

University of Nottingham

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Educational Psychology practice and Domestic Abuse: An exploratory mixed methods web survey.

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Thesis submitted to the University of Nottingham

for the degree of

Doctor of Applied Educational Psychology

May 2018

Acknowledgements

First, I would like to thank all of the Trainee Educational Psychologists and Educational Psychologists who took the time to participate in my research, I am incredibly grateful for the valuable insights you provided to make this research possible.

I would also like to thank the tutor team at the University of Nottingham for their knowledge, insight and support over the past three years. I owe a huge thank you to Nathan Lambert and Anthea Gulliford, for their extremely valuable supervision during the development of this thesis.

Thank you to everyone at the Educational Psychology Service, for your help and support over the past two years.

I am extremely indebted to my fellow TEPs, in particular Tracey Bishop, Sandra Kempsell, Elaine Looney and Maddi Austin for your unwavering support and friendship over the past three years.

I would like to thank my closest friends and my extended family for their love, patience and support.

Finally, I would like to thank my close family, my mum, dad and brother. Dad, the passion for social justice you have instilled in me has helped me to keep going through the challenging times over the past three years. Mum, thank you for your encouragement and your undying belief in my capabilities. Charlie, thank you for everything you do for me, I could not have got to this point without you.

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Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
AEP	Association of Educational Psychologists
DA	Domestic Abuse
EP	Educational Psychologist
EPS	Educational Psychology Service
EFA	Exploratory Factor Analysis
FA	Factor Analysis
LA	Local Authority
OFSTED	The Office for Standards in Education, Children's Services and Skills
ONS	Office for National Statistics
NSPCC	National Society for the Prevention of Cruelty to Children
SEMH	Social Emotional and Mental Health
TA	Thematic Analysis
TEP	Trainee Educational Psychologist
TNA	Training Needs Analysis
UNICEF	United Nations International Children's Emergency Fund
UK	United Kingdom
VAWG	Violence Against Women and Girls

Abstract

Emerging research (Cort and Cline, 2017; Dodd, 2009; Gallagher, 2010) suggests the impact of domestic abuse (DA) on children and young people's lives is a crucial issue for Educational Psychologists (EPs). Whilst there are a number of small scale studies exploring EP practice in this area (Gallagher, 2010; Heath, 2015) researchers are yet to explore EP practice in relation to domestic abuse on a larger scale. This research adopted a mixed method web survey design to explore EP practice at a national level. A pragmatic stance was adopted, and descriptive statistics, thematic analysis and factor analysis were utilised to explore EP practice supporting children, families and schools exposed to DA, factors supporting EP engagement in this area and EPs' views around their unique role in relation to DA.

The findings suggest EPs encounter DA within their casework to varying degrees. EPs appear to vary in their consideration of DA within case formulation, and in their exploration of DA with school staff and families. Respondents varied in their approach to exploration of DA and the indicators they utilise to prompt exploration. Factor Analysis identified EPs' confidence in introducing DA to the conversation, whilst also ensuring a co-operative relationship exists with parents, is an important factor for EP practice. EPs reported the use of a range of interventions in response to DA; however interventions specifically focused upon DA were not widely used. EPs identified an interest in further involvement with a range of interventions and 23% of respondents reported involvement in systemic approaches around DA. Further factors perceived to be important by EPs in supporting their work in this area were: supervision and training to support EP knowledge and skills, service level policy, and the establishment of a clear role for EPs around DA. The majority of respondents felt there could be a unique role for the EP around DA, with the EPs' facilitative role and their ability to further the psychological understanding of others identified as key themes.

Chapter 1: Introduction

My interest in this area began whilst undertaking a piece of casework during my first year as a Trainee Educational Psychologist. I was involved with the case of a five-year-old child who, as a consequence of exhibiting challenging behaviour, had been given a diagnosis of Pathological Demand Avoidance, although significantly *prior* to their home circumstances - and the possibility of him having been exposed to extreme domestic abuse (DA) - being fully explored and considered. It was subsequently revealed through further investigation that DA was, as had been suspected, a significant part of this young person's early experience. It seemed on reflection to have been a significant failing in case formulation to have not taken such an important factor into account. This case experience prompted me to research the area of DA further; the prevalence of DA and the number of children living in households where it was occurring was striking. During a subsequent professional educational psychology training placement, DA was a factor in a significant number of cases, and it became apparent that historically the local authority (LA) in which I was working had had a very high level of DA. Current figures suggest that in that locality 8000 out of 75,000 (12%) children were living in families in which DA was occurring (**** LA, 2016).

Following discussion with the Independent Domestic Violence Advisor within the council, my EP training supervisor and the Principal Educational Psychologist, a decision was made that further investigation would be extremely helpful, both at a local level and more widely. The focus of concerns was to establish current EP practice, important factors impacting upon this and the unique role of the EP in this area.

Chapter 2: Literature Review

This review will first provide a definition of DA. The prevalence of DA within the UK will then be explored, as will the probable cost of DA to society, and current government policy in this area.

2.1 Domestic Abuse

2.1.1 Definition of Domestic Abuse

DA can be defined as:

> *"Any incident of controlling, coercive, threatening behaviour or abuse between those aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual, financial and emotional abuse." (Home Office, 2013, p.3).*

Evidence highlights that DA can happen to anyone, regardless of their level of education, social class, ethnicity, religion or disability (Women's Aid, 2017). As noted within the definition above, DA can continue despite a relationship ending, with the point of separation in fact the most common time for homicides (Women's Aid, 2017).

It is also important to note that 'Honour Based Violence', which can be perpetrated by multiple family members when certain behaviours are viewed as bringing dishonour to the family (Brandon and Hafez, 2010), also falls under the category of DA.

2.1.2 Prevalence of Domestic Abuse

UNICEF (2006, p.2.) describe DA as *"One of the most pervasive human rights challenges of our time"* with the Office for National Statistics (ONS) consistently suggesting that on average two women a week are killed by a partner or ex-partner in England and Wales (ONS, 2015) and estimates suggesting 1.9 million people in England and Wales experienced DA in 2016/2017 (ONS, 2017).

Crime figures also now suggest DA is occurring in teenage relationships, with a survey conducted by the National Society for the Prevention of Cruelty to Children (NSPCC) finding 25% of teenage girls reported physical abuse in their relationships (Barter, 2009).

Estimates concerning the number of children and young people who are exposed to DA also vary, however, a survey conducted by Radford et al (2011) with 6,527 parents and young people found 24.8% of 18-24-year-olds reported exposure to an incident of DA, with 6% of 18-24-year-olds reporting they had seen a parent kick, choke or beat up the other parent. A more recent survey suggests 29.5% of children and young people have been exposed to DA during their lifetime (Radford, Corral, Bradley & Fisher,2013).

Stanley (2011, p.5.), a researcher with a Social Care background, suggests *"Responding effectively to children's experience of domestic violence is a major challenge… in part, because it is so widespread".*

2.1.3 Cost of Domestic Abuse to society, and government policy

DA is stated as costing society a minimum of £37 billion a year (Violence Against Women and Girls, 2016) although this figure may be an underestimate since it does not account for the long-term mental health implications for adults and children. This is nevertheless a significant cost to society; DA is stated as a governmental priority with The Call to End VAWG, (HM Government, 2010) developed as an integrated strategy for all statutory agencies across prevention, provision and protection of children and families.

A further recent development is that controlling or coercive behaviour in an intimate or family relationship was made a criminal offence as of December 2015 (Section 76 of the Serious Crime Act, 2015) carrying a maximum of five years in prison, a fine or both**.**

Furthermore, in June 2017 it was announced that a new 'DA Draft Bill' will introduce a DA and Violence Commissioner to advocate for victims and survivors, raise public awareness, monitor the response of local authorities and ensure the justice system is held to account in tackling DA(Queen Elizabeth II, HM Government, 2017) Another key aspect of the bill is that it will ensure if there is a child living in a family in which DA is occurring, the sentencing in court will reflect the lifelong damage exposure to DA can have on children and young people.

Thus DA is now understood to be extremely prevalent in society, bringing a significant financial and human cost. The concern regarding the prevalence of children exposed to DA is embedded within current legislation aiming to address DA and its consequences

2.2 Domestic Abuse and Children and Young People

2.2.1 The impact of Domestic Abuse on Children and Young people

Children who have witnessed DA have suffered psychological abuse (British Psychological Society, 2007.)

There is some discussion within the literature around the terminology to be used when referring to children and young people's exposure to DA. Previously, the term 'witnessed' was widely used; however Callaghan, Alexander, Sixsmith and Fellin (2015) felt this term did not represent the impact on the child or young person's life. The language consequently shifted to 'exposed to', with Callaghan, Alexander, Fellin and Sixsmith (2015) preferring the term 'experienced'. This researcher has chosen to use the term 'exposed to' in order to reflect that EPs work with young people who may potentially be both *exposed to* familial DA and *experiencing* dating abuse within their teenage relationships. The author felt this choice of language would allow her to make this distinction if and when needed.

Parents can often underestimate the exposure to the child or young person within the family home (Stanley, 2011) however children are generally very much aware of the abuse (Callaghan, Alexander, Fellin and Sixsmith, 2015; Sterne, Poole, Chadwick, Lawler & Dodd 2010). There is also a significant overlap between exposure to DA and child abuse, with estimations suggesting one-third of children who are exposed to DA experience other forms of abuse (Radford, 2011). Despite this, recognising the impact of DA on children and young people is a relatively young area of research and public understanding, with UNICEF (2009) and Refuge (2014) both describing children as the invisible victims of DA. Therefore, this review will place the impact on the child or young person at the forefront of the discussion.

2.2.2 The impact of Domestic Abuse on social-emotional and mental health needs

Emerging research suggests DA can lead to wide-ranging effects on children and young people including; increased externalising and internalising behaviours, social, emotional, cognitive and attitudinal problems (Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe 2003; Van Der Kolk, 2005; Thornton, 2014).
Sterne, Poole, Chadwick, Lawler & Dodd (2010) suggest a significant number of children and young people displaying troubled and challenging behaviour in schools have been exposed to DA. Furthermore, it is estimated that between 40-50% of children who have been

exposed to DA are likely to display significant behavioural problems (Calder, Harold, Howarthe, 2004; CAADA, 2014). Some children and young people who have been exposed to DA may find it difficult to resolve conflicts, resorting to the physical and verbal aggression modelled to them in the family home (Grych, Fincham, Jourilles and McDonald, 2000).

Kitzmann, Gaylord & Holt (2003) conducted a meta-analysis comparing the psychosocial outcomes of children exposed to DA, physical abuse and no abuse and suggested from her findings that 63% of children who have been exposed to DA were fairing worse than the average child. She also found that those exposed to DA had comparably negative outcomes to those who had been subject to physical abuse. However, none of the 118 studies controlled for potentially confounding factors such as substance abuse. Thus the impact of DA can be difficult to disentangle.

Other researchers have found a range of delays and varying presentations of children and young people who have witnessed DA. Van Der Kolk (2005) found flooding of negative affect and intrusive thoughts, difficulty containing emotions, withdrawal from affect arousing situations, poor impulse control and relationship problems.

In addition, it is thought DA can pose different challenges for children of different ages. Kitzmann, Gaylord & Holt's meta-analysis (2003) found a slightly increased risk for pre-school children, as opposed to other age groups, of experiencing psychosocial problems following DA. 'Pre-school-age' is also noted as a particularly vulnerable time by Thornton (2014), who suggested DA is particularly emotionally overwhelming for young children and that this can also be a vulnerable time for development due to the lack of cognitive and verbal skills available to the children that support them to understand and process the situation.

Research also indicates an association between DA and internalising behaviours such as anxiety and depression, with children and young people often feeling shame and self-blame following exposure to DA (Kitzmann, Gaylord & Holt2003; Buckley, Holt and Whelan, 2007; Levendosky, Semel, Huth-Bocks and Shapiro, 2003). Children's accounts provided in Buckley, Holt and Whelan (2007) and Mullender et al (2002) discuss the constant anxiety and fear - feeling 'on edge'- due to the unpredictability of their home life. One young person was quoted as saying **"***I'm spinning the whole time when it's not happening you are waiting for it to happen again*" (p. 301). Thus, and perhaps predictably, even the anticipation of, and build up to DA appears to be having an impact on children and young people living in families experiencing it.

Further studies suggest DA can have an impact upon peer relationships, Buckley, Holt and Whelan (2007) found in their interviews with children and young people that children who had experienced DA often distance themselves from their peers due to the fear of others finding out about their family circumstances, reporting that telling anyone at school would leave them open to bullying. In addition, as noted, some children who have been exposed to DA may show higher levels of inappropriate conflict resolution, which may also impact upon the quality of peer relationships.

In summary, research indicates DA can have a wide-ranging potential impact upon the development of children and young people including the impact upon conflict resolution, developing positive relationships, emotional regulation and developing positive mental health. It is also important to state, as noted in Kitzmann, Gaylord & Holt (2003), not all children who are exposed to DA will experience negative outcomes. The impact of DA upon attachment will now be explored.

2.2.3 Impact of Domestic Abuse upon attachment

It has been argued that child-caregiver attachment can be significantly impacted by the exposure to DA (Humphreys, Mullender, Thiara & Scamballis et al, 2006).

Attachment theory was first developed by Bowlby & Ainsworth in the 1930s: an attachment being *"the lasting psychological connectedness between human beings"* (Bowlby, 1969, p.194.).

Attachment theory states that if the primary caregiver responds consistently in a nurturing way to a baby's needs, for example through touch, movement, eye contact, smiles and providing basic necessities such as food, shelter and clothing- a secure attachment will be developed. Insecure attachments can occur when the caregiver is too distressed, unpredictable, punitive, distant or preoccupied to respond in a reliable and nurturing way to the child's needs (Van Der Kolk, 2005).

Kobak and Madsen (2008) suggest exposure to DA may undermine the child's confidence in the availability of their caregiver to keep them safe. A case study by Levendosky, Huth-Bocks and Bogat (2011) suggests that parents exposed to DA may experience dissociation, reducing their emotional capacity to respond to their child and that parents may project feelings of helplessness or hostility. It is important to note it is fairly common for DA to occur

during pregnancy, figures in fact suggest 30% of DA begins during pregnancy (Sterne, Poole, Chadwick, Lawler & Dodd, 2010).

There are fewer studies exploring the relationship with the abuser, but some studies suggest parenting can be characterised by an authoritarian punitive approach (Bancroft and Silverman, 2000). However, as noted, it can be difficult to disentangle the effects of exposure to DA on children and young people and the effects of other co-occurring circumstances such as direct physical abuse, parental substance abuse, homelessness and mental health needs (Stanley, 2011), with many studies not controlling for these factors (Kitzmann, Gaylord & Holt, 2003).

2.2.4 The impact of Domestic Abuse on other areas of development

Fewer studies focus upon the impact of DA on cognition and learning (Carlson, 2000), however children who are living with DA or have been exposed to DA in the past are likely to feel less safe to learn, with educational attainment likely to suffer (Geddes, 2006). Rossman (2000) found mothers reported a decrease in school performance in children who were exposed to DA over time.

Some research tentatively suggests DA may have an impact on language development. Graham-Bermann, Howell, Miller, Kwek and Lilly (2009) compared 87 preschool children exposed to DA within the past two years to children not evaluated for exposure to trauma. Children who had been exposed to DA scored significantly lower on verbal ability as measured by the vocabulary subscale on the Weschler Primary and Pre-school Scale of Intelligence. They also noted the children were reported to feel less comfortable with and show less understanding of the task, thus other factors may have impacted upon their performance. The study also found maternal education mediated the relationship between exposure to DA and verbal ability.

Suggestions from Sterne, Poole, Chadwick, Lawler & Dodd (2010) as to the cause of this possible delay include a possible lack of interaction with caregivers, and an environment of fear and anxiety not being conducive to trying out different sounds and words. The child may also have learnt that keeping silent can keep them out of danger. In summary, there is some evidence DA can impact on wider development, although a preponderance of studies focus on children within the preschool years, with an overall limited number of studies in this area.

2.2.5 Limitations of research in this area

As noted, there are a number of limitations within the research around DA. These are summarised by Wolfe, Crooks, Lee, McIntyre-Smith & Jaffe (2003):

- The difficulty of measuring relationships between variables and lack of longitudinal data within the research
- Different definitions of DA within different studies
- DA co-occurring with other forms of child abuse
- Reliance on parental reports
- Difficulty isolating the variable of DA from other forms of adversity

It is also noted that DA may have a different impact depending on age, gender, length of experience of DA and range of other factors, explored further below. It is important to avoid a deterministic stance regarding the possible impact of DA and to note some children experience positive development despite the adversity (Worrall, Boylan & Roberts, 2008).

2.2.6 Summary

Children and young people who have been exposed to DA have an increased risk of experiencing social and emotional problems. DA can also potentially impact across all areas of development although the research is emergent. It is important for education professionals to have an understanding of the potential social and emotional impact at different developmental stages to guide assessment and intervention (Thornton 2014). An exploration of psychological models that may support professionals to further understand DA and its possible impacts follows.

2.3 Psychological models to support understanding of domestic abuse

2.3.1 Social Learning Theory

Social Learning Theory (Carlson, 2000) historically has been a key theoretical framework used to explain the impact of DA on children and young people, suggesting children repeated the modelled behaviour. Whilst some children exposed to DA may display more physical and verbal aggression (Grych, Fincham, Jourilles & McDonald , 2000), Social

Learning Theory cannot account for the *range* of responses shown, for example, those displaying internalising behaviour or typical development. Therefore, whilst Social Learning Theory may support our understanding of the impact of DA, it cannot be utilised as a full theoretical model.

2.3.2 Ecological Models of Development

Bronfenbrenner's (1979) ecological systems model, which postulates the child is part of a number of interacting systems, may support the conceptualisation of the differential impact of DA on children and young people (see Figure 2.1).

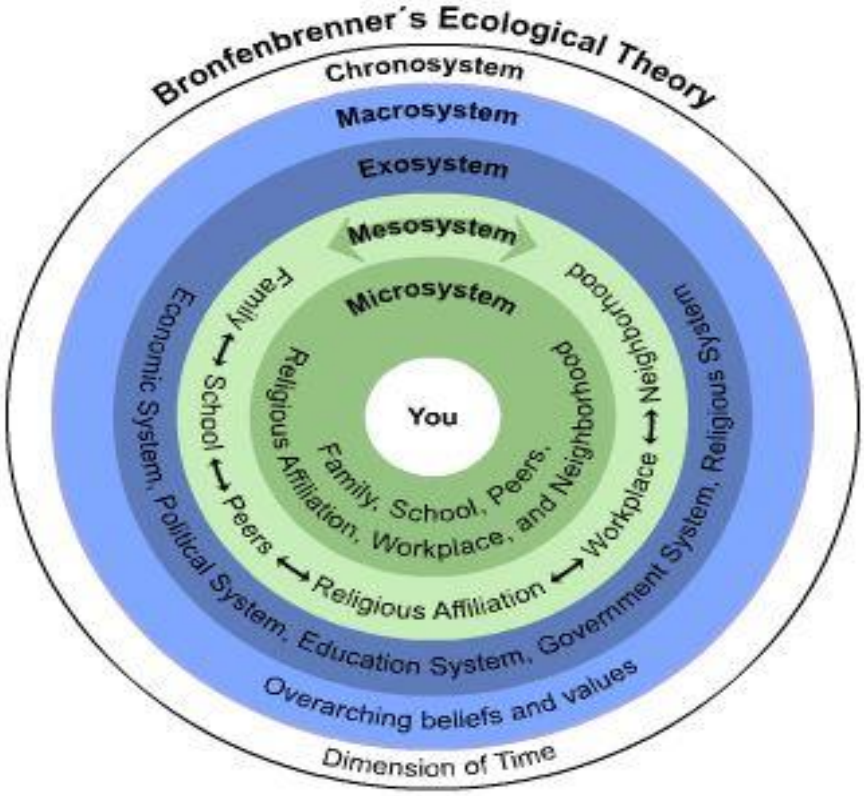

Figure 2. 1: Figure to show Bronfenbrenner's Ecological Systems Model

Bronfenbrenner & Morris (2006) updated this model to account for the dynamic nature of the different systems and the interactions between them. This model notes it is important to consider the proximal processes which impact upon how the individual interacts with their environment and how individual children respond differently to the same event. A number of researchers utilise this approach when considering the impact of DA on child development (Martins et al, 2007; Carlson 2000; Heath, 2015).

In addition, other ecological models specifically focus on child maltreatment such as Cichetti and Lynch's (1993) ecological-transactional model, which was developed to explore the

impact of community violence and child maltreatment. This considers the role of developmental processes, the importance of context and influence of multiple and interacting events in shaping adaptive and maladaptive development, exploring factors such as community attitudes to violence, caregiver characteristics and child characteristics. In noting the interactions between the various factors all impact on the outcomes of child development this model highlights vulnerability factors: these can be transient, enduring, compensatory or potentiating, with an increased number of these factors resulting in the increased likelihood of negative psychosocial outcomes. Levendosky, Huth-Bocks, Shapiro & Semel (2003) utilised this model within his meta-analysis of the impact of DA on young children. This approach sees the impact of the DA moderated across a range of environmental factors, extending the interactionist perspectives Bronfenbrenner & Morris (2006) often adopted by EPs.

2.3.3 Risk and resilience frameworks

Risk and resiliency frameworks can similarly be applied when considering the differential impact of DA.

Resilience in an individual can be defined as following a pattern of positive development despite experiencing considerable adversity (Jaffee, Caspi, Moffit, Polo-Tomas & Taylor, 2007): it is dependent upon interaction with the social and physical ecology, rather than an individual characteristic (Ungar, 2011). Over a third of children who were exposed to DA appeared to function in the same way as those who had not in Kitzmann, Gaylord & Holt's (2003) meta-analysis, indicating resilient development.

Protective factors can promote resiliency and can occur at a range of levels: individual, family and community (Coleman, 2007). Gerwitz and Edleson (2007) identify protective factors such as positive temperament, intellectual skills, social competence, secure attachments, strong relationships with others and living in a safe community can promote positive outcomes for children who have been exposed to DA.

Risk factors, defined as factors which generally increase the probability of a negative psychosocial outcome (Masten and Tellegen 2012), in the case of DA are multiple. Maternal mental health (Cleaver, Unell & Aldgate, 1999) substance abuse, child disabilities (Sullivan and Knutson (2000), the co-occurrence of other forms of abuse (Edleson, 1999), the severity and length of exposure of the abuse (Carlson, 2000) and the child being relocated and

losing friendships (Buckley, Holt & Whelan, 2007) are cited. However, Gerwitz and Edleson (2007) note the risk factors are inconclusive.

2.3.4 Attribution theory

Attribution theory may also be utilised, particularly to understand the experience of the non-abusing parent. Attribution theory suggests our attributions of other's behaviour will vary according to our perception of controllability (internal or external) and stability and this will impact on our response to the behaviour (Weiner, 1972).

'Victim blaming' is widespread in cases of DA and a number of studies indicate the non-abused parent can feel a sense of public and professional blame for the abuse and for exposing the child to DA (Clarke & Wydall, 2015; Cort and Cline, 2017). Yamawaki ,Ochoa-Shipp, Pulsipher, Harlos & Swindler, 2012) suggest individuals who do not have a good understanding of DA and believe simplistic explanations regarding DA are more likely to engage in victim blaming. If professionals are attributing controllability and blame to the non-abused, this may result in an unwillingness to provide support. A number of researchers (Dodd, 2009, Cort & Cline, 2017; Clarke & Wydall, 2015, VAWG, 2016) suggest a need for change in the cultural attitude towards DA.

Thus, it is vital professionals have a strong understanding of the dynamics of DA (Clarke & Wydall, 2015). This also links to the importance of an ecological approach to DA in order to consider aspects impacting on the child's development such as cultural belief and the public and professional perception and understanding of DA
How these psychological models may inform practice may vary. The practitioner and service response will now be explored.

2.4 Responding to Domestic Abuse

2.4.1 Multi-agency response to Domestic Abuse

Services are not meeting the needs of children exposed to DA (Buckley, Holt & Whelan 2007; Stanley, 2011): the research suggests a significant gap in provision and a lack of a consistent joined up response across different agencies such as schools, Social Care and the legal system. Services are also described as falling between policies directed at adults, children and families, with the availability of intervention described as patchy and generally insufficient to meet need (Stanley, 2011, p.80).

Sterne, Poole, Chadwick, Lawler & Dodd (2010) note children exposed to DA often receive no support outside of school. Stanley (2011) notes the most effective response is likely to be a multi-agency response;

"*Other agencies DA may be disclosed to include […]**education and child psychology services** as well as a wide range of agencies focussed on child welfare… **An effective response where the child is experiencing harm is likely to involve the work of more than one agency"*** (Stanley, 2011, p.98)

Additionally, Graham-Bermann et al (2007) found a multi-agency response supporting the mother and child together was more effective than a solely child based service or a waiting list control, in terms of child attitude and aggression levels.

2.4.2 Professionals' knowledge

A range of professionals across health, social care and education report limited knowledge of DA (Cleaver, Unell & Aldgate, 2007; Ellis, 2012,Mezey, Bacchus, Howarth & Bewley, 2003a), which as noted can lead to inappropriate attributions. Professionals may refrain from asking directly about DA despite evidence suggesting routine enquiry leads to the identification of DA, decreasing the secrecy and burden (Bacchus, Meze &, Bewley & Howarth, 2004). Bacchus, Mezey, Bewley & Howarth (2004) found when midwives were given routine screening tools, identification of DA increased, leading the authors to conclude adults are unlikely to disclose DA without being asked. MacFarlane, Groff, O'Brien & Watson (2005) suggests breaking the secrecy of DA may reduce it, and impacts on the child's behaviour. However, in an intervention study, a high level of drop out was noted, indicating that sustained engagement can be difficult.

Brooks and Webb (2007) note that Child and Adolescent Mental Health Services (CAMHS) professionals would also benefit from training in this area, to increase their knowledge and skills, again to aid asking direct questions, assess needs and provide appropriate advice.

Women's Aid (2016) explored nineteen child homicides which occurred during child contact arrangements. The key themes for professionals shared within the paper were:

- The importance of recognising DA as harm to children
- Professional understanding of the power and control dynamics of DA
- Understanding parental separation as a risk factor
- The way in which statutory agencies interact with families where there is DA

- Supporting non-abusive parents and challenging abusive parents

DA is therefore noted as a challenging area for support across a range of sectors, all of which may require increased training and support.

2.5 Domestic Abuse and the work of Education Professionals

2.5.1 Role of Education Professionals

A number of policies indicate schools can be a key site for support for children and families, prevention and identification (National Union of Teachers: Silent Is Not Always Golden, 2005; Refuge: Starting in Schools to end DA-, 2009; Home Office: A Call to End Abuse Against Women and Girls, Action Plan, 2013). Byrne and Taylor (2007) note that whilst it is the primary role of social workers to protect children who are exposed to DA, it is the role of schools to support their development. Children are reported to want education on DA (Buckley, Holt & Whelan 2007) and to be able to talk to people they can trust such as their teachers (McGee, 2000).

Mill and Church (2006) conducted research with education professionals, children and young people (6-16 years) who had experienced DA, and staff in refuges. Again, teachers often did not have sufficient knowledge and skills to identify and support children and young people living in families in which DA was occurring. Osofsky (2018, p.404) notes the importance of *'child-serving systems,'* such as pre-schools, having the knowledge and skill to support early identification of DA and appropriate intervention.

The Association of Educational Psychologists (AEP) suggest the government must consider training needs around DA across the entire children's workforce; both Ofsted (2017) and the AEP (2017) note the important preventative task in schools of providing relationships education.

2.5.2 Educational Psychology and Domestic Abuse

Due to the prevalence of children's exposure to DA, the known effects on children's psychological well-being, and the guidance that suggests schools can have a critical role around DA, a number of researchers suggest a role for the EP in this area (Dodd 2009).

Gallagher (2014) discusses the lack of professional literature in relation to DA despite the EP role in promoting psychological well-being and that DA has not typically been a high priority.

Cort and Cline (2017), however, note there is emerging evidence in the way EPs can support children and families who have experienced DA. Heath (2015) and Gallagher (2014) note EPs, similar to other professional groups may be reluctant to ask about DA, and may not consider it within their case formulation.

2.5.2 (i) Case formulation

In order to consider the relevance of domain knowledge (e.g. DA) for practitioner psychologists, further consideration of the notion of formulation is warranted. Case formulation, often described as an explanation of the issues or problems the client is presenting with (Corrie and Lane, 2010), is stated as a key differentiating skill for psychologists (British Psychological Society, 2005; Health Professions Council, 2009). The purpose of a formulation is to develop an understanding of client needs, prioritise concerns to support goal setting, identify hypotheses for exploration, support intervention strategies and support systematic thinking (Corrie and Lane, 2010).

A formulation may be influenced by favoured theoretical standpoints, prior experiences, training and level of skill of the practitioner (Corrie and Lane, 2010). This is particularly important for an issue such as DA. If EPs do not feel they have well-developed knowledge and are not exploring DA with families or school staff, they are in turn less likely to consider this issue within their formulations. The lack of EP research into DA could suggest this is not an area which is highly considered in case formulation, with some small-scale studies suggesting this may be the case (Gallagher, 2014).

In addition, Sterne, Poole, Chadwick, Lawler & Dodd (2010) suggest the behaviour of some children exposed to DA is likened to those with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD) a diagnosis based on inattention, hyperactivity and impulsivity (DSM-IV). A survey conducted by the Division of Educational and Child Psychologists around the rise of ADHD diagnoses suggests EPs are well-placed to develop broader formulations of children and young peoples' behaviours with parents and other professionals (Hill and Turner, 2016) looking beyond medical formulation to possible psycho-social factors impacting upon social and emotional development.

2.5.2 (ii) Educational Psychologists' role supporting families

MacKay (2006) suggests community psychology should be at the heart of the role of the EP: separating the school and the family is a false dichotomy. Paradoxically, a recent doctoral

thesis (McGuiggan, 2017) explored the EP role in relation to family work and found that many EPs felt they were largely providing a service for schools due to traded service delivery, levels of training and confidence, and expectations of their role. Limited EP involvement with families may have resulted in a lack of EP research around DA. This study was small scale in nature and McGuiggan (2017) suggests a quantitative survey of EP practice could support the development of the knowledge base in this area.

2.6 Systematic evidence synthesis review

2.6.1 Introduction to the review

In order to support insight into what is known in a domain, a systematic approach to interrogating the literature can be warranted. A systematic review or systematic research synthesis of evidence uses explicit and rigorous methods to explore extant literature in a topic area (Gough, 2007). This type of review, a piece of research in itself, goes through a number of systematic stages: formulating a review question, developing inclusion and exclusion criteria to apply to the selection of papers, collating the studies and evaluating the strength of evidence each study provides (Gough, 2007). This approach is both transparent and replicable (Gough, 2007).

Systematic reviews are traditionally used in order to explore 'what works' questions, typically drawing upon quantitative data (Hong, Pluye, Bujold & Wasseff, 2017). This approach has received some critique in that it does not explore theories and processes around *why* an approach may work (Gough, 2015). Recently there has been an increase in the use of systematic reviews to ask different types of questions addressing complex and multi-faceted research questions, often exploring qualitative evidence (Hong, Pluye, Bujold & Wasseff, 2017).

Examples of qualitative approaches to systematic syntheses are qualitative meta-synthesis, which aims to understand the phenomena of interest across qualitative studies by comparing and contrasting constructions within studies, and textual narrative syntheses which group together studies and makes comparisons across studies (Hong, Pluye, Bujold & Wassef, 2017). A textual narrative synthesis is adopted here, to explore the largely qualitative evidence base around EP practice and DA. This approach described as an effective approach for synthesising and comparing studies (Lucas et al, 2007), also relates more closely to the pragmatic stance adopted within the research.

2.6.2 Review question

The first step was the development of the review questions to gather evidence relating to current research around the EP practice in this relatively unexplored area.

- How are EPs currently supporting children, families and schools exposed to DA? How effective are these interventions?
- What do EPs describe as the facilitators and barriers impacting upon their work in this area?
- What do EPs see as their future role in this area?

2.6.3 Search strategy

a) Initial searches

Following initial exploratory searches of Google Scholar and Educational Psychology in Practice using the terms "educational psychology" and "Domestic Abuse" keywords used within relevant articles were identified.

b) Systematic search

From the initial search, the key terms identified were: "Domestic Abuse", "domestic violence", "educational psychologist" (Cort and Cline, 2017). Four databases were searched: PsycINFO, ERIC, SCOPUS and British Library ETHOS. Grey literature, literature which includes unpublished theses, was searched due to the predicted paucity of literature in this area.

The term school psychologist was used in PsycINFO, ERIC and SCOPUS since the researcher felt it would be helpful to explore published American literature. The term ‘school psychologist’ was not used when searching British Library EThos as the researcher did not wish to explore unpublished literature conducted outside of the UK. In addition, from prior reading, the researcher had seen DA referred to as "interparental violence". Therefore this term was also utilised. The title, abstract and keywords were searched using the terms below.

Search term	Database			Total
“domestic abuse” OR “domestic violence” OR “family violence” OR “inter parental violence” OR “intimate partner violence”	PSYC INFO 16,887	ERIC 3,071	SCOPUS 25, 183	 20,118
“education* psycholog*” OR “school psycholog*”	28,798	20,058	8,188	57,044
S1 and S2	24	35	12	68
	British Library theses			
Domestic abuse AND educational psychologist	5			
Domestic Abuse AND educational psychology	7			
Domestic violence AND educational psychologist	6			
Domestic violence AND educational psychology	8			
				94

Table 2.1: Table to Show Results for Search Terms in the Various Databases

2.6.4 Phase Two: Identification of studies for review

Following the removal of duplicate studies 74 studies were screened. Ten books and non-English texts were removed. The inclusion and exclusion criteria were applied to the abstracts of the remaining studies, and in cases where it was unclear if the study met the criteria, the full article was screened.

2.6.5 Inclusion Criteria

Types of intervention:

- Interventions aimed at supporting children and families exposed to DA.

- Any intervention aimed at supporting schools to support children and families exposed to DA

Types of participants:

- Children, young people or families historically or currently exposed to DA
- Teachers supporting children young people or families exposed to DA
- EPs

Types of outcome measures:

- Qualitative and quantitative findings. Due to the predicted paucity of literature this may include expert opinion and position papers

Types of studies:

- All studies *that refer to the role of the EP/school psychologist supporting children, families and schools around DA*
- Grey literature from the UK will be included as this is relevant to the context

2.6.6 Exclusion criteria:

Types of intervention:

- Interventions which do not focus on supporting children, families or schools around DA

Types of participants:

- Children and young people who have not been exposed to DA

Types of studies:

- Studies which do not discuss the role of the EP in relation to DA
- Studies not based in western cultures
- Theses or grey literature outside of the UK

Types of outcome measures:

- Studies which focus on a range of factors rather than focusing primarily on DA

Following the application of this criterion 51 studies were excluded. Studies were excluded for a range of reasons such as; focussing on the role of school counsellors rather than EPs or school psychologists, focussing on school violence rather than DA and the location of the studies. Thirteen studies were selected for close review (see Table 2.2).

2.6.6: Studies selected for review

Author and Location	Methodology	Outcomes	Relevance	Quality
1)Brassard, Rivelis & Dias (2009) USA	Evidence-based treatment guidelines for children who have been abused (including witnessing DA) for school psychologists A literature review of EBT's followed by a decision tree to support the school psychologist's decision making around school-based intervention.	The school psychologist's training and skills will impact the type of evidence-based treatment offered, i.e. family intervention or group intervention. School psychologists should use a context-dependent personalised approach to intervention A range of interventions are discussed which focus on the child's social competence, conflict resolution skills, attachment relationships in schools, parent child-relatedness and parenting competency	In the USA rather than UK context Discusses the role of the school psychologists in providing support around DA but also discusses other forms of abuse Review of current literature rather than an evaluation study or survey Explores some facilitators and barriers and current practice	Peer-reviewed Based on prior research
2) Cort & Cline (2017) UK	Explored the views of seven mothers who have experienced DA to gather further information relating to the effects of abuse on their role and identity as a mother Use of semi-structured interview and Interpretative Phenomenological Analysis	The themes included; views of themselves as a 'bad parent' and feeling that other's shared this view, the changeable nature of their mothering role, in particular inconsistent parenting and changing views of the self, a sense of loss of expected family life and the mothering experiences, a lack of social support, the rejection of others and	Explores the role of the EP in supporting families who have experienced DA	Peer-reviewed A small sample (7) of mothers, all of the mothers had left the relationship and were known to DA agencies (subgroup)

Author and Location	Methodology	Outcomes	Relevance	Quality
		public attribution of blame towards the mother from both extended family and professionals.		Themes member checked for interpretive validity
3) Curtis Thesis (2010) UK	Part I: Attitudes of young people exposed to DA gathered through semi-structured interviews analysed using thematic analysis (TA). Part ii: Evaluation of cognitive behavioural intervention 'Changing Places' for young perpetrators who have been exposed to DA. Identified by Youth Offending Service. 11 young people aged 14 – 16 years old. Evaluation based on views of the young people Programme co-delivered by TEP Semi-structured interview and measure of emotional literacy.	Key themes: Normative attribution, contrasting narratives, cultural identity, difficulties with emotional literacy, taught responses and learned and reinforced behaviours, difficulties with emotional regulation No significant difference in levels of emotional literacy. Themes from the interviews are that the intervention promoted identity, peer relationships, improvements in school and sense of wellbeing. The young people suggested facilitators with personal experience of DA. Limited effects on changing the groups' attitudes and reasoning towards abusive behaviour. The young people reported finding it hard to engage in group discussions.	TEP facilitating a preventative intervention for young people exposed to DA	Sample based on young people showing externalising behaviours (particular subgroup) Triangulation of data with facilitators Not peer reviewed
4) Dodd (2009)	EPs and other professionals delivering a multi-agency therapeutic support group with mothers and preschool children either known to Social Care or living in a women's refuge. Developed and evaluated by EPs	Pre-measures using semi-structured interviews found all women reported DA had an impact on their mental health and parenting capacity and an impact on their child	Conducted in the UK Intervention supporting children and families conducted by an EP	A small-scale case study based in one locality Triangulation of data

Author and Location	Methodology	Outcomes	Relevance	Quality
	Theraplay for the children and parenting support for the mothers. Semi-structured interviews, pre and post measures and a focus group were used.	'Schedule of Growing Skills' (Bellman, Lingam and Aukett, 1996) indicated almost half of the children were experiencing developmental delay, particularly around expressive language skills. Post-intervention focus group data suggests the women found the sessions useful, in particular, discussion with others with similar experiences, but found some aspects emotionally charged. Small decrease in the Parenting Hassles questionnaire post intervention Mothers reported positive effects on child All participants suggested programme should be rolled out All mothers reported the children enjoyed the sessions and several of the mothers reported positive effects on the children's sociability, confidence, play skills and a reduction in negative behaviours .	Role of the EP discussed within the paper	
5)Ellis (2012) UK	Mixed method Teachers' perceptions and experiences of supporting children who have experienced DA using semi-structured interviews and questionnaire. Thematic analysis.	Teachers who had received training felt more confident to respond to cases of DA and more able to identify children who had been exposed to DA than those who had not received training	Focuses on teachers but discusses the role of the EP Conducted in the UK context	Peer-reviewed Small-scale Mixed methods

Author and Location	Methodology	Outcomes	Relevance	Quality
		In the interview stage teachers discussed a fear of DA cases, lack of protection in school systems and lack of understanding of 'who needs to know what'. Secondary trauma is discussed and the potential role of the EP in supporting emotional processing		
6)Gallagher (2010 & 2014)[1] UK	Five EPs completed semi-structured interviews around how they conceptualise DA and view their role in terms of supporting children, schools and families who have been exposed to DA Thematic analysis	EPs knowledge of DA was limited and DA was not generally considered in their formulations. Data was thematically analysed and institutional factors, professional factors, personal factors and societal and cultural factors were identified. The facilitators and barriers are listed in the relevant section. Challenges to the EP role such as professional sensitivity and the invisibility of DA are discussed	Conducted in the UK Of high relevance to the review questions	Peer-reviewed Small sample Self-selected participants from two local authorities Pilot study and set structure for the interview
7) Gutow, Rynkewitz & Richer (2009) USA	A case study of a School psychologist using a collaborative consultation model based upon bio-ecological systems with a group of child DA witnesses Developed a 16-week programme of 30-minute sessions collaboratively with stakeholders. The psychoeducation group focussed on social, emotional and life skills. Lesson plans were developed and	Pre and post-test showed an increase in knowledge around key themes Feedback was 'positive' from mothers and paraprofessionals with some lesson plans adapted	Conducted in the USA rather than the UK Role of the school psychologist in developing, and evaluating an intervention for children who have been exposed to DA	Peer-reviewed Use of member checks Were unable to evaluate child experience due to variable attendance, discussion of evaluation data is limited Method unspecified

[1] The author referred to Gallagher's doctoral thesis and the published version of this study

Author and Location	Methodology	Outcomes	Relevance	Quality
	implemented by paraprofessionals. The programme was evaluated for appropriateness, ease of implementation and impact on children.			Detail of pre and post tests unspecified
8) Heath thesis (2015) UK	Part I: Training needs analysis (TNA) of EP current knowledge and practices around DA using semi-structured interviews Part ii: A qualitative case study evaluating the use of a resource pack Deductive thematic analysis based upon Bronfenbrenner's bioecological systems model	The TNA indicated EPs would benefit from further support in their practice around DA due to limited DA specific knowledge. Lack of appropriate resource to support and difficulty talking about DA to parents and other professionals Resource pack based upon Bronfenbrenner's bioecological model was found useful by EPs and felt to be a potential method to extend EP practice and knowledge, such as asking about DA	Detailed discussion around the role of the EP in this work Conducted in the UK context Highly relevant	Not peer reviewed as grey literature Very small sample size in one local authority EPs self-selected to be involved with the research Member checking
9) Ley thesis (2011) UK	Young peoples' and professionals' views of support for young people exposed to DA. Semi-structured interviews with five young people (15-18 years) and five professionals including an EP Thematic analysis	Superordinate themes: support characteristics; young people mentioned the importance of physical activity and returning to activities they used to enjoy, support helped improve family relationships, professional qualities such as reliability and challenge, experience and confidentiality, flexibility and putting the voice of the child at the forefront. EPs reported it is the role of the EP to raise awareness at a systemic level, identify with teachers the potential	Explore professionals views of support including EPs and other professionals Intervention supported by TEP Conducted in the UK	Small-scale

Author and Location	Methodology	Outcomes	Relevance	Quality
		impact of DA supervision of staff, provision of training, ensuring follow up to group work, and supporting staff understanding of the purpose of any intervention		
	Paper 2: 'LINX' intervention targeted empathy to reduce aggressive behaviours through experiential learning Case study approach. Semi-structured interviews to evaluate the programme	Young people reported they could see the benefits of group work but preferred one to one work. All participants total difficulties score on the SDQ were lower following the intervention; the data suggested empathy was developing.		
10) Matthewson (2011) Thesis UK	TEP running awareness raising around DA in primary schools Critical Realist Case Study using semi-structured interviews focus groups and a research diary Thematic analysis	Involvement of EP felt special for the children Children were able to talk to someone external, open discussion, increased information, enjoyment of role play but issues around timing and gender Further evaluation needed EPs are well placed to provide non-judgemental advice and support due to their counselling skills.	Lots of discussion about the role of the TEP/EP Involvement of EP in the running of the group for children who had been exposed to DA	Not peer reviewed Intervention across three different schools Member checking

Author and Location	Methodology	Outcomes	Relevance	Quality
11) Stanton (2017) Thesis. UK	Use of qualitative methodology based on ecological systems theory (Bronfenbrenner, 1979, 2006). Data collected using vignettes and drawings. Semi-structured interviews with school professionals and five EPs regarding their experience of supporting this population and the experiences of children (7-10 years) who had relocated school due to DA Thematic analysis	Children wanted support from adults and detailed enforcing boundaries and emotional support as key areas. Professionals described group, school and borough wide interventions despite role and resource restrictions and the secretive/hidden nature of DA May require EP to support outside of traditional role expectations. The role of the EP to use consultation to explore the history of DA was discussed. Barriers noted were; secrecy, resources, time, money, lack of clarity regarding construction of role, the wish for greater knowledge, lack of experience and difficulty discussing DA with other professionals.	Interviews with EPs regarding their role in this area but exploring a subgroup of children – those who have relocated due to DA	Triangulation of data Author reflexivity The school professionals were reported to be highly invested in DA research Data was only from one local authority Teachers and EPs largely grouped together in the analysis – harder to see individual viewpoints
12)Thompson &Trice- Black (2012) USA	Guidance for school psychologists	School-based group interventions Therapeutic support in a group setting, structured group interventions, therapeutic stories and play therapy recommended	Literature review providing guidance for school psychologists and other professionals	Peer-reviewed Guidance rather than primary research USA context rather than the UK

Author and Location	Methodology	Outcomes	Relevance	Quality
		Objectives of the group intervention work should be: conflict resolution, identification and expression of feelings, reduction in self-blame, safety planning, awareness and attitudes of DA, self-concept	rather than primary research Limited discussion around the role of EP/ school psychologist	
13) Worrall (2013) UK Thesis	Semi-structured interviews with young people who have witnessed DA. Three participants aged 18-19 years old. None of the young people had accessed support at the time of the abuse or since. Interpretive Phenomenological Analysis.	Master theme: The complexity of living with DA including secrecy, loneliness and pretending. Impact on the self, loss of childhood, impact on relationships. A need to provide support and intervention: difficulties accessing support, the importance of context and time, life without support, a need for support, the need to gain control. 'School as a safe place Peer support groups, a 'confidential helpline, reflection time for staff and pupils and whole school awareness training were suggested as interventions	Implications of the role of the EP are discussed	Small sample size Not peer reviewed Author reflexivity

Table 2.2: Table to Provide an Overview of Studies Selected for Review

2.6.8 Overview of included studies

Of the thirteen studies described, three studies were published in the USA (Brassard, Rivelis & Dias, 2009; Gutow, Rynkewitz & Richer, 2009; Thompson &Trice-Black, 2012) and four studies were published in the UK (Dodd, 2009; Gallagher, 2014; Ellis, 2012; Cort & Cline, 2017). Six unpublished theses conducted in the UK by Trainee Educational Psychologists (TEPs) are also included (Curtis, 2010; Ley, 2011; Matthewson, 2010; Worrall, 2013; Heath, 2015; Stanton, 2017).

Two of the studies published in the USA provided intervention guidance for children and young people exposed to DA but did not conduct any primary research (Brassard, Rivelis & Dias, 2009; Thompson and Trice-Black, 2012). However, Gutow, Rynkewitz & Richer (2009) described their case study of the role of the school psychologist in using collaborative consultation to develop a psychoeducation programme for Filipino children exposed to DA.

Within the published UK studies, Ellis (2012) explored the teacher role in supporting children who have been exposed to DA and discusses the implications for the EP. Dodd (2009) explored parental experiences of DA and evaluated a multi-agency therapeutic group for mothers and preschool children, which was planned, delivered and evaluated by EPs and other professionals. Cort & Cline (2017) also explored the experience of the non-abused parent and how they felt DA impacted upon their identity, concluding with a discussion of the implications for the EP role. Gallagher (2014) focussed on the EP role; exploring EPs' conceptualisation of DA, perceived facilitators and barriers and EP's views about their role in this area.

A number of the doctoral theses also focussed upon the EP role in relation to DA; Heath (2015) explored EP conceptualisation and facilitators and barriers further. Ley (2011), Heath (2015) and Stanton (2017) also explored EPs' and other professionals' views around DA and their role.

Stanton (2017) also investigated the experience of children and young people exposed to DA and their perception of professional support, building upon the work of Ley (2011) and Worrall (2013). Three theses explored interventions planned and supported by TEPs including a perpetrator prevention programme targeting empathy (Ley, 2011), a cognitive- behavioural perpetrator prevention programme (Curtis, 2010) and a whole class DA awareness raising programme (Matthewson, 2011).

2.6.9 Methods used

Ten of the studies used semi-structured interviews as a method of data collection (Gallagher, 2009; Cort & Cline, 2017; Dodd, 2009; Ellis, 2012; Curtis, 2010; Heath, 2015; Ley, 2011; Worrall, 2010; Stanton, 2017; Matthewson, 2011). Gutow, Rynkewitz & Richer, 2009(2010) did not clearly state their method used, however, it appears it could be an Action Research approach. Three of the studies also used a pre-post measure: Ley (2011) utilised the Strengths and Difficulties Questionnaire (Goodman, 2001) although she stated this was primarily to explore the response qualitatively, Dodd (2009) used The Schedule of Growing Skills (Bellman, Lingam & Aukett, 1996) and Parenting Hassles Scale (Crnic & Greenberg, 1990) whilst Gutow, Rykenwitz & Reicher, 2009used an unspecified measure and a questionnaire for parents and group facilitators. A questionnaire was also used by Ellis (2012) in addition to a semi-structured interview. Stanton (2017) used vignettes and drawings in addition to the semi-structured interview approach and Worrall (2010) used a focus group and research diary.

2.6.10 Analysis used

Thematic analysis was a prominent method of analysis, with eight of the studies adopting this approach (Gallagher, 2010; Dodd, 2009; Ellis, 2012; Curtis, 2010; Heath, 2015; Ley, 2011; Stanton, 2017; Matthewson, 2011). Interpretative Phenomenological Analysis was conducted in two studies (Cort & Cline, 2017; Worrall, 2011) and analysis of pre and post measures was conducted in three studies (Dodd, 2009; Ley, 2011; Gutow, Rykenwitz and Reicher, 2009).

2.6.11 Quality of studies

The UK peer-reviewed studies with a clear description of method and analysis with multiple forms of data collection such as Dodd (2009), Ellis (2012) and Gallagher (2014) were felt to be of the highest quality.

2.6.12 Relevance of studies

Those interviewing EPs specifically and focussing on the EP role such as Gallagher (2014), Heath (2015), Matthewson (2011) and Stanton (2017) were the most relevant to the current paper.

2.6.13 Key Themes

The key themes extracted from the data around current EP practice in this area, facilitators, barriers and the future role of EPs will now be discussed.

2.6.14 Current Educational Psychology practice

Gallagher (2014) conducted semi-structured interviews with five EPs from two Local Authorities, exploring conceptualisations of DA, facilitators and barriers and their role in relation to supporting schools, children and families in relation to DA. Gallagher noted that the EPs did not have a full understanding of DA; providing only a partial definition which did not recognise the different types of abuse (physical, emotional, financial and sexual). EPs did not recognise the prevalence of DA or the overlap between DA and other types of abuse. They did not tend to use DA within their formulation.

Building on this, Heath (2015) explored the current practice of a group of 5 EPs in one local authority via a Training Needs Analysis: within this study lack of knowledge was also identified. EPs reported that 'externalising behaviours' were given as the main reason for referral in cases involving DA, however the EPs noted their assessments involved exploring all aspects of the child's development, such as learning and social interaction. This could indicate children displaying internalising behaviours are not receiving EP support in this area. General casework was primarily discussed; one EP noted, however, that she provided support for children's centre workers in managing DA issues and the impact upon the family. An EP reported a similar role in Stanton's study (2017).

EPs were asked about their formulation, assessment and intervention. One key theme was around assessment of the child and the different systems around the child; Heath (2015) found EPs were exploring the child's relationship with the non-abusing parent informally within their assessments, with one EP noting the use of a structured framework. The EPs focussed on interventions developing the parent and child relationship, such as Theraplay, and interventions to support peer relationships such as Circle of Friends.

Heath (2015) explored EP assessment further, finding EPs used a large amount of information about context in their assessments, exploring the home environment, the

emotional well-being of the parent and changes in the environment. However, the relationship between home and school was not explored. Contextual recommendations discussed by the EPs included a strengths-based approach, signposting parents, empowering adults and suggesting policy change. Consultation was also used to support staff skills and knowledge.

When EPs were asked about their use of psychological theory in DA cases, they named a range of theories: attachment theory, social learning theory, attribution theory, ecological theory and others. However, they noted this was not specific to cases involving DA. EPs shared that they do not explore DA specific research evidence within their practice. They noted limited DA tools for assessment and intervention and identified their own lack of knowledge (as reported in Gallagher, 2014), and a need to develop this and to train others.

Heath and Gallagher argue DA work is different to other casework and that EPs need to engage with the literature and receive further training in the area. Therefore it appears EPs are encountering DA within their casework, as would be expected with the levels of prevalence, and that they use a range of generic approaches and interventions which generally have a strong evidence base. However, they report lacking knowledge and not engaging with DA specific literature or resources.
Stanton (2017) explored school professionals' and EPs' experiences of supporting children who had relocated due to DA. EPs reported children often require additional support building relationships with staff and peers due to their experiences. DA led EPs to work outside 'traditional role expectations', for example, exploring the parental relationship further and raising questions about this. School staff reported discussions with EPs regarding the impact of DA on a child's learning were useful. One EP raised the importance of consultation to open up the discourse around DA and its impacts with a school, however, she also raised the secrecy and stigma preventing a full discussion and uncertainty around how to introduce the topic and whether to continue questioning. Themes of secrecy were also discussed in Gallagher (2014) and Heath (2015).
Ley (2011) explored the views of a range of professionals including a Specialist EP and five young people (15-18 year-olds) around the support provided to young people exposed to DA. One to one or group support was reported to have supported family relationships, according to the young people. Young people and professionals reported professional characteristics such as reliability and challenge, prior experience of working with DA, confidentiality, flexibility and ability to put the voice of the child first as being of importance, however, they did not directly refer to EPs. The difficulties of

establishing group work were noted, with the young people also indicating a preference for individual work.

Dodd (2009) conducted a study of a multi-agency therapeutic support group for survivors of DA and their children, which was developed, delivered and evaluated by the EPS. The multi-agency team involved a Specialist Health Visitor, Senior EP, Children's Centre Worker and a worker from the women's refuge (two of which would attend each week). The participants were ten mothers who had experienced DA and were known to Social Care, with preschool children. The intervention aimed to provide therapeutic play experiences for the children, a parenting/support group for the mothers and 'Theraplay' activities for the mothers and children together. The study was evaluated positively (see Table 2.2), indicating EPs in some services have a role developing, implementing and evaluating multi-agency groups to support families exposed to DA.

Curtis' (2010) study explored a TEP co-facilitating a cognitive behavioural perpetrator prevention programme ('Changing Places') for young people aged 14-16 years. This research indicates the potential for TEPS and EPs to be involved with preventative therapeutic multi-agency intervention work. Upon evaluation of the programme, no significant differences in emotional literacy or attitude to abusive behaviours were found in the young people. However positive themes such as increased sense of wellbeing, promoting identity, improvements in school and peer relationships were noted. Furthermore, the young people reported finding it difficult to engage with the group discussions as found in Ley (2011) and indicated a preference for the group to be facilitated by someone who had experienced DA.

Ley (2011) also explores a preventative intervention (LINX) to reduce externalising behaviours and improve empathy awareness in adolescents exposed to DA, again supported by a TEP. The intervention was developed by the Youth Offending Team and Hampton Trust and was evaluated positively (see Table 2.2). The findings from the group were explored with a focus group of 7 EPs. EPs indicated their role was to highlight the impact of DA with school staff, rather than working directly with individual young people. EPs reported they do not generally offer training on the impact of DA but feel they are in a good position to.

Matthewson (2011) also explores a preventative pilot intervention supported by a TEP, involving DA awareness raising in Year 5 classrooms across three different schools. The Domestic Violence Awareness Manual for use with children and young people developed in Solihull and Birmingham was utilised. Matthewson notes the EPS had developed an awareness-raising pack for secondary schools but due to time and resource limitations they were unable to develop a pack for primary schools. Due to Matthewson conducting her research in the area she was able to become involved with the facilitation of the programme, indicating the work may not be typical practice for EPs.

Matthewson (2011) explored staff and pupils' views around EP involvement in the delivery of the programme. Pupils shared varying levels of anxiety in relation the involvement of an external professional prior to the intervention. However, they appeared to value being able to discuss sensitive topics with an external professional rather than their teacher and felt more confident this would be kept confidential. Teachers' views also varied across schools, however, they consistently reported that co-facilitating the group with the TEP was a learning opportunity which decreased anxiety about the subject and increased confidence in relation to delivering the programme in the future. Ellis' (2012) study also noted when teachers were provided with the training they felt more confident responding to cases of DA. This study suggests the value of the EP supporting preventative work in this area whilst also building capacity with school staff.

Cort & Cline (2017) explored mothers' experiences rather than specifically the work EPs were doing in this area. An important finding for EPs to note, however, is that mothers felt professional attribution of blame, a point that may guide EP practice.

EPs therefore appear to be involved in providing support around DA in a range of ways; offering support to children's centre workers or family support workers (Gallagher, 2014; Heath, 2015), supporting schools and families within their general casework (Gallagher, 2014; Heath, 2015, Stanton, 2017) and providing multi-agency interventions for the parent and child (Dodd, 2009). TEPs are noted as supporting preventative interventions either at the group (Curtis, 2010; Ley, 2011) or whole class level (Matthewson, 2011). This indicates there may be a range of practices occurring within EPS's as a response to DA. As noted by Stanley (2011) provision is patchy and varied. There is no large-scale study exploring what work EPs are currently doing in this area, with studies generally relying on interviews or focus groups with a small

number of EPs in the same local authority. Heath notes (2015, p.34) "*in order to maximise EP's value in this work, we must know what they are already doing… and whether there are… barriers to practice".*

Building upon Heath (2015) and one of the key purposes of the literature review the next section will explore facilitators and barriers impacting upon EP work in this area.

2.6.15 Facilitators and Barriers to Educational Psychology work in this area

A range of facilitators and barriers to EP practice around DA were identified during the literature review. It is important to note, a factor identified as a facilitator in one study may be a barrier within another study.

Facilitators	Barriers
EPs are well placed to support due to their position working in schools and with families (Stanton, 2017, Cort and Cline, 2017; Gallagher, 2014; Heath, 2015)	Lack of role clarity for the EP in this area (Ley, 2011, Gallagher, 2014; Heath, 2015, Stanton, 2017 Cort and Cline, 2017)
Professional qualities of EPs such as flexibility, listening/counselling skills, ability to provide non-judgemental support (Ley, 2011, Gallagher, 2014)	EP feels DA is too wide a remit /other professionals are better placed (Gallagher, 2014, Cort and Cline, 2017, Ley, 2011)
EP's ability to build capacity through co-facilitation of programmes with schools (Matthewson, 2011, Stanton, 2017 Ellis, 2012)	Lack of systemic support for interventions around DA (i.e. time is given, awareness raising, understanding) (Ley, 2011)
EP ability to offer training (Matthewson, 2011, Ellis, 2012)	EP self-efficacy around DA (Heath, 2015)
When the EPS has a set of clear guidelines for approaching the work or a consultation framework (Heath, 2015)	Limited appropriate resources (Heath, 2015)
EP's ability to offer consultation or supervision for school staff (Stanton, 2017	DA not prioritised (Stanton, 2017, Gallagher, 2014, Dodd, 2009)
EP ability to provide awareness raising training for schools (Ellis, 2012)	Limited knowledge i.e. of nature and extent of DA (Stanton 2017, Heath 2015 Gallagher, 2014)
EPs access to supervision (Gallagher, 2014)	Lack of experience (Heath, 2015)

Facilitators	Barriers
Training received as an EP (Gallagher, 2014, Heath 2015)	EP concerns about maintaining the relationship with the parent (Gallagher, 2014, Stanton, 2017)
EP skills in identification of DA (Gallagher, 2014)	Lack of recognition as part of normal casework leading to EPs not using the impact of DA within their case formulation (Gallagher, 2014)
The ability of EP to make DA visible and a topic for discussion (Cort and Cline, 2017; Stanton, 2017, Heath, 2015; Gallagher, 2010, 2014)	The stigma attached prohibiting discussions/ confidence handling discussions (Stanton 2017, Gallagher, 2014)
The ability of the EP to raise the profile of DA with other professionals (Cort and Cline, 2017)	Managing sensitivity of subject whilst maintaining a relationship with the parent (Gallagher, 2014)
Ability to work in multi-agency teams (Gallagher, 2014)	Difficulties of multi-agency working (Ley, 2011)
EP perceived self-efficacy in the area (Gallagher, 2014)	Feelings of powerlessness and frustration i.e. problematising the woman's lack of involvement (Gallagher, 2014; Heath, 2015, Stanton, 2017)
EP child protection training (Gallagher, 2014)	Limited DA specific resources (Gallagher, 2014; Heath 2015)
EP formulation skills (Gallagher, 2014)	Lack of clear guidelines (Stanton, 2017)
EP intervention skills (Gallagher, 2014)	EP perception work is time consuming (Ley, 2011, Gallagher, 2014; Heath, 2015)
EPs want to develop their skills and knowledge in this area (Stanton, 2017)	Difficulty discussing DA due to hidden/secret nature (Gallagher, 2014)
EP knowledge of systems (Matthewson, 2011, Ley, 2011)	Location of blame with the survivor (Gallagher, 2014)
EP knowledge of the psychological impact of DA (Matthewson, 2011)	

Table 2.3: Table to Show Facilitators and Barriers

2.6.16 What do Educational Psychologists see as their future role?

A potential future role for EPs as identified within the studies will now be explored.

(i) Raising awareness of DA

Several of the studies note the role of the EP could involve awareness raising of how DA may present itself and of the impact on children and families within their Education Service, within multi-agency teams and schools (Cort and Cline, 2017; Gallagher, 2014; Ellis, 2012;, 2015, Worrall, 2011, Matthewson, 2011, Stanton, 2017 Heath, 2015, Ley,2011). It is also noted if DA is better understood and a higher priority for EPs this will improve identification and EPs will be more likely to consider DA within their formulation (Heath, 2015). In addition, it is felt this will provide schools with more confidence responding to children who have been exposed to DA (Ellis, 2012) or providing intervention (Matthewson, 2011, Ley, 2011).

(ii) Supporting interventions for parent-child relatedness

A number of the studies suggest the EP can provide support with interventions aimed at developing the attachment of the parent and child (Dodd, 2009; Brassard-Rivelis Dias, 2009; Cort and Cline, 2017; Heath, 2015), with Dodd (2009) demonstrating a successful project in this area. Wider studies which do not form part of this narrative synthesis suggest there is a strong evidence base for interventions supporting both parent and child concurrently (Graham-Bermann et al, 2007, Dodd, 2008; Smith, 2016, Osfosky, 2018).

(iii) The use of consultation

The use of consultation was also discussed in a number of studies. It was noted EPs can use consultation for many purposes including asking about DA (Stanton, 2017), to explore the impact of DA and open up the conversation (Stanton, 2017, Heath, 2015, Cort & Cline, 2017). However, this links to barriers to practice, such as EP confidence asking about DA whilst maintaining a relationship with the parent (Stanton, 2017, Gallagher, 2014; Heath, 2015). Other barriers to practice that may also impact upon this are the secrecy/stigma attached to DA, and questions regarding whether it is the

EPs role to ask questions about DA. Heath (2015) suggests the use of a resource pack can support EP questioning in this area.

Research indicates purely asking about DA and removing the secrecy and invisibility can improve outcomes for children (MacFarlane, Groff, O'Brien & Watson, 2005). In addition, DA is rarely disclosed without asking around the subject (Stanley, 2011) and since children exposed to DA often are not involved with other agencies (Sterne, Poole, Chadwick, Lawler & Dodd, 2010), and teachers do not feel confident within this area (Ellis, 2012), it could be argued exploring family interactions is important for the EP. Furthermore, due to the similarities noted of some children who have been exposed to DA and those with a diagnosis of ADHD it may be important for psychologists to explore family history in order to potentially offer an alternative hypothesis to that of a medical one.

Consultation may also be used to support parent or professionals with strategies, to support emotional processing for teachers and school staff (Ellis, 2012) and provide opportunities for the parent to explore the impact on their identity and role (Cort and Cline, 2017).

(iv) Delivering psychological interventions

Some of the studies suggest EPs could provide training for teachers in terms of awareness raising and intervention (Ellis, 2012; Matthewson, 2011, Gallagher, 2014; Stanton, 2017, Worrall 2011, Heath, 2015, Curtis, 2010). Ley (2011), Curtis (2010) explored the EP role planning, delivering and evaluating group psychological interventions and suggests young people may prefer 1:1 therapeutic work. Matthewson (2011) explored TEP involvement in supporting a whole class preventative intervention.

Other studies suggest EPs *could* draw upon solution-focused thinking, narrative psychology, personal construct psychology and emotional literacy approaches to develop interventions in this area (Cort & Cline, 2017; Matthewson, 2011, Ley, 2011, Gutow, Rynkewitz & Reicher, 2009, Stanton, 2017, Worrall, 2013, Heath 2015).

Conversely, EPs in both Stanton (2017) and Ley (2011) suggested the role may be best suited to working systemically to develop awareness and understanding of DA, with all of the UK studies concluding EPs are well placed to do so.

Cort and Cline (2017) suggest further implications for EPs include developing an understanding of the challenges mothers who have experienced DA face and to promote and support positive parental identity. Further recommendations for EPs include signposting to CAMHS for counselling and using theory around trauma and resilience to support intervention. In addition, helping to normalise mothers' and children's experiences of loss, facilitating coping strategies and resilience is noted. However, it is important to note, again this was a very small scale study focussing on mothers who had left abusive relationships.

Cort and Cline (2017) suggest EPs can play a key role in extending research in this field. Gallagher argues DA presents *"real and different challenges to practice from other aspects of EP work"* (2014, p.60,) and that it is the role of the EP to make the effects of DA on children and families more visible. She argues increased awareness and training around DA for EPs, greater role clarity and EP service policy would support EP practice in this area. Gallagher suggests further research to explore role barriers and potential for supporting children, schools and families further.

2.7 Unique contribution of this study

The studies explored above are largely small-scale drawing upon qualitative research, predominantly unpublished theses that have not been subject to peer review. Gallagher (2014) suggests a larger scale study in this area and Heath (2015) notes the need to understand current EP practice, in order build upon this. Furthermore, McGuiggan (2017) indicates a larger scale quantitative survey of the EP role in relation to supporting families is warranted.

This research will therefore explore the questions below on a larger scale:

- Research Question 1: What are EPs' views regarding how frequently they encounter DA within their casework?
- Research Question 2: How frequently do EPs feel they consider DA within their formulation?
- Research Question 3: What are EPs' views around exploring DA as a possible factor within casework with schools and families?
- Research Question 4: What are EPs' views around their current and future involvement in supporting intervention and prevention work around DA?
- Research Question 5: What do EPs' feel are important factors impacting upon consideration of DA within their formulation and providing support around DA?

- Research Question 6: Do EPs' feel they have a unique role in this area? If so, what could this potential future role be?

Chapter 3: Methodology

The methodology section aims to describe and evaluate the approach adopted within the current study. Theoretical considerations of: ontology, the nature of reality and epistemology, the nature of knowledge and how these philosophical assumptions guide and influence real-world research are discussed. The major paradigms of post-positivism, constructivism and pragmatism are described to justify the use of the pragmatic paradigm within the current study. Particular attention is given to mixed method designs and an outline of the current study is provided. Methodological considerations, evaluation of data quality and the procedures utilised when conducting the research are discussed.

3.1 Theoretical considerations

Four key paradigms in education and psychology research, composed of philosophical assumptions which guide thinking and action in research, can be identified (Mertens, 2014); post-positivist, constructivist, transformative and pragmatic (See Table 3.1). Paradigms draw upon ontological (the nature of reality), and epistemological (the nature of knowledge) assumptions. The ontological and epistemological assumptions of the researcher will influence the approach taken within research. Therefore Table 3.1 displays the key assumptions of the main paradigms relevant to this study. The pragmatic paradigm and the relevant assumptions are discussed in further detail within the following section in order to clarify the decision to adopt this paradigm.

	Post-positivism	Constructivism	Pragmatic
Ontology (nature of reality)	One reality which is knowable within a specified level of probability	Multiple socially constructed realities	There is a single reality and all individuals have their own version of reality
Epistemology (nature of knowledge)	Objectivity is important, the researcher manipulates and observes in a dispassionate, objective way	An interactive link between researcher and participants, values are made explicit; create findings	Relationships in research are determined by what the researcher deems as appropriate to that particular study
Methodology (approach to systematic inquiry)	Quantitative (primarily), interventionist, decontextualised	Qualitative (primarily); dialectical; contextual factors are described	Match methods to specific questions and purposes of research; mixed methods can be used

Table 3.1: Major Paradigms in Education and Psychology Research with the Associated Ontology, Epistemology and Methodology (adapted from Mertens, 2014.)

3.1.1 Possible approaches considered

A number of possible paradigms were considered during the early stages of the research project:

- A transformative paradigm was considered, using an Appreciative Inquiry to explore current practice of EPs within one Local Authority, however the Principal EP felt current practice may not be comprehensive enough to build upon good practice

- The post-positivist paradigm was considered in order to explore EP practice purely quantitatively. The researcher, however, felt it would add depth to the research and support the research purposes for participants to have the opportunity to share their lived experience

- Finally, methods from the constructivist paradigm were considered to explore EPs' experiences working with DA using an interview approach and grounded theory; however the researcher felt it was important to do a larger scale piece of research to add a unique contribution to the current literature in this area

3.1.2 The Selected Paradigm: Pragmatism

As the research aims to explore current EP practice nationally, drawing upon principles of nomothetic research, whilst using qualitative data to develop a deeper understanding of the findings, the constructionist or post-positivist paradigms alone would not suffice. In the pragmatic paradigm, the researcher adopts the most appropriate methods for their question. Therefore a pragmatic approach was adopted within the current study to explore EP practice in relation to DA at a national level. The pragmatic paradigm enabled the researcher to match the research questions to the most appropriate methodology.

Within pragmatism, the guiding principle is to consider how effective the data collection method is in order to gain useful findings for a particular research question, rather than finding a 'truth'. In terms of epistemology, pragmatic researchers do not position themselves as distant observers but study topics of interest, in different ways and

utilise the results for positive change (Tashakkori & Teddlie, 1998). Morgan (2007) also notes pragmatic researchers recognise values and personal politics impact upon research goals and researcher actions. Both quantitative and qualitative methods can be used in the pragmatic paradigm, with the method used dependent on the purpose of the research and the research question.

The pragmatic paradigm has faced some criticism with researchers from the post-positivist and constructivist paradigm positing the methods are incompatible, and thus it is inappropriate to mix qualitative and quantitative methods (Guba, 1987).
However Tashakkori and Teddlie (2010, p.10) report mixed methods researchers are *'a connoisseur of methods'* and use their knowledge to employ methodological eclecticism. Morgan (2007) notes the adoption of an ontological stance, such as post-positivism, leads to a complete rejection of constructivist methods. He argues rather than incommensurability between the paradigms, there needs to be communication and suggests the pragmatic approach can support this.

3.2 Mixed methods

In order to address the research questions, the researcher employed a mixed methods design, utilising both quantitative and qualitative features within the design, collection of data and analysis (Teddlie and Tashakkori, 2009). Mixed methods research is described as a rapidly emerging research design (Collins & O'caithain, 2009), a unique approach itself, rather than an amalgamation of quantitative and qualitative approaches. Teddlie and Tashakkori (2009, p.129.) describe mixed methods as '*concerned with the unknown aspects of phenomena and questions which are answered with information in both narrative and numerical form'.*

The purposes of a mixed method design are described by Greene, Caracelli & Graham (1989) as; to triangulate the data (compare findings using two different methods), to complement the data (to explore different dimensions of a phenomena), to develop the design, for example the results of one method developing into another or to expand upon the data. The design in this study is complementary as the qualitative method allows for greater depth and understanding of the quantitative data, whilst the quantitative data provides numerical indications regarding the topic of study.

Mixed methods designs may be parallel, where data are collected concurrently, or sequential, in which one type of data informs the collection of subsequent data. The

current study adopts a parallel approach to data collection as all participants were able to share their views in numerical and narrative form via the survey.

Mixed methods research can also vary depending on whether the weight is given to the qualitative or quantitative aspects of the design or whether both methods are deemed equal (Creswell, 2003). Mixed methods researchers must also consider the stage of data integration, which is largely determined by their research design. A concurrent triangulation approach is utilised in the current study (see Table 3.2) as the qualitative and quantitative data is given equal weight. The data is integrated during the analysis.

Type of design	Stage of integration	Implementation	Priority/Status
Sequential explanatory	Interpretation	QUAN →qual	Usually quantitative but can be qualitative or equal
Sequential exploratory	Interpretation	QUAL → quant	Usually qualitative but can be quantitative or equal
Sequential transformative	Interpretation	QUAL →QUAN QUAN →QUAL	Either dominant or both equal
Concurrent triangulation	Interpretation or analysis	QUAL + QUAN	Equal
Concurrent nested	Analysis	Qual within QUAN Quan within QUAL	Either dominant
Concurrent transformative	Usually analysis but can be transformative	QUAL + QUAN	Either dominant or both equal

Table 3.2 Adapted from Creswell, 2003): Table to Show Types of Mixed Methods Design, Stages of Integration, Order of Implementation and Priority of each method

3.3 Chosen data collection method

3.3.1 Survey method

A survey method was adopted within the mixed methods approach, allowing for the collection of data from a larger population, than that of an interview (Oppenheim, 1998).

Surveys are widely used in both psychology and education (Mertens, 2014) with previous survey research exploring EP practice (Lokke, Gersch, M'gadzah & Frederickson, 1997, Hill & Turner, 2016; Atkinson et al, 2014).

There are a range of possible approaches to utilise: a descriptive survey, which describes the characteristics of a population at one specific time, a cross-sectional survey, exploring a range of participants at a particular time and a longitudinal survey exploring attitudes or behaviours over time (Oppenheim, 1998). A descriptive survey was felt to meet the research purposes of the current study.

As noted, surveys are advantageous as they can be used to collect a significant amount of data relatively quickly. They are also are standardised in their nature, ensuring each participant is presented with the same questions (Oppenheim, 1998).

Whilst used frequently within both psychology and education there are a number of criticisms concerning survey use:

- Respondents may be prone to social desirability bias increasing measurement error (Oppenheim, 1998)
- Surveys rely on participants having readymade answers and respondents may be unmotivated to respond unless the topic has high salience
- Participants may have difficulty retrieving a response from memory (McDonald, 2008)
- Participants may misinterpret questions and there is little chance for clarification by the researcher (Oppenheim, 1998)
- Survey questions may oversimplify complex problems, reducing them to a limited number of questions and response items (Wright, 2005).

The use of a pilot study may overcome these concerns (Oppenheim, 1998) (see below). The researcher also aimed to address some of the potential limitations by including opportunities for qualitative response.

Surveys can be presented via telephone, paper and the web; as the focus population within the study are all required to use computers and the internet within their role, a web-based survey was adopted, to support access to participants across the UK. Converse, Wolfe, Huang & Oswald (2008) highlight a number of additional advantages of web-based surveys: reduced costs, faster responses, more interactive formats, automated data collection scoring and reporting, can be more suitable for sensitive topics and quick troubleshooting.

Conversely, Shih and Fan (2008) suggest web-based surveys may receive a lower response rate and that participants may complete online surveys quickly, taking less care with their response (Mertens, 2014). Nonetheless, practically a web-based survey was felt to be the most time and cost-effective approach.

3.3.2 Development of the survey

As there was no current tool available in order to conduct this research, a survey was developed, following a number of steps to ensure quality (See Figure3.1).

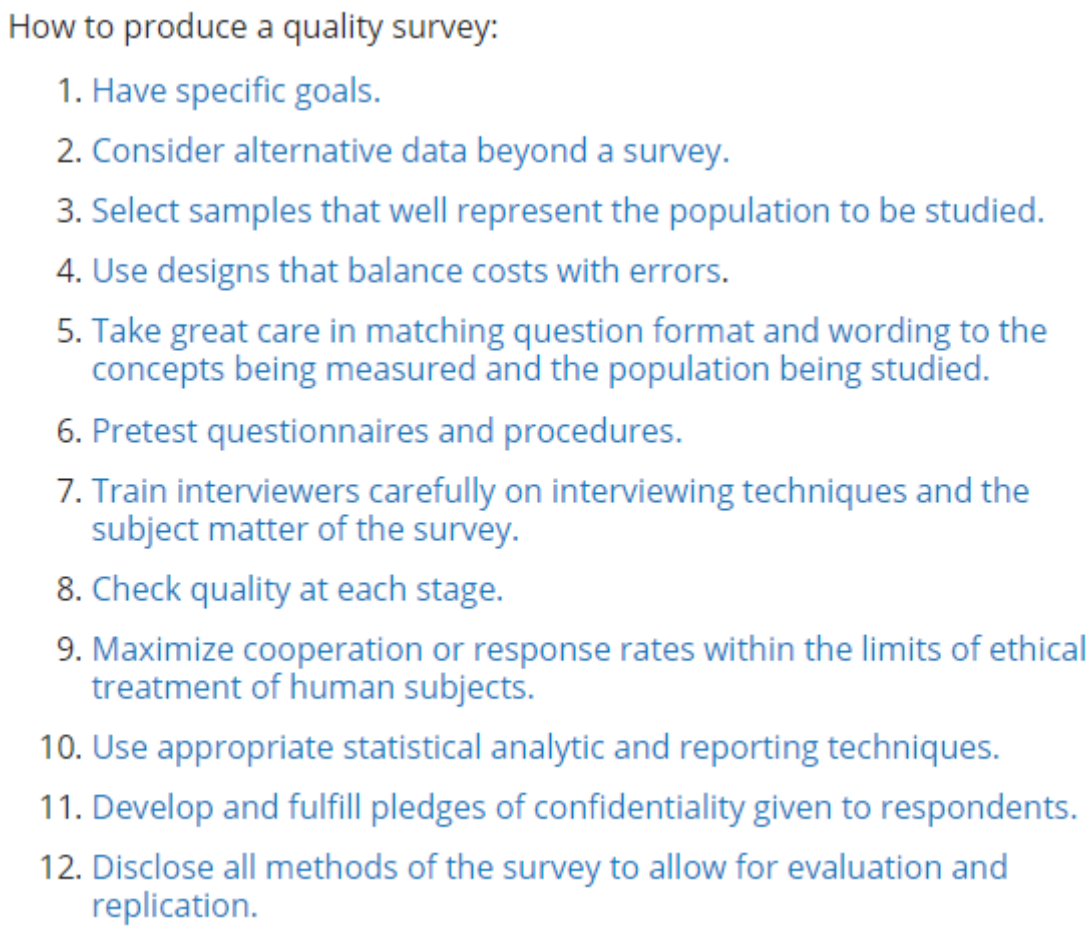

Figure 3.1: American Public Opinion Research Guidelines for Producing a Quality Survey (2017)

1. Ensure specific goals/survey purpose

The purpose of this survey was to gain an understanding of current EP practice in relation to DA, to explore the factors which are felt to support EP practice in this area and discover EPs views about their potential unique role around DA. A secondary purpose was to raise awareness of DA in relation to EP practice.

2. Consider alternative forms of data collection

As noted earlier in the methodology, alternative forms of data collection were considered.

3. Select an appropriate sample

Sampling, the process of selecting "*A small part or quantity intended to show what the whole is like*." (Oxford English Dictionary, 2017), is important in survey research to ensure representativeness of the target population. However, the sampling approach adopted is likely to also depend upon feasibility and ethics, particularly in real-world research (Mertens, 2014).

Probability sampling, the random selection of participants, allows each member of the population of study and equal chance of selection (Collins, 2010), aims to ensure a representative sample in order to make generalisations to the target population, and therefore is a desirable strategy in survey research.

In comparison, convenience sampling involves the use of readily available participants, the least desired yet most frequently used approach to sampling, due to a decrease in external validity (Mertens, 2014).

Whilst the researcher tried to ensure as many members of the target population were able to access to the survey, ultimately the sample was a convenience sample as it was not feasible to utilise a random sampling technique.

A snowball strategy was also adopted, as EPs were asked to share the survey with colleagues, in order to maximise the number of responses. Although this may have increased the likelihood of certain participants having multiple opportunities to respond, it may also have increased the likelihood of EPs less motivated by the topic of DA to complete the survey.

3.3.2 (i) Characteristics of the sample

The researcher aimed to achieve a sample of a minimum of 100 respondents to ensure a factor analysis could be applied to the data (Kline, 1987).

Following correspondence with the AEP on 27/9/2017 the researcher was informed the AEP has 314 TEP members (out of 420 TEPs) and 2736 EP members (which is thought to be 90% of EPs), this suggests approximately 3,040 EPs are practising in England and Wales. The final response rate of the survey was 125 EP/TEPs (from England and Wales) which equates to 3.61% of EPs and TEPs in this region.

3.3.2 (ii) A note on sampling within mixed methods research

Within mixed methods research a range of approaches can be utilised such as identical sampling, which involves the same participants in the quantitative and qualitative samples. Parallel sampling; different participants across the quantitative and qualitative samples and nested samples involve a subset of participants within one part of the study who form the sample of another part of the study (Mertens, 2014). Within this study, an identical sampling approach was intended to be employed. However some participants provided no qualitative data, therefore the sample was nested.

3.3.2 (iii) Reliability and validity

Step 4 of the development of the survey will be discussed later in this chapter when concepts such as reliability and validity are considered.

3.3.2 (iv) Consideration of question wording

Step 5: Take great care matching the question and wording to the topic being studied (The American Public Opinion Research Guidelines, 2017).

When developing the questions the use of long words and jargon was limited. Brief clear instructions were provided for the participants for each question. Questions were ordered logically, with non-threatening demographic questions asked first (Oppenheim, 1998).

The researcher aimed to keep the question length short as suggested by Oppenheim (1998); however the researcher also wanted to frame each question using bounded recall, asking participants to "*Think about their work during the past two years".* Ultimately, the researcher felt the use of bounded recall to increase the validity of participant responses was more important than ensuring the questions were short in length.

The researcher developed sub-questions in accordance with each research question; the rationale for inclusion, sub-question and response type will be described below.

Demographic questions were developed to assess the representativeness of the sample. Participants provided a fixed response from a number of categories, but in

terms of the service delivery model had the opportunity to provide further information (see Appendix 1 for the full survey).

The development, rationale and response type of the remaining survey questions are described in the table below.

Section 3.3.2 (v): Development of sub questions including rationale and response type

Sub question	Rationale	Response type
6a) Does your LA have a policy around response to DA?	Previous research indicates a lack of clear policy may impact on EPs' response to DA Gallagher (2014) thus the researcher aimed to explore EP policy awareness	Forced multiple choice Yes/No/Don't Know
6b) Does your Educational Psychology Service have its own service policy around response to DA?	As above	Yes/No/Don't Know
6c) Please select the most appropriate box below according to the type of training you have received as an EP/TEP	To explore EP level of specific training around DA as this may have implications for their practice There is no available data within the current literature	Forced choice Yes/No/Don't Know

7d) If you would like to add any further comments in relation to the survey or your experiences in this area please comment below**.**	Opportunity for any additional comment that was not covered in the survey. This was suggested in the pilot.	Qualitative open-ended response

Table 3.3: Table to Show the Development of Sub Questions, Rationale and Response Type of Further Demographic Questions

Sub-question	Rationale	Response type
2a) Think about your work within the last two years. In what percentage of your general casework was it known that the child or young person had been exposed to DA within the family?	To establish whether EPs report working with children who have been exposed to DA in a considerable part of their casework	7 point Likert scale frequency percentage response
2b) Think about your work within the last two years. In what percentage of your general casework was it suspected that the child or young person had been exposed to Domestic Abuse?	To explore whether EPs are identifying possible DA within their casework, as of course DA is chronically underreported (HMIC, 2014; ONS, 2015)	7 point Likert scale frequency percentage response

Table 3.4 Table to Show Sub Questions, Rationale and Response Type in Relation to Research Question 1: What Are EPs' Views Regarding How Frequently they Encounter DA within their Casework?

Sub-question	Rationale	Response types
2c) Think about your work within the last two years. In what percentage of your casework was DA a significant factor within your case formulation	To explore whether EPs feel they are considering this within their casework as Heath (2015) notes DA can be neglected by EPs in their formulation.	7 point Likert scale frequency percentage response
2f) Some EPs have reported using different psychological models and theories to help understand cases involving DA. Think about your work in the last two years and specifically the cases in which DA was a factor. Have you ever used any of the following models to support your practice? *Questions 2d and 2e were included within the survey but are not presented in the current study. Due to the magnitude of data, it was ultimately felt they were less relevant to the research purposes. See Appendix 12 & 13.	To gain further understanding of the theories and models guiding EP practice in this area.	Yes/No/Don't know response to a number of different psychological models developed from the literature and pilot study

Sub question	Rationale	Response type
3a) Think about your casework as an EP over the past two years. In what percentage of your casework in which social-emotional and mental health (SEMH) was felt to be the primary need did you explore with school staff the possibility of the child or young person being exposed to DA? Please select the most appropriate estimate below. *****This question was amended through piloting of the study, see Section3.3.3	To explore how frequently EPs are exploring the possibility of DA within SEMH casework as for e.g. Osofsky (2018) suggests systems supporting children should explore DA. To explore whether there are variations in EP practice in this area	7 point Likert scale Frequency percentage response

3b) Think about your casework as an Educational Psychologist over the past two years. In what percentage of your casework in which social emotional and mental health was felt to be the primary need how often did you explore the possibility of exposure to domestic abuse with a parent/carer? Please select an estimate below.	To explore the frequency of EPs exploring DA with parents as Stanton, 2017, Gallagher, 2014; Heath, 2015 suggest EPs may lack confidence in this area To compare this to the frequency compared with school staff. To explore any variations in EP practice in this area	7 point Likert scale Frequency percentage response

Table 3 5: Table to show sub-questions, rationale and response type for Research Question 3: What are EPs' views around exploring DA as a possible factor within casework with schools and families

Sub Question	Rationale for inclusion	Response type
4a) Think about your work in the last two years and specifically the cases in which DA was known or suspected. Please estimate the percentage of these cases in which, in order to support school staff, you recommended or supported the implementation of each of the interventions/approaches below.	To explore which approaches EPs are recommending/sharing to support school staff To explore whether EPs are using general approaches or any specific/specialist approaches To explore whether EPs are drawing upon DA specific evidence for intervention	7 point Likert scale with percentage frequencies including 0% and a Don't Know response *See section below for further information regarding response development for 4a
4b) Are there any particular interventions you would like to use more often in your practice supporting school staff with children who have experienced DA?	To explore which approaches EP would like to embed into their practice Pilot study suggestion	Qualitative open-ended response
4c) Think about your work in the last two years and specifically the cases in which DA was known or suspected. Please estimate the percentage of these cases in which, in order to support the child	To explore EPs views around their involvement with families as Peake, (1999) and McGuiggan (2017) suggest EPs may not be involved with family intervention/ community-based psychology	7 point Likert scale of frequency percentages including 'Don't Know' and 0% response *See section below and Appendix 3 for further information about the development of the responses for this question

Sub Question	Rationale for inclusion	Response type
and their family, you recommended or supported the implementation of each of the interventions/approaches below	To explore which approaches/interventions EPs reported using most frequently, in particular, whether they were drawing upon suggestions from the DA literature	
4d) Are there any interventions you would like to use more frequently to support children and families who have experienced DA?	Opportunity for EPs to share which approaches they would like to embed in their practice. Suggestion from the pilot.	Qualitative open-ended response
5a) Have you been involved in any systemic work around DA?	Gallagher (2014) reports EPs are well placed to support systemic work in this area. To explore whether EPs in the UK are engaging in any systemic work around DA To explore which types of systemic work EPs are engaging in	Forced choice Yes/Don't Know/No to different types of systemic work due to predicted low levels of EP engagement in this work it was not felt frequency data (as used for research question 3) would be helpful

Sub Question	Rationale for inclusion	Response type
5b) Please provide any additional comments regarding your involvement with systemic work	Opportunity to comment further on the work and include any work which may not have been described above	Forced choice Yes/Don't Know/No

Table 3.6: Table to Show Sub Question, Rationale and Response Type in Relation to Research Question 4: What are EP's Views Regarding their Current and Future Intervention Work with Children, Schools and Families in Response to Domestic Abuse?

3.3.2(vi) Further information regarding the development of the scales

For question 4a and 4c potential approaches/interventions were gathered from the literature (Sterne, Poole, Chadwick, Lawler & Dodd, 2010; Gallagher, 2014; Heath, 2015) and organised into themes 4a; attachment approaches, strengths-based approaches, therapeutic approaches, social and emotional approaches, learning interventions, behaviourist approaches and DA specific strategies and 4c; strengths-based, signposting, DA specific and attachment approaches). Each approach had five sub-items, see Appendix 3 for further information regarding the development of this scale. The responses to systemic work were also developed from the review of the literature; Appendix 3 cites the relevant literature.

3.3.3 (vii) Sub question, rationale for inclusion and response type for questions 7a, 7b and 7c

Sub-question	Rationale for inclusion	Response type
7a) Please rate the each of the items below according to how important you feel they are in enabling and empowering EPs consider DA issues as part of their case formulation and provide appropriate support to schools, children and families. Please select the appropriate box.	Building on small-scale research to explore important factors impacting upon EP practice in this area To allow factor analysis to be conducted on the data to explore potential underlying factors impacting upon EP practice	Response to a 7 point Likert scale (Essential, Highly Important, Fairly Important, Neither Important or Unimportant, Fairly Unimportant, Low Importance, Not Important at all) *Development of potential factors is discussed below, see Appendix 3.

Table 3.7: Table to Show Question Development for Research Question 5: What are the Important Factors Impacting upon EP Practice in this area?

Sub-question	Rationale	Response type
7b) How much do you agree with the following statement? Please select the appropriate response. There could be a unique role for the EP supporting children, young people, families and schools around domestic abuse? *****This question was added following the pilot phase of the study see Section 3.3.3 for further information	To explore whether EPs feel they can see a unique role for themselves in this area as some research suggests EPs may feel this is the domain of social care professionals (Cort & Cline, 2017)	Response to a 7 point Likert scale (Strongly Agree, Agree, Neither agree or disagree, Disagree, Strongly Disagree, Don't Know)
7c) Please provide further comment regarding your response above around the role of the Educational Psychologist in this area**.**	To allow participants to expand upon their response qualitatively To gather further information around EPs views about their potential unique role in this area or lack of	Open-ended qualitative response

Table 3.8: Table to Show Question Development for Research Question 6: Do EPs' feel they have a Unique Role in this area? What Could This Potential Future Role be?

3.3.2 (viii)Types of response

A Likert scale of frequency percentages was largely adopted within the study (see Figure 3.2 below) in order to capture how often EPs encountered DA within their casework and utilised certain approaches and interventions.

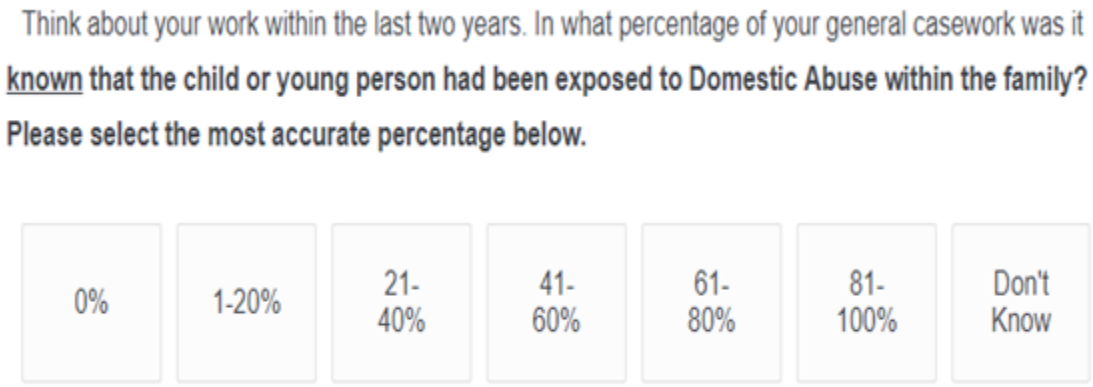

Figure 3.2: The Likert Scale Response Utilised within the Survey.

During the development of the Likert scale there were a number of decision points the researcher was required to consider:

3.3.2 (ix) The number of points on the Likert scale

A number of possible options were considered, for example using five points of 0%, 1-25%, 26-50%, 51-75%, 76-100% to represent none, very low, low, high and very high involvement in DA casework. However, it was felt this would not be discrete enough to capture EP involvement in this area. In addition, the categories of very low and low did not appear to fit with EP work, as EPs work with children and young people with a wide range of needs if 40% of their work involved DA this would actually be felt to be relatively high.

The use of 0% was also felt to be important, as it was predicted EPs may mostly use the lowest category (1-20%) for reasons described above. Therefore the researcher wanted to be able to differentiate between EPs who reported, for example, that they did not encounter DA in their casework at all, and those who encountered it within 20% of their casework.

3.3.2 (x) Consideration of inclusion of a ‘Don’t Know’ response

The survey literature offers two different approaches for the use of ‘Don’t Know’ responses; Krosnick et al (2002) suggests some responders may select the ‘Don’t Know’ response despite having an opinion whilst Hippler and Schwartz (1989) note participants may feel they do not know enough about a topic and therefore select a ‘Don’t Know’ response. Initially, the survey did not include a ‘Don't Know' response. It was then considered whether a ‘Don't Know' response could be used as a midpoint, however as the scale comprised of frequency statements rather than the strength of agreement/disagreement it was felt ‘Don't Know' would be inaccurate as a midpoint. Therefore ‘Don't Know' was included, to ensure participants had the option to use this response and to decrease measurement error (Survey Sampling International, 2016). However, in the analysis, it was not coded as a particular number, although it was presented when displaying frequency data.

3.3.3 Step 6: Piloting/ pre-test

Piloting is a vital aspect of the development of a survey (Oppenheim, 1998). Initially, an open pilot was conducted with 3 EPs: key questions were asked in a focus group and the responses given were usually added to the survey (See Appendix 4 for further information).

A closed pilot was then conducted with 1 TEP and 3 EPs. A copy of the survey was sent to the participants who were asked to note how long the survey had taken and rate the ease of the language used and the clarity of instructions using a five-point Likert scale. They were also asked to provide any additional comment and to make any suggestions for addition/deletion of questions, the format of the survey and any additional changes. All participants responded that the ease of language and clarity of instruction was 5/5 (see Appendix 5).

Suggestions made included the addition of more open-ended questions such as:

- Are there any interventions in this area EPs would like to use more of?
- Are there any other comments EPs would like to make regarding the survey?

In addition, one participant considered the survey was too long and suggested some questions could be deleted. A question exploring which professionals EPs worked with in DA cases was deleted; as this was felt to be less integral. In addition, a question asking EPs to share the frequency of utilising particular assessment approaches within casework in which DA was a factor was amended to ask directly about EPs' exploration of DA, as this was the key purpose of the question. Therefore this was changed from 2a (see below) to 3b and 3c (see earlier section),

Initial question:

2a) Sterne, Poole, Chadwick, Lawler & Dodd (2010) suggest a range of tools Educational Psychologists ***may*** use within assessment of cases within which domestic abuse is a significant factor. Think about your work in the last two years and specifically the cases in which DA was **a factor within your case formulation**. Please estimate the percentage of these cases in which each of the following tools was employed by ticking the appropriate box

A further question was added:

- Do you agree there could be a unique role for the EP in cases of DA?

Participants were asked to respond to a five-point scale regarding how strongly they agreed or disagreed with the statement above. This question was added in order for participants to be able to express whether they actually felt there was a particular role for EPs before being asked to provide a qualitative comment.

Finally, the Likert scale for question (7b) exploring important factors impacting upon practice changed from a five to a seven-point Likert scale, as participants in the pilot study felt this would allow them to express their attitudes to each statement more easily. Two participants suggested within this question they would have liked to rank the importance of the different factors, however this would not allow a factor analysis to be conducted on the data therefore the question was not amended.

3.4 Evaluating the quality of research

The next section will focus on Step 8, ensuring the quality of the research. The methods used for evaluating the quality of quantitative, qualitative and finally mixed method research will now be discussed.

3.4.1 Evaluating the quality of quantitative research

3.4.1 (i) Reliability

Reliability, whether the data collection method provides *consistently accurate data* over time, can depend upon the level of unsystematic error. That is, error which is not controlled for, which impacts upon the data collected by the measure. Error in measurement is a key type of systematic error; when the data collection method does not measure a particular variable the same way each time, which could include researcher bias, and individual differences such as participant motivation or alertness (Mertens, 2014).

The approaches adopted within this study to ensure a good level of reliability include; the use of an online survey which reduces researcher effects and allows for consistent administration although the researcher had no control over the conditions in which it was conducted or participant factors such as fatigue and motivation. Furthermore, Cronbach's alpha was utilised to ensure the internal consistency of the response categories (see Results section for further information).

Type of reliability	Measures taken	Threats to reliability
Temporal Stability	Use of bounded recall to support participant memory	Participant motivation/fatigue/memory /recency of DA casework may have impacted on their response Test re rest was not conducted
Internal consistency	Use of Cronbach's alpha to measure the scales within the study Option for a qualitative response An adaption of the Recaptured Naming Technique was used in the Factor Analysis Measures taken to ensure validity	
Generalisability	Attempted to access a wide range of EPs through the sampling approach	Did not use a randomised sample

Table 3.9: Table to Show Types of Reliability, Measures Taken and Threats to Reliability

3.4.1 (ii) Validity

Validity, whether a study sets out what it intended to measure, considers whether the approach utilised is useful, appropriate and meets its purposes (Mertens, 2014). External validity and construct validity were relevant to consider here.

Measures to increase the validity of the current study include the use of a pilot study and previous literature in the development of the survey and provision of opportunities for additional qualitative responses (see Table 3.10). A detailed evaluation of the validity of the current study is provided in the Discussion. It is important to note, however, the exploratory nature of the study, restricting causal inferences.

Type of validity	Measures taken	Threats to validity
Internal validity (i.e. construct validity and face validity)	A clear rationale for each sub-question, linked to the research purpose A pilot study exploring readability, layout and style Developed using a pilot study and current literature in the area	No measures to compare to Measurement error: Participant memory, motivation and fatigue The wording of particular interventions or approaches may vary from region to region Social desirability
	Participants have opportunities to qualitatively expand upon quantitative responses Each question is similarly represented by clear and consistent wording Pilot stage to add to potential interventions/approaches	Coverage error and non-response error: Unrepresentative sample The pilot stage was fairly small
External validity	A web-based approach to gain a wide range of EPs in the UK	Non-representative sample Small pilot phase

Table 3.10: Types of Validity, Measures taken and Threats to Validity in the Current Study

3.4.2 Evaluating the quality of qualitative research

Whilst qualitative research is more flexible, it is vital the researcher can assert the quality of their data collection. The table below depicts criteria for evaluating the quality of such research, the evaluative strategies used for the research, and the quantitative alternative of the criteria.

Criteria	Strategies utilised to meet the criteria within the current study	Quantitative version of criteria
Credibility *Ensuring the researcher has captured the lived experiences of participants and the interpretations of participants' realities are credible*	Peer debriefing**:** during research supervision and informal peer supervision allowing for challenge and reflection to ensure the credibility of interpretations Progressive subjectivity: keeping a research diary during qualitative data analysis Triangulation with the quantitative data collected	Internal validity
Transferability: *Allows researchers to make judgements on similarities and differences between the research context and their own context*	Thick description of the participants within the study	External validity
Dependability: *The quality and appropriateness of the research process*	Dependability audit**:** a clear description of the research process	Reliability

Confirmability *Ensuring the data and research outcomes are not 'figments of the researcher's imagination' (Mertens, 2014)*	Providing a chain of evidence from the original source to the interpretation.	Objectivity

Table 3.12: Criteria and Strategies for Evaluating Qualitative Research and the Quantitative Version of Criteria (Adapted from Mertens (2014)

3.4.3 Evaluating the quality of mixed methods research

Tashakkori & Teddlie (2003) argue quality indicators should transcend quantitative and qualitative methods and explore inference quality rather than validity. Inference quality is defined as both design quality and rigour of interpretations. Inference quality is equivalent to internal validity/credibility,

Teddlie and Tashakkori (2009) propose a model of quality for mixed methods research exploring:

- Within design consistency
- Design suitability: The researcher feels an appropriate design is adopted within the current study
- Design fidelity: The research has been implemented with quality and rigour including sampling and data collection procedure
- Analytic adequacy

The inference quality of the study will be explored within the discussion section.

3.5 Data collection process

The procedure adopted within this mixed methods survey research will now be described, including the recruitment of participants and the distribution of the survey.

3.5.1 Recruitment of participants

A reusable link to the survey and the letter of transmittal was sent to the forum 'EP-Net', an email forum used by EPs to discuss pertinent issues, and more recently, to distribute surveys to the EP community. The anonymous link was also shared via a TEP Facebook group accessed by 197 TEPs (around 50% of TEPs). As noted, the survey was also distributed by the AEP (membership: 2, 736) via an email bulletin.

Following this, around four weeks later the researcher contacted EP colleagues to request they complete and circulate the survey to other colleagues. A further prompting email was sent through EPNet, and the Director of the Applied Educational Psychology doctorate sent an email using the letter of transmittal to Principal Educational Psychologists in the East Midlands, requesting they complete and circulate the survey to their colleagues.

Within the email of transmittal EPs were asked to distribute to EP colleagues. Therefore some EPs may have had more opportunities to complete the survey than others. However as noted a snowball sample was felt to be necessary to ensure an adequate sample size.

3.5.2 Procedure

Participants received an email with a link to the survey to complete. Participants were provided with information about the study both via the email of transmittal (see Appendix 6) and the initial page of the survey (see Appendix 1).
The transmittal and initial page detailed as follows:

- Purpose of the survey
- An overview of the types of questions and responses required
- Time needed to complete the survey
- Storage of data
- How to ask any questions (email the researcher, her supervisor the University of Nottingham ethics committee)

Following this, the participants were asked a number of questions for ethical reasons to ensure participants were aware of how to ask questions and their right to withdraw. The questions also asked if participants agreed to the sharing of their data anonymously and to provide their informed consent for the study. Participants who selected ‘No’ to any of the questions were removed from the study.

Following this, the participants were presented with a definition of DA and information regarding the proceeding questions ("These questions will ask you about demographic information") and the predicted length of time the questions would take for ease of completion. Each sub-question was then presented on an individual screen, with instructions regarding how to complete the question for example ‘Please select the appropriate box below', to ensure clarity for the participants. Participants were required to click ‘Next' following the completion of each sub-question.

If respondents reported they had not been involved with systemic work around DA (Question 5a) the survey automatically skipped question 5b which asked about the types of systemic work EPs have been involved in.

Following completion of all questions the participants were asked if they would like to make any other comments and if they would like to leave their email address in order to be contacted regarding a potential interview phase of the study. Participants were thanked for their involvement, given the contact details for the Chair of the University of Nottingham's School of Psychology Ethics Committee for a second time.

3.6 Ethical considerations

Consent to complete the research was gained from the University of Nottingham's School of Psychology Ethics Committee in May 2017 (see Appendix 7). The British Psychological Society (2014) Code for Research Ethics was also considered. Key ethical principles and how they were accounted for are noted below.

(i) Respect for the autonomy, privacy and dignity of individuals and communities.

(ii) Right to withdraw was made clear on the initial page of the survey. Participants could exit the survey at any time. It was evident participants felt able to do this as a number of responses (72) were partially completed.

(iii) Participants were not identifiable and were not asked for their name or their EP service. Participants were given the option of volunteering their email address for a potential second phase but it was made clear they were under no obligation to do so

(iv) Participants were made aware their responses would form the researcher's Doctoral Thesis and that this may be published. Furthermore, to ensure dissemination of findings the researcher plans to publish practice guidelines in the Educational Psychology in Practice journal which will be highlighted via EP-Net upon publication

(v) Participants were made aware of the risk of hacking in the study and were informed their data would be kept securely

(vi) The name and contact details of the researcher, the research supervisor and the Head of the Ethics Committee were provided

(vii) Scientific integrity

The research was designed and reviewed through research and peer supervision to ensure it was of high quality.

(viii) Social responsibility

The study aimed to promote awareness of DA and therefore contribute to the common good.

(ix) Maximising benefit and minimising harm

The risk of emotional harm was felt to be no higher than that which respondents may encounter within their work. The information sheet sent via email and appearing on the first page of the survey informed participants the topic of study was DA, however the questions focussed upon professional practice and the role of the EP rather than attitudes or personal values. However it is important to note EPs may experience DA, therefore a number of support services are signposted within the study.

Consent was gained by providing information about the study and asking participants to select 'YES' or 'NO' to a number of questions. The author's details were provided in order for participants to contact the author with any queries about the study. The ethical committee suggested considering providing a telephone number of participants to ask questions. This was not done as all participants would have access to email in order to receive the survey and the researcher did not wish to share her phone number on the web.

3.7 Stakeholder engagement

It is important to note the relevant stakeholders within the study.

- University of Nottingham
- Educational Psychology Service (The TEP's placement provider)
- Educational Psychologists in the UK
- Children and families exposed to DA
- Schools

The research was developed through initial discussions with the TEP's placement provider as noted and alongside the University of Nottingham. It is hoped the research will help improve EP practice and thus benefit stakeholders not directly involved in the research, such as children and families exposed to DA and other education professionals.

3.8 Data gathering and analysis

The methods of analysis utilised within the mixed method study will now be explored. This includes the use of descriptive statistics, factor analysis and thematic analysis. The analyses will at first be conducted in isolation and then combined to make meta-inferences about the data.

Research Question	Analysis
1. What are EPs' views regarding how frequently they encounter DA within their casework?	Descriptive statistics and frequency data
2. How frequently do EPs feel they consider DA within their formulation?	Descriptive statistics and frequency data
3. What are EPs' views around exploring DA as a possible factor within casework with schools and families?	Descriptive statistics and frequency data Thematic analysis
4. What are EPs' views around their current and future involvement in supporting intervention and prevention work around DA?	Descriptive statistics Thematic analysis
5. What do EPs' feel are important factors impacting upon consideration of DA within their formulation and providing support around DA?	Factor analysis
6. Do EPs' feel they have a unique role in this area? What could this potential future role be?	Descriptive statistics Thematic analysis

Table 3.11: Table to Show Research Question and Method of Analysis

Further discussion regarding the analysis conducted is described below and can also be found in Chapter 4.

3.8.1 Conducting factor analysis

Factor analysis (FA) was conducted to explore the inter-relationships between the data and the underlying constructs important to support EP practice in this area. An exploratory factor analysis (EFA) was conducted; within EFA it is assumed there are latent variables to be discovered within the data set and EFA aims to find the lowest number of factors to account for the correlations within the data (McDonald, 1985).

There are a number of key decision points FA one key decision is the techniques to extract the factors from the data. Principal Components Analysis is often used for EFA, particularly if the data does not meet assumptions for multicollinearity. This approach was adopted within this study.

The researcher must also decide which rotation technique to apply to the data (Brace, Kemp and Snelgar, 2016). Orthogonal rotations do not allow for correlations between constructs, whilst oblique rotations permit correlations between factors (Fabrigar, Wegener, MacCallum, Strahan (1999). Following an initial exploration of the data an oblique rotation was conducted, this is generally lauded as a more useful approach as psychological constructs often correlate with each other (Fabrigar, Wegener, MacCallum, Strahan, 1999).

Following the factor extraction, the factors were named and the recaptured item technique was used in order to reduce subjectivity; this is described in detail in the results section.

3.8.2 (i) Conducting Thematic Analysis

Thematic analysis (TA) was conducted to explore the qualitative responses. Two key approaches are utilised to identify themes within thematic analysis; an inductive approach in which the themes are closely linked to the data itself (Patton 1990 in Braun & Clarke, 2006) or a deductive approach utilising theory and exploring how the data fits in with this theory. Within this research, an inductive approach will be utilised, due to the exploratory nature of the research. However, mixed methods researchers note that inductive-deductive thematic analysis is a false dichotomy in that thematic analysis often starts as an inductive approach which becomes deductive as the researcher searches for other items to match the initial code (Braun and Clarke, 2006).

Another key decision point within thematic analysis is the level of identification of themes at either the semantic/explicit level, in which the researcher is not looking beyond the words the participant used, or the latent/interpretative level in which the researcher identifies and examines the underlying ideas, assumptions and ideologies that appear to shape the data (Braun & Clarke, 2006). The use of a semantic approach can be deemed more reliable, thus the author will adopt this approach. It is felt a semantic approach is also more closely aligned to the paradigm used within the research.

A final decision point within the thematic analysis was considering the parameters of the analysis i.e. whether to explore the whole data set in depth or to provide a specific detailed account on a certain aspect of the data. As the qualitative data aims to answer key questions, the analysis focuses on data relevant to these questions. Three thematic analyses were conducted, the first explored responses to question 3d:"*In which circumstances would you explore DA with school staff and families*" and related to Research Question 3. The second explored responses to questions 4b "*Which interventions would you like to use further with schools"* and 4d "*Which interventions would you like to use further with families"* and related to Research Question 4 and the third thematic analysis explored responses to question 8a "*Please provide further comment around the unique role of the EP"* and related to Research Question 5. It is noted there was some overlap in the analyses and researcher reflected that the data set could have been taken as a whole and analysed according to each research question, however inherently there is overlap with the research questions, so this would still have occurred. For coherence and balance the decision was made to continue with the approach adopted.

3.8.2 (ii) Thematic Analysis procedure

The procedure as described by Braun and Clarke (2006) was adopted when conducting the thematic analysis.

Step 1: Familiarisation with the data

The data was exported into a word document from Qualtrics, organised by question and labelled according to participant number. The researcher then read and re-read the data three times in order to increase familiarity. Upon first reading the researcher did not make notes, following this she made notes based on her initial thoughts about the data (see Appendix 8).

Step 2: Coding

The research began coding the data by reading through the text and developing initial codes for extracts. The researcher read from the beginning of the text to the end rather than searching for keywords using the NVivo feature, to ensure the context of the extracts was retained. Within this stage the researcher coded some extracts with more than one code using NVivo software, to ensure all possible codes were created.

Phase 3: Searching for themes

Within the next stage, the data was organised into potential themes. Extracts with similar codes were organised together by Nvivo. The extracts for each code were organised into potential themes and sub-themes using Nvivo, tables and mind maps. The codes were explored further to look for overarching themes using the extracts and mind maps.

Phase 4: Reviewing themes

Within this stage, the researcher reviewed the themes to ensure the data within the themes was coherent. This was conducted at two levels:

Level 1: The data was reviewed at the level of coded extracts; all extracts were read to see if they formed a coherent pattern and whether there was an adequate distinction between the themes

Level 2: The researcher re-read the entire data set to check whether the map accurately represented the meaning of the whole data set.

Following this, the researcher recoded any data in which the themes were missed. The researcher reviewed and refined the themes as needed.

Phase 5: Defining and naming themes

Within this stage, the researcher aimed to capture the essence of the theme by naming the themes. Within this stage, the researcher obtained inter-rater reliability data by selecting 10% of each dataset taking from the start, middle and end of the data sets to ensure inter-raters would access data from a range of participants. Two blind raters were given a copy of the researcher's thematic map and asked to match the data extracts to the most relevant themes and sub-themes. The raters were informed that the extracts may match to none, one or more than one of the themes and sub-themes.

Phase 6: Writing the analytic report

The researcher developed the analytic narrative using extracts. This is described in the results section.

Making inferences

The qualitative and quantitative data was synthesised in order to make meta-inferences regarding the appropriate research questions (see Section 4.6).

3.9 Summary of the methodology section

The methodology has presented a rationale for the approach adopted within the current study. A mixed methods survey design involving the collection of both quantitative and qualitative data, informed by a pragmatic paradigm was utilised.

Chapter 4: Results

4.1 Overview of results section

This chapter will explore the analysis procedure of the current study; the quantitative data will be presented first, followed by the qualitative data and finally a synthesis of the findings.

4.2 Descriptive analysis

In order to explore the responses the data was exported from Qualtrics in SPSS (Version 11). This was scanned for errors and descriptive statistics were explored to check for errors within the data set (Brace, Kemp and Snelgar, 2016). Normality tests were conducted on the data set; Shapiro Wilk and Kolmogorov-Smirnov tests were significant for the majority of the data, indicating the distribution was significantly different from a normal distribution. As the data predominantly does not have a normal distribution the medians are presented throughout (McCluskey and Lalkhen, 2007).

4.2.1 Characteristics of the sample

4.2.1 (i) Number of respondents

127 respondents submitted a response to the survey and were included in the final analysis. 70 participants (36% of 197 participants) provided a partial response to the survey; they exited the survey before providing a complete response thus these participants were excluded from the study for ethical reasons. This will be discussed further within the limitations of the study. Participants who submitted the survey but may not have responded to a particular question were included in the analysis.

4.2.1 (ii) Geographical location of respondents

This section draws upon information in Table 4.1. If the percentage of respondents was split equally across each geographical area, each area would comprise 8.3% of the total respondents to the survey. However, it is of course important to note each geographical area varies in terms of the size and number of EPs.

Both the North West and the East Midlands appear to be more strongly represented within the sample, than other areas (see Table 4.1). These participants may have been more likely to know the researcher personally and perhaps be more motivated to respond. In addition, respondents from these areas may have had an increased number of opportunities to respond due to the snowball nature of the sampling strategy.

Region	***N***	**%**	**Region**	***N***	**%**
North West of England	27	21.3%	London	11	8.7%
North East of England	4	3.1%	South West of England	11	8.7%
Yorkshire and The Humber	8	6.3%	South East of England	12	9.4%
West Midlands	10	7.9%	Scotland	3	2.4%
East Midlands	34	26.8%	Wales	4	3.1%
East of England	2	1.6%	Northern Ireland	1	0.8%
Total				127	100%

Table 4.1: A Table to Show Respondent Characteristics Organised by Region

4.2.1 (iii) Service delivery model

Table 4.2 outlines respondents in relation to the service delivery model adopted. The highest model of service delivery was partially traded.

Delivery Model	*N*	%
Local Authority	35	27.6%
Partially traded	51	40.2%
Fully traded	31	24.4%
Any other	10	7.9%

Table 4.2: A Table to Show Respondent Characteristics by Service Delivery Model

4.2.1 (iv) Role of respondents

Trainee Educational Psychologists (TEPs) were strongly represented within the data (see Table 4.3), as figures suggest TEPs make up around 12% of the EP workforce (AEP correspondence, 2017). Principal EPs were underrepresented; they may be less likely to be involved in a high level of individual casework and therefore may have ceased responding when confronted with particular questions. In addition, one EP shared they had an enhanced role in relation to DA.

Role	*N*	%
Trainee Educational Psychologist	34	26.8%
Main Grade Educational Psychologist	60	47.2%
Specialist Educational Psychologist	18	14.2%
Senior Educational Psychologist	14	11%
Principal Educational Psychologist	1	0.8%

Table 4.3: Table to Display Respondent Characteristics by Role

4.2.1 (v) Gender of respondents

Gender	*N*	%
Male	13	10.2%
Female	114	89.8%
Prefer not to say	0	0%

Table 4.4: Table to Show Respondent Characteristics by Gender

4.2.1 (vi) Partial and full respondents

There was some exploration of the pattern of partial and full responses patterns by geography (no clear pattern), by Service Delivery model (LA core and partially traded were similar; for traded service EPs full responses were higher), and by role (higher full completion role by those not in promoted posts), see Appendix 9.

4.2.1 (vii) DA policies

Information relating to EPs' awareness of Local Authority (LA) (see Figure 4.1) and Educational Psychology Service policies around DA (Figure 4.2) and their reported level of training in this area is reported here. Over half of EPs were unsure if their LA had a policy around DA[2], whilst 10% of EPs reported their EPS had a policy for DA.

[2] Some EPs reported working privately rather than for a Local Authority, which has implications for the responses to this question

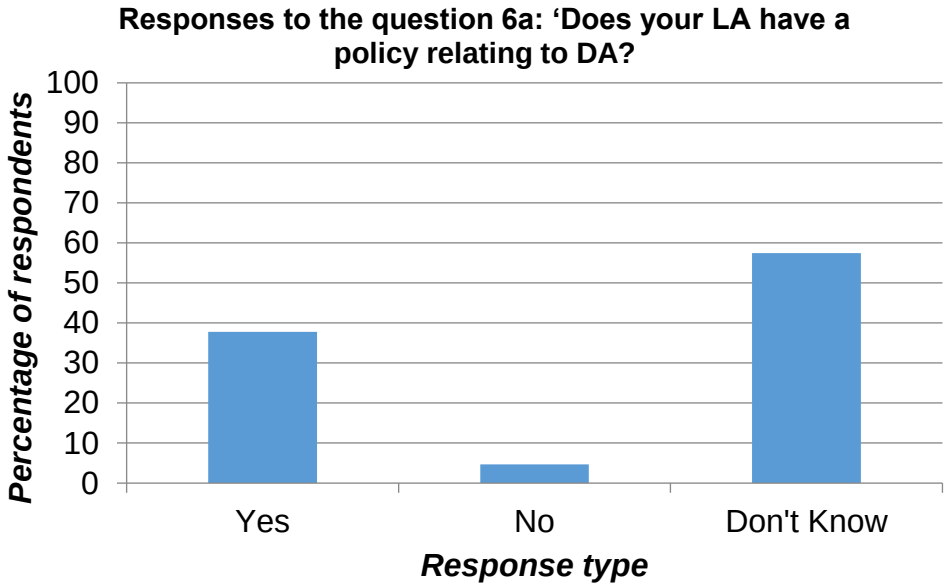

Figure 4.1: Chart to Show Percentage of Respondents Aware of LA policy regarding DA

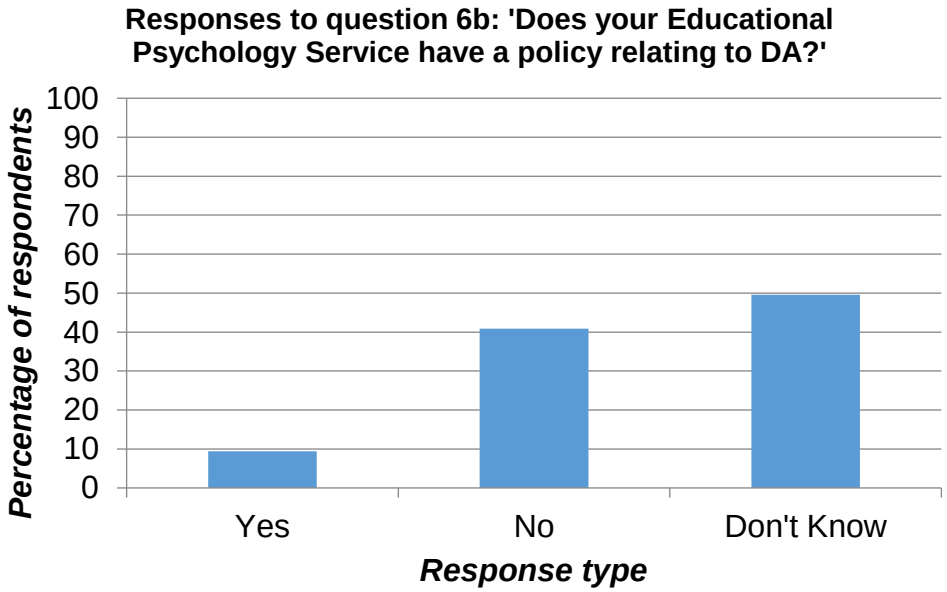

Figure 4.2: Chart to Show Percentage of Respondents Aware of EPS policy

(viii) Training

Training around DA appears to be fairly limited in that some respondents have not accessed training around DA either in their CPD or their initial EP training. For those who had accessed training, there was a variety of means of access to this, including online and bespoke event training.

Level of training	Yes	Don't Know	No
Online Child Protection training	81.9%	0.8%	17.3%
Online DA training	44.1%	1.6%	54.3%
Child Protection training at a venue	91.3%	0%	8.7%
DA training at a venue	38.6%	2.4%	59.1%
DA training focusing on exploring promoting the welfare of the child and family from a psychological perspective (Part of EP training)	39.4%	10.2%	50.4%
DA training exploring identification/signs but focusing on promoting the welfare of the child and family (as part of CPD at a venue)	33.1%	3.1%	63.8%

Table 4.5: Table to Display Respondents Reported Level of Training

4.2.1 (ix) Summary

The exploration of the number, location, role, gender and service delivery model of the participants, and degree of completion has identified some slight variations with potential significance for the later responses. Importantly the data suggests EPs may not be fully aware of LA and EPS policies around DA and that some EPs may have limited training in this area.

4.2.2 Research Question 1: What are EPs' views regarding how frequently they encounter DA within their casework?'

Question 2a asked EPs' to consider how frequently they encountered children and young people within their casework in which DA was *reported i*n the past two years. *The median* indicates respondents felt DA is known in 1-20% of their casework (see Appendix 10 for further information). However, answers were recorded across the full range of frequency percentages with 32% of participants reporting DA in more than 20% of their caseload, shown in Figure 4.3.

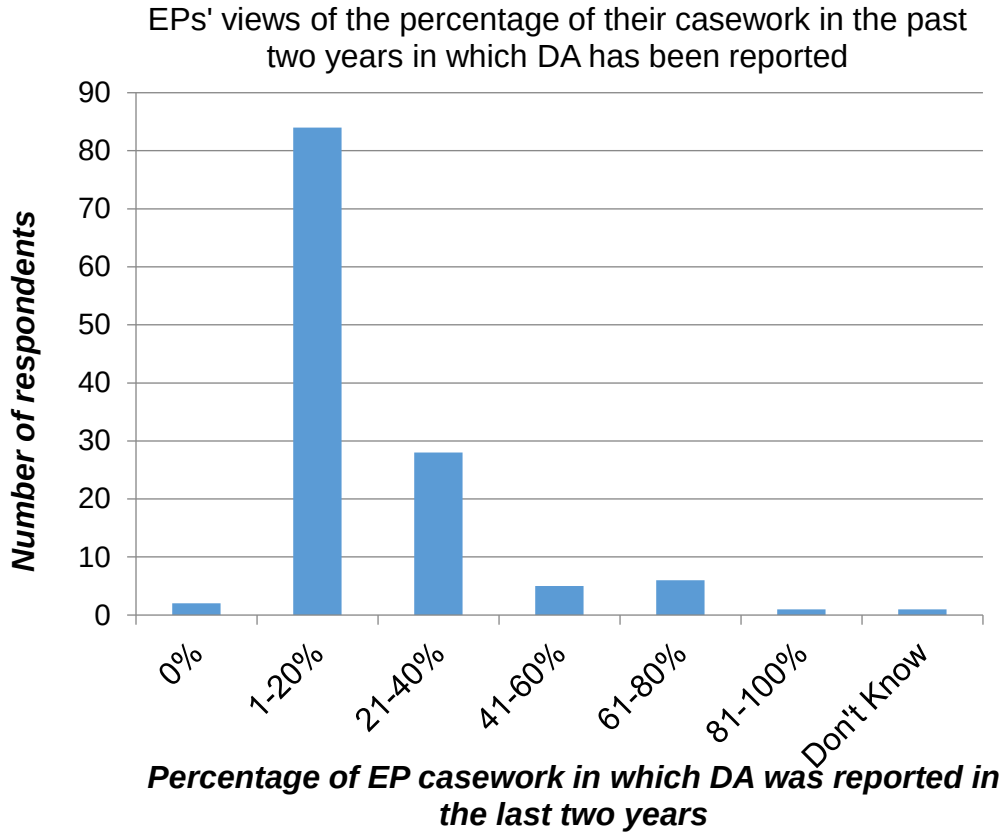

Figure 4.3: Chart to Show EPs' Views on the Percentage of Their Casework in the Past Two years in Which DA has been Reported.

Descriptive analysis was conducted for question 2b, exploring EPs' views regarding the percentage of casework in which DA was *suspected* in the past two years (see Appendix 11). The median again was 1-20%. However, there was a high level of variation across the data set, with all participants noting they had suspected DA at least once in their caseload and 49% of participants suspected DA in > 20% of their casework (see Figure 4.4), suggesting DA is relevant to EP casework.

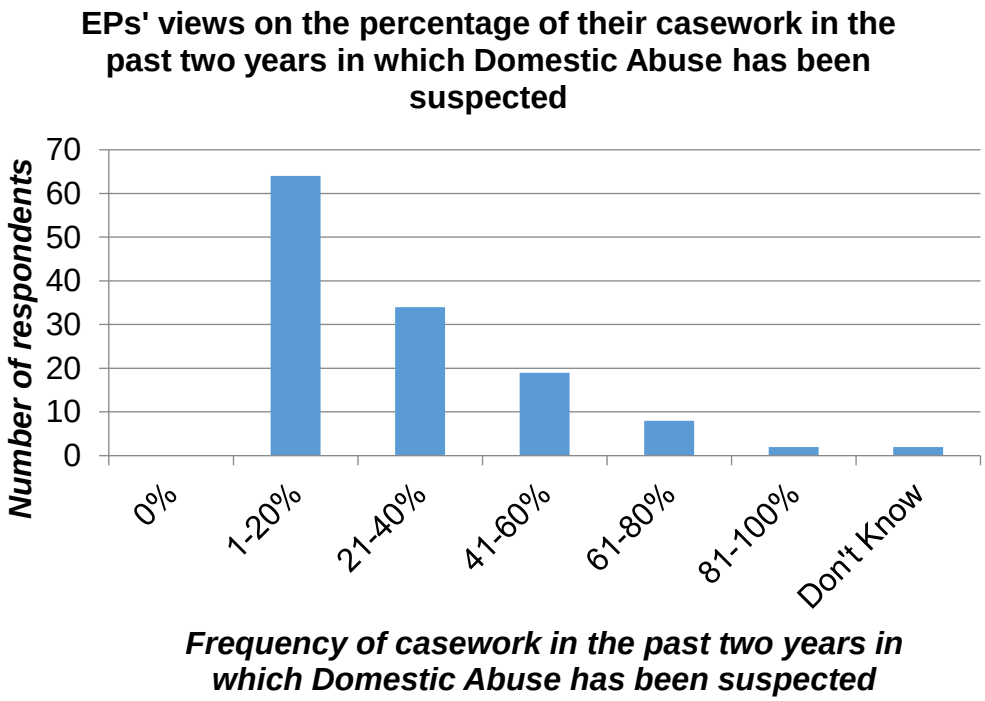

Figure 4 4*: *Chart to Show EPs' Views on the Percentage of their Casework in the Past Two years in Which DA has been Suspected.

Additional data gathered from questions 2d and 2e (see Appendix 2) were judged to be less relevant to the research and purposes and can be found in the appendices (12 and 13).

4.2.3 Research Question 2: How frequently do EPs feel they consider DA within their formulation?

4.2.3 (i) Reported use of DA as a significant factor within formulation

Respondents reported on average using DA as a significant factor within their formulation in 1-20% of their casework (see Appendix 14). Again there was variation within the data set, 33.4% of respondents report using DA as a significant factor in their case formulation in > 20% of their casework (see Figure 4.5).

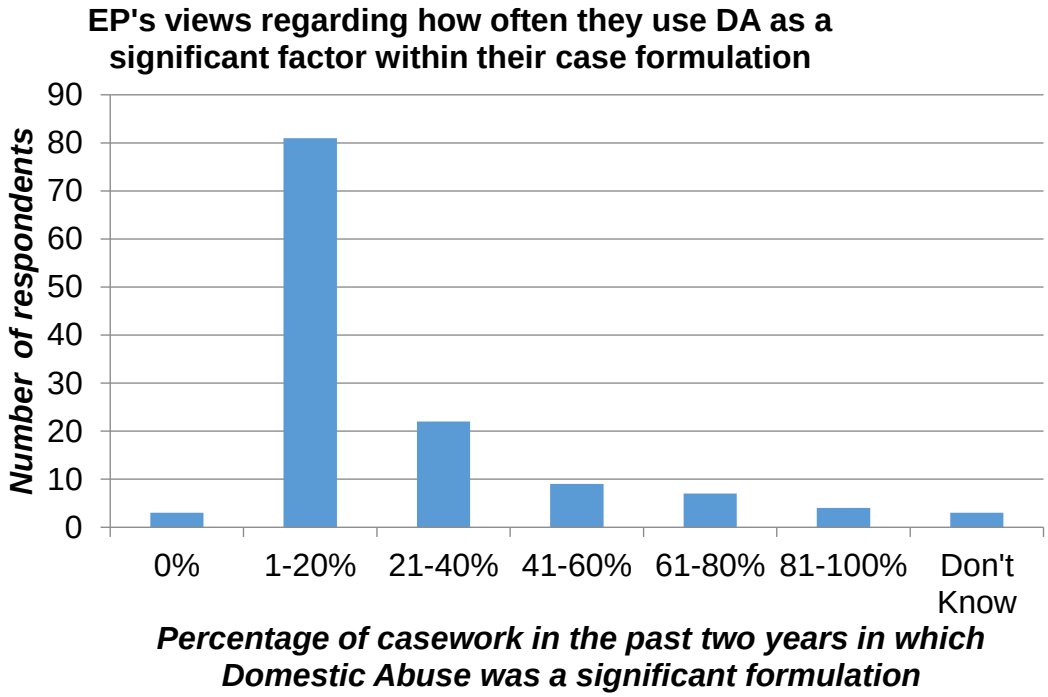

Figure 4.5 Chart to Show EPs' views on How Often They Use DA as a Significant Factor Within their Formulation of Casework

4.2.3 (ii) Use of psychological theory within case formulation

In question 3a (see Table 4.6) a list of possible theoretical approaches from the extant literature and pilot study were presented and EPs were required to respond either 'Yes', 'No' or 'Don't Know' according to their use of these in casework involving DA.

The findings indicate the most commonly used psychological theory was attachment theory, which was used by all respondents. Other widely used models were Social Learning Theory (Bandura, 1977), Risk and Resiliency models and Bronfenbrenner's

ecological model (2006). EPs were less likely to adopt models which are more specifically focussed upon DA or child abuse; such as the Duluth Power and Control Wheel (Pence & Paymar, 1993) and Cichetti & Lynch's (1993) model of child abuse and maltreatment. In addition, EPs were given the opportunity to share any additional theories they used to support their case conceptualisation in this area; the additional responses given tended to focus on trauma and attachment theory (see Appendix 15).

Psychological theory/framework	Yes	No	Don't Know
Attachment theory	100%	0%	0%
Social Learning Theory	77.2%	18.1%	4.7%
Risk and resilience frameworks	68.5%	28.3%	3.1%
Bronfenbrenner's bioecological model	64.5%	30.7%	4.7%
Attribution theory	44.9%	47.2%	7.9%
Narrative psychology	40.2%	53.5%	6.3%
Duluth Power and Control Wheel	22%	67.7%	10.2%
Cichetti and Lynch model of child abuse	7.9%	78%	14.2%

Table 4.6: Table to Show EP's Reported Use of Different Psychological Theories and Frameworks in Cases Involving DA

4.2.3 (iii) Summary

Despite some variation, EPs within the study appear to be considering DA within their formulation in around 1-20% of their casework. All respondents report using Attachment theory (Bowlby, 1969) to support their case conceptualisation in casework involving DA, however, EPs reported using a range of models, with the social and interactional development models noted above holding significant influence in EP formulation.

4.2.4 Research Question 3: What are EPs' views in relation to exploring the possibility of exposure to DA with school staff and families?

4.2.4 (i) EP views regarding exploration of DA with school staff in SEMH cases

Descriptive statistics were conducted on question 3b (see Appendix 16) and suggest the median value of exploration of DA with school staff occurs in between 41-60% the respondents' SEMH casework. EPs responses showed considerable variation in their practice across all categories from 0% to 81-100% (see Figure 4.6). Interestingly, exploring DA in 81-100% of casework was the most frequently cited response. This may reflect authentic high awareness, or potentially a response bias, among participants: where the data regarding DA frequency in casework (above) suggests lower figures. Lower rates of exploration of DA with staff were similarly high, suggesting that the data may reflect some variations in casework presentation, or in practice.

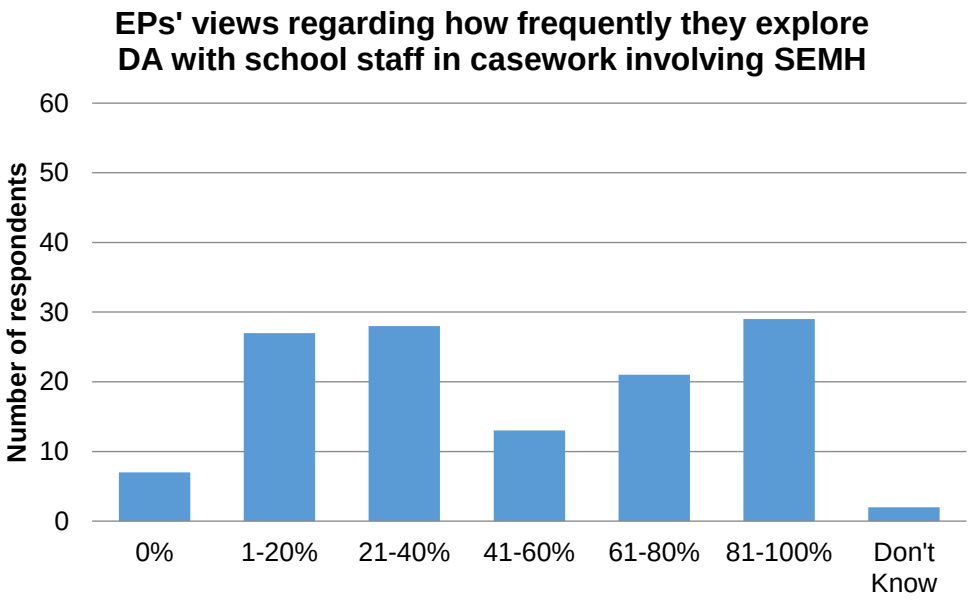

Figure 4.6: Chart to Show the Percentage of SEMH Casework in Which EPs explored DA with School Staff

4.2.4. (ii) EPs' views regarding frequency of exploration of DA with parents

The median value for EP exploration of DA with parents was 1-20% of SEMH casework (see Appendix 17). This is lower than the median for exploring DA with school staff. This may indicate respondents feel more comfortable exploring DA with other professionals rather than directly with parents. EPs again provided responses across a range of categories (0% to 81 to 100%, see Figure 4.7); this indicates potential variation within EP practice, which may be due to factors such as caseload and prevalence of DA in a particular area. Nonetheless, it appears some EPs are exploring DA as a routine part of their practice, whilst it may not be prioritised as an area for exploration by other EPs. This will be discussed further within this chapter and throughout the Discussion.

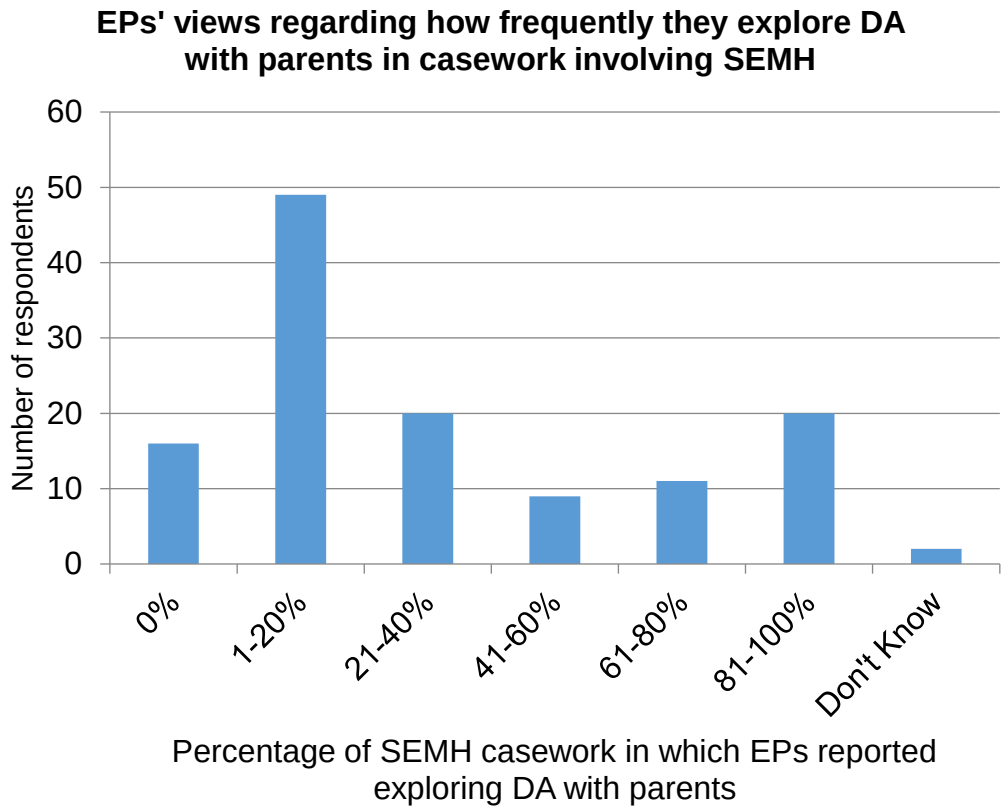

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Figure 4.7: Chart to Show the Percentage of Casework in Which EPs Explored DA with Parents

4.2.5 Research Question 4: What are EPs' views around their current and future involvement with prevention and intervention work with children, schools and families in relation to DA?

4.2.5 (i) Interventions to support school staff

EPs provided a response indicating how frequently they used particular strategies within their casework (see Table 4.7). Strategies were grouped together into categories; Attachment, DA specific, Strengths-based, Learning, Social and Emotional interventions, Therapeutic and Behaviourist. Each category formed a scale consisting of five strategies, as discussed previously (Section 3.3.2 VI). It is important to note categories were not selected exclusively and participants were able to select all strategies which appeared relevant.

A Cronbach's Alpha was conducted for each of the scales to check for internal consistency, where values over 0.7 indicate high reliability (Brace, Kemp and Snelgar, 2016).

4.2.5 (ii) Attachment subscale

The attachment subscale was initially comprised of five items, however the Cronbach's alpha was deemed poor (α= .517.) Therefore after exploring the item by item correlation, items Emotion Coaching and Theraplay were removed from the scale. Both items were deleted, as removing either item individually would have still resulted in poor internal consistency (Theraplay α = .555, or Emotion Coaching α= .553). Removing the items resulted in a three-item subscale with α = .709. It is perhaps of interest that the interventions removed were more specialist interventions.

4.2.5 (iii) Other subscales

The social skills and emotional literacy subscale consisted of a five-item Likert scale α = .675. However, when exploring the inter-item correlations, the internal consistency did not increase following the deletion of any single item. Hair et al (2010) note that a Cronbach's alpha of 0.6 can be acceptable for exploratory research therefore this scale remained as a five-item subscale. It is important to note social skills and emotional literacy interventions are broad and varied, which may also account for the lower internal consistency score.

The Cronbach's alpha suggests the remaining five item scales demonstrate acceptable internal consistency (see Table 4.7). The scales were then computed into variables and are presented in Table 4.7.

4.2.5 (iv) Findings

Attachment approaches were the most commonly used approach (median of 81-100% of casework involving DA), followed by strengths-based approaches and behaviourist approaches. DA specific approaches were the least commonly used strategies.

There was variation of response within the categories; for example within DA approaches the statement 'supporting understanding of the impact of DA' reportedly occurred on average within 61-80% of casework involving DA, whilst other strategies such as 'supporting understanding of healthy relationships', 'access to support groups' and 'use of DA specific resources' was reported on average in 0% of DA casework perhaps indicating EPs felt able to explain the impact of DA, but did not draw upon more specific interventions.

Some participants provided additional responses detailing additional interventions they draw upon, which fell within the categories of Therapeutic (for e.g. therapeutic story writing), Attachment (Nurture groups) and social and emotional approaches (Lego Therapy).

Approach to intervention	*N*	Median	Range	Cronbach's alpha
Attachment approaches	127	5.00	5	α = .709.
Strengths-based approaches	127	3.60	5	α= .772.
Behaviourist approaches	126	3.48	5	α = .743.
Social skills and emotional literacy interventions	126	2.20	4.90	α = .675
Learning interventions	126	1.90	5	α = .744.
Therapeutic approaches	126	1.80	5	α= .723.
Specific DA approaches	126	1.60	5	α = .769.

Table 4.7: Descriptive Statistics to Show the Frequency of which EPs Report Recommending or Implementing Different Approaches in Casework involving DA.

4.2.5 (v) Interventions with families

EPs provided a response to question 4b (see Table 4.8). Interventions were organised into categories (Attachment, DA specific, Strengths-based and Referral). Each category consisted of five different approaches taken from the current literature. A Cronbach's Alpha was conducted for each of the scales and the internal consistency for each was classified as acceptable.

‘Strengths-based approaches' were utilised most frequently (21-40%) and specific DA approaches were used the least. The medians for the most frequently used approach with parents appears to be much lower than the most frequently used approach with school staff and children. This may indicate a low rate of EP work with families (see section 4.5.2(ii) for relevant qualitative data).

When the data was inspected in terms of each individual statement, the statement with the highest median was to ‘support a positive relationship between home and school’ (median = 81-100%) whilst DA specific tools and the use of Video Interaction Guidance were reported to be used in 0% of casework involving DA (on average). In addition, only 5 respondents provided an additional response to interventions they use with families, which varied across the categories therapeutic and behaviourist. One respondent noted all cases need individual formulation, a point which will be discussed further in the discussion section.

Variable	*N*	Median	Range	Cronbach's alpha
Strengths-based approaches	127	2.6	5	α= .739.
Referral to other agencies	127	2	5	α = 804.
Attachment approaches	127	1.8	5	α = .781
Specific DA approaches	127	1.4	4.4	α = .777.

Table 4.8: A Table to Show the Descriptive Statistics Relating to the Frequency EPs Report Recommending/implementing Different Approaches with Families who have Experienced DA.

4.2.5 (vi) Systemic work

Question 5a explored EP involvement with systemic work around DA. Most respondents had not been involved in systemic work, whilst 22.8% reported involvement in this area (see Table 4.9).

Response	*N*	Percentage
Yes	29	22.8%
No	95	74.8%
Don't Know	3	2.4%

Table 4.9: Table to Show EPs' Response to question 5a) Have you been involved in any systemic work around DA?

EPs who responded 'yes' to question 5a were directed to question 5b which explored EP involvement in a range of systemic interventions (Perpetrator prevention, providing training, supporting policy development, project work and supervisory support). See Appendix 3 for information regarding the development of this scale.

A Cronbach's alpha was conducted for each scale to explore the internal consistency; however, this was poor (excluding the perpetrator prevention scale α= .771) therefore each item was treated as an individual response. The most frequently cited systemic approaches appeared to involve capacity building for school staff.

The least cited systemic work was supporting national policy (0 EPs) and perpetrator prevention type approaches (see Appendix 18) despite recent EP doctoral theses evaluating these programmes. Supporting parent-child support groups was also only selected by 3 EPs, despite this approach also being evaluated by an EP within the literature (Dodd, 2009).

EPs also provided qualitative information stating involvement in a range of projects:

- Creation of a toolkit for EPs
- Setting up a parent to child DA project
- Co-facilitating a children's group as part of a Local Authority DA intervention
- Involvement in family therapy
- Theraplay with preschool children

- Training teams across the authority (Leaving Care Team and Youth Offending Team) and supporting schools with the notification scheme in the authority

4.2.5 (vii) Summary

The data suggests respondents use a range of paradigms to support intervention and systemic work involving DA. General attachment strategies appeared to be favoured by EPs when working with children and school staff, whilst strengths-based approaches were the most widely used approach when working with families, although the data indicates perhaps EPs are less involved with supporting families in this area.
EPs do not appear to be adopting DA specific approaches across schools and families. However, participants report explaining the impact of DA in 40-60% of cases involving DA, indicating they may be confident with this approach. In addition, therapeutic approaches were used infrequently. Promisingly, a considerable number of EPs reported having engaged in systemic work around DA with the most widely used approaches supporting school staff capacity.

4.2.6 Research Question 6: Do EPs feel they have a unique role in this area? What could this potential future role be?

Descriptive statistics relating to Research Question 6 will now be explored (see Appendix 19 and Table 4.10)[3]. The majority of participants 'agree' or 'strongly agree' that there could be a unique role for the EP in this area. This may be due to response bias, or due to the sample perhaps having more of an interest in DA than the general population of EPs. Nonetheless, it is promising that respondents tended to indicate they could envision a unique role for EPs. A small number of EPs were either unsure about a potential role for the EP or disagreed that there could be a unique role, indicating variation in EPs views within this area. This will be explored in relation to the qualitative findings.

[3] Research Question 6 is presented first as Research Question 5 involved the use of factor analysis which is described in the following section

Response	*N*	%
Strongly disagree	2	1.6%
Disagree	6	4.7%
Don't Know	8	6.3%
Agree	67	52.8%
Strongly Agree	44	34.6%

Table 4.10 A Table to Show Frequency Data of EP Agreement/disagreement with the Statement 'There could be a unique role for the Educational Psychologist supporting children, young people, families and schools around DA?'

4.3 Factor analysis results

4.3.1 Research Question 5: What do EPs' feel are important factors impacting upon consideration of DA within their formulation and providing support around DA?

Factors which empower EPs to consider DA within their formulation and provide appropriate support will now be considered through descriptive statistics (see Appendix 20) and a factor analysis (FA). Participants responded to a seven-point Likert scale regarding how strongly they agreed/disagreed with a set of thirty-five statements (see methodology section for information regarding the development of the statements).

4.3.2 Factor analysis of the data

FA was conducted on the Likert responses to the statements. Factors were extracted using Principal Components Analysis and an oblique rotation (Promax) was applied to the data, as the items correlated with each other above .3 (Tabachnick and Fidell, 2015). A Promax rotation, as opposed to a Direct Oblimin Rotation, was utilised as this allowed for easier interpretation of the factor solution. Due to the lack of literature in the area, an exploratory factor analysis was conducted.

A decision needed to be made regarding the most appropriate number of factors to extract. Ferguson and Cox (1983) discuss a number of ways to determine the most appropriate number of factors. Within this study exploring the eigenvalues (it is suggested eigenvalues above 1 indicate potential factors) was adopted alongside the interpretability of the factor solution.

Initially, a six-factor model was extracted which accounted for 68.5% of the variance. However, a number of statements were removed due to low communalities (less than .5) (MacCallum, Widaman, Zhang and Hong, 2009) and low loadings (less than 0.45): Comrey and Lee (1992) note that within oblique rotations, loadings of .71 (50% overlapping) are excellent, .63 are very good (40% overlapping variance), .55 (30% overlapping variance) good, .45 are fair and .32 are poor. The researcher wanted the loadings to be described as 'fair' in order to ensure the robustness of the findings.

In addition, statements were removed if there were high cross-loadings; loadings above .32 on a number of factors and loadings very similar in magnitude across factors (Ferguson and Cox, 1983) in order to ensure the components were distinct. For further information regarding the removed statements see Appendix 21.

This produced a three-factor model with a Kaiser-Meyer-Olkin Measure of Sampling Adequacy of .931. Values between 0.8 and 1 indicate the sampling is adequate (Cerny and Kaiser, 1977). The Bartlett's Test of Sphericity was significant $p < 0.01$ indicating homogeneity of variance. This model explained 66.8% of the variance. The Kolmogorov-Smirnov and Shapiro Wilkes tests for normality were conducted and these tests were significant, indicating a non-normal distribution of data. Field (2005) and Norman (2010) note normality can be overlooked in Factor Analysis, however, if it is providing a description of the data and not generalising to a wider population.

Whilst there were a small number of cross-loadings present in this model the magnitude of the difference was above .1 for each cross-loading, and no statements cross-loaded on more than one factor. Therefore the factor model was deemed an appropriate fit for the data (see Table 4.11).

	Factor 1: 'Training and ongoing supervision in order to support EP knowledge and skill in this area'	**Factor 2: 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'**	**Factor 3: 'Educational Psychology Service Policy and priorities establishing a clear role for EPs around DA'**
The EP can successfully manage any frustrations felt	**.95**	-.08	-.09
The training received from university	**.93**	-.35	.07
The EP recognises the non-abusing parent is not to blame	**.74**	.05	.05
The EP feels confident in their use of safe working practices in this area	**.74**	.15	.00
The EP's psychological formulation skills	**.69**	.09	-.04
The EP's access to quality supervision/professional support	**.67**	.18	.03
The EP's intervention skills in this area	**.63**	.06	.10

	Factor 1: 'Training and ongoing supervision in order to support EP knowledge and skill in this area'	**Factor 2: 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'**	**Factor 3: 'Educational Psychology Service Policy and priorities establishing a clear role for EPs around DA'**
The EP's knowledge of DA	**.56**	**.33**	-.01
The EP has been given appropriate time to complete the work	**.54**	.23	.14
The EP's skills to support parental co-operation/ collaboration in this sensitive area	-.13	**.98**	-.12
The EP's ability to maintain a relationship with the parent when DA is known/suspected	.09	**.82**	-.12
The position of the EP allowing them to offer parents support	-.24	**.8**	.27
The ability of the EP to make DA a visible topic for discussion rather than a hidden topic	.13	**.75**	.00

	Factor 1: 'Training and ongoing supervision in order to support EP knowledge and skill in this area'	**Factor 2: 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'**	**Factor 3: 'Educational Psychology Service Policy and priorities establishing a clear role for EPs around DA'**
The position of the EP allowing them to offer support schools	-.15	**.73**	.18
The EP feeling DA is within their remit of practice	.31	**.63**	-.09
The EP's confidence handling the sensitivity of DA	**.32**	**.63**	-.09
The priorities within the Educational Psychology Service	-.02	-.11	**.89**
Opportunities for the EP to complete multi-agency work in the area of DA	.00	.10	**.79**
When there is clear Educational Psychology service policy outlining the role of the EP in DA cases	.24	.07	**.58**
Eigenvalues	10.02	1.30	1.20
% Variance	52.75%	6.82%	6.14%

	Factor 1: 'Training and ongoing supervision in order to support EP knowledge and skill in this area'	**Factor 2: 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'**	**Factor 3: 'Educational Psychology Service Policy and priorities establishing a clear role for EPs around DA'**
Mean	5.99	6.10	5.46
Standard Deviation	9.71	6.9	**3.65**
Alpha Co-efficient	.92	.92	**.**77
% of The Maximum	85.6%	85.9%	77%

Table 4 11: A Table to Show the Three Factor Promax Rotated Pattern Matrix

4.3.3 Factor Naming

Ferguson and Cox (1993) describe a model of naming factors that aims to reduce researcher subjectivity (for a wider discussion of the criticisms of Factor Analysis see methodology section). The Recaptured Item technique (Meehl, Lykken, Schofield & Tellegen1971) involves first splitting the factors into two halves. Second, a number of judges working first independently and then collaboratively name half of the factors. The final step involves additional judges naming the other half of the factors; if there is some agreement between the judges this is said to have reduced the subjectivity in factor naming.

The author adapted the Recaptured Item Technique due to the small number of items in Factor 3 and utilised the approach described in Lambert (2005). The first step involved four judges, including the researcher, attempting to name each factor independently. The next step involved the judges working collaboratively in order to agree upon factor names. The final step involved giving two additional judges the list of items and the factor names and asking the judges to match the factor names with the

items. The independent judges matched the factor names in line with the interpretations of the first set of judges. The factors were interpreted as follows.

9 item Factor 1 was named 'Training and ongoing supervision in order to support EP knowledge and skill in this area', see Table 4.12 for the individual statements within the factor interpretation. This factor indicates that respondents recognise the importance of appropriate training and supervision around DA, with knowledge and confidence in their safe working practices, and a good understanding of DA with appropriate attributions deemed important. This may signify EPs recognise a need for training in this area, and that casework involving DA is different to other types of casework (Heath, 2015; Gallagher, 2010, 2014).

7 item Factor 2 was termed 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'. This factor recognised the importance of EPs seeing DA as part of their role, offering the appropriate support and balancing sensitive exploration of DA with maintaining a positive relationship with parents, highlighting the complex nature of casework involving DA (see Table 4.11).

Three item **Factor 3 was named 'Educational Psychology Service Policy and priorities establishing a clear role for EPs around DA'** indicating the importance of awareness of a clear policy and distinct role when working within a multi-agency team around DA.

Graphs to show the mean ratings for each of the items within the factors can be found in Figures 4.8. 4.9 & 4.10.

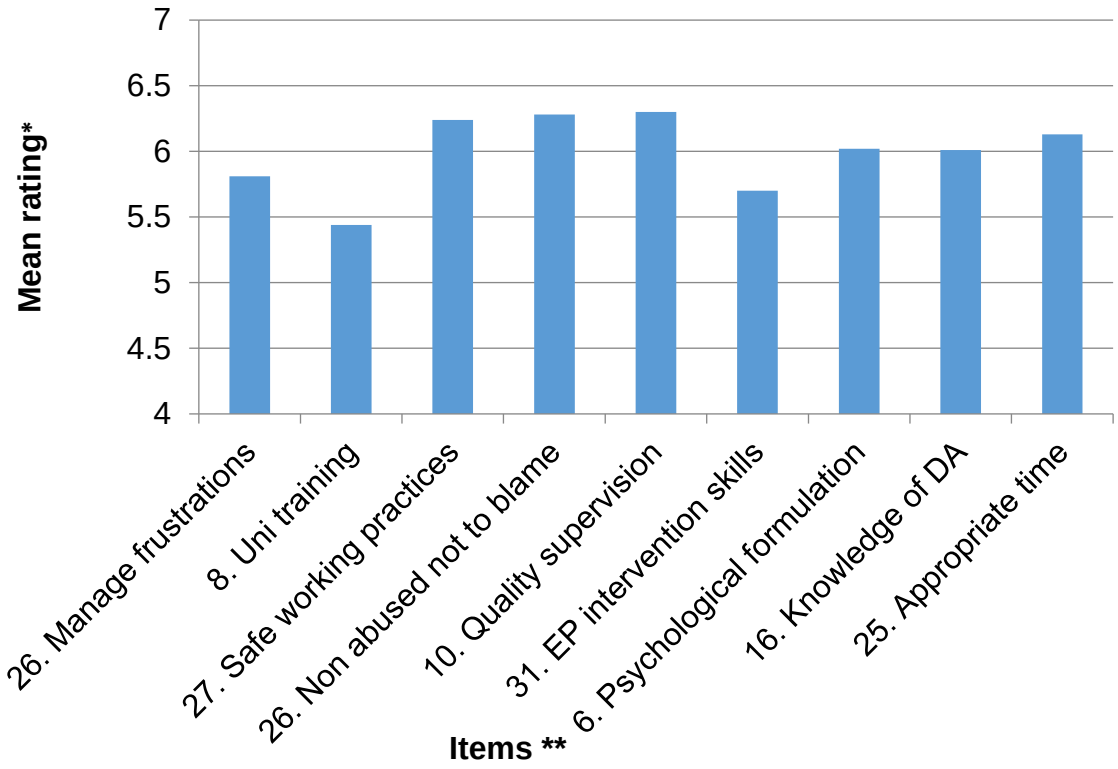

Figure 4. 2: A Graph To Show the Mean Ratings for Items in Factor 1: 'Training and ongoing supervision and support for Educational Psychologists'

*For full item names see Table 4.11

** Ratings: 1= Not imp, 2= Low imp, 3= Fairly unimp 4= Neither imp or unimp 5= Fairly imp 6= Highly imp 7= Essential

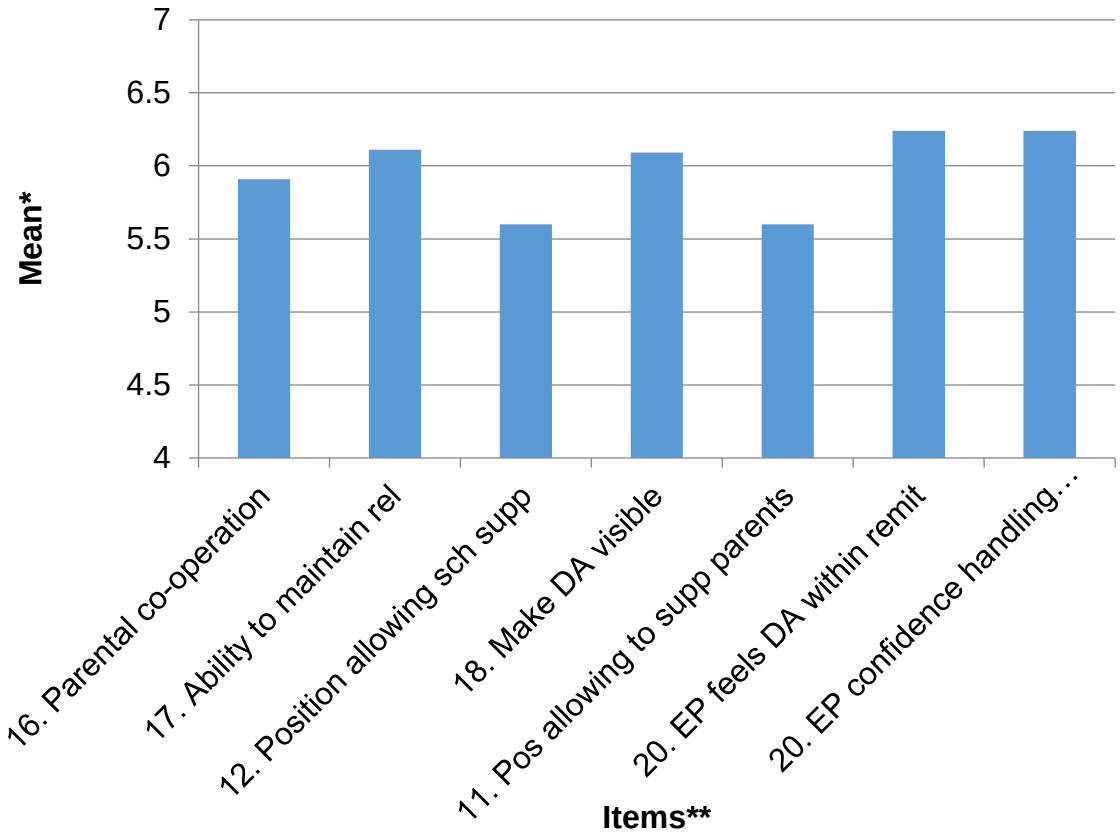

Figure 4. 3: A Graph To Show the Mean Ratings for Items in Factor 2: 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration

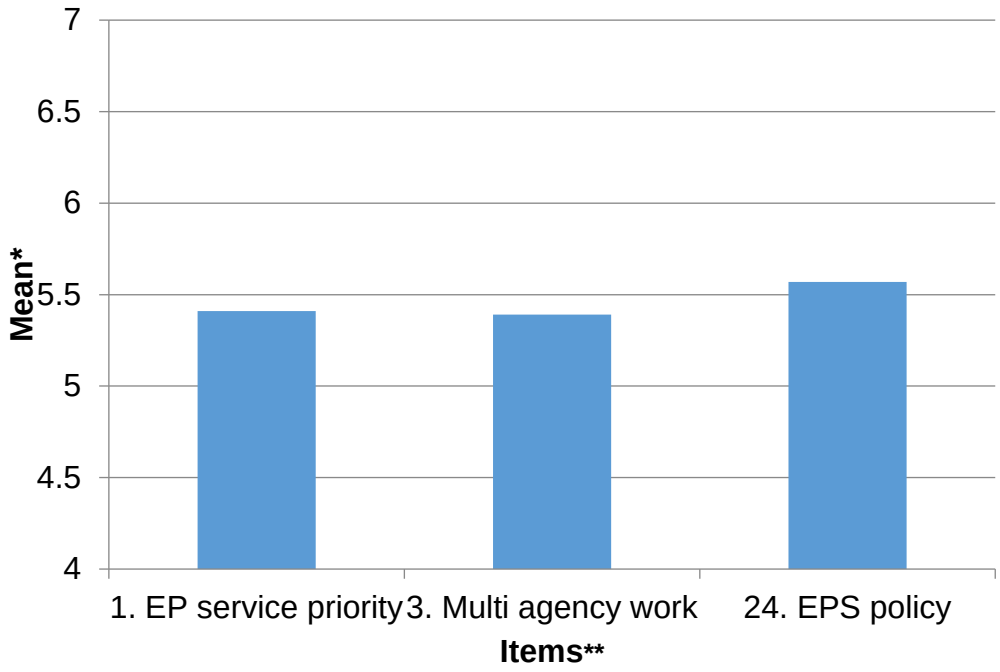

Figure 4.4: A Graph To Show the Mean Ratings for Items in Factor 3: ''Educational Psychology Service Policy and priorities establishing a clear role for EPs around DA'

*For full item names see Table 4.11

** Ratings: 1= Not imp, 2= Low imp, 3= Fairly unimp 4= Neither imp or unimp 5= Fairly imp 6= Highly imp 7= Essenti

4.3.3 Inter-correlation between factors

As shown in Table 4.12 there is a large positive correlation between Factor 1 and Factor 2 and a moderate to large positive correlation between Factor 1 and Factor 3. There is a large positive correlation between Factor 2 and Factor 1 and a moderate to large positive correlation between Factor 3 and Factor 3.

There is a moderate to large positive correlation between Factor 3 and Factor 1 and between Factor 2 and Factor 3.

** - correlation is significant at the 0.01 level (2-tailed).

	Factor 1: ‘Training and ongoing supervision in order to support EP knowledge and skill in this area’	Factor 2: 'The position of the EP allowing for the development of co-op relationships with parents and EP confidence introducing DA as a topic for consideration'	Factor 3: ‘EPS policy and priorities establishing a clear role for EPs around DA’
Factor 1: ‘Training and ongoing supervision in order to support EP knowledge and skill in this area’	1	.71**	.53**
Factor 2: ‘‘The position of the EP allowing for the development of co-op. relat. with parents and EP confidence introducing DA’	.71**	1	.52**
Factor 3: ‘EPS policy and priorities establishing a clear role for EPs around DA’	.53**	.52**	1

Table 4.12: A Table To Show Inter-Correlations Between Factors

4.3.4 Factor perceived as the most important

The percentage of the maximum possible score was calculated for each factor (see Figure 4.11). This indicated EPs felt 'Factor 2: **The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'** was the most important factor (85.90% of the total maximum score). Factor 1 **'Training and ongoing supervision in order to support EP knowledge and skill in this area'** was perceived with almost equal importance (85.60% of the total maximum score) highlighting both factors were viewed as highly important by participants. Factor 3 **'EPS policy and priorities establishing a clear role for EPs around DA'** was rated at 77% of the total maximum score indicating this was perceived as slightly less important to participants.

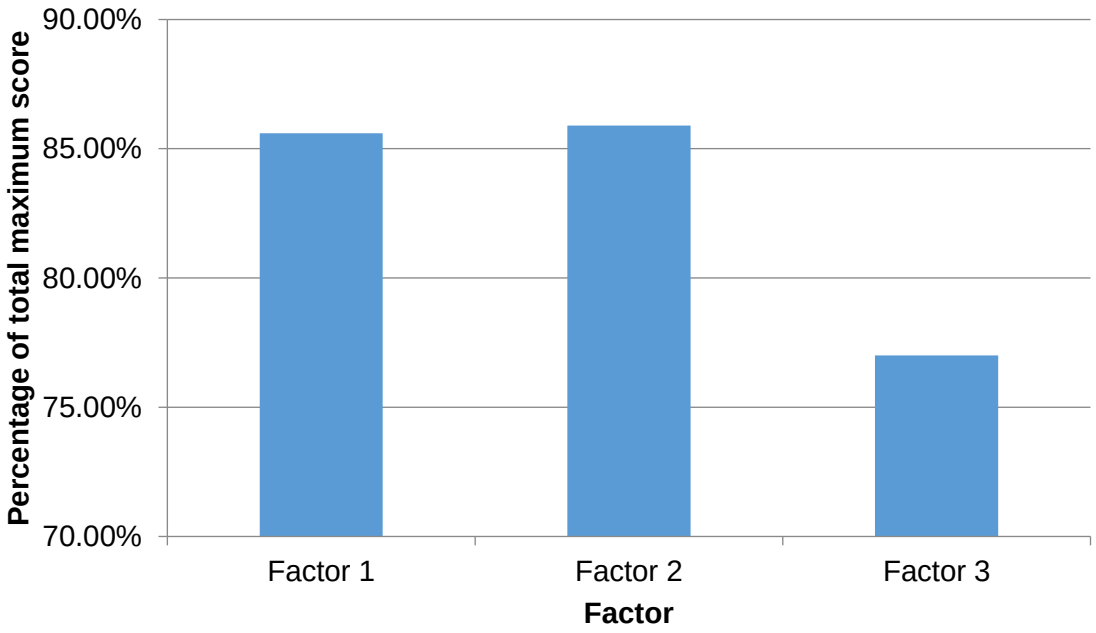

Figure 4.5: A Figure to Show Percentage of the Total Maximum Score for each factor

4.4 Summary of Quantitative Results

Descriptive analysis of the data set appears to indicate EPs are encountering DA within their casework and suspecting DA. The median frequency of casework in which DA was reported, suspected and used as a significant factor within formulation was 1-20%, with variation across the data. Although the range of 1-20% makes it difficult to uncover whether this is a considerable part of the respondents' casework. However, the frequency data indicates 32% of participants reported DA is known in > 20% of their casework, whilst almost 50% of EPs suspected DA in > 20% of their casework, thus some EPs report encountering children and young people exposed to DA in a considerable amount of their casework.

EPs reported utilising a range of paradigms for case conceptualisation and intervention. Attachment intervention was adopted to support formulation by 100%of respondents; however, strategies relating to attachment were used more widely with school staff than families. Participants reported adopting a strengths-based approach most frequently with families. However, the data suggests EPs may be less closely involved with families. EPs did not appear to be frequently using DA specific approaches advised by the literature for case conceptualisation or intervention such as ensuring the child is not blaming themselves for the abuse and supporting relationship education. However, explaining the impact of DA was a more widely used strategy.

EPs reported exploring the possibility of DA with school staff in a considerable amount of their SEMH casework (median = 41-60%) whilst they appeared less likely to explore this with families (median 1-20%). However, again it is important to note the variation in the dataset. A number of EPs appear to be engaging in systemic work in this area, particularly with schools.

Furthermore, the factor analysis identified the perceived importance of:
1) Training and ongoing supervision in order to support EP knowledge and skill in this area'
2) 'The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration
3) Educational Psychology Service Policy and priorities establishing a clear role
In order to allow EPs to consider DA within their formulation and offer appropriate

support.

Finally, descriptive statistics suggested the majority of respondents (119) felt EPs could have a unique role in relation to DA.

4.5 Qualitative Results

4.5.1 Description of the approach used

A thematic analysis was deemed the most appropriate approach for analysing the data set due to the flexibility of the approach and the applicability to the complex data set within the mixed method survey design. The stages of thematic analysis discussed in Braun and Clarke (2006) were utilised as follows:

Phase 1: Familiarisation with the data set
Phase 2: Generating initial codes
Phase 3: Organising codes into possible themes
Phase 4: Reviewing themes
Phase 5: Defining and refining the themes including inter-rater activities
Phase 6: Final analysis generated

As thematic analysis can be used flexibly, transparency of the thematic analysis process is crucial to ensure the quality of the study (Braun and Clarke, 2006). The researcher conducted three separate thematic analyses. The first was to explore Research Question 6: *What is the unique role of the EP in relation to supporting children, schools and families around DA?* Therefore, qualitative responses to Question 8b (see Appendix 1) which were felt to be relevant to RQ5 were included in this analysis. Coding the whole data set can act as a safeguard in terms of discarding relevant data (Braun and Clarke, 2006), however, it was important to the researcher that each analysis was focussed upon the appropriate research question. The second analysis explored *Research Question 3: What are EP's views in terms of exploring DA with school staff and families?* This analysis explored responses to 3d (see Appendix 1). Finally, a third TA was conducted to explore *Research Question 4: What are EP's views around current and future intervention work with children, school staff and families around DA?* This included response to question 4b and 4d (see Appendix 1).

A theoretical framework was not applied to the data, thus an inductive approach was utilised initially. When moving through the stages of analysis, however, any additional data that appeared relevant to the already developed themes was identified thus the analysis could be described as adopting some features of a deductive approach. This is thought to be acceptable (Braun and Clarke, 2005) and allows the researcher to make an analysis of data that is incrementally led by emerging theory.

The researcher identified themes which were explicitly evident within the data set thus a semantic approach was utilised; this approach supports the reliability of the analysis in that the themes gathered were explicitly evident within the data. Appendix 8 provides an audit trail of the analysis.

A further strategy to support the reliability of the data set was implemented within stage five of the analysis. The researcher extracted 10% of each of the data sets as suggested by Joffe (2012). Two independent raters were given a copy of the researchers' thematic map and the extracted data set. The raters were then asked to match the data extracts to the relevant themes and sub-themes and were informed extracts may relate to none, one or more than one of the themes and sub-themes. The outcome of the procedure is noted in Table 4.13.

Dataset	Inter-Rater 1 Percentage of Agreement	Inter-Rater 2 Percentage of Agreement
The unique role of the EP	88%	75%
The exploration of DA in casework	92%	90%
The role of the EP in providing intervention	88%	92%

Table 4.13: A Table to Show the Percentage of Agreement Between The Researcher and Two Independent Raters

Within thematic analysis it is key that themes are well defined, therefore the researcher will present a thematic map for each analysis, with clear themes and sub-themes. During the analysis, in order to develop some consistency of the amount of data which constituted a sub-theme, the researcher used the criteria that

data must be relevant to the research question and appear more than five times across the data set (also adopted by Drew, 2015).

When presenting the thematic report, the researcher refers to the number of respondents who provided a particular response, in the style of Frith and Gleeson (2008) who utilised a similar design (open-ended questionnaire with a large number of participants).

4.5.2 Thematic Analysis Report

4.5.2 (i) What are EPs' views around the unique role of the EP in relation to supporting children, schools and families around DA?

73 EPs provided a qualitative response to the question asking for further comment regarding whether the EP has a unique role in relation to DA, a thematic representation of this is presented to provide an overall picture of the results, followed by each theme and sub-theme.

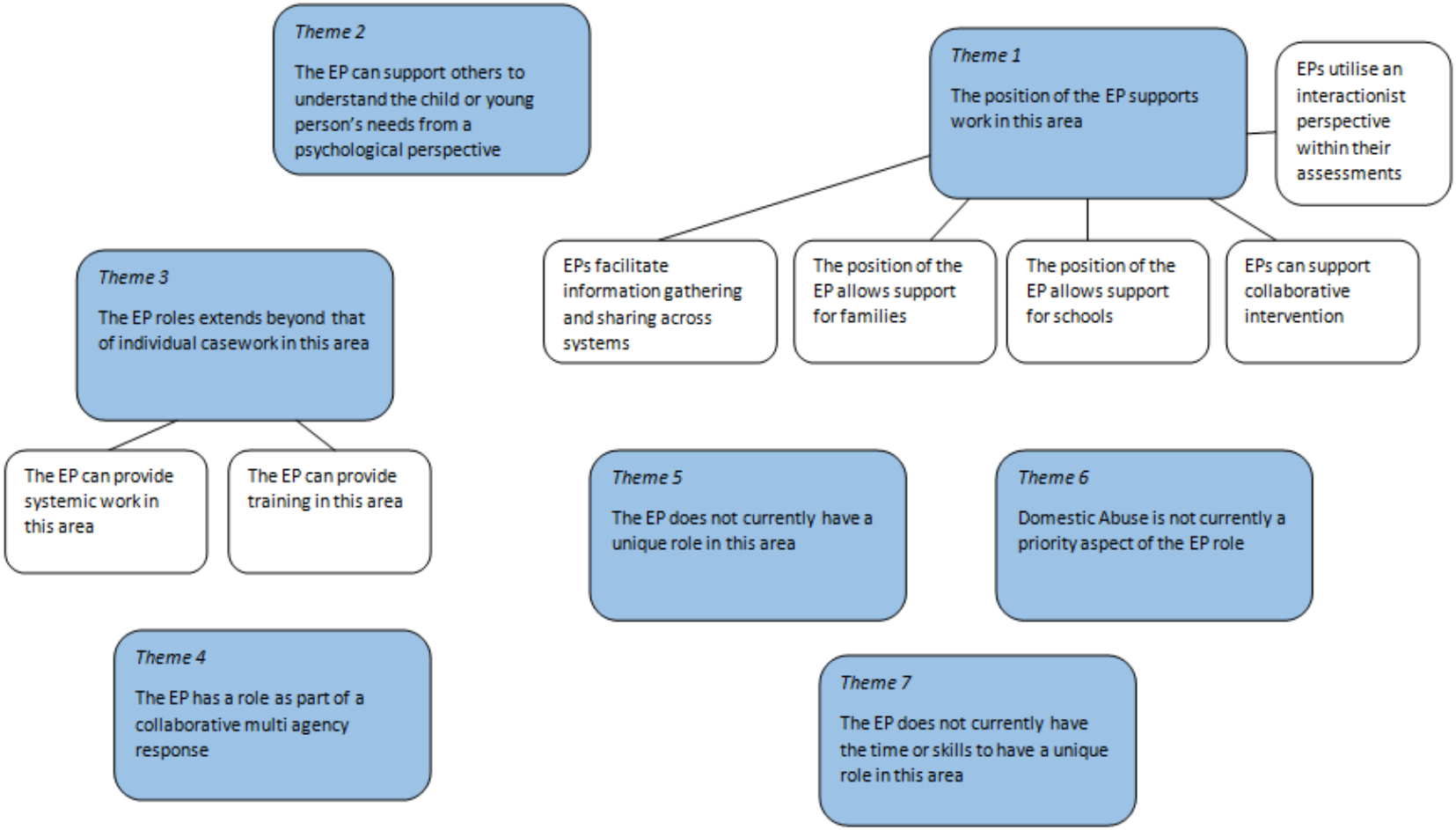

Figure 4.12: Thematic Map for Research Question 6: What is the unique role of the EP around DA?

Theme 1: The position of the EP supports work in this area

This was the strongest theme within the data and was raised by around half of the qualitative respondents.

'EP is in a perfect position to collect and disseminate info between all.' Participant 51, Lines 168-169

A number of sub-themes were evident within this higher order theme (see Figure 4.13)

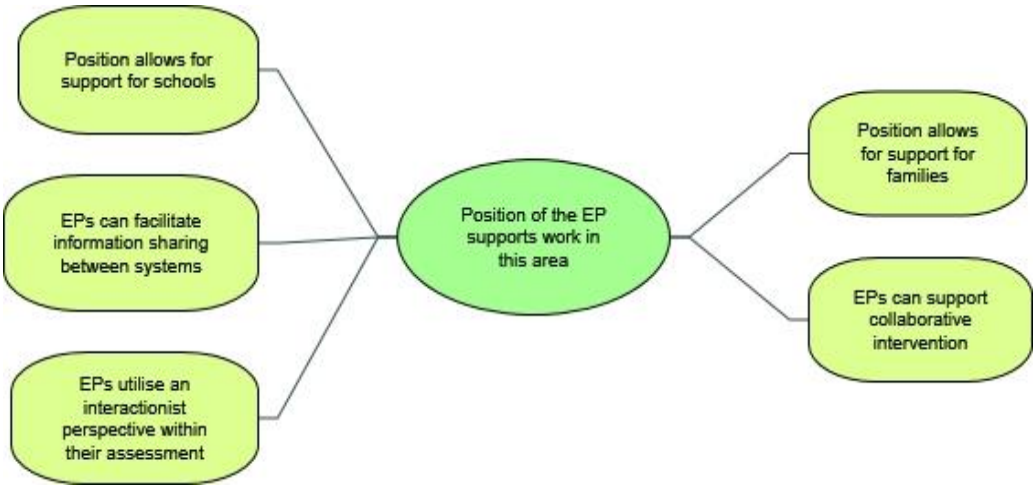

Figure 4.6: Thematic Map For Theme 1: The position of the EP supports work in this area

Sub-theme i: Position of the EP allows support for schools

This was the strongest sub-theme within Theme 1, mentioned by 20 EPs. EPs noted the potential of their position:

'The EP is… well placed particularly to support school staff in managing a child who has had DV experiences.' Participant 17, Lines 62-63

Sub-theme ii: Position of the EP allows support for families

This was also a strong sub-theme within the data set.

'Uniquely positioned to be able to work with children, ***families*** *and schools, and support them in working together...*' Participant 65, Lines 217-218

Sub-theme iii: EPs can facilitate information gathering and sharing between systems

A number of EPs noted they may be in the unique position of accessing and sharing information from the child, family, school and wider agencies. Within this sub-theme EPs noted consultative skills, knowledge of wider systems and good relationships support this approach.

'*…the EP can sometimes be in the unique position of gathering all information together*...' Participant 107, Lines 358-361

Sub-theme iv: EPs can support collaborative intervention

7 EPs felt they could promote intervention across systems.

'Educational psychologists are in a good position to form effective relationships with families and link in with schools/other professionals to help them develop relationships with one another around these issues and help develop systems for support.'

Participant 49, Lines 161-164

Sub-theme v: EPs utilise an interactionist perspective within their assessments

7 EPs discussed their understanding of interactive factors and the impact on children's development. One EP noted this is perhaps unique in comparison to medical models of child development. This is closely linked to Theme 2 'It is the **EP role to support others to understand the child or young person's needs from a psychological perspective'**

'I think that EPs are generally very good at holding multiple layers of information and considering the impact on CYP within the various contexts in which they operate.'

Participant 89, Lines 303-304

Summary of Theme 1

This theme suggests the position of the EP allows support at a range of levels, with the EP taking a facilitative role considering the child or young person's needs from an ecological perspective.

Theme 2: The EP can support others to understand the child or young person's needs from a psychological perspective

This theme was identified in the response of 20 EPs.

'We can provide psychological knowledge and approaches to help education staff, parents and students to better understand the impacts that domestic violence can have on families and individuals.' Participant 8, Line 21-23

EPs described a generic psychological perspective, facilitating the understanding of others within this theme. There were no clear sub-themes evident within this theme, perhaps indicating the broad nature of the EP role, drawing upon various psychological and conceptual models as and when appropriate or alternatively that EPs do not have access to specific conceptual models around DA.

Theme 3: The EP role in this area extends beyond that of individual casework

13 EP responses were identified as relevant to Theme 3 (see Figure 4.14). EPs noted that they could provide preventative work and systemic work around DA.

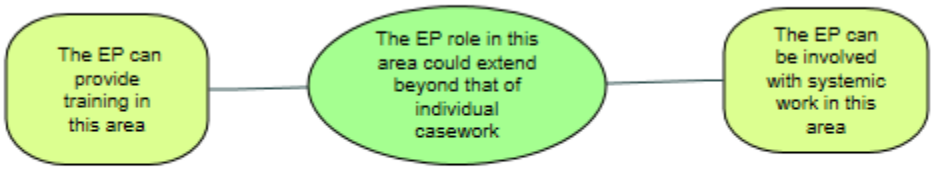

Figure 4.7: Thematic Map for Theme 3 'The EP role in this area extends beyond that of individual casework'

'*I see our role as not just limited to supporting the young person, family school within the boundaries of casework, but training, awareness raising, changing policy and considering preventative or systemic work working towards reducing domestic violence.'* Participant 107. Lines 263-266

Sub-theme i: The EP can provide training in this area

7 EPs described the role of the EP in this area as providing training.

'I would see our unique role being to train up school staff on the effects of DA and how it impacts on a child in the classroom.' Participant 31, Lines 99-101

Sub-theme ii: The EP can provide systemic work

6 EPs suggested EPs could become involved in systemic work in this area.

'We could offer preventative work with an extremely wide range of people - schools/ pupils/families / other professionals' Participant 112 Lines 358-386

Theme 4: The EP role is part of a collaborative multi-agency response

12 EPs described their role as part of a collaborative multi-agency response, noting the importance of understanding the roles of other services and developing links with these services and signposting. One EP noted the EP could take a supervisory role within a multi-agency response.

'I feel the support for DV is essentially to be addressed by a multi-service approach...' Participant 123 Lines 420-421

Theme 5: The EP does not currently have a unique role in this area

8 EP responses were identified as forming Theme 6. There was some variation within this theme; some EPs noted the EP *could* have a role but that this role would not be unique.

'I think that the EP is skilled and competent to work in this area but I'm not sure that what they offer is 'unique'' Participant 2, Lines 8-9.

A number of EPs reported that EPs are skilled in this area, but that their role is not unique. EPs within this theme may have been alluding to DA casework as similar to other types of DA casework. In addition, one EP suggested the role would be collaborative rather than unique (see Theme 4). Whilst other EPs described that the EP could have a role in this area, but that this is not currently occurring, with one EP describing 'huge resistance' regarding the topic in her service.

A number of EPs described other roles (i.e. social workers) as more important or other services as better placed to provide support around DA. Some EPs felt this was not within the remit of the EP *'We are not a frontline service'* Participant 98, Line 314

Theme 6: DA is not currently a priority aspect of the EP role

6 EPs explicitly stated that DA is not currently prioritised within the EP role. Some respondents appeared to feel this was 'an area often overlooked by services' and four respondents appeared to suggest DA work should be prioritised within EP services. Two EPs mentioned a need for training (see Theme 7).

'…It is not something we have covered in University. It is not often discussed at the service I am on placement nor do we offer schools training around the area, It appears there needs to be more systemic changes in EP services and universities to support TEPs/EPs in this area..' Participant 84, Lines 286-289

Theme 7: The EP does not currently have the knowledge and skills for a unique role in this area

6 EPs noted that the EP may not currently have the skill set for a unique role in this area. The importance of safe working practices and an understanding of psychodynamic theory, systems theory and attachment theory were discussed. 5 EPs appeared to suggest it would be helpful for further training in this area whilst one EP suggested the EP needs basic skills in identification and referral rather than any in-depth training.

'…there is still a massive stigma around DA even for EPs, in terms of lack of understanding of DA and safeguarding procedures in relation to those children and families.' Participant 71, Lines 235-239

4.5.2 (ii)What are EPs' views regarding the exploration of DA with schools and families within casework?

65/127 EPs provided a qualitative response to this question. A thematic map of the data is presented below.

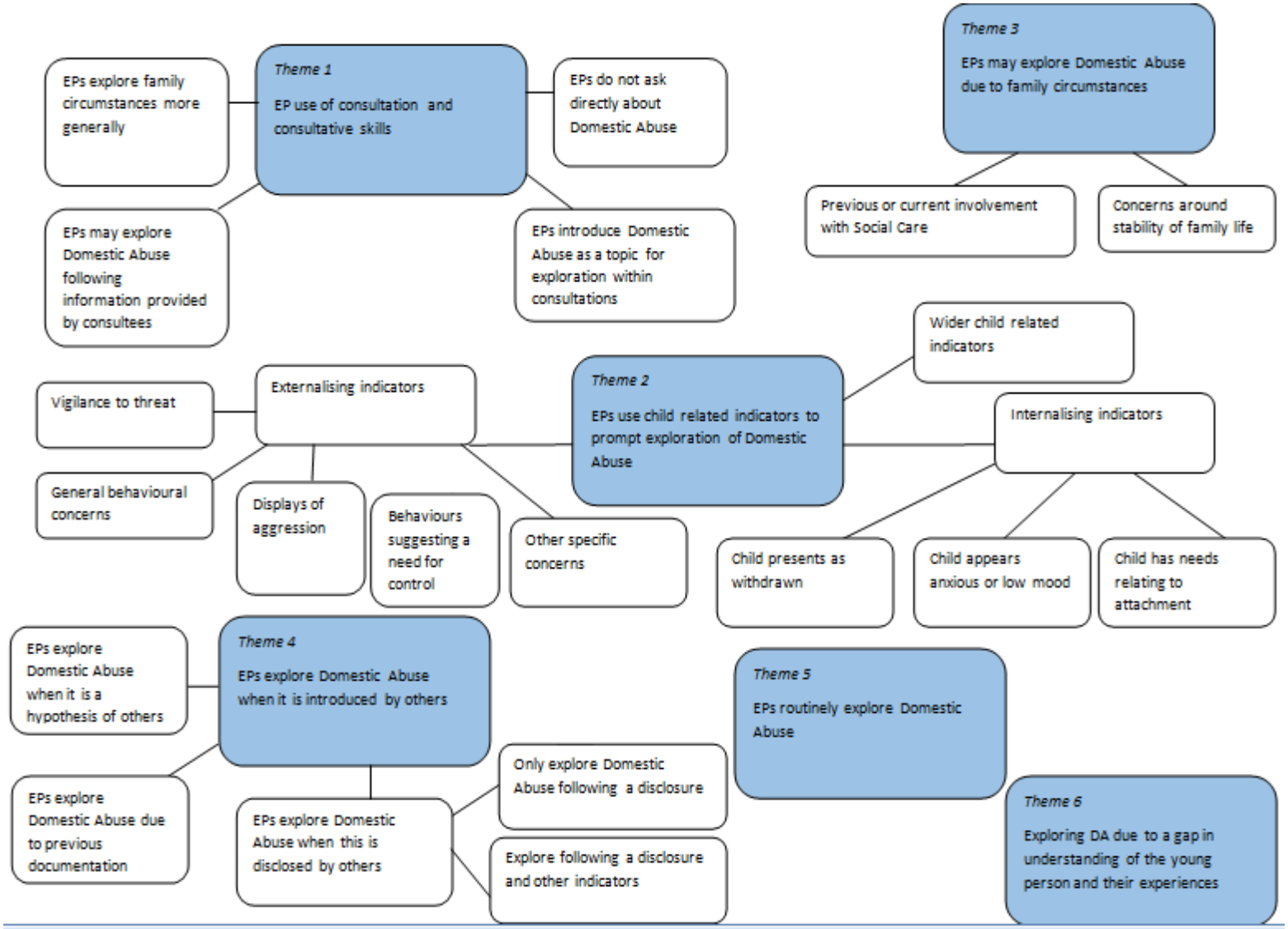

Figure 4. 15: A Thematic Map for Research Question 3: What are EPs' views in relation to exploring the possibility of exposure to DA with school staff and families?

Theme 1: EP use of consultation and consultative skills to explore DA

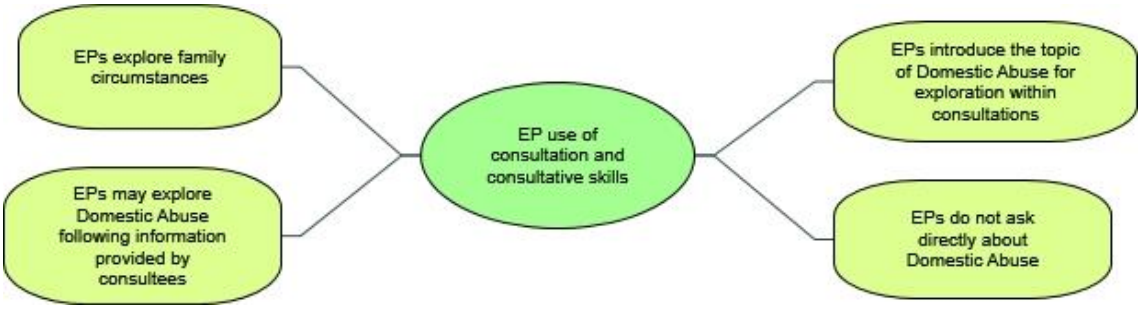

Figure 4.9: Thematic Map for Theme 1 'EP use of consultation and consultative skills'

This was the most commonly occurring theme (mentioned by 46 EPs), encompassing EPs' descriptions of **how** they might explore DA as a topic with schools and families. This encapsulates questioning skills; use of language and within the sub-themes the EP's particular approach to exploring DA.

'If there are social/ emotional issues which need further explanation, I will ask questions and discuss the personal history - I would allude to the domestic situation with queries, open questions etc.' Participant 18, Lines 52-54

Sub-theme i: EPs explore family circumstances more generally

A number of respondents described a general approach which involved exploring family circumstances broadly. EPs used language such as 'upsetting events', 'family dynamics' and 'difficult experiences' in these explorations.

'School staff - I would ask general questions about their understanding of family dynamics and information is often given this way' Participant 47, Lines 160-163

Sub-theme ii: EPs introduce the topic of DA for exploration within consultations

A number of EPs (11) described explicitly naming DA as a factor to be explored when information gathering, often introduced when exploring a general developmental history of the child.

'When I am asking about the child's history I always ask parents about events which may have impacted on their development and amongst the issues I raise as possibilities (illness, separation, bereavement) I include DA.' Participant 124 Lines 448-450

Sub-theme iii: EPs do not tend to ask directly about DA or use the term DA within their explorations

In contrast, 8 EPs explicitly shared that they would be unlikely to use the term DA within their exploration, indicating they might use open questions about the child's

history: indicating some overlap with sub-theme i). Within sub-theme iii), however, participants were very explicit about their use of language: they specifically would not ask about DA, whilst in sub-theme i EPs talked about more generally exploring family circumstances and history.

'I would not ask specifically about this but instead, during the opening of the consultation ask if there was any relevant background information that I needed to know.' Participant 91, Lines 326-237

Sub-theme iiii: EPs may explore DA following information provided by consultees

7 EPs shared they would be led by the initial information provided by consultees.

'… further questioning around possible DA is guided by that initial discussion' Participant 44, Lines 151-152

Summary of Theme 1

This data highlights the use of consultation for the exploration of DA with school staff and families. EPs appear to take a varied but considered approach to their use of questioning and language when exploring DA.

Theme 2: EPs use child-related indicators to prompt their exploration of DA

Theme 2 was the next most commonly identified theme. This theme explores the particular circumstances in which EPs would be likely to explore DA.

'When there is a pattern of behaviours (such as emotional lability; memory issues; attention or dissociation issues) which suggests the child has been exposed to trauma…' Participant 24, Lines 71-73

Sub-theme i: Externalising indicators

A significant number of EPs (44) described externalising indicators that may prompt exploration of DA. This was the strongest sub-theme found within the data.

'I always ask both parents and staff in the case of behavioural difficulties.' Participant 11, Line 33

There were further sub-themes within sub-theme i:

Sub-theme ia: General behavioural concerns

'…if the child's behavioural presentation strongly indicates this' Participant 3, Line 10

Sub-theme ib: Displays of aggression

'…Cases in which the child is engaging in violence towards parents or siblings' Participant 75, Lines 269-270

Sub-theme ic: Vigilance to threat

'…have a high level of arousal or are described as 'hyper-vigilant' Participant 86, Lines 302-303

Sub-theme id: Behaviours suggesting a need for control

'Where a child is showing… controlling behaviour in a power-based way' Participant 38, Lines 127-128

Sub-theme ie: Other specific indicators

'Sudden changes in mood… difficulties with eye contact/trust' Participant 75, Lines 266, 269

The specific behaviours noted are in line with those behaviours displayed following trauma and could suggest EPs are potentially detecting externalising behaviours more easily than other indicators of DA.

Sub-theme ii: Internalising indicators

Fewer EPs(20) noted they would use internalising indicators to prompt exploration of DA.

'Where there are concerns around … emotional wellbeing' Participant 108, Line 392

Further sub-themes include specific internalising indicators.

Sub-theme iia: Child presents as withdrawn

'…social withdrawal' Participant 95, Line 140

Sub-theme iib: Child appears anxious or low mood

'Where a child is clearly preoccupied/ anxious/ unsettled…' Participant 60, Line 123

Sub-theme iic: Where a child appears to have needs relating to attachment

'If there are attachment difficulties' Participant 81, 281-290

Some participants mentioned wider mental health concerns such as self-harm and emotionally based school refusal; however these indicators were not sufficient enough to form their own sub-themes.

Sub-theme iii: Wider factors in relation to the presentation of the child

This was a much smaller theme (6 EPs) and encompassed factors such as:

'… where attendance is low, where children in early years have little language, … where there are attention and concentration difficulties' Participant 107, Lines 385-389

Summary

A significant number of EPs utilised child-related indicators to prompt their exploration of DA, with externalising factors most widely cited. This is perhaps unsurprising as EPs may be more likely to be involved when adults are struggling to support the externalising behaviour of children and young people (Heath, 2015). Internalising factors were the second most widely cited child related factor whilst wider child factors were only identified as a prompt by a small number of EPs. It is also important to note

earlier questions explored SEMH more specifically, which may have influenced EPs' responses.

Theme 3: EPs may explore DA due to family circumstances and history



Figure 4.10*: *Thematic Map for Theme 3 'EPs may explore Domestic Abuse due to family circumstances and history'

23 EPs raised family circumstances as a prompt for further exploration around DA:

''… if there were comments that indicated a 'chaotic' home life or where there were comments regarding the appropriate care of the child. ..' Participant 61: Lines 207-208

Sub-theme i: Concerns around stability of family life

14 EPs discussed that concerns about family life including family dynamics, difficult separations and parental mental health may prompt exploration of DA.

'If there had been a hostile parental separation, if parents were estranged, if one parent was in prison' Participant 9, Lines 25-26.

Sub-theme ii: Previous or current involvement from Social Care

Within this theme 12 EPs discussed the involvement of Social Care including Children Looked After, children who are adopted and other children and young people with current or previous involvement from Social Care.

'*Whereby there had been broader agency support to the wider family unit (e.g. social care, CAF support).'* Participant 29, Lines 98-99

Summary

Some EPs reported exploring DA due to family circumstances and histories such as stability of the family environment and current or historical involvement of Social Care (see Figure 4.17). Some EPs used words such as 'might' or 'may' indicating they may not always explore DA when particular family circumstances are discussed, however, they did not elaborate further as to what would support this decision-making process. This relates to Theme 1 in that EPs use indicators but vary in their approach to the exploration of DA. In addition, some EPs reported utilising family circumstances alongside child-related indicators to prompt their exploration of DA.

Theme 4: EPs explore DA when it is introduced by others

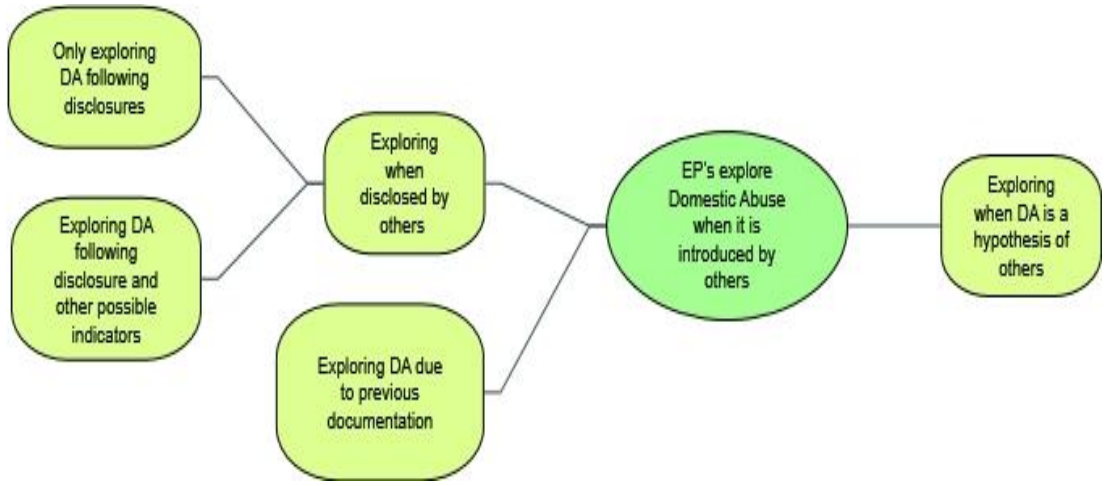

Figure 4.11: Thematic map for Theme 4 'EPs explore Domestic Abuse when it is introduced by others'

32 EPs shared that they would explore DA when the topic is introduced by others. See Figure 4.18 for a thematic map.

'If school or parents brought up the topic and disclosed information of this nature' Participant 34, Line 111

Sub-theme i: Exploring when disclosed by others

16 EPs shared they would explore DA with schools and families following disclosures and/or concerns of others.

'If it was mentioned by school staff or parents, or I was concerned because of something a child said' Participant 65, Lines 222-223

There are further sub-themes within the sub-theme i.

Sub-theme ia: Only exploring DA following disclosures

12 EPs used disclosures as their sole indicator for exploring DA with schools and families. EPs noted disclosures may be from children, parents, schools or Social Care. EPs did not generally expand upon the reasons they would only explore DA following a formal disclosure.

'If a child, parent, carer, member of school staff or another professional disclosed it to me' Participant 7, Lines 19-20

Within this, one EP had a particularly strong view regarding the exploration of DA.

'I think I would only feel comfortable raising that as a potential factor if it was fact. I think it would be dangerous for us to speculate without evidence of this. It could damage relationships, as well as have safeguarding implications.' Participant 116, Lines 415-417. The impact on relationships or safeguarding was not mentioned by any other EPs.

Sub-theme ib: Exploring DA following disclosure and other possible indicators

5 EPs discussed using other indicators alongside disclosures to prompt exploration.

'- If behaviour of yp is unusual/ aggressive/ withdrawn - If incidents of aggression from parents are known and reported - If parent disclosed to me or teachers' Participant 2, Lines 6-7.

Sub-theme ii: Exploring when DA is a hypothesis of others

6 EPs shared that they would explore DA when others have concerns about this or have raised it as a hypothesis rather than requiring a full disclosure. *'When others have this concern and hadn't raised it formally…'* Participant 14, Lines 41-42

Sub-theme iii: Exploring DA due to previous documentation

6 EPs shared that they would explore DA if documents available to them indicated DA was or maybe an occurring factor in the child or young person's experience.

'I wouldn't ask a parent unless it…or had been disclosed previously in a report' Participant 104, Lines 369-370

Summary

A number of EPs shared that they would explore DA when others introduced the topic; rather than introducing DA as a topic for exploration. Most did not expand upon why this was the case. This theme may link with previous themes such as Theme 1 Sub-theme iii: *EPs do not tend to ask directly about DA or use the term DA within their explorations*. Some EPs may not do so unless they have very strong evidence in the form of disclosures, however, Bacchus, Mezey & Bewley, 2003 suggest survivors will not disclose DA unless asked.

Theme 4 contrasts with other themes such as Theme 5: *EPs routinely explore DA* and Theme 1 sub-theme ii: *EPs specifically explore DA,* indicating variation in EP practice. A smaller number of EPs stated that they would use disclosures alongside other indicators to explore DA. Additionally, a small number of EPs shared they would explore the topic if others had a concern or hypothesis in this area, thus leading the EP to perhaps formally introduce DA as a follow up to concerns raised by the school. Promisingly, some EPs noted that DA can be introduced by parents, children, schools and other agencies such as Social Care.

Theme 5: EPs routinely explore DA within their casework

15 EPs provided data in relation to Theme 5.

'Asking about trauma, bereavement and DA is a standard part of our questions during a consultation with all parties.' Participant 110

This suggests that for some EPs, exploring DA is a routine part of their practice. This theme links strongly to '*EP approach to exploring DA'* as a small number of EPs cited specific consultative tools which support their explorations such as consultation questions or prompts within a Functional Assessment of Behaviour.

Theme 6: Exploring DA due to a gap in understanding of the young person and their experience

Whilst this theme was identified from only 5 EPs it felt significant to the research question and did not fit with any of the higher order themes. Within this theme, some EPs mentioned they asked about DA due to a 'feeling' or when there was a 'missing piece' within their understanding of a child or young person and their context.

'…i.e that there is a missing piece to the puzzle of understanding the situation that we are not yet aware of).' Participant 60, Lines 204-205

4.5.2 (iii) Thematic map exploring EPs current and future involvement with intervention work in this area

EP views regarding intervention work with children, schools and families they would like to be involved with are discussed below. 70 EPs provided a qualitative response to questions 4b and 4d. See Figure 4.19 for a full thematic map.

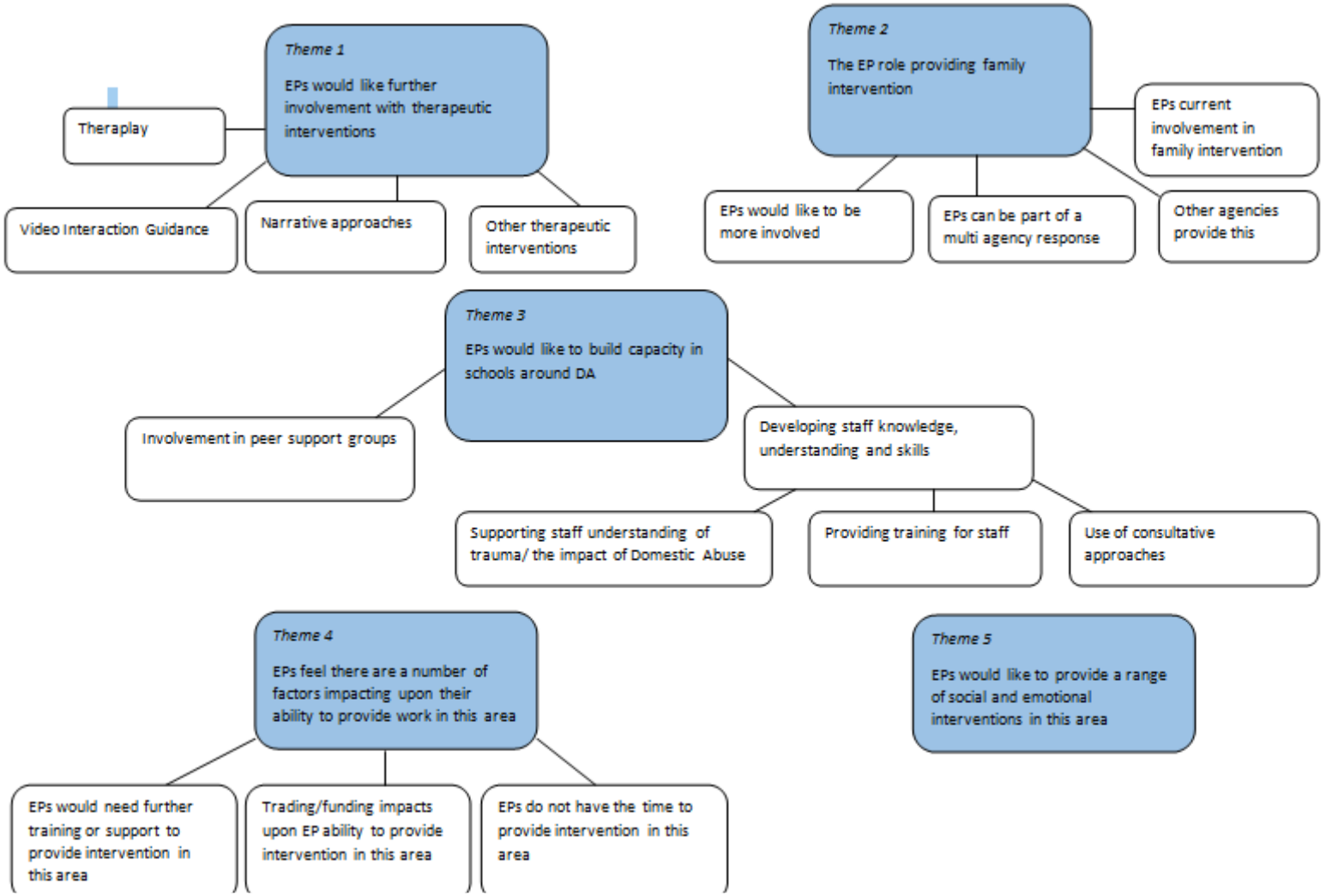

Figure 4. 12: Thematic Map for Research Question 4: What are EPs' views around their current and future involvement in supporting intervention and prevention work around DA?

Theme 1: EPs would like further involvement with therapeutic interventions

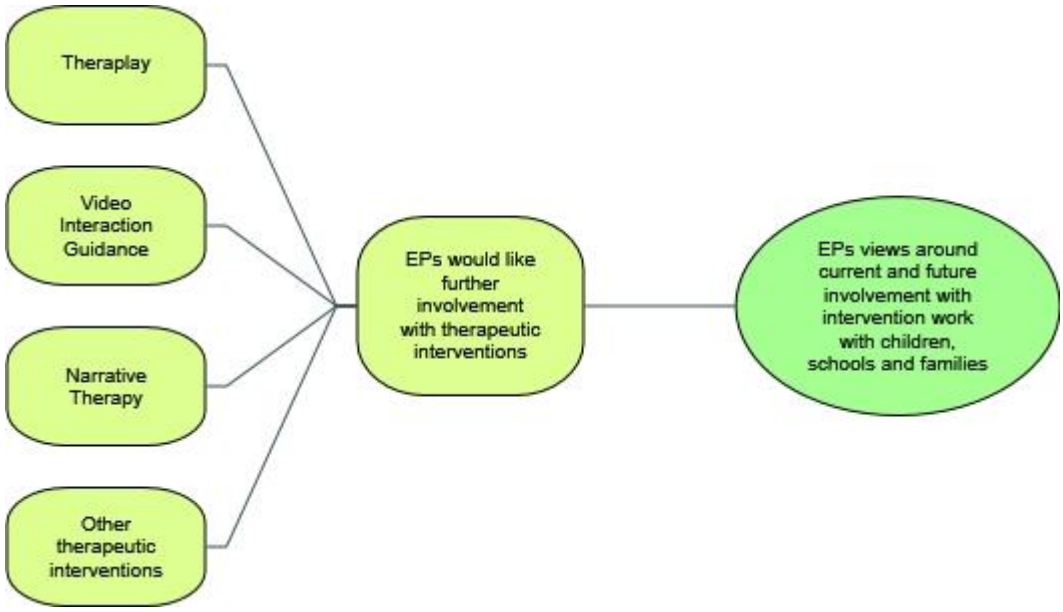

Figure 4. 13: ***Thematic Map for Theme 1 'EPs would like further involvement with therapeutic interventions'***

Theme 1: EPs would like further involvement with therapeutic interventions

This was the strongest theme within this data set and was mentioned thirty-six times by 27/70 EPs.

'I would like the opportunity to do more individual work with pupils to help them process and understand what has happened to them and help them move on where possible..' Participant 112, Lines 472-475.

A number of sub-themes were evident within this higher order theme:

Sub-theme i: Theraplay

Theraplay, an attachment based therapeutic intervention, was the most cited specific intervention (11 EPs) and was mentioned for working with both families and schools.

'…greater use of play-based therapeutic approaches.' Participant 7, Line 33.

Sub-theme ii: Video Interaction Guidance (VIG)

9 EPs noted they would like further involvement with VIG, with schools and families.

'I have done the first stage of VIG training and would love to make use of this' Participant 13, Line 62-63

Sub-theme iii: Narrative approaches

5 EPs mentioned they would like to make more use of narrative approaches in casework involving DA.

'*Narrative therapy'* Participant 17, Line 76

Sub-theme iv: Other therapeutic approaches

13 EPs shared they would like to use other types of therapeutic approach further within their casework.

'therapeutic story writing, Story Links (Trisha Waters), CBT.' Participant 9, Line 38:

Summary

Therapeutic interventions were the most widely cited type of interventions EPs shared they would like to use more frequently in response to DA. Within this theme, EPs shared specific interventions such as Theraplay, VIG and Narrative Therapy. However, EPs did not expand upon their reasons for a preference for therapeutic work. In addition, EPs mentioned that factors such as trading arrangements/funding and their level of knowledge and skill may impact upon the type of intervention they can provide in this area (see Theme 4). It is also of interest that the therapeutic interventions cited most often involve additional training courses, indicating EPs may need further training to deliver this type of intervention.

Theme 2: The EP role providing family intervention

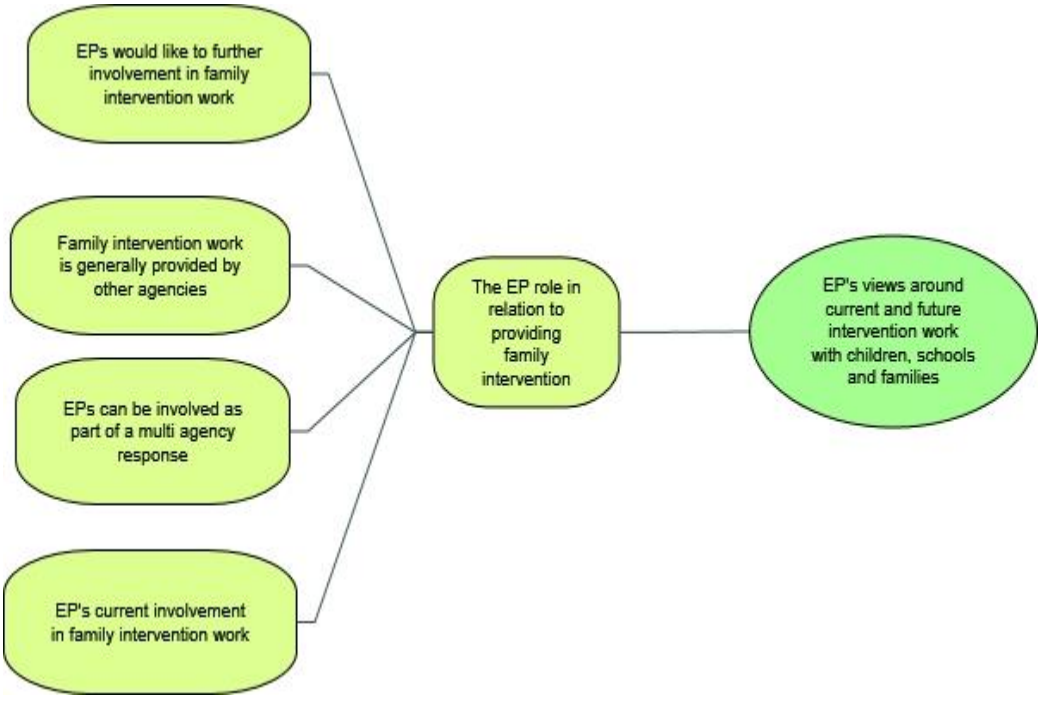

Figure 4. 14: Thematic Map for Theme 2: 'EP role in relation to providing family intervention'

The next strongest theme within the data was the EP role in relation to providing family intervention (see Figure 4.21). This was mentioned thirty times by 28 EPs. A high level of variation was noted within this theme; some EPs expressed a desire to become

much more involved with families (sub-theme i), whilst other EPs appeared to feel this was the role of other agencies (sub-theme ii).

'I would like to get more involved in some type of parent support programme. At present as an EP I work more at the level of school/school staff...' Participant 112, Lines 478-481

A number of sub themes were identified.

Sub theme i: EPs would like further involvement in family intervention work

This appeared to be the strongest sub-theme alongside sub-theme ii). 14 EPs expressed an interest in further engagement with providing support for parents and families.

'*... In my experience, 'parent work' is frequently delegated to other services (e.g. family support workers; specific training courses) which may be useful at times, however do not offer the support and perspective that an EP can bring using a consultative approach'* Participant 68, Lines 304-307

There was some variation within this theme in that some EPs discussed factors that impacted their engagement with family work such as trading, training and confidence (see Theme 4). There was a general sense that EPs were not as involved with family intervention as they would like to be.

Sub-theme ii: Family intervention work is generally provided by other agencies

A further strong sub-theme (14 EPs) was around EPs feeling that this support was generally provided by other agencies, perhaps alluding to the idea that there is not a need for EP involvement in this area.

'In all cases, the schools provided/accessed support for parents, as listed above, via EHA/CIN/CP and/or their own FSWs' Participant 57, Line 241-242

There was some variation in this theme in that some EPs noted they may have a role liaising with others or signposting.

Sub-theme iii: EPs can be involved as part of a multi-agency intervention

A smaller sub-theme (6 EPs) described EP intervention forming part of a multi-agency response to DA.

'*EPs to be better involved in multi-agency responses with this issue'* Participant 48, Line 221

There was variation within this sub-theme in that some EPs described their current multi-agency role in this area, whilst others noted the importance of liaison, signposting and joint working.

Sub-theme iv: EPs' current involvement in family work

5 EPs' discussed their current involvement with family intervention work.

'*We do offer Theraplay group intervention work for children and families who have experienced DA.'* Participant 101, Lines 424-425.

2 EPs described this intervention as part of a multi-agency response.

Theme 3: EPs would like to build capacity in schools around providing a response to DA

The next strongest theme within the data set (25 EPs) was around EPs building capacity within school settings, to support their response to DA (see Figure 4.22).

'Supporting school staff to understand impact of DV (e.g. whole school training)' Participant 32, Lines 151-152.

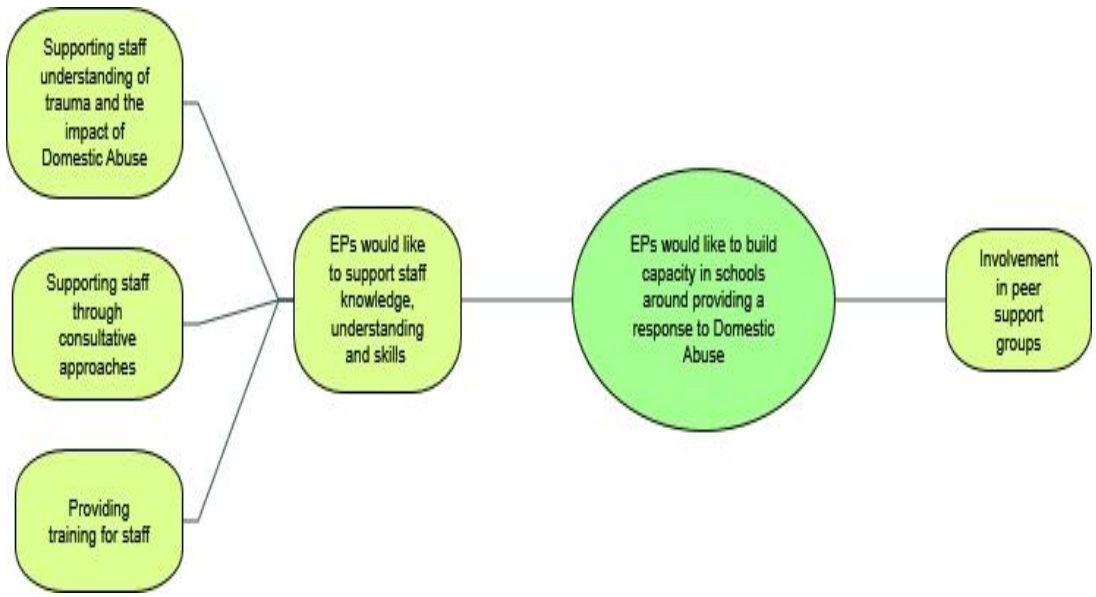

Figure 4.15*: *Thematic Map for Theme 3: 'EPs would like to build capacity in schools around DA'

Sub-theme i: Developing staff knowledge, understanding and skills

The strongest sub-theme (15 EPs) was around supporting staff skills and understanding.

'I would also like to do more training to support staff with understanding and supporting pupils who have been exposed to DA.' Participant 112, Lines 475-477:

There were a number of sub-themes within this sub-theme.

Sub-theme ia) Supporting staff understanding of trauma*/* the impact of DA

This was the strongest sub-theme within developing staff skills and understanding (9 EPs).

'Accessing training on developmental trauma which helps them understand how to better understand and support children who have experienced a range of adversities - included DA.' Participant 35, 166-168

The majority of EPs described training as an avenue to support staff understanding of the impact of DA, therefore this sub-theme is linked closely to sub-theme ib. EPs mentioned the use of attachment theory, understanding of trauma, post-traumatic stress and the impact of trauma on brain development.

Sub-theme ib) Providing training for staff

7 EPs specifically noted they would like to provide training for staff around DA. A small number of EPs discussed trauma and attachment, however the majority of EPs did not expand upon what the training would look like.

'Staff training' Participant 114, Line 476

Sub-theme ic) Use of consultative approaches

Use of consultative approaches to support staff skills and understanding around DA was a slightly less widely cited approach than the use of training, mentioned on five occasions, by 3 EPs.

'group consultation with school staff who work with the child.' Participant 17, Lines 76-77

Group consultation, staff supervision, reflecting teams and psychodynamic supervision were mentioned within this sub-theme.

Sub-theme ii: Involvement in peer support groups

5 EPs expressed an interest in supporting schools with peer support groups.

: '*…facilitating a peer support group'* Participant 30, Line 143

One EP mentioned the use of 'Circle of Friends' peer support group (Newton, Taylor & Wilson, 1996) whilst others did not specify the approach they would take.

Theme 4: EPs feel there are a number of factors impacting upon their ability to provide intervention work in this area

14 EPs provided details regarding a number of factors which impact upon their capacity to provide or support intervention work in this area such as time, trading, and their current level of training (see Figure 4.23).

***'More time** to do direct work with families around supporting and understanding child's behaviour'* Participant 17, Lines 78-79:

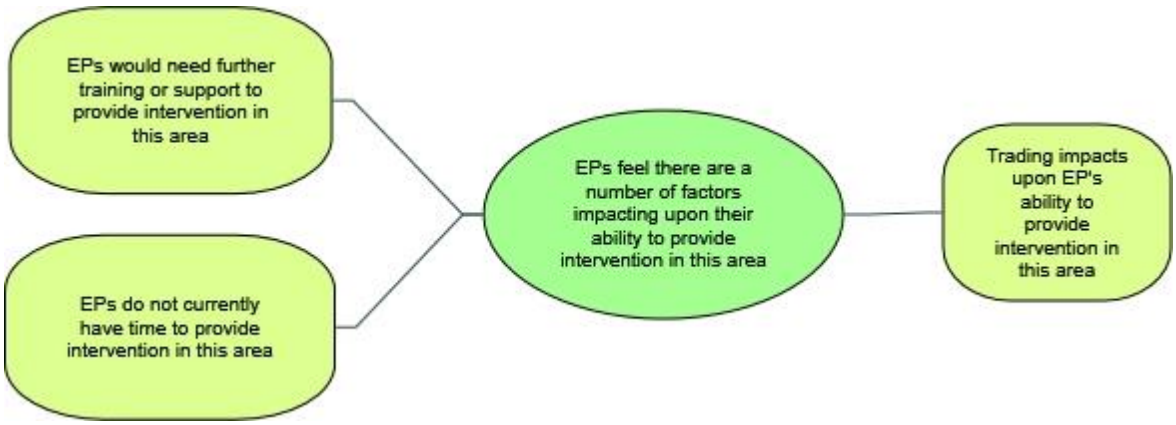

Figure 4. 16*: *Figure to Show Thematic Map for Theme 4 'EPs feel there are a number of factors impacting upon their ability to provide intervention in this area'

Sub-theme i: EPs would need further training or support to provide intervention in this area

6 EPs noted they would need to develop their knowledge base further, some EPs mentioned they felt they would require training in this area. One EP noted a lack of supervision or support.

'…*However, I would worry that I was not sufficiently trained…'* Participant 32, Line 155-156:

Sub-theme ii: Trading impacts upon EPs' ability to provide intervention work in this area

Linked closely to Theme 2, 5 EPs noted that the traded nature of their role might impact upon their ability to provide intervention in this area, giving particular reference to schools as the commissioners.

'As I currently work within a traded team (commissioned by schools)- very little of my work is conducted directly with parents (reflected above). I see this as a big gap…' Participant 68, Lines 292-294

Sub-theme iii: EPs do not feel they currently have the time to provide intervention work in this area

5 EPs noted they did not feel they have the time to support interventions in this area.

'Yes, a lot of the interventions you have mentioned I would like to have the time to use more.' Participant 124, Lines 528-529

Theme 5: EPs would like to be involved with a range of social and emotional interventions in this area

'*the more specific interventions tailored for children. e.g. the expect respect etc.'* Participant 99, Lines 414-415:

14 EPs mentioned a range of interventions they would like to be more involved with to support children, schools and families in response to DA such as Emotion Coaching, the use of a Multi-Element plan and The Expect Respect toolkit however these interventions were not strong enough to form their own sub-theme and represented different types of approaches (attachment, behaviourist and specific DA intervention). Some EPs within this theme provided a more general response for example:

'*Small group interventions.'* Participant 6, Line 30

4.6 Integration of Quantitative and Qualitative results

4.6.1 Research Question 1: What are EPs' views regarding the frequency of DA within their casework?

The median for known and suspected DA was 1-20% of casework; however, the nature of the scale makes it difficult to interpret whether for this group of EPs DA forms a considerable part of their casework. The findings do suggest DA is very relevant to the EP role for some EPs; 32% of respondents reported DA is known in > 20% of their casework whilst 49% of respondents reported suspecting DA in > 20% of their caseload.

Qualitative data was not specifically gathered or analysed in relation to this question, however, some comments indicate a small number of EPs feel they encounter a high level of DA within their casework.

4.6.2 Research Question 2: Are EPs using DA within their case formulation?

The quantitative findings suggest EPs may vary in their use of DA as a significant factor in their case formulation (0% to 81-100%). Again the median value was at the lowest end (1-20%) of casework.

EPs appear to use a range of conceptual models when considering DA within their formulation; attachment theory was the most favoured approach, whilst ecological models were used by 68.5% of EPs. However, EPs appeared less likely to use more specific models around DA and abuse. Qualitative data was not gathered for this question.

4.6.3 Research Question 3: What are EPs' views around exploring DA as a possible factor within casework with schools and families?

The quantitative findings suggests EPs explore DA with schools in SEMH casework more frequently than with parents (median of 41-60% compared to 1-20%) However, there was a high level of variation within the data set with 22% of respondents reporting they explore DA with schools within almost all/all of their SEMH casework (81-100%) whilst equally some respondents did not explore DA in their casework at all. The qualitative findings show further variation; EPs described a range of questioning approaches to the exploration of DA within Theme 1: EPs' use of consultation and consultative skills.

Furthermore, EPs described a range of child-related factors which may prompt their exploration DA, although externalising indicators were the most frequently cited response. Family circumstances (Theme 3) such as concerns about the stability of the family and previous or current involvement of Social Care were cited as a potential prompt for the exploration of DA. This may indicate some EPs feel more comfortable raising DA when children are Looked After or adopted. This links to Theme 4: *EPs will explore DA when it is introduced by others*. Within this theme, some EPs stated they would only explore DA following a disclosure, whilst other EPs shared they would be more likely to explore DA if this was a hypothesis of others or previous documentation stated this might be a relevant factor impacting upon the child or young person.

Finally, a small number of EPs stated that rather than using particular indicators to explore DA they relied on feeling there was a gap in understanding, which appeared to allude to perhaps an intuitive sense or feeling. Alternatively, some EPs noted they explore DA routinely within their casework (Theme 5).

Factor 2 'The position of the EP allowing for the development of co-operative relationships with parents and **EP confidence introducing Domestic Abuse as a topic for consideration'** also relates to this research question, suggesting EP confidence raising DA is of high importance to allow for appropriate work in this area.

4.6.4 Research Question 4: What are EPs' views in relation to current and future intervention and prevention work with children, schools and families around DA?

The quantitative survey findings suggest EPs use approaches from a range of paradigms, however, attachment approaches were the most widely used with schools, with therapeutic and DA specific approaches utilised the least. When working with families, strengths-based approaches were adopted most frequently, whilst again DA specific approaches were utilised the least. The findings also indicate potentially respondents are less involved with families than schools. A number of respondents (22%) reported involvement in systemic work, particularly in schools. Qualitative findings suggest EPs have a range of views regarding their future involvement in interventions around DA. EPs expressed a particular interest regarding future involvement in therapeutic interventions.

EPs shared differing opinions regarding their future involvement in family work, with some EPs expressing they would like to increase their involvement in this area and multi-agency family intervention whilst others noted other agencies were providing this work and that it was perhaps less relevant to the role of the EP.

A number of EPs expressed a desire to support staff knowledge and skills through supporting their understanding of trauma, training and consultative approaches. In addition, EPs identified factors which may impact their ability to provide intervention in this area such as; trading, time and their knowledge and skill set. This triangulates findings from the Factor Analysis (i.e. Factor 1: Training and ongoing supervision in order to support EP knowledge and skill in this area).

4.6.5 Research Question 5: What do EPs' feel are important factors impacting upon consideration of DA within their formulation and providing support around DA?

The following factors were identified in the study:
Factor 1: Training and ongoing supervision in order to support EP knowledge and skill in this area

Descriptive statistics also indicate a number of EPs have not accessed specific training at university or as part of their continued development and thematic analysis identified a need for further training.

Factor 2: The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing Domestic Abuse as a topic for consideration

Thematic analysis identified some EPs introduce DA whilst others explore DA when introduced by others and that EPs vary in their views on intervention work with families.

Factor 3: Educational Psychology Service Policy and priorities establishing a clear role for EPs around domestic abuse

Descriptive statistics indicate a considerable number of EPs are not aware of LA or EPS policy around DA. Thematic analysis indicated some EPs felt work around DA is provided by other services and that DA is not currently a priority within the role.

4.6.6 Research Question 6: What do EPs' feel their unique role could be in relation to supporting children, schools and families around DA?

Most EPs agreed (52.8%) or strongly agreed (32.6%) there could be a unique role in relation to DA for EPs.

The strongest themes suggest the position of the EP allowing support across different levels and facilitating collaboration (Theme 1) and the application of psychology (Theme 2) are the unique aspects the EP can bring to support around DA. However there was also a large degree of variation within the data set; some of the EPs surveyed felt they could have a wide-ranging role beyond that of individual casework encompassing systemic work and training (Theme 3) whilst other EPs felt their role was not unique in this area (Theme 5), that EPs do not have currently have the skill set to work in response to DA (Theme 7) and that DA was not a priority aspect of the EP role (Theme 6). In addition, some EPs felt they could have a role around DA but stressed the importance of a collaborative multi-agency response

Chapter 5: Discussion

5.1. Research purposes

The overall purpose of the survey was to gain an understanding of EP practice nationally, in relation to supporting children and families who have been exposed to DA. The research also sought to raise EP awareness of DA as an area relevant to their work.

More specifically, the survey aimed to explore variations in EP practice and whether EPs were identifying and exploring DA as part of their casework, as previous research has indicated this may not be the case (Gallagher, 2014). The qualitative strand of this research sought to provide further insight into how and when EPs may explore DA.

Previous studies note a potential lack of awareness in terms of DA-specific resources and intervention (Heath, 2015), whilst other doctoral theses suggest the EP has a complex relationship with working closely with families (McGuiggan, 2017). This study sought to explore current and future EP practice in relation to supporting both schools and families as a response to DA. Additionally, the survey sought to explore EP involvement at a more systemic level. Anecdotally, prior to conducting the research, the researcher became aware of huge variation with practice: some EP colleagues *were* working at a systemic level around DA, whilst others suggested responding to DA is not within the EP remit. This researcher aimed to explore this potential variation further.

Furthermore, the survey sought to identify potentially important factors essential to empowering EPs to consider DA and provide appropriate support and develop understanding in this area. Finally, the researcher hoped to explore EPs' views in relation to their unique role in this area, as within initial discussions the topic seemed to polarise EP opinion (Cort and Cline 2017).

Ultimately, the research aimed to explore current EP practice around DA, the important factors impacting upon this work and EPs’ thoughts about their potential future role.

5.2 Summary of findings related to extant literature

5.2.1 Research Question 1: What are EPs' views regarding how frequently they encounter DA within their casework?

Respondents reported encountering DA and suspecting DA on average 1-20% of their casework, with variation across 0% to 81-100% for known DA and 1-20% to 81-100% for suspected DA. However, only 1.57% of respondents (one TEP and one EP) responded that they have had no cases in which DA is known and all EPs had suspected DA in at least one piece of casework.

Unfortunately, the nature of the scale makes it difficult to note whether this represents a considerable part of casework. However, as noted for 33% of respondents they felt DA was known in > 20% of their casework, whilst 49% of respondents suspected DA in >20% of their casework. This provides further support for previous literature indicating DA is a routine part of EP casework, thus an important area for EPs to be aware of (Dodd, 2009; Heath, 2015; Gallagher, 2014; Stanton, 2017).

5.2.2 Research Question 2: What are EPs' views around the frequency of using DA as a factor within their case formulation?

64% of EPs within the study report considering DA within their formulation in around 1-20% of their casework although there was variation across the data. Gallagher's (2015) small-scale study tentatively suggests some EPs may not be considering DA within their formulation. However, within this study, 98% of participants reported considering DA as a factor within their formulation at least once in the past two years and 33% of participants reported considering DA as a significant factor within >20% their formulations. Response bias may have occurred and accurate recall may have been difficult, nonetheless, some EPs *are* using DA in their formulations, even though it is difficult to say whether they are adequately identifying DA within their formulation.

All respondents reported the use of Attachment theory (Bowlby, 1969) to support their case conceptualisation around DA. Research indicates exploring the impact of DA on the child-parent relationship is important within DA work (Osofksy, 2018, Cort and Cline, 2017) suggesting EPs may have a good understanding of this. However, there are a number of criticisms levelled towards attachment theory. Levendosky, Huth-Bocks and Bogat (2011) suggest that attachment theory focuses upon the individual as the focus for change rather than wider social factors and that attachment theory can be deterministic as attachment styles can change over time (Baldwin & Fehr, 1995). Heath (2015) therefore suggests that attachment theory should be utilised alongside an ecological approach (Heath, 2015). Promisingly, 67% of respondents reported using an ecological approach to aid case conceptualisation in this area (Bronfenbrenner and Morris, 2006), as well as other holistic approaches such as resiliency models. Social Learning Theory (SLT) was also widely used by EPs in the study; however SLT was not felt to provide a holistic conceptualisation of DA, despite historically being the only theory utilised for understanding the impact of DA (Carlson, 2000).

Low numbers of EPs reported using the more DA/abuse specific models (Pence & Paymar, 1993; Cicchetti & Lynch,1993) suggesting EPs may not be engaging with specific literature in this area (Heath, 2015; Gallagher, 2014). EPs may feel it is adequate to adopt a more general approach to their casework as noted in Heath (2015), which is discussed further later in the chapter.

5.2.3 Research Question 6: Do EPs' feel they have a unique role in this area? What could this potential future role be?

Promisingly, the majority of EPs surveyed could see a unique future role for themselves in responding to DA. A small number of participants did not see a potential unique role for themselves in this area, indicating some level of disagreement among participants. The qualitative data can help to illuminate these responses, particularly **'Theme 5: The EP does not currently have a unique role'.** Some EPs suggested a potential collaborative role for the EP but felt that what they offer is not unique, whilst others echoed previous findings suggesting the EP 'is not a frontline service' (Cort and Cline 2017; Heath, 2015; Gallagher, 2014). Bradbury-Jones and Broadhurst (2015) note health professionals have also expressed the view that DA is not part of their role. However, policy and research suggest DA must be addressed via a multi-agency response, including health and education staff (Byrne and Taylor, 2007; VAWG, 2016).

Some EPs could see a much clearer role for the EP; the *position* of the EP was a strong theme that was suggested to be integral to the uniqueness of the EP role in response to DA. Eco-systemic theory (Cooper and Upton, 1990) describes the importance of the EP position as an external agent remaining 'meta' to the system and working with both the family and the school (both sub-themes) to promote more positive interactions.

A further sub-theme suggests the '**Position of the EP allows support for families'**, indicating a potential EP role in this area. Conversely, some EPs suggested they have limited involvement with families and would like to see their role expand in this area (see intervention sub-theme in TA 2).

Other sub-themes include '**EPs can facilitate information gathering and sharing between systems'**, **'EPs can support collaborative intervention'**, and **'EPs utilise an interactionist perspective'.** This suggests EPs feel they can have a facilitative role in terms of the child's mesosystem, as discussed in eco-systemic theory (Cooper and Upton, 1990) and Bronfenbrenner's ecological systems theory (1979). Considering DA within an ecological framework to ensure intervention focuses on a range of systems across home and school, rather than the family system exclusively, is important to ensure a collaborative approach (Sterne, Poole, Chadwick, Lawler & Dodd, 2010, Heath 2015). Furthermore, the use of an interactionist perspective highlights the potential of the EP role to expand the thinking of others beyond a medical model of needs, which is particularly relevant in cases of DA that may potentially be misattributed as ADHD (Sterne, Poole, Chadwick, Lawler & Dodd, 2010; Hill and Turner, 2016).

The role of the **EP to support others to understand the child or young person's needs from a psychological perspective'** was a further strong theme identified. Making the effects of DA visible is highlighted as an essential part of the EP role by a range of previous studies (Gallagher, 2010, 2014; Heath, 2015; Cort and Cline, 2017; Stanton, 2017) and as noted may be important to ensure children are not inappropriately medicalised (Hill and Turner, 2016.

There were no sub-themes in terms of particular *psychological theories*, which could indicate EPs draw upon a *range* of models, as suggested by the quantitative data. However, when exploring the EP role in relation to interventions, trauma and attachment were discussed.

A number of EPs identified a potential role for EPs **extending beyond that of individual casework,** working systemically and preventatively. Hill and Turner (2016) suggest it is vital that EPs work in a preventative and systemic way, providing community-based services. A number of studies have suggested EPs could have a key role in this area (Gallagher, 2010; Matthewson, 2011; Ley, 2011).

EPs identified the importance of a multi-agency response within Theme 4 '**The EP role is part of a collaborative multi-agency response'**. EPs highlighted the importance of liaison and signposting, which links to studies suggesting professional fear around a lack of referral pathway/ agencies able to provide support as a barrier to professional engagement with DA (Farbood, Adelman and McKinnon, 2012). In addition, a range of policies and studies suggest DA must be addressed by a multi-service response supporting the survivor and the child (VAWG, 2016; Graham-Bermann et al, 2007, Stanley 2011), thus it is promising that some EPs recognise their role within this.

Further interesting themes, such as **Theme 6: DA is not currently a priority within the EP role;** and **Theme 7: The EP does not currently have the knowledge and skills for a unique role in this area'** will be discussed in relation to the Factor Analysis as they link particularly closely to this data.

5.2.4Research question 3: What are EPs' views in relation exploring the possibility of exposure to Domestic Abuse with school staff and families due to concerns around SEMH?

The data indicates *some* EPs explore DA with school staff in a considerable amount of their casework involving SEMH (median of 21-40%). However, these findings must be interpreted in line with potential response bias and the unrepresentative sample of EPs, possibly with a special interest in DA.

The data showed variation, with 5.6% of respondents reporting they have not explored DA in their SEMH casework with school staff over the past two years, whilst 23.2% of respondents reported having explored DA with school staff in *all or almost all* of their SEMH casework. This suggests a very high level of variation in EP practice, which is unlikely to be *fully* explained by variations in location (higher or lower levels of DA) or caseload, due to the high prevalence of DA across the country, and the significant

percentage of children exposed to DA who show externalising behaviours (Calder, Harold and Howarth. 2014).

EPs were less likely to ask families about DA (median 1-20%), potentially indicating EPs are more confident exploring this with schools.

The qualitative data helps to illuminate EPs' views around exploring DA further as ***'EPs routinely explore DA within their casework'*** **(Theme 6*)*** and the sub-theme ***'EPs introduce the topic of Domestic Abuse for exploration within consultations'*** were identified**.** Some EPs noted exploring DA was a routine aspect of their practice and in a small number of cases this was supported by a consultation framework, which was found to support EPs' exploration of DA by Heath (2015).

Conversely, a number of EPs reported they would only tend to '***Explore DA if this was introduced by others'*** (Theme 4), indicating a potential lack of confidence 'breaking the silence' surrounding DA (Stanton, 2017; Gallagher, 2014; Heath, 2015). Gallagher (2014) suggests the fear of discussing DA can silence professionals and is part of a minimising discourse in which children and young people are the invisible victims of DA. EPs who are reluctant to introduce DA *may* feel emotions such as fear of offending the parent and concern around damaging relationships, as found in studies across nurses, midwives, doctors and EPs (Elliot, Nerney, Jones and Friedman, 2003, Mezey, Bacchus, Haworth and Bewley, 2003, Frost, 1999, Gallagher, 2014, Heath, 2015, Stanton, 2017). Factor 2 '**The position of the EP allowing for the development of co-operative relationships with parents and EP confidence introducing DA as a topic for consideration'**' (calculated to be the most important factor within EP casework in this area) indicated EPs' concerns around developing a relationship with a parent *whilst* confidently introducing DA as a topic for discussion and providing support for the notion that EPs have similar concerns to other professionals in this area. It is of interest that a number of systematic reviews such as Todahl & Walters, 2011) suggest survivors are comfortable being asked about DA, in a private and sensitive way. This research is largely related to women's views of health professionals exploring DA, therefore it cannot be assumed to apply to education staff. Nonetheless all statutory agencies have a responsibility to identify DA (VAWG, 2016). In addition, some EPs discussed being led by the consultee, which may explain reluctance to introduce the topic, and whilst a sensitive exploration is essential (Cort and Cline, 2017) DA is generally unlikely to be disclosed unless people are asked (Bacchus, Mezey and Bewley, 2003, McLeer, Anwar, Herman & Maquiling, 1989).

Some EPs shared that they would explore DA due to child-related factors, with the most frequently cited prompt being externalising behaviours, as also found by Heath (2015) and Gallagher (2010). However, EPs also shared they would explore DA due to internalising factors, suggesting some understanding of the wide-ranging impact of DA and potential indicators. This finding is similar to the research of Byrne and Taylor (2007), in which social workers and teachers identified externalising *and* internalising factors as key potential indicators of DA. Wider factors around other areas of development were given less attention by respondents, however, it is important to note that the preceding question had asked participants about DA in SEMH cases and this may have primed the response. Nonetheless, indicators around learning and attention were mentioned by very few participants, indicating the potential impact of DA on learning and attention *may* have been overlooked as noted by Sterne, Poole, Chadwick, Lawler & Dodd (2010)

A further theme suggested EPs may use family circumstances as a prompt for the exploration of DA**.** Sub-themes included '***Previous or current Social Care involvement'***, indicating *perhaps* EPs felt more comfortable exploring DA when this was historic and/or known to other agencies. Whilst this could be a useful prompt, many children exposed to DA will not have Social Care involvement (Sterne, Poole, Chadwick, Lawler & Dodd, 2010, Izzidien, 2008), indicating some EPs may be using too narrow a prompt to explore DA. Other factors around family stability such as separation and parental mental health were raised, suggesting knowledge of the potential impact of DA on parental mental health.

A subgroup of EPs appeared to describe exploring DA as a consequence of 'a feeling' or intuition. Munro (1999) suggests intuition can be helpful in cases of safeguarding; however, he suggests intuition should be used alongside a process in terms of safeguarding concerns. Some of the participants described using intuition alongside other indicators, which appears to be an appropriate approach, whilst the small number of EPs who utilised intuition alone may be supported by developing their knowledge of potential indicators and by following a process (Munro, 1999) or a service policy.

Finally, a strong theme was identified regarding the use of consultation and consultative skills. Gallagher (2014) notes the importance of EPs opening up the discourse rather than 'being silenced'. Within this theme EPs described a varied approach; some EPs noted they would explicitly mention DA; whilst others shared they

would use more general language and/or would specifically avoid this term. Cort and Cline (2017) advocate for the importance of sensitive exploration, careful use of language and ensuring attribution of blame is not implied through language. However, as noted, research suggests information regarding DA may be unlikely to be raised unless survivors are asked (Bacchus, Mezey & Bewley, 2003), therefore it may be difficult for EPs to manage this sensitively.

5.2.5 Research question 4: What are EPs' views around their current and future involvement with prevention and intervention work with children, schools and families in relation to Domestic Abuse?

EPs reported utilising attachment approaches most frequently to support schools in cases of DA. A multitude of literature (e.g. Cort and Cline, 2017; Dodd, 2008) suggest that supporting the parent-child attachment is vital following exposure to DA, however, attachment approaches were reportedly less widely used with families despite the strong evidence base. Furthermore, evidence-based practice such as Theraplay, used in the study by Dodd (2009), was removed from the attachment scale due to a low Cronbach's alpha (as it was reported to not be widely used). Therefore EPs may not always be drawing upon more specific evidence-based interventions in this area.

Nonetheless, it is promising that EPs utilised a strengths-based approach, as suggested by Cort and Cline (2017) and Osofsky (2018), to recognise and support family resilience, which may be particularly helpful as parents may be feeling complex emotions around attribution of blame and lowered self-esteem.

'DA specific approaches' were less commonly utilised across both schools and families. Whilst it is noted that a 'DA specific' response is not always needed the researcher suggests EPs should be aware of these resources. For example, the 'Talking about DA workbook' (Humphreys, Mullender, Thiara and Scamballis2006) has been positively evaluated as supporting the parent and child to discuss their feelings about the experience, so as to reduce any feelings around self-blame for the child and to improve the parent-child relationship. 80% of respondents reported they have not used or recommended DA specific tools such as this in their casework in the past two years.

In addition, the findings suggest EPs are not recommending/supporting schools to promote relationship education, despite Ofsted (2017) suggesting all statutory agencies

must work preventatively around DA, and Gallagher (2014) highlighting a potential role for EPs around supporting schools with relationship education. EPs may not see this as part of their role, or may simply lack knowledge around specific tools in this area.

Within this section, it is important to note, as suggested by some participants, that EPs are likely to use a personalised approach to intervention. Nonetheless, Corrie and Lane (2006) suggest psychologists may favour particular frameworks and approaches within their casework. DA is described as qualitatively different to other types of EP casework (Gallagher, 2014; Heath, 2015), and the lack of a specific approach may indicate EPs do not feel this is the case and favour more general approaches.

Therapeutic approaches were the second least commonly used approach; however, within the qualitative analysis EPs expressed an interest in further involvement in this area. This echoes the small-scale findings of Gallagher (2014) in which EPs identified a potential role providing therapeutic intervention in cases of DA. Theraplay was the most commonly cited approach, which is suggested to be a helpful approach in schools (Francis, Bennion & Humrich, 2017) and when working with mothers and children exposed to DA (Dodd, 2009). It is perhaps also of interest that this is an attachment-based approach, a potentially favoured approach with EPs. Some EPs mentioned that factors such as trading, training and funding may impact upon their ability to provide this type of work. Atkinson, Squires, Bragg, Muscutt & Wasilewski(2013), in their large-scale survey of EP practice, also identified these factors as barriers to EPs providing therapeutic work in general.

The next strongest theme was around the EP role providing family intervention. EPs presented divergent views in this area, such that some EPs expressed an interest in further involvement in family work. McGuiggan (2017) had noted some similar findings, as some EPs in her small-scale study shared that ideally they would work more closely with families. Other EPs suggested **'Family intervention work is provided by other agencies' (Theme 2 sub-theme ii),** with some EPs appearing to suggest this was not part of their role. Peake (1999), MacKay (2006) and McGuiggan (2017) note that some EPs view their role as providing a psychological service to schools, rather than providing a community psychology service to support the most vulnerable. However, MacKay (2006) suggests the separation of school and the community is a false dichotomy, and that the EP is well placed to develop a community-based role. Conversely, the finding may reflect some EPs working in areas where there is

comprehensive support available for children and families, as Stanley (2011) suggests provision is variable.

EPs appeared to see a clearer intervention role for themselves in schools in Theme 3 **'EPs would like to build capacity in schools around providing a response to Domestic Abuse'.** Within this theme, a range of possible interventions were discussed, such as developing staff knowledge, understanding and skills, supporting staff understanding of trauma and the impact of DA, providing staff training and using consultative approaches to support staff. Ellis (2012) identified an increase in teacher confidence responding to disclosure and identifying possible DA following training and suggests a role for EPs in the provision of training for school staff. Within the survey, 20 EPs reported involvement in providing staff training, indicating some EPs are already engaged in this type of work. Furthermore, peer support groups (as suggested by the young people in Worrall's doctoral thesis, 2013) and the provision of a range of social and emotional interventions, were mentioned by a number of EPs. This is a promising avenue for support, particularly as children within a study by Mullender (2002) rated teachers as their most helpful support, followed by specialist DA services. Supporting schools may also fall more neatly into some EPs' perception of themselves as a school support service.

Within the quantitative survey, the least cited systemic interventions (0%) were supporting national policy, approaches around perpetrator prevention and supporting mother-child groups, despite previous literature indicating this as a potential area for EP involvement (Dodd. 2009; Ley, 2011; Curtis, 2010). However, EPs reported they are supporting access to evidence-based interventions such as mother-child multi-agency intervention. Therefore whilst they may not be currently involved in the planning, delivery and evaluation of this type of work, in some services they are able to signpost families to appropriate provision. EPs, therefore, do appear to identify a potential intervention role at a range of levels: working individually using therapeutic approaches and a range of social and emotional interventions, supporting young people at the level of the peer group, supporting school staff and families and working at the systems level. However, there was some variation within the data, with some EPs appearing less keen on a family intervention role, and some EPs citing barriers such as their knowledge and training, time and trading.

5.2.6. Research Question 5: What do EPs feel are important factors impacting upon consideration of DA within their formulation and providing support around DA*?*

5.2.6 (i) 'Training and ongoing supervision in order to support EP knowledge and skill in this area'

Factor 1 was deemed important by participants and was supported by evidence within the qualitative and descriptive analysis such as; ***Theme 7: 'The EP does not currently have the knowledge and skills for a unique role in this area',*** and ***Theme 4: 'EPs feel there are a number of factors impacting upon their ability to provide intervention work in this area'***. In addition, descriptive statistics suggest 50.4% of EPs surveyed did not receive training around DA within their initial training course, indicating EPs *may* not have received adequate training around DA. Turner's 2017 meta-analysis suggests current safeguarding training does not adequately cover DA and that professionals across a range of sectors do not have adequate knowledge regarding DA. This study was conducted In the USA, nonetheless, UK studies around the role of the EP also indicate a need for the development of knowledge and understanding around DA (Stanton, 2017; Heath, 2015; Gallagher, 2014). Gallagher (2014) suggests DA may pose significantly different challenges to EP work than other types of casework: therefore it is likely to be extremely important EPs have a good understanding of DA and the related challenges prior to embarking upon a role as a qualified EP. Further evidence of the complex nature of DA can be noted within the statements in Factor 1, which note the importance of safe working practices, attribution of blame and managing frustrations. Quality supervision for EPs is likely to be important in order to manage the emotional labour and complex nature involved with this type of casework, Ellis (2012) having noted the potential for secondary trauma in teachers working with children who have been exposed to DA.

5.2.6 (ii) Factor 3: 'Educational Psychology Service Policy and priorities establishing a clear role for EPs around Domestic Abuse'

Factor 3 reflected the perceived importance of items such as EPS priorities, opportunities for joint work and EPS policy highlighting a clear role for EPs around DA. 'This factor was also identified within the thematic analysis by a small number of EPs who suggested DA was not currently a priority within the EP role and that EPs saw themselves within a multi-agency response.

A multitude of research suggests the importance of prioritising DA within EP work (Stanton, 2017; Gallagher, 2014; Worrall, 2013) with previous research suggesting DA has historically not been prioritised within education (Gallagher, 2014). The factor may indicate that EPs do not currently feel they have a clear role in terms of DA: DA crosses boundaries of health, social care and education and current findings and prior research suggest professionals may be unsure of their role in terms of providing support (Stanley, 2011; Turner et al 2017). It is hence argued that a clear multi-agency policy is needed.

Furthermore, despite the importance of EPS policy in this area having also been identified by Gallagher (2010), only 37.8% of EPs surveyed reported they were aware of their Local Authority Policy around DA and only 9.4% were aware of a specific policy for the EPS within their service.

5.3. Methodological strengths and limitations

5.3.1 Introduction to section

This section will discuss the key methodological strengths and limitations of the study to allow the reader to interpret the above outcomes of the research alongside this evaluation of the quality of the research.

5.3.2 Evaluation of the survey tool

The researcher developed the survey utilised in the present research in response to the lack of any other tools being available. The survey was developed through the use of pilot study and from the currently available literature, drawing particularly on studies by Heath (2015) and Gallagher (2014). Whilst the survey had a number of strengths – for example, it was felt to be easily accessible and interpretable- there are also some important limitations that should be acknowledged.

The high dropout rate within the study may suggest the survey was too long. The researcher took a number of actions to increase the quality of the survey following preliminary feedback within the pilot study (see methodology for further details) –for example, Likert scales (rather than open-ended questions) were utilised as an attempt to aid recall- however, this increased the length of the survey further and some questions were removed to shorten the survey. On reflection, the researcher suggests

the length of the survey might have been decreased further, in order to increase response rate and reduce potential measurement errors, such as fatigue.

Much consideration was given to the Likert scale employed. It was felt that consistency throughout the survey would be of paramount importance. However, on reflection, the Likert scale might have been improved through the use of phrases such as ‘Rarely' and ‘Often', as there is a considerable difference between encountering DA in 1% compared to 20% of casework. Although bounded recall was used as an attempt to support responses, EPs may have found it difficult to accurately depict the frequency of encountering DA and using particular approaches to intervention. Conversely, the objective percentages may have aided EPs recall and are perhaps less subjective than the use of language within a scale.

Inherently, social desirability is a possible limitation of survey research (Oppenheim, 1998). Respondents may have felt under pressure to respond a certain way, particularly as a response to question 8a, which asked if EPs agreed with the statement ‘There could be a unique role for the EP'. Respondents were aware of the nature of the study in exploring the EP role in this area, and thus may have felt it would be socially desirable to show *agreement with* the above statement.

In addition, the analysis of the survey could be criticised in that it largely relies on descriptive statistics. However, Oppenheim (1998) suggests surveys should be either descriptive or analytical and a descriptive exploratory approach was felt to be appropriate to this large-scale exploratory research.

Finally, a further potential criticism of the survey is that, of course, young people who have experienced DA are not a homogeneous group, and the interventions recommended or implemented by EPs are likely to be dependent on a range of individual and contextual factors. It was not possible for the researcher to identify all potential interventions an EP may use; therefore clearly some of the measures may lack validity.

It is acknowledged that there is the potential that the survey is viewed by some as attempting to ‘label’ young people who have been exposed to DA. This is a particularly complex issue, in that DA is often stigmatised and hidden. Whilst it is important to increase awareness and visibility of DA and the ***potential*** impact of DA on children and young people, it is imperative to recognise that all children and young people have their

own individual needs. Nonetheless, the findings do suggest EPs may favour particular approaches - such as attachment-based approaches - in their casework, and as such, the conclusion drawn here are potentially of some value.

The above limitations are likely to have impacted upon both the internal and external validity of the survey, however, and the reliability of the findings must therefore be considered when interpreting findings.

5.3.3 Sample

The sample within the current study is relatively large scale (127 participants), however, the lack of random sampling and the under/over-representation of particular regions limits the generalisability. Furthermore, the high attrition rate of participants may suggest those participants who provided a full response were more motivated by the topic of study than those who did not, suggesting further measurement error.

Despite this, as noted earlier, the study *has* allowed for exploration of EP practice and views on a considerably larger scale than any other previous studies, and in so doing has provided a valuable insight into this area of practice, largely echoing and adding detail to the findings of previous smaller-scale studies.

5.3.4 Use of Principal Components Analysis

The utility of factor analysis is said to be largely dependent upon the methodological choices and the implementation of these choices (Fabrigar, Wegener, MacCallum, Strahan, 1999). Within this study, the researcher believes generally sound methodological decisions were made, although some limitations are evident.

The first decision point within a factor analysis is the sample (discussed above). In relation to the sample size, 100 participants is suggested to be adequate particularly if communalities are above .7 (Brace, Kemp and Snelgar, 2016). Unfortunately, within this study, some communalities were around .5 to .6 suggesting a larger sample size may have been helpful.

The next decision point is the choice of variables. Here, previous literature and doctoral theses –along with a small pilot study - were utilised, but perhaps a more detailed preliminary stage may have been useful in terms of gathering variables - as irrelevant

variables can potentially obscure findings (Fabrigar, Wegener, MacCallum, Strahan, 1999).

The type of factor or components analysis is another key decision point, with some criticism having been levelled towards Principal Components Analysis in that loadings can be inflated within the approach (Fabrigar, Wegener, MacCallum, Strahan, 1999). In order to counter this, the researcher ensured stringent criteria for the inclusion of variables (a high communality and factor loading) to reduce the likelihood of inappropriate variables being included in the factor model. In addition, as a reliability check, the analysis was conducted using Principal Axis Factoring which resulted in the same structure, suggesting a strong model.

Another key decision point and an area in which Factor Analysis and Component Analysis are criticised for being too subjective relates to the decision regarding the number of factors to draw out (Ford, McCallum & Tait, 1986; Fabrigar, Wegener, MacCallum, Strahan, 1999). Within the current study a range of indicators, including the eigenvalues and simplicity of factor solution- were utilised to support the decision, thereby increasing the utility of the findings. The research might be criticised for possible 'under factoring' i.e. including *too few* factors in the final model - however, the methodological decision points were justified and strong. The researcher also aimed to reduce subjectivity through the use of an independent panel within the factor naming process.

Whilst EFA is criticised as being a potentially subjective approach (Costello and Osborne, 2005) the researcher took appropriate steps to limit the impact of this. Nonetheless, the researcher recognises a different researcher who took different decisions may have produced slightly different results.

5.3.5 The use of thematic analysis

Potential limitations of the thematic analysis are discussed below. However, a number of steps were taken in order to increase the trustworthiness of the analysis and high inter-rater reliability was found for each analysis.

Whilst there appears to be good triangulation between the quantitative and qualitative aspects of the study, the researcher notes that participants' qualitative responses may have been prompted by the quantitative statements provided within the survey, such as

different types of intervention and potential factors supporting EP practice. Whilst the open-ended responses aimed to allow participants to openly share their lived experience, the responses may have been primed by previous survey questions. The researcher was unable to use member checking due to the nature of the web-based survey, and of course was unable to probe respondents for further detail which can also limit 'trustworthiness' of the findings. However, many themes echo previous small-scale interview research in the area, supporting their dependability and trustworthiness.

Furthermore, the researcher conducted three separate analyses in accordance with each research question, so as to allow for clarity and structure within the study. Upon reflection, due to the overlap within the research questions, analysing the data overall in one thematic analysis *may* have been helpful in increasing the depth of understanding within the study.

A surface level semantic approach was taken within the study, which could be criticised due to a lack of depth within the findings. However, the researcher notes the aim of the study was to connect themes across participants, thus the approach used matches the purpose of the study (Joffe and Yardley, 2004).

Despite the limitations detailed above, the study was large scale with a high number of respondents providing data, and the emergent themes certainly helped illuminate the quantitative findings.

5.3.6 Mixed methods design and quality of inference

The research utilises a mixed methods design, with qualitative data helping to illuminate the quantitative findings from the survey and factor analysis. Some of the criticisms levelled at factor analysis and thematic analysis i.e. that they are subjective and lacking in depth (Attride-Stirling, 2001; Costello and Osborne, 2006) are similar, and need to be borne in mind.

However, the data is largely triangulated by the use of a quantitative and qualitative approach providing further insight than either method alone, thus using a mixed methods approach with strong analytical adequacy is felt to be a strength of the design. Additionally, the previous research in this area is predominantly small scale and qualitative in nature: the current mixed methods study is the first of its kind in the area.

The researcher suggests there is conceptual consistency in the quantitative and qualitative data, with a helpful triangulation of data as noted.

All participants were given the opportunity to provide both quantitative and qualitative data; however, not all participants chose to provide qualitative data. This may suggest those who provided a response were qualitatively different to those who did not, perhaps being more motivated or perhaps holding stronger views. This must be considered when exploring the research findings.

Further criticisms of mixed methods approaches include the 'incompatibility thesis' (Howe, 1988), suggesting it is inappropriate to mix qualitative and quantitative methods. However, the researcher feels that, as described above, there is a strong justification for the approach within the current study.

5.4 Implications for practice

The findings from the current study have numerous implications for service managers and EPs.

5.4.1 Service Managers

The data suggest that EPs are likely to encounter children who are exposed to DA within their casework; however, EPs are not always aware of LA or EPS policy in this area. In addition, the FA and TA suggest that EP services perceive an importance to prioritising DA within EP services. The researcher suggests, therefore, that Service Managers and Local Authorities might seek to ensure EPs have access to a clear policy, outlining their role and responsibilities in this area, as well as –where possible- the likely role of other professionals. Essentially, service managers should recognise that EPs are very likely to be encountering children and families exposed to DA, and therefore support staff to respond appropriately.

Some EPs appear to be considering DA in their formulation more often than others, and whilst prevalence of DA and the nature of the EP's caseload may impact upon this, it is also likely that some EPs will have greater knowledge around DA. Service Managers may like to utilise those EPs with greater knowledge and experience around DA to support the sharing of good practice locally. Service managers might reinforce

the importance of an ecological systems approach to the conceptualisation of DA, introducing more DA specific models into the EP toolkit.

The findings also suggest variation exists in how EPs explore DA with school staff and families in SEMH casework; for some EPs this is reportedly occurring frequently, whilst other EPs note less engagement with this. Taken alongside the findings of the FA, this may suggest EPs could benefit from additional training, support and high quality supervision to support their confidence and skills around the exploration of DA and exploring DA sensitively whilst maintaining a relationship with parents. An EP with a specialist role in this area may support practice further.

EPs reported the use of a range of intervention approaches, and a desire to become more involved with therapeutic approaches. Services might consider how increased engagement with therapeutic work around DA can be enabled, taking into account the barriers discussed, such as trading, time and level of knowledge and skill. In terms of working with families, the findings may suggest changes to commissioning arrangements of EPs may be beneficial in expanding the EP role in this area to allow for family intervention.

Some EPs reported engagement in systemic work around DA, thus the sharing of practice between Service Managers may allow for the development of systemic work in wider services.

The FA highlights the importance of *training and ongoing supervision* to support EP knowledge and skills in this area. The items within that factor suggest it may be important for Service Managers to ensure EPs have: a good understanding of the dynamics of DA and ‘helpful' attributions, awareness of safe working practices, an understanding of a range of appropriate interventions and appropriate time to complete the work.

EPs tended to see a unique role for themselves around DA; however, a small percentage of EPs did not or were unsure of their role. Service Managers may like to build in findings from this study, such as the position of the EP supporting work in this area and the sharing of psychological understanding with others, as key unique aspects of the role into policy. However, further collaborative exploration and discussion may be needed within the EPS to support EPs to feel DA is within their remit.

5.4.2 EPs

The findings suggest EPs should be aware of DA as a potentially relevant experience of children and families they are working with. EPs may like to develop their awareness and knowledge around DA and familiarise themselves with current policy. This could occur through joint working and the sharing of practice among EPs, as the findings suggest some EPs are highly engaged in practice around DA at both the casework and systems level. Following the distribution of the survey a number of EPs have contacted the researcher and expressed an interest in setting up an interest group for EPs, which could further support the development of practice in this area.

EPs may also like to build upon their consultative approaches to support questioning around DA and develop their knowledge of DA specific interventions. In addition, EPs may like to share the range of approaches they can use to build capacity in schools around DA, such as consultation, supporting staff understanding of trauma and DA, training and peer support groups. It will be important for EPs to evaluate the outcomes from their work in this area.

5.5 Implications for further research

5.5.1 Quantitative approaches

There are a number of potential implications for further research in this area.
The current study did not measure EP self-efficacy, knowledge or skill around responding to DA, however, the findings indicate these may be important areas for further exploration. In addition, further research might include variables such as prevalence of reported DA in the local area, additional information regarding the EP caseload and a scale measuring frequency of casework involving DA that has a smaller percentage range (for example 0-10%, 10-20% etc), in order to create a clearer picture of EP involvement around DA and the influence of different factors. A Structural Equation Modelling approach or regression analysis could be utilised to explore the relationships between different variables such as policy, level of training and reported knowledge, with reported knowledge, skill and self-efficacy in terms of exploration of DA with parents and school staff.

5.5.2 Qualitative approaches

The findings of the current study could prompt further exploration utilising a qualitative approach. A case study approach using semi-structured interviews could explore in further detail how EPs are using attachment theory to support their case conceptualisation and intervention in casework involving DA.

Furthermore, the use of a vignette approach to explore EP response in terms of identification, exploration of DA and supporting intervention may also provide further detail around EP practice in this area.

A case study approach focusing on a particular EPS, perhaps a service which is engaging in systemic work around DA, might also be beneficial. This would allow for exploration of their policy, how they share practice, their processes for exploring DA and their access to training and supervision. Alternatively, the factors identified in the current study could form the basis for a semi-structured interview to explore how EP services are, for example, supporting EPs to develop co-operative relationships with parents to allow for sensitive exploration of DA.

The unique role of the EP could be explored using semi-structured interviews and Interpretive Phenomenological Analysis or Grounded Theory so as to add depth to the current findings and previous research.

5.5.3 Mixed methods approaches

As noted within the limitations of this study, a further more extensive qualitative phase could be utilised to gather initial information around important factors impacting practice and types of intervention approach utilised by EPs, to form a shorter questionnaire to be distributed to a representative population of EPs, and to build upon the limitations of the current study.

A mixed methods approach could also be utilised to evaluate the impact of additional training provided for EPs on their self-efficacy, skills and knowledge around DA.

The findings suggest some EPs are engaging in systemic work around DA, and a small number are utilising DA specific approaches. EPs could add to the evidence base in this area by evaluating these interventions using a mixed methods approach,

incorporating the view of the child and the family regarding the utility of the intervention and other appropriate outcome measures.

5.6 Conclusion

The broad purposes of this research were to gain an understanding of EP practice nationally, and the variation within this, in relation to supporting children, schools and families exposed to DA. In addition, the researcher aimed to gather EPs' views regarding their potential future role in this area, and the factors which impacted upon their practice around DA. This study brings an original contribution to the current research, in that it is the first study to the researcher's knowledge to explore EP practice around DA on a large scale and the first study to gather quantitative data on the issue.

The researcher arrived at these purposes due to a personal and professional interest in DA. This was aligned with a practice placement in an area in which DA was particularly prevalent, and an interest of key stakeholders.

The researcher recognises her aims within the study were very broad and exploratory, and whilst she sees the value of the preliminary findings, upon reflection, it may have been helpful to narrow the focus to a particular area, such as exploration of DA with staff and parents or the unique role of the EP. Nonetheless, the findings appear to have created an interesting picture of EP practice using quantitative and qualitative findings.

Following consideration of the current research, and the number of small-scale studies largely using qualitative approaches, the author decided to utilise a mixed methods approach. This allowed her to gather holistic data drawing upon descriptive statistics, factor analysis and thematic analysis. However, it is important to note that the researcher has only partially met her aims, as the sample of EPs was not representative of the EP population, with particular geographical regions over and underrepresented. There are also other methodological limitations which impact upon the validity and the reliability of the findings. Despite this, the researcher suggests the exploratory study provides important preliminary information in relation to the stated aims, which could be developed by researchers in the future.

EPs appear to be encountering DA within their casework, however the nature of the scale employed here makes it difficult to conclude with certainty how frequently this

occurs (i.e. in 1% or 20% of cases). EPs in the current study, *report* exploring DA with school staff in a considerable amount of their casework, although again this must be considered in line with the methodological limitations.

The variation in the responses when considered alongside the factor analysis and qualitative data suggest EPs level of confidence and self-efficacy in discussing DA varies. Furthermore, the importance of consultation skills was identified as a strong qualitative theme and could be a key area for further EP support and training.

EPs identified the use of a range of paradigms for case conceptualisation, with an ecological approach being widely used, as it is considered the most helpful approach in previous literature (Heath, 2015). EPs did not tend to use DA specific models or DA specific interventions; and whilst the researcher recognises general approaches are likely to be helpful, she questions whether EPs see DA casework as being substantially *different* to other pieces of casework. The researcher suggests, in fact, that DA is qualitatively different and complex, with a range of challenges (Gallagher, 2014; Heath, 2015).

EPs appear to be considering DA within their formulation, with a median of 1-20% of casework in the past two years involving DA consideration, although again the nature of the scale makes it difficult to explore whether this forms a considerable part of the average respondent's casework. Some EPs appear to be considering DA more often, which could be due to both practice and/or prevalence.

EPs appeared to favour an attachment-based approach with children and schools and a strengths-based approach when working with families. Both the qualitative and quantitative data suggest EPs are less involved with family work around DA, and perhaps in general, express varying levels of interest in developing their role in this area. Some EPs appeared to see a role for themselves building capacity within schools, working therapeutically with children and young people, providing a range of interventions, and to a lesser extent working systemically. However, 22% of respondents reported involvement in systemic approaches in this area, with the most cited approaches involving supporting school staff.

The majority of respondents suggested the EP can have a unique role around DA, with the strongest themes around sharing their psychological knowledge (although no particular model/theory was generally mentioned) and having a facilitative role bringing

systems together. Working collaboratively and supporting psychological understanding are key functions of the EP in all casework, which EPs clearly see as applicable to work around DA.

The factor analysis identified the perceived importance of EP training and ongoing supervision and support to develop EP knowledge and skill in this area, the position of the EP allowing co-operative relationships with parents and the introduction of DA as a topic for consideration and the importance of prioritising DA within EP services and having a clear role for the EP within a multi-agency approach.

The researcher suggests this provides detailed and useful information regarding EP practice in supporting children, schools and families around DA. However, it should also be recognised that due to limitations within sampling, measurement tools and analysis, the findings must be viewed with caution.

The researcher concludes the current study has furthered the knowledge base around professional involvement in DA and has a number of important implications in terms of EPs sharing their knowledge and expertise, accessing training and the development of policy-making around DA, *"a huge issue with a very clear impact upon holistic development of the child" (Participant 47, Line, 149)*.

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Appendices

Appendix 1: Exported version of web survey

*This is the exported version and is not presented as an identical copy of the survey. Please follow the link for the web survey.

https://nottinghampsych.eu.qualtrics.com/jfe/form/SV_bDCTg1hrFPav8H3

Educational Psychologists and Domestic Abuse Survey

The role of the Educational Psychologist in supporting children, schools and families in relation to Domestic Abuse This is an invitation to take part in a research study on the role of the Educational Psychologist in supporting children, schools and families in relation to Domestic Abuse. My name is Lauren Skade and this study forms part of my doctorate in Applied Educational Psychology at the University of Nottingham. Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

Why is the research being completed?

This research intends to gain further understanding of the practices of Educational Psychologists in relation to Domestic Abuse on a national level, exploring what might support and hinder practice as well as the potential future role of the Educational Psychologist in this area.

What will I be asked to do if I take part?

If you participate, you will be asked a number of questions regarding your practice in relation to Domestic Abuse via an electronic survey. Some questions which will ask you to indicate on a percentage scale how often/rarely you adopt certain practices. You will also be asked to rate different factors according to their importance in supporting

practice in the area of Domestic Abuse. You will also be asked to provide some demographic information.

How long will it take?

The survey should last for a maximum of twenty minutes.

What will happen to my data?

Participation in this study is totally voluntary and you are under no obligation to take part. You are free to withdraw at any point before or during the study. All data collected will be kept confidential and used for research purposes only. It will be stored in compliance with the Data Protection Act. The outcomes from the research will be published in the author's Doctoral Thesis but participants will not be identifiable from this. All data will be kept anonymously. The research may also be published in a peer reviewed journal following completion of the Doctoral Thesis in Summer 2018.

As an online participant in this research, we are obliged to make you aware that there is always a potential risk of intrusion by outside agents, for example through hacking, and therefore the possibility of being identified.

What if I have any questions or concerns?

If you have any questions or concerns please don't hesitate to ask. I can also be contacted during or after your participation at the address below (or via

lauren.skade@nottingham.ac.uk) This research has been approved by the University of Nottingham Ethics Committee

Lauren Skade
Trainee Educational Psychologist
School of Psychology
University of Nottingham
Nottingham
NG7 2RD.

If you have any complaints about the study, please contact: Stephen Jackson (Chair of Ethics Committee) stephen.jackson@nottingham.ac.uk

Are you aware of how you would ask any questions you might have about the study?

- ○ Yes (1)
- ○ No (2)

Do you understand that you are free to withdraw from the study at any time?

- ○ Yes (1)
- ○ No (2)

Do you give permission for your data from this study to be shared with other researchers provided that your anonymity is completely protected?

- ○ Yes (1)
- ○ No (2)

Do you agree to participate in this study?

- ○ Yes (1)
- ○ No (2)

These questions require you to provide basic demographic information and to think about your general casework as an Educational Psychologist (EP)/ Trainee Educational Psychologist (TEP). For the purposes of this survey the questions will refer to you as an Educational Psychologist, to encompass EPs and TEPs. This section should take no longer than 5 minutes. ***Domestic Abuse can be defined as "Any incident of controlling, coercive, threatening behaviour or abuse between those***

aged 16 or over who are, or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological, physical, sexual*, financial and* ***emotional abuse." (Home Office, 2013). Women's Aid (2017) note domestic abuse can happen to anyone regardless of level of education, social class, ethnicity, religion or disability.***

1a. In which region do you work? Please select the appropriate answer below.

- ○ North West of England (1)
- ○ North East of England (2)
- ○ Yorkshire and The Humber (3)
- ○ West Midlands (4)
- ○ East Midlands (5)
- ○ East of England (6)
- ○ London (7)
- ○ South West of England (8)
- ○ South East of England (9)
- ○ Scotland (10)
- ○ Wales (11)
- ○ Northern Ireland (12)

1b. How would you best describe the **service delivery model** within your Educational Psychology Service? Please select the appropriate box below.

- ○ Local Authority (1)
- ○ Partially traded (2)
- ○ Fully traded (3)
- ○ Any other, please specify (4)

_____

1c. How would you best describe your role within the Educational Psychology Service? Please select the appropriate box below.

- ○ Trainee Educational Psychologist (1)
- ○ Main Grade Educational Psychologist (2)
- ○ Specialist Educational Psychologist, please state your specialism (3)
- ○ Senior Educational Psychologist (4)
- ○ Principal Educational Psychologist (5)

1d. Which gender do you most closely identify with?

- ○ Male (1)
- ○ Female (2)
- ○ Prefer not to say (3)

2a. Think about your work within the last two years. In what percentage of your general casework was it **known that the child or young person had been exposed to Domestic Abuse within the family? Please select the most accurate percentage below.**

- ○ 0% (1)
- ○ 1-20% (2)
- ○ 21-40% (3)
- ○ 41-60% (4)
- ○ 61-80% (5)
- ○ 81-100% (6)
- ○ Don't Know

2b. Think about your work within the last two years. In what percentage of your general casework was it **suspected that the child or young person had been exposed to Domestic Abuse? Please select the most accurate percentage below.**

- ○ 0% (1)
- ○ 1-20% (2)
- ○ 21-40% (3)
- ○ 41-60% (4)
- ○ 61-80% (5)
- ○ 81-100% (6)
- ○ Don't Know

2c. Think about your work within the last two years. In what percentage of your casework was Domestic Abuse a **significant factor within your case formulation? Please select the most accurate percentage below.**

- ○ 0% (1)
- ○ 1-20% (2)
- ○ 21-40% (3)
- ○ 41-60% (4)
- ○ 61-80% (5)
- ○ 81-100% (6)
- ○ Don't Know

2d. Think about your work within the last two years and specifically the cases in which Domestic Abuse **was** a factor. In what percentage of these cases was each of the

areas of need from the Special Educational Needs Code of Practice (2014) a concern? **Please estimate the percentage of cases in each of the boxes below.**

	0% (1)	1-20% (2)	21-40% (3)	41-60% (4)	61-80% (5)	81-100% (6)	Don't Know
Social Emotional and Mental Health (1)	○	○	○	○	○	○	○
Cognition and Learning (2)	○	○	○	○	○	○	○
Communication and Interaction (3)	○	○	○	○	○	○	○
Physical and Sensory (4)	○	○	○	○	○	○	○

2e. Think about your work in the last two years and specifically the cases in which Domestic Abuse **was** a factor. Please estimate the percentage of these cases in which the children and young people had a diagnosis or description of a behavioural disorder, such as Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, Pathological Demand Avoidance or other? **Please select the appropriate answer.**

- ○ 0% (1)
- ○ 1-20% (2)
- ○ 21-40% (3)
- ○ 41-60% (4)
- ○ 61-80% (5)
- ○ 81-100% (6)
- ○ Don't Know

The next questions will ask you about the tools and approaches used in your assessment and intervention within cases in which Domestic Abuse was a suspected or known factor.

3b. Think about your **casework in which social emotional and mental health was the primary need** as an Educational Psychologist over the past two years. In what percentage of these cases did you ask **school staff** about a child or young person's

possible exposure to domestic abuse? Please select the most appropriate estimate below.

- 0% (1)
- 1-20% (2)
- 21-40% (3)
- 41-60% (4)
- 61-80% (5)
- 81-100% (6)
- Don't Know

3c. Think about your **casework in which social emotional and mental health was the primary need** as an Educational Psychologist over the past two years. In what percentage of these cases did you ask a child or young person's **parent** about possible exposure to domestic abuse? Please select an estimate below

- 0% (1)
- 1-20% (2)
- 21-40% (3)
- 41-60% (4)
- 61-80% (5)
- 81-100% (6)
- Don't Know

3d. During your general casework as an Educational Psychologist, in which circumstances would you ask school staff or parents about possible exposure to domestic abuse?

_____

4a. Think about your casework in the past two years and specifically about cases in which Domestic Abuse was a factor. Please estimate the number of these cases in which to support school staff you recommended or supported the implementation of

each of the following approaches/ interventions below. Please select the appropriate estimates below.

	0% (1)	1-20% (2)	21-40% (3)	41-60% (4)	61-80% (5)	81-100% (6)	Don't Know
Emotion coaching/emotional validation (Attach1)	○	○	○	○	○	○	○
Theraplay (Attach2)	○	○	○	○	○	○	○
Access to a mentor/key worker/champion with opportunities to check in throughout the day (Attach3)	○	○	○	○	○	○	○
The need for a nurturing approach from school staff (Attach4)	○	○	○	○	○	○	○
Teacher keeping the child 'in mind' (Attach5)	○	○	○	○	○	○	○
A focus on fostering the child's strengths (Strength1)	○	○	○	○	○	○	○
Self esteem building activities such as folders of success (Strength2)	○	○	○	○	○	○	○
Self esteem intervention group (Strength3)	○	○	○	○	○	○	○
High level of praise in class (Strength4)	○	○	○	○	○	○	○
A positive home school diary (Strength5)	○	○	○	○	○	○	○

Cognitive behavioural approaches to intervention (Therap1)	○	○	○	○	○	○	○
Solution focussed approaches i.e. solution focussed approach to anger management (Therap2)	○	○	○	○	○	○	○
Use of a narrative approach (Therap3)	○	○	○	○	○	○	○
Use of personal construct psychology techniques (Therap4)	○	○	○	○	○	○	○
Therapeutic games (Therap5)	○	○	○	○	○	○	○
Circle of Friends/ social inclusion intervention (S&E1)	○	○	○	○	○	○	○
Social skills intervention (S&E2)	○	○	○	○	○	○	○
Emotional literacy intervention (S&E3)	○	○	○	○	○	○	○
Assertiveness programme (S&E4)	○	○	○	○	○	○	○
Intervention focusing upon conflict resolution (S&E5)	○	○	○	○	○	○	○
Interventions to develop focus (Learning1)	○	○	○	○	○	○	○
Supporting teacher understanding around distractability due to dissociation or hyper vigilance and	○	○	○	○	○	○	○

making appropriate adaptations (Learning2)							
Interventions focusing on language development (Learning3)	○	○	○	○	○	○	○
Interventions focusing upon literacy development (Learning4)	○	○	○	○	○	○	○
Co-operative learning approaches (Learning5)	○	○	○	○	○	○	○
Use of Multi Element Plan (Behav1)	○	○	○	○	○	○	○
Clear routine and structure (Behav2)	○	○	○	○	○	○	○
Clear behavioural expectations (Behav3)	○	○	○	○	○	○	○
Clear consequences (Behav4)	○	○	○	○	○	○	○
Clear and consistent reward system (Behav5)	○	○	○	○	○	○	○
Supporting the child to normalise their response to the experience (DA spec1)	○	○	○	○	○	○	○
Supporting school staff to understand the impact of domestic abuse on the child and their family (DA spec2)	○	○	○	○	○	○	○
Intervention to support understanding of healthy relationships such	○	○	○	○	○	○	○

as Expect Respect Tool Kit (DA spec3)							
Supporting the child to understand the domestic abuse is not their fault (DA spec4)	○	○	○	○	○	○	○
Access to a domestic abuse peer support group (DA spec5)	○	○	○	○	○	○	○
Any other please write in the box below and estimate the frequency of use. If there are no additional interventions please write N/A and select 0%	○	○	○	○	○	○	○

4b. Are there any particular interventions you would like to use more often in your practice supporting school staff with children who have experienced Domestic Abuse? Please comment below.

_____

4c. Think about your work in the last two years and specifically the cases in which Domestic Abuse **was known or suspected.** Please estimate the percentage of these cases in which, **in order to support the child and their family,** you recommended or supported the implementation of each of the interventions/approaches below. Please select the appropriate percentage below.

	0% (1)	1-20% (2)	21-40% (3)	41-60% (4)	61-80% (5)	81-100% (6)	Don't Know
Promote strategies for positive communication within the family (Strengths1)	○	○	○	○	○	○	○
Supporting parents to foster their own resilience and coping strategies (Strengths2)	○	○	○	○	○	○	○
The use of Video Interaction Guidance techniques (Strengths3)	○	○	○	○	○	○	○
Recognise and foster positive aspects of family life and celebrate successes (Strengths4)	○	○	○	○	○	○	○
Positive communication between home and school (Strengths5)	○	○	○	○	○	○	○
Signposting parents to Domestic Abuse agencies/charities (Referral1)	○	○	○	○	○	○	○
Supporting parents to access parent and child multi agency intervention work (Referral2)	○	○	○	○	○	○	○
Providing/support access to parenting courses (Referral3)	○	○	○	○	○	○	○
Providing/supporting access to support groups (Referral4)	○	○	○	○	○	○	○
Referral to other agencies (Referral5)	○	○	○	○	○	○	○

Exploring parental constructs and supporting with reframing these constructs i.e. around being a ‘bad’ parent (DA specific1)	○	○	○	○	○	○	○
Providing opportunities for parents to reflect upon their experience and the impact this may have had on their identity as a parent (DA specific2)	○	○	○	○	○	○	○
Helping to normalise parents and children's experiences of loss (DA specific3)	○	○	○	○	○	○	○
Introducing specific tools such as ‘Talking About Domestic Abuse: A photo activity work book” (DA specific4)	○	○	○	○	○	○	○
Ensuring all staff are working from a place of empowerment of the non-abusing parent rather than blame (DA specific5)	○	○	○	○	○	○	○

Providing consultation support for parents for strategies to support their child based upon attachment and nurture principles (Attachment1)	○	○	○	○	○	○	○
Therapeutic play – supporting positive play between parent and child (for younger children) (Attachment2)	○	○	○	○	○	○	○
Supporting parents understanding of attachment (Attachment3)	○	○	○	○	○	○	○
Supporting the parent to use emotion coaching/emotional validation techniques (Attachment4)	○	○	○	○	○	○	○
Stressing to parents it is important not to make comparisons between the child or young person and the violent family member (Attachment5)	○	○	○	○	○	○	○
Any other please provide details and indicate frequency of use. If you have not used any further interventions please select 0% and write N/A in the box below ()	○	○	○	○	○	○	○

4d. Are there any interventions you would like to use more frequently to support children and families who have experienced Domestic Abuse? Please comment below.

_____

_____

_____

_____

_____

5a Have you been involved in any systemic work around Domestic Abuse? Please select the appropriate box below.

- ○ Yes
- ○ Don't Know
- ○ No

Skip To: 6a If 5a = No (3)

	5b A number of types of systemic work are listed below. Think about your work in the last two years and specifically your work in relation to children and families who have been exposed to domestic abuse. Have you been involved in any of the types of systemic work listed below in the past two years? **Please select the appropriate box (Yes/Don't Know/No**		
	Yes (1)	Don't Know	No (2)
Involvement with planning and setting up perpetrator prevention work (PERP1)	○	○	○
Involvement in the implementation of perpetrator prevention work (PERP2)	○	○	○
Involvement in the evaluation of perpetrator prevention work (PERP3)	○	○	○
Training for other professionals around perpetrator prevention work (PERP4)	○	○	○
Training for school staff to raise awareness of the signs of domestic abuse , the impact on children, families and staff and how to support (TRAIN1)	○	○	○
Training for school staff around counter transference and projection to support their own well being and anxieties around Domestic Abuse cases (TRAIN2)	○	○	○
Training for other agencies around Domestic Abuse (TRAIN3)	○	○	○
Raising awareness of Domestic Abuse within the Local Authority/area (TRAIN4)	○	○	○

Involvement in the development of policy within schools (POLICY1)	○	○	○
Involvement in the development of policy with the Local Authority (POLICY2)	○	○	○
Involvement in policy development nationally (POLICY3)	○	○	○
Supporting a whole school approach to understanding domestic abuse and the signs of domestic abuse in teenage relationships for example Use of the Spiraling Tool Kit or Expect Respect materials (POLICY4)	○	○	○
Large scale project work involving a number of schools within the Local Authority/area (PROJ1)	○	○	○
Setting up parent-child support groups within the Local Authority/area (PROJ2)	○	○	○
Supporting whole school development work around responding to children and young people who have witnessed domestic abuse (PROJ3)	○	○	○
Supervisory support for school staff (SUPERV1)	○	○	○
Supervisory support for other professionals (SUPERV2)	○	○	○
Facilitating teacher support groups (SUPERV3)	○	○	○
Supporting schools to set up peer support groups (SUPER4)	○	○	○

Any other please provide details. If there are no additional interventions please write N/A in this box and select 'NO'. ..... (5b_399)	○	○	○

5c Please provide any additional comments regarding your involvement with systemic work.

_____

_____

_____

_____

_____

6a Does your Local Authority have a policy around response to Domestic Abuse? Please tick the appropriate box below.

○ Yes (1)

○ Don't Know (2)

○ No (3)

6b Does your Educational Psychology Service have it's own service policy around response to Domestic Abuse? Please tick the appropriate box below.

○ Yes (1)

○ Don't Know

○ No (3)

6c Please select the appropriate box below 'Yes/Don't Know/No' according to the types of training you have received during your career as a Trainee/Educational Psychologist

	Yes (1)	Don't Know (2)	No (3)
General Child protection training (Online) (1)	○	○	○
Specific Domestic Abuse training exploring identification/signs and safeguarding (Online) (2)	○	○	○
General Child protection training (At a venue) (3)	○	○	○
Specific Domestic Abuse training focusing on identification/signs and safeguarding (At a venue) (4)	○	○	○
Domestic Abuse training exploring identification/signs but focusing on promoting the welfare of the child and family (as part of CPD at a venue) (5)	○	○	○
Domestic Abuse training focusing on exploring promoting the welfare of the child and family from a psychological perspective (Part of EP training) (6)	○	○	○

	7 Please rate the each of the items below according to **how important** you feel in **enabling and empowering Educational Psychologists to consider domesti issues as part of their case formulation and provide appropriate support to schools, children and families**. Please select the appropriate box.						
	Essential (1)	Highly important (2)	Fairly important (3)	Neither unimportant or important (4)	Fairly unimportant (5)	Low importance (6)	i
The priorities within the Educational Psychology Service (1)	○	○	○	○	○	○	
The EP's professional interest in Domestic Abuse (2)	○	○	○	○	○	○	
Opportunities for the EP to complete multi agency work in the area of Domestic Abuse (3)	○	○	○	○	○	○	
The EP's skills in preventative work in this area (4)	○	○	○	○	○	○	
The EP's skills in the identification of abuse (5)	○	○	○	○	○	○	
The EP's psychological formulation skills (6)	○	○	○	○	○	○	
The EP's ability to offer training (7)	○	○	○	○	○	○	
The training received from university (8)	○	○	○	○	○	○	

The training received as part of Continuing Professional Development (9)	○	○	○	○	○	○
The EP's access to quality supervision/ professional support (10)	○	○	○	○	○	○
The position of the EP allowing them to offer parents support (11)	○	○	○	○	○	○
The position of the EP allowing them to offer support schools (12)	○	○	○	○	○	○
Access to appropriate resources (13)	○	○	○	○	○	○
The EP's general confidence in this area (14)	○	○	○	○	○	○
The EP's knowledge of Domestic Abuse (15)	○	○	○	○	○	○
The EP's skills to support parental co-operation/ collaboration in this sensitive area (16)	○	○	○	○	○	○
The EP's ability to maintain a relationship with the parent when Domestic Abuse is known/suspected (17)	○	○	○	○	○	○

The ability of the EP to make domestic abuse a visible topic for discussion rather than hidden topic (18)	○	○	○	○	○	○
The EP's confidence handling the sensitivity of Domestic Abuse (19)	○	○	○	○	○	○
The EP feeling Domestic Abuse is within their remit of practice (20)	○	○	○	○	○	○
The service feeling this is within the EP's remit of practice (21)	○	○	○	○	○	○
Schools feeling this is within the EP's remit of practice (22)	○	○	○	○	○	○
The EP feeling there is clarity regarding the EP's role when working with others in this area (23)	○	○	○	○	○	○
When there is clear Educational Psychology service policy outlining the role of the EP in Domestic Abuse (24)	○	○	○	○	○	○

The EP has been given appropriate time to complete the work (25)	○	○	○	○	○	○
The EP can successfully manage any frustrations felt and recognizes the non-abusing parent is not to blame (26)	○	○	○	○	○	○
The EP feels confident in their use of safe working practices in this area (27)	○	○	○	○	○	○
The EP has prior experience of involvement with Domestic Abuse cases (28)	○	○	○	○	○	○
The EP feels confident to ask about Domestic Abuse in suspected cases (29)	○	○	○	○	○	○
The ability of the EP to raise the profile of Domestic Abuse with other professionals (30)	○	○	○	○	○	○

8a. How much do you agree with the following statement? Please select the appropriate response.
There could be a unique role for the Educational Psychologist supporting children, young people, families and schools around domestic abuse?

- ○ Disagree (1)
- ○ Disagree (2)
- ○ Don't Know (3)
- ○ Agree (4)
- ○ Strongly Agree (5)

8b. Please provide further comment regarding your response above around the role of the Educational Psychologist in this area.

8c. If you would like to add any other comments in relation to the survey or your experiences in this area please comment in the box below.

Thank you very much for completing this survey.
If you have any complaints about the study, please contact: Stephen Jackson (Chair of Ethics Committee) stephen.jackson@nottingham.ac.uk
If you have been affected by any of the questions raised within this study resources are accessible via:
www.refuge.co.uk www.womensaid.org.uk. www.mensadviceline.org.uk/ www.new.mankind.org.uk/

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Appendix 2: Sub question, rationale and responsetype for questions 2d and 2e

Sub question	Rationale	Response type
2d) Think about your work within the last two years and specifically the cases in which Domestic Abuse was a factor. In what percentage of these cases was each of the areas of need from the Special Educational Needs Code of Practice (2014) a concern? Please estimate the percentage of cases in each of the boxes below.	Emerging research suggests DA can in some cases impact on all areas of development (for e.g. Graham-Bernam, 2007). To explore whether EPs are identifying DA as a relevant factor in the experience across different categories of need	7 point likert scale frequency percentage Categories: Social, emotional and mental health, Cognition and Learning, Physical and Sensory, Communication and Interaction

2e) Think about your work in the last two years and specifically the cases in which Domestic Abuse was a factor. Please estimate the percentage of these cases in which the children and young people had a diagnosis or description of a behavioural disorder, such as Attention Deficit Hyperactivity Disorder, Oppositional Defiance Disorder, Pathological Demand Avoidance or other?	To explore EPs views around the percentage of children and young people in their casework exposed to DA who also have a medical diagnosis as behaviour following DA can be similar to that characterised by ADHD and PTSD (Sterne, Poole, Chadwick, Lawler & Dodd, 2010).	7 point likert scale frequency percentage response

Appendix 3: Response development

3a) Some Educational Psychologists have reported using different psychological models and theories to help understand cases involving Domestic Abuse. Think about your work in the last two years and specifically the cases in which Domestic Abuse was a factor. Have you ever used any of the following models to support your practice? Please select the appropriate box (YES/NO).

Psychological model	***Source***
Duluth Power and Control Wheel (Pence & Paymar, 1993)	*Widely cited in literature. Sterne, Poole, Chadwick, Lawler & Dodd (2010).*
Bioecological Model of Human Development (Bronfenbrenner, 2006)	*Widely cited in literature as a useful model for EP practice in this area, for example Heath (2015) and Gallagher (2014).*
Model of Child Abuse and Maltreatment Cichetti & Lynch (1993)	*Own research Cichetti and Lynch (1993)*
Risk and Resilience Framework (i.e. Gewirtz and Edleson 2007)	*Cort and Cline (2017)*
Social Learning Theory (Bandura, 1977)	*Named in pilot study, named in Heath (2015)*
Attachment Theory (Bowlby, 1969)	*Named in pilot study, named in Heath (2015), Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Narrative Psychology (Sarbin, 1986)	*Named in pilot study* *Mentioned within Cort and Cline (2017)*
Attribution Theory (Heider, 1958)	*Research such as Cort and Cline (2017) discusses public attribution of blame onto mothers who have experienced DA* *Curtis (2016) normative attribution of young people involved in DA* *Named in Heath (2015)*

Further models named within the pilot study were relaxation and arousal cycle and biological model. The researcher did not list these models as she was less familiar with them and had not encountered them during her reading.

Question 4a: Think about your work in the last two years and specifically the cases in which Domestic Abuse **was a factor.** Please estimate the percentage of these cases in which, **in order to support school staff**, you recommended or supported the implementation of each of the interventions/approaches below. Please select the appropriate estimates below.	
Intervention	***Source***
Emotion coaching/emotional validation	*Katz and Windecker-Nelson (2006)*
Theraplay	*Used in study by Dodd (2009) Thompson and Trice- Black (2012)*
Access to a mentor/key worker/champion with opportunities to check in throughout the day	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
The need for a nurturing approach from school staff	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Teacher keeping the child 'in mind'	*Sterne, Poole, Chadwick, Lawler & Dodd (2010), Stanton (2017)*
A focus on fostering the child's strengths	*Discussed in Heath (2015)*
Self esteem building activities such as folders of success	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Self esteem intervention group	*Stanton (2017)*
High level of praise in class	*Stanton (2017) – suggested by the children in the study*
A positive home school diary	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Cognitive behavioural approaches to intervention	*Curtis (2009), Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Solution focussed approaches i.e. solution focussed approach to anger management (Therap2)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Use of a narrative approach (Therap3)	*From pilot study, Stanton (2017) – suggested by professionals in the study*
Use of personal construct psychology techniques (Therap4)	*Heath (2015), Cort and Cline (2017)*
Therapeutic games (Therap5)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010), Thompson-Trice and Black (2013)*
Circle of Friends/ social inclusion intervention (S&E1)	*Discussed in Heath (2015), Stanton (2017)*
Social skills intervention (S&E2)	*Gutow, Rynkewitz & Richer (2009) Brassard*

Emotional literacy intervention (S&E3)	*Gutow, Rynkewitz & Richer (2009), Curtis (2009), Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Assertiveness programme (S&E4)	*Stanton (2017)*
Intervention focusing upon conflict resolution (S&E5)	*Ley (2011), Brassard-Rivelis Dias, 2009; Thompson and Trice- Black (2012)*
Interventions to develop focus (Learning1)	*Stanton (2017)*
Supporting teacher understanding around distractability due to dissociation or hyper vigilance and making appropriate adaptations (Learning2)	*Stanton (2017), Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Interventions focusing on language development (Learning3)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Interventions focusing upon literacy development (Learning4)	*Stanton (2017) – suggested by the children in the study*
Co-operative learning approaches (Learning5)	*Centre for Diseases Control and Prevention (2017)*
Use of Multi Element Plan (Behav1)	*From pilot study*
Clear routine and structure (Behav2)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010), Stanton (2017)*
Clear behavioural expectations (Behav3)	*Stanton (2017) – suggested by the children in the study*
Clear consequences (Behav4)	*Stanton (2017) – suggested by the children in the study*
Clear and consistent reward system (Behav5)	*Stanton (2017) – suggested by the children in the study*
Supporting the child to normalise their response to the experience (DA spec1)	*Cort and Cline (2017)*
Supporting school staff to understand the impact of domestic abuse on the child and their family (DA spec2)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010), Stanton (2017)*
Intervention to support understanding of healthy relationships such as Expect Respect Tool Kit (DA spec3)	*Stanton (2017)*
Supporting the child to understand the domestic abuse is not their fault (DA spec4)	*Cort and Cline (2017), Thompson and Trice- Black (2012)*
Access to a domestic abuse peer support group (DA spec5)	*Ley (2011)*
Any other please write in the box below and estimate the frequency of use. If there are no additional interventions please write N/A and select 0% (4a_36)	

4c Think about your work in the last two years and specifically the cases in which Domestic Abuse **was a factor.** Please estimate the percentage of these cases in which, **in order to support the child and their family,** you recommended or supported the implementation of each of the interventions/approaches below. Please select the appropriate percentage below

Intervention	***Source***
Strengths based approaches	
Promote strategies for positive communication within the family	*Cort and Cline (2017)*
Supporting parents to foster their own resilience and coping strategies	*Cort and Cline (2017), Osofsky (2018)*
The use of Video Interaction Guidance techniques	*Stanton (2017)*
Recognise and foster positive aspects of family life and celebrate successes	*Cort and Cline (2017)*
Positive communication between home and school	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Referral approaches	
Signposting parents to Domestic Abuse agencies/charities (Referral1)	*Sterne, Poole, Chadwick, Lawler & Dodd 2010; Heath 2015; Cort and Cline, 2007*
Supporting parents to access parent and child multi agency intervention work	*Sterne, Poole, Chadwick, Lawler & Dodd (2010), Dodd (2009) Graham-Bermann et al (2007)*
Providing/support access to parenting courses	*Dodd (2009), Brassard, Rivelis and Diaz (2009)*
Providing/supporting access to support groups	*Dodd (2009)*
Referral to other agencies (Referral5)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)*
Domestic abuse specific approaches	
Exploring parental constructs and supporting with reframing these constructs i.e. around being a 'bad' parent	*Cort and Cline (2017)*
Providing opportunities for parents to reflect upon their experience and the impact this may have had on their identity as a parent	*Cort and Cline (2017)*
Helping to normalise parents and children's experiences of loss (DA specific3)	*Cort and Cline (2017)*
Introducing specific tools such as 'Talking About Domestic Abuse: A photo activity work book" (DA specific4)	*Sterne, Poole, Chadwick, Lawler & Dodd (2010)* *Humphreys, Mullender, Thiara and Scamballis (2006) developed the tool through an action research project*
Ensuring all staff are working from a place of empowerment of the non abusing parent rather than blame (DA specific5)	*Cort and Cline (2017)*
Attachment approaches	
Providing consultation support for parents for strategies to support their child based upon attachment and nurture principles (Attachment1)	*Dodd, 2009; Brassard-Rivelis Dias, 2009; Cort and Cline, 2017; Heath, 2015*
Therapeutic play – supporting positive play between parent and child (for younger children) (Attachment2)	*Dodd (2009), Thompson and Trice-Black (2012)*

Supporting parents understanding of attachment (Attachment3)	*Cort and Cline (2017)*
Supporting the parent to use emotion coaching/emotional validation techniques (Attachment4)	*Katz and Windecker-Nelson (2006)*
Stressing to parents it is important not to make comparisons between the child or young person and the violent family member (Attachment5)	*From own experiences – supervision from Child and Adolescent Mental Health Services*
Any other please provide details and indicate frequency of use. If you have not used any further interventions please select 0% and write N/A in the box below ()	

5b) A number of types of systemic work are listed below. Think about your work in the last two years and specifically your work in relation to children and families who have been exposed to domestic abuse. Have you been involved in any of the types of systemic work listed below in the past two years? **Please select the appropriate box (Yes/Don't Know/No).**

Intervention	***Source***
Perpetrator prevention	
Involvement with planning and setting up perpetrator prevention work	*Matthewson, 2009; Ley, 2011; Curtis 2010*
Involvement in the implementation of perpetrator prevention work	*Matthewson, 2009; Ley, 2011; Curtis 2010*
Involvement in the evaluation of perpetrator prevention work	*Matthewson, 2009; Ley, 2011; Curtis 2010*
Training for other professionals around perpetrator prevention work	*Matthewson, 2009; Ley, 2011; Curtis 2010*
Policy development	
Involvement in the development of policy within schools	*Gallagher, 2014; Heath, 2015*
Involvement in the development of policy with the Local Authority	*Heath (2014)*
Involvement in policy development nationally	*Expanding on research suggesting EPs could be involved at the policy level*
Supporting a whole school approach to understanding domestic abuse and the signs of domestic abuse in teenage relationships for example Use of the Spiralling Tool Kit or Expect Respect materials	*Matthewson 2009, Griffiths, 2016; Gallagher, 2014*
Project work	
Large scale project work involving a number of schools within the Local Authority/area	*Stanton (2017)*
Setting up parent-child support groups within the Local Authority/area	*Dodd (2009); Stanton, 2017*
Supporting whole school development work around responding to children and	*Matthewson (2009); Stanton, 2017*

young people who have witnessed domestic abuse	
Supervision	
Supervisory support for school staff	*Ley (2011)*
Supervisory support for other professionals	*Ley, 2011; Heath, 2015*
Facilitating teacher support groups	*Ellis (2012)*

7. Please rate the each of the items below according to **how important** you feel they are in **enabling and empowering Educational Psychologists to consider DA issues as part of their case formulation and provide appropriate support to schools, children and families**. Please select the appropriate box

Factor	**Source**
The priorities within the Educational Psychology Service	*Pilot study, Stanton (2017)*
The EP's professional interest in Domestic Abuse	*Pilot study, Gallagher (2014)*
Opportunities for the EP to complete multi agency work in the area of Domestic Abuse	*Gallagher (2014)*
The EP's skills in intervention work in this area	*Gallagher, 2014; Matthewson, 2010, Lye, 2011, Curtis, 2009*
The EP's skills in preventative work in this area	*Matthewson, 2010, Lye, 2011, Curtis, 2009*
The EP's skills in the identification of abuse	*Gallagher, 2014*
The EP's psychological formulation skills	*Heath, 2015*
The EP's ability to offer training	*Ellis, 2012*
The training received from university	*Gallagher (2014)*
The training received as part of Continuing Professional Development	*Gallagher (2014)*
The EP's access to quality supervision/professional support *	*Gallagher, 2014*
The position of the EP allowing them to offer parents support	*Stanton, 2017; Cort and Cline, 2017; Gallagher, 2014; Heath, unpublished*
The position of the EP allowing them to offer support schools	*Stanton, 2017; Cort and Cline, 2017; Gallagher, 2014; Heath, unpublished*
Access to Domestic Abuse specific resources	*Gallagher, 2014; Heath, 2015*
The EP's general confidence in this area	*Pilot study, Heath, 2015*
The EP's knowledge of Domestic Abuse	*Heath, 2015*
The EP's skills to support parental co-operation/ collaboration in this sensitive area	*Cort and Cline, 2017*
The EP's ability to maintain a relationship with the parent when Domestic Abuse is known/suspected	*Heath, 2015*
The ability of the EP to make domestic abuse a visible topic for discussion rather than hidden topic	*Gallagher, 2014; Heath, 2015*
The EP's confidence handling the sensitivity of Domestic Abuse	*Gallagher, 2014*
The EP feeling Domestic Abuse is within their remit of practice	*Gallagher, 2014; Cort and Cline, 2017, Pilot study*
The service feeling this is within the EPs remit of practice	*Pilot study*
Schools feeling this is within the EPs remit of practice	*Pilot study*
The EP feeling there is clarity regarding the EP's role when working with others in this area	*Gallagher, 2014*

When there is clear Educational Psychology service policy outlining the role of the EP in Domestic Abuse cases	*Matthewson, 2011; Gallagher, 2014*
The EP has been given appropriate time to complete the work	*Pilot study*
The EP can successfully manage any frustrations felt	*Gallagher, 2014; Heath, 2015; Stanton, 2017*
The EP recognises the non-abusing parent is not to blame	*Cort and Cline (2017)*
The EP feels confident in their use of safe working practices in this area	*Pilot study*
The EP has prior experience of involvement with Domestic Abuse cases	*Heath, 2015*
The EP feels confident to ask about Domestic Abuse in suspected cases	*Pilot study*
The EP is able to raise the profile of domestic abuse with other professionals	*Heath, 2015*

Appendix 4: Open pilot responses

Some Educational Psychologists have reported using different psychological models and theories to help understand cases involving Domestic Abuse. Think about your work in the last two years and specifically the cases in which Domestic Abuse **was** a factor. Have you ever used any models to support your practice? If so which models?
Responses:

- Social Learning Theory
- Narrative Psychology
- Self fulfilling prophecy
- Attachment theory – inner working model
- Arousal and relaxation cycle
- Biological models/ pre dispositions

1) Sterne, Poole, Chadwick, Lawler & Dodd (2010) suggest a range of tools Educational Psychologists ***may*** use within assessment of cases involving domestic abuse. Think about your work in the last two years and specifically the cases in which Domestic Abuse **was** a factor. What types of assessment tool did you use?

- Functional Assessment of Behaviour – the proforma used specifically has a question around DV so can be a useful way of raising it
- Talking Mats, Strength cards (Pupil voice)
- Learning assessment
- Depends on NEED and whether DA was seen as a significant factor within the case
- Depends whether we know about it, we might not know at the beginning of the case
- Could be an important hypothesis but need to also respect parents right to move on

Think about your work in the last two years and specifically the cases in which Domestic Abuse **was** a factor. Please share the types of interventions you recommended or supported the implementation of:

- Signposting to other agencies
- Signposting to parenting courses
- Very dependent on need – would vary case by case
- Supporting attachment with a key adult

Have you ever engaged in any systemic work around DA?

- No – EP's would signpost to other agencies
- Suggestion of a question of who would offer this in Local Authority

What types of training around Domestic Abuse have you accessed during your career in Educational Psychology?

- There was previously a link EP in the service
- Option of online courses

- Visits from a specialist team
- A lecture at university

Please share the facilitators **enabling and empowering EPs to consider domestic abuse issues as part of their case formulation and provide appropriate support to schools, children and families**

- Knowledge
- Confidence
- Feeling ok to ask about DV
- Being aware of the relevant information
- Expectations of the EP within the service
- Expectations of the EP within school
- Professional and personal interest in the topic
- Relevance to caseload
- Time
- Resources
- Traded services permit the work

Appendix 5: Closed pilot evaluation form

The survey attached has been developed as a tool to explore the work of the Educational Psychologist around Domestic Abuse. It is hoped through piloting the survey before it is distributed, feedback can be gained to ensure it is fit for use. Thank you so much for agreeing to take the time to complete the survey and for answering the questions below. Your reactions, comments and suggestions are all of interest and will be used to develop the survey.

Survey Feedback

How long did it take you to complete the survey?_____

Please indicate how understandable was the language used in the survey?

Very Easy Easy Medium Hard Very Hard

Please highlight any wording on the survey that you feel should be developed to make it easier to understand.

_____

Please indicate how clear the instructions were for completing the survey?

Very Clear Clear Medium Unclear Very Unclear

Please highlight any instructions you feel need to be clarified on the survey?

_____

Do you have any suggestions regarding the addition or deletion of any questions?

_____

_____

Do you have any suggestions regarding improving the format of the survey?

_____

_____

Do you have any additional comments or suggestions about the survey? (Please include any concerns you have about the survey).

_____

_____

_____

Appendix 6: Letter to participants

Hello all,

My name is Lauren Skade and I am a Year 3 Trainee Educational Psychologist at the University of Nottingham. I am conducting research into the role of the Educational Psychologist (including Trainee Educational Psychologists!) in supporting children, schools and families in relation to Domestic Abuse.

I am hoping to gather information regarding current Educational Psychologist practice and the factors which may support practice in this area. I am interested in the response of all Trainee Educational Psychologists and qualified Educational Psychologists, whether this is a specialism of yours or an area of practice you feel you do not often encounter. Further information about the study can be found on the introductory page of the survey.

I hope that you feel you would like to participate in this study. This email contains a link which will direct you to the survey, which takes no more than twenty minutes to complete. Please follow the link provided which should take you directly to the survey, or you can copy and paste it into your browser. If there are any problems please do not hesitate to contact me and I will endeavour to correct these as soon as possible.

https://nottinghampsych.eu.qualtrics.com/jfe/form/SV_bDCTg1hrFPav8H3

If you have already received this email directly through your service email and completed the survey please do not complete the survey twice.

I would also be grateful if you were able to distribute this email and link to other Educational Psychologist colleagues you may know.

Thank you very much for your time

Best Wishes

Lauren Skade

Trainee Educational Psychologist

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lpxljs@exmail.nottingham.ac.uk

Supervisor:

Nathan Lambert (Nathan.lambert@nottingham.ac.uk)

If you have any complaints about the study, please contact:
Stephen Jackson (Chair of Ethics Committee)
stephen.jackson@nottingham.ac.uk

Appendix 7: Ethical approval

The University of Nottingham
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SJ/CD
Ref: S969

Tuesday 16 May 2017

Dear Lauren and Nathan,

Ethics Committee Review

Thank you for submitting an account of your proposed research 'The role of the Educational Psychologist in supporting children, schools and families in relation to Domestic Abuse'.

That proposal has now been reviewed and we are pleased to tell you it has met with the Committee's approval.

However:

Please note the following comments from our reviewers;

'The researchers propose to investigate a sensitive topic but the participants are EP practitioners rather than those directly affected by domestic abuse. Thus, the study does not set out to recruit participants who have been personally affected by domestic abuse. However it can't be excluded that some of the EP practitioners recruited will have had such experience. Importantly the debrief gives some help links and appropriate advice. So the precautions are good.

Minor revision
The Information Sheet refers to the 'author's' doctoral thesis to say the researcher's doctoral thesis might be clearer '

And

Minor revisions (without further submission)

'Suggestions are given below:
Generally, the application is sufficiently well written but there are a few omissions and mistakes (e.g. some references to the appendices are wrong).
The information sheet lacks information about the interview: e.g., Where will it happen? Will participants receive compensation for possible travel expenses?
Even though most participants probably have an email address, it would be appropriate to also provide telephone numbers.
Page 8: Either use "survey" or "questionnaire". The two paragraphs in which these terms are mentioned seem largely redundant.

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Page 20: The debriefing letter does not state how the written summary will be distributed to the participants.
Page 37: What is meant by the question "Which gender do you most closely identify with?"?

Final responsibility for ethical conduct of your research rests with you or your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society and the University Research Ethics Committee. If you have any concerns whatever during the conduct of your research then you should consult those Codes of Practice. The Committee should be informed immediately should any participant complaints or adverse events arise during the study.

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

Yours sincerely

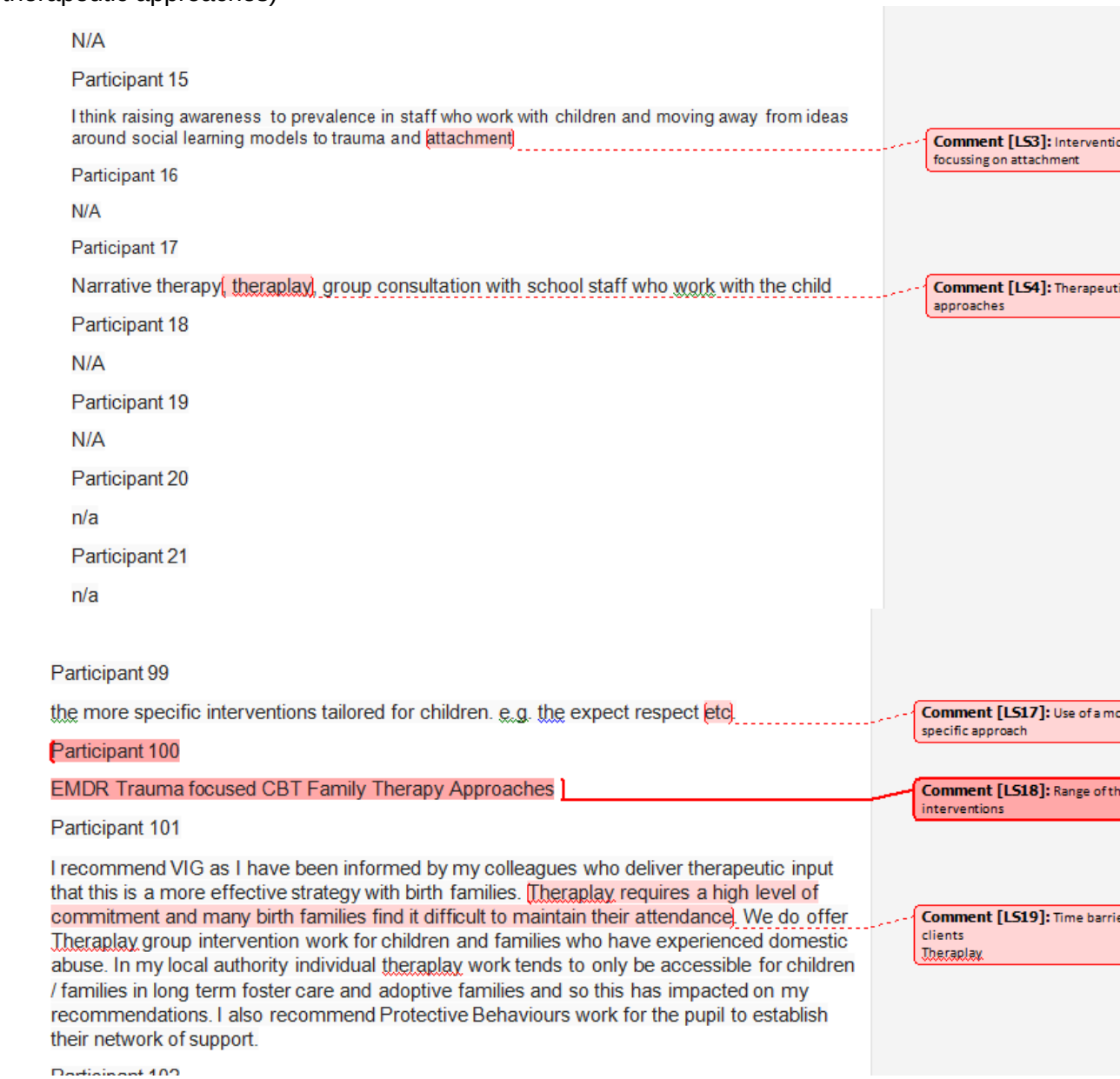


Professor Stephen Jackson
Chair, Ethics Committee

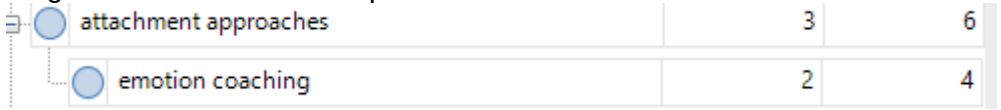
Appendix 8: Thematic analysis audit trail

*This appendix focuses on the audit trail of therapeutic approaches within the TA. Interventions: Theme 1 – Therapeutic approaches

Stage 1: Familiarisation with data initial codes – initial thoughts (focus on therapeutic approaches)



Stage 2: Initial codes developed in Nvivo



therapeutic approaches	3	38
theraplay	2	13
therapeutic stories	2	4
therapeutic approaches with staff	1	1
solution oriented	1	4
psychodynamic approaches	2	3
PCP	1	1
Narrative therapy	2	6
family therapy	1	1
counselling from other agencies	1	1
CBT	2	4

Stage 3: Organising into possible themes

Initial code	Data	Comments/reflections
Therapeutic approaches	• Theraplay techniques. • Theraplay • therapeutic storywriting • story links • CBT • Theraplay • Involving parents in Narrative Therapy and Theraplay. • As before, greater use of play-based therapeutic approaches. • More play based therapeutic work • Theraplay • therapeutic storywriting • Story Links (Trisha Waters • CBT • Narrative therapy • Theraplay • I would like to do Theraplay and am going to try to do the level 1 training. • I would like to do more Narrative Therapy-I have level 1 but would like to progress with this • Re: theraplay . I have undertaken Level 2 training and would recommend if out system enabled us to deliver. The post adoption service deliver it in our LA as well as NON violent resistance- both of which I	Therapeutic approaches appears to be significant Sub themes of different types of therapeutic intervention – primarily theraplay and narrative, CBT, solution focussed, therapeutic stories and other?

	have recommended for CiC where DV has been a factor (& where it has not) • Theraplay • Specific therapeutic work with the young person around their experience/peer support group • Sandtray CBT • Play therapy • Solution Oriented Wellbeing • Jigsaw Intervention by the NSPCC • PCP • Narrative approaches • DIAS support/ counselling • Solution focussed approaches • Supporting staff with more therapeutic approaches e.g. working in a therapeutic triad. • Therapeutic support eg solution focused etc. • Theraplay In both cases there is rarely the funding to provide these • EMDR • Trauma focused • CBT • Family Therapy Approaches • Theraplay requires a high level of commitment and many birth families find it difficult to maintain their attendance. We do offer Theraplay group intervention work for children and families who have experienced domestic abuse. In my local authority individual theraplay work tends to only be accessible	

	for children / families in long term foster care and adoptive families and so this has impacted on my recommendations. I also recommend Protective Behaviours work for the pupil to establish their network of support. • For younger children I am interested in making more use of theraplay. • With older children I am interested in making more uses of a narrative approach. • I would like the opportunity to do more individual work with pupils to help them process and understand what has happened to them and help them move on where possible [I would use narrative therapy approaches and psychosocial education • Therapeutic Stories e.g. by Margot Sutherland • Theraplay would be great (I am a certified practitioner) but EP time is commissioned and schools need to be trained to implement. It is only available to CLA, SGOs and adopted children in my services	
CBT	• CBT • Sandtray CBT • Trauma focused CBT	Therapeutic – subtheme – Cognitive Behavioural Approaches? Too small (<5) Sub theme - other
Counselling from other agencies	• DIAS support/ counselling	Sub theme - other
Family therapy	• Family Therapy Approaches	Sub theme - other

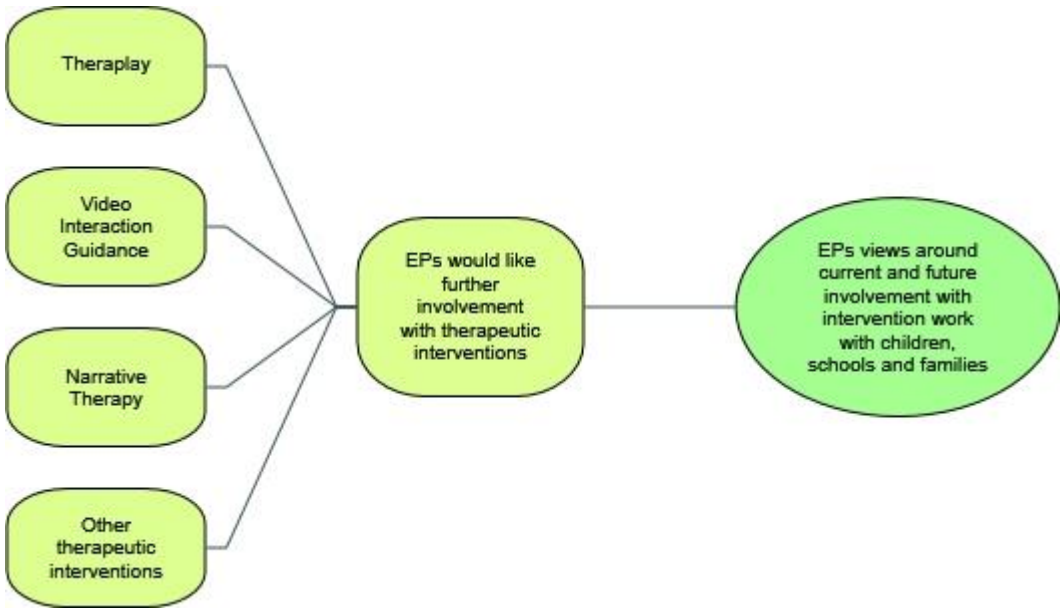
Narrative therapy	• Narrative therapy • I would like to do more Narrative Therapy-I have level 1 but would like to progress with this. • Narrative approaches • With older children I am interested in making more uses of a narrative approach. • I would like the opportunity to do more individual work with pupils to help them process and understand what has happened to them and help them move on where possible [I would use narrative therapy approaches and psychosocial education	Therapeutic – sub theme - narrative
PCP	• PCP	Sub theme of therapeutic - other
Psychodynamic approaches	• EMDR • Reflecting team and psychodynamic supervision	Sub theme – other Reflecting team – different theme
Solution oriented	• Solution Oriented Wellbeing • Jigsaw Intervention by the NSPCC • Solution focussed approaches • Therapeutic support eg solution focused etc. Theraplay In both cases there is rarely the funding to provide these	Therapeutic – solution oriented/focused

Therapeutic approaches with staff	• Supporting staff with more therapeutic approaches e.g. working in a therapeutic triad.	Therapeutic approaches – other Or systemic/staff support
Therapeutic stories	• therapeutic storywriting, story links • therapeutic stories • Story Links (Trisha Waters), • Therapeutic Stories e.g. by Margot Sutherland	Too small for significant sub theme <5
Theraplay	• Theraplay, • Theraplay • would like to do Theraplay and am going to try to do the level 1 training. • Re: theraplay . I have undertaken Level 2 training and would recommend if out system enabled us to deliver. The post adoption service deliver it in our LA as well as NON violent resistance- both of which I have recommended for CiC where DV has been a factor (& where it has not) • Theraplay	Theraplay seems to be a significant sub theme

	• Therapeutic support eg solution focused etc. Theraplay In both cases there is rarely the funding to provide these • Theraplay requires a high level of commitment and many birth families find it difficult to maintain their attendance. We do offer Theraplay group intervention work for children and families who have experienced domestic abuse. In my local authority individual theraplay work tends to only be accessible for children / families in long term foster care and adoptive families and so this has impacted on my recommendations. I also recommend Protective Behaviours work for the pupil to establish their network of support. • For younger children I am interested in making more use of theraplay • Theraplay would be great (I am a certified practitioner) but EP time is commissioned and schools need to be trained to implement. It is only available to CLA, SGOs and adopted children in my service.	

Stage 4

Example of a mind map used to support conceptualisation at this stage (some mind maps were also handwritten)



Stage 5

- Inter rater reliability checks

Inter rater 1

EPs views around current and future involvement providing intervention support for children, schools and families around Domestic Abuse.

Total of 86%

Each extract may have zero, one or more than one related theme/ sub theme

4d) n/a

Participant 115

4b) n/a

4d) n/a

Participant 116

4b) n/a

4d) n/a

Participant 117

Learning more about the impact of abuse in terms of post traumatic stress currently and will hopefully be able to build this into work with children, young people, schools, parents/ carers

Relevant themes:

- ***Build capacity***
- ***Support staff skills and understanding***
- ***Support understanding of trauma***

3/3

n/a

Participant 118

n/a

n/a

Participant 119

I think it is important to liaise with other agency who are often better placed to offer ongoing support to schools and families

Relevant themes:

- ***The EP role in relation to providing family intervention***
- ***Intervention in this areas is provided by other agencies***

2/2
n/a
Participant 120
n/a
I would like the opportunity to support parent and families more in any way - we are bought in by schools and so our time is given to in school work. We do not have the opportunity for working therapeutically with parents
Relevant themes:

- ***EP role in relation to family work***
- ***EPs would like to be more involved***
- ***Trading/funding can impact on intervention in this area***

3/3
Participant 121
4b) n/a
4d) n/a
Participant 122
4b) n/a
4d) In general, I would like to know more about how to support families and be more confident in doing so.
Relevant themes:

- ***The EP role in relation to family work***
- ***EPs would like to be more involved in family work***
- ***Barriers***
- ***EPs do not feel they have the time to provide intervention in this area***
- ***EPs do not feel they have the skills***

5/5
Participant 123
4b) Therapeutic Stories e.g. by Margot Sutherland Recommendations from 'Violence and Children: A Handbook for Schools and Early Years' by Sterne, Poole, Chadwick, Lawler & Dodd
Relevant themes:

- ***EPs would like to provide more involvement providing therapeutic interventions***
- ***Other therapeutic interventions***

2/2
4d) n/a
Participant 124
4b) Theraplay would be great (I am a certified practitioner) but EP time is commissioned and schools need to be trained to implement. It is only available to CLA, SGOs and adopted children in my service.
4d) Yes, a lot of the interventions you have mentioned I would like to have the time to use more.
Relevant themes:

- ***The EP role would like to have more involvement with therapeutic interventions***
- ***Theraplay***
- ***Barriers***

- ***Trading***

4/6 – Did not include: EP role in relation to family work and other agencies provie intervention in this area

Participant 125
4b) In the cases I have had, the DV had been known about for a while and the school staff were already knowledgeable. I would be open to learning more about all the approaches I haven't used!
4d) Again, all the ones I have indicated that I haven't used.
Relevant themes:

- ***EPs would like to build capacity***
- ***Supporting staff skills and understanding***

2/3 – Research also noted other agencies provide intervention in this area
Participant 126
4b) not sure. I feel that I would benefit from some overall training
Relevant themes:

- ***EPs feel there are a number of factors impacting upon their ability to provide intervention in this area – EPs do not feel they have the knowledge and skills***

2/2
4d) n/a
Participant 127
4b) n/a
4d) n/a
Total= 23/26 = 88%

Appendix 9: Frequency data for partial respondents

Respondent characteristic	Frequency	Percentage
Local Authority	**16**	**29.1%**
Partially traded	**29**	**52.7%**
Fully traded	**7**	**12.7%**
Other	**3**	**5.5%**
Trainee EP	**11**	**20%**
Main grade EP	**23**	**41.8%**
Specialist EP	**6**	**10.9%**
Senior EP	**12**	**21.8%**
Principal EP	**3**	**5.5%**
Male	**6**	**10.9%**
Female	**48**	**87.8%**
Prefer not to say	**1**	**1.8%**

Appendix 10: Descriptive statistics for EPs' views on the percentage of their casework in the past two years in which Domestic Abuse has been reported.

N	Min	Max	Mode	Median
126	0 (0%)	5 (81-100%)	1 (1-20%)	1 (1-20%)

Appendix 11: Descriptive statistics for EPs' views on the percentage of their casework in the past two years in which Domestic Abuse has been suspected.

N	Min		Max	Mode	Median
126	1 (1-20%)		5 (81-100%)	1 (1-20%)	1 (1-20%)

Appendix 12: Descriptive statistics for EPs' views on the percentage of children and young people who had been exposed to Domestic Abuse with a behavioural description or diagnosis.

N	Min	Max	Mode	Median
123	**1 (1-20%)**	**5 (81-100%)**	**2 (21-40%)**	**3 (41-60%)**

Appendix 13: Descriptive statistics to show EPs' views regarding the primary needs of children and young people who have experienced Domestic Abuse within their casework.

	SEMH	Cognition and Learning	Communication and Interaction	Physical and Sensory
N of respondents	125	123	123	117
Median	5 (81-100%)	3 (41-60%)	3 (21-40%)	1 (1-20%)
Mode	5 (81-100%)	3 (41-60%)	1 (1-20%)	1 (1-20%)
Range	1-5	0-5	0-5	0-5

Appendix 14: Descriptive statistics for EPs' views on the percentage of their casework in which Domestic Abuse is a significant factor within their formulation

N	Min	Max	Mode	Median
123	1 (1-20%)	5 (81-100%)	2 (21-40%)	3 (41-60%)

Appendix 15: Additional theories used to conceptualise DA

Additional theories noted by EPs to conceptualise DA:
Porge's (1994) polyvagal theory (2 EPs), emotional security theory (Davies & Cummings, 1994), developmental trauma theory with no specified researcher (2 EPs) and principles of attuned interaction (Biemans, 1990) . Other theories mentioned include Personal Construct Psychology (Kelly, 1950), Solution Focussed approaches (Shazer and De Berg. 1998), Structural Family Therapy (Minuchin, 1974) and The Interactive Factors framework (Morton and Frith, 1955).

Appendix 16: Descriptive statistics to show EPs reported frequency of exploring Domestic Abuse with staff, within SEMH casework, in the past two years

N	Min	Max	Mode	Median
125	0 (0%)	5 (81-100%)	5	3 (41-60%)

Appendix 17: Descriptive statistics to show EPs reported frequency of exploring Domestic Abuse with parents, within SEMH casework, in the past two years

N	Min	Max	Mode	Median
125	0 (0%)	5 (81-100%)	1 (1-20%)	1 (1-20%)

Appendix 18: Frequency data of EP involvement with a range of systemic interventions

Type of systemic intervention	Yes	No	Don't Know
Perpetrator prevention programme	3	29	0
Implementation of perpetrator prevention	3	29	0
Evaluation of perpetrator prevention programme	5	27	0
Perpetrator prevention training	3	29	0
Staff training	20	12	0
Training around transference and projection	11	21	0
Training other agencies	10	21	1
Awareness raising	19	13	0
School policy support	10	22	0
LA policy	11	21	0
National policy	0	31	1
Supporting whole school relationship approach	8	24	0
Large scale project work	6	25	1
Parent – child support groups	3	28	1
Supporting whole school response to DA	13	19	0
Supervisory support for school staff	16	16	0
Supervision for other professionals	13	17	2
Facilitating staff support groups	7	25	0
Supporting the facilitation of peer support groups	5	27	0

Supervisory support for school staff	16	16	
Supervision for other professionals	13	17	
Facilitating staff support groups	7	25	
Supporting the facilitation of peer support groups	5	27	

Appendix 19: Descriptive statistics in relation to EP agreement/disagreement with the statement 'There could be a unique role for the Educational Psychologist supporting children, young people, families and schools around domestic abuse?'

N	**Min**	**Max**	**Mode**	**Median**
127	1	5	4	4.4

Appendix 20: A Table to Show The Means and Standard Deviations of EP Ratings Of A Range of Factors and Their Importance in Enabling and Empowering Educational Psychologists to Consider DA Issues as Part of their Case Formulation and Provide Appropriate Support to Schools, Children and Families. 1= Not Important At All 2= Low Importance 3= Fairly Unimportant 4= Neither Important or Unimportant 5= Fairly Importance 6= Very Important 7= Essential

Statement	**N**	***M***	***SD***
10. The EP's access to quality supervision/professional support	127	6.30	1.06
26. The EP can successfully manage frustrations recognises the non-abusing parent is not to blame	123	6.28	1.05
27. The EP feels confident in their use of safe working practices in this area	127	6.24	.93
20. The EP feeling DA is within their remit of practice	127	6.24	1.01
19. The EP's confidence handling the sensitivity of DA	126	6.17	.91
25. The EP has been given appropriate time to complete the work	126	6.13	1.10
17. The EP's ability to maintain a relationship with the parent when DA is known/suspected	126	6.11	.97
18. The ability of the EP to make DA a visible topic for discussion rather than hidden topic	127	6.09	.94
21. The service feeling this is within the EPs remit of practice	125	6.09	1.06

6. The EP's psychological formulation skills	126	6.02	1.15
15. The EP's knowledge of DA	125	6.01	.92
23. The EP feeling there is clarity regarding the EP's role when working with others in this area	125	5.98	1.03
12.The position of the EP allowing them to offer support schools	126	5.97	.94
29. The EP feels confident to ask about DA in suspected cases	127	5.97	.99
31. The EPs' skills in intervention in this area	127	5.95	.98
22. Schools feeling this is within the EPs remit of practice	127	5.94	1.07
14.The EP's general confidence in this area	127	5.92	.94
16. The EP's skills to support parental co-operation/ collaboration in this sensitive area	127	5.91	1
9. The training received as part of Continuing Professional Development	126	5.86	1.02
5. The EP's skills in the identification of abuse	126	5.82	1.04
26.The EP can successfully manage any frustrations felt	127	5.81	1.08
30.The EP is able to raise the profile of DA with other professionals	127	5.79	1.04
13. Access to DA specific resources	126	5.75	1.04
4. The EP's skills in preventative work in this area	125	5.70	1.12
11. The position of the EP allowing them to offer parents support	126	5.60	1.13

24. When there is clear Educational Psychology service policy outlining the role of the EP in DA cases	127	5.57	1.15
8. The training received from university	126	5.44	1.33
4. The EP's skills in preventative work in this area	127	5.43	1.19
1.The priorities within the Educational Psychology Service	127	5.41	1.39
3. Opportunities for the EP to complete multi agency work in the area of DA	127	5.39	1.20
2.The EP's professional interest in DA	126	5.11	1.27
7. The EP's ability to offer training	126	4.91	1.34
28. The EP has prior experience of involvement with DA cases	126	4.47	1.14

Appendix 21: Variables cut from Factor Analysis

The following statements were removed:

- 13. Access to Domestic Abuse specific resources: due to a communality of less than .5
- 30.The EP is able to raise the profile of domestic abuse with other professionals due to a low loading of <.4
- 10. The training received as part of Continuing Professional Development due to a low factor loading
- 9. The EP's ability to offer training was removed due to a low factor loading
- 4. The EP's skills in preventative work in this area due to a communality of < .5
- 2.The EP's professional interest in Domestic Abuse due to cross loadings of a small magnitude

- 28. The EP has prior experience of involvement with Domestic Abuse cases: due to < .5 communality
- 29. The EP feels confident to ask about Domestic Abuse in suspected cases due to a low factor loading (<.4)
- 14.The EP's general confidence in this area due to a low factor loading
- 5. The EP's skills in the identification of abuse due to cross loadings with the smallest magnitude of difference
- 22. Schools feeling this is within the EPs remit of practice due to two cross loadings of a small magnitude of difference
- 21. The service feeling this is within the EPs remit of practice due to low factor loading (<.45 and high cross loading)
- 23. The EP feeling there is clarity regarding the EP's role when working with others in this area due to a low factor loading (<.45 and high cross loading