall outside the social services' threshold for intervention, families are directed to other agencies.

The research reported here describes practitioners' perceptions of how living with and fleeing from domestic abuse impacts on children and young people, and how key agencies and service providers respond to the needs of children who are exposed to domestic violence.

Welsh context

Police in Wales recorded 48 576 incidents of domestic violence during 2011–2012, of which 13 821 were categorized as crimes (Task and Finish Group 2012). The research reported here was undertaken in a rural county in mid-Wales between 2008 and 2010. Over a 12-month period from 2008 to 2009, there were 230 reported incidents identified as domestic abuse county-wide. Of these, 44% were in the local area covered by the study. According to police data, in just over one half of these cases children were recorded as being directly involved in the incident and not just witnesses.

At the time the research was undertaken, the *All Wales National Strategy for Tackling Domestic Abuse* (Welsh Assembly Government 2005) provided a framework for the development and delivery of services. This strategy embraced a comprehensive definition of domestic abuse by referring to physical, sexual, emotional and financial forms of abuse. In addition, it included threatening and controlling behaviour, and actions designed to undermine the self-confidence of individuals, as types of abusive conduct. The policy also acknowledged that the majority of adult victims are female and perpetrators are predominantly male. A key principle of the strategy was perpetrator accountability. However, in common with many other policy documents on domestic abuse, no detail was provided as to how perpetrators might actually be held to account. The extent to which practitioners hold male perpetrators responsible as parents is an emerging theme in the literature (Devaney 2008).

One of the strengths of the policy response was that it marked a shift from a conceptualization of domestic violence as solely an adults' issue: three of the seven key aims of the strategy related specifically to children and young people. These were (i) to improve service provision for all victims; (ii) to protect children and young people from the negative impact of domestic abuse; (iii) to educate and inform children and young people to enable them to make informed choices. Achieving these aims requires practitioners working directly with children. From a safeguarding perspective, the *All Wales Child Protection Procedures* (Children in Wales 2008: 39) sees the effective protection of children being achieved through a clear recognition of 'everyone's responsibilities' and partnership working. The study reported here provided the opportunity to identify any barriers to translating the policy objectives into practice on the ground.

METHODOLOGY

A multi-method research design was employed. The researchers conducted a total of 54 semi-structured interviews with professionals drawn from social services, health, education, police, probation, housing, domestic abuse services and third sector organizations. Two focus groups were also conducted with a representative sample of practitioners drawn from the above groups, along with additional recruits from a local domestic abuse forum. One group explored strategic issues and the other dealt with operational matters. Each group consisted of eight individuals. Interviewees and focus group participants were recruited through consultation with senior management in each organization. A briefing document was disseminated to all staff inviting them to participate in the research.

Five case studies were undertaken of families who had experience of domestic abuse and were living in a ward which was listed among the fifth most deprived wards in Wales (Health Information Analysis Team 2006). This area was chosen in light of the recognition that rates of reported incidents of domestic violence are highest in communities characterized by social deprivation and disadvantaged families living on low incomes (Povey *et al.* 2009). The intention was to maximize access to potential research participants given the rural context. Families were recruited

through advertisements and all adult victims were mothers. The case studies focused on perceptions of service provision.

One of the researchers was invited to observe meetings of a multi-agency group whose remit was to address the needs of vulnerable children. This provided an opportunity to explore the reality of working practices. Documenting the discursive processes between domestic abuse specialists and generic practitioners helped to highlight possible barriers to inter-agency involvement when tackling domestic abuse.

All interviews and focus groups were audiotaped and transcribed. The researchers independently coded the transcripts and the field notes; this was followed by a joint coding exercise to produce a final coding scheme. A thematic analysis of the data was then undertaken using the software package NVivo.

FINDINGS

Three broad themes are explored in this section: practitioners' perceptions of children's lived experience as victims; responding to children and young people exposed to domestic abuse; developing effective working practices.

Practitioners' perceptions of children's experiences of domestic violence

Living with domestic violence

If practitioners are to successfully balance the needs of children with those of adult victims and perpetrators, then they need to have an understanding and appreciation of children's actual experiences in this context. In general, practitioners were aware that there was considerable variation in children's experiences of inter-parental violence and also acknowledged that where there was evidence of domestic violence children were at greater risk of physical, sexual or emotional abuse. Furthermore, the demands made by perpetrators were recognized as having a particular negative impact on children's experiences of family life:

> Normal families focus on the child, making them happy, here [with abusive families] it is the perpetrator and trying to please them because otherwise there is hell to pay. I think the child experiences a huge sense of loss; they feel on the periphery, not central. The burden is huge. (Health Practitioner: 4)

Ideally, the home is conceptualized as a cornerstone of routinized daily activity, offering a stable refuge from the outside world where individuals can develop a sense of 'ontological security' (Giddens 1984, p. 50). However, this is not the case where domestic violence occurs, children were seen as being isolated within an environment that did not provide them with a sense of security:

> They [children] are excluded really, or they exclude themselves, and feel afraid and guilty all the time. They can't express themselves in the home . . . It must be very lonely, a very unsafe place, like trying to adapt in a war zone really. . . . (Senior Social Worker: 1)

Practitioners referred to children being denied a 'normal childhood' by having to take on adult responsibilities. Some interviewees referred to this as a 'loss of childhood' and, as such, an infringement of children's human rights:

> . . . the child is terrified, traumatised and hides and bottles all this up. It is not surprising they can't talk, home makes it impossible for them to do so . . . it is not a normal childhood, they lose their childhood really, it is obscured by the perpetrator. (Probation Worker: 1)

Children were seen as not wanting to burden their mothers further by raising their own feelings of pain and confusion caused by the family situation. Interviewees identified a number of motives for keeping the situation a secret; these included the child's fear of being taken into care and a desire to protect themselves, their siblings, their mother or any family pets from further abuse following threats made by the perpetrator to prevent disclosure. This reluctance to disclose information about domestic violence is well-documented in the literature (Mullender *et al.* 2002), as are children's experiences of coping with adult responsibilities (Stanley *et al.* 2012). The burden borne by children was a major theme in the family case studies. As one mother commented:

> She [six-year-old daughter] was very worried. Her biggest worry was that if she got upset, it would make things worse for me and that was how she viewed things. Which meant that she was closing down and that really worried me. She was keeping this right inside. . . . (Family Case Study: 4)

Practitioners noted that self-silencing could have a negative impact on personal development and the ability to acquire emotional competence. Being unable to express feelings can have a damaging effect on mother-child communication (McGee 2000) and a 'conspiracy of silence' may have to be addressed in cases where mother-child relationships need rebuilding when both are free of the abuse (Humphreys *et al.* 2006, p. 57).

Stepchildren were perceived as particularly vulnerable to feelings of physical and emotional isolation within the family group, especially if the perpetrator chose to make them the focus of abuse alongside that of their mother:

> The step-child . . . the victim's child is most at risk . . . made the fall guy in every family disagreement. . . . For me, there is always one kid, one child, I feel may be very pushed out from the family group, deliberately selected. I worry that they are the ones that may be being subjected to the most serious abuse, especially sexual abuse, but they may be manipulated into a position that makes them feel they deserve it, or they carry a shame with them. They are made to feel they're different from the rest of the family. (Senior Social Worker: 1)

This differential treatment was considered by some interviewees to have a potentially debilitating effect on stepchildren. They could be ostracized and come to view themselves as in some way deserving of the treatment they received. Alienated from other siblings, and feeling unable to confide in adult family members, placed stepchildren in a very vulnerable position.

Fleeing domestic violence

It is at the point of leaving an abusive relationship, and in the immediate period thereafter, that the level of violence can escalate and mothers and children face a heightened risk of homicide or serious harm (O'Hara 1994; Saunders 2004). There was a general perception that children who found themselves in emergency accommodation could experience a sense of loss and isolation at being separated from familiar home surroundings and friendship networks. The situation was exacerbated where an emotional distance had developed between the child and the mother during the time they were living with the perpetrator. In this context, Women's Aid Children and Young People (CYP) workers played a significant role in integrating work with the child with support for the mother. As one mother described:

> . . . she [CYP worker] talked to her [daughter] and made her feel able to talk to me. They began that process, which [when] we were in the house we were both too scared to do. We were denied the right to have a mother-daughter bond; he [the perpetrator] wasn't having it. The worker really helped to begin to break down all the guilt and fear between us. I am parenting for the first time and it is scary but they [CYP workers] helped me more than I can say. (Family Case Study: 1)

The primary challenge facing CYP workers was establishing the trust of children and young people and helping them adapt to their new surroundings. An issue highlighted in interviews with some practitioners and mothers was that secondary school-age boys living in refuges could sometimes feel excluded by the way some of the women living there behaved towards them. They could be made to feel unwelcome in their temporary home, which further compounded their feelings of isolation and exclusion:

> . . . it is an all female environment and I hate to say it, it is hostile toward them [the boys] . . . in the communal living areas they are not made to feel welcome. I know the women there are fragile, letting off steam after being pent up, but they take it out on them [the boys], it's not healthy . . . It's their place of refuge too, they are also victims. (Youth Worker: 4)

To counter this, youth workers felt that more formal links needed to be established between refuges and youth services, to give young people the opportunity to develop new peer group relations through attending community clubs and engaging in sporting activities.

In conclusion, the practitioner interviewees showed an awareness of, and sensitivity to, the plight of children and young people living with or fleeing from domestic abuse. While this degree of understanding at the practitioner level will inform professional practice, it is only one of a number of factors which collectively determine the nature and quality of service provision. Consideration also needs to be given to the local context within which practitioners operate and how administrative procedures and organizational cultures can influence practice.

Responding to the needs of children

From 'Rights to Action'

Wales was the first country in the UK to appoint a Children's Commissioner and has adopted the United Nations Convention on the Rights of the Child as the basis for all its work with children and young people. Two of the seven core aims of the policy, *Rights to Action*, are to ensure that all children are free from victimization and 'have a safe home and a community which supports physical and emotional wellbeing' (Welsh Assembly Government 2004, p. 1). In essence, the policy can be described as rights-based as it is framed in terms of what children are entitled to expect from society. It is asserted that children need to be treated with respect and viewed as active participants and not passive recipients. At a policy level, there is a clear commitment to 'hear the voices of children and young people' (Welsh Assembly Government 2004, p. 2). This section explores how this policy may be translated into practice. The findings describe practitioners'

perceptions of recovery work with children and parents, and any gaps that exist in current practice.

Dealing with disclosure

A policy agenda which includes objectives such as empowerment, recognizing rights, promoting child-centred approaches and organizing services around the needs of children will promote more direct work with children. In the context of domestic abuse, this will be from the point of disclosure, bearing in mind that 'disclosure may not be a single event but a process that takes place over a series of encounters with professionals' (Stanley *et al*. 2012, p. 193). Research shows that shame, the threat of retribution and fear of being taken into care can act as barriers to disclosure for family members (Gorin 2004; Buckley *et al.* 2007). The difficulties encountered in eliciting disclosure and dealing with its aftermath was a recurring theme in interviews with practitioners. Some practitioners referred to having insufficient time to spend addressing needs due to capacity issues within their respective organizations, while others felt that services to provide emotional support were limited and consequently they were reluctant to identify need when they were unable to offer a solution.

Practitioners were generally aware that it could be very difficult for children to reveal details of the abusive nature of their home lives to a professional. If they did do so and were not taken seriously, this could prevent them seeking help in the future. This perception is confirmed in studies where children and young people report how important it is to be listened to and receive a response that is proportionate to the seriousness of their situation (Mullender *et al*. 2002; Stanley *et al*. 2012). Practitioners stressed the importance of ensuring that children are provided with opportunities to talk openly and that their feelings are validated:

> . . . for me it's opening the opportunities for children to speak. Because key to it is understanding the children's view of it. The parents can say, 'Oh I love him, I'll never do it again'. . . . What's happening for the kid within all this? (Senior Social Worker: 2)

Barriers at the organizational level

A common theme across the interviews with practitioners was the need for a shift towards more direct working with children and their parents. There was a widespread belief that current policy focused on *monitoring* risk, rather than *addressing* risk through systematic safety planning with adult victims and direct safety planning with children. While it was acknowledged that recordkeeping was an important part of the social work remit, the increasing bureaucratic demands were seen as reducing opportunities for working directly with clients. This could lead to the needs of children being overlooked and a heightening of the level of risk:

> The emotional needs of living with domestic abuse as a child aren't always taken into account . . .The process of reporting, letters going out . . . may protect us as social workers, that we have done the right thing. I am not sure it protects the child, they often present as very defensive, scared of repercussions, sometimes from both parents not just the perpetrator. And sometimes the whole family may disengage from the few services they are accessing and then I fear the child is even more at risk. (Social Worker: 1)

The perception that the emphasis placed on following procedural guidelines might draw attention away from the well-being of the client can be viewed in the context of the transformation in social work practice from a social casework model to a care management model. As a consequence of this shift in the nature of practice, the social and relational aspects of child welfare social work have become overshadowed by the 'informational' aspects (Parton 2009).

Empowering parents

There are many inaccurate stereotypical images of abused women. For example, mothers are sometimes portrayed as failing to protect their children by wilfully remaining in abusive relationships: a view which overlooks the many barriers to leaving and the fact that in some cases a mother may see staying as being the safer option both for herself and her children (Stanley 1997; Saunders 2004). Indeed, it has been asserted that the provision of services for children living with domestic abuse is premised on women's prime responsibility as 'mother protectors' (Davies & Krane 2006, p. 412).

In stark contrast to the perceptions of specialist domestic abuse workers, a number of generic practitioners subscribed to the view that victims were partly responsible for their victimization. Interviewees described victims as 'lacking basic intuition', thus failing to spot the early signs of an abusive partner, or being 'weak' and 'gullible' individuals who were drawn to abusive partners. Child protection practitioners can be seen as adopting a 'failure to protect' approach when they place all the responsibility for protecting children on the mothers rather than engaging with the men who are responsible for the violence in the first place (Harrison 2006). However,

some generic practitioners had considerable insight into the dynamics of domestic abuse and understood how it influenced working practice:

> . . . we, as practitioners, skirt around the issue because we don't want to provoke dad. In a sense we are doing what the victim does, avoiding a confrontation. (Teacher: 1)

> . . . it is nonsensical, how can she protect her child, if she cannot protect herself? [it can appear that] . . . no one is on her side . . . and no one advocates for her, and she feels more and more guilty and we are colluding with the perpetrator in our blame. 'It's her fault, she is to blame', that is what he (the perpetrator) tells her and that is what she is made to feel by us. (Housing Practitioner: 3)

It was acknowledged that it was unrealistic to expect mothers to provide protection and initiate change if they did not have a clear package of support in place for both themselves and their children. Many specialist practitioners observed that once the adult victim left the family home, they were no longer subjected to the perpetrator undermining their parenting. However, all too often, parents could be further undermined by unsupportive comments made by practitioners, who were unaware that the actions of the perpetrator had a negative impact on the parenting behaviour of the mother:

> It is getting the dynamics right, not a 'them and us' approach. Teachers often say dismissively 'It's the parents'. Well yes, in this instance it is the parent, the father, who is the cause of the problem. If he is no longer around, or just not involved, don't for goodness sake alienate mum. Having a mum and the kid on board, and supporting them, can really give them strength. It is easy to adopt the blame culture, isn't it? Much easier than changing practice, trying something else. . . . (Teacher: 4)

Empowering parents in this context was seen as key to eliciting long-term positive change.

Developing effective working practices

Current policy for victims of domestic violence promotes a coordinated response through multi-agency working. At the local level, while there was still some evidence of silo-working, practitioners who had been involved in the Multi-Agency Risk Assessment Conference (MARAC) acknowledged that it had improved inter-agency communication between different agencies. Across professional groups a multi-disciplinary response involving joint working and good quality information sharing was considered essential. Furthermore, it was recognized that practice arrangements between adult services and children's services needed to be better integrated, especially when practitioners were working with both the adult and the child.

> I know people can be very protective about information sharing. 'Well *you're* working with the adult' and '*You're* working with the child', so there is not always that joined-up thinking about risks as a whole. . . . We have risk covered at the CP [child protection] conference for the child, then risk at the MARAC for the adult victim. We have to listen to the child more and work with both parents where possible, in a much more systematic way. (Specialist Social Worker: 1)

As Stanley *et al.* (2011, p. 2387) assert when discussing the interface between services, information 'has to be mined from a range of sources' which 'constitutes a strong argument for developing collaborative structures that promote effective information exchange'.

Practitioners felt that schools were ideally placed to provide a wealth of information about child welfare and where they promoted a genuinely inclusive ethos they presented an neutral venue for engaging in direct work with children. School may be experienced as a safe place, offering respite from a troubled and unstable home life (Goldblatt 2003). While teachers felt that there was little time for one-to-one pastoral support, largely as a result of increased administrative responsibilities, they saw the value of bringing in external agencies to provide opportunities for children to engage in recovery work.

In general, a holistic approach, addressing the needs of the whole family, including the perpetrator, was advocated by many:

> So many times we just try to 'fix' the child. It is nonsensical . . . a sticking plaster approach. It's families . . . and parenting support [that is needed] . . . tackle it from more than one direction. . . . We must have a more multi-level way of tackling these complex issues; we need to be clever about this, get closer to the problem. (Education Specialist: 16)

Rather than adopting a symptoms-based approach, practitioners felt that as perpetrators were the cause of the problem, they should be made more responsible as parents. Indeed, as Devaney (2008, p. 452) asserts, there is a need for 'a clearer refocusing of professional effort on holding men accountable for their behaviour and in attempting to engage them as fathers in ways which meet the needs of children'. Given that perpetrators could often display deliberately hostile and threatening behaviour, practitioners felt that specific training was required for professionals to equip them with the skills to facilitate engagement with perpetrators. However, this work is very challenging and in the current study, very few instances were reported where practitioners actually engaged with perpetrators and discussed with them the impact their behaviour was having on their children. Interviewees recalled the dynamics in case conferences and children in need

meetings, where the emphasis was invariably on the responsibility of the mother as a parent and little reference was made to the parenting qualities of the perpetrator.

CONCLUSION

According to Øverlien (2010, p. 91), 'The impact on children of exposure to domestic violence is greater than has previously been understood. The research community must spread this message to professionals in the field and to policy-makers'. As much more is now known about the adverse effects exposure to domestic abuse can have on children, a wider understanding of their needs is emerging with the child's needs no longer simply subsumed under the mother's needs. From a policy perspective, children can no longer be described as forgotten victims, as witnessed by the fact that there is growing recognition of their human rights and a stated intention to listen to what they have to say. The findings reported here illustrate that, by and large, practitioners are aware of and sensitive to the needs of children and young people living with, and fleeing from, domestic abuse. The observations made by practitioners reflect the concerns expressed by young people themselves in other studies.

However, an awareness of children's needs is only the first step towards effective practice: if rights are to be realized then active engagement with children is essential in order to assess the level of need and identify the appropriate type of support required. Not all children witnessing domestic abuse are in need of protective services; many may well benefit from supportive services. Given the diverse and differing needs of children, addressing and meeting these needs will involve a number of statutory and third sector agencies. As this study suggests, how practitioners interpret and respond to the needs of children who are exposed to domestic abuse will be partly influenced by their perceptions of the dynamics of domestic abuse, as well as the extent to which the organizational priorities and administrative practices of the agencies in which they work provide scope and support for direct working with children.

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