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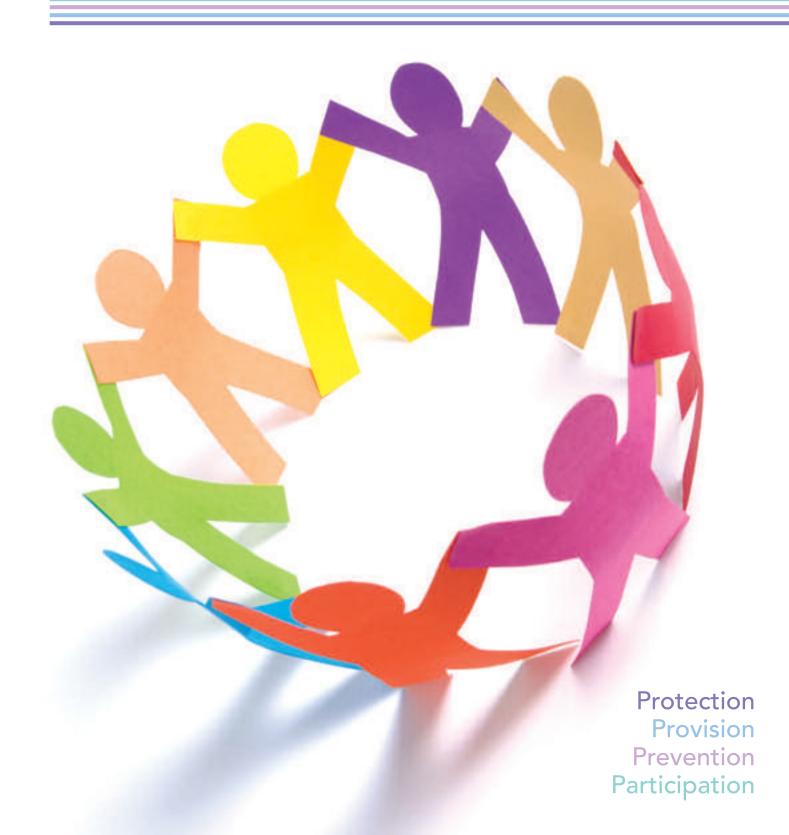
Literature Review: Better Outcomes for Children
and Young People Experiencing Domestic Abuse –
Directions for Good Practice

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LITERATURE REVIEW: BETTER OUTCOMES FOR CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE – DIRECTIONS FOR GOOD PRACTICE

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2008

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Jane Ellis

CHAPTER ONE   INTRODUCTION

Background

The *National Strategy to Address Domestic Abuse in Scotland* (Scottish Executive, 2000) attained united parliamentary agreement for its approach and its wide ranging actions. It states that:

> *"Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threat, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends...*
>
> *...In accepting this definition, it must be recognised that children are witness to and subjected to much of this abuse and there is a significant correlation between domestic abuse and the mental, physical and sexual abuse of children." (p.5)*

The strategy's action plan is now being reviewed and progressed in the context of a violence against women strategy for Scotland (forthcoming, 2008). A crucial part of this, and equally a part of the reform of children's services in Scotland, is the development and implementation of a delivery plan focussed on better outcomes for children and young people affected by domestic abuse. This literature review aims to provide a current evidence base for Scotland's delivery plan (2008-11) and inform the development of all services involved in improving children's lives where there is domestic abuse. It takes on board international and Scottish evidence to support directions for good practice and builds on Scotland's commitment to listen to the voices of children themselves.

The implementation of *Getting it Right for Every Child in Scotland* (Scottish Executive, 2006a) where 'every child gets the help they need when they need it' - raises the question of what does this involve for children affected by domestic abuse? The development of a clear understanding of the needs of children and young people experiencing domestic abuse was a priority in *The National Strategy to Address Domestic Abuse* (Scottish Executive, 2000). The rights of children and young people to identify their needs, have their needs addressed and participate in developing services in the future were also recognised. Significant steps have been made through children's involvement in developing refuge provision (Fitzpatrick *et al.*, 2003), and through the Scottish Women's Aid *Listen Louder* campaign, in which young people advocated for the development of specific support services (see, for example, Scottish Parliament, 2002, Houghton, 2006). The award of £6 million (2006-8) to ensure a minimum standard of refuge/follow-on (resettlement) and outreach support, monitored and evaluated according to outcomes set by children, were tangible results of this activity. Funding for these services is being continued 2008-11, linked to a national evaluation.

It was recognised that the wider needs of children living in households with domestic abuse should be a priority for local interagency planning (Scottish Executive, 2002) and this is reflected in the *Guidance Note for Planners: Children and Young People Experiencing Domestic Abuse* (Scottish Executive, 2004). The indicator that 'appropriate support services are available for children affected by domestic abuse' in the *Quality Improvement Framework* for local authorities integrated children's services planning provided recognition and legitimacy for this strand of service development (Scottish Executive, 2006b). However, the introduction of Single Outcome Agreements between the Scottish Government and individual councils in Scotland has overtaken this framework, without a violence against women national indicator (Scottish Government, 2007). It is too early to assess the impact of these new policy developments but concerns have been raised about whether the legitimacy and accountability for services in this area will remain.

The Scottish child protection and audit review identified domestic abuse as a feature of at least one third of child protection cases (Scottish Executive, 2002). However, the growing awareness of the impact of domestic abuse on children by a wide range of agencies had not necessarily led to an 'appropriate, proportionate and timely' response to their needs. The audit (Scottish Executive, 2002) raised concerns that:

> *"although agencies were to be commended for recognising that domestic abuse constitutes emotional abuse of children, and that children are also at risk of being physically and sexually injured themselves, the response to date has been haphazard." (p.154)*

It specifically stated that current policies of treating every domestic abuse case involving children as a child protection matter or as a matter for automatic referral to the reporter were not helpful. It recommended that:

> *"agencies and professionals need to exercise better levels of judgement, in consultation with others, about the best approach to securing a child's welfare and recognise that protecting the mother may be the best way to protect the children"* and that a *"more comprehensive and unified approach to meeting children's needs should remove the need for automatic referral"* (Scottish Executive, 2002, p.155).

It is recognised that police recognition of domestic abuse as affecting children is the key factor in the recent significant increase in non-offence referrals to the Children's Reporter in Scotland.

Through a multi-agency group/the Delivery Group, and a Ministerial Task Force, there has been work to tackle this issue in two ways:

> *i) The establishment of the National Getting it Right for Every Child Domestic Abuse Pathfinder (2006-8)*
> Four local pilot areas have been identified to test and implement practice change to achieve better outcomes for all children, focusing initially on removing the need for automatic referral where a child is experiencing domestic abuse. The child's needs, interests and views are central, as is joint working. Crucially the protection, needs and views of the non abusing parent, and measures taken to address the actions of the perpetrator, are an integral part of assessing, recording and planning for the child. (see

ii) A model 'referral framework'
Developed nationally in the meantime for dealing with cases where there is concern about a child, including sharing and assessing information amongst agencies before deciding whether it is appropriate to make a referral to the reporter (Scottish Executive letter to Chief Executives, 2007).

Despite steps forward in recent years, it is recognised that in a country of over 5 million people, where the Scottish Crime Survey in 2003/4 suggested almost 1 in 10 (9%) of women experience domestic abuse at some point in their lives (Davidson *et al.*, 2007), and where approximately half the incidents of reported domestic abuse involve children (ACPOS snapshot report, 2007), there are undoubtedly a large number of children for whom outcomes could be improved[1]. To tackle this it is recognised that cross government and cross agency action can and must improve.

The National Domestic Abuse Delivery Group

Ministers set up the National Domestic Abuse Delivery Group to achieve this task through the appointment of 32 senior officials from all departments of the government and outside agencies. The Group's remit is:

i) to develop and implement a three year strategic delivery plan (2008-11).
ii) to oversee the *National Getting it Right for Every Child Domestic Abuse Pathfinder* (2006-8).

The international team of authors for this literature review have worked collaboratively with the Delivery Group and its sub groups to provide evidence for their work in developing the plan. This review draws from international and Scottish literature, including evidence from children and young people's perspectives, to give directions for good practice for the continuing process of improving the lives of children and young people affected by domestic abuse.

The Delivery Group has ensured that Scotland is building on its reputation as a lead in relation to children's participation agenda in this field (see Houghton, 2006; Smith, 2008; Houghton, 2008), ensuring children's participation in policy and practice development at the highest level. Ministers have recognised that there is a fourth P – Participation, to the three P's of Protection, Provision and Prevention of the *National Strategy to Address Domestic Abuse* (see Scottish Parliament, 2007), reflecting the decisions of delivery group members. The structure of the literature review reflects this:

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[1] The England and Wales estimate that 29% of women experience domestic abuse at some points in their lives (Coleman *et al.,* 2007) more closely resembles international prevalence statistics, as does the one robust local prevalence study in Scotland (general sample of 951 women) where a third of women had experienced domestic abuse at some point in their lives (Donaldson and Marshall, 2005).

- The next chapter reviews the research evidence on children, young people and domestic abuse
(Humphreys and Houghton)
- The Participation Chapter provides evidence from children and young people themselves, their perspectives on domestic abuse, what helps or does not help, and *their* solutions
(Houghton)
- The Protection Chapter provides evidence that for children to be safe there needs to be: multiagency collaboration; a focus on intervention with perpetrators; linked but separate protection of children and their mothers
(Humphreys and Houghton)
- The Provision Chapter covers the need for services: for pregnant women and infants; to strengthen the mother/child relationship; for informal, individual and group support – reviewing wider literature to compliment children's perspectives on support
(Humphreys and Houghton)
- The Primary Prevention through Education Chapter discusses action to ensure all children and young people are equal, respected and responsible - to prevent abuse in the future and in their own young relationships
(Ellis)

The authors provide directions for good practice at the end of each chapter. Their recommendations are relevant to all audiences in Scotland's quest to improve the lives of children affected by domestic abuse.

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CHAPTER TWO   THE RESEARCH EVIDENCE ON CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE *Cathy Humphreys and Claire Houghton*

This review of evidence on the impact of domestic abuse on children and young people provides the context for understanding the child protection, provision, participation and prevention issues involved. The emergent qualitative literature that provides recent evidence from children's *own* perspectives is reviewed in Chapter Three. A number of issues in relation to prevalence, conceptualisation and impact are pertinent to a discussion which explores both resilience and harm.

The prevalence of children and young people living with domestic abuse

The most significant challenge in responding to children and young people affected by domestic abuse lies in recognising that this is a widespread, chronic and serious social problem. The numbers are alarmingly high. Based on the British Crime Survey (Walby and Allen, 2004), the Department of Health estimated that at least 750,000 children in England and Wales were living with domestic abuse (Department of Health, 2002). While there is no Scottish study to draw from, an English national prevalence study of 2,869 young adults indicated that 26% had witnessed violence between their parents at least once, and for 5% the violence was frequent and on-going (Cawson, 2002). These figures reflect closely the Australian population based study of 5000 young Australians which showed that 25% reported witnessing violence against a parent (Indermaur, 2001).

The evidence suggests that domestic abuse is not only highly prevalent but also shows gendered patterns within the data. Reports of domestic abuse incidents and recorded crime show overwhelmingly gendered patterns, with 87% of incidents involving a female victim and a male perpetrator (Scottish Executive, 2006a). However, it has been argued that reported incidents bias the data against men who, it is said, are less likely to report[2]. Turning to population based surveys however shows similar, though more nuanced, patterns emerging.

Within the UK, the most comprehensive survey is the British Crime Survey - a nationally representative sample of 22,463 men and women (aged 16-59), which contained a confidential self-completion section on interpersonal violence (Walby and Allen, 2004). A superficial analysis shows significant numbers of both women (13%) and men (9%) subjected to at least one incident of domestic violence in the past year. However, when the frequency of attacks, the range of forms of violence and the severity of injury are considered, women are overwhelmingly the most victimised. Among people subjected to four or more incidents of domestic violence by the perpetrator, 89% were women and 81% of all incidents were attacks on women (Walby and Allen, 2004). At least 54% incidents of rape and serious sexual assault are perpetrated by a current or former male partner (Walby and Allen, 2004). Domestic abuse is also a significant

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[2] The Canadian prevalence survey (Statistics Canada, 2005) suggests that men and women call the police when abuse is severe and that the different proportion of men and women reporting violence reflects the differences in severity.

aspect of the mortality figures for women. In 2001, of the 125 victims of domestic homicide, 82% were women (Home Office, 2001). Of the 90 homicides in Scotland in 2006, 18% were committed by a partner or ex-partner and 11% by a relative (Scottish Executive, 2006b).

Crime surveys and prevalence surveys clearly provide a strong message about the extent and seriousness of domestic abuse. However they have limitations which arise from their incident based focus which will often fail to pick up coercive patterns of dominance and control which lie at the heart of the most severe forms of domestic abuse (Robinson, 2003). Risk assessment protocols (Robinson, 2004) and health and mental health research provide greater attention to these dimensions of domestic abuse. The recent and comprehensive study of the health consequences and response to domestic abuse (BMA, 2007) has outlined the significant and negative health impact on women. When the health issues are considered, women are twice as likely as men to be injured (Mirrlees-Black, 1999), a finding supported by Gadd *et al.* (2002) who analysed the Scottish data on male victims. This conceptualisation is supported by other research studies such as the Australian longitudinal population health study (Vichealth, 2004), which found that the highest risk factor in determining the physical health of women under 45 was whether they had experienced intimate partner violence. The health burden contributed by intimate partner violence was significantly greater than any other risk factor, including other well recognised contributors such as smoking and obesity (p.25).

However, acknowledging this dominant, gendered pattern of violence can give rise to problems in identifying minority patterns of abuse, many of which may be very dangerous to children and the adults involved. Women's violence towards their male partners, women's abuse of children, the abuse of women by other female relatives or the man's new partner, women's violence in lesbian relationships, male violence in gay relationships, relationships in which both the woman and man are violent and abusive towards each other, abuse by carers of disabled women, and non-domestic violence by unrelated people (usually, though not always men) all impact on children living in neighbourhoods where violence and abuse are common. Failing to acknowledge the diverse forms of violence in families and communities may limit professionals' capacity to safeguard children.

The risks of direct abuse and exposure to domestic abuse

The prevalence data suggests that there are very high numbers of children living with domestic abuse and that it is difficult to protect children from exposure to the effects of this violence. For instance, the reports from two different studies which interviewed adult participants reported 86% and 85% respectively of children either in the same or adjoining rooms during an incident of domestic abuse (Abrahams, 1994; Brookoff *et al.*, 1997). Other studies from the US have suggested that there may be greater variation than this. The overview of evidence by Edleson (2004) suggests that while there are very real dangers for children exposed to domestic abuse, there is also wide variation in children actually witnessing or hearing the violence. Studies varied from all children in Hughes's study based in a refuge (1988), through to 45% of children based on anonymous interviews with mothers (Edleson *et al.*, 2003), and numerous differences in between.

It is not only the exposure to living with domestic abuse that creates vulnerability in children and young people. Children living with domestic abuse are also more likely to be directly physically or sexually abused. Numerous studies report on this problematic co-occurrence. The meta analysis by Edleson (1999) of 31 high quality research studies showed that between 30% and 66% of children who suffer physical abuse are also living with domestic abuse. The variation is largely dependent upon research site and methodology. The severity of violence is also relevant. Ross (1996), for example, found that in a US study of 3,363 parents that there was an almost 100% correlation between the most severe abuse of women and the men's physical abuse of children.

Studies of child sexual abuse are less common. However, clear evidence is emerging that a significant group of children suffer child sexual abuse within a wider atmosphere of fear created through domestic abuse. Several UK (Farmer and Pollock, 1998; Hester and Pearson, 1998; Forman, 1991) and Australian studies (Tomison, 1994; Goddard, 1981; Goddard and Hiller, 1993) have explored this co-occurrence and have shown significant levels of child sexual abuse in qualitative case file studies. For instance the case tracking, hospital based study by Goddard and Hiller (1993) showed that 40% of sexually abused children were also living with domestic abuse.

However, there are problems which arise from drawing 'false' distinctions between exposure to, or witnessing domestic abuse and direct abuse, rather than responding holistically to the child's experience (Edleson *et al.,* 2003; Mullender *et al.,* 2002). Research is now showing that children are involved in a myriad of ways when they live with domestic abuse. For instance they may be used as hostages (Ganley and Schechter, 1996); they may be in their mother's arms when an assault occurs (Mullender *et al.*, 2002); they may be involved in defending their mothers (Edleson *et al.*, 2003). Stanley and Goddard (1993) and Kotch (2006) also refer to violence within the community of people surrounding the family which may also instil fear and may contribute directly to the abuse of the child and the impact on well-being. Irwin *et al.*, (2006) point out that describing this range of violent experiences as 'witnessing' fails to capture the extent to which children may become embroiled in domestic abuse.

Other issues also highlight the inadequacy of the division between direct child abuse and witnessing domestic abuse. The issue of violence during pregnancy is a case in point. This form of 'double intentioned violence' (Kelly, 1994), is both a form of child abuse and a serious aspect of domestic abuse and is supported by data which shows that there is more extensive injury to breasts and abdomen for women who are pregnant (cited BMA, 2007). The data on the extent of abuse during pregnancy varies. The Confidential Maternal and Child Health Enquiry in England and Wales indicates that 30% of domestic abuse began during pregnancy, while an Australian population survey (ABS, 2006) shows that 41% of women who experienced domestic abuse reported violence during pregnancy, and that 20% of these women who experienced domestic abuse reported that their first experience of violence was during pregnancy. This concurs with the study by Taft *et al.*, (2004) which draws on a longitudinal study of women's health which shows that pregnancy was a time of increased risk with a significant association between pregnancy, pregnancy losses and births and physical or sexual violence. The increase in miscarriage is shown in studies by Campbell (2002) and Schornstein (1997). The latter study showed that women subjected to domestic abuse in pregnancy were four times more likely to

miscarry than women who were not abused. In this sense, some aspects of violence during pregnancy represent the most serious forms of child abuse and the risks posed by these perpetrators to both women and the unborn child need to be taken extremely seriously.

The impact of living with domestic abuse

It is now evident that many children living with domestic abuse may be at risk of significant harm[3]. Throughout the 1990s, these risks to the well-being of children living with domestic abuse began to be documented and a comprehensive body of knowledge started to develop with substantial overviews provided in the UK (Hester *et al.*, 2000), Canada (Ministry of Children and Family Development, 2004) and Australia (Laing, 2001; Gevers, 1999). While there are some inconsistencies in the evidence, the research shows that children living with domestic abuse have much higher rates of depression and anxiety (McCloskey *et al.*, 1995), trauma symptoms (Graham-Bermann and Levendosky, 1998), and behavioural and cognitive problems (O'Keefe, 1995) than children and young people not living with these issues.

While some studies show that children who are directly abused are more likely to show more severe impacts on their health and well-being (Carlson, 2000; Edleson, 1999; Hughes *et al.*, 2001; Crockenberg and Langrock, 2001), other research shows little difference between witnessing domestic abuse and actual abuse (Mertin and Mohr, 2002). In this latter study, the experiences of 56 children living with domestic abuse were divided according to children witnessing abuse; being involved in the violence; and being a target of the violence. Little differentiation was found. Perhaps the most substantial evidence is provided by the meta-analysis of 118 studies by Kitzmann *et al.*, (2003), which evaluated the psychosocial outcomes of children living with domestic abuse. It showed significantly poorer outcomes on 21 developmental and behavioural dimensions for children witnessing domestic abuse than those not witnessing abuse. However, the witness outcomes were similar to those where children were also directly physically abused.

It would seem that issues such as age and severity may be intervening variables. For instance, the 'LONGSCAN' longitudinal studies in the US suggest that for children under 8, witnessing abuse towards their primary care giver is deeply traumatic. Psychological tests indicate children found this more disturbing than the effects of direct physical maltreatment (Runyan, 2006). Other research shows that problems for children can compound over time as they live with the multiple problems associated with the destructive effects of domestic abuse. A summary is provided by Rossman who states:

> *"Exposure at any age can create disruptions that can interfere with the accomplishment of developmental tasks, and early exposure may create more severe disruptions by affecting the subsequent chain of developmental tasks"* (Rossman, 2001, p.58).

The impact on children at different developmental stages shows the broad range of ways in which children react to their environments. Babies living with domestic abuse are subject to high

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[3] 'Significant harm' is often used in a legal context to denote a threshold of harm which requires statutory intervention. It is recognised that this is not a clearly defined concept, but it is used in literature to denote a high level of seriousness and concern.

levels of ill health, poor sleeping habits and excessive screaming (Jaffe *et al.,* 1990) and disrupted attachment patterns (Quinlivan and Evans, 2005). While children of pre-school age tend to be the group who show the most behavioural disturbance (Hughes, 1988) and are particularly vulnerable to blaming themselves for adult anger (Jaffe *et al.*, 1990), older children and young people are more likely to show the effects of disruption in their school and social environments, particularly if they are the ones who are constantly 'on the move' (Mullender *et al.*, 2002).

An approach which takes into account developmental stage and vulnerability is compatible with the emerging evidence on the interaction between the child's environment and their neurological development (Teicher, 2002; Perry, 1997). This research draws attention to the vulnerability of babies in utero and infants to the effects of trauma. Potent chemicals are released in the brain as a response to fear which creates an over-active stress response. This over-arousal interferes with the development of other parts of the brain which mediate the development of more reflective emotional responses (Schore, 2003). It is important to note, that in spite of these early biological effects, that these 'baby' studies also suggest that development is recoverable with early intervention in which babies are no longer in such a stressful environment (Perry, 1997).

It needs to be remembered that, at its most extreme, children (O'Hara, 1994) or their mothers (Hendricks *et al.,* 1993) may be killed. This highlights not only the lethality of abuse but also the trauma associated with children witnessing such events, even if not so extreme. More recent research highlights the symptoms of trauma in children and young people (Graham-Berman and Levendosky, 1998; Kilpatrick and Williams, 1997) though it has been pointed out that trauma in young children may be more difficult to identify when children are unable to describe their experiences. Instead, younger children may show more generalised anxiety, regression and loss of previously acquired developmental skills such as toilet training; sleep disturbance; separation anxiety; and constantly repeating themes of trauma incidents in their play. A significant issue lies in directly asking children themselves about their symptoms rather than relying on the indirect reports from their mothers (Kilpatrick and Williams, 1997). Recognition also needs to be given to factors which may protect and ameliorate the experience of trauma such as strong family support, less parental distress and the level of physical proximity to the traumatic event (Hughes *et al.*, 2001).

An attack on the mother-child relationship

Attacks during pregnancy highlight a further issue. This is the emerging conceptualisation of domestic abuse which recognises that the tactics of abuse and violence used against women can significantly undermine their relationships with their children (Irwin *et al.*, 2002; Radford and Hester, 2006; Mullender *et al.*, 2002; Humphreys *et al.*, 2006a). In this sense, domestic abuse represents an attack on the mother-child relationship and goes beyond understanding the effects on children as due to witnessing domestic abuse.

The reports by women in three studies (Mullender *et al.*, 2002; Irwin *et al.*, 2002; Humphreys *et al.*, 2006) document the indirect and direct strategies through which mothering is undermined. Women described the ways in which high anxiety and depression affected their ability to care for

their children, and highlighted their pre-occupations with trying to control the domestic environment so that the man's needs were prioritised at the expense of the children's. Other studies have identified the ways in which, either in the short or long term, women have been disabled by the severity of the violence they have experienced, either needing hospitalisation or being temporarily unable to provide physical care (Stark and Flitcraft, 1996; Radford and Hester, 2001). Belittling and insulting a woman in front of her children undermines not only her respect for herself, but also the authority which she needs to parent confidently. Women describe being sexually assaulted and humiliated in front of their children. In Abraham's (1994) and McGee's (2000) studies, 10% of women interviewed reported that they had been raped with their children present - a disturbing violation of boundaries which seriously distorts the environment in which mothering occurs (not to mention fathering).

There is also controversy about the extent to which women who are being abused themselves are inclined to be more abusive and neglectful of their own children. Some studies suggest that women living with domestic abuse are no more likely than other women to abuse and neglect their children (Holden *et al.*, 1998; Radford and Hester, 2006), while other research shows that, in households where there is domestic abuse, both mothers and fathers are more likely to physically abuse their children (Ross, 1996). This needs to be placed in the context of research (Holden *et al.*, 1998) which suggests that parenting can show very significant improvements in the first six months following separation if the abuser's violence is curtailed.

This conceptualisation of the attack on the mother-child relationship can also be taken a step further. This is namely, that the violence may force women and children to leave their communities and families and hence can represent an attack on their cultural identity and location. These are issues raised by indigenous (Thiele, 2006) and black and minority ethnic research (Mullender *et al.*, 2002) and require addressing in the aftermath of domestic abuse.

Children's 'Resilience'

The lengthy discussion of the harmful effects of domestic abuse on children, and their relationships with those around them, appropriately highlights the significance of taking their vulnerability and risks to their safety seriously. However, within the evidence base, studies are emerging that also highlight children who are doing as well as other children, in spite of living with the serious childhood adversity created by domestic abuse. Sometimes this is referred to as 'resilience' (Margolin and Gordis, 2004). Such terminology suggests an individual trait and hides rather than elucidates the fact that children live in different contexts of both severity and protection. Laing (2001) in her overview of research draws particular attention to the incomplete state of our knowledge of protective contexts for children. Higher rates of distress shown across a range of clinical measures should not be conflated with the notion that *all* children show these elevated levels of emotional distress and behavioural disturbance. It highlights the maxim that 'correlation is not causation' (Magen, 1999).

The point is exemplified by research that shows that in any sample of children there are generally about 50% who do as well as the control group (Magen, 1999; Edleson, 2004). This is a slightly different proportion from Kitzmann *et al.*, (2003) who, in a meta analysis of 118 studies, showed

63% of children witnessing violence doing worse than those who do not witness violence, but 37% whose well-being is comparable or better than other children. The study by Hughes and Luke (1998) of 58 mothers living in a refuge showed 26% of children with few behavioural problems, high levels of self-esteem and no anxiety recorded. There was also a group (36%) who had mild anxiety symptoms and above average self-esteem. Other research studies point to similar findings (Margolin and Gordis, 2004; Sullivan *et al.*, 2000; Hughes *et al.*, 2001; Jaffe *et al.*, 1990).

This research data seriously challenges over-pathologising all children living with domestic violence. There is a substantial proportion of children who are managing in a situation of adversity. This *must not be read* to mean that children do not have a right to live free from violence or need a service in these circumstances. However, it does raise questions about whether all children need a statutory referral or referral to the Reporter.

There are many factors which moderate the risks and experiences of children. Children will be affected by the severity of violence with which they are living and for a particular group of children, whether they are being directly abused (Edleson, 1999), as well as by the extent to which their needs have been neglected (Brandon and Lewis, 1996). The mother's ability to maintain her parenting abilities under such adverse conditions and mothers who are perceived by their children to be positively supportive are particular important moderators of the abuse impact (Cox *et al.*, 2003). 'Resilience' may be strongly influenced by the level of family and community support which children experience and this factor is particularly evident for black and minority ethnic children (Mullender *et al.*, 2002; Blagg, 2000).

A number of studies point to the mother's mental health as a source of resilience for children (Moore and Pepler, 1998). For example, an overview of three studies of children's resilience when living with domestic abuse showed that the children of women who did not experience moderate or severe depressive symptoms showed much fewer emotional problems (Hughes *et al.,* 2001). Children also may learn very positive aspects of 'survivorship' from those mothers who model assertive and non-violent responses to violence (Peled, 1998).

Like their mothers (Holden *et al.*, 1998), many children will recover their competence and behavioural functioning once they are in a safer more secure environment (Wolfe *et al.*, 1986) and with support have even proved to be effective social and political actors in securing resources for similarly affected children and young people (Houghton, 2006). In particular, children who are not continually subjected to post-separation violence (Mertin, 1995) and protracted court cases over child contact (Buchanan *et al.*, 2001) show a much stronger pattern of recovery.

Summary

This overview highlights some of the issues which impact on children living with domestic abuse and has implications for intervention

- *It suggests that there are thousands of children in Scotland who have lived with, or are living with, domestic abuse*

- *Many of these children are living in fear and show very negative effects evidenced in their cognitive, emotional and behavioural development, while others will be in a context of protective factors where they are able to show resilience in the face of this form of childhood adversity*

- *The division between direct and indirect abuse of children living with domestic abuse may not be the most effective means of assessing risk and severity*

- *Pregnancy is a time of increased vulnerability and assault at this time represents a dangerous form of both women abuse and child abuse*

- *The attack on the mother-child relationship which is an aspect of domestic abuse highlights the need to link the protection and support of women with the protection and support of children*

- *In any sample which looks at the impact of domestic abuse on children, there is a significant group who are doing as well as control groups. It is important to resist over-pathologising all children living with domestic abuse and also to recognise the capacity of children and their mothers to recover from the effects of domestic abuse in safe, secure, violence free environments*

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CHAPTER THREE   PARTICIPATION OF CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE *Claire Houghton*

Introduction

> *"I just watched me ma getting it done. I couldnae do anything about it in case he hurt me. He'd just keep hitting her and every time I'd go to do something he always lifted his hand."*
> (boy, 15, in Scottish Women's Aid's *Listen Louder Film*)

Perpetrators of domestic abuse give children no choice in making them participants in the situation of domestic abuse. Despite the best efforts of the non abusing mother, children are aware of what is going on, are witness to and involved in domestic abuse and are often directly abused: within that situation children make complex decisions in order to survive, protect themselves and others, intervene, and where possible get on with their lives. Literature from children's perspectives reveals that children see themselves as "integrally involved and as more than mere witnesses" (Irwin, 2006, p.21) and furthermore the centrality of domestic abuse to their lives means that it influences "their interactions and relationships with others in all spheres of their lives" (ibid). Listening to children themselves renders previous constructions of children living with domestic abuse - as spectators or witnesses; hidden, silent or passive victims; disconnected from abuse 'between adults' - obsolete.

Mullender *et al.* (2002), in their groundbreaking book on children's perspectives, state that "children's active participation" (p.121) is crucial to their ability to cope with the experience of domestic abuse. This is defined as

> *"Being listened to and taken seriously as participants in the domestic violence situation; and being able to be actively involved in finding solutions and helping make decisions."*
> (ibid.)

These key tenets, derived from what children view as most important, are used to set the boundaries of this section of the literature review. The review will focus on the domestic abuse literature wherein children are 'active participants' - their own views are listened to and taken seriously, their own decision making and their involvement or lack of involvement in adult/family decision making is explored *with* them, their views on involvement in finding 'solutions' for their own family are explored and respected. In some studies, children and young people also give their views on collective or future 'solutions' for improving policy and practice, and therefore the lives of many children, reflecting their competency and expertise.

In this emergent domestic abuse literature children and young people are not subjects or even objects on which to test adult assumptions/hypotheses (as in much of the developmental psychological literature on children exposed to domestic abuse), nor is the literature *about* children from an adult perspective (such as maternal reports and observations in the psychological literature and mothers views on children's experiences and needs in qualitative research). Instead the literature reflects developments in key areas of research, practice and

policy: in the 'sociology of childhood' literature where children are seen as 'social actors' with valid views and as experts in their own lives (see for example James *et al.*, 1998); in the feminist and children's rights approach to work with children affected by domestic abuse (primarily through Women's Aid); and latterly government commitment to children's participation in individual and collective decisions that affect them (see, for example, *The Children (Scotland) Act 1995*, *UN Convention on the Rights of the Child 1989*).

Borland *et al.*, (2001, see pp19-21) in their guidelines for the Scottish Parliament describe the general literature on consulting children and young people as having three overlapping parts (the authors then relate these to Hart's 'ladder of participation' (1992)[4]):

i) "research on children" that "seeks children's views in order to pursue adult aims ulterior to those views"

ii) "research with children" aiming to create "shared meanings" (Woodhead and Faulkener, 2000) and increase adults understanding of children's experience, finding ways to enable the voices to be heard, sometimes in order to take them into account when planning policy (rung 5 on the ladder of participation)

iii) "empowering approaches to children" which shares the emphasis on working *with* children, and furthermore "children are to have genuine influence in areas that concern them, but their decisions are to be shared with adults" (rung 6 on the ladder of participation).

The children's domestic abuse research studies reviewed here have found innovative ways of enabling the voices of children experiencing domestic abuse to be heard - falling within the second category in the main: it could be argued that recent literature, approaches and reports from Scotland could be placed in the third category through empowering children to achieve political influence (Scottish Women's Aid's *Listen Louder Campaign* summarised in Houghton, 2006 and two projects relating to the National Domestic Abuse Delivery Group - Smith *et al.*, 2008; Houghton, 2008). Children's "access to those in power" in recent years - one key condition of empowerment according to Hodgson (1995) - has enabled some children experiencing domestic abuse in Scotland to become not only social but 'political actors' (Houghton, 2006), a step which breaks new ground internationally.

In summary, this review will concentrate on recent literature and reports depicting children with experience of domestic abuse as being actively involved in finding solutions in their own lives, and solutions that will improve the lives of others. Children have commented on their family, community and national spheres, with their main objective reflected in one boy's reason for taking part in Scotland's 'Making a Difference' project - to "help others and, hopefully, make a difference and change the future" (M, male, aged 17 in Houghton, 2008, p.25). The two main sections are:

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[4] Hart proposes that 1)manipulation 2)decoration and 3)tokenism are the first three rungs of the ladder and are *not* participation which starts at 4)children assigned but informed, 5)children consulted and informed, 6)adult initiated: shared decisions with children, 7)child-initiated: shared decisions with adults, with the pinnacle 8)child-initiated and directed. There are various critiques of this but Borland *et al*. 2001 argue that it is useful in relation to clarifying the extent as to which children have a say.

- Children's perspectives on domestic abuse and their "domestically violent fathers"
- Children's perspectives on what helps and doesn't help, and *their* solutions

The review will conclude with a short discussion on children's participation in Scotland's national and local policy making, including children's perspectives from recent Scottish work. Where possible the voices of Scotland's children will be raised above others, including where their views in smaller studies, reports and productions reflect and reinforce common themes and perspectives of the wider, often more robust research studies in the UK (see Table 2.1); with findings from the (few) international qualitative studies involving children included where additional perspectives are discovered (for example Irwin *et al.*, 2002; Peled, 1998; Bagshaw *et al.*, 2000). Directions for good practice emanating from this chapter will take the form of recommendations at the end, echoing children's own priorities for Ministers (Houghton, 2008).

Table 2.1   Summary of key UK studies with details of the children involved

Author/s and year: focus of study : country	Sampling details available
Mullender *et al.*, 2002: children's perspectives on living with domestic violence (dv), coping with dv, the help they need, barriers of racism, ethnicity and culture, influence of dv on relationships (mothers and fathers especially), advice to other children: England	54 children, aged 8-16 (half 11 or under), 24 girls, 21 boys, over half from ethnic minorities, with perspectives of South Asian sub sample (14) explored in detail, 7 disabled children, urban/rural mix, no more than half came through refuge. Details of exposure to domestic abuse given, a fifth living with DV for year or less, third between 1-7 years, most for substantial part of childhood. Also interviewed 24 mothers (of the 25 families involved) and 20 professionals. Children's voices raised above others and elements of interweaving mothers and children's perspectives, children 'tracked' for up to 18 months.
McGee, 2000: what it means to experience dv including types of violence and impacts of dv, agency responses, obstacles: England and Wales.	54 children, aged 5-17 years, gender not recorded, 13% black, 13% disability, 27% cities, 20% rural, involved with range of agencies particularly statutory. Details of exposure to domestic abuse given including average length of time children exposed which was 6 years. Also interviewed 48 mothers, equal space to children and mothers views.
Stafford *et al.*, 2007: children's views of moving home because of domestic abuse and their support needs: Scotland	30 young people, aged 10-16 years, 21 female, 9 male, ethnicity not recorded, rural/urban mix, 26 accessed through Women's Aid, 4 other organisations, though children involved with many agencies. In-depth innovative interviews with children only.
Fitzpatrick *et al.*, 2003: women and children's experiences, preferences and priorities for refuge provision: Scotland	57 children, aged 4-17 (36 children were 5-12), gender not recorded (boys and girls were included) nor was ethnicity recorded (small number of bme children included), all but one child had experience of living in refuge. Focus groups with 56 women survivors (not necessarily the mothers) and 22 Women's Aid workers also, equal voice to women and children, children's opinions reflected strongly in recommendations.
Houghton, forthcoming (two stages- Listen Louder research summarised in Houghton 2006, Making a Difference project Houghton, 2008): children's views on services, good practice, national policy, participation in policy change:	50 children involved in research 2004-8, aged 7 – 20, (mainly under 18) with latter stage 6 young people (15-20) advising Ministers on priorities (2008): third male, two thirds female, quarter black/minority ethnic, no major visible disabilities, rural/urban mix. Contact mainly through Women's Aid – outreach service as well as refuge/follow on, most children involved with many agencies. Children's views only, through

Scotland	multi-methodological participative approach including film.
Stalford *et al.*, 2003 : children's views on rural issues and housing : England	19 children and young people, 5-16, 10 girls 9 boys, ethnicity not recorded, accessed mainly through refuges, rural areas, interviews and written feedback, 5 parents interviewed.

Notes to table

1. The table is of recent key qualitative studies reflecting the approach of children *with experience of domestic abuse* as *active participants*.

2. Studies not from children's perspectives, whilst referred to at times, are considered more fully in the other chapters of the literature review.

3. Other UK reports (including parts of studies that elicit views of children affected by domestic abuse, and unpublished studies) that are relevant and innovative are also reviewed and cited, including Alexander *et al.*'s 2004 study that distinguishes pupils that have and haven't experienced domestic abuse, Barron's 2007 'Kidspeak' online consultation with around 60 young contributors, Smith *et al.*'s 2008 consultation with 33 children on government priorities, Women's Aid groundbreaking reports and productions of children's voices, Morrison's exploratory study on children's perceptions of contact with fathers, forthcoming.

4. Research from other countries involving children as social actors are reviewed, however the search found very few studies from children's perspectives, notable exceptions include Irwin *et al.*, 2002 - Australia, Peled, 1998 – USA.

5. Mullender *et al.* are the only authors to assign ethnicity to each quote. Although other studies are predominantly white it is known that all the Scottish studies included a small proportion of children from black and minority ethnic groups, and McGee included 13% black children, therefore it is not correct to presume other quotes are white children only.

6. Mullender *et al.* and Irwin's qualitative studies from the perspectives of children living with domestic abuse are part of wider studies, Mullender *et al.* also surveyed 1395 school pupils about domestic abuse.

7. Full references are in the bibliography. The author is keen to hear of other studies reflecting the participative approach with children affected by domestic abuse, including 'grey literature', not accessed through this search.

The unique perspective of children with experience of domestic abuse

Young people with experience of domestic abuse discussed why it was important for adults to listen to young people in the recent project for Scotland's National Domestic Abuse Delivery Group – *Making a Difference: Young People Speak to Scottish Ministers about their Priorities* … (Houghton, 2008):

> *"J: I think they should listen because an adults point of view isn't always a child's perspective, so they should listen just to get a child's point of view.*
> *M: Yeah, getting the view from a child is probably more clearly than getting it from an adult as well, cos the child <u>knows.</u>*
> *J: Knows it directly, not like from a parent that's sort of taken it for what they <u>think </u>that the child would think.*
> *M: That way you're getting the child's feelings as well about it all."*
> (J, female, aged 15 and M, male, aged 17)

The recent research that has sought the voices of children and their views, often as well as their mothers views, highlights the unique perspective, views and knowledge that the young people describe. Qualitative social research where women and children's views have been sought (McGee, 2000; Mullender *et al.*, 2002) and 'quantitative' research which includes children's self-reports as well as women's reports on children using versions of psychometric tests to measure exposure, behaviour, depression, trauma, attachment (see Edleson *et al.*, 2007; Skopp *et al.*, 2005; Sternberg *et al.*, 2006; Kitzmann *et al.*, 2003; Jarvis *et al.*, 2005), reveal differences between maternal and child 'reports' in relation to the child's experiences of domestic abuse. This supports the young people's view that their perspective is different and adults do not know

what they think and feel. That is not to say that mothers views are not insightful or to be ignored – after all children say their mum is the most important person to them, often the one person they *can* speak to (Mullender *et al.*, 2002; McGee, 2000; Humphreys and Thiara, 2002), "In a way I can rely on her and speak to her 'cause she knows how it is, but my friend don't" (11 year old boy in Humphreys and Thiara, 2002, p.35). In relation to the experience of domestic abuse, both the qualitative and quantitative literature reveal that

- children's awareness of domestic abuse and extent of that abuse is often greater than many women thought (and hoped) (Mullender *et al.*, 2002; McGee, 2000; Hester and Radford, 1996; Edleson *et al.*, 2007; Barron, 2007)

- the action children take to protect themselves or their siblings, or intervene in the abuse can be hidden or unknown to the mother (Mullender *et al.*, 2002; Jarvis *et al.*, 2005)

- women and children can perceive the effect on children's behaviour and outcomes differently (Kitzmann *et al.*, 2003; Sternberg *et al.*, 2006)

- siblings experiences are different, but mothers [and others] may think that the experience of siblings is more similar than siblings do themselves (Skopp *et al.*, 2005; Mullender *et al.*, 2002)

- children's perceptions, 'appraisals', and the meanings children attach to domestic abuse incidents can be different than or unknown to their mothers and others (Fosco *et al.*, 2007; Skopp *et al.*, 2005; Edleson *et al.*, 2007; Mullender *et al.*, 2002)

- the mother may not know of the direct abuse (including sexual abuse) that the child is suffering (McGee, 2000)

Just as mothers aren't necessarily aware of the reality of the child's experiences, neither is the child fully aware of the reality for the mother. In Mullender *et al.* (2002) and McGee (2000), interviews with women and views/frustrations expressed by children reveal what children may not know: the extent or severity of the abuse of their mum (though they will know domestic abuse is happening); the reasons for parenting decisions or protective behaviours that women use (for example, that may seem weak or punitive to them); the reasons for action or inaction (including not leaving or going back/not going back home) and reasons why women haven't spoken with or made plans with the child (also see Stafford *et al.*, 2007).

Therefore the recent inclusion and involvement of children in various research studies has resulted in an emerging consensus that "children alone are able to provide first hand information about the awareness of their parent's conflict and the meaning they attach to it" (Skopp *et al.*, 2005, p.331), children are "agents of their own lives" (Moss, 2002, p.6) sharing their own knowledge of the situation and exploring their own "nuanced and contextual decision-making processes" (Mullender *et al.*, 2002, p.100). Mullender *et al.* (2002) describe their process of "weaving" mothers and children's stories together to give a picture of the realities of domestic abuse, importantly *supplementing* children's views with insights from their mothers (p.202). For domestic abuse research where children *and* their mothers both live through and (hopefully) survive abuse from the same man, this multi-informant approach (also recommended in Sternberg *et al.*, 2006) is an important consideration, though not a necessity I would argue. An important question is whether such research can retain the integrity of children's voices by

raising their views higher than adults who purport to talk for them (Alderson, 1995) or about them. Crucially if "children need to hear their mother's perspective in order to make sense of what happened" (McGee, 2000, p.84) then is it not important that researchers and certainly practitioners do too?

Children's 'exposure' to domestic abuse

There are various critiques of describing children experiencing domestic abuse as 'witnesses', 'exposed to violence' or even more passively 'hidden' or even 'silent' victims of domestic abuse (see for example Edleson, 2007; Irwin *et al.*, 2006; Mullender *et al.*, 2002). Now that children are 'active participants' in research, they eloquently and graphically describe the myriad of ways that the perpetrator forces them to be involved in domestic abuse, and the ways in which they act to intervene, protect, cope and make decisions. Early work in Scotland, such as Scottish Women's Aid's *Young People Say* (1997), highlighted children's voices and their experiences of domestic abuse in their own words. Children's perspectives research is now further increasing our understanding of the intertwined and deliberately manipulated experiences of women and children (as advocated by Kelly, 1994), illuminating the "range of ways that 'simultaneous abuse' of women and children occurs" (Kelly, 1994, p.47). In the literature children do not separate women and children's abuse, but speak of the fear and many facets of abuse inflicted on the family by the father/father figure/mum's boyfriend (hereon-in the review will use 'father'). Therefore the following summary is of children's depictions of the mental, physical and sexual abuse women *and* children are subjected to. It is sourced from the first two robust UK research studies on this subject - McGee (2000) and Mullender *et al.* (2002), that also lead the field internationally, drawing on these key references throughout.

Mental abuse of women and children

Although children often began their descriptions of domestic abuse as 'parents' arguing and fighting, the picture of who is perpetrating the abuse soon emerged in the majority of accounts, when dad is shouting and mum is screaming/crying : "I saw them arguing, shouting at each other and hitting each other. My dad used to do the hitting" (10 year old South Asian boy in Mullender *et al.*, p.93). Children give numerous examples of women being mentally and emotionally abused, being shouted at, called names, being humiliated and also being named a bad mother and undermined in front of them. The majority of children were present at incidents (sometimes forced to be present by the father), many overheard this abuse, and were frightened by the abuse. A 16 year old South Asian girl described how it felt to them "constantly being shouted at, frightened, living in fear" and for her, and others in the studies, the fear that their mother and the children would be killed was real, "thinking that every day could be your last day" (Mullender *et al.*, p.94). One 9 year old watched scared whilst his older sibling intervened "He was grabbing her by the hair and trying to push her down the stairs… I was scared…N [12 years old] was there and tried to stop my dad from smacking my mum" (South Asian boy in Mullender *et al.*, p.183). For other children, not knowing or seeing what was happening (but knowing that their mother was being hurt) was worse:

> *"He could have stuck a knife in her for all I know, with the door shut. And the worst thing for me was actually not knowing what was going to happen next, not knowing what was happening then and not knowing what was going to happen next. That was the most frightening thing for me."* (Regina, aged 9, in McGee, 2000, p.107)

Children and young people also described mental abuse directed at them in particular, the perpetrator being cruel to their pets in front of them, being locked in or out, lying, threatening them with anything from burning their bikes if mum left, to killing them all. Many children talked of the controlling and intimidating behaviour of the abusive father, regimenting a child's behaviour, play, movements, who they spoke to; silencing children, not allowing them to speak to mothers and others, keeping them apart from those they loved, ensuring they kept quiet at all times, staring, glaring at them, stalking them, being horrible in front of friends.

Physical abuse of women and children

Children had witnessed their mothers being hurt in many ways: being punched, slapped, kicked, shoved, grabbed; being grabbed by the throat; having bleach/hot water poured over her/them; attempted murder;

> *"He was just hitting her with his hand and shouting and swearing at her- saying that she's horrible, she's wicked and that she's not a very good mummy. Just saying all horrible things to her and really hurting her, making her cry, and Mum couldn't do anything. I just called the police."* (12 year old white girl in Mullender *et al.*, p.183)

Women were commonly attacked when pregnant ("he just wanted to boot the baby out of me" Marianne in McGee, 2000, p.43), when holding small children, or physically sheltering children from him, or intervening in an attack on the child. Children themselves spoke of being subjected to severe physical assaults, being hit, children being thrown, hit with flying objects or with weapons, being threatened with being hit when trying to stop an assault on their mother, being dragging and pushed, siblings being hurt, dangling children over stairs or windows, and the father being just horrible and violent to them all, "He was lashing out at everyone for no reason. He's hit me before... He was using his fists on me." (12 year old African boy in Mullender *et al.*, p.186)

Sexual abuse of women and children

None of the mothers or children in the two studies were directly asked about sexual abuse. Yet in McGee's interviews six children spoke of being sexually abused themselves and fifteen women spoke of being raped – conceiving through rape, raped whilst pregnant, children intervening during a sexual assault, the man threatening to rape the child as a means of controlling movements, and in Mullender *et al.* two women spoke of being raped with children present. For children the fact that their father was violent made it more difficult to talk about their own sexual abuse - the abuser would make further threats (of violence, being put in care, separation from mum, to kill mother) or lie, for example, by saying the mother knew or told him to do it - it took

them a long time to tell (McGee, 2000). This is reinforced by a larger study that asked 164 young people (7-19 years old) at a sexual abuse clinic about domestic abuse (Kellogg and Menard, 2003) - over half the children reported living with violence, 58% of child sex offenders lived at their home and physically abused the child's mother - the significant difference for children who also suffered domestic abuse was that they were more likely to delay disclosure because of fear of the sexual/domestic abuse offender. Furthermore, children in McGee (2000) and Mullender *et al.* (2002) gave examples of the sexual degradation of women and girls in the family and the father's possessiveness and control especially about the woman's and sometimes girls behaviour (e.g. going out with friends): "He said he knew what I was up to - I was a ****, I had taken after my mother, I was sleeping around…he hit me hard on my head…" (16 year old South Asian girl in Mullender *et al.*, p.185), with another girl in the same study fearing her father would use his control to force her into 'marriage'.

In relation to the mental, physical and sexual abuse women and children suffer, it can be said that children and young people's lives are commonly marked by fear. There is a huge diversity in each child's individual experience of domestic abuse, each child's reaction and the effects on their lives, even within the same family, but for all "it is a horrible experience" (girl in Scottish Women's Aid's *Listen Louder Film*). The children's *perspectives* literature to date does not produce any *conclusive* evidence or findings in relation to differences in children's experiences of domestic abuse in relation to age, gender, ethnic background, ability. However there are some emergent themes worthy of further qualitative exploration, for example in relation to: different experiences, reasoning and coping strategies of younger and older children including siblings; older children being more able to identify who is responsible than younger; additional barriers and support for ethnic minority children; issues of identity for boys, girls, black and minority ethnic children including and perhaps in particular mixed race children; the effects of longer exposure and children's changing perspectives over time. Where these issues have begun to be discussed these are integrated into the literature review and gaps, for example in relation to younger children, noted in the recommendations. What is clear from all of the children, across all of the studies reviewed, is that they are telling us they are frightened, hurt, and severely detrimentally affected by the actions of the "domestically violent father" (Harne, 2006).

Children's perspectives on "Domestically Violent Fathers"

The literature on children's perspectives of "domestically violent fathers" is limited. Perhaps this is symptomatic of the absence of domestic abuse perpetrators as violent fathers in children services, child protection and domestic abuse agendas (see Chapter Four: Protection), but also it reflects to an extent adult imposed limits in setting parameters for children (Qvortup, 1994). Mullender *et al.* (2002) decided not to directly ask children about their feelings towards their father/father figure "in view of the particular sensitivity of the question" (p.182), instead focussing on "what had happened, who they thought was responsible and whether they still saw the man now", and also used mothers accounts to "fill out the picture" (ibid); McGee (2000) decided to ask only teenagers about their relationships with their fathers; Peled (1998) gained some insights from her study about living with violence (14 'preadolescents' aged 10-13, 7 boys 7 girls) when asking children about their relationships with fathers through a series of interviews; as did Irwin *et al.* (2002) who found a similar age of children (8-13) less able to articulate their

feelings about their fathers than young people (13-18); an exciting exploratory study in Scotland with a small group of children (11 children aged 9-13) focuses explicitly on perspectives on contact with fathers who perpetrate domestic abuse (Morrison, forthcoming). Morrison's study successfully uses innovative participatory methods to enable children to talk eloquently and directly about their feelings about their dad.

Whether children themselves feel there should be a 'limit' to what they are asked about is unknown, though a small group of young people (in Houghton, forthcoming) held an insightful discussion about what was appropriate to ask children affected by domestic abuse. They did feel that questions about dads were the most sensitive and most likely to distress children. However, they agreed that not naming and asking questions about fathers wasn't right, he was "after all, the one who has caused all this" (girl, aged 15). They decided on a method reflecting Morrison's research that felt "safer" - a vignette, agree/disagree statements (with no compunction to discuss) and a secret box for written comments. So perhaps the question is not 'whether to' but 'how to': children *can* speak clearly about their father and the effect of his domestic abuse on them and their families. This section will therefore focus on children's views of domestically violent fathers drawn from the literature, sharing rich insights into the father/child 'relationship' from a child's perspective. It will explore children's feelings and the impact of his abuse, and situate the effects with the cause – retaining *children's* focus on the abuser.

Feelings about fathers

In these qualitative studies that tackle children's perspectives on fathers there is a great deal of commonality. The most overwhelming feelings children had about their father was fear, being frightened of him and also feeling sad; commonly children spoke of the abuse he had inflicted and of being scared – for many the violence filled their perspective of their dad (Morrison, 2007; McGee, 2000; Mullender *et al.*, 2002; Bagshaw *et al.*, 2000). Children revealed complex emotions, almost all negative, of sadness, anger, loss and of missing him, including the extremes of emotion – hate, and (far less commonly in children's accounts) love (Morrison, 2007; McGee, 2000; Alexander *et al.*, 2004; Mullender *et al.*, 2002; Peled, 1998; Irwin *et al.*, 2002). Mullender *et al.* (2002) write about children speaking of 'early' love, in terms of younger children but more commonly of the father's violence killing the feelings children have for him over time: reflected also in Irwin *et al.*'s study (2002):

> *"I started losing respect for him gradually. As I say I've got absolutely no respect for him now. Cause he's not worthy of any respect."* (14 year old male, p.118)

A couple of teenagers in Mullender *et al.*'s (2002) study illustrate more complex feelings - that you can love and not respect, love and still be frightened at the same time, but more children spoke of hate, and even more sadness and fear. Peled (1998) writes more strongly of children being caught between the two emotions and the conflict of loyalties. Children have problems dealing with the contradictory 'sides' of their fathers (what children often name the 'good' and 'bad' dad – see Scottish Women's Aid publications also) and Peled suggests children either choose to see their fathers as bad or find ways of excusing or reframing his abusive behaviour. Young people in Bagshaw *et al.* (2000) felt that it was helpful for professionals to validate their

feelings, including "normalising contradictory feelings and feelings of disloyalty" (p.82). Peled warns that we need to acknowledge children's positive perceptions of their fathers too, and also their changing perceptions once there is intervention to help name the abuse and whose responsibility it is. For example, groupwork enabling children to name the father as responsible (not themselves or their mother) will bring a range of emotions to those children who are struggling to maintain a positive image of their father (Peled, 2000; Peled, 1998; Peled and Edleson, 1992).

His fault

Mullender *et al.*'s study (2002) asked children whose fault the abuse was (in light of Peled's points it is noted that these children were in receipt of support). The majority of children were very clear that the violence was his fault, though some said they did not realise this 'at first' or when they were younger "I know it was my dads fault. I know my mum did not want to fight." (9 year old Asian girl, p.191). However, when the child got in the middle (their pocket money being the cause of an argument, they didn't do or say what dad told them, their father blamed them) some children blamed themselves, and a very small minority of children felt mums and even siblings may be somewhat responsible. McGee (2000) argues that older children were much clearer that their father's behaviour was irrational and unreasonable whereas young children may look for a reason/cause; Irwin *et al.* (2002) found that children (8-13) struggled to articulate how they felt about their father, but young people (13-18) were able to articulate how they felt and were extremely negative about his behaviour. Of note is the sub-sample of South Asian children in Mullender *et al.* (2002), all of whom were very clear that it was the adult's fault, and who seemed more able to take an 'objective perception' of their situation and personalise it less than the white Western children (p.149). In a Scottish school study children who had experienced domestic abuse were more likely than other pupils to point out that abuse was always wrong: "you don't have any right to abuse women" (pupil in Alexander *et al.*, 2004, p.12). Mullender *et al.* (2002) write about a clear picture of children's sense of fair play emerging – their dad is wrong to be hurting them, violence is wrong: "should have talked it over instead of hitting, shouting. He was unfair. The person who hits is in the wrong."(14 year old South Asian boy in Mullender *et al.*, 2002, p.192)

If we leave will we be safe?

Children are very afraid of their father further abusing them all; this fear does not stop when and if they leave – children's fears are then compounded by fear of the abuser finding them, of seeing him again, further abuse, escalating abuse against their mother and them, being abducted and the abuse of their mother at 'handover' points (Morrison, forthcoming; McGee, 2000; Mullender *et al.*, 2002; Peled, 1998; Bagshaw *et al.*, 2000). Children in Morrison's study for example spoke clearly of the fear of being held hostage, being 'stolen' or not given back to their mother. All children were unequivocal in that they wanted the abuse to stop (Morrison, forthcoming; McGee, 2000; Mullender *et al.*, 2002; Barron, 2007). At least a third of children in Mullender *et al.* (2002) felt they could only be safe if the father didn't find them. It is unsurprising that across the

studies children talk of resentment, anger and fear when their dad pursues contact, reflected in the *Kidspeak* on-line consultation with children:

> *"I am very scared and frightened of my daddy. I am mad with my daddy for hurting my mummy and me and my sisters and brother, I want my daddy to stay out of my life but he is taking it to court to see us... I am very scared in case noone listens to me, I want to be heard what if they don't listen?? I don't want to be made to see my dad please help me and my family."* (Tara, 8 years old, in Barron, 2007, p.23)

Mullender *et al.* (2002) concluded that children felt most clearly that it was no longer possible to live as a family, Irwin *et al.* (2002) that children felt separation had a positive effect on the life of their family: it would be difficult to find a child's account where the opposite was true. In Morrison's study (forthcoming), all children thought their fathers were poor parents *because* they were violent fathers. However, a very small minority of children also talk of having good parents, and others don't want to be disloyal to their father (Mullender *et al.*, 2002; McGee, 2000; Irwin *et al.*, 2002). Children said that they were happier away from him - even when they were sad they missed him, were confused and had mixed feelings about seeing him - though some children were quite clear that seeing him was fear, not seeing him relief and safety (Morrison, forthcoming; Mullender *et al.*, 2002; McGee, 2000; Irwin *et al.*, 2002).

> *"I kind of missed my dad when my mum and dad split up. But I kind of didn't cos of all the evil things he did. Once they get in contact with you, you just act all weird. Cos like you're happy and sad at the same time. You go depressed." (young person in Morrison, forthcoming)*

Safe contact?

Once children had left there were a range of views about contact, for example, of the children in Morrison's study, one child wanted contact, six were unsure and four definitely not, for these children and many others there was often little choice and contact/fear of contact was a reality in their lives. In both Morrison (forthcoming) and Mullender *et al.* (2002) children report feelings of loss and confusion, of hating the violence but wanting to see him

> *"He hurt my mum, so I don't know what makes me want to keep seeing him and stopping me from harming him like he harmed my mum."* (child in Morrison, forthcoming)

Another child stated that though he's "an ********" she did "kind of love him too – because he's my father" (15 year old white girl in Mullender *et al.*, 2002, p.198). In some cases children just missed having 'a dad', this ranged from in the here and now so they were not stigmatised as a single parent or problem family, to events in the future such as marriage, or when reflecting on how they had wanted a dad (even the abusive dad) as a younger child (Morrison, forthcoming; Irwin *et al.*, 2002):

> *"I was a kid, I needed my dad as well. I was 5. I started to say to Mum, I miss Dad and all that, bring him back. And then she brang him back. Now it's better off if he dies or he was never born."* (14 year old male in Irwin *et al.*, 2002, p.118)

Many were unambiguous and very clear that they hated him and did not want to see him ever again: "He is horrible and disgraceful and I'm ashamed to know him" (child in Morrison, forthcoming), "Can't stand him at all. I'm scared though because, he's, he's everywhere." (Mona, aged 17 in McGee, 2000, p. 84; feelings also reflected by children in Barron, 2007).

Children feel strongly that the violence should stop for there to be contact and that they should be safe, and many children were very sceptical about violent fathers ever changing (Smith *et al.*, 2008; Mullender *et al.*, 2002; Morrison, forthcoming). Children in Morrison said fathers lied about changing to get what they wanted (for example, so as not to be charged) or that he could change if he "had the will power" but doesn't want to – some children were clear that he gets something out of it: "If you've always been violent you can't just stop, cos that makes you feel good it makes you feel big and strong" (child in Morrison), with others saying he won't stop because he gets away with it and goes unpunished (Alexander *et al.*, 2004; McGee, 2000). Morrison reports that children felt "if the child was afraid of a parent or if one parent was afraid of the other parent, then contact was not appropriate". Children's accounts across studies showed the manipulation and abuse of both women and children through contact

> *"Because if you're scared, they might scare you over the phone like say I'm coming to get you. And if you say you don't want to go they might say I'm going to get your mum arrested and say it's her that's been hitting you. They might tell the child to tell their mum stuff to scare their mum. I phoned the polis and that. Sometimes he'd tell my sister to tell my mum stuff to scare her."* (child in Morrison, forthcoming)

Some children were very clear that they did not want contact, they hated him or/and were still frightened of him, they couldn't forgive him, they were angry at him for hurting their mother, they were happier now, (unwanted) contact gave them nightmares or was a nightmare and abusive in itself (Mullender *et al.*, 2002; McGee, 2000; Barron, 2007; Morrison, forthcoming). Some children were concerned that the abuse would get worse (Mullender *et al.*, 2002) or that he would be angry at the child and abuse be more directed at the children now "he might start hitting the son" (child in Morrison, forthcoming). For many children their biggest fear was their father finding them or seeing him in the street, describing vividly a range of effects such as freezing, hiding, stress, protective behaviours, for example, not sleeping in case he smashed the door in (Mullender *et al.*, 2002). Children's accounts relating to *future* contact are full of anxiety and fear. Children's accounts of *actual* contact include examples of abusive contact, distressing effects of contact calls, visits, centres, including the father not turning up and being, as one child puts it, "pumped for info" (girl aged 12 in Mullender *et al.*, 2002, p.198) about their mother and her movements (see also Humphreys and Thiara, 2002). Crucially, children felt that not only should they have a say and be listened to about whether they wanted contact or not (and how it should happen), but that it should be *their* decision (Morrison, forthcoming; Mullender *et al.*, 2002).

Feeling horrible inside and like we're losing everything

Children's accounts reveal common psychological impacts and their use of words and expressions reflect much of the psychological literature on depression, anxiety, anger and post-traumatic trauma. They say that they feel like they're going mad, their minds are too full, too many feelings inside, are frozen or even bleeding inside, unable to sleep, having nightmares, feeling they're living a nightmare, feeling sick, too scared to do things or go places, in terror, have panic attacks, feel anger, have flashbacks, depression, feel overwhelming sadness, they self- harm (Scottish Women's Aid, 1997; McGee, 2000; Mullender *et al.*, 2002; Alexander *et al.*, 2004; Stafford *et al.*, 2007; Houghton, forthcoming), with some children saying they are suicidal or like their life "was not worth living" (pupil in Alexander *et al.*, 2004; also young people in Bagshaw *et al.*, 2000).

Mullender *et al.* (2002) argue, however, that *the* major issues that dominate children's accounts of the costs and consequences of domestic abuse are *not* the psychological impacts but i) safety and ii) the loss of the familiar.

> *"He made me leave my home. He made me leave all my best friends. He made me leave all my things behind."* (9 year old white girl, p.108)

Losing their home (as the vast majority of children did across all studies) was a significant loss, a cause of much resentment that wrought mixed feelings, including relief at leaving the violence:

> "*I wanted to move but I didnae. Because I widnae be able to see my pals any more. But I wanted to move to get away from the violence in the house."* (girl, 11, in Stafford *et al.*, 2007, p.33)

Important to consider here is the effect of the initial move, usually precipitated by what Stafford *et al.* (2007) name "the incident". Children describe a catalogue of terrifying incidents - including hiding inside or outside the house, witnessing severe life threatening assaults, or indeed their mum witnessing assaults on them- often still causing terror and flashbacks: this is coupled with the trauma of leaving 'all that is familiar' very suddenly, and most often with no idea of what is happening that culminates in children's accounts as a significantly traumatic experience (Stafford *et al.*, 2007; Stalford *et al.*, 2003; Barron, 2007; Mullender *et al.*, 2002).

All children spoke about the loss of people close to them. In a number of the studies a few of the children were separated from their siblings which is particularly disturbing against a background of accounts of siblings protecting each other, hiding together, talking with each other, comforting each other (Mullender *et al.*, 2002; McGee, 2000; Stafford *et al.*, 2007; Houghton, 2008). Another major loss would often be wider family, with some children mentioning grandparents – who could also be their 'bolthole' (Mullender *et al.*, 2002; Stafford *et al.*, 2007). Losing friends was especially hard for children (Stafford *et al.*, 2007; Barron, 2007; Mullender *et al.*, 2002; McGee, 2000) and this could continue when 'new friends' were lost through further moves (Stafford *et al.*, 2007). Financial losses and the economic impact was felt strongly by children (also in Morrison, forthcoming; Stafford *et al.*, 2007; Houghton, 2008), one child said that their father should "tell me he's sorry and help my mum with money" (child in Morrison,

forthcoming). Of huge significance to children is the loss of possessions, if their father had not already wrecked them (Stafford *et al.*, 2007; Houghton, 2008; McGee, 2000; Mullender *et al.*, 2002; Stalford *et al.*, 2003) and for some children losing their comfort and friend (and other potential victim) – their pet (Stalford *et al.*, 2003; Stafford *et al.*, 2007; Paws for Kids, 2002).

Advice to fathers

Children in some studies were asked what would be their advice to fathers or what would they like to say to him, what is marked here is their anger towards their fathers (Alexander *et al.*, 2004; Morrison, forthcoming). Alexander *et al.* (2004) state that the most common answer was to call him insulting names, the next ask why he did it, the next that he should suffer like he'd made others (with the child often wishing they were involved in carrying out the threat): "I wish I could drive a screwdriver through your heart" (Scottish school pupil with experience of domestic abuse, Alexander *et al.*, 2004, p.12), "you deserve stringing up" (boy aged 17, Houghton, forthcoming). In Morrison's study (forthcoming) children were asked if fathers could do or say anything to make them feel better about the domestic abuse they had experienced - whether and how violent fathers could be part of children's 'healing process' whilst maintaining the safety of women and children is a dilemma of progressive perpetrator work at present (see, for example, Scotland's Caledonian Perpetrator Programme Model, forthcoming and Peled, 2000) - this question elicited three clear messages from children: *nothing he could do, stop being abusive, apologise for what he had done and be sincere in his apology*. For other children, talking to him was futile, "What difference would saying anything make?" (pupil in Alexander *et al.*, 2004, p.12), reflecting many children's feelings of extreme powerlessness that they couldn't help, couldn't stop him, he wouldn't listen or take any notice (McGee, 2000; Bagshaw *et al.*, 2000; Irwin *et al.*, 2002).

Too scared of him to be safe: too scared to tell?

Children's 'headline message' is that they want to be safe and to be listened to (Mullender *et al.*, 2002; echoing the headline messages of children's postcards to the new Scottish Parliament in 1999, Scottish Women's Aid). The threat to their safety (and sometimes their lives) is the domestically violent father: the most common reason that children cite for not talking to anyone is fear of their father finding out and the backlash - hurting them or their mother especially, but others too (McGee, 2000; Stafford *et al.*, 2007; Bagshaw *et al.*, 2000).

> "RES: *He threatened to kill me if I told anybody... I kept it quiet to every single person...*
> INT: *What was it like not being able to tell?*
> RES: *I just felt angry and half sad.*" (Boy, 10 in Stafford *et al.*, 2007, p. 38)

Men's accountability and responsibility for their children living in fear needs to be named and children's perspectives on the abuse the family suffer at the hands of their fathers do this, children describe clearly the horror of life as "children of abusive fathers" (term suggested by Peled, 2000). Despite the domestically violent father building a wall of fear and abuse in their lives, many children, with their mothers, brothers and sisters actively seek a new life. The next

section discusses children's perspectives on what helps and doesn't help in this perilous journey. Children have told us that their perspectives of violent fathers change through this journey. They, like women, go through a process, one that helping adults must acknowledge and explore with them. An important point from Peled (2000) is that children's images of their fathers can become partially based on the reactions of professionals to the violence and the perpetrator. It is important that helping adults do not collude with abusive men's perspectives of their abuse of their family - Hearn writes that almost all violent men studied "… did not appear to see violence towards women as child abuse, or vice versa" (Hearn, 1998, p.93).

Children's perspectives on what helps

Most of all children want to be safe and have someone to talk to (Mullender *et al.*, 2002; Scottish Women's Aid, 1999). The most important person they want to talk with is their mothers (but for many not just their mothers) and their siblings, whilst also valuing their wider family and their friends, in fact for McGee (2000) friends were the main source of support with the *possible* exception of mothers. Talking to all of these people has difficulties and limits in what children feel they can say, discuss, reveal. Very few children place their trust in professionals or feel they will or do respond appropriately (see Irwin *et al.*, 2006 and additional fears of discrimination and stereotyping for children from ethnic minority families in Thiara and Breslin, 2006), with the exception of specialist domestic abuse children's support workers in Women's Aid (Mullender *et al.*, 2002; Stafford *et al.*, 2007; Smith *et al.*, 2008; Houghton, 2008). There is remarkable consistency across the literature in what children have said helps, doesn't help and would help. For some groups of children these same issues can be compounded, and there may also be additional or different issues.

In relation to the latter, where some children have spoken potential issues will be drawn out, but it must be noted that there is a remarkable lack of literature from the perspectives of: black and minority ethnic children (except for fourteen South Asian children in Mullender *et al.*, 2002; also discussed in Imam with Akhtar, 2005; Thiara and Breslin, 2006); children from (or indeed moving to) rural areas (Stalford *et al.*, 2003; also discussed in Baker, 2005); disabled children (with a few insights in Mullender *et al.*, 2002) or children with a disabled mother – perhaps 'young carers'; children living with domestic abuse *and* substance misuse *or/and* mental health problems (see Gorin, 2004 for an overview of children's perspectives on *each* of these); looked after children and young people with experience of domestic abuse; as well as plenty of scope to explore issues for different age groups including younger children and young adults, or changing issues as children go through it and hopefully get over it - through a longitudinal look at the issue. This next section will summarise children's perspectives on what and who helps and doesn't, and includes children's advice on what would and does help.

Children helping themselves and advice to other children going through it

Children make decisions constantly about how to be safe, how to protect themselves, their mum their siblings, whether or not to intervene and how. Mullender *et al.* (2002) argues that we don't yet know enough about the impact a child intervening has on the perpetrator, mother and child (notably for some young people "finding their voice and expressing anger" appeared to help

build a foundation for their determination to build different relationships in the future, p.100) and we must be careful to explore with children the meanings they attach to intervention and their feelings of safety. McGee (2000) argues that safety planning (which includes the plan not to intervene) is important to give children a sense of control over the powerlessness they feel in a situation. Children's accounts tell us that a significant number (for example, half in Mullender *et al.*'s sample) of children do intervene (perhaps more older than younger children), and for some children this does 'help' them/how they feel or/and help stop the abuse at that time (Mullender *et al.*, 2002; McGee, 2000; Irwin *et al.*, 2002; Bagshaw *et al.*, 2000). Most commonly they shout, they might just 'be there' hoping their presence calms it down or lessens the severity, try to get in between parents, pull/shove the abuser off their mother. The way they feel about their intervention, and the acknowledgement of their actions, can be important to how they cope in the short and long term (Mullender *et al.*, 2002; McGee, 2000; Irwin *et al.*, 2006).

A striking picture across the literature is children's depictions of the way that they feel inside, the many complex and awful feelings they have running around inside their head, bodies, hearts: a most striking message from children to others going through it is to 'get those feelings out' - what could be named one of children's 'psychological strategies' (Mullender *et al.*, 2002; McGee, 2000; Houghton, forthcoming). This involves trying to get rid of *sadness* by crying and getting comfort (from teddies, pets as well as mums) e.g. "Staying with my mum makes me feel safe. A big hug from her makes me feel better." (child in Barron, 2007, p.16). It involves trying to get rid of *anger* by getting your anger out (e.g. punching teddies, shouting at dad) or/and managing your anger ("count to ten then count to ten again" girl in Houghton, forthcoming) – many children spoke of being angry, one boy saying it was "obvious" you'd have anger problems that you should get help with (Houghton, forthcoming). It involves trying to get rid of all your feelings by writing or talking about your feelings or doing other stuff that fills your mind and distracts you and is a way of escaping - like school, being with friends, doing sport, partying with friends, going to a park (Houghton, forthcoming; Mullender *et al.*, 2002; Barron, 2007; Irwin *et al.*, 2002). Children say all are vital to coping and surviving.

The most common and important advice from children to other children is "don't bottle it up, talk to someone" (girl in Houghton, forthcoming), as "…keeping stuff to yourself is no good." so "Don't suffer in silence." (boys in *Listen Louder Film* and Houghton forthcoming) (SWA *Listen Louder Film*; Houghton, forthcoming; Stafford *et al.*, 2007; Mullender *et al.*, 2002; Irwin *et al.*, 2002). It is unsurprising that the most common message to other children in order to help yourself is to talk to someone: "Try to tell someone you trust!" (girl, 12 in Stafford *et al.*, 2007; also reflecting key message of Mullender *et al.*, 2002; McGee, 2000; Houghton, forthcoming; Irwin *et al.*, 2002; Bagshaw *et al.*, 2000) even when many children acknowledge it's hard to trust again (Mullender *et al.*, 2002; McGee, 2000; Barron, 2007; Houghton, 2008; Bagshaw *et al.*, 2000). This appeal for children to talk to someone is often coupled with the other key need – to be safe:

> "*I think feeling safe is being able to be relaxed at all times. You wouldn't have things running through your mind like am I moving soon or should I expect to be treated aggressively today. Also I would feel safe if there is somebody for me to talk to if I have a concern about something.*" (Marcus, 17, in Barron, 2007, p.16)

Many children want to give other children positive messages (Mullender *et al.*, 2002; Stafford *et al.*, 2007; Houghton, 2008; Houghton, forthcoming). In Scotland's *Listen Louder* research and film a group of 44 children chose to direct their film at other children (and not adults as expected). The main themes were that you need to talk to someone, it is possible to get help and to be safe, "You can get through it" (girl in *Listen Louder Film*, Scottish Women's Aid). Children felt it was vital to reassure *and inform* children about the help that is out there, which is reflected in other key studies also:

- *"...just keep remembering that there are people out there that are like going to help you..."* (girl, 13, in Stafford *et al.*, 2007, p.50)

- *"I got help and now I am happy"* (girl in *Listen Louder Film* and Houghton, forthcoming)

- *"Life's not been any more difficult and I'm quite happy that I blurted it out 'cos otherwise I'd probably be depressed all the time"* (girl in *Listen Louder Film* and Houghton, forthcoming)

- *"Sometimes it's better to talk to someone your own age, but it's also better if you can talk to an adult as well"* (girl, 13, in Stafford *et al.*, 2007, p.51)

Children involved in Women's Aid felt it was very important that children knew what Women's Aid was. Unsolicited, children felt it very important that other children were reassured that they could be safe, wouldn't be found and the address of refuges was confidential:

- "*if you've been hurt or sexually abused call Women's Aid no 1 can find you*" (Hamida in Barron, 2007, p.16)

- "*it's OK bein in a refuge cause u can make a lot of new mates nd u can feel really safe when yr in here*" (Waheed in Barron, 2007, p.16)

Children in the Listen Louder film (Scottish Women's Aid, 2004; Houghton, forthcoming) also wanted other children to know about their positive experiences of Women's Aid - they would have fun, meet others their own age that have been through it, that seeing someone else going through it helps you get through it and be strong:

- *"The Women's Aid is not just for women it's for children too, and young people"* (boy)

- *"It was good 'cos they helped us all."*(girl)

- *"..took me millions of places. It makes you look on the bright side of everything, it's nice to know that you've got someone there that you can talk to and they won't judge you in any way possible."* (girl)

Children in a number of studies encouraged others to talk to someone and start to get through it and get over it, saying that there was light at the end of the tunnel:

- *"When you do tell somebody, it feels good; you feel better because somebody else knows what you've gone through."* (girl, 13 in Stafford *et al.*, 2007, p.50)

- *"You do get happier and if you just tell someone that's what will happen."* (girl in *Listen Louder Film*, Houghton, forthcoming)

- *"Try and get over it as much as you can, and just try to stop thinking about it."* (Ray, aged 10, in McGee, 2000, p.105)

- *"Be strong and you'll get through it...There are people out there who can help you..."* (girl, 13, in Stafford *et al.*, 2007, p.53)

- *"To all those going through domestic violence you can come through it for the better."* (Jessica, 15, in Barron, 2007, p.14)

We know that getting away from the violence and being safe is key to children, but although children tell other children to temporarily get away (e.g. hiding, going to someone else's house, escaping activities), what is key in their messages is to get *others* (adults) to get the abuse to stop and get away from the abuse. They also feel it important to let others (children and adults) know how getting away will make them feel better and happier: "I feel better now 'cos there's no violence or anything in the house anymore" (boy 15, in film and Houghton, forthcoming). It is important for the non abusing members of the family to "support each other" (girl 12 in Stafford *et al.*, 2007, p.51) and also, crucially, important (and difficult) to talk to mum:

> *"If your mum does not want to move or is scared, speak to her and let her know how you're feeling and how affected you are by the violence"* (anonymous in Stafford *et al.*, 2007, p.53)

Children are able and want to talk and to be informed about what is going on; they do not want to be excluded from decision making (Mullender *et al.*, 2002; Irwin, 2006; Stafford *et al.*, 2007) and want to make plans to leave.

One piece of advice to a child - "Don't be like that when you're older" (mixed race 13 year old child in Mullender *et al.*, 2002, p.228) - reflects what the authors call the 'spectre' of the 'cycle of violence'/intergenerational transmission theory - an extremely flawed and incorrect theory (see Chapter Five) – but a real fear for a few children and some mothers, and even more pupils and agencies (Mullender *et al.*, 2002; Baker, 2005; Bagshaw and Chung, 2001):

> *"It just gets me so muddled up. I'm frightened I'll be like it when I grow up. I know what she's going through and I want to help her."* (8 year old mixed race boy in Mullender *et al.*, 2002, p. 96)

Though the majority of children did not speak about this, just as the majority did not see it as their fault, it's important that children hear key messages to allay such fears– that the majority of child survivors will not grow up be violent, that it's OK to be angry and get help with that anger, that it's not your fault, that it's not OK to be violent. What's even more important is that the public education that young people advocate for (Bagshaw and Chung, 2001; Houghton, 2008),

support for mothers and training of agencies challenges this theory so children do not hear this from others. What is more, children's achievements, advocacy against violence and violence free lives as they grow up stand testimony to the fact that children who have experienced domestic abuse often become the strongest advocates against violence (Mullender *et al.*, 2002; Bagshaw *et al.*, 2000; Houghton, 2008; Barron, 2007). Perhaps a longitudinal study from children/young people's perspectives could study longer term effects from the viewpoint of young people and explore the complexity in relation to the effects of domestic abuse and other factors on their lives.

Mullender *et al.*'s (2002) summary of children's 'outward looking' strategies in their research also in effect summarises other findings (Stafford *et al.*, 2002; McGee, 2000; Houghton, forthcoming; and to some extent Barron, 2007): "talking to someone, having a haven to go to, finding a safe private space, seeking help and getting adults to take responsibility, supporting mothers and siblings, being active and involved in making decisions" (see pp.126-129). Stafford *et al.* (2007) argue that agencies must pull in the same direction as children's *own* strategies and ways of coping.

Children's perspectives on their mums helping them

Children recognise their mothers as almost always their main source of support, and, for some, their only source of support (McGee, 2000; Mullender *et al.*, 2002; Irwin *et al.*, 2002):

> *"My mum has helped me the most. No one else really talked about it very much apart from my mum. I can't really think of anyone else who has helped me apart from my mum. All the help was from my mum, she explained everything."* (13 year old South Asian boy in Mullender *et al.*, 2002, p.211)

Their main criticism is that mums don't talk to them about it, and mums need to get away (with them). Children know it's hard to talk - they also often choose not to talk about it to protect mum (Houghton, 2008), just as their mothers feel they will protect their child by not talking. Whilst they are still living with domestic abuse it seems that in most families mothers and children don't really talk about it, most children are too scared (McGee, 2000; Mullender *et al.*, 2002), and in families where they do talk it is mainly children that initiate conversations about what's happening (McGee, 2000). A group discussion in Mullender *et al.* (2002) succinctly summarises the literature on children's advice to mums:

> *"Go to the police. Don't put up with it.*
> *It won't get any better, even though you think it will.*
> *Get out as soon as you can*
> *Don't wait*
> *Go to a refuge. They'll help you there*
> *Try and make a new life- you can do it*
> *Don't see him again*
> *Don't go back to him*
> *Try and be strong*
> *If you have a relationship, have your own house because you can be safe then*

Talk to us more about it." (Children in group interview, p. 239)

Children's insights and insider knowledge, though difficult, are important for women to hear. Most mums do not know what their child has witnessed or the full extent of their awareness of the abuse (McGee, 2000; Mullender *et al.*, 2002), nor that they need to talk and know what is going on, and they want to leave - "leave earlier" was a message that came up again and again. Children knew some hard things needed to be done – like moving house: "it's a horrible thing but you dae it to get away from it" (girl, 13 in Stafford *et al.*, 2007, p.52) – but their main message is to get them away from the abuse, to be safe, to talk:

> *"Grown ups think they should hide it and shouldn't tell us, but we want to know. We want to be involved and we want our mums to talk with us about what they are going to do – we could help make decisions."* (group interview in Mullender *et al.*, 2002, p. 129)

That many children can begin to talk about and get over things once they are safe is another important message for mothers (for example, bedwetting and anxiety symptoms can disappear rapidly) (McGee, 2000; Mullender *et al.*, 2002). Children will need to hear from their mother's point of view to understand and perhaps to help them not be angry or blame mum for stuff and vitally to move on - frequently they are only able to talk to mum about the abuse they have suffered themselves once they have left (McGee, 2000; Scottish Women's Aid, 1995). It could be important for mothers to hear that some children feel that their relationships are stronger for getting through it, "I am proud of how we mended the hole in our family unit," (child in Stafford *et al.*, 2007, p.35) and that the child recognises how hard it is to get away because they have shared that experience, "I was proud of my mum for getting away from him" (girl, 13 in Stafford *et al.*, 2007, p.35). Mothers are often the child's non-violent and strong role model (Mullender *et al.*, 2002; Peled, 1998). Some children also spoke about their mum helping them to get other help (Mullender *et al.*, 2002; McGee, 2000; Houghton, 2008; Houghton, forthcoming) because children need someone else to talk to as well. This can be because they don't want to keep on upsetting their mum (Houghton, 2008), or there's new stuff like contact coming up (McGee, 2000), or just because children get over it in their own time, their own pace. That children love hearing mums laugh again, and seeing them smile again, is surely a very strong message for mums that their children want them to be safe and happy (Scottish Women's Aid, 1997 and 1999; McGee, 2000; Mullender *et al.*, 2002).

Children's perspectives on siblings helping each other

Children mainly speak of siblings in the context of the incidents of domestic abuse – being together or protecting each other or one intervening the other watching – and also of crying, talking, being together (McGee, 2000; Mullender *et al.*, 2002). For many children, their brother or sister must be the only person who knows what they have experienced, and knows how they feel, though some siblings (half in Mullender *et al.*, 2002) don't talk about it whilst it's going on. Children's accounts depict the perpetrators deliberately treating children differently at times (through different forms of abuse, favouritism or scapegoating, treating biological and non-biological children differently) and often try to isolate children from even this source of support

(McGee, 2000; Mullender *et al.*, 2002). Unfortunately, almost every study includes a few children who have siblings they are separated from, either who have stayed with the father or are in care (Stalford *et al.*, 2003; McGee, 2000; Mullender *et al.*, 2002; Houghton, forthcoming). However, most often, children's accounts show siblings going to great lengths to protect each other and be together, helping each other through, "Yeah me and my sister, we used to lay awake at night talking about it all the time" (Marilyn, aged 15 in McGee, 2000, p.203), cuddling, talking, staying in the same room or bed (McGee, 2000; Mullender *et al.*, 2002) "You stick together. We did…We're a team! We help each other" (9 year old white boy with a younger brother and sister in Mullender *et al.*, 2002, p.211). Of course children also may try to protect each other by *not* talking, perhaps hoping the brother/sister doesn't realise what's going on because they're younger or disabled, but they do. For example, a girls with Downs Syndrome recounts vividly her experience of domestic abuse and the effects whereas her sister believed she didn't understand (Mullender *et al.*, 2002). For a minority they may reach for sibling support but the other child cannot give it at that time:

> *"I went to talk to her [my older sister] about it. She said no. And I said why and she said because it's too sad."* (Paul, aged 6, in McGee, 2000, p.204)

For many children, their siblings are their greatest support and when they're safe perhaps siblings could be encouraged to be an even greater support for each other (Mullender *et al.*, 2002).

Children's perspectives on wider family support

The wider family, particularly grandparents, and then aunts and uncles, could also be a crucial form of help to children. For some children their relatives is their 'bolt hole' during their abuse (Stafford *et al.*, 2007; Mullender *et al.*, 2002), and when escaping abuse - lots of children stay with relatives when they leave if they don't go to a refuge (Stafford *et al.*, 2007; Houghton, 2008):

> *"My nan's house was my safe house. That was the one place I could go and I knew, 'cause I was with my uncles and aunties, I knew that I was safe there. He couldn't trouble me there… I don't know why, I just classed that as my safe house."* (Mona, aged 17, in McGee, 2000, p.203)

Children hoped adults in their family most of all would help them get away and stop the abuse (McGee, 2000) or at least mediate and talk to their parents. Relatives were an important source of support and help, *if* children could talk to them about it, and *if* children got an appropriate response (i.e. were believed, taken seriously, were not shouted at for saying 'such a thing'), though some children were scared their family would get hurt (Mullender *et al.*, 2002; McGee, 2000). South Asian children's expectations from the family may be higher, with children expecting both families to intervene and stop the abuse; some children spoke of, for example, uncles helping, whilst others spoke about being ostracised and feeling isolated in the community.

> *"Mum's family. They could have supported us more and told Mum, 'If you break up with him we will look after you.' But, this didn't happen. One uncle really helped and looked after us. They were there for her and for us. We would get love and attention – no violence."* (14 year old South Asian boy in Mullender *et al.*, 2002, p.136)

Losing previous positive contact with wider family is a significant loss for all children, and one to be nurtured if at all safe. It must be noted that for some black and minority ethnic children in particular they are losing the place wherein they are most helped in developing a positive sense of self, and in dealing with racism (Mullender *et al.*, 2002; Imam with Akhtar, 2005). The fear of racism from others and from agencies when escaping from domestic abuse would accentuate this loss (Fitzpatrick *et al.*, 2003; Mullender *et al.*, 2002; Thiara and Breslin, 2006; Imam with Akhtar, 2005). Family can therefore be "both a source of support and abuse for children from ethnic minorities. Positive family contact can help children cope but its absence leads to greater isolation" (Thiara and Breslin, 2006, p.32). A positive, believing response to *all* children from their wider family can be vital to their safety and in helping them to cope and move on.

Children's perspectives of help from friends

> *"I feel more happier when I talk about it, than keeping it inside. It helps because they know what I've been through and they know what me mum's been through and it helps a lot."* (Kara, age 10, talking about her friends in McGee, 2000, p.204)

For children, friends can be their best support and often a different support than adults. McGee (2000) suggests that children are clear that their friends can meet their emotional needs, it is for the adults to sort out the problem and give practical help. However, many children are scared to talk to their friends, either as part of their overwhelming fear of their father and what he will do if he finds out they have been talking (to the child, friend, mother), or very commonly because they are afraid of their friends reactions - "I just get, like, embarrassed … in case they judge me." (Girl, 13 in Stafford *et al.*, 2007, p.39) – in particular that they will be labelled or judged (Stafford *et al.*, 2007; Houghton, 2008; McGee, 2000). The other major concern was that friends wouldn't keep it confidential: "Just like trying to tell somebody you think you can trust – who willnae go about spreading it. Talk to them" (Girl, 13 in Stafford *et al.*, 2007, p.50). Children's advice to friends in Houghton (forthcoming) focussed on being a good friend - listening, helping you to get help but of equal importance was helping you to 'get your mind off it', going to a park, a party, having good times and making good memories, making you laugh and smile (also see Irwin *et al.*, 2002).

Some had friends who had been through it and that helped (McGee, 2000; Houghton, 2008; Bagshaw *et al.*, 2000), though Irwin *et al.* (2002) warns that for some children (perhaps who only speak to a friend) this may 'normalise' it. Others lost friends because of their father's actions including abuse, threats or fear of repercussions (Stafford *et al.*, 2007; McGee, 2000; Mullender *et al.*, 2002), or weren't able to see them because of refuge rules (Fitzpatrick *et al.*, 2003; Stalford *et al.*, 2003). In situations where there were opportunities to build new friendships with others who had been through it - such as in refuges or groups for children affected by domestic abuse - this helped enormously (Stafford *et al.*, 2007; Barron, 2007; Houghton, 2008). Stafford *et al.* (2007) talk of the new and quickly formed bonds of children in refuge: "I was more closer to the ones here because they knew more about me" (girl, 14 in Stafford *et al.*, 2007, p.43; also reflected by children in Barron, 2007). For many children it is a relief that they have the experience of domestic abuse in common therefore there is no stigma attached, and they no longer feel alone. Marilyn, aged 15, explains this fully: "It was good because then you knew

what they were going through and they knew what you were going through…". She explained how they'd sit together draw and talk about what they'd been through, she spoke about being angry and shouting for it to stop and how she could talk about it with the other children:

> *"…then I could talk about it with all the other kids and they would say how they were angry and how they were feeling, I didn't feel out of place. Because when there is no one to talk it makes you feel like I'm the only one. But when I started talking to them I knew there was more, and I just wanted to help my mum more."* (Marilyn, aged 15, in McGee, 2000, p.166)

Children, particularly those who went to refuges, spoke of a reality wherein "I gained friends and I lost friends" (Mandi in Barron, 2007, p.17). Considering the importance of friends to children it is vital that helping adults do their best to help children maintain their friends, new and old, throughout their journey (Stafford *et al.*, 2007; Barron, 2007; Mullender *et al.*, 2002; Houghton, forthcoming).

Children's views on the lack of professional help and the help that is needed

As children in the main do not trust in agencies to respond appropriately (Irwin *et al.*, 2006; Mullender *et al.*, 2002; McGee, 2000; Houghton, 2008; Stalford *et al.*, 2003; Stafford *et al.*, 2007), it seems appropriate to review the literature in terms of what adults need to hear from children in order to improve their response. Although different professions are spoken about in some of the key studies, there is a lack of in-depth study of each agency's (or the multi-agency) response from a child's standpoint. There are, however, clear common messages from children that relate to *all* professionals that work with children (and therefore children affected by domestic abuse) or will come into contact with children through domestic abuse incidents/follow up. What is more some children do not differentiate between agencies (Mullender *et al.*, 2002), or don't care who it is as long as they're good (Houghton, 2008). The exceptions in terms of who has helped - mainly children's support workers in Women's Aid and a few individual shining lights in each profession - provide good practice examples of what does help. Scotland's *Making A Difference...* report provides a group of young people's own priorities, which are drawn from as they reflect key findings of the literature review, and, after all,

> *"We've had the support. We've seen what's right and what's wrong, so we would have the best perception of how to improve it."* (SC, male, aged 20, in Houghton, 2008, p.29)

Being safe

The challenge for professionals is to rival the domestically violent father's power over children and women's lives, and to tackle his behaviour (see Chapter Four: Protection). This is extremely relevant to children's overwhelming need to be safe and, for many, a prerequisite to speaking out and getting support. The knowledge they have shared is mainly about fear of their father, fear of contact and further abuse -"It's better for my dad not to know where we live, to keep us safety" (boy in *Listen Louder Film* and in Houghton, forthcoming) - and fear of repercussions if they tell

anyone (Stafford *et al.*, 2007; Mullender *et al.*, 2002; McGee, 2000; Bagshaw *et al.*, 2000). Children can't be and feel safe without moving (very few talk of staying at home) and without the abuser stopping hurting them and their mum. One consultation which asked children about staying in their own house whilst excluding the abuser found that whilst most children would like to stay, they were all sceptical that they could be safe there (Smith *et al.*, 2008). Children most often mention being safe when speaking about being in a refuge (where security measures are very important to them, see Fitzpatrick *et al.*, 2003), where they can't be found (Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007; Mullender *et al.*, 2002; McGee, 2000; Barron, 2007):

> *"… if you went somewhere else it's easy to find you, it's easier for a person to find you. I felt safer here…if somebody came they couldn't get in, but if it was other places then they'd knock the door down"* (14 year old girl in Fitzpatrick *et al.*, 2003, p.56)

Very, very, few children speak about feeling safe because the perpetrator has been stopped or because of protective measures – very few children feel protected (especially in their own home). Although it's possible to elicit the views of some children on the police or/and social worker response, and particular concerns about contact, there is very little on children's perspectives of court experience (a noticeable gap in relation to domestic abuse court evaluations), perpetrator programmes, high risk strategies (such as MARAC – Multi Agency Risk Assessment Conferences), Children's Hearings and protective orders/measures.

We do know that children want the abuse to stop and to stop being afraid of their father (McGee, 2000; Mullender *et al.*, 2002; Barron, 2007; Morrison, forthcoming; Smith *et al.*, 2008). Some children talked about the police not stopping abuse or letting another incident happen by not doing anything the first time, or worse being useless, or that calling them meant a worse attack when they'd gone (McGee, 2000; Barron, 2007; Houghton, 2008; Bagshaw *et al.*, 2000). What children wanted was for them to 'do' something:

> *"you're here to protect people, what are you doing just stood there saying 'Oh we can't do this and we can't do that'. So I thought, well you can't do anything."* (Hannah aged 15 in McGee, 2000, p.140)

The best way of doing 'something' was to arrest him and take him away, and give support and help to mums and children – remembering to talk with children and explain what's happening (McGee, 2000; Houghton, 2008; Barron, 2007).

> *"I think the reason that they did it so well was because they weren't taken aback by the fact that "Oh no there's domestic abuse kind of thing going on here". They just treated as an assault, and the way an assault should be treated, and I think that's why it worked so well - just that he's, there's an assault happened here, what you would normally do was remove that person from the situation, away from the situation, that's why it worked so well."* (L, female, aged 16, in Houghton, 2008, p.20)

In relation to courts by far the concern most expressed by children was in relation to safe contact, having to go to court and not being listened to about contact decisions and therefore being at risk (Mullender *et al.*, 2002; McGee, 2000; Barron, 2007). There were no longitudinal studies

tracking the case and involvement from a child's perspective, although literature on mother's perceptions of harm (see Radford, Sayer and AMICA, 1999; Hester and Radford, 1996) or refuge staff's perspectives (see Saunders with Barron, 2003) or child death reviews (see Saunders, 2004), alongside children's web messages to the *Kidspeak* e-democracy consultation (Barron, 2007), show that children's fears in relation to future contact often become realised.

Some children felt that involving the authorities made things worse (Barron, 2007; Bagshaw *et al.*, 2000) and most were sceptical about help or stopping the abuser (Houghton, 2008; McGee, 2000; Mullender *et al.*, 2002; Smith *et al.*, 2008). Some children felt let down when 'protective' court orders didn't work - "My father received a court order that he wasn't allowed near us. He came back the next day anyway" (S, male, 20, in Houghton, 2008, p.20; also children in Barron, 2007) - or he went to court and was unpunished (McGee, 2000; Barron, 2007), or when they told police and social work and the cases didn't go to court (McGee, 2000). This was most apparent in the children who had suffered sexual abuse (McGee, 2000), perhaps reflecting the lack of exploration of the involvement of children in court issues relating to domestic abuse (for example, children were not part of Glasgow's specialist domestic abuse court evaluation). A small group of Australian children said they did not feel free of the abuse, even if separated from the abuser, until the court case was over, and that they needed support throughout this long process (Bagshaw *et al.*, 2000). Although there is scant exploration of court, legal and child protection issues from a child's perspective to date, the feeling that abusers will 'get away with it' and the injustice of it all was felt by some children throughout the literature - action to stop him and keep him away was imperative to children (Alexander *et al.*, 2004; Houghton, 2008 and forthcoming; Mullender *et al.*, 2002; McGee, 2000; Morrison, forthcoming).

Finding someone to trust, or someone to trust finding them

Finding someone to trust was of immense importance to children across the studies (Houghton, 2008; Smith *et al.*, 2008; Barron, 2007; Irwin *et al.*, 2006; Mullender *et al.*, 2002; McGee, 2000; Bagshaw *et al.*, 2000). One boy (17) described this as " a 1-2-1 person who could talk to you, where you can trust on both sides… they trust you and you trust them" (Houghton, 2008, p.9). It was especially difficult to trust someone when a trusted adult – their dad/father figure – had already hurt them and frightened them, also children may have tried to talk and not got the response they wanted from others (McGee, 2000; Mullender *et al.*, 2002; Houghton, 2008; Barron, 2007; Bagshaw *et al.*, 2000). This can be compounded if the child has also suffered sexual abuse (McGee, 2000). This trust usually would take a while to build up and children don't necessarily want, or feel able, to speak about the domestic abuse at first, and until that person had earned their trust:

> *"What I had from Women's Aid was like talking to a friend. It was very one-to-one but you didn't have to talk about anything, any of your difficulties… as it went on you'd trust the person more and more".* (SC, male, 20 in Houghton, 2008, p.8)

A key question for children is how do they know *who* they can trust, and for adults how can we let children know that they can talk to us and we will listen? Children want to be listened to, taken seriously, believed (Barron, 2007; Mullender *et al.*, 2002; Bagshaw *et al.*, 2000; Irwin *et al.*, 2002) but it is often potential adult helpers that are hidden in children's eyes:

"Sometimes kids will open up if they trust someone. But if noone's talking to them and no one's saying that they're here for you, they're not going to say anything. No-one told me that they would listen. I'm sure some of the teachers knew what was going on. They'd have to, they'd be stupid not to. They kind of didn't want to know about it. It's easier to pretend something's not happening. If a kid comes up and says they're being hurt then they've got to do something." (Tara, 18 in Irwin *et al.*, 2002, p.123)

Irwin *et al.*'s (2002) study of 17 Australian children's perspectives (aged 8-18) reminds us that children feel that practitioners, especially education staff, need to respond to *cues* that children and young people give (also in Houghton, 2008). It is trusted adults that need to find the children, otherwise some children won't get any help:

"Most kids who are being bashed have a very low self confidence, esteem and all that so they will not go looking for help. They'll wait for it to come to them which it never will." (Ben, 15 in Irwin *et al.*, 2002, p.123)

Confidentiality

Stafford *et al.* (2007) write that children who had moved home due to domestic abuse are "notably more sensitive about confidentiality than young interviewees in other studies" (p.38): confidentiality *is* of paramount importance in children's view (Smith *et al.*, 2008; Houghton, 2008; Mullender *et al.*, 2002; McGee, 2000; Bagshaw *et al.*, 2000). These are children who have had to keep a secret, even within the family, are frightened of telling about domestic abuse in case of repercussions, are scared of the father finding them or hurting their mum and themselves, are frightened of the person they tell being hurt (McGee, 2000; Mullender *et al.*, 2002). Confidentiality can be particularly important for children in ethnic minority communities (Mullender *et al.*, 2002) or children in close rural communities (Stalford *et al.*, 2003). It is marked in children's accounts that they usually couple someone to talk to with someone who will keep your confidence - "you can talk to [children's worker] and she willnae go about telling everybody and that" (girl, 13, in Stafford *et al.*, 2007, p.46). It seems that if handled sensitively *with* the child, at their pace, that *some* children can understand that others may need to get involved to help and keep them safe – here young people summarise good practice:

"M: They'd understand it all, with all the responsibilities and that, they'd keep it all confidential and if they think it's really serious they would speak to you about it, and see if you wanted to speak to someone about it or if you wanted them to do it on your behalf.

J: That's a really good thing to have isn't it.

J: I think that it's good 'cos the child might not know how far it's sort of dangerous for them, they may not have, like, they may not know what to do, so if it's really serious the worker will know what to do – ask them to tell someone or tell them themselves."
(M, male, aged 17, J, female, aged 15, in Houghton, 2008, p.9)

Stigma and shame

It is not only fear of the perpetrator that prevents children from talking; the majority of the children fear being judged, labelled, branded by people (and have examples of that happening with professionals and peers), they feel embarrassed, humiliated, ashamed (McGee, 2000; Mullender *et al.*, 2002; Houghton, 2008), and some feel that it is private and their business (McGee, 2000):

> *"Now children and young people don't always have to identify themselves, or don't want to identify themselves, as experiencing domestic abuse and that's something where the outreach workers greatly help, they keep everything confidential, everything you say to them it's just to a friend, you trust them - that's what I'm trying to say it's really important... there's a great stigma attached to people experiencing domestic abuse, or who have lost their home, or who are in a refuge, and that extra trust really makes a difference."* (SC, male, aged 20, in Houghton, 2008, p.12)

For black and minority ethnic children these fears can be accentuated by the fear of racism and insensitive responses from anyone they talk to, and for some children cultural beliefs can add to the pressure and silencing effect. South Asian children in Mullender *et al.* (2002) highlight the concepts of *izzat* (honour, reputation) and *badnamni* (get a bad name) and their fear of bringing shame, or being seen to bring shame, on the family:

> *"If you speak to adults make sure they understand about your family and religion and they don't take things the wrong way. Like, sometimes, goray [white people] will not know about izzat and shame and they can make you do things that bring shame on the family. You are left without any help or support from the community, if they feel you have gone against the religion. I don't say it is always right, but sometimes we have to sort things out in our own way – white people can never really do things in the same way if they don't understand."* (16 year old South Asian girl in Mullender *et al.*, p.138)

Knowledge, understanding and ability

Many children felt that quite simply adults did not *know* about domestic abuse and how it affects children, or how to deal with domestic abuse. The need to address the lack of professional training on domestic abuse (in relation to Scotland see Hurley *et al.*, 2007; *Domestic Abuse: A National Training Strategy*, Scottish Executive, 2004) is self-evident and urgent to children affected by domestic abuse. Comments such as "make sure they know how domestic abuse affects children" (girl, 15, in Houghton, 2008, p.8), "more like they know what it's like to deal with domestic abuse" (boy, 17, in Houghton, 2008, p.8), reflect children's views across the studies relating to practitioners lack of understanding about what it's like to live with domestic abuse (see Irwin *et al.*, 2002; Irwin *et al.*, 2006; Mullender *et al.*, 2002; McGee, 2000; Bagshaw *et al.*, 2000). Children had very little faith in professionals' ability to help them particularly those they were in regular contact with – teachers, and for some other children their social workers (Stafford *et al.*, 2007; Irwin *et al.*, 2002; Irwin *et al.*, 2006; Houghton, 2008; McGee, 2000; Mullender *et al.*, 2002; Bagshaw *et al.*, 2000). Young people speaking to Scottish Ministers agreed with Ministers that systematic training for teachers was really important. They felt that if

all agencies (such as the Children's Panel) didn't get training then they would 'miss' domestic abuse, as it's not easy to talk about, and importantly the adults would not have the skills to pick up what children were going through.

> *"M: I've always said that if you're gonna go into work like that, it's not just about going to uni or college or anything, its actually having some knowledge about the whole thing, such as the social worker me dad's got she doesn't really understand it all, so if you're going to go into it make sure you understand.*
> *J: So that they're sensitive to it, not expecting too much of children to speak about it."* (M, male, aged 17, J, female, aged 15 in Houghton, 2008, p.11)

Fear of statutory agencies and being taken into care

Children are afraid of being taken into care if they tell, which can echo their mothers fears and threats from their father (Alexander *et al.*, 2003; Barron, 2007; Stafford *et al.*, 2007). Many children see telling a professional (especially social work but any statutory agency it seems) as risking being taken into care:

> *"It's like if social workers get involved, and then me, my brothers, would get taken off my mum and she'd be all on her 'ain, so you cannae speak to, like teachers about it."* (Girl, 13 in Stafford *et al.*, 2007, p.48)

Young people across studies feared telling would make things worse. Young people in Australia (Bagshaw *et al.*, 2000) said that children knew that professionals, particularly teachers, were now required by law to notify the authorities, and were now less likely to tell:

> *"With mandatory notifiers sometimes this makes the situation worse. You need to trust this person not to tell, unless it won't make things worse …You need to be in control of who else gets told."* (Young person in focus group, p.84)

Reassuring children and their mothers that the optimum outcome is for them to be safe and together, and that professionals will be allies of the non-abusing members of the family, is a shared challenge for all professionals. Despite this, some children do experience the care system as a result of domestic abuse; their views on this have not been researched and there is no data on numbers of families for whom this happens.

Accessing support and ways of communicating

To access support a child has to be able to talk about the domestic abuse, and some children tell us how difficult it is to find the right language to talk about it – for example one child in McGee (2000) can see that 'rowing' doesn't quite describe it but struggles with what does; another child doesn't understand the words that others including mums are using. Children aged 8-13 in Irwin *et al.*'s study (2002) are more likely to name domestic abuse as 'fighting' (even when it's extreme abuse), a 'normal' part of family life, whilst wanting the fighting to stop; whereas young people (13-18) can articulate what is happening and who is responsible more easily, are more

likely to talk to people outside the family, and want to escape. McGee (2000) in particular writes about children not having the language skills to talk of domestic abuse: this could translate as adults not finding the words to help children, and educators not giving a language.

Many children do not know what help is out there (McGee, 2000; Stalford *et al.*, 2003; Houghton, 2008), and this needs addressing in a way that uses their own channels of communication, recognising these are limited in rural areas (Stalford *et al.*, 2003). It must also allow children not to identify themselves. One of the young people advising Ministers in Scotland summarises this issue succinctly:

> *"It's about getting it out, let people know that the help is there, and it can be accessed through schools and other organisations. Not a lot of children and young people that go through domestic abuse know where the help is and how to access it, and you need to let them know. Some that don't go through domestic abuse but know someone that is going through it might want to seek help so that they could help their friend so therefore they could get as much information as possible and so they could pass it on."* (M, male,17 in Houghton, 2008, pp.20-21)

The help that *is* out there needs to be where children go and want to be, and also where children cannot be identified (Stalford *et al.*, 2003; Houghton, 2008). It needs to be easy to contact them "like you know who they are and you know how you would get in contact with them" (M, female, aged 19 in Houghton, 2008, p.11). This young person was particularly worried about help for children who had never been in refuge, the largest gap in specialist support across the UK. The flexible support and counselling that many children rate highly – at homes, school, outreach – is still out of reach for many children and a particular need in rural areas (Stalford *et al.*, 2003). The majority of children affected by domestic abuse do not come to refuges which is why outreach children's support workers ('outreach' support in Scotland is for children who have not been to refuge) for children in the community recently became a priority development in Scotland, where each Women's Aid group now has one outreach children's worker to begin to develop the outreach service, as well as two refuge/resettlement key workers (evaluation of this children's service is due 2008).

Campaigns and the advertising of support need careful consideration too, including: maintaining anonymity - from children being able to subtly memorise details of support agencies to when children are accessing help (Stalford *et al.*, 2003; Houghton, 2008); the 'message' given – for example the young advisors to Ministers complained that campaigns shouldn't be dark but should be associating ending abuse and getting help (Houghton, 2008); using a language that children understand *and can use*. Children recommended to Ministers the development of child-friendly advertising in places where children go (virtual and real) and crucially giving children as many different ways of communicating as possible by providing different types of support. This included web information accompanied by web based support – 1:1 support by email especially, helplines and text lines, all preferably set up with or by young people (Houghton, 2008). It's important to note the 'digital divide' in access to the internet for less affluent families (see *Growing Up in Scotland*, Scottish Government, 2008), and children's note of caution in relation to the need for free, confidential access to telephones and the internet for this to work (Smith *et al.*, 2008).

There is little evaluation of web-based and helpline support from the perspective of children affected by domestic abuse. However, children's perspectives in the evaluation of NSPCC's There4Me website (Waldman and Storey, 2004) which is for any young person with a worry (providing 1:1 synchronous live 'chat' with an adviser, private inbox for emails to and from an adviser, message board, agony aunt), seems to tackle many of the 'difficulties' that children experiencing domestic abuse raise in the literature. Children reveal that it provides: a way of communicating hard stuff without having to speak; anonymity and complete confidentiality; named 1:1 counsellors for live chat and/or private email and support and also message boards for peer support (Waldman and Storey, 2004). Interestingly for some this was the first step in speaking to an adult - talking through how to speak about stuff and who to talk to was key - and also maybe a step to speaking to the associated ChildLine. A few of the children in some of the domestic abuse studies used ChildLine (Mullender *et al.*, 2002). Some children did not feel ChildLine was for them, either because they weren't 'abused' or because it was their whole family being abused – mum needed help too, nor was Scotland's Domestic Abuse Helpline for them as it was for adults (Houghton 2008, Houghton forthcoming). In relation to a helpline there was some reticence in speaking to strangers (Smith *et al.*, 2008; Houghton, 2008). A strong opinion was that any such central support should link children to local support including face-to-face support and also being able to email or phone a *named* worker (Smith *et al.*, 2008; Houghton, 2008). There has been little robust investigation into these options but such ideas do correspond with all the literature in agreeing that a named trusted support worker is seen as most help to children, after the more 'informal' support of friends and family (Mullender *et al.*, 2002; McGee, 2000; Houghton, 2008; Stafford *et al.*, 2007; Barron, 2007; Bagshaw *et al.*, 2000).

One-to-one support: a specialist support worker

> *"Member of Scottish Parliament (MSP): You spoke about feeling more confident once you got to know your child support worker. How did you feel before your support worker came into your life?*
> *'Mags'(age 14): I did not know what to do. I had no-one to talk to. All my feelings just crammed up inside me, and sometimes they got the better of me. I do not know what I would do if I did not have a support worker."*
> (Scottish Parliament Public Petition Committee 2002, col 2433)

Children and young people in Scottish Women's Aid's *Listen Louder Campaign* (2002-4, see Houghton, 2006 for an overview) ensured that children's need for support workers was recognised by the Scottish Parliament. It resulted in a gradual increase of Women's Aid support from the beginning of their campaign, to the current minimum standard of three full-time children's support workers in each of the local Women's Aid groups in Scotland (covering every local authority area). Young people have now asked Ministers for an increase in outreach support to match population and need (Houghton, 2008; reflecting Stafford's findings in the mapping of services, 2003). There are still many children without access to specialist support including counselling, with particular gaps in 'in depth' mental health support (Fitzpatrick *et al.*, 2003; Stalford *et al.*, 2003; Houghton, 2008; Mullender *et al.*, 2002; McGee, 2000).

For those that have received support there are many examples of what this trusted adult should be, children speak consistently highly of support received from Women's Aid children's support workers, and there are further good practice examples relating to individuals in other professions such as youth work, social work and teaching (Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007; Smith *et al.*, 2008; Houghton, 2008; Mullender *et al.*, 2002; Irwin *et al.*, 2006). It cannot be underestimated that children need someone other than their family to speak to, indeed they need to speak *about* their mum/family (Houghton, 2008; Mullender *et al.*, 2002; McGee, 2000) and may need help in speaking with their mum (Mullender *et al.*, 2002; McGee, 2000; Houghton, 2008; Stalford *et al.*, 2003). One child in Stafford *et al.* (2007) said that getting a support worker was a matter of life or death, another that it was a "bit late" to start helping someone when she'd been ignored when disclosing abuse and since turned to crime, prostitution, drugs, "I was off the rockers by then." (16 year old female in Irwin *et al.*, 2002, p.117). Many children wished such support had been available earlier (Houghton, 2008; Stafford *et al.*, 2007; Irwin *et al.*, 2002):

> *"I always felt like I wanted somebody to speak to because I was feeling like I was just piling and piling it all on myself ...I always felt that I wanted somebody to speak to, to help me unload some of the things off myself. I couldn't really talk to my mum about things, no matter how close we were, because it was her that I was trying to protect, it was all to do wi' her that I was wanting to talk to somebody about."* (L, female, aged 16, in Houghton, 2008, p.10)

What children appreciate is getting to know someone, crucially *one named* person, in a relaxed atmosphere, is that "you're not sitting there talking to someone about what's going on at home, you're relaxed, in a relaxed atmosphere " (L, female, aged 16, in Houghton, 2008, p.42), where children set the pace and content. Innovative ways of communicating are a help, including computer work, talking about whatever's important to the child or about 'anything but', going out, eating out, drawing, writing (Houghton, 2008; McGee, 2000; Mullender *et al.*, 2002). McGee writes that the timing and how children *see* the service is crucial, and *where* it is is also important (McGee, 2000; also reflecting in Stalford *et al.*, 2003; Houghton, 2008). In relation to timing, children in a number of studies wanted support at times they needed it with more flexibility in terms of support within school-time, after school, evenings and weekends (Fitzpatrick *et al.*, 2003; Houghton, 2008; Mullender *et al.*, 2002; McGee, 2000). In relation to place it should be in places where children already go, especially school and also youth and leisure areas (Stalford *et al.*, 2003; Houghton, 2008) and also should not be merely associated with the place you live, e.g. refuge, but follow you through all the changes (Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007). In relation to how children *see* the support this seemed especially important in two ways: i) the reason *why* children were accessing or referred for support, and ii) where it is and what type of support it is, especially when it's psychological help (Houghton, 2008 and forthcoming; McGee, 2000; Stalford *et al.*, 2003).

Stalford *et al.* (2003) write about children being seen as 'problem children' instead of 'children with problems' and children speak about having or being told they need help/punishment because of behaviour problems (McGee, 2000; Mullender *et al.*, 2002) rather than the domestic abuse they have suffered:

> *"MG: Counselling is kinda branding that there's something wrong with you, but there's no nothing wrong with you, you've just been through an ordeal.*
> *SC: Yeah, it's everything else that's wrong, but you...*
> *MG: It's like, "Tell me what's wrong with you and I will help" – NO!...*
> *MG: OK, you do suffer domestic abuse but you're not like branded, like you "This is what happened to you – you need medication" or whatever."* (MG, female, 19 and SC, male, 20, in Houghton, 2008, p.11)

For these children going for mental health 'counselling' felt like they were being branded, just as a couple of children in McGee didn't want to go in because it was a 'psychiatric' service. However, children did feel that a support worker needed to know "…how it affects kids psychologically." (J, female, 15, in Houghton, 2008, p.11) and that consequences of not having support for children's mental health were stark:

> *"Before I go on about support workers, I'm going to put down that everybody needs one, well not everyone but somebody that needs one, they need support workers to go on about issues such as everyone gets through it differently, some people self harm i.e. myself, some people get through it without even using it as an excuse, some people don't get through it at all and live in their adulthoods, some people don't get through it and don't get a chance to, because they take their life."* (M, male, 17, in Houghton, 2008, p.9)

There are positive reports of counselling: "I found that it does help, eh, because it's like me, it's making me like open up a little bit more and that" (girl, 13, in Stafford *et al.*, 2007, p.46), "He's the only man I trust" (boy, aged 8, about his counsellor in McGee, p.172) (see McGee, 2000; Irwin *et al.*, 2002; Stafford *et al.*, 2007 for examples). There are a few strong examples of social workers giving good support through listening and taking children's views seriously, believing them, keeping them informed with regular contact and direct support, which contrasted with some negative views of children's involvement in 'child protection' procedures. For example, one child had twice weekly hour sessions with her social worker that really helped:

> *"We just talk about things... they really helped me, telling me what we had to do and what things were like and about feeling uncomfortable…and about domestic violence"* (S in Stalford *et al.*, 2003, p.65)

Women's Aid workers also of course use counselling and therapeutic techniques. It's how adults *brand* the support so as not to brand children that seems the important consideration here. Stalford *et al.* (2003) write that a multiagency response and advertising will decrease the stigma and increase access to domestic abuse 'support' workers (from whatever agency) for children.

A very important part of support offered by Women's Aid that all children rated very highly was activities, fun, sport, chill out time and space with their peers (Fitzpatrick *et al.*, 2003; Mullender *et al.*, 2002; Stafford *et al.*, 2007; Houghton, forthcoming; Humphreys and Thiara, 2002). These were important ways of children feeling better mentally and physically both with others that have been through domestic abuse and with people their own age in their area, helping to build confidence, networks and self esteem (Stalford *et al.*, 2003; Stafford *et al.*, 2007; Houghton, forthcoming).

Groupwork with other children that have been through domestic abuse

> *"I think it'll be better than one-to-ones, 'cos then it's like, then I really know that it's not just me, d'you know what I mean? 'Cos, like, when other people say "I'm like this because this happened" and I'll go "Well that happened to me as well" or "I know where you're coming from". D'you know what I mean?"* (Girl, 14, in Stafford *et al.*, 2007, p.43)

Children's accounts of being involved in groupwork are positive (Stafford *et al.*, 2007; Mullender *et al.*, 2002; Houghton, forthcoming and 2008), although it must be said that some children will choose not to or are not ready: "depends on the person, I think, cos obviously not everybody, no many people want to go to a group and make it be identified" (girl, 19 in Houghton, 2008, p.12, also reflected in Smith *et al.*, 2008; Mullender *et al.*, 2002). On top of this, structured groupwork programmes often 'select' with many children deemed to benefit more from individual work, and children still living with the abuser excluded (Loosley, 2006; Mullender *et al.*, 2002).

The one UK evaluation report on a structured groupwork programme (based on the Canadian programme – Loosley, 2006), is based on a small sample and has limits, however it does share children's perspectives on the benefits. Debbonaire's (2007) summary is helpful (see pp21-22), and is slightly abbreviated here. Children said they liked: the fun aspects "it made me happy again" and making friends; the staff; being able to talk "to say things that might hurt my mum's feelings"; understanding more about what happened "it made me understand more" and dealing with anger "it helped me get my anger out" "helped me deal with my feelings towards my dad". Children said that they learnt: the nature of domestic abuse "that there are different sorts of abuse"; the fact that it is wrong and not their fault - "that what my dad was doing was wrong", "that it's not right to fight", "that it wasn't my fault"; being able to communicate better in general and their experiences in particular - "I learnt how to communicate better", "I learnt that it's OK to talk", "I learnt how to control my anger and see things from other people's point of view"; learning they weren't the only ones - "I learned I was not alone" and how to deal with their feelings "how to calm down when alarmed" "to be strong" "how to control my anger". This demonstrates a tool that is successful in tackling so many of the issues and barriers that children speak of in the literature that a Scottish pilot with a thorough evaluation including children's perspectives from beginning to end is an exciting prospect. Another interesting perspective to explore is children's views on concurrent programmes of support for mums and children that sometimes include elements of joint work (this could actually apply to groupwork or linked individual support), and the impact of this on children's relationships with their mum.

Young people in the *Making A Difference…* (Houghton, 2008) report agreed that there could be stages of support – including from individual to group, but also from a very structured programme to less formal. In the end one can imagine the support worker disappearing:

> *"An 'after support groupwork session' - it would take a number of individuals who have been experiencing support after domestic abuse and we'd meet together and just have a good time kinda like a club – but we'd be able to talk serious if we needed to and you ended up trusting this group of people too and that really helped, being able to go out and*

do extra curricula activities but having this group of trusting friends really helps you get on the right track after such a low point in your life." (SC, male, 20, in Houghton, 2008, p.14)

Home and school: places of safety and support?

The places that children talk about most are home/s and school, though it could be said that the street and community have not been fully explored with this group of children. Therefore the final section relating to professional help will relate some key points from children that are situated in the two key places where children feel that they should be safe and receive support (Houghton, 2008; Mullender *et al.*, 2002; McGee, 2000; Stalford *et al.*, 2003; Stafford *et al.*, 2007). It could be said that homes (including refuges and rehousing) have been explored to some extent in Scotland and children's views have *begun* to be acted upon (see Fitzpatrick *et al.*, 2003; Houghton, 2006; Stafford *et al.*, 2007; Houghton, 2008). There has been particular progress in relation to children's recommendations for support workers but it must be said that children's strong views in relation to the poor quality of communal refuge buildings have had limited impact. Serious efforts to tackle the responsibility of schools for the welfare of these children has also been seriously lacking to date (Stafford *et al.*, 2007; Houghton, 2008; Stalford *et al.*, 2003): "school's, like, an important part of children's life so there should be support there" (girl aged 15 in Houghton, 2008, p.17). Two recommendations from young people to Scottish Ministers (Houghton, 2008) help frame this section

- "make moving house and refuge life better…it would make the situation a whole lot better if it can be done smoothly." (J, female, 15, p.41)

- "making more help available at school as well as outside school" (M, male, 17, p.17)

Making moving home smoother

The two major Scottish reports including children's perspectives on refuges and moving home make recommendations that would do just this if implemented in full (Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007). There is little evidence in relation to children staying in their own home safely, though children in every study were sad to leave everything but the abuse behind and this option should be explored further through pilots and children's involvement in evaluation. It is worth striking a note of caution here that some children may not want to stay, we may not allay their fears even if the multi-agency effort manages to protect the family. One girl who did stay in her house for a while, after the abuser had left, describes how:

> *"I never got a good night's sleep until the night we moved out of that house. About a year later we had to sell the house. We couldn't leave until it was sold and every room had a bad memory. So I just sort of had no safe place."* (16 year old female in Irwin *et al.*, 2002, p.116)

All the literature reviewed would agree that children need "a home of their own to start their lives over" (J, female, aged 15, in Houghton, 2008), whether their own home free from the abuser or more commonly at present a new home. For some older young people it is important

to recognise that ultimately they may move out on their own: "the only viable option which they saw for living without violence was to leave the family home" (Bagshaw *et al.*, 2000, p.81, in relation to a focus group of 16-22 year old young people). Through this journey children need explanations and information about what is happening and where they are going (Mullender *et al.*, 2002; Stafford *et al.*, 2007; Irwin *et al.*, 2002). Being excluded from decision-making, and not being informed, is a major criticism of professionals (and adults, including mums) involved in their journey (Irwin *et al.*, 2006; Stafford *et al.*, 2007; McGee, 2000). To address children's fears and trauma of their *first* move as described earlier (Stafford *et al.*, 2007), it seems doubly important that children are welcomed immediately (Fitzpatrick *et al.*, 2003) to the refuge, or new house, and are informed about what's going on.

Children's problems with refuge provision are similar in every report. First to be tackled though must be children's preconceptions about refuges, that are a lot worse than reality, with children often being relieved when they get there (Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007; Mullender *et al.*, 2002). There seems to be no reason why all children shouldn't know the *style* of local refuges. The common problem children have is of sharing in the old style communal refuges - Scotland's 2003 (Fitzpatrick *et al.*) report recommended a new model and the phasing out of these refuges. Children in 2007 (Houghton, 2008 and forthcoming) were disappointed to hear that two thirds of refuges were still communal, despite "60 odd" children saying it should change previously:

> S: "*I believe that all refuges should be up to the same high standard such as the new refuge in Stirling. This refuge has your own apartment in it and your own shower, kitchen, etc. and you have separate rooms for children and for young people 'cos they'll have different interests. Other refuges don't have such luxuries as they all have to share the same bath and cook in the same kitchen... There are still lots of underprivileged refuges all over Scotland.*" (S, male, aged 16, in Houghton, 2008, also involved in refuge research, 2003, p.15)

Children's preferences in relation to flexibility and access to children's areas and support workers became conditions of the government grant for children's support. However problems relating to loneliness, losing friends and not having children around that are your own age (Fitzpatrick *et al.*, 2003; McGee, 2000; Stafford *et al.*, 2007; Houghton, 2008; Mullender *et al.*, 2002) are less easy to assuage. Perhaps the expansion in the range and capacity of support services can lead to children meeting others of their own age more readily in groups and activities, whether they are in refuge or have moved on or are living in the wider community.

Moving to a new area (whether in refuge or a new house) is a huge disruption and Stalford *et al.* (2003) recommend a young mentor to help find out about a new place (also in Humphreys and Thiara, 2002) and mixing quickly with local youth/child services especially for those moving to rural areas or from rural to urban. It must be noted here that black and minority ethnic children may experience what Mullender *et al.* (2002) name as the exchange of one type of violence for another through being subject to racism and racial harassment in the new area, house or school (also see Fitzpatrick *et al.*, 2003; Humphreys, 2000) - "…we were picked on, people call you names, we had to move house because of this" (10 year old boy in Fitzpatrick *et al.*, 2003, p.63). Stafford *et al.* (2007) found that children's attitude to moves was affected by "the contrast

between the quality of the house and situation they had left and the quality of the house and situation they moved to" (p.33), with some children describing this as being doubly 'punished' due to being 'dumped' in one room in a refuge (Houghton, forthcoming) whilst their father was in their nice middle class house. For many children there were a disturbing number of moves that should be minimised (Mullender *et al.*, 2002; Houghton, 2008; Humphreys and Thiara, 2002; Stafford *et al.*, 2007). Although Stafford notes that consequent moves are not as traumatic as previous and often children are involved and informed at these stages, the consequences of multiple moves could be explored further with children, including many children who have visited refuges multiple times (Stalford *et al.*, 2003; Mullender *et al.*, 2002; Stafford *et al.*, 2007; Houghton, forthcoming).

Children would "rather have their own workers" (10 year old in Fitzpatrick *et al.*, 2003, p.63) "all the way through" as "it's not a good idea to change workers when you know and like the person" (15 year old boy in Fitzpatrick *et al.*, 2003, p.63, also reflected in Humphreys, 2000). For those leaving refuge, the previous practice of losing support immediately was a real loss to children "I would like a worker to come spend time with you when you've gone. Miss it." (9 year old girl in Fitzpatrick *et al.*, 2003, p.63). There are steps in Scotland to provide a key named worker approach for children who have used refuges and moved on, an approach that children would like throughout their moves (whether or not they include refuge) (Fitzpatrick *et al.*, 2003; Houghton, 2008).

> *"Some of the children and young people feel they still need their children's supporters to talk to after they have left the refuge. Follow on groups lets the children meet their children's supporters weekly so that the children supporters can see if the kids are coping with moving on and they can be there to offer the kids support and advice that they may not want to seek from their parents." (*S, male, 16, in Houghton, 2008, p.16)

The importance to children of their possessions and toys is a major issue in many of the key reports (Mullender *et al.*, 2002; Stafford *et al.*, 2007; Stalford *et al.*, 2003; McGee, 2000; Houghton, 2008), "the little things that mean so much to you" (L, female, 16, in Houghton, 2008, p.48), which supports Stafford *et al.*'s (2007) recommendation that ways should be found of replacing (or bringing and storing) children and young people's possessions and toys.

Making more help available at school

Accessing support in schools is uncommon but would make a huge difference to children experiencing domestic abuse (Stafford *et al.*, 2007; Mullender *et al.*, 2002; McGee, 2000; Houghton, 2008; Stalford *et al.*, 2003). McGee writes that children spoke of three things affecting their educational achievement – aggression in school, lack of concentration, school refusal. Some children were scared to even go to school whilst living with domestic abuse, with some missing chunks of time (Stafford *et al.*, 2007; Mullender *et al.*, 2002):

> *"Because I was scared in case. Like, he battered her and she went away and then I went hame and she wasnae there and it was just me left and him. Ye ken what I mean? So I was scared."* (girl, 13, who had missed a lot of school, in Stafford *et al.*, 2007, p.43)

Homework was also a major problem whether still living with abuse - "I used to sit there and just cry and shake because I couldn't do my homework" (girl aged 19 in McGee, 2000, p.80) - or finding space to do it when staying in refuges (Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007) or with relatives (Mullender *et al.*, 2002; McGee, 2000; Stafford *et al.*, 2007; Houghton, 2008). Others found it easier to concentrate when away from the abuse (Barron, 2007; Mullender *et al.*, 2002). Many children did not feel that teachers were accepting of this or making allowances (Mullender *et al.*, 2002; Houghton, 2008 and forthcoming). Children across the key studies spoke of their schoolwork suffering whilst living with abuse:

> "*I went from a straight 'A' student to failing every class because I was concentrating on what was going on at home.*" (L, female, 16, in Houghton, 2008, p.17)

However for children moving homes, Stafford *et al.* (2007) found their 'troubles' were less around educational attainment and more about peer and friendship difficulties. Other children speak of the stigma of being new to the school, and one suggestion was for the new kid to have a 'popular' pupil as a mentor (M, male, 17 Houghton, 2008). There was a real need to teach students more about domestic abuse as well as teachers (Mullender *et al.*, 2002; Houghton, 2008; McGee, 2000; Bagshaw *et al.*, 2000), with some young people recommending 'peer educators' (see Bagshaw *et al.*, 2000). Young people advised Ministers that there should be trained support available in school - "someone who does know" (M, male, 17, in Houghton, 2008, p.18), "somebody in the school that can actually help" (J, female, 15, in Houghton, 2008, p.17) - who they felt could also help teach the teachers (Houghton, 2008) as children had very little faith in teachers ability to understand what they were going through and help them (Stafford *et al.*, 2007; McGee, 2000; Mullender *et al.*, 2002; Houghton, 2008; Bagshaw *et al.*, 2000).

The few children that mentioned positive support from the teacher spoke about – the teacher being nice, making a cuppa, dealing with any problems at school straight away "because of what we've been through" (girl, 14, in Stafford *et al.*, 2007, p.47), or offering to have a "special five minutes" (boy, aged 7, in McGee, 2000, p.145). McGee wrote about fifteen families where children had spoken to teachers with the result that only four teachers spoke to mums, five children felt supported but maybe wanted more practical help, and for the rest no support was offered for the child or mother. When teachers gave some comfort and support it wasn't enough without help, and importantly children see help as not just for the child but for mum as well.

> "*I used to tell teachers and my friends at school what he was like and they, I could see they believed me but they couldn't do anything about it. … it didn't really help me a lot because they didn't really help me help my mum*" she concluded they need to "*know how to treat children who have that in the home.*" (Jackie, aged 19, in McGee, p.145)

Where there were specialist staff in school or visiting the school this was seen as a help. Many children felt that schools were *the* place where you could (and should) learn about help available and begin to access support (Houghton, 2008; Stafford *et al.*, 2007; Houghton, forthcoming; Bagshaw *et al.*, 2000). For example, one ten year old girl had a special childworker once a week in the school; "She speaks to people and sort of just checks out how you are feeling." (Stafford *et al.*, 2007, p.47). Young people in Scotland have been enthusiastic about the approach and in some areas Women's Aid outreach workers give support sessions in schools (Houghton,

forthcoming and evaluation of Women's Aid children's services, due 2008). Furthermore, Mullender *et al.* (2002) recommended that "children who have known violence in their own lives would be a rich source of information and advice to other children, both those who are facing specific risks and those who have a general need to learn more" (Mullender *et al.*, 2002, p.90). Children with experience of domestic abuse could also teach teachers, who could (and need to) learn a great deal from listening to children's perspectives (Houghton, 2008; Houghton, forthcoming).

Children's participation in research, practice and policy development

In conclusion, this review of children's perspectives literature shows that children's 'active participation' is crucial to our knowledge and understanding of the reality of their experience. It results in "significant knowledge gains" (Woodhead and Faulkener, 2000, p.31) for research, practice and policy purposes; young respondents raise "a different range of issues from those raised by adults" (Baker, 2005, p.283). Children have a right to participate in decisions which affect their lives (*UN Convention on the Rights of the Child 1989*; *Children (Scotland) Act 1995*) and children are clear that this is extremely important when experiencing domestic abuse, and affects their ability to cope (Mullender *et al.*, 2002; reflected in other studies reviewed). What's more, many children want to be involved in decisions that affect children experiencing domestic abuse collectively, so as to make things better for children in the future (Stafford *et al.*, 2007; Houghton, 2008; Houghton, forthcoming; Mullender *et al.*, 2002).

Their evidence suggests that children are very comfortable with being experts in their own lives, and in reflecting on the services they have or have not received:

> *"Perhaps it is unethical to overprotect children from research, not only because this excludes them (Alderson, 1995) but because we will then end up intervening in their lives in ways which adults have established to be best, without understanding how children and young people perceive or experience these well-intentioned but perhaps misguided efforts."*
> (Mullender, 2002, p.9)

Children would remove the word 'perhaps' from this sentence, twice – for from children's perspectives it has been evidenced that our interventions and efforts are far from reaching the mark. It is vital that Scotland continues to deliberately solicit children's active participation in the research process and to ensure that "children's perspectives, views and feelings are accepted as genuine, valid evidence" (Woodhead and Faulkener, 2000, p.31), not least to address this "paucity of effective service provision" (Baker, 2005, p.281). Children have demonstrated ably that they can be asked, using innovative skills and techniques, about domestic abuse. What is vital is that Scotland's commitment to children's participation in the delivery plan ensures that we are not only innovative in *asking* children but we retain the "…ability to do something meaningful with what we find, making appropriate links with research findings, policy and practice." (Roberts, 2003, p.32).

The implementation and further development of Scotland's children's 'domestic abuse delivery plan' over the next three years (2008-11) is an unprecedented opportunity to be at the forefront

of children's participation in research, practice and policy. Since the inauguration of The Scottish Parliament, Scotland has been cited a world-leader in the participation of children affected by domestic abuse in the highest level of policy-making :

- a young person representing children's 'Listen Louder' appeal for more help was praised as 'as good a petitioner as we have seen' by a Scottish Parliament Committee (2002, col 2432), beginning the process of children becoming acknowledged expert witnesses in the public policy arena
- children and young people gained access to those in power, Scottish Ministers, through the groundbreaking Scottish Women's Aid's *Listen Louder Campaign*, impacting on resource distribution for services (2002-4 summarised in Houghton, 2006).

This has continued through the direct involvement of children in the process of developing a national delivery plan to improve outcomes for children affected by domestic abuse: young people have given evidence to the delivery group; independently advised new Ministers of children's priorities for the plan *in their view* (Houghton, 2008) and given their views on priority action areas (Smith *et al.*, 2008). This is unprecedented in the review of worldwide research as far as can be established, challenging the dominant view that "…represents children and young people as lacking the knowledge or competence to be participants in policy debate." (Edwards *et al.*, 2004, p.104). Furthermore children have achieved influence in the development of support services in Scotland over recent years. Current Ministers assured Parliament that "their priorities and views have shaped the development of the delivery plan" (Scottish Parliament 2007 Col 3471) and because of this experience "are now working to increase involvement of children in that work" (ibid). Ministers then announced the investment of £40 million over three years to improve the lives of children and young people who experience domestic abuse and to tackle the wider issues of male violence against women.

> "*That's a lot of money that they are planning but as long as it helps change the future I am happy.*" (M, male, 17, in Houghton, 2008, p.35)

The challenge to Scotland is to maintain and develop children's participation: to increase the number and diversity of children we hear from in the analytical and participation programme; to find and test innovative ways for children/young people to communicate their views including 'e-democracy' (see Barron, 2007); to ensure that children are *agents* of every step of the plan (monitoring, evaluating, training, researching, advising, producing, developing) and not 'just' recipients.

> "*MG: 'Cos everybody's got different opinions and views and experiences, so they should really listen and take on board what we've to say, and if they're gonna change it, how they're gonna change it. We're giving them ideas as well, so it's not just them plotting 'what we're going to do'. We're saying to them we think you should do this, to take it all on board, we're giving you ideas that you may find helpful to use, so it's helping them as well.*
> *L: Yeah.*
> *L: Yeah, we're helping them.*"
> (MG, female, 19 and L, female, 16, in Houghton, 2008, p.28)

A crucial part of this is to address the invisibility of children affected by domestic abuse in certain areas, whether in relation to prevalence figures, certain policy areas (e.g. justice, schools, mental health), or indeed local authority areas particularly in light of the move to local outcome agreements. A national research project exploring the prevalence, nature and experience of domestic abuse of children and young people in Scotland is urgently needed. This could be undertaken through schools (see Cashmore, 2006), linked to prevention education and *essentially* have support attached for children (unlike other surveys for example Mullender *et al.*, 2002). Vitally, it could address children's gaps in knowledge about domestic abuse and the help available, provide learning for key practitioners – teachers, whilst informing policy makers and practitioners about the reality and prevalence of domestic abuse from the perspectives of children in Scotland.

It is a challenge to continue to develop a participation structure where young people are inside the mainstream of political decision-making with commitment and channels for action (as opposed to the usual in Borland *et al.*, 2001, p.36); whilst maintaining children's belief and tackling scepticism that things will change and they will be listened to (Houghton, 2008; Barron, 2007). To enable a group of young people (following the best practice example of the 'Making A Difference…' project) to continue to 'quality assure' the delivery plan by maintaining direct access to Ministers and relaying *children's* priorities, would be impressive:

> "… *if they're in charge of the government, they should want to make the country the best place that they possibly can, so they should listen to children and young people.*" (J, female,15, in Houghton, 2008, p.27)

To do this effectively and inclusively the young people would need to remain in touch with a far wider range of children across Scotland who are living the experience now - living the developments/services/systems within the plan – to ensure that all constituents are heard, Ministers' information is current, and to avoid the exclusion of other viewpoints (warned about in Fitzpatrick *et al.*, 2000).

Current projects and studies in the literature review give examples of best and cutting edge practice in the participation of children and young people: particular consideration of the experience of domestic abuse proves *essential* to this endeavour. Such examples include: Mullender *et al.*'s (2002) 18 month long study that was able to track children's changing feelings/experiences, employing researchers with skills to listen (and respond) and with shared ethnicity that children appreciated; Stafford *et al.*'s (2007) interview journey "practically giving children space and time to reflect, think and decide what to talk about, in their own time, their own way" (p.21); the same project co-steered by Scottish Women's Aid young research advisors (SWA, forthcoming); *Listen Louder*'s (2002-4) multi-method and staged approach from friendship groups to mixed group filmmaking, through to national campaigns and events (see Houghton, 2006 and forthcoming); Morrison's (forthcoming) use of innovative participatory techniques on a most difficult subject. The author also shares the hope that "the use of participatory techniques allows age as a construct of children's ability to participate to be minimised" (O'Kane, 2000 p.140 citing Solberg, 1996) so that we can hear from younger children on this subject. These developments are all made possible through closer links with good practice, skills, techniques and values (Thomas and O'Kane, 2000; Mullender *et al.*, 2002; Houghton, 2006), particularly the rich experience and expertise of Women's Aid children's

support workers with whom the government and researchers should develop a "culture of partnership" (Orme, 2000).

It is the authors belief that not only can we work to ensure that participation "does no further harm" (Alderson, 1995) to children affected by domestic abuse, with particular reference to Mullender *et al.*'s (2000) three C's (consent, confidentiality, child protection) and three D's (disclosure, distress, danger), but that we can further explore ways in which participation is part of all agencies' responsibility to work to "undo the harm to children" (Pence and Shepard, 1999). By asking children's views on the *processes of involvement* we can ensure that three E's are added to children's participation - empowerment, emancipation, and enjoyment (Houghton, forthcoming):

> *"Yeah I thought it went really well. The Ministers felt really interested on what we were saying it was great...I felt they were really keen on listening to what we had to say which was a really good feeling."* (M, female, 19, in Houghton, 2008, p.32)

Summary

Children's active participation in decisions that affect their lives is crucial to them. Their active participation in research, practice and policy development is crucial to adults in order to improve the current inadequate response. Key points emerge from this chapter

- *Perpetrators of domestic abuse ensure that domestic abuse is an integral part of children's lives, children are not mere witnesses*

- *Children speak of the emotional, physical and sometimes sexual abuse that the father/father figure inflicts on <u>the family</u> – themselves, their mothers and siblings*

- *Children perspectives and <u>fear</u> in relation to their violent fathers should be taken more seriously, children need to be safe from him and for the abuse to stop.*

- *Professionals should hold the perpetrator accountable as an abusive father*

- *Young people themselves feel that adults need to listen to them more, so that adults can better understand the reality of domestic abuse for children*

- *Children want to actively participate in major decisions about their lives, individually and collectively*

- *Mums, family and friends are most important to children*

- *A trusted, 'confidential', one-to-one, named support worker is crucial to children, with options for group support important too*

- *Children do not trust professionals, do not feel they understand about domestic abuse and have little faith that they will respond appropriately*

- *Home and school are the key places for support according to children, teachers' response is seriously lacking at present*

- *Children can and should participate in developing more effective practice, in training professionals and addressing gaps in knowledge that remain*

- *Children participation in research and policy development can be effective and influential, and results in significant knowledge gains to improve the response of adults, practitioners and policy makers*

Directions for good practice – participation

Scotland's approach to domestic abuse where children are involved

1. Language used in policy-making and practice development should reflect an understanding of the reality of domestic abuse for children and their perspectives:

   - children are active participants (not passive, hidden or witnesses) in the domestic abuse situation

   - children experience emotional, physical and sometimes sexual abuse directed at their mum and them

   - it is not an issue 'between adults' from which children can be disconnected

   - children distinguish between the parent they are in fear of and the parent that is being abused, the generic term of 'parents' is not useful

2. Children have a right to participate in decisions that affect them, particularly as they tell us that active participation - being listened to and taken seriously, being involved in solutions and decisions – helps children experiencing domestic abuse to cope. Children's active participation should be encouraged:

   - in work with mothers about their relationship with their child

   - in services involved with children and families

   - in legal and child protection systems

   - through funded opportunities for participation in the policy-making field

3. Development of policy and practice needs to take on board children's perspectives of their domestically violent father (/father figure/mum's boyfriend), the effects of his abuse on their family and their overwhelming need to be safe:

   - action to tackle and remove the perpetrator and protect women and children from him is *the* priority for helping agencies

   - a review of protective measures should include children's perspectives on safety

4. A review of the effectiveness of the *Family Law (Scotland) Act 2006* amendment to the *Children (Scotland) Act 1995* in relation to safe contact is urgent, as from children's perspectives contact is the biggest threat to theirs and their mothers safety once they leave/separate:

   - children's fears in relation to contact should be recognised

- children need to participate in decisions about contact, preferably through or with someone they trust and can speak to

- many children do not want contact and in that case it should not be awarded

- if children and women are put at risk or do not feel safe because of contact then it should not be awarded or should be reviewed urgently if previously granted

- it must be recognised that some children want time to recover and be convinced they are safe before contact

- for children who may want contact, every effort must be made to manage a dangerous situation and allow opt out and reviews at any stage should the child be frightened or upset or hurt

5. Children say their mothers are their most important support, and their mum's safety and protection is vital to children. The alliance between women and children should be strengthened by:

   - an assessment of the availability of support to women - as survivors and as mothers

   - a programme of development work in supporting the mother/child relationship and joint work with women and children where appropriate – learning from Women's Aid and funding of pilot projects could help develop good practice

   - the development of sensitive information for mums from children's perspectives – what would help them (such as talking about it, children are aware, want to leave, need to know what mums think to make sense of it, work through it and get over it etc.)

   - recognition (by all adults) that children are participants in domestic abuse, where at all possible it's important that children have information about what is going on and what will happen next, and that they give their views and are involved in making decisions about their lives

Children's access to support and information

6. Develop a public and schools education campaign targeted at *all* children and young people in Scotland. Ensure this:

   - addresses the severe lack in children's knowledge about what to do when there's domestic abuse, how to talk about it, who to talk to, what help is available

   - directly tackles stigma

   - helps children 'be a good friend'

   - gives opportunities for children to learn about help available without being identified (e.g. all children in class accessing website etc.)

7. Involve children with experience of domestic abuse in the development of this campaign, through their participation in creating:

- a range of information (web/materials/leaflets) for children from a child's perspective about what helps (using age appropriate language and media)

- materials/curricula for prevention education in schools or/and community programmes targeted at children and young people

- national campaigns linked to local campaigns, using their media and role models/hero's and peers to motivate *all* children to get behind the campaign against domestic abuse

- adverts targeted at children and young people that do not scare them and are associated with ending domestic abuse

8. Develop a national central confidential resource *with strong links* to local named specialist support workers (giving children access to as many different forms of communication as possible):

- develop with children a national website and support service (not information only) using different means of communication such as email and web based support

- develop helpline support nationally and locally including text options (in consultation with children)

- link this to clear information about and ways of contacting local support (including names of workers and contacts, type of refuges, support for mum) – local information could be developed locally with children

9. Continue to develop the professional resource that children evaluate most highly – specialist children's support workers, someone to talk to and trust – usually through Women's Aid (though children don't mind as long as they're good):

- through current evaluation ensure that children who use refuges receive the range of flexible, regular support that they recommended: in particular review current funding levels to reflect numbers/spaces if each child does not have a named worker "theirs all the way through" from refuge and when resettling

- review and expand outreach specialist support to *all* children affected by domestic abuse in communities and specifically through schools, and other places children and young people go, including youth groups/nursery etc.- reflecting population and need

- share (and thereby increase) skills and resources between sectors through joint work, e.g. with youth workers, increasing access to helping, knowledgeable adults

- increase links with and availability of mental health and 'in-depth' support without branding children or ignoring the cause of domestic abuse

10. Take action to improve the moving home experience for children:

- all agencies recognise the initial move especially will be traumatic for children: welcome, explain, talk about the 'incident' that preceded it

- all refuges should be the high standard recommended by children (own flat, age specific space) - phase out the two thirds of refuges in Scotland that are still the old style communal refuges *urgently*, children hate them

- provide practical and cash support to replace possessions and toys, for storage, transport, uniforms etc.

- consider young 'mentors' for children who've moved to a new area (especially if rural to/from urban or between countries)

- give child-friendly housing options that don't make the experience even worse or put children under threat

- take steps to ensure women and children are safe in their homes/new homes in order to reduce the number of moves

- through pilots seek children's perspectives on exclusion orders and how they would feel about staying in their own homes

11. Improve children's opportunities to get peer support from friends, new friends, new children and young people in their lives – recognise that friends are more important than adults to children:

- Facilitate children keeping in touch with and having contact with friends, including new friends made through domestic abuse services

- Very importantly provide opportunities for children to meet other children that have been through domestic abuse (if they want to)

- Provide structured groupwork to work through the experience of domestic abuse

- Improve free access to child/youth activities including leisure/arts etc, mixing with people your own age (not necessarily having been through domestic abuse)

- Consider participation projects about domestic abuse with mixed groups of children

- Improve informal opportunities including chill out space in refuges or centres

12. Schools are key to children affected by domestic abuse and education must take a greater role in their support:

- make more help available at school and ensure there is someone to speak to there

- find ways of specialist support being available at school (including outreach workers using schools space or even being based at schools)

- teach teachers better, as a matter of urgency ensure teachers have the skills to deal appropriately with domestic abuse and that they receive training using materials from children's perspectives

- teach students about domestic abuse and to not judge but help (see prevention section) and thereby give children a language to speak about it

- consider young befrienders or mentors for children new to a school

13. Develop a major training initiative to address the serious lack of knowledge and ability that children experience in professionals they come into contact with (including education staff, social workers, police, health workers, children's panel, solicitors):

- equip all professionals that children come into contact with to respond appropriately (including responding to 'cues')

- utilise children's expertise about what can help

- develop messages to reach children that there are people who can help (perhaps in the interim naming local professionals who *are* equipped to respond)

- let children know that professionals are receiving/have completed training to increase confidence in their ability to help

14. Involve children in the national training programme developments:

- in development of accessible and innovative national training materials for all professionals and specific agencies, including pre and post qualification training

- in practice manuals/toolkits including protocols for information sharing, communication between agencies, confidentiality

- in working with specific agencies and multi-agency groups to develop information for children about agencies

- in producing information that should debunk myths about agencies (e.g. taking children away, running refuges like crack houses) as well as domestic abuse

15. Scotland's public education campaign targeted at adults should consider raising the public's awareness of what children say will help them, through participation of children/young people in developing the campaign:

- as family (especially mums) and friends are most important to children, a campaign similar but different to the Canadian 'neighbours, family, friends' should be considered

- public should be aware what help is out there and be reassured of the approach (that agencies want to stop the abuse and take measures to protect them and tackle perpetrators, help the women and children be safe, keep women and children together whenever possible, get support for mums and someone for the child to talk to).

Children's continuing involvement in Scotland's policy development

16. Scotland's unique policy of enabling children and young people with experience of domestic abuse to have direct access to Ministers should be maintained. The participation process should be developed and include:

   - setting up a young people's advisory group with a remit to continue to inform Ministers of *children's* current priorities and problems, as quality assurance for the delivery plan: this role should be undertaken through connections to (and advising on) a wider programme of children's participation projects connected to the plan

   - a variety of children's projects/evaluations across Scotland to implement and evaluate the plan's priorities and current practice (children of different ages, experiences, ethnicity, background)

   - central funding and levers should be considered to encourage local participation projects, reflecting the shift to local outcome agreements and the need for children to participate in local service development, accessing those in power locally. Young people could be involved in the national fund development, encouraging the highest levels of participation with child-initiated and partnership projects ('Listen Louder Locally'?)

   - funding for short term discrete projects that would benefit children and Scotland - encouraging children's productions, developing skills with adults/other young people such as art, film, music etc and enabling outcomes (and pride) in their own time

   - yearly (or at appropriate review times of the plan) opportunity for all children involved (not just the advisory group) to be involved in national events with Ministers, the Parliament and Delivery Group

   - investigating and developing e-democracy and consultation

   - a commitment to involve children in all policy areas (particularly where it may be seen traditionally as a more 'adult' or 'sensitive' subject, e.g. absence of views of legal systems, advertising)

Children's participation in research, consultation and knowledge sharing

17. A major national study should be undertaken *with* children and young people to establish the prevalence and reality of experience of domestic abuse in Scotland. The use of school-based surveys and research activity should be the main component part of this, with a *prerequisite* that children involved in the study have support available afterwards (unlike other surveys). There is potential for coordination with prevention education work/campaigning

18. A qualitative research programme with specific groups of children and young people and those with specific experiences will increase our understanding where literature is limited or has excluded children. This research programme should include a study of the perspectives of:

- younger children using innovative participative techniques

- young people - young adults

- black and minority ethnic children

- children from rural areas including islands

- disabled children

- children also in other vulnerable groups such as looked after children, young carers, children of substance misusing parents

- children with specific experiences such as of the criminal and civil court/system experiences (including specialist courts), the Children's Panel, specific agency response such as that of education or/and the local multi-agency approach

19. The analytical programme for the delivery plan provides an opportunity to use different and innovative ways of working with children, including consideration of young people as research advisors and researchers

20. A national longitudinal study following children's lives and the impact of domestic abuse over the years on short, mid and long term outcomes for children from *their* perspectives would an innovative endeavour to bring greater understanding of the complexity of this area, and challenge labelling/pathologising of children

21. Evaluations relating to domestic abuse policy and practice development, pathfinders and pilots should include children's perspectives and tracking outcomes for children

22. Data collection by agencies should be enhanced considerably and collated centrally to enable a national picture on children (including age groups) and women's experiences and use of services

23. Guidance should be issued (and reissued alongside developments in the field) on good practice in engagement of children with experience of domestic abuse, not only to ensure that participation does not cause further harm but that it can be part of the commitment to undo the harm to children

24. Findings from children's perspectives literature should be centrally available and accessible to all working to improve things for children, and updated regularly with new research and evaluation

25. The sharing of national learning locally and vice versa should be encouraged through a central resource/use of web and consideration of a programme of events/training relating to children's perspectives and involvement of children experiencing domestic abuse in developing practice and policy

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CHAPTER FOUR PROTECTION FOR CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE *Cathy Humphreys and Claire Houghton*

The overview of the prevalence and impact of domestic abuse on children and young people highlights the significance of protection – keeping children safe. The review of children's perspectives literature reveals 'being safe' as one of two key concerns for children themselves; the second is 'having someone to listen to them', with safety often a prerequisite to children feeling able to speak to someone about domestic abuse.

Three key themes emerge on the issues of protection. Firstly, no one organisation is responsible for keeping children safe. Effective multi-agency collaboration is required. Secondly, protective action needs to focus on intervention with the perpetrator. Thirdly, the protection of children is separate but linked to the protection of their mothers. Each of these areas will be discussed in more detail.

Pathways to Protection and Multi-agency collaboration

A problem has arisen in Western countries responding to domestic abuse whereby the safety of children is considered to have been secured by a referral or notification to the statutory child protection authority. In countries where there is mandatory reporting and domestic abuse is specified, child protection systems have been overwhelmed (Humphreys, 2007; Edleson, 2004). In Australia, for instance, the level of reporting (notification) has doubled in a seven year period and much of this has been due to increased numbers of children living with domestic abuse who have been reported (AIHW, 2006). A similar problem has been identified in Scotland where referrals have never been higher, leading to a recommendation that all cases of domestic abuse involving children should not be automatically referred to the Reporter (Scottish Executive letter to Chief Executives, 2007). In 2006-7 the Scottish Children's Reporters Association (SCRA) received 66,785 non-offence referrals of which at least 18,004 were for domestic abuse (an increase of 5,000 domestic abuse referrals from 2004/5): a snapshot report of two weeks of police incidents in November 2006 (ACPOS, 2007) revealed 45% incidents had children in the family, of those children were present in 70% of incidents and 91% were referred to SCRA. The high number of referrals, and small proportion going to a Children's Hearing, suggests that concerns could be dealt with more quickly and appropriately by earlier action by agencies that provide help directly, unlike SCRA who determine whether the child needs help *compulsorily*. The point is made that child protection systems which are overwhelmed with referrals are not necessarily in a position to respond positively to children living with domestic abuse. A review by the children's commissioner for Tasmania made the following statement:

> "While introduced in Tasmania and elsewhere to increase the referral net for child protection referrals and improve child safety, mandatory reporting has had the unintended negative consequences of overloading the statutory system without necessarily improving child safety." (Jacob and Fanning, 2006, p.59)

Clearly, protocols which recommend that wherever children are affected by domestic abuse a referral to the statutory authority is required are proving to be ineffective. Nonetheless, there are

a group of children living with domestic abuse who are at significant risk of harm and require the intervention of state authority and protection. The earlier overview of the research evidence shows that some children living in households where there is domestic abuse, or having contact with perpetrators, will be killed or seriously injured. Differentiating these children from others who can be safely supported in the community is not straightforward (Humphreys, 2007).

The evaluation and experiences gleaned from the Scottish Domestic Abuse Pathfinder projects will provide very significant evidence and assistance to other countries struggling with this issue (see http://www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec for further information on the Pathfinder). The UK and Australia are also developing research projects which are still in their early stages[5]. In other parts of the UK, work is progressing in some areas. Warwickshire for instance has developed work with the DAMAT (Domestic Abuse Multi Agency Team), in which police, the specialist domestic abuse support project (WDVSS) and child protection workers[6] come together to assess and provide support to children and families where domestic abuse has been identified (see http://www.warwickshire.police.uk/ineedhelporadvice/violenceathome/damat for info.).

Some areas are developing a focus on work with the most dangerous and high risk offenders. The Cardiff MARAC (Multi Agency Risk Assessment Conferences) process has been positively evaluated for work with high risk situations of domestic abuse. The child protection workers in that evaluation commented that it had been helpful in creating protection for children in these families (Robinson, 2004). A similar model is being piloted in Scotland and it is noteworthy that the North Lanarkshire MARAC pilot showed that of 100 cases, 70% involved children, and that currently repeat victimisation is sitting at 17%, compared to the Strathclyde police rate of 40% (evaluation forthcoming). Potentially, a greater focus on children's needs in relation to the MARAC process may be required. One of the advantages of the MARAC is that the risk created by the perpetrator is central to the risk to the child. This is not always the case in social work practice in this area, which has a tendency to create too much focus on the mother and not enough on the perpetrator risk (Humphreys, 2007). A further project in Australia, the DART project, concentrated again on the most chronic and high risk families through intensive case management and action by a team of child protection workers and the police and showed very positive and cost effective results (see findings in p.13 of http://www.austdvclearinghouse.unsw.edu.au/PDF%20files/Newsletter_24.pdf).

The child protection overload highlights the need to recognise that children will only be adequately protected if their needs are secured through strong multi-agency partnerships which provide a powerful network of protection: one which rivals the power of the perpetrator to have his needs and demands prevail.

Integrated or 'whole of government' domestic abuse strategies are now widespread, as exemplified by the National Strategy (Scottish Executive, 2000). Action to implement such strategies recognises that responding to domestic abuse involves co-ordinating complex systems

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[5] Prof Nicky Stanley is funded by the NSPCC and Professor Cathy Humphreys is funded by the Australian Research Council to explore these complex issues

[6] 'Child protection workers' is terminology used to refer to workers with a statutory brief to intervene in cases of child abuse even if they may also carry a broader remit of work in the children and families area.

at both strategic and operational level. The evidence base is developing to show that such strategies can be effective (Chung *et al.*, 2004; Holder, 2001; Pence and Shepard, 1999). However, there is also evidence to show that a government strategy is only as effective as the strength of its implementation at local or regional level. The Home Office commissioned research on the effectiveness of the crime and disorder reduction partnerships indicated that these local partnership were at very different stages of development and effectiveness (Home Office, 2004). Some long-standing multi-agency forums (Leeds Interagency Partnership; Hammersmith and Fulham Community Safety Partnership; Cardiff Women's Safety Unit), have moved to high levels of co-ordinated action which can demonstrate both increased criminal justice responses as well as strong endorsement from women about their sense of safety (Robinson, 2003; Hester and Westmarland, 2005). The protection of children is not necessarily the focus of these multi-agency partnerships. It is most developed where there is high level championing of the child protection and child prevention agenda within the domestic violence partnership (see for instance Cheshire Domestic Abuse Forum http://www.cheshire.gov.uk/domesticabuse/Children.htm) and more recently the MARAC evaluation for Cardiff (Robinson, 2004).

The research on multi-agency co-ordination suggests that a note of caution is required. Co-ordination in itself is not a goal and is only worthwhile if it secures greater levels of safety and well-being for women and children affected by domestic abuse and that perpetrators are held accountable for their violence (Mulroney, 2003). This is not always the case. The first UK research on multi-agency working did not provide full endorsement for this approach (Hague and Malos, 1996). This research found that the development of domestic abuse forums could be resource intensive and in some instances only resulted in a 'talking shop' for professionals, rather than showing demonstrable evidence that women and children were better protected and that there had been an increase in effective intervention with perpetrators. Other research has also shown that the increase of professional involvement through multi-agency forums in some areas also brought with it a decrease in the accountability mechanisms and inclusion of women survivors in participating in the directions for service development (Hague *et al.*, 2003).

Many formulations have been developed on the steps that are required to ensure that the extensive time spent on multi-agency co-ordination is goal directed and effective (Mulroney, 2003). There are many similarities. Given that the Duluth Model has been extensively evaluated, their template for developing an integrated systems' response is listed below:

- Develop a common philosophical framework
- Create consistent policies and procedures which coordinate and standardise the intervention actions of practitioners involved in a community response
- Monitor/track cases from initial contact to case disposition to ensure practitioner and offender accountability
- Coordinate the exchange of information, inter-agency communication on a need-to-know basis, and inter-agency decisions on individual cases
- Provide resources and services to victims and at risk family members to protect them from further abuse
- Utilise a combination of sanctions, restrictions and rehabilitation services to hold the offender accountable and to protect victims from further abuse
- Work to undo the harm to children

- Evaluate the coordinated community response from the standpoint of victim safety and the goals of the intervening agencies (Pence and Shepard, 1999).

While the steps to design an integrated strategy are complex, some underlying principles need to be identified. It is when these principles are made explicit that some of the reasons for conflict and 'structured' misunderstandings between workers and organisations can be seen and the factors which require significant worker and organisational change clarified. Principles have been set out by Burke (1999, p. 264) based on her work in a community service organisation which worked explicitly with men, women and children where there were frequently issues of both child abuse and domestic abuse. They reflect and address the hierarchies of both gender and inter-generational power.

- Safety and protection of children
- Empowerment and safety for women
- Responsibility and accountability of perpetrators of violence

A fourth principle which addresses the issues of recovery needs to be added.

- Attention to strengthening the relationship between mothers and children and other family members.

This fourth principle recognises the potential link between mothers and children and the fact that domestic abuse is frequently an attack on this relationship and relationships with other family members which need addressing in the aftermath of violence (Humphreys *et al.*, 2006a).

Helpfully, Burke (1999) has suggested that the principles form a hierarchy when there is a conflict of interest. For example, should there be a dilemma between the principle of child safety and that of the empowerment and safety of women, *which even after high level support is unable to be addressed*, then the safety of children remains paramount due to their level of vulnerability. Similarly, if there is a conflict of interest or resourcing pressures, the safety and empowerment of women needs to be placed as a priority over potential work with men. In the first instance, however, it is attendant upon agencies to develop complex working practices which respect and work with all principles, whether from within their own organisation or through multi-agency working. This actually demands a change of culture in many organisations who have traditionally had a 'siloed' or specialist focus on perpetrators, adult survivors (usually women), or children. The challenge of an integrated strategy lies in ensuring that a more holistic practice develops within a multi-agency context.

A focus on perpetrators

Child protection intervention has been the subject of extensive criticism for its focus on women as mothers rather than men as fathers (Scourfield, 2001; Featherstone and Trinder, 1997). This problem takes on particular significance in the domestic abuse situation where there is both an adult victim, who is usually (though not exclusively) the child's mother, as well as a child victim. The lack of intervention with the perpetrator has been a consistently depressing theme in

most research on the child protection system's response to domestic abuse (Mullender, 1996; Findlater and Kelly, 1999; Humphreys, 2007; Irwin *et al.*, 2002; Holt, 2003). It clearly requires a cultural and practice shift which has been flagged in the Child Protection Audit and Review (Scottish Executive, 2002a), which recommends a greater emphasis on men to challenge them about their behaviour and to assist them in changing it (Section 8.45). It recommends that the approaches developed by criminal justice social work services in work with men who use violence are skills that should be shared with childcare and health professionals.

A raft of intervention is required which involves child protection as well as the police, courts and community sector workers. A number of measures are discussed.

An agreed risk assessment, risk management and safety planning tool

The development of an agreed risk assessment, risk management and safety planning tool to be used by agencies involved in domestic abuse intervention to assist in the development of high levels of multi-agency co-operation focused on the perpetrator can provide a potential starting point (Scottish Data Capture Tool (being tested in pathfinder areas 2007-8); Robinson, 2003). To date, the tools have tended to focus on shaping police front line practice rather than exploring the multiple ways in which risk assessment and risk management tools can be deployed to develop domestic abuse intervention more broadly (Humphreys *et al.*, 2006b).

For instance, it can provide the leverage for a widespread training initiative. The implementation of the SPECCCS+ tool in London and West Yorkshire involved the training of 23,000 police across London, and 5000 police plus 1500 support staff in West Yorkshire. Some areas explicitly used it as a basis for joint or multi-agency training (Humphreys *et al.*, 2006b).

Other areas have used risk assessment and risk management as the basis for finding a common language and approach to domestic abuse within the multi-agency collaboration (Victorian Department of Communities, 2007; Robinson, 2004). The development of the Cardiff and South Wales MARACs showed evidence of high level multi-agency working, drawn together through the risk assessment and risk management tool to target the most dangerous offenders. Significant benefits for children were noted by the child protection workers involved (Robinson, 2004). This latter example is one of the few cases where the link between the risk assessment/risk management tool and child protection has been made, though work is progressing to create joint child and adult risk assessment in some jurisdictions (Scottish Data Capture Tool (being tested in Pathfinder areas 2007-2008); Victorian Department of Communities, 2007). The focus on the dangerousness of the perpetrator provides a somewhat different focus to current child protection practice where the risk assessment frameworks tend not to create such an emphasis (Humphreys, 2007).

Underpinning child protection intervention with a civil protection order

A significant intervention which promotes a focus on the perpetrator lies in underpinning child protection intervention with a civil protection order. This provides leverage and safety, not only for women and children but also for child protection workers. It is a strategy used very

effectively by Burke (1999) as the first stage in contracting with families where child abuse and domestic abuse is an issue. In Australia, it is also strongly supported through child protection guidance (see Department of Human Services, Victoria, 2005) and legislation (e.g Western Australia *The Acts Amendment (Family and Domestic Violence) Act 2004*), though the Australian context has the advantage of police or child protection workers with powers to take intervention orders on behalf of the woman and/or child (Humphreys and Kaye, 1997). This is not a power available in other countries and is a significant prevention strategy and particularly useful when women are disempowered and frightened. Orders can be written, such that separation is not a requirement, but it provides police with extra leverage should violence re-occur.

Development of the use of exclusion conditions

A further development in the use of civil intervention orders is the development of the use of exclusion conditions on orders that allow women and children to stay in their own homes and require the perpetrator to leave. Such orders prevent some of the potential harm created through homelessness and the constant disruption to the lives of children including their schools, peer support and family networks (Mullender *et al.*, 2002). In some European countries, this is now the major front-line response to incidents of domestic abuse, particularly in the Germanic countries of Austria, Germany and Switzerland. In Scotland, women can apply for an exclusion order under the *Matrimonial Homes (Family Protection) (Scotland) Act 1981*: the protection provided through this Act was extended through the *Protection from Abuse (Scotland) Act 2001* ensuring more women had access to interdicts (banning partners/ex-partners from certain behaviours) and an attached 'power of arrest'. The power of arrest is said to "go some way to attaching criminal powers" (Cavanagh *et al.*, 2003, see 8.8) should interdict orders or exclusion orders be breached. Furthermore, the *Children (Scotland) Act 1995* allows for the 'local authority' to apply for an exclusion order should the child be at risk of significant harm, a potential route to avoid the financial and other "burden on victims of abuse to pursue actions" (ibid.). To date exclusion orders and their use where there is domestic abuse have not been monitored or evaluated in Scotland. However, where these practices have been developing in England and Australia, it is clear they require very significant support and monitoring of the perpetrator and higher levels of house security[7] to ensure compliance and safety (Edwards, 2003, p.7). The high levels of co-ordinated case management required suggest that they may need to be part of specialist 'sanctuary projects' rather than part of mainstream service provision – at least in the early stages of developing an integrated domestic abuse strategy.

In reality current practice is such that a child's safe haven will often not be their own home (Stafford *et al.*, 2007; Edgar *et al.*, 2003). For a proportion of these families that may never be a safe option. Access to appropriate refuges, housing and support services are therefore key in ensuring women and children's safety, support and security remains a priority through their sometimes numerous moves (Edgar *et al.*, 2003; Fitzpatrick *et al.*, 2003; Stafford *et al.*, 2007), and a major issue for children themselves (see Chapter Three).

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[7] Such as security improvements on offer through Edinburgh's 'Safe as Houses' Pilot as part of the Scottish Government's Innovation Fund in avoiding homelessness (evaluation forthcoming 2008).

Apprehension of the perpetrator and a consequence for his behaviour

The apprehension of the perpetrator and a consequence for violent and abusive behaviour remains the most effective child protection strategy. This involves high quality policing, consistent prosecution, appropriate judgements, and strong support for adult victims within the justice process (Holder, 2001). In other words, a scaled up, integrated criminal justice response to which child protection workers, particularly through evidence gathering can provide specific support is a significant aspect of working with children where there is domestic abuse. The evaluations of specialist domestic abuse courts suggest that these courts can make a difference to the rate of prosecution and to the level of victim support provided. However, the response is complex and dependent upon good quality policing, evidence gathering and strengthening victim support (Stubbs, 2005). A critical overview of the strengths and weaknesses of specialist courts using a range of international examples is provided by Stubbs (2005). An example lies with Scotland's Domestic Abuse Court pilot in Glasgow which showed an increase in guilty pleas, convictions, quality of evidence, fast tracking and crucially safety and participation of the victim (Reid-Howie, 2006). The court pilot is part of a system that includes the rare integration of a specific child/young person's advocacy and support service as part of the specialist victim service (ASSIST -Advice, Support, Safety & Information Services Together)[8], and the accompanying development of the MARAC approach including professionals related to children, women and perpetrators.

Men's behaviour change programs

The development of men's behaviour change programs has seen widespread development in the US, Canada, Australia and parts of England, Wales and Scotland. They remain controversial. Concerns arise about their effectiveness in stopping violence, the priority of resources in the sector, and whether they may actively contribute to violence if women return or stay with violent men on the basis that they are attending a men's behaviour change program (mbc program) (Laing, 2002). Evaluations and overviews of work in this area point to a number of areas which are of importance (Laing, 2002; Hester *et al.*, 2007).

A shift in evaluation has occurred from a focus on a specific program and its success or otherwise to evaluating the program in the context of the wider intervention system. This change in focus has been driven by the longitudinal, four site evaluation undertaken by Gondolf (2002; 2004). The critical finding in this study was that 'the system matters'. There seemed to be little difference in the effectiveness of different approaches and length of the programs (three months to nine months). Gondolf (2002) argued on the basis of the evidence that the effectiveness of the shorter program was that it was a pre-trial diversion program in which any breach was met with court involvement and there was regular court review. However, the Gondolf (2004) evaluation also suggests that there was a significant program effect. That is, attendance at the men's

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[8] Initial evaluation (Robinson 2004) reports positive responses from women and children to the children's service and makes recommendations for improvement, since then it has been further developed.

behaviour change programs was more effective that a simple arrest and put on probation response even if there was decisive court action. This was a similar finding to that Dobash *et al.* (1999) in their evaluation of the two Scottish projects: the CHANGE project based in Stirling and the Domestic Violence Probation Project in Edinburgh. A program effect was shown which went beyond the effectiveness of criminal justice sanctions. Their evaluation was based on partner reports about the reduction of violent behaviour, the frequency of violence episodes and use of other forms of coercion and control.

The upshot of this evaluation is that strengthening the response of the criminal justice system to men who use violence needs to be a priority in the development of mbc programs rather than focusing on shifts and changes in the program itself. Such a focus supports the attention to the integration of the criminal justice system to create a consistent response to violence across policing, prosecution, the court response and the probation and mbc program response (Holder, 2001). There is also some suggestion that an enhanced criminal justice response is also dependent on the availability of a mbc program as many judges and magistrates want a suite of sentencing options available to them. Men's behaviour change programs need to be one of those options (Holder, 2001).

The results of the Gondolf seven year study indicate that referral to gender-based, cognitive-behavioural programs seem to be appropriate for the majority of men (Gondolf, 2004, p.623). Within all four programs there were about 20% of violent men who showed no program effect. It appeared that these were not men who showed a particular constellation of risk factors or a particular personality type. Rather these were men who had very unassertive female partners and who the system dealt with poorly, allowing them to consistently 'get away with it', experiencing few consequences for their behaviour.

The evaluation by Gondolf (2004) shows a similar finding to Dobash *et al.*, (1999), who on the basis of an overview of 30 programs concluded that 50-80 percent of men who attend programs remain violence free for up to one year or more after program completion (p. 109). Based on re-conviction rates and partner feedback, the Gondolf study suggested that the effect of the program may take some time to take effect. Their evaluation showed that men could continue to re-assault during and immediately at the end of the program, but that over time there was a marked lessening of the use of violence and other forms of power and control. Thus, 50% of men had physically re-assaulted their partners during the 4 year follow up, but that at the 30 months follow up point, 80% had not re-assaulted in the past 12 months.

Questions also arise as to whether the mbc programs cut the level of physical assault but other tactics of power and control increase. In a New Zealand evaluation study of three community based violence prevention programs for men, most of the women stated that the men's abuse decreased over time, that there were positive changes in the men's behaviour and this they attributed to the men's participation in the program. When interviewed three months later, they maintained the same view. (McMaster *et al.*, 2000). Referring to the above evaluation, McMaster and Wells state that 'the belief that the men's emotionally abusive behaviour gets worse as their physical abuse reduces was not, on the whole supported in this research'(2003, p.254)

The question of mandated or non-mandated programs is one which has been given considerable attention. To some extent this has been construed as an unhelpful dichotomy. The overview of Australian perpetrator intervention (REUGV, 2004) argued that few perpetrators are genuine volunteers to mbc programs. They postulate a continuum from a social mandate (pressure from partners, family, friends, and social sanctions) through to legally mandated diversion programs, to programs where there is mandate to attend a program as a condition of sentence following a criminal offence (p.24).

There are some strong arguments which have been put forward for non-mandated programs. Burton *et al.* (1998) in their evaluation of the Domestic Violence Intervention Program (DVIP) in London argue that there are too few men who come through the full court process to sentencing and that these men represent some of the most violent men who may be least responsive to help. Hester's research on attrition within the criminal justice system indicates that of incidents reported to the police only 25 percent result in arrest (2006) and that based on prevalence data only 12 percent of domestic abuse incidents are actually reported to the police in the first place (Walby and Allen, 2004). It is an argument also put by Gondolf (2002). His study actually showed that the men who were not under a legal mandate to attend (either pre-court or as part of a sentence) were twice as likely to drop out as those men who were court referred. These men also re-assaulted their partners as a significantly higher rate at the 15 month follow up (44% vs 29%) (p. 119). Nevertheless Gondolf points to the fact that too few men come through the court system and that the rate of voluntary men offending is nevertheless better than if there had been no program (66% were not re-assaulting).

It is also essential that the issues and consequences of violence for men as fathers are addressed (Rakiil, 2006) both in the group program curricula, as well as with other resources such self help books on parenting, directed specifically at abusive men. For example, *Journeys in Fatherhood* (Roseby, 2005). This aspect of the work has tended to be under-developed in the majority of men's behaviour change programs (Bennett and Williams, 2001), though there are some exceptions (see Chung *et al.*, 2004; Wheeler, 2006), and Scotland's Caledonian Perpetrator Programme Model will have an emphasis on men as fathers and the impact of their violence on children (forthcoming). Most men who use violence and abuse, even when they separate will continue to have contact with children often in a fathering or step-fathering role. While the Family Court provisions in Scotland are more protective and robust than in most jurisdictions (see the *Family Law (Scotland) Act 2006* amendment to *Children (Scotland) Act 1995*), they are yet to be evaluated and the extent to which child contact is being ordered or informally agreed between parents is currently unclear. For many abusive men, fear of losing contact with their children, is a key incentive towards changing their abusive behaviour.

Standard parenting programs and behaviour management programs are not appropriate for these men as the issues of impact and consequences of their past abusive behaviour towards children need to be addressed. They also often have very little insight into the effects of their behaviour on children and considerable work may need to be undertaken for men to take the first steps in confronting the effects of their violence and abuse on children (Harne, 2004).

A further persistent debate in the sector lies in the extent to which mbc programs should be linked to support programs for women and children. The Duluth Model on which most of the

Australian and UK programs draw is unequivocal in its stance that on both ethical and efficacy grounds a women's support program needs to run alongside the mbc program. The evaluation of the DVIP and Women's Support Service program showed clearly the benefits from the proactive support for women (Burton *et al.*, 1998). Similarly, the Australian models argue strongly that the primary focus of all projects needs to be the safety of women and children and that mbc programs need to hold onto this explicit focus and not fall into primarily therapeutic models for men which are about 'sharing and caring', losing their explicit focus on men's violence and intervention which support desistance and safety (REUGV, 2004). Evaluations suggest a range of benefits that include not only desistance by men, but providing women with support which they otherwise would not have accessed (including professional women who do not usually contact services), space to do other things while he was at the program, and the legitimacy to leave or look after their own needs knowing that the man was receiving help (Burton *et al.*, 1998). A key issue is that a women's support programme situates mbc programs within the wider domestic abuse intervention system and guards against the isolation of mbc into a siloed service area for men.

In summary, men's behaviour change programs need to be integrated into the wider intervention system which includes the criminal and civil justice system, work which addresses the issue of men as fathers, and women's and children's support programs.

Worker safety issues

Worker safety issues are an essential aspect of child protection work where domestic abuse is an issue if intervention is to focus on the perpetrator (Stanley and Goddard, 2002). The situation is seen most starkly in both Australian and UK child death enquiries, where a continuous theme is that child protection workers avoided situations in which they were afraid of a violent man in the child's household (Pahl, 1999). An overview of enquiries in the UK led O'Hagan and Dillenburger (1995) to make the following statements:

> *"Violent men consistently dominate the 35 inquiry reports produced since 1974, and have, with few exceptions, been responsible for the deaths of the children in those reports"* (p.145)
> and that,
> *"It is obvious … how the avoidance of men can and often does constitute an abuse of women, but avoidance also seriously exacerbates the paramount task of protecting the child."* (p.146)

Such data highlight the centrality of worker safety to addressing the safety of children where there is domestic violence.

The point is clearly made that effective child protection work for children affected by domestic abuse requires carefully co-ordinated intervention which focuses on the perpetrator. It is a central, not peripheral, aspect of work.

The links between women protection and child protection

The earlier section on the research evidence in relation to children and domestic abuse makes clear the links between women and children's experiences of domestic abuse. This raises particular issues for responding to the child protection and child abuse issues for children.

Firstly, there is a major structural problem which lies at the heart of a problematic child protection response. This is namely that there is both an adult and a child victim. Inadequate responses at a strategic level to this issue consistently create problems for front line workers (Humphreys and Stanley, 2006). Ideally, two workers are needed: one to focus on the issues for children; and one to focus on the issues for women. This model has been developed in the US with marked success in programs such as AWAKE at Boston Hospital (Bragg, 2003). The strongest development of this model has occurred in Sweden through the 'women's peace' reform package, sanctioned through an amendment to the *Social Services Act 2002,* that explicitly states that the social service agencies have a responsibility to support abused women when there are child protection issues (Humphreys and Carter, 2006, p.28). Other models rely on close co-operation (not a co-located, integrated service) between the specialist domestic violence sector and child protection workers. Without the recognition that abused women require a support service in their own right, the ability for them to respond appropriately to the child protection needs of their children may be limited.

Secondly, children often come to the notice of child protection and reach the threshold of concern when the health and well-being of their mothers is undermined to the point where it impacts on their parenting. English *et al.*, (2003) refer to this 'indirect' effect as the most damaging aspect of domestic abuse for the 146 children that were in their study. Unless this attack on the mother-child relationship is understood and addressed by the workers involved, the domestic abuse may fall into the background and may not be recognised as a primary issue which needs attention (Humphreys *et al.*, 2006a). Instead, the case is re-categorised as one of neglect as a result of parental substance use, or parental mental health problems.

At one level, the identification of problems of substance use, trauma and depression can be helpful if they bring in the raft of adult services required. At another level, this may usher in a new set of problems. Traditionally the links between child protection and these adult services are poor, with little priority being given to a referral from child protection workers to these services, in spite of the risks to children (Kroll, 2004). Major problems exist if the adult services do not have workers trained in understanding the link between domestic abuse and the 'symptoms of abuse' such as depression and trauma (Humphreys and Thiara, 2003). Instead, the issue of domestic abuse can continue to be lost, and issues such as depression are treated without attention to the root cause which may in fact be continuing.

Thirdly, child protection workers in the absence of resources and strong multi-agency collaborations may understand the only option for safety when children are living with domestic violence is to encourage/pressure the woman to separate taking the children with her (Hester *et al.*, 2007; Scottish Executive, 2002a; Scottish Executive, 2002b). A group of women and their children certainly can find higher levels of safety and protection once they leave. However, there

is also significant evidence which shows that separation is not a panacea for the cessation of violence. Approximately one third of separated women continue to experience violence, harassment and abuse (Walby and Allen, 2004). Worryingly, men who are most violent when living with women continue to be the most violent following separation. This includes both physical violence (Morrison, 2001; Burgess *et al.*, 1997) and serious psychological abuse (Davis and Andra, 2000; Mechanic *et al.*, 2000). Child contact arrangements provide the greatest opportunity for the continuation of post-separation violence with children continuing to be exposed to both verbal and physical violence (Buchanan *et al.*, 2001; Aris *et al.*, 2002).

Separation is also a time of increased danger (Wilson and Daly, 2002; Richards, 2004). Child protection workers and child protection conferences have not necessarily understood this dynamic and have not created the essential safety plans and support which can make a separation strategy safer than staying at home, possibly with a civil protection order in place. Importantly, evidence gathering from child protection professionals about the domestic abuse is required to sustain the claim of domestic abuse in a family law proceeding. This aspect of evidence gathering and advocacy is now an essential aspect of child protection if children are to have a modicum of protection in the child contact arrangements (Brown and Alexander, 2007).

In Scotland, the *Family Law (Scotland) Act 2006* amendment to *Children (Scotland) Act 1995* potentially provides greater protection for children and women living with domestic abuse than in other jurisdictions: in relation to court orders relating to parental responsibilities etc.

> *"...the court shall have regard in particular to...(a) the need to protect the child from— (i) any abuse; or (ii) the risk of any abuse, which affects, or might affect, the child; (b) the effect such abuse, or the risk of such abuse, might have on the child; (c) the ability of a person (i) who has carried out abuse which affects or might affect the child; or (ii) who might carry out such abuse, to care for, or otherwise meet the needs of, the child; and (d) the effect any abuse, or the risk of any abuse, might have on the carrying out of responsibilities in connection with the welfare of the child by a person who has (or, by virtue of an order ... would have) those responsibilities…*
>
> *Abuse includes — (a) violence, harassment, threatening conduct and any other conduct giving rise, or likely to give rise, to physical or mental injury, fear, alarm or distress; (b) abuse of a person other than the child; and (c) domestic abuse; "conduct" includes — (a) speech; and (b) presence in a specified place or area...*
>
> *Where — (a) the court is considering making an order ...(b) in pursuance of the order two or more relevant persons would have to co-operate with one another as respects matters affecting the child, the court shall consider whether it would be appropriate to make the order."* (Section 24, amendment to orders under Section 11 of the *Children (Scotland) Act 1995*: *protection from abuse*)

Advocacy to ensure that these safeguards are available to children requires both knowledge of the law and support for women to demand the attention and implementation of this section of the law. At this stage there has not been research which looks at the implementation and effects of this legislation. In other jurisdictions a number of initiatives are being evaluated. For instance in

England the evaluation of forms which flag the issues of domestic violence at the application stage is being investigated (Harrison and Aris, forthcoming) while in Australia the role of tighter case management by the Family Court where there are serious allegations of actual child abuse has been positively evaluated, though the study did not look closely at situations of domestic abuse (Higgins, 2007). The overview of different initiatives to manage disputed child contact, often where there is domestic abuse indicates that the evidence base remains thin with specialised projects often showing high influence and low data to support the rhetoric of success (Hunt and Roberts, 2004).

Summary

Keeping children safe requires an integrated system of protection. A number of key points are evident

- *Reporting of all children affected by domestic abuse to the Reporter or to the statutory child protection system has not provided an effective response to this issue*

- *Intensive case management of high risk cases has been evaluated positively*

- *Multi-agency projects are most effective when they direct all efforts to improved outcomes of safety and well being for adult and child victims. This will include effective intervention with perpetrators*

- *A shift to higher levels of multi-agency collaboration requires agreed principles for intervention*

- *Effective child protection requires effective intervention with perpetrators*

- *The protection of children and the protection of their mothers is linked when there is domestic abuse*

- *Attention needs to be given to strengthening the mother-child relationship which will have been undermined by the domestic abuse*

- *Separation is a time of increased danger and requires careful planning. The need to continue to protect the child post-separation and through supervision of any child contact requires evidence and potentially shifts traditional child protection practice*

Directions for Good Practice – protection

It is suggested that consideration is given to the following:

1. Shift to a higher level of multi agency collaboration through the development of goal directed, effective and accountable multi-agency domestic abuse partnerships that ensure children's safety and well being is a central aspect of the agenda. This would require:

    - a set of agreed principles (see the principles outlined)

    - an evaluation/monitoring system that produces evidence that women and children are better protected and effective intervention has taken place with perpetrators

    - participation of women and children in service development to address established need

    - the collection, management and sharing of coordinated domestic abuse data for the purposes of developing effective local strategies.

2. Address the lack of comprehensive coordinated national domestic abuse data in Scotland, a particular gap noted is in relation to prevalence (including data from and about children and young people)

3. Draw together the evidence from the literature review with the evaluation findings from the Scottish pilots of different aspects of the system in relation to intervention with children/women/perpetrators[9], to support and develop a more integrated and effective response to domestic abuse. Particular attention needs to be given to the strategies for working across 'siloed' service responses

4. Develop shared risk assessment, management, and safety planning across professionals. This requires specific tools that bring both adult and child risk assessment *and* planning together, and a multi agency Scotland-wide training initiative to ensure this levers practice change and improves interventions

5. Scale up the integrated criminal justice response including wider consideration of domestic abuse courts and their benefits, strong victim support and an emphasis on high quality policing and evidence gathering –not only from the police but from child protection workers also

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[9] Such as published evaluations of Glasgow's Domestic Abuse Court and ASSIST, the Working with Men Project and forthcoming evaluations of the North Lanarkshire MARAC, Edinburgh 'Safe as Houses', Tayside Multiple and Complex Need Project: substance misuse and domestic abuse, Children's Services –Women's Aid Fund national evaluation.

6. Further develop intensive case management of high risk domestic abuse perpetrators across Scotland, building on the MARAC approach and pilots, linking the severity of risk to women to that of children, and establishing a greater focus on children's needs

7. Increase intervention with perpetrators from a wider range of agencies and specifically in relation to child protection, including sharing of skills in tackling violent men whilst ensuring worker safety. The use of civil protection orders to underpin child protection intervention may be a practice development that could be piloted more systematically

8. Further develop access to and integration of accredited domestic abuse men's behavioural change programmes *as part of* an integrated system with criminal and civil justice systems. Programmes need to be linked to women's and children's support programmes, and address the issue of men as fathers. The evidence would suggest that both court ordered and non-court ordered programmes should be accessible

9. Develop strong multiagency *integrated* interventions that rival the power of the perpetrator in order to enable more women and children to stay in their own homes safely: increased use of exclusion orders linked to house security measures, monitoring of perpetrators, support to women and children, robust and linked criminal and civil justice system

10. Review the knowledge, use and effectiveness of exclusion orders and related/protective court orders available to protect women and children experiencing domestic abuse in Scotland. For the proportion of children where compulsory measures are deemed necessary, the role and effectiveness of Scotland's Children's Hearing System in protecting children experiencing domestic abuse could be considered further

11. Recognise that many women and children will need a place of safety outwith their original home. The development of safe and appropriate refuges, support and housing according to Scotland's own recommendations remain a priority, with steps to minimise disruption of home, networks and schooling to children

12. Evaluate the implementation and the effectiveness of the amendment to the *Children (Scotland) Act 1995* in relation to safe contact, including the accessibility, safety and effectiveness of supervised and unsupervised contact in these circumstances. The role of evidence from child protection workers should be part of the evaluation

13. Consider models to support abused women when there are child protection issues

14. Utilise evidence from the literature review, forthcoming evaluations and the getting it right principles to test and develop a new integrated approach for Scotland through the *Getting it right for every child* Domestic Abuse Pathfinder and expertise of the delivery group

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CHAPTER FIVE   PROVISION FOR CHILDREN AND YOUNG PEOPLE EXPERIENCING DOMESTIC ABUSE *Cathy Humphreys and Claire Houghton*

The responsiveness of the intervention system to children and young people affected by domestic abuse is entirely dependent upon the provision of services which are able to be deployed in a timely and appropriate way. Protection without healing does not fulfil the purpose of keeping children and young people nurtured <u>and</u> safe (McIntosh and Deacon-Wood, 2002). It is also an area where the views and experiences of children and young people are critical. Hence, the participation agenda (see Chapter Three) is not easily separated from that of provision.

Given the complexity of the domestic abuse response, provision entails responding to perpetrators, survivors (usually women) and children and young people. It will also require services which work to strengthen the relationship between women and children – a relationship which has been either directly or indirectly undermined through domestic abuse. This review will focus on provision for children and young people, though clearly where the service to women directly impacts on their children, this will be included. It will complement the earlier chapter that focuses exclusively on children's perspectives literature, through a discussion of the wider literature where relevant. Areas for coverage include: services for pregnant women and infants; informal support; individual work; group work; strengthening the mother-child relationship; and identification of websites and helplines.

It is important to note here that there is a need to consider provision in relation to much earlier intervention. This can be defined in terms of
- intervening in the earlier stage of a child's life – services for pregnant women, babies and infants
- identifying domestic abuse at an earlier stage - intervening early when the child shows signs and symptoms, early emotional and behavioural problems
- working with high risk groups
- intervening earlier with young people who use violence against their girlfriends or mothers

Provision has tended to focus on children and young people who are showing significant behavioural and emotional difficulties. A linked problem for services for children and young people is that provision is often seen as 'an add on' or secondary to the services for their mothers. While there is a clear connection between the abuse of women and the abuse of their children, each needs services in their own right, as well as linked services which focus on strengthening the relationship between them (Hester *et al.*, 2007; Humphreys *et al.*, 2006a).

Services for pregnant women and infants

The 'double intentioned' violence of attacks during pregnancy mentioned in Chapter Two highlights the significance of intervention and provision for pregnant women and the baby in utero. The concentration by health professionals on routine questioning of pregnant women about domestic abuse is therefore entirely consistent with the evidence of the heightened vulnerability of women and baby to attack and the impact of these attacks (Taft *et al.*, 2004; Mezey and Bewley, 1997; Teicher, 2002).

Significant research has been undertaken about the response of pregnant women to routine questioning about domestic abuse (Taft, 2002). The research evidence about routine questioning is not unequivocal. Evaluations have shown that most pregnant women do not object to being asked about domestic abuse (Stenson *et al.*, 2001). However, the evaluations are also clear that the introduction of routine enquiry needs to be supported by training for the health professionals involved, both in relation to feeling comfortable about asking women questions and the follow on intervention should women disclose abuse (Taft, 2002). In their study Mezey and Bewley (1997) highlighted the extent to which it was not only domestic abuse but childhood sexual abuse which came to light during pregnancy, and where women often experienced multiple emotional and physical complications. The health issues for women who have been subjected to female genital mutilation may also surface during pregnancy and birthing, and require supportive health and emotional intervention (PAHO, 2003).

The infant's vulnerability raises particular issues about the significance of supportive and pro-active intervention with this group of women and the safety planning which may be required (Schore, 2003). In Australia, group work with mothers and babies where there has been domestic abuse is showing very positive results. An examples lies with the 'Peek a Boo Club' which is underpinned by a philosophy which allows the 'baby to lead' and sensitises women to the communication with their babies (Bunston and Heynatz, 2006).

Some pregnant women will not only be experiencing domestic abuse but will also be involved in substance use. The need for multi-disciplinary teams which attend to the complexity of the interface between substance use, domestic abuse and child protection are critical if on-going assessment, support and monitoring of the safety of both the woman and child are to be addressed (Hester and Westmarland, 2005). Groups which support children with substance using mothers and/or fathers are developing, but remain on the margins of service provision within the drug and alcohol sector (Kroll, 2004).

Informal Support

Children and young people most frequently report that they need someone to talk to. Similar to adults, support will often be sought through peers, though adult family friends and relatives are also important (McGee, 2000; Mullender *et al.*, 2002). This has implications for normalising and educating the community, including young people about the effects of violence to ensure that these networks have the capacity to respond to children and young people appropriately[10].

Children and young people also report that they use their informal networks because they do not want to lose control of their situation through the notification or reporting of their circumstances to other agencies, particularly statutory organisations. In Australia and the US where mandatory reporting of children living with domestic violence occurs in many states, this was cited as an issue by young people and one of which many of those interviewed through focus groups seemed to be aware (Bagshaw *et al.*, 2000; Irwin *et al.*, 2006). Automatic referral to the Reporter in Scotland may have similar consequences.

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[10] See the Prevention Chapter of this review

Individual Work

The elevated level of cognitive, behavioural and emotional problems shown by children and young people affected by domestic abuse ensures that this group of children and young people are over-represented amongst those referred for individual counselling. While group work is frequently seen as the intervention of choice for children and young people, Jaffe, Wolfe and Wilson (1990) on the basis of their group work experience and evaluation recommend that groups suit children with mild to moderate behaviour problems, while children with more chronic exposure to violence and more severe emotional and behavioural problems are, at least initially, more suited to individual counselling.

Focus groups with children and young people suggest that the processes of engagement are particularly significant. Some young people pointed out that referral to counselling may be experienced as a punishment for behaviour problems rather than a sensitive response to the adversity they are living with, or have lived with (parental reports of children's views in Bagshaw *et al.*, 2000). It is a problematic issue which is reinforced when the child's behavioural problems are the focus of the work, and the underlying issues of domestic abuse remain unaddressed (Jaffe *et al.*, 1990). Such practices also highlight the significance of the initial assessment which needs to routinely explore the child or young person's family circumstances, proactively asking about living with fear, fighting or domestic abuse so that this primary issue does not remain invisible.

Following the evaluation of work by the Home Office Crime Reduction Program (Hester and Westmarland, 2005), two different types of individual work with children were identified and discussed by Mullender, (2004). These included:

- in-depth work 'focused around a particular issue'

- an unstructured approach, 'going where the child wants to take it, at the child's pace and only as far as they want to go, using free expression through art, play or other forms of therapy designed to help 'unravel complex feelings' (Mullender, 2004 cited in Hester *et al.*, 2007).

The work itself was not evaluated, but women consistently spoke positively of the effects of groupwork on their children (Hester and Westmarland, 2005).

While the different approaches to the work with children and young people are noted, the literature suggests that there are specific issues which may need to be addressed in the aftermath of domestic abuse. Helpful supporting frameworks and theories which underpin counselling practice in this area include:

- Understanding of <u>attachment theory</u> to address the disorganised and disrupted attachment experienced when violence disables the child's mother and undermines the father's emotional involvement with the child (Prior and Glaser, 2006). This work requires engagement with the child's mother or other non-offending care giver to provide

experiences through which a child can feel a more secure attachment to their parent. (Miller, 2007).

- Recognition of the processes of <u>loss and grief</u> which confront children as they come to terms with the adverse experiences brought on by violence and abuse. This can include loss of a caring father, loss of their home, pets, friends and family networks (Mullender *et al.*, 2002).

- Intervention which recognises and acknowledges children's <u>traumatic reactions</u> to seeing incidents of domestic abuse. It recognises that children are profoundly affected by seeing violence perpetrated against their primary carer (Miller, 2007) and may need intervention which goes beyond dealing with their immediate behaviour and cognitive reactions. It recognises the role of sleep disruption (Lowe *et al.*, 2007) and the role of fear as an organising factor in the lives of many children affected by domestic abuse.

- <u>Systemic and ecological analysis</u> which situates individual work with children within the wider context of their family, social and community networks. This recognises that most intervention with children and young people will need to address factors in their wider social context and their relationships and not just focus on their internal world (Mullender *et al.*, 2002).

A number of issues guide the individual work with children and these are now reflected in standards and guidelines for working with children and women affected by domestic abuse (Department of Human Services, Victoria, 2007; Women's Aid Federation England, 2007; Gevers, 1999). The guidelines have been developed following extensive consultation and attention to the relevant literature. In each case they recognise that children and young people need services which are separate but linked to their non-abusive parent, usually their mothers. Standards and guidelines recognise that there are core issues which are common to all work in the domestic abuse sector (understanding domestic abuse; safety; diversity and equality of access; advocacy; empowerment; confidentiality; co-ordinated community response; responsibility for violence and holding perpetrators accountable; service accountability), as well as those standards which are specific to children and young people living in refuge and using outreach and floating support services (Women's Aid Federation England, 2007).

Group Work

Greater attention has been given to group intervention strategies with children and young people than individual work. It has the benefit of addressing the issues of secrecy, supporting children to feel less isolated and strengthening their peer relationships (Mullender *et al.*, 2002; Sudermann *et al.*, 2000). An array of manuals and practice materials are available to support this work. For example the Australian Domestic and Family Violence Clearinghouse lists, describes and links to 26 Australian group programs and resources for children affected by domestic abuse www.austdvclearinghouse.unsw.edu.au, while Women's Aid Federation England has a further children's resource base www.womensaid.org.uk/. The group work developed in Ontario, Canada (see Loosley, 2006) has been widely disseminated and built upon in both the UK and Australia. The pre and post test results showed significant positive changes as well as high levels of satisfaction reported by both children and their mothers as a result of the community based

groups (Sudermann *et al.*, 2000). The first evaluation of groups in England based on the Ontario model has shown positive results. The interview based data with both children and their mothers is very encouraging (see Chapter Three) though results from pre and post test data will need to wait until larger numbers of children have participated (Debbonaire, 2007).

The positive findings from the Ontario groups for children are generally supported by other group work evaluations which show similar benefits for children and often their mothers (see p. 206-209 of Hester *et al.*, 2007). However, there are criticisms which have emerged from the US about the fact that although group work programs have been good at developing age appropriate themes and activities, to date, there has been a tendency for 'one size fits all'. This does not allow for the delineation of programs to support children along a continuum from less affected to highly disturbed children and young people (Graham-Bermann, 2001). The overview by Graham-Bermann of group work programs suggests that programs focus on three intervention areas highlighted in the literature for children and young people: aggression, internalising problems and problems in social relations.

A further issue raised by Graham-Bermann (2001) is that evaluation of programs is still at an early stage with few control groups, little follow up, high drop out rates and little attention to the wide range of presenting problems. Nevertheless the 13 programs which met basic evaluative criteria all showed a range of benefits for children including: positive changes in children's aggressive behaviour; greater knowledge of safety; changed attitudes to violence; strengthened relationships between mothers and children; lowering of anxiety and increased self-esteem (Graham-Bermann, 2001).

Work with children and young people in the UK has often been less clinically based and developed in youth clubs and community venues. The development of resources through the use of video and community arts processes have been integral to these positive developments (for example, Scottish Women's Aid's *Young People Against Domestic Abuse* and *Listen Louder* DVDs).

Mother-child strengthening

The earlier review of the impact of domestic abuse on children highlighted that an aspect of the abuse was the undermining of the relationship between mothers and their children (Mullender *et al.*, 2002; Humphreys and Stanley, 2006; Radford and Hester, 2006). Organising provision to ensure that there is the capacity to strengthen this relationship in the aftermath of violence is a significant, but to date neglected aspect of provision. Supporting professionals to develop systems for screening for domestic abuse across a range of contexts such as child abuse, child contact centres, mental health and substance use services is the first step towards creating a safer context for both women and children. This is a constant theme of the work of Radford and Hester (2006). New books of activities for children (Humphreys *et al.*, 2006a) and older children and young people (Humphreys *et al.*, 2006b) have also now been developed to support this relationship. The activities are built around five different themes: talking about feelings; building self-esteem; strengthening the relationship through exploring similarities and differences; safety; and talking about things that matter (including the shared experience of domestic abuse). Other

resources have similarly been developed to support parents (particularly mothers) to assist with children who have experienced trauma and specifically domestic abuse (Pughe and Philpot, 2006). The review of children's work in refuges (Mullender *et al.*, 1998) highlights the way in which joint activities between mothers and children through outings and inclusive holiday activities for children and their mothers are an important part of the provision in the sector. It could be argued that the significance of this interactive form of play may have been underestimated due to the lack of formal evaluation of these common but important activities.

The Parkas (Parents accepting responsibility – kids are safe) group work program of consecutive children and women's groups was developed in 1996 in Victoria, Australia (Bunston and Heynatz, 2006). A particular feature of this program is that the children and women's group share the same facilitators and there are common group experiences at the beginning, middle and end of the 10 week program. This avoids the 'splitting' which may occur when there are separated women and children's groups. The manual and the evaluation over five groups demonstrated real changes can be affected in children's lives through a combination of individual attention and strengthening the relationship with their mothers. Pre and post tests with children, teachers and mothers showed significant improvements in lowering the total number of difficulties children were experiencing, a reduction in distressing emotional symptoms, and improved peer relationships. It also showed that there was an increase in behavioural issues for a group of children. The facilitators suggest this is due to the amelioration of traumatic symptoms and the movement from internalising feelings to more overt expression of strong emotions – a move away from avoidance to 'coming to life' (Bunston and Henynatz, 2006, p. 158).

Websites and helplines

Children and young people have been clear that websites and helplines are an important aspect of services which meet their needs (see Chapter Three). In the UK websites and helplines are now available and provide a significant source of support and information (Mullender *et al.*, 2002). There has been little evaluation of this provision, and none from the Scottish or domestic abuse perspective, but usage can be high.

UK examples include:
- Childline 08001111 http://www.childline.org.uk/
- www.hideout.org.uk - a special website developed for young people living with domestic abuse
- www.there4me.com - an NSPCC online advice resource for children aged 12-16 years old, and worried about issues like abuse, bullying, exams, drugs and self harm.
- NSPCC – helpline 0808 800 5000 http://www.nspcc.org.uk/kidszone/ - a website for children and young people with helpful information and support across a wide range of areas including domestic abuse

Summary

The focus on the provision for children and young people highlights the following issues:

- *Children and young people require provision which is both separate and linked to their non-abusing parent, usually mother*

- *Proactive support for pregnant women and women with young infants who are subjected to domestic abuse intervenes with the most vulnerable women and at the most crucial time in the child's neurological and attachment pattern development.*

- *Informal support is a critical aspect of provision for children and young people*

- *Individual work is particularly relevant for those children showing the most disturbed emotional and behavioural patterns. Such behaviour needs to be understood as a symptom of trauma, and intervention will need to acknowledge and address the issues of violence so that children experience a referral to counselling as a positive intervention rather than a punishment for perceived 'bad behaviour'*

- *Group work is the intervention of choice for many children and young people assisting children to feel less isolated and helping with their peer relationships*

- *Strengthening the mother-child relationship is a critical aspect of provision which addresses the ways in which domestic abuse may undermine this relationship*

Directions for good practice - provision

It is suggested that consideration is given to the following:

1. Replace automatic referral to statutory services with a requirement to provide children affected by domestic abuse with access to and options for services to address their holistic needs (which may include referral for compulsory measures for a proportion of children)

2. Improve links between adult and child services: consideration of models that designate a worker for woman and worker for child where domestic abuse is an issue; consideration of improved links between substance misuse/mental health services and domestic abuse/child protection services

3. Develop work that focuses on strengthening the relationship between mothers and their children in the aftermath of domestic abuse

4. Further develop domestic abuse training/guidance initiatives to ensure a more effective response from all professionals including:

    -   enquiry and screening for domestic abuse as an issue

    -   appropriate responses to children/women/perpetrator on disclosure/incident

    -   shared risk assessment, management and safety planning

    -   appropriate (and innovative) interventions where domestic abuse identified

    -   multi agency working and shared principles

5. Develop the focus on early intervention with pregnant women and mothers with small children through improved health response supported by training: development of routine enquiry in health settings; ensure appropriate response with supportive (and innovative) health and emotional intervention

6. Develop the focus on children's early years through greater consideration of pre-school, Surestart and other early years service providers and strengthen their role in early intervention where there is domestic abuse

7. Consider provision along a continuum in relation to those less affected and those highly affected by domestic abuse to ensure that there are options for support and counselling to address each child's individual needs

8. Prioritise access to individual support for *all* children affected by domestic abuse. Develop options for intensive counselling/appropriate mental health services for those whose mental health, emotions and behaviours are most seriously affected

9. Develop concurrent child and mother groupwork in Scotland as an option for many children affected by domestic abuse, building on best practice internationally and incorporating a *robust* evaluation from the outset in order to develop effective and responsive practice and a wider 'reach' to children

10. Develop guidelines/standards to ensure support provided for children affected by domestic abuse (and their mothers) is based on relevant frameworks and best practice, including best practice identified by children themselves

11. Proactive recognition that informal support (friends, family, community) is most important to children affected by domestic abuse. Elements of public/community/school education campaigns and programmes should be directed towards these sources of support for children, thereby equipping people to respond more appropriately

12. Investigate the use of different media and technology (website, email, helplines) in relation to support for children affected by domestic abuse in Scotland, preferably *with* children and young people

13. In light of the move to local outcome agreements, ensure that there remains a measure of monitoring and accountability for local authorities "to ensure there are appropriate support services for children affected by domestic abuse" (as per the now defunct national children's services planning guidance/supplementary domestic abuse guidance, and quality improvement framework indicators)

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ANNEX - METHODOLOGY

The literature review chapters undertaken by Cathy Humphreys and Claire Houghton are based on searches which included online databases, internet resources, government reports and 'grey literature' gathered from organisations in Scotland, England, Wales, Northern Ireland and Australia. The latter accumulation of reports and evaluations has not been undertaken systematically, whereas the database searches were systematic, documenting literature from 1998-2006 with further adding of some articles in 2007.

The writing of the review has clearly been constrained by word length and accessibility. Selection of relevant and pivotal articles and books has been drawn from a literature wider than that cited in the review. The search restricted itself to literature which related to domestic abuse/domestic violence/family violence/intimate partner violence. To keep the search manageable it did not search broadly on literature more generally which may have had areas of overlap such as alcohol and drug abuse or mental health.

Data base searches included:
- PsychLIT (1998-2006 psychology, psychiatry and sociology journal articles)
- MEDLINE (1998-2006 medical database)
- National Child Protection Clearinghouse and National Domestic and Family Violence Clearinghouse Australia
- ASSIA (unrestricted)
- CareData (unrestricted)
- Cochrane Library (unrestricted)
- SOSIG
- Social Science Citation Index (1998-2006)
- EMBASE (1998–2006)

CHAPTER SIX PRIMARY PREVENTION OF DOMESTIC ABUSE THROUGH EDUCATION
                                                                    Jane Ellis

Introduction

Domestic abuse is a major social problem, the prevalence and universality of which is well documented (Mooney, 2000; Stanko *et al.*, 2002; Walby and Allen, 2004; Scottish Executive, 2006b). In Scotland, responses and challenges to domestic abuse are framed within the *National Strategy to Address Domestic Abuse in Scotland*[11] (Scottish Partnership on Domestic Abuse) in which the following gendered definition is adopted:

> *"Domestic abuse (as gender-based abuse), can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends)."* (Scottish Executive, 2000, p.5)

Domestic abuse is overwhelmingly, but not exclusively, enacted by men against women. It is a serious infringement of women's Human Rights and "is associated with broader gender inequality, and should be understood in its historical context, whereby societies have given greater status, wealth, influence, control and power to men" (Scottish Partnership on Domestic Abuse, 2000, p.2). The *Domestic Abuse: A National Training Strategy* provides a framework in Scotland for "identifying training and development activity required to support improvement in services to women and children who are experiencing domestic abuse, and to men who use violence" (Scottish Executive, 2004b, p.1) but also has relevance for primary prevention work.

Specifically in relation to prevention, the Scottish Executive published *Preventing Domestic Abuse - A National Strategy*[12], which stresses that "tackling the root causes is the only way to eradicate it [domestic abuse]" (Scottish Executive, 2003, p.1). The *Prevention Strategy*, drawing on a public health model of prevention, divides prevention into two levels of intervention; primary and secondary[13]. Primary prevention is "a long-term strategy preventing violence from ever happening by changing attitudes, values and structures that sustain inequality and violence" (Hester and Westmarland, 2005, p.15). Interventions at the primary level are aimed at whole populations usually through universal mainstream services, and aim to make small changes in large numbers of people (Partnerships Against Domestic Violence, 2003). Education is central to primary prevention and takes two forms: public education for the entire population and work specifically targeted at children[14] in schools/youth work settings. Both strands are occasionally coordinated as in campaigns such as Scotland's Zero Tolerance. Secondary prevention refers to

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[11] Hereafter referred to as the *National Strategy*.
[12] Hereafter referred to as the *Prevention Strategy*.
[13] The public health model ordinarily includes a third (tertiary) level of intervention. In the *Prevention Strategy*, activities categorised as tertiary (treatment and rehabilitation) have been integrated into the secondary level which would usually solely focus on populations identified as 'at risk'.
[14] 'Children' is used here in its legal form; to describe people under 18 years of age; this is for brevity and simplicity. It includes children and young people.

when domestic abuse is already evident and action is taken to stop it getting worse or recurring. The *Prevention Strategy* identifies this as potentially taking the form of targeted specialist services with identified populations deemed 'at risk' and support services for women and children experiencing domestic abuse along with programmes for abusive men.

The literature review will focus on five areas: the legal context for prevention work; a brief discussion of the public health model, which dominates approaches to prevention; educational interventions through public and community education and school-based work; the Scottish policy context for prevention work with children and young people; and, lastly, recommendations for good practice. The literature review is principally drawn from literature in the UK, Australia, Canada and the USA and considers work to prevent gender-based violence including domestic abuse, 'dating' violence[15], rape and sexual harassment.

Legal context

A legal imperative for educational work on gender-based violence has been established in international laws and conventions, through both Children's and Women's Rights. The *United Nations Convention on the Rights of the Child* (UNCRC) stipulates that "State Parties shall take all appropriate legislative, administrative, social and *educational* measures to protect children from all forms of physical and mental violence..." (1989: Article 19, Para. 1, emphasis added). Articles 13 and 17 concern children's right to information, particularly Article 17 which states that children shall have "access to information and material … especially those aimed at the promotion of [their] social, spiritual and moral well-being and physical and mental health" (1989: Article 17, Para. 1).

In respect of Women's Rights, the 1995 Bejing Platform of Action and UN Resolution 1997/24 clearly establish prevention as an important strategy in eliminating gender violence. Resolution 1997/24 urges States to:

> "Develop and implement relevant and effective public awareness and public education and school programmes that prevent violence against women <u>by promoting equality, cooperation, mutual respect</u> and shared responsibilities between women and men." (IX:14a, emphasis added)

The introduction of the *Gender Equality Duty* (GED) *Scotland* in April 2007 places a general duty on schools and other public bodies to "eliminate unlawful sex discrimination and harassment, and promote equality of opportunity for men and women". The Scottish guidance for the pre-16 education sector states that:

> "Education authorities should consider gender equality objectives which will address sexist bullying, sexual harassment and violence against women in their formal school policies, in personal and social development classes, citizenship activities and throughout the school curriculum where relevant." (EOC, 2007, p.20).

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[15] The term 'dating' violence is used to refer to violence in intimate relationships between young people, rather than adults. In most other respects it does not differ from domestic abuse.

Getting it right for every child (GIRFEC), Scotland's vision for its children, which lays out the legal and policy framework for child protection and family support, stresses the "need to concentrate more on preventative educative programmes which help people to tackle their own problems" (Scottish Executive, 2005c).

The public health model of prevention

Along with levels of intervention, described above, a public health approach to prevention has a number of core elements (Krug *et al.*, 2002). Population based data on the incidence and prevalence of violence are gathered to identify risk and protective factors. These are statistical associations between characteristics or life circumstances which are seen as causing or helping to reduce violence. Drawing on this scientific data, interventions are designed and implemented to reduce risk factors and increase protective factors. Programmes are evaluated to establish and improve their effectiveness and this information is then shared through public education as with health education initiatives.

While there is a 'common sensibility' to stop violence before it occurs (Guterman, 2004:299) and there are individual, social and economic costs which justify attempts to reduce abuse and the subsequent associated harms (Wolfe *et al.*, 1997; Stanko *et al.*, 1998; Hogan and Murphey, 2000; Violence Reduction Unit, 2006), adopting a public health model to eliminate domestic abuse/violence against women and girls is problematic for a number of reasons. Firstly, it is inconsistent with explanations of domestic abuse that locate cause in gender inequality and men's abuse of power brought about through the social, economic and political privileging of men as stated in the *National Strategy*. Whilst domestic abuse does have, often serious, health implications for children (see summaries in Mullender *et al.*, 2002, Hester *et al.*, 2007) and women it does not have the same causal explanatory framework as health/medical problems (Billis, 1981; Albee, 1998). Secondly, it is a deficit model with the aim of stopping undesirable conduct rather than promoting desired conduct (Freeman, 1999). This is strongly reflected in school-based programmes, discussed later, which focus on preventing violence/abuse and not on promoting non-violence (Zuchowski, 2003; Ellis, 2004). Yet Schewe (2002) suggests that focusing on increasing desired conduct is more effective than decreasing undesirable conduct.

Thirdly, the division between primary and secondary prevention is unhelpful since significant numbers of children are already engaged in abusive relationships with each other. This is shown by UK research on sexual and homophobic bullying in schools (Jones and Mahony, 1989; Duncan, 1999; Rivers, 2001; Harber, 2004), young men who sexually abuse others (Durham, 2006) and 'dating' violence (Mirrless-Black, 1999; Burman and Cartmel, 2005; NSPCC/Sugar, 2005; Backett-Milburn *et al.,* 2006; End Violence Against Women (EVAW), 2006). 'Dating' violence, in the forms of physical and sexual abuse, was reported by a 'number of young people, from 12 to 18 years and predominantly young women' in the ChildLine Scotland study (Backett-Milburn *et al.,* 2006, p.37). Similarly an online study of 524 16-20 year-olds, found that 42 per cent of young people knew girls whose boyfriends had hit them and 40 per cent knew girls whose boyfriends had coerced them to have sex (EVAW, 2006). Consequently, activities categorised as primary prevention come, in fact, after the event for some children and are, therefore, in this model secondary prevention.

Lastly, adopting a public health model to frame violence prevention work demands that evaluations employ experimental or quasi-experimental methods with narrow criteria for what counts as evidence for programme effectiveness. Evaluations are then required to be highly empirical with the use of control groups (see for example, Foshee *et al.*, 1998; Barron, 2006) and standardized tests (Dahlberg *et al.,* 1998, p.5) with only statistically significant results viewed as valid and reliable "solid evidence of effectiveness" (Dahlberg *et al.*, 1998, p.5). In practice it is doubtful, however, whether evidence can be as 'solid' as this implies. Learning is a complex and dynamic process and simplifying it to a set of standardized test scores obscures the contentious aspects of empirical research and emphasizes outcomes rather than, or as well as, process. In addition it limits recognition of what is most valued about programmes (by children) and the extent and meaning of children's learning which other methods capture.

An alternative framework for conceptualizing work to challenge inequality and gender-based violence is within a Human Rights discourse (Ellis, 2006; Horvath and Kelly, 2007). Proceeding from the bottom-line value of respect, work would focus on promoting and attaining equality and respect for everyone whilst acknowledging gender inequality (and other inequalities). Such an approach would be based on children's strengths and competencies while the values of respect, equality and social justice are consistent with Scottish domestic abuse policy, international and national laws.

Educational work to prevent domestic abuse

In this section, the literature on educational work to prevent domestic abuse is considered. A greater focus is placed on school-based work than public or community education since work with children to address domestic abuse has predominantly been in schools.

Underpinning theories

Implicit in the idea that we can prevent domestic abuse are a number of assumptions including that its cause(s) and causal relationships can be identified and the idea that it is somehow learned. This section considers the theories underpinning the policy and practice of the primary prevention of gender-based violence. A number of competing causal explanations of men's violence circulate in academic and popular discourse (Hearn, 1998). These can broadly be grouped into bio-psycho-social and feminist explanations. The former mostly locate the cause of men's violence in individual or family pathology, innate masculinity or sex-role socialization. Feminist discourses, on the other hand, locate cause in differential power relations, where men's violence is viewed as both an outcome of, and serving to reinscribe, gender inequality (Radford *et al.*, 1996) as adopted in Scottish policy. These explanations or theories shape how the problem of domestic abuse is seen, the interventions which follow (Cunningham *et al.*, 1998; Ellis, 2006) and the views individuals hold. It seems likely these may, or should, be addressed in educational work since these will be held and expressed by adults and children in the learning process.

The two most commonly adopted explanations of how violence is learned are social learning theory (Bandura, 1977) and feminist theories. The former equates with the 'cycle of violence'[16]

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[16] The 'cycle of violence' is also known as the intergenerational transmission of violence.

where it is suggested that violence is transmitted between generations through violent men having experienced or witnessed violence in childhood. There is, however, no evidence that resolutely proves a causal relationship between direct or indirect child abuse and becoming an abuser or victim in adulthood (Mullender, 1996). In addition this theory does not explain the gendered nature of domestic abuse nor why all boys who experience violence in childhood do not go on to become adult perpetrators (Stark and Flitcraft, 1985), just as it fails to explain why some men are violent and did not experience violence in childhood[17]. This theory also positions children without agency[18] (Ellis, 2006) when, in fact, research from Australia shows that some young people actively reject gender violence, "having experienced its damaging effects" (National Crime Prevention, 2000, p.2) (see Chapter Three: Participation). In feminist theories, men's violence is viewed as a manifestation and means of enacting hegemonic masculinity (Connell, 1987), whereby certain features of masculinity normalize an association with violence (Mills, 2001). Violence is, then, a problem associated with certain masculinities, which boys/men take up, rather than with men and there are other alternative non-violent ways of 'doing boy/man' which can be taken up (Connell, 1995; Martino and Meyenn, 2001; Frosh *et al.*, 2002). Despite these two dominant theories, educational work often lacks theoretical clarity (Indermaur *et al.*, 1998; O'Brien, 2001; Ellis, 2006) leading to the work having multiple agendas and usually focusing on one form of violence (Tutty and Bradshaw, 2004), such as domestic abuse. This limits the possibility of children generalizing their learning with other work, such as on bullying or racism (Thurston *et al.,* 1999) because commonalities between forms of violence are not made apparent.

Rationale for work with children

A strong argument in the UK for working with children to address domestic abuse derives from survey findings of young people's attitudes to gender-based violence. The most recent study, involving 1395 young people aged 14 to 18 years, found that a third of young men and one sixth of young women condoned violence in intimate relationships in certain circumstances (Burman and Cartmel, 2005) replicating findings from earlier studies (Burton and Kitzinger, 1998; Mullender *et al.*, 2002). Along with undertaking work to challenge and change the views of these young people, addressing violence directly with children to stop or reduce it may impact on other social issues which are often associated with experiencing violence in childhood and employed as coping strategies such as alcohol and drug misuse (Itzin, 2006). Moreover, children themselves have stated that they want lessons in school on domestic abuse (Mullender *et al.*, 2002). Where they have had this opportunity, an overwhelming majority report the lessons were positive and worthwhile (Reid Howie Associates, 2001; Hester and Westmarland, 2005; Bell and Stanley, 2006; Ellis, 2006; Johnstone, 2007). For children living with domestic abuse, peers emerge as an important source of support (National Crime Prevention, 2000; Mullender *et al.*, 2002) so work in schools might equip children to help each other in a more informed and effective way. There is little clarity, however, as to whether work takes place with children in schools because it is convenient, it is where children are a mass and captive audience[19], or rather

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[17] Victimized women who do not leave violent men, and the question 'why doesn't she leave' is frequently heard (Mullender, 1996; Hague and Malos, 1998), are pathologized through, for example, the idea of learned helplessness (Walker, 1979) which arguably is the 'female' position in the 'cycle of violence' theory since women's conduct is viewed as the corollary of childhood abuse.

[18] Agency is used here to describe the capacity of people to take action and influence events.

[19] Not all children attend school and attention needs to be paid to children excluded from school whether this be self-determined or imposed.

from the recognition that schools are in themselves a key institution in the production of normative gendered identities and the concomitant violence (Butler, 1993; Connell, 1995; Berkowitz *et al.*, 2005). Schools can thus be conceptualized as both the producers of violence and the starting point for ending it (Ross Epp, 1996; Harber, 2004); school culture and practices are then as important as curriculum work.

Public and community education

The terms public and community education are often used interchangeably and, as approaches to reduce and prevent domestic abuse, employed simultaneously. They are used here to distinguish between media campaigns that aim to raise awareness of domestic abuse (public education) and strategies and practices which promote and enable individual or collective action to end abuse (community education).

Public education

Public education initiatives employ social marketing theory and practices to attempt to shape social attitudes through media campaigns which can include the use of TV and radio advertising and programme content, outdoor adverts, including billboards, and on public transport, websites, indoor adverts, newspapers and leaflets. Such initiatives are not seeking changes in conduct but to provide information and change attitudes which condone or tolerate domestic abuse.

Research shows that successful campaigns require that as much as possible is known about existing attitudes, opinions and conduct of the target audience so that messages can be honed (Kingham and Coe, 2005). No large scale study of adult attitudes towards domestic abuse has been undertaken in the UK. The BBC undertook a small study as part of the *Hitting Home* series on domestic violence which found comparable levels of tolerance and acceptability of violence against women to studies conducted amongst young people (Burton and Kitzinger, 1998; Burman and Cartmel, 2005). The *Hitting Home* series, broadcast in 2003, aimed to "help raise awareness and break the taboos surrounding domestic violence" (BBC, undated) and included episodes of *EastEnders* and *Neighbours.* Some programmes and items were specifically aimed at children, such as *Behind Closed Doors,* and special content in *The Big Toe Radio Show* and *NewsRound*.

Many public education initiatives are unevaluated. For example, the projects funded through the Home Office Crime Reduction Programme included awareness raising but little data was gathered on their impact (Hester and Westmarland, 2005). However, where campaigns are evaluated they generally show, depending on their aims, people having increased knowledge and understanding of domestic abuse, increased reporting and help seeking by survivors (Canadian Panel on Violence Against Women, 1993; Ghez, 2001; Scottish Executive, 2005a, 2005b, 2006). Many public education campaigns do seek to mobilize the general public to take action to stop domestic abuse, for example the Zero Tolerance *Prevalence and Excuses* campaign.

Community education

A number of initiatives combining public education with efforts to mobilize the community to challenge domestic abuse/violence against women have been undertaken in the UK, North America and Australia. These draw on community development theory and practices (Partnerships Against Domestic Violence, 2003), often focus on specific communities and aim to enable people to take action as well as increase knowledge and change social norms. The *It's Your Business* campaign in the USA was directed at the African-American community and Australia's *Walking into Doors* was managed by, and for, Indigenous people. The *Neighbours, Friends and Families*[20] campaign in Ontario, Canada, which aims to get those close to women and violent men to recognize the signs of abuse and know what to do to intervene, includes a community action pack and training for community groups. Like the *There's No Excuse* campaign in the USA these initiatives aim to fill the gap between people's knowledge of domestic abuse and their capacity to take action in the belief that they have the right to and society expects them to.

Gender specific campaigns have focussed on engaging non-abusing men, the most well known being the *White Ribbon Campaign* (WRC)[21]. Originating in Canada and taken up in the UK in 1998, the WRC is an international campaign of men working to end men's violence against women. Similarly Amnesty International UK (AIUK) (2003, 2005) primarily targeted men in their *Problem? What problem?* campaign in order to "assist [them] to realize their roles and responsibilities in challenging and eradicating violence against women …" (Fisher, 2005, p.9). The Scottish Executive also advocated that future campaigns will encourage non-abusing men to influence the conduct of abusive men (2001). The Family Violence Prevention Fund, a Californian based non-profit organization, has initiated a cross-generational programme, *Coaching Boys into Men*[22], which aims to enable men to take responsibility in giving positive messages to boys about non-violent masculinity. The *Freedom From Fear* campaign in Western Australia is a long-term community education programme complementing criminal justice and other community interventions which focuses on asking perpetrators of domestic abuse to seek help.

Community initiatives specifically for children are often integrated with other strategies, such as *Violence Against Women - Australia Says No*[23] and *Zero Tolerance* where schools' programmes are combined with public education campaigns. Community initiatives for children are often arts-based, for example Glasgow's 16 days of action 2006[24] (focussed on November 25th - International Day for the Elimination of Violence Against Women) and several community projects in Australia (Strategic Partners Pty, 2000). Programmes are also delivered by peer educators and/or resources are produced, such as DVDs, for use with other young people. Increasingly work with children utilizes the Internet with several interactive websites[25]

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[20] See http://www.neighboursfriendsandfamilies.on.ca for more information.
[21] For information on the White Ribbon Campaign in Canada see http://www.whiteribbon.ca. In the UK see http://www.womankind.org.uk/white-ribbon-campaign.html and http://www.whiteribboncampaign.co.uk
[22] More information is available at www.endabuse.org.
[23] See http://www.australiasaysno.gov.au/index.htm.
[24] See http://www.glasgow.gov.uk/en/Residents/YourCommunity/CommunityServices/16daysofaction.htm.
[25] UK examples include www.thehideout.org.uk (Women's Aid Federation of England) and www.freefromfear.org.uk (Birmingham and Solihull Women's Aid) which are aimed specifically at children living with domestic abuse and www.respect4us.org.uk (WOMANKIND Worldwide), an interactive website providing information to challenge violence against women.

established in the last five years. A new initiative in Ontario, Canada includes a web resource targeted at 8 to 14-year-olds which aims to challenge gender inequality, the inferiorization of girls and to promote respectful gender relationships within a framework of citizenship[26]. The impact of these initiatives is not yet known. However, engaging young people in challenging gender-based violence is endorsed by young people themselves as Burton and Kitzinger (1998) noted.

Studies show that community-based programmes do increase action against domestic abuse (Ghez, 2001; Partnerships Against Domestic Violence, 2003) and that effectiveness is enhanced where different campaign strands are integrated, through extensive and sensitive use of research, having clear conceptual frameworks and where messages are persistent and consistent (Gibbons and Paterson, 2000; Strategic Partners Pty Ltd., 2000).

School-based work

School-based work has been undertaken in Scotland since the 1990's (for example, Glasgow City Council's *Action Against Abuse* and Zero Tolerance's *Respect* initiative) and there are now several programmes in use in a number of areas (see Appendix One). While no detailed analysis of these programmes has been conducted, evidence from three evaluations and practitioner knowledge indicates that work in Scotland has much in common with the evidence discussed in this section in respect of programme content, implementation issues and outcomes.

Programme content

School-based domestic abuse work is seen as serving two broad purposes: firstly, to provide support, in a potentially less stigmatizing setting, to children living with domestic abuse (Jaffe *et al.*, 1990) and secondly, to enable all children to learn how to conduct non-abusive, respectful relationships (Mullender *et al.*, 1998; ODPM, 2005). To meet these broad aims, programmes incorporate a number of themes and topics depending on their theoretical basis and specific aims. Most commonly, they aim to raise awareness of the issue through imparting knowledge about domestic abuse: what it is, its prevalence, and how it impacts on women and children. Information on the services available to help survivors is usually included, with the intention of enabling children to seek help for themselves and for peers to learn how to offer appropriate support (Gamache and Snapp, 1995, Ellis *et al.*, 2006). An audit of programmes in England showed that this focused on the "knowledge of who to seek help from rather than the skills, processes or consequences of so doing" (Ellis, 2006, p.146). Similarly, confidentiality and child protection appear as key topics in guidance notes for facilitators but only in a few programmes is this directly discussed with children.

The teaching of skills to equip children to conduct non-abusive relationships is incorporated into most programmes (Gamache and Snapp, 1995; Partnerships Against Domestic Violence, 2000; Hester and Westmarland, 2005). Conflict resolution, anger management, communication, problem-solving, assertiveness, and mediation are most commonly included (Sudermann, 1995; Mulroney, 2003; Tutty and Bradshaw, 2004; Ellis, 2006). An element of values education is

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[26] See http://www.equalityrules.ca and http://www.citizenship.gov.on.ca/owd/english/dvap/dvap_video.htm.

often recommended to challenge the undesirable attitudes some children hold and create a culture of intolerance of violence (Gamache and Snapp, 1995; RESOLVE Alberta, 2002; Jaffe *et al.*, 2004). The values commonly put forward include equality, acceptance of difference, respect for self and others, caring, justice, responsibility and self-control (Gamache and Snapp, 1995; Thurston *et al.*, 1999; RESOLVE Alberta, 2002). Rights and responsibilities in relationships was a theme over a third of programmes in England (Ellis, 2006). This focused on the right to be safe, mostly in the family, and was linked to being respected and respectful. Arguably this is a narrow and contingent use of Children's Rights since other aspects of rights were not addressed. Affective education, in the form of learning to identify and express emotions in non-violent ways, is often included in programmes (Gamache and Snapp, 1995; Wolfe and Jaffe, 2001; RESOLVE Alberta, 2002; Ellis, 2004). Linked with this are attempts to raise children's self-esteem (Tutty and Bradshaw, 2004) and to 'empower' children (Wolfe *et al.*, 1997; RESOLVE Alberta, 2002; Tutty and Bradshaw, 2004). There is little discussion of how children might be empowered, with the exception of Wolfe *et al.* (1997) who discuss the potential of educational processes based on the work of Freire (1972) and identify children's participation as key. Few programmes in England included activities that made an explicit link between power and violence where children were able to explore power in their own relationships (Ellis, 2006) and yet Wolfe *et al.* (1997) advocate that learning about power relations is crucial to reducing violence.

In a review of 60 Australian projects, the inclusion of topics on gender equality, gender stereotyping (masculinities and femininities) and gender roles was seen as necessary for programmes to be successful (Strategic Partners Pty Ltd, 2000). Similarly, Canadian policy recommends "a gender-specific analysis…and a gender-specific focus within the program" (National Crime Prevention Centre, 2000, p.20). Yet there is evidence of resistance to a feminist analysis and approach so that gender is often obscured (see for example, Avery-Leaf and Cascardi, 2002). In a review of Canadian school-based programmes to prevent bullying, sexual harassment, child sexual abuse and sexual assault, Tutty and Bradshaw (2004) found that the majority of programmes were gender neutral. This mirrors previous Canadian studies (Haskell, 1998; AFRCV, 1999) and Australian research (Indermaur *et al.*, 1998; Brown and Putt, 1999). In the UK, resistance to programmes that directly address domestic abuse and its gendered dynamic has been noted (James-Hanman, 1999; Thiara and Ellis, 2005; Ellis, 2006). A more oblique approach is often adopted by focusing instead on bullying or violence as an outcome of inter-personal conflict. Programmes then emphasize individualistic cognitive-behavioural approaches rather than (or as well as) addressing systemic, social and cultural knowledges and practices which sanction men's/boys' violence (Gamache and Snapp, 1995; Ellis *et al.*, 2006). Tutty and Bradshaw suggest that "gender-neutral programs are more easily marketed to the school system and are more comfortable for teachers and students to accept" (2004, p.48). Few programmes in Australia (Indermaur *et al.*, 1998), Canada (AFRVC, 1999) or England (Ellis, 2004) take account of diversity or pay attention to addressing the complexities and issues for girls and women marginalized through race/ethnicity, class, sexuality, disability or for those who are refugee or sexually exploited through the sex industry.

Programme structure

In England, Northern Ireland and Wales the length and structure of programmes vary considerably from one-off sessions of less than an hour to those of indefinite length. The most common structure is six one hour-sessions delivered over six weeks. There is no clear rationale for this arrangement or as to why programmes varied in length (Ellis, 2004). Similar findings are reported from North American studies (RESOLVE Alberta, 2002; Whitaker *et al.*, 2006; Weisz and Black 2006). In a review of 500 programmes in the USA, Stein (2001) reported that staff worked with children on average 2.7 sessions. All of which suggests that the work is short-term and less likely to be embedded into schools. Jaffe *et al.* (1992) and Meyer *et al.* (2000) suggest that longer interventions are more effective, which is supported by Hilton *et al.*'s (1998) findings that a one-off large assembly did little to increase young people's knowledge of violence. Other research demonstrates that short one-off sessions might raise awareness but can be counterproductive in reinforcing undesirable attitudes (Thornton *et al.*, 2002; Ellis, 2006).

Implementation

Target groups

There are contrasting ideas about the age of children with which to undertake school-based work. 'Adolescence' is regarded as a particularly crucial time to intervene (Jaffe *et al.*, 1990; Wolfe *et al.*, 1997; Thurston *et al.*, 1999) because it is seen as a key transition point in life and there is also considerable evidence that many young women are already in abusive heterosexual relationships (Stein, 1995; Rosewater, 2003; NSPCC/Sugar, 2005). In Australia, the greater number of programmes have focused on young people in secondary schools (Laing, 2000), while in North America and the UK children in primary schools are targeted too (Haskell, *et al.*, 1999; Day *et al.*, 2002; Ellis, 2004). Working with younger children is regarded as important since "early intervention is deemed essential to unlearning violence and learning non-violent choices" (RESOLVE Alberta, 2002, p.12). On the other hand, work throughout childhood allows for programmes to be repeated regularly and multiple forms of violence to be addressed (AFRCV, 1999; RESOLVE Alberta, 2002).

While there is general agreement that programmes should target both boys and girls, there has been some debate, particularly in Canada, about whether programmes should be delivered to single or mixed sex groups (Cameron *et al.* 2002; Tutty and Bradshaw, 2002). There is no consensus, and both adults and children see the benefits of both approaches, affording opportunities to discuss issues in different settings where flexibility enables programmes to be more responsive to the needs of particular groups (Pacifici *et al.*, 2001; Debbonaire, 2002; RESOLVE Alberta, 2002; Ellis, 2006; Weisz and Black, 2006).

Take up

School-based work is fragmented and localized and by no means universal, with relatively few children having the opportunity to participate in programmes (Indermaur *et al.,* 1999; Stein, 2001; Ellis, 2004). There are a number of obstacles to establishing the work more widely, which range from issues of national policy to the practices of individuals (AFRCV, 1999). A number of studies suggest that these can be minimized by: having a national strategy with clear government

mandate; developing and supporting the work in a multi-agency context; at a local level having a dedicated lead worker who is an educationalist[27]; and, mainstreaming with teachers delivering the work (Jones, 1991; AFRCV, 1999; National Crime Prevention Centre, 2000; Meyer and Stein, 2001; Berkowitz *et al.,* 2003; Ellis, 2004; Thiara and Ellis, 2005).

Staffing

Programmes are delivered by a range of people including school staff, teachers and others such as school nurses, although it appears that a greater number are facilitated by external staff, mostly those from specialist domestic abuse/violence against women organizations but also other educationalists such as youth workers (O'Brien, 2001; Ellis, 2004). Peer educators are increasingly seen as an effective way to increase the knowledge and skills of young people (AFRCV, 1999; Strategic Partners Pty Ltd., 2000; Berkowitz *et al.*, 2005) but is not conclusively seen as more effective than adult facilitators (Weisz and Black, 2006). There is considerable debate in the literature concerning the advantages and disadvantages to internal or external staff delivering the work (see for example, Jones, 1991; RESOLVE Alberta, 2000; Avery-Leaf and Cascardi, 2002). While external staff have specialist knowledge and expertise on domestic abuse, the capacity to reach all children is limited and programmes are potentially unsustainable since they are highly dependent on short-term funding (AFRCV, 1999; Ellis, 2004). In addition, external staff are less likely to impact on school culture, or provide continuity and progression to learners making long-term change more difficult. On the other hand, school staff often resist taking up the work since they feel ill equipped (Jones, 1991; Berkowitz *et al.,* 2005) particularly in respect of dealing with disclosures (PADV, 2002a), have competing demands (Thiara and Ellis, 2005) and some have undesirable or negative views and beliefs about domestic abuse (Aitken, 2001).

Irrespective of who delivers the work, effective programmes need highly skilled, well-trained staff who receive supervision (Meyer *et al.,* 2000; Strategic Partners Pty Ltd., 2000; Avery-Leaf *et al.*, 1997; Avery-Leaf and Cascardi, 2002; Thornton *et al.*, 2002; Ellis, 2006). Training must incorporate child protection so staff can deal appropriately and sensitively with any disclosures that may arise. Studies show that school-based programmes do elicit a small number of disclosures (Reid Howie Associates, 2001; Debbonaire, 2002; Thiara and Ellis, 2005; Ellis, 2006). Along with knowledge and understanding of domestic abuse, staff need to manage and utilize the group dynamic in ways which create safe learning spaces where children can discuss emotive topics and examine their own beliefs and attitudes (Strategic Partners Pty Ltd, 2000; Ellis, 2006). Learning is enhanced where staff are enabling, inclusive, direct and treat children with respect (Wolfe *et al.*, 1997; Strategic Partners Pty Ltd, 2000; Thornton *et al.*, 2002; Ellis, 2006). A debate is beginning in the UK about the gender of facilitators and, although there is no consensus, some boys identified they would have valued a man facilitating the work (Bell and Stanley, 2006). In the USA, Schewe (2002) recommends it is preferable to match the ethnicity of staff to that of the children. Consequently staff need to be aware of, and sensitive to, the impact of their gender and ethnicity on the group.

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[27] Educationalist is used here to denote a professional who has knowledge and experience of education and schooling.

Methods/pedagogy

Effective programmes employ a variety of methods to meet a range of learning styles (Strategic Partners pty Ltd, 2000). Participative and active approaches are valued by children such as theatre/role play, video/DVD and small and whole group discussion (Stevenson, 1999; Debbonaire, 2002; Mullender *et al.*, 2002; Hester and Westmarland, 2005; Bell and Stanley, 2006; Ellis, 2006) and are regarded as good practice in sex and relationship education (SRE) and personal, social and health education (PSHE) teaching (Lewis and Martinez, 2006). A number of studies have shown didactic methods to be ineffective (Dusenbury *et al.,* 1997; Farrell and Meyer, 1997; Meyer *et al.*, 2000; Schewe, 2002) while those which are experiential[28] and personally relevant are more successful (Haskell and Ellis, 1995; Wolfe *et al.*, 1997; Avery-Leaf and Cascardi, 2002).

Whole-school and community strategies

A whole-school approach where the work is embedded in and aims to develop a non-violent school culture, active leadership and a constituency amongst staff are seen as key to establishing and maintaining programmes (Dusenbury *et al.*, 1997; Strategic Partners Pty Ltd., 2000; Erikson *et al.*, 2004). Hester and Westmarland surmise that the long-term impact of programmes on violence reduction "is likely to depend on the extent to which the issues are embedded within the curriculum and wider school activities" (2005, p.17), although there is insufficient evidence to support this claim.

Employing a wider community strategy and multi-agency partnership working is viewed as enhancing the outcomes of work in schools (Sudermann *et al.*, 1995; Dusenbury *et al.*, 1997; Wolfe *et al., 1997;* Foshee *et al.*, 1998; Stevenson, 1999; PADV, 2000; Ellis, 2004). A number of advantages are seen as accruing from securing alliances between school and community including access to specialist support services for women and children experiencing domestic abuse; direct support for staff delivering programmes (Hester and Westmarland, 2005); and mobilizing community action so domestic abuse is seen as and responded to as a social issue of collective concern. In addition, links to public education initiatives and training for staff working with children and families in a range of services and agencies can be made. However, it is crucial to have agreement on intended outcomes, concepts and terminology in the context of partnership working (AFRCV, 1999; Tutty, 2002) so there is clarity of purpose.

While some studies recommend involving parents, through for example steering groups, awareness-raising programmes and newsletters (Stevenson, 1999; Berkowitz *et al.*, 2000; Weisz and Black, 2006) there is no consistent practice in the UK. Evidence suggests that few parents are involved even through being informed about programmes taking place (Ellis, 2004; Thiara and Ellis, 2005; Ellis, 2006). An exception is the *Healthy Respect* project in Scotland which has an integrated Home Activity resource for parents/carers to support children's learning[29]. The Saltspring Women Opposed to Violence and Abuse (SWOVA) in Canada have developed an

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[28] Experiential learning is defined as a 'direct encounter with the phenomena being studied rather than merely thinking about the encounter' (Borzak, 1981:9 quoted in Brookfield, 1983).

[29] See http://www.healthy-respect.com for more information.

experiential workshop for parents, part of the *Widening the R+R Circle*, to complement the school-based *Respectful Relationships* programme[30].

Conducting evaluations

Audits of programmes reveal that evaluation is understood and conducted in different ways (Indermaur *et al.*, 1998; RESOLVE Alberta, 2002; Ellis, 2004; Whitaker *et al.*, 2006). In the UK, where there are relatively few rigorous published evaluations (Ellis, 2004), as a minimum most programmes use some form of pre- and post-programme questionnaire to measure changes in knowledge of, and attitudes towards, domestic abuse, matched to the programme content. More thorough evaluations use qualitative methods, such as focus groups with children; observation; student narratives; interviews with a range of school staff and content analysis of the materials used (Reid Howie Associates Ltd, 2001; Hester and Westmarland, 2005; Bell and Stanley, 2006, Ellis, 2006).

Tutty (2002) recommends evaluations should incorporate needs assessment, process evaluation, outcome evaluation, and measuring client satisfaction. Sudermann *et al.* (1995) suggest that it is important to evaluate processes as well as outcomes in order to determine factors that influence outcomes such as implementation and fidelity to programme content. Including a method of ascertaining children's satisfaction is useful, given that learning is more likely to occur when participants are pleased with a programme (Kirkpatrick, 1998). Needs analysis is often missing with work beginning from a general understanding that violence is a problem, and the specific and unique issues of a particular group or school are assumed, and yet having a clear understanding of the problem is seen as key in implementing proactive interventions in schools (Meyer and Stein, 2001; Jaffe *et al.*, 2004). Burkell and Ellis (1995) suggest that effective programmes need to be personally relevant to children, thus tailoring work to the needs of particular groups seems important. However, making claims of effectiveness and generalizing them are then more difficult since programme fidelity is lacking.

Measures of school culture are rarely utilized so no account is taken of organizational readiness or change. Some attempts have been made to theorize implementation processes from an organizational perspective (Normandeau *et al.*, 2002; Jaffe *et al.*, 2004) which is important if violence is regarded as a problem arising in a social context. Jennifer and Shaughnessy (2005) studied the use of two sets of 'checkpoints' for use as audit tools in promoting non-violence in schools (Varnava, 2000, 2002) which might be useful to those undertaking domestic abuse work.

Evaluations are problematic since most measures are usually undertaken immediately at the end of a programme so only short-term changes are recorded and there is some evidence that learning, particularly attitude change, is not retained (Cascardi, 1997; Whitaker *et al.*, 2006). Consequently longer-term "follow-up testing [is] invaluable" (Tutty, 2002, p.49); a long-term strategy requires long-term evaluation.

The impact and outcomes of the work

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[30] More information is available at http://www.swova.org.

Issues in conducting evaluations make it difficult to state 'what works'. However, findings from the UK and overseas show that children gain increased knowledge and understanding of the nature and extent of domestic abuse (or other form of gender-based violence) after programmes (Jones, 1991; Jaffe *et al.*, 1992; Hilton *et al.*, 1998; Partnerships Against Domestic Violence (PADV), 2000; Reid Howie Associates Ltd, 2001; Hester and Westmarland, 2005; Bell and Stanley, 2006; Ellis, 2006). In addition, where addressed, learning was reported about help-seeking and confidentiality (PADV, 2000; Reid Howie Associates Ltd, 2001; Foshee *et al.*, 2002; Bell and Stanley, 2005; Ellis, 2006), rights in relationships, gender equality and stereotyping (Josephson and Proulx, 1999; Reid Howie Associates, 2001; Ellis, 2006) and alternatives to violence (Stephenson, 1999; PADV, 2000). Some attitude change has been reported in a number of studies (Jaffe *et al.*, 1992; Josephson and Proulx, 1999; Stephenson, 1999; Foshee *et al.*, 2000; PADV, 2000; Hester and Westmarland, 2005; Bell and Stanley, 2006; Ellis, 2006). However, with few long-term follow-up studies, it is difficult to know if change is sustained or the long-term impact. Studies also show that there are often unanticipated outcomes from programmes and it is not possible to precisely predict learning since children interpret and make sense of the content through their existing knowledge and experience (Reid Howie Associates, 2001; Alexander *et al.*, 2005; Bell and Stanley, 2006; Ellis, 2006).

Gender differences in responses to, and outcomes of, programmes have been reported (Jaffe *et al.*, 1992; Lavoie *et al., 1995;* Macgowan, 1997; Stevenson, 1999; Hester and Westmarland, 2005; Stoltz, 2005; Ellis, 2006) with some boys responding negatively to the work (Jaffe *et al.*, 1992; Veinot, 1999 reporting a Dutch study by Winkel and De Kleuver, 1997). A gendered approach was sometimes resisted by staff (women and men) and young men who described the work as 'anti-men' (Sudermann *et al.*, 1995; Reid Howie Associates, 2001; Pacifici *et al.*, 2001; Ellis, 2006).

The Scottish policy context[31]

There is considerable scope in existing and proposed curriculum and policy frameworks for work with children to promote respectful relationships to continue and expand in line with the *National Strategy,* the *Prevention Strategy* and the *Training Strategy*.

Curriculum for Excellence is central to the Executive's reform of education in Scotland under the *Ambitious, Excellent Schools* agenda. The proposed curriculum aims to provide more freedom for teachers, greater choice and opportunity for pupils, and a single coherent curriculum for all young people aged 3-18[32]. Work to increase children's knowledge and understanding of equality in general, and gender equality specifically, to promote respectful relationships and enhance children's safety and well-being would help achieve the stated purposes of *Curriculum for Excellence*, namely successful learners, confident individuals, responsible citizens and effective contributors. Work to promote gender equality and respectful relationships, and reduce gender-based violence, can permeate the whole of *Curriculum for Excellence*; examples of the links to some subject areas are listed below:

- Health and well-being is of particular relevance where personal safety, relationships, sexual health and parenthood will be addressed

- Drama and art, as part of expressive arts, can be used as mediums to explore topics

- Gender equality and domestic abuse can be explored in literature

- Religious and moral education is also of particular relevance where the (im)morality of violence and inequality can be considered along with the how gender relations are represented within the major faiths

- In social studies, gender (in)equality, the media representation of gender relations and violence, and how research into violence is undertaken can be considered

- Analysing and interpreting crime statistics to develop an understanding of what statistics tell us could be undertaken in numeracy

- Safer use of the Internet and its uses to exploit women and children such as through pornography (for older young people) could be examined in IT

School-based work, if done well, can also contribute to a number of whole-school approaches and cross-curricular themes. *The Schools (Health Promotion and Nutrition) (Scotland) Act 2007* will, when commenced, impose duties on Scottish Ministers, education authorities and managers of grant-aided schools to endeavour to ensure that public schools and grant-aided schools are health-promoting. Education authorities will have to prepare and publish an annual statement of improvement objectives and these will need to include strategies for ensuring that schools are health-promoting. This action will encourage a whole-school approach to health promotion which ensures not only that health education is integral to the curriculum but also that school ethos, policies, services and extra-curricular activities foster mental, physical and social well-being and healthy development. Such a whole school approach should foster a non-abusive and respectful culture in schools. Developing children's understanding of, and their skills to take action against, domestic abuse (and other forms of violence) fits well with *Curriculum for Excellence* and the intensions of *Education for Citizenship in Scotland* (2002) with children learning about the exercise of rights and responsibilities, making informed decisions, and taking thoughtful and responsible action.

Respect*me,* a national anti-bullying service funded by Scottish Executive, has a remit to work with children's services and communities to prevent and tackle bullying through awareness raising, training and support for those working with children. Joined-up thinking about the commonalities of domestic abuse, sexual bullying and 'dating' violence could be considered and addressed within this, along with enabling children themselves to take action to reduce bullying. *Restorative justice in schools*[33], which promotes a non-punitive way of dealing with misconduct and bullying and has been piloted in some Scottish schools, complements the values, purposes and aims of school-based work on domestic abuse. It is an approach to conflict that, amongst other things, engages people with dignity and respect while directly holding them to account for their conduct and its consequences and aims to develop school ethos, policies and procedures

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[33] See http://www.restorativejusticescotland.org.uk/schools.htm for more information.

that reduce conflict and harm through providing safe environments and opportunities to discuss problems.

The aims and values of domestic abuse prevention work are consistent with those of *Respect and Responsibility,* Scotland's strategy and action plan for improving sexual health (Scottish Executive, 2005e) which seeks to "promote and reinforce the rights of people to have mutually respectful, happy, healthy and fulfilled sexual relationships free from abuse, violence or coercion" (2005, p.2). Educational work can enable children to conduct and expect relationships which are respectful and where sexual encounters are negotiated rather than forced or coerced. School-based work can help education authorities and schools meet the requirements of *Safe and Well* (Scottish Executive, 2005d) which refers to the particular needs of children living with domestic abuse and to the co-occurrence of domestic abuse, child abuse and other forms of violence against women and girls. In addition, *Happy, Safe and Achieving their Potential* (HASP) (Scottish Executive, 2004) reaffirms the importance of personal support for pupils and meeting the care and welfare needs of children. The report outlines a standard of support that children and parents should expect and the respective roles that teachers, specialist staff, senior managers and head teachers and local authorities have in this. A team led by Aberdeen City Council (in partnership with the Moray Council and Aberdeenshire Council) has been appointed to take forward implementation of HASP. The team is being funded by Scottish Executive for 3 years, until summer 2008.

Directions for good practice – primary prevention of domestic abuse through education

These recommendations are made in response to the National Domestic Abuse Delivery Group in Scotland's question: 'What action is needed to ensure *all* children and young people are equal, respected and responsible to prevent abuse in future and in their own young relationships?'

It is recommended that consideration is given to:

1. Continuing regular broad public education campaigns which employ a range of media to reach different audiences

2. Including people under the age of 16 years in the evaluations of public education campaigns

3. Developing, delivering and evaluating public education campaigns specifically for children

4. Ensuring campaigns have clear and consistent messages which challenge negative media reporting of domestic abuse

5. Extending school-based work so more children have the opportunity to learn about domestic abuse with this work being integrated with public education and awareness-raising training for staff working with children and families in all statutory services so that the burden for change is not placed solely on children and schools

6. Developing wider community strategies which link work in schools with programmes specifically targeted at parents of school-aged children

7. The Primary Prevention through Education sub-group mapping and auditing existing community based work and considering how this might be further developed particularly for very young children and their parents and for children not in mainstream education

In relation to school-based work it is recommended that consideration is given to:

8. Conceptualizing the work within a Rights framework (Human and Children's) which is consistent with current domestic abuse policies in Scotland. Other aspects of Children's Rights (participation, provision) could be promoted, rather than the contingent use of Rights currently in school-based work where the focus is mostly on protection

9. Developing best practice guidance, similar to the *Respect* standards for work with perpetrator groups (2004) and those in Northern Ireland (WAFNI, 2005), to promote programmes and judge their quality

10. Continuing the development of a national network to assist in sharing best practice, provide on-going support and guidance, and the sharing of skills and expertise. This could be supported and/or provided virtually and linked with Learning and Teaching Scotland

11. Each existing local authority multi-agency working group providing strategic and practice guidance with this being joined-up with work on other forms of violence reduction in areas such as homophobia, racism, bullying

12. A dedicated post to lead the development, delivery and evaluation of the work being established in each local authority. The dedicated post holder to have knowledge and experience of the education and schools along with knowledge and understanding of violence against women and to be accountable to the multi-agency working group

13. Maximizing the number of teachers who deliver the work so that: promoting non-violence might be embedded into school culture; the work is more secure; it is more universal. However, the knowledge, skills and experience of specialist VAW staff and organizations should be fully utilized to inform and direct the development, delivery and evaluation of the work

14. Ensuring that those facilitating the work undertake training on gender-based violence since the skills, knowledge and attitudes of those facilitating the work are crucial to its success. This training would involve staff exploring their own values and attitudes towards gender, sexuality and gender-based violence along with groupwork skills so that challenging but safe environments for learning are created. The training must also ensure staff are confident and competent to deal with child protection issues

15. Training, both initial and continuing, for all staff in schools to include awareness-raising of gender-based violence and ensuring recognition of and appropriate responses to children and adults in school who have directly experienced, witnessed or enacted domestic abuse or other forms of gender-based violence

16. Developing materials for use in all phases of compulsory schooling which are integrated across the curriculum and not addressed solely in Personal and Social Education. To provide continuity and progression the materials should be based on an understanding of all forms of violence as an abuse of power arising from inequalities with the specificities of different forms addressed at different stages. The materials should be designed in a module structure

17. Employing methods that are participative and experiential, meet a range of learning styles and through which staff practice in the child-adult relationship the values programmes aim to convey in relation to gender

18. Moving towards schools taking ownership of the work so it becomes embedded, linked with other whole school issues and located in relationship education with strategies to establish a non-violent school culture

19. Developing work with the 66 per cent of young men and 83 per cent of young women who think gender-based violence is NOT acceptable and how they can influence their peers so that children can take safe action to collectively challenge violence

20. Having a wider community strategy to link school-based work with targeted and specialist services to support children and women experiencing domestic abuse and to hold violent men to account

21. Planning and costing multi-methodological evaluations in order to capture outcomes and processes which are explicitly linked to the aims of programmes and to assessment procedures in schools. Ensuring children's views and experiences of the work and their learning are central to the evaluation process along with disseminating the findings to inform best   practice

ANNEX – CURRICULUM PROGRAMMES KNOWN TO BE CURRENTLY IN USE WITH CHILDREN/YOUNG PEOPLE IN SCOTLAND

Title	Age group	Author
Action Against Abuse	Secondary school	Glasgow City Council
Bringing About Change	Primary and secondary	South Ayrshire Women's Aid
Domestic Abuse Education	Secondary school	West Dunbartonshire Domestic Abuse Partnership
Healthy Relationships	Primary and secondary	North Ayrshire Women's Aid
Respect	Primary and secondary	Zero Tolerance
Healthy Respect SRE[34]/RME[35] Home Activities Resource	Primary	Healthy Respect NHS Lothian
Wee Violence is Preventable (VIP)	Under 5s	18 & Under
Tweenees	Primary school	18 & Under
Teen VIP	14-18	18 & Under
To Have and to Hold	Secondary school	Baldy Bain
Stop Sexual Bullying	Secondary school	WOMANKIND Worldwide
Nae Danger	11-16	Barnardo's Scotland
Helping Hands	Primary	Women's Aid Federation NI

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[34] Sex and Relationship Education
[35] Religious and Moral Education

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