NSPCC Northern Ireland response to the consultation on Stopping Domestic and Sexual Violence and Abuse in Northern Ireland 2013-2020

April 2014
1. **Introduction**

1.1 NSPCC welcome the opportunity to respond to the Stopping Domestic and Sexual Violence and Abuse Strategy. We are represented on the Regional Strategy Group (RSG) and various Domestic Violence and Sexual Violence Strategy subgroups. We strongly support the Strategy’s stated objective: to combat, reduce and support victims and their families of domestic and sexual violence and abuse.

1.2 We are inspired by the belief that we can make a difference by aiming to end cruelty to all children and young people in the UK. We are the lead child protection NGO in Northern Ireland and we have statutory child protection powers under the Children (NI) Order 1995 and in addition to our membership of the SBNI, we are also a member of Public Protection Arrangements Northern Ireland (PPANI).

1.3 We recognise that experiences of domestic and sexual violence and abuse can impact adversely on cognitive, behaviour, emotional and social developments, both in the short and longer term. This is why sexual and physical abuse are contained within our seven corporate priority areas, where we focus our work effectively to deliver a range of pioneering evidence based therapeutic and protection services for the most vulnerable children.

1.4 The comments contained in this response have been informed by our specialist safeguarding and child protection practitioners who deliver these services in local communities, directly to young victims and survivors; and abusers including children and young people and adults of sexual and domestic violence and abuse. We would like to highlight that the NSPCC engaged with young people through the consultation process. The workshop consisted of twelve participants, eight males and six females, ranging from 14 -16 years. We asked for the young people’s feedback on the Easy Access version of the consultation, and where relevant we have incorporated some of the feedback into this response.¹

2 **Domestic and sexual abuse of children and young people**

2.1 The prevalence of abuse on children and young people was confirmed in NSPCC’s ‘How Safe Are Our Children? Report which suggests that nearly one in five young people aged 11 to 17 has experienced high levels of abuse and neglect, and nearly one in 20 in the UK has experienced contact sexual abuse.² More than one in three children (34%) who experienced contact sexual abuse by an adult did not tell anyone else about it and four out of five children (82.7%) who experienced contact sexual abuse from a peer did not tell anyone else about it.³

---

¹ We are grateful to the staff and young people from ‘Brownlow Young People’s Forum for Social Action’ in Craigavon for contributing to the consultation workshop.


2.2 Our statistical analysis of sexual and physical violence against children in Northern Ireland indicates that the majority of recorded sexual crime is against children and young people in Northern Ireland. During 2012/13 there were 1182 sexual offences against children and young people aged under 18. A fifth (n=236) were rapes or attempted rapes and nearly two-thirds (n=769) were sexual assaults or sexual activity with a child or young person.

2.3 During 2012-13, ChildLine bases across the UK carried out 3,114 counselling sessions where domestic/partner abuse was the young person's main concern. Of these, 3,044 (98%) told us who the person responsible was. Where the perpetrator of domestic/partner abuse was known, 2,254 (76%) were the young person's partner or ex-partner and 790 (24%) related to young people who witnessed domestic violence in their family.

2.4 In addition, we know that young and vulnerable victims make up a significant proportion of the criminal justice system. Our regional Young Witness Service supported 776 children and young people in legal proceeding in Magistrates, Crown and County Courts across Northern Ireland; so they could give their best evidence to the court and help them prevent any further trauma caused by their experience. Of the total, 110 involved domestic abuse and 14.8 per cent related to children and young people who had been sexually abused.

3 General comments

3.1 Overall, while we welcome the document we believe that children and young people are largely invisible throughout it. In its current format the Strategy does not adequately take account of the statistical analysis referenced - which indicate that sexual abuse of children and young people is in the majority of offences. Children and young people must be accorded greater priority and made more visible throughout the content of developed Strategy and accompanying action plans.

3.2 We strongly recommend that there should be a separate and dedicated action plan for children and young people or at the very least, any action plan should be subdivided into measures directed to the protection of children and young people.

3.3 We urge a clearer reference to children and young people to ensure that consistent, high quality services are made available to those who experience domestic and sexual violence and abuse. To enable strategic leadership; for the construction of a delivery framework that takes account of pre-existing services for children and young people and to deliver the full integrated pathways approach with wellbeing and child protection duties.

---


3.4 Whilst the Strategy affirms the service and support provisions for victims of domestic violence, we are concerned that it focuses heavily on domestic violence issues and provisions. For example, references to the Domestic Violence Partnerships relate only to domestic violence. The application of safety plans are primarily a pathways approach to domestic violence; we also understand that there are MARAC’s in every policing area relating to domestic violence; yet for sexual abuse the only real service referenced in this service is the Rowan SARC. In light of these, we would welcome a broader focus on sexual abuse throughout the document.

3.5 We suggest that the term ‘victim’ as defined at 2.8.2, should include ‘all persons who are affected by or who are survivors’ as referenced in the existing Strategy for addressing domestic violence and abuse in Northern Ireland - Tackling Violence at Home (2005). Research suggests that children and young people who are exposed (including those who witness or hear) domestic violence may result in emotional or psychological abuse; and it is a risk-factor of long-term mental illness and substance abuse.

3.6 As noted, the NSPCC is a core member of PPANI and as such we are concerned at the lack of reference to the public protection arrangements - we found only one brief reference to PPANI at 2.78 of the document. As PPANI are the primary multi-agency system of risk assessment and risk management of sexual or violent offenders, we feel further consideration should be afforded to reflect its relevant functions.

SPECIFIC COMMENTS

4 Strand 1: Driving Change

4.1 Whilst we are supportive that the Executive should continue to recognise the adverse impact of domestic and sexual violence and abuse in society by promoting change through leadership and partnership working, the Strategy omits any clear intent or delivery framework on how and when the proposed outcomes will be achieved. We view the Strategic outcomes as admirable; however, there is a lack of clarity throughout the document on how and by when the commitments outlined in the Strategy will be implemented.

4.2 Overall, our staff group reported that the 28 strategic priority areas constructed under five key Strands were too general and too broad in scope with insufficient detail; the priorities were confused and challenging to follow and staff were unclear of their

---

6 The term victim is referenced: 'Victims: throughout this Strategy there are many references to victims. The term is intended to be all-inclusive to cover all persons who are affected by or who are survivors of domestic violence and abuse. This includes children and young people and persons in all of the equality categories covered by section 75 of the Northern Ireland Act 1998.'


meaning and objective. Although we have suggested minor amendments to priorities later in this response, we would suggest that the priorities should be revised and redrafted into smart and comprehensive objectives with dedicated timescales and achievable priority outcomes.

5 Strand 2: Prevention and Early Intervention

5.1 NSPCC is encouraged to see several references to the Public Health Agenda throughout the Strategy and in particular, the public health approach outlined in Strand 2. The prevention of domestic and sexual violence and abuse requires action at the level of the individual, family and community to promote the societal change in attitudes to transform society. We are particularly interested in how this approach will be incorporated into subsequent action plans going forward.

5.2 We agree that current baselines on societal attitudes need to be established and reviewed in respect of prevention and early intervention, in order to develop and implement proposed outcomes into a deliverable action plan to raise awareness and to support people to take appropriate action.

5.3 It is essential that an integrated information plan identified in Priority 5 disaggregates information in respect of, and to children and young people. The ChildLine website available at www.childline.org.uk has a wealth of information and advice for children and young people who are experiencing partner abuse and for those witnessing domestic violence. We are happy to support the outworking’s of this priority in light of our resources and expertise in this area.

5.4 We commend the cross-governmental and agency commitment to tackling the interrelationship between domestic and sexual violence and abuse, substance abuse and poor mental health. We suggest the term ‘multiple adversities’ is a more appropriate reference in this context. Many of the families who engage with NSPCC’s services have experience of a range of adversities, including domestic and sexual abuse.

5.5 The impact of multiple adversities has been an ongoing area of interest for the NSPCC, and we have been working in collaboration with QUB, Barnardo’s NI and the National Children’s Bureau NI on research exploring service users’ experiences of multiple adversities and service provision throughout their life course. Following a review of the international literature published in 2012,9 the second stage of the project has involved in-depth interviews with a sample of 17 service users primarily accessed through Barnardo’s NI.

5.6 While the report on the research is planned for publication later this year, we would highlight that the analysis of the interviews has revealed domestic abuse to be an extremely common adversity experienced by the families who participated. This is despite the fact that none of the research participants were accessed via a domestic

---

abuse service. Indeed the analysis points to families experiencing a continuum of violence, very often spanning across generations and time. We believe this reinforces the need for clear understanding among professionals of the prevalence of abuse and violence throughout the life course.

5.7 In terms of sexual abuse, while this was less commonly identified among those interviewed for the research than other types of childhood abuse, it was evident among the sample in a variety of forms. In light of the early analysis highlighting the particular prevalence of domestic abuse within the range of adversities experienced by families in service provision, the NSPCC would reinforce the importance of ensuring that the Strategy gives clear recognition to the impact of multiple adversities across the life course.

5.8 The NSPCC recognises that those who work in education settings are in a unique position to promote and safeguard the welfare of children. We firmly believe that early intervention via appropriate preventative education plays an important role in both identifying children who have been victims of abuse and in embedding self-help messages into the curriculum. Therefore, we welcome the proposed priorities to focus on early intervention to encourage children and young people to develop good mental health and emotional wellbeing and in acknowledging the crucial role schools play in delivering this education.  

5.9 As noted, NSPCC’s ‘Keeping Safe’ research documented significant gaps in children’s understanding, in particular concerning the more sensitive messages e.g. appropriate and inappropriate touch and domestic abuse. Teachers reported a strong willingness to be involved in delivering preventative education if supported with appropriate training and development.

5.10 In light of this research our education advisors are taking forward a five year preventative education project in primary schools in partnership with the Department of Education for Northern Ireland. This new project will focus on building schools’ capacity to engage and embed effective preventative ‘keeping safe’ education. The project involves the development, roll-out and evaluation of a comprehensive package of training, development and on-going support for school leaders, teaching and non-teaching staff, and parents across primary and special schools. A supporting suite of teaching and learning resources will also be provided. Robust evidence with regard to effectiveness will be gathered throughout the project in pilot schools. This project will inform the development and roll-out of effective preventative education across all primary and special schools in Northern Ireland to build a culture of keeping safe messages in all aspects of school life.

---

10 In 2012/13 the NSPCC were involved in the Department of Education (NI) led Pupil Emotional Health and Wellbeing Programme leading a working group to develop an audit tool to help special, primary and post primary schools assess how they might promote emotional health and wellbeing in their setting. Further information is available at: [http://www.deni.gov.uk/index/support-and-development-2/pupils-emotional-health-and-wellbeing.htm](http://www.deni.gov.uk/index/support-and-development-2/pupils-emotional-health-and-wellbeing.htm)
5.11 This initiative to support the teaching of sensitive subjects will complement the work of the ChildLine Schools service,11 this programme gives children the confidence to identify the different types of abuse - including domestic and sexual violence and abuse.12 We believe that through the combined impact of reaching the children directly, training and supporting volunteers, and developing long lasting relationships with our colleagues in education that the ChildLine Schools Service has the potential to create societal change that will bring about a long-term reduction in child cruelty. **Any action plan needs to recognise and consolidate existing preventative education services.**

5.12 The NSPCC agree that school staff must be able to identify possible signs of domestic and sexual abuse whatever the context, and be confident of what they need to do to protect that child. NSPCC’s recent research ‘No-one Listened No-one heard’13 highlighted the importance of teachers in facilitating young people’s disclosure of abuse. It is vital that schools are safe institutions and that the staff group are able to recognise and respond to vulnerable children, including those with additional needs. It is therefore important that all staff working in schools are given the confidence, knowledge and skills to identify and respond appropriately to concerns about domestic and sexual violence.

5.13 The NSPCC welcome a life course approach to domestic and sexual violence and abuse and believe that it is important that any action plan should facilitate a life course educational perspective, encompassing early intervention from foundation stage in nursery school right through to the post-primary sector, including a broad range of care for children and young people with additional needs.

5.14 In particular, age-appropriate school based preventative education for older pupils is also critical, to improve knowledge and awareness of healthy behaviours and relationships and to enable them to recognise inappropriate and abusive behaviour. The emergence of online and digital technologies is one of the major child protection issues facing young people today and has a huge impact on societal attitudes to domestic and sexual violence – now, and for future generations. The Strategy and action plan should give greater recognition to this issue.

5.15 An indication of this is that more children and young people than ever are accessing social networking and other online sites at a much younger age and are being exposed to sexual ideas and concepts including sexting and pornography. 59 per cent of the UK’s 11–12 year-olds with internet access have a profile on a social networking site and nearly one in four of these have experienced something that has upset

---

11 Since February 2011 the ChildLine School has been rolled out across Northern Ireland and have visited over half of the primary schools (555 complete visits and 32,000 children reached).
12 In addition, our Schools Fundraising Service delivered age-appropriate assemblies to 21,000 nursery; primary and post primary children during 2013/14 to raise awareness of abuse and inform them about the work of ChildLine and NSPCC.
them.\textsuperscript{14} Significantly, ChildLine UK statistics from 2012/13 show there was an 87 per cent year on year increase in counselling sessions about cyber bullying, with most callers aged between 12 and 15 years-old. There was also a sharp increase in contacts about exposure to online pornography with 641 contacts representing a 70 per cent increase for boys, with some callers as young as 11 years-old.

**5.16** Research carried out for the NSPCC into sexting found that the widespread use of sexual language and images among children and young people had influenced their behaviour.\textsuperscript{15} The research found that children and young people have become normalised to acts of sexual aggression and sexual exploitation and it highlighted how intricately these have become embedded in their peer culture. The exchange of sexual images of girls is almost a form of currency among boys and the accumulation of pictures and sexualised messages is a means of building a reputation. The research indicated that because of these sexualised practices, children are entering adulthood with a skewed impression of what is appropriate sexual behaviour.\textsuperscript{16}

**5.17** In addition, the research indicated that the primary technology-related threat comes from peers, not 'stranger danger.' In many cases the sexual images and acts were obtained through coercion or threats and that some girls felt there was pressure on them to participate in order to gain acceptance from their peers.\textsuperscript{17}

**5.18** All of the young people we spoke to as part of the consultation workshop in Craigavon reported that they did not recognise manipulation and control as abusive behaviour. They suggested that information relating to these issues should be integrated into the Learning for Life and Work curriculum. Both research and practice experience would strongly suggest the need for the Strategy to include a strong multi-layered public health approach to preventing sexual abuse through social media to raise awareness and promote resilience.

\textsuperscript{14} Lilley, C. and Ball, R. (2013) Younger children and social networking sites: a blind spot. (London: NSPCC). This report describes the experiences of 11 and 12 year olds on social networking sites and looks at the roles parents, social network providers and regulation can play in protecting them. Available at: www.nspcc.org.uk/blindspot


\textsuperscript{16} Ibid

\textsuperscript{17} To help tackle the prevalence of sexting, NSPCC’s ChildLine have developed an app called ‘Zipit’ which is designed to defuse the pressures on young people to send an explicit image or video.
Strand 3: Delivering change

6.1 It is our understanding that safety plans are primarily a pathways approach to domestic violence, rather than sexual violence as cited in the document. Perhaps it would be useful to clarify the particular circumstances which are relevant to this approach for sexual abuse. It would be helpful if the document referenced some of the main child protection processes and structures as set out in Co-operating to Safeguard Children.

6.2 The narrative on Domestic Violence Partnerships is limiting and fails to capture the important role they have in coordinating local initiatives to work more effectively to help victims of both domestic and sexual violence and abuse. We believe it would be helpful to provide some directive and guidance to its role and purpose.

6.3 It may also be useful to extend the Partnerships remit to encompass sexual abuse to take account of the integrated pathways approach to tackling both domestic and sexual violence. The 'Domestic and Sexual Violence and Abuse Partnerships' could then provide a platform to review service provision, as outlined in Priority 15.

6.4 Another example of the lack of child focus throughout the document is evidenced in Priority 18. The specialist services identified fails to take account of the well-established child protection processes - notably the case conference process for children and young people; instead the narrative focuses exclusively on the MARAC process.

6.5 Priority 20 states: ‘The services provided by The Rowan SARC will be reviewed in 2015 to incorporate the views of service users, potential changes in demand and evolving evidence on effectiveness.’ Our staff queried the appropriateness of including this priority, as it seems very operational and doesn’t fit within a strategic document.

6.6 In reference to Figure 3: a tiered model of awareness training and expertise; we would like to emphasise that children and young people are central to safeguarding and awareness training as primary victims and witnesses of domestic and sexual violence.

6.7 In this context, we would like to highlight NSPCC's Child Protection Advice and Support (CPAS) unit, which commissions dedicated training for specialist staff and mandatory safeguarding training packages for a variety of organisations. CPAS Consultants provide resources and work with agencies in the development of safeguarding frameworks, including the review and evaluation of child protection and safeguarding policies and procedures. If it may be helpful, CPAS could discuss the out-workings of this priority for the provision of child protection and safeguarding training and expertise.

6.8 CPAS are a member of the regional Safeguarding Board for Northern Ireland (SBNI) training group and is currently developing a regional child protection training programme for agencies who work with children and young people. It is important that the coordination and development of a model of training and expertise facilitates existing developments within SBNI.
7 Strand 4: Support

7.1 We agree that a central tenet of this Strategy should be the provision of appropriate support services for all victims, including children and young people of domestic and sexual violence and abuse including direct and indirect victims, as alluded to at s3.5 of this response. We hope that you may consider citing our therapeutic interventions and protection and support services for children and young people in more detail in the developed Strategy.18

7.2 The Strategy rightly recognises the need for support and advocacy services for victims including children and young people, who as highlighted make up a significant proportion of the criminal justice system. The NSPCC, through the Young Witness Service (YWS) support the voice of the child within the criminal justice system in Northern Ireland and ensure the best interests of the child as the paramount consideration. Practitioners and volunteers offer advocacy and safeguarding to vulnerable children and young people in criminal cases before, during and after a trial; and where necessary signpost victims and witnesses to additional sources of information and support.19

7.3 We welcome the reference to NSPCC's Helpline and ChildLine services at 4.84. We thought it may be useful to provide you with suggested text that briefly relates to our services.

NSPCC deliver a range of pioneering evidence based therapeutic and protection services directly to children/young people and their families who have experienced sexual abuse; or have domestic violence and mental illness in families. Our services include the 24/7 NSPCC Helpline for anyone concerned about the welfare of a child and we provide support for all children and young people through ChildLine via telephone; e-mail or online, 24 hours a day/365 days a year. NSPCC also provide advocacy and support for vulnerable victims and witnesses who have to go through the trauma of giving evidence in criminal trials.

7.4 At Priority 22 it may be helpful to include ‘therapeutic’:

'Victims of domestic and sexual violence and abuse will be provided with the appropriate outreach, therapeutic and advisory services.'

18 Further information on all our services delivered across Northern Ireland is available at: http://www.nspcc.org.uk/what-we-do/NSPCC-in-your-area/northern-ireland/services/NI-annual-review-201213_wdf100954.pdf
19 The Young Witness Service also operates the Offsite Remote link pilot to help victims give their best evidence to the court and to help prevent any further trauma caused by their experience. The Improving Access to Justice for Victims and Witnesses of Crimes Five Year Strategy reinforces the YWS role as the primary service provider for young victims of crime and we are committed to breaking the barriers to justice for vulnerable witnesses interfacing with the adversarial system.
7.5 At Priority 24 it may be helpful to include ‘treatment’:

'The emotional, psychological and treatment needs of individuals who have suffered as a result of violence and abuse will be recognised and addressed in order to improve outcomes.'

8 Strand 5: Protection and Justice

8.1 NSPCC support the strategic outcome to provide effective, engaged, supportive, responsive and timely protection and justice in relation to domestic and sexual violence and abuse. As noted at s7.2 of this response, the Young Witness Service supports vulnerable victims and witnesses and their families interfacing with the criminal justice system. However, this service is only available for children and young people who are prosecution witnesses. There is currently no provision for young defendants or defence witnesses. The NSPCC considers the child as a child first; as such we hope the outworking of this strategic outcome will effectively address the needs for this group of vulnerable children and young people.

8.2 In addition, current law and practice presents a real gap in the protection of children and young people in civil justice proceedings. NSPCC support recommendations to offer Special Measures to vulnerable witnesses in civil proceedings. In particular under the Family Homes and Domestic Violence (Northern Ireland) Order 1998, to enable children and young people to give their best evidence in court and ensure access to justice. We would suggest this is considered as part of the development of the Strategy.

8.3 We know that not all young and vulnerable victims interfacing with the criminal justice system meet the threshold for use of a specialist judge and many barriers exist before the case reaches court. Interfacing with the court system can be daunting at any age, but especially for a child or young person to recall and detail their trauma. Our research found that over half of child witnesses experience symptoms of stress – such as sleep and eating problems, depression, panic attacks and self-harm. We believe access to justice for these young people should not be compromised as a result and more needs to be done to support all vulnerable young victims in a system that currently struggled to meet their needs.

8.4 NSPCC are also concerned at avoidable attrition within the Criminal Justice System and consider system improvements in this area as a priority issue. Inspections in NI (CJINI, 2006a & 2006b, 20010a & 2010b) have targeted delays, lack of support and lack of a proactive approach in cases of victim withdrawal as key factors contributing to attrition. Our colleagues who operate the Young Witness Service have highlighted a significant number of criminal justice cases relating to children and young people.

which have an element of domestic violence have been withdrawn by parents or carers.

8.5 NSPCC currently provide a service for children and young people who exhibit harmful and inappropriate sexual behaviour through an assessment and therapeutic programme; as such we are especially pleased to note the inclusion of Priority 27. Many children and young people who develop harmful sexual behaviours have usually experienced abuse and neglect themselves. Our early intervention programme is the best possible treatment to encourage children and young people to develop healthy sexual attitudes and boundaries so as to prevent and break the cycle of sexual abuse before it happens. Research indicates that children who receive therapeutic support are less likely to go on to commit abuse as an adult compared to children who receive no support.22

8.6 There appears little narrative in relation to priority 28 - for the criminal justice system to respond to new and emerging issues. NSPCC has a well-developed practice and evidence base which provides valuable insight into the experience of child victims within the criminal justice system in NI. We have recently commissioned Queens University Belfast, in partnership with the Department of Justice; SBNI PSNI and other partners, to conduct research which will evaluate good practice in ABE interviews with child witnesses in NI. We believe the role of interviewing and questioning children and young people who have been abused is a highly skilled and specialised role requiring a high level of child protection knowledge and skills which should be reflected in the Guidance. We are happy to update you on the progress and findings of this research.

Orla O'Hagan, Policy Officer - Orla.OHagan@NSPCC.org.uk

Contributors: Colin Reid, Caroline Holloway, Janique Burden, Caroline Cunningham, Maria Emilsson, Christine Hall, Sharon Haugh, Joan Hughes, Geraldine McConaghy, Irene McCready, Shaneeen McKeown, Paul Stephenson, Phyllis Stephenson and Karen Walker.

---