

NSPCC response
to Together We Can End Violence Against Women and Girls
(HM Government, 2009)

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May 2009

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Introduction

The National Society for the Prevention of Cruelty to Children (NSPCC) is the UK's leading charity specialising in child protection and the prevention of cruelty to children. The NSPCC aims to end cruelty to children by seeking to influence legislation, policy, practice, attitudes and behaviours for the benefit of children and young people. This is achieved through a combination of service provision, lobbying, campaigning and public education.

The NSPCC believes that, given the will, all cruelty can be prevented. In order to achieve this, it is vital that all children, whatever their needs, have a range of services that are flexible and offer them support and protection. The NSPCC has a large number of services in the UK and the Channel Islands which aim to:

- Prevent children being abused by working with parents and carers in vulnerable families to improve their knowledge and skills in safeguarding, and giving children and young people someone to turn to through the provision of our Listening Services.
- Protect vulnerable children and young people from abuse by providing direct services in a number of settings, including schools and young people's centres. We also protect them by providing Listening Services for adults to ensure they have someone to turn to with their concerns; by ensuring that abused children and young people are identified and effective action is taken to protect them, and by working with young people and adults who pose a risk to children and young people to reduce the risk of abuse.
- Help children and young people who have been abused overcome the effects of abuse and achieve their potential.

General comments

We welcome the opportunity to contribute to the development of the cross-governmental strategy to tackle violence against women and girls. The scale and nature of violence against women and girls is difficult to measure accurately because of the hidden, clandestine and shameful nature of the problem.

However, research suggests that each year at least 750,000 children witness or experience domestic violence between their parents or carers. In 2000, the NSPCC conducted the first UK prevalence study¹ of child abuse and neglect. A nationally representative sample of 2,869 young adults aged 18-24 was interviewed for this work; more than 26 per cent of the young people had witnessed violence between parents at least once and for five per cent the violence was a constant or frequent occurrence. The study also revealed that:

- Eight out of 10 young people who had suffered serious physical abuse had also experienced domestic violence. For nearly half (43 %) of these, the domestic violence was constant or frequent.
- Nine out of 10 young people who said they had been neglected also reported some domestic violence.
- In all, 21 of the 27 people (78%) who reported sexual abuse by their parents also reported domestic violence – in nearly all cases it was a constant or frequent occurrence.

We are currently undertaking fieldwork for our next study of the prevalence of child abuse and neglect in the UK. Findings will be available later this year and we will be sharing these with relevant government departments.

Forced marriage can put girls and women at risk in several ways and have a number of serious harmful consequences. These include the denial of education, physical punishment, emotional abuse and domestic violence. The most extreme consequence is murder, in incidents of so-called 'honour killings', when consent for a young person to marry is refused because a partner is deemed unsuitable by the parents, or a young person is refusing to enter into a forced marriage. In addition, young people often run away prior to being forced into marriage, placing themselves at risk of abuse and harm on the streets. The prospect of being forced to marry can also increase the risk of self-harming and in tragic circumstances suicide. In the longer term, many women forced into marriage suffer sexual abuse and domestic violence, the impact of which on children is now widely documented.

Female Genital Mutilation is much more common than most people realise, both worldwide and in the UK. It is reportedly practised in 28 African countries and in parts of the Middle and Far East, but is increasingly found in Western Europe and other developed countries, primarily amongst immigrant and refugee communities. There are substantial populations of people from countries where FGM is endemic in London, Liverpool, Birmingham, Sheffield

¹ Cawson, P (2000) *Child maltreatment in the family: the experience of a national sample of young people*, London, NSPCC

and Cardiff². It is estimated that there are around 74,000 women in the UK who have undergone the procedure, and about 7,000 girls under 16 who are at risk.³

Summary

We go into more detail below, but in our view the Violence Against Women and Girls Strategy should include:

- Improved service provision to ensure access for families and individuals to community-based domestic violence support and services; adequate support and intervention services to meet the range of needs of children affected; and work with perpetrators of domestic violence focusing on safe and healthy parenting and the impact of domestic violence on children.
- Better training for professionals to improve early identification of children affected by domestic violence. This should also include thorough training about what to do if they come into contact with a young person at risk of or who has been forced into marriage.
- Appropriate information and programmes about safe, respectful relationships, domestic violence and forced marriage to be provided in Personal, Social and Health Education in schools.
- A review of the impact of Section 120 of the Adoption and Children Act 2002 and its extension of the definition of 'significant harm' to include 'impairment suffered by seeing or hearing the ill-treatment of another', to ascertain if it has been properly implemented and whether it has resulted in greater protection for children affected in this way.
- Clear responsibilities to take into account the needs of children in adult domestic violence interventions as well as in child protection activities to address children's needs in multi-agency forums such as Multi-Agency Risk Assessment Conferences (MARACs) and Local Safeguarding Children Boards (LSCBs).
- Extension of the Government's definition of domestic violence to include children.
- School counselling services for children who are experiencing or have experienced domestic violence or forced marriage.
- Access to therapeutic support services for children who have witnessed domestic violence.

² HM Government (2006) Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children, London: The Stationery Office

³ Department for Education and Skills, 2004. *Local Authority Social Services Letter LASSAL (2004)4*, London, DfES

- Additional resources for appropriate prevention and intervention strategies that directly target domestic violence perpetrators and enable them to stop offending.
- A criminal offence for forcing someone into marriage should be created to send a clear message to communities where this takes place, that the practice is wrong and will be dealt with criminal sanctions. Any new offence, as well as existing legislation which can be used to prosecute the practice or threat of forced marriage, should be extended through legislation to bear extra-territorial applicability, following the precedent set by the Female Genital Mutilation Act 2003.
- Setting a clear standard for non-violence in society by removing the defence of 'reasonable punishment', available to parents and others under Section 58 of the Children Act 2004 to justify some forms of physical punishment.
- Ensuring that the Welfare Reform Bill measures on birth certification do not put vulnerable women and children at greater risk from violent men.

1. How should schools encourage young men to treat women and girls with respect, and not to resort to violent behaviour?

The school is an important setting for preventive education in the form of key 'keeping safe' messages to the majority of children and young people during their formative years.

The NSPCC welcomes the recent Government announcement that PSHE will be a statutory subject for 5 to 16 year olds in England; we will be contributing to the forthcoming consultations on this. PSHE and Citizenship lessons offer opportunities to deliver universal preventive programmes, including programmes about respect, abuse and safety, to children and young people.

We would like to see the UN Convention on the Rights of the Child (UNCRC) used as a basis for teaching PSHE and are keen for this curriculum area to be more rights-based. Of particular relevance are children's right to protection from all forms of physical or mental violence, injury or abuse while in the care of parents (Article 19) and Article 17, the child's right to access information and material from a diversity of sources, especially those aimed at the promotion of his or her social, spiritual and moral well-being and physical and mental health.

PSHE should be integrated into the whole school curriculum. It cannot just be taught to pupils, but must be an active process of learning. Drama and role-play can help to engage children and young people in exploring issues which relate to values and morals. Children and young people benefit from encouragement to express their ideas, thoughts and feelings and being able to discuss them. Drama and role play can be particularly useful methods for communicating with deaf children and children with learning disabilities.

2. What are your views on the role of schools in helping children and young people to develop the values and skills that they need as they grow into adulthood, including mutual respect, rights and responsibilities, gender equality, and the ability to manage their feelings and emotions?

Schools and local education authorities have a duty to safeguard and promote the welfare of children under Section 175 of the Education Act 2002. One aspect of this is identifying children and young people who may be experiencing or witnessing domestic violence and appropriately referring them on to other services to ensure they are safe and properly protected, providing that they are appropriately equipped and supported to do so.

The school may know of circumstances affecting individual children and the facilitator should check with the designated teacher for child protection? before undertaking work about domestic violence. Teachers and facilitators should be alert to any signs that a pupil is distressed by the content of the lessons. Children should be informed of channels of help and support within the school, as well as external helplines and sources of support. Teachers and other staff working in education settings should be familiar with *What to do if you're worried a child is being abused*⁴ and also know how to deal with disclosures and where to access help for children and young people if they are experiencing domestic violence.

The NSPCC wants information and awareness about domestic violence and personal safety to be included in the national PSHE curriculum. This should include sources of help such as the ChildLine 24-hour free helpline: 0800 1111.

Chapter 2 of *Working Together to Safeguard Children*⁵ states that all schools and colleges should create and maintain a safe environment for children and young people and play a crucial role in helping identify welfare concerns and indicators of abuse or neglect, at an early stage.

Under the provisions of s175 of the Education Act 2002 children and young people who are witnessing or experiencing domestic violence should also be entitled to school-based welfare support services.

The Department for Children, Schools and Families (DCSF) is developing a targeted mental health in schools project. The project is currently in the second year of a three-year roll-out programme which has £60m funding to deliver holistic models of mental health support in schools for children aged 5 to 13. The NSPCC would like to see this extended to all age groups and to be available to all children, including children and young people who are witnessing or experiencing domestic violence, regardless of whether or not they have a mental health problem.

⁴ DfES (2006) *What to do if you are worried about a child* London: DfES

⁵ HM Government (2005) *Working Together to Safeguard Children* The Stationery Office: HM Government

Access to school counselling services, which give children and young people access to an adult who can help them if they are experiencing or witnessing bullying, abuse or domestic violence should be made available. This approach provides them with the tools to help themselves and build their resilience and self-esteem. It also enables informed and consensual referral to therapeutic services when needed. To ensure that all children are able to reach their full potential, every child in England should have access to comprehensive school counselling services, and the NSPCC calls on government to widen its vision to achieve this aim.

In addition to raising awareness and promoting the development of social and relationship skills, peer support programmes have the potential to develop and build on the capacity of children and young people to offer support to one another. Children and young people experiencing abuse, relationship problems or domestic violence will often in the first instance confide in their peers⁶:

*“It made you think that it does happen more often than you think, but people don’t tell you”.*⁷

*“It could be happening to someone you talk to but they don’t tell you”.*⁸

“It helps you notice it more – like if someone was going through it you could help them out”. (Year 8 girl)⁹

Programmes delivered within the PSHE framework could provide the opportunity for young people to seek and offer this type of support as well as alerting participants to the existence and means of accessing formal services.

For example, CHIPS (ChildLine in Partnerships) works with schools and other youth settings to provide adults and young people with opportunities to improve the support available to young people. CHIPS’ ethos is that children and young people can play a part in making changes to improve their own lives and the lives of other young people. Positive role models can also empower deaf and disabled children who often receive negative messages about their identity.

3. Should schools supplement this broader development by explicitly helping young people to understand issues such as domestic violence and sexual violence against women and girls?

4. What teaching works on this already?

Recognition of the prevalence and impact of domestic violence on children and young people has led to more schools undertaking preventive work with

⁶ Vincent, S and Daniel, B (2004) *An analysis of children’s and young people’s calls to ChildLine about abuse and neglect: A study for the Scottish child protection review* Child Abuse Review 13, 2, 158-71

⁷ Ellis, J, Stanley, N and Ball, J (2006) *Prevention Programmes for Children and Young People: Domestic Violence Child Protection* (eds Humphreys C, Stanley N) London: Jessica Kingsley

⁸ *ibid*

⁹ *ibid*

general populations of school children. This work aims to educate children and young people about domestic violence with the intention of limiting the incidence of violence in younger generations and helping children who are affected by domestic violence and helps children and young people to:

- identify causes of stress and conflict in relationships between parents/carers at home
- share ideas and strategies for coping with conflict in relationships and, know when to access help
- practise dealing with difficult situations when they arise
- understand the nature and scope of domestic violence
- gain important information about sources of advice, help and support
- gain insights into how they can support friends who are affected by domestic violence.

Children and young people participating in such programmes describe how they have changed their thinking saying that:

It made my understanding clear. Before this was brought up I didn't even know what it meant. (Year 8 girl)¹⁰

I thought it was just one of those things that hardly happens but it showed me that is wasn't. (Year 8 boy)¹¹

A primary prevention strategy contrasts with previous domestic violence services for children and young people which focused on secondary and tertiary prevention -specialist and/or targeted interventions which were confined to addressing the needs of children and young people known to be living with domestic violence.

5. How should this responsibility be shared between parents and schools?

Parents, carers, children and young people and members of a school's governing body should be involved in an open consultation when developing policies on the delivery of topics such as domestic violence and sexual violence within PSHE. This must be representative and should be done through a variety of mechanisms, such as the Parent Teacher Association, parent focus groups, class questionnaires, focus groups with children and young people, the school newsletter, governor meetings and school councils.

The school must effectively communicate with both parents carers about the sensitive topics which will be taught through PSHE. This could be done by inviting parents to view the materials before they are used in the classroom. The school could also provide resources for parents to use if their child asks them questions which they are not equipped to respond to.

¹⁰ Ellis, J, Stanley, N and Ball, J (2006) *Prevention Programmes for Children and Young People: Domestic Violence Child Protection* (eds Humphreys C, Stanley N) London: Jessica Kingsley

¹¹ *ibid*

Parents and carers should have access to the materials and resources which will be used in PSHE lessons so that they are fully informed about their content. If parents raise particular objections on the grounds of faith and culture, the school should consider whether there are creative ways to teach and discuss sensitive subjects such as sex and relationships education, for example in single-sex groupings.

6. How well is sexual bullying being tackled in schools? Is the necessary support provided to schools to do this?

Anecdotal evidence suggests that schools often do not recognise sexual bullying as a distinct form of bullying. We are not aware of any national research which sets out the prevalence of sexual bullying, nor how schools respond to it.

However, evidence gathered from NSPCC practitioners who provide child protection and safeguarding advice to schools suggests that when schools do identify sexual bullying as an issue, they very often do not know how to tackle it appropriately.

Calls to ChildLine show that sexual bullying can be experienced by children and young people in a variety of ways such as name-calling, inappropriate comments, threats, harassment and receiving obscene messages and threats by mobile phone. Between May and October 2007, 196 children and young people called ChildLine about sexual bullying. Children and young people who have experienced sexual bullying have told school staff about their experiences. Some young people claimed the school had taken disciplinary measures, and in one case the school had called in the young person's parents for a meeting. In other cases, callers claimed that their teachers did not believe them when they reported the bullying and some young people said that the schools failed to act after the bullying had been reported.

Although schools are not solely responsible for tackling sexual bullying, school staff need to understand the severe negative impact that this type of bullying can have on children and young people. The DCSF is currently drafting guidance on sexual bullying as part of the *Safe to Learn* suite of anti-bullying guides and we hope that this guidance will help schools tackle this issue when it is published later this year.

7. What more could be done to help young women and young men to challenge negative perceptions or behaviours among their peers?

No comment.

8. How can we challenge cultural beliefs which promote forced marriage, crimes committed in the name of 'honour' and female genital mutilation?

A criminal offence for forced marriage

In appropriate circumstances criminal prosecution can be brought under several offences including false imprisonment, assault, battery, kidnapping, child cruelty offences where the victim is under 16, child sexual offences, threats to kill, and other abusive or threatening behaviour causing a child to fear for their personal safety.

In addition, the Children Act 1989 provides for care and protection orders to be made by the courts for a child under the age of 18 to be placed in the care of a local authority. Local authorities have duties and powers to provide accommodation for young people where it is necessary to safeguard their welfare.

However, although these measures may be used to prevent forced marriage, the NSPCC considers that an offence criminalising the threat and practice of forced marriage should be created. This would be different from the Forced Marriage (Civil Protection) Act, as it would include criminal sanctions for forcing someone into marriage and ensure that the rights of children and young people are further protected against potential abuse at the hands of their family members and wider community. We agree that the creation of a new criminal offence would “send a strong message that forced marriage is not a private matter and not an acceptable cultural institution but a dangerous and damaging abuse of a person’s rights”.¹²

As many forced marriages take place outside the UK, criminalising forced marriage may increase the risk of some parents circumventing the new offence by taking their children overseas to carry out the ceremony. We recommend that any new offence, as well as legislation currently in place that could be used to prosecute the practice or threat of forced marriage, be extended through legislation to bear extra-territorial applicability.

Although a new offence of forced marriage may have a disproportionate impact on black and minority ethnic communities, we consider that this should not be used as a reason to let abuse go unchallenged, as forced marriage breaches internationally recognised children’s rights.

Non-legislative measures to tackle forced marriage

It is important that Forced Marriage Protection Orders to prevent young people who are at risk of or who have been forced into marriage are one element of a holistic package of support. Where possible and safe, this should include access to mediation services. However, mediation as a response to forced marriage can be extremely dangerous for a young person and therefore third party injunctions should also be regarded as a key element of any child protection intervention.

Public awareness, education, dialogue and engagement are all effective means of challenging the issue of forced marriage and the behaviour of those who perpetuate its practice.

¹² Foreign and Commonwealth Office and Home Office Consultation on Forced Marriage: *Forced Marriage: A Wrong Not a Right*, September 2005

Public awareness and education of where forced marriage stands in terms of the criminal justice system, as well as information about support services, must be involve work with three key constituencies:

- a. Children and young people in all schools, not only in faith schools, learning about their rights in relation to forced marriage in Citizenship and Personal, Social and Health Education lessons.
- b. Dialogue and engagement with faith leaders and individual communities where forced marriage takes place.
- c. Work with and training for the police, children's social services and education departments. The NSPCC welcomes the recent commitment to place guidance on forced marriage issued to practitioners on a statutory footing, but this needs to be implemented by comprehensive and ongoing training¹³.

Female Genital Mutilation

The practice of female genital mutilation (FGM) is an imposed violation of a child's physical integrity and as such is categorised as child abuse. As stated in *Working Together to Safeguard Children* (2005), the government's guidance on multi-disciplinary co-operation on child protection, a local authority may exercise its powers under s47 of the Children Act 1989 if it has reason to believe that a child is likely to suffer or has suffered FGM. However, the issue is complex and despite its very severe health consequences, parents and others who have the procedure carried out on their daughters do not intend it, or regard it, as an act of abuse.

Assessment and investigation need to be handled sensitively with the best interests of the child remaining paramount. If a child has already undergone FGM, particular attention should be paid to the potential risk of harm to other female children in the same family.

Social workers working with families may find it hard to reconcile protecting the child and being sensitive to cultural belief and tradition. It is important to recognise that those seeking to arrange the operation are unlikely to perceive it to be harmful and, on the contrary, believe it to be legitimised by longstanding traditions. As such, there should be specific training to ensure that the professionals involved understand the cultural basis of the practice and the nature of the gender issues involved

Procedures for dealing with cases of female genital mutilation should therefore be flexible enough to protect the child and address her individual needs and to concentrate on appropriate measures to raise awareness and educate the family of the serious consequences of carrying out the procedure for both for them and their child. There also needs to be improved provision of counselling and support services to the child involved.

¹³ Hansard, 22 April 2008 : Column 2037W

There needs to be far more information and advice for families on the issue of FGM that is effective and culturally competent. This is especially important for recently arrived refugees, who may not know that female circumcision is illegal in this country that this law applies to all children, or about the role of the social services in protecting children from this form of abuse.

9. Is there a link between sexualised images, perceptions, and actual violence?

The NSPCC has been concerned for some time about the sexualisation of children and the links between sexualised images and perceptions of children and serious sexual violence perpetrated against them.

In relation to the prevalence of sexualised images we have a number of key concerns which include:

- The use of overtly sexual images of children in advertising and elsewhere;
- Children's fashion and leisure items mimicking adult women's clothing & activity – e.g. pole dancing kits for pre-teens being sold in the shops
- Images or activities, such as child beauty shows, which encourage the sexualisation of children by requiring them, for example, to dress in provocative clothes or to wear make-up
- The widespread exposure of children to mainstream pornography – much of which is available on the internet
- The popularity of child abuse images on the internet and the increase in the prevalence and availability of these images over the last ten years¹⁴. Our concerns relate both to the reality that children are abused to produce such images but also to the impact of viewing images on potential perpetrators. For many offenders viewing such images may lead them to overcome their own internal barriers and inhibitions to abuse¹⁵.

Although the effects of sexualised images of children on societal attitudes towards children and possible consequent increased risk of abuse has been widely discussed there are methodological difficulties in proving a direct link through research. However, a recent report by the American Psychological Association which reviewed a number of studies suggests that women and men exposed to sexually objectifying images of women from mainstream media were found to be more accepting of rape myths, sexual harassment,

¹⁴ Operation Ore is a large-scale international police operation that commenced in 1999 intending to indict thousands of users of websites featuring child abuse images. In the United Kingdom, it has led to 7,250 suspects identified, 4,283 homes searched, 3,744 arrests, 1,848 charged, 1,451 convictions, 493 cautioned, 879 investigations underway, 140 children removed from suspected dangerous situations and at least 35 suicides.

¹⁵ More research is also needed into the links between the *consumption* of child abuse images and contact sexual abuse against children.

sex role stereotypes, interpersonal violence and adversarial sexual beliefs¹⁶. The authors conclude cautiously that:

'Viewing sexualised portrays of girls may also lead to these same effects and to greater acceptance of child sexual abuse myths, child sexual abuse, and viewing younger and younger girls as acceptable partners.'

We consider that there is a clear link between sexualised images of children and violence that is perpetrated against them. We want to highlight the fact that we live in a society which has high levels of sexual violence against children - the only study of prevalence of child abuse in the UK found that one in six children have been sexually abused before they reach the age of 18.¹⁷ Calls to ChildLine about sexual abuse have gone up¹⁸ and we also know from a recent NSPCC investigation that recorded levels of sexual offending remain high. Last year the NSPCC tried to establish the level of sexual offences against children in the absence of any requirement to record this information centrally. For this purpose the NSPCC made a Freedom of Information request to every force in the country. Responses were received from 42 out of 43 forces. Through counting up the totals of the responses received the statistics show that there were 20,758 child sex offence victims recorded by police with 4,984 being ten or under with an average of 50 recorded sexual offences against children every day last year. There were also at least 51 offences against one –year-olds, 112 against two-year-olds, 284 against three-year-olds, and 412 against four-year-olds.

The NSPCC considers that sexualised images of children not only affect their own development but is also likely to affect the way they are viewed by adult perpetrators and the ways in which adults may justify abusive actions towards them. We are aware of occasions where adult defendants being tried for sexual abuse have cited the sexuality or sexual clothing of their young victims as an excuse for their crimes and that on occasion judges themselves have passed comments which echo the same perspective. We find this to be unacceptable and although the link between views and perceptions and actual violence is difficult to prove through research we believe it to be a real and significant factor in influencing behaviour. We would suggest that the 'precautionary principle' should be applied to this type of child exploitation.

10. How could we help women and girls to achieve greater confidence in their lives?

No comment.

11. How can we encourage peer-to-peer support to challenge violence against women and girls?

¹⁶ American Psychological Association, Task Force on the Sexualization of Girls (2007) *Report of the APA Task Force on the Sexualization of Girls*. Washington, DC: American Psychological Association

¹⁷ Cawson et al (2000), *Child Maltreatment in the UK: A Study of the Prevalence of Child Abuse and Neglect*, NSPCC: 83

¹⁸ In 2007/08 13,237 children were counselled for sexual abuse by ChildLine, the 24 hour confidential helpline for children and young people. This is up from 8,637 in 2004/05 - a 53 percent increase over three years. During the same three year period, the overall number of children counselled also rose but by only 26 percent.

No comment.

12. How could we introduce self defence training for all women and girls?

No comment.

Are we doing enough to protect and support children affected by adult violence? Who's looking out for them and what do they need?

In responding to this set of questions, we are focusing in particular on the impact of domestic violence on children and young people, which is not sufficiently recognised in policy and practice.

Prevalence and effects of domestic violence

Children and young people are often the hidden victims of domestic violence and there is insufficient attention to their need for protection and safety. Every year, 750,000 children witness domestic violence which can cause them great emotional distress¹⁹. Researchers estimate that in 30 to 60 per cent of domestic violence cases, the abusive partner is also abusing the children in the family²⁰. NSPCC research has also established a strong link between domestic violence and other types of child maltreatment²¹. Domestic violence is frequently a factor in cases where children have been killed or seriously injured.²² Evidence shows that domestic violence is present in two thirds of cases of child deaths and serious injury.

Children can experience domestic violence in many ways including seeing the violence or hearing shouts and crying from another room and sometimes getting physically hurt when intervening between the abuser and the other person. They can also be deliberately injured in order to terrorise the non-abusive parent. Domestic violence can sometimes reduce the non-abusive parent's ability to look after their children, so the relationship between them and their children can suffer.

Experiencing domestic violence can affect children in a number of ways – from their health and safety, to their school attendance and achievement, economic wellbeing and emotional well-being and development. Research consistently shows that children living with domestic violence have higher rates of depression, trauma symptoms, and behavioural problems than other children. Witnessing it can also lead to difficulty forming positive relationships.

Domestic violence between teenagers in intimate partnerships

We are particularly concerned about the level of violence and abuse witnessed and experienced by teenagers in intimate relationships. Joint

¹⁹ Department of Health, (2002), *Women's Mental Health: Into the mainstream*, London, DH

²⁰ Edelson J.L., (1999) *Violence Against Women*, Vol. 5 No.2.

²¹ Cawson, P (2002) *Child Maltreatment in the Family: The Experience of a National Sample of Young People*, London: NSPCC

²² Brandon, M., Belderson, P., Warren, C., Howe, D., Gardner, R., Dodsworth J., and Black J. (2008) *Analysing Child Deaths and Serious Injury through Abuse: What can we Learn? A Biennial Analysis of Serious Case Reviews 2003 – 2005* London: DCSF

research²³ between the NSPCC and Bristol University(forthcoming) has shown that there are particular risk factors for domestic violence linked to teenage pregnancy and relationship abuse and girls with older partners, who report high levels of sexual violence.

We recommend that particular attention is given to this group as their needs are very often overlooked and fall through the service net as they do not access adult domestic violence services and the violence they experience in intimate relationships is not seen as a child protection issue.

We would be happy to brief the Violence Against Women strategy consultation team further on this piece of research.

The NSPCC has recently campaigned for the Government to tackle domestic violence from a child's point of view. We want to see:

- Adequate **support services for children and families affected**, so that when they are brave enough to speak out, they know they'll be safe and supported. Current government funded provision is not enough. Every area needs programmes and information on safe and healthy parenting, a refuge which includes a child support worker, therapeutic groups for children, counselling availability, specialist services which can be accessed for black and minority ethnic children, a perpetrator programme which meets minimum standards and a supervised contact centre. Planning for these services should be co-ordinated through multi agency fora. All children should also have access to helplines.
- **Training for professionals** to identify children living with domestic violence so that whenever adults are working with domestic violence, they think about the children affected too.
- **Education about domestic violence in schools and other youth settings** so all children learn that the violence is not their fault and how to stay safe. This can be achieved by teaching about healthy relationships as compulsory element of the Sex and Relationships Education curriculum within schools.

Definition of domestic violence

Furthermore, we would like the Government in England to **extend the current definition of domestic violence** to include the impact of abusive behaviours on children, as a way of securing greater recognition of and attention for this issue in policy and practice. The current definition that applies in England does not include its impact on children, referring only to abuse 'between adults who are or have been intimate partners or family members, regardless of gender or sexuality.'

²³ Research forthcoming. Barter C. *Safeguarding young people from exploitation and violence in teenage interpersonal relationship* University of Bristol

13. What are your views on whether staff in all services that work with children and families have the knowledge and skills to identify, assess and refer children who are affected by adult violence?

All practitioners and those who have contact with children in their work need to be trained to understand the nature of domestic violence and recognise its signs. This includes understanding the dynamics of power and control within abusive relationships that may prevent people from disclosing and seeking help²⁴ and understanding the coping strategies and behaviours that children can adopt, such as externalising behaviour (aggressive and anti-social) and internalising behaviour (anxiety and depression).²⁵ They should also be informed about the link between domestic violence and other forms of maltreatment (sexual, physical and emotional) which may be perpetrated against children by an abusive parent.²⁶ If professionals are not aware of these they may make decisions without taking into account the full range of risks to children.²⁷

When practitioners suspect domestic violence, they must be able to encourage and respond to disclosures appropriately. Many women fail to disclose abuse due to fears that they will receive a hostile or indifferent response from the agencies they approach for help.²⁸ Similarly, many children fear they will not be believed, that they will bring more danger on themselves or that they may be separated from their families. They need assurances that disclosure will make them safer.²⁹ Practitioners also need a good awareness of the support services available locally and how to make onward referrals.³⁰

Sector responses to domestic violence: Criminal justice system, health services, education system.

Criminal justice system

In emergency situations, the police are the first contact point for victims and it is essential that they respond appropriately. The police receive a call for assistance on domestic violence from the public roughly once every minute in the UK, approximately 1,300 calls each day, or 570,000 each year. Yet, this is only a small proportion of the true number of incidents, as most go unreported. Typically only 26% of reported incidents result in arrest and 7% result in charges.³¹

²⁴ Mullins, A (1997) *Making a difference: Working with women and children experiencing domestic violence* London: NCH

²⁵ Buckley, H; Holt, S and Whelan, S (2007) 'Listen to me! Children's experiences of domestic violence' in *Child Abuse Review*, Vol. 16, Issue. 5, Sep-Oct, pp.296-310.

²⁶ Cawson, P; Wattam, C; Brooker, S and Kelly, G (2000) *Child Maltreatment in the UK: A Study of the Prevalence of Child Abuse and Neglect* London: NSPCC. Humphreys, C and Thiara, R (2002) *Routes to Safety: Protection issues facing abused women and children and the role of outreach services* Bristol; Women's Aid Federation of England

²⁷ Women's Aid (2003) *Failure to protect? Domestic violence and the experiences of abused women and children in the family courts* London: Women's Aid Foundation. HM Inspectorate of Court Administration (2005) *Domestic violence, safety and family proceedings* London: HMICA

²⁸ Hague, G and Malos, E (2005) *Domestic violence action for change: Third edition* Cheltenham: New Clarion Place

²⁹ *ibid*

³⁰ Williamson, E (2000) *Domestic violence and health: The response of the medical profession* Bristol: The Policy Press

³¹ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence*

It can also take many attempts before women successfully disclose and seek help from the police³². One study found that women had experienced an average of 35 incidents of domestic abuse before contacting the police.³³ 75% of respondents to a Women's Aid special survey agreed that police responses to domestic violence had improved over the last two to three years, but that performance was inconsistent around the country.³⁴

When police respond to incidents of domestic violence, there are often children in the house. Since 2005 and the introduction Section 120 of the Adoption and Children Act 2002, children who see or hear domestic violence are classified as being at risk of 'significant harm' and all reports of domestic violence incidents where children are present must be reported to social services. While this should be flagging up high-risk cases to social services, there is a question about whether the system has the capacity to adequately review and respond to the high number of cases notified to social workers. Early findings from NSPCC research commissioned to explore police responses to children and referrals on to social services highlight the challenges of assessing the implementation of Section 120; one reason for this is that limited information is recorded on police engagement with children.

More widely, police have been criticised for lacking adequate risk assessment tools for dealing with domestic violence. The Association of Chief Police Officers (ACPO) has stated to the Home Affairs Select Committee that "there is no single risk 'tool' available to guide all the agencies which have a part to play in keeping people safe from domestic abuse", but that it is currently working with partners to identify a common tool to identify critical risk factors.³⁵

We recommend that the government should carry out a review in England of the implementation of Section 120 to check if it is being properly implemented, how it has affected police, social work and legal responses and whether it has resulted in greater protection for children.

When police do call to the house children want them to talk to them, listen to their experiences, explain what is going to happen and to keep them safe.

'They listen to adults more....they don't want to talk to you.'

'They should have come back and like explained it a bit better than they did and then, then told us there wasn't much they could do'.

'When they come straight away, instead of waiting around and everything and listening to sides.....they should be taken away because a mum or child wouldn't call 999 just to get a dad taken away for no reason'³⁶

³² Hammer, J and Saunders, S (1993) *Women, violence and crime prevention* Aldershot: Avebury

³³ Yearshaw (1997)

³⁴ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence*

³⁵ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

³⁶ Research forthcoming. Stanley N. *Children experiencing domestic violence: child protection service responses to police referrals*. University of Central Lancashire

The government set a National Delivery Plan target for ACPO to train all frontline officers in domestic violence by 2008. However, police representatives acknowledge that it is difficult to ensure that every frontline officer is trained and the response is consistent every time.

We reiterate the recommendation contained in the Home Affairs Select Committee (HASC) inquiry into domestic violence and so-called honour based violence to call on the Home Office to ensure that the police service renews its efforts to ensure that every officer is adequately trained to respond to domestic violence. Comprehensive accredited training must be implemented swiftly. We also believe that HM Inspectorate of Constabulary should ensure that as part of its inspection regime, it assess whether and to what standard forces implement training. Training should highlight the needs of children and young people who witness domestic violence and highlight the link between domestic abuse and child abuse.

There is some evidence that a number of lawyers and magistrates who work in domestic violence cases lack detailed knowledge of the issue and this ignorance can lead to inadequate sentencing by judge and magistrates. All magistrates, judiciary and courts staff should be trained in domestic violence cases.³⁷

Health services response

In the United Kingdom, more than 90% of the population comes into contact with primary healthcare services within a five-year period.³⁸ Hence, health professionals are often well placed to identify and help patients who are experiencing domestic violence. Furthermore, it may be one of the few occasions where victims are not accompanied by their abusive partner.

Around 30% of domestic violence begins during pregnancy and abuse is more common in pregnant women than gestational diabetes or pre-eclampsia—both conditions for which pregnant women are routinely screened. As part of this screening, women are routinely asked whether they experience domestic violence.³⁹

More than one per cent of Accident and Emergency (A and E) department visits are due to domestic violence and one in three women seeking emergency medical treatment in UK inner city hospitals have suffered domestic violence⁴⁰. Victims approach a range of health services including: accident and emergency, obstetrics and gynaecology, midwifery, psychiatry, health visiting, and most importantly, GPs and nurses.

- Identification of victims of domestic violence

³⁷ Ibid

³⁸ Taket, A; Nurse, J; Smith, K; Watson, J; Shakespeare, J; Lavis, V; Cosgrove, K; Mulley, K and Feder, G (2003) 'Routinely asking women about domestic violence in health settings' in *The British Medical Journal*, No. 327, pp. 673-676

³⁹ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence House of Commons*

⁴⁰ Williamson, E (2006), *Women's Aid Federation of England 2005 survey of domestic violence services findings*. England: Women's Aid, cited by the British Medical Association, Ev 98

Despite recent initiatives, focused on maternity services, health visitor services and A and E departments and a training manual for all health professionals, there are still widespread concerns that health professionals ignore disclosure by victims or fail to refer them to appropriate support or advice. For example one contributor to the Home Affairs Select Committee investigation into domestic violence stated:

"I had also on a number of occasions been slapped with such force across the face, that I had been physically knocked into the bath tub. I wasn't looking for sympathy. I just wanted her to know what the GP thought the cause of my injuries could be. The radiographer either hadn't heard me or had refused to listen. Her irritated reply to me was" have you fallen at any time"? This illustrates the lack of understanding that exists within some pockets of health professionals"

General Practitioners (GPs) in particular have been highlighted as not having sufficient awareness and practice in relation to domestic violence:

"I first went for help to my GP. He gave me a course of anti-depressants and failed to refer me to any other agencies. I felt he wasn't taking me seriously so I didn't bother going back or taking the tablets, which he has so helpfully prescribed."

Healthcare professionals themselves often report patient non-disclosure and fear of offending the patient as two barriers to asking patients about domestic violence. However, research shows that barriers to routine enquiry can be overcome by training.⁴¹

A recent survey shows that 60% of respondents said that NHS trusts are training health professionals about domestic violence, although this referred only to selected professionals —predominantly health visitors (trained in 96% of cases) and midwives (87%), and lower numbers of A and E staff (55%) and practice nurses.

The British Medical Association (BMA) has recommended that information on domestic violence services should be available in all settings and that all professionals should practice selective enquiry and sometimes routine enquiry, when alone with the victim.⁴²

The Department of Health has issued a handbook for health professionals on responding to domestic violence. However, there is evidence that health professionals have not been trained to respond to domestic violence suggesting that this handbook has not been widely disseminated or

⁴¹ Waalen J, Goodwin MM, Spitz AM et al (2000) Screening for intimate partner violence by healthcare providers: barriers and interventions. *Am J Prev Med* 19: 230-7. Glowa PT, Frasier PY, Wang L et al (2003) What happens after we identify intimate partner violence? The family physician's perspective. *Family Medicine* November – December 730-36. Taket, A (2004) *Tackling domestic violence: The role of health professionals* 2nd Edition London: The Home Office

⁴² British Medical Association(2007) *Domestic Abuse*, London: BMA

promoted.⁴³ Contributors to the HASC inquiry stated that the DH training manual “Responding to Abuse”, which introduced routine questioning “is for guidance only and has been very partially implemented”.⁴⁴ Health professionals across a range of frontline services must be trained to identify and respond appropriately to domestic violence and the Department of Health should monitor the implementation of the handbook on domestic violence.

Education professionals

Teachers can be critical in identifying children affected by domestic violence if they are appropriately trained. It is likely that at least one pupil in a class will have direct experience of domestic violence. Teachers and facilitators should be alert to any signs that a pupil is distressed and channels of help and support within the school should be flagged up as well as external helplines and sources of support. Teachers and facilitators should also know how to deal with disclosures and where to access help for children and young people if they are experiencing domestic violence.⁴⁵

14. Are these staff working together effectively (both within and across organisations) to protect and support children?

Responses to domestic violence should address the situation of all members of the family, provide support and protection for child and adult survivors, and challenge perpetrators. Particular effort is required to bring together services that respond to domestic violence with those ensuring the protection of children. This requires Local Safeguarding Children Boards (LSCBs), domestic violence forums, children’s trusts, crime and disorder partnerships, local agencies and voluntary organisations to work together.

However, the level of multi-agency cooperation and responses varies across England. In some areas relationships between the statutory agencies and the voluntary sector are very poor and have resulted in separate networks developing to respond to the local need for domestic violence services. Joint work between agencies should include a focus on improving the range of services for children, increasing co-operation and co-ordination between services, improving practice by developing policy and practice guidelines, data gathering, increasing joint initial and ongoing training, and engagement in preventive work.

There is an urgent need for investment in community-based, accessible services for children and families affected by domestic violence. The Local Government Association’s report *‘Vision for services for children and young people affected by domestic violence’*⁴⁶ sets out the services required in

⁴³ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and ‘Honour’-based Violence* House of Commons

⁴⁴ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and ‘Honour’-based Violence* House of Commons

⁴⁶ Local Government Association et al. (2005) *‘Vision for services for children and young people affected by domestic violence’*. London: Local Government Association

every local area across tiers of need, supported by staff training and clear referral processes:

- Tier 1 - All children/universal services: access to information in schools and youth settings; parenting support; helplines.
- Tier 2 - Vulnerable children: refuge support; advocacy; specialist domestic violence services.
- Tier 3 - Complex cases: counselling; therapeutic support.
- Tier 4 - Acute needs: Multi Agency Risk Assessment Conferences (MARACs; child protection; work with the non-abusing parent, perpetrator programmes; family courts.

However, the reality is that many areas fall a long way short of providing this range of services.

15. What types of support services are most effective and what should be done differently?

Universal and preventive services

The government response to domestic violence focuses disproportionately on the criminal justice response at the expense of effective prevention and early intervention. The vast costs to the UK economy of domestic violence between adults - £25.3bn in 2005-06 alone - demonstrate the scale of savings to be gained through adopting more preventive approaches.⁴⁷ When the costs of services to children are included, these costs increase further. Prevention is likely to be worth the investment.

An explicit focus on prevention should include:

- provision of information about domestic violence in youth settings
- inclusion of teaching about healthy relationships as a compulsory part of the Sex and Relationships curriculum in schools⁴⁸
- programmes on safe and healthy parenting and
- information for parents about the impact of domestic violence on children in provided Children's Centres and other community settings
- local and national awareness raising campaigns
- Good promotion of and access to helplines such as ChildLine, the NSPCC Helpline and the National Domestic Violence Helpline.

Increased refuge provision, with dedicated child support workers

There are currently 450 women's refuges in the UK and in 2007, 17,406 women and 25,384 children stayed in refuge accommodation.⁴⁹ Despite the evident need, one in three local authorities does not have a women's refuge⁵⁰ and refuges often have to turn families away⁵¹. Findings from one London

⁴⁷ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

⁴⁸ The government recently announced that PSHE would be made a statutory subject.

⁴⁹ Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

⁵⁰ *ibid*

⁵¹ Women's Resource Centre. (2007) *Funding to London Women's Refuges: Report to London Councils*

borough show that demand for beds in domestic violence refuges exceeds capacity by a factor of eight, using calculations based on the number of women seeking refuge,⁵² irrespective of the number of children seeking refuge with them. The government must urgently address this shortfall in available spaces.

With children making up roughly two thirds of the refuge population, children's services in refuges are an accessible and effective means of ensuring dedicated support for many of the children who have experienced domestic violence. At present, there are no permanent statutory funded services for children operating within refuges that address this need and many refuges are not sufficiently resourced to provide a dedicated children's worker.⁵³ The negative impact of domestic violence on children can only be reversed if they have access to immediate, specialist and child-focused support services that are tailored to meet the individual needs of the child.

*'The absent services for those [children] caught up with their mothers' need to flee violence by moving out of the home, are an obvious gap in public service provision.*⁵⁴

The NSPCC considers that the government and local authorities should increase refuge provision and ensure there is a dedicated support worker for children in all refuges.

Therapeutic support groups, counselling and specialist domestic violence services

Children who have experienced domestic violence may suffer from a range of long-term physical and psychological affects that can be overcome through counselling, therapeutic and specialist support.⁵⁵ Through individual or group work, children can be assisted to make sense of any unresolved trauma and learn ways to stay safe and build non-violent relationships. Such services should also work with non-abusing parents to build their capacity to help their children to understand and come to terms with the abuse they have suffered; importantly, they also enable them to regain confidence to resume their role as a parent.

However, there is a shortage of specialist projects for children across the UK, and this is especially the case in rural areas.⁵⁶ The quality and availability of services at local level is extremely varied and is mostly delivered by voluntary

⁵² Stanko, E, Crisp, D, Hale, C, Lucraft, H, Crime Concern, Hackney Safer Cities, and Children's Society, (1998) *Counting the costs: Estimating the Impact of Domestic Violence in the Borough of Hackney*, Centre for Criminal Justice Research, Brunel University, Uxbridge

⁵³ Women's Aid (2004) *One year on: The status of children's services in refuge organisations since the implementation of National Standards for Under 8s Day Care*

⁵⁴ Stanko, E, Crisp, D, Hale, C, Lucraft, H, Crime Concern, Hackney Safer Cities, and Children's Society, (1998) *Counting the costs: Estimating the Impact of Domestic Violence in the Borough of Hackney*, Centre for Criminal Justice Research, Brunel University, Uxbridge

⁵⁵ Institute of Psychiatry {DN: to complete}

⁵⁶ Stalford et al (2003) [*Children and Domestic Violence in Rural Areas: a Child-Focused Assessment of Service Provision*](#), Save the Children, London

sector organisations.⁵⁷ The voluntary sector faces growing financial pressures, and typically relies upon insecure, short-term funding⁵⁸ and can not be expected to provide services to all children affected by domestic violence. It is imperative that these services should have sustainable funding from local and national government.

The NSPCC considers that every child who has been harmed by witnessing or experiencing domestic violence should be assessed, and where necessary receive, specialist child-focused therapeutic or counselling support to overcome the damaging emotional and psychological effects of experiencing living with violence. Not every child would need intensive therapeutic support or counselling. The cost per child of providing the NSPCC's therapeutic work, including assessment costs, ranges from £3,250 to £7,620.⁵⁹

Specialist services for black and minority ethnic children and families

Only 15 of the 150 local authority areas have specialist services for BME women and children.⁶⁰ Women and children in BME communities are less likely to access statutory services for a host of reasons including barriers that are both cultural and institutional.⁶¹ Specialist services and refuges should be available for children from these communities that include culturally appropriate individual work, group work and work with mothers.

Multi-agency risk assessment conference (MARACs)

Multi-agency risk assessment conferences (MARACs) focus on high-risk cases and involve key agencies (e.g. police, probation, education, children's services, adults services, health, housing, IDVAs and the voluntary sector) working together on an individual victim's case to share information. This is used to build up a comprehensive picture of the abuse and agree action to best support and protect a domestic violence victim and their family. MARACs are in the process of being rolled out across England and Wales and in September 2008 they dealt with 17,500 high risk cases involving almost 25,000 children.

Evaluations of MARACs have shown that the agencies involved view them as invaluable for ensuring that they assist victims more efficiently. In addition, they consistently identify children who may be unknown to the authorities but who are at risk of harm as they live with high-risk domestic abuse. However, membership of MARACs places a significant demand on agencies and many

⁵⁷ Humphreys et al. (2000) *From Good Intentions to Good Practice : mapping services working with Families where there is domestic violence*. Bristol: Policy Press.

⁵⁸ Coy et al. (2007) *Map of Gaps: The Postcode Lottery of Violence against Women Support Services*. End Violence against women and Equality and Human Rights Commission. Also see Humphreys et al. (2000) *From Good Intentions to Good Practice : mapping services working with Families where there is domestic violence*. Bristol: Policy Press.

⁵⁹ Tier 2 services (secondary level services provided by specialist staff) are typically required for a period of up to six months, during which time a child will be helped to full recovery. The cost of this service, including assessment costs, is approximately £3,250 per child. Tier 3 services are provided for children with more complex needs, and include disabled children or children who have experienced severe trauma. The complexity of their needs requires a more sustained period of intervention. The cost of these services, including assessment costs, is approximately £7,620 per child. The costs provided below assume an average cost per child of £5,435.

⁶⁰ Coy et al. (2007) *Map of Gaps: The Postcode Lottery of Violence against Women Support Services*. End Violence against women and Equality and Human Rights Commission

⁶¹ Izzidien S. (2008) *'I can't tell people what is happening at home' Domestic abuse within South Asian communities: The specific needs of women children and young people*. NSPCC: London

MARACs find it difficult to cope with the number and complexity of cases referred to them. Additional resources are needed so that victims are effectively responded to and the work of MARACs needs to be given greater priority at a local level.

It is imperative that representatives from children's services and the Family Courts system are fully supportive of MARACs and attend and contribute to meetings for all MARAC cases involving children so that all agencies who maybe working with the mother and child are represented and can input to the safety planning process for them. There are some examples of excellent practice; for example in some areas all cases that go to MARACs that involve children under the age of two automatically receive free additional childcare and children's services are fully engaged in MARAC meetings. However it is not the same everywhere; in some places there is inconsistent attendance and research is not always completed before the meeting. In others, children's services can appear reluctant to take referrals from MARACs. Further work also needs to be undertaken to strengthen LSCB involvement in MARAC activities to safeguard children.

Independent domestic violence advocates

The role of independent domestic violence advocates (IDVAs) is to support survivors of domestic violence and their children and to work with other agencies to ensure their safety. They fulfil a crucial function in supporting and empowering victims. They may provide support for obtaining civil injunctions to protect the individuals affected, improving home security for children or alerting schools and services to the risks that children face.

However, IDVAs are a hugely overstretched resource, with 300 referrals per practitioner each year and each advocate on average managing 150 cases. We recommend that the Government increases the rate of its funding for IDVA services to meet the target of 1200 IDVAs nationally, set by Co-ordinated Action for Domestic Abuse (CAADA).⁶² The needs of children in households where there is domestic violence should also be considered by IDVAs.

Perpetrator programmes which meet minimum standards

In order to help protect current and potential future victims, work to tackle domestic violence needs to include a focus on addressing the violent and abusive behaviour of those who perpetrate it.

Perpetrators of domestic violence need to learn new, appropriate responses to feelings of jealousy and aggression. There are currently very few avenues of practical support - especially for those perpetrators who recognise they have a problem and would like to change their behaviour, or programmes to challenge violent behaviour before it becomes entrenched.

Additional resources must be made available for appropriate prevention and intervention strategies that directly target domestic violence perpetrators,

⁶² Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

whether or not they have been convicted of an offence. These aim to help them stop their offending and contribute to promoting the safety of children and young people living in homes where there is domestic violence.

The Ministry of Justice and Home Office should adequately resource the provision of innovative perpetrator programmes which meet the standards⁶³ promoted by the National Respect Network and build on findings from research with perpetrators. A central feature of these projects is that they need to be developed alongside support services for the women and children and work also to ensure their safety.

A supervised contact centre

The NSPCC supports the principle of children maintaining contact with both parents after separation, providing that it is safe to do so. The child's welfare is the single most important factor for courts and every court should be guided by what will be best for the child. The DCSF and local authorities should make funding and resources available for a safe supervised contact centre in every area.

16. Where are the main gaps in current provision?

The NSPCC is currently carrying out research jointly with Refuge to explore the extent to which children, young people and their mothers have access to appropriate services at different times, according to varying levels of need. The research is funded by the City Bridge Trust and it will consider how children and young people affected by domestic violence are recognised and responded to by professionals in a range of services and provide recommendations for service development.

The research is taking place throughout the 33 London boroughs and findings will be available in October 2010. It is planned to be undertaken in two stages. The first phase will capture information (via questionnaires) about services from key professionals in each borough along with children's and non-abusing parents' views of the availability and accessibility of services. The second stage will consist either of case studies of services in a small number of boroughs to explore key issues in depth, or an in-depth focus on a specific type of service across all boroughs.

An interim report will be produced at the end of stage one and a final report at the end of the project and we would be keen to share this information with the Government to inform its thinking about the type of services needed for children and young people who witness domestic violence.

How can we all better pick up on, and respond to, early signs of violence?

⁶³ http://www.respect.uk.net/data/files/move/standard_030608a4_final_with_guidance.pdf

17. How could public service providers play a stronger role in identifying and responding to the early signs of violence against women and girls?

Please see response to question 16.

18. How would you like to access information (and what would you need to know) on how to support a friend, colleague or partner if they told you that they had been a victim of violence?

In consultations with children and young people who have experienced domestic violence they have told us what type of information support they need and how they would like to access it. This includes:

To talk and to be listened to

*'Tell someone. Doesn't matter what's happening. Tell someone. The adults should deal with it, not you. Get it sorted and get out of it if you can'*⁶⁴

Children want someone to talk to about what is happening at home. In the first instance, it is most likely to be informal support from parents, friends or relatives. They want to be given reassurance to talk openly with someone they can trust and adults need to be clear about confidentiality. They want their experiences to be listened to, taken seriously, understood and acted on.

Children also find peer and friendship groups and sibling relationships an important source of support. In a more formal context, this kind of peer support can be provided through specialist services and support programmes. When asked what advice children would give to others experiencing domestic violence, one child said, *'Let it out and tell someone else, you're not alone'*.⁶⁵

Yet children are also conscious of the social stigma associated with domestic violence and are aware that it is something not to be talked about. Further, they can also be deterred from disclosing events at home by not expecting to be believed, not wanting to worry other people, fearing repercussions for themselves and their non-abusing parent and fearing unwanted interventions. Boys in particular can be reluctant to talk about it.⁶⁶

*'My teacher tried to find out, but I just didn't let anything slip. I just said, 'No, everything's' okay.' You just smile don't you and try to cover it.'*⁶⁷

To know and understand what is happening

*'Grown-ups think they should hide and shouldn't tell us, but we want to know, we want to be involved and we want our mums to talk to us about what they are going to do; we could help them make decisions.'*⁶⁸

⁶⁴ *ibid*

⁶⁵ NSPCC internal consultation

⁶⁶ Scottish Government (2007), *Literature review: Better outcomes for children and young people experiencing domestic abuse – Directions in good practice*. Scottish Government Publications

⁶⁷ Abrahams, C. (1994) *The Hidden Victims of Domestic Violence*, London: NCH Action for Children

Children often recognise the violence and problems but don't understand what is happening to them and their families. Frequently, they will be in the next room and more aware of problems than parents realise. They also feel complex emotions, towards both the abusing and the non-abusing parent. Although children want to understand what is going on in their homes, parents often find it hard to know how to talk to them. Yet, not talking to children can add to their feelings of isolation and confusion and lead to misunderstandings. The culture of secrecy and shame that surrounds domestic violence can compound this problem: *'I don't think my parents know how upset I am'*⁶⁹

Children and young people also want professionals to be clear with them about what is happening when they disclose or intervene with them or their parents. They want to be spoken to directly in a way they understand, informed about what will happen, involved in decision making, made fully aware of processes and procedures and guaranteed confidentiality. One young person attending an NSPCC domestic violence service developed a set of rules for police workers to follow when working with children following an incident of domestic violence:

- *Ask children how it happened*
- *Tell them how bad the injury is*
- *Tell children what is happening*
- *Ask why they think is happening to their parents*
- *Tell them what will happen to us*⁷⁰

Empowering children can be an important means of helping them to cope. The need to be kept informed, trusted and provided with honest information is central to children understanding the situation they are in.

Safety for themselves and their families

*'I think feeling safe is being able to be relaxed at all times. You shouldn't have these things running through your mind like am I moving soon? should I expect to be treated aggressively today? Also I would feel safe if there was someone for me to talk to if I have a concern about something.'*⁷¹

Children often talk about wanting to be safe. They want the violence to stop and they want to stop being afraid of their violent parent. They experience fear, unpredictability and confusion due to parents' changing moods. Children in domestic violence situations most frequently mention 'safe' when talking about a secure refuge where they can't be found, and rarely associate it with their own home.

⁶⁸ Mullender A. et al (2002) Children's Perspectives on Domestic Violence. London: Sage

⁶⁹ NSPCC internal consultation

⁷⁰ NSPCC internal consultation

⁷¹ Barron, J. (2007) Kidspeak: Giving children and young people a voice on domestic violence. Women's Aid

Children worry about their parents more than is recognised, in particular for their safety, and often they end up taking on significant emotional responsibility for family members and practical responsibility for tasks around the home.

More services, trained professionals and information to help them

*'You're here to protect people, what are you doing just stood there saying 'Oh we can't do this and we can't do that'. So I just thought, well you can't do anything.'*⁷²

Children want a range of support services to meet their specific needs: more refuges with children's workers, support for the abused parents, positive parenting, counselling and perpetrator programmes.

Children also want services where they can talk about and overcome their experience of domestic violence. Therapeutic work individually or in groups allows children to discuss their feelings, reassures them that the violence is not their fault, builds their self-esteem and helps them develop safety plans for the future. Children also appreciate helpline services, such as ChildLine, and safe online spaces, such as The HideOut⁷³, which provide confidential help and advice.

Children express limited faith in professionals' ability to help them – particularly those they are in regular contact with⁷⁴ - and suggest that professionals should know and be trained in the effects of domestic violence on children. Where professionals have been trained, there should be clear routine procedures in place to ask children and young people about direct and indirect abuse.

Access to support in schools is uncommon but would make a huge difference to children experiencing domestic violence.⁷⁵ Although children express concerns about confidentiality, they perceive schools and youth settings as key locations for children to access information and learn about domestic violence and safe relationships and begin accessing help. They encourage better promotion and access to information for all services.

19. How can Government better help supporters of victims?

No comment.

How best can we keep track of the most serious offenders, and reduce the risks those individuals pose?

20. What new powers would help the police to control serial perpetrators?

⁷² McGee, C (2000) *Childhood experiences of domestic violence* London: Jessica Kingsley Publishers

⁷³ www.thehideout.org.uk

⁷⁴ Scottish Government (2007), *Literature review: Better outcomes for children and young people experiencing domestic abuse – Directions in good practice*. Scottish Government Publications

⁷⁵ *ibid*

Part 7 of the Criminal Justice and Immigration Act 2008 introduced new violent offender management orders to help the police control violent offenders. The orders contain such prohibitions, restrictions or conditions necessary for the purpose of protecting the public from the risk of serious violent harm caused by the offender. The current specified offences which the orders can be applied for include murder, manslaughter, grievous bodily harm, malicious wounding or attempting to commit murder or conspiracy to commit murder.

We recommend that further research is undertaken to ascertain whether the list of specified offences should be extended to cover violent offences contained in Part 2 of the Domestic Violence, Crime and Victims Act 2004.

As we have mentioned above, many perpetrators of domestic violence are often either not charged for the crime they have committed or they do not come into contact with criminal justice agencies. Northern Ireland has developed multi-agency arrangements to monitor violent offenders and those with a sentence of less than 12 months. We recommend that the impact of these arrangements are monitored and that the Government should consider piloting a similar system in England, as part of further research to develop mechanisms for tracking, monitoring and reducing the risk of serial perpetrators of domestic violence. This work should involve LSCBs.

22. There are already programmes for perpetrators of some forms of violence against women; how can their effectiveness be measured?

Although there is anecdotal and project-based evidence to suggest that perpetrator programmes are effective in changing behaviour and reducing risk to the victim, there has been no systematic evaluation of their effectiveness in the UK. A joint University of Bristol and Home Office study in 2006 found that, of a sample of 356 domestic violence perpetrators in the North-East of England, half were involved in at least one more incident within the three-year follow up period; one in five of these re-offended against a different partner⁷⁶. There is a need for more research into the long-term effectiveness of perpetrator programmes and in particular, programmes which produce the best outcomes for children and young people.

The study recommended that men who are violent towards women need to learn new, appropriate responses to destructive feelings. It concluded that, for some men, a criminal justice sanction, or the threat of one, provided the incentive for help-seeking, while others wanted the police to direct them to perpetrator programmes or provide information about available help because they themselves had concerns about their behaviour.

The Domestic Violence Intervention Project, a community-based programme running in three London boroughs, states that “outcome evaluations show that

⁷⁶ Hester, M., Westmarland, N., Gangoli, G., Wilkinson, M., O’Kelly, A., Kent and A. Diamond, *Domestic Violence Perpetrators: Identifying needs to inform early intervention*, April 2006

70 per cent of men who complete the programme stop using physical violence”⁷⁷.

23. What interventions would help perpetrators of all forms of violence against women to change their behaviour?

24. Not all perpetrators come to the attention of the criminal justice system – are there other services that should be developing work with perpetrators to change their behaviour?

In order to help protect current and potential future victims, work to tackle domestic violence needs to include a focus on addressing the violent and abusive behaviour of those who perpetrate it.

There are currently very few avenues of practical support - especially for perpetrators who recognise they have a problem and would like to change their behaviour, and for young people who perpetrate violence in their relationships to challenge their violent behaviour before it becomes entrenched.

Most perpetrators of domestic violence never, or only infrequently, come into contact with the police, let alone the courts and the probation service. The police come to know of less than a quarter of the worst cases of domestic violence⁷⁸, and of those incidents reported, only about a quarter result in arrest⁷⁹. Convictions are even lower. Very few perpetrators have thus had the opportunity to be referred to a perpetrator programme, as the majority of programmes are only available for perpetrators who have been convicted of a domestic violence offence⁸⁰.

Additional resources must be made available for appropriate prevention and intervention strategies that directly target domestic violence perpetrators, whether or not they have been convicted of an offence. These aim to help them stop their offending and contribute to promoting the safety of children and young people living in homes where there is domestic violence.

Perpetrator programmes provide structured group work for perpetrators of domestic violence. They support perpetrators to address the attitudes and beliefs which underpin their abusive behaviour, challenge, stop and prevent further violence and hold perpetrators accountable for their violence.

A number of programmes have been introduced in the UK, with the aim of helping the perpetrator understand why they use violence, helping them to take responsibility for their violence and teaching them non-controlling behaviour strategies to prevent further abuse.

⁷⁷ *Information Re: DVIP*, Domestic Violence Intervention Project factsheet

⁷⁸ Walby, S. and Allen, J. (2004) *Domestic Violence, Sexual Assault and Stalking: findings from the British Crime Survey*, Home Office Research Study No. 276, Home Office: London.

⁷⁹ Hester, M., Hanmer, J., Coulson, S., Morahan, M. & Razak, A (2003) *Domestic Violence: Making it Through the Criminal Justice System*, University of Sunderland & the Northern Rock Foundation; Hester, M. (2006) 'Making It Through the Criminal Justice System: Attrition and Domestic Violence', *Social Policy and Society*, 5 (1): 79-90.

⁸⁰ House of Commons Home Affairs Committee (2008) *Domestic Violence, Forced Marriage and "Honour"-Based Violence* London: House of Commons Home Affairs Committee

The current availability of perpetrator programmes falls short of the demand for them. A recent study by the National Audit Office⁸¹ of the supervision of community orders reported that Probation Services flagged domestic violence perpetrator programmes as a specific area in which they were unable to deliver. The study also identified lengthy waiting lists to enter programmes, and that data on order completions were not gathered, meaning that it was not possible to say whether perpetrators had fulfilled their sentences. A separate report by the National Association of Probation Officers (NAPO) also reported a lack of capacity to respond to perpetrators effectively.

Perpetrator programmes run by the community sector thus serve a large group of perpetrators who are not provided for by the statutory sector. However, community programmes suffer from some of the same problems as Probation Service programmes, in particular under-capacity, and a lack of sustainable funding.

Section 1 of the Children and Adoption Act 2006 came into force in autumn 2008 and enables courts to direct or order parents to attend activities to help them improve or maintain contact with their child or children.

What kind of services should you expect to receive from the health service and/or social services if you were a victim of violence?

25. What would form a range of high-quality services for victims of violence against women in every local area? How should these services be commissioned?

Please see our response to question 16.

26. How could existing services improve their response to victims of violence against women?

Please see our response to question 16.

27. Are there specific services that should take a leading role?

Please see our response to question 16.

How can central government, local government and other service providers best work together to promote better consistency and quality of provision in services for victims of violence against women across England?

28. What are the barriers to sustainable delivery of and funding for services for victims of violence against women at present?

In a study carried out in 2000, it was found that 12 per cent (29) of refuges in England and 14 per cent (10) in the rest of the UK could not provide services

⁸¹ The supervision of community orders in England and Wales, National Audit Office, January 2008

for children due to lack of funding. Forty-two per cent (106) and 60 per cent (44) respectively depended on volunteers to sustain their work with children. There was also a lack of specific services for BME children and young people, with only 12 per cent of refuges in England and four per cent in Wales, Scotland and Northern Ireland offering culturally appropriate services for children and young people.⁸² Half a decade later, research⁸³ concluded that children's work in refuges was marginal and poorly funded. In the same year, research conducted as part of Home Office Crime Reduction Programme also noted the lack of intervention for children and young people in many parts of England and Wales.⁸⁴

Despite increased awareness of the impact of domestic violence on children and young people, and the legal recognition that witnessing domestic violence qualifies as 'significant harm' there has been no increase in public services or funding to address the needs of children and young people affected by domestic violence.⁸⁵ The UNCRC clearly recognises children's right to "treatment of illness and rehabilitation of health" (Article 24), and requires States to "take all appropriate measures to promote physical and psychological recovery" of a child victim of abuse (Article 39). Yet over the past two decades, the voluntary sector and refuges in particular have been the main providers of services for children affected by domestic violence unlike other countries such as the USA and Canada where such services are now backed by government funding.

We suggest that the violence against women and girls strategy team might find it beneficial to learn more about how this issue is being tackled in Canada and the USA. We are working with McGill University and would be pleased to share this work with the team.

29. What are the barriers to providing a wide range of quality services for victims of violence against women?

Responses to domestic violence should address the situation of all members of the family, provide support and protection for child and adult survivors, and challenge perpetrators. Particular effort is required to bring together services that respond to domestic violence with those ensuring the protection of children. This requires Local Safeguarding Children Boards (LSCBs), domestic violence forums, children's trusts, crime and disorder partnerships, local agencies and voluntary organisations to work together.

However, the level of multi-agency cooperation and responses varies across England. NSPCC practitioners state that good partnership working is a continual challenge, with statutory and other voluntary agencies passing on a referral to the specialist voluntary agency and then leaving them to work

⁸² Humphreys, C., Hester, M., Hague, G., Mullender, A., Abrahams, H., and Lowe, P. (2000) *From good intentions to good practice: mapping services working with families where there is domestic violence*. Bristol: Policy Press.

⁸³ Thiara, R. (2005) *The need for specialist domestic violence services for Asian women and children*. London: Imkaan.

⁸⁴ Hester, M. and Westmarland, N. (2005) *Tackling Domestic Violence: effective interventions and approaches*, Home Office Research Study 290. London: Home Office.

⁸⁵ Hester, M., Pearson, C., Harwin, N. and Abrahams, H. (2007) *Making an impact: children and domestic violence*. (A reader, 2nd Ed). London: Jessica Kingsley Publishers.

independently. We are aware that in some areas relationships between the statutory agencies and the voluntary sector are very poor and have resulted in separate networks developing to respond to the local need for domestic violence services. Joint work between agencies should focus on improving the range of services for children, increasing co-operation and co-ordination between services, improving practice by developing policy and practice guidelines, data gathering, increasing joint initial and ongoing training, and engagement in preventive work.

Several studies have noted that refuges are overcrowded, lack space to accommodate women and children, lack basic facilities and remain under-resourced⁸⁶. Representatives from refuges in England and Wales who were interviewed as part of the research⁸⁷ the NSPCC carried out into domestic violence in South Asian communities told of women having to share a room with up to three or four children of different age groups, which was clearly inappropriate, and small communal spaces with other women and children.

They also felt that even the specialist refuges do not provide adequate services for children and young people. Although four of the five refuges interviewed employed a children's worker, references were made to other refuges which did not. Even where a children's worker was employed this was dependent on funding. Lack of space in refuges to conduct individual and group therapeutic work was also raised as a barrier to effective therapy.

There is an urgent need for investment in community-based, accessible services for children and families affected by domestic violence. We have set out what this should include in response to question 14 above.

30. What are the barriers to partnership working to tackle violence against women?

Research currently being carried out by the University of Central Lancashire and funded by the NSPCC into police referrals from the police service to children's services in response to incidents of domestic violence shows that police are notifying children's social care of cases where children are living with domestic violence but children's social care seem to feel deluged by the high number of referrals and notifications. There is also limited information recorded on police engagement with children. The research shows that the extent of children's involvement in the incident is not always routinely or systematically communicated to children's services which makes it very difficult for children's services to identify and assess the risk to children living in a home where there is domestic violence.

The research also shows that consent is not routinely sought by the police when referring cases of domestic violence onto children's services.

⁸⁶ Chantler, K. (2006) Independence, dependency and interdependence: struggles and resistances of minoritized women within and on leaving violent relationship, *Feminist Review*, 82, pp.27-49.

⁸⁷ Izzidien S. (2008) *'I can't tell people what is happening at home' Domestic abuse within South Asian communities: The specific needs of women children and young people*. NSPCC: London

The research, which is due to be published later this year, shows that when following up incidents of domestic violence, police often focused on victims and perpetrators of violence and overlooked the needs and requirements of children and young people. Children and young people interviewed for the research stated that they wanted to know what would happen next and also wanted information about what to do if there was another violent incident between their parents or carers.

The research shows that different LSCBs in England have identified and developed innovative practice in how to deal with notifications, in assessing risk and screening cases, in referrals, pathways and routing systems and in work with voluntary organisations.

We would be happy to discuss emerging findings from this research with the Violence Against Strategy consultation team.

31. How best can providers of local services reflect in their local priorities the needs of women and girls who are victims of gender-based violence?

NSPCC Domestic Violence Managers have stated that when a local authority is developing a strategy, a review or an action plan, it is important to talk to all the local service providers, including the voluntary sector and practitioners, to seek their views on what the priorities should be. In some areas, the makeup of domestic violence forums means that local authorities may simply consult with a few generic or statutory bodies. The onus should be on local authorities, and domestic violence co-ordinators in particular, to develop other methods of communication and consultation to ensure the voice of the voluntary sector is heard in the development of strategy and service delivery. Practitioners stated that more staff working with women from Black and Minority Ethnic communities should be included on Local Strategic Partnerships. This is especially important under the new commissioning framework for voluntary sector organisations in England with the move towards priorities being set and funding allocated at the local level.

32. How should local bodies and service providers work together to ensure that the longer-term impacts of violence against women are acknowledged (for example, impacts on mental and physical health or child welfare)?

No comment.

33. What can be done to place the provision and delivery of services for victims of violence against women on a more sustainable basis?

No comment.

34. What can be done to ensure that local bodies work together to ensure the provision of all forms of services for victims of violence against women in your local area?

Please see our response to question 15, where we talk about Multi-agency risk assessment conferences (MARACs).

In addition, we wish to highlight research carried out with NSPCC practitioners which found that joint work needs to be based on an integrated approach to ensure the protection of children and the mainstreaming of the specific needs of Black and Minority Ethnic communities. Domestic violence forums were set up to facilitate effective multi-agency networking on domestic violence and abuse between practitioners, by providing an opportunity for gathering information about other services. However, many specialist organisations lack staff time availability to attend such meetings and develop interagency work. Research⁸⁸ has shown that there is a lack of representation from South Asian groups, with little attention being paid to the child protection needs of South Asian children.

35. What can be done to ensure that the needs of victims of violence against women are accounted for in Local Strategic Partnerships in your local area?

No comment.

36. What can be done to drive delivery of services for victims of violence against women through the Local Performance Framework? How could this be monitored?

No comment.

37. What can be done to encourage commissioners of local services (for example, local health providers and local authorities) to work together to support women and girls who are victims of gender-based violence?

As stipulated in *Vision for services for children and young people affected by domestic violence*⁸⁹, every Children's Services authority should have in place:

- joint planning and commissioning arrangements with other key partnerships with responsibilities for addressing domestic violence in conjunction with local domestic violence partnerships;
- individuals within each agency and partnership with a responsibility to develop the domestic violence agenda;
- the single plan for children's services should outline how the children's partnerships have identified the needs of children experiencing domestic violence and their plans to meet those needs; and

⁸⁹Local Government Association et al. (2005), *Vision for services for children and young people affected by domestic violence*. London: Local Government Association

- an implementation plan that identifies the key priorities for improving outcomes for children affected by domestic violence in the context of improving outcomes for all children.

38. How can we improve women's confidence that the criminal justice system is working to protect them?

No comment.

How best could we assess the support, safety and satisfaction of women victims within the criminal justice system?

39. What more can be done to increase confidence and deliver a victim-focused service?

No comment.

40. How best could we assess the support, safety and satisfaction of women victims within the criminal justice system?

Any assessment of women victims satisfaction with the system should include finding out about how well their children's needs were taken into account and responded to. Similarly, children should be asked about the service response they and their mothers received.

41. How could police community support officers build on their relationship with the community and reassure victims of violence?

No comment.

What would make your journey at night safer?

42. How do you choose which route you are going to take home?

No comment.

43. What makes your route home safe or unsafe?

No comment.

44. What would help you be and feel safer on your journey home at night?

No comment.

45. How can we help particularly vulnerable groups of women, such as those from black, Asian, minority ethnic and refugee communities, older people or those from rural areas, to feel confident in getting home safely?

No comment.

46. How do you think local partnerships could better work together to improve the safety of your journeys?

No comment.

47. What makes you feel unsafe in car parks?

No comment.

48. How useful would you find an interactive website that allowed you to report where and why you felt either safe or unsafe?

No comment.

49. If you would use this website, which features do you think would be useful?

- An option to send reports automatically to the local council or police
- Contact details for neighbourhood policing teams
- Contact details for the local authority and other bodies such as the CDRP
- Contact details for third sector organisations such as Neighbourhood Watch
- Links to websites with more information about how to get involved in tackling crime in your local area.

No comment.

Following completion of the consultation period, the Government will issue a strategy in order to ensure that coordinated activity is undertaken across government to reduce and prevent violence against women.

50. How should the strategy be delivered?

The strategy is very ambitious in both the size and the diversity of the problem it is trying to tackle. It is therefore essential that the strategy should be led by a single person who is responsible for and held accountable for the delivery of the strategy. This could either be a Cabinet Minister or an externally appointed individual, similar to the national clinical directors for health who have been responsible for various reforms in different disease areas in the healthcare sector. This individual should be responsible for ensuring that the different government departments responsible for parts of the strategy are held accountable and deliver what is required of them as stipulated in the strategy when it is published. There will also need to be strong synergy between this strategy and the work of the new National Safeguarding Delivery Unit, as domestic violence poses such a strong risk to children's safety.

51. Who should lead it locally?

There should be an appointed person in each local authority responsible for leading on the elements of the plan which need delivering at a local level. This person should have knowledge of the prevalence of violence against women and girls in their locality as well as interventions to target it to reduce its prevalence and harm. They should also know about all of the local service providers and the types of services provided by the voluntary sector and have experience of working in collaboration to ensure that there is a seamless provision of services to prevent and protect women and girls from violence. The individual should also ensure that domestic violence issues are fully considered by the children's trust when it develops its children and young people's plan, and that children and young people themselves have genuine opportunities to give their views on the issues.

52. How should progress on the strategy be measured and assessed? Who should do this?

For the strategy to become quickly embedded in local authority partnership planning and delivery, progress and assessment should be measured using existing models of planning and inspection. The current focus on improvements in inter-agency safeguarding practice also provides an opportunity to ensure the strategy becomes embedded in individual inspectorate programmes, and in the new model of Comprehensive Area Assessment (CAA).

There is already considerable commitment to the issue of domestic violence, particularly in the context of delivering safer communities, and implementation of the strategy should use and build upon existing achievements in this area. National Indicator (NI) 32 concerns improvement in repeat violence against women, and has been identified as a key priority by 50% of local authority partnerships. It is a proxy indicator for the delivery of the government's Public Service Agreement (PSA) 23: *Making Communities Safer*.

Given the well documented impact of domestic violence on children and young people we consider the scope of NI 32 should be expanded and included as a proxy indicator for PSA13: *Safeguarding*.

Local partnerships should be encouraged to prioritise NI 32 by use of existing mechanisms for the sharing of good practice, such as Regional Improvement & Efficiency Partnerships (RIEPs), which, rather than reinventing the wheel, act as a forum for identifying and sharing good practice.

All local authority partnerships will be measured and assessed through CAA, which will draw together the information yielded by individual agency inspections e.g. Her Majesty's Inspectorate of Constabulary (HMIC); the Care Quality Commission (CQC), and, using a risk assessment flagging system, identify how well locally identified priorities are meeting the needs of their community. The shape and content of these assessments will be driven by the Government's PSAs underpinned by the new NI Set. Only if violence

against women is reflected in this can there be any level of certainty that implementation of this strategy will be measured or assessed.

53. Should the strategy include any specific measures on equality and diversity? What further equalities issues should the violence against women strategy take into account (for example on race, age, gender, ethnicity, sexuality, disability, socioeconomic background or geographical location)?

In 2008, the NSPCC published a report⁹⁰ which discussed the experiences and support needs of South Asian women, children and young people who had experienced domestic abuse, the barriers that deter them from seeking help, and the gaps in current service provision. The report also discussed forced marriage and statutory services responses to young people who were at risk of or had been forced into marriage. The findings of the report clearly point to a need for a more targeted and culturally-appropriate approach to responding to the specific issues and barriers that exist in these communities.

The lack of official data and policies relating specifically to domestic abuse in South Asian communities, and the impact it has on women, children and young people in these communities, illustrates the fact that the experience of domestic abuse is still by and large regarded as the same for all those affected, irrespective of cultural context. While there is no evidence to suggest that South Asian women are more likely to be subjected to domestic abuse than other population groups in the UK,⁹¹ and the types of abuse - physical, sexual, financial, psychological, emotional and controlling behaviour - generally mirror those experienced by other ethnic groups, the research shows that the way South Asian women perceive and experience domestic abuse is in many aspects unique to their community⁹². This relates to culture, language, family structures, racism and in some instances the insecure immigration status of abuse victims, all of which have a direct bearing on how women and their children cope with the abuse, as well as on the help and support made available to them⁹³.

Policy and practice needs to be developed within a targeted and culturally-appropriate framework in order to ensure that South Asian children affected by domestic violence are identified, protected and supported, as envisioned by the Every Child Matters programme. This should include:

- Funding and resources for specialist refuges
- Revision of diversity policies and procedures in refuges
- Specialist family support services for South Asian women and children
- Therapeutic support for South Asian children and young people

⁹⁰ Izzidien S. (2008) 'I can't tell people what is happening at home' *Domestic abuse within South Asian communities: The specific needs of women children and young people*. NSPCC: London

⁹¹ Walby, S. and Allen, J. (2004) *Domestic violence, sexual assault and stalking: findings from the British Crime Survey*. Home Office research study no. 276. London: Home Office.

⁹² Gill, A. (2004) Voicing the silent fear: South Asian women's experiences of domestic violence, *The Howard Journal*, Vol. 43, No.5, pp.465-483.

⁹³ Thiara, R. (2005) *The need for specialist domestic violence services for Asian women and children*. London: Imkaan.

- Services for South Asian young people

We would be happy to discuss these issues further with the Violence Against Women consultation team.

54. Are there any other matters we should be considering?

We wish to highlight two other important issues which should be included as part of any comprehensive strategy to tackle the roots of violence in our society.

Section 58 of the Children Act 2004

It is important that no-one should be able to justify the use of physical force as a means of exerting power and control over another human being. Research evidence shows that far from being part of the solution to tackling antisocial behaviour, harsh and inconsistent parenting styles - including physical punishment - are associated with a range of negative behaviours in children, including defiance, anger and increased aggression⁹⁴. A recent research study, *Make me a Criminal*, from the Institute for Public Policy Research found that parenting styles which include using physical violence such as smacking are negatively associated with children's social and emotional development. The author, Julia Margo, concluded that "a wealth of research proves the causal link between hitting and smacking and increased aggressive behaviour⁹⁵."

Welfare Reform Bill and birth registration

The NSPCC is concerned that the measures for joint birth registration in the Welfare Reform Bill could risk putting vulnerable women and children at risk of harm. In circumstances where a father contacts registrars independently of the mother, there needs to be an exemption available to mothers if her safety or the safety of her child would be put at risk as a result of the father being registered on the birth certificate and automatically acquiring parental responsibility. Currently no protection is provided to mothers if the father contacts the registrars independently, even if she informs the registrar that she has been a victim of domestic violence, abuse, sexual assault or rape at the hands of the father, or the father is known to pose a risk to children, for example if he has received a conviction for rape or is a registered sex offender.

We would like to invite the Violence Against Women strategy team to visit an NSPCC domestic violence service which would provide further insight into how domestic violence affects children and young people, and how they can be supported and helped when they have experienced this form of abuse. As stated above, we would also like to offer to present more detailed findings from the research studies which we have referred to in this submission.

⁹⁴ Gershoff, E.T. 2002. Corporal punishment by parents and associated child behaviours and experiences: a meta-analytic and theoretical review. *Psychological Bulletin*, Vol. 128, Issue 4, pp. 539-579

⁹⁵ Margo, J. 2008. *Make me a Criminal* preventing youth crime, IPPR: London

Please contact Emily Arkell, Policy Adviser: earkell@nspcc.org.uk or 020 7825 1352 if you would be interested in the NSPCC providing this further support to the work of the strategy team.