



Domestic Violence and Abuse Needs Assessment for Children and Young People in Norfolk.

Executive Summary and recommendations

Norfolk Public Health

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Norfolk Public Health

Improving health and wellbeing,
Protecting the population
Preventing ill health

Summary in pictures



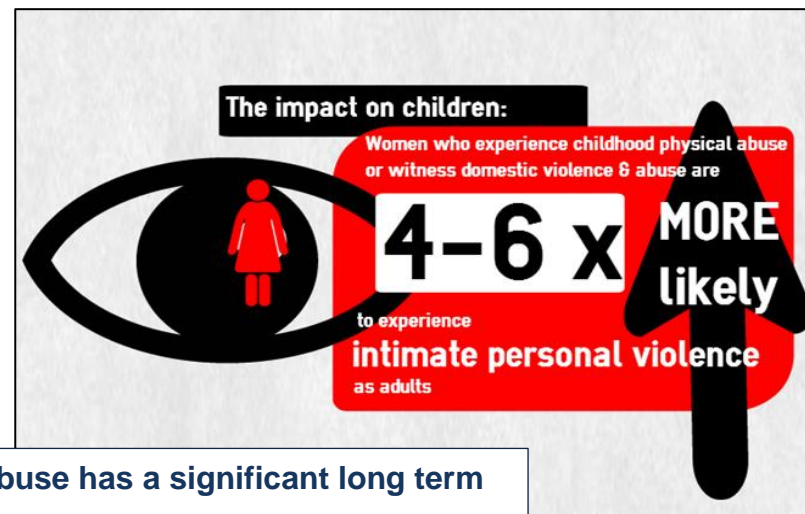
Domestic violence and abuse affects a large number of children in Norfolk



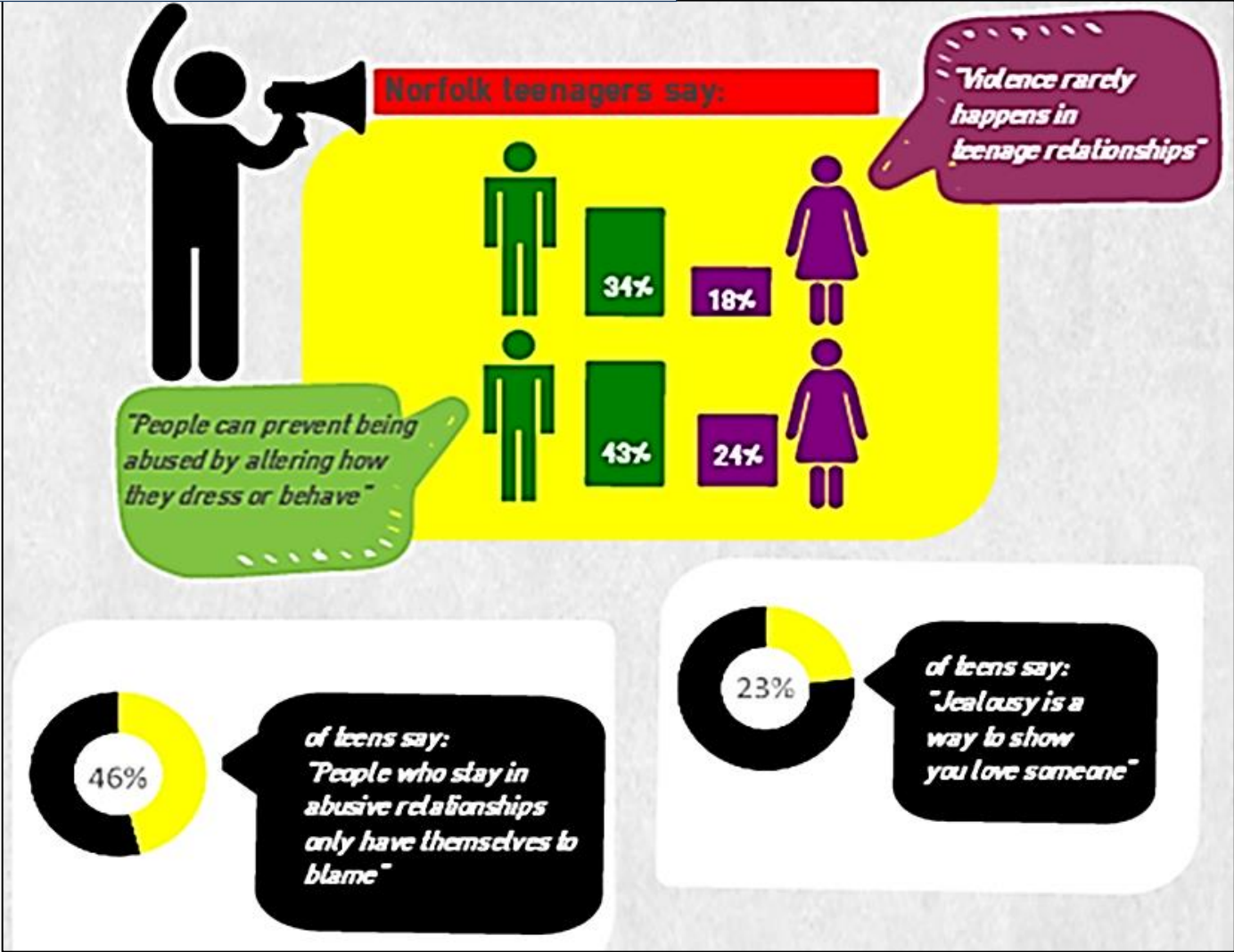
Young people are also perpetrators of domestic violence and abuse



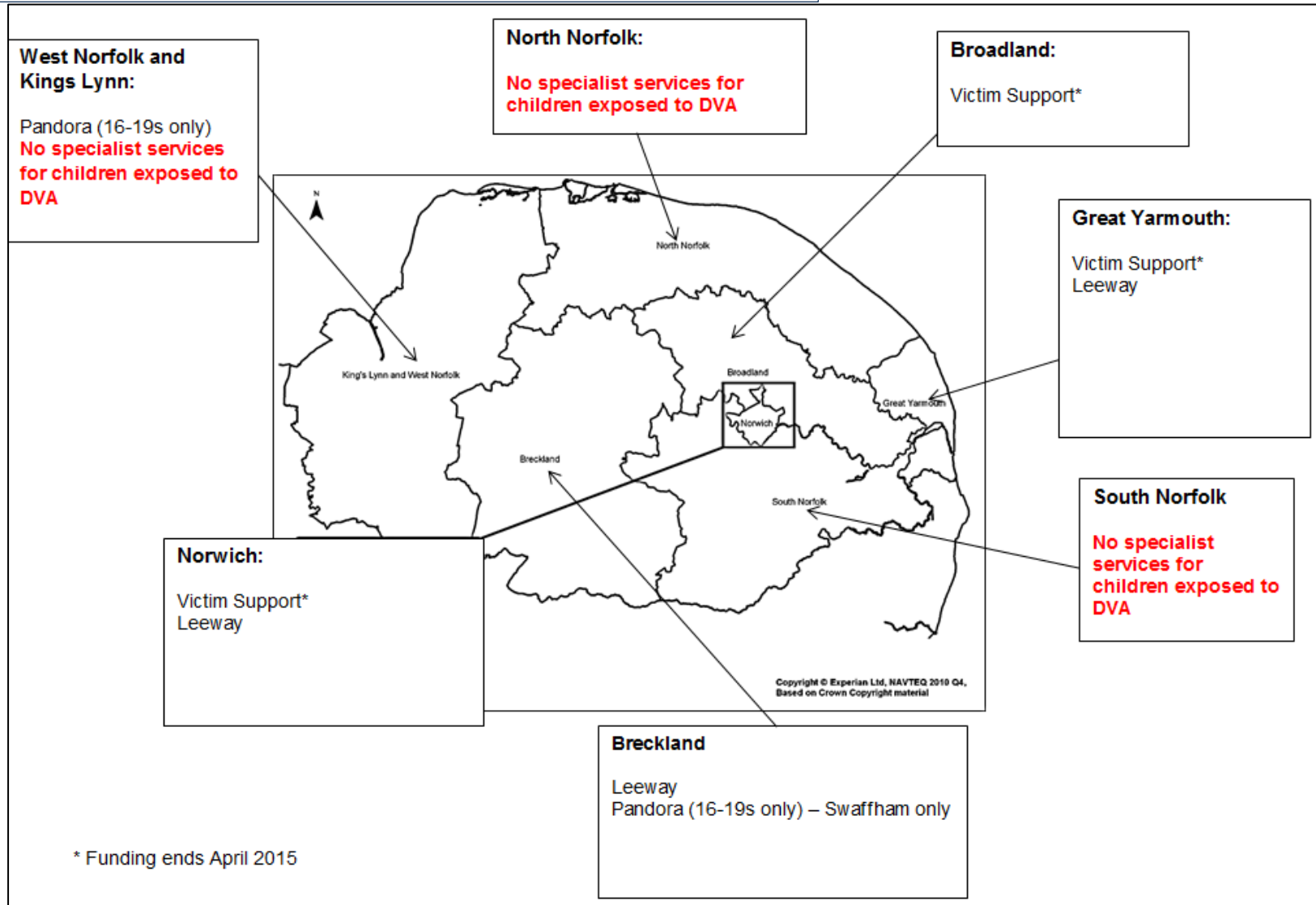
Exposure to domestic violence and abuse has a significant long term effect on children and young people



A large minority of teenagers in Norfolk have a worrying view about domestic violence and abuse



There are considerable gaps in current provision of specialist services to support children and young people affected by DVA



Executive summary

Domestic Violence and Abuse (DVA) is a considerable challenge in the UK with 1 in 4 women and 1 in 6 men experiencing DVA at some point in their life time¹ and a quarter of young adults aged 18 to 24 years reporting an experience of DVA during childhood².

DVA is defined as “*any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to psychological, physical, sexual, financial and emotional” abuse*³.

DVA often occurs in a family setting and although many children and young people are not direct victims, the impact of DVA exposure on their emotional health and wellbeing can be significant and is often overlooked. Furthermore, the most severe DVA does not happen in isolation. Parents of a third of children and young people affected by severe and moderate DVA also experience either/or substance misuse (alcohol and/or drugs) or mental ill health. (These three factors which pose a risk to children are sometimes termed the toxic trio). This report focuses on the needs of children and young people aged 0 to 19 years in Norfolk who are either exposed to DVA in a family setting, are affected by DVA in an intimate relationship or are perpetrators of DVA as part of an intimate relationship or in a family setting. The overarching aim of this report is to provide evidence based actionable recommendations which can help prevent children and young people in Norfolk becoming future victims and perpetrators of DVA and reduce the long term harm caused by DVA exposure.

Key findings

Size and characteristic of problem in Norfolk

- The national Crime Survey for England and Wales (CSEW) suggests the number of DVA incidents reported to the police in Norfolk is only the tip of the iceberg with the actual number of victims (and associated children) potentially 5 or 6 times higher.
- Of the 13128 domestic abuse incidents reported to the police in Norfolk in 2012/13, 6352 (48%) involved at least one child.
- Of the 165,000 children and young people aged 0-17 years in Norfolk 7030 were associated with a police reported DVA incident in 2012/13. This equates to 1 in 20 children and young people in Norfolk.
- Just under half of all children and young people associated with a police reported DVA incident in Norfolk in 2013/14 were under the age of 7 years.
- Across Norfolk in 2013/14 there was large variation in the rate of reported DVA incidents affecting children and young people, ranging from no reported

¹ Smith K , Osborne S, Lau I et al. (2012) Homicides, firearm offences and intimate violence 2010/11: supplementary volume 2 to Crime in England and Wales 2010/11. London: Home Office

² Radford et al 2011

³ Home Office. 2013. Information for Local Areas on the change to the Definition of Domestic Violence and Abuse <https://www.gov.uk/domestic-violence-and-abuse>

incidents in parts of Breckland, Great Yarmouth, Kings Lynn and West Norfolk and South Norfolk to nearly 300 incidents per 1000 children in the Mancroft area of Norwich.

- Every District Council in Norfolk had at least two geographical areas (Lower layer Super Output Area⁴) where the rate of DVA incidents affecting children and young people was higher than the Norfolk average.
- Nearly 1000 reported incidents of DVA in Norfolk in 2013/14 were perpetrated by 16-19 year olds of whom 30% were females.
- The main victims of DVA incidents perpetrated by 16-19 year olds in Norfolk in 2013/14 were partners/ex partners (42%) and parents (just under half).

Consequences of DVA exposure on children and young people

- Serious behavioural problems are 17 times more common for boys and 10 times more common for girls who witness the abuse of their mother⁵.
- Adult women who report experiences of childhood physical abuse or witnessing inter-parental violence (IPV) are four- to six- times more likely to have experienced physical IPV⁶.
- Children witnessing severe DVA are 3 times more likely to develop conduct disorders⁷.
- Protective factors including social competence, self-esteem, outgoing temperament and a strong relationship with an adult have been shown to protect children and young people against the adverse effects of DVA exposure.

DVA services for CYP in Norfolk

- The current review found clear evidence that specialist DVA services which address the emotional, psychological and physical harms arising from the effects of domestic violence and abuse can improve outcomes for children and young people.
- Current service provision in Norfolk is extremely unequal with children living in South Norfolk, West Norfolk & Kings Lynn and North Norfolk unable to directly access Specialist DVA services.
- Across Norfolk there is current capacity to support 300-400 children per year through specialist DVA services (this will reduce by 240 when the Victim Support pilot comes to an end in April 2015). This compares to over a 1000 children linked to the most serious cases managed through the Multi-Agency Risk Assessment Conferences (MARAC) and the 7030 children associated with DVA incidents reported to the police. In addition it does not account for the significant majority of children living in families where DVA occurs but is unreported.

⁴ LSOA – standardised geographical catchment with a populations of between 1000 and 3000 people

⁵ Wolfe, D. A., Jaffe, P., Wilson, S. K., & Zak, L. (1985). Children of battered women: The relation of child behaviour to family violence and maternal stress. *Journal of consulting and Clinical Psychology* 53, 657-665.

⁶ Bensley, Lillian et al (2003) .Childhood family violence history and women's risk for intimate partner violence and poor health. *American Journal of Preventive Medicine* , Volume 25 , Issue 1 , 38 - 44

⁷ Meltzer H, Doos L, Vostanis P et al. (2009) The mental health of children who witness domestic violence. *Child and Family Social Work* 14: 491–501

- The evidence gathered indicates that current DVA services for children and young people in Norfolk are fragmented in nature with no one organisation having oversight of the system.
- Many services that children and young people are currently accessing are generic services rather than anything specifically addressing their needs as victims of DVA.

Children and young people's knowledge and views of DVA

- Based on a healthy relationship quiz by Norfolk Police of 1500 teenagers:
 - A quarter felt that violence rarely happens in teenage dating relationships with twice as many boys agreeing with this statement compared to girls.
 - Just under half felt that people who stay in abusive relationships only have themselves to blame.
 - A third felt people could prevent being abused by altering the way they dressed or behaved, with nearly twice as many males agreeing with the statement compared to girls.
 - A quarter felt that jealousy was a way to show someone they loved them.
- According to the 2012 Girl Guide Attitude Survey 3 to 4 times as many boys compared to girls felt it was acceptable to pressurise girls to have sex, threaten girls with violence for time spent with friends and hit and kick partners for speaking to someone at a party.

Educating and raising awareness about healthy relationships and DVA with CYP

- Interviews and surveys of practitioners, victims and providers found that education and awareness raising about healthy relationships and DVA across Norfolk was not consistent enough and suggested that more time should be dedicated to the topic in Norfolk schools.
- A review of the literature found successful DVA prevention programmes included engagement with political leadership, adoption of a whole school and community approach, the appointment of DVA champions within schools, the development of local partnerships between schools and voluntary sector and the production of materials for use in all phases of schooling.
- Only maintained secondary schools are mandated to provide sex and relationship education as part of the basic curriculum (this focuses mainly on the biological aspect of sex)
- The PHSE association provides a clear staged framework for the provision of quality education on healthy relationships and DVA for children and young people ranging from Key Stage 1 to Key Stage 4.
- According to a workshop on healthy relationships undertaken by Healthy Schools the opportunity to access regular, quality assured and preferably accredited training, including emotional as well as physical aspects, was identified as key gap by schools and service providers.
- The only county wide provision of healthy relationship and awareness raising about DVA in schools is provided to 12 and 14 years olds.

Data collection and information sharing

- Children centres and schools are not routinely informed about children and young people known by the Police and multi-agency safeguarding hub (MASH) to be affected by DVA.
- Organisations, such as children's centres, schools, mental health services, working with children and young people do not routinely capture and share information on the numbers of children affected by DVA. Other recording of DVA may be incidental to, for example, adult treatment for substance misuse, but is not demonstrably identified as an issue for affected children.

Recommendations

Based on the findings of the needs assessment we present 6 key high level recommendations with more detailed suggested actions underlying them.

A strategic and integrated approach to planning and delivering services is required to prevent DVA and reduce harm among affected children and young people.

- a) A multi-agency group should review the findings of the needs assessment and develop a Norfolk strategy for minimising harm to children and young people affected by DVA including the provision of healthy relationship and DVA education and awareness raising.
- b) Commissioners, public health and providers of specialist DVA services should work together to develop a common outcome framework which allows Norfolk to assess the outcome and effectiveness of interventions and programmes.
- c) A review of current service provision is required to take into account the large increase in 0-19 year's olds in Norfolk over the next 10 years.
- d) It is essential that all organisations providing support and services to children and young people recognise the cross cutting nature of DVA and the impact on children and young people exposed to it.

Commissioning strategies should aim to provide children and young people with evidence based specialist domestic violence and abuse services which address the emotional, psychological and physical harms arising from the effects of domestic violence and abuse.

- a) Availability, accessibility and capacity of existing specialist services requires review, identified gaps should be fed into the commissioning strategy
- b) Commissioned services should ensure that;
 - i. Interventions address the emotional, psychological and physical harms arising from the effects of domestic violence and abuse.
 - ii. Interventions strengthen the relationship between the child or young person and their non-abusive parent or carer (this is particularly applicable to younger children aged 10 years and under).
This may;
 - Involve individual or group sessions, or both.

- Include advocacy, therapy and other support that addresses the impact of domestic violence and abuse on parenting.
 - Be delivered to children and their non-abusive parent or carer in parallel, or together.
 - iii. The care giver (predominantly the mother) is provided with support to enable them to be an effective parent.
 - iv. Interventions match the child's developmental stage.
 - v. Services adopt an individualistic approach to assessing needs of children which recognises that children and young people exposed to DVA respond differently.
- c) Recognising that although there is evidence of interventions that are successful, there is little evidence for what successful provision looks like. Play therapy and group/individual cognitive behavioural therapy (CBT) may be explored as potential interventions for dealing with the harmful effects of DVA exposure and further research is required to assess the content and effectiveness of interventions for teenagers and young people.
- d) Interventions should be developed to support young persons whom perpetrate DVA as part of an intimate relationship.
- e) The new 'child on parent violence service' planned by the Youth Offending Team should look to support both perpetrators identified through the criminal justice system and those outside.

All organisations working with children and young people in Norfolk should be able to identify affected children and young people early and sign post to relevant services.

This means:

- a. Ensuring that staff can recognise the indicators of domestic violence and abuse and understand how it can affect children and young people.
- b. Ensuring that frontline staff are trained and confident to discuss domestic violence and abuse with children and young people who may be affected by or experiencing it directly.
- c. Putting clear information-sharing protocols in place to ensure staff gather and share information and have a clear picture of the child or young person's circumstances, risks and needs.
- d. Developing or adapting and implementing clear referral pathways to local services that can support children and young people affected by domestic violence and abuse.
- e. Ensuring that frontline staff knows how to refer children and young people to child protection services where necessary. They should also know how to contact safeguarding leads, senior clinicians or managers to discuss whether or not a referral would be appropriate.
- f. Ensuring that frontline staff knows about the services, policies and procedures of all relevant local agencies for children and young people in relation to domestic violence and abuse.
- g. Involving children and young people in developing and evaluating local policies and services dealing with domestic violence and abuse.
- h. Monitoring these policies and services with regard to children's and young people's needs.

- i. Ensuring that interventions providing parenting support are evaluated to demonstrate the impact on outcomes for the child or young person.
- j. Ensuring that DVA awareness is embedded across all services working with children.
- k. Reviewing the current information sharing agreements on children affected by DVA to enable organisation such as children centres and schools to provide more proactive support.

Children and young people in Norfolk should have access to age and gender appropriate education about healthy relationships and DVA from the ages of 5 to 19 years.

- a. A quality framework should be developed to support schools, third sector and statutory organisations in commissioning and delivering quality assured age appropriate healthy relationship and DVA education. Providers and commissioners should work together to develop resources and social marketing approaches to demonstrate the benefits to schools (primary, secondary schools, academies and free schools) and their pupils of taking part in structured healthy relationship and DVA education.
- b. Interventions should be commissioned which promote and increase resilience among children and young people in Norfolk through the development of protective factors including social competence, self-esteem and outgoing temperament.
- c. The Norfolk Domestic Abuse Change programme, public health and children services should look to raise awareness by engaging political leaders in the healthy relationship and DVA agenda.
- d. The development of healthy relationship and DVA education strategies, and programmes should take into account the PHSE Programme of Study developed by the PHSE Association, where this is not already the case.
- e. Healthy relationship and DVA education should include both emotional as well as physical aspects of relationships and abuse.
- f. The Norfolk Domestic Abuse Change Programme should encourage providers of healthy relationship and DVA education and awareness raising sessions to work more closely in order to best use limited resources and standardise content.
- g. Norfolk Children's Safeguarding Board and the Domestic Abuse and Sexual Violence Board (DASVB) should look to address the safeguarding concerns of primary schools which may deter the provision of healthy relationship and DVA education.
- h. Mechanisms should be developed to facilitate the effective sharing and distribution of DVA awareness raising material (e.g. posters and leaflets) across Norfolk.
- i. Providers of current relationship and DVA education programmes should review their content to ensure that it takes into account potential differences in perceptions of what is acceptable in a relationship between boys and girls.
- j. DVA awareness and prevention campaigns should take into account gender differences in perception of what is acceptable in a relationship.
- k. All possible opportunities should be used to raise awareness about DVA amongst young people.

- l. DVA awareness raising materials should include messages about the broader elements of DVA such as controlling behaviours.
- m. The safeguarding boards and public health should review the current provision of healthy relationship education for young adults and teenage parents.

A coordinated approach to the collection and reporting of information on children affected by DVA should be adopted across Norfolk to enable all partners to develop a better understanding of the current burden of DVA in Norfolk and monitor progress.

- a. The Norfolk Domestic Abuse Change Programme and public health should work with all statutory and voluntary services to develop and agree shared data standards for recording information on children and young people affected by DVA.
- b. Children's Services should encourage children centres to capture information on service users affected by DVA.
- c. The YOT should review the current recording of information on DVA exposure and improve disclosure amongst clients.
- d. Norfolk Children's Services should review the way in which children affected by DVA are recorded on the Care First information system. Ensuring that wherever possible both the primary cause of referral and underlying factors should be recorded.
- e. The current information sharing agreements on children affected by DVA should be reviewed to enable organisation such as children centres and primary and secondary schools to provide more proactive interventions and support.
- f. Commissioners of adult substance misuse and mental health services should consider how data captured on children affected by domestic abuse can both feed into general data collection processes and also be translated into opportunities for specialist support of the children involved.

Public health should support joint working between organisations responsible for commissioning and providing mental health, substance misuse and DVA services to better understand how these issues interact and how they impact on the children of sufferers and victims.