

**An evaluation of multi-agency working with children and young people  
who are experiencing the effects of domestic abuse in the Communities  
First area of Penparcau and Aberystwyth West.**

Professor Alan Clarke  
Sarah Wydall

Department of Law and Criminology  
Aberystwyth University

Final Report to the  
Research and Information Unit  
Social Justice and Regeneration Department  
Welsh Assembly Government

November 2010



<b>Contents</b>	<b>Page</b>
<b>Acknowledgements</b>	3
<b>Executive Summary</b>	4
<b>1. Introduction</b>	6
Policy Context	
Background Literature	
<b>2. Scope of the Study</b>	10
Context and aims	
Research methodology	
Data collection methods	
The research process	
<b>3. Perceptions of children’s experiences</b>	13
Family Life	
<b>4. Fleeing domestic abuse</b>	20
<b>5. Multi-agency responses</b>	27
The criminal justice system	
Health and social care	
Schools and youth services	
<b>6. Support and Recovery Work</b>	60
<b>7. Conclusions and Recommendations</b>	66
<b>References</b>	71

## **Acknowledgements**

This study could not have been conducted without support from the Welsh Assembly Government's New Ideas Research Fund. We are grateful to Siân Jones for her support and helpful comments on the interim report and final report.

Special thanks to the Domestic Abuse Forum members, especially the Domestic Abuse Co-ordinator, Natalie Hardess; the Community Safety Partnership; all members of the RAG; the LEA and all teachers and learning support assistants who participated in the study; Aberystwyth Women's Aid; Hafan Cymru; substance misuse services; the Police; the Crown Prosecution Service, especially Chris Jones; Probation; Supporting People; Care Ceredigion; Communities First workers; Health and Social Services; Flying Start; Youth Services and Victim Support. We would also like to thank Elize Freeman, Jan Newman and Kate Williams for providing administrative support.

Finally we would like to express our deepest gratitude to the local families who shared their personal experiences with the research team. Adult victims all expressed their appreciation for the support they received from Aberystwyth WA, especially the Children and Young People's workers. Families hoped that their participation in this research would help to increase practitioners' understanding of domestic abuse. The families who took part also hoped that this research would help to generate more service provision locally for those people who were experiencing domestic abuse or who were seeking to rebuild their lives having escaped an abusive relationship.

This research is dedicated to these families and to all local children and young people who remain hidden victims.

Alan Clarke  
Sarah Wydall

## **Executive Summary**

### **Aims of the research**

Following the implementation of the *Tackling Domestic Abuse All Wales Strategy 2005*, the current research study provides an insight into the extent to which some of the key policy objectives around targeting current service provision for children and young people have been achieved at the local level.

The three primary aims of the research were to:

1. explore how key agencies perceive and respond to the needs of children and young people who are affected by domestic abuse;
2. investigate how domestic violence prevention and recovery work might be tailored to meet the needs of children and young people;
3. review current policy and practices (both formal and informal) aimed at supporting families experiencing domestic abuse particularly those in the women's refuge and those experiencing homelessness as a result of domestic abuse.

### **Data collection**

In exploring practitioners' perceptions of, and responses to, children's experiences of domestic abuse, a multi-method research design was chosen, employing both quantitative and qualitative methods of data collection. Information was obtained from a wide range of sources including the following: semi-structured, in-depth, qualitative interviews with 54 professional practitioners representing statutory agencies and third sector organisations; two focus groups (one on operational issues and the other on strategic issues) with key personnel from the police, education, housing, social services, health, the domestic abuse forum and third sector agencies; and five case studies drawn from the Penparcau area.

### **Key findings and implications for policy and practice**

The research findings suggest that the aims of the *Domestic Abuse Strategy 2005* have yet to be fully achieved at a local level. There was widespread praise for the work of the local domestic abuse co-ordinator and the domestic abuse forum both in terms of the quality of training provided for practitioner groups and the support they delivered to victims. However, the limited specialised services were somewhat marginalised, partly as a result of a lack of local recognition of the prevalence of domestic abuse in society and a limited appreciation of the nature and extent of the adverse impact abuse can have on the lives of children and young people. Where common misconceptions concerning domestic abuse are allowed to prevail victim-blaming can result and this can ultimately lead to victims being unwilling to seek help. Encouraging the disclosure of abuse and then taking action to address the cause of the abuse should be the responsibility of all frontline practitioners, but a willingness to work across agencies to tackle this abuse does not yet appear to have been wholly embraced by all practitioners and managers in health, social services, schools and youth services. There needs to be a far greater commitment to utilising the Common Assessment Framework, and other similar multi-agency tools aimed at improving information sharing, to ensure children and young people are made safe.

As many perpetrators either live with or have regular contact with their children, they need to be made aware of the impact of the abuse on their children, and be provided with ways of addressing their negative behaviours. Currently there does not appear to be an integrated approach to working with each family member to address the abuse holistically.

Individual work around parenting support and indirect mediation with adult victims, perpetrators and child victims needs to be shared within and across agencies, not only to ensure that interventions are tailored to meet the needs of individual families needs but also to enable appropriate safety planning to take place.

Generic agencies working with children and young people need to incorporate more intensive domestic abuse and child protection work into their training programmes, especially regarding referrals and follow-up support. This requires a commitment at a strategic level to develop a more intensive child protection training programme than is currently available. Child protection training needs to focus on issues such as the adverse impact of domestic abuse on children, early substance misuse, teaching direct safety planning to children and young people, and the development of more structured safety management plans that hold perpetrators accountable for their behaviour. There needs to be a shift from a risk assessment/management based approach towards a more action-orientated safety management approach that empowers mothers who are victims, rather than blaming them for their victimisation.

Some frontline practitioners appeared to be uncomfortable in child protection meetings and other multi-agency settings when discussing the causes of a child's problem behaviour. There was a perceived reluctance to discuss openly the domestic abuse and the violent and negative behaviours of the perpetrator. This could be interpreted by the perpetrator as effectively condoning his abusive behaviour towards his family. Providing training for generic practitioners on how to respond positively to adults and children who disclose evidence of domestic abuse and how best to impart basic safety advice to children and young people should be made a priority.

Interventions around prevention and recovery work with children require parental consent, which for a variety of reasons is often withheld. This can result in the social care and welfare needs of some children and young people not being met, which constitutes a breach of the UN Convention on the Rights of the Child.

## Introduction

### Policy context

*'Tackling Domestic Abuse - The All Wales National Strategy'* (2005), was developed to provide a framework to direct the development of domestic abuse interventions across Wales. Of the seven key aims in the strategy, three are directly focused on educating and protecting children and young people from the negative impact of domestic abuse. These aims are to:

- improve the current service provision for all victims and to particularly increase safe choices for women, children and young people who experience domestic abuse;
- protect children and young people in Wales from the negative impact of domestic abuse;
- educate and inform children and young people to enable them to make informed choices.

Of the additional four key aims outlined in the strategy, all are relevant to improving the lives of children and young people living in Wales. These four aims are to:

- hold abusers accountable for their behaviour;
- increase public awareness;
- challenge the notion that domestic abuse is acceptable;
- facilitate the development and implementation of a quality co-ordinated joint agency response.

The 2005 strategy replaced the term 'domestic violence' with 'domestic abuse' and expanded the definition to include different types of emotional abuse. The strategy has been praised for its inclusive approach to all victims of domestic abuse including men. The document was also commended for its breadth of scope and the levels of guidance given to local managers and practitioners. However, as highlighted by the Communities and Culture Committee Inquiry (CCCI) into 'Domestic Abuse in Wales' (2008) there was no mechanism to regularly monitor progress in terms of evaluating the national and local implementation of this strategy. The CCCI also noted that the document made no explicit reference to domestic abuse as an infringement of the rights of children and young people. The Committee were particularly concerned by the lack of services for children and young people, especially in terms of early intervention, crisis and follow-up services, particularly in respect of housing provision. It also acknowledged that supporting older children, particularly young men, in refuges was not always possible. In addition to this gap in service provision for family members fleeing violence, there was also a concern that those young people who were not adequately housed had unmet needs as a consequence of experiencing violence. These young people were more likely to experience school exclusion, which could lead to long-term social exclusion.

*In around 90% of families, domestic abuse was an issue for excluded children; the issue is if they are not in school, they are more vulnerable. Many of them will not be in Refuge; they will just be at large.*

Welsh Women's Aid (2008)

In its response to the CCCI document, the Welsh Assembly Government accepted many of the 28 recommendations put forward. However, with the exception of funding the schools – based counselling strategy and ring-fencing money for CAMHS, the Government were currently unable to provide additional funding for all the recommendations regarding children and young people, suggesting funds were to be drawn from existing budgets. The detailed response provided indicates a commitment to tackling domestic abuse, however future policy initiatives need to focus on including more immediate measures to help children and young people. The NSPCC response to the inquiry into domestic abuse strategy development in Wales stated: *‘The evidence highlights that whilst significant progress has been made in recognizing domestic abuse as a child protection issue, there continues to be a need to ensure that this recognition also results in improved service delivery for children and young people to enable them to overcome their experience’* (NSPCC Cymru, 2008).

The current research study provides an insight, at a local level, to the extent to which some of the key aims of the *‘Tackling Domestic Abuse All Wales Strategy 2005’* have been successfully implemented on the ground in terms of targeting current service provision for children and young people. Delivering effective services requires a commitment by all agencies to respond more effectively to issues of domestic abuse, both in the protection and recovery of children experiencing abuse and in the prevention of domestic abuse for future generations growing up in Wales. Tackling domestic abuse is the responsibility of all those working with children and young people.

#### **‘Everyone’s Responsibilities’**

*The All Wales Child Protection Procedures 2008 are based on the fundamental principle that the protection of children from harm is the responsibility of all individuals and all agencies working with children and families, and with adults who pose a risk to children. The effective protection of children cannot be achieved by a single agency acting on its own. The procedures clarify how individuals and agencies should communicate and work together effectively in partnership in order to identify vulnerable children, keep them safe from abuse and neglect and improve outcomes for them.*

The All Wales Child Protection Procedures (2008)

### **Background literature**

Although there has been extensive research into multi-agency responses to women experiencing domestic abuse, and considerable attention given to the provision and evaluation of perpetrator programmes, very little research has focused on multi-agency responses to protecting and supporting children. This study explores how key agencies perceive and respond to the needs of children and young people who are affected by domestic abuse and living in an area characterised by social deprivation.

It is estimated that the overall annual cost of domestic violence to the criminal justice system, health service, social services and social housing across England and Wales is around £3.1 billion (Walby, 2004). Of all violent crimes, domestic violence has the highest rate of repeat victimisation (Dodd *et al.*, 2004). Approximately one in four women experience domestic violence at some stage in their lives (Council of Europe, 2002). The links between domestic violence and poor mental health, such as depression, have been well documented (Barron, 2004; Humphreys and Thiara, 2003). However, it is not only women who are affected by

domestic abuse; children who directly witness violence between adults in the home or are exposed to its aftermath can also suffer negative consequences. There is a wealth of research evidence showing that exposure to domestic violence in childhood is related to a number of behavioural, emotional and social problems (Wolfe *et al.*, 2003; Holt *et al.*, 2008) and can have a negative impact on a child's psycho-social development (Buckley *et al.*, 2007). Children can develop 'feelings of fear, sadness, anger, shame, guilt, confusion and despair – feelings which inevitably affect their self-esteem, their behaviour, their education, their health, their ability to make friends and their relationship with their mother' (McGee, 2000: 18). Furthermore, children who experience adult-to-adult domestic violence are considered to be more likely to be physically abused or neglected than children who do not encounter such violence (Osofsky, 2003). Given this co-occurrence, domestic abuse can be taken as an important indicator of harm to children.

Whether children are direct victims of domestic abuse or are only exposed to the victimisation of others, the experience can have a wide ranging and profound affect on their lives. Also, it is not only extreme forms of physical abuse which may lead to adverse outcomes for children. Children may be exposed to emotional abuse simply by witnessing their mother being verbally abused and threatened, but not themselves being directly targeted. Research indicates that domestic violence impacts negatively on the quality of parenting children receive. With regards to the mother-child relationship, Humphreys *et al.*, (2006) provide a summary of the main ways in which domestic abuse may undermine the nature and quality of this relationship. Maternal stress stemming from living in constant fear of abuse, coupled with low-self-esteem, can undermine a mother's ability to provide consistent parenting. Abused mothers may at times appear emotionally distant, unable to control their children or prone to act in more punitive ways towards them in the presence of the perpetrator (Brandon and Lewis, 1996; Holden, 2003). However, these reactions should not be automatically interpreted as examples of 'inadequate mothering' but need to be seen within the context of the abusive dynamics which gave rise to them. As Hester *et al.*, (2007) assert, if abused mothers are provided with the necessary support to enable them to feel safe and secure they are capable of providing the appropriate care for their children. While much has been written about the nature of the mother-child relationship, there has been relatively little attention given to the father-child relationship in the context of domestic abuse (Guille, 2004).

Despite what is known about the prevalence and impact of domestic violence, there is a growing body of literature which suggests that domestic abuse is often overlooked as a risk factor in child protection work (McGee and Westcott, 1996). Furthermore, policies and service provision have tended to focus on meeting the needs of the parent and thus failed to fully acknowledge the experiences of children and their need for specialist support. While children have been described as 'unintended', 'forgotten', 'silent' or 'hidden', victims (Rosenbaum and O'Leary, 1981; Elbow, 1982; Groves *et al.*, 1993; Abrahams, 1994), it is important that they are viewed not simply as 'innocent bystanders caught up in the crossfire' but as 'victims in their own right' (Devaney, 2008: 444). However, before children can receive help and support their plight needs to be made known to others. The dynamics of disclosure can be particularly complex. For example, children may remain silent because they have been threatened by the perpetrator that any disclosure will lead to further abuse. A fear of being taken into care may give rise to a reluctance to confide in anyone outside the family. Where a child does disclose that she or he has witnessed or been subjected to domestic violence, the main focus should be on safeguarding the child by assessing the risk and developing an appropriate safety plan.



While the concept of joint working is central to providing effective family support services and safeguarding children, key agencies have not always appreciated that the incidence of domestic violence should be seen as an indicator for assessing the needs of those children who are living in the same household as the victim (Stanley and Humphreys, 2006). However, while there is evidence of the emergence of strategies for supporting both adult and child victims, current policy and practice has a tendency to focus on *monitoring* the welfare and well-being of children who are experiencing domestic abuse, rather than planning early interventions to address the situation. According to McGee (2000), a common perception among victims of abuse (both women and children) is that services are re-active rather than pro-active and there is a need to make services more accessible, child-friendly and child-centred. This supports earlier work recommending that children's needs should be prioritised rather than marginalised when supporting families experiencing domestic abuse (Hester *et al.*, 1998). Consequently, some researchers have adopted a child-centred approach, which in some cases has involved interviewing children about their experiences of living with domestic violence (Allen, *et al.*, 2003; Gorin, 2004; Överlien and Hydén, 2009).

Domestic abuse can take a variety of forms and the way children experience it varies. A number of factors moderate the risks they encounter and the impact the experience can have on them. For example, where the parenting capability of mothers is not undermined by the abusive relationship children can show greater resilience (Cox *et al.*, 2003). Given the differential impact on children of exposure to domestic abuse it is important that any response is based on individual need. A holistic assessment of individual families is required before conclusions can be drawn about the risks faced by specific children and decisions are made concerning the most appropriate form of intervention. Such an assessment will need to take account of both risk and protective factors. It is essential that, where appropriate, children are listened to and allowed to participate in this process as the decisions that are made have a direct bearing on their lives (Buckley, *et al.*, 2007).

As a result of an increasing awareness of the possible adverse effects witnessing domestic abuse can have on children, researchers have explored the response of child welfare practitioners, the role of multi-disciplinary teams and the specialist training and support provided for staff engaged in front-line work (Hester, 2006; Frost and Robinson, 2007). This research highlights how key health, social care and educational professionals lack awareness and understanding of the dynamics of children's experiences of domestic abuse and as a result do not always respond in an appropriate way (Holt, 2003; Kenny, 2004). On a more general level, there is also evidence of a 'cultural divide' between social work departments and domestic violence agencies. Given that domestic violence practitioners focus on the victims of abuse (who are generally women) and social workers deal primarily with child protection issues, 'many domestic violence agencies see social workers as victim blaming (mother as failing to protect) and social workers see domestic violence specialists as blind to maternal responsibility' (Radford *et al.*, 2006: 177). The existence of these different practice cultures should not be allowed to inhibit the development of better inter-agency co-operation to ensure that the needs of both abused women and their children are met. At the same time, it is important that, where appropriate, perpetrators are involved in the treatment process. There is a need for 'a clearer refocusing of professional effort on holding men accountable for their behaviour and in attempting to engage them as fathers in ways which meet the needs of children' (Devaney, 2008: 452).

## 2. Scope of the Study

### Policy context and aims

Reducing domestic abuse is a designated strategic priority in the Ceredigion Community Safety Plan 2008-2011 and the Community Safety Partnership is committed to developing and supporting specific programmes for children and young people who experience domestic abuse. During the course of conducting the current study the key researcher liaised with the local domestic violence co-ordinator and consulted with practitioners and managers representing a wide range of service providers.

The three primary aims of the research were to:

1. explore how key agencies perceive and respond to the needs of children and young people who are affected by domestic abuse;
2. investigate how domestic violence prevention and recovery work might be tailored to meet the needs of children and young people;
3. review current policy and practices (both formal and informal) aimed at supporting families experiencing domestic abuse particularly those in the women's refuge and those experiencing homelessness as a result of domestic abuse.

### Data collection methods

In exploring practitioners' perceptions of, and responses to, children's experiences of domestic abuse, a multi-method research design was chosen, employing both quantitative and qualitative methods of data collection. Information was obtained from six major sources:

- (1) **Official statistics:** Data were obtained from police statistics on reported incidents of domestic abuse where there were children in the household.
- (2) **Interviews:** A total of 54 in-depth, qualitative interviews were conducted with professional practitioners drawn from health, social services, education, probation, housing and third sector organisations.
- (3) **Focus groups:** Two focus groups were held, one concentrated on strategic issues and the other focused on operational matters. Participants included representatives from the police, education, housing, social services, health, the domestic abuse forum and third sector agencies.
- (4) **Questionnaire:** A questionnaire was distributed to all primary and secondary schools in Ceredigion to elicit information regarding the nature and type of pastoral support provided for pupils, the number of children on the child protection register, the number of child protection cases where domestic violence was involved, and what specialist support schools felt they needed to provide pastoral care.
- (5) **Non-participant observation:** During the course of the study a researcher attended meetings of the local Referral Action Group (RAG) as an observer. This was a multi-agency group that met to identify and address the needs of vulnerable children and young people.

- (6) **Case studies:** Five case studies were undertaken of families living in the Penparcau area. These included in-depth interviews with five mothers, to elicit their views as to how they felt living with domestic violence had affected the lives of their children and the level of support they received.

### ***The local area***

The study focused on Penparcau and West Aberystwyth (a semi urban area within the coastal town of Aberystwyth) in the County of Ceredigion. Ceredigion, which has a population of approximately 78,000 people, is a predominantly rural area on the west coast of Wales, covering an area of around 10,500 square kilometres. The county consists of six market towns and a number of small hamlets spread across a hilly terrain and linked by ribbons of secondary roads. There is a recognised ‘geographical access problem’ which makes it difficult for some groups in the population to access certain services and facilities (Russell and Toft, 2007).

Penparcau and West Aberystwyth covers a relatively small area geographically and is situated on a hill outside the main shopping area of Aberystwyth town. Residential accommodation consists of mainly local authority housing.

### ***Socio-economic status and social deprivation***

The economy is largely dependent on agriculture, tourism, education and public sector services. Just over a quarter of the county’s working age adults are unemployed. Most employment is concentrated around the three main towns of Aberystwyth, Cardigan and Lampeter, however there are pockets of high unemployment in these towns, as well as in the more rural areas. The median annual income for full-time employees in Ceredigion is around £18,000 a year, which is below the median of £21,300 for Wales (Russell and Toft, 2007: 20).

Penparcau and West Aberystwyth is one of 32 smaller areas in Wales designated as ‘pockets of deprivation’ in the Communities First programme. Using the Townsend Deprivation Score, the district of Penparcau ranks among the six most deprived wards in Ceredigion and among the most deprived fifth of wards in Wales (Health Information Analysis Team, 2006). As regards child poverty, 26.2 per cent of households with dependent children under the age of 16 years do not have an adult member in paid employment. This is the second highest in the County.

The aggregate data can hide important variations within an area. This means that the signs of poverty and deprivation are less visible than is the case in rural than in urban areas, where the socially disadvantaged can be found concentrated in specific neighbourhoods.

## The area

**Table 1: A comparison of basic demographic and socio-economic characteristics.**

<b>Characteristics</b>	<b>Penparcau and West Aberystwyth</b>	<b>Wales</b>
<i>Percentage of:</i>	<b>%</b>	<b>%</b>
Households with no cars or vans	40.7	26.0
Households living in Local Authority accommodation	28.8	17.9
Households which are lone parent households with dependent children	7.5	7.3
Households with dependent children which do not have an adult in employment	26.2	20.0
Persons aged three or over who speak Welsh	35.8	20.5
Persons ages 16-74 with no qualifications	21.6	33.0

Source: Adapted from Welsh Assembly Government (2006: pp. 332-333 and 421-422).

### 3. Perceptions of children's experiences of domestic abuse

If strategies for meeting the needs of children who are living with domestic abuse are to be successful, it is essential that they are informed by an understanding and appreciation of children's actual experiences. Two points are worthy of note in this context. First, domestic violence should not be viewed in isolation from other personal problems and family issues facing parents and children. For example, where domestic violence co-exists with parental substance misuse or mental illness the cumulative effect on the child can be more serious and the situation can require careful inter-agency collaboration (Cleaver *et al.*, 2007). Second, children do not witness episodes of domestic violence as passive observers. As noted by Överlien and Hydén, the violence takes place in the child's immediate living environment and they experience it from the position of subjects and not objects: 'Children who experience violence in their homes experience it with all their senses' (2009: 480).

There were many similarities between the perceptions of practitioners and the observations of parents when discussing children's experiences of domestic abuse. Common themes emerging from these data are presented below. When considering these themes it is important to bear in mind that the nature, extent, pattern and impact of abuse can vary greatly from one family situation to another. The themes are clearly interlinked and the main purpose in identifying the individual themes is to provide a general overview.

Practitioners were aware that there was considerable variation in children's and young people's experiences of inter-parental violence and also acknowledged that where there was evidence of domestic violence children were at greater risk of physical, sexual or emotional abuse. They commented that a high proportion of children were placed on the Child Protection Register (CPR) as a consequence of domestic abuse. Although the initial reason for placing these children on the CPR was often physical injury, as a more detailed picture of family life emerged evidence of wider neglect, emotional maltreatment and sexual abuse was often uncovered. There was a general feeling among practitioners that the information gathered about children's lives was of variable quality and limited quantity. Any information given to practitioners provided an incomplete picture of the reality of the child's /young person's daily life living with domestic abuse. Parents were reluctant to reveal the true extent of the domestic abuse for fear of losing their children and as a consequence the majority of generic, frontline practitioners felt they had a limited understanding of children's *actual* daily lives. Specialist domestic abuse practitioners, however, were better placed to be able to provide a more detailed account of how witnessing domestic abuse could have an adverse affect on the quality of children's home lives.

#### Family life

*All they [the children] had that they loved was outside [the family home] .They loved their school, they loved their friends. They, to all intents and purposes, ... should have had a lovely existence with school, socially. You know, a beautiful rural area, all of that. They didn't have a lovely existence, their home life was dreadful.*

*Adult Victim Mother: 1*

### ***Domestic abuse as the central dynamic dictating behaviour within the family***

The nature of the dynamics within abusive families was perceived to make the child feel less important because the main focus for the perpetrator was on demeaning and belittling the mother (parent victim), and the main concern of the adult victim (usually the mother) was avoiding abuse from the perpetrator. In this context, parenting was seen to be a secondary issue, which was in contrast to households where domestic abuse was not a feature of family life, and in which it was assumed 'normal' parenting occurred and was focused on meeting the developmental needs of the child.

*I think home is a very lonely place. They [children] are living in constant fear, damned if they do something and damned if they don't, there is no unconditional love there, is there? I think the focus is not the child as it should be, the central focus is the abusive tension between mum and dad ... no one has the time for the child.*

*(Senior Health Practitioner: 2)*

Such are the dynamics of home life that the child/ young person is not only faced with having to manage their feelings about their family situation but also has to contend with external issues, such as matters relating to school or friendships, without provoking a negative response at home. Practitioners observed that children could experience a sense of loss as a result of the negative dynamic that dominated their family life. In some cases, this could lead to them experiencing a sense of isolation both at home and in their local community. Both practitioner and victim interviewees described how children and young people could be denied a normal lifestyle. This occurred when children were reluctant or unable to invite friends home or experienced important family occasions or social events being disrupted by the inappropriate or embarrassing behaviour of the perpetrator.

*He (perpetrator) had taken a lot of co-codamol. He drank three more bottles of wine and basically completely humiliated all of us in front of the entire school. ... we had to be escorted from the premises. [Daughter, aged 9] was crying. My main thought was, "I've got to get these children home to bed". ... I broke the golden rule and I said, [to the perpetrator] ... "I can't believe what you have done, how low you can sink?". And he completely lost it and he started to beat me in a way that he had never done before. As I opened the door, she [daughter] was on the other side and she had wee all down her and I thought ... I have got to get out of this.*

*(Female Adult Victim: 1)*

### ***Hiding the truth***

Practitioners observed that children who were exposed to family violence often displayed high levels of anxiety when interacting with adults. Often this was attributed to the fact that children felt the need to hide the truth about their home life from the outside world. This reluctance to disclose information about domestic violence is well-documented in the literature (Mullender *et al.*, 2002). Interviewees identified a number of motives for keeping the situation a secret; these included the child's fear of being taken into care and a desire to protect themselves, their siblings, their mother or any family pets from further abuse following threats made by the perpetrator to prevent disclosure. The pressure to maintain the secret adds to the complex dynamics of family life.

Practitioners and adult victims displayed an awareness of how encouraging, persuading or coercing children to hide the reality of what is happening at home can have implications when it comes to a child's moral development and acquisition of emotional literacy. One

interviewee commented on how some perpetrators were also aware of the impact maintaining secrecy can have on a child.

*I remember a dad once saying that the thing he was most ashamed of was that he had prevented his kids from learning to tell the truth in life. He had taught them to hide their feelings. ... he didn't regret abusing his partner, he regretted abusing the kids, but he just didn't want to lose his kids, so he threatened them so they learnt to keep it all a secret,*

*(Probation Worker)*

Practitioners were aware that not only could the social stigma of abuse change the parent-child dynamic, but where domestic abuse was coupled with the misuse of alcohol or other substances, it was reported that children could become even more vigilant and secretive so as to protect the family from outside intervention. Sometimes when children overheard or witnessed an incident of abuse they sought to protect the adult victim and did not want to burden them further by raising their own feelings of pain and confusion about the family situation. Both practitioner and adult victim interviewees described how this sense of responsibility to protect the parent victim from further harm, and keep the violence secret, can have a negative impact on a child's personal development and ability to develop emotional competence.

*She was very worried. Her biggest worry was that if she got upset, it would make things worse for me and that was how she viewed things. Which meant that she was closing down and that really worried me. She was keeping this right inside...*

*(Female Adult Victim: 4)*

Being unable to express emotional feelings can have a damaging effect on mother-child communication, and what may be termed a 'conspiracy of silence' may have to be addressed in cases where mother-child relationships need rebuilding when both are free of the abuse (Humphreys *et al.*, 2006: 57).

The hidden nature of domestic abuse and the resistance to its disclosure influence family dynamics and children's experiences of family life.

*... it [the abuse] is hidden, hiding it all the time, pretend nothing is wrong, there is no real interaction because it is cloaked in fear, **they can't just be a child** [emphasis added] ... they [the family] are all concentrating on keeping the peace, not doing the slightest thing to trigger abuse... it takes over. Normal families focus on the child, making them happy, here [with abusive families] it is the perpetrator and trying to please them because otherwise there is hell to pay. I think the child experiences a huge sense of loss, they feel on the periphery, not central, the burden is huge.*

*(Health Practitioner: 4)*

A frequently expressed concern of practitioners and managers was that when children are exposed to domestic violence they lose the opportunity of simply 'being a child'. Coupled with parental surveillance to prevent the disclosure of abuse, this was viewed as constituting a threat to the child's freedom and personal liberty by restricting participation in family life and community activities. Some interviewees interpreted this as a 'loss of childhood' and an infringement of children's human rights.

### ***Distortion of reality***

The presence of violence may often go unacknowledged in the family home. Mothers may try to protect their children by attempting to conceal evidence of abuse from them. Victims and perpetrators may tell a young child that what they heard or saw in the night did not really happen and must have been imagined. Some practitioners expressed the view that this could result in children feeling increasingly uncertain about interpreting what they actually witness and as a consequence develop a distorted sense of reality.

*I think a child who is told they didn't see something they saw, they were dreaming, it didn't happen, they made a mistake or whatever, ... will question themselves. They will begin to question everything they see, increasing self-doubt and ... their confidence may be in tatters. I suppose then, the real world isn't as they understand it, they may doubt their own ability to understand anything, it must be terribly destabilising....*

*(Social Worker: 2)*

Interviews with adult victims revealed that older children sometimes explained away the visual signs of violent conduct and constructed alternative versions of violent incidents they had witnessed for fear of disclosure. One mother explained how, over time, her son had come to accept his reconstructed version of events as an accurate portrayal of what had actually happened.

Fear of disclosure and a lack of confidence about their understanding of reality may hinder the child's ability to interact with people outside the family. Practitioners commented that in their experience it was difficult to encourage a young child to talk about their family situation and as they grew up they could become more reticent.

### ***Implications for the child-parent relationship***

Research shows that inter-parental conflict can have an indirect effect on children as a result of 'a "spillover" of emotion from the couple relationship to the parent-child relationship' (Harold, *et al.*, 2007: 1224). Where this conflict takes the form of frequent hostile exchanges and physical violence it has important implications for the style and quality of parenting children receive. In the current study, practitioners recognised some of the key problems emanating from adverse parent-child experiences. They described how in abusive relationships family life could be unpredictable and as result children could feel constantly afraid. Children were seen as being reluctant to seek affection from their parents because they were uncertain as to the response they would receive. The power dynamics within the family unit were seen to lead to children feeling a sense of physical and/or emotional isolation. Interviewees described how a child might be sent to her or his room when an argument occurred or choose to leave the scene to avoid either becoming a target of abuse themselves or being forced to collude with the perpetrator in the abuse of the adult victim. Conversely, a child might not leave the scene but attempt to deflect the abuse away from the adult victim and onto themselves, or physically intervene to protect the victim, and be hurt as a result.

*They [children] are excluded really, or they exclude themselves, and feel afraid and guilty all the time. They can't express themselves in the home or ... anywhere can they? It must be very lonely, a very unsafe place, like trying to adapt in a war zone really... I am not sure the child would know who to go to for a hug when they needed it, because of the tension.*

*(Senior Social Worker: 1)*



Practitioners and victims referred to how some children would try to adopt avoidance strategies in an attempt to minimise the abuse directed at themselves and also at the adult victim. In such cases, the onus was on the child to adapt her or his behaviour to please the perpetrator and/or adult victim. In the complex power dynamics of abusive relationships perpetrators often manipulated the child as a strategy to undermine the parent-child relationship with the adult victim.

*He'd make her [daughter Katie] choose between us and she would always choose him, she was really scared of him. He'd ... follow me round the house and goad me and it was just awful for her to see. And to make a child choose between two parents is just horrific and it is evil. He'd hit the bottle and get more and more aggressive and more frightening. Then he's telling Katie that he's kicking me out because I'm always moaning and I'm always sick and always this and that, and she is terrified because she doesn't want me to go without her.*

*(Female Adult Victim: 2)*

The level of anxiety experienced by children was seen as being heightened when they witnessed or overheard the perpetrator making threats to kill the mother or to self-harm. The impact on the child had the potential to be long-lasting.

*Mother: At one point, he came towards me to kill, well, he said, he were going to kill me and Lisa [aged 6 years] stepped in between us and she said, 'If you kill my mum, I'll kill you'. A child shouldn't have to do that.*

*Interviewer: What did he do at that point?*

*Mother: He backed off and then the next minute he's hugging us and crying.*

*Interviewer: What did she do then?*

*Mother: For years she went into a shut down kind of mode, where actually, it was like she wasn't even aware that anything was going on. It's just like she shut down mentally,*

*(Female Adult Victim: 4)*

Several practitioners commented on how the parenting capacity of both adult victims and perpetrators was adversely affected by the emotional climate within the home. In the long-term, adult victims of abuse were described as being particularly prone to a loss of self-esteem and their mental health could deteriorate. Practitioners claimed that victims and perpetrators often experienced depression. This was perceived to have important implications for the nature and quality of the parent-child relationship and children's feelings of emotional security. Victims and perpetrators of abuse could be insufficiently sensitive to their children's needs and appear inconsistent in their emotional responses. Ultimately, this could lead to a child or young person experiencing major difficulties in forming positive attachments with both males and females, either whilst still a child or in later life.

*... they [have] difficulty forming healthy attachments with people don't they. I am not sure they know how to, because mum ... is trying to keep herself safe, she does the best she can for her child, but after years of abuse, she is shot at. ... It starts to take its toll on her mental*

*health, she may drink to cope...not just to deal with the physical pain but the emotional trauma and the guilt and fear she feels. She is in shock, so she won't be there as a parent for the child. She will try to be, don't get me wrong, but if the child has overheard or witnessed [abuse] ... the child is terrified, traumatised and hides and bottles all this up. It is not surprising they can't talk, home makes it impossible for them to do so ... it is not a normal childhood, they lose their childhood really, it is obscured by the perpetrator'*

*(Probation Worker)*

Some practitioners expressed the view that step-children were particularly vulnerable and could be treated differently than biological children within the family, particularly if the perpetrator chose to make them the focus of abuse alongside that of the adult victim. This differential treatment was considered by some interviewees to have a potentially debilitating effect on step-children. They could be ostracized and come to view themselves as in some way deserving of the treatment they received. Alienated from other siblings and feeling unable to confide in adult family members, practitioners saw step-children as being in a potentially very vulnerable situation.

*The step-child, ... the victim's child is most at risk ... made the fall guy in every family disagreement. ... If they [the perpetrator] divide and conquer the kids, then there is much more opportunity to exploit their power over them. For me, there is always one kid, one child I feel may be very pushed out from the family group, deliberately selected. I worry that they are the ones that may be being subjected to the most serious abuse, especially sexual abuse, but they may be manipulated into a position that makes them feel they deserve it, or they carry a shame with them. They are made to feel they're different from the rest of the family. When other siblings are treated like princes ... they [step-children] are not going to talk. Who is going to believe them ...*

*(Senior Social Worker: 1)*

In conclusion, practitioners and adult victims showed an awareness of, and sensitivity to, the plight of children and young people living in families where there was evidence of ongoing domestic abuse. Interviewees' perceptions of children's experiences can be summarised as follows:

- sense of loss – children were seen as being acutely aware that family life for them was *different* to that experienced by children in 'normal' (i.e. non-abusing ) families;
- sense of isolation – as a consequence of their perceived difference children experienced a sense of isolation or exclusion both at home, at school and in the community;
- feelings of confusion and uncertainty - as a consequence of the parent(s) denial of the child's view of reality and a denial / and or self-denial of affection and/or emotional manipulation and inconsistent treatment by the adult victim and/or perpetrator;
- heightened levels of anxiety and fear – resulting from the unpredictability of family life, fear of disclosure and its consequences, attempting to divert the perpetrator away from further confrontation with the adult victim, and the possibility of loss of life of either parent through repeated threats to kill by the perpetrator towards the victim or other family members or threats by the perpetrator to self harm or commit suicide ;
- problems forming positive emotional attachments to others (both males and females);

- difficulties encountered living with a parent(s) with poor mental health or substance misuse problems.

In general, practitioners felt that living with domestic abuse in childhood had long-term consequences and could lead to children growing up into adults with limited verbal skills, poor self-esteem and low self-confidence, feeling powerlessness and burdened but unable to express their sense of loss, anger and grief. However, there was a realisation among practitioners that not all children exposed to domestic abuse responded in the same way; some children were more adversely affected than others. Each child's personal circumstances, experiences and reactions must be seen as unique.

#### **4. Fleeing domestic abuse and perceptions of children's experiences of temporary accommodation**

##### **Fleeing domestic abuse**

It is at the point of leaving the abusive relationship, and in the immediate period thereafter, that the level of domestic abuse can escalate (Dobash and Dobash 2001; Jones 1991; Povey 2004). Studies suggest that homicide or serious harm to both the adult victim and her children is more likely to occur post-separation (Abrahams 1994; James 1994; O'Hara 1994; Saunders 2004).

##### ***Homelessness and domestic abuse***

Housing practitioners felt that people experiencing homelessness in Ceredigion were not always treated positively by some professionals and some members of the public with whom they came into contact. This situation was seen to be compounded by the local media presenting negative stereotypes of homeless people adjusting to community life in temporary accommodation.

*A common myth is the idea that no one is homeless if they are from Wales. It is all incomers, and this feeds into the perception that homeless people are all misfits and evil layabouts.*

*(Senior Housing Practitioner: 1)*

The experience of unintentional homelessness for individuals and their families can be devastating. The transition into temporary housing may have a negative impact on a child's social and academic development and children can often experience depression, anxiety and sometimes poor physical health as a consequence of the family having to move into emergency accommodation (Shelter, 2006). The situation is exacerbated for those children who are fleeing domestic violence, (DETR 2001).

For some women, fleeing to another area was perceived to be the only safe way for them and their children to avoid further harm from the perpetrator. However, safe housing options for families escaping perpetrators were in limited supply. There were five beds available in the Women's Aid Refuge in Aberystwyth, which had additional shared communal living space with staff available during the day and a 24-hour helpline service. There were no specialist self-contained accommodation units for families fleeing domestic abuse in Ceredigion. Other emergency accommodation was provided via Care Ceredigion, although this was felt to provide a very professional service, it was recognised that the accommodation did not provide specialist domestic abuse support, and was therefore felt to be inappropriate for the majority of women fleeing violence.

While it was reported that many victims fleeing domestic abuse went to live with relatives, both victims and practitioners were aware that the homes of extended family members were often the first place perpetrators would look. Adult victims commented that they were often reluctant to stay with relatives because this could place other members of their extended family (especially elderly parents) at risk of being threatened or harmed by the perpetrator. Some women moved into privately rented accommodation if this was a financially viable option. Of the five victims interviewed, two organised their own alternative accommodation and three went into local authority/third sector temporary accommodation.

### ***Specialist support for children and young people in safe accommodation***

Women's Aid Children and Young People (CYP) workers in the local area were project funded and not core funded, which meant that the extent of the service they provided was determined by the limited resources available and not necessarily the level of need displayed by the individual child. CYP workers worked with children whilst they were in the Refuge and also provided floating support to them once they moved with their mothers back into the community. Initially CYP workers were introduced to provide floating support only to women and children who had stayed in the refuge. However, because of an increase in demand for additional community support for families experiencing domestic abuse their role had been extended to include a wider client group. Interviewees attributed this increase in demand for floating support services to a number of factors: the increase in work generated as a result of the MARAC (Multi-Agency Risk Assessment Conference) process; the limited availability of trained volunteers from Victim Support; the fluctuating availability of the part-time IDVA due to a lack of funding. Despite the extended role of the CYP workers, interview participants who were generic practitioners frequently said that they were unaware of the floating support they provided in the community and were also unaware of the NSPCC project run by Women's Aid CYP workers. This suggests the need to market such services more effectively.

From a service users' perspective, the three adult victim interviewees commented on how much they valued the extensive support they had received from Women's Aid in Aberystwyth. As indicated in the following, CYP workers played an important role in facilitating positive communication between the adult victim and child, where previously this opportunity may have been denied by the perpetrator.

*...after years of being told "you are useless, you know that" and "you can't do anything, can you", again and again, and every decision is taken out of your hands, well suddenly having made the choice to get out, I had to then make a lot of decisions very quickly about schools, housing, benefits I knew nothing about. ... I'd had to leave my job ... I was in shock after the attack. I felt very, very scared he would find us.... Not only were Women's Aid my champions in all this, fighting for me, they gave my power back to me. I'm crying now because they were magnificent, and as for my children, the workers were so fantastic, she [the CYP worker] talked to her [daughter] and made her feel able to talk to me. They began that process, which [when] we were in the house we were both too scared to do. We were denied the right to have a mother-daughter bond, he [the perpetrator] wasn't having it. The worker really helped to begin to break down all the guilt and fear between us. I am parenting for the first time and it is scary but they [the CYP workers] helped me more than I can say.*

*(Female Adult Victim: 1)*

As previous research has shown, mother-child relationships may be undermined where there is a long history of domestic abuse and opportunities may need to be sought to encourage communication and re-establish relationships (Humphreys *et al.*, 2006). Clearly, CYP workers perform an important function in this respect. This view was endorsed by other practitioners who had had contact with service users in the community. Furthermore, it was suggested that success stories, such as the one illustrated above, were key to providing an insight into some of the needs of adult victims as parents, and also helped to raise local awareness about families' experiences of domestic abuse.

### ***General misconceptions about domestic abuse victims and their families***

How health and social care practitioners respond to incidents involving domestic abuse in their practice will in part be determined by their understanding of the nature and causes of this type of abuse. Unfortunately, there are many negative myths and stereotypes concerning abused women, which distort the reality of the problem. For example, mothers are sometimes portrayed as failing to protect their children by wilfully remaining in abusive relationships; a view which overlooks the many barriers to leaving and the fact that in some cases a mother may see staying as being the safer option both for herself and her children (Stanley, 1997; Kantor and Little, 2003). In the current study attention was focused on eliciting practitioners' perceptions of victims of domestic abuse.

As might be expected generic practitioners and specialist domestic abuse practitioners differed in their knowledge and understanding of the incidence, prevalence and dynamics of domestic violence. In general, non-specialist practitioners were not always aware that women who went into the refuge did not constitute a representative sample of domestic abuse victims. In contrast, practitioners within specialist domestic abuse services recognised the prevalence of domestic violence and acknowledged that the women in sheltered accommodation represented a particularly vulnerable client group. Furthermore, these families were recognised as having complex needs, which were not always a direct consequence of the existence of inter-parental conflict. Service users of the Refuge tended to be drawn from materially deprived and socially disadvantaged backgrounds.

While some generic practitioners, from statutory and voluntary agencies, claimed that anyone could become a victim of domestic abuse, they still espoused victim blaming attitudes and subscribed to some of the myths surrounding explanations of domestic violence. In terms of perceived causality, there was a general perception of abuse as resulting from a deficiency in the victim and not the perpetrator. In extreme cases, a victim blaming ideology portrayed abused women as being in some way negligent or lacking and therefore partly responsible for their subsequent victimisation. Interviewees described victims as lacking basic intuition, failing to spot the early signs of a potentially abusive partner, or being 'weak', 'gullible' individuals who were drawn to abusive partners. In general they were described as having characteristics different to those of people who became victims of other crimes. These interviewees also expressed a failure to understand why victims of abuse stayed with their partners.

Negative stereotypes were not restricted to the victims of abuse but were also held in relation to specialist domestic abuse agencies such as Women's Aid.

*... other local agencies' perception [of Women's Aid] is problematic. They are a feminist collective, great, but they don't need to wear a badge ... there can be really negative attitudes to WA, a misunderstanding, but simply to me they are another service that supports a specific client group that helps to challenge violence in our society. Some quarters are negative, WA need to accept this view, rather than ignore it. It needs confronting and challenging, with much more inter-agency working [with] the meetings including men.*

*(Housing Practitioner: 3)*

Challenging negative perceptions about the service could be achieved by publicising and promoting the work of the service locally to dispel some of the stereotypical images held by professional practitioners at both strategic and operational levels.

### ***Access to emergency accommodation***

Generic practitioners were uncertain as to the selection criteria for specialist emergency accommodation locally and expressed a wish for further clarification as to who was eligible to use the service. Women with multiple, complex needs, including substance misuse problems and mental health issues, were often seen as unsuitable for communal accommodation because of the potential risks they posed to other families living there. Thus, it was felt that those women who were amongst the most vulnerable could not utilise the specialist domestic support provided through the Refuge because they were being housed elsewhere. These women were often placed in emergency accommodation that was unsuitable to their level of need and which was unable to offer the intensive specialist support they required. This would suggest there is a need for self-contained accommodation to support mothers and their children who have a very high level of need. Women and children using these facilities would require a much more structured support package that incorporated a range of local services and was co-ordinated by a key worker. This would prevent a 'revolving door syndrome' occurring with clients being forced to use non-specialist emergency accommodation because appropriate services were not available locally.

Interviewees expressed concern that where mothers displayed multiple, complex needs, and were unsuitable for housing in the communal accommodation that was available, there was an increased likelihood of their children being taken into care. Practitioner interviewees, from both statutory and third sector agencies, expressed the view that in such cases there was a tendency to focus attention on the behaviour of the mothers and turn quickly to adoption as a possible solution.

*... if that woman had been placed more quickly in accommodation where there was specialist domestic abuse support, and it was appropriate for her to keep her children, would the adoption process have taken place so quickly? There is a judgment around domestic violence, drug and alcohol problems and homelessness ... and that judgement is a negative one. It has to change, it has to, when it comes to the women in these circumstances this is what happens, ... it appears that [every mother who suffers abuse] is guilty and then they have to prove themselves, ...you can only ask someone to prove themselves if they are given the tools to do so. We are blaming mums here for the fact that we, as housing professionals, don't give these families enough.*

*(Housing Practitioner: 3)*

The general perception amongst practitioners was that in Ceredigion there was a need for suitable accommodation for adult victims with children who displayed complex needs.

### ***Potential substance misuse***

Although the relationship between domestic violence and patterns of alcohol consumption and drug abuse are complex, the vulnerability of survivors of domestic abuse to substance misuse is well-established in the research literature (Humphreys *et al.*, 2005). Women may use alcohol and drugs as a way of coping with the trauma of being abused. In the current study, both practitioners and adult victims suggested that women and their teenage children may develop unhealthy drinking patterns or be susceptible to other forms of drug misuse (involving either prescribed or illegal drugs) as a way of dealing with a violent episode or in

response to the upheaval caused by having to move into temporary accommodation. Both victims and practitioners suggested that families, especially where there are young people involved, would benefit from the services of a substance misuse worker while staying in specialist domestic abuse accommodation. This would help victims not only to begin to address any unhealthy patterns of substance use established whilst living with an abusive partner, but also help to enable victims to adjust to their new surroundings and cope with the range of immediate demands and responsibilities associated with settling in a new area.

### **Perceptions of children's and young people's experiences of displacement**

Practitioners identified loss and a sense of isolation as the two most common feelings experienced by children and young people fleeing domestic violence. For them, leaving the family home was often an unplanned event that caused considerable disruption and distress. Children and their mothers could be forced to leave their homes in the middle of the night and find themselves in temporary emergency accommodation in an unfamiliar setting and at a strange location. Leaving familiar home surroundings for shared communal living could be potentially unsettling and destabilising, particularly for those children who were older and had a greater awareness of the reality of the situation and the possible future consequences. The situation was felt to be exacerbated where an emotional distance had developed between the child and mother during the time they were living with the perpetrator. Furthermore, physical re-location could result in a loss of access to friends and extended family members, which could lead to feelings of social and emotional isolation.

An issue highlighted in interviews with adult victims and practitioners, and also discussed at local Referral and Action Group (RAG) meetings, was that secondary school-age boys living in safe accommodation could sometimes feel excluded by some of the women who lived there. While this was not the experience for every boy, it was seen as a recurring problem and was considered to have a negative impact on some young boys. It was claimed that some women reacted in a hostile way towards male children over 11 years of age. They made them feel unwelcome in their temporary home and this further compounded their feelings of exclusion and isolation.

Practitioners saw the primary challenge facing CYP workers as one of establishing trust to enable them to work on a one-to-one level with children and young people to help them adapt to their new environment. Making sure children quickly settled in to a new school was considered essential in terms of providing them with access to stable and supportive social networks. Children needed reassuring that leaving the family home had been the right decision and this was more likely to happen if they felt accepted and supported in their new school. Mothers also needed confirmation that their decision had been the right one, particularly as far as their children were concerned.

*Seeing him [nine year old boy] starting a new school and making friends and starting to finally relax for the first time in his life gave me such strength. For me just being able to talk to workers about what to expect over the coming months as he started to find himself and how to deal with it was fantastic. The school were great, really patient with him. You know when things wobbled a bit behaviour wise, they kept saying "It is just natural, it will take about a year, don't worry". I really felt he had been accepted into the community, and that*



*was it for me, I no longer felt guilty about leaving. I could see him grow as a person, it was really amazing to see that change, we really felt supported as a family.*

*(Female Adult Victim: 3)*

School was described as providing a safe and structured environment for children. It gave them opportunities for establishing new friendships and developing social networks which helped to begin the process of feeling integrated into the local community. Local primary schools were felt to be very supportive in their inclusive approach towards children who came to them from the Refuge. As regards older children, applications for admission to secondary school were seen as taking a little longer to process. Interviewees claimed that schools attributed these delays to a lack of information about the child or young person, as in the form of an end of year school report from their previous school. It was also suggested that schools were concerned to establish whether or not the child was likely to pose a threat to other children in the school. Nevertheless, secondary schools were seen to have inclusive policies and practices in place, which should be able to accommodate these children far sooner without them having to wait for an extended period to re-access full-time education.

*Most of the older children, any sniff of a behavioural problem, then they [secondary schools] don't want to know, so it has to wait. A three month gap [in their education] can be quite normal, which I find really quite unnecessary. ... they need some sort of sense of normality, ...it is almost rejection. You know they have been brave enough, Mum and the children, to move away to hopefully start afresh and they are almost excluded. Often they are not given the chance to prove they can change. I can understand it is difficult but they just need time to adjust to a new place, they just need a chance.*

*(Educational Practitioner)*

Where children experienced delays in gaining admission to a new school, this was felt to reinforce their feelings of being excluded. As for mothers, being unable to find a school that would accept their child(ren) served to compound their feelings of guilt over the impact their decision to leave the family home was having on their child(ren).

It was also recognised that children and young people needed opportunities outside of school to form new friendships and encounter strong, positive male role models. As one mother commented:

*He was very, very lost. He said "I just want to go out and do something". He wandered around all day. We were short of money, we went swimming, we went for walks, but it is not the same as being with your mates. It is hard for outsiders, you know he needs a youth worker, you know clubs, he was not in school for a long time and he was restless. It is because he is a bit older than my daughter, he needs a friend and to feel normal. The CYP workers have been excellent, but he is a teenager and he wants to just be one...*

*(Female Adult Victim: 1)*

CYP workers in the Refuge worked with the children to try and create a sense of normality for them by organising play activities. Given that the Refuge was small, space to accommodate play in the children's playroom area was limited. Unfortunately, there was a shortage of organised, generic youth activities in the local area and limited resources meant

that group outings were not as frequent as they might have been. Consequently, children and young people could become restless, especially when they had no friends nearby. Generally, the play facilities provided in the Refuge were geared towards younger children, who were the most common client group. Three after-school sessions were held each week but workers had difficulties finding age-appropriate sessions to cater for all the children in residence.

Despite the lack of generic youth service provision locally, there were two service providers identified as offering very good emotional support for children and young people: these were the Hafan/Encil (formerly the inclusion unit) at Penglais School and DEWIS (Direct Engagement Work in Schools). Both services were described as providing young people with positive and constructive support and an opportunity to talk about their feelings. However, both were aimed at young people already in school and who were potentially at risk of being excluded from school. These services were not accessible by prospective pupils or pupils who did not display any behavioural problems. Thus, those children living in the Refuge who had yet to be admitted to a new school were denied access to this type of support.

## 5. Multi-agency responses

*‘Safeguarding and promoting the welfare of children – and in particular protecting them from significant harm – depends on effective joint working between agencies and professionals that have different roles and expertise.’*

*Working Together to Safeguard Children*

Department for Children, Schools and Families (2010: 31)

Research shows that in order to ensure that women and children are properly protected and adequately supported, service providers need to adopt a coordinated approach to tackling domestic violence (Hester and Westmarland, 2005). Where the specific needs of children are concerned, these are more likely to be met when agencies work together sharing information and combining skills (Mullender, 2004). For many years the domestic abuse of women and the abuse of children in the family were treated as separate issues, which influenced the nature of multi-agency policy and practice. More recently, the development of a focus on safeguarding children has given an impetus to multi-agency collaboration and multi-disciplinary working in this area (Hester, *et al.*, 2007).

An integral part of the current study entailed exploring practitioners’ perceptions of the needs of children exposed to domestic violence and the responses of key agencies in addressing these needs. The following specialist areas are considered in this section: the criminal justice system; health and social care; social services; schools and youth services.

### The Criminal Justice System

*‘There is a real danger when responding to incidents of domestic violence that children’s needs and opinions are often forgotten or ignored due to a rightful focus on the often immediate safety needs of women.’*

*Children, Young People and Domestic Abuse*

*A Campaign Report by Welsh Women’s Aid (Howys, 2004: 13)*

Research by Hoyle (1998) questions the efficacy of current criminal justice interventions, suggesting victims may experience ‘secondary victimisation’ by some professionals who may not be equipped with the necessary training and experience to respond appropriately to the needs of the victim and the victim’s family. In terms of improving criminal justice outcomes for domestic abuse cases the Home Office circular 60/1990 called for a much more interventionist stance by the police towards suspected domestic violence cases and recommended a more empathetic and supportive approach to victims of such crimes. Initially researchers (Hoyle and Sanders, 2000) and practitioners were concerned that the adoption of a pro-arrest policy by the police would result in victims becoming more reluctant to report interpersonal crime. However, in an analysis of the British Crime Survey 2007/8, Tarling and Morris (2010) present evidence to suggest that the police are responding to interpersonal violent crime far more sensitively and consequently victims are more willing to report such

crimes than was previously the case. As they note, 'It seems, therefore, that the police and other criminal justice agencies attempts to reassure victims of domestic crime that they treat such incidents seriously are having an impact' (Tarling and Morris, 2010: 489).

The existence of a direct link between domestic abuse and child abuse has been well documented since the 1980s (Truesdell *et al.*, 1986; Stark and Flitcraft, 1988). According to Saunders (2003), where child abuse occurs within the context of domestic violence children often experience a mixture of physical, sexual and emotional abuse. In a sample of cases taken from a child protection unit, Goddard and Hiller (1993) found that where domestic violence perpetrators were male, girls were more likely to experience sexual abuse (82%) and boys were more likely to experience physical abuse (62%).

Given the well-established relationship between domestic abuse and child abuse, practitioners both within criminal justice agencies and other statutory and third sector agencies, felt that police officers could be more pro-active when attending an incident and seeking information about the children. However, practitioners and victims felt that police officers needed to be non – judgemental towards adult victims and avoid 'mother blaming' or 'victim blaming' responses.

### ***The police role***

In Ceredigion in a twelve-month period from March 2008 to April 2009 there were 230 reported incidents identified as domestic abuse. Of these, 44% were in the Aberystwyth area. The official statistics indicate that 232 children were recorded as being present in the home at the time of the incident: in 53% of these cases the children were recorded as being directly involved in the incident and not just witnesses. These figures do not provide a measure of the total number of children affected, as they include 'repeat incidents' at the same address.

The findings in this section are based on interviews with representatives from both statutory and third sector agencies who attended MARACs and interviews with practitioners directly involved in the criminal justice system in Dyfed-Powys. In addition to this, three of the five family case studies explored victims' perceptions of the police response.

Specialist practitioners commented that the reporting of domestic abuse to the police in Ceredigion was much lower than the national average for the UK (0.5% of the female population locally as compared to 3.5% nationally). It was suggested in interviews with both adult victims and specialist practitioners that the reason victims did not call the police was not because they felt that they would be judged and treated differently to any other victim of crime. The reluctance to report incidents to the police was attributed to two main factors. First, it was claimed that victims who lived in rural or semi-rural locations were concerned that having a visit from the police was highly visible in a small community and led to unwelcome gossip among the neighbours. Second, parts of Ceredigion were fairly prosperous and adult victims more likely to be middle class and therefore less likely to report an incident of domestic abuse because of the myths surrounding it and the shame associated with such misconceptions.

Local practitioners (both third sector and statutory) felt that the police response to adult victims of domestic abuse had improved considerably over the last ten years. However, some interviewees commented that there could be considerable variation in the handling of cases by individual officers. Participants attributed the general improvement in police handling of domestic abuse incidents to the following:

- changes in national policy;
- an improvement in the risk identification and assessment tools used;
- the sharing of information and improved multi-agency working practices following the introduction the IDVA role and the MARAC process;
- basing the Ceredigion Domestic Abuse Coordinator in the Public Protection Unit.

### **Good Practice**

*The Ceredigion Domestic Abuse Co-ordinator's work was praised by a wide range of practitioners who felt that the role was very well placed strategically and operationally. Interviewees also felt that the quality of DA training, multi-agency practice and dissemination of information by the DAC was excellent. The concern was however, that generic agencies needed to be far more proactive in tackling domestic abuse issues rather than perceiving domestic abuse as solely the responsibility of specialist agencies.*

Interviewees observed that a number of issues needed to be addressed in order to ensure families experiencing domestic abuse received timely and appropriate support. These issues can be briefly summarised as follows:

- (a) inconsistency in the levels of empathy displayed police officers towards the adult victim and any children or young people in the house when responding to a 999 emergency call;
- (b) an over-reliance on the victim statement when putting together a case;
- (c) the need to develop the Domestic Abuse Officer (DAO) role (currently a part-time police role) to enable a more rigorous and systematic approach to monitoring, updating domestic abuse case files and facilitate a closer working relationship with the CPS in the pre-trial phase;
- (d) the need for the police to be both more pro-active when enquiring after the safety of any children who are present at an incident and better prepared to make full child protection referrals where appropriate;
- (e) the importance of the IDVA role in supporting the victims and feeding into the MARAC process and the need to integrate the role in a wider community setting.

#### (a) Use of empathy

Practitioners recognised the multiple challenges police officers faced when attending a very volatile situation and trying to reduce the risk of further harm. The police needed to have very high levels of interpersonal skills to engage with the family in a supportive manner, restore safety and make a full assessment of the scene evidentially. Interviewees, both practitioners and victims, described situations in which all parties at a call-out incident had been dealt with by the police in a highly professional manner. Examples were given of instances where officers had been gentle and sympathetic; successfully developing a good rapport with the victim and any children who were present at the scene. Interviewees also commented on the efforts officers made to protect the victim(s) (e.g. securing the property) and provide them with an outline of their options and details of support services they could access. In contrast,

there were cases quoted where the police response had been mechanistic by comparison with officers displaying a lack of empathy.

The demeanour of police officers attending an incident is important to victims who have just experienced the trauma of being beaten and intimidated by their partner and possibly had their children witness the episode. One victim gave a very positive account of her experience with the police:

*The policewoman and the policeman who came to my house that night were fantastic. I felt they listened to me, and every step of the way they were very sympathetic, with the children as well, they did not ignore them, they spoke to them very gently and were great with us. I didn't really hear what they were saying I needed to do.... I was still in terrible shock, all I felt was that I was in safe hands, and the very next day they were on the phone to me to tell me what was going to happen. They also put me in touch with Women's Aid ... being believed by everyone, now I had made this step, was the turning point for me. I never, we never, looked back ...*

*(Female Adult Victim: 1)*

In contrast, another victim described her experience as a negative one, which had heightened her fears because she felt no one was protecting her:

*I told the policemen that he [the perpetrator] had said he would kill us. The policeman said "Well people say these things in the heat of the moment, they don't mean it". "Well he meant it" I said, and he [the policeman] just shrugged his shoulders and turned away as if he'd heard it all before. I thought, "well, what do I have to go through to get help". You read about these women don't you, where they keep telling the police they need help and then they get killed. Well I thought "That'll be me.... They just are not taking me seriously".*

*(Female Adult Victim: 5)*

The use of empathy by a police officer made one victim feel more able to disclose details about the abusive relationship. Not only did this appear to help the police gain a more comprehensive statement but it also helped the adult victim feel able to provide more information about her circumstances. Consequently, a more accurate picture of the victim's family situation was obtained to support the risk assessment process:

*... knowing that he [the policeman] was not thinking, you know, "Well, you women, you were asking for it", ...well, I wouldn't have wanted to tell him just how afraid we [the family] were... so he was really doing his job, you know he listened ... I was more truthful about how he [the perpetrator] was with us, but that is just because he [the police officer] made me feel as though I could trust him. You know he took it all on board, so when he was going through the questions I said a lot more about things than if he had been, you know, cold to me.*

*(Female Adult Victim: 2)*

(b) Over-reliance on the victim statement when constructing a case

In domestic violence cases the witness statement is the primary source of evidence when prosecuting perpetrators. It has been suggested that less emphasis should be placed on the

witness statement and more attention devoted to the collection of corroborative evidence particularly the use of photographic and video evidence (Hester and Westmorland, 2005). A 'lack of cooperation' on the part of the victim is most commonly cited both by the police and the CPS as one of the main reasons for cases being discontinued. When a victim retracts a statement there is often insufficient evidence for the case to proceed to court (Holder, 2001). However, the extent to which a perceived lack of cooperation is due to the influence of the partner, a consequence of a change in the personal circumstances of the victim or a result of the nature of the response of the police to the victim is open to question (Hoyle, 1998; Hoyle and Sanders; 2000).

Local practitioners recommended more corroborative evidence should be collected to support cases. Two areas were identified where there was sometimes a lack of detail in terms of evidence gathering: the 'golden hour' period of evidence collection and ensuring that medical practitioners in A&E units knew what to look for when assessing patients.

*Legal Practitioner: I think sometimes you know police need to look a little bit harder when they get to a property... the damage to the property, in how and when they use cameras, the 999 tape, talking to neighbours, it is all there. I am not saying they are all like this, but there is the culture of no statement no evidence to proceed, and without corroborative evidence the sentence will be lessened, because magistrates need to get a good picture of the scene. ... but we rarely take a case to court if the statement is withdrawn, it is the golden hour that counts. We need to do much more here, looking harder, supporting victims better ... current practice, well it is a costly process and it should not all hang on that statement.*

*Interviewer: Is there any other area where you feel practice could improve?*

*Legal Practitioner: Yes, well, its medical evidence. Police need to tell medical consultants how to detail evidence. A checklist, you know, when is it a fall, when are the injuries consistent with a fall, when aren't they; that sort of detail. It really helps the CPS prepare a good case.*

*(Legal Practitioner: 2)*

There was a strong view among practitioners that the 'no victim-no case' mentality needed to be overcome. It was thought to be common for adult victims to withdraw a statement or make a second statement which minimised the harm the perpetrator had caused. Practitioners gave the following reasons for witness retraction:

- the perpetrator used victim intimidation to dissuade the victim from proceeding with a prosecution;
- the perpetrator apologised and made a promise to change his behaviour;
- the victim had separated from her partner and did not want to relive the traumatic experience by going through the court process;
- victims needed to feel more effectively supported through the criminal justice process to ensure victim choice was maintained throughout (the IDVA role needed to be

expanded locally to provide support for all victims not just the 'very high' and 'high' risk cases).

(c) Developing the role of the Domestic Abuse Officer

The local Domestic Abuse Officer (DAO) role was a part-time one and the incumbent was also the part-time vulnerable adult abuse investigator. This resulted in the DAO having insufficient time to assist in investigating domestic abuse cases. The existence of the role created false expectations amongst other agencies and victims regarding the service that could be provided. The dual demands of the role and the geographical distances that had to be covered restricted what could be realistically achieved.

*Victims are unaware he [the DAO] has another role, and so are the other services, so he is inundated and can't actually get his teeth into anything. It must be very unsatisfying, because he can't see things through from beginning to end, ... it is like trying to piece together an impossible jigsaw and every time you go back to it, the picture has changed. He should have a bigger if not main role in the undertaking of investigations..... I am not sure evidence and information is being taken forward to the CPS, or if files are up to date, and poor communication does impact on successful prosecutions. The post should be full-time and it isn't working well currently and it is not about the officer. It is a lack of clarity about the role, it doesn't work....*

*(Specialist Domestic Abuse Practitioner)*

There was a view that communication between the CPS, DAO and other police officers could be improved. It was suggested that new information that could be useful as evidence did not always get flagged up. Lawyers claimed that domestic abuse cases needed to be tracked through the prosecution process so that if there were any major queries the CPS could be alerted and initiate a pre-trial interview where relevant. Practitioners also commented that the limitations of the DAO role had a negative impact on the preparation of files for the MARAC.

(d) The role of the police in relation to safeguarding children

Whilst practitioners felt that there had been a shift in police responses to child protection issues and there was no longer an over-reliance on the STORM messaging system to flag up instances with social services, there was a need for the police to adopt a more pro-active approach to safeguarding children.

*Well at least we are no longer inundated with referrals that were pretty uninformative to say the least. At least now the detail is improving but they seem to forget [sometimes] that they are front-line and it is their duty to protect ... and children are the most vulnerable ... so I think training is needed. You know, a young beat officer, especially if he hasn't got a family of his own, well he doesn't know how to talk to a frightened child and he may not have had adequate child protection training ... I also worry that they go to a rough area and they pass judgement, you know, I know they get grief in some of these areas and it is a two-way thing, but they need to think about the child, making the child safe. They need to be aware of the links with child abuse, and they need the training and the policy to support a much more proactive role here.*

*(Senior Social Worker: 2)*



Practitioners acknowledged that police officers faced a difficult task when attending domestic incidents and many demands were placed on their time. However, there was some concern expressed that not all police officers were comfortable talking to parents in any depth about their children or felt easy talking to the children themselves. One victim described how she was very worried that her children had overheard the abusive incident, but felt that on the first occasion the police visited they avoided any discussion about the children as a way of protecting her feelings:

*Mother: I was so shaken after, but upstairs it was quiet. I now know it was too quiet, because they [the children] heard everything. The police took a while to get here and I just started trying to tidy up the mess he [the perpetrator] had made. I just needed order. When the police arrived they were really great, but although they asked about the children, they didn't take it any further. I think they could have done really, but I think the police woman saw how upset I was and didn't want to take it further. You know, didn't want to upset me. Well that is why I think she didn't ask the questions, she thought she was being kind.*

*Interviewer: On reflection what do you think they should've done regarding the children?*

*Mother: Oh I don't know ... put me in touch with someone who works with children, a website, I don't know. The second time they came the children were there... and the female officer was terrific with them, knowing how to talk to children really helps and she did...*

*(Female Adult Victim: 1)*

Specialist practitioners who worked with children directly mentioned how some children and young people could be frightened because they had directly witnessed or overheard the violence. Seeing police officers in uniform could also be unsettling. Those practitioners who had knowledge of specific cases involving the police felt that the police could play an important role in helping social services by providing more information about their assessment of individual children and relevant safety issues. There was a feeling that the police may overlook the fact that children are often just as much victims as their mothers. In this context, the police could assist mothers by providing safety planning information and support information specifically targeted at children.

*Practitioner: I think we forget that children are as much in the thick of it [the domestic abuse] as adults but far, far more helpless. So parents need to be made aware of how they can help their children, you know, like the safety planning with the child, or ChildLine. The police are the only ones [aside from the family] who get a better picture of what is going on in a crisis. They could tell social services a lot more ... to help the process [the police response to children and young people]. It needs looking at I think... that aspect of police .... the need for police to be more proactive when enquiring after children's safety at an incident and be prepared to take a bigger role in child protection, actioning referrals etc...*

Interviewer: *Could the police teach children and young people safety planning?*

Practitioner: *Why not? It is a very practical thing, the best ways to avoid violence, prevention is better than cure isn't it, and yes they could do that with violence in and out of the home environment ...*

*(Specialist Practitioner: 4)*

(e) The importance of the IDVA role

Victims are referred to the IDVA (Independent Domestic Violence Advisor), whose role involves supporting them both emotionally and practically through a crisis. This entails supporting the victim during the initial crisis period and through the criminal/civil process, undertaking risk assessment and safety planning with the victim and referring them on to other support services.

The IDVA referring the case will usually contact the victim prior to the MARAC meeting to gather up-to-date information about the situation and establish what the victim needs in order to improve her safety. At the meeting the IDVA will express the views of the victim, give their expert opinion on the development of a support package and thereafter liaise, where possible, between the victim and partner agencies to ensure that the action plan is followed.

Practitioners in Ceredigion were unanimous in their praise for the IDVA role and acknowledged its importance both in terms of helping them support victims and in ensuring information was fed into the MARAC process. Agencies expressed concern that without the presence of an IDVA at MARAC meetings there was no guarantee that the victims' views would be adequately represented.

Practitioners were aware that locally there were capacity issues with the IDVA role; it was a post Ceredigion shared with Powys. The CAADA (Co-ordinated Action Against Domestic Abuse) recommendation was that Ceredigion alone required 1.5 IDVAs to support the MARAC process. The part-time post focused on adult victims. However, there was evidence that the IDVA provided information on where to refer children and young people wherever possible. Unfortunately, opportunities for children and young people to access emotional and practical support locally were extremely limited. Whilst it was acknowledged that the IDVA was unable to devote time to undertaking any direct work with children, it was felt that there might be scope for the teaching of safety planning to children.

Recent research in Wales has demonstrated that linking the IDVA with community-based programmes, such as Flying Start, is likely to increase access to, and subsequent support for, adult victims and their children (Lowe, 2009). Integrating the IDVA with the Flying Start team in a community-based setting helped to develop trust and confidence in the service. Furthermore, it led to improved multi-agency information sharing and also assisted practitioners, both in schools and in healthcare settings, to access the expertise of the IDVA. This facilitated early intervention and the construction of more structured family-based support plans. Practitioners in the current study also noted that being based in a more generic community setting could help to generate more referrals as it reduced the likelihood of service users feeling stigmatised given the misconceptions surrounding domestic abuse victims.

*I think that is a good idea, because it is more integrated into what is happening locally, and it being a rural area, no one wants to be labelled 'victim' if they can avoid it. So yeah, the more on the ground the better, especially if it is family centred.*

*(Teacher: 10)*

### *Referral to the Multi-Agency Risk Assessment Conference*

Local practitioners were aware of the MARAC process and its role, however despite information about MARAC training opportunities being disseminated regularly across multiple agencies, some individuals claimed that they were unsure as to how to link into the process. This was especially the case if they wanted advice about children or young people who they felt may be experiencing direct or indirect domestic abuse. There is evidence to suggest that current inter-agency communication is insufficient and children and young people who are victims of a domestic abuse incident are not receiving adequate follow-up support and protection. This applies not only in relation to the high risk cases but is also the case as far as children of adult victims identified as medium or low 'risk' are concerned.

The MARAC was chaired by the police, and the majority of referrals came from the police. Although there was evidence that referrals from non-police agencies, especially health and third sector organisations, were on the increase, these were relatively low at 10% for Ceredigion: compared to a national average of 26%. This suggests that non police agencies need to take a greater role and detecting and referring cases of domestic abuse in the local area.

Practitioners who had been involved in the MARAC since its inception felt that it had generated more inter-agency communication and stimulated early intervention when agencies suspected abuse. However, there were still concerns about policies on information sharing being used as a barrier to multi-agency working.

*We have all got to work together to try to combat violence in society, it is where it all stems from. Children are influenced by their parents, so each person that comes to the meeting in some way has got a responsibility to take that back to their organisation and try and move it forward. I find it incredibly frustrating [when] confidentiality and data protection are used as a barrier to helping a family. I get, "You ask too many questions, I can't discuss it with you". Well I wouldn't ask if I didn't need to know, and I don't want her [the victim] to re-live it all. People [practitioners] are precious and it's about power and control. It shouldn't be like that, it is poor practice. When I can't work when you get the confidentiality and the data protection bullshit and the "I can't discuss this with you," and we are all working towards the common aim. I find that very frustrating.*

*(Senior Housing Practitioner: 1)*

## Health and Social Care

*...a lot of the services I have come across for supporting children are statutory and are linked with a stick rather than a carrot, ... So you are doing this because it is on the social services plan for you . For a lot of the women I have come across it has just felt like hoops, a lot of hoops to jump through to come to an end point that seems a long, long way away. I don't know how many hoops I would want to jump through if I was fleeing DV, knackered, afraid and alone and homeless. So that is an issue, there doesn't seem to be something that doesn't come with that agenda.*

*(Housing Practitioner: 2)*

### ***A shift in policy stimulating early intervention strategies***

Health professionals felt that in the last ten years there had been a significant shift in practice towards work with pre-school children and early intervention strategies, this meant that literature on domestic abuse information was more readily available and group work and one-to-one support was much more accessible to parents than previously. The Flying Start team in Penparcau were perceived to be an excellent example of community-based team work incorporating both education and health services. This initiative offered a range of services including enhanced health visiting, the Incredible Years Parenting Skills Programme, 2.5 hours of supported childcare everyday for children over two years of age and various skills building sessions covering literacy, numeracy, healthy eating programmes and basic Welsh.

### ***Maternity support and early intervention strategies***

Research suggests that there is an increased risk of violence to female victims during pregnancy and that a third of victims experience the first episodes of physical abuse by a perpetrator during their first pregnancy (Lewis, *et al.*, 2001). Thus, it is important that healthcare professionals adopt a proactive role by looking for signs of domestic violence when treating women during pregnancy (Humphreys, 2006). In the current study, there was evidence that practitioners saw pregnancy, childbirth, early healthcare checks and immunisation as offering 'a golden window of opportunity' to access women who may be experiencing domestic abuse. Whilst it was recognised that some perpetrators would be present during baby clinic and child developmental assessments, it was felt that a far more preventative approach should be taken to protect the child from future harm. Practitioners felt that if professionals suspected the relationship may be abusive, then an identifying feature could be placed in the health visitors' notes/child records, additional monitoring should be undertaken and more emphasis should be placed on facilitating trust and developing rapport to encourage disclosure and aid the victims in accessing support.

### ***Detecting and responding to domestic abuse in pregnancy***

Many health practitioners felt that the routine questioning of women about domestic abuse at antenatal checks did not always take place. From interviews with practitioners a number of factors were identified as potentially creating barriers to detecting and responding to domestic abuse in pregnancy:

- § the semi-rural environment increased the likelihood of practitioners meeting clients informally outside the primary care setting and this inhibited some practitioners from asking direct questions during antenatal checks about the nature of a client's relationship with her partner;

- § a perceived lack of time to facilitate discussion during maternity checks, given current changes in local health care structures;
- § difficulty in maintaining confidentiality within the context of a consultation in certain environments e.g. mobile units;
- § use of language - some practitioners were uncertain about how to make a sensitive enquiry about domestic abuse;
- § limited resources impacting upon the continuity of care.

Interviewees suggested that given the increased risk of harm to the unborn baby and victim, more intensive domestic abuse training should be aimed at practitioners working in maternity services. Practitioners should adopt a far more pro-active stance to prevent future harm, for example by offering women the option of appointments without partners being present. Furthermore, midwives could utilise opportunities arising out of antenatal and postnatal classes and maternity checks to assess, refer and support women. Whilst it was suggested that those most at risk may not attend regular screening or classes during the course of the pregnancy, it was felt that non-attendees should be closely observed when giving birth, and any concerns passed onto health visitors to follow up after the birth. Any emergency visits to A&E wards during the pregnancy should also be carefully documented in medical reports and followed up by health professionals. Practitioners felt there needed to be more advice and information included in maternity packs regarding the nature of abusive relationships and the long term impact of abuse on children. Information regarding local support groups should also be included in maternity packs and other material aimed at pregnant women and first time mothers.

### ***The role of health visitors***

Health visitors who worked in the local area recognised that they could spend more time with their client group because they had a smaller caseload than their urban counterparts. They felt that this gave them more opportunity to develop positive relations with parents and children. Regular checks on a mothers' medical record may help to alert health visitors to potential signs of domestic abuse both in terms of mental and physical indicators of harm.

*... now I am more aware of domestic abuse issues, I look at mums' records, and there are things such as sudden onset of depression in adulthood, scalds, accidents, you know, changes in patterns of behaviour that can suggest that it [the relationship] is abusive. I have a really good relationship with my mums and dads when they are there and I feel I can initially be clever about it, you know ... 'Oh there is bruising, maybe your child needs to be tested to see if there is something medical that needs attention'. I don't hesitate, I act and if I don't get results from Social Services, I try another avenue, you know the paediatrician, and I keep trying. That is not to say I am not direct when I need to be, I think my own practice is improving.*

*(Health Visitor: 2)*

The research highlighted the following areas which a range of practitioners felt required further attention:

### ***Teenage pregnancy and support for young parents***

Generally practitioners perceived teenage/young mothers and their children to be a more vulnerable group than other mothers and possibly more likely to experience domestic abuse.

Furthermore, there was a feeling that they would also be less likely to report or disclose to health professionals about any problems because of the negative stereotype of the teenage mother prevalent in the media. The input from health professionals in the early stages of motherhood was seen as being potentially highly influential in empowering young parents. Health visitors could provide long-term consistent support to the parents and child (ren) in a home environment, this meant they were very well placed to influence parenting styles, and observe and interact with the developing child. It was felt that midwives and health visitors who adopted a positive, informal and empowering approach were more likely to create an atmosphere conducive to disclosure about domestic abuse.

Health visitors considered themselves to be in a very good position to discuss with young parents the importance of healthy relationships and the influence of a stable home environment on the developing child. If the relationship appeared to be abusive, they could also provide assistance and advice on the signs of abuse, potential risks to child development and information on services such as Women's Aid, the purple directory (<http://www.thepurpledirectory.org>) and guidance on safety planning. Some health visitors gave parenting packs to new mums and then went through them with the parents. Included in some of these packs was information about support in the case of domestic abuse:

*... with young mums they need to feel you are on their side. I just show them, that I am always there for them, and can give them a range of advice not just health related, but holistic support. I always give information about relationships, because a new baby can be stressful and parents need to understand that you are constantly learning; it doesn't come naturally. ... How the relationship is or isn't impacts dramatically on the child, so they do need to know who they can turn to. There is no shame in it, and being open helps them realise this, it is not their fault and why should an abusive man ruin their experience of being a mum?*

*(Health Visitor: 2)*

There was a consensus view that teenage mums were more likely to suffer from postnatal depression, and less likely to confide in anyone if they were experiencing additional problems in their relationship, as they adjusted to being a first-time mum. The postnatal check, where emotions are discussed, was seen as providing an opportunity to run through the 'checklist' of abusive behaviours. However, young parents need reassuring that the postnatal check is undertaken to provide additional support and not to test their ability as a new mum. Although interviewees acknowledged that some health visitors were non-judgemental, extremely supportive and capable of facilitating disclosure, they claimed that some displayed a matriarchal demeanour and a tendency to adopt a victim-blaming approach. Cultivating a friendly, open and supportive relationship with young mums meant that young parents felt able to ask for help from their health visitor at any stage in their child's development up to school age.

### ***Training in child protection and adequate supervision***

Interviewees expressed the view that practitioners were sometimes unsure what to look for when trying to assess whether or not a child was being harmed by emotional, physical or sexual abuse and/or experiencing neglect. Many frontline practitioners, who worked with children and young people in a range of generic and specialised roles, did not feel that current levels of training in child protection were sufficient. In their opinion, training did not currently address a range of issues on which they felt they needed advice, such as child

protection and learning disabilities, alcohol and substance misuse, and child abuse and domestic abuse. It was generally perceived that this was not because local practitioners lacked the relevant expertise to teach levels one, two and three of child protection awareness training, but that the onus was placed on too few key practitioners to deliver the training. Agencies felt that this needed to be examined strategically to establish what resources could be directed at each agency to support a multi-agency training programme.

*... we have the expertise here across a range of agencies, it is not a question of having to pay out for training, it [local child protection training] just isn't nearly sufficient to meet the needs of the range of problems all workers come into contact with that involve young people and children. We need a rolling programme addressing a range of issues around child protection, and a named person who can answer queries. Even if agencies take turns in doing this, it would be better than what we have now. It needs to be organised strategically, so we all have a high level, coherent set of methods and the tools to recognise the cues that something is wrong. We need a programme with all agencies feeding in; it shouldn't be down to one agency. Children are experiencing unnecessary harm, when the problem could be picked up earlier. I feel we are letting children and young people down locally and it is costing us more in the long run"*

*(Senior Health Professional: 1)*

Healthcare practitioners suggested that a multi-agency programme would need a core team led by a community GP and practice nurses. The core team could develop regular practice forums/advice days on specific areas related to child protection in a range of settings (e.g. education, youth services, health and third sector) and encourage both generic and specialised experts from domestic abuse, substance misuse, education, social care and youth services to contribute to the process. It was envisaged that this type of practice forum would also provide contact points where all frontline generic staff could raise their concerns and seek advice on child protection issues.

There was a view among health professionals that the recent restructuring of health services across Dyfed-Powys had resulted in the supervision of health professionals becoming less consistent and robust. Practitioners felt that there should be an independent child protection lead whose role involved providing supervision and examining the caseloads (where relevant) of all generic and specialist practitioners who worked with children and young people.

### ***Health professionals and facilitating multi-agency practice***

The Common Assessment Framework (CAF) was not being properly utilised as a multi-agency tool, health practitioners felt that the CAF required very limited training, but that there was a reluctance to share relevant information in a systematic and structured way. Practitioners were concerned that a failure to adopt the CAF as a good practice tool led to unsafe practice and limited opportunities to manage risk and reduce harm.

## **Social Services**

### ***Risk assessments when working with families where there is domestic abuse***

Two key factors were seen to inhibit the quality and quantity of information /evidence used to make decisions about the welfare of children in cases where domestic abuse existed. These were:

- Limited information sharing between and within agencies: While practitioners acknowledged that the MARAC process had helped stimulate some inter-agency and multi-agency practice in the field of domestic abuse, and locally the RAG had helped practitioners discuss and attempt to address the needs of vulnerable children and young people in Penparcau and Aberystwyth West, these were isolated examples of good multi-agency working practice. It was recognised that more interaction between statutory and third sector agencies and more joined-up working universally would help identify low and medium risk cases. Improved information sharing would also flag up potential cases where domestic abuse and child abuse was suspected, here practitioners could work to facilitate disclosure, but could also monitor the situation.
- Inaccurate information from the family: The assessment of risk by social services was felt to be of limited value in situations where domestic abuse and child abuse were suspected. This was largely because the hidden nature of domestic abuse and the fear of having their child (ren) taken into care meant that both adult victims and perpetrators were unlikely to give an accurate portrayal of their home lives. Consequently, a significant number of practitioners questioned whether or not risk assessment served any useful purpose as a diagnostic tool.

*I don't think risk assessment works, even if we had a camera fixed in the family home .... It is a tool to make practitioners feel useful, but it is a useless tool because people are, especially chaotic families ... constantly changing. So risk fluctuates. Safety planning is what we need to do, that is where we need to be looking, but that means effective communication. What we do now, well everyone [adult victims and children] is lying aren't they, because if they don't they know they may come under the firing line.*

*(Senior Social Worker: 3)*

Undertaking a risk assessment was felt to be heavily contingent on the relationship between the assessor and those being assessed. The assessment was felt to be meaningless if the person being assessed was too frightened to disclose the truth. In addition, there were the situational and temporal dimensions to be considered. Risk assessment and risk management were seen as changing over time and in response to the changing situational context. It was also suggested that practitioners who undertook risk assessments could change their own interpretation of risk over time, as a way of demonstrating to themselves and the agency they worked with that they had initiated positive change through the course of an intervention. Practitioners felt that a move towards safety management would provide a better model of practice than the current risk-based approach.

### ***Child protection***

Reporting potential risk of harm to Social Services was viewed as problematic by practitioners. Many practitioners were concerned current policy was focussed on monitoring risk, rather than addressing risk through undertaking systematic safety planning involving the parents but incorporating direct safety planning with the child.



The levels of bureaucracy currently involved in social work were perceived to be unnecessary, workers felt that this limited the quantity of time spent with families, and could subsequently impact negatively on the quality of the practitioner's relationship with their client(s). Whilst it was recognised that record-keeping was an important part of the social work remit, many felt that current practice needed to be evaluated to determine what information was constructive and whether administrative staff could be used to ensure social workers could spend more time with their clients. The view locally was that time spent updating records was of limited value to families where some form of direct intervention was required. Many practitioners felt that there needed to be a shift towards more direct working with children and their parents, especially in terms of creating avenues for children and young people to discuss their experiences, which they often found very difficult.

*The emotional needs of living with domestic abuse as a child isn't always taken into account, nor is anything there locally to work with that child individually and with the parent and child, with the exception of Women's Aid child workers. The process of reporting, letters going out etc may protect us as social workers that we have done the right thing. I am not sure it protects the child, they often present as very defensive, scared of repercussions sometimes from both parents not just the perpetrator, and sometimes the whole family may disengage from the few services they are accessing and then I fear the child is even more at risk*

*(Social Worker: 1)*

Some practitioners felt that current practice could place the child or young person who was experiencing domestic abuse at an increased risk once the perpetrator was alerted that external agencies were beginning child protection proceedings. It was also recognised that hostile or intimidating parents impacted on service provision and that joint visits were difficult to resource and social work training locally did not address hostile and intimidating adults who may manipulate frontline staff.

*Social Worker: When you are talking to the perpetrator, that's hugely difficult and a majority of the Social Workers are female as well. Especially on our team. And I'm sure the Social Worker had quite a good angle on it but was allowing this person to have control, thinking that they were doing the right thing. I just let him rant, you know get it out of his system. So this was a pattern, he had been doing this. You go into someone's home and they are going to have a go.*

*Interviewer: Do you think that's social work training? Do you think there's a flaw in the training as far as how to deal with those tensions?*

*Social Worker: There is training. I haven't seen it in Ceredigion. I have done it in xxxxx and that's working with intimidating, aggressive and intimidating people and clear training. And clear skills you can put in place really. ...but there is clear need to revisit those things about recognizing where people are manipulating, intimidating or trying to control an environment.*

*(Senior Social Worker: 1)*

### ***Case conferences and listening to the child/young person***

There was considerable support for the way that case conferences were conducted in Ceredigion. Parents and children were well-prepared for each conference and the process was felt to be conducted in a highly professional manner. However, given the prevalence of domestic abuse in child protection cases, practitioners supported greater use of closed conferences, which would enable adult victims and children to talk more freely without the fear of retaliation from the perpetrator following the conference proceedings.

It was recognised that children often appeared to be very anxious in Child Protection (CP) settings, and practitioners felt that far more time should be spent during the period a child was on the protection register talking to them so that they could have a role in the decision making process and its outcomes. Both safety planning and setting contracts of expectations were considered to be well thought through, but because they were too adult-focussed they prevented the child from participating in the process of constructing her/his own safety plan and other measures. Practitioners felt the whole CP process required far more input from the child, particularly in terms of establishing a key child worker for recovery work and devising individual child safety plans.

### ***Perpetrators as parents***

Practitioners were unanimous about the need to engage more with fathers, particularly if they were perpetrators of domestic abuse. However, availability of parenting support programmes or interventions (either on a one- to-one or group basis) for parents on the CP register was scarce. Also, there was no local provision of family mediation services.

While it was felt that insufficient emphasis was placed on fathers' responsibilities as parents, practitioners from health, mental health, social services and youth services suggested that fathers who were perpetrators were often pathologised by statutory and third sector agencies who did not believe that fathers were capable of change. Consequently, these agencies were not proactive in undertaking direct work with male perpetrators to address their abusive behaviour and encourage them to adopt more positive parenting styles.

### ***Mother blaming***

Research suggests that the provision of services for children living with domestic abuse is premised on women's prime responsibility as 'mother protectors' (Davies and Krane, 2006: 412). In this context, a number of studies illustrate how child protection practitioners can adopt a 'failure to protect' approach, which places all the responsibility for protecting children on the mothers rather than engaging with the men who are responsible for the violence in the first place (Farmer and Owen, 1995; Harrison, 2006). In the current study, some interviewees recognised that judgemental, mother-blaming attitudes needed to be challenged. Although it was considered commonplace to consider the mother, who was also a victim of abuse, to be responsible for protecting the child from the perpetrator, this demonstrated a lack of understanding about the dynamics of domestic abuse and served to undermine the mother as a parent.

*... it is nonsensical, how can she protect her child, if she cannot protect herself? If he threatens to kill her or the children, if she leaves and then she is punished and condemned for not leaving [sooner], for being unable to protect [her child] ... [it can appear that] ... no-one is on her side. ... Often agencies don't handhold enough onto specialist domestic abuse agencies, so she doesn't know who to turn to, and no one advocates for her, and she feels*

*more and more guilty and we are colluding with the perpetrator in our blame. 'It's her fault, she is to blame', that is what he tells her and that is what she is made to feel by us. We need to use our heads and make perpetrators responsible, every step of the way.*

*(Housing Practitioner: 3)*

Many practitioners spoke out strongly against the practice of holding mothers accountable for allowing their children and themselves to be in the position they were in. It was seen as being unrealistic to expect mothers to provide protection and initiate change when they were not empowered to take such action. Furthermore, it was suggested that case conferences did not sufficiently challenge perpetrators about their parenting behaviour or the ways in which they treated family members. A view frequently expressed by practitioners was that more focus should be placed on perpetrators, highlighting the impact of physical and emotional abuse on partners and children and addressing how perpetrators could change their behaviour and become a positive, male role model in the home. The need to make perpetrators more accountable in social work practice is recognised in the literature (Blacklock, 2004).

### ***A family-based approach incorporating children and adult services***

Practitioners felt that although the needs of the child were the main focus in Child in Need (CIN) and CP meetings, the approach needed to be more holistic and address the needs of the family as a whole.

*I know people can be very protective about information sharing, well you're working with the adult and you're working with the child so there is not always that joined-up thinking about risks as a whole. I think that needs to happen. We have risk covered at the CP conference for the child, then risk at the MARAC for the adult victim. We have to listen to the child more and work with both parents where possible, in a much more systematic way.*

*(Specialist Social Worker: 1)*

Practitioners recognised a need to strengthen practice arrangements between adult and children's services, where collaboration was felt to be very limited. This was particularly evident when case conferences required an input from specialists from adults' services on how to support parents with mental health needs or learning difficulties.

### ***Staffing shortages impacting on safe practice***

Some interviewees raised concerns that staff shortages at the local level had implications for practice and could influence decision-making processes.

*Social workers would take some convincing of whether it is abuse, often saying 'Well no, it isn't at a high enough level for a Child Protection conference, it is a Child in Need'. It is a capacity issue with Social Services and thresholds fluctuate with availability of staff, so when they are very short of staff the thresholds become much higher, it is the same everywhere I think.*

*(Frontline Practitioner: 1)*

CIN meetings were often felt to be as resource heavy as CP conferences because of their complexity, yet CIN meetings relied on parents' consent to engage with the child and develop interventions to meet their needs, and this made progress with families difficult. Practitioners felt that children had unmet needs and were being exposed to emotional and physical abuse

but could not use services available to them because consent had not been given. Current practice regarding parental consent meant that parents' rights preceded children's rights and many felt that this practice breached the UN Convention on the Rights of the Child.

## **Schools and Youth Services**

*'Children can be affected in many ways by living with domestic violence. There is no set pattern of signs or symptoms. ...The extent to which even very young children can be aware of violence and of the long term damaging effects on a child's health, educational attainment and emotional well-being, is frequently underestimated.'*

*Silence is not always golden: Tackling domestic violence*

A Report by the National Union of Teachers (n.d.: 7)

Witnessing domestic abuse can have important implications for the emotional and behavioural development of children. Growing up a household where there is a high level of inter-parental conflict can adversely affect a child's long-term academic attainment (Harold, *et al.*, 2007). However, not all children are affected in the same way or to the same degree. Some children may exhibit aggressive and hostile behaviour and as a result fail to engage with the learning process (Hinshaw, 1992); other children may excel academically, because they fear poor performance at school will exacerbate the violence at home (Saunders *et al.*, 1995). There is also the possibility that school is experienced as respite from a troubled and unstable home life, providing a predictable and nurturing environment in which the child can thrive (Goldblatt, 2003).

This section focuses firstly on general responses as to how schools can act as a venue to support pupils experiencing violence in the home, and secondly how schools can adapt current school-based interventions aimed at pupils who may be exhibiting attention seeking behaviours as a consequence of the domestic abuse. The final section focuses on youth support, youth provision, training and multi-agency work locally.

### ***Schools as a venue***

In a general sense, interviewees described the school as potentially playing an important role by supporting domestic abuse programmes aimed at children and young people in two ways:

- (i) creating opportunities that helped to provide emotional support for children and young people experiencing domestic abuse;
- (ii) incorporating prevention programmes as part of Personal and Social Education programmes (PSE), which were part of the school curriculum.

The school was seen as a highly accessible venue for specialists to engage in direct work with children. It was seen by children as a familiar, safe place where they spent a large proportion of their time. One adult victim commented on how her child had benefited from talking to an external practitioner in a school setting because in contrast to the home it represented a neutral venue.

*Mother: I think it was very helpful for her [9 year old daughter] to be seen separately to me. That worked very well. Even if the logistics had been slightly different and she [the practitioner] had perhaps come to the house, seen the child at the house, I don't think it would have worked. The physical distance of [the daughter] knowing that I wasn't going to pop up from somewhere, gave her [the daughter] the confidence to be much more open.*

*Interviewer: Were the school supportive?*

*Mother: The school were fantastic about it. I mean they were so flexible. But then she [external practitioner] was very professional with them, there was that mutual understanding.*

*(Female Adult Victim: 1)*

Interviewees from education felt there were already some programmes set up in schools aimed at supporting children and young people emotionally and that some of these could be modified to include support around domestic abuse. However, it was acknowledged that schools did not always have the necessary expertise in-house and in some areas external experts would need to be consulted.

*We worked on the anger, then he began stealing, so we thought.. well it is more than just testing boundaries here, he was just crying out for help..., I felt I had gained his trust, you know, he really talked openly about things, that helps him a lot... when you know boys are all bravado, but what he needs, he really needs is a good psychiatrist, he has really had a miserable time at home, he needs someone...*

*(Practitioner: 12)*

Teachers felt that any service offered would need to be individually tailored to meet the needs in each school. In addition, the service must be clear in its objectives, reliable and professional and feedback appropriately to the relevant staff. Schools expressed a desire to be more holistic in their approach but felt that they required much more multi-agency support to be able to facilitate this process.

#### **(i) Support and recovery approaches**

When practitioners in general were asked why they thought schools would provide a good venue for the delivery of domestic abuse programmes supporting protection and recovery approaches, they gave the following reasons:

- improve the response to children and young people who have experienced domestic abuse by developing training programmes for teachers and building better links with key agencies;
- create more opportunities for disclosure, one-to-one and group work in schools for children experiencing domestic abuse;
- provide information about support opportunities as part of the PSE programme's focus on healthy relationships;
- help to improve communication of information about domestic abuse incidents via child protection leads in schools, so teachers can facilitate pastoral support plans/informal and formal support to develop positive relations with the child;

- involve specialist domestic abuse child workers in planning and ensuring work is more effectively targeted when involved in direct interventions with children and young people;
- schools offer more opportunities to adopt early intervention strategies and give pupils long-term support than is the case in wider community settings.
- schools are important in helping children build positive social networks and gain access to appropriate positive role models.

Previous local research on school inclusion (Clarke *et al.*, 2008) and this current study found that children and young people's response to domestic abuse varies, practitioners suggested that whilst some children may behave badly at school and this behaviour may impact negatively on their academic performance, others may be model pupils and/or high achievers. Practitioners felt that although there may be many influencing factors, both individual and social, that impacted on a child's or young person's ability to cope, one possible explanation for this variation in academic performance at school was the presence of positive support structures. Practitioners felt that the more positive support structures that were available and accessible, the more likely the child was to fulfil her or his potential academically and not adopt negative behaviours.

*... there are children, who have gaps in family support, who don't have that nurturing, supportive input, and if they don't get supported in school and feel isolated, you begin to see a change in behaviour....*

*(Senior Teacher: 2)*

*... yes, children may have these issues and not all of them respond with terrible behaviour... but you usually find the ones that do are the ones that have absolutely no support systems in place....no one is there for them..*

*(Senior Teacher quoted in Clarke et al., 2008b).*

The findings from this study and from (Clarke *et al.*, 2008b) highlight both the need to raise awareness of the negative impact children's exposure to domestic violence can have on their behaviour in school and the importance of ensuring service provision is available to support children suffering from the effects of domestic abuse.

#### *School factors facilitating opportunities for support and recovery work*

Whether a pupil with a personal problem voluntarily sought help within school was felt by teachers to depend on the nature and quality of the relationship the young person had with the school. Pupils' help-seeking behaviour was seen to be influenced by several factors:

- (a) the school ethos;
- (b) the nature of teacher-pupil relationships;
- (c) the perceived willingness of the school to engage with families;
- (d) whether or not pupils felt the school listened to their concerns;
- (e) evidence of a genuine policy of inclusion within the school.

(a) School ethos: promoting well-being

A common view expressed by all practitioners was that developing a whole school ethos that promoted well-being and supported children holistically was difficult given the pressure schools were under to perform academically. Some local schools were observed as having a more positive ethos than others. Generally there was the perception that there were limited opportunities for children to disclose problems at school, even though in theory the school environment was seen to be the ideal environment to access and support young people.

*It is such a personal thing to have a sense of security – that relationship needs to be built up over time and each pupil is different. There needs to be an ethos within the school that we [teachers and other staff] are here to help you and we are approachable. There is so much pressure on teachers now, they haven't got the time they used to have and that is where other agencies need to come in. But it has to be consistent and integrated with another support system for that child, that is where teachers can help; after school clubs, links with youth services and promoting the positive things in that child. After all we all have off days, and just be approachable, be warm, that counts for a lot for these children.*

*(Educator – specialist in domestic abuse)*

(b) Pupil – teacher relationship: creating 'enabling environments'

There was a feeling amongst teachers that over the last two decades there had been a shift in working practices in schools and this had resulted in there being less time available to devote to promoting the well-being of the child. The national curriculum and performance indicators were considered to be two main factors impinging on the ability of teachers to develop stronger relations with their pupils. Current systems were felt to be overly bureaucratic and limited teachers' availability to spend time with children and young people who needed one-to-one pastoral support. Interviewees did not feel that national policy was likely to change, and therefore suggested that schools had to re-examine current school practices to ensure that pupils had more opportunities to communicate either directly with teachers or via feedback from external agencies.

Teachers suggested that schools needed to create 'enabling environments' by adapting the school environment and bringing in external agencies to provide opportunities for children to disclose.

*If a child is troubled, has things on their mind, sometimes they are in no fit state to be educated. It is then we need to think, "Right who can we bring in to work with her? ... I sometimes think we try to make them [young people] slot in too much to how we want them to be (and I don't mean behaviour issues here, because we need boundaries)... I think we need to be cleverer, to adapt what we have to fit the child and support the parent in the process. It is very holistic, we expect a lot from pupils, and we often don't have the type of support they need. We need to re-think some of our approaches.*

*(Senior Teacher: 1)*

(c) Engaging with families

Practitioners felt that current multi-agency provision involving schools was generally misplaced because all interventions were aimed at supporting the child or young person in isolation and not always involve the parent(s). For adult victims fleeing violence, feeding back to them about their children's experiences and giving parenting advice and support was considered to be a very important part of the healing process.

*Having time for her [9 year old daughter] to talk away from me was great for her, but being involved and knowing why she needed a diary, why she became so controlling when she was about to visit her dad, it helped me to parent. So it was work with us both, and feeling I could pick up the phone and ask questions to the school without feeling foolish empowered me no end...*

*(Female Adult Victim: 1)*

For children experiencing hidden domestic abuse, a more considered approach was required. Practitioners felt that given the dynamics of domestic abuse children were particularly powerless and the least well placed of all parties involved to exercise any control over their situation, especially in the home environment. Where domestic abuse was suspected, it was important for pupils to have an opportunity to talk safely without fear of retaliation from the perpetrator. ChildLine was identified by practitioners as the main resource for children in this respect. Accessing NSPCC material and promoting ChildLine as a service was viewed as giving children an opportunity to ask questions about the possible consequences of talking to a safe adult without losing a sense of control over their circumstances. Practitioners were aware that some schools used the material but felt that more information could be communicated about the service by teachers and other practitioners and that sometimes teachers could be more proactive in promoting the service if they suspected a child was troubled.

*Some times we forget that they are children and they need to have it all clearly explained to them, you know whole school level. If you feel they need help, you go with them to hand hold, to tell them what ChildLine is about, help them make that first step, and follow it up. ... if they do go to ChildLine, be prepared that it will be you they may want to talk to. I think then, the most important thing is to believe them, listen and keep supporting them....*

*(Specialist Domestic Abuse Worker)*

Where practitioners were aware that a child was exposed to domestic abuse, it was felt that adopting one dimensional approaches focussing solely on the child was not the best way of utilising limited resources. One youth services worker referred to this as a response that was unlikely to have much success in the long-term and likened it to using "a lolly stick to move an iceberg". Good joint working with external agencies was seen to be important in ensuring a multi-dimensional and multi-disciplinary approach to supporting the young person and their family. There was some concern amongst educationalists that most interventions only involved working with the child, which was perceived to have limited success.

*So many times we just try to 'fix' the child. It is nonsensical ... a sticking plaster approach. It's families and family and parenting support [that is needed] ... tackle it from more than one direction. Parents need to know what we are doing and why, and vice versa. We must*



*have a more multi-level way of tackling these complex issues; we need to be clever about this, get closer to the problem.*

*(Practitioner: 16)*

The research findings show that some meetings in school (e.g. pastoral support meetings) involving parents and children were not always used constructively. Sometimes the internal dynamics within the meeting served to alienate pupils and their parents, rather than encourage them to engage in the process of trying to understand why a particular pupil was being disruptive and attention seeking in school. Some teachers recognised the need to manage such meetings in a careful and sensitive manner.

*It is getting the dynamics right, not a 'them and us approach. Teachers often say dismissively "Well it is the parents". Well yes, in this instance it is the parent, the father who is the cause of the problem. If he is no longer around, or just not involved, don't for goodness sake alienate mum. Having mum and the kid on board, and supporting them, can really give them strength. It is easy to adopt the blame culture, isn't it? Much easier than changing practice, trying something else...*

*(Teacher: 4)*

#### (d) Listening to children and young people

Participants perceived that school interventions with young people were more likely to work when they had genuinely empowered the child and the parents, either through the use of an advocate, and/or through establishing a positive dynamic where everyone had the opportunity to express their feelings. There was a feeling that schools needed to find out what services provided in schools pupils were actually aware of and what they felt about the services on offer. Listening and responding to young people's expressed needs and views may help to tailor some of the services more effectively.

*Yes, young people may have great expectations about what we can do to support them, but I think we at least need to find out what young people think about what we have got and maybe if we have got it right. There needs to be that communication and often kids that are on the margins, the quiet ones don't get given a voice.*

*(Youth Worker: 2)*

#### (e) Genuine inclusion

Whilst some practitioners observed that some primary and secondary schools had made genuine attempts to adopt inclusive support services and interventions to help pupils, other 'inclusive' services aimed at supporting young people required further scrutiny. There was some suggestion that pupils were not always aware of what was available or what was being offered was not considered to be an attractive option.

*I am not sure a lad who was troubled because dad was hitting mum, and he was playing truant, because he didn't want to leave mum with dad, and he was getting into trouble with the head of year, well I am not sure he would go to the same head of year for tea and sympathy... We need to think more about what would work for kids here, who would they turn to ... it isn't always a door with a big flashing 'counsellor' light above it, cos then the kid who is getting victimised at home will, or may, get bullied at school for going to see the school shrink...so we need to be less obvious and think things through more.*

(Senior Social Worker: 2)

This suggests that there is a risk that children may be doubly victimised. Support services need to be advertised sensitively and some ‘hand holding’ by school staff may be required to provide the links both to in-house pastoral support and external support in the community.

#### Adapting school-based interventions

Many schools had measures in place to provide pastoral support and promote the individual well-being of pupils. A range of options were available across different schools, such as mentoring programmes, peer-led discussion groups, circle time and counselling services. Most of these services were generic services developed with the intention of being accessible by all pupils.

School interventions which were aimed at addressing behavioural issues provided more structured programmes of support. Although none of these programmes or initiatives incorporated specific support for children and young people who were exposed to domestic abuse at home (e.g. safety planning), some practitioners were aware that current services could be adapted to address the needs of these children more effectively. Included here were the Hafan and Encil initiatives and Pastoral Support Plans operating in schools.

Whilst there was little evidence of specialist domestic abuse support in schools, workers were concerned if a child or young person was excluded from school for poor behaviour it was perceived to not only be a significant loss in terms of loss of the child’s main/only positive support structure, it could also have lasting impact on the life course of the child and potentially lead to long term social exclusion.

Practitioners felt that the Hafan was the nurturing, caring alternative to the Encil: the latter being viewed as potentially incorporating a more authoritarian style.

The Hafan was perceived as offering a ‘safe haven’, a quiet room with an informal relaxed atmosphere, where pupils could go and work without disruption and also where pupils could seek refuge. It was considered an ideal place in which to promote educational information about healthy relationships, domestic abuse, substance misuse and disseminate contact details for ChildLine, the Hideout and other websites designed for children and young people. Hafan was also seen as a venue where teachers could develop trust and build relations with a child who appeared to be troubled or unhappy or a place where representatives from external agencies could undertake one-to-one work with children.

The Encil was a place in school where disruptive children were sent to study, under supervision, as an alternative to mainstream lessons. Teaching staff were concerned that some Encils were used as ‘sin bins’ rather than as an environment where pupils could progress with their studies and receive more tailored support to help them tackle the underlying issues that were causing them to misbehave in school.

*It depends on the local area whether you would use a youth work style model or a social work style, but it is up to the individual schools to decide how they are going to do this. It should not be a sin bin. If it is a room just to dump people in, then it won’t work, it needs a*

*framework, a clear plan , careful consideration over staff and a clear practice.... otherwise it will be a waste of resources.*

*(Senior Practitioner: 2)*

There were a wide range of views regarding the relationship between these two schools-based interventions. Some practitioners described the Hafan as having a nurturing and caring ethos; in contrast to the Encil, which was seen as having the potential to be punitive and authoritarian in its approach. However, it was felt that both these interventions could be useful in providing support for children experiencing violence and abuse in the home. For the environment to be conducive to one-to-one work and encourage the disclosure of sensitive information there needed to be a classroom and an additional room for small group work or private consultations.

*You are trying to show them [the pupils] that there are different ways of learning or different ways to look at what is happening in their lives. To do that you need privacy, to get under that posturing and all that bravado... to get to that often very insecure and often quite unhappy individual ...they need to feel very, very safe... so a separate room is a must.*

*(Teacher: 10)*

In addition to having a teacher with a background in counselling and/or behaviour management, professionals felt that one or two Learning Support Assistants could also assist in these support units. This would enable the teacher to work on a one-to-one basis with pupils whilst ensuring the rest of the group were being adequately supported and supervised.

Teachers commented that for pupils accessing Hafan and Encil style provision in schools there should be links with external agencies and a more intensive working relationship established with the parents and/or a key worker in the community. Parents needed to be aware of what intervention techniques were being used with their child so they could also try to replicate the same approach in the home.

#### *Pastoral support*

Pastoral support plans (PSPs) were drawn up at pastoral support meetings (PSMs) where the individual pupil, their parents, educationalists and other agencies met to identify and resolve any issues that were considered to be inhibiting the pupil's personal, social and educational development. Research participants perceived that current pastoral support plans had considerable potential and could be an excellent medium for supporting young people, however given the hidden nature of domestic abuse, practitioners were unsure how to utilise the process to best effect. Although very few specialists from domestic abuse services had experience of PSPs, there was a general view that PSMs, as currently organised, were not conducive to supporting a child who may feel powerless and isolated as a consequence of being exposed to domestic abuse. Many teachers and practitioners expressed the need to review many aspects of current practice with regards to PSMs.

*The PSP could be a very powerful tool, but we haven't learnt to use it very effectively yet. It shouldn't be seen as being on the road to exclusion [from school], it should be 'let's look at the positives and work from there'. It shouldn't be a forum for apportioning blame.*

*(Senior Practitioner: 6)*

Open discussion about domestic abuse would be unlikely to occur in a PSM, even if there had been prior disclosure. Nevertheless, given the range of skills of multi-agency practitioners such meetings could be put to good use if a plan involving the parents and the child directly was part of the process. If a child had fled abuse and was experiencing problems settling in to a new school, the adult victim would need to be properly supported and given the right tools to help set boundaries.

*Learning to parent when you have never been allowed to is really difficult, even harder when your children have grown up seeing that you have no authority in the family. I needed to feel I could ring and ask for more help if things were beginning to slide and it was not a problem to ask for more help...*

*(Female Adult Victim: 1)*

There was a general feeling among practitioners that where there was evidence of domestic abuse, or a suspicion of serious family problems, children and young people would benefit from having a PSP prepared for them as soon as possible. This was especially so in relation to those children who had been identified while in primary school as displaying maladaptive forms of behaviour or as having emotional issues. In this context, schools were seen as needing to adopt a proactive approach rather than a reactive approach to addressing potential behavioural problems. The majority of participants thought that the PSM should follow a positive solution-based approach. Many interviewees felt that concentrating on the negative aspects of a child's behaviour in these meetings could have a detrimental impact on the parents' willingness to work collaboratively with the school in addressing the problem. As demonstrated in the following example:

*[the purpose of the PSM] ... is not to list the misdemeanours, there is a training issue there I think, as to why are we doing a PSM. If it is to make the parent feel small, then we are achieving that, but if we are to support the family and child to stay in school, then we need to change the dynamic.*

*(Teacher: 2)*

Participants acknowledged that it was natural for a parent(s) to feel defensive and protective towards their child in an environment where a group of adult 'experts' were discussing 'what is best' for their child. The findings suggest that parents and practitioners perceived current PSP practice to be too formulaic at times, rather than individually designed to enable the child and the parents to be genuinely involved in the process.

Participants made the following 'good practice' recommendations regarding the planning and conduct of PSMs:

- letters sent to parents informing them of the PSM should be followed up by a supportive phone-call;
- the child or young person should be individually briefed on the process so that they are not only fully aware as to what to expect but more importantly are given the time to express their views and feel genuinely involved in the process;
- the environment in which the PSM is conducted should be family orientated with seating arranged to minimise formality;

- the frequency of subsequent PSMs in individual cases should allow for enough time having elapsed for there to be a realistic chance of the child having achieved the goals/targets set out in the PSP;
- where appropriate the child should have the opportunity of receiving the support of a key worker (NSPCC advocate or Women's Aid CYP worker) or someone who was known to them and whom the child felt could provide a voice for them in an adult environment;
- the number of professionals present at a PSM should be kept to a minimum to avoid parents and pupils feeling intimidated;
- for parents living with domestic abuse, the adult victim may already feel considerable guilt and lack the ability or confidence to address her child's needs on her own, therefore it is crucial that teachers do not adopt a judgemental attitude and blame parents;
- where the perpetrator/suspected perpetrator is present, practitioners should be aware that the child or young person may be reluctant to participate in the proceedings because they fear being the victim of further abuse from the perpetrator.
- separate work as part of the PSP should draw up safety plans devised to help the child/young person feel safer in their home environment and details should be given regarding 'safe adults' and contact numbers.

#### (ii) Approaches to prevention

When practitioners in general were asked why they thought schools would provide a good venue for the delivery of domestic abuse programmes supporting prevention approaches, they gave the following reasons:

- reduce the likelihood of children and young people becoming involved in an abusive relationship;
- support children and young people by enabling them to challenge negative stereotypes about relationships in society;
- deter children and young people from using violence and abuse by providing them with positive strategies to avoid physical conflict both within the home and the wider community;
- were needed because society was becoming more violent and schools were well-placed to deliver a consistent message to all pupils;
- were needed because bullying was about control and power and domestic abuse was a form of extreme bullying.

### **The Spectrum Project**

*Hafan Cymru runs the Spectrum project, employing teachers and educators who delivered an age-appropriate (11-18 years) academic package within schools and colleges. The sessions could be incorporated into Personal and Social Education lesson within secondary schools.*

*The programme is suitable for all key stages covering issues on:*

*Belonging*

*Family*

*Relationships*

*Conflict*

*Rights and Responsibilities*

<http://www.hafancymru.co.uk/content/public/educationlearningwork/SpectrumProject>

Some local schools used the Spectrum service. Teachers, youth workers and other practitioners commented upon the professionalism of the Spectrum Schools' Liaison Workers who delivered the programme in schools:

*It's really good, the kids find it refreshing I think. It is about discussion not disclosure, because we discuss relationships in general terms, it doesn't invite young people to personalise it. The idea that it is academic, it is safe, it fits in with the curriculum, is definitely the way schools want it to be delivered. I think for me it means that [pupils] can talk to someone, not a teacher in their school, and feel safe talking about things that may be troubling them. It has a really good structure to it.*

*(Teacher: 7)*

The programme was also seen as being useful because it made young people think about bullying and domestic abuse was often perceived by practitioners to be an extreme form of bullying. Introducing an awareness of what constitutes a healthy relationship into the PSE curriculum in schools was considered to contribute towards young people's understanding of acceptable and non acceptable behaviour both in the community and in the context of their own relationships.

#### *Linking Prevention with Support Services*

Practitioners in schools and youth services were aware of ChildLine, and some specialist domestic abuse websites, but were uncertain as to where they could refer children and parents locally. If PSE sessions on healthy relationships generated disclosures of domestic abuse some teachers were a little uncertain as to how they should respond.

*For some [pupils] ... in PSE, they may suddenly realise that actually their parents do not have a healthy relationship, and that actually their dad is abusive. ... you can tell, you see that they are thinking "that's me". I always direct them to ChildLine, but that isn't enough. It would be good if all practitioners who worked front-line know how to catch them. ... I've talked about it, now where do you send them locally? There's only the Children and Young People Workers at Women's Aid. How do teachers provide the link, you know between prevention and support?*

*(Specialist Teacher: 1)*

### *Training teachers to respond appropriately to disclosures*

There was a clear recognition that specialist domestic abuse practitioners had a role to play in helping teachers to respond to disclosures appropriately and that training was necessary locally to fill the current gap in services between the prevention work in schools and youth settings and access to wider community-based support provided by specialist agencies.

### *Linking Prevention strategies with protection and recovery*

Whilst initiatives such as the Spectrum project provided young people with an excellent introduction to issues around rights and responsibilities in relation to social and personal relationships, for those young people who had actually been exposed to domestic abuse there was a need for more intensive prevention work to prevent the possibility of successive generations being susceptible to abuse. However, prevention work alone was not considered to be a satisfactory response. There was a strong view expressed by many interviewees that what they perceived to be the inter-generational transmission of patterns of abusive behaviour needed to be tackled by a combination of prevention-focused strategies and protection and recovery-based work. Developing emotional literacy and safe self-expression were considered to be important in preventing children and young people using more harmful means of expression, such as violence and manipulation, in their relationships. Indeed, there is some research, based on observations by parents and teachers, to suggest that children exposed to domestic violence are more prone to acts of physical aggression, such as bullying (Baldry, 2003; Sternberg *et al.*, 2006). Furthermore, there is a body of research evidence showing that witnessing and experiencing domestic violence as a child increases the likelihood of violent behaviour in adulthood (Gelles and Cavanaugh, 2005). However, Gelles and Cavanaugh (2005) are careful to note that while a child's exposure to violence may be associated with displays of violent behaviour in later life, childhood experiences are not the sole determining factor. Children differ in terms of their resilience and ability to develop coping strategies. Personal and contextual factors (e.g. socio-economic status, age and culture) can act as 'mediating variables' and influence how an individual child responds to living with domestic violence (Moore *et al.*, 1990). Thus how the next generation responds to growing up with domestic violence is much more complex than indicated by the 'cycle of violence' thesis.

Interviewees were divided in their views as to the existence of an inter-generational cycle of abuse, which sees domestic violence as an outcome of men experiencing violence as children. According to some practitioners, children who witnessed violence being used in the home could grow up believing that aggression could be functional in intimate relationships, with males becoming perpetrators and females becoming victims. However, while there is evidence to show a relationship between childhood violence and violence in later life, no causal link has been established (Department for Education and Skills, 2003). In contrast, some interviewees subscribed to the view that if children living with domestic abuse had a consistent, positive relationship with a non-violent parent or familiar adult, this could increase their resilience and thereby reduce the likelihood of them repeating similar abusive behaviours in their future relationships. Practitioners were uncertain as to what could be provided locally by Women's Aid CYP workers and were unaware of the floating support available in terms of protection and recovery work with children and young people in the community.

### *Pathologising young people*

Some professionals felt that some statutory agencies in particular tended to pathologise children who had experienced domestic abuse and assume that they were irreparably damaged especially once they were teenagers, however youth workers who worked on a one to one level with young people highlighted how the use of unconditional positive regard could facilitate a positive change as this example shows:

*... it's really sad, it is sad to see someone that age who has lost all hope for his future and thinks life is always going to be like this...I think to help these young people, you need people to start believing in them, praising them giving them time to turn that corner is really important...I think as professionals we need to address these deep rooted issues earlier. I have seen kids like him change; it is amazing to watch that penny drop... to see them start taking control. ...it makes it all worthwhile.*

*(Practitioner: 12)*

### *Improving Communication*

Witnessing inter-parental conflict can have a detrimental effect on a child's behaviour in school, especially if the child does not have any support systems in place either formally or informally. Furthermore, this may adversely affect a child's ability to take advantage of the educational opportunities available, thus leading to low academic attainment and restricted future life chances. It is imperative that any change in circumstances is communicated to the school and that, in turn, the school communicates effectively and efficiently with Heads of Year and all teachers the pupil is likely to meet in their school day. Being aware of domestic abuse incidents at home and ensuring all staff were aware of issues outside the school environment and attempting to support that child was a priority issue for many teachers. A number of practitioners and teachers felt that some leniency was required on occasions where a child or young person was experiencing problems, but this did not always happen.

#### **Good Practice**

*In some primary and secondary schools there were mechanisms set up , a ten minute slot early morning where all teaching staff were present and therefore aware of any specific circumstances surrounding the child, this time was also used to provide staff with information about local events , services etc and was welcomed by staff as good practice.*

### *Domestic abuse and child protection training in schools and youth settings*

Practitioners were of the opinion that vocational training courses for teachers and youth workers provided very little information on how growing up in an abusive home environment might undermine a child's developmental progress and have implications for future scholastic achievement and social inclusion. Some interviewees recommended whole agency in-service training sessions to help practitioners who worked with children and young people recognise the signs of abuse. Better dissemination of information regarding local services was also mentioned as essential in helping practitioners identify what agencies and services were available locally to provide advice and support. However, it was suggested that in some schools there was an attitude that domestic abuse was not prevalent in Ceredigion and therefore training on domestic abuse was not seen as a priority. As one senior practitioner commented:



*I think people should get real, DV is like a dirty word, you know, like how they see drugs. Teachers say “We don’t have that problem here”. ... don’t bury it under the carpet, if you are uncomfortable talking about drugs, DV and bullying whatever, then get someone in who isn’t. It is like fighting against a tide of resistance and it is really short sighted for Wales. We are letting down the next generation if we don’t address these things early. It is so frustrating when, at a strategic level, I come up against this. What planet are they on, if they don’t challenge this attitude by action around these myths? That is what is needed.*

*(Senior Practitioner: 8)*

Some interviewees suggested that there were practitioners who avoided discussing in any detail the most serious problems in a child’s or young person’s life because they did know how to approach the problem and felt disempowered professionally. A reluctance to examine issues related to abuse and build specific actions into a support plan for the child or young person was thought to be a problem that was quite endemic in certain areas of local practice. The situation was described by one senior youth practitioner as follows:

*... the obvious thing to say is, “we need more money, we need more people”. But I just think you need to be more creative. When you identify you’re looking at DV, what do you say after that? It’s very difficult, you know. People are quite happy ... when they feel uncomfortable ... [to] talk about something else. They feel deskilled, so they would rather talk about something they know how to tackle, not domestic abuse and child abuse it is scary stuff.... I suppose that’s when people like Hafan Cymru and Women’s Aid would come in and say these are the sort of points you need to make ....And that’s their role then to step in and help people use that language. I can ask those questions and it doesn’t bother me at all. Drug workers, they won’t ask them, schools, the YOS [youth offending service] ain’t going there. And you understand why straight away, because they [practitioners] feel very disempowered about it. It’s about being able to have at least something in your toolbox to be able to address some of it and say, that’s as far as I can go. I handhold to WA and they take it from there, so there’s an agency I can call in and not be afraid to explore these areas...*

*(Senior Youth Practitioner: 1)*

A supportive school was often perceived to be a safe haven for children and young people experiencing domestic abuse. If a child was happy in school where the environment was predictable, reliable and usually positive, then he or she was less likely to be display behaviour problems. Practitioners and teachers felt that for children who experienced domestic abuse, early intervention and intensive support from agencies in the community, as well as in schools, was vital to build confidence and to help the individual gain a sense of autonomy.

### ***Generic and specialist youth work in Ceredigion***

Approaches to protection and recovery - free play and community integration

The research findings suggest that there needs to be considerably more focus on improving levels of community integration for children and young people experiencing domestic violence particularly those who are currently living in temporary accommodation as a consequence of fleeing violence. There is a need to develop more one-to-one support locally

for vulnerable children and young people, particularly in socially deprived and rural areas. Mentoring services have an excellent reputation in the local area; however current provision does not meet with the very high demand for this service. Practitioners felt that managers at a strategic level need to re-direct resources to ensure more opportunities are provided for children and young people to access constructive activities. The research findings also suggest there is a need to improve access and affordability to ‘after school’ clubs and holiday activities for children and young people in the Aberystwyth area.

***An example of good practice***

*Dewis (‘choice’) (Direct Engagement Work in Schools), is an in-schools prevention service. Dewis was designed to reduce school exclusion through structured early intervention programmes in local secondary schools, the service consisted of one to one consultation, anger management and self esteem courses. The young males involved in the YIP study said that they used Dewis but would not consider counselling as an option, because they felt that counselling was “for girls”. They liked Dewis because they saw it as a more structured intervention than counselling, with a recognisable beginning and end point which incorporated regular feedback on their progress.*

**The RAG**

The local Referral and Action Group (RAG) was seen as an ideal multi-agency forum which could assist children experiencing domestic abuse. The RAG identified and addressed the needs of children and young people deemed ‘at risk’ of offending or excluding behaviours. Representatives from different agencies felt that the RAG was a really good example of joint working which since its inception in 2008 had led to a more efficient and effective multi-agency approach to addressing the immediate needs of vulnerable children and young people in Penparcau and Aberystwyth West. Representatives from all levels of secondary and primary schools, key members of the LEA, the police, YOS prevention team and housing were regular attendees, with representatives from Communities first, the Young People’s partnership and other agencies were regular attendees.. Many practitioners praised the multi-agency group and felt that it had led to significant improvement in agency communication; the RAG provided the direct link between schools and youth services to target one-to one and group work locally and to raise awareness of local youth events and activities.

Practitioners who regularly attended the RAG recalled many occasions where the group identified domestic abuse in the family under discussion. At the RAG, generic practitioners did not appear to address the issue of domestic abuse and empower the child or young person in the process, despite the fact there was evidence of excellent direct work with children and young people. Specialist domestic abuse workers had attended meeting and felt that they could assist local agencies in addressing specific problem child or young people may have as a result of experiencing domestic abuse. Other practitioners felt that that when domestic abuse was a factor addressing the symptoms i.e. anger management and not the cause may not have any long term impact:

*if you don’t get underneath the issues and try to resolve them or get someone who can in, if you don’t address that, the behaviours will come back again and again*

*(Senior Teacher: 2)*

When asked, practitioners who had attended the RAG said that they were not aware of how to teach children and young people basic safety plans, nor how to advise them to avoid confrontations in family settings where they may be subject to physical, sexual and emotional abuse. Some practitioners were also unaware of the CYP workers and their role in supporting children and young people.

Support at a strategic level

Despite many youth services being over subscribed services locally were currently subject to funding cutbacks, many professionals suggested that more commitment was required from local government to ensure Ceredigion supported children and young people so that outreach youth services can be sustained and expand to meet demand.

*there is a tendency to pretend the problem isn't there, 'if we don't talk about it, we don't have to address it', they are not listening, they are choosing to look the other way, and in the long run it will be at the expense of the county as a whole*

*(Senior Practitioner: 1)*

## 6. Support and Recovery work

*In dealing with her fear [daughter] of things. She felt, she started to talk about him [the perpetrator], she felt very guilty that she felt how she did about her father. She couldn't even admit it to herself, how she felt. But she felt very, in a lot of ways she really hates him, I think. She does love him but she hates what he does and I honestly don't think, at this stage anyway, that she would be bothered if she didn't have to see him. She finds it a duty. She doesn't want to upset him but she doesn't enjoy it. She won't stay with him on her own, ever.*

*(Female Adult victim: 1)*

Practitioners suggested that a more holistic approach was required when addressing the needs of families experiencing abuse. This approach would require a multi-agency plan aimed at the whole family integrating individual recovery work for the child, support and parenting for the mother, and parenting and intensive work with the father in a more structured and constructive way than was currently available. Practitioners commented that there needed to be a shift in current practice to ensure that perpetrators were held accountable for the abuse. In case conferences and children in need meetings, perpetrators needed to produce ongoing evidence to indicate that they were attempting to address their negative behaviours.

### ***Case Study 2: Perpetrator strategies to manipulate the mother – child relationship***

*Katie [aged 8] told the practitioner that her dad [the perpetrator] would often scare her by acting out a monster called Randall, Her dad told her Randall slept under her bed and that Randall often followed her mum around the house. If the Katie wanted to go to her mum, her dad would use Randall to prevent Katie going to her, saying “what if Randall is in the hall, what if he jumps out at you?”. Her dad told her not to tell her mum about Randall, because “mum was very, very scared and it could make her mummy very poorly”. From the age of three, Katie’s father used Randall, to control Katie’s movements in the house and keep her separate from her mum as often as he could. Katie said her dad had made her afraid.*

In the complex power dynamics of abusive relationships perpetrators often manipulated the child as a strategy to undermine the parent-child relationship with the adult victim. Practitioners needed to be more aware of the techniques used by perpetrators to limit the amount of one-to-one contact the mother had with the child, and adapt any parenting contract to allow for this probability.

### **Parenting support - Perpetrator’s role as a father**

There is a wealth of material focusing on the mother-child relationship, but relatively little attention has been given to the father-child relationship (Guille, 2004). There is a need for ‘a clearer refocusing of professional effort on holding men accountable for their behaviour and in attempting to engage them as fathers in ways which meet the needs of children’ (Devaney, 2008: 452). The data suggest that there were very few instances where practitioners engaged with perpetrators to discuss with them the impact of their behaviour on their children. Practitioners recalled the dynamics in case conferences and children in need meetings where the emphasis was on the mother’s responsibility as a parent, but the perpetrator’s violent

behaviour and his parenting ability were very rarely addressed. Practitioners suggested that work with perpetrators was difficult, but that workers needed to be non-judgemental, but open and frank about the impact family dynamics were having on the children. Adult victim's should not be solely responsible for keeping the child safe which she/he was unlikely to be able to do in the context of an abusive relationship and especially during a crisis incident.

The questions below, taken from Radford *et al.*, (2006:184), provide an outline for practitioners to facilitate discussion with perpetrators about their role as fathers.

- What was it like when his parents argued? What did he do? How did that feel for him?
- How does he think his childhood experiences have affected his parenting?
- How does he think current problems may be affecting the children?
- What does he most worry about in respect of this?
- What would he say about the violence and abuse to the child if asked?
- What are his difficulties or concerns about the children?
- How has he tried to deal with these?
- What does he feel the children might need from him as a father?

Practitioners were very aware that current practice, particularly in terms of child protection, was not directly addressing the cause of the abuse, and felt that practitioners were replicating the dynamics within the abusive relationship by absolving the perpetrator of any responsibility for the abusive behaviour and blaming the victim by holding her solely responsible for the family situation:

*...when we should directly ask him why he says these terrible things to his children, ask him why he wakes them up when he feels like it, brings them out of school when he feels like it, upsets their party when he feels like it, we pussyfoot around and we are not protecting the victim. We are not making children safe, we are colluding in the abuse really, he is an adult so he is responsible, he is the father, the parent so why not place conditions on him regarding his children, not mum.*

*(School Teacher: 9)*

Practitioners felt that providing fathers with an insight into the short and long-term consequences for their child may provide them with the motivation to try to address their behaviour. This is particularly relevant in those cases where the perpetrator returned to the family home or had child contact arrangements.

## **Safety planning**

Research suggests that children often feel that in some way they are responsible for the violence because perpetrators may directly blame them, or children may feel that a violent

episode resulted from an argument involving them (Dobash and Dobash, 1984). In this study, practitioners who worked with the children stated that children felt that they had to try to stop their dad, because they felt responsible in some way for the situation escalating into violence. In such instances, even very young children attempted some form of protective intervention, and tried to physically put themselves between their mother and the perpetrator, thus increasing the risk of harm to the child.

Direct safety planning may provide children with a far safer response to the violence and help to reassure them that they were not responsible and that the responsibility was with the perpetrator. In addition to this, children may begin to understand more about their feelings towards their parents in the context of a violent relationship.

Practitioners felt that constructing safety plans with children and young people should be part of a structured plan to protect them from future harm by the perpetrator. In this study, only two participants said that they had undertaken a safety plan with a child directly, and followed this up with further practical ideas to make the child or young person feel safer. Practitioners said that they did not know how to discuss with the child or young person basic child safety planning to help the child feel safer.

Practitioners felt that safety planning directly with children was good practice and should be part of child protection policy. One mother, who was unable to access a counsellor locally, went to a play therapist in England who taught the child about safety planning from a domestic abuse website:

*... she [play therapist] told me what she was going to do with Ffion to explain how to be safe. What she needed to do if a situation arose. That kind of made her feel equipped. That was one of the things that really helped her because before she [the child] felt powerless. That time when I had the bad beating. She has gradually, since she's been with play therapist, she has become, it's not so much using, having to use it [the safety plan] in terms of an incident but it has given her a confidence that she knows what to do.*

*(Female Adult Victim: 5)*

Practitioners felt that developing safety plans directly with the child provided a means for the child to talk about their experiences in a pragmatic way and feel more equipped to tackle future events where they anticipated violence rather than feeling a sense of powerlessness and helplessness. This suggests that the tools provided in safety planning gave them a sense of control and power to know what to do to avoid being hurt, but also a sense of reassurance that they were making the right choices not just for themselves but for the adult victim. Children and young people could feel that it was acceptable to 'make themselves safe' and knew a range of safety measures they could utilise should a situation develop that made them or their siblings feel unsafe. Safety planning has the potential to reduce a child's level of anxiety, as illustrated by the following example:

*The social worker said to me, when they did the assessment at the beginning, when they do it, where they say whether she was high anxiety, down on a scale. She got top marks at the beginning for being anxious. By the time she [practitioner] had left, over a four-month period it had normalised completely. I think the combination of moving out of that situation and having that back up [support for the children] as well*

[helped]. *She has become more able to talk to me and she's not, she now doesn't feel that it's wrong. I've said to her, you know, she can say anything to me.*

*(Female Adult Victim: 5)*

Enabling children to achieve a sense of power and control helped them even from a very young age to communicate more effectively what they wanted from their relationship with each parent. The same parent noted a significant change in her child's ability to express themselves:

*And she [the child] has said, been quite brave, and said, "I don't want to spend, I don't want to sleep at dad's, I don't want to be there, it frightens me". She has said it to him and that's really brave I think because she has said, "I don't feel comfortable" and she's told him, she has a voice now which is a huge turnaround.*

*(Female Adult Victim: 5)*

### ***The importance of information sharing in multi-agency practice***

From the practitioner's perspective, establishing trust with each individual family member was essential for eliciting information and monitoring changes in the family situation. For example, when floating support in the community is provided, a young person may feel that they have to hide the fact that the violent perpetrator is still visiting the family home. Gaining background information as a multi-agency team and using sources such as the IDVA was felt to be crucial, not only in adapting child and adult victim safety plans where necessary, but also giving practitioners an indication of the quality of the therapeutic relationship between themselves and their client.

Practitioners working within domestic abuse felt that victims should feel far more supported by both generic and specialist services rather than being perceived negatively because they had made the choice to remain in the relationship.

*Sadly our society holds mothers responsible for all our ills, when it is generally dads who abuse, who are violent, yet we as practitioners skirt around the issue because we don't want to provoke dad. In a sense we are doing what the victim does, avoiding a confrontation.*

*(Teacher: 1)*

Although on the whole agencies felt that multi-agency working had improved locally, partly as a result of the work of the domestic abuse co-ordinator, the domestic abuse forum and partly as a result of the development of MARACs. These data suggest that practitioners were at times uncertain about formal data sharing protocols and this could be a barrier to providing effective support for vulnerable children and young people. The case studies revealed that at times, highly relevant data were not being passed onto key agencies which resulted in limited support being provided for the child and family at critical periods. There is a need to develop trust and formalise working partnerships including more effective information sharing especially between statutory and third sector agencies.

## *Time to talk*

*...and she [child victim] very gradually, just having that time to talk to someone neutral, it was almost like going to confession or something. She quite looked forward to it. She said, ... "I can't believe how quickly the time goes, I love it"...*  
(Female Adult Victim: 1)

### **Disclosure: Asking questions**

The research findings suggest that practitioners felt that asking the child or young person questions that may generate disclosure was difficult. Practitioners gave a range of reasons why they felt that sometimes the questions were not being asked even if the opportunity arose:

Barriers to asking the child:

Practitioners were unsure what to say to a child/young person to support them when they had experienced abuse and/or neglect. Practitioners do not wish to place themselves in a position of professional vulnerability because of their own perceived lack of training.

- Practitioners lacked the necessary information about local or national services that supported children, or they felt that emotional support for children was very limited in a local area and need not want to be seen to be unable to offer any solution.
- Practitioners often felt that they had limited time to spend addressing a child's individual needs because of perceived capacity issues within their organisation.

Barriers to discussing the child's needs with the parents when fleeing domestic abuse:

- Similarly if an adult victim disclosed, practitioners were also uncertain how to talk to the victim without blaming them as a parent and this created barriers for professionals when asking parents about their child.

Barriers to challenging parents where domestic abuse was suspected, but denied by all family members:

- Practitioners were uncertain whether they should speak with parents about their concerns prior to referral to social care because they were afraid of the consequences for the child and the parent. In addition, practitioners felt the family may disengage with their services/institution thus placing the child under greater risk.
- Practitioners were often unwilling to refer the family onto relevant agencies because they did not feel the services available would ameliorate the family situation and may have adverse effects.



- Ignoring parenting issues, especially the parenting style of the suspected perpetrator, when the child was still living with domestic abuse was felt to be detrimental to the child's safety and well-being, because the child may perceive that their claim was not positively addressed, which may discourage further disclosure. In the long-term, practitioners felt that a child may accept that being abused or neglected by one or both parents was part of family life, which may impact on their sense of self-worth and how they manage their own future relationships.

### ***Being believed and being available***

The data suggest that trying to disclose abuse was extremely difficult and took considerable courage. Interviewees suggested that if a child was not believed by practitioners once they had disclosed this could compound the problem for child. Not being believed nor listened to may prevent the child from ever discussing their home situation in the future. The child needs to be reassured that they will not be punished or judged, and that their concerns will be taken seriously.

Practitioners suggested a number of ways practitioners could help children and young people:

1. Providing the child or young person with opportunities to talk openly, but also reassuring them that it was fine not talk if they did not wish to do so.
2. Helping the child understand what domestic abuse is and that it is not acceptable to treat people this way.
3. Providing opportunities to share their experiences with other children, this was felt to be particularly important for children of secondary school age and above.
4. Ensuring the child's feelings are validated, and that they are not made to feel a sense of guilt or responsibility.
5. Assure them that it is normal to feel angry and express grief and help them to work out ways in which to express their feelings appropriately.
6. Provide children with the opportunity to behave as a normal child by create the appropriate space to play freely in a non-oppressive environment.
7. Helping the child construct a safety plan to develop his or her sense of power and control over the situation at home.
8. Identify 'safe adults' - positive male and female role models who could provide stable and consistent support.
9. Give the child time to adjust to normal life without placing too many expectations on them.
10. Reassure the child about their fears over contact arrangements

## 7. Conclusions and Recommendations

### Multi-agency response

- **Increasing referrals:** Currently multi-agency practice does not directly address the needs of children and young people experiencing or fleeing domestic abuse. Non-police agencies need to be considerably more proactive in making referrals both into the MARAC process and to specialist agencies, such as Women Aid and Hafan Cymru that support families.
- **Child protection training:** This requires further development locally, as current provision is limited both in terms of depth and breadth. Given the expertise available locally in the field of child protection, a multi-agency approach to training is recommended with a variety of professionals feeding into the service. Allocating resources for child protection training needs to be addressed at a strategic level. Schools and youth services, in particular, require more support from child protection agencies to ensure that practitioners know what signs to look for, where to seek advice and who to refer cases to when they have concerns.
- **Child protection practice forums:** Ideally these should be established locally and held regularly so practitioners can raise any queries or concerns confidentially and can access up-to-date developments on child protection and related issues. Experts from a range of specialist fields relating to child protection, such as substance misuse, domestic abuse, disability and child abuse, should also feed into the process.
- **Children and young peoples' access to support services:** Children and young people's welfare needs are sometimes not met because interventions around prevention and recovery work with the child require parental consent which is often withheld. This constitutes a breach of the UN Convention on the Rights of the Child and needs to be challenged through changes in legislation.
- **Extending current youth service provision:** This is essential for supporting children and young people, particularly for those aged between 11 and 18 years locally. Affordable and easily accessible constructive youth activities were limited in terms of providing holistic support.
- **Maintaining the focus on domestic abuse:** Domestic abuse needs to be recognised as having a marked, negative impact on the lives of some children and young people. Agencies need to raise the issue of domestic abuse directly in multi-agency settings and continually search for ways to address the abuse when it is identified. With the exception of the MARAC, domestic abuse was not always openly discussed in the context of multi-agency meetings. Keeping the subject 'hidden' was felt to be tantamount to indirectly condoning the abuse as the perpetrator was not being challenged about his behaviour.
- **Addressing the causes:** Symptom-based approaches addressing the individual in isolation to the rest of the family do not work, solutions need to address the cause of

the problem and support all parties in addressing the abusive behaviour of the perpetrator.

- **Asking the questions:** Practitioners in education, youth, and health settings need to know how to talk to both adult victims and their children when they suspect they may be experiencing abuse. They also need to be aware of how to respond appropriately to disclosure.
- **Dispelling the myths about domestic abuse:** While the work of both the domestic abuse co-ordinator and the domestic abuse forum in providing training and raising awareness was highly praised locally, individual agencies could be more pro-active in-house in dispelling myths about domestic abuse. Given that domestic abuse is a 'hidden crime' and that living in a rural area can be a barrier to both disclosure and access to support services, it was recognised that children living in rural locations were more vulnerable than their urban counterparts. Interview participants suggested that the checklist of abusive behaviours, along with details of support, should be made more accessible both to the general public, victims and practitioners.

### **Children and young people experiencing abuse**

- **Getting closer to the problem:** There needs to be a shift in child protection culture from a focus on risk identification and assessment to undertaking more direct work with children concentrating on (a) protection - undertaking safety planning directly with the child as well as the parents; (b) recovery - including improving the communication between parent and child and providing parenting advice; (c) prevention – developing a sustained, structured plan aimed at developing emotional literacy and finding positive strategies to resolve conflict both in the home and in the community.
- **Safety planning:** Children and young people need to be equipped with the necessary tools to feel safe in an unsafe environment. Reassuring a child that it is acceptable not to intervene in a crisis incident to protect the victim and giving them a 'safe hand' of hidden phone numbers to call in an emergency or when they are sad was felt to be an important way of empowering the child and giving them a degree of control over their personal safety and their home life. Practitioners can also help children to identify 'safe adults' to whom they can turn for help when needed. Safe adults can be identified as informal (a neighbour), familial (a grandparent) or professional (a teacher). Practitioners need to contact an identified 'safe adult' to explain their role and liaise with them. Safety planning should be a priority for all practitioners and specialist domestic abuse practitioners can play a key role in delivering safety plan training to front-line workers in school and community settings.
- **Holding perpetrators accountable:** Perpetrators should be made aware of the adverse impact of their abusive behaviour on their child(ren). Where an adult victim chooses to stay with the perpetrator more intensive work is required with parenting workers around safety planning, supporting their children and minimising any possible long-term trauma to the developing child.

## Children fleeing violence

- **Young men and social inclusion:** A gap was identified in the provision of accommodation for young men aged 16-18 years, who could not be housed at the Refuge and who may be fleeing violence from another area. These young men could be particularly vulnerable and separation from their families could be an unsettling experience for all concerned. Floating support is needed to help young men in this position gain access to career advice, further or higher education and constructive recreational activities.
- **Community integration using positive male role models:** For older teenagers, particularly boys, living in temporary accommodation, there needs to be an increased emphasis on reinforcing the promotion of an inclusive environment for all residents, not just adult victims. Specialist domestic abuse agencies need to develop specific links with youth services, particularly mentoring services, to help young people become integrated in their new community and develop positive social networks.
- **Inclusive schools:** In addition to assisting children and young people in building links in the community, some schools need to be more inclusive and ensure young people fleeing violence can quickly enrol in school. By providing a sense of continuity in terms of a child's education and access to a range of positive activities, schools can play a crucial role in a family's recovery. For pupils who may be coming to terms with many years of direct /or indirect abuse, schools need to develop pastoral support plans that utilise inclusive facilities to help young people recover from trauma. Whilst children fleeing violence and abuse can sometimes exhibit challenging behaviours for a brief period as they adapt, rapid access to a positive structured environment, such as secondary school, will have a positive impact.
- **'Giving them a chance':** An inclusive pastoral support plan designed especially for parents and young people fleeing violence, incorporating an intensive twelve-month period of support with one-to-one advice, would help to empower the parent. This requires a co-ordinated multi-agency approach.
- **The role of the RAG:** Where children and young people fleeing violence are living in the Refuge, a support plan tailored to meet the needs of each individual could be established by, and monitored through, the RAG process. This would involve input from specialist agencies with expertise in domestic abuse, with practitioners visiting schools to engage on a one-to-one basis with children fleeing abuse.
- **Supporting and empowering parents:** A parent who has been prevented from providing the appropriate type and level of parental care because of the behaviour of the perpetrator may require specialist support in parenting. Family centres and specialist domestic abuse services could work together to provide a programme of support to meet the needs of the parent and the child or young person as they recover from their experiences and become reintegrated into their community.
- **Linking prevention programmes to recovery programmes:** This is important to ensure that children and young people are in a position to seek help and information should they need it. Schools and youth services need to use promotional material and develop more opportunities for children and young people to access emotional

support via websites and other sources of information. Current counselling provision in schools was felt to be very good, however schools need to evaluate whether such services are youth-friendly and tailor them accordingly.

- **Healthy relationships:** Domestic abuse was often perceived as an extreme form of bullying, and therefore practitioners felt that introducing prevention programmes within the PSE curriculum in all schools would contribute towards children and young people's understanding of acceptable and non- acceptable behaviour both in the community and in the context of their own relationships.

## Housing

- **Clarify entry criteria:** Criteria for admittance into specialist emergency accommodation needs to be refined to ensure all women have equality of opportunity to use specialist emergency accommodation. Every opportunity locally should be made to provide structured and robust support plans for women with additional needs.
- **Self-contained accommodation for families:** Women with multiple complex needs are often unable to be admitted into communal accommodation because of the potential risks they may pose to other families living there. Therefore women who may be the most vulnerable cannot utilise the specialist support because they are being housed elsewhere, often in unsuitable emergency accommodation that cannot offer the same level of intensive specialist support. Self-contained accommodation needs to be made available to support women and their children who have a high level of need. Long-term and consistent support is essential for the most vulnerable women and their children.
- **Raising awareness on substance misuse issues:** Women and their children often enter a refuge immediately after a traumatic event, and families entering temporary accommodation may initially be vulnerable to increased unhealthy drinking patterns or misusing other substances both illicit and licit as a way of dealing with their situation. Victims and practitioners suggested that some families may benefit from help and advice from substance misuse workers during their stay in a refuge. Not only would this help them to begin the process of recovering from any unhealthy patterns of behaviour they had developed whilst living with their abusive partner, but would also help them to cope with the demands and responsibilities encountered when settling in a new area.

## Health

- **Asking the questions about family dynamics:** Midwifery services need to address the fact that routine questioning of pregnant women may not be happening in all instances. Antenatal care requires a holistic approach to ensuring children have the best opportunity to thrive. Midwives need to be more pro-active during antenatal checks by asking, where appropriate, questions about the nature of the relationship the woman has with her partner. All maternity packs need to contain information about the purple directory and other resources available locally on domestic abuse.

- **Promoting healthy relationships and the impact on children's health and development:** Although the role of the health visitor is primarily child-centred, it is important not to lose sight of the wider family perspective. Health visitors are well-placed to provide information about healthy relationships and identify signs of abuse.
- **Systematic recording of medical evidence:** The quality of medical evidence gathering by consultants on examination at A&E wards varies considerably and this impacts on outcomes when prosecuting perpetrators of domestic abuse in the criminal justice system. A more systematic approach to training medical consultants and other health professionals on how to record injuries as evidence in cases of suspected abuse. The police could play a role in the provision of such training.

### Social Services

- **Perpetrators as father:** A far greater emphasis needs to be placed on engaging with perpetrators, addressing their violent behaviour and highlighting the impact of their behaviour on the children in the family. Case conferences do not always focus on the cause of the problem by challenging the conduct of the perpetrator and making him accountable for his behaviour. Furthermore, there was evidence of 'mother-blaming' attitudes amongst some generic practitioners. Adopting a more multi-dimensional approach to protection and support involving each adult and each child in the family may improve the long-term outcomes for the children involved. Safety planning with children should be routine practice as part of a safety management strategy.
- **Training on dealing with hostile and manipulative perpetrators:** Social workers recognised the need for additional training in how to deal with hostile and intimidating perpetrators during home visits and in case conferences. Joint social worker visits were seen as a way of dealing with difficult perpetrators.

### Police

- **The role of the police as front-line agents:** The quality of corroborative evidence gathered varies in cases of domestic abuse and this has an impact on successful outcomes. More effort needs to be made by the police to collect evidence from other witnesses including children and from the scene.
- **Increasing CP referrals:** Police need further training on how to talk to children and young people who may be in a highly distressed state. The use of empathy both with adult victims and children is crucial in facilitating more detailed disclosure, which will improve both the statement taking and risk assessment process. Given the links between domestic abuse and child abuse, the police need to be far more pro-active in making full child protection referrals without mother blaming.
- **Safety planning and conflict resolution :**The police also have a role in prevention by teaching children and young people about how they can avoid violent situations and resolve conflict using non- abusive strategies both in the home and the community

## **References**

Abrahams, C (1994) *The Hidden Victims: Children and Domestic Abuse*, London: NCH Action for Children.

Allen, N., Wolf, A. M., Bybee, D. I. and Sullivan, C. M. (2003) 'Diversity of children's immediate coping responses to witnessing domestic violence', in R. A. Geffner, R. Spurling Igelman and J. Zellner (eds) *The Effects of Intimate Partner Violence on Children*, London: The Haworth press, pp. 123-47.

Baldry, A. C. (2003) 'Bullying in schools and exposure to domestic violence', *Child Abuse & Neglect*, 27, 713-732.

Barron, J. (2004) *Struggle to Survive: Challenges for Delivering Services on Mental Health, Substance Misuse and Domestic Violence*, Bristol: Women's Aid Federation of England.

Blacklock, N. (2004) Lost Opportunities: Domestic Violence, Social Work and Reporting: Domestic Violence Intervention Project, quoted in Radford *et al.*, 2006, p. 178.

Brandon, M. and Lewis, A. (1996) 'Significant harm and children's experiences of domestic violence', *Child and Family Social Work*, 1, 1: 33-42.

Buckley, H., Holt, S. and Whelan, S. (2007) 'Listen to me! Children's experiences of domestic violence', *Child Abuse Review*, 16, 296-310.

Clarke, A., Wydall, S and Williams, K. (2008a) *An evaluation of the implementation of a Youth Inclusion Programme in Rural Wales*, a report submitted to the Research and Information Unit, Social Justice and Regeneration Department, Welsh Assembly Government.

Clarke, A., Wydall, S and Williams, K. (2008b) *School Inclusion: A scoping exercise*, a study commissioned by Dyfed Powys Probation Service, as part of a regional Home Office/Ministry of Justice Project on Reducing Crime, Disorder and Anti-Social Behaviour via "Hotspotting".

Cleaver, H., Nicholson, D., Tarr, S and Cleaver, D. (2007) *Child Protection, Domestic Violence and Parental Substance Misuse*, London: Jessica Kingsley Publishers.

Council of Europe (2002) *Recommendation Rec(2002)5 of the Committee of Ministers to Member States on the Protection of Women Against Violence: An Explanatory Memorandum*, Adopted on 30 April 2002, Strasbourg, France: Council of Europe.

Cox, C., Kotch, J. and Everson, M. (2003) 'A longitudinal study of modifying influences in the relationship between domestic violence and child maltreatment', *Journal of Family Violence*, 18, 1: 5-17.

Communities and Culture Committee (2008) *Inquiry into Domestic Abuse in Wales*, Welsh Assembly Government.

Davies, L. and Krane, J. (2006) 'Collaborate with caution: protecting children, helping mothers', *Critical Social Policy*, 26, 412-425.

Department for Children, Schools and Families (2010) *Working Together to Safeguard Children*, London: HM Government. Also available at:

<http://publications.education.gov.uk/eOrderingDownload/00305-2010DOM-EN.PDF>

(Accessed on 30 August 2010).

Department for Education and Skills (2003) *Every Child Matters*, Nottingham: DfES Publications.

Department for Environment, Transport and the Regions (2001) *Supporting People: Policy into Practice*, London: DETR.

Devaney, J. (2008) 'Chronic child abuse and domestic violence: children and families with long-term and complex needs', *Child & Family Social Work*, 13, 443-453.

Dobash, R. and Dobash, R. (1984) 'The nature and antecedent of violent events', *British Journal of Criminology*, 24, 3: 269-288.

Dobash, R. and Dobash, R. (2001) 'Risk, Danger and Safety', *SAFE : The Domestic Violence Quarterly*, December, 7-9.

Dodd, T., Nicholas, S., Povey, D. and Walker, A. (2004) *Crime in England and Wales 2003/2004*, London: Home Office.

Also available at: <http://www.homeoffice.gov.uk/rds/pdfs04/hosb1004.pdf> (Accessed on 26 August 2008).

Elbow, M. (1982) 'Children of violent marriages; the forgotten victims', *Social Casework*, 63, 465-471.

Estyn (2007) *A Report on the Quality of Youth Support Services in Ceredigion, November 2006*, Cardiff: HM Inspectorate for Education and Training in Wales.

Farmer, E. and Owen, M. (1995) *Child Protection Practice: Private Risks and Public Remedies*, London: HMSO.

Frost, N. and Robinson, M. (2007) 'Joining up children's services: safeguarding children in multi-disciplinary teams', *Child Abuse Review*, 16, 184-199.

Gelles, R. J. and Cavanaugh, M. M. (2005) 'Violence, abuse and neglect in families and intimate relationships', in P. C. McHenry and S. J. Price (Eds.) *Families & Change: Coping with stressful events and transitions*, 3<sup>rd</sup> edition, Thousand Oaks: Sage Publications, pp. 129-154.

Goddard, C. and Hiller, P. (1993) 'Child sexual abuse: assault in a violent context', *Australian Journal of Social Issues*, 28, 1: 20-33.

Goldblatt, H. (2003) 'Strategies of coping among adolescents experiencing interparental violence', *Journal of Interpersonal Violence*, 18, 2: 532-552.



- Gorin, S. (2004) *Understanding what children say: Children's experiences of domestic violence, parental substance misuse and parental health problems*, London: National Children's Bureau.
- Groves, B. M., Zukerman, B., Marans, S. and Cohen, D. J. (1993) 'Silent victims', *Journal of the American Medical Association*, 269, 262-264.
- Guille, L. (2004) 'Men who batter and their children: an integrated review', *Aggression and Violent Behaviour*, 9, 129-163.
- Harold, G. T., Aitken, J. J. and Shelton, K. H. (2007) 'Inter-parental conflict and children's academic attainment: a longitudinal analysis', *Journal of Child Psychology and Psychiatry*, 48, 12: 1223-1232.
- Harrison, C. (2006) 'Damned if you do and damned if you don't? The contradictions between private and public law', in C. Humphreys and N. Stanley (eds.) *Domestic Violence and Child Protection: Directions for Good Practice*, London: Jessica Kingsley Publishers, pp. 137-154.
- Health Information Analysis Team (2006) *Deprivation and Health: Ceredigion*, National Public Health Service for Wales, available at: [http://www2.nphs.wales.nhs.uk:8080/HIATDocs.nsf/61c1e930f9121fd080256f2a004937ed/52bf44d0de0a479a80257173004e876d/\\$FILE/20060516\\_Deprivation\\_and\\_Health\\_Ceredigion\\_HC\\_final.doc](http://www2.nphs.wales.nhs.uk:8080/HIATDocs.nsf/61c1e930f9121fd080256f2a004937ed/52bf44d0de0a479a80257173004e876d/$FILE/20060516_Deprivation_and_Health_Ceredigion_HC_final.doc) (Accessed 20 August 2010).
- Hester, M (1998) *From Periphery to Centre: Domestic Abuse in Work with Abused Children*, Bristol: Policy Press
- Hester, M. (2006) 'Asking about domestic violence – implications for practice', in C. Humphreys and N. Stanley (eds.) op. cit., pp. 97-109.
- Hester, M., Pearson, C. and Harwin, N. (2007) *Making an Impact: Children and Domestic Violence*, second edition, London: Jessica Kingsley Publishers.
- Hester, M. and Westmarland, N. (2005) *Tackling Domestic Violence: Effective Interventions and Approaches*, Home Office Research Study No. 290, London: Home Office.
- Hinshaw, S. P. (1992) 'Academic underachievement, attention deficits, and aggression: comorbidity and implications for intervention', *Journal of Consulting and Clinical Psychology*, 60, 893-903.
- Holden, G. W. (2003) 'Children exposed to domestic violence and child abuse: terminology and taxonomy', *Clinical Child and Family Psychology Review*, 6, 3: 151-160.
- Holt, S. (2003) 'Child protection social work and men's abuse of women: an Irish study', *Child & Family Social Work*, 18, 1: 53-65.

Holt, S., Buckley, H. and Whelan, S. (2008) 'The impact of exposure to domestic violence on children and young people: a review of the literature', *Child Abuse & Neglect*, 32, 797-810.

Howys, S. (2004) *Children, Young People and Domestic Abuse: A Campaign Report*, Welsh Women's Aid.

Hoyle, C. and Sanders, A. (2000) 'Police response to domestic violence', *British Journal of Criminology*, 40, 1: 14-36.

Hughes, H. (1992) 'Impact on spouse abuse on children of battered women', *Abuse Update*, 1, 9-11.

Humphreys, C. (2006) 'Relevant evidence for practice', in C. Humphreys and N. Stanley (eds.) op. cit., pp.19-35.

Humphreys, C. and Stanley, N. (Eds.) (2006) *Domestic Violence and Child Protection: Directions for Good Practice*, London: Jessica Kingsley Publishers.

Humphreys, C. and Thiara, R. (2003) 'Mental health and domestic violence: "I call it symptoms of abuse"', *British Journal of Social Work*, 33, 209-226.

Humphreys, C., Regan, L., River, D. and Thiara, R. K. (2005) 'Domestic violence and substance use: tackling complexity', *British Journal of Social Work*, 35, 1303-1320.

Humphreys, C., Mullender, A., Thiara, R. and Skamballis, A. (2006) "'Talking to my mum": developing communication between mothers and children in the aftermath of domestic violence', *Journal of Social Work*, 6, 53-63.

James, G. (1994) *Study of Working Together: Part 8 Reports*, London Department of Health.

Jones, A. (1991) *Women Who Kill*, London: Victor Gollanz.

Kantor, G. and Little, L. (2003) 'Defining boundaries of child neglect: when does domestic violence equate with parental failure to protect?', *Journal of Interpersonal Violence*, 18, 4: 338-55.

Kenny, M. C. (2004) 'Teachers' attitudes towards and knowledge of child maltreatment', *Child Abuse & Neglect*, 28, 1311-1319.

Lewis, G. et al., (2001) *Why mothers die: Report from the confidential enquiries into maternal deaths in the UK 1997-9*, commissioned by Department of Health from RCOG and NICE London: RCOG Press.

Lowe, T. (2009) *Integrating the Independent Domestic Violence Advisor and Flying Start: A Process and Outcome Evaluation*, a report submitted to the Research and Information Unit, Social Justice and Regeneration Department, Welsh Assembly Government.

McGee, C. and Westcott, H. L. (1996) 'System Abuse: Towards a greater understanding from the perspectives of children and parents', *Child and Family Social Work*, 2, 1: 13-23.

McGee, C. (2000) *Childhood Experiences of Domestic Abuse*, London: JK Publishers.

McIntosh, J. E. (2002) 'Thought in the face of violence: a child's need', *Child Abuse & Neglect*, 26, 229-241.

Moore, T., Pepler, D., Weinberg, B., Hammond, L., Waddell, J. and Weiser, L. (1990) 'Research on children from violent families', *Canada's Mental Health*, 38, 19-23.

Mullender, A. (2004) *Tackling Domestic Violence: Providing Support for Children who have Witnessed Domestic Violence*, Home Office Development and Practice Report 33, London: Home Office.

Mullender, A., Hague, G., Imam, U., Kelly, L. *et al.*, (2002) *Children's Perspectives on Domestic Violence*, London: Sage.

National Union of Teachers (n.d.) Silence is not always golden: Tackling domestic violence, NUT Publication. Also available at: <http://www.teachers.org.uk/files/active/0/Domestic16pp-3902.pdf> (Accessed on 2 September 2010).

NSPCC Cymru (2008) *Response to the Communities and Culture Committee Inquiry into Domestic Abuse*, available at: [http://www.nspcc.org.uk/Inform/policyandpublicaffairs/wales/consultations/walesconsultationresponses\\_wda48594.html](http://www.nspcc.org.uk/Inform/policyandpublicaffairs/wales/consultations/walesconsultationresponses_wda48594.html) (Accessed 10<sup>th</sup> September 2010)

O' Hara, M. (1994) 'Child Deaths in the Context of Domestic Violence: Implications for Professional Practice' in A. Mullender and R. Morley (eds) *Children Living with Domestic Violence: Putting men's abuse of Women on the Child Care Agenda*, London: Whiting and Birch.

Osofsky, J. D. (2003) 'Prevalence of children's exposure to domestic violence and child maltreatment: implications for prevention and intervention', *Clinical Child and Family Psychology Review*, 6, 3: 33-49.

Överlien, C. and Hydén, M. (2009) 'Children's actions when experiencing domestic violence', *Childhood*, 16, 479-496.

Povey, D (ed.) (2004) *Crime in England and Wales 2002/2003: Supplementary Volume 1 Homicide and Gun Crime*, London: Home Office.

Radford, L., Blacklock, N. and Iwi, K. (2006) 'Domestic abuse risk assessment and safety planning in child protection – assessing perpetrators', in C. Humphreys and N. Stanley (eds.) *op. cit.*, pp. 171-189.

Rosenbaum, A. and O'Leary, D. K. (1981) 'Children: The unintended victims of marital violence', *American Journal of Orthopsychiatry*, 51, 692-699.

Russell, R. and Toft, G. (2007) (eds.) *Health, Social Care and Well-being Needs Assessment of the population of Ceredigion*, report of the Health, Social Care and Well-being Group, Ceredigion, 17<sup>th</sup> May 2007.

Saunders, B. E. (2003) 'Understanding children exposed to violence: toward an integration of overlapping fields', *Journal of Interpersonal Violence*, 18, 4: 356-376.

Saunders, H. (2004) *Twenty-Nine Child Homicides: Lessons Still to be Learnt on Domestic Violence and Child Protection*, Bristol: Women's Aid.

Shelter (2006) *Chance of a Lifetime-The impact of bad housing*, London: Shelter.

Stanley, N. (1997) 'Domestic violence and child abuse: developing social work practice', *Child and Family Social Work*, 2, 135-45.

Stanley, N. and Humphreys, C. (2006) 'Multi-agency and multi-disciplinary working', in C. Humphreys and N. Stanley (eds.) op. cit., pp. 36-49.

Stark, E. and Flitcraft, A. H. (1988) 'Women and children at risk: a feminist perspective on child abuse', *International Journal of Health Studies*, 18, 1: 97-119.

Sternberg, K. J., Lamb, M. E., Guterman, E. and Abbott, C. B. (2006) 'Effects of early and later family violence on children's behavior problems and depression: A longitudinal, multi-informant perspective', *Child Abuse & Neglect*, 30, 3: 283-306.

Tarling, R. and Morris, K. (2010) 'Reporting Crime to the Police', *British Journal of Criminology*, 50, 474-490.

Truesdell, D. L., McNeil, J. S. and Deschner, J. P. (1986) 'Incidence of wife abuse in incestuous families', *Social Work*, 31, 138-140.

Walby, S. (2004) *The Cost of Domestic Violence*, London: Women and Equality Unit: Department of Trade and Industry.

Welsh Assembly Government (2006) *Communities First: A 2001 Baseline*, Cardiff: The Statistical Publication Unit, National Assembly of Wales. The revised version (updated 21<sup>st</sup> June 2007) is available at: <http://new.wales.gov.uk/topics/statistics/publications/comm-first2001/?lang=en> (Accessed 6th June 2008).

Welsh Women's Aid (2008)

Wolfe, D. A., Crooks, C. V., Lee, V., McIntyre-Smith, A. and Jaffe, P. G. (2003) 'The effects of children's exposure to domestic violence: a meta-analysis and critique', *Clinical Child and Family Psychology Review*, 6, 171-187.