

Children and Young People impacted by Domestic Abuse in Gloucestershire

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Contents

1. Introduction	4
1.1. Definition	4
1.2. Purpose and Scope.....	5
1.3. Children in Gloucestershire.....	5
2. Impact of Domestic Abuse on Children and Young People	6
2.1. The 1001 Critical Days.....	8
2.2. Impact on children aged 1-4	8
2.3. Impact on children aged 5-10	9
2.4. Impact on children aged 11-16	10
2.5. Impact on children of all ages	10
3. Support for Children and Young People	12
3.1. Best Practice Approaches	13
3.1.1. Operation Encompass	13
3.1.2. Domestic Abuse, Recovering Together (DART).....	14
3.1.3. Rock Pool Domestic Abuse Recovery Toolkit.....	14
3.1.4. The Mix.....	15
3.1.5. Safer Futures Cornwall.....	15
3.1.6. Julian House Bristol.....	16
3.2. Support in Gloucestershire	16
4. Children and Young People impacted by Domestic Abuse in Gloucestershire.....	18
4.1. Police data.....	18
4.1.1. Operation Encompass	18
4.1.2. MARAC data	20
4.2. Children's Social Care.....	22
4.3. Children and Family Centres	25
4.4. Pupil Survey: Domestic Abuse	27
4.5. Specialist Domestic Abuse Services	29
4.5.1. Stroud Beresford Refuge.....	29
4.5.2. Gloucestershire Domestic Abuse Support Service (GDASS)	30
4.5.3. STREET.....	34
4.6. Other Support Services	35
5. Consultation Work Summary.....	36
5.1. Findings from Parents	36
5.2. Findings from Professionals	39
5.3. Consultation Conclusion	40

6. Conclusion and Recommendations.....	41
6.1. Commissioning Recommendations.....	41
6.2. Recommendations for Operation Encompass	42
6.3. Recommendations for the Domestic Abuse Partnership Board.....	42
Bibliography	44

1. Introduction

The impact of domestic abuse on children and young people cannot be underestimated, with those aged 16 and under estimated to not only witness three-quarters of abusive incidents but also themselves experience physical abuse as well as sexual and emotional abuse within families where domestic abuse is occurring¹.

This impact on children has been recognised in the Domestic Abuse Act 2021 where children (aged under 18) who live in a home where domestic abuse takes place will now be recognised as victims in their own right, rather than witnesses, for the first time. In addition to this, other areas of the Domestic Abuse Act also contribute to the protection of children:

- The statutory duty placed on local authorities to provide support in safe accommodation extends to victims and their families.
- The introduction of new Domestic Abuse Protection Orders and the role of the Domestic Violence Disclosure Scheme will look to increase protection for families affected by domestic abuse.
- The statutory definition of domestic abuse recognises primary victims as those aged 16+, acknowledging abuse in teenage relationships. As such, all other provisions in the DA Act extend to those aged 16+.

Alongside these measures, the education of young people about issues relating to domestic abuse is considered to be a key area of prevention for domestic abuse. In support of this, in September 2020, the compulsory Relationships and Sex Education (RSE) and Health Education curriculum came into force across England and Wales. This curriculum aims to put in place the building blocks needed for positive and safe relationships, including with family and friends both in person and online at primary school level. This will then move on at secondary level to cover content on what healthy and unhealthy relationships look like and what makes a good friend or colleague and a successful marriage or a committed relationship².

In support of the renewed focus nationally on the impact of domestic abuse on children and young people, the Gloucestershire Domestic Abuse Local Partnership Board (DA LPB) is keen to explore the needs of children locally and consider what service provision is required to support children as victims in their own right.

1.1. Definition

Part 1 of the Domestic Abuse Act 2021, section 3, defines children as victims of domestic abuse³:

Any reference in this Act to a victim of domestic abuse includes a reference to a child who—

- (a) sees or hears, or experiences the effects of, the abuse, and*
- (b) is related to A or B.*

A child is related to a person for the purposes of subsection (2) if—

- (a) the person is a parent of, or has parental responsibility for, the child, or*

¹ [Domestic violence and abuse - the impact on children and adolescents | Royal College of Psychiatrists \(rcpsych.ac.uk\)](https://www.rcpsych.ac.uk/-/media/assets/mental-health/mental-health-topics/violence-and-abuse/children-and-adolescents-domestic-violence-and-abuse.ashx)

² [Relationships, sex and health education: guides for parents - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/relationships-sex-and-health-education-guides-for-parents)

³ <https://www.legislation.gov.uk/ukpga/2021/17/enacted>

(b) the child and the person are relatives.

In this section—

- “*child*” means a person under the age of 18 years;
- “*parental responsibility*” has the same meaning as in the Children Act 1989 (see section 3 of that Act);
- “*relative*” has the meaning given by section 63(1) of the Family Law Act 1996.

The addition to the act of the child as a victim reflects the failure of the term ‘witnessing’ in capturing the ways in which children become caught up in incidents of abuse’ (Devaney, 2016, p. 82) and gives children and young people recourse to justice they otherwise might not be entitled to. This confirms the statement that ‘witnessing domestic violence is at least as impactful as being directly physically abused’.⁴

It is worth noting that where a child is abused directly by the perpetrator, this would fall under the definition of child abuse and be dealt with legally under that legislation, rather than that of domestic abuse.

1.2. Purpose and Scope

The purpose of this document is to:

- Outline learning and best practice approaches to children and young people witnessing/living with domestic abuse;
- Consider current local provision to support children and young people;
- Review local data to gain a better understanding of the potential number of children witnessing/living with domestic abuse in Gloucestershire;
- Identify gaps in provision and make recommendations for future commissioning or practice.

In addition, a countywide consultation has been conducted to explore the needs of children and young people in Gloucestershire. This will be summarised in support of the recommendations for the future, but the full consultation will be available by contacting DASVconsultation@gloucestershire-pcc.gov.uk.

The data used in this report will consider wherever possible the last 3 financial years 2020/21 2021/22 and 2022/23. Where data falls outside of this timescale, it will be stated within the analysis.

This document will primarily focus on children who are witnessing or experiencing the effects of domestic abuse at home. It will not consider young people who may be experiencing abuse within their own intimate relationships; this is an area that will be considered in the next countywide domestic abuse needs assessment in 2024.

In addition, a separate piece of work has been undertaken to review the provision of healthy relationships work within schools, so this has not been reflected in this document.

1.3. Children in Gloucestershire

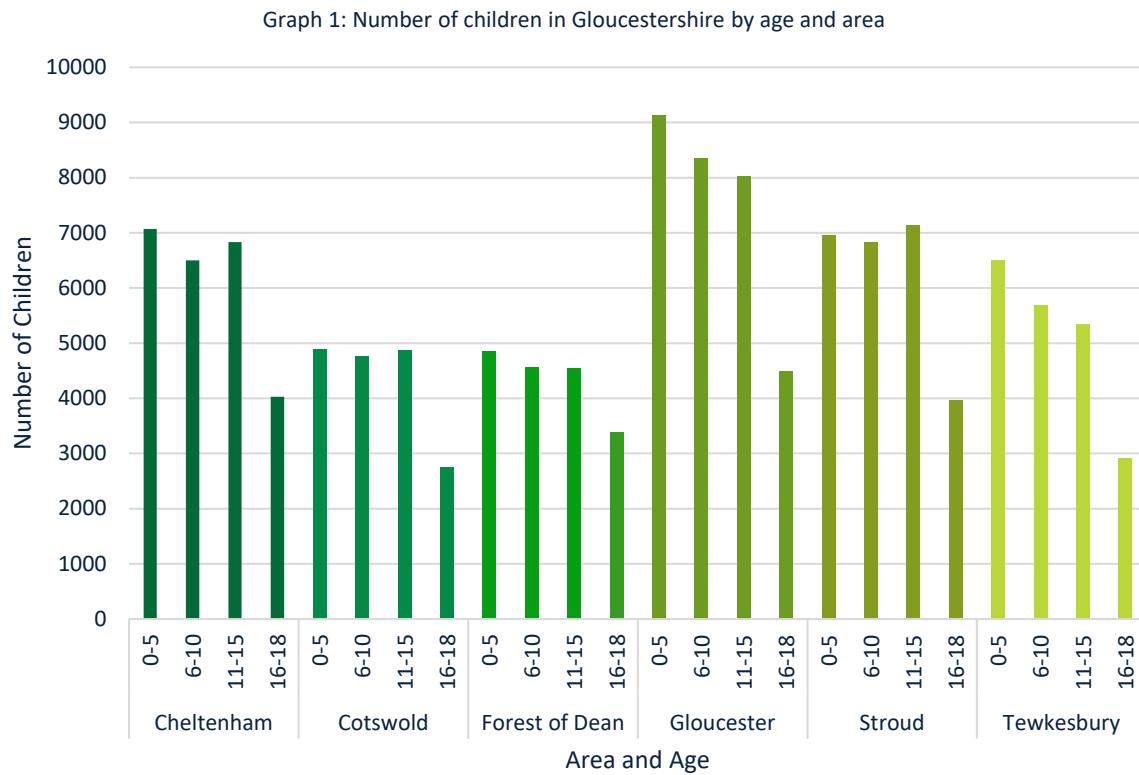
Across Gloucestershire there are 134,323 children aged 0-18, accounting for 21% of the total population. When applying this population data to estimates of children witnessing or experience

⁴ Callaghan, J., Alexander, J., Sixsmith, J., & Felling, LC., (2015) ‘*Beyond “Witnessing”: Children’s Experiences of Coercive Control in Domestic Violence and Abuse*’, Journal of interpersonal Violence 33:10, pp. 1552 - 1553

domestic abuse (1 in ⁵) it can be estimated that 26,864 children will be experiencing domestic abuse in Gloucestershire.

The largest proportion of children are in the urban areas of the county in Gloucester and Cheltenham, in line with wider population data.

As detailed in Graph 1 below, the majority of children (56%) in Gloucestershire are aged 10 years or younger.



When considering protected characteristics of children in the county, around 6% of children are noted to be disabled and 12% recorded as Black, Asian and Minority Ethnic.

2. Impact of Domestic Abuse on Children and Young People⁶

‘Far from watching passively children experience the violence [of domestic abuse] with all of their senses.’⁷

Research confirms that domestic abuse has a lasting impact not only on the victims of direct abuse, but on children who witness abuse in the household, through indirect abuse. Living in an abusive household can ‘[cause] disruption to their schooling and harms the quality of their educational experiences and outcomes’.⁸ Devaney⁹ identifies that ‘[children’s] awareness of the abuse is greater than their parents acknowledge’, indicating that even those who know the child the best might not be aware of the true impact of what the child witnesses, or might be too fearful to acknowledge it, ignoring the impact because it is too painful to contemplate. Furthermore, ‘cultural taboos can

⁵ Children affected by domestic abuse to benefit from £8 million fund - GOV.UK (www.gov.uk)

⁶ Research conducted by Hannah Ouston, DASV Programme Assistant, Gloucestershire OPCC

⁷ J. Devaney, *Research Review: The Impact of Domestic Abuse on Children* Irish Probation Journal, 12 pp. 79-94, 2015, p. 82

⁸ M. Lloyd, *Domestic Violence and Education: Examining the Impact of Domestic Abuse on Young Children, Children and Young People and the potential role of schools* Frontiers in Psychology, 9:2094, doi: 10.3389/fpsyg.2018.02094, 2018, p. 1

⁹ Devaney, 2015, p. 83

render disclosure of domestic violence, including ‘honour-based’ violence, even more difficult for members of certain communities’¹⁰ and it is documented that ‘children’s capacity to cope with trauma is compromised by the non-offending parent’s inability to act as a buffer to the trauma’.¹¹ Where parents are in cultural situations where they might be encouraged to hide or accept the abuse, the child is unprotected and therefore more likely to suffer negative psychological effects. This makes it all the more important that when disclosures are made, a child is able to access the best and most appropriate support in order to have positive outcomes, no matter their background, ethnicity or age.

Whilst it is well known that abuse has both immediate and long-term effects on a child’s education and development, it is important not to view children and young people as a ‘homogeneous group’ due to the notably individual impact experiencing such trauma has on each person.¹² This is especially true in sibling groups, where a child’s uniqueness might not be readily identified¹³ and there is the possibility that each sibling will be treated very differently by the abusive parent, varying impact of the abuse on individuals. Whilst services must conform to a general structure, they must also offer opportunities for the expression of individuality for the child and young person victim.

Research also confirms that the ‘duration of children’s encounters with domestic violence has a greater bearing on their stress levels than the severity of the abuse’¹⁴ highlighting the importance of early interventions with the perpetrators in order to reduce the time a child is exposed to the violent and/or abusive behaviour. Whilst perpetrator interventions are not within the remit of this report, Gloucestershire is in the process of receiving funding to invest further into these in 2024, hopefully reducing the threat to and improving outcomes for child and young person witnesses. Where perpetrator interventions are ineffective, it is important to provide provision for the non-offending parents to leave the abusive relationship, again reducing the child or young person’s exposure as soon as possible.

Domestic abuse does not occur in a vacuum, and ‘children living with domestic violence are also at greater risk of experiencing neglect, physical and/or sexual abuse’.¹⁵ Campo¹⁶ suggests that ‘child abuse compounds the effects of domestic and family violence and increases the likelihood of psychosocial problems in youth and adulthood.’ Similarly, many children who experience domestic abuse in the home can also experience homelessness or the risk of homelessness if the non-abusing parent leaves the family home. ‘Non-permanent accommodation has an impact in the classroom through children’s lack of ability to participate socially and academically’.¹⁷ ‘The loss of the family home can itself can have traumatic effects on children.’¹⁸ Having a holistic view of the impacts of domestic abuse is vital when it comes to understanding the needs of children and young people.

It is commonly thought that experiencing domestic abuse as a child is likely to lead to violent offending for children in later life. However, this assumption has been countered by studies which have identified that the ‘correlation is established [when participants] tend to have experienced childhoods characterised by several risk factors (such as socio-economic disadvantage, parental

¹⁰ Lloyd, 2018, p. 5

¹¹ M. Campo, [Children’s Exposure to Domestic Abuse and Family Violence](#) CFCA 36, 2015, p. 9

¹² Lloyd, 2018, p. 2

¹³ Cafcass Cymru, [Impact on Children of Experiencing Domestic Abuse](#), 2019, p. 2

¹⁴ Lloyd, 2018, p. 3

¹⁵ Devaney, 2015, p. 83

¹⁶ Campo, 2015, p. 8

¹⁷ Lloyd, 2018, p. 4

¹⁸ Campo, 2015, p. 6

mental ill health, parental substance abuse and child abuse)¹⁹ highlighting the importance of an intersectional approach in any interventions.

2.1. The 1001 Critical Days

The 1001 Critical Days are the days from conception to a child's second birthday, and this period is noted to be significant for babies' brain development²⁰. Around 26% of babies in the UK are estimated to be living within complex family situations resulting in heightened risk that can have a 'devastating impact on babies and young children'²¹. Evidence shows that during this time²²:

- Brain development is vitally important;
- The earliest experiences shape a baby's brain development and have lifelong impact on that baby's mental and emotional health;
- A pregnant mother experiencing stress can teach the baby that the world is dangerous, leading to possible social and emotional problems. This means that the child's response to experiences of fear or tension have been set to danger and high alert. This can also happen at any point in the 1001 days, not just during pregnancy;
- When development falls behind during the first years of life, it is more likely to fall behind in following years;
- Attachment problems developed can impact social and emotional development;
- Babies are disproportionately vulnerable to abuse and neglect.

In order to survive and thrive during this time, every baby needs 'sensitive, appropriate and responsive care from their main caregivers'²³. This means supporting the non-abusing parent in providing stimulation and engagement for the child which is appropriate for their age, and during pregnancy supporting the mother during stressful situations. Wraparound services to support babies and their carers require specialist workers to provide specialist support like that needed for 'safeguarding, domestic abuse and mental health' in order to ensure the baby receives care specific to their experience²⁴.

2.2. Impact on children aged 1-4

*'Exposure to domestic and family violence for children [of preschool age] raises some particular concerns because of their developmental stage and the fact that they may spend a greater proportion of time with their parents compared to school-age children, and are thus not able to benefit from the potential buffering effects of exposure to a school environment.'*²⁵

At pre-school age, children can show heightened distress in response to verbal conflict between parents,²⁶ highlighting that they are not oblivious to what is going on around them. However it has also been noted that 'children exposed to domestic and family violence at 1 year, but not at 4 years, had fewer reported behaviour difficulties'.²⁷ The impact of domestic abuse on young children should not be underestimated but it can be missed, as they are more likely to show emotional-focused coping (such as displacement behaviours or withdrawing) rather than problem-focused coping (such as putting themselves in between the perpetrator and the victim or causing a distraction). It might

¹⁹ Ibid., p. 10

²⁰ Leicester Maternity Services, *1001 Critical Days*, available at: [1001 Critical Days \(leicestermaternity.nhs.uk\)](http://leicestermaternity.nhs.uk)

²¹ HM Government, (2021) *The Best Start for Life*, available at: [The best start for life a vision for the 1 001 critical days.pdf \(publishing.service.gov.uk\)](http://www.publishing.service.gov.uk), p. 27

²² Cross-party Manifesto, *The 1001 Critical Days*, available at: [critical-days-manifesto.pdf \(nspcc.org.uk\)](http://critical-days-manifesto.pdf (nspcc.org.uk)), p. 5

²³ Ibid., p. 8

²⁴ HM Government, (2021), p. 27

²⁵ Campo, 2015, p. 9

²⁶ Devaney, 2015, p. 84

²⁷ Campo, 2015, p. 7

therefore seem as if a young child is oblivious to the conflict, because they are removed from the vicinity, playing or watching something, however this does not mean that they have been unaffected.²⁸

There is also emerging evidence that young children who have witnessed domestic violence score lower on cognitive measures even when controlling for a mother's IQ, child's weight at birth, birth complications, the quality of intellectual stimulation at home, and gender. Exposure to domestic violence particularly in the first two years of life appears to be especially harmful.²⁹

Cafcass Cymru³⁰ identifies that witnessing abuse in the preschool years is a predictor of externalising problems in boys at age 16 and internalising problems for girls aged 16, showing the lasting impact of witnessing abuse in the pre-school years.

Lloyd,³¹ Cafcass Cymru,³² Campo³³ and Devaney³⁴ identify the following impact and symptoms a young child might display:

- Problems with psychological development
- Increased separation anxiety from the non-abusing parent
- Increased behavioural and psychological disengagement
- Desensitization to noise
- Becoming withdrawn or anxious
- Engaging in repetitive play or regressive behaviour
- Having inhibited independence
- Experiencing sleep or eating problems, tantrums or excessive screaming
- Impaired understanding
- Exhibiting fear of going home
- Exhibiting fear in the presence of a parent
- Higher levels of ill health
- Increased bedwetting or incontinence
- Blaming themselves for the adult violence
- Behavioural problems
- Having headaches

2.3. Impact on children aged 5-10

Lloyd,³⁵ Cafcass Cymru,³⁶ Campo³⁷ and Devaney³⁸ identify the following impact and symptoms a child might display:

- Increased separation anxiety from the non-abusing parent – clingy, feigning illness or disruptive in the hope of being sent home
- Suffering an injury, eating problems or stress-related conditions (asthma, bronchitis)

²⁸ Devaney, 2015, p. 86

²⁹ Ibid., p. 86

³⁰ Cafcass Cymru, 2019, p. 5

³¹ Lloyd, 2018, p. 3

³² Cafcass Cymru, 2019, p. 2

³³ Campo, 2015, pp. 6, 11

³⁴ Devaney, 2015, p. 85

³⁵ Lloyd, 2018, pp. 3-4

³⁶ Cafcass Cymru, 2019, p. 2

³⁷ Campo, 2015, pp. 6, 11

³⁸ Devaney 2015, p. 85

- Experiencing disruption in schooling, including non-attendance and attention and concentration difficulties
- Experiencing sleep disturbances or headaches
- Withdrawing from peers and adults through experiences of insecurity, guilt, depression and low self-esteem
- Exhibiting changes in conduct, unpredictable behaviour, aggression, anger and hyperactivity
- Perpetrating or being the victim of bullying
- Showing signs of hypervigilance or hyper-arousal
- Showing signs of negative impact on cognitive skills, language development and educational attainment
- Running away
- Demonstrating difficulties with school work and peer relationships
- Reduced wellbeing
- Taking on roles of additional responsibility within the family

2.4. Impact on children aged 11-16

Lloyd,³⁹ Campo,⁴⁰ Isaac⁴¹ and Cafcass Cymru⁴² identify the following impact and symptoms a young person might display:

- Showing signs of self-blame, depression, self-harm or suicidal ideation
- Having problems with substance abuse
- Exhibiting risk-taking or criminal behaviour
- Having poor social networks
- Showing dissatisfaction with education
- Exhibiting signs of an eating disorder
- Engaging in anti-social behaviour
- Difficulties with school work and peer relationships
- Reduced wellbeing
- Increased headaches
- Taking on roles of additional responsibility within the family
- Increased chance of teenage pregnancy
- Increased truancy

2.5. Impact on children of all ages

Lloyd⁴³ and Devaney⁴⁴ identify that some behaviours are gendered across all age groups, with females more likely to internalise symptoms in the form of withdrawal, anxiety and depression and males more likely to externalise symptoms through violence or antisocial behaviour. These behaviours might occur in the teenage years, but witnessing abuse at a young age has been shown to contribute to this,⁴⁵ and therefore interventions are needed not only at the young age when the abuse is being witnessed, but continuously throughout childhood (and into adulthood when

³⁹ Lloyd, 2018, p. 4

⁴⁰ Campo, 2015, pp. 6, 11

⁴¹ Isaac, L., *Domestic Violence in Families: Theory, Effects, and Interventions* Social Justice Solutions, 2015

⁴² Cafcass Cymru, 2019, p. 2

⁴³ Lloyd, 2018, p. 4

⁴⁴ Devaney, 2015, p. 85

⁴⁵ Cafcass Cymru, 2019, p. 5

required). Males are also more likely to show hyper-aggression whereas females are more likely to become victims of domestic abuse themselves.⁴⁶

Devaney⁴⁷ references studies that show 'significantly poorer outcomes on 21 developmental and behavioural dimensions for most of the children exposed to domestic violence compared to children who had not been exposed to such abuse', highlighting the disadvantages such children have to start with. Witnessing domestic abuse in the home can also put prolonged and strong activation on the child's stress management system, resulting in 'toxic stress'.⁴⁸⁴⁹ This can alter brain development, leading to difficulties in learning, memory and self-regulation as well as having a physical effect, leading to higher levels of stress-related physical illnesses (such as cardiovascular disease or hypertension) or mental health problems.

Cafcass Cymru⁵⁰ identifies that 'constraining their behaviour is a clear coping strategy employed by many children as a way of creating safety'. This is important to note – just because a child does not exhibit negative effects like we might expect (such as becoming more aggressive or more attached to non-abusing adults), does not mean that they are not suffering adverse effects. Those who have witnessed domestic abuse but appear to have no problematic behaviours are those who have likely internalised the trauma and so are constrained in how they express themselves emotionally. Children will 'find ways to maintain as normal a life as possible',⁵¹ showing high levels of resilience and potential for recovery – but with assistance in the form of specific, directed support, they can achieve this much more readily.

There is also a clear link to physical harm, with 'children whose mothers had experienced domestic and family violence... significantly more likely to use a range of health service... and were more likely to be admitted to an emergency department'.⁵² Where the perpetrator is the cause of such harm, child abuse would be the primary crime against the child, however, further research into this data would be needed to confirm how the child is obtaining such physical injuries in order to establish its relationship to domestic abuse.

Campo⁵³ also puts forward the effect of trauma on children as a key feature of abuse, listing the following as possible symptoms of this across all age ranges:

- Depression
- Low self-esteem
- Anxiety
- Poor coping mechanisms
- Suicidal thoughts
- Eating disorders
- Self-harm
- Substance abuse
- Physical symptoms such as chronic pain

Whilst other traumas can cause these symptoms, it is important to note that the effects of witnessing domestic abuse in the home can lead to such symptoms, highlighting the increasingly

⁴⁶ Isaac, 2015

⁴⁷ Devaney, 2015, p. 84

⁴⁸ Ibid., p. 88

⁴⁹ Cafcass Cymru, 2019, p. 4

⁵⁰ Ibid., p. 8

⁵¹ Ibid., p. 12

⁵² Campo, 2015, p. 7

⁵³ Ibid., pp. 7-8

traumatic nature of the abuse. Long periods of being exposed to domestic abuse might 'result in complex disturbances, such as an inability to regulate emotion, and cognitive and behavioural developmental delays'.⁵⁴

Furthermore, exposure to violence in the home can lead to increased violent behaviours in children and young people. Li et al⁵⁵ note that such children 'have a higher tendency to accept violent norms that legitimise the use of violence as a means to resolve personal and interpersonal problems' and 'develop more negative emotions and stronger association with violent peers'.

Isaac⁵⁶ states that the victims may develop 'chronic post-traumatic stress disorder (PTSD), other anxiety disorders or depression'. This is not specific among age groups and can also effect adult victims of domestic abuse. PTSD has symptoms such as avoidance, numbness, fear and flashbacks that could be exhibited by the children and young people. Children and young people also lack the ability to 'transcend to the high levels of creativity and spirituality' shown in Maslow's Hierarchy of Needs⁵⁷ as they progress, due to the trauma that they have experienced. They lack safety and security in the basic needs, which is often not resolved even into adulthood, leaving them stuck seeking security at that level.

3. Support for Children and Young People

There is significant academic research available into the support that children and young people require following their exposure to violence and abuse. Research from Campo⁵⁸ for example, lists the following factors that mitigate children's exposure to violence:

- The extent of the children's peer and social support
- The relationships with their mother and or other primary caregiver
- Whether the violence is ongoing or short-term
- The age of the child when the domestic and family violence occurred
- Whether the child received an adequate response/treatment following the domestic and family violence

Interventions should therefore focus on improving and providing support around these areas, as well as 'feelings of insecure attachment and lack of a sense of safety'.⁵⁹ (Isaac, 2015).

Research from DAC⁶⁰ recommends the following interventions to be considered as part of provision for children exposed to domestic abuse:

- Recovery and therapeutic services
- Prevention and early intervention
- Multi-Agency Risk Assessment Conference (MARAC)
- Support during statutory processes, including in the criminal justice system.

Provision for children and young people is often focused on the following areas:

⁵⁴ Campo, 2015. P. 8

⁵⁵ SD Li, R Xiong, M Liang, X Zhang and W Tang, [Pathways from Family Violence to Adolescent Violence: Examining the Mediating Mechanisms](#) Frontiers in Psychology, 12:611006, doi: 10.3389/fpsyg.2021.611006, 2021, p. 2

⁵⁶ Isaac, 2015

⁵⁷ Ibid.

⁵⁸ Campo, 2015, p. 13

⁵⁹ Isaac, 2015

⁶⁰ Domestic Abuse Commissioner (DAC), [Children and Young People subject to Domestic Abuse: Professionals' Insights Briefing](#) 2023, pp. 4-5

Schools: Lloyd⁶¹ states that 'schools are often the service in closest and longest contact with a child living with domestic violence; teachers can play a vital role in helping families access welfare services'. Schools already play a key role in early interventions for domestic abuse, including awareness-raising assemblies, sharing posters and booklets, hosting visits from the police or linked charities, learning mentors and many more.⁶²

For children aged 1-4 years, Lloyd⁶³ suggests teachers 'giving positive feedback, focusing on desirable rather than undesirable behaviour, validating the child's feelings and preparing for transitions during the day' can help to support a child experiencing domestic abuse in the home. For young people aged 11-16 years, Lloyd⁶⁴ suggests that the individuals should be taken seriously and be involved in finding solutions. In contrast to pre-school children, involvement in problem solving is not only possible but beneficial to young people and should be a part of any processes. Evaluations of interventions indicate that 'attitudinal change is better sustained when learning is revisited and reinforced in subsequent years'.⁶⁵ Lloyd⁶⁶ goes on to describe the positive impact of breakfast and after school clubs, where children and parents can attend together or separately, allowing them the space they need to prepare for the day or to return home.

Primary interventions: Primary interventions allow those who have experienced domestic abuse to 'gain support and protection in non-stigmatising ways' while those who have not had such experiences are enabled to develop the 'skills, knowledge and attitudes' needed to embody non-abusive relationships.⁶⁷ It can also encourage understanding in the whole school approach and support victims by ensuring their peers are aware of what domestic abuse is, should the victim choose to disclose to them rather than a trusted adult.

Parental attachment: Children with the best outcomes often show a 'secure attachment to a non-violent parent or other significant carer'.⁶⁸ Support is therefore vital to help maintain and build parental attachment with the non-abusive parent, but to also consider the support needed with regards ongoing contact with the abusive parent and the impact this may have on the child.

Therapeutic Interventions: 'Therapeutic responses that work with both mother (where mother is the non-abusive parent) and child are thought to be beneficial'⁶⁹. However, Devaney⁷⁰ also suggests that 'all children living with Domestic Violence or its aftermath can benefit from individual and group work to help them understand what has happened to them and their families' and that this work should be done 'sooner rather than later' in order to have the most significant impact. In addition to this, it is important that the person providing the intervention is specifically trained in responding to domestic violence, highlighting the need for a specific, focused service.

3.1. Best Practice Approaches

3.1.1. Operation Encompass

Operation Encompass is a collaboration between police and education services that enables schools to offer immediate support to children and young people by receiving information from the police about domestic abuse incidents the child or young person has experienced at home. It was created

⁶¹ Lloyd, 2018, p. 1

⁶² Ibid., p. 5

⁶³ Ibid., p. 3

⁶⁴ Ibid., p. 4

⁶⁵ Ibid., p. 6

⁶⁶ Ibid., p. 7

⁶⁷ Campo, 2015, pp. 17-18

⁶⁸ Devaney, 2015, p. 85

⁶⁹ Campo, 2015, p. 2

⁷⁰ Devaney, 2015, pp. 88-89

at the end of 2010 as a response to schools not having access to information that might affect the behaviour or wellbeing of their students and so not being best placed to support them.⁷¹

3.1.2. Domestic Abuse, Recovering Together (DART)

Highlighting the importance of the mother-child relationship in domestic abuse support, the Domestic Abuse, Recovering Together (DART) programme by the National Society for the Prevention of Cruelty to Children (NSPCC) works with children and their mothers to enable them to talk to each other about domestic abuse, re-learn to communicate and rebuild their relationship. Based on Humphreys et al's research,⁷² 'the approach is unique because it includes joint mother and child sessions, with a primary focus of the programme being to enhance the mother-child relationship'.⁷³ DART is a group work programme that runs for 10 weeks, with weekly sessions lasting approximately 2 hours and only includes children aged 7-14 in families where the perpetrator is no longer part of the household. Exclusion criteria also includes children who have been subject to other forms of abuse (such as sexual abuse) that are unresolved and may require alternative intervention.⁷⁴ For half the sessions, mothers and children work in their peer groups, in the rest, mothers and children work on activities together.⁷⁵

The aim of DART is to:

Help mothers to support their children by helping them understand how their child was affected by the abuse, helping mothers and children talk about their experiences with one another appropriately, and by working to strengthen their relationship. Additionally, the programme aims to support the mothers' recovery, for example by raising the mothers' self-esteem, which is likely to help to increase their capacity and emotional strength required to support their child's recovery.⁷⁶

3.1.3. Rock Pool Domestic Abuse Recovery Toolkit

Created by Sue Penna in 2005, the Domestic Abuse Recovery Toolkit is an 'evidence based, trauma-informed psychoeducational model that focuses on recovery from the psychological impact of coercion & control'.⁷⁷ The course runs over 12 weeks for the non-abusing parent and over 8 weeks for the children, finishing at the same time. This is to allow the parents time to learn some of the techniques prior to the children so they can support the children as they begin to practice them. The Toolkit does not allow siblings to attend the same session in order to allow them to fully express themselves and their role within the family. Parents and children do not work together in this programme, which is a trauma informed approach, teaching Cognitive Behavioural Therapy (CBT) methods to help to manage the symptoms of the trauma. Discussion of specific aspects of abuse within the home is not encouraged. The course has three parts: psychoeducation (explaining why the participants feel as they do); negative automatic thinking (and teaching techniques to combat this); and an element of safety planning. It is designed for frontline professionals without specialist psychotherapy training to deliver, making it more accessible.

Exclusion criteria for access to the course include:

- Living with the perpetrator

⁷¹ [Op Encompass](#)

⁷² C Humphreys, A Mullender, R K Thiara and A Skamballis, '[Talking to My Mum': Developing Communication Between Mothers and Children in the Aftermath of Domestic Violence](#)' Journal of Social Work, 6:53, doi: 10.1177/1468017306062223, 2006

⁷³ E Smith, [Domestic Abuse, Recovering Together \(DART\) Evaluation Report](#) NSPCC Impact and Evidence Series, 2016, p. 7

⁷⁴ Ibid., p. 15

⁷⁵ Ibid., p. 7

⁷⁶ Ibid., p. 7

⁷⁷ Rock Pool [Domestic Abuse Recovery Toolkit Insights](#), 2023, p. 1, available on request from Rock Pool

- Children with learning disabilities (but children with neuro-divergences are allowed to participate)

3.1.4. The Mix

The Mix is a UK based charity that provides free, confidential support for young people under 25 via online, social and mobile. They offer a helpline into which young people (generally aged 11-25) can call in and be offered a safe space to share their experiences, before being signposted to relevant support agencies.

Domestic abuse is just one area in which they support the people who interact with their charity, providing 'healthy relationship' checklists, articles, and a safe space and counselling.

The focus of The Mix is to provide a safe place for young people to express themselves without fear of reprisal, followed by relevant referrals.

3.1.5. Safer Futures Cornwall

Safer Futures is a charity with a focus on 'Ending Abuse in Cornwall and Isles of Scilly'.⁷⁸ It is an integrated service, working with numerous providers to deliver support for people of all ages, genders and type (whether they are a victim or an offender). Safer Futures Cornwall aims to keep the child at the heart of everything it does and encourages offenders to look at their behaviour from the perspective of the child. The service often provides three workers (one working with the abused parent, one working with the perpetrator and one working with the child) who collectively make a plan for all parties.

The provision for children aged 0-5 is based around specific therapeutic provision, such as Play Therapy. The Reconnect Domestic Abuse Recovery Programme is a needs-led programme for children and young people aged 8-18 (and has recently been extended to include 5-7 year olds) who have experienced or witnessed domestic abuse. It uses a one-to-one assessment to raise self-confidence and aspirations and assist children and young people to identify individual goals, barriers to achievement, additional support required and progression routes. Much of the work undertaken is bespoke as the programme is child led. It then follows the Rock Pool Domestic Abuse Recovery Toolkit. A lot of the work undertaken is 1-2-1 due to the rural nature of the county, as many children could not travel for group sessions. The Reconnect programme is run by Barnardos, and as such they have access to a grant system that allows internal referrals onto other Barnardos programmes, so where further needs are identified, these can be met internally.

Safer Futures also provide the Reconnect Respect programme for children aged 8-16 who are displaying abusive behaviours or violence, whilst also providing support to parents.

Safer Futures also uses CLEAR – emotional trauma and therapy specialists – who provide a range of therapy options for children and young people who have experienced abuse directly or have been linked to an abusive relationship. The types of therapy include:

- Art therapy
- Dyadic Developmental Psychotherapy (Attachment Therapy)
- Dance Movement Therapy
- Drama Therapy
- Eye Movement Desensitisation and Recovery (EMDR)
- Music Therapy

⁷⁸ [Safer Futures](#)

- Person Centred Therapy
- Play Therapy
- Integrative Therapy
- Therapeutic Life Story Work
- Trauma-focused Cognitive Behavioural Therapy (CBT)

Like most programmes, Safer Futures cannot provide support to children who still live with the perpetrator of the abuse.

3.1.6. Julian House Bristol

Julian House⁷⁹ provides practical and emotional support, information and education for children and young people who are experiencing or have experienced domestic abuse. The work is undertaken under three strands:

1. Back on Track – group work with young people over the age of seven who have experienced domestic abuse in the home involving safe, confidential and interactive sessions that introduce tools to help them feel more confident and less isolated.
2. Outreach – 1-2-1 work with children aged 4-17 who have experienced domestic abuse in the home or in their own relationships, giving people a space where they can explore and articulate their experiences. The sessions could include some family work to enable parents to better help their children.
3. Connect with Respect – dynamic prevention programme for schools and other settings that educates and supports children and young people to have happy, healthy relationships for life. It encourages peer support and equips teachers and other professionals to support their students.

3.2. Support in Gloucestershire

Many children at risk of domestic abuse will be considered and supported by Children's Social Care. Many children however, will not come to the attention of Children's Social Care or may not meet thresholds for this intervention and support.

Within the county there are a range of services available to support children, where domestic abuse may be a feature of that child's experience, such as the Youth Support Team, Young Gloucestershire, Kingfisher Treasure-seekers and TIC+. These services are not however, dedicated to providing specialist domestic abuse support.

Locally, GDASS is commissioned to provide support to victims aged 16+ within the context of the wider family. The service is not however commissioned to provide direct support to children witnessing domestic abuse. GDASS does however have dedicated domestic abuse workers embedded in the Children's Social Care Gloucester Multi-Agency Team (GMAT), which enables specialist domestic abuse knowledge and support to be available to families open to social care in Gloucester where domestic abuse has been identified.

Safe Teenage Relationship Education & Empowerment Team (STREET) is commissioned to provide support to young people aged 13+, with part of their service offer focused on providing support to young people who have witnessed domestic abuse, alongside its wider offer of support to young people experiencing abuse in their own relationships, and demonstrating harmful behaviours. STREET offers 1:1 support and evidence-based group programmes CRUSH & The Recovery Toolkit.

⁷⁹ [Julian House](#)

Support in Gloucestershire for children under the age of 13 is primarily provided by the Children and Family Centres (C&FCs) and is delivered within the context of supporting the non-abusive parent. The C&FCs provide a range of group work sessions for those experiencing domestic abuse, including Freedom Programme, Phoenix and Healthy Relationships. Alongside this, it offers support to child and parent that includes:

- You, me and Mum
- Helping Hands
- Trauma recovery combined domestic abuse for adults, children and young people toolkit.

To support the C&FC in the delivery of the trauma recovery toolkit specifically, training was provided that aimed:

- To inspire and motivate the workforce to adapt their interactions with people through trauma-informed practice
- To have an increased understanding of coercive control
- For professionals to be able to understand how trauma manifests itself in behaviour and life choices of children, young people and adults
- To have an understanding of neuroscience research in relation to trauma
- To have an awareness of the principles and practices of trauma informed approaches
- To understand group dynamics and how to successfully facilitate of groups
- To provide professionals with the tools and resources to facilitate group work for adults and CYP who have experienced domestic abuse
- For professionals to be familiar with the underpinning principles of the Domestic Abuse Recovery Toolkit Programmes
- For professionals to be able to use the Domestic Abuse Recovery Toolkit Manual to support Programme participants
- To increase understanding of the impact of vicarious trauma

Work is also underway to commission a pilot therapeutic intervention for children living within domestic abuse safe accommodation (as part of the DA Act 2021 part 4 statutory duty).

Stroud Beresford Refuge provides specialist support to women and children within the refuge, with art therapy a key tool that the refuge utilises for children.

Operation Encompass has been in place in Gloucestershire for a number of years and operates from the Multi-Agency Safeguarding Hub (MASH), ensuring schools are informed about children who may require support.

In addition to the above, Children's Social Care (CSC) provide support to children under their Section 17 duty. The support provided by S17 through CSC is requested following an assessment of need which will highlight an unmet need. Where the impact of DA is highlighted, this will follow a pathway into Play Therapy, or Trauma Recovery work. Section 17 provides individual funding allocated to Children in Need (CIN) or children on Child Protection (CP) plans as part of a package of support within their pathway plan and/or safety plan.

4. Children and Young People impacted by Domestic Abuse in Gloucestershire

It is not currently possible to say with certainty the total number of children and young people in the county who have been, or are currently experiencing the impact of domestic abuse. Many services engaged with children and young people can identify those who are experiencing domestic abuse, but it is not possible to currently identify where services may be engaged with the same individuals. The below data therefore provides a summary of the number of children and young people as victims of domestic abuse identified by individual local services.

4.1. Police data

4.1.1. Operation Encompass

Data from Operation Encompass is collated on an annual basis and therefore the data covers the years 2021 and 2022. The data below relies on the accurate completion of the police Vulnerability Identification Screening Tool (VIST) in which officers will need to provide details of children present during an incident of domestic abuse. As such, the data is subject to error or omission if an officer fails to record children's details on the VIST. Improving the VIST process and the accuracy of completion is currently an area of focus within Gloucestershire Constabulary.

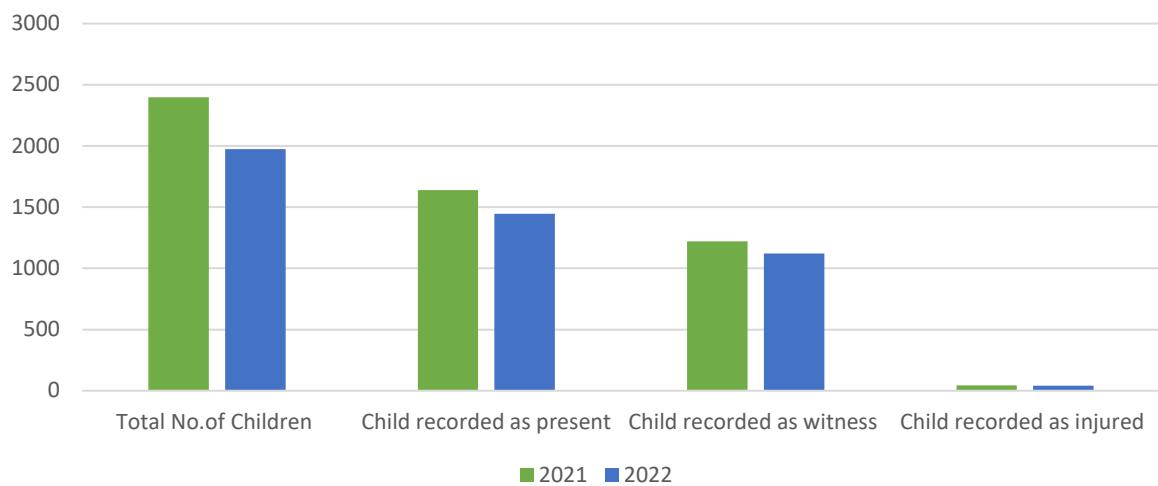
As detailed below in Graph 2, the number of children identified by police has decreased from 2021 where 2399 children were identified as linked to domestic abuse incidents compared with 1974 in 2022. As already stated, this may be connected to VIST completion practices rather than a genuine decrease in the number of children experiencing domestic abuse.

The majority of children across both years were noted as having been present during an incident of domestic abuse, followed by those who witnessed the incident. As this time, it is unclear how this is defined by officers on the scene and it is arguable that if children were present, they have witnessed, or at least heard the domestic abuse incident reported to police. As such, all children noted in Graph 1 are to be considered victims of domestic abuse in their own right in accordance with the DA Act 2021⁸⁰.

In addition to being present or witnessing the abuse, 2% of children recorded in both 2021 and 2022 were noted as having been injured during the incident.

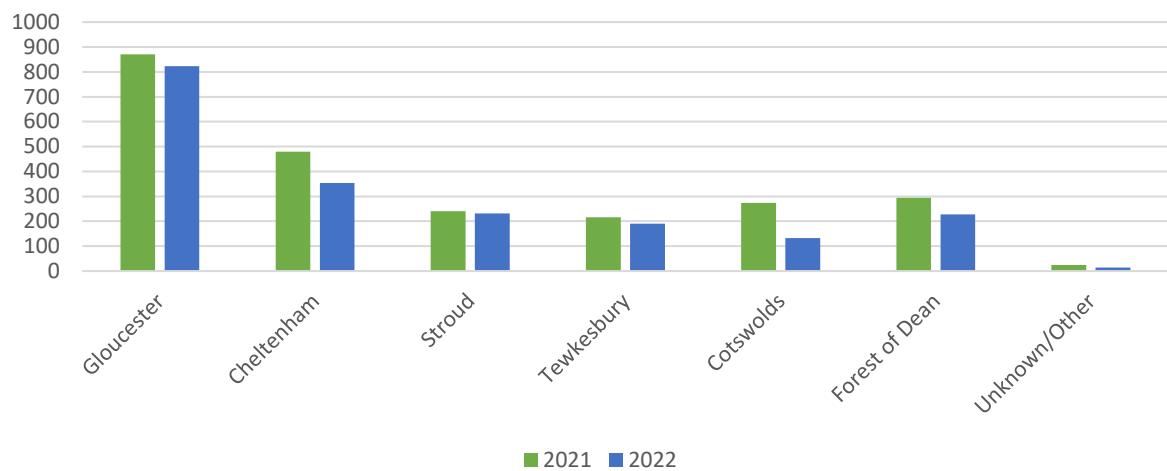
⁸⁰ Note: Police are not required at present to record crimes against children who witness DA in the home e.g. for instance if a parent was assaulted and the child witnessed it, the child is not to be recorded as a victim of assault in the same way the parent would be. Recognising children as victims for police is primarily focused on ensuring they identify children and record their details so that the MASH and functions like Op Encompass can ensure safeguards are then put in place.

Graph 2: Total number of children identified for Op Encompass, children recorded as present during a DA incident, children recorded as witness to DA incident and child noted as injured during DA incident, year 2021 and 2022



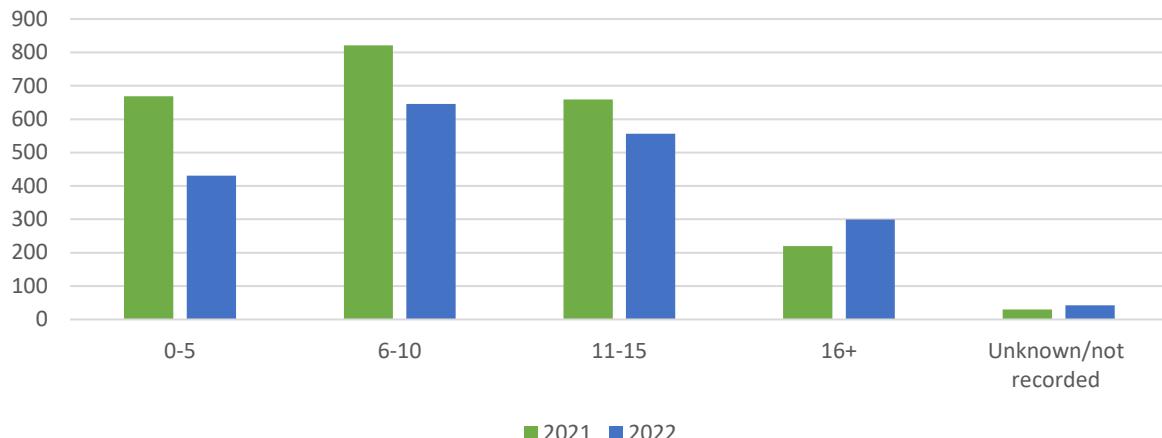
Graph 3 details the location of police reported incidents of domestic abuse in which children were identified via the VIST. Aligned to police recorded data on incidents and crimes of domestic abuse more generally, the majority of children were identified within the Gloucester district.

Graph 3: Number of children referred through Op Encompass based on district location for years 2021 and 2022



The majority of children identified through Op Encompass across both years were aged 6-10 years. The proportion of those identified as 16+ may be connected to the population in the county with fewer children aged 16+ than those aged 10 years and younger, but may also be indicative of officers being more likely to identify and record those under the age of 16 who therefore seem more obviously vulnerable within a domestic abuse context.

Graoh 4: Number of children referred through Op Encompass based on age for year 2021 and 2022



Data from Operation Encompass therefore provides us with an overview that around 2000+ children connected to police reports of domestic abuse may be in need of support as a result of their experiences⁸¹. The purpose of Operation Encompass is to ensure that schools are able to provide initial support following notification from police. How well equipped schools feel to respond to these notifications is an area of work to be explored to ensure schools are provided with clear guidance and options for supporting children as victims of domestic abuse.

4.1.2. MARAC data

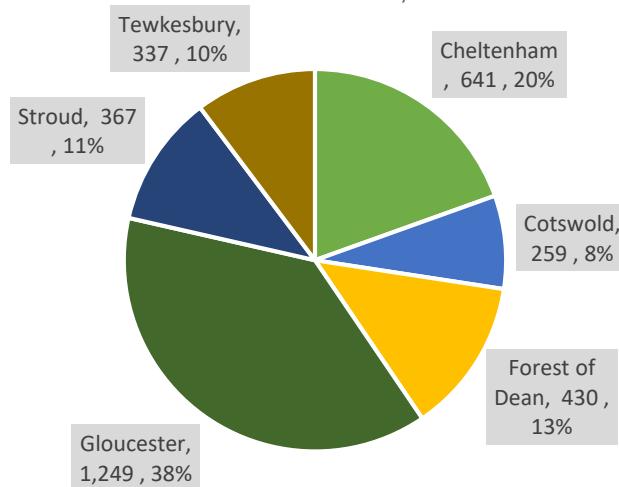
The Multi-Agency Risk Assessment Conference (MARAC) is a process that responds to high-risk cases of domestic abuse, facilitating information sharing between agencies and coordinating a safety plan.

From April 2021-October 2023, the MARAC responded to 3283 children connected to victims of domestic abuse referred to the MARAC as a high-risk victim. In this context, high-risk refers to individuals assessed as being at high risk of significant harm or homicide as a result of domestic abuse. This equates to an average of 113 children considered by MARAC per month⁸².

⁸¹ Note: this may contain duplicate data if the same children are recorded in repeated incidents.

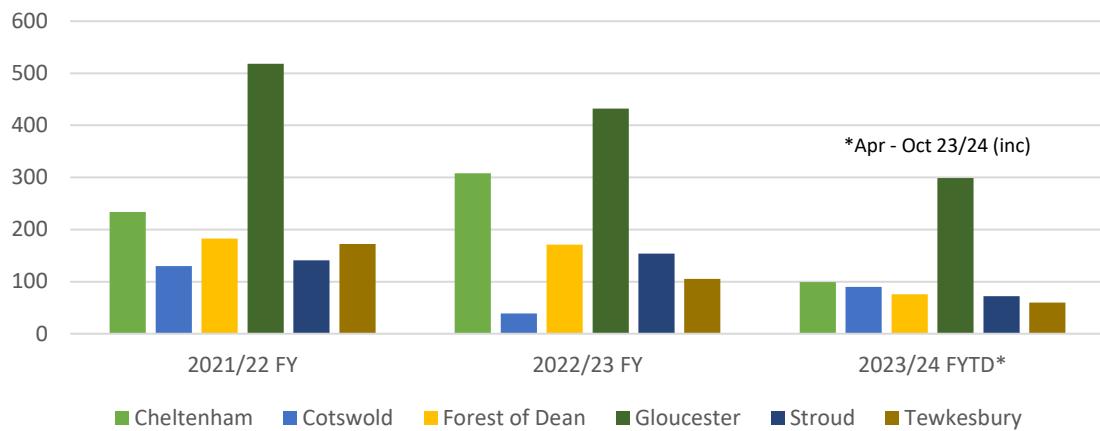
⁸² Some referrals will, however, be for repeat cases, but at this time it is not possible to ascertain the number of unique children responded to over this time period.

Chart 1: MARAC - Number of Children in Household (April 2021 - October 2023)



The majority of MARAC referrals where children have been identified are from the Gloucester district of the county. This is to be expected given the higher rate of reported domestic abuse seen in the Gloucester district⁸³ and is also reflected within the Op Encompass data.

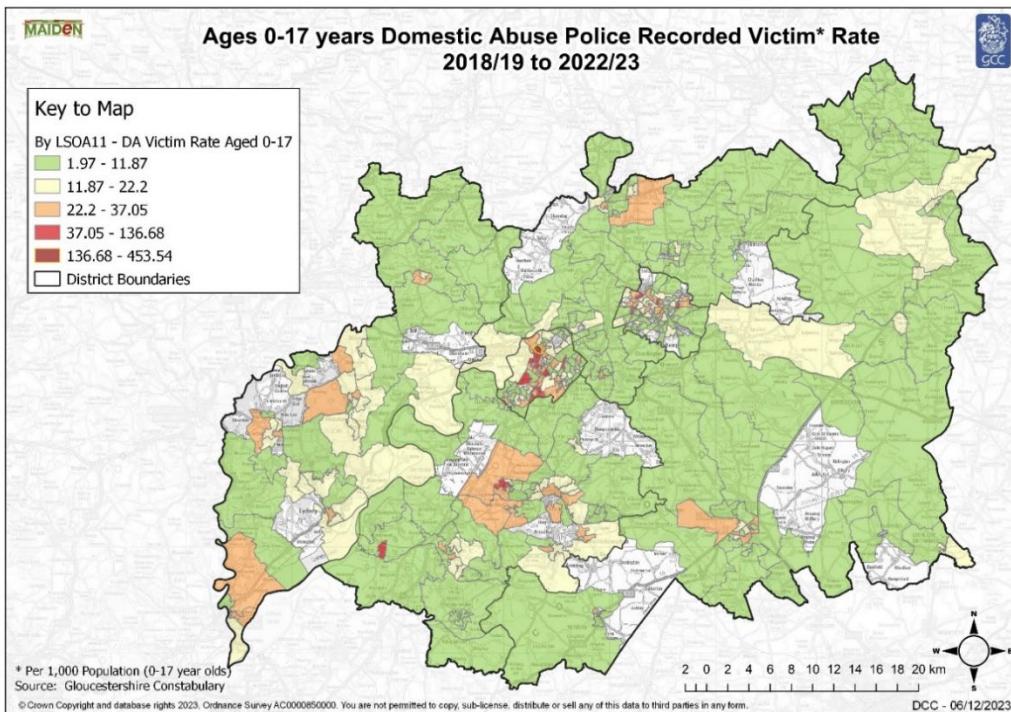
Graph 5: MARAC - Number of Children in Household By Local Policing Area and Year



Data from financial year 2021/22 indicates that 32% of children identified by the MARAC are aged 2 or under, with 75% aged 10 or under. This highlights that the majority of children identified as living in high-risk domestic abuse households are young children; something to be expected given a known high-risk factor for domestic abuse is pregnancy or early childhood years. This also highlights a need for specialist support to be available in the county for those aged 10 years and younger.

When considering wider police data, beyond MARAC, it can be difficult to ascertain the number of children identified as the domestic abuse tag should only apply to victims aged 16+ in line with the statutory definition of domestic abuse. Despite this, some police recorded domestic abuse incidents are recorded with victims identified aged between 0-17. Whilst this data is not reliable due to the inconsistency of the applied domestic abuse tag on incidents, where it has been applied, there is an indication of potential hot spot location, as detailed in the map below.

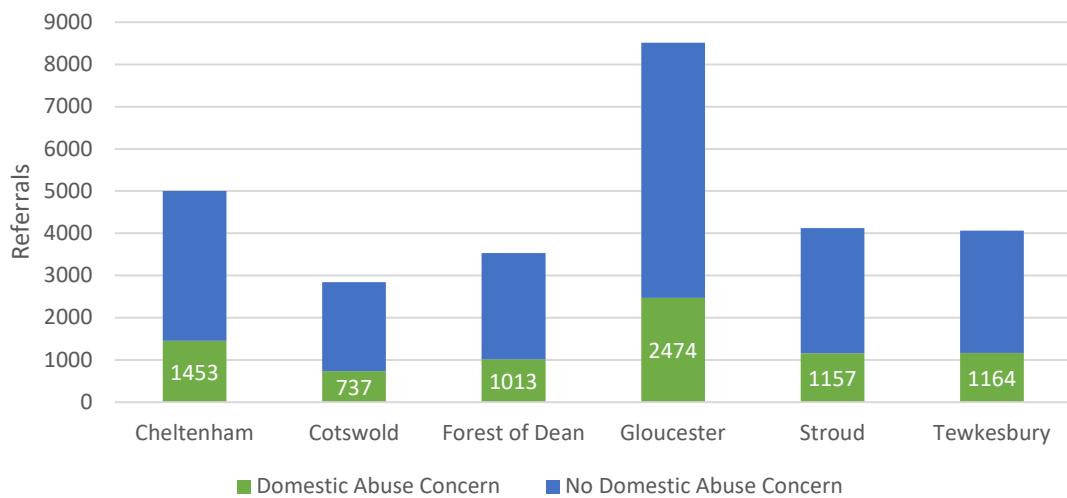
⁸³ [Gloucestershire Domestic Abuse Needs Assessment.pdf](#)



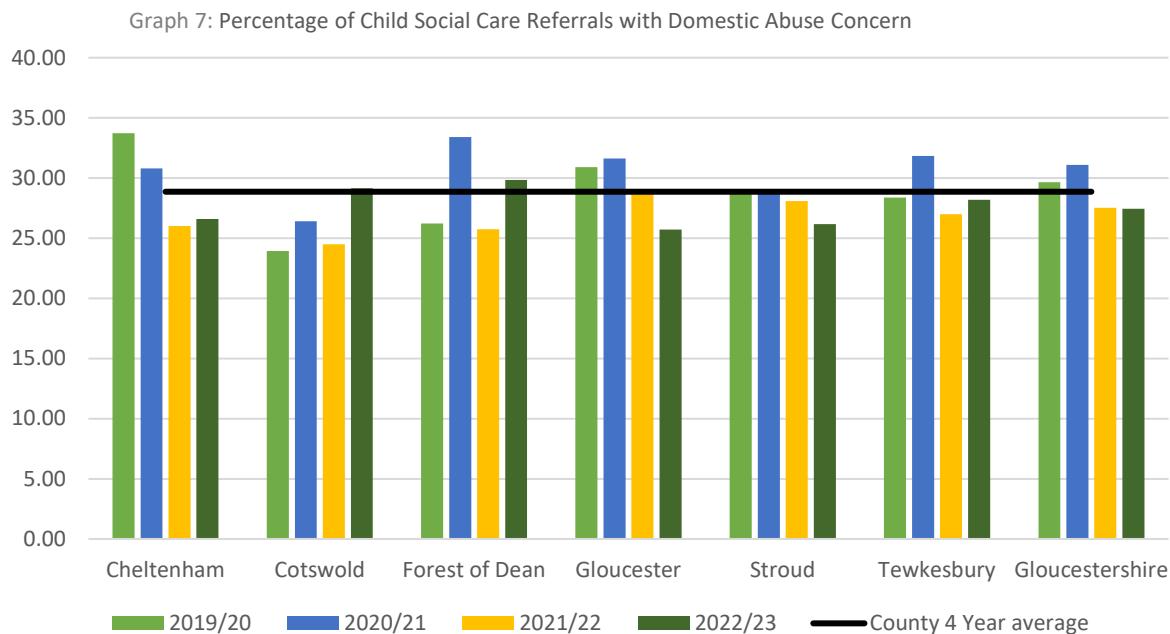
4.2. Children's Social Care

Data from Children's Social Care demonstrates that concerns for domestic abuse account for a significant proportion of all concerns for children that they receive, accounting for 28% of all referrals over a 4 year period.

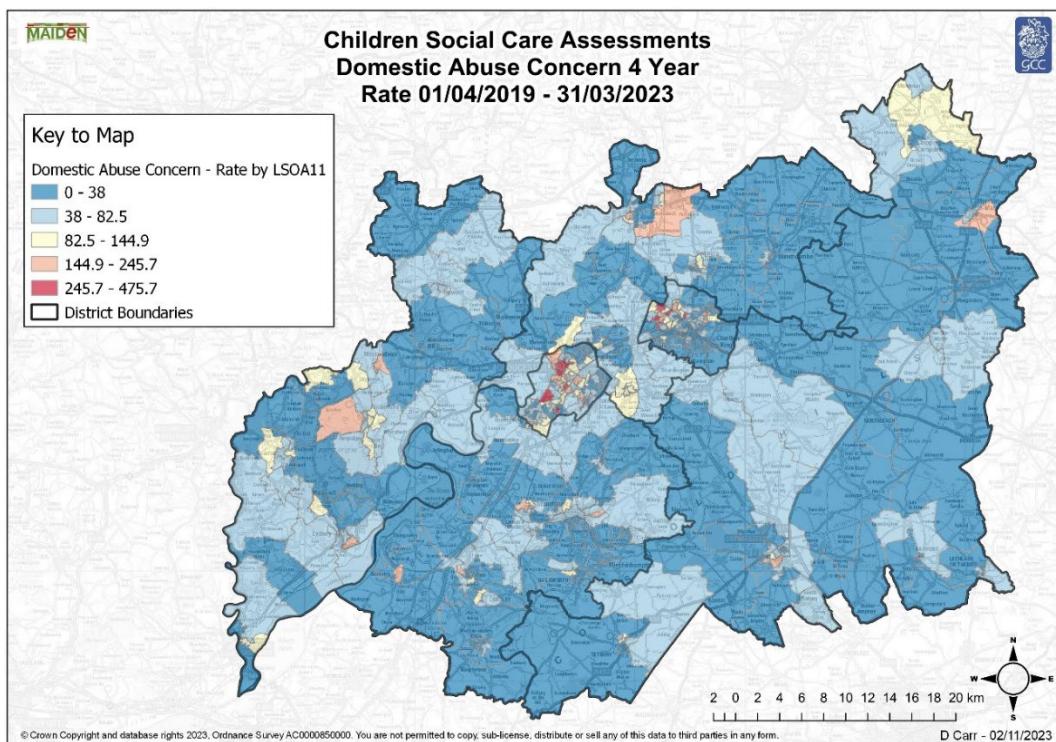
Graph 6: Number of Child Social Care referrals 01/04/19 - 31/03/23



As detailed in Graph 7 below, domestic abuse concerns for children are prominent across all districts, but notably, have increased within rural districts of Cotswolds and Forest of Dean for 2022/23 rather than in the more urban districts of Gloucester and Cheltenham, with the Forest of Dean being above the county average in 22/23. It is not clear why this may be the case given most police reported domestic abuse falls within the urban parts of the county; potentially indicating a need to explore safeguarding processes at district level as well as considering any barriers faced by those living in rural areas to report to police.

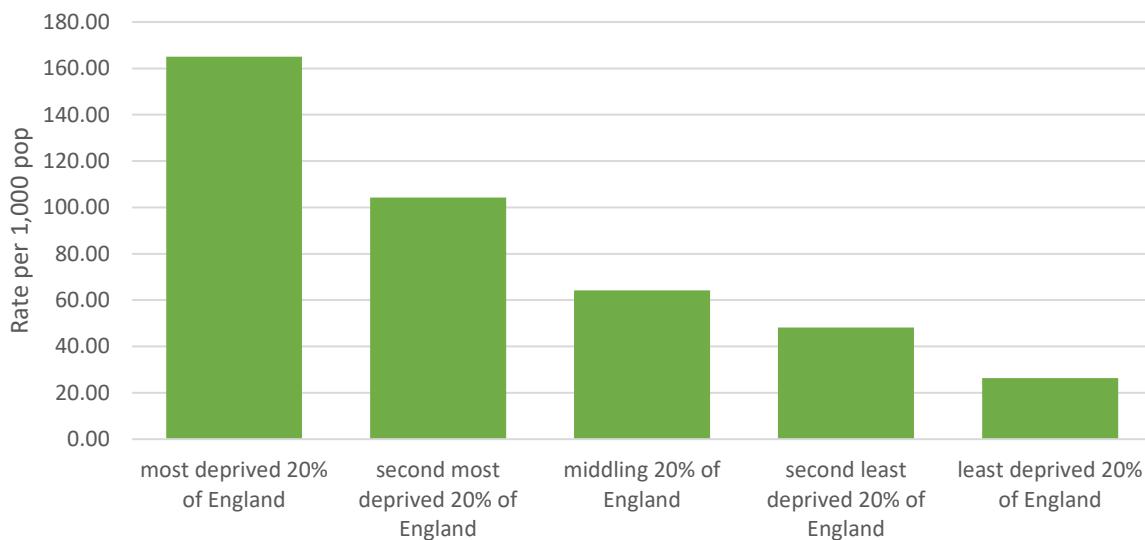


Despite the above data, however, the below map does indicate that at community level, the highest rates are still seen in communities within the urban areas of the county.



In line with the Gloucestershire Domestic Abuse Needs Assessment 2021, a link can be found between domestic abuse and the experience of overall deprivation in the county as detailed below in Graph 8.

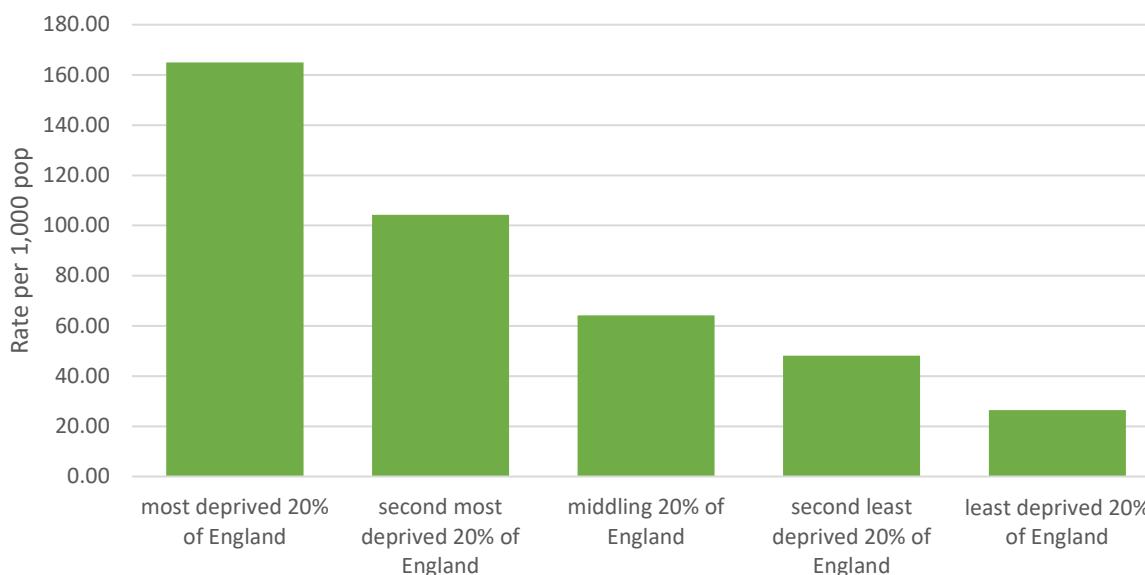
Graph 8: Rate of Child Social Care Referrals with Domestic Abuse Concern (01/04/18 to 31/03/2021) by Overall Quintile of Deprivation (IMD19)



Whilst national data tells us that domestic abuse can occur across all of society regardless of socio-economic status, the link between domestic abuse and deprivation in Gloucestershire potentially indicates a greater likelihood of reporting or identification of domestic abuse within our most deprived communities. In relation to Children's Social Care, it is possible that concerns for children's welfare, connected to domestic abuse, are more likely to be made for those living in deprived areas of the county. This is potentially due to other welfare concerns that may be present because of deprivation, making the identification of domestic abuse easier; the increase in service provision and focus within our more deprived communities; or for the potential impact of stereotypes of domestic abuse supporting easier identification of abuse within deprived areas.

As detailed below in Graph 9, the link with deprivation is also seen when considering income deprivation alone, rather than overall deprivation in the county.

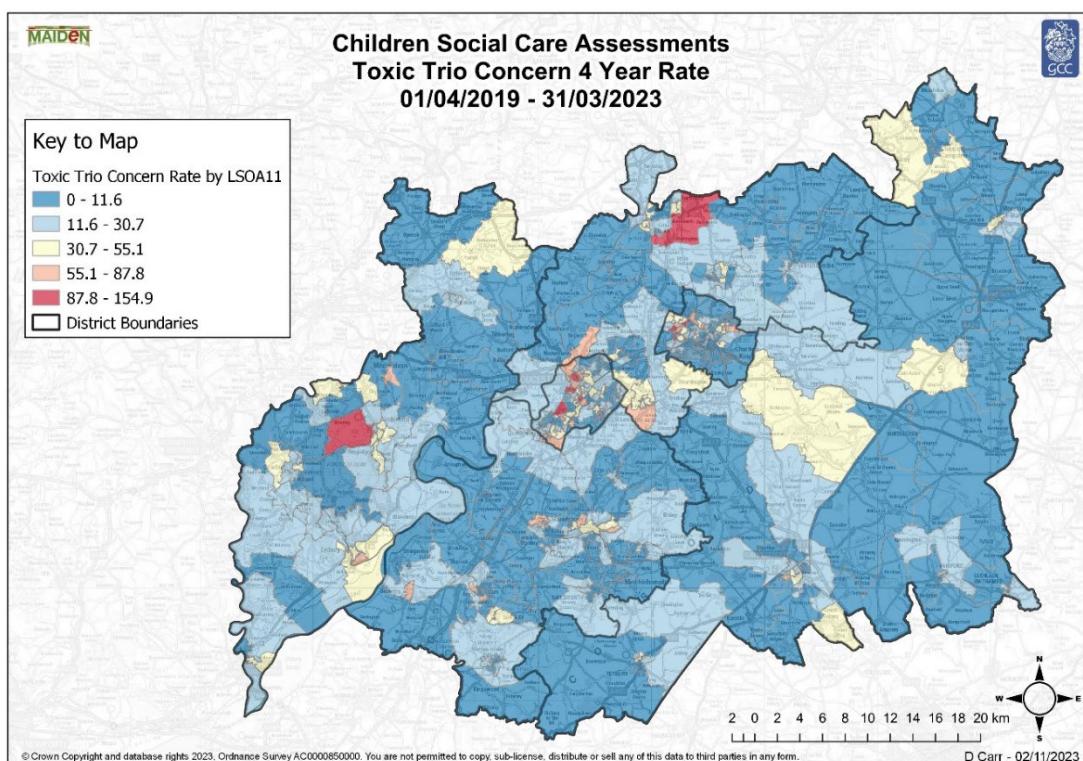
Graph 9: Rate of Child Social Care Referrals with Domestic Abuse Concern (01/04/18 to 31/03/2021) by Quintile of Income Deprivation Affecting Children Index (IDACI - IMD19)



Domestic abuse is often considered alongside other complex factors such as substance misuse and mental health, often referred to as the toxic trio. This mix of complex factors is shown within Children's Social Care referrals with a number of 'hot spot' locations identified within both our urban and rural districts.

The presence of this combination of factors indicates a need for any specialist domestic abuse support for children to also consider the complexities (and subsequent support needs) of living with a parent (and potentially caring for a parent) who also has mental health needs and substance misuse issues. Support for children in these situations will be key in providing them with protective measures to counteract their multiple Adverse Childhood Experiences (ACEs) that can impact on their life outcomes.

Research from Safe Lives also indicates that families known to Children's Services are also significantly more likely to have disclosed complex needs, including drug misuse (6% known to CSC vs 2% where families are not known), alcohol misuse (8% known to CSC vs 3% where families are not known) and/or mental health issues (36% known to CSC vs 26% where families are not known), compared to families with children who are not known to children's services⁸⁴. This therefore highlights that Children's Social Care are more likely than other services to identify the presence of multiple and complex needs.



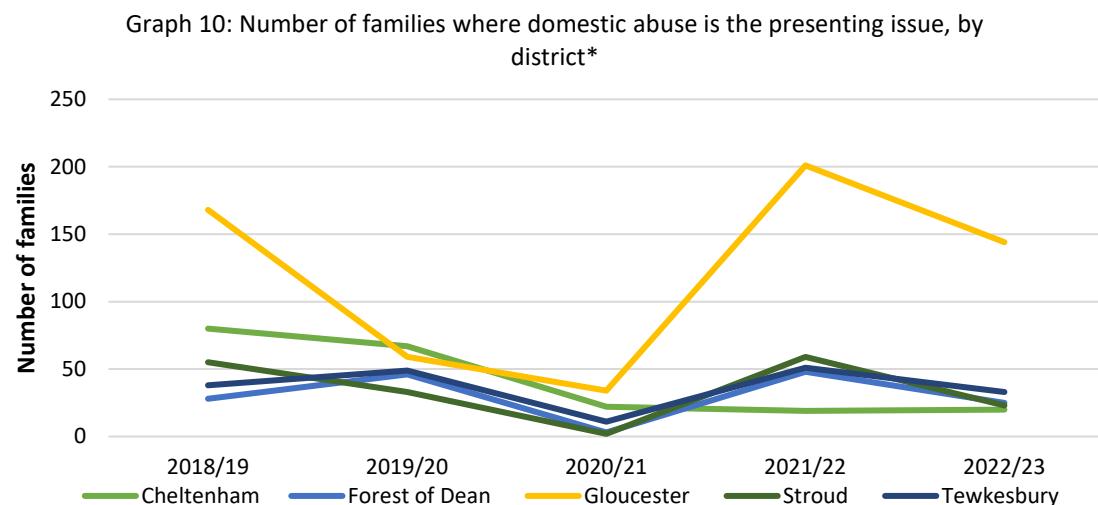
4.3. Children and Family Centres

The C&FCs across Gloucestershire provide a range of support to families, including a number of specific programmes to support those experiencing domestic abuse, such as the Rock Pool Recovery Toolkit.

⁸⁴ [SafeLives Insights national briefing on children living with domestic abuse | Safelives](#)

Data available at the time of writing this report was not able to provide specific details on the number of children supported where domestic abuse was identified, but does provide insight into the number of families supported by the centres.

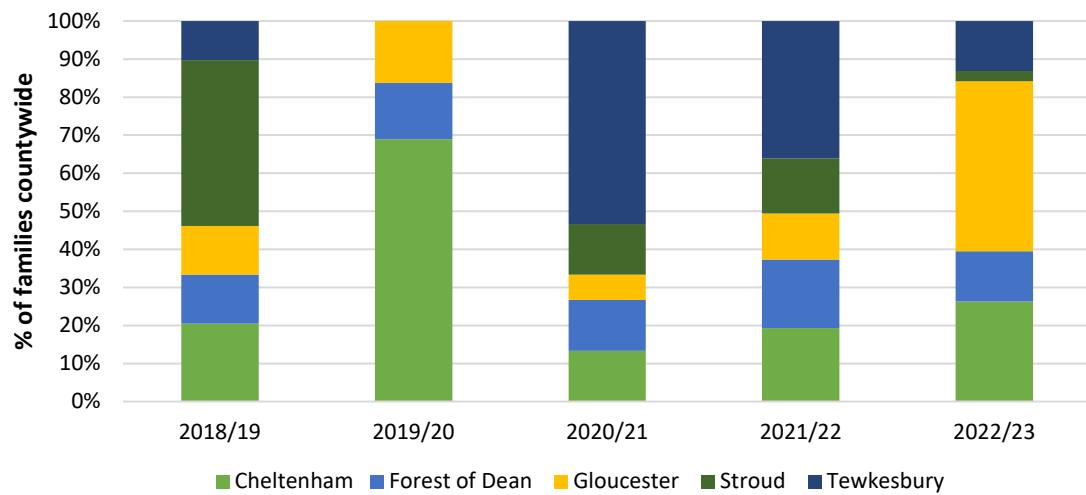
Across the county there were 378 families in 2021/22 and 245 families in 2022/23 that were identified within C&FCs as domestic abuse being the presenting issue for access to the service. The majority of these families were identified in centres in the Gloucester district of the county.



Data was not available in the Cotswold district of the county due to differences in the way in which data is collected at centres in that area and the way in which programmes are run.

Across the county (excluding Cotswolds), 22% of families who attended C&FCs in 21/22 and 15% of families in 22/23 were recorded as having undertaken a domestic abuse programme or 1:1 support within the C&FCs. Of those that completed the programme, 36% in 21/22 and 58% in 22/23 showed a positive impact or outcome from the programme. It would be useful in future years to consider the possible reasons for non-engagement in programmes given the majority of families who present with domestic abuse are not engaging in a specific programme; and to also consider the positive outcome measures for programmes and potential reasons for a lack of positive outcomes in almost half of families who engage.

Graph 11: Breakdown of countywide* families undertaking a domestic abuse programme and/or 1:1 support by district



*Cotswold delivers support in a different way so are not included in the county

It is worth noting that the C&FC model has been re-commissioned in 2023, so data in years to come may provide further insight and detail on outcomes.

4.4. Pupil Survey: Domestic Abuse

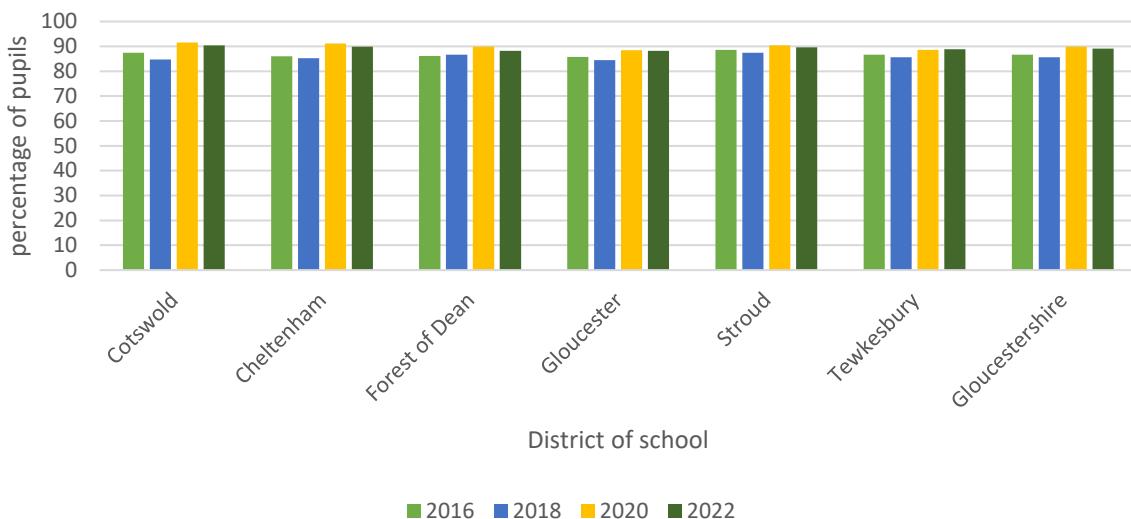
The Pupil Wellbeing Survey asks young people from schools, sixth forms and further education colleges to report on their experiences of a range of issues from healthy eating, physical activity and living well to their experiences at school and how safe they feel.

For the purposes of this report, the survey results considered will focus on safety at home, experiences of domestic abuse and support within school.

It is worth noting that the survey places a focus on those in secondary school or further education, so therefore does not represent the experience of younger children, who not only make up the majority of the population of children in the county, but from known data on domestic abuse, are more likely to be experiencing domestic abuse at home.

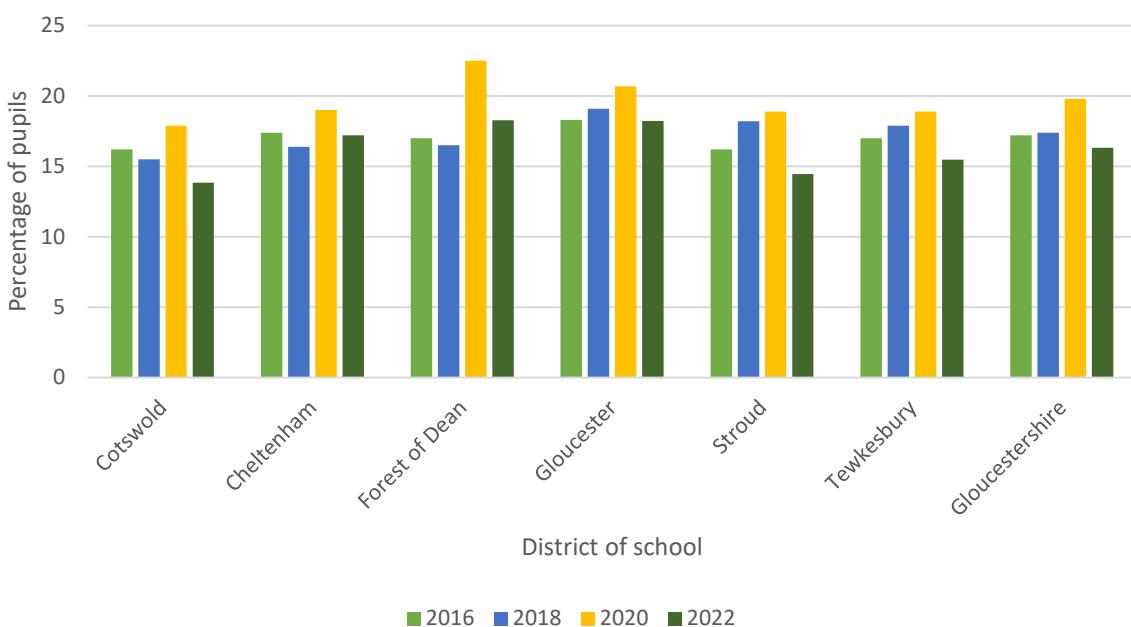
As detailed in Graph 12, the majority of pupils who respond to the survey indicate that they feel safe at home, a positive finding. This does indicate, however, that we can estimate around 10% of pupils will not feel safe at home, although we cannot attribute that to an experience of domestic abuse alone.

Graph 12: Children & Young People reporting feeling safe at home (secondary and FE pupils)
Pupil Survey 2016, 2018, 2020, 2022



As we know, many young people will experience domestic abuse within their own intimate relationships, with graph 13 indicating that between 13-22% of young people report their own experiences as a victim⁸⁵.

Graph 13: Children & Young people reporting being a victim of
Domestic Abuse (Secondary and FE pupils)
Pupil Survey 2016, 2018, 2020, 2022



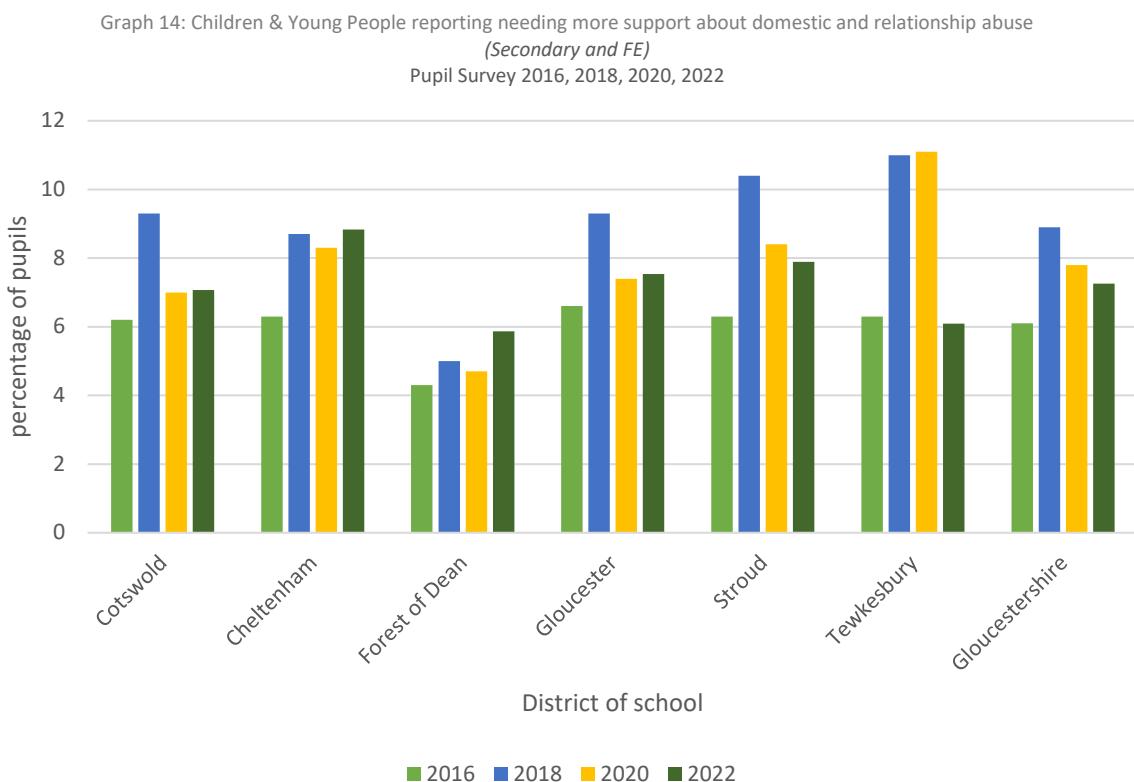
When considering the demographics of pupils, female pupils were significantly more likely to report being a victim of DA than males in every year since 2016. LGBTQ+ pupils were significantly more likely to report being a victim of DA than Cis/heterosexual pupils, and pupils from minority ethnic groups were significantly more likely to report being a victim of DA when compared to white British

⁸⁵ In 2022 the original question was altered slightly to be more personal to the CYP: Have you ever been the victim of domestic abuse, domestic violence, coercive control or teen relationship abuse?

pupils. Pupils from Gypsy/Roma backgrounds (30.5%), Other Mixed backgrounds (28.0%), White and Black Caribbean backgrounds (25.7%), White Eastern European backgrounds (24.7%), White and Asian backgrounds (22.7%), and White other backgrounds (21.7%) were all significantly more likely to report being a victim of DA than White British pupils.

Generally, the proportion of pupils reporting regularly witnessing domestic abuse decreases as deprivation levels decrease. Pupils attending schools in Gloucester, Cotswold and Forest of Dean, had the highest reported levels of ever witnessing domestic abuse (32.9%, 32.4% and 31.8% respectively) and had significantly higher levels than pupils attending schools in Cheltenham and Stroud who had the lowest levels (25.9% and 26.8%).

For those young people in need of support for domestic abuse, between 6-11% of pupils reported via the survey that they feel they require more support than is currently available. The type of support required, or the type of support currently accessed does not form part of the survey, so further work with young people may provide more insight in identifying more specific detail about their needs.

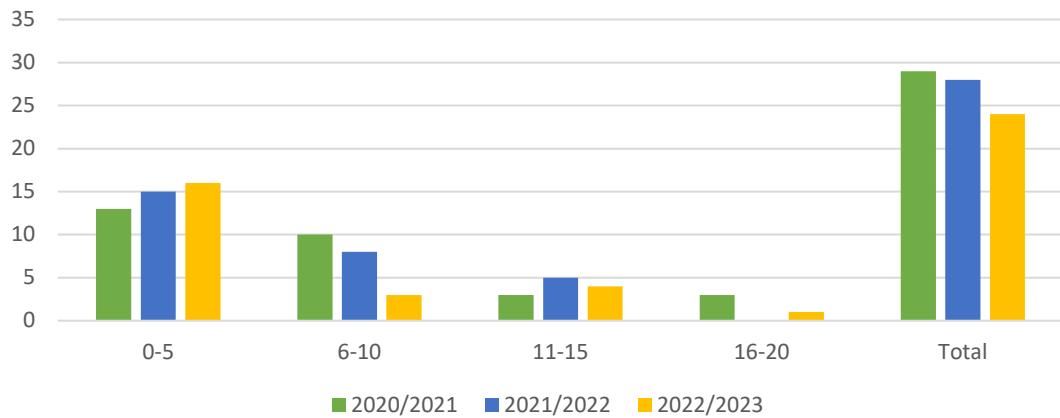


4.5. Specialist Domestic Abuse Services

4.5.1. Stroud Beresford Refuge

The local refuge provides support to children residing in the refuge, ranging from 1:1 support for those aged 5+, to play support, either individually or as part of a peer or family group, for those aged under 5. As the refuge only has 9 bed spaces, it is a small scale service, so the number of children supported within the refuge setting will vary and be reflective of capacity within the service and types of referrals they are able to take at any given time.

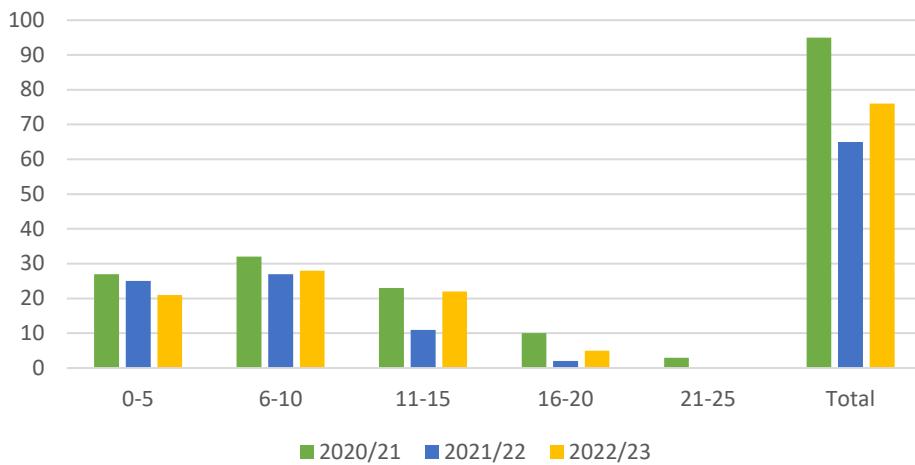
Graph 15: Number of children supported within the Refuge based on age range for years 20/21, 21/22 and 22/23



As detailed in graph 15, the refuge primarily supports those children aged 10 and under and in particular, those aged 5 and under. This is to be expected, as the refuge has specific expertise in supporting women with young children who require safe accommodation following an experience of domestic abuse.

In addition to support for those residing in the refuge, the service also provides outreach support to adult victims of domestic abuse and their children. As detailed in Graph 16, the outreach service is able to provide support to a larger number of children and in 2022/23, supported 76 children. The majority of children supported via the outreach service were aged 6-10 years.

Graph 16: Number of children supported within refuge outreach services based on age range for years 20/21, 21/22 and 22/23

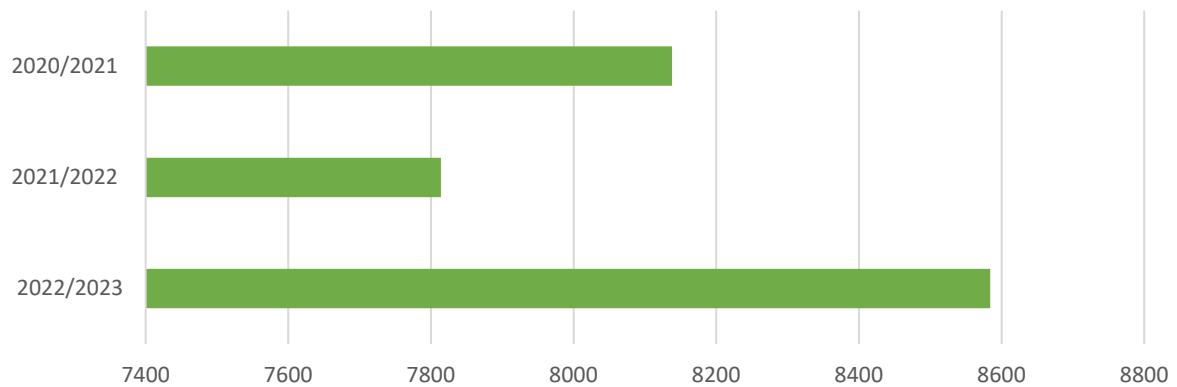


4.5.2. Gloucestershire Domestic Abuse Support Service (GDASS)

GDASS is the countywide domestic abuse service, supporting all victims of domestic abuse aged 16+. Whilst not commissioned to provide specific support to children and young people witnessing domestic abuse in the home, the service does provide support to victims that considers the whole family and their needs.

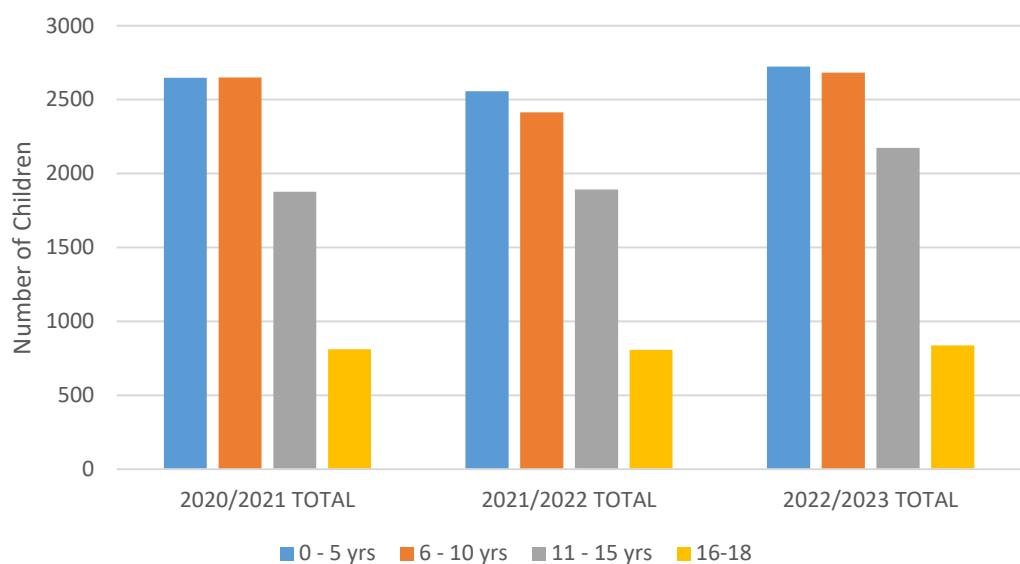
GDASS consistently identify a large number of children connected to victims of domestic abuse accessing their services, with 8584 children identified in 2022/23.

Graph 17: Total number of children identified by GDASS across years 20/21, 21/22 and 22/23



The majority of children identified are aged 10 years or younger, in line with police data; something to be expected given the majority of referrals in to GDASS come from police.

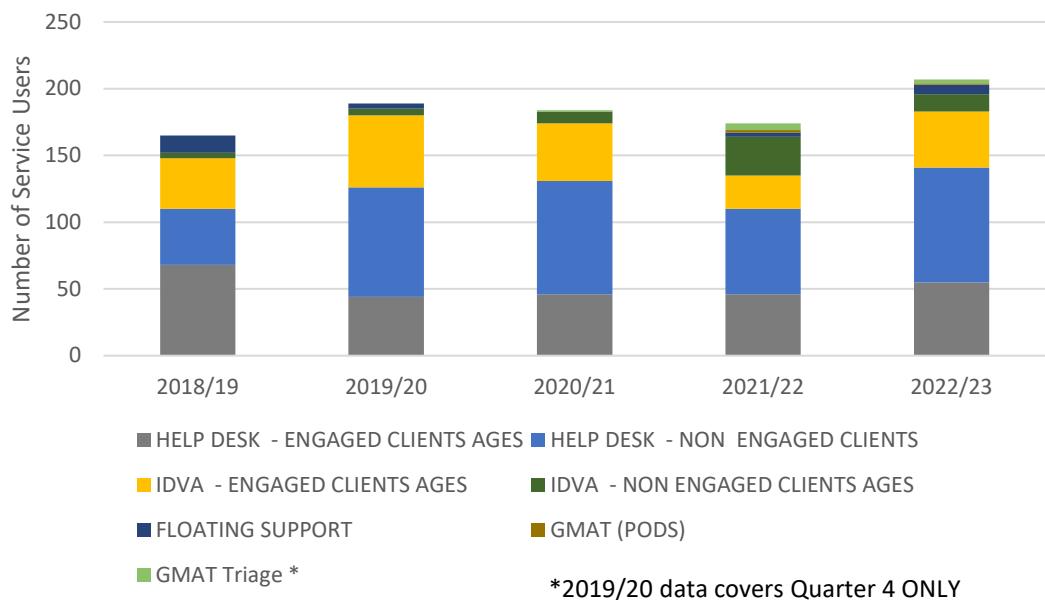
Graph 18: Ages of GDASS Clients' Children



Whilst the GDASS service provides support to children via their support of the victim, the service does also provide support to those aged 16 and 17 who are experiencing abuse within their own intimate relationships. The number of victims aged 16 and 17 supported by GDASS has steadily increased year on year, with 207 16 and 17 year olds supported in year 2022/23. There was a slight dip in referrals for 2021/22, but even during this year 174 young people were supported as a result of abuse experienced in their own relationships.

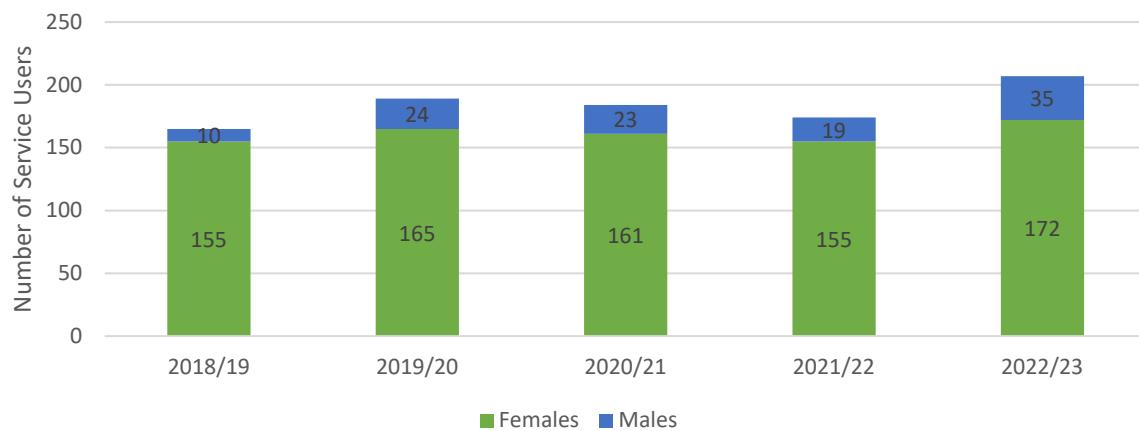
As detailed below, the majority of victims aged 16 and 17 accessed the service for the helpdesk offer where general advice and safety planning is provided over the phone. Around 20% of referrals for 16 and 17 year olds were for those engaged in the IDVA service, indicating that they were assessed as at high risk of serious harm or homicide at the time of their referral.

Graph 19: 16 and 17 Year Old GDASS Clients by Service Used



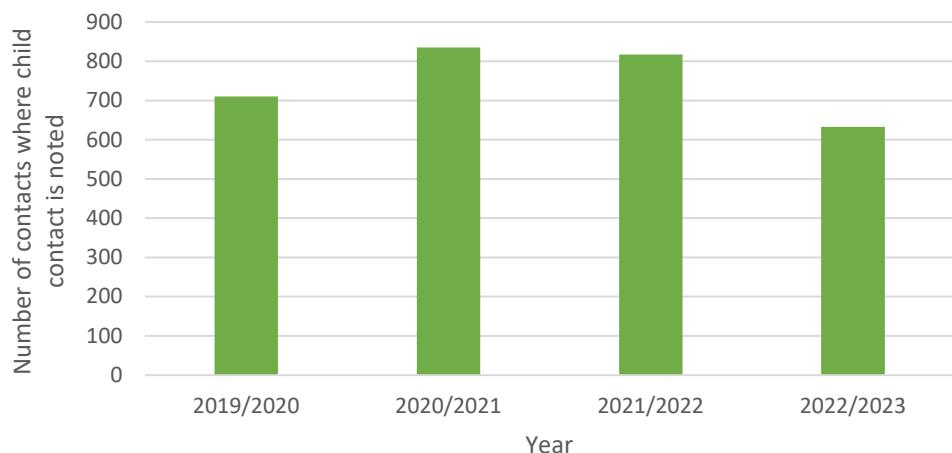
The majority of 16 and 17 year olds supported by GDASS are female, in line with the wider GDASS service. The number of male victims has increased in 22/23 however, something which could be considered positive and demonstrating an increased ability within GDASS to engage with males.

Graph 20: 16 and 17 Year Old GDASS Clients by Gender



When GDASS support victims of domestic abuse, they record what the victim details as their main issue that they require support with, often connected specifically to the type of abuse they are experiencing. It is common however, for the second or third presenting issue to be issues relating to child contact; often something that worsens the abuse experienced, or an issue that enables the perpetrator to continue abusing their victim. As detailed on Graph 21, child contact issues are reported as the second or third most concerning issues for 600+ victims annually. There may be further issues with child contact identified by the service, but these may not be considered by the victim as the most pressing of issues they need support with at the time.

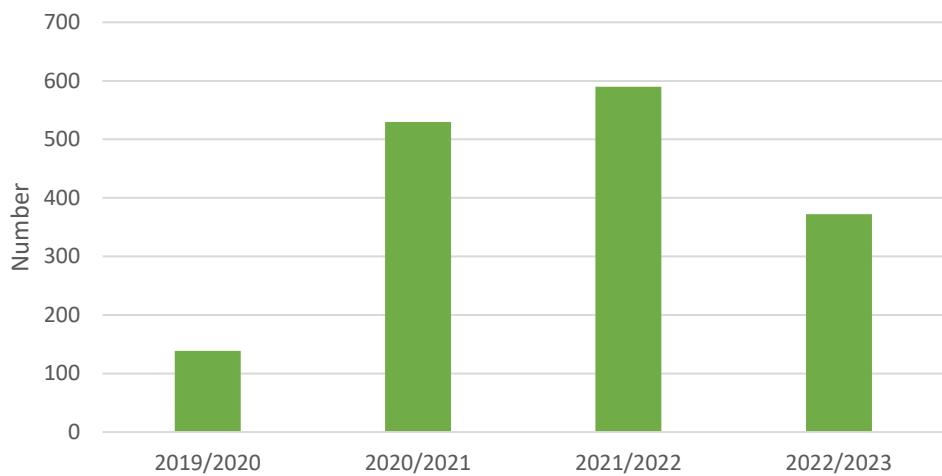
Graph 21: GDASS Engagement - Child Contact (2nd and 3rd Issue)



GDASS clients also record issues relating to children witnessing the domestic abuse in the home as a second or third presenting issue. As with the above, children may be witnessing abuse more frequently than the graph indicates, but the victim presenting at the time may have other issues that they require support with as a priority at their time of engaging in support.

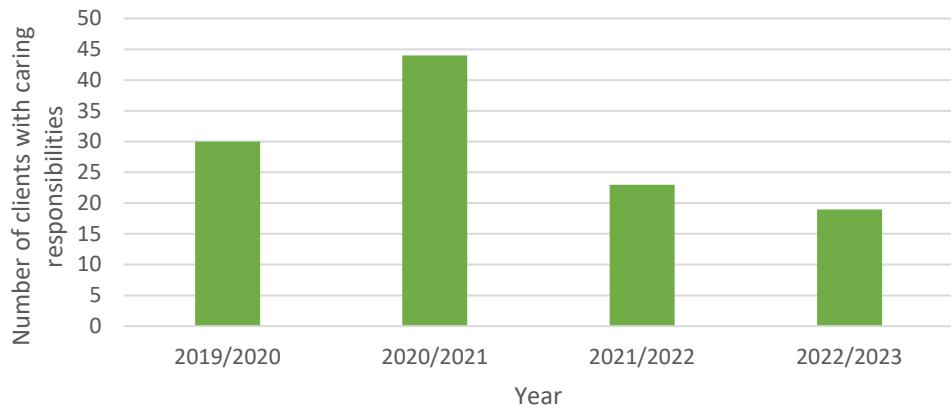
It is important to also note that many children living with parents experiencing domestic abuse will have witnessed the abuse, or experienced the effects of the abuse, in some way. The victim, who is likely trying to protect their children from the abuse, may not always identify this; the need for support may be identified at a later stage once the victim has managed to secure a safer situation for themselves and their children.

Graph 22: GDASS Engagement - CYP witnessed DV (2nd and 3rd Issue)



A number of victims engaged with GDASS reported that they are the primary carer for a child with a disability, indicating an additional vulnerability for a child who may be witnessing abuse in the home or experience the effects of domestic abuse. This also indicates that any service provision to support children will need to consider their additional needs alongside any support needs relating to domestic abuse.

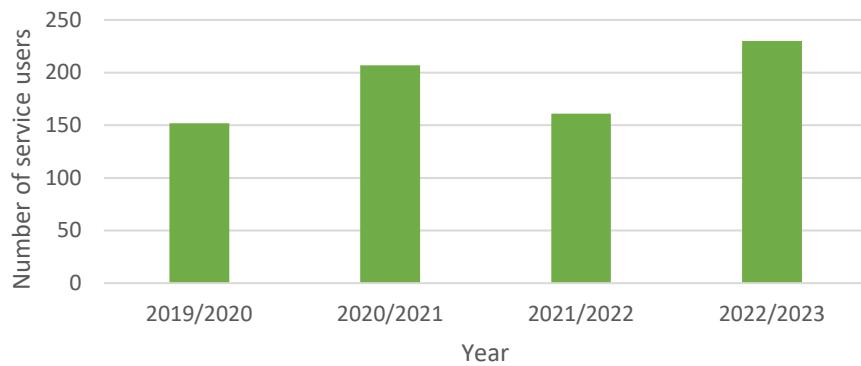
Graph 23: Caring Responsibilities - Primary Carer of a Disabled child/children Under 18



GDASS provide support to a number of victims of domestic abuse who are pregnant at the time of them accessing the service, indicating that some children will be born into an abusive situation, and will require safeguarding from the start of their life.

It is well documented in domestic abuse research that the abuse can begin or worsen during pregnancy and early childhood years, so there is a need to recognise the risk to these victims and their children.

Graph 24: Service Users who were Pregnant During the Period they used GDASS service



4.5.3. STREET

The STREET service is commissioned to provide support to young people aged 13-19 who are witnessing domestic abuse in the home, experiencing abuse within their own relationships and those young people starting to demonstrate their own harmful behaviours within relationships.

Data from the service is currently limited due to a change in the reporting template and a more detailed data set will be available for the next refresh.

The below tables provides an indication of the percentage of referrals into the service by district and by age.

Table 1: percentage of referrals in to STREET based on district for quarter 1 and 2 of 2023/24:

Referrals by district	Q1-2 23/24
Cheltenham	12%
Cotswolds	6%
Forest of Dean	21%
Gloucester	21%
Stroud	14%
Tewksbury	18%
Out of county/not known	8%

Table 2: percentage of referrals in to STREET based on age for quarter 1 and 2 of 2023/24:

Engaged referrals by age	Q1-2 23/24
13	21%
14	26%
15	25%
16	10%
17	6%
18	5%
19	5%
Not Recorded	1%

Due to the limited data available, it is not currently possible to have a full understanding of the impact of the STREET service. Once this data is available, further work may be needed to ensure the service has enough capacity to support those in need of support aged 13+.

4.6. Other Support Services

There are a number of other services in the county that provide support to children and young people and may help to identify their experience of domestic abuse. Data from these services is limited, but the below provides a summary of what is known from these services:

- **Young Gloucestershire:** Service records on average 20 safeguarding events per month that relate to concerns for sexual assault or domestic abuse with the young people they are supporting.
- **TIC+:** In 2022, the service recorded that 25% of young people supported disclosed having experienced or witnessed violence/abuse at home. This related to 567 young people.

- **Youth Support Service:** The service conducted a dip sample of cases from 6th-10th February 2023 and identified that during this time period 63 young people were identified as having disclosed domestic abuse in their home.
- **Places of Safety:** Whilst not providing a specific support offer for children, the places of safety scheme provides safe accommodation to families who are fleeing domestic abuse, and as such provides a safe environment for children who have witnessed domestic abuse. This flexible model can accommodate children who may normally be excluded from traditional refuge such as teenage boys, larger families and provides some adaptable provision for those families with mobility needs. This model also allows for families impacted by domestic abuse to maintain their support networks and minimise disruption to children's education. Similarly target hardening and sanctuary schemes are also provided in the county that allow families to remain safe within their own home; minimising the traumatisation and disruption of having to leave home, support networks and education for children.

5. Consultation Work Summary

To support the understanding of need across the county with regards to children affected by domestic abuse, the County Domestic Abuse and Sexual Violence Consultation Officer conducted a bespoke piece of consultation.

This consultation set out to understand the level of need for children, aged 11 years or under, who have lived with, or are living with, domestic abuse within their home in Gloucestershire and the local gaps in service provision in this area. The aim was to understand what children want and need from domestic abuse services; to achieve this, quantitative data was complimented with the lived experience of parents, children and professionals who work with children to ensure that there is authentic voice from those living and working in our local communities.

The consultation intended to explore the needs of children in two distinct age groupings, under 5s and 5-11 year olds. The majority of responses to the consultation did not indicate an age specific answer, but wherever possible, the needs of children based on these age categories will be detailed.

Surveys and focus groups were used to engage with parents and professionals and gain their experiences of seeking support for children who have experienced domestic abuse in Gloucestershire. Thematic analysis was used for the qualitative data to draw out key themes from the findings. Bringing together the responses in this way was particularly beneficial as answers from both professionals and parents were broad and covered a range of topics. Work is ongoing to explore how the voice of children can be included in this piece of consultation to ensure their experiences can directly influence recommendations.

This summary pulls together the key points from the consultation; the methods, findings and analysis will be detailed in the full report which will be made available separately to the Domestic Abuse Local Partnership Board.

5.1. Findings from Parents

'The right support at the right time.'

In addition to wanting the right support for their child(ren), parents spoke about the accessibility of services and also wanting to receive support themselves that could help them to support their children at home. Research indicates that a consistent approach to supporting and managing

children's behaviour has improved outcomes (Harvard, 2021)⁸⁶. For example, parents wanted support in having adult or difficult conversations with their children about the reasons for the changes in their lives.

Parents listed 14 services that they had tried to engage with to seek support, nine of these were only listed once. The services noted were predominantly broader children's services rather than domestic abuse services. Many parents said that they either did not know where to go for support, did not know what support their child needed or the services they felt they needed were not available to them.

'...I haven't found anything specifically tailored for children who are impacted by domestic abuse.'

Schools were the agency most frequently accessed for support for children, the reason for this, given earlier findings focussed on availability and knowledge of services, could be associated with their accessibility. The response or support parents received from schools and their staff varied broadly. This was in terms of the support available, knowledge around domestic abuse and how to support and the accessibility of the support. Another service that was referenced by parents more often for support was social care; this could be due to their statutory involvement.

The key areas for development in terms of accessibility and availability of services were:

- **Risk management and safety**

Two parents informed the consultation officer that the school had shared personal details with the children's fathers, despite the schools being aware of the domestic abuse. The personal details were contact details, information that should not have been shared due to an increase in risk, and had the potential to further the domestic abuse experienced by the child. Another parent shared that they had not told services anything due to their concerns over their child being removed (from their care). The findings have indicated a need to ensure professionals are properly trained in domestic abuse and can understand risk management and safety planning. Another consideration could be to raise public awareness about services to inform potential victims that their role is to provide support and improve safety and wellbeing of children through working with parents and they are not there to focus on removing children. This could alleviate some of the barriers to engaging with some services.

- **Waiting lists**

Waiting lists repeatedly came up as an issue, with one parents stating they had waited two years for Child and Adolescence Mental Health Services (CAMHS). A recurring reason for this was the age of the child. This indicates that children, particularly younger children, are not able to receive support when they need it due to limitations in the county around appropriate support for their age range. Research previously cited in this report (p. 6) details the benefits of early intervention with children and if this does not happen this can lead to further detrimental impact for the child (NSPCC 2023)⁸⁷. Furthermore, it is not only the significance of unmet needs for children that need to be considered but also the increased cost and risk for Gloucestershire when services are not responding quickly and effectively. The county needs to ensure availability

⁸⁶ [3 Principles to Improve Outcomes for Children and Families: 2021 Update \(harvardcenter.wpenginepowered.com\)](https://harvardcenter.wpenginepowered.com/)

⁸⁷ [Early help and early intervention | NSPCC Learning](https://www.nspcc.org.uk/early-help-and-early-intervention/)

of the right service for each child, regardless of age, disability or ethnicity. To alleviate this, a consideration could be for commissioners of existing services to review capacity and consider options to decrease waiting lists to ensure children and their families are offered support sooner.

- **Accessibility**

Parents spoke about the barriers they faced when trying to access or whilst accessing support. This included factors such as: cost, location, age of the child, cultural needs and speaking a different language. Within responses, parents have shared racism that has been experienced, their child's additional needs not being met and a lack of understanding around the family's culture. Age was a repeatedly noted barrier; for many, their child was too young, particularly for mental health services. With this knowledge it would be beneficial for commissioners of existing services whilst reviewing the current provision considering options to expand support for younger children.

- **Approach**

Parents shared that some processes made them reluctant to access support. For example, having to phone reception to explain why you want to speak with a particular member of staff or having open reception areas when you first enter a setting where you are asked personal questions. Not only are these a barrier for people due to their confidentiality being breached, there are also safety risks and a lack of awareness around the possible impact of telling your experiences to a large number of people. Parents felt strongly that services needed to deliver on what they had agreed they would do and fulfil their offer. Additionally parents wanted to be heard, along with their children; they wanted to be supported and believed. Parents shared their experiences with the consultation officer;

'School not aware of how to support a child from a domestically abusive situation – offered support weekly, didn't happen.'

'She was put on a CIN plan but given no support. The CIN plan was closed after 8 weeks and during that time, she had no visits with her social worker'

When asked 'Would you have liked anything to be done differently?' a parent replied,

'Yes – Not promising something and not doing it.'

Parents really wanted their children to have someone that they could talk to. They wanted their children to develop a greater understanding of their experiences. Parents spoke particularly about the time after they had fled, seeking to support their children to understand why they had left and why some things might have to change. This also became a theme in terms of being able to still access support once the risk had reduced. This relates to the accessibility issues raised and the need for services to be child led in terms of when they are needed and most appropriate. Additionally, they need to be age appropriate or specific to the needs of the child; for many parents their child was too young to receive support. Parents need a domestic abuse service that they can self-refer to and be able to share their child's needs so that they can be well supported.

5.2. Findings from Professionals

'I feel that our support in County is poor, it is difficult to access and there always seems to be hurdles to jump to get the right help and support and then when I have found it the professional is lacking the correct training to support the family.'

In total 85 people, from a wide range of professions, took the time to complete the survey, resulting in a variety of opinions across different specialisms. The majority of responses received were from Education practitioners (45%), followed by those working in Health (29%) and Charities (21%). 33 different institutions were listed alongside some broader answers such as 'Education'.

As with the parents, many professionals did not know where to access support specifically for children who have experienced domestic abuse and as a result a range of services were listed that were either known of or accessed by families. Overwhelmingly professionals did not feel that there was enough or any specialist domestic abuse support for children; this related to both a lack of knowledge of services locally and also the limited availability of them. This led to the acknowledgement that capacity was an issue across services in terms of funding and resource; this was reflected in both surveys and focus groups. Professionals stressed the importance of early intervention and children being able to access services quickly.

'A service aimed at children who have witnessed or been in a home where there is DA. This should be a specialist service'

A domestic abuse specific and specialist service for children and young people who have experienced domestic abuse was suggested by many professionals as something that we need in Gloucestershire. There were many suggestions as to how this could be delivered and what should be offered, including:

- Trauma informed
- Therapeutic interventions
- Not a generic service, aimed specifically for children who have experienced domestic abuse
- Age appropriate
- Holistic, family approach
- Skilled workers with extensive domestic abuse knowledge and understanding
- Include support from prenatal onwards

An area for development that was identified was multi-agency working. Professionals have shared that they have a limited knowledge of local services which impacts on referrals and effective signposting. It was also acknowledged that this had a negative impact on information sharing. This must improve for children's needs to be more effectively met: professionals need to be aware of the services available, what the services offer and gaps in this provision, for children who have experienced domestic abuse, need to be explored.

Training is a significant need and was raised frequently. Some professionals shared that they did not feel equipped to support children following their experiences of domestic abuse. Professionals shared they wanted training on domestic abuse, best practice around approaching domestic abuse and some wanted tools to effectively support children and their families. Additionally, some professionals felt being able to ask questions and gain advice from a helpdesk/service would be beneficial and improve their response. This also highlights the importance of services supporting each other and effective multi-agency working.

Professionals stressed the importance of good communication between agencies to ensure the most impactful and timely response for children. They gave examples where poor communication had meant appropriate support was not put in place as soon as it was needed as information had not been shared, and also where a lack of communication could increase risk. This was also linked to understanding the services offered by different agencies and how to refer into them.

The professional focus groups gave a sound insight into the domestic abuse programmes for children that are available in Gloucestershire. They shared that the programmes are child led and the group situation removes pressure; they give children the opportunity to talk as they are in a safe space and they allow for relationship building. Timings could be challenging with broad age ranges, capacity and managing school hours. Capacity related to significant waiting lists and also staffing. There were differing needs between the children and this needed to be reflected in the sessions too. Another barrier was childcare when parents were attending programmes alongside their children and there were siblings of different ages. Professionals shared that transport and location could also be an issue for some families, particularly in more rural areas.

Professionals also raised the needs of the child as pivotal to the support they received. This was covered in a range of ways and really highlighted that a single approach would not be sufficient and that professionals need, alongside a sound understanding of domestic abuse, a good knowledge of child development. Professionals highlighted that current services were too broad in terms of dealing with domestic abuse, specifically for younger children, highlighting the absence of a domestic abuse centred service for children under 11. This was referenced more broadly in terms of a lack of staff trained in domestic abuse and supporting with a wide range of needs but there were examples of services where the role/service offer was deemed too broad, such as mental health support and schools.

In referencing the impact of domestic abuse on children, professionals spoke about the different roles children can undertake, including the role of the carer where there is often a role reversal taking place. Family therapy or counselling was suggested as being important as part of a holistic package. Importantly too, recognising and responding appropriately to children's additional needs, religion and culture were raised in terms of meeting children's needs effectively but also in having skilled workers with sound understanding in these areas. The difference between faith and religion was discussed and an appreciation of this helps individuals to understand cultures better, therefore working in a more informed way.

5.3. Consultation Conclusion

The Domestic Abuse Needs Assessment 2021 recognised that we do not have appropriate provision for children and young people who have experienced domestic abuse in Gloucestershire. This consultation has further evidenced this and importantly gives real insight into what parents and professionals would like services to look like, what is missing in the county and therefore what needs to be done locally to address this.

From the findings, the consultation has highlighted that both parents and professionals want a clear pathway for the support available to children and young people who have experienced domestic abuse. This needs to include what is available and how it can be accessed. Professionals need knowledge of services: one suggestion to support this could be a directorate of services accessible to all professionals. Both parents and professionals shared that having somewhere to go for advice would be useful, somewhere to safely ask questions and be signposted where appropriate. Furthermore there was a clear consensus that a specialist domestic abuse service for children was needed.

‘Understanding it is a trauma response not a ‘naughty’ child.’

The consultation found delays in accessing support and the detrimental impact that this has had for children. This highlights the need for early intervention which would have great benefits to children and their families but also lead to a more cost effective model of support.

Professionals frequently shared that they did not have the capacity, this was in terms of time, resource and/or knowledge, to adequately support children who have experienced domestic abuse. This could be improved and supported with services having policies and procedures regarding how disclosures of domestic abuse should be approached. This does not and will not always mean that the responsibility lies with that one organisation; staff need to be empowered and trained to manage disclosures as they could come at any time; some support might be offered (if appropriate), but most importantly staff will know what to do and where they can refer to, signpost to and therefore seek the best intervention for that child. Naturally this needs to be done sensitively and ensuring safeguarding protocols are followed. Robust risk assessments are required to support safety and manage risk, as well as improved practice around information sharing.

The consultation has identified a great deal about multiagency working in the context of safeguarding but there is a need to ensure this encompasses domestic abuse, with feedback from professionals indicated that more could be done. Effective information sharing allows professionals to build a picture of what life is like for that child and in doing so, offer the best support.

A service tailored to children from birth, or prenatally if possible, that offers emotional support in a range of therapeutic ways is what parents and professionals would like to see in Gloucestershire. As part of this, education for professionals should be included, allowing them to feel more equipped and further strengthen existing skills, for parents to have more confidence and tools to support their children with and for children themselves to understand more about their experiences of domestic abuse, age appropriately. Commissioners need to consider adopting a model that is child led and reflects the child’s individual needs and identity as well as being delivered by domestic abuse specialists.

6. Conclusion and Recommendations

This needs assessment and consultation work clearly identifies a local need for bespoke support services for children who are affected by domestic abuse in the county. Whilst there is some level of service provision in the county, there are gaps identified that demonstrate a need for the county to consider investment in specialist domestic abuse services for children, as well as a need to improve awareness and knowledge for professionals to enable them to effectively respond to children.

Gloucestershire County Council Children’s Social Care has recently published its local ambitions for children, within which supporting those impacted by domestic abuse is identified as a priority area of focus. It is therefore hoped that this work can influence and support future developments in the county response to children affected by domestic abuse and support in the fulfilment of the ambitions outlined.

The below sets out a number of recommendations for consideration and action.

6.1. Commissioning Recommendations

- Commissioners to look into options for addressing the gap locally in therapeutic support to children and young people witnessing domestic abuse at home (in line with national best practice).

- Commissioners to consider options for providing a dedicated specialist domestic abuse support service for children and young people in the county. Consideration should be given to provision specifically for those under the age of 13; recognising the needs of those living with high risk domestic abuse and experiencing domestic abuse in context of additional complex needs (such as mental health and substance misuse of a parent).
- Commissioners to ensure providers of support for children operate with a trauma informed, child-led approach that provides holistic support to children; recognising that a one size fits all approach is not suitable for effective responses to children impacted by DA.
- Commissioners to consider how existing support for disabled children can also consider their support needs relating to experiencing the effects of domestic abuse.
- Commissioners to explore if there is sufficient capacity in the service offer for children aged 13+ and ensure that this age group is fully considered during any developments for those aged under 13 so new gaps in provision are not created in addressing current gaps in service (considering options for YPVA support within schools where appropriate).
- Commissioners to ensure robust data is available from the STREET service to support future needs assessments.
- Commissioners to explore the engagement rate and positive outcomes in domestic abuse programmes within C&FCs to ensure they meet the needs of families experiencing domestic abuse; for this to include a review of capacity to deliver these programmes at the level needed across the county.
- Commissioners to explore if there is sufficient capacity in the service offer for children's mental health needs and explore possible developments in this area to increase support.
- Commissioners to consider how services may be able to operate an approach that allows for non-specialist DA professionals to seek advice and guidance on their response to individual cases.
- Commissioners to consider the accessibility of service provision; considering a range of locations, transport, childcare, different days and times, and availability when child is ready.
- Commissioners to consider what support is available for pregnant mothers experiencing domestic abuse and ensure appropriate provision is in place that can recognise the trauma DA can have on an unborn child.

6.2. Recommendations for Operation Encompass

- For education leads to consider if schools feel equipped to respond to the notifications and if any resources or support are required to enable them to support students fully alongside a robust multi-agency response.
- For police to ensure accurate VIST completion and the recording of children's details to ensure schools are updated on all incidents of domestic abuse involving children as swiftly as possible.
- For police to explore data recording in light of children being seen as victim in their own right; acknowledging that children who witness the abuse do not necessarily need to be recorded as a victim of a specific crime, but may need to be recorded under a separate category in order to improve data capture and quality.

6.3. Recommendations for the Domestic Abuse Partnership Board

- To ensure the plans for the implementation of the DA training pathway provide professionals with knowledge and understanding surrounding the impact of DA on children and effective responses; including processes for making referrals, managing disclosures, risk management/safety planning.

- To provide training that ensures all professionals are aware of their role and responsibility in responding to children impacted by DA; including awareness of the role of multi-agency working and pathways for support/signposting.
- To ensure the DA communications plan provides detail on the promotion of local services that support children.
- To explore the development of a countywide website for the DA LPB that contains a directory of DA services, advice and guidance and a clear understanding of referral pathways.
- For children's social care to ensure that where support is outlined in CIN plans that this is carried out before closure of cases.
- For children's social care to consider public awareness regarding the role of social care – ensuring a clarification of support offered and that removing child is a last resort and not a desired outcome
- For research to be conducted into tools for professionals that could be rolled out across the county that enables appropriate support whilst specialist services are being explored.

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