

# Swindon's Joint Strategic Needs Assessment

## Domestic Violence and Abuse: The impact on children and young people



### Key Points:

- This JSNA provides evidence to help us understand the health and wellbeing needs of children and young people exposed to domestic violence and abuse in Swindon.
- The term domestic violence and abuse (DA) will be used throughout this bulletin to capture the range of violent and abusive behaviours which can exist within adult and teenage intimate relationships.
- DA is a complex and challenging social problem within families, which is largely hidden and underreported and disproportionately affects women and children as victims. It is more likely than other crimes to have repeat victimisation.
- Responsibility for responding to DA is spread across a wide range of agencies and in addition to the human and emotional toll, it places costly demands on public services, with much of the focus being on the adult victims and perpetrators.
- There are estimated to be 4,800 women aged 16-59 in Swindon who have been victims of DA within the past year.
- Victims consult with health professionals about symptoms such as depression, self-harm and physical injuries but DA is rarely identified or support offered.
- National research found that almost a quarter of young adults reported having been exposed to DA in their family during childhood.
- In Swindon there are approximately 1000 children and young people that we are aware of who are exposed to DA each year, of whom more than 40% are under five.
- There are significant adverse impacts on the health, development, wellbeing and learning potential of many children and young people exposed to DA and few opportunities for them to access help or support.
- There is an association between DA and child protection and this is particularly when combined with other parental difficulties such as problem drinking or drug misuse, mental health problems or learning disabilities.
- DA within teenage intimate relationships is of national and local concern, although young people find it hard to recognise what they are experiencing as DA.
- There is a lack of professional confidence to identify and address DA within the children's workforce
- This JSNA makes 12 recommendations – these are set out on page 8.

### What is Joint Strategic Needs Assessment?

Joint Strategic Needs Assessment (JSNA) helps us to understand:

- What we know about the current health and wellbeing needs of local people;

- How their needs are being met;
- What we think their future needs are likely to be; and
- How their needs can best be met.

Understanding Swindon's changing population, the factors that affect health and

### Government definition of domestic violence and domestic abuse (2013):

"Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass, but is not limited to, the following types of abuse: physical, sexual, psychological, emotional, or financial."

wellbeing, the town's assets and the implication for future services are vital in setting priorities and planning future services.

### Domestic Violence and Abuse: the impact on children and young people JSNA

This needs assessment focuses on children and young people who have been exposed to DA within their families or who are themselves within abusive teenage relationships. The consequences of DA can be severe and include physical and emotional injury, disruption to education, employment and housing, and restrictions on social behaviours. The impact is particularly damaging when individuals are exposed to violence at an early age and can contribute to poor health and wellbeing outcomes in life.

### How many people in Swindon experience domestic abuse?

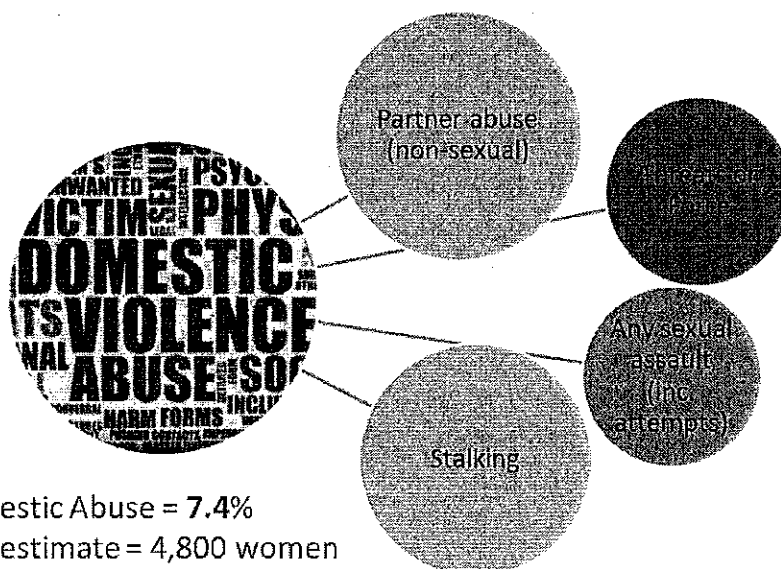
Estimating the number of people affected by domestic abuse is difficult due to the hidden

nature of DA. The most reliable estimates come from the Crime Survey for England and Wales (previously called the British Crime survey), an annual representative sample survey which asks about the extent to which people have been victims of crimes. In the 2011/2012 survey, 31% of women and 18% of men aged 16-59 said they had experienced DA during their lifetime, while 7.4% of women and 4.8% of men had experienced it within the past year. The profile of male victims is not well understood and some follow up work suggests the survey may be over-identifying the numbers of DA victims who are men.

Figure 1 shows the estimated prevalence of DA experienced in the past year by women in Swindon. Female victims are more likely than male victims to suffer from emotional and financial abuse, threats and sexual assault.

Figure 2 shows the variance in the rate of DA incidents across Swindon with children in the

**Figure 1: Estimated female victims of DA in the past year in Swindon (ages 16-59) showing types of abuse (to scale)**



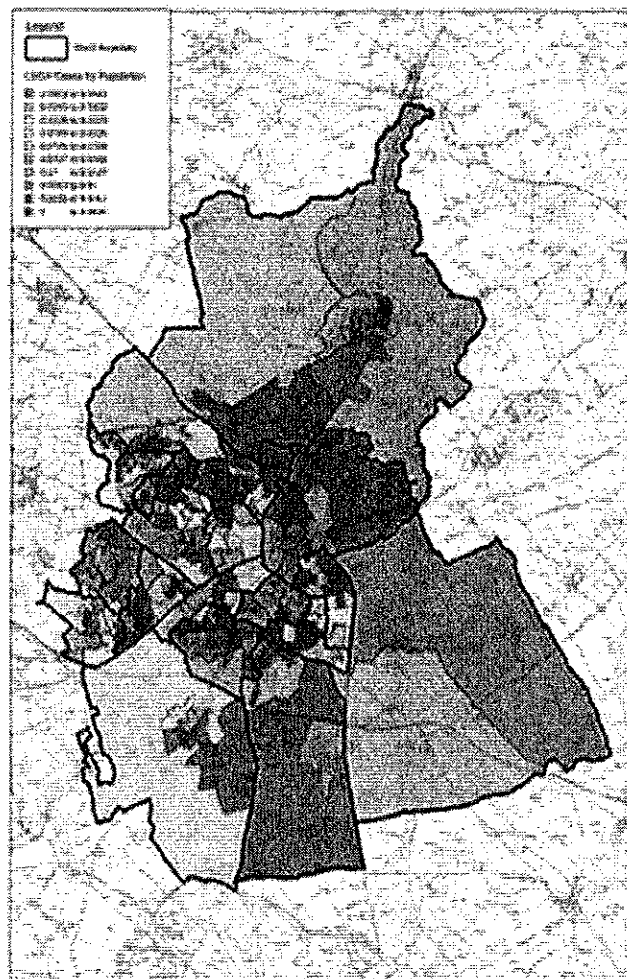
household. The red areas have a rate of between 4% and 9.5% of the total child population for the area, amber is 3-4% and yellow 2-3%. Some of this will be attributable to repeat incidents in the same households. Figure 3 shows the age profile of children in Swindon in households with DA incidents and the frequency of their exposure. There was an overall rise of 8% in the numbers of children from 2011 to 2012 from just under to just over 1000 children in each year. More than 40% are children under five, highlighting a significant concern, as what happens in early life is critically important for children's development, health and wellbeing. A further 30% are primary school age. Single incidents among school aged children at primary and secondary schools (ages 5-15) rose by more than 40% from 2011 to 2012.

### The impact of domestic abuse

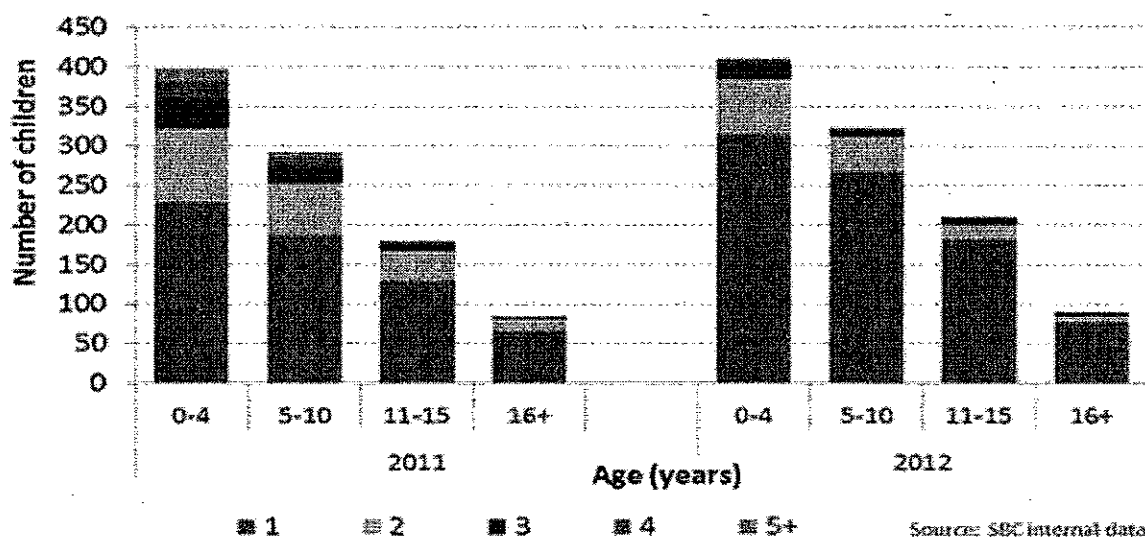
Exposure to domestic abuse often leads to children exhibiting symptoms of disturbance during childhood which will vary depending on their age and stage of development. Children can develop depression, anxiety and aggression as a consequence of living with DA and may show increases in short and long term anti-social behaviour such as missing school, getting into fights, and cruelty to animals. Adverse effects are less likely when the DA is mild and short-lived or when they have at least one person in their

**Figure 2: Rate of DA incidents with children in the household (April 10 – December 12)**

Rate of cases by LSOA ■ = greatest proportion of cases ■ = fewest proportion of cases



**Figure 3: The number of children living in households with DA incidents, by age of child and number of incidents (2011 and 2012)**



Source: SBC internal data

family who responds to their developmental needs. When possible, maintaining friendships and continuity at school is very important.

The impact on children is aggravated by a range of factors such as the severity of the violence, a combination with problem drinking, drug misuse, mental illness or learning disability, and witnessing the sexual and physical abuse. It is often the combination of factors which can co-exist with domestic abuse that have been found to increase the risk of harm to children and this is reinforced by the findings from Serious Case Reviews.

Among children who have been directly abused there are a high number who have also experienced DA. In Swindon an audit of children on the child protection register was undertaken in 2009 and found that 58% of children on a child protection plan had DA noted as one of the risk factors.

Although separation is the best way to escape domestic violence, domestic violence murder reviews have shown that separation can increase the likelihood of extreme violence being perpetrated. Child contact arrangements can also place children and mothers at risk of abuse. The British Crime survey found that more than a third of women who had separated after DA reported experiences of abuse and threats to themselves or their children during contact.

Parenting skills of the victim can be negatively affected by the DA which may cause apathy, feelings of inadequacy or depression and cause difficulty in organising day to day living and maintaining routines. Parenting may become unpredictable, inconsistent and ineffective. Parents may also be reluctant to admit problems due to anxiety about losing their children.

Research shows the impact of domestic violence on young people and an association with forming abusive relationships of their own. A national study of high risk DA victims aged under 18, found that in addition to experiencing physical and sexual violence, they often have associated health related

vulnerabilities including self-harm, mental health problems and pregnancy. Internet and mobile technologies are often used to extend coercion and control within abusive relationships.

### **In Swindon:**

In the consultation with young people (aged 10–15) in Swindon Ten to Eighteen Project (STEP) an average of 60% said they had experience of DA.

Swindon Family Nurse Partnership (FNP) working with teenage mothers found that 42.5% reported at 12 months after birth having experienced physical or emotional abuse since birth of infant, compared with 23% reported in the FNP programme nationally.

Local agencies working with troubled young people, including the Child and Adolescent Mental Health Service (CAMHS) and Youth Offending Team (YOT) regularly work with young people who have a family history of DA.

Youth Engagement workers report working with a number of young people who have problems with abusive relationships and identify this as a training need.

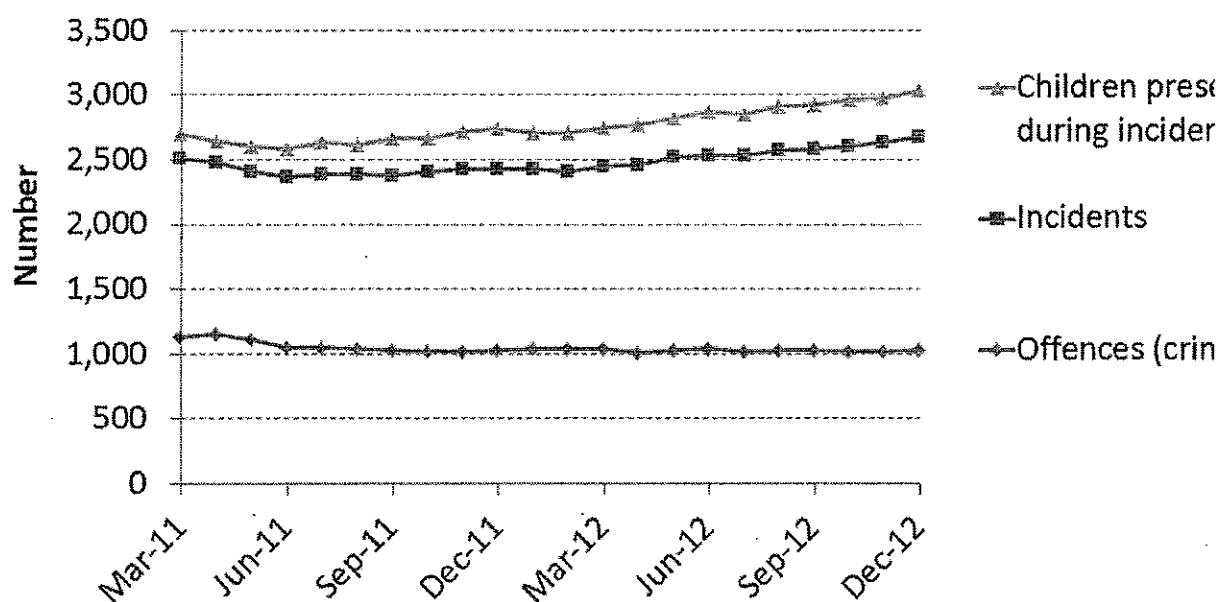
### **What services do people use?**

A wide range of agencies providing services for adults, families and children and young people come into contact with families experiencing DA. These include health, social care, education, criminal justice, voluntary and community sector, housing and DV specialist agencies. Governance for DA is currently through the Community Safety Partnership.

Criminal Justice agencies involved in DA include the Police, the Crime Prosecution Service, the Courts and the Probation Service. The Police and Crime Commissioner for Wiltshire and Swindon has a role in representing people in the area to ensure the policing needs of communities are met.

Figure 4 shows 12 month rolling police

**Figure 4: Swindon - Police calls to domestic violence incidents, children present in households during incidents and DV offences: Rolling 12 month information (April 10-December 12)**



information about DA incidents in Swindon. This shows a small increase in DA incidents during 2012 and a similar increase in children present during those incidents. The increase appears to be due to more repeat incidents which rose from an average of 14% in 2010 and 2011 to 22% in 2012. The number of offences remained stable.

The numbers of perpetrators of DA who were prosecuted by the Crown Prosecution Service in Wiltshire dropped by 15% from 756 in 2010/2011 to 656 in 2011/2012 and dropped a further 12% to 577 in 2012/2013. Wiltshire no longer has specialist DA courts which were introduced in 2008 as a means to address some of the problems in DA prosecutions.

High risk victims are offered the support of an Independent Domestic Violence Advocate (IDVA) and are referred to the Multi Agency Risk Assessment Conference (MARAC) which makes plans to improve victim safety. Figure 5 shows the numbers of high risk victims referred to Swindon MARAC as a 12 month rolling figure as well as the number of children of those victims.

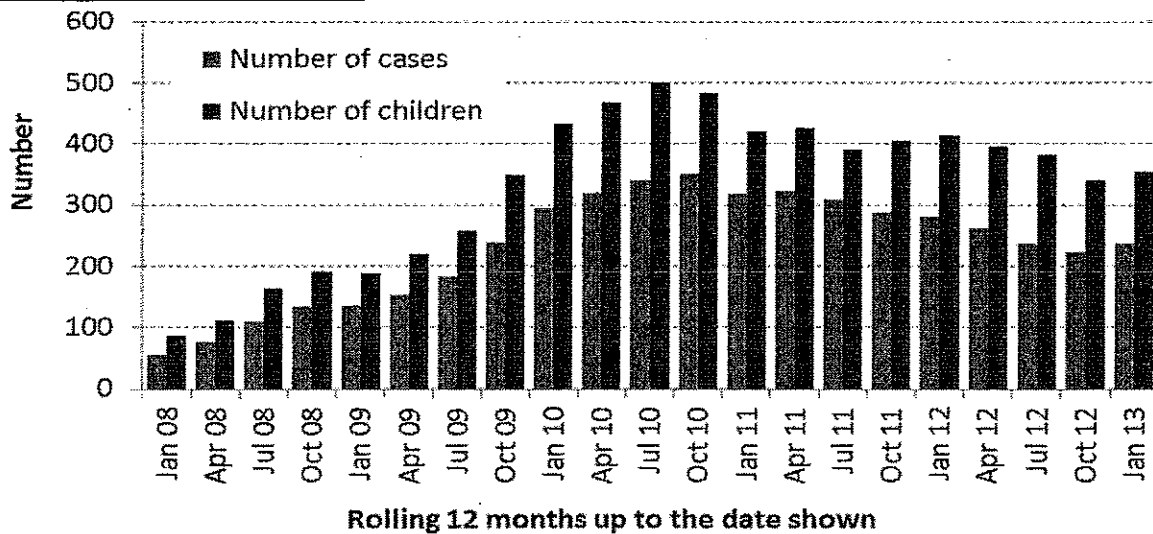
These numbers peaked at 350 high risk victims with just under 500 children in the

year up to October 2010, followed by a 30% drop in the year to January 2013. CAADA expect the right number of Swindon MARAC referrals to be similar to 2010 levels. The police provide 70% of the referrals to MARAC with very small numbers being referred by children or health services. In the year to January 2013, 15% of the MARAC referrals were from the black and minority ethnic community in Swindon, a proportion roughly representative of the Swindon population. Other groups including those aged under 18, were under-represented.

Specialist DA services in Swindon include Swindon Women's Aid which provides a 24 hour helpline, a Refuge, an Outreach service and an IDVA service. From April 2009 to December 2012 the Refuge has provided accommodation to 244 women of whom 31% described themselves as having a disability and 33% were from a BME group. The women had with them 434 children of whom over half were under 5. Hometruths is a Swindon based not-for-profit social enterprise which provides a range of DA services including an IDVA service.

DA victims are frequent users of health services, and often have symptoms

**Figure 5: Swindon MARAC – trend in the number of cases and number of children aged under 18years (2008-2012)**

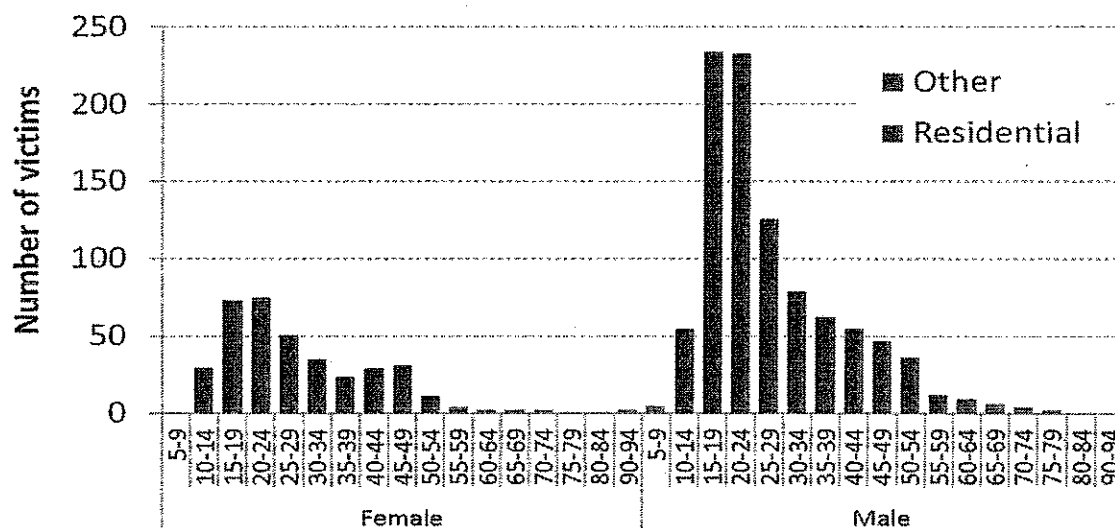


including depression or anxiety, self-harm, tiredness, chronic pain, sexually transmitted infections, injuries or non-specific symptoms. They are more likely to be admitted to Hospital and are issued with more prescriptions. Nationally more than 1% of Emergency Department (ED) visits are due to domestic abuse. Figure 6 shows assault information from the Great Western Hospital, revealing that although more males are victims of assault, a higher proportion of female victims are assaulted in residential premises.

Children Social Services in Swindon received notifications from police of

approximately 1000 children each year being exposed to DA. Figure 7 shows that more than 80% of these children do not have any contact with Children's Social Services following this. Of those that do, less than 2% were on a child protection plan and less than 1% became children in care. The Early Help Record and Plan (EHR&P) is core to the delivery of multi-agency services by the wider children's workforce and 10% of these children had a Common Assessment (CAF) which was forerunner to EHR&P. All children have contact with universal services and may access support through these services.

**Figure 6 Age and gender of victims with location of assault in residential premises or other - GWH Emergency Department (Jan 11-Feb 13)**



Midwives, Health visitors and Children Centres provide crucial services to improve health and well-being outcomes for under-fives and the Family Nurse Partnership provides an intensive service to young mothers and their partners. Parenting programmes do not routinely address DA and midwifery is the only universal service to routinely ask all mothers about DA.

Schools are vitally important in supporting their pupils when they are exposed to DA. They also play a significant role in helping the development of healthy relationships. Through personal, social and health education (PSHE) they can improve knowledge and skills and developing awareness of abuse can help to reduce the social acceptability of violence. Effective strategies to promote emotional well-being are also valuable. There are examples of good practice in Swindon schools.

The Children and Family Court Advisory and Support Service (CAFCASS) provide Family Court Advisers when parents are separating or divorcing and can't agree on arrangements for their children (private law). DA is the most common welfare issue raised in proceedings. CAFCASS can refer DA perpetrators to the mandatory perpetrator programme run by the Probation Service.

## What do local people think?

Three consultations were undertaken to inform this needs assessment:

- A focus group with mothers at Swindon Refuge
- Consultation with children aged 5-10
- Consultation with young people aged 10 to 15 at STEP.

Mothers at the Refuge described how they tried to cope with the DA and how it had undermined their confidence. Disclosing the abuse and finding the right help was difficult. They usually had told family or friends but this often resulted in unhelpful advice. Acknowledging the impact on their children could be difficult and they feared that telling others would result in them having no control over their situation. Their mental health was often adversely affected and GP's frequently had been consulted for this.

The children at the Refuge described crying and being scared when their parents were shouting and arguing. They found it hard to tell people what had happened and found it helpful for school staff to regularly talk to them and see how they were. They felt that no-one would understand their problems or be able to help them. Living at the Refuge meant it was harder to see their friends.

Young people at STEP thought DA was limited to violence and aggressive acts and

**Figure 7: Service delivery following DA notifications in children's Social Services (April 2010-Dec 2012)**

DV notifications = 4,317

No. of children = 2,808

Referrals to Soc Care = 535

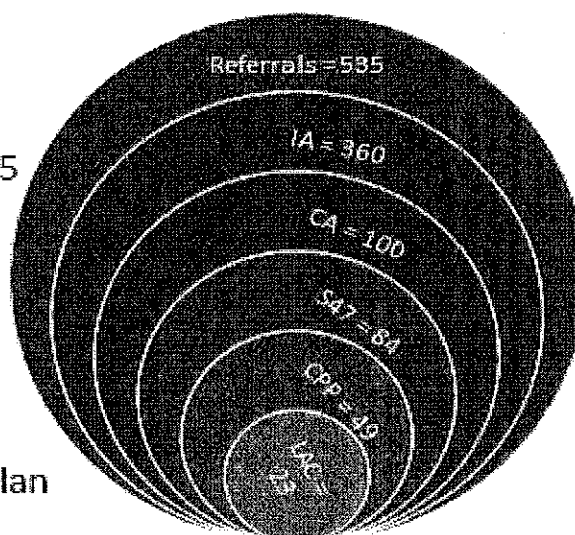
IA = Initial assessment

CA = Core assessment

S47 = Child protection investigation

CPP = Child protection plan

LAC = Looked after child





did not understand the relationship between DA and abusive relationships with peers. It caused them to feel scared, frightened, angry, sad, upset, and confused and had caused problems at school and with friends, either through behaviour or emotions. Most would have liked to talk to someone they trusted. However many of them did not know who to talk to, or were too worried and scared to tell anyone about the DA.

## Recommendations

1. Review current governance arrangements to ensure that the right strategic and operational partners are represented in a local partnership to prevent domestic violence and abuse, including focus on the needs of children and young people.
2. Improve the knowledge, skills and confidence of staff to identify DA and respond appropriately, through a robust training framework and developed pathways into specialist services.
3. Develop information sharing about DA that is timely, purposeful, is supported by up to date protocols and includes information reaching the person who knows the child or young person.
4. Ensure that assessments of risk and impact focus on children as well as adult victims and that agencies work together to this end.
5. Develop the opportunities during pregnancy and early years for parents to disclose DA and access services and ensure that parenting programmes include a focus on DA.
6. Develop the opportunities for children experiencing DA to seek help, support and access to therapeutic services.
7. Improve recognition of DA in teenage relationships, both among young people

and staff, backed up by a programme supporting teenage victims and perpetrators to develop non-abusive relationships.

9. Provide PSHE which promotes healthy relationships, including awareness of DA, and promote emotional wellbeing through a whole school approach.
10. Embed a whole-family approach, including DA, in adult and children services across Swindon.
11. Provide non-mandated programmes for perpetrators who wish to change their behaviour, including an appropriate programme for those aged under 18.
12. Improve the identification of DA and pathways to support during consultations with health professionals.
13. Refer identified issues on the management of domestic abuse within the criminal justice process to the Criminal Justice Board for further scrutiny.

## Where to find more information

The full Domestic Violence and Abuse: the impact on children and young people JSNA provides much more information on the issues covered by this bulletin (including full references). It can be found on Swindon's JSNA website:  
<http://www.swindon.gov.uk/healthandwellbeing>

The website includes a range of other documents about health and wellbeing in Swindon. If you have any queries (or would like to contribute to needs assessment activities in Swindon) please contact:  
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This bulletin will be reviewed in 2016