

Children, Young People and Domestic Abuse



Gloucestershire
COUNTY COUNCIL

Gloucestershire NHS
Health Community



***Domestic abuse is not
acceptable - ever!***

This information pack has been produced by:

Healthy Schools Gloucestershire • Gloucestershire Safeguarding Children Board • Sea Change Domestic Violence Training and Consultancy • Gloucestershire Domestic Violence Support and Advocacy Project • Gloucestershire Primary Care Trust





Citizenship and
pupil voice



Emotional health
and well-being



Healthy eating



Physical activity



PSHE



Sex and relationships
education



Drug education

Healthy Schools Gloucestershire Children, Young People and Domestic Abuse

Domestic abuse is not acceptable - ever!

Introduction

This information pack has been compiled by Healthy Schools Gloucestershire in collaboration with Gloucestershire Safeguarding Children Board, Sea Change Domestic Violence Training and Consultancy, Gloucestershire Domestic Violence Support and Advocacy Project (GVSAP), and the Gloucestershire Primary Care Trust. The aim of the pack is to help guide you through the complex issues of domestic abuse and its impact upon children and young people.

Professionals working with children, young people and their families are uniquely placed to identify, educate and support children and young people living with domestic abuse. Through the theme of healthy relationships, children and young people can understand the dynamics of abuse and the need for fairness and negotiation. Schools piloting work on non-violent relationships experienced a marked drop in reports of bullying (*New Beginnings 2004*).

Schools recognize that whilst this subject has previously not been addressed they are also slowly acknowledging the need for some children and young people to be able to receive support and advice during the school day and for other pupils to have a greater understanding of what they are experiencing.

This builds upon the work carried out in Westminster. As one teacher stated, *"When a child misbehaves I used to think about how I would punish them. Now I think first about why they may be behaving in this manner"*.

It is recommended that all staff have access to high-quality domestic abuse awareness training, but this pack should assist in placing domestic abuse in its proper context within all work settings. (Feedback is welcome and there is an evaluation sheet included in this pack.)

Domestic abuse is everyone's business; it is a devastating social problem that can impact upon every segment of the population. Increasingly, the focus of attention is upon children who are at risk of exposure to domestic abuse.

From 2005 all agencies will be inspected on their contribution to the 5 objectives set out in "Every Child Matters". Staying safe is also highlighted within The Healthy Living Blueprint and the Children's National Service Framework, (2004).



INFORMATION CARD 1

Domestic abuse - some statistics

Children, Young People and Domestic Abuse

- In the United Kingdom two women every week are murdered by their current or former partner. *Home Office 2001*
- Domestic abuse constitutes 25% of ALL RECORDED violent crime. The police receive about 25% of all domestic abuse incidents. Some domestic abuse is never reported to agencies. *Rowsell 2001*
- Nationally, the police receive more than one call each minute about domestic abuse. *Dobson 2002*
- A woman is assaulted by her partner every 6 seconds in the United Kingdom. *Dobson 2002*
- 1 in 3 women will experience domestic abuse at some stage in their lives. *Research in Practice - Mullander 1998*
- 80 - 90% of domestic abuse involves women as the victims of their male partners. *British Crime Survey*
- On average a victim of domestic abuse will be attacked 35 times before reporting it to the police. *Yearnshire 1997*
- 1 in 4 women will sustain substantial injuries – injuries which would constitute the crime of ‘Actual Bodily Harm’ and require attendance at Accident and Emergency Departments. *Sylvia Walby - Cost of Domestic Abuse*
- 1 in 4 suicide attempts by women involve domestic abuse. *Stark, Flitcraft and Frazier 1997*
- In England, 53,000 women and children use refuges each year. *Women’s Aid 1997*
- 90% of domestic abuse occurs when children are in the same or next room. *Hughes 1992*
- About 75,000 children witness domestic abuse every year. *Department of Health 2002*
- 1 million children and young people live with domestic abuse. *NSPCC*
- Gloucestershire on-line pupil survey revealed that 48% of secondary aged pupils had witnessed or been subject to domestic abuse. *2005/6*



INFORMATION CARD 2

Who experiences domestic abuse?

DOMESTIC ABUSE can happen to ANYONE regardless of gender, age, religion, ethnicity, sexual orientation, economic status, geographical location, disability etc, etc.

Women experiencing domestic abuse

The majority of victims of domestic abuse are women who are abused by their male partners. The majority of murders committed in a domestic abuse context involve female victims again at the hands of their male partners. Women victims are more likely to suffer serious and long-term psychological and physical harm than male victims. This gender issue is replicated world-wide.

Because the vast majority of recorded domestic abuse is perpetrated against women by their male partners, in this information pack the victim is referred to as 'she'. This should not be interpreted as indicating that domestic abuse only happens to women.

Men experiencing domestic abuse

Men also experience violence from their female partners, although in much smaller numbers. There are some clear differences in the way that male and female perpetrators operate; these are not just related to the differences in male and female physical strength, but involve attitudes and belief systems that support male violence.

When females use physical violence, they are more likely to use weapons because of the differences in physical strength. Female perpetrators also use high levels of psychological abuse and other tactics, for example, sleep deprivation.

It would appear that repeat victimization of male victims by female perpetrators is less common, and that male victims experience lower levels of fear – tending to see each assault or incident as 'situational' rather than part of an ongoing dynamic of tactics and behaviours.

Where women are perpetrators, in general, the abuse ends at separation. In contrast, where men are the perpetrators, abuse *escalates* sharply at separation. Most murders of women occur at or after separation.

There are limited support services for male victims. Details are given on Information Card 11.

Gay, lesbian, transgender or bisexual people experiencing domestic abuse

Domestic abuse occurs in gay, lesbian, transgender and bisexual relationships in approximately the same proportions as in heterosexual relationships. However, there are additional factors for these victims which compound the obstacles they face in seeking help. The perpetrator may threaten to 'out' the victim, or to contact the Children and Young People's Directorate where there are children involved and make allegations about the victim's parenting (this also happens in abusive heterosexual relationships). A diagnosis of HIV can trigger or escalate violence. Again, support services are listed on Information Card 11.

Domestic abuse and older people

When older people experience domestic abuse there are additional difficulties for victims who may not consider leaving their partners, particularly if this would involve leaving their homes. They may also be unwilling to take any legal proceedings against their abuser, wanting only for the violence to stop. While refuges do take older people, they are the last resort, and may not suit many older people.

Domestic abuse and black and other minority ethnic communities

Obstacles facing victims in black and other minority ethnic communities may relate to practical issues such as language, but also that victims may be regarded as dishonouring their communities if they disclose the violence to outside agencies. There are specialist refuges eg: for Asian women, but these are not always considered safe because community networks may be able to track victims down. Non-specialist refuges may not be able to provide an environment which accommodates the specific needs of women from black and other minority ethnic communities. There is no evidence to suggest that domestic abuse is more prevalent in any particular community.

Perpetrators may often threaten the victim over issues of insecure immigration status. The victim may then not be able to disclose for fear of deportation.



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Migrant women

Migrant women may fear losing their right to stay in this country if they separate and may have been threatened with this by the perpetrator. Their partner's immigration status might be threatened. The perpetrator could prevent them from accessing support and information which might reassure them about their immigration status. Their partner, having links with another country, may be able to abduct their children and take them abroad.

Domestic abuse and disability

Where the victim is disabled, this again creates further obstacles. The perpetrator may use the disability to further control the victim. For example, the victim may be entirely reliant upon the perpetrator for medication, nursing, hygiene needs, getting to appointments or any contact with the outside world. The victim may never have an opportunity to ask for help because the perpetrator is always present, and may project themselves as sympathetic, caring and long-suffering.

Violence from children

Young people's use of violence towards their parents, grandparents, siblings and other family members is increasingly being reported. Whilst this violence may fall into the category of 'domestic abuse' it will require different responses by agencies.

Young people who are violent to their parents can cause enormous difficulties – the parents are often reluctant to use the law to protect themselves and stop the violence.

This issue is not specifically covered in this information pack but for further information please see Information Card 11 for resources.





INFORMATION CARD 3

Domestic abuse - a definition

Children, Young People and Domestic Abuse

There are many interpretations and misunderstandings of domestic abuse without a single legal statement to clarify the situation. Different agencies and partnerships use different definitions and this can create difficulties in multi-agency working. However, the most recent Home Office definition was issued in September 2004:

'Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender and sexuality.'

It is proposed that the core definition is also supplemented by the following to provide context:

'Domestic abuse can go beyond actual physical violence. It can also involve emotional abuse, the destruction of a spouse's or partner's property, their isolation from friends, family or other potential sources of support, control over access to money, personal items, food, transportation and the telephone and stalking.'

Abuse will often be witnessed by children and there is an overlap between the abuse of women and abuse (physical and sexual) of children. The wide adverse effects of living with domestic abuse for children must be recognised as a child protection issue. They link to poor educational achievement, social exclusion and to juvenile crime, substance misuse, mental health problems and homelessness, from running away.

It is acknowledged that domestic abuse and abuse can manifest itself through the actions of immediate and extended family members through the perpetration of illegal activities such as forced marriages, so called 'honour' crimes and female genital mutilation. Extended family members may condone or even share in the pattern of abuse'.

The function of this definition is mainly to assist in collecting data, and to expand on the definition it is understood that:

The five categories of abuse defined by the Home Office:

- Psychological abuse
- Emotional abuse
- Physical abuse
- Sexual abuse
- Financial abuse

All five categories operate in combination and this is the key to the perpetrator's success in controlling and dominating their partner.

Domestic abuse is:

- *a systematic pattern of behaviour*
- *designed consciously or subconsciously*
- *to control and dominate a partner or former partner*

Domestic abuse is not just about physical harm

Physical violence is **only one manifestation** of the range of abuses that perpetrators of domestic abuse use. In fact, some perpetrators may use very little, even no violence at all. Victims can be frightened into compliance with a 'look'. It is crucial to remember that many victims and survivors say that the emotional and psychological abuse is the most damaging, and far more difficult to recover from than physical injuries.

Domestic abuse is an misuse of power by one partner over another. These issues of **power and control** are central to the complex issue of domestic abuse.





INFORMATION CARD 4

Domestic abuse - tactics

A perpetrator of domestic abuse uses a wide range of tactics:

KING OF THE CASTLE

- Treats you as a servant
- Says women are for sex, cooking and housework
- Expects sex on demand
- Controls all the money

BULLYING

- Glares
- Shouts
- Smashes things
- Sulks
- Uses violence and threats

SEXUALLY CONTROLLING

- Rapes you
- Won't accept no for an answer
- Keeps you pregnant
- Rejects your advances

HEADWORKING

- Glares
- Tells you you're too fat, thin, ugly, stupid or useless
- Plays tricks and tells lies to confuse you

PERSUADING

- Threatens to hurt or kill you or the children
- Cries
- Says he loves you
- Threatens to kill himself
- Threatens to report you

LYING

- Denies any abuse
- Says it was "only" a slap
- Blames drink, drugs, stress, overwork, you, unemployment etc, etc

BAD FATHER

- Says you are a bad mother
- Turns the children against you
- Uses contact to harass and threaten you
- Persuades you to have "his" baby, then refuses to help you care for it

ISOLATING

- Stops you working or seeing friends and family
- Tells you what to wear
- Keeps you in the house
- Seduces your friends/family

The dynamics of an abusive relationship

Abusive relationships begin just like every other relationship. To begin with, the perpetrator is loving, charming, attentive and generous. Trust is developed and commitments are made. The perpetrator will begin to use abusive behaviour very slowly and subtly, and manipulates the victim into compliance with his wishes. A common tactic is to isolate her from friends and family, or alternatively he might ingratiate himself with them, in which case he can manipulate their perception of the victim and himself. Over time, the perpetrator begins to undermine the victim's self-esteem by critical remarks and by setting her up to fail. Physical violence also usually starts gradually, perhaps with a push or a slap; and there is often a trigger, for example, when they get married, move in together, or when the woman becomes

pregnant. Pregnancy and birth are recognised risk factors for domestic abuse.

The abuse becomes more frequent and more serious and the perpetrator increases his control. If the victim resists or fights back it likely that the perpetrator will use greater force in return. Escalation is one of the major risk factors for domestic abuse and it is therefore important to try and intervene with appropriate help and support as early as possible.

The impact of the perpetrator's behaviour is to deprive the victim of basic human freedoms and autonomy, and to destroy self-esteem. The results are often classified as Post Traumatic Stress Disorder although there is also resistance to pathologising victims in this way. Rather, the perpetrator has actively deprived the victim of basic human rights and behind all of their actions is a clear **intention** to control and dominate.



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After episodes of abuse, the perpetrator will express remorse, often crying and promising to reform. There will be a return to the 'honeymoon' period of the early relationship, creating confusion and guilt for the victim, who accepts comfort from her abuser. The perpetrators comforting behaviour is designed to hook the victim back into the relationship and gives her hope that the relationship will change. Invariably, the perpetrator ensures that the responsibility for the violence is shifted onto external factors, and commonly, onto the victim herself. Because the perpetrator has spent time 'grooming' the victim she is likely to accept the blame.

Victim-blaming, denial and externalisation of responsibility

Common excuses that perpetrators use:

- I was drunk
- I was stressed at work
- I lost it
- I was abused as a child
- I don't remember
- I did it because I love you
- It was just a one-off, it won't happen again

Links between alcohol and drugs and domestic abuse

Violence is associated with alcohol misuse. It would be wrong, however, to say that alcohol and drugs cause domestic abuse. Rather, the perpetrator uses the effects of alcohol/drugs to excuse his violent behaviour.

Remember that domestic abuse is a dynamic made up of the five categories of abuse and that physical violence is just one manifestation of that dynamic. Alcohol may commonly be involved with a physical assault but the other types of controlling behaviour will almost certainly be taking place as well – and there may be physical assaults where alcohol is not involved.

Links between loss of temper or self-control and domestic abuse

Perpetrators use anger instrumentally. Often they pretend to be angry in order to intimidate the victim into compliance. Research is showing that, generally perpetrators have no more 'problems with anger' than the average individual. If anything, they are usually extremely skilled at managing their anger, and ensure that their assaults are not committed in public and/or that any injuries are inflicted on parts of the victim's body that will be concealed. This highlights that the behaviour is controlled.

There is a level of societal and cultural belief that anger develops naturally into violence. Anger is a normal healthy emotion, not inextricably linked to violence.

Perpetrator's history of abuse as a child

Many children and young people who grow up in violent and abusive homes do not go on to perpetrate abuse or become victims as adults. Not enough is known about the protective factors for these children, but it is important to avoid generalising and making assumptions that a child is predestined to be abusive or victimised.

Violence is always a choice

Children who live with domestic abuse are usually described as 'witnessing' the abuse. Whilst they may see or hear physical, emotional and psychological abuse being perpetrated on the victim, the perpetrator purposefully and intentionally draws the children into the abuse.

There are four main ways in which this can occur:

- Using the children to control the victim – eg: by undermining her parenting and authority eg: criticising the non-abusing parent for failing to stop the baby from crying or older children from 'misbehaving'.
- To form allies with the children against the non-abusing parent – destroying the mother-child connection is important to the perpetrator; especially so where there is sexual abuse of the child(ren).
- As a weapon eg: threatening the non-abusing parent to remove the children himself or have them removed eg: by the Children and Young People's Directorate.
- For revenge – harming the children in order to 'get back' at the victim.

Domestic abuse is not a 'one-off' event

Domestic abuse and abuse is systematic and intentional: the physical violence forms only part of the pattern of day-to-day behaviour. Even where it seems apparent that a violent incident was an isolated occurrence, it is important to try and establish what, if any, other controlling behaviours are being used by the violent partner.

Confusion of love and abuse

Perpetrators often use their 'love' for the victim to excuse the violence. Of course, in intimate relationships, there are intense feelings, but again, there is some societal acceptance that love can 'cause' violence. The impact for children and young people who grow up with this concept can create difficulties for them in their friendships and later relationships as adults.





INFORMATION CARD 5

Impact of the perpetrator's abuse on the victim

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Death (murder or suicide)

Fearfulness

Defensiveness

Shame

Embarrassment

Guilt

Low self-esteem

Anxiety

Depression

Tearfulness

Distraction

Exhaustion

Hyper-vigilance

Anger

Confusion

Hopelessness

Untended injuries

Bruising/stiffness

Burns

Miscarriages

Foetal deaths

Eating Disorders

Abdominal/gastrointestinal complaints

Chronic headaches

Palpitations

Dizziness

Chest pain

Sleep and appetite disturbances



INFORMATION CARD 6

The effects of the perpetrator's abuse on children and young people

Children, Young People and Domestic Abuse

Some short term effects

<i>Fear</i>
<i>Withdrawal</i>
<i>Sadness</i>
<i>Bed-wetting</i>
<i>Trying to hide</i>
<i>Lack of attachment/bonding</i>
<i>Delayed development</i>
<i>Frozen Awareness</i>
<i>Traumatic remembering</i>
<i>Hyper-vigilance</i>
<i>Trying to protect mum</i>
<i>Aggressive towards violent partner</i>
<i>Aggressive towards mum</i>
<i>Difficulties with friends</i>
<i>Problems at school</i>
<i>Confusion</i>
<i>Anxiety</i>
<i>Shock</i>
<i>Clinging to mum</i>
<i>Trying to protect brothers and sisters</i>
<i>Running away</i>
<i>Disobedience</i>
<i>Embarrassment</i>
<i>Aggressive to other children</i>
<i>Headaches</i>
<i>Abdominal complaints</i>
<i>Asthma</i>
<i>Peptic ulcers</i>
<i>Stuttering</i>
<i>Raised levels of adrenaline</i>
<i>Lower rating in social competence</i>
<i>Diminished ability to empathise</i>

Some long term effects

<i>Violent and aggressive</i>
<i>Hard to control</i>
<i>Anger</i>
<i>Bitterness</i>
<i>Blame</i>
<i>Defensiveness</i>
<i>Protectiveness</i>
<i>Guilt</i>
<i>Grief</i>
<i>Lack of respect for mum/dad</i>
<i>Sadness</i>
<i>Loss</i>
<i>Low or no self-esteem</i>
<i>Problems with trust</i>
<i>Disrupted education</i>
<i>Truancy</i>
<i>Teenage pregnancies</i>
<i>May leave home prematurely</i>
<i>Running away</i>
<i>Homelessness</i>
<i>Self harm and suicide attempts</i>
<i>Eating disorders</i>
<i>Misuse of drugs and alcohol</i>
<i>Anxiety</i>
<i>Depression</i>
<i>Post traumatic stress</i>
<i>Difficulty forming appropriate personal relationships as young adults</i>

It is a misconception that children who do not directly witness domestic abuse are not affected by it. Domestic violence is a long-term continuing cycle of abuse and living with it has serious detrimental effects. Children are almost always part of the abuse.

Domestic abuse – either witnessing it or being subject to it – is not only traumatic in itself, but is also likely to adversely impact upon a child or young persons behaviour and performance at school.

www.crimereduction.gov.uk/dv03b.htm





INFORMATION CARD 7

Asking the question

***Children are individuals and will be affected by domestic abuse in their own unique way.
The one thing you can be sure of is that the abuse is almost certainly having an impact on them.***

Professionals who work with children, young people and families are uniquely placed to identify, educate and support families and children living with domestic abuse.

Our responsibilities are to:

- **De-stigmatise the issue.**
- **Raise awareness of the impact on children of living with domestic abuse.**
- **Support and validate women in their experience.**
- **Minimise the risk to children.**

'Women will rarely voluntarily disclose their abusive experiences, but the use of brief screening questions is known to lead to a higher rate of disclosure.'
Bacchus, L (2002) Report of the joint meeting of the All-Parliamentary Group on Maternity and Domestic Violence

It is vitally important that all mothers and pregnant women are routinely asked in an explicit and clear way (usually by a midwife or health visitor) about their experiences past and present of domestic abuse.

However, if you are working with a woman and see something that indicates a woman might be experiencing domestic abuse take the initiative and ask specific questions. Never assume someone else will ask about it. Always be guided by the need to keep a woman - and her children - safe.

'Research demonstrates that the majority of women are in favour of routine questioning if asked by a well trained professional.'

Bacchus et al (2002) 'Women's perceptions and experiences of routine enquiry for domestic violence in a maternity service'. *International Journal of Obstetrics and Gynaecology, January 2002, Vol 109, pages 9-16*

Professional responsibilities

Our responsibilities when asking the question are: to raise awareness of the issue and its impact on children, to support and validate women in their experiences and to minimise the risk to children.

General principles

Asking about experiences of domestic abuse should be routine with every new contact with a client, such as to 'transfer in' contacts and antenatally.

Women should always be alone when asked about domestic abuse.

Remember to ask in the same sex relationships.

Be honest and explain why you are asking the question and that it is routinely asked of all women with families.

Listen carefully to the reply, a woman may talk around the point rather than answering directly.

Questions should be direct; hedging around the issue further reinforces the secrecy aspects of domestic abuse and confirms the women's own sense that experiencing domestic abuse is shameful.

Think about your conversation as the start of a process, not a one off event. The woman might not want to talk to you about her problems now, but at least she knows you are there if she needs you in the future.

Some suggested questions to use

- Are you or have you ever been in a close intimate relationship where someone has hurt or controlled you emotionally or physically?
- Have you ever been forced to do anything sexually that you did not want to?
- As an adult have you ever been emotionally or physically abused by your partner or someone important to you?
- Have you ever been afraid of your partner's behaviour?
- Have you ever been or are you being bullied by anyone?
- Are you ever afraid at home?
- Do you feel safe in your relationship?
- How would you describe your relationship?



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Effects on children of living with Domestic Abuse

AGE RANGE	Under 2	2 to 5	5 to 11	11 to 17
<i>Be easily frightened and/or nervous</i>	✓	✓	✓	✓
<i>Be very demanding</i>	✓	✓	✓	✓
<i>Be frightened of one of the parents and possibly men in general</i>	✓	✓		
<i>Cry excessively</i>	✓	✓		
<i>Have broken sleep or nightmares</i>	✓	✓		
<i>Be very clingy towards Mother and not cope with being separated</i>	✓	✓		
<i>Have an unusual amount of temper tantrums</i>	✓	✓		
<i>Not eat well and possibly be underweight</i>	✓			
<i>Have slow speech development and /or co-ordination skills</i>	✓			
<i>Be slow to learn to crawl and/or walk</i>	✓			
<i>Stop doing things they may have learnt, such as walking, and revert to more babyish behaviour</i>	✓			
<i>Be aggressive towards parent and/or other children</i>	✓	✓		
<i>Not show much emotion (either happy or sad) and may seem distracted</i>		✓	✓	✓
<i>Try to stop the violence possibly getting hurt in the process (may feel guilty when they cannot succeed in this)</i>			✓	✓
<i>Behave well at home but are very aggressive and/or rude to others at school</i>			✓	✓
<i>Bully other children and/or siblings</i>			✓	✓
<i>Not like themselves as they think violence is their fault</i>			✓	✓
<i>Be angry with parent and may blame them for the violence</i>			✓	✓
<i>Many try to please the violent parent and copy his/her behaviour</i>			✓	✓
<i>Do badly or very well at school. Some children find it difficult to concentrate on school work, others block out their home life by focusing on school work</i>			✓	✓
<i>Constantly complain of feeling ill</i>			✓	✓
<i>Find it difficult to make friends at school</i>			✓	✓
<i>Take on responsibilities inappropriate to their age</i>			✓	✓
<i>Are depressed</i>			✓	✓
<i>All of the above, but difficult aggressive behaviour may escalate, may affect schooling and relationships with friends/siblings/parents</i>				✓
<i>Alcohol or drug abuse</i>				✓
<i>Running away</i>				✓
<i>Be confused about the roles of men and women</i>				✓



INFORMATION CARD 8

Domestic abuse is a child protection issue

Children, Young People and Domestic Abuse

Statistics

- Nearly 75% of children on the At Risk Register live in households where domestic abuse occurs. *Cleaver 1999*
- Studies have found that children are present or in the next room in 90% of domestic abuse incidents. *Hughes 1992*
- A study of over 1000 women living in refuges, found that 70% of the children had also received physical violence from the abusive parent. *Bowker 1988*
- A study of a random sample of 126 Child Line callers who reported living with domestic abuse found that 38% of children had been physically abused within the situation. *Epstein & Keep 1995*
- From a study undertaken of 64 children aged between 7 and 12, who had witnessed violence and abuse towards their mother over the past year, 52% of children showed traumatic symptoms such as unwanted remembering of traumatic events and hyper-vigilance. *Graham-Bermann & Levendosky 1998*
- Children of all ages most often take some form of passive or active support to protect their mothers when witnessing domestic abuse. *Hester & Radford 1996*
- Children can often be used within cases of contact for the abusive parent to continue to gain power and control.
- In the first national study on the effects of domestic abuse on children:
 - 90% of victims stated that their children were aware of the abuse.
 - 25% of victims stated that their partners had also physically assaulted their children.
 - Several victims said their partners had sexually assaulted their children.
 - 91% of victims stated that they thought that their children had been adversely affected by domestic abuse in the short term and 86% thought that the children were affected in the long term.*NCH Action for Children 1994*
- Women that are being abused are 6 times more likely to have a child deemed "at risk". *Stark & Flitcraft 1986*
- Domestic violence was a feature of child protection cases with the worst outcomes. *Farmer & Owen, Messages from Research 1995*
- A study in Scotland involving interviews with 20 women whose children had been sexually abused by the women's partner found that almost all the women had also been abused by their partner. *Forman 1995*
- Since 1997, it is estimated that 27 children have been killed during contact visits by their violent fathers. *Women's Aid*
- In one study, there was a link between child abuse and domestic violence in 40 - 60% of domestic abuse cases. *Stark & Flitcraft 1986*

"Children are often more aware of problems than parents realize, but they don't always understand what is happening and why". Joseph Rowntree Foundation 2004





Children, Young People and Domestic Abuse

Abuse against children has existed for centuries but it is only in recent years that its profile has been so high. At one end of the spectrum are extreme acts of violence such as rape and murder whilst at the other end bullying and verbal abuse can make children's lives miserable - sometimes with tragic consequences. www.esbhealth.nhs.uk/publications/public-health/violence.asp

Impact on children

The short and long term effects of children witnessing or experiencing domestic abuse have been well-documented (NCH, NSPCC, Brandon & Lewis etc). How children respond to, and are hurt by living in a violent home, will vary considerably according to the age, gender, level of abuse and support available.

Children who witness violence are 2.5 times more likely to experience emotional, behavioural and social problems than children who live in non-violent families.

However, children who witness violence and are also abused are affected the most.

Crime Reduction Partnership, 2004.

See the Abuse of Children Wheel at Appendix 2 on Information Card 12 for ways in which a perpetrator of domestic abuse is likely to also abuse the children.

Children and young people respond to living with abuse in a number of ways. Some may become withdrawn and depressed; others may 'act out'. There are many young people who appear to cope with the situation and only in later years face difficulties dealing with the violence they experienced in childhood.

It is not straightforward to identify whether or not a child is experiencing domestic abuse from the evidence of presenting behaviours or symptoms.

In all cases, children living with abuse will be adversely affected and it is likely that their ability to achieve at school will be impaired.

Current legislation for protecting children - The Children Act 1989

1. Main Principles

The act contains a legal framework for the care and protection of children. It introduced orders for use when children are at risk of significant harm. The main principles are:

- The welfare of the child is of paramount consideration.
- Parents with children in need should be helped to bring up their children themselves.
- This help should be provided as a service to the child and their family.
- To be provided in partnership with the parents.
- To meet each child's identified needs.
- To be appropriate to race, culture, religion and language.
- To be open and effective independent representations and complaints procedures.
- To draw upon effective partnerships between the local authority and other agencies including voluntary agencies.
- **Children should be safe and protected by effective intervention if they are in danger.**
- Courts should ensure delay is avoided, and may only make an order if to do so is better than making no order at all.

2. Definitions

Some helpful definitions of terms used in the Act:

- **Harm** – ill treatment or impairment of health or development.
- **Development** – means physical, intellectual, emotional, social or behavioural development.
- **Health** – means physical or mental health.
- **Ill treatment** – includes sexual abuse and forms of ill treatment, which are not physical.





Children, Young People and Domestic Abuse

Please note that from 31st January 2005 the definition of harm contained in the Children Act 1989 has been amended by Section 120 of the Adoption and Children Act 2002 as follows:

In Section 31 of the 1989 Act (Care and Supervision Orders), at the end of the definition of “harm” in subsection (9) there is inserted “*including, for example, impairment suffered from seeing or hearing the ill-treatment of another*”. This clearly includes children witnessing domestic abuse.

3. Factors that the court considers when making orders:

- The welfare of the child must be paramount when the court makes a decision on the upbringing of the child.
- Any delay in proceedings is likely to prejudice the child’s welfare.
- Where the court is considering whether to make an order under the act, it can only make an order if it would be better for the child than making no order at all.
- In deciding most cases under the Act, the court must have regard to the following “welfare checklist” of considerations:
 - The wishes and feelings of the child.
 - The child’s physical, emotional and educational needs.
 - The likely effect in any change in circumstances.
 - The child’s age, sex and background and any other related characteristics.
 - Any harm which has been suffered or is at risk of suffering.
 - How capable parents are of meeting the child’s needs.
 - The range of powers available to the court in the proceedings in question.

Injunctions, bail conditions, restraining orders

Apart from orders under the Children Act, the victim and child(ren) may be protected by another kind of court order – an injunction. Injunctions usually provide that the abuser must not assault, harass, or contact the victim (and may include the children). The order may also prohibit the abuser from specified areas – which might include the school grounds or a surrounding area. It is important that systems are created whereby education professionals are, as far as possible, aware of these orders and can support their implementation.

This order is obtained through the civil or magistrates’ court. It should be normal practice for a Power of Arrest to be attached to the injunction. If so, then the police

can arrest the abuser if he breaches the terms of the order. Breaches of the order can result in imprisonment for the abuser.

If the abuser has been charged with any offence, the police or the court may impose bail conditions in the same or similar terms as an injunction. Breach of bail may also result in arrest and sometimes remand.

Actions under the Protection from Harassment Act may result in a restraining order being made, again in similar terms to the above. Breach of this could result in a prison sentence.

Separation and child contact

As professionals, you will be dealing with children and young people who are going through the breakdown of their parents’ relationship. This may provoke difficulties over the issue of contact – and where there is domestic abuse, this is often another area in which the abuser abuses the victim and where risks to the children and the victim may dramatically increase. (Of the 29 child deaths during contact in 2004, The Home Office is currently investigating 19.)

Where the abuser is making an application for contact that the non-abusing parent is defending, **domestic abuse is a significant factor for the court** when it is considering the case.

Unless there is a court order – either specifying parental responsibility or contact, or prohibiting the abuser from specified actions and areas, arrangements may be informal and *ad hoc* – and with domestic abuse, the abuser is likely to force the victim into agreement by threats and/or coercion. The abuser may take the children against the victim’s wishes or knowledge, or fail to return them. It is therefore important that systems are created within establishments to support staff, clarifying who has parental responsibility, the existence of any court orders for contact or any specific issue relating to the children. This will help to avoid placing staff and the children in their care at risk.

Contact in the context of domestic abuse can pose serious risks for victims of domestic violence. It is common for abusers to use contact to further abuse the victim and the children.

If the perpetrator is suicidal then the children are at greater risk and also if there has been sexual abuse, which is the case 10% of the time, the risk is also far greater. *Bancroft & Silverman 2002*





Children, Young People and Domestic Abuse

Multi Agency Risk Assessment Conferences (MARAC)

MARAC involve key agencies, police, probation, education, health, housing and the voluntary sector, working together on an individual victim's case to share information. This means they can build up a comprehensive picture of the abuse and agree actions to best support and protect a domestic abuse victim.

MARAC's work to ensure that all the agencies a domestic abuse victim comes into contact with are coordinated, in order to ensure that victims are individually supported and protected from the moment they call the police, through the court process and beyond.

Practitioners may receive information from a MARAC, on a need to know basis, and may on occasion be invited to attend.





INFORMATION CARD 9

Recommended procedures

Basic Child Protection Training for all staff (this is available through your local Safeguarding Children Board – see Information Card 11 for details).

All clients should be asked explicitly regarding their experiences of domestic abuse (see Information Card 7 'Asking the question').

Domestic abuse awareness training is important for staff at ALL levels.

Ensure that you have a domestic abuse policy and that all staff are aware of procedures.

Ensure that you have the appropriate information-sharing protocols and procedures and that all staff are supported in implementing them.

Policies should create a safe and supportive environment which encourages people to report domestic abuse. (Members of staff may also be experiencing domestic abuse and therefore require support).

Establish a system to identify the following:

- Routinely ensure that adults with parental responsibility are documented on the appropriate record.
- Are there any court orders relating to the parents? (eg: non-molestation orders, bail conditions, injunctions).
- Is an injunction? Does it have a Power of Arrest?
- Are there any court orders relating to the child? (eg: residence orders, contact orders with specific orders with specific conditions/issues).
- Try to keep copies of any orders to hand.
- Explain to **all clients** that statutory services take seriously the issue of domestic abuse and are proactive when dealing with it.
- Provide information to **all clients** detailing your domestic abuse policy, issues relating to confidentiality, Child Protection responsibilities, and your commitment to the welfare of children and young people in this regard.
- Remember – there are professional support agencies for victims and children in the County and you do not have to be a domestic abuse expert - Refer, Refer, Refer! (see Information Card 11).
- You can use Gloucestershire Domestic Violence Support and Advocacy Project for professional support and advice.

Dealing with disclosures

Children and young people may not be able to define their own experiences as abusive. It is important to remember that this also applies to the parent who is being abused. In addition, society is sometimes ambivalent or changes its definitions of what is abusive to children. It is important that you:

- Are clear about the legal context in which you are listening to a child.
- Understand what your agency or organisation expects of you and other staff if a child tells you that they have been harmed.
- Understand what obstacles the child might have faced and overcome in order to disclose.
- Understand and promote a child's right to be and feel safe, to be listened to, and to be taken seriously.
- Always take the allegation/report seriously and don't make assumptions about how they may be feeling.
- Reassure the person that they are not alone and this happens in other families but it is not acceptable for someone to be hurt.
- Reassure it is not their fault and that they have done the right thing in disclosing.
- Don't promise 'everything will be alright now'.
- Document the disclosure in the appropriate record.
- Listening is the most important thing you can do.
- Acknowledge your own need for support.



Children, Young People and Domestic Abuse

The legal context

Be clear with children and young people about the issue of confidentiality and your professional responsibilities where there are child protection issues **before** a disclosure is made. Tell them what the likely consequences are of disclosing, but be supportive and empathetic. Try to reassure the child that they will be consulted and involved as much as possible, and that your main concern is their welfare. This helps to empower the child or young person.

NB: Where you have any concerns of sexual abuse, do not in any circumstances consult with either parent about your concerns but deal with the matter in accordance with your child protection procedures.

Your responsibilities

You have a statutory obligation in relation to the children and young people in your care. You will have guidelines on the procedures to adopt in any situation where it is considered there are child protection issues. It is important that you consult with the designated person for child protection, even if you ultimately decide not to alert the Children and Young People's Directorate. It is important to make a record of your concerns. You should refer to 'Child Protection Procedures' produced by Gloucestershire Safeguarding Children Board – also available on-line from at: www.gscb.org.uk/procedures

You also need to be careful to protect the value of the child or young person's evidence. Do not ask probing questions as this constitutes 'leading' and undermines the ability of the police to prosecute an abuser.

Obstacles for children and young people

Children and young people may have the following fears and beliefs which they have to overcome before talking about their experiences:

- The abuse is their fault.
- They will get into trouble.
- Nobody will believe them.
- Their abuser will be sent to prison and it will be their fault.
- The abuse will not stop but get worse.
- Nobody can stop it.
- They will be taken into care.
- Their family will be split up.

- Their mother and other people they love will be hurt if they tell.
- They've told before and no-one listened.
- This is what happens in families.
- If I'm good they won't do it again.
- I like/love them so it's my fault.
- I must be/am bad.
- It can't be abuse because I like some of the feelings I get when it happens.

Promoting and planning for safety

What options does the individual have for keeping safe? It may be that the victim, child or young person does not want any action, just someone to talk to. It might be advisable to ask what measures there are in place in case of further incidents – is there a neighbour or friend they can go to? Do they have a mobile phone, or spare money to make a call from a call box? Always make it clear that they can call 999 in an emergency.

One of the key ways in which you can promote safety is the way in which you respond:

- Give the message that you are prepared to listen.
- Let them know that they are courageous in telling.
- Let them know that you want to try and help.
- Find out what they would like to happen next.
- Tell them that in order to try and help, you will need to talk to other adults/professionals (and tell them who they are, and what might be the consequences).
- Ask them who they would like you to talk with.
- Ask their permission to make notes of what they say (because you want to remember properly what they have said).
- Stay in adult mode – be sympathetic but not shocked – even if you are!
- Use open body language and maintain eye contact whenever possible.
- Avoid physical barriers between you and the child or young person, eg: desk.
- Keep them informed of what you are doing.
- Ask them if they are physically hurting.

A Multi-agency Risk Assessment Conference (MARAC) may be called (see Information Card 8).





Children, Young People and Domestic Abuse

Procedures for Child Protection

In addition to the standard child protection procedures, you may wish to develop a specific domestic abuse policy which can support staff, pupils and parents and give clarity around this difficult issue. You may wish to use this information pack as a basis for your policy. You can get support for developing the policy from the organizations that produced this pack.

Wherever possible, the victim should be consulted and included in any decision-making about the children; for example, a decision to notify the Children and Young People's Directorate (CYPD). The exception to this is where you suspect sexual abuse or severe physical abuse of a child or young person.

If you can, direct the victim to an appropriate support service (see Information Card 11).

It is a common fear that if the CYPD are notified of any suspicion about the failure in parenting, the children will immediately be removed from the family. It is important to be aware that though this may happen, it will only be in **the most extreme cases**. It is also common for the abuser to use this myth to threaten the victim. It is much more likely that the CYPD will seek to work with the non-abusing parent to support her/him in making safe and informed choices. There has also been a shift in approach in recent years, where the CYPD are less likely to hold the non-abusing parent responsible for protecting the child(ren), in recognition that she is also a victim and at risk.

Risk Assessment

The complex nature of domestic abuse means that you will have limited information about the child and the family. Each case must be considered carefully and individually for potential risk to the child or young person, and to the victim, and what risks might ensue from any action taken.

There are a number of recognised risk factors for domestic abuse, relating to the victim's experience, but since the welfare of the children is largely dependent upon the non-abusing parent (the victim), identifying risk to her will enhance the safety of the children. Some of the most common risk factors are provided in Appendix 1 on Information Card 12.

You do not have to be an expert on risk assessment – you can contact the specialist agency GDVSAP for professional advice and refer to the case hypothetically so as not to breach confidentiality.

Many of the observable consequences of living with domestic abuse may also have other causes or may be a natural developmental phase, and it is important not to make assumptions. At the same time, in view of the risks involved, it is also necessary to be alert to and make appropriate enquiries about the possibility of domestic abuse.

Remember that the responsibility for risk assessment must never be carried by one individual or one agency. Because of the complex nature of domestic abuse, which is essentially secret and stigmatised, it is unlikely you will know all of the facts and it may be dangerous to act on the information that you alone hold. You do not need to breach confidentiality to discuss the principles of a case with another agency eg: GDVSAP or the CYPD.

Information sharing

Because of a number of tragic cases – Victoria Climbié and the Soham murders to mention but two – there is recognition that these deaths could have been avoided if information had been shared. There is a lot of anxiety about the issue of confidentiality and often the fear of unlawfully sharing information can prevent individuals and agencies from effectively meeting their responsibilities. The current legislation does not prohibit the exchange of information, but gives guidance on the ways in which information can be lawfully shared.

It is advisable to implement structures and information-sharing protocols together with appropriate training and support for staff. However, it is acknowledged that there will continue to be cases in which there may be strong suspicions of abuse, but no information to share.

We recommend the booklet 'What To Do If You're Worried A Child is Being Abused', produced by Department for Education and Skills (2006). This booklet has a comprehensive section on Information Sharing and the relevant legislation.





Children, Young People and Domestic Abuse

Tackling domestic abuse in schools

Attitudes towards women and girls that regard them as inferior to men and boys lie at the heart of most domestic abuse. Within a broader context of schools' work on respect and conflict resolution, work needs to focus on gender stereotypes, mutual respect in intimate relationships, and challenging the condoning of domestic abuse. Work on school culture and the prevention of bullying can usefully incorporate work on homophobic and racist abuse, as well as sexist bullying. It should always retain a focus on the causes of domestic abuse as an essential element.

Research recognises that violence perpetrated against women is one of the ways in which male power is used to control women. It is these underlying attitudes that can be challenged by schools as part of the whole school ethos. A study of educational programmes by the University of Warwick for Womankind Worldwide has shown that the issue should be addressed on a continuing basis otherwise the effect evaporates within a year. Tackling sexism and abuse against women should therefore be part of the whole school culture and not a "one-off" exercise.

Learning can spread far beyond Personal Social and Health Education (PSHE) into specific subject areas such as Drama and English and potentially to every area of the curriculum. It is highly relevant to Citizenship education, for example in relation to valuing people equally, respecting the law, and being a good citizen. There are also obvious links with equal opportunities policies in individual schools.

Teachers and governors need preparation and training before such work is undertaken. Targeted work by schools could lead to an increase in disclosures. Schools should establish close working links with agencies in the domestic abuse field; some local Women's Aid Organisations work with schools to provide domestic abuse training and support for children in schools and many local authorities have domestic abuse support officers for schools.

Citizenship, Sex and Relationships Education and PSHE and specific subject areas provide opportunities for teachers to raise awareness of domestic abuse. Through the wider curriculum and particularly through Citizenship and PSHE, schools can seek to:

- Consider concepts of power within relationships and links with abuse in the home.
- Address the gender stereotypes surrounding 'male' and 'female' behaviour, characteristics, and skills.

- Challenge the attitudes that can lead to abusive behaviour.
- Inform pupils why women can be forced to stay with abusive partners eg: financial insecurity, threats, or depression/mental health problems.
- Discuss healthy relationships and the need for communication.
- Inform pupils about the legal consequences of domestic abuse; that it is against the law.
- Provide information on a range of organisations and agencies which can assist victims of domestic abuse.
- Use the packs, resources, and lesson plans available.
- Organise events to celebrate the White Ribbon Campaign, which runs through November, leading up to White Ribbon Day (International Day Against Violence Against Women).

What can schools do to challenge gender stereotypes?

It is important that schools consistently play an active role in challenging prejudice, gender stereotyping and discrimination against women.

Sexist language and playground banter that seeks to legitimise abuse against individuals should be challenged. Schools should consider the following challenges:

- How to enlist the help of parents/carers in questioning stereotypes.
- The role of pupils/students in taking forward gender issues.
- Including gender issues in policy planning and development.
- How behaviour policies impact on girls and boys.
- Doing everything possible to make classrooms/teaching spaces welcoming to both sexes and to use resources that are free from gender bias.
- How the ethos takes account of female and male pupils, students and teachers.
- To challenge traditional attitudes to career routes and work placements for boys and girls.
- Responses to sexist bullying and name calling and whether gender abuse is covered in bullying policies.

Extract from NUT document 'Silence is Not Always Golden', details at: www.teachers.org.uk





INFORMATION CARD 10

What is the Government doing about it?

Children, Young People and Domestic Abuse

Living without fear

The governments campaign to tackle abuse against women. Multi-Agency Guidance has been produced by The Home Office:

Every Child Matters 2004

The Children Act 2004

The Domestic Violence, Crimes and Victims Act 2004

Working Together to Safeguard Children 2006

DfES Publications Promoting Emotional Well-Being and Mental Health 2004-2006

Tackling Domestic Violence: providing support for children who have witnessed domestic violence *Home Office Development and Practice Report No 33*

The National Service Framework for Children, Young People and Maternity Services 2004

Safeguarding Children - Joint Chief Inspectors Report 2002-2005

Social & Emotional Behavioural Skills Primary Strategy 2005 DfES

Responding to Domestic Abuse - A Handbook for Health Professionals 2006

Children love the opportunity to talk about themselves and are also able to notice the things they do well in their lives.

Westminster Women's Aid 2001

Standard 5 - Safeguarding and promoting the welfare of children and young people

"All agencies work to prevent children suffering harm and to promote their welfare, provide them with the services they require to address their identified needs and safeguard children who are being or who are likely to be harmed".

Nationally we have an outstanding workforce dedicated to children and young people. Nonetheless, effective change will only happen if staff at all levels seize the opportunities provided by the National Service Framework.

Professor Al Aynsley-Green – England's first Children's Commissioner (2005).

Joint Area Review (JAR)

The JAR is an inspection of services for children and young people. It includes all services and agencies, not just the local authority. It judges the outcomes for children and young people and the extent to which local services work.

One of the five outcome areas measured is Staying Safe. This looks at a range of outcomes which includes, at its best, "Almost all children report feeling safe, were consulted with and that their concerns were listened to and responded to with very suitable actions that promote self protection and personal empowerment".





INFORMATION CARD 11

Frightened children can't learn

Children, Young People and Domestic Abuse

Help and support for professionals

Please remember that you do not need to be experts – advice and guidance is always available for you.

Help available locally

Gloucestershire Domestic Violence Support and Advocacy Project

Practical support available for victims of domestic abuse, advice and information for professionals. This is a 24 hour confidential service and can be reached on 01452 500115

www.domesticviolencesupport.org.uk

Share

Free counselling service for 14 to 25 year olds.
Tel: 01452 426000

CINCH – Children in Need of Counselling Help

Counselling service for young people from 8 to 18 years.
Tel: 01452 411843
www.cinchgloucestershirefm.fsbusiness.co.uk

Gay Glos

Gay, lesbian, bisexual and transgender telephone support.
Tel: 01452 306800
www.gay-glos.org.uk

Victim Support Gloucestershire

Gloucester 01452 506450
Cheltenham 01242 577476
Stroud 01453 751488
Cirencester 01285 658350
Tewkesbury 01684 850445
Forest of Dean 01594 810190

Victim Support can offer advice and have trained domestic abuse volunteers.

Cheltenham Neighbourhood Resource Centre

Help and advice on a range of family issues.
Tel: 01242 584853

Sea Change Domestic Abuse Training & Consultancy

Domestic abuse awareness training, accredited courses, consultancy on risk assessment, training and work in schools.
Tel: 01594 510628

Gloucestershire Safeguarding Children Board Training Department – Gloucestershire County Council

Domestic abuse awareness training, Levels 1 and 2. Courses run throughout the year. Call to book a place.
Tel: 01452 425146
www.gscb.org.uk/training

National contacts

Women's Aid Federation of England

PO Box 391
Bristol BS99 7WS
Tel: 0117 924 1703
24 hour domestic abuse helpline: 08457 023 468

Welsh Women's Aid

Tel: 0845 7023 468

Scottish Women's Aid

Tel: 0131 475 2372

Refuge – 24 hour national helpline

Tel: 0808 8008 9999

Shelter

Tel: 0808 800 4444

Respect

Helpline for perpetrators and male victims of domestic abuse.
Tel: 0845 1228609

Samaritans

Tel: 0845 7909 090

Childline

Tel: 0800 1111

Kidscape

Tel: 0207 730 3300
www.kidscape.org.uk

Rights of Women

Tel: 0207 251 6577

Anti Bullying Alliance

Part of the National Children's Bureau website – www.gethelpwithbullying.org.uk

Parentline Plus

Information and support to anyone parenting a child. Parentline Plus runs a freephone helpline and courses for parents.
Tel: 0808 800 2222
Textphone: 0800 783 6783
www.parentlineplus.org.uk

The Tulip Project

For child to parent abuse.
Tel: 0151 637 6363





Children, Young People and Domestic Abuse

Young Minds

Young Minds is the national charity committed to improving the mental health of all children. Services include the Parents' Information Service, a free, confidential telephone helpline offering information and advice to any adult with concerns about the mental health of a child or young person.

Tel: 0800 018 2138

(Mon & Fri 10am -1pm, Tue, Weds & Thur 1-4pm)

www.youngminds.org.uk

E-Parents

Independent charity working to improve the lives of parents and families.

www.e-parents.org

Or visit

<http://www.bbc.co.uk/health/hh/kids21.shtml>

Further useful websites and resources/helplines and addresses

NSPCC

Helpline 0808 800 5000

Email: helpline@nspcc.org.uk

Refuge

Helpline 0808 2000 247

www.refuge.org.uk

National Domestic Abuse Helpline

Tel: 0808 2000 247

Women's Aid

Tel: 08457 023 468

www.womensaid.org.uk

Respect

Tel: 020 8563 8523

www.respect.uk.net

The Hideout

Website for children and young people.

www.thehideout.org.uk

The Children's Society

Supporter Action Tel: 0845 300 1128

Main Switchboard Tel: 0207 841 4400

www.childrenssociety.org.uk

National Union of Teachers

Teachers Support Line: 0800 562561

www.teachersupport.info

Crime Reduction Partnership

www.crimereduction.gov.uk

Acknowledgment goes to Women's Aid – Safe and Sound Manual for some of the extracts used in this information pack.





INFORMATION CARD 12

Appendices

APPENDIX 1

Risk factors for domestic abuse:

- **History – one assault is the single most robust risk marker that there will be a subsequent assault. Domestic abuse is a crime of repeat victimisation.**
- **Escalation – domestic abuse escalates over time both in frequency and severity.**
- **Separation – risk of serious harm or murder increases dramatically at separation.**

These are the three main risk factors for domestic abuse.

Other risk factors:

(which may also be related to the above three risk factors)

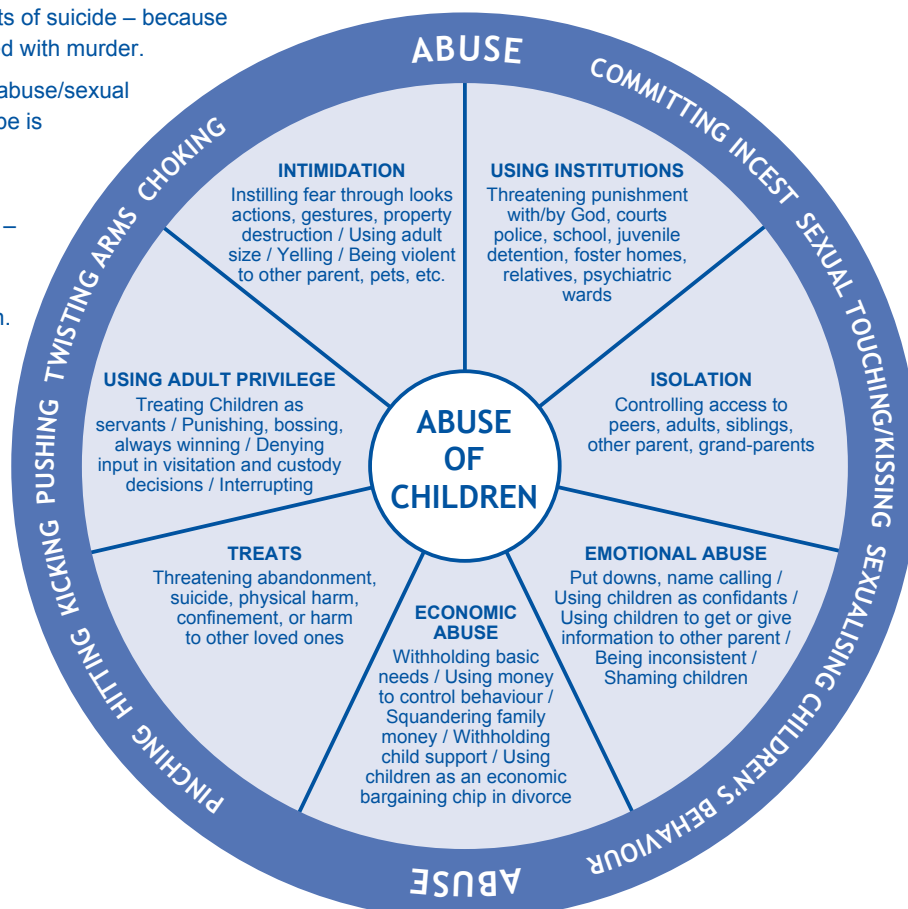
- Presence/use of a weapon.
- Access to/ownership of guns.
- Serious injury in previous incidents (related to escalation).
- Threats – NB threats of suicide – because suicide is associated with murder.
- Forced sex/sexual abuse/sexual violence (violent rape is strongly associated with homicide).
- Strangling/Choking – most domestic violence homicides are by strangulation.
- Abuse/threats of abuse of pets – strong links between domestic abuse and animal cruelty.

- Serial abuse (by perpetrator in previous relationships).
- Breach of an injunction/restraining order.
- Convictions for domestic or public violence.
- Abduction – of children or of victim.
- Pregnancy and birth – fetal deaths and miscarriages, plus deaths of newborns as a result of domestic violence.
- Harassment – can go to extremes and continue for years after separation.
- Damage to Property.
- Obsessiveness/extreme jealousy/extreme dominance/fantasising and making plans.
- Mental health/drug/alcohol issues for either victim or perpetrator.

THIS LIST IS NOT EXHAUSTIVE

APPENDIX 2

Abuse of children wheel





APPENDIX 3 Every child matters - Schools making links with the national strategies

5 OUTCOMES	DfES 2004 Healthy Living Blueprint	DoH 2004 Choosing Health	DfES 2004 5 Year Strategy	National Service Framework 2004	Primary Strategy	Key Stage 3 Strategy
Stay Safe	To use the full capacity and flexibility of the curriculum to embed an understanding how to achieve a healthy lifestyle. To promote an understanding of the full range of issues and behaviours that affect lifelong learning.	National Healthy School Standard Level 3 Status. Comprehensive PSHE: including education on SRE, Drugs, and other issues that can affect young peoples' lives, such as emotional difficulties, bullying and bereavement. New standard for cycle training for children. School Travel Plans.	A major commitment to staff development with high quality support and training to improve assessment, care and teaching.	Promoting Health and Well-being, identifying needs and early intervention. Supporting parents and carers. Growing up into adulthood. Safeguarding and promoting the welfare of children and young people.	School character and innovation. Excellent primary teaching. Learning – focus on individual children Partnership beyond the classroom. Extended schools. Behaviour – bullying. Leadership in primary schools and the power of collaboration. Inclusive schools.	To address the learning needs of all pupils aged 11-14. Promoting inclusion and tackling underperformance. Behaviour and attendance. Transition. Citizenship education.
Be Healthy	To use the full capacity and flexibility of the curriculum to embed an understanding how to achieve a healthy lifestyle. To promote an understanding of the full range of issues and behaviours that affect lifelong learning. To ensure food and drink available in school reinforces the need to understand how to achieve a healthy lifestyle. To promote physical education, school sport and physical activity as part of lifelong healthy lifestyle.	National Healthy School Standard Level 3 Status. Comprehensive PSHE: including education on SRE, drugs, and other issues that can affect young peoples' lives, such as emotional difficulties, bullying and bereavement. A supportive environment, including policies on smoking, healthy & nutritious food, with time and facilities for physical activity and sport both within and beyond the curriculum. Improve nutrition in schools – meal standards including vending machines/tuck shops. School Travel Plans. School Sports Programme.	A major commitment to staff development with high quality support and training to improve assessment, care and teaching. Greater personalisation and choice, with the wishes and needs of children, parents and learners centre stage.	Promoting Health and Well-being, identifying needs and early intervention. Supporting parents and carers. Growing up into adulthood. Child, young person and family centred services (extended schools).	School character and innovation. Excellent primary teaching. Learning – focus on individual children. Partnership beyond the classroom. Extended schools. Behaviour – bullying. Leadership in primary schools and the power of collaboration. Inclusive schools. Broad and balanced curriculum including PSHE.	To address the learning needs of all pupils aged 11-14. Promoting inclusion and tackling underperformance. Behaviour and attendance. Transition. Summer schools. Citizenship education.
Enjoy and Achieve	To use the full capacity and flexibility of the curriculum to embed an understanding how to achieve a healthy lifestyle. To promote an understanding of the full range of issues and behaviours that affect lifelong learning. To promote a school ethos and environment which encourages a proactive approach to developing a healthy lifestyle. Look at whole school approach for success.	National Healthy School Standard Level 3 Status. Comprehensive PSHE: including education on SRE, Drugs, and other issues that can affect young peoples' lives, such as emotional difficulties, bullying and bereavement.	A major commitment to staff development with high quality support and training to improve assessment, care and teaching. Greater personalisation and choice, with the wishes and needs of children, parents and learners centre stage. Open up services to new and different providers and ways of delivering services.	Promoting Health and Well-being, identifying needs and early intervention. Supporting parents and carers. Growing up into adulthood. Safeguarding and promoting the welfare of children and young people.	School character and innovation. Excellent primary teaching. Learning – focus on individual children. Partnership beyond the classroom. Extended schools. Behaviour – bullying. Leadership in primary schools and the power of collaboration. Inclusive schools.	To address the learning needs of all pupils aged 11-14. Promoting inclusion and tackling underperformance. Behaviour and attendance. Transition, summer schools. Citizenship education. Leading and learning and assessment. Two year Key stage 3 project. Supporting new teachers, parents & carers. Improve the quality of teaching and learning in all subjects. Strengthen the whole curriculum so that pupils may improve their learning.
Achieve Economic Well-being	To use the full capacity and flexibility of the curriculum to embed an understanding how to achieve a healthy lifestyle. To promote an understanding of the full range of issues and behaviours that affect lifelong learning.	National Healthy School Standard Level 3 Status. Comprehensive PSHE: including education on SRE, Drugs, and other issues that can affect young peoples' lives, such as emotional difficulties, bullying and bereavement.	A major commitment to staff development with high quality support and training to improve assessment, care and teaching. Partnerships with parents, employers, volunteers and voluntary organisations to maximise the life chances of children, young people and adults.	Promoting Health and Well-being, identifying needs and early intervention. Supporting parents and carers. Growing up into adulthood.	School character and innovation. Excellent primary teaching. Learning – focus on individual children. Partnership beyond the classroom. Extended schools. Behaviour – bullying. Leadership in primary schools and the power of collaboration. Inclusive schools.	To address the learning needs of all pupils aged 11-14. Promoting inclusion and tackling underperformance. Behaviour and attendance. Transition. Citizenship education.
Make a Positive Contribution	To use the full capacity and flexibility of the curriculum to embed an understanding how to achieve a healthy lifestyle. To promote an understanding of the full range of issues and behaviours that affect lifelong learning.	National Healthy School Standard Level 3 Status. Comprehensive PSHE: including education on SRE, Drugs, and other issues that can affect young peoples' lives, such as emotional difficulties, bullying and bereavement.	A major commitment to staff development with high quality support and training to improve assessment, care and teaching. Partnerships with parents, employers, volunteers and voluntary organisations to maximise the life chances of children, young people and adults.	Promoting Health and Well-being, identifying needs and early intervention. Supporting parents and carers. Growing up into adulthood. Safeguarding and promoting the welfare of children and young people.	School character and innovation. Excellent primary teaching. Learning – focus on individual children. Partnership beyond the classroom. Extended schools. Behaviour – bullying. Leadership in primary schools and the power of collaboration. Inclusive schools.	To address the learning needs of all pupils aged 11-14. Promoting inclusion and tackling underperformance. Behaviour and attendance. Transition. Citizenship education.



INFORMATION CARD 13

Evaluation

Children, Young People and Domestic Abuse

We would be grateful if you would support us in improving and extending this information pack to suit your needs. Would you please complete the following questionnaire and send it to:
Belinda Heaven, The Hucclecote Centre, Churchdown Lane, Gloucester GL3 3QN.

1 Did you find this information pack:

☐

Not very useful

☐

Quite useful

☐

Very useful

☐

Excellent

Comments

2 In general, did the information pack cover the issue of domestic abuse:

☐

Not very well

☐

Quite well

☐

Very well

☐

Extremely well

Comments

3. Would you recommend this information pack to other professionals?

☐


Yes

☐

No

4. Were there any specific areas you would like to see developed? If so, please say:





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Safeguarding Children Board

