Anne Haynes, B.A. M.soc.sc. CQSW
Domestic violence specialist

"Old Orchard"
24 Cotford Road,
Sidbury, EX10 0SQ
☎ 01395 597887
e-mail:
annehaynes@btinternet.com

SEA CHANGE
DOMESTIC VIOLENCE TRAINING AND CONSULTANCY
promoting equality and respect in relationships

CC(3) DA50

Scrutiny Inquiry : Domestic Abuse

Communities and Culture Committee

Response from Sea Change Domestic Violence and Consultancy

Sea change provide an implementation and ongoing consultancy service for community organisations who wish to develop a co-ordinated approach to working with perpetrators of domestic violence and abuse
Sea Change has extensive experience in the implementation and delivery of this work and always proceeds with the safety of victims and children as our highest priority.

We offer a wide range of service in this area of work which can be broken down into 5 main sections

Stage 1: Introduction

We provide a single day's consultancy which includes an outline of the day, an agenda to work to, and an introductory presentation on the reasons for running a programme for non-convicted perpetrators of domestic violence and abuse.
Ongoing levels of consultancy would be negotiated at this stage and this usually involves sessions to support staff after the implementation process is complete.

Also at this stage we provide an implementation plan with a flexible timescale so organisations are aware of the extent of the work in which they are about to engage. This meeting is a two-way process and many advantages and disadvantages can be explored. An explanation of the inter-agency environment necessary for the work to proceed will be high on the agenda along with case management, risk assessment and risk management

Stage 2: Development

We develop the implementation plan to suit the needs of the area and begin to work on management, budgets, finance and can advise on staff requirements and employment.

We can help to secure the co-operation of a range of agencies and work out appropriate referral systems and assessment processes.

We can respond quickly to any training requirements the implementation group may require. We are well known as a leading provider of training in domestic violence and abuse, both nationally and internationally.

Stage 3: Towards Implementation

As development proceeds we recommend a preparatory 2 day training event on ” how the perpetrator operates”, for all staff who are likely to be involved in delivery of the work in its widest sense including women’s safety workers. We would hope that at this stage an organisation will have been identified to take on the women’ safety work and we can provide information and support for this role.

Stage 4: Implementation And Delivery

We provide a 5 day event for facilitators who are going to deliver the material to perpetrators, which we have developed over several years

Stage 5: On-Going Support And Consultancy

We will work closely with you at all times to advise from our experience of implementation both in the community and in the criminal justice system and keep you up to date with best practice.

These stages overlap but it is hoped that this brief information helps your group to find a way forward with your project. We hope we can be of further help.

Our Experience

Sea Change has been closely involved in the implementation of the integrated domestic abuse programme (IDAP) and the Community domestic violence programme (CDVP) which are now being delivered across probation. We wrote all the training manuals for that work and won the tender to write and deliver the Train the Trainer manuals. We are closely involved with the development and delivery of on-going training and have recently written and delivered the training events for the Women’s safety workers across the country.
We have also been the main providers of training to organisations outside the criminal justice system who have wanted to develop work with perpetrators and run a group work programme in a co-ordinated and safe environment.

We provide Consultancy services to staff delivering this work, to treatment managers and to women’s safety workers in 12 Probation areas.
Please contact Anne Haynes 01395 597887 to have a further discussion.

CC(3) DA50

Change for children Witnessing and Experiencing Domestic Violence and Abuse in Gloucestershire

Scoping Services for Children and Young people – a mapping and gapping report

Compiled on behalf of the Change for Children Project – Domestic Abuse

Author Jodie Das
Independent Consultant
Sea Change Domestic Violence Training and Consultancy

SEACHANGE
DOMESTIC VIOLENCE TRAINING AND CONSULTANCY
promoting equality and respect in relationships

Acknowledgements

The author would like to thank the following people for their time, contributions and dedication to addressing the issue of domestic violence and abuse for children and young people

Dermot Brady – Specialist Children's Work Consultant "The Family Business" and Integrated Domestic Abuse Programme Manager, London Probation Area

Kim Brown – Chief Executive, The Hampton Trust

Rachel Martin – Against Domestic Violence and Abuse Coordinator, Devon - manager of Devon REPAIR

Gill Newell – For sharing her knowledge, expertise and research and motivating many people to believe in the Change for Children Domestic Abuse Project

DVACT Gloucestershire

With special thanks to Helen Chesmore – research assistant, Sea Change Domestic Violence Training and Consultancy

Contents

Introduction

In May 2007, the Children and Young People's Strategic Partnership agreed a new project to address the priority outlined in the 2007/8 business plan of ensuring "children and young people who have witnessed or been the victims of domestic abuse are supported and protected"

The project has been in existence since this time .Members of the Children and Young people's Sub group of the Domestic Abuse Strategic Forum form the project team. A Project Board has been established. Members are outlined below

Change for Children witnessing and Experiencing Domestic Violence and Abuse Project Board

Name	Organisation
Sue Butcher	CYPD
Fiona Minchew	County Domestic Abuse Co-ordinator - DVACT
DI Ruth Mather	Domestic Abuse Lead – Gloucestershire Constabulary
Liz Thornton	PCT
Duncan Siret	Manager - Gloucestershire Safeguarding Children Board
Susie Passotti	Rowanfield Children's Centre Manager
Maureen Rutter	County Councillor – Children's Champion

Change for Children witnessing and Experiencing Domestic Violence and Abuse Project Team

Name	Organisation
Belinda Heaven	Healthy Schools
Jane Collins	Manager - Stonham Refuge
Hattie Darkin	ASTRA
Debbie Kemp	
Rod Gay	YES
DI Ruth Mather	Gloucestershire Constabulary – Domestic Abuse Lead
Ruth Mather	Gloucestershire Constabulary – Domestic Abuse Lead
Karen Watson	Gloucester Shape Team
Sue Wild	PCT
Fiona Minchew	Gloucestershire DVACT

Background

Work of the project to date

A project manager, Gill Newell (Public Health) was assigned to the project for one day a week from Gloucestershire Primary Care Trust and remained in this post until the end of December 2007. The project was sponsored by the Children and Young Peoples Services Manager.

The Project manager undertook an initial audit in order to establish the work required by the new project. 54 questionnaires were sent out to managers of services for children and young people within the health community, the local authority and the voluntary sector.

Please Note the following is an extract from Newell, G. (2007) Repairing the Damage. Unpublished

24 responses were received and the findings from this initial audit were as follows:

- 62% of services had a domestic abuse policy, and most of these policies had been updated in the last year
- 84% of services had written procedures for staff to follow when dealing with domestic abuse disclosures
- Most services (78%) included domestic abuse in assessment processes
- Two thirds of respondents reported that they asked children and young people about domestic abuse. Some respondents added that they treated disclosures of domestic abuse as a child protection issue and would follow appropriate procedures
- Although every service included some staff who had received domestic abuse training, only 37.5% of services reported that all staff received domestic abuse training
- Domestic abuse issues were more likely to be addressed if a child was a cause for concern (75%) than if a child was on the child protection register (62.5%)
- 92% or respondents reported that their organisation were aware of effective practice, as evidenced by records, care plans and referrals to specialist services
- 54.1% of respondents stated that they did preventive work with children and young people as evidenced by leaflet distribution

The free text comments were analyzed by theme. Four respondents highlighted the lack of services, particularly peer support groups for children and specialist services such as trauma focused CBT. Two respondents stated that completing the questionnaire had raised their awareness of the need for a domestic abuse policy, as well as the need to develop interventions to improve support for young people. Another respondent stated:

"We need a strategy (I know its being done!) and then a policy and guidelines for all staff"

Another two respondents commented on the need to develop strategies to support children when the perpetrator remains in the family home. One respondent expressed concern about the failure of agencies to work together

"While services might exist it doesn't mean they are working well together"

Areas of preventive and specialist work enquired about through the audit were areas that had been identified through the author's literature review as having an effective "evidence base" when working with children and young people who have experienced or are experiencing domestic violence and abuse

These included

Effective Preventive Work

- Addressed in PSHE Lessons
- Awareness raising material distributed
- Specific Events Organised
- Campaigns

Specialist Provision

- Parenting Support for non-abusing parent/carer
- Parent-child psychotherapy
- Advocacy/support for non-abusing parent/carer
- Trauma focused CBT
- Peer support group for children
- 1:1 therapeutic support for children

The audit highlighted that examples of preventive work were few, apart from leaflet distribution which is not an effective method of health promotion (Naidoo and Wills, 1994, Benett and Murphy, 1997 in Newell, G 2007) Specialist provision was scarce apart from parenting support and advocacy for non abusing parents, as seen in the free text comments (Newell, G, 2007)

In 2006, an online survey conducted in Gloucestershire of pupils in 199 schools found that 46% of children in primary and secondary schools answered "Yes" to the question "have you personally witnessed or been subjected to domestic violence?" If, as the audit highlights, preventive work with children and young people is few and specialist service provision scarce, we have a way to go before achieving the priority set out in the Children and Young People's business plan 2007/8 of supporting and protecting children subjected to this issue

As a result of the above findings, it was felt that a larger audit was required to scope the extent of children and young people experiencing domestic abuse as dealt with by agencies and organizations, as well as more detail as to what interventions are occurring and where the service provision gaps are.

Furthermore, it was felt important to look at models of best practice from around the UK, to inform the Change for Children Project of "what works" when dealing with young people experiencing violence in the home.

The Change for Children Project therefore commissioned an independent consultant to work for 30 days on a scoping exercise of service provision throughout Gloucestershire for children and young people who have experienced or are experiencing domestic violence and abuse and to identify potential avenues of development, and cost, based on evidence of effectiveness for specialist domestic abuse services for children and young people. This report details those findings

Current Situation of Change for Children Experiencing Domestic violence and abuse Project

At the time of writing this report it should be noted that the project is in a vulnerable position. The project sponsor (Children and Young Peoples Services) is no longer able to provide sponsorship. The Project Manager has changed position within the PCT and is no longer able to manage the project. There is therefore very real danger that the work conducted to date will loose momentum and the findings from this report will be unable to be acted upon and recommendations not implemented. It is essential if we are to improve services for children and young people experiencing domestic violence and abuse, that the change for children project is formally sponsored and appropriately managed in order to drive through changes that are required

National Domestic Violence Strategy

The Change for Children project has been established as part of Gloucestershire's Coordinated Community Response to domestic which is the focus of the National Domestic Violence Strategy and Delivery Plan. **All recommendations and models of best practice are made in line with the National model**

Nationally there is one objective to tackle domestic abuse and sexual violence, published in 2007 Pre-budget Report and Comprehensive Spending Review (Oct 2007): PSA Delivery Agreement 23: Making Communities Safer

PRIORITY ACTION 1. Reduce the most serious violence, including tackling serious sexual offences and domestic violence

Effective enforcement and intervening early to prevent violence occurring in the first place, particularly amongst young people, are key parts of the violence action plan. It is vital that practitioners at both the national and local level understand and act on the spirit of the objective to reduce harm.

This is not just about reducing the number of crimes that happen, but also about minimizing the harm caused by every incident that does happen (and reducing the harm from repeat victimization), especially on the health and mental health of victims

The Home Office model, places the victim, children/young people and the perpetrator at the centre, highlighting that agencies need to be working together in order to manage risk.

Progress has been made in Gloucestershire with the establishment of the Specialist Domestic Violence Court, the development of a common risk assessment tool (currently used by all police officers to assess whether a victim is at medium, high or very high risk), Multi Agency Risk Assessment Conferences (MARAC) and the introduction of Independent Domestic Violence Advocates to support victims through this process.

A pilot project has just begun in Cheltenham which aims to prioritise the issue of child protection when managing and addressing risks present to the adult victim (usually the mother) during the MARAC process. This has seen MARAC's and Child Protection Strategy Discussion's being combined and action plans regarding both being established at the same meeting.

This is a very innovative way of working which avoids duplication of both time and resources. Evaluation of this process will be undertaken in due course and positive outcomes are anticipated from those involved.

However a county wide picture of how agencies respond to children and young people who have experienced or are experiencing domestic violence and abuse, outside of the above process, remain largely unknown.

Developing a County protocol for all services responding to children and young people who have witnessed domestic violence and abuse

At the time of compiling this report, a workshop took place in Gloucestershire to begin the process of establishing and implementing a county wide protocol to respond to domestic violence and abuse for all services working with children and young people. This was largely in response to the recognition of many services uncertainty when dealing with this prevalent issue, as identified in the original research conducted by Gill Newell. The day was attended by multi agency partners who put a document together that can be found attached to the back of this report. Partners included: voluntary sector children's services, domestic abuse agencies; social workers, educational psychologist, midwives, health visitors, police, probation, nurses, SHAPE team, and others. It was a very useful day that resulted in a very comprehensive view of the work needed to implement a Coordinated Community Response to children and young people witnessing domestic abuse**. The further development of this protocol will be crucial to the development of responses to and services for children and young people who have experienced or are experiencing domestic violence and abuse.**

Methodology

Mapping and Gapping Services for Children and Young People Experiencing Domestic Violence and Abuse in Gloucestershire

The method chosen for scoping service provision was to build on the questionnaire distributed by Gill Newell and expand on her findings. Distributing a further questionnaire was felt the quickest and most effective way to elicit information from agencies working in this area and also a way to consult with services across the statutory and voluntary sector about their views on the significance and extent of domestic violence experienced by children. Further to questionnaire distribution, the consultant conducted several one to one meetings with key services as identified by the initial audit. Telephone and one to one meetings were conducted with all services outlined in the section highlighting areas of good practice in Gloucestershire which can be found on p 47

The questionnaire was designed with the intention of eliciting information from a variety of agencies working with children and young people in five key areas

1. Information regarding the prevalence of domestic violence and abuse experienced by young people as well as what procedures are in place to deal with these issues when they arise
2. Detail of any work being carried out with children and young people specifically with regard to domestic violence, both formal (healthy relationship work, therapeutic intervention) and informal (managing emotions/feelings)
3. Funding
4. Training
5. Agency views regarding future development

The questionnaire was designed in consultation with both the Change For Children Project Board and Project Team whose suggestions were incorporated when compiling the questionnaire.

Approximately 165 Copies of the questionnaire were distributed to a variety of practitioners in organisations working with children and young people. Practitioners in agencies were identified and contacted through the following means

- DVACT Contact Database
- GAVCA network
- Agencies attending Safeguarding Children Training Courses
- Yellow pages/Internet

Agencies contacted through the DVACT Database and the GAVCA network were e-mailed directly and provided with a covering letter (Appendix A) and a questionnaire (Appendix B). Participants attending Safeguarding Training courses were approached directly and asked to complete a "hard copy" of the questionnaire that was also accompanied by a copy of the covering letter. Agencies identified through the yellow pages/internet received a mixture of e-mail and telephone contact.

Responses Results

Number of Questionnaires E-mailed	**109**	**26 Questionnaires returned by e-mail**
Number of Questionnaires distributed at Safeguarding Training	**57**	**56 Questionnaires returned on training courses**

NB – The above is estimation as some agencies e-mailed the question on to colleagues in other agencies/departments

85 Responses were received overall, representing 52% of the targeted audience. Responses were received from the following agencies

SUMMARY OF RESPONSES

GROUP/AGENCY	TOTAL
ASTRA PROJECT COORDINATOR/PROJECT WORKER	1
CHILDREN'S CENTRES AND NEIGHBOURHOOD PROJECTS	12
COUNTY COMMUNITY PROJECTS	4
CYPD	11
GLOS COUNTY COUNCIL AND SCHOOLS	23
GLOS. PRIMARY CARE TRUST (GLOS. PARTNERSHIP NHS TRUST)	11
CRIMINAL JUSTICE AGENCIES	4
HOUSING	5
VOULUNTARY SECTOR	9
YOUTH SERVICES	5
TOTAL	**85**

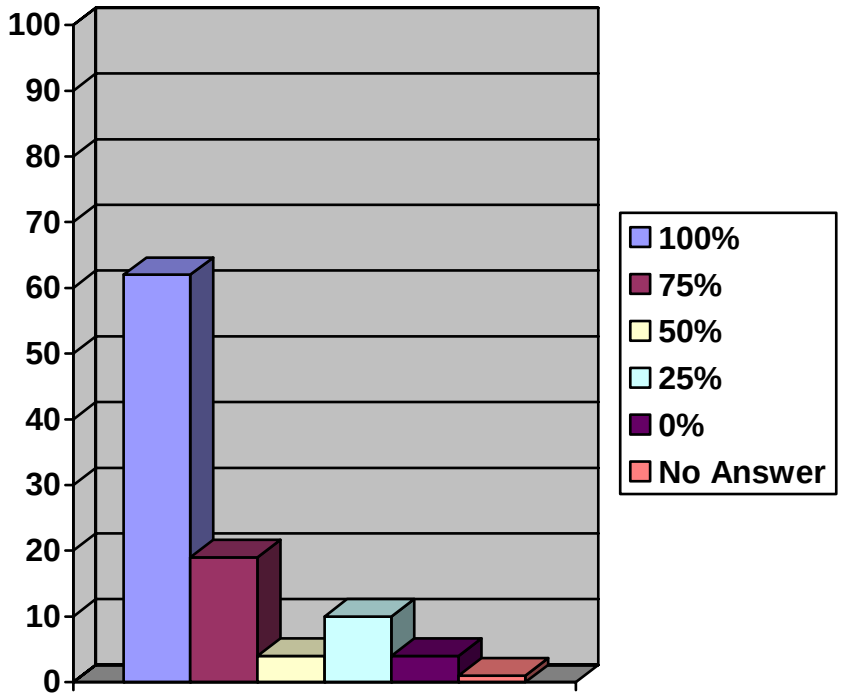
For a full break down of responses, including how they were received, please see Appendix C p64

Research Findings

Change for Children Project
Analysis of Questionnaire

Question 1.

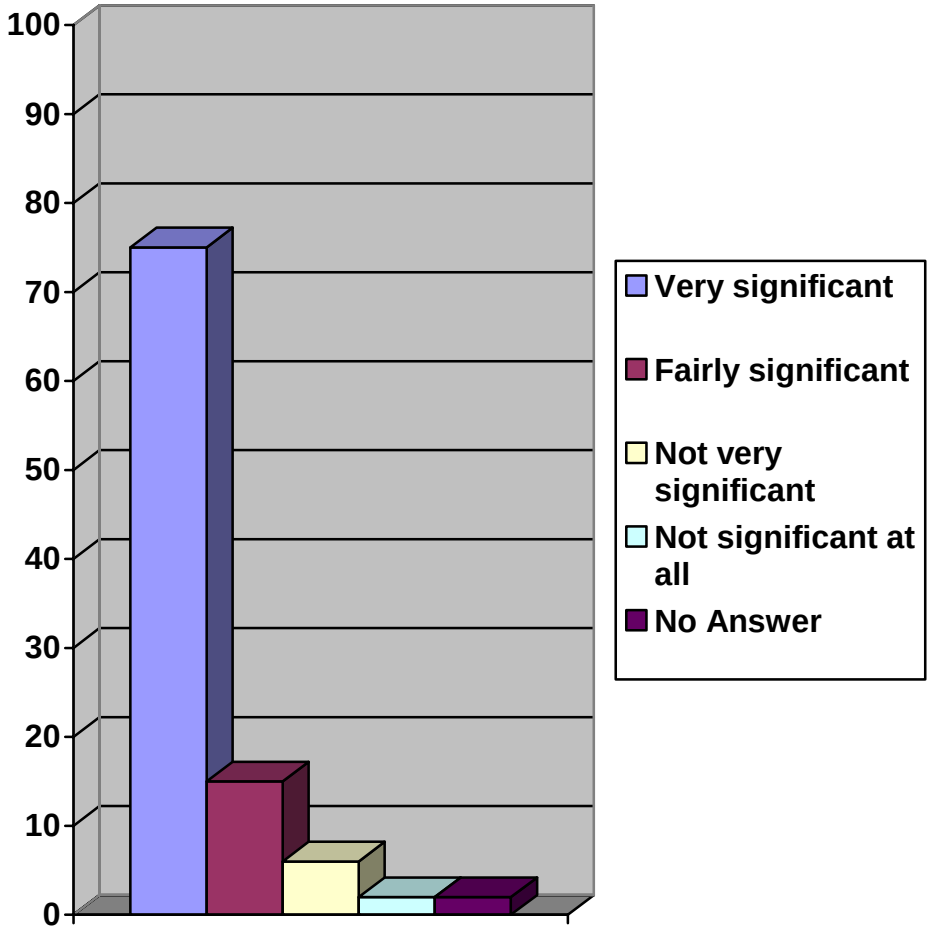
What percentage of your work involves service delivery to CYP?



62% of agencies who replied said that 100% of their work involved service delivery to CYP
19% of agencies who replied said that 75% of their work involved service delivery to CYP
4% of agencies who replied said that 50% of their work involved service delivery to CYP
10% of agencies who replied said that 25% of their work involved service delivery to CYP
4% of agencies who replied said that 0% of their work involved service delivery to CYP
1% of agencies who replied gave no reply

Question 2

How significant an issue do you feel domestic violence and abuse is, in terms of affects on the children and young people you work with?

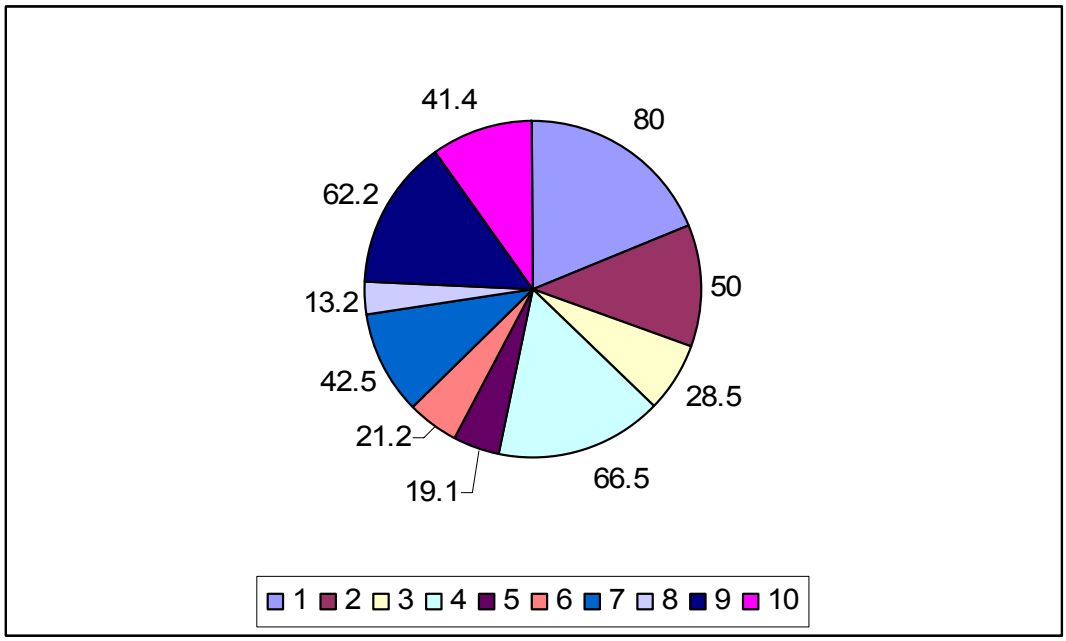


Results shown as a percentage of 85 replies received.

75% of agencies who replied felt that the effects of domestic violence and abuse on the children and young people that they work with is very significant
15% of agencies who replied felt that the effects of domestic violence and abuse on the children and young people that they work with is fairly significant
6% of agencies who replied felt that the effects of domestic violence and abuse on the children and young people that they work with is not very significant
2% of agencies who replied felt that the effects of domestic violence and abuse on the children and young people that they work with is not at all significant
2% of agencies who replied gave no answer.

Question 3

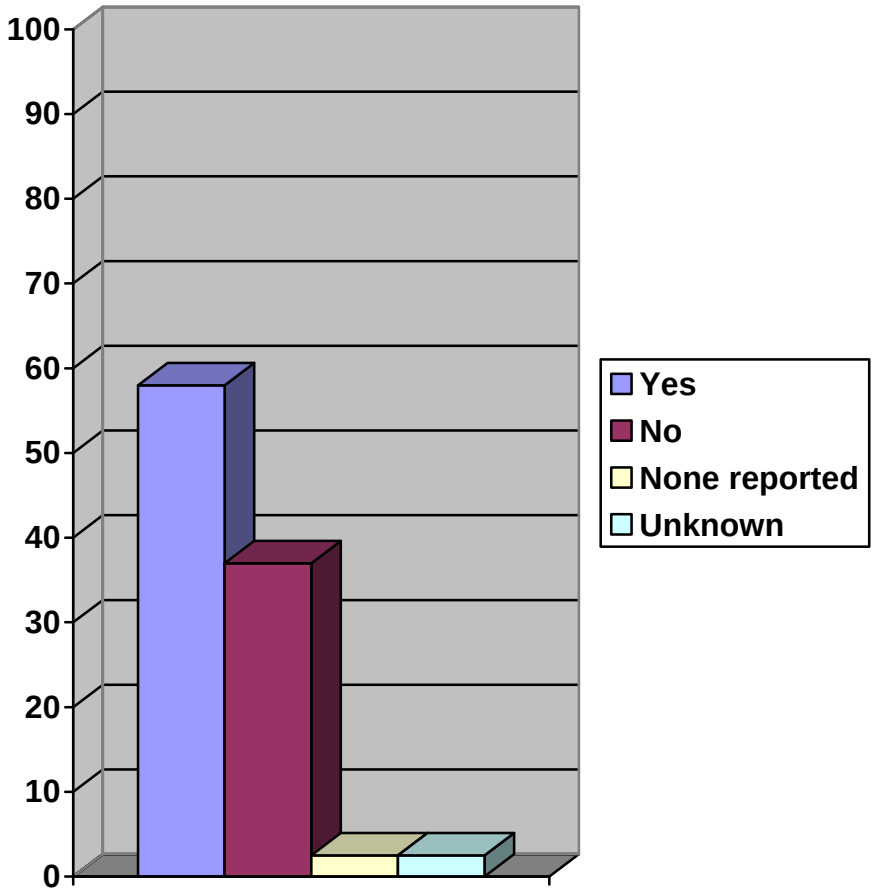
How many CYP that you work with do you consider have witnessed or experienced DVA? (can be an estimation)



	AGENCY GROUP	AVERAGE %
1	Astra project coordinator/project worker	80.0
2	Children's centres and neighbourhood projects	50.0
3	County community projects	28.5
4	CYPD	66.5
5	Glos County Council and schools	19.1
6	Glos. Primary Care Trust (Glos. Partnership NHS Trust)	21.2
7	Criminal justice agencies	42.5
8	Housing	13.2
9	Voluntary sector	62.2
10	Youth services	41.4

Question 4

Do you keep records of the number of CYP that you work with that are affected by DVA?

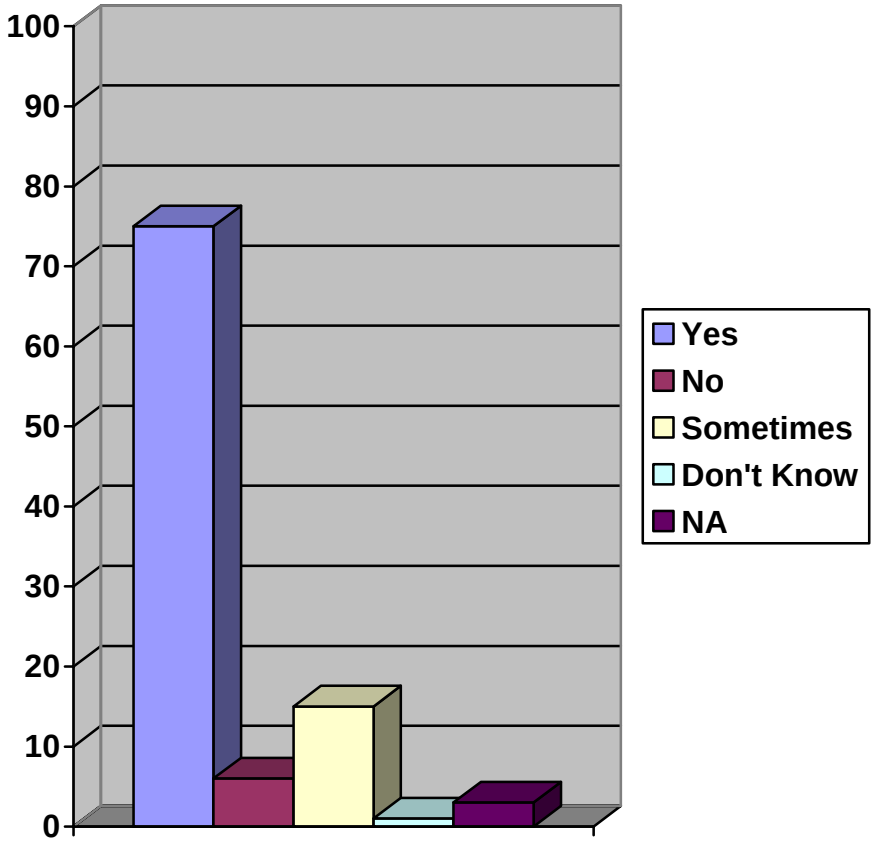


Results shown as a percentage of 85 replies received

58% of agencies who replied do keep records of the number of CYP that they work with who are affected by DVA?
37% of agencies who replied do not keep records of the number of CYP that they work with who are affected by DVA?
2.5% of agencies who replied had no reported cases of CYP that are/were affected by DVA?
2.5% of agencies who replied "un known"

Question 5

Do you log a child welfare concern when you identify a CYP experiencing DVA? Either with line manager or Gloucestershire Safeguarding Board

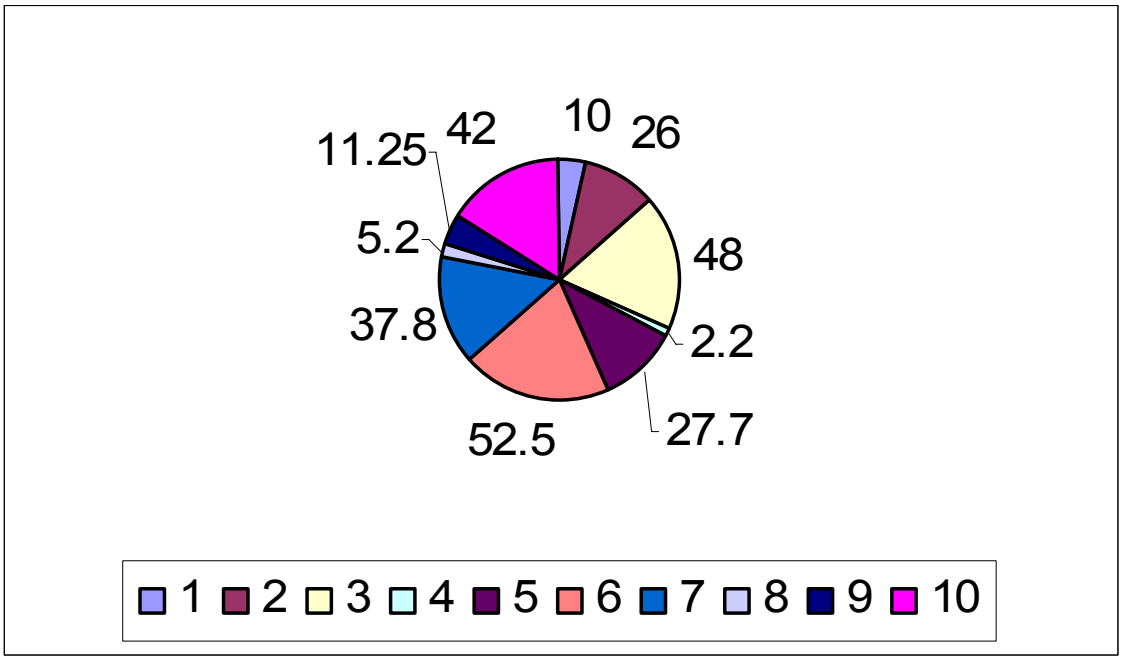


Results shown as a percentage of 85 replies received.

75% of agencies who replied do log a child welfare concern when they identify a CYP experiencing DVA, either with line manager or Gloucestershire Safeguarding Board
6% of agencies who replied do not log a child welfare concern when they identify a CYP experiencing DVA, either with line manager or Gloucestershire Safeguarding Board
15% of agencies who replied sometimes log a child welfare concern when they identify a CYP experiencing DVA, either with line manager or Gloucestershire Safeguarding Board
1% of agencies who replied "don't know"
3% of agencies who replied gave no answer.

Question 6

How many CYP that you identify as experiencing DVA do you refer to the CYP teams (formerly Social Services)



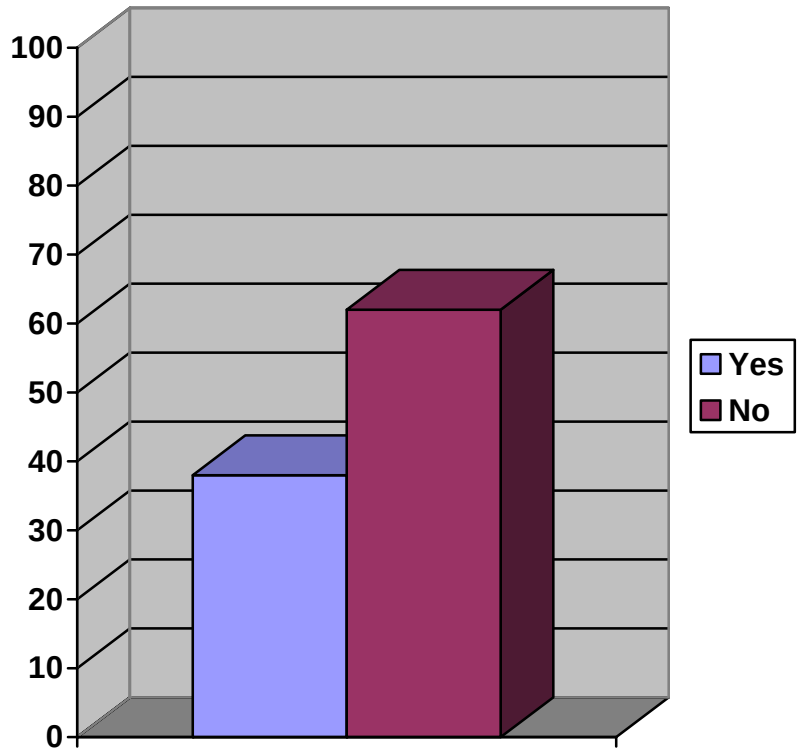
	AGENCY GROUP	AVERAGE % of responses
1	Astra project coordinator/project worker	10
2	Children's centres and neighbourhood projects	26
3	County community projects	48
4	CYPD	2.2
5	Glos. Primary Care Trust (Glos. Partnership NHS Trust)	27.7
6	Criminal justice agencies	52.5
7	Glos County Council and schools	37.8
8	Housing	5.2
9	Voluntary sector	11.25
10	Youth services	42

Notes

Group 4 CYPD – Most answered not applicable as they are the service named in the question.
Group 5 Glos. County Council and Schools – Schools either answered with a high % or gave no answer at all. The Education Welfare Officer also returned a high percentage.
Group 9 Voluntary Sector – This includes Stonham who stated that once the family were with them then the service was implemented rather than having to be a referral to CYPD.

Question 7

Do you undertake direct formal work with CYP who have witnessed or experienced DVA? E.g. sessions around healthy/unhealthy relationships.

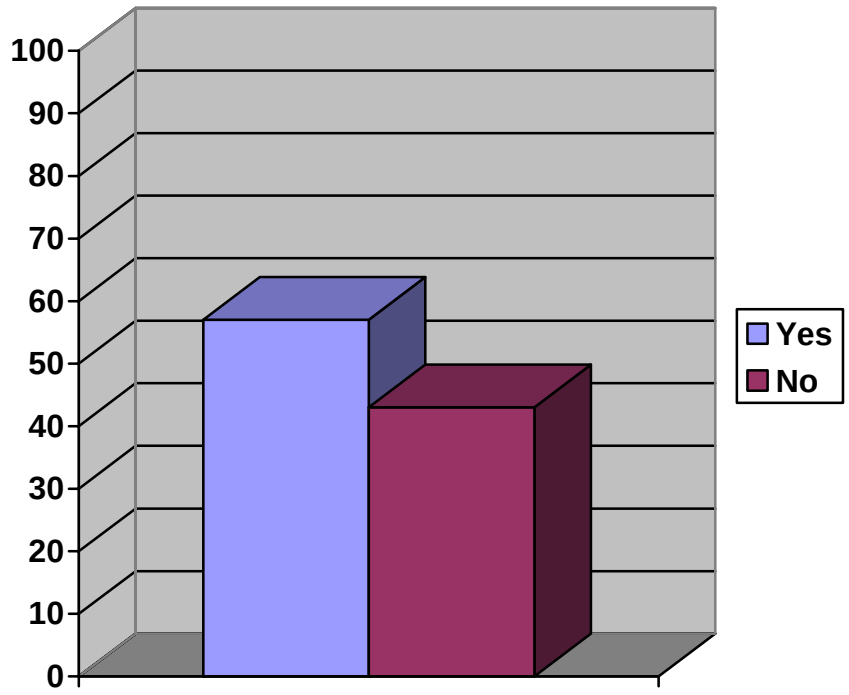


Results shown as a percentage of 85 replies received.

Type of formal work undertaken	No. of agencies performing specific work
Support/Action Plan	5
Psychodynamics/Therapy	3
Refer to Agency	9
Group Sessions	3
Family Sessions (1 stated exc. Perpetrator)	7
Counsellor	5
School Support	6
PHSE	2
Investigation/Courts	2
Relationships	2
Emotional Support	9
Keep Safe	3
Assessment	1
Art/Workbooks/Games	5
Keep Safe	3
CAF	2

Question 8

Do you undertake indirect or informal work with CYP who have witnessed or experienced DVA? E.g. managing emotions, talking about issues

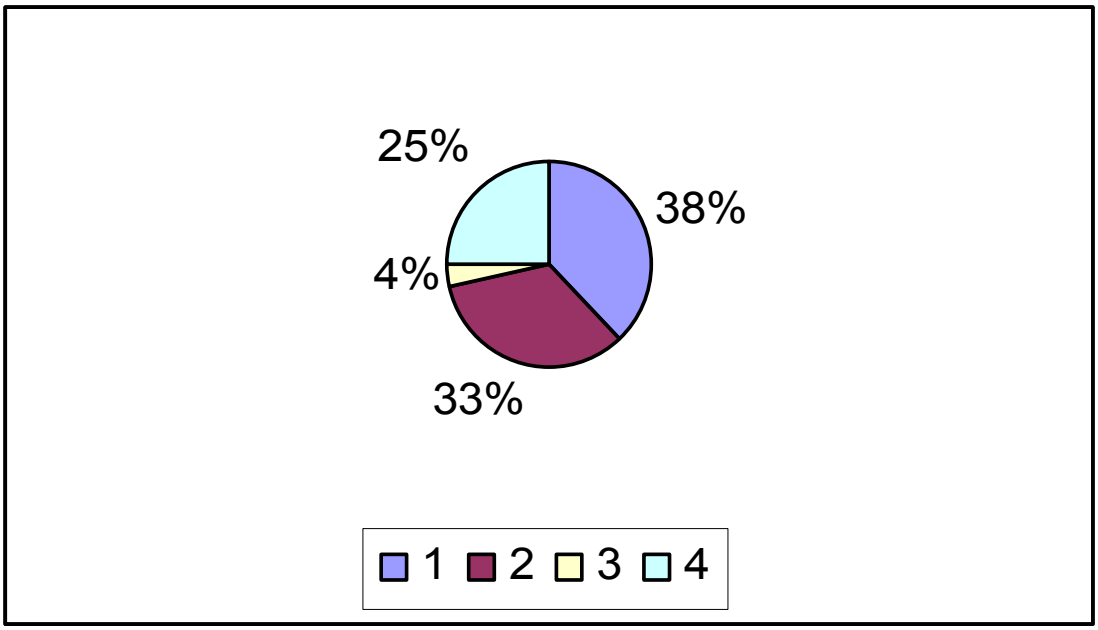


Results shown as a percentage of 85 replies received.

Type of informal work undertaken	No. of agencies performing specific work
1:1	7
Action Plan	5
Parenting/Family Sessions	10
Workshops	1
Group Sessions	3
Emotional Support/Relationships	20
School Support	4
Counselling	5
Holistic Support	4
Consultation	1
Respite/Trips/Activities	4
Agencies	7
CAF	5
YES(1), Freedom Programme(1)	2
Play	2
Peer Mentoring	3
Child Care/Core Proceedings	1
Raising Awareness/Posters	1

Question 9

Do you consider your service effective?

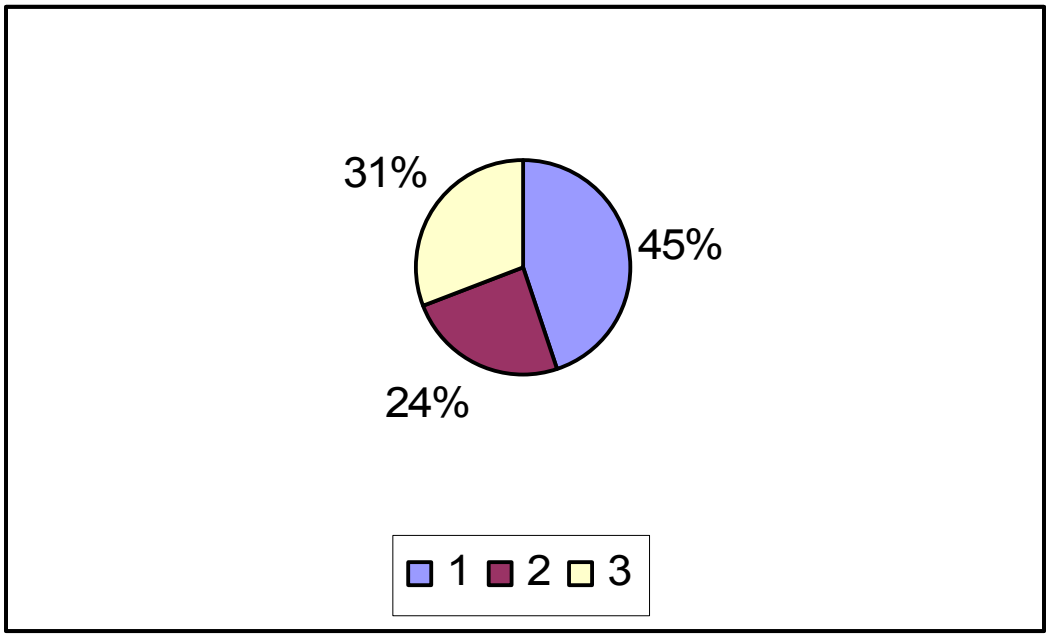


1=YES 2=FAIRLY 3=NO 4=NO ANSWER

Number of replies from each agency group				
Agency Group[	Yes	Fairly	No	No Answer
Astra		1		
Children's Centres/Neighbourhood Projects	3	7		2
County Community Projects	3	1		
CYPD	7	3		1
Glos County Council and Schools	4	1	1	5
Criminal Justice Agencies	2			2
Housing	1	1		3
Voluntary Sector	1	5		3
Youth Services	5			

Question 10

Do you obtain feed back form CYP about how they have experienced your service?



1=YES 2=NO 3=NO ANSWER

Number of replies from each agency group			
Agency Group[	Yes	No	No Answer
Astra	1		
Children's Centres/Neighbourhood Projects	6	4	2
County Community Projects	3	1	
CYPD	5	4	2
Glos County Council and Schools	9	7	7
Glos.PCT and NHS Partnership	3	1	7
Criminal Justice Agencies	1	1	2
Housing		2	3
Voluntary Sector	6		3
Youth Services	5		

Q11

How is your service funded?

Funding Service	Number of Agencies who receive funding
Children's Fund	1
Gov Grants	2
Acorn Trust	1
CDRP	1
Grants	2
Donations/Fundraising	11
Schools Budget	9
Central Government	6
Glos County Council/Local Authority/District Council	37
Connexions	1
Multi Agency	3
Youth Justice	1
Home Office	2
Youth Service	1
Crime and Disorder	1
Children's Centre Budget	2
CYPD Budget	3
NHS	4
National Lottery	1
Shape	1
Castlegate Family Trust	1
No Funding	1

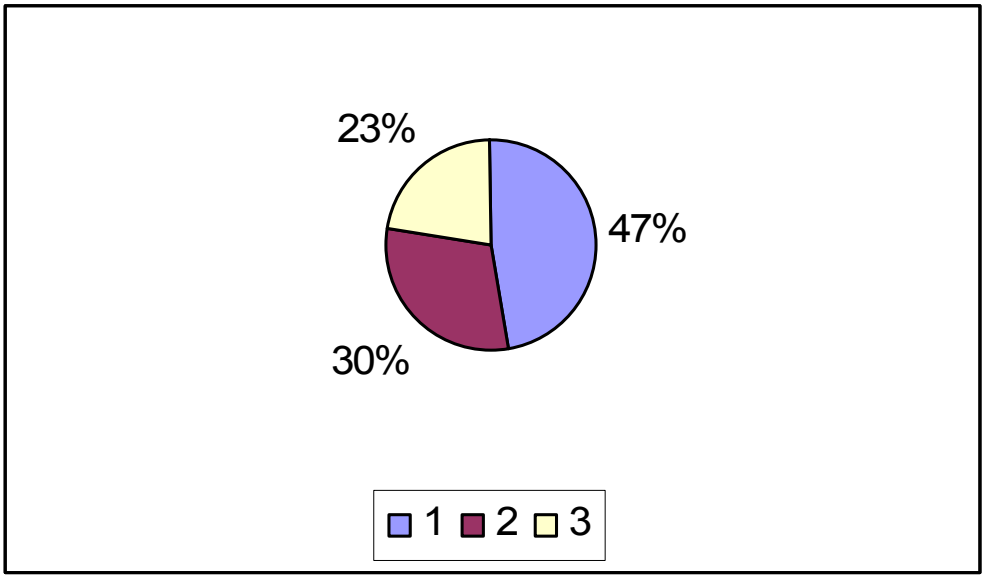
Q12

Can you give an estimate, based on staff time and resources, of how much funding is spent from your service on CYP experiencing DVA?

For a full breakdown of how much services consider they spend on children and young people experiencing domestic violence and abuse – please see **Appendix D**

Question 13

Does your organisation have an opportunity to feed into strategic development on a county level regarding CYP experiencing DVA, (e.g. Domestic Violence Forums)?

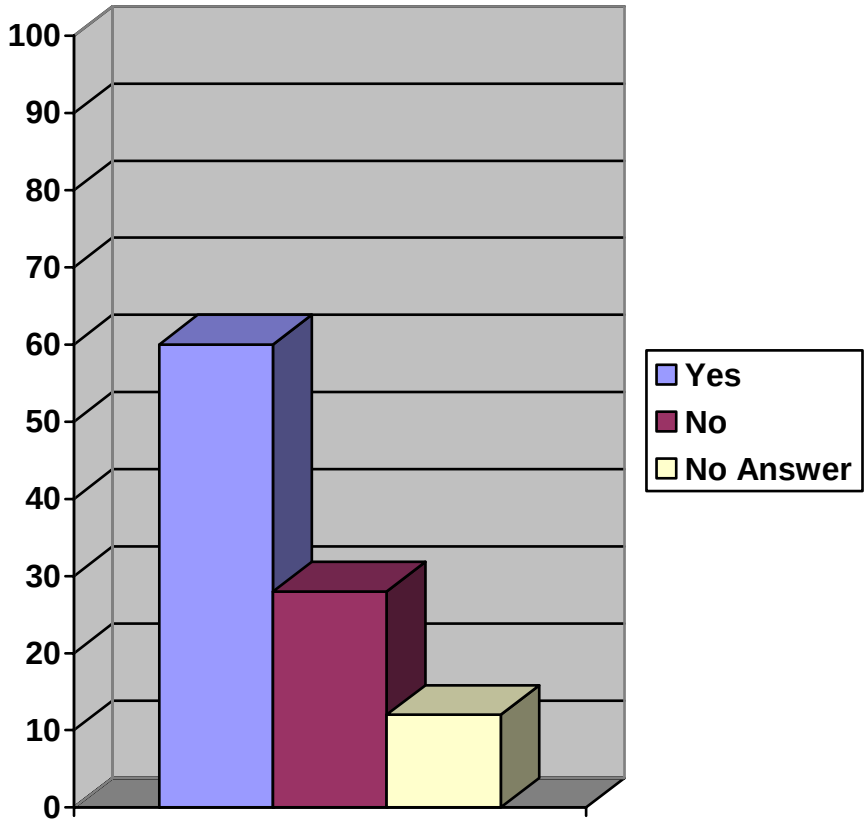


1=YES 2=NO 3=NO ANSWER

Number of replies from each agency group			
Agency Group[	Yes	No	No Answer
Astra	1		
Children's Centres/Neighbourhood Projects	6	6	
County Community Projects	2	1	1
CYPD	7	3	1
Glos.PCT and NHS Partnership	5	1	5
Criminal Justice Agencies	2	1	1
Glos County Council and Schools	4	11	8
Housing	3		2
Voluntary Sector	7	1	1
Youth Services	4	1	

Question 14

Do you refer CYP who have experienced or are experiencing DVA to other services?
If yes which services do you refer them to?



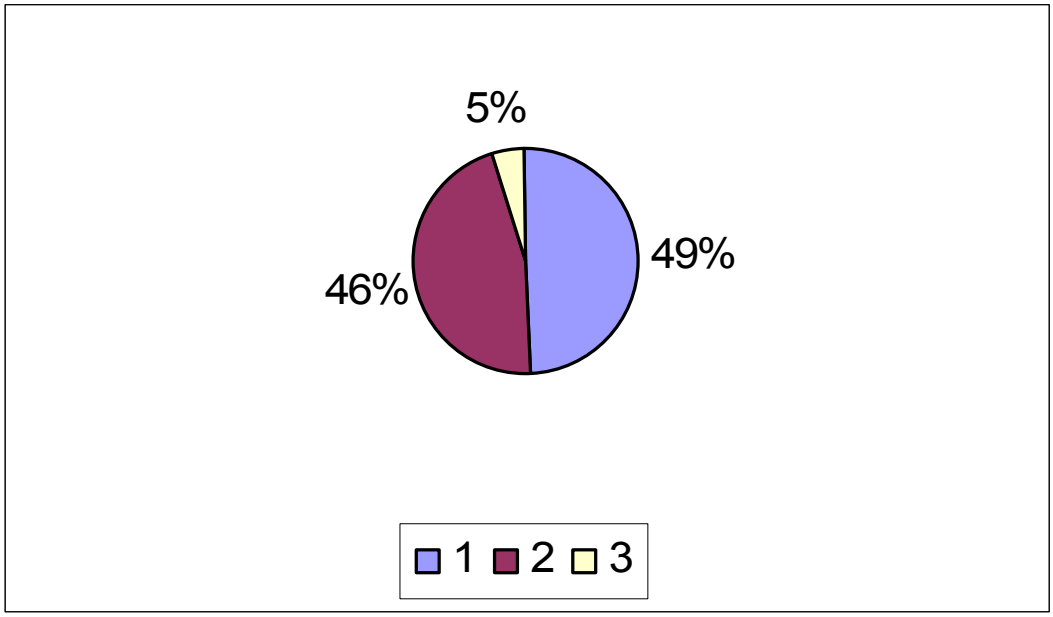
Results shown as a percentage of 85 replies received.

60% of agencies who replied do refer CYP who have experienced or are experiencing DVA to other services
28% of agencies who replied do not refer CYP who have experienced or are experiencing DVA to other services?
12% of agencies who replied gave No Answer

Service Name	Number using service
Counselling	3
Youth Service	5
SHAPE	2
CINCH	2
CAMHS	15
Health Visitor	3
Parentline	1
CAF	5
YIST	4
Best Futures	1
Children' Services	5
Glos. Youth Housing	1
YES	3
GINI	2
CCP	1
GDVSAP	10
Teens in Crisis	2
Women's Refuge	1
Children's Centres	2
CYPD Social Services	13
School Nurse	3
PBST	1
EWO	4
Police	5
Safeguarding Board	1
SHARE	4
Astra	2
Mediation	1
Connexions	6
Young Carers	1
Bromford	1
Stonham	1
Grapevine	1
Family Services	6
Halt	1
DVU	1
GP2	
Schools	2
Family Centre - Prison	1
SENI	1
County Drugs Advice	1
Reintegration	1
Access	1
Relate	1

Question 15

Have you received DVA training in relation to CYP?

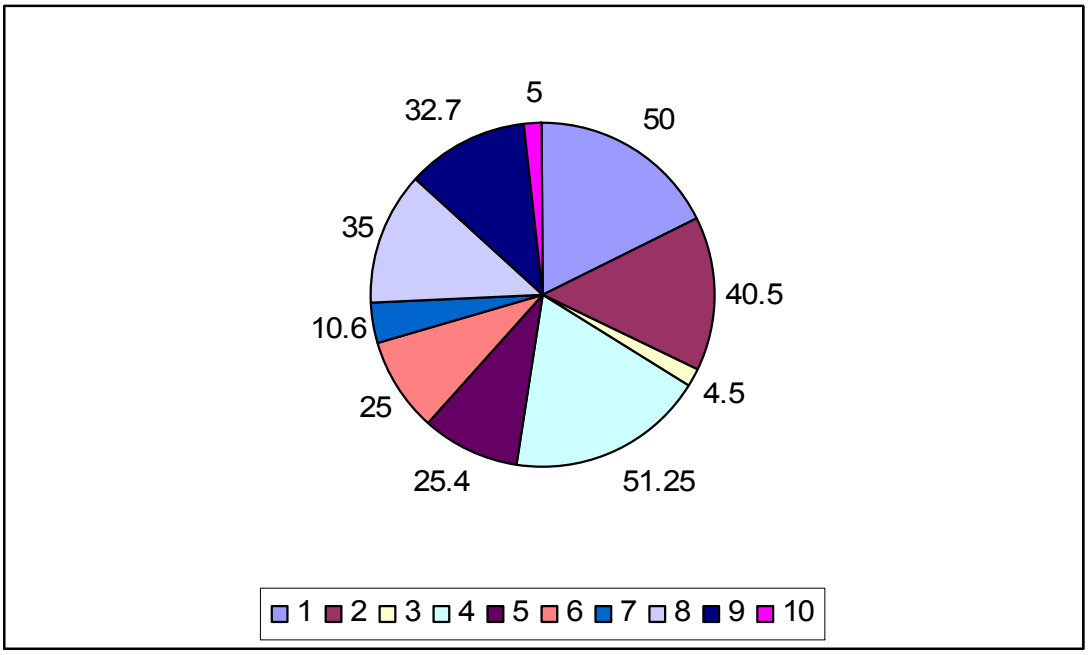


1=YES 2=NO 3=NO ANSWER

Number of replies from each agency group			
Agency Group[	Yes	No	No Answer
Astra	1		
Children's Centres/Neighbourhood Projects	12		
County Community Projects	1	3	
CYPD	10	1	
Glos.PCT and NHS Partnership	5	6	
Criminal Justice Agencies	2	2	
Glos County Council and Schools	4	17	2
Housing	1	3	1
Voluntary Sector	5	3	1
Youth Services	1	4	

For Managers:-

What percentage of staff in your organisation has received DVA training?



	AGENCY GROUP	AVERAGE % of responses
1	Astra project coordinator/project worker	50
2	Children's centres and neighbourhood projects	40.5
3	Glos. Primary Care Trust (Glos. Partnership NHS Trust)	4.5
4	County community projects	51.25
5	CYPD	25.4
6	Criminal Justice Agencies	25
7	Glos County Council and schools	10.6
8	Housing	35
9	Voluntary sector	32.7
10	Youth services	5

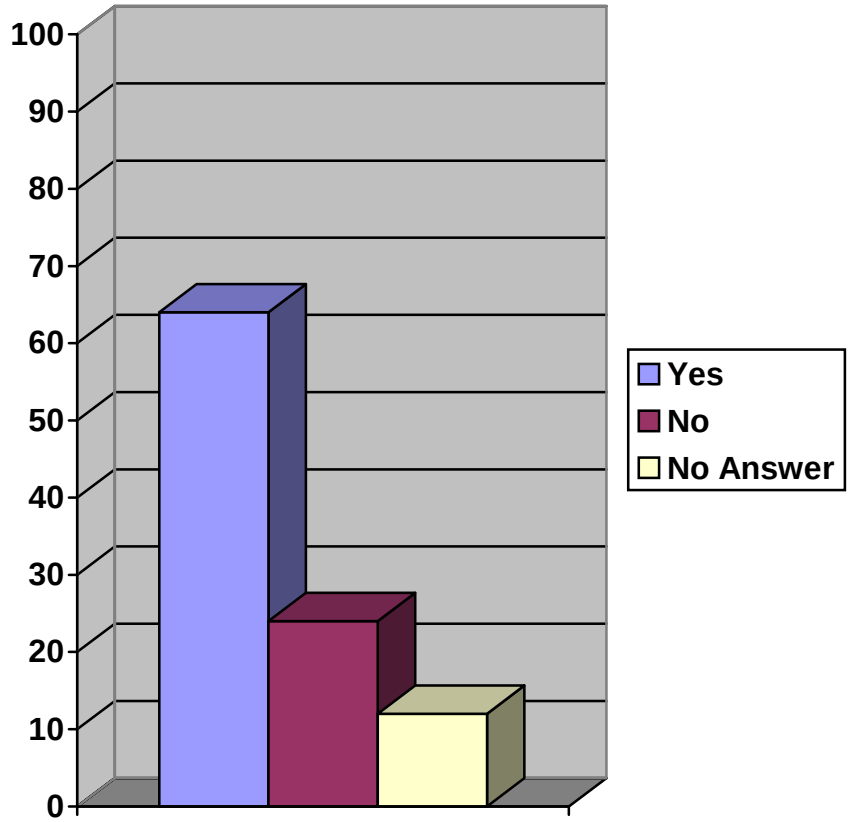
Q16

Of those that have how long was the training?

Number of replies from each agency group					
Agency Group[	Less than 1 day	1 day	2 day	More than 2day	No Answer
Astra				1	
Children's Centres/Neighbourhood Projects		5	4	2	2
County Community Projects	2				2
CYPD		2	7		3
Glos.PCT and NHS Partnership	1	1	3	4	2
Criminal Justice Agencies	1		2		2
Glos County Council and Schools	4	1	1		17
Housing		2			3
Voluntary Sector				2	7
Youth Services		1			4

Question 17

Are you aware of the DVA training provided by the Gloucestershire Safeguarding Children Board?



Number of replies out of 85 responses

64% of agencies who replied are aware of the DVA training provided by the Gloucestershire Safeguarding Children Board?
24% of agencies who replied are not aware of the DVA training provided by the Gloucestershire Safeguarding Children Board?
12% of agencies who replied gave No Answer

Q18. **What do you feel would most improve the situation of CYP experiencing DVA in Gloucestershire?**

Suggested solutions that would improve the situation of CYP experiencing DVA

Training and Awareness for all staff of DV and the impact on CYP including designated trained professionals	
Solutions	**Number who suggested**
Staff to be trained on the effects of DVA on CYP	4
Trained DVA worker at each school	2
In house training for schools	5
Raise awareness of DVA/School debates/General public	5
Raise awareness of effects of DVA on CYP	6
Training for all those in contact with children	23
Awareness training of DVA for CYP	6
More Training courses	3
Specialist in each organisation	1
More information ie change in legislation	**2**
TOTAL	**57**
1:1 Specific DV work with children including counselling sessions in school	
Solutions	**Number who suggested**
Councillors specifically for children	4
Children's workers for 1-1	6
Access to out of school clubs	4
Effects of DVA to be taught in schools	8
More sessions for children	2
Directly working with children in schools/alternative settings	6
Dedicated agency to work with CYP who have experienced/witnessed DVA	9
Advocates for Children	1
TOTAL	**40**
Increases in Interprofessional practice	
Agencies working together/Integration of Agencies/CAF	16
Schools liaise with other agencies	1
Liaison/Listened to by professionals	3

towards school staff	
Integrated system of referral	2
TOTAL	**23**
Family intervention work (a holistic approach) including specific work with perpetrators	
Solutions	**Number who suggested**
Access for victims and CYP to specialist support	4
Perpetrator to be on IDAP/Community programme, anger management etc	6
Intervention with perpetrators before CJS	1
More support for families other than Refuges - /CFW's/Psychotherapy	5
TOTAL	**16**
Cases for the 16-18 to be accepted	2
Early identification	4
Campaigns/Advertising/ GDVSAP	6
Home based support for CYP	4
Specialist outreach DV service	4
More agencies/support for CYP	4
Support after no longer considered at risk	1
Website for CYP experiencing DVA	1
Improved Resources	2
Dedicated strategy plan by GCC backed up with resources	2
Quicker responses to referrals	2
Less paperwork	1
Admissions out of hours	1
Responsive CYPD and feedback	1
Specialist help for the very young	1
More Funding	67
Youth Workers	2
Refuges to be better equipped for children	3
Service for older children	1
CAFs for all refuge CYP	1
Become a part of County strategy	1

Research Conclusions

Summary

- **A good response rate was received from agencies. 85 responses constitute as 52% of the overall questionnaires sent out**

- **62% of the agencies responding work 100% with children and young people**

- **75% of agencies responding feel that domestic violence and abuse is a "very significant" issue in terms of its effects on the children and young people that they work with**

- **The responses suggest agencies estimate they are dealing with a minimum of 13.2% up to a maximum of 80% of children and young people who have experienced or are experiencing domestic violence and abuse**

- **58% of agencies consulted keep records of this, 37 % do not**

- **75% of agencies log a child welfare concern with their line manager or Gloucestershire Safeguarding Children's Board when they identify a child experiencing domestic violence and abuse, 15% sometimes do and 6% do not**

- **Responses were very mixed as to how many children identified as experiencing domestic violence and abuse are subsequently referred to children and young peoples services (formerly social services)**

  NB Despite this response it is the highest category of parental issues identified at Safeguarding Children Child Protection Case Conferences – 38% (information from Safeguarding Childrens Board February 2008)

- **38% of agencies undertake direct formal work regarding domestic violence and abuse with children and young people, 62% do not.**
  Most common responses to the type of work included emotional support and referring to other agencies. It is questionable as to whether referring to other agencies constitutes direct formal work.
  7 responses indicated providing family sessions. 5 agencies indicated that they provide workshop sessions, art and games based, 3 agencies indicated that they provide formal group sessions and 3 agencies indicated that they provide psychodynamic/therapeutic intervention. These forms of directly working with children who have experienced domestic violence and abuse have an evidence base of effectiveness.

- **56% of agencies undertake informal work regarding domestic violence and abuse with children and young people, 44% do not. Most common responses to the type of work included emotional support and parenting and family sessions.**

Nb - both these areas were considered by some agencies as direct work and featured in the previous category while the more significant number of agencies perceived this to be informal work. 5 agencies also responded that they provide counseling, but again perceived this to be informal work

- **A significant number of agencies were unable to answer whether there service was effective (25%) 38% considered their service for children and young people experiencing domestic violence and abuse effective, 33% considered it fairly effective**

- **Less than half of the agencies responding (45%) obtain feedback from children and young people regarding the service they provide**

- **Nearly half the agencies responding (47%) felt that they had an opportunity to feed into strategic development on a county level regarding CYP experiencing DVA, (e.g. Domestic Violence Forums). 30% of agencies felt they did not have this opportunity and 23% did not answer**

- **60% of agencies refer children and young people experiencing domestic violence on to other services. The most commonly identified service for referrals was Child and Adolescent Mental Health Services followed by children and young peoples services (still referred to as social services) and Gloucestershire Domestic Violence Support and Advocacy Project. 28% of agencies do not refer on.**

- **49% of agencies had received specific training around the impact of domestic violence and abuse, 46% of agencies had not and 5% of agencies did not provide an answer.**
  However of those agencies that replied "yes" , 8 responses included training received that was less than one day and when looking at responses from managers, no agency has more than 50% of their staff trained

- **64% of agencies are aware of the Domestic Violence and Abuse Training provided by Gloucestershire's Safeguarding Children's Board, 24% are not aware of this training and 12% of agencies did not provide a response to this section**

Evidence Based Research and National Models of Best Practice

Services for Children who Experience Domestic Abuse

The following section (up to and including The Children's Programme, Sutton) has been contributed by:

Dermot Brady. Feb 2008. The Family Business 07736 519 245. derm0tb@tiscali.co.uk

- He would push me away and give me a back hander…so I called the Police. He ruined all my birthdays.

  Sarah, aged 7

Domestic violence services for children are at an early stage of development but there are some encouraging signs that this is changing. There are some best practice examples in the UK, but they are by no means ubiquitous. Indeed an examination of services for women, who are the primary victims of domestic and sexual violence, shows that interventions are inconsistent throughout the country. A recent mapping of services for women, the Ending Violence Against Women (EVAW) Map of Gaps conclusively demonstrated this. EVAW did not map children's services and it would appear that to date no-one has done so in the UK.

In dealing with this issues we must examine

- Children's experiences of domestic abuse
- The effects of domestic abuse on children
- Examples of practice models
- Delivery models for domestic abuse services for children

Children's experiences of domestic abuse.

Adult experience of domestic abuse is common. 29% of women and 18% of men aged 16 to 59 report experience abuse in the most recent prevalence study. (Coleman et al)

26% of young adults reported physical violence between those caring for them in their childhood. For 5% the violence was constant or frequent.
(Cawson, P)

There is a high correlation between physical, sexual and emotional abuse of children and the presence of domestic violence in the home. Domestic violence is clearly a predictor of child maltreatment. There is also a correlation between emotional, physical sexual abuse and neglect and experiencing domestic violence in the home.

Other research on experiencing domestic violence in childhood points to increased levels of post-traumatic stress disorders, developmental delays, behavioural and other problems.

The effects of domestic abuse on children

There is an increased acceptance that not only are the effects of domestic violence on children many and varied, but that the conceptualisation of the experience should not be determined by notions of witnessing the abuse. When children are living in a home where violence occurs they are not just witnessing it, but involved in the experience even where they are not directly assaulted. As Jaffee and colleagues noted in 1986 the effects of being in a home where domestic abuse takes place are as severe as being directly assaulted.

"They don't even have to see it. Children are very perceptive and they know when their mother's upset or has been hurt or is anxious"

(Mullender 2004)

A range of effects are well attested.

"There are many studies showing that domestic violence impairs children's emotional, behavioural and cognitive development. Its effects include anxiety, fear, withdrawal,

highly sexualised and aggressive behaviour, reduced educational achievement, failure to acquire social competence, anti-social behaviour, and the use of drugs."

(Department of Health Manual 2004)

The Women's Aid Federation for England and Wales (WAFE) website has a section dedicated to children, the Hideout. A study of responses posted in the website reinforces findings from around the world. Some themes were frequent

- The effects of domestic violence were often long-term
- Children were generally more aware of what was going on than their parents realised
- There were links for some between domestic abuse and direct child abuse
- Children often reported not being listened to or believed, particularly by those who were supposed to be in a position to do so, such as the courts, CAFCASS, Social workers etc
- Many children did not want to see the abusive parent or at least not yet
- Children were very supportive of each other
- Outreach and support groups were children could talk to each other were very appreciated
- Some older children were very critical of policies and procedures which they felt did not serve them or their families well
- Safety was very important
- Children generally felt safe in refuges and this outweighed the disruption of leaving home

Practice models

The costs of domestic abuse nationally are in the region of £3.1 billion per year, with an additional £2.7 billion in lost productivity. Domestic violence costs services across the board yet it is rarely the case that any one agency has the responsibility for all of the costs in relation to any particular case. In seeking help victims typically contact 12 or

more agencies. Health, education, the criminal justice system and housing are often involved but a range of other agencies will have engagement with clients experiencing and perpetrating domestic abuse. Every local authority will have to pay for these services although very few quantify this.

As the effects of domestic abuse are so wide-ranging they will give rise to a number of problems which can be physically and psychologically damaging to children.

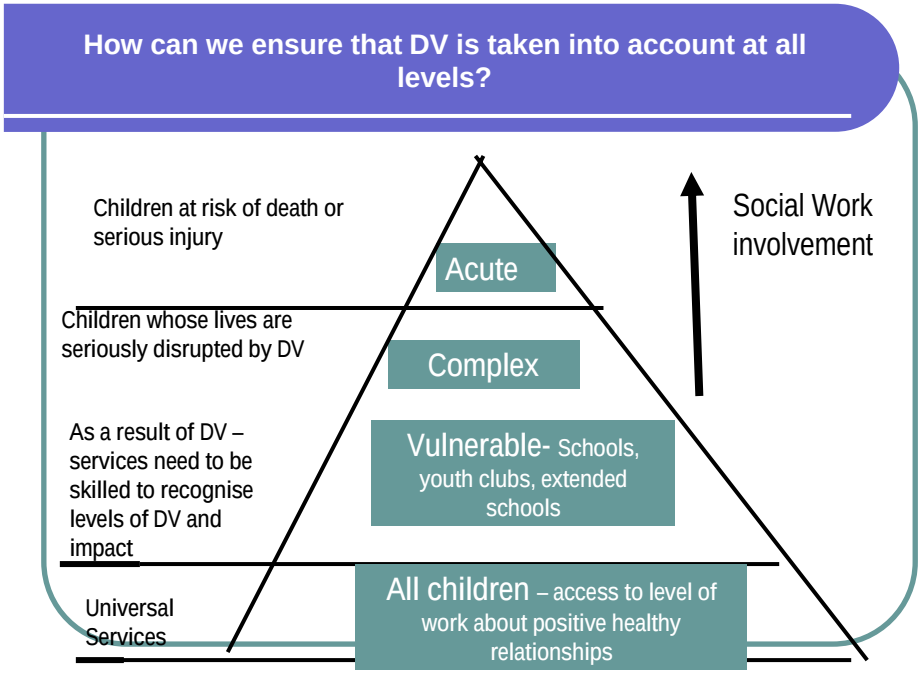
Different interventions are required at different levels. The Every Child Matters agenda sets out five priorities, namely

5 Key outcomes

- Being Healthy
- Staying Safe
- Enjoying and Achieving
- Making a positive contribution
- Economic well being

This implies interventions at all stages of children and young people's development. Developmental models are essential to ensure age-appropriate approaches. The establishment of Children's Trust presents opportunities to address domestic abuse to children in a community –based response to domestic abuse. The ecology of intervention presumes work on different levels.

(with permission from Jane Lindsay of Kingston University)



Programmes for use in schools around healthy relationships can be specifically to address domestic abuse or address this within a broader remit, for example in relation to bullying. Approaches include drama, teaching with appropriate materials and class discussion. Peer mentoring models where older students work with younger age groups have also been used.

More complex assessment and management of need is required when children present with complex needs. Staff in settings where children at risk are likely to be identified should be aware of indicators of abuse and have some knowledge of the potential effects. All agencies should ensure that their training of staff considers how the agency works with victims of domestic abuse.

Where children's lives are likely to be seriously disrupted or directly at risk criminal justice and social services responses are more likely but not always in place. At this level direct work with children can be delivered individually or in groups.

The Children's Group Programme – Sutton, Surrey

The Audit Commission (2007) describes The Children's Group Programme as an example of good and cost effective practice. This model has also been cited by the Mayor of London as an example of best practice. The model was developed in Canada and works with stakeholders from a range of agencies to deliver its intervention. This makes it cost effective but also has the benefit of increasing skills and knowledge about domestic abuse in general and the experience of children in particular across a number of agencies.

Linda Finn (material used here by kind permission of Linda Finn and not to be reproduced without her authorisation) presenting on the model sought views from a number of participants and their managers. She noted a number of, benefits namely

- Raised awareness across agencies of impact and issues for mothers and children
- Increased individual expertise and knowledge
- Skills obtained at group are transferable to other settings
- Enhances a gendered approach to this type of work
- Agencies are starting to come together and take shared responsibility for domestic violence
- Communication across agencies improves and sound relationships develop
- Staff from different agencies jointly collaborate to achieve best outcomes for mums and children
- Cost effective

This appears to have been supported by the staff involved

"Certainly think the DV project has put the subject high on people's agenda. I think in general social workers ask the questions more as a matter of routine, partly because they know there is a service which will respond!"

Manager, Sutton Family Centre

"Health Visitors feel more confident about domestic violence as they have you as a resource and there is now something locally to support families, beginning to give them the confidence to ask the question."

Manager, Health Visiting Service

"We are able to work together more effectively with some of the people who have attended your conference and now have a better understanding of the effects of violence."

Manager, Sutton Women's Centre

"This work has put domestic violence where it firmly belongs as 'everybody's issue'. The project has done more to raise the DV profile than years of ACPC training."

Manager, Sutton Behaviour Support Team

How the children's group treatment programme works

The programme is a concurrent 12 week group model in which the child's mother attends group prior to the child, participating in the same exercises and group discussions.

The programme uses a small group of central staff that administer and manage referrals and group delivery. Those delivering the group are drawn from a wide range of agencies, including Probation, Social Care, Education, Children and Adolescent Mental Health Service and many others. Staff are offered training and support in delivering the programme and there is a strong ethos of peer mentoring. Staff need to have good domestic abuse awareness and knowledge of child development.

The programme is supported by senior managers ensuring that heir workers have sufficient time to engage in initial assessments and actual delivery of the groups. As the programme is relatively short this means that there is not a major draw on the resources

of any single agency. The Audit Commission noted this as innovation in public services and reported on this in May 2007.

Referrals are accepted from a range of different services which broadly parallel the services that contribute staff time. A brief assessment process involves seeing both the child and the child's mother, usually in their home, to discuss the programme and the family's experiences. Once the child has consented arrangements are made to put the child in an age appropriate group. Linda Finn describes this as follows

1) An inter-agency collaborative model

2) Single point access referral through Group Coordinators

3) Group co-facilitators from diverse member agencies - facilitators with an understanding of the issue of woman abuse and the impact on children.

4) Groups are offered at different sites in the community - group locations is a key consideration

The model works on the principle that the person best placed to support the child is the mother. The child's mother attends group a week prior to the child, completing sessions in the same order but with a more adult emphasis. Groups are strictly age banded, with groups available for 4-6, 7-9, 10-12 and older children. The main outcomes are that

- Children enjoyed the group and most of them completed it
- Children were better able to identify abusive behaviour
- Children were better able to safety plan and less likely to intervene in abusive incidents in the home in an unsafe manner
- Fewer children condoned violence as a means of resolving conflict at the end of the group
- Children developed problem solving skills to help resolve conflicts

When offered the opportunity it is clear that children can describe their experiences well and somewhat poignantly

- I would shout and stand in the middle… it didn't work but I tried my best…it was worse if I didn't do it - Lucy, aged 14

- My step dad hit me on the head and the top of my cheek - David, aged 14

- He used to punch us all over my body and it was worse if I tried to help mum - Stephen, aged 15

- He threatened to beat me if I called the Police. He threatened to kill me when I put only Mum's name on the Easter card. He forced us to watch and wouldn't let us leave. One day it was from 10.00 in the morning until 10.00 at night. Sometimes he pushed me and he would slap me round the face - Peter, aged 14
- He said I was naughty and pushed me on the floor, sat on top of me and began punching me. My sister helped pull him off - Jenny, aged 9

The Hampton Trust

The Hampton Trust is a charity which works with children and families who have been exposed to violence, abuse, conflict or social isolation. They work in a variety of different ways according to identified need and always within the context of child safety.

A literature review suggests that despite the varying experiences of domestic violence and abuse by children, there are common themes that can be addressed within any intervention. This includes the child experiencing a real fear for a parent's safety. This must be acknowledged. Not talking to adults about domestic abuse is another common theme as is the lack of information on where to get formalized support. The children address this through seeking informal support through friends.

The programmes offered by the Hampton Trust are across the age spectrum of eight to eighteen years and they provide a safe, non-judgmental space for the child/young person where they can express their fears for a parent's safety. Within this space we help the children/young people to build up relationships of trust, formalized, and informal support - and we do this through group work.

Each group lasts on average eight weeks but we try to facilitate friendships or activities beyond that period. Art, craft, games and activities are all used as tools to help the children and young people express themselves. There is a focus within the groups on maintaining personal safety, identifying when they are at risk, and building knowledge on how to take action. The underlying assumption for the group work is that it facilitates

the opportunity for the children to build positive friendships thereby reducing the sense of isolation they can experience.

Despite the theoretical assumptions that support a group work approach, there are no studies showing incontrovertible outcomes that this type of intervention is beneficial for children/young people who have been exposed to domestic violence and abuse. The Hampton Trust therefore has undertaken a comprehensive evaluation of their work with children and young people to ensure that their interventions have effective outcomes
Children, especially younger children, who have been exposed to violence and abuse are a silent community. The Hampton Trust wanted to use a qualitative method of data collection with children aged 8- 12 years that would provide them with a voice and not just a measurement of change.

The Write and Draw, or Draw and Write depending on where you place the emphasis, is a projective technique that provides children with a non threatening and open ended way of sharing their projected perceptions. It was first devised by Noreen Wetton at the University of Southampton in 1989 as part of the Health for Life programme.

Write and Draw invites children to draw a picture about a particular issue/situation and then write a sentence or notes explaining the drawing. Supplementary projective questions are asked to help ascertain their knowledge and beliefs. This technique can be used as a research strategy where the written statements are used as quantifiable data or as an evaluation tool. The technique can be used with children with low literacy skills.
To ensure that comparable data was available, The Hampton Trust evaluated responses from 126 children aged 8 and 9 (control group), against responses from 26 children who had been exposed to domestic violence and abuse. It was not known if any of the children in the control group had been exposed to domestic violence and abuse.

Research Findings from The Hampton Trust

This section is structured around the three key findings from the study.

Children exposed to violence and abuse were not able to project their feelings, experiences and perceptions in relation to the children in the control group

Around two to three years of age children develop an ability to project their feelings experiences and sensations onto another individual (Piaget 1982). This is a development that is closely linked with empathy. It is known from other studies that children exposed to domestic violence show an inability to empathise with others (Gilligan 1991). Individuals who cannot empathize with others' feelings are less likely to curb their own aggression.

There are six possible explanations for the finding that the children exposed to domestic violence found it hard to project.

One is that a growing body of evidence suggests that children exposed to domestic abuse have an excess of neural activity which alters brain function due to the stress

response. Whereas exposure to moderate stress can result in resilience, exposure to severe and ongoing stress results in an excess of neural activity which alters brain function (Perry 2004).

The second explanation is that children exposed to domestic violence have been shown to over rely on non verbal communication and as the research tool did not involve non verbal communication they found some challenges in completing. However this would not explain why they could complete the tool when it was not projected.

A third hypothesis is that to project and empathise with a parent who is being abused is just too devastating for a young and developing brain to cope with therefore this part of the child is 'shut down'.

A fourth reason may be that children learn social skills by identifying with adults in their lives. Children cannot learn projection and empathy in their interactions with others when their only models, do not exhibit this (Garbarino et al., 1992).

The fifth possible explanation is when children experience a trauma; a common reaction is to regress to an earlier stage when things were easier. This regression can be therapeutic by allowing the child to postpone having to face the feelings aroused by the traumatic event. It is a way of gaining psychological strength. However, when children face continual stress they are in danger of remaining psychologically in an earlier stage of development.

The sixth hypothesis is, to control their fears, children who live with violence may repress feelings (Wallach 1994). The findings from our study show that children exposed to domestic violence expressed feelings significantly less than the children in the control group. This defensive maneuver takes its toll in their immediate lives and can lead to further pathological development. It can interfere with their ability to relate to others in meaningful ways and to empathise

Whatever the reasons for the challenges the children experienced in trying to complete the projected version of the Write and Draw tool, it is clear that those who provide interventions must include projection and empathy exercises as a relevant part of their programme. For those who wish to research or evaluate such interventions, projective techniques may not be a suitable instrument for this purpose. However valuable data can be obtained through using drawing and writing without projective questioning.

Children exposed to domestic violence and abuse used significantly less 'feelings' words than those in the control group.

The data from this pilot study suggests a need for children who have been exposed to domestic abuse to develop their emotional literacy. As seen in the previous section on projection, children who live with violence may repress feelings (Wallach 1994).

Proper labeling of emotions ensures feelings become easier to handle, it can help children understand themselves, as well as help them learn to get along with each other. Jacobson (1991) found that parents are the main cause of anger feelings in children and that there is a gender difference in how this emotion is expressed. Boys

are more likely to act aggressively whilst girls remain silent or withdrawn. Anger in itself is not unhealthy but how it is expressed can be.

The findings from this pilot study suggest that interventions for children exposed to domestic violence and abuse need to focus on emotional literacy. The Write and Draw research tool would be a relevant technique for further exploring emotional literacy.

Children exposed to domestic violence and abuse did not cite friends as making them feel good as often as the control group

Children who have been exposed to violence may have trouble learning to get along with others. The anger that is often instilled in such children is likely to be incorporated into their personality structures. Carrying an extra load of anger makes it difficult for them to control their behavior and increases their risk for resorting to violent action. (Wallach 1994).

It is know that exposure to trauma interferes with a child's ability to trust (Osofsky and Fenichel, 1993). All of which would impact on a child's ability to make and sustain friendships

For children living in an atmosphere of stress and violence, the ability to make friendships is crucial to healthy development. Group work can offer a safe environment in which to start learning about friends.

Summary

Children exposed to domestic abuse that took part in this pilot study were not able to cite feeling words as often as the children in the control group. In addition, they did not cite friends as helping them to feel good as often as the control group. These are all important considerations when designing group work interventions for children exposed to domestic violence and abuse

Key Recommendations

1. **Use projective techniques with caution with children who have been exposed to domestic violence and abuse**

2. **Develop a programme of emotional literacy to use within group work intervention**

3. **Provide a focus on relationships and friendships within group work intervention**

Devon REPAIR Programme

The Devon REPAIR programme is a holistic family intervention model aimed at tackling

domestic violence and abuse with all members of the family

The intention of this ISB (Invest to Save Budget) Project is to address a full-family recovery resource through:

- Identifying methods for change and developing a comprehensive prevention model.
- Identifying and reducing agency overlap and incidents of 'gaps' in the system.
- Reducing the social, educational and emotional impact of domestic violence on children and young people.
- Lessening behavioural problems in children and young people.
- Establishing a model of change for male perpetrators.
- Reducing criminal violence and costs associated with domestic violence.
- Developing higher self-esteem and greater resilience in survivors.
- Heightening and developing mainstream practitioner skills.

Safety of Children

The programme provides support to children of the men (as well as female partners) that are attending a community based perpetrator programme. Safety of women and children is the focus of the programme.

Outcomes

- There were 199 children and young people associated with the perpetrators who were potential beneficiaries of the CYP support. 60 of these have taken up support through REPAIR.
- 11 children have completed comprehensive evaluations.
- The majority of children whose fathers completed the programme saw improvements in self-esteem, self-image and peer relationships.
- There are currently insufficient outcomes recorded in relation to children's work. Additional data will be available for the final report.

The Children and Young People element of the programme had hoped to be groupwork focussed but because of ages and geography that has not been possible – so focus has been on 1-1 tailored work BUT with the hope of piloting a groupwork model engaging children and young people other than from REPAIR

Summary from Models of Best Practice

Interventions with children experiencing domestic abuse should be broad ranging and age appropriate. Services should range from universal provision in schools, playgroups and other places where children meet to specific services for children who have experienced traumatic incidents in the home.

Local authorities should consider

- Education programmes that specifically identify domestic abuse
- Training for staff in agencies where domestic abuse is likely to be a core issue. This will include most education, health, social care, housing and criminal justice agencies.
- Specific services for children can be delivered in 1-2-1 or in group contexts. Practitioners should be trained in domestic violence awareness as general services may over-estimate their own skills and knowledge in this area
- Group work with children has to potential to be extremely effective. The benefits of the Children Group treatment Programme include cost-effectiveness, increasing the skills of those who participate in delivery and increased awareness and knowledge in those agencies that take part.
- Of course the most important thing is that the model has proven effectiveness with children. Participation in the programme starts the healing process and allows children who are too often silent to have a voice.

Where are we in Gloucestershire with Services for Children and Young People Experiencing Domestic Violence and Abuse?

At present, in the County, there are no available specialist services as outlined in any of the models above.

However it would be unfair and do injustice to those practitioners and agencies that are working, all be it with limited resources and coordination, to make a difference and improve the lives of children and young people who have experienced domestic violence and abuse. A variety of work is taking place in Gloucestershire and the following section outlines some examples of good practice in the county, that are in line with the wider evidence base of effective work with children in this area.

Examples of Good Practice in Gloucestershire

Education Programmes (Universal Services – Level 1)

The Healthy Schools Development Team is working in partnership with several schools across the county to implement educational work around domestic violence. Schools taking part are as follows;

- Stroud Pupil Referral Unit
- Cashes Green Primary Stroud
- Robinswood Primary & Children's Centre Gloucester
- Forest View Primary
- Lynworth Primary Cheltenham
- Deerpark Cirencester
- Cirencester College
- Archway Stroud
- Alderman Knight Tewkesbury
- Cheltenham Kingsmead

ASTRA (Alternative Solutions to Running Away) Project (Targeted/Specialist Service – Level 3)

The Astra Project was established in 1997 as a multi-agency approach to the issue of young people who run away. It provides support, advice and information for young people up to 18 years of age who have run away from their family home in Gloucestershire or from a local authority residential unit or foster home.

100% of Astra's work involves service delivery to children and young people and services are also offered additionally to parents/carers. Astra estimate that 80% or more of children and young people that they work with have witnessed and experienced domestic violence and abuse in the home. Furthermore it is estimated that half of their

funding, £50,000 is spent on dealing with issues of or connected to domestic violence and abuse when considering staff time and resources. Due to the significance of domestic abuse issues Astra undertakes specific work with young people about healthy and unhealthy relationships. This is largely conducted on a 1:1 basis using worksheets from a 'Teen Relationships' workbook. Issues explored include communication, saying no, respect, trust, honesty, challenging attitudes, values, gender, self esteem, anger management, risks and dangers with relationships and internet use.

Evidence based research supports the above interventions as being effective when working with children and young people that have experienced domestic violence (refs)

Astra engages services from both the voluntary and statutory sector and partnership working is a central theme of the project. They provide an effective service in that 90% of the young people they work with remain in the care of their parent or carers. Young people who use the services of Astra undertake full evaluations regarding their experience and overall rate it very highly in terms of making an overall difference to their lives and preventing them from becoming involved in risk taking behaviour.

Astra would provide a solid base for any specialist service

Forest of Dean Women's Services – The Children's Project (Targeted/Specialist Service – Level 3)

The Children's Project is a partnership project between Forest of Dean Women's Services and The Opportunity Centre, Coleford. The aim of the project is to work with children who have experienced domestic violence and abuse by providing one session per week (9.30am – 3pm) during all school holidays to a maximum of 20 children aged 2 – 7 in the Forest of Dean area.
This exciting initiative began during the February half term, 2008. The need for such a service grew from recognition of the importance of providing support and intervention to children who have experienced domestic violence, on a wider scale than that which can be provided within refuge on a 1:1 basis. Referrals to the project are currently received from women who have experienced any form of domestic violence and abuse, currently receiving support/services from Forest of Dean Women's Services or The Opportunity Centre, Coleford. Women using these services are given information about the project and complete a referral form if they wish to refer their child/ren. For those children who subsequently attend Children's Project sessions, their mum continues to receive 1:1 support from FOD Women's Services and is also encouraged to attend the Pattern Changing group, also run by this service.

The Children's Project is co-ordinated and delivered by the children's worker, Forest of Dean refuge and a member of staff from the The Opportunity Centre. Sessions are structured into two key areas; free play in the morning followed by a specific workshop in the afternoon to address children's experiences of domestic violence and abuse. Workshops so far have included the following topics,

- feelings including how to communicate them,
- anger management
- safety planning
- keeping your body safe

- saying no
- danger signs
- safe people to talk to

Feedback so far has been extremely positive. Staff delivering the project have undertaken evaluations by compiling feedback from both children attending the sessions and their mums. The results are as follows……

At present transport is provided free of charge to those families using this service but resources are very limited. Valuable time of the two key staff involved is taken up trying to raise funds. For this reason, and with no specific funding, it is not possible to arrange more than three sessions at a time, although the goal is to provide all young people using this service with six sessions.

The Children's Project, since its recent existence, has accumulated a waiting list from other agencies wishing to access the service that the project provides from children and young people. This clearly highlights a need for this service. The Children's Project provides an example of good practice that can and should be built on for the County!

Children's Work in Refuge (Targeted/Specialist Service – Level 3)

Refuges house children who are known to have been seriously disrupted by domestic violence and have complex needs. Children in refuges have often been traumatized by their experiences and have often lost all forms of security and stability – friends, playgroups, health visitors, schools, extended family and other support and social networks. The risks to the health and wellbeing of children do not end the moment that a child is in a refuge and children's work in refuges is crucial in identifying and addressing the needs of children with often complex and wide-ranging issues

In relationships where there is domestic violence, children witness about three-quarters of the abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families (Royal College of Psychiatrists, 2004) It is fair to say that children entering the refuge system are often amongst the highest risk category, due to the harm they have experienced as a result of being exposed to systematic violence and abuse.

Approximately 200 children are supported by Gloucestershire refuges in the period of a year (Cooper, 2008) In order to support their complex needs and provide the protection that that is required under section 120 of the Adoption and Children Act 2002, (which extends the legal definition of harming children to include seeing or hearing ill treatment of others, especially in the home) children's workers in refuge undertake the following tasks;

- Develop support plans with children and mothers to meet the needs of children and young people
- Support children to access schools/playgroups/health visitors/GPs quickly
- Liase with schools to ensure that they are aware of the needs of children who have lived in an abusive environment and deal with problems before or as they arise
- Recognise and report child protection concerns within GSCB guidelines

- Liase and signpost to other agencies that meet specialist needs that children may have
- Advocate and support children to have a voice within refuges
- Liaise with agencies and support CAF processes

This list is not exhaustive but gives an indication as to the importance of the role.

Despite being a largely under researched area, from the research that has been conducted, childwork in refuges has emerged as a major resource for children (Humphries and Mullender, 1998) There is a crucial preventative element to the work that goes on in terms of addressing any issues for children and young people before they escalate. This may include prevention of violent behaviour, truancy, offending or risk taking behaviour, anti-social behaviour, substance misuse, poor academic achievement or forming unhealthy relationships.
The role of children's work is in line with all strategies outlined to ensure that children reach their potential under the five outcomes, e.g Gloucestershire's Children and Young People's Plan 2006 – 9 and Emotional Health and WellBeing Commissioning Strategy 2007

Despite this, refuges have had to rely for the last few years on small grants to provide subsequently limited services for children within refuges. *Supporting People* provides funding for services which support adults but this does not include any funding for children or young people. Limited funding has been provided from April 2008 by CYPD for a temporary period.

The following extract from 'Vision for services and young people affected by domestic violence – Guidance to local commissioners of children's services' should be given careful consideration in the development of responses to and services for children and young people who have been exposed to domestic violence.

Commissioning specialist services for children should build on existing provision, and recognize the special contribution and experience of voluntary sector domestic violence services, particularly local women's refuge organizations, and facilitate their involvement, both in planning and delivering services. Independence from statutory agencies can be a crucial factor for women and children seeking assistance

Youth Service/Youth Offending Service (Acute need Service – Level 4)
CYPD (Social Workers/Family Support Workers Targeted/Specialist Service – Level 3 and Acute need – Level 4)

Contributions from Youth Service and CYPD staff indicated that many interventions are occurring within this service with children and young people where domestic violence is the predominant factor. Whilst many Youth Service and CYPD staff felt a lack of coordination around the work that they were doing, they highlighted some positive feedback around one to one sessions, mainly focusing on relationship issues and dealing with emotions, but also including "Keep Safe" work and anger management. No service from all the responses indicated any specific work with young perpetrators (in intimate relationships, including family members), and this was an issue many agencies "flagged up" as a gap in service provision

SHAPE Teams (Spans services for children identified as being vulnerable to risk – Level 2 and Targeted/Specialist Service – Level 3)

Family Intervention Project

Gloucestershire Safeguarding Children Board

It should be highlighted that Gloucestershire's Safeguarding Children's Board provides good practice in that it offers a comprehensive domestic violence training package to all professionals working with children and young people as part of the core Safeguarding Training programme. The Safeguarding Children's Board is dedicated to addressing the impact of domestic violence and abuse on children and young people and is exploring innovative ways of working such as combining strategy discussions and MARAC meetings. A pilot of this work is currently underway in Cheltenham

Summary

The services outlined above are examples of good practice that are in line with the evidence base of 'what works' when responding to children and young people who have experienced or are experiencing domestic violence and abuse. **Astra and the Forest of Dean Women's Services provide the models most closely akin service to other national models in that they offer structured group work to children and young people specifically around issues relating to domestic abuse and they also provide structured advice and support to the carer or non abusive parent**. These services (including looking at all children's work in refuge) provide a good base from which to develop and improve responses and services for young people exposed to domestic violence and abuse.
Many more services are providing support and intervention with children and by no means have all been mentioned. This includes services for children with acute needs such as CAMHS and targeted services where young people can access counseling and support, such as SHARE.

Funding

It should be noted that despite being the closest models to that of best practice when working with children and young people who have experienced domestic violence and abuse – ASTRA, Forest of Dean Women's Services and all other children's work within refuge's has particularly precarious funding. As part of this mapping exercise, the consultant has identified two additional sources of funding that are being pursued (see below). However any services developed need to be sustainable within the county beyond the expenditure of any short term grants received.

Funding sources to begin the development of services, as outlined in the recommendation section have been identified through the NSPCC and through The Hampton Trusts Big Lottery Fund application. The NSPCC are keen to spend a small grant of approximately £8,000 in Gloucestershire to assist in the development of a specialist service for children experiencing domestic violence and abuse. The Hampton Trust have submitted a Lottery application to deliver training regarding the implementation of a specialist programme for working with

children and Young people who have experienced domestic abuse and are now displaying violent behaviour themselves. This is an effective evidence based programme, for which they intend to provide all resources and ongoing support. As a result of discussions with Kim Brown – Chief Executive of The Hampton Trust, Gloucestershire has been included within the Big Lottery Bid as one of the areas that they intend to work in partnership with.

Recommendations for Gloucestershire

The following recommendations are made giving consideration to the questionnaire responses from agencies in Gloucestershire, evidence from other UK models and research regarding 'what works' with children highlighted in the "Evidence Based Research and National Models of Best Practice" section.

Above all, when studying the overall "map" of agencies providing services to children and young people (CYP) experiencing domestic violence and abuse, a need for co-ordination of these responses is apparent. There seems to be no consistency in training received by staff, amount of CYP identified as experiencing this issue, interventions made with CYP, which other agencies they may be referred to and how much funding is spent in this area. This highlights the probability that many CYP experiencing domestic abuse are not identified by agencies and therefore not getting access to the support and services they may require. There is no clarity or apparent understanding from the agencies themselves around where the responsibility for CYP experiencing theses issue's rests, particularly where a child exposed to domestic abuse does not reach the threshold for child protection. **There is a clear need for an organization or individual to be identified to take on this co-ordination role which is specifically around advocating children's rights and needs, co-ordinating services and preventing the significant harm and impact that exposure to domestic violence and abuse can have on CYP.**

Further recommendations

- Continued development of the county wide protocol for responding to children and young people who have experienced or are experiencing domestic violence and abuse

- Development of clear procedures for the sharing of information around children and young people who are identified as or suspected of experiencing domestic violence and abuse

- Action and implementation plan for the above

- Increase access to training in line with that provided by Gloucestershire Safeguarding Children's Board. It is imperative that all services working with children and young people receive training in this area. From the questionnaire findings, it can be seen that there are particular agencies who have received little or no training, in particular schools and Health. A targeted training programme could be developed. The implementation of mandatory training is advocated. The

training should include clear procedures to follow when a child is identified or it is suspected that they are experiencing domestic violence and abuse, as outlined in the county wide protocol. It should also include the importance of working with the non abused parent in order to increase the safety of both

- Continued development of universal services for children, building on education work in schools and expanding number of children and young people that have access to education sessions specifically identifying domestic abuse, covering issues such as healthy relationships and "Keep safe" material

- Development of a specialist group work service/services for children and young people who have experienced or are experiencing domestic violence and abuse – building on good practice models such as ASTRA and Forest of Dean Women's Services

- Provision of support to non abusing parent who have children attending specialist domestic abuse group work service

- Development of a system to ensure that those children and young people most "in need" of such a service are identified and targeted for access e.g through the MARAC system

- Development of ways to work with the abusive parent (perpetrator) regarding the impact of their behaviour on the child/ren, to ensure that safety is maximized during any contact that a child may have with their parent who has been abusive. This should be implemented for perpetrators who have not been identified and convicted through the Criminal Justice System

NB 96.4% of Police recorded domestic abuse incidents do not lead to conviction (Hester, 2003). Many perpetrators of domestic abuse (predominantly male) have been identified by the police but if there is no conviction, it is unlikely that any intervention has occurred with the perpetrator regarding their abusive behaviour. It is well documented that Separation is the greatest time of risk for women leaving an abusive situation. Perpetrators are likely to seek the whereabouts of their partner and children via the family law system. Unfortunately this is not always for genuine reasons of wanting to retain or build meaningful relationship with their child/ren, but is done to inflict further violence, abuse and punishment on their partner. The abuse is likely to continue and escalate through the children (29 Child Homicides), often placing them at increased risk. If this dynamic is occurring, any interventions with children and young people around dealing with the domestic abuse that has occurred are likely to be ineffective if the child/ren are retraumatised through the process of having contact with a parent who has been domestically violent. This is increasingly being recognized at a national level and the need to work with non convicted perpetrators, particularly with regard to protecting children and young people, is being strongly advocated (Domestic Violence National Strategy, 2007)

- Continued development funding streams identified through NSPCC and The Hampton Trust's Big Lottery Fund

- Implement specific work for children and young people that are identified as using violent behaviour, in partnership with the Hampton Trust and the Big Lottery Fund they have applied for

- Ensure any services for children and young people receive sustainable funding

References

Audit Commission. *Local Government Case Study 6. Seeing the light: innovation in local public services. London Borough of Sutton: Helping children who have witnessed domestic violence.* (2007) London. Audit Commission.

Barron, J. *Kidspeak; Giving children and young people a voice on domestic violence. (2004) Women's Aid*

Brown, K. (1996*) As assessment of need for mental health promotion with children aged eight and nine years of age* University of Southampton unpublished dissertation

Cawson, P. *Child Maltreatment in the Family: the experience of a national sample of young people* (2000). London. NSPCC.

Coleman, K et al *Homicides, firearm offences and intimate violence 2005/06: Supplementary volume 1 to Crime in England and Wales 2005/06.* (2007) London. Home Office Research Development and Statistics Department

Fantuzzo, J. Mohr, W. (1999*) Prevalence and Effects of Child Exposure to Domestic Violence* http://www.futureofchildren.org/usr_doc/vol9no3Art3.pdf

Gilligan, J. (1991*). Shame and Humiliation: The Emotions of Individual and Collective Violence.* Paper presented at the Erikson Lectures, Harvard University, Cambridge, MA, May 23.

Hester, M., Hanmer, J., Coulson, S., Morahan, M. and Razak, A. (2003) *Domestic Violence: Making it through the criminal justice system*, Sunderland: University of Sunderland

Humphries, C and Mullender, A. (1998) Research in Practice – Children and Domestic Violence

Jacobson, G. (1991) *The Meaning of Stressful Experiences* PhD study University of Wisconsin

Joseph Rowntree Foundation. *Understanding what children say about living with domestic violence, parental substance misuse or parental health problems.*

LGA (2006) Vision for services for children and young people affected by domestic violence; guidance to local commissioners of Children's Services http://www.adss.org.uk/publications/guidance/domestic.pdf

Mc Gee, Caroline. *Childhood experiences of Domestic Violence*. (2000) London. Jessica Kingsley Publishers.

Mullender, A and Morley (eds). *Children Living with Domestic Violence. Putting Men's Abuse of Women on the Child Care Agenda.* (1994) London. Whiting and Birch.

Mullender, A. *Tackling Domestic Violence; providing support for children who have witnessed domestic violence.*(2004) London. Home Office Research Development and Statistics Department.

Newell, G. (2007) *Repairing The Damage Unpublished*

Osofsky, F.D. (2004) *The Impact of Violence on Children* http://www.futureofchildren.org/usr_doc/vol9no3Art3.pdf

Osofsky, J.D., and Fenichel, E. (1993) Caring for infants and toddlers in violent environments: **Hurt, healing, and hope**. Zero to Three (December 1993/January 1994) 14:1–48;

Paiget, J. (1982) *The Child's Conception of the World* Granada Publishing Co

Perry, B. (2004) *Principles and Practice of Child and Adolescent Forensic Psychiatry* http://books.google.com/books?hl=en&lr=&oe=ISO-8859-1&id=khI_qv0Z5VwC&oi=fnd&pg=PA191&dq=domestic+abuse+and+brain+development&ots=AzFbS-vpVd&sig=Bz4ogm1F9NAU9AvMQVHLG51KLQM#PPP1,M1

Royal College of Psychiatrists (2004). Mental Health and Growing Up Factsheet 17. Domestic Violence: its effects on children. Royal College of Psychiatrists: London

Strack, G. 2007 *Children Witnessing Domestic Violence*. San Diego Family Justice Centre

Walby, S. *The Cost of Domestic Violence.* (2004) London. Women and Equality Unit. DTI Publications

Wallach, L. (1994) *Violence and Young People's Development* http://www.ericdigests.org/1994/violence.htm

.Wolfe, D.A, Zak. L., Wilson. F and Jaffee, P. *Child Witnesses to violence between parents; critical issues in behavioural and social adjustment.* (1986) Journal of Abnormal Psychology 14(1) : 95-104.

Womens Aid (2007) **About Domestic Violence** http://www.womensaid.org.uk/landing_page.asp?section=000100010005&itemTitle=About+domestic+violence#children

Appendix A

Domestic Violence & Abuse Coordination Team
Quayside House
Shire Hall
Gloucester
GL1 2TG

Tel: 01452 425957

Survey

For all organizations, clubs, groups and individuals working with Children and Young People across the County

"Responding to Children and Young People (CYP) who are experiencing domestic violence and abuse (DVA) in Gloucestershire"

"He says he loves my mum but he lies….He hit my mum, I saw it. I tried to look happy but I wasn't inside. He never played with me. I felt lonely. I am scared when I have to see my Dad sometimes that he will hurt me and shoot me. He says lots of times that he will do that to all of us"
(6 year old boy in refuge interviewed by Mullender, A. (1998) Research in Practice: Children and Domestic Violence)

Dear Colleague,

Witnessing and experiencing domestic violence and abuse can have devastating short and long term affects on children and young people. 75% of children on child protection plans are living or have lived in homes where violence is present. For many of these children, accessing the help and support they require can be very difficult.

Gloucestershire is no exception, when it comes to children experiencing violence in the home. In 2006, an online survey conducted in Gloucestershire of pupils in 199 schools found that 46% of children in primary and secondary schools answered "Yes" to the question they have personally witnessed or been subjected to domestic violence. This figure clearly highlights a need for a proactive approach toward all children and young people who may be affected.

The Change for Children and Young People Project was commissioned by Children and Young Peoples Strategic Partnership in 2007 as part of the Change Programme, and the Gloucestershire Domestic Abuse Strategy 2005-2008. Over the last year it has been working to raise awareness of the detrimental effects domestic abuse can have on children and young people. It works in accordance with the "Staying Safe" priority's set out in Gloucestershire's Children and Young People Plan 2006 – 2009 and links with

the Emotional Health and Well Being Commissioning Strategy, established by the Children and Young People's Strategic Partnership.

The Change for Children and Young People Project is a partnership project made up of agencies and organizations committed to improving outcomes for CYP. The objective of the project is to provide a framework to enable children's services operating at universal, targeted and specialist levels, to address the harm caused by domestic abuse. Organisations involved include Education, Health, Women's Refuge, CYPD, Police and County Council. For more information regarding the detail and work of the project, please contact Fiona Minchew, County Domestic Violence and Abuse Co-ordinator, DVACT on tel 01452 425957 or e-mail Fiona.Minchew@gloucestershire.gov.uk

In order to begin looking to improve outcomes for the many children involved in these situations, the project is embarking on a consultation and service mapping exercise. This is in order to create a county wide picture of interventions currently available, as well as identifying gaps in service provision for young people experiencing domestic violence and abuse. We would like to know your views on what good practice is taking place within your service as well as gather your thoughts on where the gaps may be.

We are well aware of how precious your time is, but your views are extremely important to us. We are therefore asking if you could complete the attached questionnaire and return by e-mail to jodiedas@sea-change.org.uk or if you prefer by post to DVACT.

Many thanks for your time

Together we can make a difference to children and young people experiencing domestic violence and abuse in Gloucestershire!

Fiona Minchew – Domestic Violence County Co-ordinator
Jodie Das – Sea Change Domestic Violence Training and Consultancy

On behalf of Change for Children Project Board and Project Team

Gloucestershire Children and Young People's Strate

Appendix B

DVACT Domestic Violence & Abuse Coordination Team

Gloucestershire's Co-ordinated Community Response to Domestic Abuse

Services for Children and Young People (CYP) Experiencing Domestic Violence and Abuse (DVA) in Gloucestershire

Survey

Agency Name_____

Role within organization_____

Prevalence and Procedures

Q1. What percentage of your work involves service delivery to CYP? Please highlight your answer in bold.

100% 75% 50% 25% 0%

Q2. How significant an issue do you feel domestic violence and abuse is, in terms of it's effects on the children and young people that you work with? Please highlight your answer in bold.

Very Significant Fairly Significant Not very significant Not significant At All

Q3. How many CYP that you work with do you consider have witnessed or experienced DVA (This can be an estimation)

%

Q4. Do you keep records of the number of CYP that you work with that are affected by DVA? Please highlight your answer in bold.

Yes No

Q6 How many CYP that you identify as experiencing DVA do you refer to the CYP referral teams? (formerly Social Services) This can be estimation. Please provide percentage

%

Working with Children and Young People that have experienced Domestic Violence and Abuse

The next section applies to directly working with children, if this does not apply to you please go to the next section - funding

Q7. Do you undertake direct formal work with CYP who have witnessed or experienced DVA? e.g sessions around healthy/unhealthy relationships? Please highlight your answer in bold.

Yes No

If Yes, can you briefly describe the sorts of interventions you provide

Q8. Do you undertake indirect or informal work with CYP who have witnessed or experienced DVA? e.g managing emotions, talking about issues Please highlight your answer in bold.

Yes No

If Yes, can you briefly describe the sorts of interventions you provide

Q9. Do you consider your service effective? Please highlight your answer in bold.

Yes Fairly No

Give a brief explanation for your answer

Q10. Do you obtain feedback from CYP about how they have experienced your service? Please highlight your answer in bold.

Yes No

If yes, can you briefly describe what they say?

Funding

Q11. How is your service funded?

Q12. Can you give an estimate, based on staff time and resources, of how much funding is spent from your service on CYP experiencing DVA?

£

Q13. Does your organisation have an opportunity to feed into strategic development on a County Level regarding CYP experiencing DVA, (e.g Domestic Violence Forum's)?

Yes No

Q14. Do you refer CYP who have experienced or are experiencing DVA to other services?

Yes No

If yes, which services do you refer them to?

Training

Q15. Have you received DVA training in relation to CYP?

Yes No

Q15 (continued for managers) What percentage of staff in your organization has received DVA training?

%

Q16. Of those that have, how long was the training?

1 Day 2 Day Less than 1 Day More than 2 Days

Q17. Are you aware of the DVA training provided by Gloucestershire's Safeguarding Children Board?

Future Development

Yes No

Q18. What do you feel would most improve the situation of CYP experiencing DVA in Gloucestershire?

MANY THANKS! Please e-mail to **jodiedas@sea-change.org.uk**

Appendix C

Compilation of Agencies who replied to the Questionnaire

Agencies Contacted	Replies Received	Received Via
Astra Project Co-ordinator/Project Worker	1	Hard Copy Safeguarding Training
CHILDREN'S CENTRES, NEIGHBOURHOOD PROJECTS		
Brockworth Community Family Worker	2	Hard Copy Safeguarding Training
Children's Centre Manager	1	Hard Copy Safeguarding Training
Forest of Dean Children's Opportunity	1	E-mail
Finlay Children's Centre Family Services Team	1	E-mail
Hesters Way Children's Centre Cheltenham Community Family Worker	1	Hard Copy Safeguarding Training
Lydney Extended Services Centre Child and Family Support Worker	1	Hard Copy Safeguarding Training
The Lighthouse Children's Centre	1	E-mail
Whaddon Children's Centre Early Years Manager	1	Hard Copy Safeguarding Training
Tree Tops Children Centre	1	Hard Copy
Matson Neighbourhood Project	1	E-mail
Rowanfields Children's Centre Centre Manager	1	E-mail
CHILDREN'S CENTRES, NEIGHBOURHOOD PROJECTS TOTAL 12		

COUNTY COMMUNITY PROJECTS		
Service Co-ordinator	1	E-mail
Educational Pathways Service Co-ordinator	1	E-mail
CEO	1	E-mail
Cheltenham Foyer Service Co-ordinator	1	E-mail
COUNTY COMMUNITY PROJECTS TOTAL 4		

CYPD		
Safeguarding Children Service SC Manager	1	E-mail
Community Family Worker	1	Hard Copy Safeguarding Training
Family Support Worker	1	Hard Copy Safeguarding Training
Access Social Worker Practitioner	1	E-mail
Family Support Snr Practitioner	1	Hard Copy Safeguarding Training
Family Support Worker	1	Hard Copy Safeguarding Training
Social Worker	1	Hard Copy Safeguarding Training
Social Care Community Family Worker	1	Hard Copy Safeguarding Training
Cots. Children and Family Team Social Worker	1	Hard Copy Safeguarding Training
C & F Team Family Support Worker Tewkesbury Borough Council	1	Hard Copy Safeguarding Training
Social Services Social Worker	1	Hard Copy Safeguarding Training
CYPD TOTAL 11		

GLOS. PRIMARY CARE TRUST (GLOS. PARTNERSHIP NHS TRUST)		
HV/Specialist nurse for Safeguarding	1	Hard Copy Safeguarding Training
Community Midwife	1	Hard Copy Safeguarding Training
Community Nursery Nurse	1	Hard Copy Safeguarding Training
School Nurse Assistant	2	Hard Copy Safeguarding Training
CAMHS	2	Hard Copy Safeguarding Training
Paediatric Liaison Health Visitor	1	Hard Copy Safeguarding Training
Secure Start (Infant Mental Health) Team member	1	Hard Copy Safeguarding Training
Glos. Part NHS Trust Community Learning Disability Nurse	1	Hard Copy Safeguarding Training
Gloucestershire Partnership NHS Trust Primary Mental Health Worker	1	E-mail
GLOS. PRIMARY CARE TRUST (GLOS. PARTNERSHIP NHS TRUST) TOTAL 11		
CRIMINAL JUSTICE AGENCIES		
HMPS	1	Telephone
Gloucestershire Constabulary	1	E-mail
Trainee Probation Officer	1	Hard Copy Safeguarding Training
Programme worker/ Offender Manager	1	Hard Copy Safeguarding Training
CRIMINAL JUSTICE AGENCIES TOTAL 4		

GLOS COUNTY COUNCIL & SCHOOLS		
Rednock, Dursley	1	E-mail
Severnbanks Pastoral Behaviour Support Worker SENCO & Teacher	2	Hard Copy Safeguarding Training
Southrop Head Teacher	1	Hard Copy Safeguarding Training
The Crypt School – Head Teacher	1	E-mail
Tredworth Junior School Family Community Worker	1	Hard Copy Safeguarding Training
Uplands Community Primary School Head Teacher	1	Hard Copy Safeguarding Training
Whitecross School	1	E-mail
Offas Mead School Senco	1	Hard Copy Safeguarding Training
Farmors School, Fairford	1	Hard Copy Safeguarding Training
Berkley Primary School Head Teacher	1	Hard Copy Safeguarding Training
Bishops Cleeve Primary School	1	E-mail
Gloucestershire LA Head Teacher	1	Hard Copy Safeguarding Training
Lakers School House Leader	1	Hard Copy Safeguarding Training
Hatherop Castle School Head of Boarding/Head Teacher	2	Hard Copy Safeguarding Training
Healthy Schools Team Emotional and Physical Health Consultant	1	E-mail
Registered Manager	1	Hard Copy Safeguarding Training
Educational Psychology Service Senior Educational Psychologist	2	Hard Copy Safeguarding Training
Education Welfare Service Welfare Officer	3	Hard Copy Safeguarding Training
GLOS COUNTY COUNCIL & SCHOOLS TOTAL 23		

HOUSING		
Homeview	1	E-mail
Homeview Housing Advisor	2	Hard Copy Safeguarding Training
Futures at Knightstone Glos. - Floating Support Tenancy Support Worker	1	Hard Copy Safeguarding Training
Housing Advice Manager Tewkesbury Borough Council	1	E-mail
HOUSING TOTAL 5		
VOLUNTARY SECTOR		
Stroud - Beresford Project Worker/Child and Family	1	Hard Copy
Home Start Organiser	1	Hard Copy Safeguarding Training
East Glos. Sports Centre Manager	1	Via Telephone
Stonham- Project Worker	2	Hard Copy Safeguarding Training
Stonham Gloucester Women's Refuge Childrens Worker	1	E-mail
Stonham- Magnolia House Project Worker	1	Hard Copy Safeguarding Training
Victim Support – Volunteer Manager	1	E-mail
Forest of Dean Women's Services	1	E-mail
VOLUNTARY SECTOR TOATL 9		

YOUTH SERVICES		
Youth Services Gap Youth Worker	1	Hard Copy Safeguarding Training
Anti-social Behaviour Youth diversion worker Tewkesbury Borough Council	1	E-mail
Stroud District Council Senior Hear by Right Youth Officer	1	E-mail
SHARE – Young Peoples Counselling Service Counselling Coordinator	1	Hard Copy Safeguarding Training
Youth Inclusion and Support Team YIST Worker	1	E-mail
YOUTH SERVICES TOTAL 5		

SUMMARY OF RESPONSES

GROUP/AGENCY	TOTAL
ASTRA PROJECT COORDINATOR/PROJECT WORKER	1
CHILDREN'S CENTRES AND NEIGHBOURHOOD PROJECTS	12
COUNTY COMMUNITY PROJECTS	4
CYPD	11
GLOS COUNTY COUNCIL AND SCHOOLS	23
GLOS. PRIMARY CARE TRUST (GLOS. PARTNERSHIP NHS TRUST)	11
CRIMINAL JUSTICE AGENCIES	4
HOUSING	5
VOULUNTARY SECTOR	9
YOUTH SERVICES	5
TOTAL	**85**

Appendix D – Full Breakdown of estimated costs spent

Question 12

Can you give an estimate, based on staff time and resources, of how much funding is spent from your service on CYP experiencing DVA?

Matson Neighbourhood Project Children's Support worker	This is not easy to answer as through our open access play we daily spend time with CYP witnessing DVA, many of who experience verbal DVA. All out time is spent working with and for these CYP. Approx ⅓ of our staff time is spent on CYP experiencing DVA
Forest of Dean Women's Services	£15,000 per year approx (18hrs per week children's worker in refuge and project during school holidays 4hrs per week)
Forest of Dean Children's Opportunity Family Services	£30,000
Whitecross School Deputy Head	No Answer
Bishops Cleeve Primary School Head teacher	When it occurs support is intensive and will be human resource rich as it will usually be 1-1 support, then programme delivery, monitoring effectiveness and evaluation £1500 per child per support process
Rednock School, Dursley Safeguarding (CP) Officer	This is too difficult to quantify in a school
County Community Projects Service Co-ordinator	No
Tewkesbury Borough Council Housing Advice Manager	Very Little
Healthy Schools Team Emotional and Physical Health Consultant	Not known
Gloucestershire Constabulary	Constabulary has over 30 staff working on either child protection or domestic abuse, together with operational response officers. We deal with over 8000 incidents a year and coordinate the MARACs for the county
County Community Projects (Cheltenham Foyer) Service Co-ordinator	Our funding and time is not broken down in this way, but, as 75-80% of our residents have experienced DVA either directly or indirectly, most of our support time
County Community Projects CEO	No not really

Safeguarding Children Service SC Manager	No
Gloucestershire Partnership NHS Trust Primary Mental Health Worker	If current plans are successful we may have some dedicated money. Currently none is dedicated to this
Rowanfields Children's Centre Centre Manager	See Q9 Difficult to estimate as we have not been working to full capacity
CCP Educational Pathways Sevice Co-ord	£500 pa
Homeview	Impossible to say
Youth Inclusion and Support Team	65% of our grant (£275,000) pa

YIST Worker	
Access CYPD Social Worker Practitioner	Not Known
Tewkesbury Borough Council Anti-social Behaviour Youth diversion worker	Unknown
Stonham Gloucester Women's Refuge Children's Worker	The post is currently funded by a County Council Grant, the grant for the coming financial year will cover one full time post for 6 months. There is no provision for funding from our Core Service to contribute to Children's Workers.
Stroud District Council Senior Hear by Right Youth Officer	NA
Astra Project Co-ordinator/Project Worker	£50,000 (Half the funding)
CYPD Youth Services Gap Youth Worker	£6,800. Very approximate
CYPD Community Family Worker	No idea
CYPD Education Welfare Service Welfare Officer	No answer
Brockworth Children's Centre, CYPD Community Family Worker	No answer
CYPD Education Welfare Service Welfare Officer	Not Known
CYPD Education Welfare Service Welfare Officer	Not Known
The Lighthouse Centre	No – too difficult a question to answer as we work with people with multilayered complex issues – we could not cost out how much goes to DVA in particular
The Crypt School- Head teacher	Nil

Finlay Children's Centre – Family Services Team	5 Community Family Workers and 1 Early Years Practitioner work with families in the area of Family Support over a period of a week, they are all working with families experiencing DA.
Victim Support – Volunteer Manager	Due to our new enhanced Service this is not possible at this time. In 12 months we will be able to answer this question in full.
Tree Tops Children Centre	No Answer
CYPD Cots. Children and Family Team Social Worker	No
Children and Young People Directorate Family Support Worker	Not known
Gloucestershire PCT Paediatric Liaison Health Visitor	Not Know
Glos Primary Care Trust School Nurse Assistant	Unknown
Brockworth Children's Centre Community Family Worker	Not Known
Glos PCT NHS School Nurse Assistant	Unknown
Social Services Social Worker	25%

Whaddon Children's Centre Early Years Manager	Variable, sometimes 2 workers spending a few days a week, others few hours dependent on case loads
Tewksbury C & F Team Family Support Worker	No idea
Probation Service Programme worker/ Offender Manager	Not Known
Glos Probation Authority Trainee Probation Officer	NA
SHARE – Young Peoples Counselling Service Counselling Coordinator	£5,000 approx
Farmors School, Fairford	Many hours per week
Homeview Housing Advisor	None or Very Little
Berkley Primary School Head Teacher	Indirectly – HLTA time – extra hours claimed
Severn Banks SENCO & Teacher	Unknown
Severn Banks Pastoral Behaviour Support Worker	Not known
Stonham Project Worker	No Answer
Homeview Housing Advisor	No Idea – Limited Amount
Tredworth Junior School Family Community Worker	Un known
Glos LA Head Teacher	Very Seldom Happens
Home Start Organiser	Don't Know
Lakers School - House Leader	Not known
CAMHS	Not known
Glos PCT HV/Specialist nurse for Safeguarding	No Answer
Lydney Extended Services Centre Child and Family Support Worker	No
Offas Mead School Senco	Minimal
Glos PCT Community Midwife	Don't know
CYPD Family Support Snr Practitioner	No Idea
Hesters Way Children's Centre Chelt Community Family Worker	Not known
CYPD Family Support Worker	Not known
CYPD – Social Care Community Family Worker	Not Known
Secure Start (Infant Mental Health) Team member	No Answer
CYPD Social Worker	Unknown
Children's Centre Manager	No
Hatherop Castle School Head of Boarding	No Answer
Hatherop Castle School Head Teacher	No Answer

Futures at Knightstone Glos Floating Support Tenancy Support Worker	No Idea
Uplands Community Primary School Head Teacher	No Answer
Glos. Part NHS Trust Community Learning Disability Nurse	No Answer
GCC Registered Manager	No Answer
Educational Psychology Services	None
Glos PCT Community Nursery Nurse	Un Known
Educational Psychology Service Senior Educational Psychologist	Un known
CAMHS Team Member-Child Psychologist	No Answer
Stonham- Magnolia House Project Worker	Not possible
Stonham Project Worker	Not possible to say
East Glos Sports Centre Manager	NA
Southrop C of E Primary School Head Teacher	No Answer
HMPS	Don't Know
Stoud – Beresford Project Worker/Child and Family	Un known

DRAFT

A note about the document

The following document is a draft protocol that was produced on 31 January 2008, by multi agency partners who attended a day to put this document together. Partners included: voluntary sector children's services, domestic abuse agencies; social workers, educational psychologist, midwives, health visitors, police, probation, nurses, SHAPE team, and others. It was a very useful day that resulted in a very comprehensive view of the work needed to implement a Coordinated Community Response to children and young people witnessing domestic abuse.

This work is being done as part of the Change for Children Project – Domestic Abuse that has been commissioned by the Children and Young People's Strategic Partnership (CYPSP).

Please feel free to contribute your own view by contacting DVAct on 01452 425957 or Fiona.Minchew@gloucestershire.gov.uk

DOMESTIC ABUSE POLICY STATEMENT

This policy is the Children & Young People's Strategic Partnership's (CYPSP) contribution towards the Coordinated Community Response (CCR) to Domestic Abuse, and which applies to every agency working with children and young people in Gloucestershire. The CYPSP believes that Domestic Abuse is not acceptable - ever - and that children and young people should be supported and protected from the harm caused by exposure to Domestic Abuse. There is evidence that children living within abusive households are less likely to thrive and meet their potential (Every Child Matters).

We will adopt a multi-agency approach through the sharing of information, ongoing education and supervision to raise knowledge and awareness of the dynamics of Domestic Abuse and its impact on children and young people. Workers must feel supported and protected in this work. All those working with children and young people will continue to build a culture of openness where Domestic Abuse is no longer a stigma or a taboo subject, regardless of race, gender, sexuality, age, faith or disability or any other form of discrimination.

1. Workforce Development.

- Improvement in training – making it mandatory. Understanding different communities.
- Common language.
- Robust policy – what if victim/perpetrator same organisation?
- What if victim discloses they have children?
- Supervision – how do we treat this? Involve HR (Guidance and allegations management).
- Managers trained – role models – non-bullying. Going to get it wrong a bit but that's OK – signposting outside of organisation for support.
- Health has mandatory training.
- Managing staff anxiety.
- Lead person/champion.
- 24 hour response service – companies/agencies work at weekends too!
- Providing sufficient time. If we don't do it well/sensitively we've lost it.
- Multi-agency training.
- Enabling support in organisation.
- Funding for confidential counselling (different from advice support).
- Perpetrator sacked/disciplined? Does this go against them coming forward.

- Improve training in domestic abuse – not mandatory.
- Identifying sexual violence.
- 'Children's workforce' should also include staff working with adults (who may be a parent).
- 'Local expert' within an agency – official.
- Policies re: disclosure by staff –
    - Support
    - Training

- Would a perpetrator be subject to Allegations Management process?
- What to do if you feel someone doesn't have the mental capacity to make an informed decision re withholding consent:
    - Mental Capacity Act
    - Adults at Risk

- Supervision for front-line workers. (Primary Mental Health workers).
- Mandatory training around domestic abuse issues incorporating every community's customs and beliefs.
- Proper protocols and processes.
- Equipping and enabling staff to deal with difficult and sensitive issues.
- Know how to seek appropriate advice.
- Multi-agency training.

- Raise awareness for staff – what is acceptable behaviour?
- Training and DEVELOPMENT is a process. Understanding comes over time and supervision and support are essential to develop emotional intelligence.
- Managers need to be competent to care for their teams and model the right behaviour. Managers need training and assessment.
- Specific guidance for managers and staff on supporting all members of staff.
- Support from multi-agency group for any individual with decision-making – support outside of the work place.
- What do you do if you know a member of staff is a perpetrator?

- Training.
- Language.
- Flow-chart – who does what, where etc?
- Respect between agencies.
- Funding for:
    - 24 hour service.
    - Confidential counselling.

- Supervision is cornerstone. Training/common induction programme (mandatory training in Health).
- Managing anxiety, work with staff/frightened staff. Support and clear guidance. Multi-agency training needs to be mandatory. Complex area.
- Responsibility to member of staff. Changing attitudes, recognising others experiences. Sickness.
- Impact on service user/individual involvement/use HR.
- Policies for perpetrators and victims – easy where allegation is substantiated, not where no firm evidence.
- Can we investigate always?
- Record keeping.
- Low level incidents – not a crime therefore at what point should action be taken.
- Specify where children involved/in household.
- What to do if both parties work in same organisation?
- How do we provide emotional support through supervision?
- Mandatory support for staff in key roles – independent of organisations?

- o Cross organisational support could be developed. Occupational Health departments and counsellors.

2. Risk Assessment and Needs Assessment. (Flowchart – what do you do with the information when you have got it?).

- Include in protocol guidance about what to do when and clarify meaning of risk – levels of risk.
- Idiots guide to domestic abuse – What is it?
- Matrix to illustrate levels.
- Different agencies use different assessments of risk and have different thresholds – need to share.
- How do we decide who gets which intervention?
- Preventive measures to address low/medium.
- Partnership/consultancy approach to risk management – get away from referral culture.
- Risk can't be properly managed if client refuses to allow further action.
- Unborn baby has no legal status.
- How about mentioning risks of domestic abuse in ante-natal classes? You could do but I guess that perpetrators may either not allow their partners to attend AN classes or may insist on attending with them and not allow them to speak for themselves. Midwife 1:1 contacts would also be another good opportunity to assess need
- Use common risk assessment tool and common language between agencies.
- Care pathway/flow chart.
- Offer awareness info to victims and families.
- What about a DS outreach worker e.g. from A&E? I think there is one in Cardiff (Health Hospital)
- Recognise prevalence of DA and most not at highest risk; also gender issues.
- Needs of low/medium risk victims.
- Consider impact of low level long term exposure for C&YP.
- Consider hidden domestic abuse.
- Consider BME issues – there may be multiple perpetrators in household.
- Use of term 'risk and needs' assessment using risk skews understanding towards level 3/4.

- Low risk not in system – police not involved – unknowns not in MAPPA or MARAC.
- Women who disclose DA but do not want that info. disclosed to others. We do not write in notes unless other children are involved.
- Inform woman if CP Issues. Asking the questions.
- Unborn child based on legal advice. Education of women – they do not realise implications of domestic abuse on unborn baby.
- Disappear if women do not trust you any more.
- Maintaining a working relationship.
- Never alone i/c partner.
- Infrequent ante-natal care due to NICE guidelines.
- Cause for concerns from – difference care pathway.
- Formal/informal information sharing. Primary Care Team.

- Fragmented service HV/CM.
- Develop the use of the common risk assessment tool used by MARAC. (This is an evidenced based tool, used by multi agencies across the country and could be used easily alongside CAF).
- Use of common language between agencies.
- Development of ICP or flowchart to help guide staff/agencies – identifying very high risk, high, medium, standard and what to do.
- Education of agency staff in helping them educate victims/families – where they can access help (medium/standard risk) and how to use risk assessment tools.
- Need for follow-up service/domestic abuse outreach workers.
- Sharing information – GPs, health visitors, schools etc.

- Some communities, we have identified the Asian community, may experience increased risk through multiple perpetrators.
- Workforce being aware of cultural dimensions which may hinder disclosure – needs to be considered and factored into risk management.
- Skills to do with different levels . O/S ? issues.
- What is low risk?

- Adults –risk. Believe the effects on children are still there possibly -hidden - and might not be lower, may be higher. Impact – knowing the options.
- Information about low/medium risk – should be able to share information.
- Practice and behaviours may be seen as acceptable.
- What do women in low/medium risk situations actually want to happen? What steps/practical things will help them to resolve the situation.
    - Asking the right questions.
    - Offering options/offering information.
- Educating communities what is acceptable and what is not.

- Genders should be added and LGBT groups.
- Training –
    - Awareness
    - Risk Assessment

What to do next?

3. Information Sharing – Crime/prevention of crime.

- Failure to share information may put staff at risk.
- What can over-ride confidentiality?
- If domestic abuse is harmful you could share information all the time through CP.
- Impact of doing nothing versus impact of breaking confidentiality.
- Need to be confident about the person you are giving information to.

- Gloucestershire County Council uses on-line assessment tool – no face-to-face option at present.
- Risks of not sharing information can put staff at risk.

- Use of symbols/colour code system on notes – flag system for professionals.
    - ICT system in place to do this

- Learn from other regions.
- Clear guidelines – how much information shared, with whom and consequences of sharing.
- Permission to share information from victim. What over-rides that permission e.g. very high risk, high risk, risk to public. Child protection issues.

- People working with family need to know an incident has occurred.
- The person sharing the information needs to be clear with the women who and what information is to be shared.
- Protocol should address the need to ask women if, how and with whom information can be shared.
- Identify what information, why I am sharing it and what is the impact of sharing the information or not sharing it.
- CP procedures are clear – if we believe that children and young people are <u>always</u> harmed then should we <u>always</u> share information?

- Need information sharing flow-chart. What/who to link with/
- What does each department need to know. Education, each stage done appropriately within the law.
- Audit trail.
- CAF assessment.
- Cannot protect children without supporting the victim/adult non-abusive carer.
- Share relevant information that will make a difference to the individual.
- Confidentiality – GPs reluctant to share. Rights of unborn baby – have plans in place before baby born.
- Information not written in hand held notes.
- Develop MARAC Risk Assessment tool to flag up areas to be communicated to relevant departments.

- Consent – understanding of this.
- Sharing information and then nothing happens – this increases victims sense of helplessness.
- Guidance on when information should be shared.
- Common language.
- Risk matrix – indicates when to share.

- Shift hearts and minds to ensure adults at risk are subject to same information sharing as children.
- Information flow-chart (GCM).
- Information sharing must be cyclical.
- How should information be shared e.g. phone, email etc?
- Some information can be shared without consent.
- Sign-posting agencies and services well.
- Sharing information means sharing responsibilities and perspectives.

- Sharing success stories.
- Clear guidelines in 'tool kit'.

4. Cultural Issues.

- Being clear about what is acceptable and what is not – behaviour.
- Statistically – BME representation

Check we are capturing % estimate we should.

Approachable
Access
Outreach

- Focus on the abuse.
- Have a resource - know who in the community can help i.e. knowledge of language/culture. Know how to reach.
- Training in our approach.
- More awareness/leaflets in own language.
- Preventative program i.e. education in other settings e.g. faith groups.
- Embedding in protocol – knowing the rights of professionals/victims.
- Lead person

- Professional attitude – respecting differences, shouldn't cloud issues, but remember CP etc.
- Interpretation services – resources other than written.
- Finance for above.
- Same sex – should it make a difference?

- Make sure staff are trained and aware of particular cultural issues – fear/ignorance leading to acceptance of the non-acceptable. Don't let differences cloud the issue.
- Translation – not always good to use family members.
- Non-written resources.
- Need to be clear about which behaviours are not OK, otherwise we are colluding.
- Having an expert within the community to train children's staff.
- Including this in PSHE and safeguarding training.
- Engage with faith groups.
- New migrants not eligible for treatment – they may choose not to be treated if they have to pay and A&E advises them to get a GP.

- Raising awareness of cultural differences.
- Notwithstanding cultural differences apply duty of care.
- Be aware of how to access appropriate translation/communication services.

- Charges being made in A&E for treatment of new Eastern Europeans so they may elect not to have treatment therefore opportunities to ask questions re CP and DA may be missed.

- Beliefs that DS is acceptable in some BME groups.
- Access to interpreters – insisting on non-family member.
- Education in schools.

Flowchart / Care Pathway

Matrix of risk

(Separate flowchart for School Age and Pre-school).

Diagram – MAPPA/MARAC/CP - flowchart how fit together.

Although another route through CAF.

Pre-Schoolers

Midwife - HV

GP - GP

Children Centres - Children Centres

Private / ? Sector - Private / ? Sector

Nursery / Playgroup

Sexual Health Services

A & E

- Paediatrician
- EP
- Advisory Teacher
- Portage

CAF Risk Assessment

Multi-Agency Group

SHAPE Team

ACTION PLANNING

- Who takes it forward – CYPSP and ongoing?
- Information sharing within Health – records.
- Police/Probation/YOS – Service Users
  Public perception.
- Dissemination route clear – business plan – PAR – objectives.

- Write draft protocol and issue to delegates.
- Increase outreach provision.
- Sign-posting services on: Children Centres
  GPs
  Ante-natal etc.
- Providing and accessing training – 'tool kit'.
- Common directory of services/experts to consult.

- To contribute to protocol development process.
- Map the gaps in information sharing between different service providers within Health (A&E, Maternity, Mental Health, PCTs and Sexual Health).
- Training / education – awareness of staff. Look at models of training in other UK regions.
- Awareness of 'lead' for DA issues within each organisation for disseminating information.

- Overarching policy recognised by CYPSP and GCC and Adult Services and disseminated down clearly.
- Be included in all agencies business plans ⟶ PARs ⟶ practice.
- Identified leads.
- Clear process map of activity up the continuum of risk/need.
- Audited against outcomes/process.
- Commitment that identified gaps in services will be commissioned.
- Training.
- 'Put own house in order' (staff policy).
- Clarification of what we can do.
- Identify what is out there.
- 'Launch' day.
- Participation work – nationally.
- Probation - Internally
  DV Policy
  BME - "Stats" ⟶ ?
  Service Users/Public Confidence
  Questionnaires
  Perceptions

- Police - DV Policy
  BME - "Stats" ⟶ ?
  Service Users/Public Confidence
  Questionnaires

Perceptions

- YOS -

DV Policy
BME - "Stats" → ?
Service Users/Public Confidence
Questionnaires
Perceptions

Tiers of intervention

DRAFT

Level 4

Children and young people with serious issues as a result of witnessing domestic abuse.
CAHMS, YOS,
Police, Youth Courts, ASB, YIST

Level 3

Second level of intervention: Those children and young people identified in need of specialist intervention.

Children's Strategy Meeting/MARAC process
1:1 and group work
Specialist parenting support
Specialist domestic abuse support to non abusing parent.
Police interventions
Criminal Justice processes
Development of Young perpetrators programme

Level 2

First level of intervention: Identification of risks to children.
CAF
Signposting of non abusing parent to support services
Police Interventions
Criminal justice processes
Specialist Domestic abuse support to non abusing parent.

Level 1

Universal services: Screening Awareness raising in early years, schools and post 16 settings, healthy relationships and domestic abuse awareness – age appropriate.
Awareness raising of all professionals working with children and families, Safeguarding Children's Board Domestic Abuse training, support to work with domestic abuse when identified. Development of toolkit for professionals

CC(3) DA50 Additional Paper

Communities and Culture Committee

Scrutiny Inquiry : Domestic Abuse

Response from Sea Change Domestic Violence Training and Consultancy

In April 2007, HM Government released the Cross Government Action Plan on Sexual Violence and Abuse highlighting the need to prioritise this issue and closely link it with related workstreams such as domestic violence, prostitution and trafficking. With statistics reaching an all time reported high of 23% of adult women and 3% of adult men experiencing sexual assault in the United Kingdom (HM Government, 2007), it could be argued that an action plan is long overdue (YllÖ, 1999) The following paper discusses the importance of integrating the sexual violence agenda into the related workstream of domestic violence and the potential impact this could have on current domestic violence practice across the UK.

Background

Social Policy regarding domestic violence has changed and increased dramatically over the last few years. From the early 1970's, Women's Aid has been the most significant campaigning organization working to end domestic violence and abuse by lobbying for legislative and social policy change (Harwin and Brown, 2000) For over 30 years they have provided practical and emotional support, and most importantly safety, to women and children experiencing violence and other abuse from those with whom they are living. The Women's Aid network offers support and safety to over 150,000 women and children each year, "some of whom may need to move out of their local area to another part of the country where they may not easily be found by their partners" (Harwin and Brown, 2000 p206) Their work, growing from the women's liberation movement of the late 1960's, has been described as the 'great mobilization of women' (Dobash and Dobash, 1992)

The emergence of domestic violence as a significant social problem is largely due to this feminist direct action and associated campaigning (Harwin and Barron, 2000, YllÖ, 1999). It is not a new problem, but growing public attention has meant legislation and other agency practices have gradually changed (Harwin and Barron, 2000). The issue of domestic violence has become increasingly prominent and is no longer of concern only to women's groups and voluntary sector organizations. It is talked about by legislators, politicians and in the media (Harwin and Barron, 2000) Current awareness, especially regarding the scale of domestic violence and abuse has also led to significant changes in social policy. Currently 2 – 3 women are murdered every week by a current or former partner in the UK (Home Office, 2004) and 1 in 3 women will experience domestic violence at some stage during their adult life (Humphrey's and Mullender, 2000). The scale of this social problem cannot be ignored and development of social policy has been forced to accelerate in the areas of taking action under criminal law, dealing with offenders, protecting children from the

harm caused by witnessing and experiencing domestic violence and working together to establish a co-ordinated community response to domestic violence in which the safety of women and children is prioritised (Home Office, 2007) Whilst there is still a long way to go, these developments have ensured that the issue of domestic violence has been put firmly on the public agenda (Harwin and Barron, 2000)

Despite very close links with domestic violence, the same cannot be said for the issue of sexual violence, which has only very recently been highlighted as an area in need of social policy development (HM Government, 2007) It can be argued that sexual violence is essentially ignored within models promoting co-ordinated community responses to domestic violence and broader efforts to deal with woman abuse (YllÖ, 1999). YllÖ (1999), in her work around *The Silence Surrounding Sexual Violence,* found that of a survey of 621 battered women's shelters and rape crisis centres in the United States, only 4% included the issue of marital rape as a concern in their mission statement. She further makes mention of very little writing about this topic by scholars and academics and highlights the issue that sexual violence is seen as separate to and something 'other' than domestic violence and abuse (YllÖ, 1999). It therefore appears that organizations working with the issue of domestic violence, including Women's Aid, have much more to do if the issue of sexual violence is to be placed as firmly on the public agenda and linked prominently to domestic violence.

Discussion

The Cross Government Action Plan on Sexual Violence and Abuse (HM Government, 2007) in its statement for prioritizing tackling sexual violence states,

> "Many people believe that adult sexual violence and child sexual abuse is normally committed by a stranger. In fact, perpetrators are normally known to the victim of domestic violence, and is a risk factor for domestic homicide"

The plan presents evidence of the clear links between sexual and domestic violence, highlighting that both are primarily experienced by women, it is common for victims to experience multiple incidents and this can be over long periods of time before they seek support or report to the police (HM Government, 2007). The British Crime Survey Interpersonal Violence Module 2004-05 (as cited by HN Government, 2007) report over half of adult rapes are committed by current or former partners of the victim and 55% take place in the victims home. Feminist analysis has argued that the patriarchal system of gender inequalities which oppress women and empower men underpin sexual violence and that stratification and social control are fundamental elements in the sexual exploitation of women (Ward, 1995) Likewise, organizations such as Women's Aid have argued for domestic violence to be recognized as part of a social and structural context of unequal power relationships between men and women, not a 'one-off event' or incident but part of an on-going pattern of controlling behaviour. (Harwin and Barron, 2000)

Despite the substantial evidence however, Ward (1995) proposes that it is still hard for most people to accept that men actually rape women they know! She

further argues that responses to victims of sexual violence "can be conceptualized as the outcomes or consequences of underlying attitudinal dispositions toward rape and rape victims" (Ward, 1995 p 91)

Social psychological research has highlighted that attitude toward and perceptions of rape victims are engulfed in prejudicial and bias misconceptions of sexual violence (YllÖ, 1999, Lees, 1997, Ward, 1995). Ward (1995) suggests that there is substantial resistance to relinquishing the popular stereotype of rape as a sex crime " a vicious assault perpetrated on a provocative young woman who has been overwhelmed by a sexually deprived deviant in a fit of uncontrollable lust" (p92) This view is shared by YllÖ (1999) who argues that on the community level and in the wider culture at large, efforts to challenge the taken-for-granted "right" of husbands to coerce their wives sexually are at least two decade behind the work and progress on physical violence toward women. Force and consent are issues at the centre of all sexual assaults and violence. However the nature of marriage and relationships make these issues all the more complex. Assumptions are made in particular around marriage and cohabiting relationships that they are sexually intimate, indeed marriages are not deemed to be legal until they are consummated. A popular view is therefore "if you have had sex with someone hundreds of times, what is the harm of one more time?" (YllÖ, 1999 p226) This has influenced the popular view that even in the context of a domestic violence relationship, the sexual aspect of that relationship does not form part of the abuse.

Much discourse has taken place as to the ways in which these attitudes are reflected in the criminal justice system (Ward, 1995, Kennedy, 1993) Prior to 1991, rape within marriage was not a criminal offence (Kennedy, 1993) and at its most extreme, attitudes have prevailed such as those of Judge Wild at Cambridge Crown Court, cited as saying,

> "Women who say no do not always mean no. It is not just a question of saying no, it is a question of how she says it, how she shows and makes it clear. If she doesn't want it she only has to keep her legs shut and she would not get it without force and there would be marks of force being used" (cited in Temkin, 1986 p19 – 20)

Such attitudes have been widely influential in silencing women, particularly those who may be struggling to identify that they are experiencing violence and abuse within an intimate relationship, a common response from victims of intimate partner rape (The London Rape Crisis Centre, 1999) In recent years it may be hoped that such attitudes are no longer prevalent in the criminal justice system. However, of all of the serious sexual offences against people 16 and over that are reported to the police, amounting to only 15% of the total, fewer than 6% result in an offender being convicted of this offence (HM Government, 2007). While the gathering of reliable evidence for successful prosecution remains an ongoing issue (HM Government, 2007), attitudes toward victims of sexual violence, particularly those who have experienced sexual violation within the context of marriage or cohabitation has contributed to the underplaying of this most serious crime (Ward, 1995).

Societal attitudes toward sexual violence and victims of sexual violence are hugely bolstered by the press, as part of the mainstream media. It is a critically important source of information which helps to shape and construct the reality it represents. As Gill (2007) states; “News is a cultural product that reflects the dominant cultural assumptions about who and what is important, determined by ‘race’, gender, class, wealth, power and nationality, and about what social relations and arrangements are deemed normal, natural and inevitable” (p114) The media does not only reflect our dominant cultural assumptions but helps to create and reinforce them. Findings from a range of studies have found that the press generate a distorted picture of sexual violence (Marhia, 2008) One that is shaped by their focus on a small number of exceptional cases, almost invariably stranger rapes. Marhia (2008) suggests that this distorted picture draws heavily on and reinforces myths surrounding rape and sexual assault. These include victim-blaming myths in which women must fulfill a range of criteria if they are to be viewed sympathetically as a ‘deserving victim’. Such criteria may include white, middle class, a virgin or married with children, not drinking and raped by a black or working class man, most certainly not their partner (Marhia, 2008) Furthermore, woman-blaming myths work in conjunction with stereotypes of perpetrators of rape, portrayed through the media as ‘sick’ or recognizably different from ordinary men. They portray a view of ‘real rape’ as dreadful but rare and where it does occur it is a problem of isolated pathology or deviance unrelated to the larger structure of patriarchal domination and control. It could be suggested that this distorted portrayal ignores the social roots of violence and further separates rape and sexual assault from the context of domestic violence and abuse (Meyers, 1997)

Societal attitudes bolstered by institutions such as the criminal justice system and media representations of sexual violence have all contributed to the issue being largely seen as something ‘other’ than domestic violence. If, as the government proposes, greater integration between work on sexual and domestic violence, both on a national and local level over the coming few years is to occur, much work will need to be done by practitioners working in the human services, not only to address both issues but to also raise awareness as to the likelihood of the co-occurrence of domestic and sexual violence.

Ways Forward

In 2004, the World Health Organisation (WHO) released findings from the World Report on Violence and Health. Part of this report included Global Perspectives on Sexual Violence (National Sexual Violence Resource Center (NSVRC), 2004). The report makes clear that much can and has begun to be done to address sexual violence but that “the world has not yet fully measured the size of the task and does not yet have all the tools to carry it out” (Krug, 2002 as cited in NSVRC, 2004) To combat this, the WHO offers a series of concrete recommendations for multi-level social change in Preventing Violence: a Guide to Implementing the Recommendations of the World Report on Violence and Health (cited in NSVRC, 2004). These include increasing the capacity for collecting data on violence, promoting the primary prevention of violence including the promotion of gender,

social equality and equity to prevent violence and the strengthening of care and support services for victims. The implementation of such recommendations, supported by the Cross Government Action Plan on Sexual Violence and Abuse (HM Government, 2007) should, in view of the co-occurrence of domestic and sexual violence, have a great impact on those providing services related to domestic violence, for victims, their children and perpetrators.

Practitioners responding to domestic violence victims have an important role to play in the identification of sexual violence experiences (the collecting of data) and the strengthening of care and support services for victims.

Taking one area in particular for example, that of the role of healthcare practitioners, changes to social policy in addressing domestic violence can greatly be seen in recent times. Historically healthcare practitioners have not responded as effectively to domestic abuse as they should and Shipway (2004) suggests that this has been for a number of reasons. One such reason may be the majority of senior positions in healthcare institutions are held by men who often set the agenda and do not perceive domestic violence as a public health issue (Shipway, 2004) Additionally she highlights practitioners own fear, embarrassment and sense of inadequacy as identified in a range of studies. However from 1998, under the Living Without Fear Agenda (The Women's Unit and Home Office, 1999), the Home Office and Department of Health (DoH) began to formulate guidelines on the importance of healthcare practitioners screening for domestic violence and abuse. Clear guidelines were released (DoH, 2000) highlighting that it is the responsibility of all healthcare practitioners to be aware of the importance of domestic violence as a public health issue, that women want to be asked about their experiences and early intervention can prevent further risk (Harrison, 2007). As Shipway (2004) highlights, "a great deal of abuse remains hidden if routine screening does not take place, leaving women at risk of further injury and even death" (p58). Routine screening is going some way to completely transforming how healthcare practitioners and practitioners from many other settings, respond to domestic violence. Significant screening projects such as the Worth Project based at Worthing Hospital have informed the development of social policy and domestic violence in that they have found disclosures about domestic violence increased by 3490 % when direct questions were asked about domestic violence (Harrison, 2007) As a result, individuals were provided with appropriate support and advocacy, resulting in an increase in safety of victims and children, a decrease in repeat attendance at Accident and Emergency Departments and an increase in the prosecution of domestic violence perpetrators from victims previously reluctant to report their experiences to the police (Harrison, 2007)

Much can be learnt from these developments and applied to the issue of sexual violence and abuse. If asking questions about domestic violence can lead to effective preventive work for victims, children and perpetrators then the same principles should be able to apply to addressing sexual violence. As YllÖ (1999) suggests, the first steps in creating a co-ordinated community response to sexual violence within intimate partner relationships is to "take the problem seriously; recognize its nature, scope and impact; and create appropriate interventions"

(p236). Increasing our dialogue about sexual violence and asking questions about it does just that.

Practitioners responding to domestic violence are well placed and indeed should be equally responding to sexual violence (YllÖ, 1999). Training for practitioners is essential as routine screening can have disadvantages, especially if undertaken by untrained staff (Shipway, 2004) Communicating about sexual issues and sexuality remains particularly difficult in today's society (Lees, 1997) and much will need to be done to overcome these social barriers. Lees (1997) suggests that if we are to truly make a difference in identifying sexual violence, education about sex and sexuality should include how to talk to each other. It is essential that sections concentrating on how to talk about difficult issues, such as the sexual nature of the violence taking place, are introduced into all domestic violence awareness training delivered to practitioners (Shipway, 2004) Lees (1997) advocates that this process of healthy discussions around sex begins in schools and needs to develop significantly from traditional sex education which focuses on different methods of contraception and descriptions of the biological make up and mechanics of the sex act. She further suggests that pro-feminist programmes which directly challenge men's violence, such as the Integrated Domestic Abuse Programme (Home Office and National Probation Service, 2004b) delivered by the National Offender Management Service, should be introduced into schools in Britain. This would most certainly go some way in promoting the prevention of violence, including the promotion of gender, social equality and equity to prevent violence (WHO, 2004)

Conclusion

The continuing silence around the issue of sexual violence within the context of intimate partner relationships is supported by the media as well as criminal justice, medical and social service systems. This silence contributes to many victims sense that there violation is unspeakable (YllÖ, 1999) Whilst the instances of sexual assault within intimate relationships must not be subsumed under the battered woman rubric (Russell, 1992), domestic violence services, and practitioners from all agencies responding to victims and potential victims of intimate partner abuse, have much to do to raise awareness and identification of sexual violence. The issue of sexual violence needs to be placed firmly on the agenda of all local domestic violence multi-professional forums, which provide a platform for practitioners from all fields to meet, discuss and form strategies of how to jointly address the issue (James-Hanman, 2000) Practitioners must ask equally about sexual violence as they do about domestic violence, training around domestic violence should include links with and prevalence of sexual violence, including dealing with the difficulties of talking about such sensitive issues (Lees, 1997) Practitioners should also be trained on appropriate interventions and made aware of specialist services for sexual and domestic violence in the local area (Shipway, 2004) In the wider context, the media has a crucial role to play in challenging cultural assumptions about victims of rape (Marhia, 2008) and governments and civil society around the world must call on them to disseminate information aimed at eliminating all forms of violence against

women and girls. Sex education for young people, incorporating issues of gender, equality and power should be an educational priority (Lees, 1997) if we are to move toward a society in which sexual violence toward women is not an inevitability.

“Significant changes in these institutions will have to be made before women can fully name their own experience” (YllÖ, 1999 p 228)

References

Dobash, R. E. and Dobash, R. (1992) Domestic Violence and Social Change. London: Routeledge

Department of Health (2000) Domestic Violence: A Resource Manual for Healthcare professionals. London:DoH

Gill, R. (2007) Gender and the Media. Cambridge: Polity Press

Harrison, T. (2007) When “Partnership Working” works. West Sussex: West Sussex County Council

Harwin, N and Barron, J. (2000) Domestic violence and social policy: perspectives from Women’s Aid In Hanmer, J., Itzin, C., Quaid, S., Wigglesworth, D. (eds) Home Truths About Domestic Violence: feminist influences on policy and practice a reader. London: Routledge

Home Office (2004) Safety and justice: sharing personal information in the context of domestic violence – an overview London:The Stationary Office

Home Office and National Probation Service (2004b) Integrated Domestic Abuse Programme: Programme Manual Revised Edition London: National

Home Office. (2007) National Domestic Violence Delivery Plan – Annual Progress Report 2006/07 (March 2007) London: Home Office

Humphrey’s, C. and Mullender, A. (2000) Children and domestic violence: a research overview of the impact on children. Dartington: research in practice

James-Hanman, D. (2000) Enhancing Multi-Agency Work. In Hanmer, J., Itzin, C., Quaid, S., Wigglesworth, D. (eds) Home Truths About Domestic Violence: feminist influences on policy and practice a reader. London: Routledge

Kennedy H 1993: Eve Was Framed: Women And British Justice. London.Vintage

Marhia, N. (2008) Just Representation? Press reporting and the reality of rape. London: Eaves: putting women first

Meyers, Marian (1997) News Coverage of Violence Against Women: Engendering Blame. Thousand Oaks, California: Sage

National Sexual Violence Resource Center (NSVRC) (2004) Global Perspectives on Sexual Violence: Findings from the World Report on Violence and Health Pennsylvania: NSVRC

Russell, D (1992) Rape in Marriage. California: Sage

Temkin, J. (1986) Women, Rape and Law Reform. In Tomaselli, S. and Porter, R (eds) Rape. Oxford: Basil Blackwell

The London Rape Crisis Centre (1999) Sexual Violence: The Reality for Women. Third Edition London: The Women's Press Ltd

The Women's Unit and Home Office (1999) Living Without Fear: an integrated approach to tackling violence against women. London: Cabinet Office

Ward, C.A. (1995) Attitudes toward Rape: Feminist and Social Psychological Perspectives. London: Sage Publications Ltd

YllÖ, K, 1999 The Silence Surrounding Sexual Violence: The Issue of Marital Rape and the Challenges It Poses for the Duluth Model. In Shepard M F and Pence E L 1999: Coordinating Community Responses To Domestic Violence: Lessons from Duluth and Beyond. Thousand Oaks, California: Sage

SEA-CHANGE

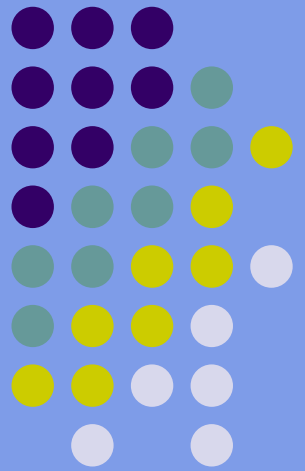
ANNE HAYNES

PROMOTING EQUALITY AND RESPECT IN RELATIONSHIPS

TRAINING

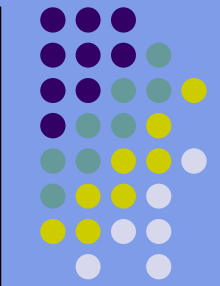
CONSULTANCY

IMPLEMENTATION AND DELIVERY OF WORK WITH PERPETRATORS



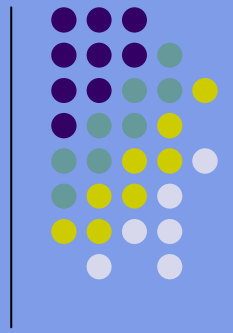
DEFINITION OF DOMESTIC VIOLENCE

MULLENDER AND HUMPHREYS, 1998



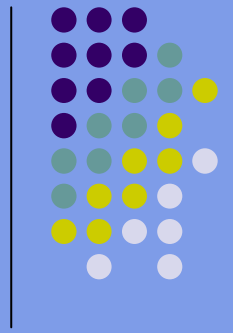
- **Domestic violence typically involves a pattern of physical, sexual and emotional abuse and intimidation which escalates over time. It can be understood as the misuse of power and exercise of control (Pence and Paymar 1996) by one partner, usually by a man over a woman, but occasionally by a woman over a man (but without the same pattern of societal collusion) and also occurring amongst same sex couples. It has profound consequences in the lives of individuals, families and communities.**

THE STATISTICS

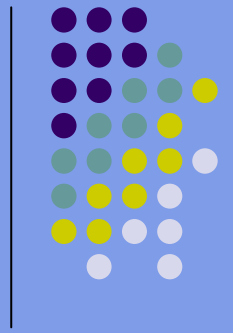


- **1 In 3 Woman will experience violence by a man they know**
- **Women suffer, on average, 35 assaults before reporting it to the police**
- **Women go to 10 different agencies before they get any help, but are most likely to approach a health professional**
- **2 women a week are killed by men they know**

MORE STATISTICS



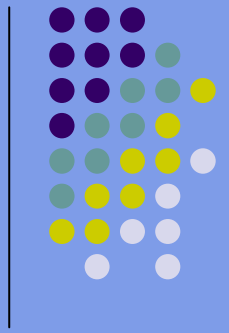
- The most dangerous time is when a woman is trying to leave
- Where the mother is being abused up to 70% of fathers or stepfathers also abuse the children
- Violence occurs across social and ethnic groupings



- Women experiencing domestic violence are 13 times more likely to be injured in the breast, chest or abdomen

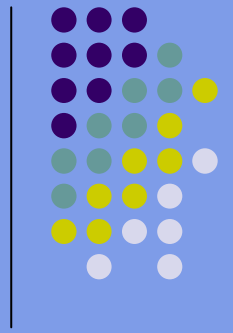
- Physical violence often begins or increases in pregnancy. Genital or abdominal injuries are particularly common at this time.

Pregnancy



- Violence and abuse often commences or escalates during pregnancy
- First few weeks following the birth may be the time of greatest risk
- Domestic violence is strongly associated with death during pregnancy, foetal death, miscarriage and depression
- Domestic Violence is strongly associated with the onset of alcohol or drug abuse

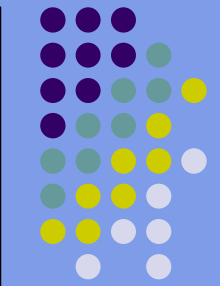
THE EFFECTS ON CHILDREN



- Children witnessing abuse have more frequent behaviour, emotional & social competence. 2.5 x rates of non-violent families

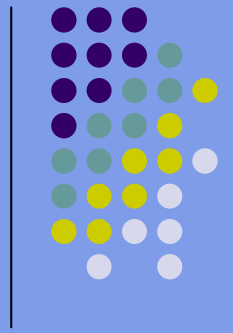
- Children who have been physically abused as well as witnessing violence show highest levels of behavioural & emotional disturbance

Effects on Children continued



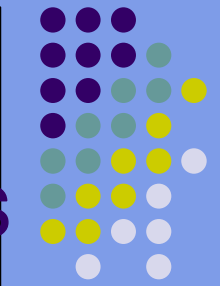
- Some exhibit ‘ externalised’ behaviour, (aggressive or anti-social)
- Some ‘internalised’ behaviour (depression, anxiety)
- Cognitive abilities affected & poor school performance

MORE EFFECTS ON CHILDREN



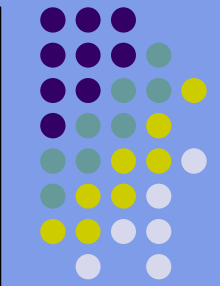
- Early onset of alcohol problems
- Higher incidence of drug abuse
- Higher incidence of teenage pregnancy
- Prostitution
- Homelessness
- Early involvement with criminal justice system
- Early onset of eating disorders
- Violent behaviour

ATTITUDES OF YOUNG PEOPLE TOWARDS VIOLENCE SEX AND RELATIONSHIPS



- Widespread acceptance of forced sex and physical violence to women
- 1in 5 young men thought it was acceptable
- 1 in 10 young woman thought it was acceptable

UNDER CERTAIN CIRCUMSTANCES THESE FIGURES GO UP!



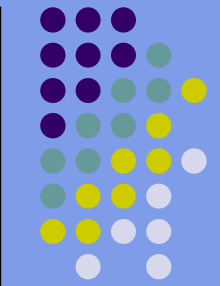
- 1 in 4 young men thought it was acceptable to hit her ‘if she had slept with someone else’
- 1 in 6 young men thought they might force a woman to have sex if she were his wife
- 1 in 10 young men thought they might force a woman to have sex if;
- They were so turned on they couldn’t stop
- Nobody would find out
- She had slept with loads of men

SOCIAL INDICATORS OF WOMEN WHO SUFFER DOMESTIC VIOLENCE

YALE TRAUMA STUDY

- 15 Times more likely to abuse alcohol
- 9 Times more likely to abuse drugs
- 3 Times more likely to be diagnosed as depressed or psychotic
- 5 Times more likely to attempt suicide

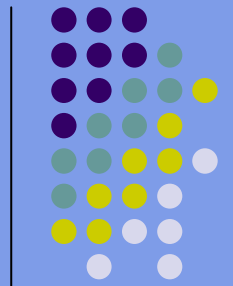
IN SUMMARY



- Domestic Violence is a child protection issue
- Domestic Violence is a mental health issue
- There are strong links between the sexual abuse of women and the sexual abuse of children
- Where there is violence there is almost always sexual abuse of the woman

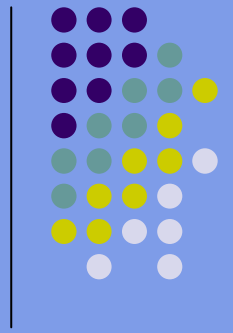
- YOUR RESPONSE AND YOUR EXAMPLE TO THE COMMUNITY MATTERS
- YOUR INFLUENCE AS AN ORGANISATION WILL CONTRIBUTE MORE THAN ANY OTHER TO A SAFER COMMUNITY

Model of Good Practice



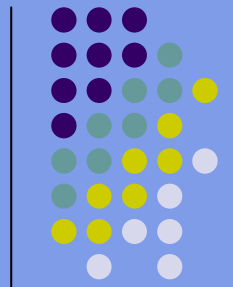
- Holding the perpetrator responsible for his actions
- Focus on safety of victims and children
- Multi-agency-working
- Joint working with Police
- Women's safety workers

TOWARDS WORKING WITH PERPETRATORS



- Coordinated community approach
- Risk assessment
- Women’s safety work
- Programme delivery

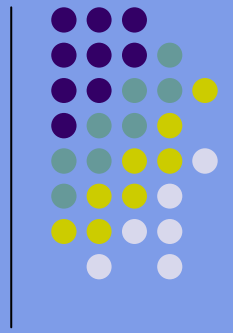
Setting up work with perpetrators
TWO MAIN TASKS



- DEVELOPMENT AND IMPLEMENTATION OF SUPPORTING ENVIRONMENT FOR PERPETRATOR PROGRAMME

- IMPLEMENTATION AND DELIVERY OF PROGRAMME FOR PERPETRATORS

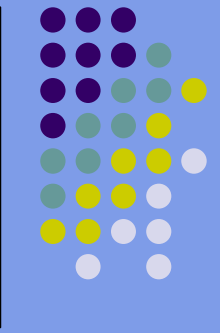
Working with perpetrators
FOCUS ON PERPETRATOR



- Visible, accountable and responsible
- Monitor behaviour
- Risk assessments
- Put women and children in touch with women's safety worker so no longer isolated
- Community takes responsibility
- Links to child protection, alcohol and drug agencies
- Agencies get trained
- Evaluation

- *A project where men and women can work together promoting equality and respect*

MOST IMPORTANT!



- THE SECRET IS OUT