

Why is this issue important?

Domestic abuse is carried out by a partner or ex-partner and may be physical, sexual, financial and/or psychological. It is characterised by a pattern of coercive control, rising in frequency and severity over time. Domestic abuse occurs in every community, regardless of social class, age, ethnicity, religion or disability.¹

Exposure to domestic abuse can have a negative impact on a broad range of children and young people's health and wellbeing outcomes.² In a Care Inspectorate review of significant case reviews in Scotland between 2012 and 2015, nearly two-thirds of the children and young people involved were found to have been living with domestic abuse.³ It can affect children and young people's social, emotional and cognitive development with potential consequences for later life.⁴

Some children and young people are more resilient than others. Children with parents who have co-existing mental health or substance misuse issues, or children who experience abuse or neglect directly, are likely to be affected more.^{2,5,6}

Police Scotland recorded 109 incidents of domestic abuse per 10,000 population in 2016/17. However, the police numbers represent only about one-fifth to one-third of incidents, so it's likely a large number of occurrences affecting children and young people will go undetected.⁷

Are there inequalities to consider?

The majority of victims of domestic abuse in Scotland are female.⁸ Children with mothers who are lone parents, are living on a low income, who have recently separated from a partner or have an illness or disability are at greater risk. Women from a black and minority ethnic background may face additional barriers to accessing help, particularly when English is not their first language and/or their immigration status is insecure.⁷

Challenges and solutions

Domestic abuse is a complex issue that can co-exist with other health or social issues, e.g. poverty, substance misuse or mental health problems. It is difficult to assess whether prevention interventions have any impact on further levels of abuse.² A range of interventions have been shown to be beneficial for those who experience domestic abuse.⁴

- Multi-agency partnership approaches with integrated care pathways and information-sharing protocols can increase identification and referral of victims to support services and lower levels of further abuse.
- Training for health and social care professionals can help them to identify victims of domestic abuse, respond sensitively to disclosure and make sure victims and their children are kept safe and directed to appropriate specialist support services.
- Routine enquiry in pregnancy can help to identify women who have experienced domestic abuse and abuse. Screening tools about the frequency of abuse identify more women than those that need a simple yes/no response. Self-administered screening is more likely to encourage disclosure than face-to-face questioning.
- Multi-session psychological therapy, based on CBT, during pregnancy for women who are at risk or who have experienced domestic abuse can help prevent repeated episodes of abuse.
- Advocacy services which offer information and guidance to access support from community resources (e.g. refuges or emergency housing and services such as legal, housing, financial and safety planning advice) can help improve levels of parenting stress as well as children's wellbeing.
- Programmes aimed at mothers and children together are more beneficial than those for children only.

Examples of positive action

- **CEDAR** (children experiencing domestic abuse recovery) works with children, young people and their mothers. The CEDAR programme takes place over 12 weeks with groups for children, young people and their mothers running in parallel. The groups provide an opportunity to explore experiences, understanding and feelings with an emphasis on providing fun and creative activities that keep children engaged and interacting with each other. It is about creating a safe place for children and their

mothers to help each other to find the best strategies to deal with their experiences and rebuild their lives.

- **Safe and Together Model** is a child-centred approach which advocates that the best outcomes for children can be achieved by keeping them safe and together with the non-offending parent – the domestic abuse survivor. The model provides a framework for staff to partner with survivors and work with perpetrators to specifically focus on promoting the best interests of children including safety, permanency and wellbeing. A number of areas in Scotland are using this model, for example **Edinburgh Council**.
- **Multi-Agency Risk Assessment Conferences (MARAC)** are multi-agency meetings where information is shared in the highest risk domestic abuse cases. After sharing all relevant information they have about the victim, children and perpetrators, the agencies' representatives identify and analyse the risks before discussing options for increasing the safety of the victim and children, turning these into a coordinated action plan. There are MARACs in 25 local authorities in Scotland.
- Across Scotland, **Independent Domestic Abuse Advisers (IDAAs)** provide support for high-risk domestic abuse survivors who have cases going through the legal system. Their main aim is to increase the safety of domestic abuse survivors and their children. They also offer advocacy, support, information and crisis intervention.
- **ASC** (Ask, Support, Care) is a training programme which aims to give everyone from vets and hairdressers to firefighters the skills to reach out to those who have become victims of domestic abuse and offer help and support.

Main indicators[†]

- Domestic abuse (HWB).

Linked indicators

- Mean mental wellbeing score for S4 pupils (CYP).
- Mean total difficulties score for S4 pupils (CYP).
- Children on the child protection register (CYP).
- Children referred to the children's reporter for care and protection (CYP).
- Children in low-income families (CYP, HWB).

[†] The letters in brackets indicate the profile the indicator can be found in: CYP = children and young people's profile; HWB = health and wellbeing profile.

- Proportion of S4 pupils who are regular smokers (CYP).
- Proportion of S4 pupils who are weekly drinkers (CYP).
- Proportion of S4 pupils who use drugs monthly (CYP).

Resources

- **Scottish Women's Aid.**
- Scottish Government. **Violence against women and girls (VAWG) and Violence against women partnership guidance**; 2016.
- NHS Health Scotland. **Adverse childhood experiences and Gender based violence.**
- NICE **Domestic violence and abuse: multiagency working (PH50) and Domestic violence and abuse pathway.**
- ScotPHO. **Children and young people: key points, Violence: key points and Gender: gender-based violence data.**

References

¹ NHS Scotland webpage. **Domestic abuse.**

² Care Inspectorate. **Learning from significant case reviews in Scotland.** Dundee: Care Inspectorate; 2016.

³ Scott E. **A brief guide to intimate partner violence and abuse.** Edinburgh: NHS Health Scotland; 2015.

⁴ NICE. **Domestic violence and abuse: how services can respond effectively. Local government briefing.** LGB20 Manchester: NICE; 2014.

⁵ Couper S, Mackie P. **'Polishing the diamonds'. Addressing adverse childhood experiences in Scotland.** Glasgow: ScotPHN; 2016.

⁶ NHS Health Scotland. **Adverse Childhood Experiences.**

⁷ Scottish Government. **Domestic abuse recorded by the police in Scotland, 2016-17.** Edinburgh: Scottish Government; 2017.

⁸ British Columbia Centre for Excellence for Woman's Health. **Review of interventions to identify, prevent, reduce and respond to domestic violence;** Manchester: NICE; 2013.