

Researching adverse childhood experiences in a domestic violence service:

The role of co-operative inquiry groups in practice development and change

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Abstract: *The long-term impacts of Adverse Childhood Experiences (ACEs) are of increasing interest to researchers and practitioners. While attention is being paid to the effectiveness of screening for ACEs to improve health and social outcomes, how to implement such practices has become key. The Irish study upon which this article is based used an action research approach to implement ACEs routine enquiry within a domestic violence service, while also utilising co-operative inquiry groups for practitioners within the organisation (n=10) and those working in associated fields of infant mental health, child protection and welfare and community support (n=7). This article documents the process of enacting the co-operative inquiry groups and outlines learning points, challenges and lessons. Drawing on Finlay’s (2002a, 2002b) theories on the variants of reflexivity in research processes, six themes emerged on the research process: insider and outsider status; the structure and approach to the groupwork process; participation in the group process; addressing fears; practice concerns; and motivations to act. We conclude with suggestions for effective co-operative inquiry processes and highlight the factors related to groupwork that may contribute to improvements in practice, organisational and community change.*

Keywords: *cooperative inquiry groups; domestic violence; adverse childhood experiences; organizational change; practitioner change; trauma.; groupwork; group work*

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Introduction and background

Researchers are increasingly interested in links between Adverse Childhood Experiences (ACEs) and domestic violence, poverty, and substance use which imply the need for appropriate health and social care responses (Bellis et al, 2013). Although there have been a number of Irish studies on this subject (Lambert & Gill-Emerson, 2017), as yet there has been little focus on how ACEs impact on women experiencing domestic violence (Morton, 2016). At the same time, it has been argued that there is an important position for groupwork in research processes supporting positive organisational change with social and health services (McDermott, 2005). This article brings these two strands together to explore the approach and learning points of using action research co-operative inquiry groups as a research method to consider and explore the use of ACEs routine enquiry within a domestic violence service in Ireland.

ACEs routine enquiry and women with complex needs

Felitti et al, (1998) found a strong interrelationship between adverse childhood experiences and severe chronic disease and premature death in adulthood, effectively launching what is now a growing body of research and evidence-based practice. The current ACEs categories of focus include:

- *Child Maltreatment*: sexual abuse, physical abuse, verbal abuse
- *Children's Environment*: domestic violence, parental separation, mental illness, alcohol abuse, drug abuse, incarceration. (Bellis et al, 2015).

Although ideas about ACEs are at times contested, a 'score' of four issues or more is seen to significantly increase the likelihood of a person engaging in future risky behaviour, which may lead to a range of poor health outcomes in adulthood (Felitti et al, 1998; Bellis et al, 2015). ACEs also impact on wider society; for example there may be intergenerational effects and pressures on health and social care agencies, particularly in terms of complex social problems such as substance use and domestic violence (Bellis et al, 2015; Ørke et al,

2018; Gutierrez & Van Puyumbroeck, 2006). Policy responses tend to focus on prevention and early intervention (Burstow et al, 2018; TUSLA, 2015).

A common practice response is to apply a trauma-informed approach to care (Hardcastle et al, 2020). This has been described as ‘the simple and direct approach of listening and validating [an individual’s] experience that shifts from asking, “What is wrong with you?” to “What has happened to you?”’ (Gilliver, 2018, p. 49; Menschner & Maul, 2016, p. 2). Routine enquiry, or the implementation of standard queries or questions to all service users within a health setting, has been implemented and debated issues such as domestic violence, childhood abuse and trauma (Brooker, Brooker & Mitchell, 2019; Eustace, Baird, Saito & Creedy, 2016). Routine enquiry for ACEs is in its relative infancy within social and health services and Ford et al, (2019) maintain it can assist practitioners in moving beyond spontaneous disclosure of historical abuse; instead, a pro-active and sensitive enquiry process can allow for adequate supports to be provided.

Such approaches seek to explore the most appropriate interventions for individuals and to mitigate any intergenerational effects (McGee et al, 2015). ACEs routine enquiry tools and methods are conducted through either face-to-face or self-completed questionnaires. Some organisations target only those individuals who present to a specific part of the service (for example: in cases of domestic violence cases, those seeking refuge), while others adopt a universal approach, regardless of specialist or intensive need. The timing of routine enquiry can vary -- sometimes it is at the point of first contact, others only after establishing a relationship with the service user (McGee et al, 2015). Within domestic violence organisations, McGee et al, (2015) found that crisis mitigation often takes precedence, with the result that ACEs screenings are contingent on the skills of the practitioner at that moment. Despite the volume of the literature on this topic, ACEs routine enquiry remains challenging and contested. Ford et al, (2019) highlight the lack of evidence available to assist practitioners and organisations in understanding the utility and benefits of such implementation. Meanwhile, a review of pilot ACEs routine enquiry programmes across a range of sectors in the UK found limitations in delivery caused by lack of organisational expertise, capacity, and commitment (Quigg et al, 2018).

Groupwork and organisational change

The range of factors underpinning the challenges facing ACEs routine enquiry implementation suggest we need a better understanding of the links between approaches to routine enquiry and how change can be embedded in organisational structure and practice. The use of groupwork is often overlooked when exploring opportunities for mapping and supporting such change, growth and development, particularly in the social work and wider social care fields (Trevithick, 2005). It has been argued that there is a shared skill base required to facilitate both research and social work group processes which can enhance research group enactment (Jenkinson et al, 2019). Practitioner groupwork may also be key in ACEs incorporation into trauma informed care given concerns that implementation may fail to distinguish between potential individual-level impacts and group or population-level application - where structural changes need to be targeted (Kelly-Irving & Delpierre, 2019). Action research, with its focus on individual and organisational transformation and change (Reason & Bradbury, 2008; Watermann et al, 2001) is now being used increasingly with health and social care settings (Hart & Bond, 1995). Co-operative inquiry groups are a core, though perhaps under-utilised, method within action research (Reason, 1999; Donnelly & Morton, 2019); with participants meeting over cycles of inquiry and action, they function as a form of groupwork.

Effective groupwork

There are a range of factors known to contribute to positive groupwork processes. Consistency in the structure and functioning of the group can assist and enhance participants' ability to engage and participate and group member familiarity with these structures is an important safety factor (Caplan, 2006). The role of the facilitator is important, particularly in terms of the degree to which they intervene in the processes of the group. Caplan (2006) argues that overly ambitious facilitator interventions can risk interrupting group momentum whereas a less active facilitator can potentially foster greater cohesion amongst other group members. A key skill is to foster dialogue and discussion that will maintain group impetus subsequent to facilitator input (Caplan, 2006).

The relationship between the facilitator and group members is

crucial. Building collaborative relationships between facilitators and group participants requires nuanced skills and attention to power dynamics and the interplay of personal and professional experiences (Morton & Hohman, 2016). Groupwork processes can sometimes stymie individual and group dialogue (Doel & Orchard, 2006; Delbecq & Van de Ven, 1971; Potter et al, 2004). Alston and Bowles (2003) note that the role of the facilitator matters greatly here in terms of establishing an environment where diverse opinions, including fears, can be voiced. In terms of research groups, notions of ‘insider’ and ‘outsider’ status are important to recognise. As McDermott (2005, p. 91) observes shifts in roles, interactions, and power dynamics are part of all group processes which are affected by the status of the researcher. Doel and Orchard (2006, p.46) add another category: the ‘active temporary insider’ where the researcher acts as a participant observer researcher and ‘inevitably becomes part of the group process itself. It has the effect of finding a balance in independence but also delivering positive outcomes for the group (Doel & Orchard, 2006).

Co-operative inquiry groups

Although co-operative inquiry groups are viewed as being important in this form of research, they can be fraught with challenges and paradoxes in relation to power, authority, participation and decision making (Donnelly & Morton, 2019; Ospina et al, 2004). Inquiry group processes may also suffer from a lack of time and resource allocation, as well as attention to key relationships (Patterson & Goulter, 2015) which are crucial in groupwork processes, generally. Organisational buy-in makes a difference (Fixsen et al, 2005; Greenhalgh et al, 2004; Schoenwald et al, 2008; Simpson, 2002) and inter-organisational collaboration requires additional communications and information-sharing channels as well as adequate resources in order to succeed (Palinkas et al, 2012).

Co-operative inquiry groups should identify the needs of those who are meant to be served by the action being planned, provided, or researched and offer the opportunity to explore and respond to presenting problems within practice and organisational contexts (York & Nicolaidis, 2007). It has been argued that there is a need to quantify direct outcomes from the process, particularly beyond skill

development (Yorks & Nicholaides, 2007). Motivation to engage and participate for practitioners can be key. For instance, Cordon (2001) found that practitioners were also interested in emancipatory impacts and a desire to influence the practice of colleagues. Where the subject matter is sensitive, it is important to be attentive to practitioner stressors; for group members to stay emotionally present (Caplan & Thomas, 2002); deal with transference and countertransference (Pearlman & Saakvitne, 1995); and potentially engage in various emotional labour strategies (Mesmer-Magnus et al, 2012). The complexities of these processes add an additional layer to the facilitator's role and group dynamics as a whole.

Given this complex context, this article explores the interface between the process of enacting co-operative inquiry groups as part of an implementation of ACEs routine enquiry within a domestic violence service. ACEs are prevalent across the high-income countries where most studies have been conducted to date (Bellis et al, 2019; CDC, 2018; Bellis et al, 2015), but as yet, no national data exists on the Irish context. The research project that we draw on incorporated routine enquiry for women accessing the domestic violence service with two co-operative inquiry groups – one with domestic violence agency staff and the other with external community partners in the area of infant mental health (IMH). We identify learning points, challenges, and suggestions for effective co-operative inquiry processes, as well as groupwork-related factors that may contribute to positive practice, organisational and community change. These findings add to both the growing body of evaluation and evidence on the incorporation of ACEs into trauma-informed care and the role of groupwork within social work research processes. The consideration of these complexities informs the study now described.

The study

Organisational context

The study upon which this article is based took place in an organisation that delivers services to women and children who experience domestic violence. Located in a large town in Ireland and established 25 years ago,

staff are involved in providing emergency accommodation, keyworker support, counselling, helpline support, children’s interventions and court accompaniment. The organisation utilises different forms of groupwork in their service delivery, evaluations, and support and supervision structures. When the organisation underwent a significant expansion twenty years ago, including opening accommodation for women and their children, a supervision and support structure was devised and implemented that included quarterly psychoanalytic groupwork for staff (with an external facilitator) and monthly internal group supervision. It also delivers a psycho-educational groupwork programme for women (Morton, Hohman & Middleton, 2015) with the aim of ‘future-proofing’ women from abusive relationships; a multi-agency groupwork programme for children and their mothers; and an art therapy groupwork programme. In the last five years, two action research projects involving co-operative inquiry groups have taken place. The first explored practitioner responses to women who use substances and a second examined the impact on practitioners of delivering a Pattern Change programme (Morton, Hohman & Middleton, 2015; Morton & Hohman, 2016).

Study design

The study aimed to a) identify the level of ACEs for women accessing a domestic violence service; b) consider and explore trauma-informed responses to women’s childhood experiences and the intergenerational transmission of trauma; and c) consider the role of ACEs routine enquiry and intervention in relation to infant mental health (IMH), a key area of work for childcare workers within domestic violence settings. To meet these aims, an action research approach, involving three phases, was taken in a study completed over a nine-month period. The first phase involved the implementation of ACEs routine enquiry for women accessing all aspects of the organisation’s services (n=60 service user participants) using a ten-question ACEs questionnaire adapted from the US Centers for Disease Control and Prevention short ACEs tool (Hardcastle & Bellis, 2019). The second phase, undertaken concurrently, was a series of co-operative inquiry groups facilitated with domestic violence service staff and designed to support the implementation of the ACEs routine enquiry with service users and their development

of responses to women who completed the routine enquiry. The third phase involved the facilitation of an inter-agency co-operative inquiry group with external community service partners on the potential to integrate ACEs into wider inter-agency work, especially where there is a focus on IMH.

The study was granted ethics permission by the first author's university. Ethical dilemmas and challenges mirrored those identified within the action research literature on collaborative research enactment (Thomas-Hughes, 2018), particularly given the project had a 'co-produced turn' (Willis et al, 2018, p.12) that evolved beyond collaboration, especially between the researchers and the Services Manager. While Willis et al, (2018) argue that such a turn beyond collaboration towards co-production, can be helpful in developing new knowledge and understandings (particularly in regard to complex practice issues) it required greater attention to roles, boundaries and power, particularly between the authors (Neidel & Wulf-Anderson, 2012). To assist us in negotiating these tensions, we drew on key ethical principles of collaborative action research; seeking ultimately to promote positive progressive change (Artz, Meer, Galgut & Müller, 2017) and reciprocal relationships of respect, care and recognition (Thomas-Hughes, 2018).

The study design is shown in the table overleaf; this article is concerned primarily with the practitioner groupwork of Phases 2 and 3.

Table 1
Study design

Phase 1	Phase 2	Phase 3
(Service user implementation)	(Practitioner groupwork support, assessment, & reflection)	
ACEs routine enquiry with women accessing a domestic violence organisation using ten point questionnaire (Hardcastle & Bellis, 2019) n=60	Co-operative inquiry group for domestic violence service practitioners. n=10	Co-operative inquiry group for external community partners involved in IMH. n=7

Inquiry group procedure

For both sets of inquiry groups – the domestic violence service practitioners and the IMH inter-agency practitioners – all group members were involved in the inquiry group structure and design; they were invited to reflect on their practice in regard to ACEs routine enquiry; and invited to consider and undertake actions in regard to implementation between inquiry group meetings. The practitioners from the domestic violence service had extensive experience, accreditation and professional recognition in areas of domestic and sexual violence, substance use and childhood legacies of trauma, while those in the IMH had a range of professional expertise including social work, infant mental health and substance use. Prior to the fieldwork a one-day ACEs routine enquiry training was delivered by an independent training consultant to both the domestic violence organisation staff and all members of the IMH group.

Ten of the fourteen practice staff who were invited agreed to participate (n=10 domestic violence practitioners). Three domestic violence service practitioner inquiry groups were run at four- to six-week intervals during the ACEs routine enquiry process, with each inquiry group running for approximately 90 minutes. Each inquiry group was audio recorded, with the consent of participants. Themes for each inquiry group were agreed with participants, and the practitioners were encouraged to describe their practice and skills, as well as explore the experience of enacting ACEs routine enquiry with service users. There was close to full attendance for each inquiry group (n=9), with a different individual unable to attend on each occasion.

The members of the inter-agency IMH practitioner inquiry group were drawn from a regional IMH working group. The seven who decided to participate worked in social work, family support, community and substance misuse services (n=7 inter-agency IMH practitioners). Two IMH inter-agency inquiry group sessions were run, with a four-week interval, with each group running for approximately 90 minutes. There was full attendance at the first group (n=7) and six practitioners attended the second group. Each inquiry group was audio-recorded with the consent of participants. As the practitioners came from a range of agencies, the discussion and themes for this inquiry group focused on the feasibility and possibility of integrating ACEs routine

enquiry into their existing work and organisations. The inquiry groups were facilitated by the lead author, with one IMH inter-agency group co-facilitated by both the first and second authors. The lead researcher has extensive experience in group facilitation and training, with postgraduate education in counselling and a substantial practice and management history in the field. This experience has been further reinforced with enactment of several action research projects across the field of social care, reinforced by academic publications on action research impacts and methodologies (author). The Services Manager within the domestic violence service (third author) organised dates and liaised with participants regarding attendance for each inquiry group.

Both inquiry group processes were characterised by rich engagement and discussion, emotion, humour and poignancy. It had been agreed that no individual service user would be discussed, only the practitioner's learning from enacting a routine enquiry, so, if necessary, a practitioner would provide a brief sketch of a practice scenario in order to situate a discussion point. Discussion themes were agreed by the group. The facilitator guided discussion and encouraged participants to reflect on meaning, learning points, impacts on service users and challenges to practice changes. As the group developed, there was a driving thread of knowledge development, confidence and shared learning as explored by Godden (2018) as tenets of co-operative inquiry. However, for the domestic violence service inquiry group, reported positive practice impacts from enacting routine enquiry appeared to be the source of energy for the process; for the IMH group, the opportunity to come together and share a safe and inquiring space was voiced as the key factor.

Research outputs and impact

The final research report was released at a community launch event in October 2019 attended by 80 practitioners, service managers and funding representatives from 15 agencies. The study found that ACEs experiences by women who were subject to domestic violence were commonly reported. Of the 60 women who completed the ACEs routine enquiry in the study, over one-half (58 per cent) reported experiencing at least two ACEs in their childhood, including one-third of all respondents reporting experiencing four or more (Morton and Curran,

2019). Service users also reported significant levels of overlap between direct child maltreatment and adverse home environments. These findings offered early indications of both ACEs prevalence as well as the types of ACEs that most define the experiences of the women presenting to the domestic violence service. The study report discussed the ways in which the co-operative inquiry groups used this information and other processes to enhance practitioner, organisational, and inter-agency understanding and service responses. The practitioners felt that this form of ACEs routine enquiry, while not an end in itself, was a useful tool to engage women in conversations about trauma and intergenerational patterns and a basis for developing trauma-informed interventions. The report concluded with consideration and implications for service users, practitioners, organisations, inter-agency work, funders, and future research.

Following the study report release, the research funding agency requested follow up training on ACEs routine enquiry for 14 community and state agencies, which was delivered by the first author and an external training consultant. A subsequent project was designed to consider and implement trauma-informed interventions for women and children using the domestic violence service, as well as to follow up with women who had completed the ACEs routine enquiry.

Throughout the project, the authors maintained fieldnotes and process reflections alongside inquiry group transcripts. Both of the inquiry groups (domestic violence and inter-agency IMH practitioner groups) included regular reflections on the process and the final groups concluded with a discussion on the effectiveness of the process. This article draws upon these resources, together with Finlay’s (2002a, 2002b) theories on the variants of reflexivity in research to analyse the study’s groupwork process and identify central themes. Engaging in reflexivity – here, an ‘explicit, self-awareness’ of our own researcher roles – proved a valuable approach for not only evaluating the groupwork research process, methods, and outcomes, but also exploring multi-faceted aspects of the ‘research relationships’ within the project (Finlay, 2002a, Finlay 2002b). These include a self-conscious reflection of our own positions where ‘the self-in-relation-to-others becomes both the aim and object of focus’ (Finlay, 2002a, p. 216) and an exploration of the interactive nature and mutual collaboration between participants and facilitators/researchers within the co-operative inquiry group setting.

Learning Points and Challenges

This section describes learning points and challenges that emerged from this reflective process. Six central themes emerged from reflections on the research process: (1) insider and outsider status; (2) the structure and approach to the groupwork process; (3) participation in the group process; (4) addressing fears; (5) practice concerns; and (6) motivations to act.

Insider and outsider status

The insider/outsider status of the authors was an ongoing topic for discussion and debate. Two previously worked with the organisation on research and other projects, while the third held a managerial role in delivering the study. These long-standing relational histories were viewed to be a 'double-edged sword'. It assisted in the recruitment process and the cultivation of an 'openness' for feedback and to challenge the process once practitioners were engaged. It could, however, also act as a block or create tensions between the aims and process of the project and dealing with the complexities of delivering everyday services. There was a need, therefore, to 'negotiate the swamp' (Finlay, 2002a) and ongoing reflective conversations throughout the project was vital.

Structure and organising of the group in order to provide safety and reliability

Numerous aspects of the functioning of the group were highlighted by the practitioners as key in creating a safe space for open and honest communication (Caplan, 2006). The inquiry group process was described by one practitioner as 'the vehicle that carried me, the space that provided safety and transparency' while implementing the ACEs routine enquiry. Factors that were deemed important included a robust group structure, the collaboratively agreed agenda, good timekeeping and inclusion as much as possible of all of the participants:

The groups were managed well, and I felt all staff got the opportunity to share their views openly and honestly and were re-energized after the groups. (DV 11)

Another added:

The group process is invaluable at these times to help alleviate the anxiety: knowing others have the same anxieties and talking them through and teasing out how we will go about this new way. Having a facilitator to keep a structure on the group and keep it on track helps. (DV 6)

For one practitioner the role of the facilitator was key:

The perceived challenges and experience of using the tool were spoken about at length within the group and the fear of change and challenge was allayed This for me occurred through the facilitator, she did not tell us what to do but rather explored our thoughts and used language which allowed us the space to reflect with our thoughts and move into action. (DV 1)

There was general consensus that the groups were well-managed and energising, and that staff had the opportunity to share their views openly. For some, however, the careful agreeing-upon of all of the elements and the in-depth discussion of challenges could sometimes feel a little repetitive. This may also be reflective of the different speeds with which practitioners engaged with new tools, or embedded approaches into their daily work.

For others, this was an important aspect of the process:

There was an openness about the group and an honest participation from all of us. You did not feel like you were being judged or silly in your responses, you could think ‘out loud’ and (the facilitator) would put words on what you were struggling to say. (DV 5)

Prior groupwork experience appeared to be important (Author, 2016) and participants often referred back to their past experiences and understanding of this type of work when organisational change was being discussed.

Participation in the group

Participants were sometimes concerned that other staff were not

committed to ACEs training and the inquiry group process. As one practitioner put it:

I feel the only challenge was that not all staff were trained or as excited in implementing something new. (DV 11)

And another:

There was a concern which was held... around staff who didn't engage in the process, we questioned why, and held this for the group. (DV 3)

There was a consensus that the inquiry group process helped to build both knowledge and an understanding of women's experiences, as well as supporting the practitioners to question elements of the ACEs routine enquiry that they did not feel worked so well:

I also found the conversation around what other questions should be on the questionnaire very beneficial as I felt the questions did not sum up all the difficulties people may experience in their childhood that may have a detrimental effect on adulthood. (DV 9)

They also broadly agreed that engaging in the inquiry group process helped them develop more empathy for the women they worked with:

I feel it also worked well as it opened interesting conversations about clients with staff members, most staff appeared to have a greater understanding where clients were coming from and showed more empathy as a result of being involved. It also opened more generative conversations within the team meeting in regard to parenting and children. (DV 11)

Addressing fear and concerns

A number of challenges were identified by participants:

The ACEs questionnaire was a new concept for all staff, change can ignite ambivalence within us, the excitement of this new way of working was fueled as was the fear of the unknown. (DV 1)

Another felt that the inquiry group process was helpful in working through concerns and fears about how the tool might negatively impact on women:

It was also very beneficial to have the space to bring your concerns and fears i.e where would we get the time to implement this, re-traumatising the woman, or not having the proper resources if there were loads of disclosures. (DV 11)

Previous groupwork experience, however, mediated some of these anxieties:

The group process is invaluable at these times to help alleviate the anxiety: knowing others have some anxieties and talking them through and teasing out how we will go about this new way. (DV 14)

Others described the importance of the inquiry groups for working through tensions and differences in relation to many aspects of the implementation process:

Some of us were very enthusiastic about the work, others were very skeptical. There was a level of fear of what if it opened a ‘can of worms’ for the woman, what if I (as a staff member) could not hold or manage the disclosures. Fear of putting the woman back into a place of trauma was huge. (DV 3)

The IMH inquiry group process was less effective at addressing similar fears and concerns. Some of the participants remained concerned about the impact on service users when ACEs issues were introduced in practice contexts:

And I wonder how effective and truthful the response would be if the social workers carrying it out, because it’s just a different support session and people are going to be terrified of, if I tick this, what will this result in? (IMH, 7)

Others were hesitant about their ability or willingness to fully incorporate ACEs routine enquiry into their own work; these concerns were raised with particular reference to ACEs questionnaire items related to childhood abuse.

Other practice concerns

The process appeared to raise questions about everyday practice. One practitioner explained:

Each step of the process was teased out among the staff team and broken down... during these inquiry groups I was able to tease out the difficulties I was having trying to incorporate this tool in a group of women from different cultural and economic backgrounds. Overall, I found the inquiry groups gave me in depth knowledge into using the tool on the ground with the woman using the service. It gave me a great understanding of ACEs and I felt very supported in the experience. (DV, 9)

There was agreement that the process enabled practitioners to listen more attentively to the needs of women and children but that there were anxieties if organisations failed to reciprocate with support:

Yeah, okay you train 50 more professionals out there, and you do have the social work department, which is integral to the work that we do here with the women and the children. How do you put feeling into it? How do you put the compassion into it? Because if they don't go in there with feeling and compassion, then the client won't have a result. (IMH,1)

One worry was that the assessment of a client's needs would be simplistically reduced to an ACEs score or would be requested to complete the routine enquiry within several agencies:

[What] if it gets broadened out too much...who would give the woman the support and the acknowledgment of the non-judgmental part that they will need if they complete an ACEs questionnaire. There is that thing where the people in the supermarket are doing ACEs. That's not good, in my opinion there's risk. (IMH 3)

The group agreed that logistics needed to be worked out at an inter-agency level, in conjunction with good training, time, and resources, so that the implementation would be effective.

Motivations to act

Key to any action research process is practitioner, organisational and

community change, and it can be challenging to map how these change processes occur. Some participants reflected on this issue:

This all became clear from the inquiry groups and putting the ACEs questionnaire into practice. You could see the shift in the staff who had started the work on the questionnaire. (DV 3)

One practitioner described the importance of the inquiry group for her:

The inquiry group gave me the confidence to implement the ACEs questionnaire. As a relief worker I couldn’t carry out as many questionnaires as my colleagues but listening to their honest breakdown of how they used the tool empowered me in my work. (DV, 9)

Others felt that the ACEs project had come at a time when the domestic violence organisation that implemented the ACEs routine enquiry was looking for practice development and change:

There was a huge feeling among the group that there was a ‘stuckness’ within our work practice and that this could be the answer to going forward and supporting the woman to move forward, to free up her thinking ‘how she is to blame for where she has found herself (in a d.v. relationship) and blaming herself for where her children are at...this all became clear from the inquiry groups and putting the ACEs routine enquiry into practice. You could see the shift in the staff who had started the work on the questionnaire. The energy levels were exciting in the group’. (DV 5)

There was also a belief that witnessing the positive impacts that ACEs routine enquiry had for women was a catalyst for embedding ongoing change:

But most of all the confidence levels grew within the team, the feedback around how the women were responding to the work practice, how they felt vindicated in how they had parented and their own experiences generationally. How a woman could disclose for the first time that she had experienced abuse from a close family relative was such an ace - like brilliant. (DV 3)

One staff member who engaged in the first enquiry group and then

had a year of leave, could not believe the level to which new practices had become embedded in the organisation when she returned.

Despite such enthusiasm among the domestic violence practitioners, concern over potential impediments to fully embedding ACEs work within the inter-agency context remained:

Unfortunately, in the last six months I have found it hasn't entered my head much - other crises take over. I did not get to carry out the ACEs questionnaire. There never seems to be the right time to open the conversation with my manager or we have the conversation, but it leads nowhere. (IMH 1)

As another IMH practitioner put it:

I think I worry that ACEs could get lost without champions. (IMH 3)

More positively, this IMH group participant felt that change was possible:

And I think that's where it will impact on the lives of the women that we support as well in that advocacy bit that we do all the time, and from child protection conferences to professional meetings to referrals. I think it will make a huge difference. (IMH 5)

Discussion

This article explores how groupwork processes can enable an organisation to understand and apply knowledge about ACEs. Groupwork can provide the opportunity for rich generative emotional and relational experiences (Jenkinson et al, 2019) and evaluating such processes is crucial to understanding change (Patterson & Goulter, 2015). Within this project, structure and safety were deemed key for effective groupwork functioning (Caplan, 2006), but perhaps emphasised to a point where content risked becoming repetitive for some participants. Inquiry group processes can be limited in their effectiveness and functioning due to a lack of resources and time (Patterson & Goulter, 2015). In this study, a significant amount of time and attention went into organising and implementing the inquiry

groups from all stakeholders, which raises questions about the viability of cooperative inquiry group method within the norms of qualitative research processes (Lavie-Ajayi et al, 2007). Beyond the collaborative agenda setting and scheduling of the inquiry groups and associated formal communication with all the participants, there was ongoing informal communication and encouragement from the authors to attend and engage, as well as provision of suitable light, warm and welcoming groupwork spaces. Practitioners who became committed to the project encouraged others to attend and engage, and this contributed to creating caring inquiry group spaces that featured nourishing food and a comforting environment. The research topic – adversity and trauma in child and adult lives – is both difficult to discuss and has a gendered aspect, which can be negotiated by ‘feminising’ the groupwork setting in order to bring comfort and security (Harrison & Ogden, 2020).

Nevertheless, the promotion of inclusion and participation within action research is a key concern (Reason & Bradbury, 2008) and the impact of non-participation was an issue, particularly for the domestic violence practitioner group. While the domestic violence inquiry group process may not have created divisions within the organisation, it highlighted existing splits or separations within the team of practitioners, which have become more evident as the further ACEs follow-up work and trauma-informed responses are embedded into the organisation’s work practices. This is consistent with other groupwork studies whereby non-participation arises even in projects that otherwise elicit positive or favorable engagement and outcomes (Doel & Orchard, 2006). Participation in the inter-agency IMH inquiry group highlighted for some their isolation within their own workplace in regard to progressing new practices. The COVID-19 pandemic, which occurred a few months after the inquiry process, may also have hampered these efforts, but the outcomes still suggest that internal group processes may be required within every organisation to support change.

There was resounding feedback from the participants on the importance of the inquiry groups as places to work through their fears, concerns and the many practical elements of considering, trying or embedding new practices with their clients. While there was often a focus on working out logistics and practical elements, even these tended to have an emotional aspect, such as ‘do I stay in the room or leave as she completes the ACEs questionnaire?’. This raises a number

of questions, namely, what are the skills required to facilitate and handle this 'emotional labour' (Fabianowska & Hanlon, 2014) both for the facilitator/s and the participants themselves, and to what degree is addressing and processing the emotional aspects of new practices helpful in embedding longer term individual, organisational and community change? The participants talked extensively throughout the process about the role of the facilitator and attributes they found helpful. These included the ability to keep the discussion focused, to promote involvement from all participants and a robust practice knowledge in relation to the issues at hand. While many researchers may have these skills, they extend beyond the norms required or generally discussed in regard to qualitative research (Castevens & Cohen, 2011). When dealing with sensitive and emotional topics, Jenkinson et al, (2019, p. 5) advocate for 'connected empathic responses from the facilitator', maintaining this approach is both more ethical and effective in groupwork research processes. We concur with Castevens & Cohen (2011) who maintain that process-based facilitator skills such as responsiveness, sensitivity, a focusing on socio-emotional content and building on commonalities among group members ultimately results in socio-emotional investment in the process and therefore positive project outcomes.

The groupwork and practice skills of participants are important. As practitioners working in a variety of therapeutic contexts, there was an ease with which participants could discuss challenging issues, reflect on practice moments and engage with debates on emotionally charged issues such as childhood abuse and neglect, compromised parenting and client disclosures. These abilities both contributed to the flourishing of the inquiry groups, and to the change processes of the domestic violence organisation. Working with issues of violence, poverty and intergenerational patterns of abuse can be overwhelming at times, but ultimately served as an impetus to positive change and community action (Morton & Hohman, 2016). At the same time, differences emerged between the groupwork and practice skills of the participants in the domestic violence practitioner group and the IMH inter-agency group when it came to the level of comfort in discussing portions of the ACEs routine enquiry topics - particularly those that centered around childhood sexual abuse. Implications arise for researchers if groupwork skills and familiarity are not present or enacted (Jenkinson

et al, 2019), and participant groupwork knowledge and familiarity aided practice change in this case. Indeed, previous action research processes within the same organisation, when groupwork knowledge was not as embedded, were not as successful (Donnelly & Morton, 2019).

On a practitioner level, those inside the domestic violence organisation reported consistent and ongoing practice and organisational change, while those participating in the external group from a range of different agencies did not have the same outcomes. In contrast to the domestic violence practitioners, the IMH practitioner group featured individuals from a variety of agencies. The lack of awareness or investment in the project from their respective host organisations presented major barriers to significant implementation and follow-up work, which correlates with the findings of Quigg et al, (2018) that whole teams need to be involved for significant change to occur. The IMH group represents part of a broader concerted emphasis by the state in many jurisdictions to increase collaboration in the delivery of community social services (Ehrle et al, 2004; TUSLA, 2015;) but often with scant attention to the resources and skills required to achieve this (Palinkas et al, 2012). Challenges associated with implementing change and developing new systems and practices in larger, state-run organisations were highlighted and it was argued by the practitioners in this study that smaller NGOs and voluntary organisations were often better placed to be more responsive to women and children’s needs, and to embrace new intervention and practice approaches (Wessells, 2015).

The success that has been achieved to date is linked to the insider and outsider statuses of the researchers involved. The three authors felt they had multi-layered relationships with the organisation and with individual practitioners, and often found themselves taking a different positioning depending on the research-related task (Finlay, 2002b). This brings into question the relational aspects that underpin any groupwork-based research process. Eschewing a traditional ‘objective’ stance (Garrett & Cohen, 1999), the researchers and key staff sought to negotiate different roles and relational positioning that ensured the work was completed, but with a sense of collaboration and shared expertise (Jenkinson et al, 2019). Wright’s (2004) concept of relational distance may be useful here. Drawing on her work within prison settings, Wright (2004) proposes that to negotiate insider/outsider status we need to develop a ‘relational mid-point’ with those we work with. Difficulties

arise in balancing relationship and caring, with respect and distance, and Wright (2004, p. 201) claims that we need to be both ‘close’ to those we work with to support and motivate them, and yet maintain an emotional and social ‘distance’ in order to allow for individual and group learning processes to occur. In requiring us to care for those we are working with, and yet set and maintain boundaries as we shift through different tasks and phases of work, this idea of ‘relational midpoint’ (Wright, 2004) can help us position ourselves as researchers and co-inquirers (Reason & Bradbury, 2008).

Conclusion

Change in practices, organisations and community responses as a result of action research remain a key question especially given the ever-increasing importance being placed on research impact (Greenwood, 2017; Stoecker, 2009). Within this project, participants identified the groupwork process itself as key in motivating and supporting individual and organisational change. The skills and knowledge gained underpinned ongoing changes to practice, as did the discussion within the inquiry groups of the positive impact on women who were recipients of the ACEs routine enquiry. Community change can be harder to monitor and evaluate, and in this case was seen primarily in the enhanced working relationships between the main agency and those from other organisations that participated in the IMH inquiry groups. Challenges remained in terms of participation and subsequent potential internal organizational splits, as well as the time and resources required to support and implement the inquiry groups. Groupwork skills and knowledge were perhaps greater than might be found in other settings and may be an important factor to consider if implementing a similar approach. Longer-term impacts of co-operative inquiry can also be difficult to assess and quantify (Donnelly & Morton, 2019), but in this case, substantial funding for follow-on research and trauma-informed interventions evidenced the longer-term positive changes in practice and organisational approach.

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