

Domestic abuse services for children

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Introduction

Domestic abuse is the most common additional factor of need in situations where children are at risk of serious harm, and require support from children’s services, in England.¹ Children’s experiences of domestic abuse are complex and intertwined with their relationship to the non-abusive parent, most often the mother. Domestic abuse is a form of violence against women and girls (VAWG) - violence that is directed against a woman because she is a woman or that affects women disproportionately.² Infants, children and adolescents are significantly impacted by domestic abuse: whether they experience it by living in a home where domestic abuse is taking place, or experience abuse and coercive and controlling behaviour in their own intimate relationships. Children are also impacted during and after the parental separation process.

As organisations which deliver services for families affected by domestic abuse across the country, and carry out research in this area, we know that effective, specialist services for children support them to cope and recover.¹ Research by SafeLives demonstrates that specialist children’s services

¹ The following organisations and academics have contributed examples and content to this briefing:

Action for Children

Agenda

AVA (Against Violence and Abuse)

Barnardo’s

EVAW (End Violence Against Women)

NSPCC

SafeLives

The Children’s Society

Trevi

Women’s Aid Federation of England

Professor Jane Callaghan (Director, Centre for Child Wellbeing and Protection, University of Stirling).

reduce the impact of domestic abuse and improve children's safety and health outcomes.³ Their role in early intervention and prevention is particularly crucial: abusive behaviour in children exposed to domestic abuse dropped from 24 per cent to seven per cent after receiving appropriate support.⁴ Refuges deliver lifesaving support to protect women and children at the particularly vulnerable point of separating from an abuser.

Currently, domestic abuse service provision for children is inconsistent across the country.⁵ Existing services are often focused on protecting children, which is crucial, but there are insufficient preventative and recovery services available;⁶ research has also found a gap in the 'middle range level' of support for children, between universal services and Child and Adolescent Mental Health Services (CAMHS).⁷ Professor Jane Callaghan and colleagues have noted that too often, services for children 'remain largely a 'bolt on' to existing domestic abuse services'.⁸ Existing services are significantly over stretched, particularly mental health provision.

Sustainable funding is a perennial concern. In 2010 61.5% of domestic abuse services in England offered dedicated children and young people's domestic abuse services; in May 2018 this percentage had reduced to 54.3%.⁹ Risk thresholds for services often mean that the majority of children within an area are left unsupported, as their cases are not deemed 'high risk' enough. Research has also found that Black and minoritised children,¹⁰ LGBT+ children, children with disabilities, and those from migrant families, often have particularly limited access to domestic abuse services.¹¹ Lockdown has also placed families at increased risk, with an increase in demand for domestic abuse victim services during the coronavirus pandemic.¹²

The government's allocation of £8 million to support children impacted by domestic abuse, boosted by £3.1 million in early 2020, is welcome.¹³ However, there is an urgent need for long-term, dedicated and consistent funding to support children through the trauma they have experienced beyond leaving an abusive home.

The Domestic Abuse Bill provides a significant opportunity for government to improve the service provision for children across all local areas. We are very encouraged by the proposed duty on local authorities to deliver support to adult and child victims and survivors in accommodation-based services. There are more children than women are resident in refuges,¹⁴ and the vital work they undertake in supporting children and young people's recovery is central to the service specialist domestic abuse organisations provide. However we must also see sustainable funding for services for children extend beyond accommodation-based support alone. Most child victims will not go into refuge and that they will have multiple needs other than accommodation, such as counselling and therapeutic support. Children should also be able to access specialist support regardless of their mother's engagement in services.

Key elements for a quality response to children's domestic abuse-related needs are detailed in the sections below. The document begins by outlining specific types of support for children affected by domestic abuse that should be available in all local areas. It then moves on to outline the forms of support that should be available in different settings within local areas. Finally, it outlines recommendations for the tailoring of more mainstream provision to the needs of children affected by domestic abuse.

Our organisations first started to develop this document in May 2019. Although some sections have been updated, we would highlight the fact that not all information included may be as up-to-date as we would like. However, as the content is still valuable, particularly considering the current lack of information available on support for children and young people affected by domestic abuse, we were keen to make it available online.

General features of service provision for children

Children interviewed as part of a study of domestic abuse services emphasised the psychological harm of living with domestic abuse, and their consequent need for emotional support. They felt it was important that they received support to move on from their experiences, make new friends, settle in at school and have a childhood free from fear.¹⁵ Trauma-informed understanding must be at the core of all support provided to children and young people affected by domestic abuse. A strengths-based approach to recovery, building on 'the resilient blocks in the child's life', has been shown to be effective in interventions for children.¹⁶

Research shows that perpetrators of domestic abuse target and undermine mothers' relationships with children, using power and control dynamics. Providing support to both children and the non-abusive parent is therefore essential. Radford et al (2011) concluded that there must be a focus on the importance of joint and parallel work for women and children, and a range of services to sensitively address and overcome the harm domestic abuse has caused to the mother-child relationship.¹⁷

We know that domestic abuse affects different children in different ways. Children must be offered support based on their individual needs. In one study, young people described an 'ideal service' as one which offered 'a range of support options for parents, children and young people'.¹⁸ It is important to note that some families fleeing domestic abuse face additional barriers and structural inequalities too.¹⁹ Women's Aid has highlighted that only 0.9% of refuge spaces are currently fully wheelchair accessible.²⁰

Families who have been denied recourse to public funds find it especially hard to access refuge accommodation. Further, as Imkaan has highlighted, many Black and minoritised women prefer to be supported by specialist 'by and for' services that understand the intersection between gender and racial inequality.²¹ Within 'by and for' services, Black and minoritised children and young people are able to benefit from peer support from other Black and minoritised survivors of domestic abuse.²² Yet outside of London, there is very limited refuge provision for Black and minoritised families, with 'by and for' providers disproportionately disadvantaged by cuts and approaches to funding.²³

An ideal picture of provision for children should incorporate a full range of interventions, so that each child is able to access the specialised help they require. It should also ensure equal access to services, and better join-up between agencies (for example, domestic abuse and substance misuse services) to ensure that the needs of families of all backgrounds and circumstances are met.

Forms of support for children who have experienced domestic abuse

Psychoeducational support

A recent evidence review found that the most common domestic abuse programme to be delivered in the UK is group-based psychoeducation, either for children and their non-abusive parent or just for children.²⁴

Psychoeducational programmes aim to change attitudes and build resilience by increasing understanding of a topic (such as domestic abuse).²⁵ Psychoeducation is a less intensive form of intervention than therapeutic support.²⁶ Psychoeducational programmes are designed to provide information in a generic sense, rather than creating a personalised strategy of support for each individual.²⁷ They can be delivered by mental health professionals or community leaders. In the context of a domestic abuse intervention, psychoeducational support might aim to provide a safe

setting for children to learn about domestic abuse, and to explore their understanding of violence.²⁸ Examples of psychoeducational programmes for children affected by domestic abuse include Domestic Abuse Recovering Together (DART), LINX group for adolescents, and Back on Track.²⁹

Evaluations of psychoeducational programmes for children affected by domestic abuse have found positive effects on child outcomes, including improvements in parent-child relationships, knowledge and attitudes about domestic violence and abuse, and safety planning.³⁰ Consultations with young people have found that they believe that group-based psychoeducation would be beneficial for children and young people of any age. The young people emphasised the advantages of meeting with others who had had similar experiences, and believed an approach which combined structured educational activities and unstructured play to be beneficial.³¹

Good practice example

AVA (Against Violence and Abuse) deliver the Community Group Programme, which follows a trauma-informed model based around a programme of psycho-educational sessions. The programme is for children aged four to 21 (divided into age-specific groups) and their mothers who have experienced domestic violence. It runs for two hours a week over a twelve-week period. AVA have also recently developed a new version of the programme for children aged 0 to four (see below for more information).

The programme addresses the following core issues: validation of the children's experiences; understanding abuse; reducing self-blame; safety planning; managing appropriate and inappropriate expressions of emotion; attachment; the mother-child relationship. The programme offers concurrent group sessions for the children's mothers. They are supported to understand how the violence has impacted on their child and how best to help them through the healing process.

The programme was successfully evaluated by Middlesex University and is running across the UK. The Cedar (Children Experiencing Domestic Abuse Recovery) programme, which is used widely in Scotland, has the same model and practitioners were trained by AVA.

There is a network of group co-ordinators which enable areas to share best practice and resources and receive up to date thematic training on key issues. AVA are also setting up a UK map to show where groups are currently running.

Good practice example

Barnardo's BeFree service is for ten- to 16-year-old girls and young women who may have experienced familial domestic abuse (amongst other issues), and aims to educate them in healthy relationships. It is designed to build the young women's emotional health and resilience, and to enable them to make informed choices about their emotional and physical relationships. The service can be delivered on a one-to-one basis or in a group. There is also the option for parallel sessions with a parent/carer, if they wish to discuss issues surrounding their child.

Therapeutic support

Therapeutic support differs from psychoeducation in that it is structured specifically as a treatment for the particular needs of an individual. It is delivered by a trained professional following some form of assessment to define the individual's needs, and a plan for the work is created around this.³² Therapeutic support can be delivered in either a group or one-to-one setting, and can utilise either talking or play, depending on the age and needs of the child.³³ It provides an opportunity for children to develop their understanding of themselves, their relationships and their behaviour patterns.³⁴

Action for Children service staff, who work with children and families every day, feel that one-to-one therapeutic interventions represent a key gap in the support available. Some children might prefer less intensive group work, but it is essential that those who require an individual therapeutic response are able to receive appropriate support. An ideal picture of provision for children would therefore offer therapeutic as well as psychoeducational programmes. In one research study, young people stressed that having a choice over whether support was delivered in a group or individual setting was vital.³⁵ It is also possible for psychotherapy and psychoeducation to be delivered together, in a group format: examples of this approach include Recovery Toolkit and the Kaleidoscope Group.³⁶

Good practice example

Action for Children runs a specialist one-to-one counselling programme for four- to 16-year-olds who have experienced domestic abuse. It is based in an area where there are a limited number of group-based recovery programmes but very little funding for one-to-one support. The service costs around £90,000 a year to run.

The service's work is crucial and makes a substantial difference to the children who access the programme. Children using the service report having better coping skills to understand and manage their feelings, as well as increased confidence in communicating their thoughts and feelings. Children also say their emotional wellbeing has improved following the counselling sessions. Children, parents and carers reported that their relationships with each other have got better following the intervention.

Good practice example

Barnardo's Mandala Therapy is tailored for children who have experienced domestic abuse, amongst other issues. The team of therapists is led by a child psychotherapist, and can provide one-to-one psychotherapy and play therapy sessions, or therapeutic group work for children with a shared issue. The therapy is child-centred, and aims to help children recover from their trauma, and find ways to express themselves through art and play when they are not able to find words for their experiences. The child is supported to make sense of, and learn to cope with, their feelings.

Supporting the non-abusive parent and child to stay together when safe to do so, and parallel support for non-abusive parent and child

Qualitative research has shown that following experience of domestic abuse, young people need to enhance their relationship with their non-abusive parent.³⁷ A synthesis of studies found that young people affected by domestic abuse identified spending time with their mothers as a benefit of interventions.³⁸ An ideal picture of provision for children would, where it is safe to do so, prioritise the relationship between the child and the non-abusive parent. This would take the form of providing support to keep the non-abusive parent (usually the mother) and child together, and to reunite the non-abusive parent with the child, as well as providing parallel interventions for the non-abusive parent and child.

Parallel support can be seen as an intervention in itself, as well as a good practice feature of other interventions, for instance those delivered in refuges. It often involves group work for parents and for children that is linked; psychoeducational and therapeutic interventions can be delivered as part of parallel work. Dr Emma Katz has worked extensively on the effectiveness of parallel interventions, writing that children and mothers can be 'recovery-promoters' for one another.³⁹

Women experiencing abuse frequently report that the response of children's social care does not meet their needs, and that professionals' limited understanding of domestic abuse can make them feel blamed and held responsible for the abuse they've experienced.⁴⁰ The mistrust and fear of social

services by mothers who are victims of domestic abuse is a common and well documented response. In order to better support women, professionals need to understand the challenges and difficulties they face, and to be mindful not to exacerbate the women's sense of responsibility and loss of control.⁴¹

Women who have experienced extensive physical or sexual violence and abuse can also experience mental ill-health, addiction, homelessness and poverty as a result of the abuse, which can make the intervention of social services more likely when they have children. Women facing multiple disadvantage can be prevented from seeking help for fear of losing their children as a result. Interventions which focus on keeping children safe, while reducing the long-term harm to both mother and child from permanent separation, should be available to enable women to make a meaningful recovery and be able to safely parent their children.

Good practice example

You and Me Mum was developed by Women's Aid Federation Northern Ireland, and facilitation training in England is delivered by Women's Aid Federation of England. It is a ten-week programme for mothers with experiences of domestic and sexual abuse. It aims to empower and support survivors in furthering their understanding of their role as mothers and in addressing the needs of children and young people who have lived with domestic abuse. An evaluation of You and Me Mum conducted in Northern Ireland outlines the positive impacts that the programme has on the whole family unit. The programme has delivered benefits to children, young people and mothers - including supporting mothers to respond to the needs of their children and helping them to come to terms with the abuse they have experienced.

Good practice example

Trevi runs a rehabilitation centre for women experiencing drug and alcohol misuse and their children, working with many families who have been affected by domestic abuse. Trevi runs therapeutic groups including You and Me Mum. Children are looked after in the specialist nursery while the women are in the groups. The Thrive Approach is adopted by staff in the nursery as well as mothers outside of the nursery.² Providing therapeutic support to mother and child together is vital to Trevi's work. A cost-benefit analysis of services provided at Trevi reveals that for every £1 spent keeping a family together at the centre, a minimum of £2.52 is saved. This is made up of savings from care proceedings, health care, and potential prison costs.

Good practice example

Changing Lives' Ridley Villas service provides trauma-informed holistic support to women with children at risk of being removed in Newcastle and Gateshead. Most of the families supported have been impacted by addiction, domestic abuse and homelessness. The service aims to provide a safe and nurturing environment and home for families for up to a year, with move-on accommodation and floating support to follow. Each family is offered tailored support from a dedicated caseworker, to support women and children in their recovery. 60 per cent of families accommodated leave the project with the care of their children and go on to live independently.

Ridley Villas work in close partnership with the local drug treatment service, coordinating a weekly 'one stop shop' health and wellbeing drop-in, which is for women only. This service is available to women in the local area who are not accommodated at Ridley Villas; it is therefore a unique opportunity to connect and engage with women who may not be accessing other services, due to complex needs or coercive control. The service staff are aware that their service is often the only one which perpetrators will give their partners permission to attend. The drop-in was initiated by

² The Thrive Approach uses evidence from the fields of neuroscience, child development and attachment theory to support children's emotional and social development.

Changing Lives in partnership with health colleagues as a way of changing the system for women, without any additional cost implications.

Ridley Villas is jointly funded by Public Health in Newcastle and Gateshead. The service receives £125,000 per year, which covers staff salaries and service delivery. Housing Benefit of £522.30 per week is also received for each woman at Ridley Villas. There are seven flats in total.

Good practice example

The Domestic Abuse Recovering Together (DART) service developed by the NSPCC helps children and mothers talk to each other about domestic abuse, learn to communicate and rebuild their relationship. Over a number of sessions, mothers and children aged seven to 14 meet for a weekly two-hour group session, and then take part in activities in separate groups. Mothers learn about how domestic abuse happens and the impact it has on children. Children take part in activities together that help them build their own understanding of domestic abuse, how they're feeling and how to keep themselves safe. They then join together again to conclude the session. Evaluations of the programme found that:

- Mothers' self-esteem and confidence in parenting increased, and they reported more affection towards their children.
- Children had fewer emotional and behavioural difficulties; reductions were greater among children who received DART than those involved in an alternative service.

The Home Office highlighted the DART programme when announcing their £8 million fund for domestic abuse services for children, in July 2018.

Good practice example

One of the projects supported by the Home Office's £8 million investment is Barnardo's Cymru's Opening Closed Doors project. It takes a whole-family approach to families affected by domestic abuse, delivering evidence-based interventions to children and young people to enable them to build resilience and recover from their experience, as well as support for parents who have experienced domestic abuse. A range of services is delivered based on local need, ranging from early intervention to child protection, aiming to improve relationships and keep children at home with their parents when it is safe to do so.

Good practice example

Barnardo's Cymru, Opening Closed Doors Programme offers community-based, early intervention domestic abuse support for the whole family through a therapeutic service model.

Established in March 2019 the service works across five local authorities in South East Wales and is funded by the Home Office. The programme provides community-based support to children and families who have experienced domestic abuse, helping them to recover from the trauma they have experienced and build sustainable change in their lives. The programme takes a holistic approach by offering a whole family intervention that includes:

1. Integrated Women's Support (IWS);
2. Safety, Trust and Respect (STAR) Programme for children and young people; and
3. Domestic Abuse Perpetrator Programme (DAPP).

The evaluation found '***strong indicative evidence that the funded programme has had a positive impact on families involved with it so far***'.⁴² The report revealed the programme's service outcomes have '***relatively strong / the strongest evidence***' of positive impact in regard to the creation of 'a

safe and stable home environment’, ‘a reduction in the child’s emotional stress’ and ‘families able to recover from domestic abuse’ amongst the families they support.⁴³ Additionally, the report found there is a high demand for community-based, early intervention services for the whole family, including child victims and perpetrators. Between the 1st March and 30th November 2019:⁴⁴

- 256 referrals were received, representing 579 individuals.
- Families experiencing domestic abuse with high levels of need accessed the service, including: 92 children with Care and Support Plans other than for Child Protection, 105 on the Child Protection Register and 33 Looked After Children.

The evaluation endorsed the effectiveness of this model of community based, whole family domestic abuse support and concluded that: *‘It has already generated a very high level of demand, strongly suggesting that it is needed’*, and recommended it is, *‘a model that is worth investing in and that could be rolled out in other areas.’*⁴⁵

Good Practice example

Grow Together was developed by North Devon Against Domestic Abuse⁴⁶ and is a course for non-abusive parents, or non-abusive parents and children (ages 8-14), who have experienced domestic abuse that aims to help to repair and recover a happy and nurturing relationship between parent and child. It is currently being piloted in the SafeLives Beacon sites.

Good Practice example

The Children and Young Person's DA Recovery toolkit is an 8-week programme currently being used in the SafeLives Beacon sites, licensed by Rock Pool.⁴⁷ It's for any young person (aged 11 to 17) that has witnessed or experienced domestic abuse and are able to take part in a group. The programme uses a combination of creative activities and group working to develop young people's resilience and give them opportunity to experience the healing of relational support. It provides information and education that enables children and young people to cope with the adversity they have experienced, (and may do so in the future).

Young People's Violence and Abuse Advisors

Young People's Violence Advisors (YPVAs)⁴⁸ are specialist advisors who work specifically with young people to help them rebuild their lives after experiences of abuse. They take in the specific needs that young people have in order to support young people in the way they require. We know from SafeLives' Young People's Programme that establishing relationships over a longer period is necessary, and Independent Domestic Violence Advisor (IDVA) services usually only have capacity for short term support until the risks are reduced, which often isn't appropriate with young victims.⁴⁹

It is vital that the support for young people is delivered in a way that is responsive to their needs, and that takes account of the differences in their circumstances, for example inclusive of those who live in rural, potentially more isolated communities, as well as those who live in larger towns and for whom there might be higher levels of connected risk around exploitation, abuse and violence outside the home. In the report Safe Young Lives, one young survivor said, “I feel more confident to get into new relationships as I can use the work with the YPVA Service to see if the relationship I am in is healthy or unhealthy.”⁵⁰

Despite the 2013 change in the definition of domestic abuse to extend to 16- and 17-year-olds, and the efforts to embed this change in the response to domestic abuse, there are still gaps in the support for young people. While the IDVA role was embedded in the Government's last strategy to end VAWG, there was no such formal support for the YPVA role.

Many young people must still rely on services designed for adult victims, or simply don't get a service that's suitable for them at all. SafeLives' Annual Practitioner Survey reveals that the commissioning of Ypvas alongside IDVA services is patchy across the country. Many areas had only one IDVA service with a specialist Ypva, and one area had none at all. While Ypvas may be based in other local services, such as specialist children's services, it is clear that there is no consistent pathway to specialist support for young people. SafeLives calculates the cost of providing Young People's Violence Advisors at £2.5m.⁵¹ Around 50 FTE Ypvas are required to meet the needs of young women (aged 12-15) who are victims of abuse in their own intimate relationships.

Good practice example

South Tyneside Ypva Service has been established for a number of years and provides intensive support to young people experiencing high-risk domestic abuse, through three dedicated Ypvas. The service includes specialist advisors for young people who experience abuse within their own relationships.

The Ypvas work with young people aged 13 to 17. However, when young people turn 18, they are given the option of either transitioning onto adult domestic abuse services or staying with the young person's service. The service receives referrals through schools, the police, parents, and other services working with the young person. On occasion, a young person has self-referred. There is no set timeframe for any interventions. The Ypvas will work with a young person for anything from four months to two years or more.

Like traditional IDVA services, South Tyneside Ypva service provides safety planning and advocacy, but the support they provide is adapted to the needs of young people. Examples of these adaptations include:

- The Ypvas meet with young people where they feel most comfortable, for instance their place of education, home, or even out and about in a car.
- The Ypvas work with the young people to help them understand their rights within relationships.
- The support provided is holistic: it does not tackle the domestic abuse in isolation but considers the young person's other adverse circumstances, experiences and coping mechanisms. Many of the young people are also young parents, so the service offers education around the impact of domestic abuse on children.
- The young people have the option of attending additional sessions with police officers to learn about reporting abuse. Since the introduction of these sessions, there has been an increase in the number of young people reporting domestic abuse in their own relationships.
- The role and responsibility of the parent is considered in safety planning and risk assessment.
- The Ypvas understand the related risks for young people, such as child sexual exploitation and internet safety.

Good practice example

The West End Women and Girls Centre runs a Peer Educator programme, which trains young women to support other young people to learn about healthy relationships and domestic abuse. The Peer Educators are trained as IDVAs themselves, and deliver preventative workshops in schools, youth groups, colleges and children's homes. The workshops are designed by young women affected by domestic abuse. They cover the effect of domestic abuse on children, as well as coercive control, which is a key issue for the young people they support.

Children's Advocates

Good practice example

Reigate and Banstead Women's Aid (RBWA) have two children's advocates based onsite at the refuge. The children's advocates support the children while their mother is in support meetings with her key worker. This is critical to avoid children being exposed to their mother's trauma, and is the start of recovery and giving children back their childhood.

RBWA currently have a project that offers all school age children the chance to go on one-to-one outings with the children's advocate. The children choose an outing, which can often be a simple activity like bowling but can also include a trip to the hairdresser, and the children's advocate accompanies them on the weekend. The benefits of enabling the children to choose and enjoy themselves are many. The children's advocates also undertake group activities such as arts and crafts and cooking, as well as a gardening club where the children plant and harvest their own fruit and vegetables. This activity has the added benefit of teaching the children about the value of nurture and the great results that can be achieved through caring for their plants.

Interventions for pre-school children

There is a significant gap in the provision of interventions for this age group. Children of this age can require support with development (including self-esteem, anxiety and parental attachment), their relationship with their mother and other adults, their behaviour, communication and relationships, and health.

Refuges, which support more children than women, undertake a range of work with pre-school children to support and enable their recovery from domestic abuse. Support for this age group could include: crèche and play sessions; play therapy; safety planning with the local children's centre to ensure it is a safe environment for child and mother; parallel support for mother and child (for instance You and Me Mum).

Good practice example

SafeLives' 'Beacon' sites use a resource toolkit called Monkey Bob⁵² (developed by My CWA),⁵³ which is aimed at 'Early Years' children under seven-years-old. Monkey Bob – the character at the heart of the Do You Feel What I Feel? toolkit – was born in 2016. He's been used successfully with parents and professionals alike to encourage children across the UK to engage with their feelings. A friendly, likeable character, Monkey Bob helps children to open up when they're struggling with their feelings.

Good practice example

AVA have responded to the gap in services for this age group by developing a version of the Community Group Programme (detailed above) for children aged 0 to four. The programme uses a therapeutic parenting and play therapy approach to help re-build the mother-child relationship, and to explore the impacts of abuse on parenting and children's behaviour and development. It offers a safe space for mothers and young children to heal and recover.

Good practice example

Women's Aid and Professor Jane Callaghan have developed 'Supporting women and babies after domestic abuse: A toolkit for domestic abuse specialists'.⁵⁴ This toolkit equips domestic abuse specialists with appropriate knowledge and skills to support pregnant women and women with babies and toddlers. It will help domestic abuse workers to build:

- An understanding of the impact of domestic abuse on early parenting;
- An understanding of the impact of domestic abuse on the development of infants and very young children;

- A model of support that is woman centred and infant centred.

Online interventions

Some children and young people may prefer online services to accessing more traditional domestic abuse support, such as helplines and face-to-face services: they might be more comfortable with the anonymity offered by remote support. As early as 2013, NSPCC highlighted that the number of young people accessing their online counselling has outnumbered telephone counselling.⁵⁵ High quality, personalised online interventions can therefore provide services to those who would otherwise find it difficult to access support.

Good practice example

The Mix provide free, confidential support for young people under 25 via online, social and mobile.⁵⁶

Good practice example

SHOUT provides services via text message, enabling people in crisis to get immediate support from a volunteer, supervised by clinically trained staff.

Good practice example

Women's Aid Federation of England launched Love Respect, a dedicated website to support teenage girls at risk of relationship abuse and challenge myths surrounding the nature of coercive control, in 2019. The website, which features a relationship health check, survivor stories, practical advice and an email support service, is designed to reach teenage girls who may not realise they are experiencing relationship abuse and are less likely than older women to call a helpline. Research by Women's Aid and Cosmopolitan found that a third of teenage girls had been in an abusive relationship and when the remaining two-thirds were asked about their relationships, 64 per cent of them had in fact experienced abusive behaviour, but did not recognise it as such.⁵⁷

Support in local settings

Support within refuges

Refuges provide safe accommodation where women and children who are experiencing domestic abuse can stay free from fear, when they have exhausted all other options. It is estimated that in 2019/20, 10,592 women with 12,710 children accessed refuges in England.⁵⁸ Refuges deliver a planned and specialist programme of therapeutic support from staff, the definition of which includes support for children and young people.³ Of the 263 refuge services running in England in May 2020, 228 (87%) were running at least one dedicated children and young people (CYP) service – such as dedicated emotional support, advocacy, play therapy, family support workers, mentoring, counselling, children and young people's workers and activities, outings and play sessions.⁵⁹ 85 (32.3%) refuges employed a dedicated CYP worker, whose primary role it is to engage young people, offer them emotional support, and assist families with essential tasks such as school admission.⁶⁰

It is problematic that dedicated funding to support children in refuges is currently very limited and inconsistent across the country. As noted, refuges support more children than women across the year,⁶¹ yet meeting the needs of these children is often not included within the funding they receive from local authorities: it is often the case that local authority contracts for refuge services include no

³ The definition of a refuge service is included within Routes to Support, the UK violence against women and girls directory of services and refuge vacancies, run in partnership by Scottish Women's Aid, Welsh Women's Aid, Women's Aid Federation of England and Women's Aid Federation of Northern Ireland, and part funded by the Ministry of Housing, Communities and Local Government.

funding for children-specific services. Some refuges have been able to successfully secure additional funding to provide specific support for children through charitable trusts and foundations or police and crime commissioner's funding, but this is not sustainable. In addition, 'by and for' refuges for Black and minoritised women and children continue to be disproportionately disadvantaged by cuts, with funding approaches not sufficiently considering the need and value of 'by and for' provision for Black and minoritised women and children.⁶²

The government is delivering £125 million to local authorities to fund the statutory duty to provide support in 'accommodation based' services in 2021-22, which will include dedicated support for children and young people. However, there remain concerns that the duty does not require local authorities to fund *specialist* refuge services who have experience and expertise in supporting survivors and their children. This is essential to ensure that survivors and their children are supported by qualified, experienced workers who have an in-depth understanding of domestic abuse and specifically the needs of children. The duty must ensure that local authorities are funding quality-assured specialist services, using established frameworks such as Women's Aid's Quality Standards and Imkaan's Accredited Quality Standards and Safe Practice Minimum Standards, that can meet the diverse needs of women and children.

There are also concerns that the level of funding for the duty will not ensure the national network of refuge services is safe, sustainable and able to meet the support needs of all women and children who need it. Women's Aid estimated that £173.8 million was required to fully fund refuges in England, including full provision of specialist children and young people services within refuge.⁶³ This must be delivered alongside ring-fenced funding for refuges led 'by and for' Black and minoritised women, LGBT+ survivors and disabled survivors. There must also be investment in infrastructure to deliver dedicated, specialist support for children within refuges – to ensure that essential facilities such as play rooms are consistently available.

In recognition of the fact that refuge accommodation providers report that significant numbers of women and children have fled from a different local authority area, we support no local connection criteria attached to access to refuge services. Women and children are often delayed in leaving refuges because appropriate accommodation cannot be found, and can be placed in multiple temporary accommodation properties which are inappropriate for children's needs.

Good Practice Example

Women's Aid North East Lincolnshire (WANEL) support more children than women in their refuge. They deliver a holistic range of specialist support for children within their refuge and outreach services in the community, although they receive no core funding to do so and fund this work through their charity shop, fundraising and donations. WANEL employ qualified and experienced workers who offer emotional and practical support to children, and also organise activities, events, one-to-one sessions, children's meetings, outings/trips and communal events such as barbeques and Christmas parties. Their services enable children to: have time to focus on their own issues and individual needs, particularly around adjustment, emotions and behaviour; discuss safety planning; talk about what has happened safely, and help to unravel complex feelings; challenge violence as a behaviour choice (including their own); explore relationships with their mother and siblings; explore divorce, separation and loss and what it means to them; discuss protective behaviours; rebuild their self-esteem, self-confidence and self-worth; join in with group work and so reduce loneliness and isolation; undertake structured in-depth work focused around particular issues, as well as fun 'unstructured' activities with others; and contribute to developing children's services being offered in the future.⁶⁴

Support within children's centres and family hubs

Children's centres offer intensive one-to-one parenting and family support, delivering various programmes and interventions. Although children's centres have begun to prioritise more targeted work due to funding pressures, they can also offer open access services like Stay and Play, where any parent can bring their child along to play with toys and other children. Such services make children's centres a safe space that bring families from across the community into contact with professionals, who can identify if parents and their children might be experiencing any difficulties at home. Children's centres can therefore be an effective setting for programmes related to domestic abuse recovery.

Good practice example

The majority of the children Action for Children work with who have been identified as needing support due to experiences of domestic abuse have been supported by children's centres or family hubs.

Children's centres offer intensive one-to-one parenting and family support, delivering various programmes and interventions to both adult survivors and children. Such programmes can include Helping Hands, which was developed by Women's Aid Federation Northern Ireland. It is a preventative education programme aimed at primary school aged children at key stage two and three. The overall aim of the programme is to increase children's understanding of feeling safe and to explore and promote behaviours which will contribute to a safe environment.

- Aimed at children who might still be living in a household where domestic abuse is an issue, Helping Hands helps children learn about domestic abuse in an age-appropriate way. The safe parent is informed about their child's progress, and their parental authority is respected.
- The programme emphasises the rights children have in relation to safety and support, and teaches them how to express their feelings, make choices and solve problems. The aim is to educate children about safety, empowerment, self-esteem, assertiveness and valuing yourself. The programme can be used to develop skills and abilities which are vital for personal safety, stress reduction and the promotion of self-worth.
- Delivery is mainly in school, although professionals like children centre family support workers can also deliver it. Children can fill out activity sheets in a booklet. Sessions are about an hour, and the programme can last for up to ten weeks.

Good practice example

Women's Aid Federation England (WAFE) developed the Trusted Professional intervention to drive a systems change in the way that professionals were able to respond to the needs of survivors of domestic abuse in their care. The Trusted Professional intervention forms part of WAFE's Change That Lasts approach which provides training, professional development, learning and networking opportunities to community members, professionals and independent women's organisations to ensure that every survivor gets the 'right response' to domestic abuse no matter who she talks to first.

WAFE and Action for Children started working together on a pilot intervention in 2017 from the shared understanding of how important early help and family services were to survivors of abuse. The Change That Lasts approach aims to raise the status of local specialist independent women's services and the Action for Children pilot intervention was co-delivered with Quality Mark holder Wycombe Women's Aid.

Key findings of the pilot intervention were:

- Increased ability to recognise coercive control through increased knowledge, confidence and skills to 96.30 per cent (52) of ‘trusted professionals’ compared to 42.59 per cent (23) before the training;
- After the training, 90.74 per cent (49) of trained professionals had an understanding of the impact of domestic abuse on children, compared to 27.22 per cent (39) before the training;
- 94.44 per cent (51) of trained professionals now feel confident to document domestic abuse accurately and confidentially, compared to 38.89 per cent (21) before the training;
- After the training, 85.19 per cent (46) of trained professionals knew what to say and not to say to a service user who has experienced domestic abuse, compared to 27.78 per cent (15) before the training.

Support within schools

School is the main interaction young people have with public services. It is important that they feel confident to disclose concerns they have about experiencing or using abuse, and that such disclosures are dealt with safely. Schools should involve community-based specialist support organisations (where available) who can provide trauma-informed training to staff, support lesson design and delivery and accept referrals for one-to-one counselling and advocacy support.

As well as giving children and young people the language, knowledge and skills to identify, challenge and reject attitudes and beliefs which support abusive behaviour, and help create safe school environments for them to disclose abuse if they need to, good quality Relationships Education needs to be delivered as one linked up part of a ‘Whole School Approach’ to ending and preventing domestic and sexual violence. It is therefore crucial that teachers get adequate training and resourcing, not only on the Relationships and Sex Education (RSE) lesson content, but on appropriate responses to safeguarding issues. The delivery of RSE should be scrutinised within every school’s own governance mechanisms, by Ofsted, and by the local authority when relevant. Schools should ensure that their child protection/safeguarding policy, bullying policy and equalities policy all accord with the aims of their RSE delivery.

We would like to see the safeguarding leads in every school trained to understand the dynamics of domestic abuse and how to respond appropriately if a child discloses to a member of staff. Local authorities, when making child protection and safeguarding interventions in schools, should specifically review the implementation of RSE in the school and should be able to make recommendations to the governing body and headteacher for its improvement if necessary.

Good practice example

Women’s Aid Federation of England’s ‘Expect Respect’ Educational Toolkit⁶⁵ consists of one easy to use ‘Core’ lesson for each year group from reception to year 13 and is based on themes that have been found to be effective in tackling domestic abuse. As well as lesson plans, it includes vital information for teachers and schools including how to: respond to disclosures (receive, reassure, respond); establish a safe environment and ground rules for discussion; and how to support children to seek help and safety. The specialist training for schools underpinning the Toolkit has been delivered 38 times across England, to 663 different professionals. Women’s Aid have also developed a network of ‘schools advocates’ across the country, who have delivered the lesson plans in the Toolkit to local schools in their area. ‘Expect Respect’ was awarded the PSHE Association Quality Mark and has been adapted by the Home Office.

Good practice example

Tender Education and Arts were commissioned by the Mayor’s Office of Policing and Crime (MOPAC) in 2017 to deliver a two-year pilot Whole School Approach framework to prevent Violence Against Women and Girls and Serious Youth Violence in the London borough of Croydon.

A Whole School Approach (WSA) is a method which uses multiple interventions with multiple school community users simultaneously within a school environment. The participants are primarily children and young people but also include school staff, parents and the wider community. The approach predominantly focuses on primary prevention by universal engagement of young people, staff and parents to create a negative social stigma to Violence Against Women and Girls (VAWG) and Serious Youth Crime (SYV) by changing VAWG- and SYV-endorsing attitudes, norms and behaviour. By using this approach, the intention is to prevent violence and abuse in participants' future relationships. A WSA also engages in secondary prevention by increasing the school community knowledge of appropriate support services and working with targeted young people who may be experiencing victimisation, be displaying perpetrator behaviours or be recognised to have complex needs which increases their vulnerability to perpetrators. This aims to reduce the number of people currently experiencing violence and abuse.

Good practice example

AVA have developed the [Ask AVA Prevention Platform](#) for safeguarding women and girls from violence: a resource for the VAWG sector to share information, guidance and resources for schools. It is a 'one-stop shop' website with e-learning, toolkits for each area of a whole-school approach, a database of lesson plans, and resources for all areas of VAWG and for all age groups.

Reform of statutory services

Access to trauma-informed CAMHS

Children affected by domestic abuse can experience a range of mental health difficulties, including depression, anxiety, low self-confidence, and post-traumatic stress disorder. As well as the option for one-to-one support through specific domestic abuse-related therapeutic services, it is vital that children are able to access Child and Adolescent Mental Health Services (CAMHS) if required. Data shows that although 21 per cent of children accessing domestic abuse support have depression and/or anxiety, only 12 per cent of total cases had involvement from CAMHS.⁶⁶ Frontline domestic abuse and children's social care practitioners describe extremely high thresholds and extensive waiting lists for CAMHS, as well as some reluctance to view domestic abuse-related trauma as a mental health need.

It is evident that CAMHS need significant investment to meet the demand for services. This must include CAMHS practitioners being trained by specialist domestic abuse services and supported to understand how domestic abuse impacts on the mental health of children and young people. An understanding of coercive control is important for both working with the child and communicating with parents.

As detailed above, the commissioning of Ypvas could remove some pressure from CAMHS and reduce the trauma of children having to repeat their stories.

Community-based mental health provision can also be an important way of supporting children and young people before their vulnerability and need escalates. Non-statutory services, such as play-informed trauma therapy and activities delivered through children's centres, or online support for older young people, can be more accessible and less intimidating for this group.

Social services

Domestic abuse usually impacts on a wide network of family members, often exposing multiple individuals to harm. An ideal picture of provision for children must incorporate better link-up of

adults' and children's services: in SafeLives' experience, a siloed approach between adults and children is failing both. In 26% of cases where a victim has children and is supported by an IDVA, the children are not known to children's social care services.⁶⁷

It is also important to note that research has highlighted large scale inequalities in child welfare; very large ethnic inequalities in child welfare specifically are poorly understood and have received very little policy and research attention.⁶⁸

We recommend that specialist domestic abuse services are funded to deliver comprehensive training, and ongoing professional development, to children's social care workers, as their approach to domestic abuse is critical to children's safety and recovery. Joint Targeted Area Inspections (JTAI) by Ofsted, Care Quality Commission (CQC), HMI Constabulary and Fire & Rescue Services (HMICFRS), and HMI Probation (HMIP) on the response to children living with domestic abuse found concerning levels of understanding about domestic abuse within statutory agencies, a lack of clarity on information sharing, children who were not always 'seen' by professionals, and a focus on the victim as the only solution - rather than holding the perpetrator accountable. In the worst cases, this placed 'an inappropriate attribution of responsibility on the mother to protect her children' and ignored the responsibility of the perpetrator to stop the abuse.⁶⁹ An attitude which appears to put the blame on non-abusive parents for the challenges faced by children can lead to the parents seeing local authorities as the enemy, rather than a source of support.

SafeLives has developed a culture change programme for children's social care workers, 'Domestic Abuse Whole Picture', to help them to address this issue. The Home Office funded a pilot of this work in West Sussex, Norfolk and Suffolk and the evaluation found an improvement in the knowledge of learners while 74% said it would change the way they performed their roles.⁷⁰ It would cost around £3.2m to roll this out to children's social care workers across England and Wales.⁷¹

Good practice example

SafeLives piloted a 'One FrontDoor' approach from 2016 to 2019. The approach champions a single multi-agency assessment and triage procedure, which identifies all individuals at risk and provides a much clearer picture of the whole family. Findings from SafeLives' pilot suggest an integrated pathway such as this would improve the identification of risks and needs for all family members. The evaluation found that it may work best to integrate referral pathways in a staggered manner, slowly increasing and streamlining the referral routes for support in local areas. For instance, one site in the pilot implemented a triage process which looked at all police incidents of domestic abuse involving vulnerable adults as well as where children were present. This alone revealed children who would otherwise not have been known to services.

The support that follows this procedure will depend on what is locally available, but using this mechanism often means that demand for specific interventions changes, for example as children become more visible, or if there is a greater push for perpetrators to change their behaviour.

Good practice example

JTAI inspectors praised the 'One Stop Shop' service in Hounslow for parents who are experiencing domestic abuse. The service is open one morning a week. Non-abusive parents can access a range of services, advice and support from various professionals including legal advice, support from an independent domestic violence adviser (IDVA), children's social care, the police, housing, substance misuse support, a refuge worker and an independent sexual violence adviser. Inspectors noted that: 'parents are gaining an understanding of the impact of living with domestic abuse, leading to their being better able to meet the needs of their children and keeping them safe.'

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