

NSPCC Scotland response to *Equally Safe: Scotland's strategy for preventing the causes and consequences of violence against women and girls*

March 7th, 2014

About NSPCC Scotland

NSPCC Scotland is working with others to introduce new child protection services to help some of the most vulnerable and at risk children in the country. We are testing the best models of child protection from around the world, alongside our universal services such as ChildLine, the ChildLine Schools Service, and the NSPCC Helpline. Based on the learning from all our services we seek to achieve cultural, social and political change in Scotland – influencing legislation, policy, practice, attitudes and behaviours so that all children in Scotland have the best protection from cruelty.

NSPCC Scotland welcomes the opportunity to respond to Scotland's Strategy for preventing the causes and consequences of violence against women and girls. We commend the Scottish Government, COSLA, the Cross Party Parliamentary Group and key women's organisations for the consistent prioritisation of domestic violence within policy and practise over the last decade. As a child protection organisation, we most specifically commend the work around children's experiences of violence, with their full participation, preventative education interventions and roll-out of the evidence based CEDAR model in Scotland, with its focus on parent child attachment and relationship building.

Building on such a solid foundation of strategy and practise, we are very pleased to welcome the development of an overarching strategy which widens the focus to address violence against women and children in *general*. We especially welcome the emphasis on prevention and would like to see further development of the focus on children and young people in the National Domestic Abuse delivery Plan, most specifically in the areas of infant mental health, child sex abuse and boys with sexually aggressive behaviour. NSPCC Scotland is keen to contribute however we can to strategy development as well as in developing interventions addressing prevention of violence against women and children. Outlined below are some specific issues we believe must be prioritised within the strategy.

- **The strategy should be focussed on preventing violence against women and children**

We define violence against women as actions which cause suffering or indignity to women and children, where those carrying out the actions are mainly men and where women and children are predominantly the victims. The different forms of violence against women – including emotional, psychological, sexual and physical abuse, coercion and constraints – are interlinked. They have their roots in gender inequality and are therefore understood as gender based violence. (Safer Lives, Changed Lives, pg. 7)

Equally Safe – Scotland's strategy for preventing the causes and consequences of violence against women and girls, aims to promote and consolidate a shared understanding of violence against women as gender based violence, in line with the UN Declaration of the Elimination of Violence against Women (1993) and the Scottish Government definition, as above. NSPCC Scotland embrace the Scottish Government's



definition of violence against women and children¹, as defined in *Safer Lives: Changed Lives* (SG, 2009), and strongly support the development of a national strategy to tackling gender based violence in Scotland.

We are unclear, however, about the scope of the current strategy in relation to children. The consultation documents refer in places to a strategy for preventing violence against *women* and in other places as a strategy for violence against *women and girls*, whilst the definition of gendered based violence adopted by the Scottish Government refers to violence against women and *children*. NSPCC Scotland suggest the scope of the strategy in relation to violence against children needs urgently clarified.

All children –female and male – are *by definition* more vulnerable than adults, being physically, emotionally and economically dependent on adults for care and protection. NSPCC’s 2011 prevalence study² and wider research detailed elsewhere in this response strongly supports a gender based analysis of violence against women and girls. The prevalence study also shows similar rates of severe physical abuse and severe maltreatment in female and male children aged under 11 and between 11 – 17.

Research suggests that what a child learns about violence, they learn for life. Evidence from the Royal College of Speech and Language Therapists (RCSLT) indicates that more than 60% of young people within the criminal justice system have a communication disability (SLCN).³ This is a major barrier to them being able to access verbally mediated interventions such as anger management and drug rehabilitation courses. The causes are various but are closely associated with **childhood maltreatment and trauma, and include perinatal brain injury, head injury**, injury caused by alcohol and drugs (acquired brain injury) and also the environments children find themselves in, such as having parents with communication difficulties.

Harsh and inconsistent parenting styles - including physical punishment – have also been found to be associated with a range of negative behaviours in children, including defiance, anger and increased aggression (ref). A 2009 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 concluded that “a wealth of research proves the causal link between hitting and smacking and increased aggressive behaviour.”

NSPCC consider it vital that the current strategy stresses the vital importance of preventing violence against *all* children - not just girls – in tackling gender based

¹ violence against women [as] actions which cause harm and suffering or indignity to women and children, where those carrying out the actions are mainly men and where women and children are predominately the victims. The different forms of violence against women – including emotional, psychological, sexual and physical abuse, coercion and constraints – are interlinked. They have their roots in gender inequality and are therefore understood as gender based violence. (SG, 2009, pg7).

² NSPCC, 2011. Child Abuse and Neglect in the UK Today.

http://www.nspcc.org.uk/Inform/research/findings/child_abuse_neglect_research_wda84173.html

³ Royal College of Speech & Language Therapists (RCSLT) Kim Hartley.

violence. We would greatly welcome a statement in the strategy around children's fundamental right to equal protection from assault.

- **The strategy should highlight the crucial preventative role of good infant mental health in promoting pro-social behaviour and preventing the development of aggressive and coercive behaviour**

NSPCC Scotland hugely welcomes the commitment to prevention in the draft strategy. We are aware that the 'journey so far' in relation to tackling domestic abuse and wider violence against women in Scotland has *in general* focussed on effectively supporting women and children who are already experiencing violence, with notable exceptions, and that prevention of violence has been identified as a key priority for the future, as follows:

*Developing an effective approach to prevention and reducing violence against women. It has been easier over time to determine what is required to provide resources and activity to support women and children experiencing violence and abuse. It has been harder to focus on and take forward measures to **prevent** violence and abuse. This needs to be addressed.*

(Safer Lives, Changed Lives, SG 2009)

NSPCC Scotland understands infant mental health improvement to be a priority within the current strategy, intimately related to the key outcome indicator of *situational or structural risk factors that can exacerbate the likelihood or severity of violence are reduced and protective factors are strengthened*. Whilst it is clear that infant mental health is now embedded in Scottish public policy, NSPCC Scotland would greatly welcome the strategy highlighting its importance in violence prevention and making strong links with the infant mental health care⁴ agenda.

The necessity of intervening early has long since been identified in the domestic abuse agenda, as follows: *"proactive support for pregnant women and women with young infants who are subjected to domestic abuse intervenes with the most vulnerable women and at the most crucial time in the child's neurological and attachment pattern development"*.⁵ Good attachment relationships are crucial for children's well-being and for their emotional and social development. In recent years, extensive research based on attachment theory has established a strong evidence base. Healthy parent-child attachment is the most important predictive factor for infants and the quality of parent child interaction a strong predictor of outcomes for children.

Evidence from behaviour genetics research and epidemiological, correlational and experimental studies shows that parenting practices have a major influence on many different domains of children's development (Collins *et al.*, 2000). Specifically, the lack of a warm, positive relationship with parents, insecure attachment and inadequate supervision of and involvement with children are strongly associated with children's

⁴ Infant mental health care refers to interventions which enhance the wellbeing of the mother and the baby and promote the mother infant bond; promote good early parent-child interactions and attachment and improve and support the problem solving skills of the parents.

⁵ Haughton, C *et al.* Literature Review: Better Outcomes for children and young people experiencing domestic abuse – Directions for good practise. SG, 2008

increased risk for behavioural and emotional problems (e.g. Frick *et al.*, 1992; Patterson *et al.*, 1992; Shaw *et al.*, 1996). Children who experience a pattern of harsh and inconsistent discipline learn to achieve desired ends through coercive means (Patterson *et al.*, 1989, 1992). This coercive pattern contributes to the development of problem behaviour, where the child fails to learn self-control and learn positive social skills. These young children are at significant risk for subsequent difficulties with school adaptation and relationships with peers and teachers, further compounding their risk for eventual problems such as substance use, antisocial behaviour, and participation in delinquent activities (e.g. Loeber and Farrington, 1998). Conversely, when a parent interacts with a young child in ways that involve many warm, responsive, reinforcing, and stimulating exchanges, clear, calm instructions and non-harsh, consistent discipline, a positive and caring relationship between parent and child is more likely to be established, as well as socially skilled repertoires in the child (Ainsworth, 1979; Rutter, 1979).

NSPCC Scotland consider comprehensive high quality universal health care essential for the early identification and support for vulnerable mothers with a range of adversity, including domestic abuse, mental health problems, substance abuse and poverty and multiple adversity. We previously expressed concern that capacity issues are undermining both the reach and uptake of universal health care. Evidence indicates staff working with infants and parents in universal services are stretched to the limit⁶. Recent research shows that take-up of child health reviews is variable, declines with child age, and is **lowest amongst the most deprived groups with the highest needs**. Amongst the most deprived families take-up of the 39-42 month review was just 78%.⁵

NSPCC would enormously welcome the strategy's acknowledging the importance of providing the best care to all parents through a supportive, highly skilled workforce, with a higher level of support for the most vulnerable parents. Achieving this requires a significant investment in health visiting in Scotland, both in numbers and skills, to fine tune universal service delivery ('progressive universalism'). New models of working are required that prioritise the needs of high risk groups, with more integrated and multi-disciplinary models of working between health and social work professionals. The supervision model used in two of NSPCC Scotland's services – the home visiting programme Minding the Baby and the Glasgow Infant and Family Team provide examples of such models (see appendix I).

Beyond early infancy, NSPCC Scotland is concerned as to how the Scottish Government's commitment to increasing child care for vulnerable two year olds will be delivered to support infant mental health development. For example, whilst it is known to be protective for infants and young children to develop various attachment relationships⁷ the quality of child care is critical. Extensive research reveals two fundamental facts about how group care affects children's development: when the quality of such non-parental care is high, children flourish, especially cognitively; when it is poor, the

⁶ Between 2009 and 2010 health visitor numbers fell in 7 out of 14 Health Boards.⁶ In NHS Lothian numbers declined by 25%, reflecting a shift towards public health nursing.⁶ Concerns about excessive health visitor caseloads continue to be highlighted.⁶ The 2008 review of the health visiting workforce in NHS Greater Glasgow reported capacity overwhelmed by the scale of need, measured in levels of child vulnerability.⁶ Capacity issues are not just about staffing levels, but also the service model and status of the profession, the nature of its role and relationship to others, and the level of skill and qualification, which have all seen major change – and major uncertainty - over the past decade.

⁷ Oates, J (ED) Attachment Relationships: Quality of care for young children. Open University, 2007.

opposite is true. High-quality care is care that is attentive, responsive, stimulating and affectionate. *Time spent* in group care also matters: children who spend a lot of time in group-based care before they start school are more likely to become aggressive and disobedient. Subsequently, NSPCC would advocate a ‘nurture group’ model of child care for vulnerable 2 year olds.

- **The United Nation Convention on the Rights of the Child should underpin the strategy**

NSPCC Scotland would greatly welcome the strategy dovetailing with parallel developments at a strategic level in Scotland, including those on female genital mutilation, child sexual exploitation, child trafficking, on-line exploitation and abuse, teenage pregnancy⁸ and the refreshment of the National Guidance Child Protection and Sexual Health and Relationships education. We are aware the strategy has been conceived as all encompassing, to prevent all forms of violence against women and girls, including in the aforementioned areas. It’s biggest challenge will be to achieve cross departmental buy in, in what can arguably be a silo’d approach to heavily overlapping areas. For example, the Public Petitions Committee has recently recommended that

“the Scottish Government develop a National Strategy for tackling child sexual exploitation. This would be a framework for a co-ordinated national approach to tackling and preventing CSE and supporting the victims”⁹.

NSCC Scotland understands child sexual exploitation to sit within a wider problem of largely interfamilial childhood sexual abuse, which itself sits within violence against women and children. We would thus expect a co-ordinated approach to tackling and preventing child sexual abuse and exploitation to be an integral aspect of the current strategy. We would respectfully question how helpful it will be to have various strategies aimed at tackling what are essentially overlapping aspects of the same problem, i.e. gender based violence.

It is of course hugely commendable that serious political attention is being given individually to these violations of women’s and children’s fundamental human rights, however the key role of the strategy is clearly to pull together disparate policy elements and crucially, act as a catalyst for change.

NSPCC Scotland would suggest that embedding the UN convention of children’s rights comprehensively throughout Equally Safe, including awareness of children’s rights/ violation of rights as key outcome indicators, as being fundamental to achieving a unified vision. Whilst we support a gendered analysis of violence against women and girls, we understand basic human and children’s rights principles as being a necessary catalyst for changing the focus to a preventative agenda *across the board*. Education, for example, which the strategy rightly identifies as a fundamental component of a

⁸ The Teenage Pregnancy Inquiry carried out by the Education Committee in 2012, although not specifically related to men’s violence against women, nevertheless heard a great deal of evidence about closely related issues, for example pressure and coercion in young people’s relationships, and contains evidence pertinent to this strategy.

⁹ The Report of the Inquiry into Child Sexual Exploitation, Education Committee, Scottish Parliament, 2014.

preventative approach, must consistently assert the right of all children to respect, to physical integrity, to be free from violence and abuse.

- **The strategy should prioritise SHRE education ‘evolving’ to meet children’s needs in a digital world**

The introduction of **Curriculum for Excellence** (CforE) in Scotland places the theme of Health and Wellbeing as a responsibility of all staff, alongside literacy and numeracy as core teaching. Health and Wellbeing Experiences and Outcomes promoted by Education Scotland, mean the curriculum and the school learning environment must be geared towards supporting children to: *develop self-awareness; self-worth and respect for others; build relationships and build resilience and confidence; acknowledge diversity and understand that it is everyone’s responsibility to challenge discrimination.*

Children meaningfully fulfilling these learning outcomes is clearly fundamental to violence prevention, as is full access to a comprehensive, evidence based sexual health and relationship education (SHRE) for all children. Whilst NSPCC Scotland notes and commends the progress Scotland has made in the last decade to improving SRHE, recent Parliamentary Committee Inquiries into Teenage Pregnancy and into Child Sexual Exploitation have separately concluded that progress has not been consistent to meet pupils needs for learning in this area, as follows:

“While there are many examples of good and innovative practice in Scottish schools, it is clear from the evidence received by the Committee that much of what is provided in schools is left largely to the discretion of the head teacher. Moreover, although Curriculum for Excellence lays significant emphasis on health and well-being, in practice the time and other resources available for SHRE are often limited.

There are also questions about the level of training available for teachers involved in SHRE and the extent to which the subject, as one that does not, in itself, lead to any qualification, receives any degree of priority in schools, or, indeed, in school inspections”.

In response to NSPCC Scotland evidence, the Report of the Teenage Pregnancy Inquiry also raised the crucial issue of targeting vulnerable young people, in that a key limitation of SRHE delivered in schools is its inability to reach those outside of school, such as transient families, young people who persistently truant or looked-after children and excluded children, not in receipt of formal education. These groups may be at an increased risk of exposure to particularly risky sexual behaviour and to sexual exploitation.

It is the role of the current strategy to ensure that any review of SHRE curriculum and teacher training is in line with young people’s right to both an adequate education and to information to support their wellbeing. This must extend to better understanding of how cultural phenomena influence children’s developing ideas about sexuality and sexual behaviour.

Changes in social media and mobile phone technology over the last decade have led to a major shift in children’s ability to access and share sexual images and other sexual content. Research carried out for the NSPCC into sexting among young people (Ringrose et al, 2012) found the widespread use of sexual language and images among young people had influenced their behaviour. Children are being exposed to sexual

ideas and concepts at a much younger age. This is reflected in their cultural practices of using sexual language, sharing sexual images and taking part in sexualised acts. The research showed that in many cases these images and acts were obtained through coercion or threats; some girls felt there was pressure on them to participate in order to gain acceptance from their peers. The research also found that children and young people have become normalised to acts of sexual aggression and sexual exploitation, highlighting how intricately these have become embedded in their peer culture. The exchange of sexual images of girls, for example, is almost a form of currency among boys, the accumulation of pictures/ sexualised messages 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 (Ringrose, 2012)

- **The strategy should take a stance on the role of media regulation in preventing violence against women and children**

NSPCC Scotland is acutely aware of the challenge in educating children and young people in a culture where girls and boys are aggressively socialised into gender roles which perpetuate crude stereotypes of macho males and females as passive sex objects. Durham (2006) has explored how harmful sexual behaviour is closely linked to gender roles and the perception of masculinity. He also included aspects of homophobia and racism which act to reinforce misplaced aggression and ideas about male domination. These ideas are then reinforced through media images and mainstream pornography.

While media regulation is an issue reserved to Westminster, the Scottish Government has already established some clear policy positions relating to questions of the media. NSPCC Scotland also notes the Leveson Report's conclusion that discrimination against women and minorities merits further consideration by any new regulator. Given the associations already established between social media, sexualisation and sexual violence the Government may wish to consider its stance on regulation in relation to these matters, including the pornography industry.

- **The strategy should prioritise interventions for young people displaying sexually aggressive behaviour**

Although there is a large body of research into adult experiences of domestic violence and increasingly, research into what interventions works, comparatively little is known about partner violence in young people's relationships in the UK context, although this is now changing with a recent focus on abuse in young people's relationships. 2009 research commissioned by NSPCC indicates high levels of violence and tolerance of violence within intimate teenage relationships (ref). Girls contacting the ChildLine service also talk about feeling pressured and at times coerced into sex, by partners and peers.

Rights based SHRE and targeted education programmes raising awareness of and challenging gender based violence (for example, Rape Crisis TESSA programme; Violence Reduction Unit's, Peer Mentor Programme) are all vital in prevention and early identification of abuse in young people's partner relationships. However education is only one part of a preventative strategy.

One third of all sexual offences against children and young people are perpetrated by other children and young people, predominantly boys and young men (REF). Whilst there are some services working with boys and young men with sexually aggressive behaviour in Scotland, access to interventions is generally at the point of compulsion. Anecdotal evidence from young people's sexual health services and NSPCC social workers suggests a dearth of interventions for boys and young men with early signs of aggressive sexual behaviour. They also stress a poverty of interventions for vulnerable girls with high risk sexual behaviour.

Teenage intimate partner violence appears to be a classic example of how a 'silo'd' approach to policy development in men's violence against women and children can fail to intervene early with boys and girls. A criminal justice response for some boys may be highly unsatisfactory: it is in many cases not appropriate to criminalise boys who may themselves have experienced early violence, poor attachment, multiple adversity. A high level child protection response for girls experiencing intimate partner violence may be equally inappropriate and in any case, recent analysis indicating very few children aged 12 or over on child protection registers points to the failure of this system in relation to older young people, even where there are high level child protection concerns.

NSPCC Scotland strongly recommend the strategy address the silo'd approach to policy development in this area. We also hope the strategy acts as a catalyst to better understanding violence in young people's relationships as well as developing policy and evidence based interventions, primarily for boys with sexually aggressive behaviour but also for girls at risk of exploitation.

- **The strategy should prioritise the prevention of child sexual abuse across the violence against women and children agenda.**

The Scottish Government definition of violence against women encompasses child sexual abuse, as amongst the many forms of violence against women and girls, including rape, incest and domestic abuse, that constitute gender based violence – a function of gender inequality and an abuse of male power and privilege.

There appear to be inconsistencies however, in the extent to which this understanding has underpinned policy development around child sexual abuse in Scotland. Scotland's National Guidance Child Protection, for example, defines child sexual abuse as:

Sexual abuse is any act that involves the child in any activity for the sexual gratification of another person, whether or not it is claimed that the child either consented or assented. Sexual abuse involves forcing or enticing a child to take part in sexual activities, whether or not the child is aware of what is happening. The activities may involve physical contact, including penetrative or non-penetrative acts. They may include non-contact activities, such as involving children in looking at, or in the production of, pornographic material or in watching sexual activities, using sexual language towards a child or encouraging children to behave in sexually inappropriate ways.
(SG, 2010, pg ?)

NSPCC prevalence studies as well as research into teenage intimate relationships and sexting behaviour strongly support a definition of childhood sexual abuse as gender based violence. We would tentatively suggest that a distance still has to be travelled in Scotland before childhood sexual abuse is widely and commonly recognised as part of the wider problem of violence against women. We consider it a key role of the current

strategy to consolidate this understanding and would encourage the issue being prioritised within a preventative approach. In order to begin the process of 're-discovering' child sexual abuse as an integral aspect of violence against women and children¹⁰ then, the strategy should usefully incorporate a definition of child sexual abuse in relation to gender inequality and male abuse of power.

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¹⁰ The issue of child sexual abuse was brought to light in the 1970s by the Women's Movement, which exposed the gendered nature of violence and sexual violence against women and girls.