UNDERSTANDING AGENCY AND RESISTANCE STRATEGIES (UNARS): Children Living With Domestic Violence in the UK: A Thematic and Discursive Policy Analysis.

United Kingdom

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Executive Summary

Background and Study Rationale

The most recent government definitions of domestic violence and abuse (DVA) have been widened to include 16 and 17 year olds. This recognition potentially raises awareness amongst children and young people (CYP) and encourages them to seek help and support from numerous organisations that address child-protection, child-welfare, and children's needs. Throughout key DVA policies (e.g. The Home Office 2009; 2010; 2011; 2012; 2013a) such organisations are mostly endorsed as solutions for CYP in DVA situations.

Underpinning and alongside this have been a number of key legislative and policy developments regarding children's rights (e.g. The 1989 United Nations Convention on the Rights of the Child (UNCRC) The 2004 revision of the Children Act, The Every Child Matters initiative (Department for Education, 2003; 2004a; 2004b) (now defunct) which prescribe children's entitlement to basic welfare, protection and liberty rights. However, there are concerns that children’s rights do not always engender children’s agency or resilience.

Indeed, the view of CYP as 'less-resilient' is perpetuated through academic, popular and professional discourses which represent and position children as vulnerable and passive witnesses and victims of difficult life circumstances (e.g. Spilsbury et al., 2007; Callaghan et al, 2013). These representations suggest that CYP are 'damaged' from watching, hearing, witnessing and being exposed to DVA. Such a discursive backdrop positions CYP as both unable to independently address their own needs, and consequently as needy in situations of DVA, which arguably leaves CYP disempowered and disadvantaged.

Whilst acknowledging the negative consequences of living with DVA, this research adopts the assumption that positioning CYP as passive, needy and victimised can have negative implications for their well-being (Hutchinson and Pretelt, 2010). Hutchinson and Pretelt (2010) argue that positive emotions can help build resilience and this idea poses a challenge to the conventional and negative ways CYP are represented within the policy context that ultimately shapes their experiences once DVA is recognised as a force in their lives. Consequently, it is important to understand the ways in which CYP are positioned through UK DVA policy discourses since the policy landscape drives professional practice and hence frames the available supports children can access. This policy analysis critically explores the current UK DVA policy landscape to examine the ways CYP are positioned through those policies, and to critically consider the implications of this.

The research questions that drive the policy research are:

- What is the current policy landscape in the UK in relation to DVA and CYP, including the national and regional locales?
- In what ways does the policy landscape shape the ways in which domestic violence is conceptualised by young people and professional stakeholders?
- How can the policy context be changed to better enable agency, resistance and resilience amongst young people who experience situations of domestic violence?
In order to provide a context for understanding the positioning of children in the context of DV national and regional policy today, a review of the historical development of DV policy was undertaken in relation to the rights of children in the UK. This suggests that strong recognition of the rights of children began in earnest in the UK policy and legal context in the 1980’s and 1990’s. Prior to this, research based in the sociology of childhood points to the societal view of children as ‘becoming adults’ rather than as people in their own right. Parents were primarily responsible for their children and the position of the state was largely one of non-interference unless parents were no longer able to care for their children. The societal positioning of children changed with the United Nations Children’s Rights Commission (UNCRC), signed by the UK in 1990 (ratified in 1991, operationalised in 1992) which underpins the UK Children Act 1989. This recognises children’s rights in the context of welfare, protection and liberty, and though it underpins legislative change, is not incorporated into UK domestic law. The Children Act 2004 reformed, expanded and strengthened the Children Act 1989, creating the post of Children’s Commissioner whose key duties include making provisions regarding 1) services for children by local authorities, and 2) safeguarding children. This role promotes, monitors and protects children’s rights as recommended by the UNCRC. At the same time as children’s rights were being strengthened in UK legal and policy contexts, attention was being paid to legislation and policy in relation to domestic violence.

A number of legal acts have been devised to tackle domestic violence. These include the Homelessness Act (2002), the Civil Partnership Act (2004), the Protection from Harassment Act (1997), the Housing Act (1996), and the Family Law Act (1996). Perhaps the most significant legislation developed from drawing together part IV of the Family Law Act (1996) and the Protection from Harassment Act (1997) to create the Domestic Violence, Crime and Victims Act (2004). Though this does not explicitly criminalise domestic violence, it addresses and often criminalises a range of independent elements that constitute or relate to domestic violence. Within these legal developments to tackle domestic violence, there is a notable absence of specific reflection on, and protection of, children in situations of domestic violence. The historical review of national and regional policy highlights several important policy documents in which shifts in conceptualising DV and the place of children in DV policy can be discerned. In summary, this review documented the shift of responsibility for DV from central to local government, placed greater emphasis on the local service and voluntary sector and widened the definition of violence to encompass more cultural and gendered practices and participants. Here, male victimhood has been recognised, although the emphasis and language of victimhood remains largely in relation to women and girls. However, both national and regional policy tends to operate at the macro level of organisational support and offers little in recognition of the place of children in the context of DV. Indeed, where girl are increasingly recognised as victims of DV, boys are sometimes conceptualised as future potential perpetrators. Neither boys nor girls are contextualise within strong social and psychological support systems. Instead service professionals are heralded as the primary saviours of children.

Methodology

Between 2nd and 10th September 2013 we searched for relevant UK National and local DVA policy documents using: Google search engine; the searchable government databases Gov.uk and Nationalarchives.gov.uk. A range of websites were also searched from the Home Office, the Department of Health, The Crown Prosecution Service to National and local women’s and domestic violence charities. Policy documents were initially sought at three levels of social structure: national, regional and local. An initial pool of 45 documents were identified which were distilled to eight documents for analysis using the
following criteria: Must explicitly refer to children in some capacity; must have been written since the enactment of the Domestic Violence, Crime and Victims Act (2004); must have been written since the enactment of the Children Act 2004. There were no clear distinctions between regional and local documents, so the analysis continued based on ‘National’ (N=4 documents) and ‘Regional’ (N=4 documents) geographical designations. In addition, the Children Acts 1989 and 2004 were included in this final pool:

Selected National Policy Documents were: A Vision for Services for Children and Young People Affected by Domestic Violence (VSCYPADV - Local Government Association, The Association of Directors of Social Services, Women’s Aid and CAFCASS, 2007); Ending Violence Against Women and Girls (VAWG); The Survivors Handbook (TSH), Women's Aid; and Working Together to Safeguard Children (WTSC), Department for Children, Schools and Families.

Selected Regional Policy Documents were: The Local Safeguarding Children's Board Northamptonshire's (LSCBN) 'policy, principles, and values' document; The LSCBN DV policy; Northamptonshire Domestic Abuse Forum's Review of 2006-9, strategy for 2009-12, (NorDAF strategy); Annual Report 2010/2011, Nene Valley Christian Family Refuge (NVCFR-AR - 2011).

To answer the research questions, three analytic tools were employed: thematic analysis, critical discourse analysis (CDA) and corpus analysis. These 3 techniques frame the data in ways which capture central and peripheral discursive features of the texts.

Policy Analysis Findings

The thematic analysis was conducted to identify the key concepts framing national and regional policy in relation to children’s experience of DV. This revealed two overarching themes: Being Harmed and Addressing Harm. First - Being Harmed - constructs harm as a phenomenon that affects children adversely, damaging them in a serious and long term ways across their behaviour, emotions, mental health and social and relational development. Moreover, the harmful experience of DVA is framed within co-morbid environmental factors such as parental drug involvement and alcohol dependency that exacerbate the harm. There is an inevitability about such constructions of harm which positions children as helpless victims in need of professional help. Representing CYP in this way makes it difficult to perceive CYP in positive and empowering frames of reference. Conversely, professional stakeholders are then encouraged to see CYP through this negative policy lens as powerless and in need of their support.

Secondly - Addressing Harm – appears to offer a more positive construction of children in the context of DVA. which separates into 2 themes. However, this theme is mainly composed of calls for professional stakeholders to help and support CYP through their skills and organisational resources. Protecting children (physically, and in terms of information about them) is then transformed into stifling agency and resilience. There is, in this theme, some recognition that children’s subjective experience of DVA should be taken into account when developing and delivering services (The Child’s Voice). Within this notion, ‘wellbeing’ is reified as an object - something that children possess rather than a changeable feeling - and is addressed as something which is valuable, explicitly promoted and in CYP’s best interests. However, the main responsibility for improving children’s wellbeing reverts once again to professional stakeholders (rather than CYP OR their parents) who know and can negotiate the service landscape. Addressing Harm locates CYP as conceiving DVA in terms of low personal responsibility where they have little control over their own well-being. Consequently, they are less likely to develop resilient identities.
Critical Discourse Analysis

Ten discourses are presented across the data corpus: The Victim Discourse, The Health and Safety Discourse, The Child Welfare Discourse, The Legal Discourse, The Child Needs Discourse, The Child Protection Discourse, The Therapeutic Discourse, The Managerial Discourse, The Expert Discourse, and The Psychiatric Discourse. With the exception of therapeutic discourses these discourses construct CYP in negative, passive and disempowering ways; rendering CYP as depersonalised and invisible. As such, CYP are likely positioned within DVA as lacking independent agency. At a National level, CYPs are constructed as powerless victims. This powerless construction works to evoke identification and empathy amongst professional stakeholders and rallies support for political intervention. Opportunities for CYP and parents to be resilient are then restricted, and simultaneously they are disempowered from taking up such opportunities as this contravenes dominant discourses of powerlessness. These discursive strategies of victimisation and disempowerment functions across organisations and agencies as an ‘incitement to act’. Agency is therefore assumed by multiple statutory organisations/agencies, while the policy seems to portray a manufactured and illusory socio-political identity, and sense of democracy and inclusion, which ensures that policies are seen as pro-child and thence acceptable. Hence, the policy landscape places the loci of agency and responsibility in the domain of professional stakeholders, who then become agentic experts, guardians and saviours of CYP. This then reinforces existing hegemonic power structures in ways which maintain the political status quo. Changing the policy context would require the development of more agentic discourses of resistance and resilience.

Regionally, local authorities have shifted from facilitator positions to overseer positions and use managerial discourses to maintain responsibility for CYP’s welfare and protection - both tangible and informational. In light of protecting information it is questioned whether the local authorities are protecting children, or protecting themselves within a risk averse culture. When responsibility is positioned in such a fixed way, CYP are susceptible to receiving inappropriate services or are potentially removed from homes by over-cautious authorities who value security over resilience.

Professional Stakeholders Conceptualisations of DV in the Context of Current Policy

Two focus groups were held with a range of professional who work in various capacities with CYP who have experienced situations of DVA. A thematic analysis of this dataset revealed 8 main themes: Inter-Professional Working, Integrated Partnerships, Financial Shortcomings, Educational Imperatives, Focus on Needs, Cycling: The Next Generation, Health and Safety, and Tick Box Policy and Outcomes. This analysis highlights the intersecting ways in which the policy discourses are conceptualised by professional stakeholders. Once again, the notion of children as damaged, helpless and doomed to re-cycle violence and victimhood in their future lives is reified. Professional stakeholders are placed in positions of control and education/schools are given prime responsibility for identifying CYP, raising awareness of DVA and channelling appropriate support to CYP. However, the role of professional stakeholders is perceived to be hampered by cutbacks, restricted financial resources and policy which is formed mainly to be seen as positive but in fact is delivered in a mechanical tick box exercise where children themselves are made invisible and outcome measures are prioritised.

The professional stakeholders outlined several ways in which DVA interventions could be made more relevant and accessible to CYP. In this, a gendering of provision is highlighted, alongside delivery of information and support both in schools and community locations. Community delivery was especially
necessary to reach those CYP who are over school age. Moreover, focusing courses and support on the real concerns of CYP as well as talking in their language was felt to offer advantages over current provision of support. Attention to access barriers was also signalled as important to ensure that CYP can use the limited resources available to them.

**Recommendations**

**Recommendation:** By extending and strengthening in policy the need to *listen to the child’s voice*, then power relations can begin to shift and a better balance brought about enabling child agency, resistance and resilience to develop. In this way, child centred challenges to the status quo can emerge.

**Recommendation:** There needs to be a concerted attempt to *change the language in national and regional policy* to one which more actively supports the empowerment of CYP. This change in policy language and hence discourses, can prompt social realities which more closely cohere with children’s experiential realities by altered social consciousness and development of new social norms which place CYP in more privileged positions.

**Recommendation:** Provide information and support services in schools during school hours and in community settings available for all CYP and taking into account their voice on the type of service they require. Remove accessibility barriers.

**Recommendation:** Regional statutory organisations develop their policies to emphasize *"working with"* and not *"working for"* CYP.

**Recommendation:** DVA can be conceptualised within policy as a *shared and preventable social issue between the child and professionals* in which children are seen as experts on their own experiences. In this way, CYP are likelier to develop a sense of control and personal and social resilience.

**Recommendation:** Analytical training courses are developed in order to empower those who put policy into practice to *take a more critical view* on policy texts.
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1. Introduction

Over three decades of campaigning and advocacy by women’s movements and non-governmental organisations, considerable changes have occurred in how domestic violence (DV) and domestic abuse (DA) are understood (Harwin, 2006) and addressed in UK national policy. In this report, DV and DA are jointly conceptualised, echoing the Home Office’s recent move to combine both DV and DA through the official term "domestic violence and abuse" (DVA - Home Office, 2013b). DV, DA and DVA are used interchangeably throughout this report depending on which policy is being discussed.

Defining DVA: Until 2004, definitions of DV were not shared between government departments, academics, and other relevant groups (Barnish, 2004) and so there were no standard definitions of DV. However, since then, government agencies agreed to standardise and use the following definition:

"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." (Matczak, Hatzidimitriadou, & Lindsay, 2011: 4).

This definition is gender neutral and presents DVA as an adult and asexual issue. In this, children and young people (CYP) are not recognised. Alongside this definition, the UK government were, until recently, using the United Nations General Assembly (1993) Declaration’s definition which defines DV as:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life." (Home Office, 2010: 5)

This definition constructs DVA in a more myopic, heteronormative way than the definition used by government agencies by obscuring violence experienced by men. It also fails to recognise both same sex couples and CYP. Nevertheless, on the 14th February 2013, after a consultation in which change was strongly called for, the Home Office announced a new government definition (2013b) which included 16 and 17 year olds, and involved language around coercive control, and reads:

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

This is supported with the following text:

"This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group."(Home Office, 2013b)
This definition is less constraining and more inclusive, acknowledging as it does that men, non-heterosexual people, and CYP must be considered within the context of DVA and that they need support. This support could come from helplines, other relatives, or specialist services such as the Child Protection System.

However, the notion of external support raises the main issue addressed in this report. Through key DVA policies (e.g. The Home Office 2009; 2010; 2011; 2012; 2013a) both national and regional statutory organisations are given responsibility to oversee the welfare and protect CYP in situations of DVA. Underpinning and alongside this, independent children's rights movements have increased across Britain and Europe in the last few years (Thomas, 2011). In England, a key child welfare initiative, Every Child Matters (Department for education [DfE], 2003) set out proposals for a Children's Commissioner post. This post was subsequently created through the Children Act (2004) for the explicit function of "promoting awareness of the views and interests of children in England" (Section 2:1), and to make provision regarding services for children by local authorities. The 1989 United Nations Convention on the Rights of the Child (UNCRC) (UNICEF 2013; n.d) underpins Every Child Matters (DfE, 2004a; 2004b) and the Children Act 1989 and 2004, and sets out particular children’s rights that member countries should be striving to honour relating to children’s welfare, security and liberty. Since then, UK policies and child legislation have been developed as a direct consequence of this directive.

This legislative and political structure assumes responsibility for, and works for children. However, working for children is very different to working with children, as an assumption is made that children are vulnerable and passive witnesses and victims (e.g. Meltzer, Doos, Vostanis, Ford, & Goodman, 2009; Rivett, Howarth, & Harold 2006, Spilsbury et al., 2007) and can take little responsibility for themselves or others. While it is acknowledged that CYP can be 'damaged' from watching, hearing, witnessing and exposure to DVA. There are other ways of conceptualising children as agentic and resilient and, when the opportunity arises, children can be resistant to and powerful in resolving their own situations of DVA.

What is seen, then, is a cultural construction of CYP as rights orientated but with potentially little opportunity for CYP to independently exercise those rights in situations of DVA - effectively leaving CYP disempowered and disadvantaged. The UNARS research team acknowledge the negative consequences of living with DVA and begins with the assumption that positioning and representing CYP as passive, needy and victimised can have negative implications for their well-being (Hutchinson and Pretelt, 2010). Moreover, discourses of passivity place CYP in the hands of ‘protectors’ in the guise of professional child experts. Consequently, there is little recognition in traditional academic, popular and professional discourses of children’s agency and resilience and their capacity to act on and resist negative aspects of their situation. However, there is little understanding of the ways in which UK policies on DVA position CYP either in passive and victimised ways, and/or in agentic, resistant, and resilient ways. Therefore, this policy analysis will critically explore the current UK DVA policy landscape to examine how CYP are represented through those policies, and to consider the implications of this. Three research questions guide this analysis:

What is the current policy landscape in the UK, its regions, and locales?
In what ways does the policy landscape shape the ways in which domestic violence is conceptualised by young people and professional stakeholders?

How can the policy context be changed to better enable agency, resistance and resilience amongst young people who experience situations of domestic violence?

In answering these questions, a series of key national and regional policy documents has been identified and analysed using a critical discourse analysis approach. This analysis highlights the social, cultural, and political positionings of CYP within policy and makes recommendations for policy change.
2. Historical overview of children’s rights and policy on domestic violence

2.1 Children’s Rights in the UK

The 1989 United Nations Convention on the Rights of the Child (UNCRC) is a set of 54 articles, 41 of which recognise the right of individual children younger than 18 to be identified and safeguarded. These 41 articles, and the rights recognised within, constitute 3 primary domains:

"Provision to ensure children's survival and development (welfare rights)"

Protection from abuse and exploitation (welfare rights)

Participation in decision making (liberty rights)"

(Welch, 2008: 10)

To elaborate on these domains, the UNCRC declares that every child should have:

"The right to a childhood (including protection from harm)

The right to be educated (including all girls and boys completing primary school)

The right to be healthy (including having clean water, nutritious food and medical care)

The right to be treated fairly (including changing laws and practices that are unfair on children)

The right to be heard (including considering children's views)"


The UNCRC was signed by all but 3 UN member states ensuring that children are protected on a global scale (UNICEF, 2013) and marking a major step in the development of children’s rights. The UNCRC is considered an "important sources of legal protection for children today" (Fortin, 2008: 60). In the UK, the UNCRC underpinned the Children Act 1989 (Powell & Uppal, 2012: 35), was signed in 1990, ratified in 1991, and was operationalised in 1992 (UNICEF, 2013). However, though underpinning legislative changes, the UNCRC is not incorporated into UK domestic law (Children’s Rights Alliance for England [CRAE], 2013a; Fortin, 2008: 60), so although the convention can be considered by courts, children cannot depend on it in court. as the UK government only agree to obey the UNCRC (Jones, 2011: 5) but are not obliged to comply, the UNCRC should nevertheless be referred to by courts who are dealing with a request by a child under the HRA (CRAE, 2013c).

Alongside this, the implementation of the 1998 Human Rights Act (HRA) constitutes another important factor in the development of children’s rights in the UK (Fortin, 2008: 55). The HRA 1998 incorporates The European Convention on Human Rights (ECHR) - an alternative convention to the UNCRC. The ECHR extends to all people, is given greater immediacy than the UNCRC by lawyers (Fortin, 2008: 60), and can be used by children in court (CRAE, 2013c). The ECHR includes a number of articles which, through the HRA 1998, protect children (Fortin, 2008: 60). These rights include:

"The right to life

The right to be kept safe from torture and very cruel treatment

The right to a fair trial"
The right for [one's] privacy to be protected if [one has] been charged with committing a crime and [one is] going to court
The right to respect for [one's] private and family life
The right to have [one's] own thoughts and beliefs
The right to spend time with other people and share ideas
The right to gather with others in public places
The right to education.\textsuperscript{10} \textit{(CRAE, n.d: 1)}

As attention to children's rights gathered momentum, The UK instituted the Children Act of 1989, ensuring that children's issues were high on the political agenda. This was reformed in the Children Act 2004 in order to boost power to improve the lives of children in two key ways: 1) It advocated a multi-agency approach to local service delivery. 2) It created a post for a Children's Commissioner. The duties of the Children's Commissioner included making provisions regarding integrated services for children by local authorities, and safeguarding children [e.g. private fostering, child minding] (Children Act, 2004: 1). The commissioner's role functions in the interests of children by overseeing the promotion, monitoring and protection of children's rights as recommended by the UNCRC (The Children Act 2004: Section 2, subsection 11).

A further turning point in the protection of children in the UK came in the form of the Equality Act 2010 (CRAE, 2013d). Section 149 requires public bodies to eradicate discrimination in a number of broad categories relating to children (such as age, ethnicity, gender). This attempts to establish equal opportunities and eradication of discrimination by requiring public bodies to provide 1) information about discrimination, 2) equal treatment by public bodies and 3) give additional protection to disabled young children. As such, the Equality Act recognises the heterogeneity of children, the ways in which some children are systematically disadvantaged in comparison to others and the need to address such disadvantages.

\textbf{2.2 Legislation and Policy in relation to Domestic Violence}

\textbf{2.2.1 Legislation}

Since the mid-1990s important legislation began to address and replace legislation less suited to the values and morals of modern day society. In this respect, the Family Law Act (1996) widened its scope to protect more victims from a broader range of situations over greater time spans. For example, within part IV (which is amended by the Civil Partnership Act (2004) to include non-married couples) courts are granted more powers to issue non-molestation (violence, threats, harassment) orders which can lead to arrest if breached (section 47). Through part IV, courts are also granted more powers to govern housing occupancy (sections 33-41). However, those unable to apply for non-molestation orders under the Family Law Act 1996 (such as those not in a family relationship) are enabled to do so under the Protection from Harassment Act (1997) (Kury & Smartt, 2006: 401). This protects victims from non-cohabiting and/or ex-partners.
In relation to DV, The Housing Act (1996) indirectly protects those displaced by DV. Victims are protected from violent tenants through their social landlords who can ensure victims are relocated by applying for a possession order in direct relation to the violent tenant's abusive conduct (Kury & Smartt, 2006: 401). This means that through the Housing Act 1996, together with the Homelessness Act (2002) - which includes DV in its definition of violence - local authorities are duty-bound to develop strategies to counter homelessness for those affected by DV (Netto, Pawson, & Sharp, 2009: 725).

Drawing together part IV of the Family Law Act 1996 and the Protection from Harassment Act 1997, the most significant legislation concerning DV was developed: the Domestic Violence, Crime and Victims Act (2004). Though this does not explicitly criminalise DV, it addresses and often criminalises a range of independent elements that constitute or relate to DV. The 3 most significant developments are as follows:

Firstly, under section 1, subsection 2a, violation of the molestation orders under part IV of the Family Law Act 1996 becomes a criminal offence, and thus dealt with by criminal courts (Matczak, et al., 2011: 10). In relation to this, court orders under section 4 extend to include non-cohabiting and same sex couples, thus realising more types of victims and perpetrators.

Secondly, with a view to guide multi-agency learning, statutory multi-agency domestic homicide reviews were initiated in April 2011 (section 9). Such reviews follow the death of anyone aged 16 years or older from abuse and/or violence by any co-habiting person.

Thirdly, section 32 (introduced April 2006), initiates a statutory code of practice for services to provide for victims of any criminal conduct. Subsection 2a makes provisions for specific descriptions of victims, and similarly, subsection 2b makes provisions for specific offences or specific descriptions of conduct.

This means, theoretically, that DV and its victims are recognised and provided for in a much broader, deeper, and far-reaching sense.

2.2.2 The Policy Context

In this section, National and regional policy development in relation the DV is described.

2.2.2.1 National Policy
The UK Home Office guides and co-ordinates DV initiatives and policy (Matczak, et al., 2011), though a range of statutory and non-statutory organisations have also contributed in substantial ways to the development of DVA policies.

The bridge between the legislative changes brought about by the Domestic Violence, Crime and Victims Act 2004 and policy development was constructed by the policy consultation paper "Safety and Justice: The Government’s Proposals on Domestic Violence" (Home Office, 2003). Against a factual account of the impact, social costs and extent of DV, Safety and Justice articulated the UK government’s plan for tackling DV. These plans were based on three central aspects: prevention, protection and justice, and victim support. However, DV was primarily viewed as a problem experienced by women and girls whereby men were seen as the key perpetrators of violence. This changed in 2005 with the production of Domestic Violence: A National Report (Home Office, 2005a) which recognised that DV is experienced by men and transgendered people as victims, and by people whose sexuality is not exclusively heterosexual. Seventeen commitments were made toward public service development, including:

- raising public and professional awareness through national help-lines and advertisements (p.12),
- supporting the voluntary sector to help support victims of DV (p.15),
- expansion of a network of specialist DV courts (p.16), and
- the creation and appointment of expert independent domestic violence advisors (p.9).

A subsequent publication - National Domestic Violence Delivery Plan (Home Office, 2005b) - aimed to increase justice, support and protection for victims, and lower instances of DV and related homicides. However, later criticisms levelled at this vision (Select Committee on Home Affairs, 2008) highlighted an over-emphasis on criminal justice at the expense of more humanistic approaches to support victims, concluded that violence against women should be addressed mainly at a preventative level rather than strengthening support at every level of influence, and partially shifted responsibility for DV from government to the voluntary sector.

In 2009, a new gendered initiative was introduced into the DV policy landscape. Together we can end violence against women and girls (VAWG) (Home Office, 2009) proposed a “co-ordinated approach to combating all forms of VAWG” (p.4), and widened the focus on violence to include ‘honour’ based violence, trafficking and prostitution. Here, children are recognised in the form of girls (but not boys) as victims of DV. This strategy was intended to be an integrated approach with new proposals across the main areas of prevention, provision of support and protection that were first articulated in Safety and Justice (Home Office, 2003). Though VAWG (2009) does intend for local level co-ordination, the new coalition government with its new localism agenda, criticised this approach for being "over-centralised" (Home Office, 2010: 7), thus inhibiting innovation at local community level. Here, there is an explicit drive to place responsibility for DV in the hands of local government and the voluntary sector.

Within the subsequent consultation paper Call to End Violence to Women and Girls (Home Office, 2010) the new coalition government expressed a desire for a more decentralised approach in which local people were given more agency (but not necessarily more resources) to prioritise resources and actions to deal
with situations of DV. The guiding principles of prevention, provision and protection broadened out to include explicit foci on risk reduction and justice outcomes (p.24). The latter signals a returning emphasis on criminal justice - a criticism of pre-2005 policy. Furthermore, this paper reproduced gender inequalities by failing to acknowledge male victimhood while continuing to render boys invisible.

A 2011 action plan (Home Office, 2011) - *Call to End Violence against Women and Girls: Action Plan* - set out the government's long-term commitment through 88 specified actions, 35 of which emphasised preventing VAWG. This action plan was developed through a comprehensive consultation with multiple statutory and non-statutory organisations, ex-victims and the public. The drive towards societal inclusion was evident in the call to encourage "all spheres of society" (p.1) to take collective action. National and regional governmental responsibility for reducing DV is thereby replaced with a more nebulous notion making it the responsibility of us all.

Building on the ongoing decentralising imperative, a published Home Office (2012) paper, *Call to End Violence against Women and Girls: Taking Action – the next chapter*, focuses closely on, and details the expectations of, local services. Alongside this was the creation of Local Health and Wellbeing Boards again devolving power to the local level while simultaneously engaging this mechanism for integrated working across health, social and education, police and other sectors. Public health was also moved from the remit of health services into local government control. The government also proposed plans to shift responsibility for the commissioning of the majority of victims' services away from central government, and onto Police and Crime Commissioners funded by the Ministry of Justice. This returned to a framing of DV within the context of criminality and criminal justice. The emphasis on prevention remained prevalent and awareness campaigns aiming to challenge teenage attitudes and behaviour play a major role in this strategy.

In *A Call to End Violence against Women and Girls: Action Plan 2013* (Home Office, 2013) prevention and criminal justice remain prominent themes. There is continued attention to early intervention and prevention, and renewed attention to prevent grooming and sexual exploitation of young girls, 'honour' crimes, forced marriage, and female genital mutilation. The paper proposes an updated plan to improve the criminal justice system by 2015 to ensure more support for victims of DV. The ongoing drive towards decentralisation sees local areas becoming more accountable for better outcomes in prosecuting cases concerning VAWG. The government sets out that by 2015, the Criminal Justice System, education, service delivery and health services are more integrated. From a gendered angle, extra funding will be available to support male victims.

### 2.2.2.2 Regional Policy

Working towards the Home Office's vision of integrated services, the drive towards criminal justice, and to deal with the complexity of DV, the Northampton Domestic Abuse Forum (NorDAF) was formed. NorDAF is constituted of 25-30 local statutory and non-statutory agencies such as the Northamptonshire police, the
local council, the Northampton probation service, and a range of national and local charities. Their aim is to ensure that victims are supported effectively and perpetrators are both punished and/or rehabilitated through well-ordered integration of all services. This is achieved through all partners agreeing to use the ‘Coordinated Community Response’ model (NorDAF, 2009: 6). This model was developed by the Home Office, and situates DV in a wider system of agencies and services which victim and perpetrators engage with. This model is used in conjunction with a ‘Tiers of Intervention’ model (NorDAF, 2009: 7) to determine risk level, and the appropriate action to be taken.

In addition to NorDAF, a specialist domestic violence court was piloted for 6 months in 2012 (BBC, 2012) and is now a confirmed system in Northamptonshire since September 2013 (Crown Prosecution Service, 2013). Northamptonshire's Sunflower Centre - a support group for high risk victims of DV - employs independent domestic violence advisors (Northamptonshire Police, 2013) as set out in Domestic Violence: A National Report (Home Office, 2005a). A local Multi-Agency Risk Assessment Conference (MARAC) has been developed by NorDAF (2009: 14) where various agencies meet to discuss safety planning and take action in support of those at high risk of DV and those who have experienced DV. NorDAF's most recent strategy (NorDAF, 2009) sets out their goals for 2009-12. These goals mainly relate to equality, setting minimum standards for all agencies, and to ensure 'hard-to-reach' populations (e.g. disabled) receive appropriate services. At time of writing, NorDAF's is yet to publish a review of this period.

2.3 Placing Children and Young People in Policy and Legislation on Domestic Violence

Children have been increasingly recognised in relation to DVA within policy development since 2000, and this section historically captures this recognition within the overall political context. The Framework for the Assessment of Children in Need and their Families (Department of Health, 2000) recognises vulnerable and disadvantaged children and links DV with parenting capacity. Here, children are largely seen as an adjunct to their parents rather than agentic in their own capacity. Moreover, the document argues it is only through close multi-agency alliance that improved outcomes for children can be accomplished. Every Child Matters (Department for Education, [DfE] 2003; 2004a; 2004b) was developed in response to a high profile case in which a young child died through neglect. It’s 5 outcome framework to identify, support and protect children (DfE, 2004b: 9) asks wider ethical questions, for example: whether information on a number of parental issues - including DV - should be shared. Furthermore, it set out proposals to legislate a new Children’s Commissioner. This role bears responsibility to speak for children, and to advise government, and was actualised in the Children Act (2004). This act also created Local Safeguarding Children Boards (LSCBs) which are responsible for implementing the wider act and for facilitating increased integration and coordination across local services. The LSCB for Northampton lays out strict procedures in its general policy for the security of information, which links directly with the directive in Every Child Matters (DfE 2003) that calls for better information sharing.

Perhaps the most significant policy to exclusively address children and DV is A Vision for Services for Children and Young People affected by Domestic Violence (Local Government Association, et al., 2007). It connects the Children Act (2004) and Every Child Matters (DfE, 2003) with Safety and Justice (Home Office, 2003) and the Domestic Violence, Crime and Victims Act (2004). Through this connection, it provides guidance for LSCBs to work with Domestic Violence Partnerships to plan children’s services by integrating the needs of children experiencing DV. Here, the explicit needs of children experiencing DV are recognised
as independent from their parents, although the assumptions made are that children needs are predicated upon the damage inflicted by DV and the solution to such needs lies in the hands of professional service providers.

Supporting this, but less exclusive to DV is a 2006 initiative Working Together to Safeguard Children: A guide to inter-agency working to safeguard and promote the welfare of children, revised in 2010 and 2013. The most recent revision (Department for Education, 2013) emphasises a child-centred and coordinated approach, the responsibilities of all statutory and non-statutory organisations and professional individuals, and the appropriate conduct of practitioners who make assessments of children's needs using the Common Assessment Framework (CAF). CAF co-ordinators were set up to oversee the process and educate other service providers about the Common Assessment Framework. In addition, CAF coordinators chair the Early Help Forums which were recently created to bring together statutory and non-statutory professionals to discuss ways in which early help can be extended to families and children in order to prevent problems escalating up the ‘Tiers of Intervention’ model from Universal support (Tier 1), through Early Help (Tier 2) to Targeted Prevention (Tier 3) to Safeguarding (Tier 4). If DV is identified in family situations where there are children present, then this is automatically escalated to Tier 4 and social services become involved.

In the current Home Office policy - A Call to End Violence against Women and Girls: Action Plan 2013 (Home Office, 2013) - local service provision and partnership working remains fundamental, but it takes a gendered stance by framing DV as preventable through changing young boys' attitudes towards girls within schools and through various campaigns. As such, boys are seen more as future perpetrators than victims of DV themselves. Male victims of DV, whether adults or children, are mentioned only twice, briefly. It also emphasises greater justice for girls and sets out goals for 2015. These include better access for girls to the Criminal Justice System.

In summary, this review of national and regional policy has documented the shift of responsibility for DV from central to local government, placed greater emphasis on the local service and voluntary sector and widened the definition of violence to encompass more cultural and gendered practices and participants. However, both national and regional policy tends to operate at the macro level of organisational support and offers little in recognition of the place of children in the context of DV. Indeed, where girl are increasingly recognised as victims of DV, boys are increasingly conceptualised as future potential perpetrators. Neither boys nor girls are contextualise within strong social and psychological support systems. Instead service professionals are heralded as the primary saviours of children.

In order to better understand the ways in which the policy context operates to position children and steer the ways in which support is offered to children, this research provides a critical analysis of key national and regional policy documents using two analytical tools: thematic and critical discourse analysis. The next section overviews the selection of the key policy documents and the analytical process.
3. Methodology

3.1 The Policy Documents

Relevant UK DVA policy documents were sought between September 2-10th 2013. Using the search terms described in the following paragraph, the following data sources were searched:

- Google search engine,
- the searchable government databases Gov.uk and Nationalarchives.gov.uk,
- websites of relevant government departments (Home Office, the Department for Education, Department for Health, and the Crown Prosecution Service),
- the websites of national and local women's and domestic violence charities,
- Northamptonshire County Council website
- Northamptonshire police force website

In addition, a recent review of UK DV policy (Matczak et al., 2011) overiewed relevant national legislation and policy, and both the content of this review and reference list informed the search. Policy documents were sought at 3 levels of social structure: national, regional, and local.

Search terms were based around the words "domestic violence" and "domestic abuse" and alternate prefixes and suffixes were appropriately applied. Two categories of prefixes were used: socio-structural, and institutional/organisational. Socio-structural prefixes included "national", and "UK" at a national level; "East midlands", "Midlands", and "East of England" at a regional level; and "Northampton", "Northamptonshire", and "Northa*" at a local level. Institutional/organisational prefixes were applied appropriately to the specific socio-structural level being searched. These included "government" "NHS", "police", "local authority", "county council", "borough council", and "Crown Prosecution Service". Prominent charities directly relevant to DV or children were also searched, including "NSPCC", and "Women's Aid". Suffixes across all structural levels included "policy", "policies", "polic*", "initiative", and "strateg*". Examples include "East Midlands NHS domestic violence policy", or "UK Government domestic abuse initiative". This search strategy identified an initial range of policy documents. Further policy documents were identified and located on reading these.

**Inclusion criteria:** Explicit references to children. However, the total exclusion of children is an important research finding in itself. Policies which fail to engage directly with CYP in DVA may obscure the rights of CYP, rendering them invisible.

To reflect the most recent and relevant policy landscape, only documents written since current legislation became enacted are included. For policies initiated before current legislation, only their post-legislative revisions are included for analysis because these will reflect any legislative change.
The criteria for inclusion was therefore:

- Must explicitly refer to children in some capacity.
- Must have been written since the enactment of the Domestic Violence, Crime and Victims Act (2004).
- Must have been written since the enactment of the Children Act 2004.

Because policies are intrinsically connected to legislation by the way they attempt to implement legal obligations, it is important to include the Children Acts 1989 and 2004 in this analysis. This builds a more comprehensive picture pertaining to CYP in relation to their well-being. From an initial pool of 45 policy documents, the following documents were selected for analysis using the above inclusion criteria.

3.1.1 National Level Policy Documents

**A Vision for Services for Children and Young People Affected by Domestic Violence** *(VSCYPADV - Local Government Association, The Association of Directors of Social Services, Women’s Aid and CAFCASS, 2007).* VSCYPADV constitutes a collective vision of various statutory and non-statutory influences. It provides guidance for Cabinet members with lead responsibility for children and their local Safeguarding Children’s Boards, Directors of Children’s Services, and Domestic Violence Partnerships to address the needs of children experiencing DV. It is based on the aims of "Every Child Matters" - a Department for Education [DfE] 2003 UK government initiative spotlighting 5 outcomes for children: safety, health, enjoyment, economic well-being, and positive contribution. The inclusion of VSCYPADV in this analysis is important on several grounds: Firstly because it is based on a cohesive and coherent inter-agency initiative for partnership working. As such, it solidifies the overarching socio-political structure around the notion of safeguarding children. In this way, it has the potential to contribute to a homogenisation of the way children are conceived by statutory and non-statutory professional stakeholders within interlinked political, social and cultural domains. Secondly, it targets both children and DV - a combination largely absent from the policy landscape.

**Ending Violence Against Women and Girls** *(VAWG), The Home Office.* Initiated in 2009, VAWG aims to universally eliminate violence against women and girls through protection, provision and prevention. DV is included amongst a range of different forms of violence (prostitution, gang violence, trafficking, and stalking). VAWG is included in the current policy analysis (but distilled to 2009/2011/2013, due to time constraints) firstly because it is a key policy framed by the Home office as the main department that guides and co-ordinates DV initiatives and policy (Matczak, et al., 2011). Secondly because its overt gendered approach has implications for understanding the situation of males.

**The Survivors Handbook** *(TSH), Women’s Aid.* This handbook (2009 [originally published 2005]) advises women on legal frameworks, remaining safe, residential information (refuges and housing), and education and understanding about DV and its impact. It is included in this analysis firstly because it moves beyond initiative and captures an ecological aspect of policy implementation - an
alternative perspective. Secondly, similar to VAWG, it takes a gendered approach offering different understandings of the implications of DVA for males and females.

**Working Together to Safeguard Children** (WTSC), Department for Children, Schools and Families. First published in 1999, and revised in 2006, 2010, and 2013 (Department for Education), WTSC is intended to facilitate policy implementation by aiding cooperation between organisations and practitioners in terms of their individual responsibilities. It works in accordance with the Children Acts 1989 and 2004. Initially, the most recent documents (2010 & 2013) were considered for inclusion. However, the 2010 document incorporates direct sections on DV, whereas the 2013 paper does not. The 2010 paper therefore offers more relevant information, and is recent enough to retain relevance. This document is included in this policy analysis because it contains sections which are directly relevant to children and DV.

Collectively, the national level data set is shaped by documents from a variety of multi-organisation and single-organisation, statutory, and non-statutory bodies. The structure of this data set is formed by:

- policy initiatives - so has an ideological slant,
- policy implementation - so has a practical and ecological slant, and by
- strategies that ensure the smooth running and efficiency of the overall political agenda.

### 3.1.2 Regional Level Policy Documents

Local Safeguarding Children’s Boards were incorporated through the Children Act 2004 for the purpose of bringing various local agencies into agreement to improve child welfare, thus aiding legislative and policy implementation. The **Local Safeguarding Children's Board Northamptonshire's (LSCBN) general policy, principles, and values document**, and DV policy are included here. Though the former document makes no mention of DV, it is intrinsically bound to the Children Act 2004 regarding children's welfare, and sits in relation to the latter document. It therefore provides contextual information relevant to the current analysis. The latter is included because firstly it is a key local DV-specific policy, as confirmed through personal communication with Northamptonshire County Council’s community safety and harm reduction team manager. Therefore, both documents complete the statutory picture. Secondly, the LSCBN is the only regional statutory agency involved in matters of child welfare.

**Northamptonshire Domestic Abuse Forum’s Review of 2006-9, strategy for 2009-12,** (NorDAF strategy). NorDAF is constituted of 25 voluntary and statutory agencies to ensure all are integrated efficiently, and that perpetrators and victims have access to services they need. This document is selected because firstly, though principally similar in function to LSCBN (agency cohesion/coordination) NorDAF’s broader lens includes all family members. Children are therefore represented and positioned within a family context and it is important to capture this dynamic for a potentially well-rounded analysis. Secondly NorDAF’s main function is to directly address DV and their strategy can therefore be considered primary and applicable to this report’s focus.

**Annual Report 2010/2011, Nene Valley Christian Family Refuge** (NVCFR-AR - 2011). NVCFR is a local charity which provides an holistic service for women and children experiencing DA. Their 2010/2011 annual report (the latest available) is selected for this analysis because NVCFR are independent from statutory directives and claim to act from a Christian ethos. This offers a potentially apolitical view,
and functions as a useful comparison text. It harbours a capacity to disrupt dominant representations of children as expressed through governmental policies and therefore may nourish a useful discussion around policy improvement.

Overall, this data set encapsulates a local structure which includes secular and non-secular influences, and statutory, non-statutory, and mixed organisations, thereby reflecting the national data set. It is noteworthy that most local organisations do not have explicit DV policies. For example, the Northamptonshire Clinical Commissioning Groups (CCG) are, at time of writing, currently developing their policies. The Northampton Probation service, Crown Prosecution Service, and Witness Care Unit, among others, had no appropriate or specific material.

For those documents which were not entirely about children and DVA (VAWG; TSH; WTSC; LSCBN; general policy; NorDAF strategy; NVCFR-AR), the relevant sections of each document were identified in two ways: 1) tables-of-contents were used to identify all relevant sections where children and DVA intersected. 2) embedded lines, paragraphs and references concerning both CYP and DVA woven throughout the texts were identified by using the key the terms "child*" and "domestic". The points where domestic (violence/abuse) and any derivative of the word "child*" were articulated together were viewed as relevant and duly included in the analysis.

3.2 Doing Thematic Analysis

Thematic analysis was conducted on the selected texts as an initial way to reveal the key messages contained in the texts. The thematic analytic process followed the steps set out by Braun & Clarke (2006). Driven by analytic (critical discourse analysis [power relations]), philosophical (sociological constructivist epistemology) and theoretical (the research questions) preconceptions, initial codes were generated from the selected texts. A ‘bottom-up’ data driven coding process was undertaken which was augmented by a top-down more theoretically driven analysis. Coding was undertaken at the paragraph-by-paragraph level because this was considered the best compromise between line-by-line coding, where context is often lost (Braun & Clarke, 2006), and section-by-section coding where more nuanced detail may be overlooked.

In developing initial candidate themes, the codes were arranged into distinct categories. Preliminary thought was given to the relationship between categories, and which theme tier (e.g. overarching, main, sub) each category may relate to. From this, 26 candidate themes were developed.
Following initial development, and drawing on earlier preliminary thought about the relationship between categories, themes were refined and reviewed. Some categories were merged and ideas about overarching themes became more apparent. Preliminary labels were assigned to potential themes and some codes deemed too generic were re-coded with increased specificity. In this phase, themes were checked against each other for internal homogeneity and external heterogeneity (Patton, 1990). When each theme was deemed distinct from all others and coherent as a standalone entity, they were finally labelled. Two overarching themes were identified: Being Harmed and Addressing Harm. Figures 1 and 2 (page 37) present the final thematic maps.

3.3 Doing Critical Discourse Analysis

Having identified the key overarching textual messages via thematic analysis, a critical discourse analysis (CDA) was undertaken to highlight how social inequalities, power relations and dominance circulate in policy rhetoric, and how social practices are reproduced, resisted and enacted (Van Dijk, 2001). As such, CDA engenders reflection on how texts support the status quo and who benefits from the texts. CDA therefore permits an elaboration of power relations (Foucault, 1981; Parker, 1992). CDA was structured within the 2 key themes identified through the thematic analysis.

3.3.1 Identifying Dominant Discourses

To aid the CDA, the AntConc 3.3.5w corpus analysis tool was used. This tool enables a word based analysis of large data sets. A 'word list' was created in the AntConc 3.3.5w corpus analysis tool separately for both national and regional data sets. The word lists were searched for words considered pertinent to being harmed or addressing harm. Drawing on Parker’s (1992) ways of identifying dominant discourses, the word lists were interrogated with the question: "Ask what objects are referred to" (p.9). From this, clusters of linked words were created e.g. "courts", "legal", "perpetrator", and "offender" cluster together to form legal discourses. Similarly, "exposure", "powerless" and "witness" cluster together to shape discourses of victimhood. Once a pertinent word was identified a check was conducted for similar, linked words. For example, "assessment" would be stripped to its parent word (assess) and then a search was made for all derivatives of this (assessments, assessed, assessing etc). The concordance tool, cluster tool and collocation tool were then used to ensure that all derivatives and linked words pertained to the same context. For example, "safety" and "safeguarding" were used in different contexts. Safety worked largely within organisational health and safety discourse, and collocated with "health" 4 times. Safeguarding, however, did not collocate with health at all, but collocated with "protection" 3 times. This whole process continued until no more new pertinent words were perceived. The national data set had 2993 distinct words, and the regional had 1484 and a number of clusters had been constructed and labelled.

Next, Parker suggests the analysis continues by "Map(ping) a picture of the world th[ese] discourse[s] present" (p.12), identifying points where they overlap and bringing together distinct discourses to form a wider single discourse. These potential discourse groupings were refined several times until all grouped words accurately portrayed distinct discourses. The number of times each word was used was calculated to give a total value for each discourse. For example, in the national data set, from a
corpus of 34,411 words, 238 were from legal discourses and 592 were from victim discourses. These were then compiled in Microsoft Excel 2007 so that percentages, pie charts and a comparative column graph (comparing national and regional) could be produced (see figures 5-9).

3.3.2 Micro Analysis of the Policy Documents

To deepen the CDA, Dunn’s 2006 work was used to explore the ways in which social actors and social practices are represented and socially and politically positioned through language used in texts (also see Mulderrig, 2011). For example, a reader could be positioned as ‘other’ to the policy writer, but then slide immediately into a position against another social actor within the text. Both positions function in distinct ways for distinct purposes. Mulderrig (2011) shows how words such as "we" or "our" can be used to construct an illusion of social inclusivity, and thus manufacture a socio-political identity, and ultimately power plays for policies to be implemented. Applied to the current analysis, this informed of the discursive ways hierarchical managerial positions are constructed and how they function as social practices - to monitor and control society through more powerful bodies (e.g. national government) with the illusion of "enabling" less powerful bodies (e.g. local authorities) to govern.

4. Policy Analysis Findings

4.1 Thematic Analysis

Thematic analysis revealed 2 overarching themes: Being Harmed, and Addressing Harm. Each overarching theme is divided into main themes and sub-themes as presented in table 1 and graphically presented in figures 1 and 2 (page 37). In this analysis, "N" expressed the number of thematic codes generated per theme.

<table>
<thead>
<tr>
<th>Overarching Theme</th>
<th>Main theme</th>
<th>Sub theme 1</th>
<th>Sub theme 2</th>
<th>Sub theme 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Being Harmed</td>
<td>Experiential Harm</td>
<td>Manifestations of Harm</td>
<td>Co-morbidity</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Permeation</td>
<td>Penetrating</td>
<td>Extensive</td>
<td>Long term</td>
</tr>
<tr>
<td>Addressing Harm</td>
<td>Child Well-being</td>
<td>Physical and mental health</td>
<td>Material wellbeing</td>
<td>Social bonding</td>
</tr>
<tr>
<td></td>
<td>Countering Harm</td>
<td>Protection from harm</td>
<td>Harm prevention</td>
<td>The Child’s Voice</td>
</tr>
</tbody>
</table>

Table 1: Structure of thematic structure
4.1.1 Being Harmed

Being Harmed is constituted of 2 main themes and constructs harm as a multiple, complex phenomenon that affects children deeply across a wide array of mental and physical, personal (e.g. physical injury) and vicarious experiences which distress them and face them with parental suffering:

"Domestic violence has an impact on children in a number of ways. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. Children’s exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in anti-social or criminal behaviour." Working Together to Safeguard Children [WTSC] (DCSF, 2010: 263).

Being harmed is framed in terms of behavioural harm, emotional harm and mental and physical health and wellbeing related harms.

"Research evidence shows that children experiencing domestic violence can be negatively affected in every aspect of their functioning, safety, health, school attendance and achievement, economic well-being and emotional development" A Vision for Services for Children and Young People Affected by Domestic Violence [VSCYPADV ] (Local Government Association, et al., 2007: executive summary).

DV is seen to harm children in serious 'hard-hitting' ways and in ways which are difficult to alleviate. Two aspects of being harmed are evident in the policy documents. The first relates to the actual direct experiential harm, and the second relates to the permeation of harms.

Main Theme 1 Experiential Harm

Experiential Harm (N=96) refers to the harmful ways that children directly experience harm as a result of witnessing DV. The following quotes typify these harms;

"These are some of the effects of domestic violence on children:

They may become anxious or depressed.

They may have difficulty sleeping.

They may have nightmares or flashbacks.

They may complain of physical symptoms such as tummy aches.

They may start to wet their bed."
They may have temper tantrums.
They may behave as though they are much younger than they are.
They may have problems at school, or may start truanting.
They may become aggressive.
They may internalise their distress and withdraw from other people.
They may have a lowered sense of self-worth.
Older children may start to use alcohol or drugs.
They may begin to self-harm by taking overdoses or cutting themselves.
They may develop an eating disorder. (Women's Aid, 2009: 60)

This theme highlights the environmental factors which are described as co-existing with DVA and therefore perpetuate its harmful effects (Local Government Association et al, 2007, and DCSF, 2010) This theme therefore splits into 2 sub-themes which relate to the 1) manifestations of harm and 2) co-morbidity

**Sub theme 1: Manifestations of harm:** Manifestations (N=58) of harm are characterised by the various ways that children are claimed to express themselves through their experiences. These are the observable behaviours which are a direct result of experiencing DVA in their domestic environment. The various manifestations construct 5 main categories (bullet pointed).

- **Negative affect:** "Witnessing domestic violence affects children's emotions and behaviour and can lead to temper tantrums and aggression ... Exposure to domestic violence is also associated with children being more anxious, sad, worried, fearful and withdrawn, than children who are not exposed" DCSF (2010: 264)
- **Negative psychological consequences:** Mental health: "In families where there is domestic violence, children are frequently abused by the violent parent and this can have very damaging long term effects on their mental health" Local Government Association et al (2007: 4)
- **Behavioural issues:** Aggression, anti-social and criminal behaviours: "Children's exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in anti-social or criminal behaviour." DCSF (2010: 263)
- **Academic harm:** Poor school performance DCSF (2010: 263)
- **Negative social factors:** Social exclusion, social deprivation and poor social bonds: "Violence may also interfere with your children’s social relationships: they may feel unable to invite friends round – or may be prevented from doing so by the abuser – out of shame, fear, or concern about what their friends may see." Womens' Aid (2009: 60)
- **Physical and emotional harm:** "When dealing with cases of domestic violence, the police and other involved agencies should consider the impact that this behaviour has on children, in particular their emotional development" DCSF (2010: 137)
- **Developmental harm:** "Domestic violence is likely to have a damaging effect on the health and development of children" DCSF (2010: 310)
This sub-theme constructs the notion of CYP as passive recipients of their DVA experiences and extensively damaged in many major domains of life. Thus, the policy landscape, by carving a normative social viewpoint of children as inevitably damaged by DVA, signals to professionals and other service providers that CYP require their support to survive their experiences. As such, CYP are labelled as maladjusted with few opportunities to find strength in their experience or to develop more resilient identities. In other words, and according to labelling theory (Goffman, 1959), if CYP are labelled and described as damaged passive recipients, they are likelier to perceive themselves as such and behave accordingly.

Sub theme 2: Co-morbidity: Co-morbidity is a small sub-theme which is evident in 2 documents (Local Government Association et al., 2007; DCSF, 2010). It refers to environmental factors that are not directly related to, but co-exist with DVA and are perceived as precipitating or perpetuating harm:

"Many parents also misuse drugs or alcohol, experience poor physical and mental ill health and have a history of poor childhood experiences themselves. The co-morbidity of issues compounds the difficulties parents experience in meeting the needs of their children, and increases the likelihood that the child will experience abuse and/or neglect." DCSF (2010: 263)

This quote summarises the sub-theme. The major feature of co-morbidity ties the dominating role of parents to the provision of environments through which harms are delivered. Indeed, harmful parental influences appear throughout the policy documents in a variety of configurations – for example, parents’ poor mental health harms their children through their inability to provide adequate care. In addition, the drug and alcohol abuse by some parents are equally characterised as harming children.

"Where domestic violence is accompanied by parental mental ill-health or drug or alcohol abuse these will also affect the impact on the child." Local Government Association et al (2007: 4)

"Issues arising from parental mental ill health and drug or alcohol misuse may also affect the child." Local Government Association et al (2007: 8)

Childhood abuse is also portrayed as perpetuated through children’s learning abusive behaviour and inability to construct for themselves healthy relationships. In this way, children are characterised as at risk of recycling the abuse they have experienced or witnessed.

"Some research has suggested that children growing up with domestic violence are more likely themselves to become perpetrators or victims." Local Government Association et al (2007: 7)

Co-morbidity suggests a level of inevitability to a child's situation. If professionals strongly hold such conceptualisations, then CYP may feel as if the ontology of psychiatric labels cannot be challenged because they are assigned by people who have societal influence and authority. Such labels can then, invested with the power of authoritative experts, be accepted as taken-for-granted truths to which CYP resign themselves. Perhaps most damaging is the image in policy of the damaging nature of the mother’s behaviour and mental health and its potential to adversely affect her children. Here the DV is less problematic that the mothers reaction to it. This brings a gendered slant to this sub-theme:
"Experiencing domestic violence can have a wide range of impacts on children/young people. This will be influenced by a number of factors including age and ethnicity as well as existing support networks, the mother’s behaviour and mental health and the child’s own personality and coping strategies". Local Government Association et al (2007: 21)

Pathologising women, a practice which is argued to function through contemporary psychiatric diagnoses (Marecek & Gavey, 2013), may shape the policy landscape in such a way that DVA becomes conceptualised as a gender problem, rather than a gender neutral social issue. The mother, as opposed to the father, is constructed as somebody who is less able and weak, and the child seen as less able to benefit from protective and resilient mothering.

To summarise, the implications of conceptualising DVA in terms of Experiential Harm means that CYP are arguably less likely to find positive ways to tackle negative impacts of DVA. Also, CYP may feel less enabled to develop resilience against it without a feeling of powerlessness which stems from the authoritative but negative messages of professional stakeholders.

**Main Theme 2: Permeation**

Permeation constitutes a way in which DVA reifies harm as a tangible force that permeates wide and deep. It is less explicit about how harm manifests, and instead constructs harm in a more generic objectified way. It is articulated in 3 sub themes: Deeply penetrating,

**Sub theme 1:** Deeply penetrating harm. Here CYP are damaged to the core of their being, a devastation which is intertwined throughout the whole of their lives. The use of language to express the extreme nature of damage as interesting as it is

"For children and young people living with domestic violence, this experience is core to their lives." Local Government Association et al (2007: 17)

"Throughout all this, the common aim has been to protect victims and their children from the devastating effects of domestic abuse" Northamptonshire Domestic Abuse Forum’s Review of 2006-9, strategy for 2009-12, NorDAF (2009: 1).

**Sub theme 2:** Extensive/wide ranging harm. Experience of DVA does not damage CYP in superficial and limited ways, rather policy documents frame DVA related harms in a wide ranging, all
encompassing way. By implications, many aspects of the lives of CYP are affected and there is little or no escape from the harms imposed on them.

"The impact of violence on children can be far reaching" Home Office (2009: 33)

"Experiencing domestic violence can have a wide range of impacts on children/young people.”

**Sub theme 3:** Long term harm. In a similar way, being harmed through experience of and witnessing DVA is not something that can be quickly experienced, dealt with and forgotten. Rather, DVA harms are portrayed in a long term temporal framework. In this sense, once affected, CYP are perceived as suffering for a substantial portion of their lives, and this does not stop once the DVA experience stops. Harm is seen as an inevitable legacy of living in DVA households.

"Although separating from a violent partner should result in women and children being safe from harm, the danger does not automatically end" DCSF (2010: 263)

"Children can suffer serious long term damage through living in a household where domestic violence and abuse is taking place, even though they have never themselves been directly harmed." Local Government Association et al (2007: 3)

Permeation is a main theme which emphasises the omnipresent nature of the harm, lending a 3-dimensional quality to harm (penetrating, wide ranging and long term). As such, DVA harm is perceived to very powerful and difficult to resist, and CYP are seen as helpless regarding its power.

**4.1.2 Addressing Harm**

Addressing Harm constitutes a more action oriented overarching theme within the policy documents; one in which things can be done and changed to create improved opportunities for young people to overcome the harms inflicted on them.

"Where there is domestic abuse, the wellbeing of the children in the household must be promoted and all assessments must consider the need to safeguard the children." LSCBN (2013a: 1)

"We exist so that women and children can live in a place of safety and acceptance, free from the fear and threat of domestic abuse.” NVCFR (2011: 5)
“Most refuges have Children’s Support Workers who will make your children feel safe and at home in the refuge, and almost all refuges will have other children staying there when you arrive.” Women’s Aid (2009: 62)

Policy documents point to difference sources of harm reduction within statutory and non-statutory organisations, both nationally and regionally. There is an emphasis placed on places and situations of safety and security in which CYP can be free from fear and threat. Two main themes were developed in relation to addressing harm - Child Well-being, and Countering Harm.

Main theme 1: Child Well-being.

Within this theme child well-being is reified as an object - something that children possess - and is addressed throughout the policy landscape as something which is valuable, explicitly promoted, primary, and in children’s interests. Interestingly, even in the context of promoting child welfare, the emphasis shifts from the child to the non-violent parent, again making them responsible for the child’s wellbeing. It is the parent who is then offered support for the child and the child is left dependent on their parent. Here, the child is seen as neither responsible nor capable of carving out their own sense of wellbeing. Indeed, the document, ‘Working Together to Safeguard Children’ is not based on working with CYP to help them create a better quality of life, but working for children in their best interests, thereby supplanting child agency with dependency on service professionals.

“Supporting the non-violent parent is likely to be the most effective way of promoting the child’s welfare” (Department of Health, 2000). The parenting ability of the non-abusing parent may be adversely affected while living with domestic violence, but this parent should be offered support in making safe choices for their child(ren) because this is likely to be the most effective way of promoting the child’s welfare.” Local Government Association et al (2007: 15)

“The partners of the Northamptonshire Domestic Abuse Forum agree to work together to ... develop services and systems that prioritise the wellbeing of children...” NorDaf (2009: 4)

“The emphasis of the revised guidance, ‘Working Together to Safeguard Children’, which will be issued shortly, is on professionals making effective judgements in the best interests of the individual child.” Home Office (2013: 58)
**Sub theme 1:** Physical and mental health. Positive physical and mental well-being is established as a desirable antithesis to being harmed with the added aim of promoting emotional stability. The complexity of establishing positive health and wellbeing is recognised and is framed within the remit of integrated services. No one organisation or agency is described as holding all the answers, rather organisations and agencies need to combine forces to better address the complex harms which damage CYP in situations of DVA.

"Each children’s services authority in England must make arrangements to promote co-operation between—

(a) the authority;

(b) each of the authority’s relevant partners; and

(c) such other persons or bodies as the authority consider appropriate, being persons or bodies of any nature who exercise functions or are engaged in activities in relation to children in the authority’s area.

The arrangements are to be made with a view to improving the well-being of children in the authority’s area so far as relating to—

(a) physical and mental health and emotional well-being." Children Act, 2004 (section 10 - paragraph 1 and 2).

"During the year we also ran two special courses for children who have experienced domestic abuse to help them deal with their feelings." Nene Valley Christian Family Refuge (2011: 9)

**Sub theme 2:** Material well-being. Having a permanent home is heralded as important to maintain continuity safety and security within the child’s life. Removal of the aggressor from the home is often seen as synonymous as removal of the dominant male, leaving the mother in charge of maintaining the household.

"Where a mother’s safety plan is to separate from the abusive partner the possibility of removing the abusive partner rather than the mother and child/ren should be considered first." DCSF (2010: 312).

Sub theme 3: Social bonding. Social networks, strong friendships and social support are all represented within policy documents as mediators of harm and promoters of positive wellbeing. Social normalisation of the harms of DVA within the peer group is seen as an important stepping stone towards good mental health and emotional stability.

"Children/young people affected by domestic violence benefit from ... meeting other children/young people and realising that they are not the only ones who have experienced domestic violence." Local Government Association et al (2007: 17)

Child-wellbeing is a theme in which concern and morality appear to shape the policy landscape. It reinforces the opinion that the well-being of CYP is an important and material aspect of their life, and it could drive CYP's motivation to nurture their own well-being. However, attaining wellbeing is not placed in the power of CYP themselves but in the remit of professionals, parents and even the peer
group. Without external support, the policy landscape maintains, CYP would continue to suffer from the damages that DVA inflicts on them.

**Main theme 2: Countering Harm**

Countering Harm sits in relation to Child Well-being by referring to active attempts to counter actual, implied or potential harm caused by children's experiences of DVA. These active attempts are to be made by all spheres of society and not just by national government, including Christian and secular organisations.

"The Government’s commitment to tackling VAWG [violence against women and girls] is clear. Violence will not be accepted and we will not stop until it has been eradicated. Government departments will continue to lead by example and we will encourage all spheres of society to be part of a wider movement to take action." Home Office (2011:1)

"From the very beginning of contact with us via our 24 hour help line, through to admittance to refuge, linking with children's services and group work on the way and then onto the Aftercare service, we aim to provide a holistic service where compassion and care are interwoven with professional and sensitive support." Nene Valley Christian Family Refuge (2011: 4).

This theme is constructed in 4 sub-themes: Protection from harm, Harm prevention, The Child's Voice and School and education.

**Sub theme 1: Protection from harm.** Protection is seen as of paramount importance and, to be effective, should be extended immediately. Moreover, protection offered by professionals is contrasted against the manipulation which is seen as pervasive in DVA households.

"There is an overwhelming recognition that protection is paramount, and that safeguarding victims and children is in many cases quite literally a matter of saving lives." NorDaf (2009: 9).

"It is vital that professionals are aware of the power and control dynamics of domestic violence, recognise this as a child protection issue and do not allow perpetrators to manipulate the situation." Local Government Association et al (2007: 14).

Moreover, protection is seen as a function of professional identification of DVA as well as appropriate and safe information sharing. The lists of designated protective information sharing organisations is extensive covering education, social care, health and the police, however, the non-violent parent is not included here.
"Children who are vulnerable as a result of domestic violence are identified, and these children and the non-abusing parent are assured of a co-ordinated response from agencies who share information appropriately and safely." Local Government Association et al (2007: 20).

"Education, early years and health service professionals are well placed to identify domestic violence. Safe information sharing arrangements are necessary to ensure that staff are confident about when and how to share information between education, children’s social care, health and the police is key." DCSF (2010: 313).

Child protection is policy issue of urgency. It moves into the realm of stored information and identity, thus encompassing the entire child. However, the relationship between CYP and professional stakeholders excludes parental influence and is typified by a uni-directional power hierarchy.

Sub theme 2: Harm prevention. Harm is addressed and countered in another way – Harm prevention. This sub theme presents a different perspective in relation the CYP as it conceptualises DVA and the harms associated with it as preventable and not inevitable. With vigilance and forethought, DVA harm can be prevented through strategy interventions made through schools and other educational establishments.

"Schools and colleges have a crucial role to play in helping children and young people to develop healthy relationships, deal with their emotions and challenge the way in which some young men behave towards young women. What is taught in the classroom, the school’s values and ethos, and the way in which it deals with bullying and inappropriate behaviour can all have an important impact." Home Office (2009: 25).

"Schools and other education and child care institutions have a vital role to play in prevention by educating all children and young people about this issue [that males are sometimes justified in hitting women] so that they can identify such behaviour later in life and have the necessary skills and confidence to form relationships based on respect." Local Government Association et al (2007: 23).

This conceptualisation offers possibilities to break the cycle of damage which is assumed to pass from parent to child. It also puts faith in the power of knowledge and educational establishments to lead the way in changing the lives of CYP in situations of DVA. This, policy holds, will not be accomplished just be imparting knowledge, but by CYP putting that knowledge into practice to counter the harms that might otherwise overwhelm them.

However, the potential for Harm prevention to homogenise the way DVA is conceptualised is at tension with a gendered narrative seen within the data set. As evidenced within the above quotes, it is men’s attitudes and violence towards women which has to change; despite the fact that 800,000 UK men (as opposed to 1,200,000 UK women) reported experiencing DA in 2011 Women’s Aid
Sub theme 3: The Child’s Voice: The Child’s Voice sub theme provides a more agentic representation of CYP by advocating for an articulation of the concerns, needs and desires of CYP from the perspectives of CYP themselves. It is argued here that, by encouraging CYP to speak for themselves, they are simultaneously countering harm by taking power to change their situation. However, while this is deemed important, it is also framed as a measured allowance of power (where professionals allow children to voice their concerns, needs and desires). Moreover, it is minimised by the lack of responsibility accompanying such power.

"Children need a voice. It is important for many children to feel that they are able to have a say in what they want to happen without feeling the weight of responsibility. This will also help to identify existing protective factors." Local Government Association et al (2007: 20).

Also, the power of the child’s voice does not always serve the agentic purposes of the child, rather it serves instrumentally to provide information for the professional in order to enable them to better do their job.

"In the process of finding out what is happening to a child it is important to listen to the child, develop a therapeutic relationship with the child and through this gain an understanding of his or hers wishes and feelings." LSCBN (2013b: 2).

There is also an undercurrent of listening to the child as they voice their concerns, needs and desires. In some instances, there is no discernible positive force to action those concerns, needs and desires within policy while in others there is a commitment to involve children not just through their voice, but also their involvement in decision making.

"... most children appreciate an opportunity to acknowledge the violence, and to talk about what they are feeling. Do talk to your children - and listen to them." Women’s Aid (2009: 61).

"Research into the needs of children affected by domestic violence has found that their two primary needs are to be safe and to have someone to talk to (Mullender et al, 2002). Children want to be listened to, to be taken seriously, told what is going on and involved in decisions." Local Government Association et al (2007: 17).

Overall, Countering harm is a theme which expresses the variety of ways in which being harmed (actually and potentially) can be, and are tackled. However, the power to make a difference in
children’s lives is firmly placed in the hands of professional stakeholders or with parents. It is rarely offered to CYP. When such power is invested in CYP, the responsibility which makes power operational is withdrawn. The theme is also suffused with gendered notions of the male perpetrator and female victim.

Having identified and discussed the themes which structure the meaning of CYP’s experience of DVA, the next chapter presents a critical discourse analysis which exposes the dominant discourses which permeate the policy documents and further explores the notions of hierarchy and power evident in the thematic analysis.

4.2 Towards a Discourse Analysis: Enmeshed Discursive Strategies

The critical discourse analysis enabled the identification of the manoeuvrings of power [Foucault, 1991/1975; Parker, 1992, 2005] within and across the policy documents. This analysis points to four distinct discursive strategies enmeshed throughout the 2 overarching themes. These are graphically presented in figures 1 and 2. In terms of Being Harmed, one discursive strategy was identified: Incitement to act Three discursive strategies were revealed in the theme Addressing Harms: Resilience, Responsibility and Agency.

![Figure 1. Graphic showing Being harmed as an overarching theme together with its themes, sub-themes, and 1 main discursive strategy (seen as an arrow) enmeshed throughout.](image-url)
4.2.1 Being Harmed

The key questions concerning power and hierarchical relationships in relation to this theme are "Who is constructing harm this way?" and "What is the function of doing so?" in such an all encompassing and deeply permeating way?" Analysis of the texts suggests that such pervasively negative constructions incite statutory organisations (through moral obligations) to act to reduce, alleviate and prevent damage to CYP. Thus, the main discursive strategy functions as an Incitement to Act. Incitements to act were coded to indicate which documents they originated from and whether those documents were a product of multi-organisational collaboration (e.g. of A Vision for Services for Children and Young People Affected by Domestic Violence (2007), or Northampton Domestic Violence Forum (2009) or were single organisational products (e.g. The Home Office or Women’s Aid). There were 84 Incitements to Act within the Manifestations of Harm theme, 31 of these were calls by multi-organisations to act together and 53 were from single organisations. In terms of the Permeation theme there were 19 incitements to act (12 multi-organisation, and 7 single organisation) and for Co-Morbidity there were 13 (9 multi-organisation, 4 single organisational). See table 2 below for a relationship matrix table which shows the number of discursive codes generated within Being Harmed.
4.2.2 Addressing Harm

The key questions concerning Addressing Harm were "Who is addressing harm?" and "What is the function of doing so?" Three discursive strategies were identified: Agency, Responsibility, and Resilience. These are presented in table 3.

4.2.2.1 Agency: Here, agency is defined as "The condition of activity rather than passivity. It refers to the experience of acting, doing things, making things happen, exerting power, being a subject of events, or controlling things" (Hewson, 2010: 12). Across the selected policy documents agency appears in four ways.

- Multiple organisation agency - for example, the collective body of commissioners and leaders of organisations who are the intended audience of A Vision for Services for Children and Young People Affected by Domestic Violence (2007).
- Single organisation agency - for example, Women’s Aid, or a parliamentary act.
- Parental agency - for example, an enabled parent who can act for the benefit of a child. This would be what Hewson (2010) terms "proxy agency" (p.10).
- Independent agency - for example, a child or young person possessing the agency to make independent decisions or to act on their own behalf.

Table 3 presents this analysis in a matrix which shows the number and location of discursive codes generated reflecting Agency. It is clear that policy is strongly guiding both multiple and single organisations to exert their power to heighten 'child protection'. Interestingly, there is very little call for organisations to act as agents for prevention. Parents are infrequently cast as holding the power to address harms for their children. Children themselves are seen (infrequently) as agentic with respect to voicing their concerns and improving their own wellbeing. The overriding function of this discursive strategy is to legitimise organisational supports for CYP.
Table 3. Relationship matrix showing the number of discursive codes in relation to the theme and sub-themes within Addressing Harm.

<table>
<thead>
<tr>
<th>Discursive strategies</th>
<th>Content themes</th>
<th>Child well-being</th>
<th>Child protection</th>
<th>Voice of Child</th>
<th>Proportion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-organisational agency</td>
<td>36</td>
<td>66</td>
<td>8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single-organisational agency</td>
<td>18</td>
<td>51</td>
<td>7</td>
<td>8</td>
<td></td>
</tr>
<tr>
<td>Parental agency</td>
<td>13</td>
<td>14</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child agency</td>
<td>10</td>
<td>6</td>
<td>7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Multi-organisational responsibility</td>
<td>4</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single-organisational responsibility</td>
<td>9</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Parental responsibility</td>
<td>5</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resilience: organisational support/identification</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resilience: non organisational support/identification</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4.2.2.2 Responsibility: As a discursive strategy Responsibility is evident in the policy documents 3 ways.

- Multiple organisation responsibility
- Single organisation responsibility
- Parental responsibility

CYP are not framed as bearing any responsibility. The policy analysis indicates that the notion of responsibility for addressing harm lies with multiple collaborations and single organisations particularly regarding child protection and increasing child wellbeing. Parents are infrequently charged with responsibilities for addressing harms. Thus, the discursive strategy in one which prioritises organisational and professional supports.

4.2.2.3 Resilience: AntConc 3.3.5w corpus analysis tool was used to find text which related to the concept of "resilience", whereby resilience was used in a protective way "protective" to emphasise the inherent "strengths" of individuals throughout the data corpus. In total, Resilience generated only 8 codes indicating that policy relating to DVA and CYP is not founded on ideas of resilience and individual strength. Where it was identified, resilience was articulated in 2 ways.

- To be identified and supported by organisations and targeted at child wellbeing and protection (N=7)
• To be identified and supported by parents and targeted at child protection [N=1])

Even when resilience is invoked in the policy documents, CYP are placed in ways which highlight their need for service support and, to a much lesser extent, parental support. Here, once again, the discursive strategy is one which emphasises the importance of service professionals in supporting CYP. The relationship matrix (table 3) shows the discursive codes generated concerning the concept of Resilience.

In the following section, dominant discourses which pervade the policy documents are identified. This analysis is done independently for national policy documents and regional policy documents in order to distinguish any differences in the ways discourses position CYP.

4.3 Dominant Discourses

10 dominant discourses were identified via a textual/corpus analysis of words. The choice of words used in the national and regional policy documents are important, because the choice of words signal certain connotations through which CYP in situations of DVA are understood.

- The Victim Discourse
- The Health and Safety Discourse
- The Child Welfare Discourse
- The Legal Discourse
- The Child Needs Discourse
- The Child Protection Discourse
- The Therapeutic Discourse
- The Managerial Discourse
- The Expert Discourse
- The Psychiatric Discourse

It is interesting to note that, of all the different and complex meanings associated with CYP and those associated with DVA, only 10 dominant discourses shape the policy landscape. Nine of the discourses construct CYP in negative, passive and disempowered ways. The implications of this for CYP and the ways CYP and professional stakeholders conceptualise DVA are described. It is argued that through the 9 disempowering discourses, existing hegemonic power structures and a political status quo are maintained.

Using corpus analysis, and from a national data set comprising 34,411 words (2993 distinct words), and a regional data set comprising 6869 words (1484 distinct words), 10 discourses were identified: Victim, Health and safety child welfare, legal, child needs, child protection, therapeutic, managerial, expert and psychiatric. These discourses were distributed with relative equality across both national and regional data sets (see figure 3 below), although discourses of legal, child needs, therapeutic and psychiatric are most prominent in national policy and victimhood, health and safety, child welfare and management discourses are slightly more prominent in regional policy. The ‘expert’ discourse appears equally across both regional and national policy. It is noted here that the 10 discourses are
not mutually exclusive and can combine in complex ways. Four discourses - health & safety, child welfare, legal, and child protection - can be identified individually, but they are also mutually enmeshed in unique discursive patterns through shifting contextual configurations. For example, the issue of child protection appears in places alongside words from a 'workplace health & safety' lexicon of risk assessment and safety. In another context, child protection may appear alongside legal discourses of court orders and justice. The principle that holds these discourses together can be described as elimination of harm. If elimination of harm is treated as one single discourse, then it constitutes the largest discursive formation in both national (46%) and regional (48%) data sets. For the purposes of clarity, description of all discourse are treated individually. Figure 4 presents the proportional analysis of national discourses and similarly figure 5 for the regional dataset.

Figure 3. The comparative proportional percentage of each discourse between and within both data sets.

Because the discourses identified in the two datasets are of a similar nature and proportion, the national and regional datasets are merged in the analysis below. Quotes from each data set are used to evidence and substantiate the analysis.

Figure 4. The relative proportion of each discourse in relation to each other that constitute the national data set.
4.3.1 The Victim Discourse was identified with the largest lexical base (national N=592 words, 29%; regional N=177 words, 33%). The more frequent words associated with ‘victim’ include affected (national N=96) abuse (national N=78; regional N=57) and impact (national N=43; regional N=9). The victim discourse is a negative construction that represents CYP as people that something happens to or they are affected by or impacted on in a uni-directional way. As such, CYP become passive recipients of harm:
Addressing violence against women and girls (VAWG) is a challenge for us all. It remains a key barrier to realising our vision of a society in which women and girls feel safe and confident in their homes and communities. The ‘snapshot’ data we have from individual studies reveals a shocking picture. In overall terms, around half of all women and girls in England and Wales could recall being victims of violence over their lifetime.

This implies CYP are mostly in a state of inertia in which they lack resistance or power - a disabling construct which is underlined by the notion of responsibility for improving this situation resting with us all. There is no notion of CYP as resilient, resistant or agentic here. Moreover, the homogenisation of CYP as victims of DV constitutes a negative and disadvantageous way to describe an entire demographic. On a metaphorical level, the word Impact is a powerful word associated with missile damage and overlaps with discourses of war. Similar to the word affected, it suggests inertia and implicitly constructs an inactive quality about those who are impacted upon. Some of the less frequent words within this discourse, yet nevertheless powerful, are powerless (national N=1), words derived from witness (national N=27 regional N=6) and words derived from vulnerable (national N=22 regional N=5):

At least 750,000 children a year witness domestic violence (Department of Health, 2002).

Vulnerability and powerlessness are again negative and passive constructions and conjure imagery of susceptibility. The effect of constantly constructing CYP in this way means professional stakeholders are less likely to see CYP as resistors in their situations of DVA. To cast CYP as witnesses is also passive, as is exposure (national N=8 regional N=1) and exposed (national N=6), implying as they do that CYP are blank canvases and simply absorb their world in the same way camera film records imagery. The overall function of the victim discourse may shape CYP's and professional stakeholder's subjectivity to such an extent that they may not conceive DVA as something from which CYP can derive strength and challenge through positive protective strategies.

4.3.2 The Health & Safety Discourse is the 2nd largest discourse identified (national N=295, 14%; regional N=101, 19%). It draws on organisational dialogue and its most frequent word is derived from safe (national N=110, regional N=14). Though health is not included, other words such as risk-assessment (national N=10, regional N=4), assessment (national N=72, regional N=25), and risk-management (national N=3, regional N=2) support the juxtaposition of children’s lives with workplace health & safety rhetoric. This may be interpreted in terms of the 'safety culture' we are said to live in (Guldenmund, 2000). This discourse is about preserving health and safety through risk awareness but also hold within in a sense of the professional expert whose responsibility it is to ensure child health and safety. Politically, using this discourse resonates with the benevolent and positive meanings imbued within it. Eliminating risk and increasing safety could be argued as admirable endeavours because people avert harm and injury by doing so. However, those doing the assessing of safety are external agencies rather than parents. For example:

"Children need to be safe physically and emotionally. Agencies need to make children as safe as possible through risk assessment and planning." Local Government Association et al (2007: 14)
This leaves children heavily reliant of professional stakeholders who are placed in a position of knowing and working towards the best interest of the child. In this discourse, there is little reference to the child’s voice so that children are largely constructed as subject to social workers, who may never have been in situations of DVA, and may underestimate CYP’s capacity for resilience, and for preserving their own health and safety.

4.3.3 The Child Welfare Discourse (national N=272, 13%; regional N=84, 15%) is related to health & safety discourses, but is distinct because it frames welfare as substantially improving children's lives as opposed to simply preserving certain levels of health and safety through assessment. Health is the most frequent word (national N=74, regional N=9), followed by care (national N=58, regional N=7) welfare (national N=39, regional N=14), words referring to developmental which are derived from 'develop' (national N=30, regional N=8), and well-being is to be promoted (national N=38, regional N=8). Nominally, this discourse has a positive edge with its emphasis on improving and promoting welfare. However, symptomatic of this discourse is the positioning of children’s services in the prime position for delivering on child welfare, over and above parents and other carers as can be seen in the following quote from The Children Act 2004 section 10(3):

"In making arrangements under this section a children’s services authority in England must have regard to the importance of parents and other persons caring for children in improving the well-being of children."

The lexical choice made here places children’s services in a position of authority over parents and other carers. Ultimately compassionate, this discourse paradoxically positions CYP as helpless recipients of the beneficence of children’s services, and through their guidance, of parents and other carers.

4.3.4 The Legal Discourse (national N=238, 12%; regional N=32, 6%) frames DVA through the following words: criminal (national N=30, regional N=1), civil (national N=3) and law (national N=15, regional N=1). CYP’s experience of DVA is thus taken out of the social realm and that of emotion and cognition and makes it an issue in which justice (national N=15, regional N=2) is realised through the courts (national N=82, regional N=4) for those involved with offenders (national N=14, regional N=3) and perpetrators (national N=40, regional N=7). For example:

"The emphasis of recent public policy is to strengthen the response of the criminal justice agencies, the police, CPS and the courts to domestic violence crime, to bring perpetrators to justice, to reduce its incidence and its harmful effects and to support the victims through the process." Local Government Association et al (2007: 3)

This discourse could serve as a political tool by appealing to society's desire for justice and simultaneously improving a CYP’s domestic environment. However, the discourse itself creates
tension in relation to earlier claims that DVA harm is permeating and long term. The 'long term' nature of the consequences of DVA experience are not considered, rather, once the legal system is involved and the perpetrator removed, the child is positioned as safe and thereby enabled to get on with their life. This rather simplistic notion of recovery does not account for the emotional and psychological consequences of living with violence in the home environment. Justice is a central imperative of this discourse, rather than the protection or wellbeing of CYP. Generally, this discourse is mutually interlinked with the victim discourse.

4.3.5 The Child Needs Discourse (national N=186, 9%; regional N=25, 5%) is hugely problematic and overtly negative. It is constituted of 3 key words: need (national N=90, regional N=9), needs (national N=90, regional N=16), and needs assessment (national N=2). In this, the overlexicalisation of ‘need’ is clearly identifiable, that is, there is a surfeit of repetition (perhaps ‘over-persuasion), concerning this particular term. This is problematic as CYP are singularly seen as people who have problems (which they may not realise unless a professional deems them existent via an assessment) which professionals can ‘meet’. For example:

“[T]he single plan for children's services should outline how the children's partnerships have identified the needs of children experiencing domestic violence and their plans to meet those needs” Local Government Association et al (2007: executive summary)

Here, professionals are given credibility for their ability to transform the lives of children. The needs discourse contains a sense of epistemic modality in that it sets the notion of need as a certainty (ie that all children experiencing DVA have problematic needs) and judges that professional stakeholders will find appropriate solutions to heal them. CYP are positioned as deficient and ‘needs’ are created and addressed by others, a hugely disempowering situation. In this discourse, and because of its overt dependency on ‘need’ there appears to be a problem of lexical suppression of other, perhaps more positive, ways of framing CYP.

4.3.6 The Child Protection Discourse (national N=152, 7%; regional N=43, 8%) is specific about safeguarding (national N=47, regional N=19) and protecting (national N=84, regional N=15) CYP, and the phrase child-protection appears explicitly 24 times nationally and 5 times regionally. Its central mandate is to protect and secure against harm, while simultaneously drawing on the victim discourse, for example:

“Every school should make clear that all forms of VAWG are a safeguarding issue and ensure that all staff know how to deal with girls they identify as being affected, including when to refer to the school’s designated senior person for child protection.” Home Office (2009: 21)

Both schools and local authorities are protectors of CYP, mainly girls. There is some variation however wherein the Women’s Aid’s Survivor’s Handbook (2009) it is parents doing the protecting. Despite protective factors being mentioned twice in relation to child agency (Local Government Association et al., 2007: 18; DCSF, 2010: 256), the main thrust of this discourse is hyperbolic. That is, it exaggerates the role of the state and other agencies in child protection. This means that, across the policy landscape, CYP are conceptualised as largely disempowered. Indeed, where child protection results in the removal of CYP from their home, this may be more detrimental than remaining, and, paradoxically in such cases, CYP may be harmed more.
4.3.7 The Therapeutic Discourse (national N=115, 6%; regional N=15 3%) accounts for a small proportion of the lexicon in which counselling (national N=110) and the family (national N=72, regional N=8) help the child to cope (national N=5). Moreover, in the therapeutic discourse, CYP’s feelings (national N=24, regional N=3) are to be explored, understood and ascertained. This discourse most explicitly of all those identified in this analysis takes a child centred approach and intersects with discourse of child welfare:

The child should be seen (alone when appropriate) by the lead social worker in addition to all other professionals who have a responsibility for the child’s welfare. His or her welfare should be kept sharply in focus in all work with the child and family. The significance of seeing and observing the child cannot be overstated. The child should be spoken and listened to, and their wishes and feelings ascertained, taken into account (having regard to their age and understanding) and recorded when making decisions about the provisions of services. Some of the worst failures of the system have occurred when professionals have lost sight of the child and concentrated instead on their relationships with the adults."

This is a more positive construction as it locates the locus of agency somewhat within CYP, albeit while placing some power with professionals to enable the child centred approach. Alternatively, this discourse could be interpreted as a pathologisation of CYP by situating their problems within them and therefore ignoring the ills of wider society. Rather than an explicitly positive discourse beneficial to CYP, the therapeutic discourse should be read as a discourse which could provide for constructions of child agency in DVA.

4.3.8 The Managerial Discourse (national N=93, 5%; regional N=37, 7%) is created from use of the following words: organisational (national N=19, regional N=3), and managers (national N=1, regional N=11) who concentrate on planning (national N=41, regional N=2), making decisions (national N=6, regional N=11) and supplying leadership (national N=3). For example:

"The revised guidance will make clear what must be done by individuals and organisations working together to keep children safe. It will be clear about the responsibilities on local leaders, managers and other professionals to manage services for vulnerable children and families." (Home Office, 2013: 58)

This can be seen as a less strident version of a discourse of bureaucracy - but power centric nonetheless. CYP’s lives are contextualised within the structure of organisational business; to be planned and managed. Nowhere are CYP enabled to manage themselves and the managing is located in the domain of external agencies, presupposing (or taking for granted) that this is an appropriate way for everyday lives to be lived. The implications for CYP, therefore, are that they remain inside a structured system that plans for them, in a quality (national N=3, regional N=2) way. CYP are ultimately disempowered while the government and its agencies can continue to 'manage' in their best interests. There is however, a more nuanced picture relating to regional policy in the context of the managerial discourse. Though governmental organisations exercise more power through a strong managerial culture, the power relationships are more bi-directional at a regional level - thus tend to offer more opportunities for CYP’s empowerment.

4.3.9 The Expert Discourse (national N=71, 3%; regional N=18, 3%) functions to facilitate policy implementation by the connotations that words such as professional(s) (national N=38, regional N=14) and specialist (national N=24, regional N=1) imbue.
Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and expertise. Individual children, especially some of the most vulnerable children and those at greatest risk of suffering harm and social exclusion, will need co-ordinated help from (specialist) health, education, early years, children’s social care, the voluntary sector and other agencies, including youth justice services.

In the above quote, and evident in this discourse throughout the data corpus, are examples of deontic modality. Deontic modality describes text which aims to influence people and events through compelling or instructing others. The example text compels professionals and other specialists in health, education etc. to coordinate to help CYP, yet fail to point out that they see the world through their professional lens and not through the subjectivity of any single CYP in an environment of DVA? Expert discourses function throughout the policy landscape to position ‘experts’ as more knowledgeable than those they seek to help. This discourse assumes CYP cannot be insightful experts in dealing with their own situations and is therefore a powerful disabling mechanism.

4.3.10 The Psychiatric Discourse appears mainly in the national data set, and in a limited way (national N=51, 2%; regional N=5, 1%). This discourse represents just 0.1% of the entire corpus set. Nevertheless, corpus cluster analysis for emotional (national N=24) shows it appears (on the national level only) with negative and pathological words such as disturbance, harm, trauma, suffering and effects, and in this way resonates with victim discourses.

"Domestic violence has an impact on children in a number of ways. Children are at increased risk of physical injury during an incident, either by accident or because they attempt to intervene. Even when not directly injured, children are greatly distressed by witnessing the physical and emotional suffering of a parent. Children’s exposure to parental conflict, even where violence is not present, can lead to serious anxiety and distress which may express itself in anti-social or criminal behaviour." (p.263)

Depression (national N=4) and anxiety (national N=5, regional N=1) also appear, as does distress (national N=4, regional N=2). Corpus cluster and collocate analysis on the word behavioural (national N=6, regional N=1) shows it appears with negative words also, such as problems, difficulties, and disturbance. Psychiatrists (national N=1) are also represented. Psychiatric (national N=1) discourses function in the same way as, and in configuration with, needs discourses and expert discourses. For example, psychiatric discourses define what is wrong and this implies recourse to experts for help. This positions CYP in a vacuum of psychiatric power and disempowers them from employing their own therapeutic agency. However, as noted, this is a less visible discourse across the corpus and could therefore be less influential. However, it appears to be interlinked with and facilitate a number of other discourses, such as the victim, needs and expert discourses.

The 10 discourses taken together present a largely passive view of CYP as victims in need of expert support, who are damaged in serious psychological ways, suffer poor mental health and are healed by legal practices and therapeutic interventions. These negative and disempowering discourses create the policy landscape within which professionals work with CYP in situations of DVA. Only one discourse, the Therapeutic Discourse, could be seen as presenting child centred positive perspectives. However, in this CYP were not seen as resilient. Resilience was rarely mentioned in the policy documents and in a discursive framework can be seen in terms of lexical suppression ie a concept that might be expected to feature more prominently, but is only marginally included. This can be seen in annex one where the text concerning resilience is minimal compared to the text about
protection of information in the LSCBN's general policy. In the next section, professional conceptualisations of the policy landscape are investigated.

5. **Professional Stakeholders Conceptualisations of the DVA Policy Context**

Two focus groups were held to uncover professional stakeholders (PS) conceptualisations of the DVA policy context and how this relates to CYP. The focus groups were approximately 70 minutes in duration and were held in school locations. Participants in the focus groups were refuge support workers, police, primary school and academy family support workers, support workers for a national charity, children’s workers at a religious DV organisation, director and youth worker at a not-for-profit organisation, school and education liaison officer, and a targeted support worker within a national DV organisation.

Focus groups were digitally recorded and transcribed. A thematic analysis was performed on the transcriptions.

5.1 **Professional Stakeholder Conceptualisations: Key Themes**

Eight themes were revealed through the thematic analysis:

- Inter-Professional Working
- Integrated Partnerships
- Financial Shortcomings
- Educational Imperatives
- Focus on Needs
- Cycling: The Next Generation
- Health and Safety
- Tick Box Policy and Outcomes

5.1.1 **Inter-Professional Working:** PS described policy as emphasising inter-professional working in order to bring professional knowledge bases together to better deal with the myriad of issues CYP face when living in situations of DVA. For this to work well, PS felt there needed to be strong informal links and personal contacts rather than formalised relationships. However, these should be process driven rather than relationally driven. In addition, experts need up-to-date training and opportunities to develop their skills in this specialist area:

*FG Participant 7: It (school DVA intervention) should be delivered by really skilled facilitators as well.*

*FG Participant 3: Practitioners.*

5.1.2 **Integrated Partnerships:** PS described how the policy context calls for integrated partnerships where organisations and agencies work together with a common aim and common core values. However, in practice, they felt the organisational context was generally fragmented and disconnected with agencies working in silos. A case in point was the difficulty in getting CYP appropriately referred
for support. In many instances, this was made difficult because of the complexity of services and intervention accessibility; PS did not always know which services were available, when and who to contact.

*Int: Counseling, do you know what kind of programs they offer?*

*FG Participant: No I don’t really know*

Integrated partnership working was evident in the Early Help Forums where PS support networks were developing across different professional groups and knowledge sharing was prioritised.

**5.1.3 Financial Shortcomings:** PS felt that the current policy landscape called for more service provision while simultaneously cutting back services and resources. This was perceived to lead to an uncertain climate in which to work, where services were pitted in competition against each other in order to win contracts and benefit from the restricted resources available.

**5.1.4 Educational Imperatives:** Much of the focus group discussions revolved around the role of schools and education to lead in supporting CYP who live in situations of DVA. Schools, they felt, were places where children spend much time dissociated from parental influence. In addition, teachers occupy a position at the frontline interfacing between the child and their home environment. However, PS reported a number of challenges faced when trying to work within schools to raise awareness of DVA and support CYP. Firstly, school policy appeared to emphasise grades rather than ensuring the wellbeing of the CYP. Secondly, many teachers lacked general awareness of DVA and how to recognise and help CYP in situations of DVA.

*Teachers... they don’t understand domestic abuse... And are quite shocked when you go in and kind of educate them as well in domestic abuse*

Thirdly, there was a feeling that schools were very resistant to discussing DVA in class as this might taint the school and have an impact on school league tables.

*Is there a problem then, getting into school? Yes! Why is that then? 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*

In contrast, PS thought that school policy should be changed such that DVA became a mandatory and universal subject as part of a national curriculum from primary to secondary school and taught in class so that individual children could seek help within a climate of understanding. This would also make transitioning from primary to secondary school.

**5.1.5 Focus on Needs:** In general, there was a feeling in the focus groups that policy concentrated on identifying and assessing the needs of children, but that this often happened through the medium of the mother (fathers were not mentioned). PS did not contest the notion of ‘need’; rather they appeared to perceive CYP in DVA as needy and requiring expert and professional help. They reported many aspects of damage CYP suffer from educational disadvantage, to anxiety and disruptive and anti-social behaviour. The meant that CYP presented differently because of the different personalities and contexts they were in:
Every child is different even though they have the domestic abuse in common, every situation is different and you have to respond to that child’s needs. So initially it is building trust and getting to know them and find out where their specific difficulties are before you can put in place what you think is going to really help them.

Assessing need and creating plans based on this was seen as important and delivering support through 1-to-1 sessions. However, they felt that experts in assessing need in CYP were no longer as readily available in refuges and other frontline services due to governmental cuts. There was some concern that the policy focus on need did not deal with the fears children face in school and when moving to refuges. Nor was there a concern that discourses of need, assessments and involvement in the service culture could promote the labelling of CYP as ‘other’. Finally, this theme did provoke some resistance by PS to the notion of need when discussion turned to the requirement for relationship courses which switch focus from addressing needs to developing healthy relationships.

5.1.6 Cycling: The Next Generation: Policy currently was felt to frame CYP in situations of DVA as at risk of perpetuating DVA in their adult lives. Primarily the concern was with boys becoming perpetrators of DVA as they grew up having learned to cope with anger and violence from their dysfunctional families.

When they’re going to form their own personal relationships...that might be the time where they go back to a model that they’ve grown up with.

PS were clear that such CYP needed their support to avoid cycling DVA into the next generation. Indeed, PS were adamant that CYP could not deal with the problems visited on them through DVA without acknowledging the damage this has done them and seeking PS support.

5.1.7 Health and Safety: A recurrent theme in the focus groups revolved around the notion of health and safety and how this underpinned policy. School premises were seen as safe places and PS were then cast in a protecting role. Conversely, parents, especially mothers were described as either minimising the damage to their CYP or over-emphasising it, such that they were not always capable of providing their CYP with safe environments. Refuges were seen as safe spaces, however safety in this context could come at the price of disrupting child-parent relationships:

We have to have health and safety for instance, regulation rules in place so things that you would get away within your own home, you wouldn't get away with in refuge and you have to be careful of what other families do

In your own home you be free to leave your children whenever you wanted while you got on with something for 10 minutes, but they can’t do that, They’re expected to supervise their children at all times

5.1.8 Tick box policy and outcomes: Much policy, especially government policy, according to PS, was orientated towards performance targets and evidencing outcomes of PS actions and interventions. However, there was an overriding feeling in the focus groups that such mechanisms of targets and outcomes were actually counterproductive to helping CYP. Rather, they felt that chasing targets created an atmosphere within services of simply ‘ticking boxes’ i.e. being seen to have taken policy appropriate action with no real concern over the welfare of CYP:
But people just think it’s a quick thing (healing CYP) we’ll move them out of there, place them there, they’ll be Ok, tick them off my list, they’re OK now, but it’s not. It’s a long term changing.

5.2 Interventions

Throughout the focus groups, a number of interventions were mentioned which were deemed to be helpful in bringing understanding, relief and support to CYP. These were:

- Back In
- Expect Respect
- DART Domestic Abuse Recovering Together
- Help Me to Stay Safe
- The Day Programme
- The Freedom Programme
- Theraplay
- Hideout (Internet)

However, many challenges needed to be overcome if CYP were to access the interventions. Firstly, they needed to be located in accessible places and times, otherwise CYP would have difficulty in physically attending (because of lack of transportation for example. More interventions in schools during school time were called for. Secondly, interventions were reported as being too short term to really do anything other than ‘scratch the surface’ of need. Interventions of 6, 7 and 12 weeks were mentioned, whereas long term interventions of a year or more were heralded as were required. This was explained in terms of CYP lacking the confidence to open up during short interventions which were not long enough to build trust and understanding relationships. Thirdly, CYP living chaotic lives find it difficult to make commitments. Here, building trust over a long time period and being available to CYP on their terms was required to make a difference.

While intervention programmes available were rated as ‘good’, there were simply insufficient places on interventions to cater for high demand. They were also criticised for being too closely labelled for women. Boys and young men would not see the relevance for themselves, and, it was argued, neither would girls and young women. PS suggested that once CYP left school, there was little help for them, or access to services. More interventions were needed for this age group that talked their language and discussed issues relevant to CYP. Finally, such interventions would, PS felt, benefit from more men in teaching and support roles. This would be especially helpful if they were reformed perpetrators or men who, as boys, had living in situations of DVA.
6. Discussion and Recommendations

The forgoing analysis can now be used to provide answers to the three research questions posed.

- What is the current policy landscape in the UK in relation to DVA and CYP, including the national and regional locales?
- In what ways does the policy landscape shape the ways in which domestic violence is conceptualised by young people and professional stakeholders?
- How can the policy context be changed to better enable agency, resistance and resilience amongst young people who experience situations of domestic violence?

6.1 What is the current policy landscape in the UK in relation to DVA and CYP, including the national and regional locales?

To answer this, an historical review of national and regional policy was undertaken which highlighted several important policy documents where shifts in conceptualising DV and the place of children in DV policy can be discerned. In summary, this review documented the shift of responsibility for DV from central to local government, placed greater emphasis on the local service and voluntary sector and widened the definition of violence to encompass more cultural and gendered practices and participants. Here, male victimhood has been recognised, although the emphasis and language of victimhood remains largely in relation to women and girls. However, both national and regional policy tends to operate at the macro level of organisational support and offers little in recognition of the place of children in the context of DV. Indeed, where girl are increasingly recognised as victims of DV, boys are sometimes conceptualised as future potential perpetrators. Neither boys nor girls are contextualise within strong social and psychological support systems. Instead service professionals are heralded as the primary saviours of children.

6.2 In what ways does the policy landscape shape the ways in which domestic violence is conceptualised by young people and professional stakeholders?

Thematic analysis of the current policy landscape supported the findings of the historical review and pointed to ways in which policy shapes the way DVA can be conceptualised in similar ways by CYP and professional stakeholders. The two overarching themes identified structure conceptualisations of DVA in terms of being harmed and addressing harms.

**Being harmed:** This described the ways 1) CYP experience being harmed (in terms of the manifest behaviours, development and mental health and the co-morbid environments CYP find themselves in) and 2) the permeating nature of harm itself. In this, there is an assumption that all children are damaged irrevocably and deeply by DVA. Moreover, through gendering co-morbidity (attributing questionable mental health to mothers) it is argued that CYP could make an unjustified association between motherly instability and the perpetuation of DVA. It is possible that CYP, on the basis of such conceptualisations may be less likely to make strong maternal attachments which could otherwise serve as a protective and resilient factor. In terms of social practices, representing CYP through this theme of being harmed as victims locked into an environment of inevitability, where they may be less able to find positive ways to tackle any negative effects of experiencing DVA.
**Addressing harm** expresses the ways harm is countered, and the immediacy of child wellbeing. **Countering harm** is about protecting and safeguarding CYP, preventing DVA through school curriculums, and considering the child’s voice, for example, seeing children’s desires as important. While both have overtones of positivity, in reality they position services as responsible for child welfare, protection and wellbeing, allowing little space for CYP to develop coping strategies and resilience. Furthermore, the child’s voice is disproportionately small in comparison to issues of child protection, and CYP are unlikely to see their own concerns as central to wellbeing and may conceptualise DVA as something that they have little control over. By extension, the control and power is placed firmly in the hands of professional stakeholders.

When considering the two themes in terms of discursive strategies, **Being Harmed** is seen to function as an *incitement to act* on the harm by organisations and agencies. Alternatively, **Addressing Harm** functions more overtly to enabled *agency* but ultimately enmeshed this in the context of organisational support, whereby organisations were seen as *responsible* for CYP. Finally, resilience as a discursive strategy was constructed as something to be identified and supported by organisations (and to a lesser extent, parents) but not children.

Ten dominant discourses were revealed in the policy texts (largely paralleled in both national and regional policy documents): The Victim Discourse, The Health and Safety Discourse, The Child Welfare Discourse, The Legal Discourse, The Child Needs Discourse, The Child Protection Discourse, The Therapeutic Discourse, The Managerial Discourse, The Expert Discourse, and The Psychiatric Discourse. These negative, passive and disempowering discourses (excluding the therapeutic discourse) operate to render CYP largely invisible. Hence the policy landscape offers understandings of CYP in relation to DVA lacking in independent agency, with little to resist their current situation and poor resilience. The policy landscape acts to locate the loci of agency and responsibility in the domain of professional stakeholders. It is the professional stakeholders who become agentic experts, guardians and saviours of CYP - even though many may never have experienced DVA themselves - least of all in the specific ways CYP do. DVA is cast predominantly in one particular devastating way, creating only 'victims' and 'distress' in its wake. Importantly, as the analysis indicates, if the powerful forces that control social agency controls the way DVA is conceived and addressed, then this operates as a useful tool in political struggles and electoral capital. However, CYP are effectively left at the mercy of 'services' who have no phenomenological grasp of each child's situation and capacity for resilience. Though governmental organisations exercise more power within a managerial context, the power relationships are more bi-directional at a regional level - thus become more empowering for CYP. At regional level, DVA can be conceptualised by CYP as something in which they share mutual responsibility for their own welfare. This can promote shared mutual agency and responsibility, and CYP can act to be both resistant and be resilient. Notwithstanding pockets of mutual agency, the overriding policy landscape reinforces existing hegemonic power structures and maintains a political status quo.

The analysis continued with an exposition of the ways in which professional stakeholders viewed the policy analysis and how this structures their work and views of CYP. Eight main themes were discerned: **Inter-Professional Working, Integrated Partnerships, Financial Shortcomings, Educational Imperatives, Focus on Needs, Cycling: The Next Generation, Health and Safety, and**
Tick Box Policy and Outcomes. This analysis highlights the intersecting ways in which the policy discourses are conceptualised by professional stakeholders. Once again, the notion of children as damaged, helpless and doomed to re-cycle violence and victimhood in their future lives is reified. Professional stakeholders are placed in positions of control and education/schools are given prime responsibility for identifying CYP, raising awareness of DVA and channelling appropriate support to CYP. However, the role of professional stakeholders is perceived to be hampered by cutbacks, restricted financial resources and policy which is formed mainly to be seen as positive but in fact is delivered in a mechanical tick box exercise where children themselves are made invisible and outcome measures are prioritised.

The professional stakeholders outlined several ways in which DVA interventions could be made more relevant and accessible to CYP. In this, a gendering of provision is highlighted, alongside delivery of information and support both in schools and community locations. Community delivery was especially necessary to reach those CYP who are over school age. Moreover, focusing courses and support on the real concerns of CYP as well as talking in their language was felt to offer advantages over current provision of support. Attention to access barriers was also signalled as important to ensure that CYP can use the limited resources available to them.

6.3 How can the policy context be changed to better enable agency, resistance and resilience amongst young people who experience situations of domestic violence?

This policy analysis offers perspectives on DVA and CYP which can expand current understandings of the social and political positioning of CYP within national and regional policy contexts.

In terms of social positioning, CYP are seen as victimised, vulnerable and in need of professional support. This maintains a political structure that positions CYP at a social disadvantage. This is because, as shown, they are seen as unable to exercise agency, resistance or resilience. Such social practices do not adequately address the UNCRC's right to be heard. It is only in relation to the child's voice, the regional managerial discourse and the therapeutic discourse that the child's voice is recognised and heard. However, listening to that voice is very different to acting on that voice. Action, in all of these more librating discourse is placed in the hands of professional stakeholders who are obliged to engage in child protection and (via a culture of risk averseness) self-protection. This is because CYP are silenced through the more powerful victim discourse, against which the government positions itself as a saviour, and positions the rest of society as pseudo-democratic partners in the government's saving. Socially, The child's voice therefore appears somewhat tokenistic. It would appear that child protection agencies are likely to be just as concerned with protecting themselves as CYP, and this influences their practices and has implications for disempowering CYP.

In terms of political positioning, this policy analysis draws attention to how CYP become pawns in a 'game' of power. In this 'game', the theme and narrative are driven by the government, and reinforced by their agencies' conduct, by the inauthentic socio-political and pseudo-democratic inclusion of professional stakeholders and by the compliance of those CYP who are disempowered. Effectively, CYP are effectively left at the will of statutory 'services' who have no phenomenological
grasp of each child's situation and unique capacity for resilience. What occurs is a reinforcement of notions of child vulnerability and insecurity, and by constructing CYP that way and then offering them salvation. Moreover, wider society is likelier to be satisfied that their 'fragile' children are being protected from harm and the political game is won.

At a regional level it has already been proposed that local authorities act as much to protect themselves as they do children; carrying the responsibility that central government has offloaded onto them. CYP are then politically positioned within a softer form of bureaucracy: managerialism. In this paradigm CYP cannot manage anything; they are to be managed.

In light of the social and political contextualisation of policy discourses, certain recommendations can be made on ways to change policy to better enable child agency, resistance and resilience:

**Recommendation:** By extending and strengthening in policy the need to listen to the child’s voice, then power relations can begin to shift and a better balance brought about enabling child agency, resistance and resilience to develop. In this way, child centred challenges to the status quo can emerge.

**Recommendation:** There needs to be a concerted attempt to change the language in national and regional policy to one which more actively supports the empowerment of CYP. This change in policy language and hence discourses, can prompt social realities which more closely cohere with children’s experiential realities by altered social consciousness and development of new social norms which place CYP in more privileged positions.

**Recommendation:** Provide information and support services in schools during school hours and in community settings available for all CYP and taking into account their voice on the type of service they require. Remove accessibility barriers.

**Recommendation:** Regional statutory organisations develop their policies to emphasize "working with" and not "working for" CYP.

**Recommendation:** DVA can be conceptualised within policy as a shared and preventable social issue between the child and professionals in which children are seen as experts on their own experiences. In this way, CYP are likelier to develop a sense of control and personal and social resilience.

**Recommendation:** Analytical training courses are developed in order to empower those who put policy into practice to take a more critical view on policy texts.
6.4 Study Limitations

Strengths: This policy analysis has 4 key strengths. Firstly, though feminist ideas have been considered in relation to DVA policy (Abrar, Lovenduski, & Margetts, 2000), this is the first analysis in relation to UK DVA policy and how CYP are situated within those policies. Therefore, it is contributing an insightful addition to knowledge of CYP in situations of DVA, and provides a useful platform for further exploration.

Secondly, and related to the first strength, this analysis's critical stance presents a credible challenge and disruption to the current power structures which locate CYP in disempowered social, cultural, and political positions. As such, it is conducive to the development of agentic, resistant and resilient identities which could help dislocate CYP from disempowering situations.

Thirdly, in addition to DVA policies, this analysis incorporates legislative acts and child-protection policies into the corpus set. This captures the broader context around children's rights. In this way, the surrounding political context is captured.

Fourthly, this analysis is thorough in that it uses a range of analytic techniques to examine across a broad and through a deep perspective. This is particularly useful for identifying differences, clarifications and complexities within, across and between national and regional policy landscapes. This is a rigorous way to flag up areas which can provide an impetus for social change.

Weaknesses: This policy analysis has 4 main weaknesses. First, the gendered aspect of the policy landscape could have been examined more fully thus highlighting another important complexity. However, since gender can be considered separate and worthy of its own development analysis in the context of this study would not have done it justice. Therefore it would be a valuable source of exploration in a separate study.

Secondly, some of the policy documents analysed are not up-to-the-minute, but were the most recent available at time of searching. This analysis is therefore susceptible to becoming quickly outdated if a burst of new policies or initiatives emerged soon.

Thirdly, a number of DVA policies excluded CYP, and a number of child-protection policies excluded DVA, the implications of which were not the focus of this work. Instead, the focus was placed on explicit representation and discourse.

Fourthly, this analysis assumes to some extent that CPY are passive recipients of discourse, and does not consider that people may be more critical or resistant than given credit here. Interviews with CPY would strengthen this by comparing policy discourses to the understandings of CPY. This policy analysis therefore needs to be considered in relation to interview data with CYP.
7. References


Annex 1

The proportion of text about protection of information (green) within LSCBN's general policy in relation to text about resilience (yellow).