



## Let's see domestic violence from a child's point of view

### NSPCC DOMESTIC VIOLENCE CAMPAIGN BRIEFING 3

#### 3. Training for professionals to identify children living with domestic violence (England)<sup>1</sup>

The NSPCC is calling on the UK Government and devolved administrations in Wales and Northern Ireland to see domestic violence from a child's point of view.

Every year, an estimated 750,000 children witness domestic violence.<sup>1</sup> Although not every child is affected in the same way, this can cause serious emotional harm in both the short and long term. More worryingly, in families where there is domestic violence, children may also be physically and sexually abused. Researchers estimate that in 30-60% of domestic violence cases, the abusive partner is also abusing children in the family.<sup>1</sup>

Children exposed to violence will react in different ways, and not every child who witnesses abuse will experience long-term difficulties. However **all children have the right to protection from violence and abuse and should have access to support.**

#### Summary of recommendations

- **The government should carry out a review in England of the implementation of Section 120 of the Adoption and Children Act 2002 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.**
- **The Home Office (HO) should ensure the police service renews its efforts to ensure that every police officer is trained to respond to domestic violence. This should be inspected by Her Majesty's Inspectorate of Constabulary (HMIC). Training should highlight the impact of domestic violence on children and young people.**
- **The Ministry of Justice (MoJ) should ensure that accredited training is developed and made compulsory for all lawyers, magistrates and judges undertaking domestic violence cases, including those involved in child contact cases.**
- **The Department of Health (DH) should ensure that health professionals across a range of frontline services are trained to identify and respond appropriately to domestic violence and should monitor the use and implementation of the handbook on domestic violence. Training should highlight the impact of domestic violence on children and young people.**
- **The DCSF should ensure that staff in education establishments receive accredited training to be confident and competent in responding to disclosures of domestic violence.**

<sup>1</sup> This briefing covers England only. Please see [www.nspcc.org.uk/dvcampaign](http://www.nspcc.org.uk/dvcampaign) for information about the campaign in Wales and NI

## Introduction

Practitioners working in education, health, social care and the police often come into contact with women and children who are experiencing domestic violence<sup>2</sup> and are well placed to intervene and provide help and advice.

### The role of frontline practitioners in identifying children living domestic violence

Training and awareness of frontline practitioners is vital to identifying children living with domestic violence and is a core element of strengthening individual agency responses.

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 help<sup>3</sup> 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).<sup>4</sup> 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.<sup>5</sup> If professionals are not aware of these considerations, they may make decisions without taking into account the full range of risks to children.<sup>6</sup>

Where 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 agencies they approach for help.<sup>7</sup> 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.<sup>8</sup>

Practitioners also need a good awareness of support services available locally and the ability to make onward referrals.<sup>9</sup>

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

#### Criminal justice system

- Police responses to domestic violence incidents where there are children

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 every minute in the UK, approximately 1,300

<sup>3</sup> Mullins, A (1997) Making a difference: Working with women and children experiencing domestic violence London: NCH

<sup>4</sup> 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.

<sup>5</sup> 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

<sup>6</sup> 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

<sup>7</sup> Hague, G and Malos, E (2005) *Domestic violence action for change: Third edition* Cheltenham: New Clarion Place

<sup>8</sup> ibid

<sup>9</sup> Williamson, E (2000) Domestic violence and health: The response of the medical profession Bristol: The Policy Press

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.<sup>10</sup> It can also take many attempts before women successfully disclose and access help from the police<sup>11</sup>. One study found that women had experienced an average of 35 incidents of domestic abuse before contacting the police.<sup>12</sup> 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.<sup>13</sup>

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, 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 were 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. e.g. 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.<sup>14</sup>

**We are calling on the government to 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.**

- Training for police officers

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 an 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'<sup>15</sup>*

<sup>10</sup> Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence*

<sup>11</sup> Hammer, J and Saunders, S (1993) *Women, violence and crime prevention* Aldershot: Avebury

<sup>12</sup> Yearnshaw (1997)

<sup>13</sup> Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence*

<sup>14</sup> Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

<sup>15</sup> 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 acknowledged that it is difficult to ensure that every frontline officer is trained and the response is consistent every time.

**We reiterate the Home Affairs Select Committee (HASC) 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.

- Training for judges, magistrates and lawyers

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.**<sup>16</sup>

### 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.<sup>17</sup> 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.<sup>18</sup>

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

- Identification of victims of domestic violence

Despite recent initiatives, focused on maternity services, health visitor services and Accident and Emergency (A&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*

<sup>16</sup> Ibid

<sup>17</sup> 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

<sup>18</sup> Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

*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.<sup>19</sup>

- Health professionals require accredited training

A recent survey shows that 60% of respondents said 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.<sup>20</sup>

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 promoted.<sup>21</sup> 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".<sup>22</sup>

**We reiterate the HASC recommendation that the Department of Health ensure that health professionals across a range of front line services are trained to identify and respond appropriately to domestic violence and that Department of Health monitors 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

<sup>19</sup> 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 2<sup>nd</sup> Edition London: The Home Office

<sup>20</sup> British Medical Association(2007) *Domestic Abuse*, London: BMA

<sup>21</sup> Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

<sup>22</sup> Home Affairs Select Committee Report (2008), *Domestic Violence, Forced Marriage and 'Honour'-based Violence* House of Commons

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.<sup>23</sup> (See also campaign briefing on the role of schools in domestic violence).

### NSPCC PETITION

The NSPCC is calling for the UK Government and devolved administrations in Wales and Northern Ireland 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 be safe and supported. (Current government funded provision is not enough)
- 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.
- 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.

To support this campaign, please visit [www.nspcc.org.uk/dvcampaign](http://www.nspcc.org.uk/dvcampaign)

### HELPLINE NUMBERS

**ChildLine:** If you are a child or young person, for confidential advice and support from someone you can trust, call 0800 1111 or go to [childline.org.uk](http://childline.org.uk)

**NSPCC helpline:** If you have concerns about the safety of a child please call the NSPCC Helpline on 0808 800 5000. It is free, confidential, and our advisors are there to help 24 hours a day.

**National domestic violence helpline:** Domestic violence can happen to anyone. If you or someone you know is affected you can contact: 0808 2000 247 – this is the Freephone 24 Hour National Domestic Violence Helpline, run in partnership between Women's Aid and Refuge.

## Contact information

For further information about this campaign please contact :

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*Patron: Her Majesty The Queen Chairman: Sir Christopher Kelly Chief Executive: Andrew Flanagan  
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<sup>23</sup> See briefing on .Education about domestic violence in schools and other youth settings