



School and Child Protection Services Professionals' Views on the school's Mission and Responsibilities for Children Living with Domestic Violence – Tensions and Gaps

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Published online: 25 January 2019
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Abstract

The purpose of the work presented here was to study how the Swedish compulsory school, identifies and acts relative to the social problem of children living with domestic violence. More specifically: how do the various professional groups in school and professionals within the child protection services (CPS) describe and understand their own and other professionals' responsibilities and tasks with respect to children living with domestic violence? The study consisted of 10 focus groups whose members were taken from five professional groups in schools and the CPS in Sweden. The results show that professionals in school lack knowledge about living with domestic violence, one example of which is child abuse. They navigate through the large open space that exists between the pedagogic and psychosocial missions of schools, and use different strategies to interpret the child's symptoms of maltreatment. They point at an unclear distribution of responsibility between different professionals in school, which can be interpreted as a tension between domains within the institutional school domain. They also point at a "gap" between the school and CPS domains, and find confidentiality to be an obstacle to collaboration. Furthermore, the article sheds light on the complexities, the conflicting understandings, and the different priorities of the different professionals and institutions working with children living with domestic violence. It also discusses practical implications of the results.

Keywords Domestic violence · School professionals · Child protection services

Introduction

School institutions have a responsibility to educate, but also a social mission, one aspect of which is to meet and respond to children with various psychological and social difficulties. One such difficulty is to understand and interpret signals that point at pupils living with domestic violence (Dufva 2001; Alexander et al. 2005; Rovis et al. 2016). Earlier studies show that living with domestic violence is a reality for many children (Annerbäck et al. 2010; Ralo et al. 2015; Vameghi et al. 2010), and this is now considered to be a form of child abuse (Kantor and Little 2003; Jernbro 2015; Jernbro and Jansson

2017; Mürger 2016). Children who live with domestic violence may witness it directly; they may hear or overhear it; they may see or hear about it afterwards; and in some cases may intervene between the parents or between others in the family (e.g., Øverlien 2010). This article will mainly use the phrase 'living with domestic violence' However, the term 'domestic violence' can be used when dealing with this form of violence in a wider meaning (see Øverlien 2010 for a discussion about the terminology).

All forms of child abuse are an underestimated and underreported problem in Sweden and in most western countries (Annerbäck et al. 2010; Backlund et al. 2012; Gilbert et al. 2008) This is particularly the case for children living with domestic violence (e.g., Melton 2005). Research has shown that child abuse in this form contributes to serious problems for children in both the short term and the long term (see, for example Devaney 2008). Statistics for how many children are living with domestic violence in Sweden are not available, but it is thought that at least one in twenty children can be described as living with domestic violence every year (Annerbäck et al. 2010), while 14% of the pupils in secondary

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schools and upper secondary schools reported that they had experienced violence between adults in the family (Jernbro and Jansson 2017). In Sweden, as in many other countries, the identification of these children is often a result of the family already being in contact with the child protection services (CPS) (Eriksson et al. 2013a, 2013b; Stanley et al. 2011). The CPS have the overall responsibility for child protection in Sweden. They are dependent on other institutions that meet children and report child abuse and neglect. School has, therefore, an important role to play in identifying domestic violence. Despite this, however, research has shown that all forms of child maltreatment are more underreported by educators when it comes to family-based risk factors than is the case for other risk factors (Backlund et al. 2012; Gilbert et al. 2008; King and Scott 2014).

School personnel experience issues of domestic violence as particularly difficult to manage (Alexander et al. 2005; Eriksson et al. 2013a, 2013b). Knowledge about how this area of problems can be identified, however, is lacking, and the ability of schools to satisfy the special requirements of children living with domestic violence is deficient (King and Scott 2014; Munger and Markstrom 2018). Thus, we need more knowledge about how the various professions in school view the phenomenon of children living with domestic violence, and how they view their own responsibilities, their scope for action, and how they cooperate with other institutions such as the CPS. The aim of the work reported here was to study how school, identifies and acts relative to the social problem of children living with domestic violence. More specifically: how do the various professional groups in school and professionals within the CPS describe and understand their own and other professionals' responsibilities and tasks with respect to children living with domestic violence?

The Swedish Context

In Sweden, child abuse and neglect are prohibited by law. In addition, Sweden outlawed (as the first country in the world) all corporal punishment of children in 1979. (Jernbro 2015). All welfare institutions and schools in Sweden have a legal responsibility to identify and report if they suspect that a child is maltreated in some way. However, the largest role in investigating, protecting and supporting children living with domestic violence falls on the CPS; as does the responsibility to intervene when needed. Thus, the support of children living with child abuse is one of the Swedish school's missions, even if the school's main role is education. This means that it is important that school and the CPS cooperate about children in need of protection (cf. Banks et al. 2008). According to the Swedish Education Act (SFS 2010:800), the school has two main missions; the *pedagogic mission* is to ensure that children acquire knowledge and skills in various subjects, while the *psychosocial mission* is to ensure that they acquire social

and democratic skills. This mission includes identifying and supporting children in need, with a focus on social and health issues (SFS 2001:453; SFS 2010:800; Backlund 2007). The professionals in Swedish schools must deal with the two main missions. It is necessary in certain cases to set priorities, which occurs in negotiation between the various actors. All professions in school have different tasks. They have different points of departure and are governed by different logical frameworks: the participants in the school health teams (SHTs) (the school nurse, school psychologist and doctor), for example, work according to a health-based logic; school counselors work according to a psychosocial logic, and teachers work according to a pedagogic logic (Backlund 2007). The Swedish Education Act (SFS 2010:800) requires that the SHT staff work primarily with prevention and health promotion, and support students in striving to reach the goals of the education (Backlund 2007). Programs and interventions intended for pupils living with this form of abuse are currently not available, although it will be possible to use a new program, trauma-informed care, for the needs of this group.

In addition, Swedish Education Act (SFS 2010:800) and curricula (Skolverket 2011) state that school principals, teachers and professionals in the school health teams must report and make an expression of concern to the CPS if they know or suspect child abuse to be occurring. This provision includes situations where children are living with domestic violence. Schools have a responsibility to cooperate with the child protection services when necessary (SFS 2001:453). At the same time, several confidentiality regulations apply to both the CPS and schools. Confidentiality may be violated between the various institutions, if the parents agree to this (SFS 2009:400).

Previous Research

Research shows that children's education and their psychosocial health are intertwined (Olofsson et al. 2011). Children with poor psychosocial health show lower reading levels (Assad et al. 2016), lower reading and math scores (Kiesel et al. 2016), and higher levels of school dropout (Durand et al. 2011). In addition, a study by Holmes et al. (2015) shows a connection between living with domestic violence and aggressive behavior in (pre)school environments. A further direction of research concerns how schools manage problems associated with domestic violence within the framework of their role as social institution. In her study of Finnish schools, Dufva (2001) showed how the school as an institution is not properly prepared to deal with the vulnerability of such children. This is a result of the professionals' difficulties in identifying problems, and of a lack of procedures and regulations that can support the professionals in their work with vulnerable pupils and their families. This becomes clear, not least, in

the question of collaboration with other agencies, where, for example, confidentiality regulations often lead to major difficulties when looking to meet the various needs of the pupil. Previous research reveals that the staff at schools struggle to identify children living with domestic violence, and, having identified it, deciding how to act and cooperate within and between institutions (Bruno 2016; Dufva 2001; Eriksson et al. 2013a, 2013b; Münger and Markström 2018). The lack of cooperation on an institutional or organizational level within or between institutions may limit the opportunities of making visible the risks that these children encounter. The involvement of different functions, judicial authorities and roles can contribute to difficulties (Humphreys et al. 2006). Banks et al. (2008, 894) points for the need for institutional empathy, i.e. “the understanding of the context and environment that shape how another system operates and works with families who are experiencing child maltreatment and domestic violence.”

Furthermore, previous research shows that a major part of the problem concerns the underreporting of child abuse to the CPS by professionals (Krase 2015). The unwillingness of professionals to submit expressions of concern (worry reports, a term used in Sweden) is seen for all types of problem, but it is particularly challenging when it comes to handling problems in the intermediate domain between home and school, especially when it comes to concerns connected to domestic violence (Münger and Markström 2018; Usakli 2012). Nor is it uncommon that in order to avoid filing an expression of concern, personnel at the school argue that even if they do so, the CPS will not do anything about it. Sometimes they consider that reporting causes more harm than good (Markström and Münger 2018). It is also important to point out that earlier studies have shown that professionals in preschool and compulsory school take the protection of children seriously (King and Scott 2014; Münger and Markström 2018). They do not, however, have an adequate level of knowledge about all forms of child abuse, especially about domestic violence and how to identify it (Uitto et al. 2015). Nor do they know how to approach and how they as professionals are supposed to act associated with routines, roles and responsibility (Levi and Loeben 2004; Usakli 2012; Münger and Markström 2018; Young et al. 2008).

Another important issue that is always relevant concerns whether the professionals’ decision to identify and act in different ways in relation to children living with domestic violence depends on whether they consider the situation to be a school problem or not (cf. Levi and Loeben 2004). It is clear that there are some initiatives to prevent this form of child abuse. Various forms of intervention have been introduced into schools (Alexander et al. 2005; Fox et al. 2016; Turner et al. 2017). These may involve, for example, educational programs that deal with domestic violence for both teachers and pupils, or programs intended to prevent such violence, and support and protect pupils from it (Hester 2006;

Eriksson et al. 2013a, 2013b). Other programs and methods are also available that may not be designed for use in cases of domestic violence. Several countries, among them Sweden, have introduced trauma-informed care for example in schools, which is a method to work with trauma-affected people, independent of the cause of the trauma (Bath 2008). However, Bruno (2016) points out that a conflict often emerges regarding whether the school staff consider their assignment to be pedagogical or social. School personnel tend to distance themselves from children’s family problems (Bruno 2016; Odenbring et al. 2015).

Research into how the various professional groups, such as school counsellors and school nurses, work in practice is limited (Chanmugam and Teasley 2014; Usakli 2012). The position of school nurses differs from that of other members of the SHT, in that they often meet children on a regular basis for various types of screening and health check-ups. Some studies have shown that they tend to avoid documenting psychosocial problems and problems related to the family in student health records. They may be afraid of stigmatizing the child or the parents, or of meeting the parents (Clausson et al. 2015; Münger and Markström 2018).

The role of school counsellors is to interact with students, parents and other professionals in school with a focus on the psychosocial wellbeing of the students. Chanmugam and Teasley (2014) discuss their important role in identifying (in school) children living with domestic violence. Children can develop different ways to perform and make help-seeking attempts, and school counsellors are important actors. They must understand the risk factors and cooperate with other professionals in school to increase their knowledge and skills to intervene when it is needed. In addition, it has been argued (by, for example, Chanmugam and Teasley 2014) that the role of school counsellors should include supporting the parents to improve the children’s wellbeing.

Domestic Violence Constructed in Different Domains in and between Institutions

From a social constructionist point of view, organizations such as the child protection services and schools are social structures constructed by individuals and groups to reach specific goals as articulated in related policy documents (Lipsky 1980). The goals are often formulated by the State, and expressed in laws, regulations and curricula, but are not always clearly articulated how these policy instruments are to be used in practice. Furthermore, schools and the CPS can be understood in terms of what Lipsky (1980) calls street-level bureaucracies. These different institutions with their different goals and responsibilities are characterized by their professionals, who meet and support citizens (children, parents, etc.) in different matters. Specifically, the main task of street-level bureaucrats or experts is to create the conditions required

for some kind of change for individuals such as learning, social development or personal development. It is often the intention that professionals in such organizations are to collaborate within and between the organizations, even if both organizations and their professionals may be governed by different resource availabilities and jurisdictional boundaries. However, the boundaries are not always clear-cut, and the possibilities to act and the decisions about who does what and why are often blurred. This may cause tensions, for instance when it comes to professionals in school health teams. As a consequence, various professional groups compete, but also compromise, about how to interpret and fulfill the goals and mandates of schools (Backlund 2007; Backlund et al. 2017; Bruno 2016). Competition and compromise occur also regarding responsibility. Sometimes different definitions of the problem or different organizational and other principles compel the various stakeholders to negotiate in order to support a child living with domestic violence.

This article uses the concept of “domains” related to domestic violence. This approach can involve an analysis of how policies and practices can be divided into different domains with respect to domestic violence: ‘domestic violence’, ‘visitation and contact’ (Eriksson and Hester 2001), ‘child protection’ (Hester 2004, 2011), ‘immigration’ (Humphreys et al. 2006), and ‘mental health/support/treatment’ (Eriksson 2007). Eriksson et al. (2013a) state that these different policy domains “are shaped by different ways of framing the problem of intimate violence”. The school – or “education”, as Eriksson et al. (2013a:88) express it – has also been defined as one such domain. In this case, the school becomes an arena for identifying children living with domestic violence and in this way, the school is an important actor in the child protection process or in the family law proceedings (e.g. custody). It is seldom that this leads to conflict where the principles and ideas of the two institutions meet, and the mission of the school becomes subordinate to the CPS. The discourse of the domains is constructed relative to different contextual factors of time and space (the institutions, professions, legislation, etc.). We use here the concept of “domains” as a tool to study the discourses used in relation to children living with domestic violence in a school context. However, we will elaborate how the professionals in school understand this form of abuse governed by formal (legislation, directives and assignments) as well as informal (tradition, interpretations and ideologies), institutional logic. The domain concept becomes particularly interesting when the school is connected to another domain and organization: the CPS. The concept of domains can contribute to showing how domestic violence can be interpreted and handled in the school domain, and reveals which discourses are used when constructing the phenomena within the domain and between domains.

Methods

The results presented here derives from a study of professionals in schools, and their knowledge, experiences and strategies in identifying, reporting and supporting children who are living with domestic violence. We used the focus group method because it is a relevant method when the researcher wants to identify the participants’ perceptions (and analyse their similarities and differences) of a phenomenon (Wibeck et al. 2007). It also interesting to study how arguments are constructed by the participants in a focus group setting. This article presents results from 10 focus groups with members from five professional groups in Sweden, of which four consist of professionals in 23 compulsory schools in four Swedish municipalities, and one of social workers in the CPS. The ten focus groups included four groups of teachers (12), three groups of school counsellors (nine), one group of school nurses (five), one group of school psychologists (five), and one group of CPS social workers (five) in the child protection services in one municipality. We wanted to focus on the variations between the professional’s specific knowledge and experiences. The differences in the numbers of professionals reflect the representation of the professionals in the school: for instance, there are more teachers in school than psychologists. The schools were contacted by a general information letter about the project and those interested in participating responded by email. The members of the focus groups were put together in relation to their professions.

The participants in the focus groups chose the locations of the focus group meetings, which resulted in some taking place at the participants’ workplaces and others at the university. We have collected data that show a variation in perceptions and experiences of the domestic violence phenomenon between different professional groups in school, and between the professional groups in school and the CPS.

We constructed three vignettes (based on mixed authentic cases) and used them to initiate the topic of living with domestic violence (cf. Wibeck et al. 2007). The first vignette was more general and focused on a case in which the student showed a change in behavior in school without explanation. The second vignette revealed that domestic violence could be one explanation of the problem. The third vignette revealed that the student was living with domestic violence. The vignettes were supplemented by a guide (Holstein and Gubrium 2007) with some topics that the facilitator could use, i.e. in some cases the facilitator posed a direct question to the focus group. The duration of the focus group interviews ranged from 53 to 96 min, and the focus groups’ discussions were transcribed verbatim by the authors.

The analysis of the transcribed focus groups focusses on what the informants said and how they talk. The focus groups are viewed as co-constructions of meaning between the participants and the facilitator, and between the participants in the

group (Holstein and Gubrium 2007; Silverman 2006). Our point of departure is how the professionals understand their professional tasks and how they can draw on their joint or different “sedimented” norms and attitudes during the discussion in the focus group. In other words, the analysis applies an analytical framework that follows the social constructionist assumption that when interacting, the participants draw on discourses that are available to them, and they reproduce and co-construct their knowledge about ‘reality’. We followed Braun and Clarke’s (2006) three-step content analysis when analyzing the discussions. This method involves: making transcriptions and then re-reading the transcriptions; coding to discover what is relevant for the aim of the study; and the identification of themes. The following themes were identified: 1. The professionals’ different and blurred understandings of the phenomenon ‘living with domestic violence’, 2. The various missions of schools, and living with domestic violence, 3. Taking action and filing (or not) an “expression of concern” – the symbol of school reaction, 4. “These children are sitting in the classrooms” – the need to act.

The study was conducted in accordance with ethical research standards in Sweden (Vetenskapsrådet 2017) and was approved by the Regional Ethical Review Board. We informed the participants about the study before the focus group interviews and obtained voluntary consent. Furthermore, we assured the participants of confidentiality and that the focus groups would be used only for our research. We considered how the study and the questions it raised could be ethically problematical, and were mindful that dealing with child abuse is a difficult task for professionals to handle. The participants were asked not to use names of pupils or phrases that could identify the child for the participants in the group.

Results

In the following we present the analyses of the focus groups’ discussions.

The Various Missions of Schools, and Living with Domestic Violence

Professionals within schools expressed uncertainty about their role and responsibility towards children living with violence in the private domain outside of school. All focus group participants stated that the issue of domestic violence is not responded to as a matter of practice and that they never or seldom have discussed the problem within the framework of school. The participants were therefore challenged during the focus groups to reveal how they think and act when meeting pupils who are living with this form of child abuse. The discussion among participating professionals about the mission and responsibility of the school, both when

identifying violence and when managing the children’s needs for care, protection and support, appeared to vacillate between different forms of responsibility. The focus groups also discussed whether the issue of domestic violence is included within the mission (pedagogic and/or psychosocial) of the school or not.

The Pedagogic Mission of Schools Four of the five professional groups (school nurses, school psychologists, teachers and CPS social workers) considered that the issue of children living with domestic violence falls essentially outside of the school’s areas of responsibility. They stressed that it is the CPS that have the responsibility to satisfy the particular needs of children who live in a family in which violence occurs. The mission of school is therefore primarily concerned with learning and to ensure that the children reach the learning objectives that have been defined. Helping children living with domestic violence is “not part of our core mission. It must be remembered that when we are here we have a considerable amount of teaching periods, and our focus is something completely different in these”, as one teacher put it. The work to support children who are experiencing this problem “is not included in the profession”, as another teacher expressed it.

A further argument presented by school professionals participating in this research concerned the reluctance of the school as an institution to take responsibility for something that takes place between adults in the home during the leisure time of the children. The participants considered that the school has neither the authority nor an obligation to get involved in situations that take place in the pupil’s out-of-school time.

The school nurses and school psychologists who are members of the SHT also considered that “the main thing for us is the learning”. They considered that their principal mission should focus on removing obstacles to the children’s learning. One school psychologist expressed this as: “Remember – it is our mission to support the pupils as they reach for the goals”. They consider this as a case of identifying children who are living with domestic violence, and to pass the children to the correct body. This may be, for example, by filing an expression of concern with the social services, or contacting the child and adolescent psychiatry service. One school nurse expressed this by saying that the SHT mission is to act as a “consultant who passes the ball to the next player”.

The Psychosocial Mission of Schools The focus group of school counsellors also considered that the mission of removing obstacles to learning is a very important part of the work in schools. They believed, thus, that the pedagogic mission is to form the centre of the school. At the same time, participating school counsellors did not accept without question, the idea that the school is to be seen solely as an institution for learning and the achievement of learning objectives. They expressed

the belief that that the school has also a social responsibility, and must for this reason be allowed to be an arena in which psychosocial activity can be conducted. They also however, considered, an equally important part of the mission of the school to protect and support pupils who have lived with maltreatment. They claimed that, since children and young people live a large part of their lives in school, that the social work must also take place in school. According to the participating counsellors, it is not sufficient that the children receive treatment within the CPS one or a few times a week: the school must also possess an ability to deal with this and provide support. As one school counsellor asserted: “The most important mission of school is to create relationships, everyone must do this”. This counsellor, thus, believes that social work that is based on this issue must be allowed to take place, since “It gives the children security”.

All focus group discussions argued that individual pupils who live in families in where domestic violence occurs, find it difficult to fit into the school mission. However, the focus on the learning objectives in school seems to result in that the social problems of an individual pupil cannot be given priority from either a teacher’s perspective or from the perspective of the members of the SHT.

Furthermore, the participating teachers described how the personnel of the SHT no longer have sufficient time to support them in their everyday work, since the work of these personnel has changed. Previously, they said, their mission was to work with individual pupils, whereas now it is to work with matters that concern the school in its entirety. One teacher stated that “they don’t have time to work directly with individuals”. The focus groups with personnel from SHT agreed with this. The school psychologists highlighted the major change in how their mission is formulated, and stated that there had been “a paradigm shift, with new formulations in the current Education Act and curricula. There is less focus on the individual and diagnosis, and more consideration of learning psychology and the learning environment.” They stated that they experienced this as a challenge, since it meant that school psychologists must find a balance between work that is directed towards the school in its entirety and work at the level of the individual. They therefore, see a serious risk, if psychologists are not able to work with individual children. The children become invisible “and, well, it’s obvious if no-one else sees them, and we no longer can, they will never receive the help they need”. This was a concern expressed by all group participants: strategic measures within preventative and health-promoting initiatives at a more structural level therefore risk taking place at the expense of work with the social problems of individual children.

The Balance between the Pedagogic and Psychosocial Missions When the participants in this study discussed the responsibility they and other professions have for pupils

who are living with domestic violence, there was a tendency that each profession placed responsibility for the issue on the other professions. The personnel of the SHT, for example, pointed out that it is easier for the teacher to suggest that the child be given a neurodevelopmental diagnosis, rather than seeking the explanation for the pupil’s difficulties in a social problem, such as domestic violence, as this participant explained:

School psychologist: They [*the teachers*] focus too much on setting a diagnosis, even though we say that it is the pupil’s needs that determine the adaptations and support that they need in school. Even so, they can still say ‘Well, we’ve done all we can so now we should refer the pupil [*to a psychologist*]. We’ve done our best.’ This thing that they put a lot of responsibility onto the pupil instead of onto themselves. It is this that is dangerous.

As reflected in the above quote, the school psychologists asserted that it is the teachers who are most eager that the pupil be examined, and that the children be given a diagnosis. The readiness to place a diagnosis can be seen also in cases where it is previously known that violence occurs in the home, such as, for example, pupils who live under protected identity (hidden from one parent) with one parent. One school counsellor stated:

We know that they come from families in which the parent has been the object of violence. I would say that there’s so much that concerns violence, and that it’s really important to remind the teachers that when they come to our school health team that we’re dealing with the symptoms, /.../ it’s so easy to decide that the children should be examined.

In this excerpt the counsellor points at the phenomenon that the teachers mostly focus on the symptoms rather than its underlying reason. A school psychologist who at the time of the interview, was working in the social services with the follow up of school results, reflected about her previous failure to understand how common violence in the home is, as she explains in this next quote: “I couldn’t imagine how common it is. It happens all the time”. Nor, as the next quote illustrates, had she been able to see the coupling with the children’s learning difficulties.

I can see this now, when I follow the same children. You see, I go back and read about them and see how ideas about them have changed through the years, how the child health service has suggested autism, and so you consider ADHD and the child is placed with a foster family, and then suddenly the child’s abilities become

excellent, s/he starts to cope with language, and you have to start excluding one diagnosis after another.

Here the psychologist points out that the professionals, and particularly the teachers, want the problem to lie with the pupil, instead of putting the focus on the family and learning situations. This is associated with the fact that resources are coupled with diagnosis, but in the case of children facing problems with maltreatment, the question of whether the problem lies with the children becomes interesting in other ways. Participating professional asserted that there was insufficient knowledge about how this form of child abuse can be identified, and about the ways available to the school to deal with the needs of the pupils. They claimed that the symptoms and behaviour of the pupils are rather interpreted based on a frame of reference that is familiar to the professionals. The participants asserted that the social mission takes second place to the psychological and pedagogic mission, and measures are taken to remove obstacles to learning and gaining knowledge, targeted on the individual pupil. The focus groups with professionals from the SHT, and those with social workers from the CPS, stated that it is the teachers who principally push the idea of examining the pupils, or discuss other problems that move the focus from the teachers' own responsibilities. The teachers, in response, pointed out that it is difficult for them to carry out the pedagogic mission if they do not receive the support and help from the SHT and CPS to which they are entitled. At the same time, the focus groups argued that the distribution of responsibility is unclear, and it is unclear which mission forms the basis for action. They suggested that this applies not only to all school organizations, but also the school system in its entirety. It could therefore be argued that the way in which the professionals understand the mission of the school can have consequences for how they act in relation to children living with domestic violence.

The Professionals' Different and Blurred Understandings of the Phenomenon of Living with Domestic Violence

The findings from the focus groups identified that the professionals in schools (except school counsellors) are not very familiar with discussing and handling children living with domestic violence. This was also true, to a certain extent, for the CPS social workers. In all the focus groups, the informants expressed on an intellectual level a clear opinion of what is meant. When the facilitator asked the participants at the beginning of each focus group discussion to explain how they understand the phenomenon "children living with domestic violence", all participants expressed themselves in the same way: It is a case of a child seeing, hearing and witnessing someone being abused in the family. They described it as a form of child abuse. They also stated that they were aware that

domestic violence is a severe problem in many families. Despite that knowledge and standpoint, however, they feel that there appeared to be a gap between theory and practice – how to respond to this problem in schools. When the facilitator posed the question directly whether living with domestic violence is child abuse, only the school counsellors clearly responded affirmatively. One school counsellor stated that "to live under the circumstances of latent violence is to be abused". Another counsellor stated "They don't get hit, but they live with this horror/.../. To be a witness, I think it is the same. It is as scary as being exposed yourself. /.../ It is psychological abuse."

However, in focus groups with other school professionals, only some individuals initially expressed themselves in the same (or similar) way as the school counsellors. These professionals stated clearly that living with domestic violence is child abuse. The discussions on this theme were otherwise characterised by vacillation and insecurity about how to understand living with domestic violence. In general, the participants confronted each other with different understandings and explanations of how this problem can be seen and acknowledged.

School nurse 1: It is not the girl. It is the parents who have problems between them, so it is another situation.

Facilitator: You don't think she is exposed to child abuse?

School nurse 1: No, I don't think so.

School nurse 2: The girl?

School nurse 3: Not physically, she isn't beaten.

Then the fourth nurse said: "But it is a kind of abuse, to see and experience child abuse, it is," and explained that she thinks it is psychological child abuse. This part of the discussion ended with all agreeing that a girl who witnesses her parents' violence is affected by child abuse, and that it is "serious that she has been witnessing violence". The participants took different standpoints, gave different answers, and/or reflected differently on the issue. In some cases, the response was rapid, without reflection, while in other cases it was more considered. Professionals in all focus groups, except for school counsellors, seemed to need to elaborate and present different versions of what can be thought and said about this problem.

A significant finding of the work presented here is that child abuse is understood to be synonymous with physical abuse. One teacher used the term "real violence" when she compared different forms of problems that a child may be affected by in a family context. In the focus groups, the professionals were asked to talk about their own experiences of students affected by living with domestic violence. Very often, they started to give examples of children who had been physically abused. A school nurse recalled: "I remember that I met

a girl or siblings whose father hit them very hard. He grabbed their arms very violently and their faces and so on. I define that as violence. In this case we made a report.” In this quotation, the school nurse, when asked about witnessing the parents’ violence against each other, gave an example of a child who had been directly physically abused. This pattern led the facilitator to confront the focus group with a direct question at the end of the focus group: Are being physically abused and witnessing another being physically abused equal?

Teacher A: Is it the same? [*living with domestic violence and experiencing physical abuse*].

Facilitator: Do you think that?

Teacher B: I can think that. But, it is two different things. I think that you can suffer in the same way. I think it should be correct to consider it as the same.

Facilitator: Do you think, if you are honest, that you would react in the same way [*if you became aware of it*]?

Teacher B: No.

Teacher A: No.

Teacher B: I think it is much worse to be beaten than to witness.

Teacher A: Yes.

During the discussion, it appeared that the participants were uncertain and reluctant to take a stand on the issue. Teacher B first answered that she thinks that is the same but then, in the same sequence, said that it is different. The quotation shows that they thought that it is much worse to be beaten than to witness domestic violence. This kind of discussion was typical for their talk: even though the participants considered living with violence to be serious and were aware that the children suffer, they found it difficult to equate the seriousness or to talk about it in terms of child abuse.

In some of the focus groups (school counsellors, CPS social workers and school psychologists), the participants stated that it is important to understand that children who live with domestic violence live under threat and in constant fear. CPS social workers stated that living with domestic violence is a broad concept and that the situation may be complex. This may contribute to their uncertainty. The CPS social workers found it difficult to define the difference between quarrel and violence. There appeared to be no clear guidelines on when the CPS should act and start an investigation into the family.

It wasn’t surprising that the school counsellors and CPS social workers were presented as more secure in their understanding, knowledge and expressions about this form of abuse. This form of knowledge about social problems is a part of their education and often a part of practical training. However, in the focus groups with the CPS social workers,

they expressed themselves differently from members of school counsellor groups. The social workers from the CPS avoided the concepts of “living with domestic violence” and “child abuse”. The CPS social workers first reacted with silence when asked whether living with domestic violence is equal to child abuse, and they did not use the concept “child abuse” at any time during the focus groups. Instead they used the concepts “victim of crime” and “victim”, when they talked about children living with domestic violence.

Taking Action and Filing (or Not) an Expression of Concern – The Symbol of School Reaction

The findings so far have illustrated that ideas about the mission of the school with respect to domestic violence vary. What was unquestioned, however, was the responsibility of the school to file an expression of concern with the CPS when it suspects that a child is at risk. Independently of whether the mission of the school was described as principally pedagogic or psychosocial, it was generally agreed that legislation and policy guidance must be followed. However, the participants expressed that they felt that it was not equally clear how this is to be carried out in practice, and who has the responsibility to act. The various groups of professionals disagreed about this. One focus group of school nurses emphasised that it must be the teacher who takes the principal responsibility, while the SHT may provide assistance in this.

School nurse 1: The right person or the right profession must own the case, they must be in charge to start with, that’s what I think.

Facilitator: So who owns the case?

School nurse 1: In the beginning, I do/.../There’s to be communication between, it depends on how serious it is, but the teacher-pupil-parent or guardian. I can’t see any other way to do it

All group members: Yes.

School nurse 2: But as soon as they take it up with the school nurse or pass the case to the school health teams, it belongs to someone else.

School nurse 3: Our case, together.

School nurse 1: Quite right.

School nurse 2: But I think it’s very important /.../that the teacher remains involved, because if they are not, they let the matter drop completely and think: ‘Now she’s looking after it, and I don’t have to worry about it.’ [*All group members: murmur agreement*]. But you have to remember that the teacher is the person that the pupil has most contact with.

This discussion between the school nurses demonstrates a pattern that was evident across all focus groups in all focus groups with members who were part of the SHT. These

professionals stated that it is not the SHT that in the first place “owns the case”: they consider that the responsibility and the work of filing an expression of concern lies with the teachers, who are the ones who know the pupil. Professionals in the SHT suggested that teachers are not eager to take responsibility, but wanted the pupil’s case to be handled within the framework of the SHT.

In the focus groups of teachers, however, it became clear that teachers considered it obvious that cases dealing with these difficult issues must be handled by professionals who have training and expertise, i.e. the SHT. From their standpoint, teachers were critical that they do not receive sufficient support from those who they consider to have the principal responsibility in these matters, i.e. the management and the SHT. They stated that they also experienced it as unclear within the organisation, how these questions should be managed. This opinion was shared by all professionals, independently of which school or municipality they were working in. They stated that it is unclear what happens in such cases within the school: for example, what happens when a teacher has informed someone in the SHT or school principal about his or her concerns. One teacher, however, explained that she had not herself enquired whether an expression of concern had been filed with the CPS or if any other measure had been taken after she passed information to the SHT. The teacher justified the decision not to follow up on what had happened for the pupil by stating that she no longer had responsibility. The teacher did not know who now had overall responsibility for the pupil, nor why she had not received any further information. Such narratives – that there are uncertainties concerning the procedures associated with cases and expressions of concern – emerged in all focus groups with several scenarios of the routines around filing expressions of concern and how the distribution of responsibility is carried out in different schools, described. One of the school counsellors outlined how in her school the teacher must file an expression of concern if it is suspected that children are living with domestic violence, because “It would just be weird” if she filed an expression of concern without even having met the child. She believed that it is the teacher who has knowledge about the child and the situation, and who has seen, heard and “knows the child properly”. In another school, it was asserted that it is usually the school counsellor that files expressions of concern together with the teacher. She stated: “We usually do it, together with the teachers. It’s terribly distressing for them. They think it’s really unpleasant. And it’s their name that is given in the text, but I’m responsible for filing the expression of concern”. In a third school, the school counsellor was described as responsible for the complete process. The school counsellor stated that they found the process of collecting and evaluating (information), and writing the expression of concern, particularly difficult when it concerns violence. In the following extract, the school counsellor described the process, and talked about the

challenges that arise when the school counsellor takes over a case from the teacher.

School counsellor 2: But this whole thing with violence is not that easy. It’s a case of collecting facts that you can pass on in some way and that are credible when you file the expression of concern.

Facilitator: So how do you manage this?

School counsellor 3: Situations, concrete situations.

School counsellor 2: Yes. And writing things down. And really checking things with several other people. Not just one, maybe, but checking in more detail that it’s true, this, what’s going on. Because you may not have any relationship at all with the child in question, but you just get him or her passed to you. /.../

School counsellor 1: I feel that I really want to be on firm ground here.

The counsellors stated that they found it problematic when they lack knowledge and a relationship with the child. All school counsellors in the focus groups stated that they have, at one time or another taken over a case from another member of the school personnel. The school counsellor may have received the task at an SHT meeting, but it was most common that a teacher approached the counsellor directly and asked for help. As such, it was considered it to be difficult to take over somebody else’s case and to receive information only at second hand. The school counsellors, however, emphasised that they are aware of the importance that background information is available for social services to consider when an expression of concern is filed. The school counsellors however, wanted to be “on firm ground”, and wanted to avoid filing an ungrounded expression of concern.

The CPS social workers considered it to be part of the school’s mission and responsibility to work with the CPS to identify problems, and then pass the case onwards by filing an expression of concern. They considered the role of the school to be important, because – even though it concerns the situation in the home and during the children’s leisure time – it is in school that the children can be found. They pointed out that it is the professionals who work in the school, therefore, who have the best opportunities to identify problems with domestic violence. They consider it to be the task of these professionals, if they have any suspicions, to report the pupil to the CPS. Participating social services professionals however, stated that few expressions of concern are filed from schools, that this is particularly the case when it comes to living with domestic violence. It is their expressed experience that most expressions of concern filed with the CPS come from school principals, and they considered this to be an unsatisfactory situation. It was their opinion that teachers should be responsible for filing the expressions of concern because it is the teachers who have the information and meet the child.

At the same time, they stated that the teachers had a certain understanding that filing an expression of concern may involve conflicts with the parents, which may damage the relationship with the pupil. What they could not understand, however, were situations where no-one among the school personnel expresses concerns to social services. They stated that the school often justifies this by saying that the CPS won't do anything anyway, and there are high expectations on what the CPS can achieve. One social worker stated: "When you reach this stage, it's almost as if you have to wonder: What can we do for these families?"

Unclear, Ambiguous Messages from the CPS

The focus groups with social workers who worked within the CPS pointed out how important it is to receive high-quality information as background to an expression of concern. They made it clear, however, that this information may serve another purpose to a certain degree, namely that of enabling investigations in the case to continue. During the focus group discussion with the CPS social workers, however, the members vacillated between two points of view concerning the role of the school when it is suspected that the situation in a pupil's home is unsatisfactory. 1) Initially, the members made it clear that the school itself cannot reach a conclusion about the exposure of the child. 2) As the focus group discussion progressed, the members stated that the school "should try to get more information about" the family situation of the pupil. On the basis of the first point of view, they argued that it is not the school that is to determine whether the pupil is living with domestic violence. One CPS social worker expressed it: "I think that if you have the slightest suspicion that it (*domestic violence*) is taking place, you must file an expression of concern". They felt that it is the CPS who determine the borderline between family violence and what they call "normal family conflicts". In their view, it is the task of the CPS to determine "what type of violence" is going on in the home. The members of the focus group pointed out that the cases are often very complex and difficult to assess, and many different factors must be considered. They agreed that violence that is repeated and is present in the home consistently demands a response from them. On the other hand, it was not obvious to them that the CPS are responsible for getting involved when it is a case of more minor conflicts or fighting that consists of one or a few serious events. This is where the CPS social workers started to change their view, since they considered at the same time that it is the school that is to determine which type of conflict is being experienced, before an expression of concern is filed at the CPS. As the focus group progressed, the CPS social workers based their arguments to an ever-increasing degree on the point of view that the school personnel must gain information about the exposure of the child, which de facto means that it is the school professionals who

assess whether the pupil is living with domestic violence or not. The CPS social workers asserted that they usually recommend that the school personnel "talk more to the child" and with the parents, because there must be "a history" or other documentation to enable the CPS to subsequently undertake a child protection investigation. A CPS social worker stated that if it is the teacher who suspects that something has happened in the family, it is best that someone in the school whom the child trusts talks with the child in order to "make some form of assessment," to gain confirmation and avoid mistakes. Another social workers asserted:

I'm sure that it would be possible to prevent many expressions of concern if you could have a dialogue with the parents.

All group members: Yes.

CPS social worker: You assume things, many of which are not true. I imagine a situation in which the school sees something that causes it to react, but they don't have the full story and then maybe they overreact and they're concerned: 'Well, let's file an expression of concern', instead of establishing a dialogue. There may be perfectly natural explanations for things that are not grounds for filing an expression of concern [*all group members murmur in agreement*], and I'm seeing that you can also spare both the parents and the child from getting involved with us [*gentle laughter*].

In this excerpt the social workers argue that the school has a responsibility to make a well-grounded assessment before they contact the CPS. The social workers at the CPS also made the point that the school's responsibility remains, even if the CPS takes no action when the first expression of concern is filed. New expressions of concern can contribute to more information, and this may lead to new decisions being taken.

These Children Are Sitting in the Classrooms – The Need to Act

Emerging with clarity from the analysis of the focus group discussions, was the commitment of the participating professionals to respond to the needs of the children in their classroom, independently of the involvement of the CPS and their lack of faith in the CPS. What the teachers experienced as difficult was to set a limit for what is included in their professional task and what is to be passed on to the SHT, but, as one teacher put it: "Is it better that I do something? I don't know." The teachers used expressions such as to "have a responsibility as an adult", and they expressed the belief that they have a responsibility in their professional role to "be there for the children, to stand as a form of stability/adult presence". They were also clear, however, that as teachers they should not be "the one who drives the process forwards". The

teachers also believed, however, as did school nurses, that it is the school counsellors who have best knowledge on how to support these children in school through counselling.

School nurse 2: Right – it's not our job.

School nurse 1: The school counsellor should have those talks – not us./—/Of course, we talk to the children all the time, with the pupils, but the counsellor should be the one to hold regular consultations, check how the week has been, check what's happening next week.

In this excerpt above the nurses point at the need for regular consultations and support from the counsellors. The school counsellors also expressed the belief that children facing these issues require a great deal of support, and that their task is to support and understand the children's situation.

The professionals described that they have room for manoeuvre, which they use in different ways. There are, however, points of contact that all professions seem to have in common. In practice, the professionals argued that they act more on the basis of what they themselves say is a feeling, than from expertise and knowledge about domestic violence.

One factor that the professionals regarded as particularly difficult when working with these issues, and that can be seen as an obstacle to collaboration, is the question of confidentiality. One teacher said:

As teacher, I don't have to know everything, but I should be told what I need to know such that I can deal with this child in day-to-day life, because I'm the one who does so!

So, yes, it's a real pain if you don't know anything or feel that way, because then you feel really compromised when things happen because then it's like: "I should be able to deal with the case but I can't, because I don't know".

All participating teachers highlighted the importance of removing some parts of the limits to confidentiality in order to be able to help the children. Only a few of the participants were aware that of them knew that parents can, when requested, allow school personnel to be given access to confidential material. When the focus group of CPS social workers was asked how often the members ask parents whether the confidentiality can be lifted in order to let the school know what is happening at the social services, the replies differed. Some of them expressed that they always have referral meetings, in which the institutions involved join together to draw up an individual plan for the child. Other CPS social workers stated that they never use the possibility of breaching confidentiality, since the school does not request this.

However, a certain room for manoeuvre seemed to be available, both concerning how much the schools'

professionals have a right to know, and concerning the possibility of breaching confidentiality between government agencies with the consent of the parents. How this room for manoeuvre is used in practice differs: it is clear that certain social workers do not view confidentiality as an obstacle, and that they use the opportunities that the legislation provides. It is also clear that the individual social worker determines to a large extent the conditions under which the case proceeds, and in this way determines the degree of collaboration.

Discussion

The aim of the work presented here was to study how various professional groups in school and professionals within the CPS understand their own and other professionals' roles and responsibilities with respect to children living with domestic violence. The article illuminates the complexities and consequences of the lack of an established and consistent language to discuss the issue of children living with domestic violence. It also reveals the lack of a common and well-grounded institutionalized understanding of how the term 'children living with domestic abuse' relates to the term 'child abuse' (cf. Hester 2004, 2011; Humphreys et al. 2006; Jembro 2015; Kantor and Little 2003). In addition, the professionals within the CPS avoided using the concept of 'child abuse' and based their language instead on the terminology used in policy about the 'child as a victim of violent actions' (Jembro 2015).

The blurred understanding of the phenomenon is significant for how the professionals interpret and encounter the pupil in correlation with symptoms of domestic violence and changes in behaviour (cf. Devaney 2008; Dufva 2001; Eriksson et al. 2013a, 2013b; Feng et al. 2010; Münger & Markström). The school professionals participating in this research, considered that if living with domestic violence is not seen as a form of child abuse, the management does not regard it to be a question for schools (cf. Banks et al. 2008; Bruno 2016; Dufva 2001; Eriksson et al. 2013a, 2013b; Münger and Markström 2018; Markström and Münger 2018). Furthermore, this article points at the conflicting understandings and priorities of the different professionals – the gaps and tensions within and between organizations and professions. Furthermore, even if all focus groups have a common understanding of the legislation and directives that are in force concerning the duty of school personnel, the professionals participating in this research, painted a picture of an unclear distribution of responsibility between the SHT and teachers, and within the SHT, which can be interpreted as a tension between domains within the institutional school domain. This finds expression in terms that it is always another profession than one's own that has responsibility for the task, and that other professionals are not fulfilling their task (cf. Backlund 2007; Bruno 2016).

Additionally, the professionals seemed to navigate through the large open space that exists between the pedagogic and psychosocial missions of schools (Backlund 2007; Bruno 2016, cf. Lipsky 1980). This study reveals four different strategies taken by the participants when they described how they behaved when faced in school with a child whom they suspect is living with maltreatment. *One strategy* is to interpret the child's symptom of maltreatment and reformulate it to something that is considered suitable for management within the institution, such as a neurodevelopmental diagnosis. The *second strategy* involves the professionals taking the view that they do not need to act on the maltreatment within the framework of the school, i.e. it is not interpreted as an issue for the school domain. This assessment is based on the perception that a situation of violence that exists between family members within the private sphere lies outside of the responsibility and mission of the school. The *third strategy* involves the professionals interpreting the situation as suspected child abuse and submitting an expression of concern to the CPS (cf. Dufva 2001; Krase 2015). A *fourth strategy* is to take a pragmatic approach, and support the pupils in their everyday life in school, independently of the CPS.

Just as is the case for other institutional domains (Eriksson 2007; Eriksson and Hester 2001; Hester 2004, 2011; Humphreys et al. 2006), school is characterized by a 'gap' between policy and practice (Eriksson et al. 2013a; Jaffe et al. 2003). Consequently, institutional and organizational conditions within school, and between the CPS and the school, seem to limit the possibility for pupils living with domestic violence to have their needs responded to (cf. Banks et al. 2008).

The unclear distribution of responsibility within the school as an institution becomes apparent also in the meeting between the professionals and the CPS. The domain model suggests that this can be expressed by saying that a gap exists between the domain of the school and the domain of the child protection services (cf. Eriksson 2007; Eriksson et al. 2013a; Hester 2004, 2011; Humphreys et al. 2006). The way in which the social workers analyse the situation contains a contradiction about the role and responsibility of school personnel when issues of domestic violence are suspected or identified (Frauenholtz et al. 2017). This is the case also for preventive work (Alexander et al. 2005; Fox et al. 2016). The same type of contradiction is present with respect to confidentiality. The professionals in school consider that they have little or no insight into how this help is structured by the CPS (which have the primary right of interpretation concerning whether pupils living with domestic are to be given help and, if so, what help). The two domains within the Swedish system find it difficult in practice to agree about the mission and logic associated the institutions involved and with legislation, when it comes to children living with domestic violence.

Implications Our study shows that it is difficult for the phenomenon of children living with domestic violence to be given the status of 'child abuse'. The problem is alarming, and work to change it must be directed toward the political level and toward an organisational and professional/individual level. In this study, the teachers suggest that the SHT must be given more time to support them in their everyday work and focus more on the individual pupils and their special needs. The training of school personnel is important, but Alexander et al. (2005) show that training initiatives are not enough: it is also necessary to change attitudes around children living with domestic violence (cf. Chanmugam and Teasley 2014; Clausson et al. 2015; Dufva 2001; Odenbring et al. 2015). The professionals requested clear guidelines about how an issue such as domestic violence is to be managed in the school. Furthermore, the cooperation between school and CPS needs to be developed and transparent (cf. Banks et al. 2008). The sharp borderline between the two domains should be characterised by more cooperation.

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