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Children's experiences of domestic violence: A teaching and training challenge

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In this chapter we explore the complexities of training and teaching students and practitioners about children's experiences of domestic violence. The research conducted on children's experiences has tended to focus on these negative outcomes, representing these children as damaged and vulnerable (Callaghan and Alexander, 2015; Øverlien, 2013). Such research outlines that children have elevated lifelong risk of mental health difficulties (Bogat et al., 2006; Lamers-Winkelman et al., 2012; Stover, 2005); interpersonal difficulties (Baldry, 2003; Holmes, 2013; Renner and Slack, 2006); educational difficulties and educational drop out (Byrne and Taylor, 2007), and physical health problems (Bair-Merritt et al., 2006). Despite this research representation of children as vulnerable and damaged, services for children who experience domestic violence are often underdeveloped and underfunded (Statham, 2004; Willis et al., 2010), typically additional to adult domestic abuse services, for instance as part of the services offered in shelters.

In contrast to the established narrative, which positions children as passive witnesses to domestic violence, and as inevitably pathologised, our research on domestic violence (in common with the work of Katz, 2015; Øverlien, 2014; Øverlien and Hydén, 2009) has focused on children as agents who *experience* domestic violence (Callaghan and Alexander, 2015). The "Understanding Agency and Resistance Strategies" project (UNARS) was a two phase research project, funded by the European Commission and developed in four European countries (Italy, Greece, Spain and the UK). The first phase of the project had two aims: to build an understanding of children's experiences of domestic violence, with a particular focus on exploring their capacity for agency and resistance; and to develop an understanding of the service and policy landscape that provided a social context for young people's experiences. In this phase, researchers spent time embedded in domestic violence services and related contexts, and conducted interviews with 107 children and young people, focus groups with adult carers and with professionals who worked with children and young people, and a policy analysis, focused at the regional, national, and European level. Based on the material generated in this phase, in the second phase we developed and evaluated two interventions: one to

provide a therapeutic programme, rooted in young people's experiences, focused on building their existing strengths and supporting their understanding of themselves as agentic, meaning making and creative; the second to provide a training intervention for practitioners who worked with families who had experienced domestic violence and abuse.

This research explored children's capacity for agency and their ability to resist the controlling and coercive practices inherent in family life when domestic abuse occurs (Callaghan et al., 2016e). In addition we explored how children who experience domestic violence challenge the normative presumptions of developmental psychology and its applications to practice (Callaghan et al., 2016g). Their capacity to care-take for others (Callaghan et al., 2016f), their ability to manage physical and emotional pain (Callaghan et al., 2016b), their monitoring and management of abusive familial dynamics (Callaghan et al., 2016e), and their complex emotional responses (Callaghan et al., 2016a) exceed our assumptions about 'normal' childhood (Burman, 2008). In a two year project, we interviewed 107 children and young people who had experienced domestic abuse, conducted focus group interviews with professionals and carers, and this material formed the basis for the therapeutic and training interventions.

When training and teaching this material to students and to professionals who support families affected by domestic violence, we found that several obstacles and challenges 'got in the way' of facilitating students' recognition of children's capacity agency and their complex experience of domestic violence and abuse. The first obstacle to understanding children's experiences was the presumption that domestic violence occurs within the intimate adult dyad. This dyadic construction underestimates the relational, community and social context of domestic abuse, feeding into the second challenge we faced in training. This understanding of domestic violence is inscribed in policy descriptions, in dominant media representations and in professional practice (Callaghan et al., 2016e; Houghton, 2015; Katz, 2016). The construction necessarily excludes children as potential victims or participants in domestic abuse. When dominant professional and policy discourses do focus on child who experience domestic abuse, they focus on children's trauma and its impact, positioning children as silent, passive, and damaged.

The second challenge we faced was the common presumption of children's developmental inability to understand/see/hear/experience the full impact of domestic violence on themselves and their family, or to understand its consequences. This belief feeds into a representation of children as unable to speak about, plan or reflect on their experiences, assuming that children were unable to make meaning of their own experiences.

A related third challenge is the assumption of children's total vulnerability. This construction relies on a normative understanding of children as 'innocent', and abusive family interactions are seen as necessarily violating that innocence. By positioning children who experience violence as perpetually fragile, and in need of adult protection, professionals and carers justify gatekeeping practices that effectively silence children and young people (Eriksson, 2012). This notion of vulnerability is underpinned by a biomedical discourse that presumes that children who experience early trauma are neurologically damaged by that experience, and that such children are also more likely to reproduce intergenerational patterns of violence because of this experience (Black et al., 2010; Bridgett et al., 2015; Ehrensaft et al., 2003; Ehrensaft and Cohen, 2012; Stith et al., 2000). These ideas that children are damaged and doomed to repeat cycles of violence are pervasive in domestic violence research and practice, and take on a common sense taken-for-grantedness that can be difficult to challenge in training and teaching. In training contexts in particular, it can be difficult to overcome a sense of powerlessness in professionals who work in domestic violence practice, because of the lack of good quality services for children. Further, professionals express feelings of deskilling and loss of capacity to bring about change, because they have not been trained to intervene with and support children and young people. This is fuelled by the last two assumptions of incompetence and damage: children are not seen as reliable witnesses. and professionals' fear that speaking about their experience will retraumatise them

Getting children's needs met is also very challenging in a service landscape where they are treated like parcels passed back and forth between education, social services and CAMHS. In addition, practitioners are working in a landscape of austerity politics and service constriction, where competition between previously collaborative organisations is actively encouraged through commissioning processes. Consequently, working in partnership is strained, and the service landscape becomes a hostile space, where it is difficult to find appropriate support for children who experience domestic violence.

The presumption of adult victims

The service and policy context in which practitioners work with survivors of domestic violence is oriented towards an understanding that domestic abuse is a phenomenon that takes place within the intimate dyad, between two adult actors – an adult victim (typically female) and an adult male

(typically male). This is evident in the legal definitions of domestic violence, that guide policy. The UK Home Office 2013 defines domestic violence as:

"Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality." (Home Office, 2013).

Similarly, the Istanbul Convention on the Prevention of Violence Against Women and Girls defines it as:

"*all acts of physical, sexual, psychological or economic violence that occur with the family or domestic unit or between former or current spouses or partners, whether or not the perpetrator shares or has shared the same residence with the victim."*

These kinds of definitions are typical of the policy context across the world (with a few notable exceptions, like Australia) in shaping a legal and practice context in which the victim of domestic abuse is explicitly an adult victim. In this context, children are implicitly framed as 'not-victims' – as people affected by domestic violence, but not as directly experiencing it. For instance, the Istanbul convention indicates that European states must introduce measures "based on an integrated approach which takes into account the relationship between victims, perpetrators, children and their wider social environment", suggesting that children are 'others' in the domestic violence context. They are excluded discursively from the category of victim. Children's needs are considered in their role as 'witnesses to violence' (in the Children Act, HM Government, 2004) as a separate child protection issue. However, this effectively positions children as "collateral damage" (Callaghan et al., 2016e), not as people who directly experience and live with domestic abuse.

Such legal frameworks render children's experiences of domestic violence as secondary, and make them relatively invisible in, for instance, prevalence rates for victims of domestic violence. By focusing on domestic violence as an event that occurs between two adults in an intimate dyad, the child's victimisation within a home and family that is permeated with control, coercion and abuse can be obscured. By obscuring children's experiences as victims of domestic violence, and by positioning them as mere (mostly unreliable) witnesses, there is no substantial policy imperative to respond to their experiences. They are framed as additional to the main domestic violence services offered by specialist shelters, social services and police, crime and justice. This positioning of children's support as a bolt on to specialist domestic violence services means that, when services for women victims stop, support for children generally stops too. Further, because support services for women focus on risk management (e.g. getting the woman to a place of safety, and managing her

'risk' of violence) the limited services that are available for children usually disappear once the family is deemed to be 'safe'. This occurs despite the reality that children's emotional and social difficulties continue or often only emerge once their families have resettled post-separation (Morrison, 2015).

Domestic violence is typically framed as an act of violence against women. In the sense that domestic violence, particularly when repeated over time, is predominantly a crime of patriarchal power and control, we agree. However, this framing reduces the importance of the other common victims of patriarchal power and control, children. This has many additional unintended consequences. As a consequence, for instance, boy children as young as 14 can be excluded from women's shelters, because they are not defined as the ***victims*** of domestic abuse. The gender based account of power and control that underpins many women only services has been under attack in recent years, particularly by members of the men's rights movement, who argue against women only services and for a prioritization of male victims (Straus, 2012). As a consequence of these kinds of assaults, a call to recognize children as equal victims to women can be perceived as a further attack on women only services. When training and teaching around this, it is important therefore for us to address and maintain a gender sensitive account of domestic violence and abuse, whilst also arguing for a widening of the definition of the victim to incorporate children and men.

Challenging the presumption of vulnerability

As we have already noted, children who experience domestic violence are described in literature as vulnerable, damaged and passive (Callaghan et al., 2016a, 2016e, 2016f; Katz, 2016; Øverlien, 2009). Whilst we certainly agree that it is important to emphasise the harmful impact of domestic violence on children, their positioning as passive and damaged witnesses, in academic literature, in policy and in practice leaves little space for children to articulate their capacity for resilience, resistance and agency in the context of domestic violence. It also leaves very little room for intervention and change, positioning carers and professionals as equally powerless. However, children can and do act when violence occurs in their homes: they maintain their capacity to care (Callaghan et al., 2016f; Katz, 2015; Mullender et al., 2003), they have complex strategies for maintaining their own and their families' safety (Callaghan et al., 2016b, 2016d; Överlien, 2016; Swanston et al., 2014), and for managing their emotional responses (Callaghan et al., 2016a). The emphasis on children as damaged and passive in most psychological and social work literature on domestic abuse underestimates their capacity for conscious meaning making within the relational context of the family and the material spaces they inhabit (Alexander et al., 2016; Ugazio, 2013).

The policy and research emphasis on child 'witnesses' tends to overlook children's contextually located experience, with the effect of reducing the consequences of violence largely to 'passive' behavioural reactions. This is evident when considering the limited range of therapeutic interventions offered to children and young people, most of which focus on teaching social skills, anger management (Holmes, 2013), and emotion coaching (Katz and Windecker-Nelson, 2006): they all share the underlying assumption that children lack these competences and thus need training, psychoeducation or modelling to compensate these presumed deficits. Training professionals and volunteers to provide an emotionally and socially focused support to children can be challenging, in a context where children are largely positioned as reactive behavioural units rather than responsive and agentic semantically oriented beings.

The description of children as vulnerable, passive witnesses is frequently repeated and even amplified by professionals and volunteers who support families affected by domestic abuse. In focus groups, professionals reiterated this passive construction of children:

> P3*: it is young, this creature is so innocent* (Greece - Professional focus group 2)
>
> P5: *the abilities of the children at that age are non-existent* (Spain – Professional focus group*)*
>
> P3: *it is a very, very frightened child, lost in space* (Greece - Professional focus group 3)

Professional discourses position the child victim as vulnerable, fragile and lost, and in need of protection. The language of safeguarding and child protection focuses on the notion of the child as vulnerable, helpless and in need of adult protection. Through this choice of language, the child is *constructed* as a helpless, passive object whose most immediate protectors failed to provide him/her with the kind of environment psychologists regard as necessary for 'normal development'. In one organization, our Italian partners reported direct resistance and anger about the idea that the child might have some sense of resilience, as professionals felt that this would challenge the emphasis on the child as vulnerable and damage, and that it was unthinkable to see children who had experienced violence in any other way. Being protected is enshrined as one of the fundamental rights of the child, and protecting your child is seen as a basic, necessary, and highly valued part of the parental and family role. Professionals often describe the child as 'unprotected' and the parent as 'failing to protect'. In this sense the child victim comes to embody and reflect the parents' failure to meet the principal requirements of parenthood such as providing a safe environment. This reiterates broader patterns of mother blaming in academic literature, and practice in social services, criminal and family court contexts.

The child is seen here as entirely dependent on parents, and without receiving appropriate parenting practice, the child is doomed to be "damaged". This focus on the apparent rescuing power of good parenting perhaps unwittingly reproduces the kind of mother-blaming discourse that is seen in much academic literature on domestic violence. This discourse positions the child's wellbeing as the responsibility of mothers, occluding the role of the perpetrator's violence, and of contextual and socio-economic factors in producing developmental challenges for children (Callaghan, 2015). This mother blaming discourse is seen strongly in the following quote:

> *P3: No, no, because a lot of the mums don't want to know the truth that it was the domestic violence that's made the impact on the child* (UK- Professional focus Group 1)

This representation of the mother as 'wilfully blind', not admitting to the impact of violence on their children is a common construction. It contributes to discourses of mother blaming in domestic abuse support, in that mothers are positioned as complicit in offering poor care, and insufficient protection to the 'vulnerable children', whose wellbeing is often described as being entirely the responsibility of victim mothers.

Professionals express their concern about the intergenerational transmission of violence (Black et al., 2010). Children who grow up in homes affected by domestic violence were seen as observing and repeating violence, and as passively absorbing the behaviours they observed. Professional knowledge of children who experience domestic violence rest heavily on the notion of intergenerational transmission:

> *P1: they will either adopt the role of the abused or the role of the abuser* (Greece – Professional focus Group 4)

In this frame of reference, domestic violence is seen as a modelling context, in which children acquire a model of conflict-solving which leaves the child with no essential problem-solving skills or emotional competence. In this context, professionals suggest that aggressive behavior is learned as the only effective way of reacting.

> *P3: it's learned behaviour isn't it, if they've seen it every day and dad's talking to mum, you know, talking her down and we've had some children that have come in who don't call mum "mum", who will call her "it" or "she" because that's what dad calls her or will say, "Mum, you're stupid," all the time and, "you can't do that 'cause you're stupid," ((erm)) because that's what dad says all the time.* (UK – Professional focus group 1)

> *P2: it cannot be otherwise. If the child has learned to live under these codes, why would he/she think there is something else besides that?* (Greece – Professional focus group 4)

Children are described here as choicelessly imitating and reproducing the behaviours that they see at home. This is the route by which professionals suggest that violence becomes 'normalised' for children. Children who professionals see as 'damaged' in this way are also seen as lacking in their own capacity for healthy resilience. For this, professionals suggest they need professional intervention and support:

> *P4: They don't, they haven't got coping strategies when they come into refuge, have they?* (UK- Professional focus group 1)

Children's experience of domestic violence is broadly accepted by the professionals as having damaged extensively major domains of life. They accept the normative view that children are inevitably harmed by domestic abuse and such harm has a long-term (or permanent) effect.

The emphasis on the child as inevitably damaged, fragile, and doomed to repeat abusive cycles reproduces the child who experiences domestic abuse as helpless and inert, a representation that is further underscored by child protection discourses. Whilst we would not dispute that children have the right to be protected, when this right is framed in relation to the child's perceived helplessness and inherent vulnerability, the effect of this is to make it difficult to conceptualise children who experience domestic abuse as anything other than passive recipients of violence, whose agency is highly constrained, and who are damaged by the violence they experience. In reproducing these discourses, the adults whose role it is to support children reiterate self-fulfilling prophecies of helplessness and intergenerational transmission, instead of offering the child with recognition of their complex and located coping strategies (Callaghan et al., 2016a, 2016c), and using these strategies as a base from which to scaffold more flexible and self-affirming ways of moving forward. This produces a subjugating dominant narrative that forecloses on positive possible futures, and offers no room for change for the child and for the parents.

Training students and professionals to work effectively with families who have experienced domestic abuse requires some deconstruction of dominant child protection discourses. There is a need to recognize children's right to live free from violence and abuse, whilst at the same time untangling this from the notion that children are 'innocents', naïve, passive and helpless. To support children who have lived with domestic abuse, it is important to recognize their ability to maintain some sense of self as agentic and capable, and to respect their capacity to act and to cope. If we do not recognize their located and contextually specific coping strategies, there is a risk that we disrespect their actual experiences. This is particularly clear in the way that professionals often problematize children's caregiving behaviours as 'parentification' and frame it as a problem to be removed. However, children's own experiences of this are more typically that their caregiving enables them to hold on to

some sense of power in an oppressive set of family relationships (Callaghan et al., 2016f). We would argue that these kinds of coping strategies offer children a foundation for recovery post-violence, and need to be understood in their own right, not removed in the pursuit of an idealized notion of the restoration of 'normal' childhood through the assertion of children's proper place as passive and cared for, not as caring.

Challenging biomedical orthodoxy in trauma

The impact of trauma is increasingly understood as producing neurological damage for children who live with domestic violence. The orthodox account suggests that the developing brain of the traumatised child is flooded with cortisol, creating challenges for the child's developing nervous system and predicting long term difficulties with cognitive and emotional functioning (Choi et al., 2012). This is part of a broader turn to focus on 'adverse childhood events' and their neurological impact on children, which has found particular purchase in policy linked to criminal justice and child protection, where it has been seen as hailing a new era in prevention science. The promise here is that early neural screening of children who have experienced adverse childhood events might enable the identification of those who might be at risk of becoming involved in violence and abuse themselves (Rigterink et al., 2010) .

In the domestic violence field this is particularly expressed as a concern with children's capacity for emotional regulation, which is seen as associated with the impact of violence on neurological development, and particularly on the 'emotional centres' of the brain (Rigterink et al., 2010). Reducing children's experiences of violence down to damaged neural networks risks obscuring the relational and socioeconomic context within which that violence occurs. It also underestimates children's capacity for resistance to oppressive familial relationships, their attempts to improve these, and recovery after domestic abuse.

Nonetheless, these biomedical accounts predominate in social work and voluntary sector organisations who respond to families affected by domestic abuse. In training contexts, we were often explicitly asked to comment on the impact of domestic abuse on the developing brain. These biomedical accounts can be very seductive, because they offer such apparently 'certain' responses to the complexity of the relational world of children living with abuse. However, this biomedical orthodoxy can make it difficult to create a space in which children's capacity for agency, resilience and resistance is almost unthinkable. It entrenches the positioning of children who experience domestic abuse as always and inevitably damaged, and forecloses any possible articulation of spaces for

children to step outside abuse patterns. In contrast, children's capacity for resistance, resilience and agency is highly located, specific and subtle, not lending itself to easy or certain formulations. The complexity of children's lives do not easily fit into the needs of staff in very pressured service contexts to provide simple and generalizable solutions in prepackaged manuals or formulaic service responses.

Passing the parcel: Getting needs met

Child survivors have significant difficulty in getting mental health needs met. Coordinated Action Against Domestic Abuse (CAADA, 2014), drawing on their extensive database of domestic abuse cases in the UK, found that only half of the children were known to social services, whilst ony 11% received help from specialist CAMHS. Given the documented elevated risk of mental health difficulties amongst children and young people exposed to domestic violence, this is a surprising phenomenon.

In our focus groups with parents, some reported an experience of constantly having to "battle" for services for their children. They suggested that support was available for their *parenting* and to manage children's behaviour, but that there was little available to deal with the emotional fallout of living in abusive households. This reflects the already described construction of children's difficulties as learned behaviour, reproducing a sense of them behavioural units, rather than as reflexive, meaning making, agentic human beings. In the UK, even the limited service that is available to support children and young people tends to be withdrawn once they are no longer on the Children in Need register. This is a reflection of the focus on UK services on delivering services that are geared towards reducing *risk,* with risk narrowly defined as risk of further exposure to physical violence. However, the emotional needs of children who experience violence in the family are often not evident whilst the family is unsettled: rather these difficulties are often expressed once the family is safer and more settled. Because children's risk is seen as a 'bolt on' to mothers' risk, and because mothers' risk is reduced to physical risk, the complexity of what it means to be 'in need' is underestimated. Services are not offered when the child *perceives* a need, but instead are offered when the child *is deemed* 'at risk'. Further, services offered through CAMHS are only really accessible if the child is diagnosed with a specific (and sufficiently severe) mental health difficulty, constructed as separate from their experience of domestic violence. This hinders an agile preventative response to emerging mental health difficulties. Because of the tendency to reduce

children's distress to individualised 'mere behaviour', they are more likely to receive diagnoses of ADHD and conduct disorder (not really amenable to CAMHS therapeutic interventions), than mental health diagnoses that would give them access to emotional and therapeutic support.

In addition to the difficulties associated with inappropriate and inaccessible services, professionals in all four countries expressed a strong concern about the lack, or the deterioration, of some kind of coordinating or collaborative centre organizing the action of those working to support families affected by domestic violence.

> *P4: A good organizational model, to treat all cases of abuse, has been lacking in [our locality] for these years.* (Italy, Umbria - Professional focus group 1)

> *P1: ((Umm)) even if many of the mentioned services are activated, there is a lot of confusion and lack of dialogue (.) everyone of us starts with the best of intentions, that is to say to help victims of violence…but each present service does not communicate with the other! ((shouts)) […] Everybody [wants] to be the "number one", but, at the end of the day, they are just cultivating their own little garden* (Italy, Puglia – Professional focus group 1)

> *P3: that´s the problem each one has their own protocol, there isn´t coordination* (Spain – Professional focus group)

> *P2: I also agree that the most important thing, apart from understaffing, is the lack of coordination* (Greece – Professional focus group 1)

> *P3: Since there was a split between Social and Health (Services) a problem has emerged and internal divisions... one hand does not know what the other is doing and the staff does not want to intervene because they defend themselves.* (Italy,- Professional focus group 1)

This lack of coordination and collaboration presents problems in dealing with serious cases and diminishes the quality of service provision. Professionals feel that people affected by domestic violence do not get the help they need due to these deficiencies. In the UK, competitive commissioning practices in the charitable sector is seen as actively breaking down partnership working, making it more challenging for organizations to work together. Added to this is a concern about the privatization and closure of many state and local authority organisations, which in turn places greater service demands on charitable sector organisations.

Many professionals suggested that working with children affected by domestic violence was something that needed to be embedded in schools, and that educational professionals needed to take some responsibility for what was described largely as prevention work.

> *P10: The educational community has to be aware that it is up to them… but they are not prepared to do it.* (Spain – Professional focus group)

> *P3: Because it's domestic abuse and they don't want us in there. [...] They'd rather not know it's happening and a lot of schools will say they don't have domestic abuse in their school.* (UK- Professional focus group 1)

> *P1: I was invited to do a session at a secondary school in [name of town omitted] and it had to be entitled 'Healthy Relationships', wasn't allowed to call it 'domestic abuse', even though the subject matter was domestic abuse.* (UK- Professional focus group 1)

These participants were concerned about what they saw as a lack of engagement with issues relating to domestic violence in schools, and saw this as a direct obstacle to working to raise awareness and ensure good quality prevention and intervention for children and young people. They see the resistance offered by schools as undermining integrated working and preventing good services for children who experience domestic violence.

With schools and CAMHS not offering specialist support for children affected by domestic abuse, social services and domestic abuse services experiencing rapid service cuts under 'austerity' policies. With the additional lack of an overarching coordinating response to children's experiences of domestic abuse, we are left with a situation where children's emotional distress is not really acknowledged and supported anywhere. This creates real challenges in training and supporting staff to offer support that recognises children's capacity for resistance and resilience, since they do not appear to be recognised as needing support anywhere within the service landscape.

Generally, professionals described an impoverished service landscape, impacted by austerity and cuts:

> *P5: I know one size doesn't fit all ((erm)) but there does need to be a restructure and streamlining around, and I think that is going to be happening around the commissioning. Money's a lot tighter, but it should be an opportunity to make it more effective and ((err)) ((.)) I don't know, there's got to be some improvement there* (UK - Professional focus group 2)

> *P3: And actually these children are the next generation and we need to get in there, don't we, and help them* (UK - Professional focus group 2)

Professionals in Greece also identified service cuts and austerity measures as contributing to and producing difficulties with service provision:

> *P4:…then, in the old times, then in our years (laughs)*
>
> *P3: then we had money (laughs)*
>
> *P4: it was much more easier.* (Greece – Professional focus group 3)

For some, the constriction of the service landscape associated with austerity cuts is placing children's services at significant risk. This intensifies the lack of support for children, making access to existing services more challenging, placing some of the limited services available at risk. For others, it highlights the need for more effective services, using the neoliberal discourse of the current UK government to reframe austerity measures as an 'opportunity'. However, this suggestion trails off ('I don't know'), as it is clear that the individual does not have a sense of what this 'more effective' alternative might be. This is perhaps related to the competitiveness inherent to austerity and a service landscape rooted in commissioning:

> *P4: Unfortunately, it all does come down to money at the end of the day. You know, everybody in the county is fighting for survival at the minute, to find out, you know, if domestic abuse services are going to be carried on and ((erm)) you know, who's going to be cut….* (UK - Professional focus group 1)

This extract highlights a fundamental flaw in the logic of the market and commissioning. When austerity discourses function to constantly justify service cuts, these are positioned as constantly under threat. This sense of threat combined with increased competition to provide limited services in regional authorities where funding is very limited, has significantly undermined collaboration and cooperation between voluntary sector organisations. This undermines rather than strengthens the likelihood of the development of innovative solutions to the provision of appropriate and accessible services for children who experience domestic abuse. Further, the commissioning as a dominant funding model for service provision is inherently hostile to responses to children's needs that recognise complexity. The practices of competitive commissioning for services prioritises services for children and families as prepackaged 'products' that can be purchased as units – simple solutions to complex problems. How do we train professionals who are hamstrung by a service landscape that is in constriction, riddled with creeping privatisation, and forced into competition by commissioning structures?

Teaching and learning strategy

Over the past few years we trained several diverse groups, with various academic and professional backgrounds, as well as language and cultural barriers. We aim to foster a community of learners, researchers and practitioners and respect individual learners and diverse learning communities across different regions and countries.

Consistently with our socio-constructionist systemic perspective, we adopt a collaborative and dialogical approach to teaching and learning. We also assume reflective and inclusive practice as a necessary meta-competence, especially when training such a diverse group of learners. By *dialogical* that our perspectives co-evolved and are co-constructed in the interactions with the professionals and students we co-learn with.

By *reflexivity as core competence* we mean that every knowledge in the DV field is contextualized in the wider (socio-political) context, self-reflexive and grounded from the very start. Systemic thinking emphasizes the importance of understanding individuals and their experience within the broader context and its multiple interlocking layers i.e. historical, cultural, socio-economic, political. According to Bateson (1979), s*econd-order learning* (or learning *how to learn)* denotes the reflexive ability to adapt, transfer and apply knowledge to different phenomena and contexts.

This reflective self-appraisal is pivotal to develop critical understanding on such a controversial and complex topic as DV. As trainers, we need to be reflexive of multiple aspects of our interaction with a specific audience:

1. Methods – techniques and language employed, presentations, forums strategies drawing on students' experience, background and learning needs

2. Co-Learners - one's own and others' stance, assumptions and safety

3. Context – the variety of internal and external factors influencing the L&T experience.

In order to foster a sense of learning community, we adopt a flexible and experiential teaching style: reading and discussion groups, structured debates, seminar presentations; we especially value visual methods, embodied and creative techniques that engage diverse learners into a shared process by blending verbal with non-verbal communication. Materials like photos, videos, collages and other mediums (real case studies) employed in the UNARS project, as well as embodied techniques (genograms, roleplays, sculptures) are essential to familiarise learners with powerful and empowering research and therapeutic tools and to facilitate 'hands on' learning and critical appraisal. When teaching university students we also use virtual learning environments and encouraging networking.

To promote learners' engagement and experience, we constantly link the training content to their professional and personal experience and their transferable skills. At the same time, we support learners' critical appraisal by providing an arena in which to evaluate, reflect and act upon the role played by social, institutional and legislative cultures in shaping developing and evaluating services and therapeutic interventions for children in DV, as well as to overcome identified barriers and to re-evaluate and further develop existing theories.

All this ensures a learner-centred focus and greater emphasis on integrated and participative activities that makes the learning experience contextualised, reflective as well as accessible, engaging and interesting.

Conclusions

There is an urgent need for services to support children who have experienced domestic abuse, and training existing staff in social services, domestic abuse organisations, policing and mental health contexts, as well as in education, is incredibly important. However, in engaging with training in these contexts, it is necessary to be aware of the dominant discourses in circulation that make it difficult to explore less pathologising ways of talking about children. In this chapter, we have highlighted how children who experience domestic abuse are often framed in service contexts as passive, helpless and damaged, leaving little space for the articulation of a child with capacity for agency, resistance and resilience. The lack of recognition of children as people and as *victims in their own right* removes the impetus to provide a coherent response to their needs, and much of the provision for them is ad hoc and additional to services for the adult intimate dyad (who are conceptualised as the victim and perpetrator in these relationships). Services are reliant on two dominant discourses to make sense of children's experiences of domestic abuse: an intergenerational behavioural transmission discourse, which positions children as the passive and choiceless inheritors of their parents' violence and victimisation, and a biomedical discourse, that describes children as inherently damaged by the abuse that they 'witness'. Because children's sense of self as capable and resistant to oppressive relational practices is often very located and contextually specific, it is impossible to develop generic and universal models to apply to families affected by domestic abuse. However, this is precisely the kind of response demanded in commissioned services. Commissioning practices and austerity ideology commodifies services for families affected by domestic abuse, encouraging services to respond with prepackaged products that can easily be bought as units. This practice is hostile to the development of complex service responses that provide the time and contextually sensitive support that children who experience domestic abuse need.

Training professionals and volunteers in this kind of landscape requires a lot more than just 'content' on children's responses to domestic abuse. Rather training needs to enable professionals to work with understandings of children as people in their own right (Wells and Montgomery, 2014), not as dependent, passive and helpless. This requires a critical engagement with cultural discourses of childhood itself (Burman, 2017), and resources to challenge the orthodox account of the psychosocial and neurological impact of 'witnessing' domestic abuse on children. Reframing children's experiences in a manner that enables their capacity for agency and resistance requires the

construction of accounts of children's lives that are relationally and socioeconomically located (Callaghan et al., 2016c, 2016e, 2016g; Callaghan and Alexander, 2015). This kind of account is difficult to hear and apply in a service context so limited by the commodification of services associated with austerity cuts and commissioning frameworks. Challenging these socioeconomic practices is not easy when competitive commissioning and ideological practices of austerity produce a sense of constant tenuousness and threat for services that support families. As trainers and as academics we must work with services to challenge the socioeconomic conditions that place their work under such strain, if we are to provide more appropriate, accessible and responsive services for children who experience domestic abuse.

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