

CHILD LINKS

AUTUMN 1996

This Issue:
Children and Domestic Violence



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The views expressed in this publication are not necessarily those of Barnardo's National Children's Resource Centre nor are they intended to reflect Barnardo's policy.

The purpose of the National Children's Resource Centre is to provide information and training relevant to the welfare of children (0-18) in response to current issues and likely future developments in child care in Ireland. If you would like your training events considered for entry in the National Children's Resource Centre TRAINING EVENTS GUIDE please contact

Angela Canavan
National Children's Resource Centre
Barnardo's
Christchurch Square
Dublin 8

Tel: (01) 4549699
Fax: (01) 4530300

EDITORIAL

Article 19 of the UN Convention on the Rights of the Child (1989) upholds the absolute right of all children to physical and personal integrity.

Much of the debate on abuse to children has been focused by the issue of the moment, for example - physical abuse has been discovered and rediscovered since early this century, sexual abuse likewise particularly so since the early 1980's whilst neglect and emotional abuse have always lagged behind. The issue of how domestic violence has an impact on the welfare of children who witness that violence or are subject to it has more recently been highlighted. In the UK a study of child abuse tragedies 'Beyond Blame'(1993) highlighted that recurrent violence between partners was reported in at least half of the child abuse cases considered by the study. The report of the Kilkenny Incest Investigation (1993) also highlighted the issue of family violence and practitioners in child and family care are keenly aware of the negative impact of family violence on children in their everyday lives. Achieving a balance between state intervention and the family's right to privacy is always difficult and in Ireland the constitutional definition of the family has often been quoted as a stumbling block to many avenues of reform.

The implementation of section 6 & 7 of the Domestic Violence Act 1996 coupled with section 20 of the Child Care Act 1991 can be viewed as a further intrusion by the state or more positively as further legislative proof that the rights of children and their welfare are viewed as being paramount by the state which seeks to cherish all of its children equally. It is also an important opportunity to develop practice and policies towards working in partnership with parents to enable them to protect their children from violence particularly where their own real fear for their well-being make it very difficult or impossible for them to protect their children without positive state intervention. A review of the outcomes following the implementation of these sections of the Act will be needed to ascertain if state intervention has in fact proved helpful. The principle of state intervention into families that seek to remove the abuser not the abused will be broadly welcomed although resource considerations will no doubt be uppermost as the struggle to attract resources into child and family care continues.

NORAH GIBBONS (Senior Social Worker)

OPINION

by
 Roisin McDermott
 (Women's Aid)

Recent horrific killings in Ireland clearly show that domestic violence can and does end in death or multiple injuries. For many women the fear of sexual, physical or mental abuse is an everyday reality. Domestic violence occurs in all social classes with no divide between urban and rural women. The extent of violence against women in Ireland is highlighted by a recent survey where 18% of Irish women said they knew a woman (primarily a relative or friend) who was in an abusive relationship. In 1995, Women's Aid received over 10,000 calls from abused women, an increase nearly 44% on the previous year. Yet these horrifying figures are accompanied by a deafening silence.

Why is domestic violence so prevalent? What are the factors that allow it to continue unabated behind closed doors? Do we prevent women who are being physically, sexually and mentally abused by their husbands or partners from seeking help? If they do speak out, do we believe them or blame her for staying? Do we realise the numerous obstacles that prevent her from leaving, such as economic dependency, fear, nowhere to go, stigma, lack of accurate information, shame and self-blame.

The common perception of domestic violence is the

drunken man coming home of a Friday evening and beating wife and kids. Or alternatively a man and woman in an argument which results in a once off 'clatter'. We only have to look at records in Accident & Emergencies Units to realise that the odd 'clatter' often ends in multiple injuries. GP records indicate the extent of the mental and physical pain inflicted on many women and children on a regular basis.

Women face huge difficulties trying to protect themselves and their children. World-wide research shows that a woman is most at risk immediately after she calls the police or when she tries to end the relationship. The silence and stigma that surrounds domestic violence in Ireland prevents healthy debate, allowing all of the old myths to flourish. We place great emphasis on the family, yet when that 'family' is a virtual war zone we turn away, afraid to intervene in 'private affairs'. Once there is a relationship between the victim and the perpetrator, assaults are somehow deemed less serious than assaults between strangers.

Many women have said to us in Women's Aid "if I leave he will kill me". Leaving an abusive relationship is not as simple as packing a bag and walking out the door, kids in

hand. In 1996 there is still an appalling lack of support services for women and children. There are still more refuges spaces in the North of Ireland than the Republic. Is this not indicative of the priority that successive governments have given this serious issue?

If we are to help women leave abusive men we must provide the services necessary for them to do so. We must also begin to create a culture that supports rather than condemns women. A culture that empowers her and believes in her right to live a life free from abuse and fear.

We rarely look at the costs incurred by domestic violence, the financial costs that are involved when women are injured, the use of GPs, hospital services, the Gardai, the legal system and work days lost. The social costs of children watching their mother being abused on a daily or weekly basis, the costs to men of losing their families or facing a prison sentence.

Domestic violence is not only unacceptable, it is also illegal. As a society we must all take responsibility for eliminating domestic violence, it has the potential to affect all of us because while you or I might not be abusive, we cannot legislate for the men, our sisters, friends, cousins, or even our daughters might marry.

Women's Aid National Helpline:

Mon - Fri 10am - 10pm

Sat 10am - 6pm

Freefone: 1800 341 900

FEATURE

Children and Domestic Violence

by

Catherine Dowling, MA, H.Dip.Ed., Dip.R.

A former teacher, Catherine first encountered domestic violence in the classroom when she discovered that many of the children she taught not only came from abusive homes but were already linked into abusive and often violent relationships themselves. Since leaving teaching over five years ago, Catherine has been working in the field of domestic violence both in her private practice as a rebirther, and in the advisory service and as a workshop facilitator for Women's Aid. She also runs personal-development courses, self-esteem and stress management workshops for a variety of organisations.

Between twenty and twenty-five percent of women are abused in intimate relationships.¹ The vast majority of women try very hard to shield their children from at least the worst excesses of this abuse. Many believe that they are successful. Many believe that their children know little or nothing about what is going on between their parents or, even if they do know, that they are unaffected by it. Yet fifty-seven percent of men in treatment programmes for abusers admit to directly physically abusing their children.² Domestic abuse has many aspects. It can be physical, sexual, emotional, psychological, financial, or spiritual. And for children there is the additional category of witnessing. If so many men actually admit to abusing their children in just one of these categories, then the reality of life for the child of an abusive relationship is that they themselves will, to varying degrees, be either physically or psychologically abused, no matter how good a job their mother does of protecting them.

The inability of some parents to recognise the effect their turbulent, often brutal relationship has on their children's lives is mirrored by society. All victims of domestic violence spend many years suffering in silence, without recognition. When they finally come to reveal the reality of their lives they are often met

with disbelief. But while recognition of the plight of women in violent relationships is growing, children remain the hidden victims of domestic violence. Only in relatively recent years have refuges begun to employ children's workers and even still some refuges do not have any workers assigned solely to the care of children. The experience of many children in refuges has been less than happy. Many have felt ignored, unrecognised, lost, not seen as individuals, as people in their own right.³ Of late, society has had to face up to the existence and extent of child sexual abuse. Measures are being slowly put in place in the law and in schools to deal with this. Yet out of every hundred unrelated children that sit before a teacher in any given day twenty to twenty five will come from homes where domestic abuse is a daily reality. This is a fact that is rarely recognised. When a child is disruptive, aggressive, withdrawn, moody, under-achieving or chronically tired or sick, adults suspect a range of problems: sexual abuse, drugs, alcohol... domestic violence is rarely at the top of the list.

In a domestic violence situation children are often subject to a wide variety of physical and psychological abuse but even if this abuse is not directed

at the children, witnessing the battering or humiliation of their mother constitutes child abuse. Of course there are degrees of severity. Some children are slapped only occasionally, others are severely physically punished, sometimes by both parents. Some children get caught in the crossfire while trying to protect their mothers. These accidents can result in serious injury to the child particularly if a weapon such as a poker or a knife is used. Now and again a child is killed.⁴ But as with their mothers, the psychological abuse that is fundamental to all domestic violence is, for children, the most insidious and far reaching. Again there are degrees of abuse, but no escape. Exposure to psychological abuse can range from the child who lies alone in bed at night listening to the shouting and screaming in the living room below, not able to talk to anyone about what s/he hears, to the child who is forced to witness the ritual humiliation and brutalisation, or even the murder of his/her mother. Children may not be shouted at, threatened, humiliated or put down themselves, but witnessing this kind of behaviour towards their mother can have a profound effect on the child.

Similarly, there are wide variations in the effect this abuse has upon children. The indicators of domestic violence

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are similar to those of sexual abuse. Children may become aggressive or withdrawn, over eager to please or hostile, they may flinch from physical contact and from contact with men or they may crave affection. Children may become hyper active or lethargic, they may avoid the company of adults or cling to adults at the expense of socialising with their peers. They may turn to drugs or alcohol or run away from home. The effects of domestic violence vary with the age of the child⁵ but they can be observed in children of less than a year old. Babies admitted to refuges are frequently underweight, fretful and have trouble sleeping even though those babies may never have been mishandled, shaken or slapped themselves. The age of the child at the onset of domestic violence is also a factor. Older children are able to distance themselves from responsibility for the abuse to a greater extent than younger children and therefore the effects are moderated. The sex of the child is also important. Boys are more inclined to react with aggression, girls to withdraw.

So what are the long-term consequences of growing up in a household dominated by domestic violence and what are the implications for those who work with children? Like sexual abuse, domestic violence is surrounded by secrecy and children may be under oath not to talk about what is going on in their homes. This makes it difficult for disclosure to take place and because most people still overlook the possibility of domestic violence in relation to children, opportunities to disclose may not arise as often as they could simply because the adult is not aware. Hints may be missed, allusions ignored. Disclosure is made doubly difficult by the fact

that children may have been sworn to secrecy not just by their abusing father but also by their mother. They are lost in confusion, wanting to protect their mother (in itself not an age appropriate responsibility) and at the same time knowing that seeking such protection means betraying her. In circumstances such as this children often begin to hate their mother and are tortured by guilt for feeling this way. Adults need to be aware of these complications when they approach the child who is falling asleep in class, who is bullying or being bullied. Adults also need to be aware of domestic violence when working with teen addicts. It is important to recognise that in a large number of cases substance abuse among children may be a secondary problem, caused mainly by their intolerable home situation. The same holds true for child homelessness. This has important implications for treatment and any programme dealing with drug or alcohol abuse among children needs to be designed with this in mind.

Another consequence of domestic violence which is still greatly underestimated but is important when working with children is the effect of violence on the child's own peer relationships. Long term, growing up in an abusive household can damage a child's self-esteem, often to an alarming degree. Life is centred around avoiding episodes of abuse. The child's own interests and needs are often sacrificed to the whims of their father or the protection of their mother. Many children learn to respond to external forces first and often lose sight of themselves. This is a habit which easily carries over into all aspects of their lives. The

alienation from self combined with the modelling they have seen at home can lead to very low expectations when it comes to relationships and a distorted view of how men and women live with each other. Although a violent background does not necessarily mean that children will grow up violent or co-dependent, the existence of abuse in the family of origin does increase the likelihood that boys will become abusive adults and that girls will be attracted to the charm and glamour that abusive men often exude in the early stages of a relationship.⁶ Relationships can quickly fall into sex-role stereotyping and the cycle is repeated.

But this second generation abuse doesn't begin when children become adults and settle into long-term commitments. Abusive relationships often begin in the early teens. They are fostered by a peer group culture that sees jealousy and the need to control the movements, friendships and even the way a girl dresses as a sign of love. For some teenage girls being slapped by their boyfriend or being told that their boyfriend will kill himself if she ends the relationship is a measure of the depth of his love for her. At this stage peer relationships may not be violent but they are frequently controlling. The child has now developed a serious problem in his/her own life on top of the problems at home. This is something that needs to be addressed in schools, youth groups, wherever possible but it needs to be done with awareness and sensitivity because many issues lie beneath the surface of an abusive peer relationship.

So what can be done? On the legal front the new domestic violence legislation represents a significant advance in the recog-

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dition of the plight of children in this situation. (It also makes provision for the protection of parents when the child is the abuser.) But like mandatory disclosure the power given to the health boards to take out barring orders on behalf of the victims of domestic violence is not a black and white issue. The accepted wisdom among those who work with domestic violence is that the best way to support the child is to support the non-abusing parent. There is a palpable fear among many abused women that if they seek help the health boards will take their children into care, a fear that abusive men capitalise on. Allowing social workers the option of a barring order is a vast improvement and hopefully will go a long way towards making it easier for women to seek help. However, it is the nature of domestic violence that many

women take years to get to the point where they can even consider using the legal system. It is possible that when the legislation comes into force in January, the health boards may be faced with the prospect of going against the wishes of the mother. The interests of the child must take priority, but sensitivity and clear guidelines are needed. It must also be noted that for some violent men a barring order is merely an incentive to even greater violence whether it is taken out by their wife/partner or the health board. In many cases it will not be possible to take out such barring orders in isolation and in these instances arrangements for the protection of the mother and children are vital. This is where education in the complexities and dynamics of domestic violence becomes essential.

But considering the prevalence of domestic violence it is important that any organisation which provides services for children, not just social work departments, familiarise all its staff with the dynamics of violent relationships and formulate its own response to disclosure. Any such organisation can play a vital role in supporting children even if the issue of disclosure never arises. But first the organisation needs a thorough understanding of the issue and the many and varied needs of children. These can then be matched to the available resources. Most children don't need the health board to take out a barring order on their behalf. All they need is an adult who understands. There is a great deal that can be done once the issue has been addressed.

1. Over ninety percent of domestic abuse is perpetrated by men against women. However, the fact that men are mentally and sometimes physically abused by their wives/partners, or that in lesbian relationships domestic abuse runs at the same statistical level as in heterosexual relationships should not be discounted.
2. Sonken D. J et al, *The Male Batterer: A Treatment Approach*, 1985.
3. Saunders, A., *It Hurts Me Too*, 1995.
4. Under attributing is a problem across the whole spectrum of domestic violence.
5. Mullender, M. & Morley, R., *Children Living with Domestic Violence*, 1994.
6. Finkelhor, D. et al, *The Dark Side of Families: Current Family Violence Research*, 1983.

Note: A two-day course will be held on
"The Risk Of Abuse to Children from Domestic Violence"
 with
 Catherine Dowling, MA, H.DIP.ED, DIP. R.

Venue: The National Children's Resource Centre
 Barnardo's, Christchurch Square, Dublin 8
 Telephone: (01) 4549699

Dates: Thursday & Friday, 3 & 4 October 1996.

Time: 9.30am - 4.30pm (registration 9.30am)

Cost: £95 including buffet lunch (Please advise of any dietary needs)

Closing date: Wednesday, 25 September 1996.

Participants: Maximum of 14. Workshop is aimed at those working with children/young people aged 10-18.

Recent Legislative Change

The Domestic Violence Act 1996 is an important step in updating the legal remedies available when domestic violence is an issue in families. This Act, effective from March 1996 replaces previous legislation and extends new powers to health boards to apply on behalf of an applicant (defined in section 2 of the Act) to the court for a range of orders. The broad purpose of these orders is to ensure that the person who has been subject to domestic violence is protected.

Safety Order:

(Section 2) This order prohibits the violent person from any threats or acts of further violence. The person can remain within the family home. If the person lives outside the family home this order forbids them watching or being in the vicinity of the home of the victim. The Safety Order can last up to 5 years and can be renewed.

Barring Order:

(Section 3) This order requires that the violent person leaves the family home and in addition can order that a violent person does not enter the residence of the victim until the court directs otherwise. In addition the court can prohibit the violent person from doing one or more of the following:

- (a) Threatening or using violence against the victim or any dependent person.
- (b) Molesting the victim or any dependent person.
- (c) Watching the place of residence of the victim.

This order can last up to 3 years and can be renewed.

Protection Order:

(Section 5) This is an emergency order which has the same effect as a Safety Order and gives immediate protection to a victim whilst awaiting a court decision on the case.

Interim Barring Order:

(Section 4) An Interim Barring Order can be granted where the court has reasonable grounds for believing that there is immediate risk of significant harm and a protection order is not sufficient to protect the victim(s).

All these orders take effect once they are served on the respondent. A range of penalties is provided for in section 17 for use against anyone who contravenes any of those orders. A very important feature of the Act is that it widens the category of people who can take legal action to stop violence in the family. In addition to spouses, cohabiting couples, parents who are experiencing violence from a young person or adult over 18 and relatives living together can also apply under this Act. Crucially from the child care point of view the 1st January 1997 will see the implementation of section 6 of this Act. This section outlines the power of the health board to apply for a Safety Order or a Barring Order. The delay in implementing this section of the Act was at the request of the Department Of Health. The health boards were at the initial stage of implementing Parts 3 - 6 of the Child Care Act 1991 and were therefore keen to have some breathing space before this section was due for implementation.

The health board will act as an intervention agency in that they can apply on behalf of an aggrieved person for a *Safety Order* or a *Barring Order*, sections 6 (a) and 6 (b) apply in full.

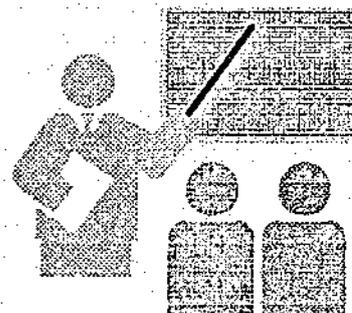
Note: The health board can only apply on behalf of a person who is eligible to apply for an order under the Act, in their own right (Section 6(2) applies). The health board cannot act on behalf of other people. Section 6(c) outlines reasons why an eligible person might not be able to make their own application and section 6(d) outlines the need for the health board to ascertain the wishes of the eligible person. Section 7 outlines the power of a court hearing an application for any order under this Act to request a health board to investigate the circumstances of any child where it appears to the court that it may be appropriate for a care or supervision order to be made under the Child Care Act 1991. As in section 20 of the Child Care Act 1991 the duties of a health board requested to undertake such an investigation are outlined. The health board must investigate, consider whether or not it should apply for a care order or a supervision order, provide services or assistance to the family or take any other action in respect of the child. The implementation of sections 6 & 7 will have further resource implications for the health boards and underline the need for realistic funding as well as the provision of training and information.

The Domestic Violence Act 1996 is available on loan to members at the NCRC or can be purchased from Government Publications, Molesworth Street.

This article is a guide to the major provisions of the Domestic Violence Act 1996 and not an interpretation of the law.

Training Events Guide - Overseas

SEPTEMBER		Cost	Venue	Contact
3rd-6th.	The Centre for Residential Child Care - International Conference on Residential Child Care: "Realities & Dreams" Stg £225, Principal Presenters' Reg. Fee - Stg £88, Young Persons Fee - Stg £75 John Anderson Campus, University of Strathclyde	Stg £147.87 inc. vat, discounted rate Stg £88.12 second and subsequent members of any organisation or group	National Railway Museum, York	Expo-Systems Ltd., Greenhill Crescent, Watford Business Park, Watford, Herts., WD1 8QU Fax: (01923) 247055
Cost	Conference Secretariat, Meeting Makers Ltd., 50 George Street, Glasgow G1 1QE, Scotland Tel: +44 (0) 141 553 1930 Fax: +44 (0) 141 552 0511		Caroline Geraghty, Marketing Dept., RSA Examinations Board, Westwood Way, Coventry, CV4 8HS Tel: 01203 470033 Fax: 01203 468080	
Venue				21st-23rd NSPCC - "Child Protection Supervision Skills Part 1" Stg £415 (Residential) NSPCC, National Training Centre, 3 Gilmour Close, Beaumont Leys, Leicester, LE4 1EZ Tel: 0116 2340804
Contact				
OCTOBER		Cost	Venue	Contact
13th.-15th.	RTMDC (Research Trust for Metabolic Diseases in Children): "15th Annual Conference" No Details Staffordshire RTMDC, Golden Gates Lodge, Cheshire CW1 1XN Tel: 01270 250221	1st-3rd National Children's Bureau - "Positive Parenting - Helping parents improve young children's behaviour" Bureau Members - Stg £130, Non-Members - Stg £160 University of Leicester National Children's Bureau, Conference Department, 8 Wakley Street, London EC1V 7QE		
Cost				
Venue				
Contact				
19th.	RSA Examinations Board Conference - "Removing The Barriers to Achievement: A conference for those working with lower attainers, under achievers and those with learning difficulties" Stg £147.87 inc. vat, discounted rate Stg £88.12 second and subsequent members of any organisation or group Barbican Centre, London Caroline Geraghty, Marketing Dept., RSA Examinations Board, Westwood Way, Coventry, CV4 8HS Tel: 01203 470033 Fax: 01203 468080	16th. St George's Hospital Medical School - "Rights of Passage, The Transition to Adulthood for People with Learning Disabilities" Stg £99 Monkton Postgraduate Suite, St. George's Hospital Chris Smith, The Conference Unit (MHS), St. George's Hospital Medical School, Cranmer Terrace, London, SW17 0RE. Tel: 0181 725 5534 Fax: 0181 725 3390		
Cost				
Venue				
Contact				
25th.	RSA Examinations Board Conference - "Removing The Barriers to Achievement: A conference for those working with lower attainers, under achievers and those with learning difficulties"	18th.-24th. 1996 Nursery World Exhibition - "The Greatest Early Years Show on Earth" Free if pre-booked, Stg £10 on the door Olympia 2, London		
Cost				
Venue				
				24th. "Youth - Our Resource for the Future" Stg £15.00/£25.00 London Department of Continuing Professional Education, Continuing Education Building, Springfield Mount, Leeds LS2 9NG
NOVEMBER				
				10-15 Violence, Abuse & Women's Citizenship Conference. Stg £70 - Unwaged/Activist, Stg £150 - Waged/Funded Brighton Conference Centre, Brighton PO Box MT7, Leeds, LS17 5XJ, UK Tel: 01274 385 234 Fax: 01274 385 370 e-mail: vagru@bradford.ac.uk



Training Events Guide

OCTOBER (continued)	NOVEMBER	
<p>23rd. St Joseph's Adolescent and Family Services - Key Approaches in Adolescence Series - Tele Therapy</p> <p>Cost Single Presentation - £7.00, Series of Six - £35.00</p> <p>Venue St Joseph's Adolescent and Family Services, 139 Richmond Rd., Fairview, Dublin 3</p> <p>Contact Tel: 8370802</p>	<p>6th. St Joseph's Adolescent and Family Services - Key Approaches in Adolescence Series - Group Work With Adolescents</p> <p>Cost Single Presentation - £7.00, Series of Six - £35.00</p> <p>Venue St Joseph's Adolescent and Family Services, 139 Richmond Rd., Fairview, Dublin 3</p> <p>Contact Tel: 8370802</p>	<p>and Family Services, 139 Richmond Rd., Fairview, Dublin 3</p> <p>Contact Tel: 8370802</p>
<p>27th. Irish Foster Care Association (South Tipperary Branch) AGM, Conference and Training Weekend - "The Circle of Care"</p> <p>Cost No Details</p> <p>Venue Hotel Minella, Clonmel, Co Tipperary</p> <p>Contact Collette Blackmore, Tel: 051-640737</p>	<p>20th. St Joseph's Adolescent and Family Services - Key Approaches in Adolescence Series - Alternative Approaches in Schools</p> <p>Cost Single Presentation - £7.00, Series of Six - £35.00</p> <p>Venue St Joseph's Adolescent</p>	<p>DECEMBER</p> <p>4th. St Joseph's Adolescent and Family Services - Key Approaches in Adolescence Series - Language Disorders and The Disturbed Adolescent</p> <p>Cost Single Presentation - £7.00, Series of Six - £35.00</p> <p>Venue St Joseph's Adolescent and Family Services, 139 Richmond Rd., Fairview, Dublin 3</p> <p>Contact Tel: 8370802</p>

Domestic Violence Statistics

- ♦ **U.S.A.:** Battering is the single biggest cause of injury to women, 4,000 women are beaten to death by their partner yearly. (Koop US Surgeon General 1989)
- ♦ **Sweden:** One woman is battered to death by her partner every 10 days. There are 115 refuges in Sweden and they are constantly full. (Rooks, 1990)
- ♦ **Britain:** 25% of women have experienced physical abuse by their husband/partners. (Dobash & Dobash 1979)
- ♦ **Canada:** 39% of women reported having been sexually assaulted at some time. (Canadian National Survey, 1993)
- ♦ **Ireland:** 6,000 calls to the Women's Aid Helpline in 12 months, and 5,000 calls to the Women and Child Garda Unit in 1993. (Women's Aid)

Publications

The NCRC Library holds an extensive range of resources on the subject of domestic violence. What follows is a small sampling of what is on our shelves:

Domestic Violence Training and Information Pack,
Women's Aid, Belfast, Northern Ireland.

The Hidden Victim's,
NCH Action for Children, London, 1994.

Leaving a Violent Relationship,
Women's Aid, Dublin.

Domestic Violence,
Women's Aid, Dublin.

It Hurts Me Too,
NCH Action for Children, London, 1995.

When Home is Where the Hurt Is,
BBC Radio 2, London, 1994.

Children and Domestic Violence,
National Children's Bureau (NCB),
London, 1995.

How Not to Be an Abused Battered Woman,
Women's Aid, Dublin.

Fahey Tony, Lyons Maureen,
Marital Breakdown and Family Law in Ireland,
Oak Tree Press ESRI, Dublin, 1995.

Ferguson Harry, Synnot Pat,
Intervention into Domestic Violence in Ireland: Developing Policy and Practice with Men Who Batter,
Dublin, 1996

Kelleher Patricia; Kelleher Carmel; O'Connor Monica,
Making the Links,
Women's Aid, Dublin, 1995.

Lees John (ed); Lloyd Trevor (ed);
Working with Men Who Batter Their Partners.



If you wish to acquire journal articles on the subject of domestic violence, we will gladly provide you with an extensive search.

CHILDLINKS

The purpose of the National Children's Resource Centre is to provide information and training relevant to the welfare of children (0-18) in response to current issues and likely future developments in child care in Ireland. If you would like your training events considered for entry in the National Children's Resource Centre Training Events Guide please contact

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