Highland Community Planning Partnership

&

Highland Child Protection Committee

Meeting the Need:
Violence Against Women and Children

Training Pack

13/11/09
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Introduction

Women and children are more likely to be abused in their own homes, communities, workplaces and learning institutions by men they know, whereas men are more likely to experience violence on the street from strangers. Gender based violence is so prolific globally, nationally and locally and includes domestic abuse, forced marriage, female genital mutilation, prostitution, rape and sexual assault, dowry abuse, stalking, trafficking, and forced abortion.

The impact violence has on women and children who experience it can be wide ranging and includes physical, mental and sexual health problems and damage to their wellbeing.

There is still a lack of understanding around the issues of Violence Against Women especially why it happens and why women may not tell anyone about it. Many women who experience gender based violence will have children. Indeed some women who have been raped become pregnant and a third of domestic abuse begins during a woman’s pregnancy. Children can experience sexual abuse by their fathers, step-fathers or mother’s boyfriend. Whatever form of violence against women they hear, witness or are involved in they too can experience a range of impacts.

This course aims to combine the knowledge and experience of those working with children and families affected by violence. Staff attending this training should have attended previous Child Protection training, and the Violence Against Women Level 1 course.

Trainers should have experience in either delivery of Violence Against Women Training, Child Protection Training, or a combination of both.

This pack has been designed in consultation with a wide range of agencies including NHS Highland, Highland Council Social Work Services, Education, Culture & Sport, Northern Constabulary and the Getting It Right For Every Child Team. A wide variety of Voluntary Organisations including Keeping Children Safe, NCH Scotland and Women’s Aid have also been involved.

Although the programme is set, trainers can be creative about the ways in which they deliver the exercises. Don’t worry about the time too – you can skip parts of the DVD in the afternoon if you over run in the morning.

This course is a Level 2 programme, endorsed by the Highland Community Planning Partnership and Highland Child Protection Committee.

Good Luck!

Gillian Gunn
Violence Against Women Training & Development Officer

Donna Munro
Highland Child Protection Committee Training Officer
# Meeting the Need - Programme

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<td>11.20</td>
<td>Break</td>
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<td>VAW and CP Exercise – Feedback</td>
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<td>12.00</td>
<td>Physiological and psychological impact of VAW on children and young people</td>
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<td>Finding solutions to a difficult issue – Emma’s story</td>
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<td>2.00</td>
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<td>Break</td>
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<td>3.00</td>
<td>Assessment and risk assessment – theory into practice</td>
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<td>3.45</td>
<td>Evaluations and Questions</td>
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Section 1 - Welcome, Introduction and Ground Rules

Aim
To introduce the training programme
To allow participants and trainers to introduce themselves
To agree Ground Rules for the course

Timing
15 minutes

Trainer Notes
Introduce yourselves to the participants and ask all delegates to introduce themselves to the group. Give participants labels for name tags.

The Exercise
Trainers will introduce the course and talk through the ground rules. Display the flip chart Ground Rules throughout the training.

Tell the group
Today we ask you all to think and relate to the training as individuals, not as agency representatives, although you are still expected to maintain professional behaviour.

Today will be exploring Violence Against Women and Children (VAW is sometimes also called Gender Based Violence). We will be talking about domestic abuse, rape and sexual assault, stalking, prostitution and many of the other forms of Violence Against Women – acts which are overwhelmingly perpetrated by men against women.

The woman may be our sister, mother, friend, daughter, ourselves, not just our ‘clients’, ‘customers’ or ‘patients’. Likewise, some of us will know children affected by violence, not only in a professional capacity, but also in our personal lives. If at any time, any participants feel they need a break, they should feel able to leave the room and come back when they feel ready. Trainers will also be available to support staff affected by any of the issues raised in training.

We recognise that violence can take place in many other contexts, for example, some women are violent and some men experience violence, however, today we will be focussing specifically on women’s experiences of male violence. We expect all on this course to have an understanding of both Violence Against Women and Child Protection.

Ice Breaker – Guess who?
Explain that in this activity each person writes a truth about themselves which no-one else in the group is likely to know. We will then try to guess each other’s truth.
Put all truths into a pile and ask each participant to pick one and read it out (if they pick their own they should put it back on the pile and pick again). The participants can ask three questions to the group to try and work out who the truth belongs to.

**Ground Rules**

Have written on flip chart:

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<td>Listening and being heard</td>
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**Timekeeping**
There is a lot to cover today, so the training will be quite intensive. Both trainers and participants have a responsibility to keep to stated times. We will do our best to start and finish at the stated times, and would appreciate participants returning from breaks on time.

**Listening and being heard**
We hope that everyone will participate today. Participation is made easier by knowing that we are being listened to. Please make an effort to listen to what is being said and not assume you know what someone is about to say.

**Time Out**
As discussed in the introduction, due to the nature of the issues covered today, some participants may feel distressed or upset by the exercises and may need to take some time out. Please feel free to do so.

**Confidentiality**
We all need to respect and information shared during training – whether personal or work related and we all should regard such information as confidential. However, confidentiality can rarely be total and we will contact your agency if we feel you are putting women and children at risk by refusing to adhere to your agency’s policy, for example, but we would talk to you about this first.

**Trainer Notes**
Ask if anyone has any questions or comments about the list. Ask if anyone would like to add to the list of ground rules. Also explain where the toilets are, ask for mobiles to be put on silent and give details of the fire exits.

**Display the flip chart where all participants can refer to it throughout the day.**
Section 2 - Quiz & Setting the Scene

Aim
To highlight links/statistics relating to violence against women and children

Materials
Quiz
Presentation
Activity Sheet 2

Timing
60 minutes

The Exercise
Distribute Activity Sheet 1 and ask the group to form into pairs or smaller groups to complete the quiz.

After 15 minutes, facilitate a whole group feedback session and go through the quiz answers.

Deliver part 1 of the Power Point Presentation – setting the scene. During the presentation, distribute Activity Sheet 2 (optional) in sections during the ‘Three Planets’ part of the presentation and allow time for discussion.

Tutor Notes
Following quiz feedback and presentation, give out Handout 1 – definition of Violence Against Women and Handout 2 – statistics on Violence Against Women and Children.
Activity Sheet 1

Violence Against Women & Children Quiz

1. What proportion of children and young people live with domestic abuse, according to a number of studies?
   a. 1 in 3
   b. 1 in 12
   c. 1 in 30

2. In relationships where there is domestic abuse, children are thought to witness what percentage of violent incidents?
   a. 30%
   b. 60%
   c. 75%

3. When a woman is being physically abused by her partner what percentage of children also experience physical injury?
   a. 10%–20%
   b. 20%–40%
   c. 40%–60%

4. What proportion of girls and boys experience sexual abuse (where the definition includes flashing, touching, being pressured to have sex and actual and attempted rapes) before their eighteenth birthday?
   a. 1 in 2 girls & 1 in 2 boys
   b. 1 in 2 girls & 1 in 4 boys
   c. 1 in 4 girls & 1 in 2 boys

5. In 1999, a study of 146 children (0-4 years) who had lived with domestic abuse and were involved in private law proceedings showed what percentage of children were abused during court ordered contact by the male perpetrator?
   a. 28%
   b. 59%
   c. 76%
6 What percentage of women in prostitution were sexually abused as children?
   a. 5%
   b. 57%
   c. 68%

7 In a 2003 study, what percentage of 11-12 year old boys thought that women get hit ‘when they make men angry’?
   a. 55%
   b. 65%
   c. 75%

8 Women experiencing domestic abuse during their pregnancy are at what increased risk of miscarriage and still birth?
   a. 10%
   b. 30%
   c. 50%

9 How many girls in the UK are thought to be at risk of Female Genital Mutilation?
   a. 3,000
   b. 5,000
   c. 7,000

10 Women experiencing domestic abuse are how many times more likely to use alcohol than women with no experience?
   a. 2 times more likely
   b. 8 times more likely
   c. 15 times more likely
Activity Sheet 1 – Quiz Answer Sheet (answers also on the slides)

1: What proportion of children and young people live with domestic abuse, according to a number of studies?

**Answer:**
1 in 3. A number of American studies have concluded this and it was tested out in a high school in Ayrshire – this work is called “Raising the Issue” and is by Alexander, MacDonald & Paton (2004) – 81 pupils disclosed domestic abuse out of 254 (4 declined to answer)

2: In relationships where there is domestic abuse, children are thought to witness what percentage of violent incidents?

**Answer**
75% witness abuse: “In relationships where there is domestic abuse, children witness about three quarters of abusive incidents. About half the children in such families have themselves been badly hit or beaten. Sexual and emotional abuse are also more likely to happen in these families” (Royal College of Psychiatrists 2004). 90% of children are in the same or next room when domestic abuse takes place against their mothers (Hughes 1992).

3: When a woman is being physically abused by her partner what percentage of children also experience physical injury?

**Answer**
40-60% are thought to experience physical injury (Mullender & Morley, 1995 – meta analysis of a number of studies)

4: What proportion of girls and boys experience sexual abuse (where the definition includes flashing, touching, being pressured to have sex and actual and attempted rapes) before their eighteenth birthday?

**Answer:**
1 in 2 girls & 1 in 4 boys. Zero Tolerance Research.

5: In 1999, a study of 146 children involved in private law proceedings showed what percentage of children were abused during court ordered contact?

**Answer:**
76% - Radford, Sayer & AMICA research

6: What percentage of women in prostitution were sexually abused as children?

**Answer:**
57% - San Francisco study – it is suggested that this is likely to be underestimate
7: In a 2003 study, what percentage of 11-12 year old boys thought that women get hit ‘when they make men angry’?

**Answer**

75% - A Mullender, et al (2003), *Children’s Perspectives on domestic violence*

8: Women experiencing domestic abuse during their pregnancy are at what increased risk of miscarriage and still birth?

**Answer**


9: How many girls in the UK are thought to be at risk of Female Genital Mutilation

**Answer**

7,000 – FORWARD (source)

10: Women experiencing domestic abuse are how many times more likely to use alcohol than women with no experience?

**Answer**

15 times more likely – they are also 9 times more likely to misuse drugs, 3 times more likely to be diagnosed as depressed and 5 times more likely to attempt suicide (Stark & Flitcraft, 1996)
Meeting the Need: Violence Against Women & Children

Highland Child Protection Committee
Highland Community Planning Partnership
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Quiz Answers

1: What proportion of children and young people live with domestic abuse, according to a number of studies?
   **Answer** - A - 1 in 3

2: In relationships where there is domestic abuse, children are thought to witness what percentage of violent incidents?
   **Answer** - C - 75% witness abuse

3: When a woman is being physically abused by her partner what percentage of children also experience physical injury?
   **Answer** - C - 40-60% are thought to experience physical injury
Quiz Answers

- 4: What proportion of girls and boys experience sexual abuse (where the definition includes flashing, touching, being pressured to have sex and actual and attempted rapes) before their eighteenth birthday?
  
  **Answer:** B - 1 in 2 girls & 1 in 4 boys

- 5: In 1999, a study of 146 children involved in private law proceedings showed what percentage of children were abused during court ordered contact?
  
  **Answer:** C - 76%

- 6: What percentage of women in prostitution were sexually abused as children?
  
  **Answer:** B - 57% - San Francisco study
Quiz Answers

7: In a 2003 study, what percentage of 11-12 year old boys thought that women get hit 'when they make men angry'?
Answer - C - 75%

8: Women experiencing domestic abuse during their pregnancy are at what increased risk of miscarriage and stillbirth?
Answer - C - 50%

9: How many girls in the UK are thought to be at risk of Female Genital Mutilation
Answer - C - 7,000
Quiz Answers

10: Women experiencing domestic abuse are how many times more likely to use alcohol than women with no experience?

Answer - C - 15 times more likely
Examples of Violence Against Women that impact on children

- Domestic Abuse
- Incest/Child Sexual Abuse
- Commercial Sexual Exploitation
- Dowry related violence/Honour crimes
- Female Genital Mutilation
- Forced/Child marriage

Refer to Handout 1 – definition of Violence Against Women and Handout 2 – Violence Against Women & Children Statistics
Handout 1

Highland Community Planning Definition of Violence Against Women:

Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly or exclusively carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as “gender-based”, this definition highlights the need to understand violence within the context of women’s and girl’s subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms and social structure and gender roles within the community, which greatly influence women’s vulnerability to violence.

Accordingly, violence against women encompasses but is not limited to the following:

- physical, sexual and psychological violence occurring in the family, within the general community, or in institutions, including: domestic abuse; rape; incest and child sexual abuse;
- sexual harassment and intimidation at work and in the public sphere; commercial sexual exploitation, including prostitution, pornography and trafficking;
- dowry related violence;
- female genital mutilation;
- forced and child marriages;
- “honour” crimes
Handout 2

Violence Against Women & Children – Some Statistics

- An estimated 100,000 children in Scotland are currently living with domestic abuse (Scottish Womens Aid, 2002)

- 90% of children are in the same or next room during attacks on their mothers (Hughes, 1992)

- 1/3 of children try to intervene during attacks on their mothers (Hanmer, 1990)

- Between 40-60% of children whose mothers are abused are also directly abused by the perpetrator (Mullender and Morley, 1995)

- 1 in 3 young people are living with domestic abuse (Alexander, MacDonald & Paton, 2004)

- 1 in 2 girls and 1 in 4 boys will experience sexual abuse before the age of 18 - where the definition includes attempted and actual rapes, flashing and touching and being pressured to have sex (Zero Tolerance)

- In 1999, a study of 146 children involved in private law proceedings showed 76% of children were abused during court ordered contact (Radford, Sayer & AMICA, 1999)
  - 10% were sexually abused
  - 15% were physically abused
  - 62% were emotionally harmed
  - 36% were neglected
  - 26% were abducted or involved in an abduction attempt

Most of the children in this research were under the age of 5
The next few slides will provide a global picture of Violence Against Women, or Gender Based Violence as it is sometimes known.

These examples also show that violence can occur multiple times to the same person throughout their life.

Women dealing with a certain form of violence, e.g. prostitution, are more likely to be dealing with other forms, e.g. domestic abuse and/or child sexual abuse.
Sex Selection – this can involve the termination of pregnancies, where a female, rather than a male, foetus is detected

Physical assault during pregnancy can affect the unborn child

Coerced or forced pregnancy
Female infanticide – the killing of female babies because they are born female

Sexual/emotional abuse – this can affect male as well as female infants

Physical injury/risk of physical injury – this is mainly associated with domestic abuse, but can refer to direct physical injury inflicted by a parent/carer

Living with domestic abuse – again, this can affect male as well as female infants, and it is not acceptable to say that infants are unaffected as they were in the asleep/in the next room, etc – research shows us that children are always affected by domestic abuse and this is something we will return to throughout the training

Neglect – this includes access to food/medical care across the globe where boys are more likely to receive access to these things in relation to girls
So, we can see that there are similar issues for babies as well as children.
Additional ways that children can be affected by Violence Against Women are:

Prostitution/sexual exploitation – sexual exploitation is more likely to occur within the family environment at this stage by a family member or friend.

In terms of child/forced marriage – it is useful to remember that we are talking globally about the issues that children may face, and some of these examples may be more likely out with the UK, however, there are examples of children being brought into the UK to married, or sent abroad to be married and these tend to receive significant media coverage.

Female Genital Mutilation (FGM) would come under sexual abuse, in terms of Child Protection. Thankfully, cases in the UK are rare, however it does happen a lot in some cultures and there have been cases of children taken from the UK to Africa for this procedure. Give out FGM handout.

Femicide is the same as female infanticide, although the girl is older now – it’s the killing of girls because they are girls.
Many of these are similar to the types of gender based violence experienced by children and infancy and childhood. However, the risks of violence such as sexual harassment, rape and sexual assault, forced marriage and honour crimes is higher when young women reach adolescence.
Again, the list is similar to the forms experienced in adolescence.

Some people might be surprised to see stalking on this list, however it is considered a form of gender based violence by the Scottish Government and the Community Planning Partners in Highland, including the police, council and NHS.
Older women can experience all types of violence experienced by females in other age groups. However, more specific to older women, tends to be widow abuse in particular this happens in cultures where women are dependent on their husbands and husband’s family for financial and emotional support.

Institutional abuse is where older women experience physical or sexual abuse, emotional abuse or neglect when staying in residential care establishments. Thankfully, the Adult Support & Protection legislation has resulted in better screening and training of staff to prevent the abuse of older people and to help us recognise abuse and neglect. However, we have to be aware that institutional and wider abuse of older women can and does happen and this has been highlighted in numerous newspaper articles and documentaries.

Crimewatch also highlights the abuse of women on a regular basis.

*Trainers should also feel free to add their own examples of Violence Against Women as they are going throughout the age groups, particularly if there is a high profile news case/soap story happening at the time of delivery.*
Most people are now aware of the Vision – SHANARI. Shouldn’t be used as an assessment tool but as the vision we aspire to for all Scotland’s children. Just ask you to think for a moment about children affected by violence – why might this vision be difficult for these children? We will come back to this later in the day.
Although we are talking at present about child protection, we must put this in the wider context of Getting It Right For Every Child. Child Protection procedures are instigated when the child is at risk of significant harm. However, within GIRFEC, we should be identifying children at a much earlier stage, highlighting vulnerabilities and seeking to address adversity before formal processes are required. This is particularly important for children affected by gender based violence as earlier intervention could prevent serious trauma and delayed recovery for children later in life. Again, this is something we will discuss in more detail later in the course.
As you will see from the examples provided in the life cycle, children can be affected in many ways by gender-based violence. From your child protection training, you will have examined risks to children in relation to physical injury, emotional abuse, neglect and sexual abuse, so we won’t be going back over these. We do know that violence can impact on a child’s educational and social experiences as well as their physical health and wellbeing. Later this morning we will look at the impact of violence on attachment and children affected by trauma in relation to the violence they have witnessed and/or experienced.
When we’re working with the issue of domestic abuse we need to appreciate the difficulties practitioners can have. Marianne Hester has developed a way of critically examining how agencies work with the issue of children experiencing domestic abuse by using what she calls the “three planets” model. She says the way we view domestic abuse on each planet is quite different and can create complications when trying to holistically tackle domestic abuse when there are children involved. Her three planets show the interaction between domestic violence, child protection and child contact.

This is the first planet, domestic abuse. Here, the father’s behaviour may be recognised by the police and other agencies as abusive in relation to the mother, his behaviour seen as a crime and he may be prosecuted for a criminal or public order offence. Her might also have a civil order taken out against him. He is seen here as a violent partner and the woman is seen in need of protection and support.

The perpetrator is the focus on this planet.

*Give out Activity Sheet 1 – part 1*
Part 1 - On the Domestic Abuse Planet in 2001…

Bob has been physically abusing Ailsa for 6 years. They have two children, Tom (aged 5) and Katie (aged 3). The police have been called to Bob and Ailsa’s home when a neighbour hears shouting and banging.

Bob was taken into custody and bail conditions to prevent him going near the home address were sought and obtained. During the time he was not supposed to go near the home he did turn up three times. Each time the children were home and were very excited to see him. The first time Ailsa did not allow him in the home and Tom in particular was very upset about this. The next time he arrived, she felt she had to let him in as it took Tom ages to calm down the last time. Bob had promised that he just wanted to talk to make sure things would be okay between them. He apologised for his behaviour and promised he would never do it again. He seemed genuine and Ailsa hoped it was true. The next time he came he brought flowers and suggested they go for a holiday once the court case was over as a fresh start was what they all needed.

Bob was later convicted of a breach of the peace and given a fine. He is now back living with Ailsa and his children.

The police gave Ailsa information about support services and she and her children have sought help from the local Women’s Aid group throughout this time.

What are the issues for Ailsa?
What are the issues for Tom and Katie?
What are the issues for us as practitioners working with the family?
However, when we look at the second plant, the child protection one, although the perpetrator is still seen here as being abusive to the non-abusing parent whilst the parents are still together or in the process of separating, the focus here is not on protecting adults, but on protecting children. Hester would argue that on this planet the father’s abuse of the mother may lead to social work or other child protection agency involvement with the family. This would probably result in the children being placed on the child protection register under emotional abuse or physical injury. The perpetrator may not be prosecuted on this planet, because a welfare rather than criminalising approach prevails here. In order to protect the children, agencies are likely to insist that the mother removes herself and her children from his presence and leave the relationship, if she has not already done so. If she does not, she is the one seen as ‘failing to protect’ and the children may be removed into the care of the Local Authority. This is further complicated by the fact that on the domestic abuse planet we appreciate that it is not simple for women to leave abusive relationships and that, contrary to what people may believe, the abuse does not stop just because the relationship ends and a woman and her children are at most risk of serious injury and death at the point of leaving an abusive man.

On the child protection planet, therefore, despite the violence towards the mother from her male partner, it is the mother who is seen as responsible for dealing with the consequences and, in effect, the violent man that we saw on the domestic abuse planet has disappeared from the picture.

This should not be the case with Getting it Right for Every Child as the planets should come together and overlap – an example of this would be the completion of the police concern form when there is domestic abuse and where children may be affected. The police are much more likely to be involved in the assessment and planning process than previously, bringing the domestic abuse or criminal planet and the child protection planet or welfare planet closer together.

Give out Activity Sheet 1 – part 2
Part 2 - On the Child Protection Planet in 2001…
Social Work and Health were also notified of Bob’s abuse after the police were called. An assessment was carried out on the needs of the children. It was agreed that the children are not in need of protection and are benefiting from the support that they are getting from the Women’s Aid children’s workers.

Ailsa is advised to make sure that Bob does not harm the children. If he does then she is asked to contact Social Work immediately.

During the couple of weeks after Bob’s conviction things go well for the family and Ailsa really believes he has changed for the better. However, one afternoon, after the children have been particularly loud and excitable, Bob starts to have a go at Ailsa about all their toys lying around and the fact that she is unable to calm them down. He says that he wishes he never had children with her as she is a totally useless mother. He says that if Social Work knew what she was really like they would take the children away from her.

Ailsa tells her support worker from Women’s Aid about what Bob said and she reassures Ailsa that this would only happen in extreme cases if she was unable to parent the children. She advises that Social Work are actually there to help keep the children with her and not to split families up.

Ailsa starts to feel that Bob has not changed and it is only a matter of time before he seriously assaults her again. She resolves to end the relationship and move away from him with the children. It was not an easy decision as she is taking the children away from their father and she feels like a failure as she was unable to help Bob change.

What are the issues for Ailsa?
What are the issues for Tom and Katie?
What are the issues for us as practitioners working with the family?
The third planet is the child contact planet. From either of the first two planets — the domestic violence or the child protection one the father may move to this planet. He may wish to apply for contact, or possibly, custody, parental responsibility or residence of his children.

Generally, if there has been no prosecution of him on the child protection planet, despite his emotional abuse of the children that resulted from his abuse to the mother, there is no apparent ‘concrete’ evidence in relation to childcare to question his post-separation parenting abilities. Even if he has a criminal conviction or order against him for his violence on the domestic violence planet, this may still be seen as being an issue between the adults and not directly related to the children. On this, the child contact, planet, the emphasis is less on protection than on children having two parents. Within this context an abusive father may still be deemed a ‘good enough’ father, who should have at least contact with his child post separation, if not custody or residence. The mother ends up in a particularly difficult dilemma on this planet — she has attempted to curb her parent’s violence, maybe by calling the police or seeking civil measures. She has left her partner, following advice from other agencies that she leave in order to protect her children. However, the contact planet, in effect, adopts the opposite approach – that families should continue to have contact even if there is divorce and separation.

On the contact planet, she is, therefore, ordered to allow contact between her violent partner and the children, leaving her not only bewildered and confused, but, again, worried about the safety of her children. Realistic assessment of risk and potential lethality for children is extremely difficult on this planet without taking into account what has occurred on the other planets. The perpetrator has become visible again on this planet, only this time he is seen as a ‘good enough father’ and the woman who may be raising concerns is seen as a ‘hostile mother’.

_Give out Activity Sheet 1 – part 3_
Part 3 - On the Child Contact Planet in 2002...
Bob and Ailsa have been separated for six months. During this period Bob has been even more violent towards Ailsa. He regularly turns up at her house and is abusive. She has even been hospitalised after a particularly vicious attack, although she told the people at the hospital that she had fallen over in the street. Bob has said to Ailsa that wherever she goes he will find her and that he will seek full custody of Tom and Katie because she doesn’t deserve to have them.

Ailsa has been ordered by the court to let Bob have contact with Tom and Katie. They like going, but recently Ailsa noticed a bruise on Katie’s arm when she came back from a visit. Bob said that she bumped into something at the park, but Ailsa wasn’t convinced.

**What are the issues for Ailsa?**
**What are the issues for Tom and Katie?**
**What are the issues for us as practitioners working with the family?**
The three planet model, thus shows up the difficulties in there being significantly different discourses and responses to domestic abuse on each planet, across criminal justice, child protection and child contact. In particular there can be seen to be what has been termed by Hester and Eriksson (2001) a ‘conceptual gap’ between ‘violent men’ on one hand and ‘father’s on the other. It appears that there are violent men, but these same men are good enough fathers and the two are difficult to merge in policy or in practice.

On each planet we give both perpetrators and victims conflicting views about what will happen and what they need to do. We need to get better at working on this issue and we have the opportunity with GIRFEC to go some way to achieve this.

Ask the group:

Do you still think this model is relevant in Highland?
Is this the way we are currently working?
The issue of how women are able to be ‘mother’s when they are experiencing domestic abuse has also been widely researched.

Studies comparing women with and without experience of domestic violence found no differences in parenting apart from more maternal stress for women experiencing dv and more aggression towards children, the latter decreasing significantly when no longer with the partner (Holden et al, 1998)

Most women experiencing domestic abuse cope quite well and parent successfully

However, one UK survey found that women lost confidence in their mothering, they were emotionally drained and had little to give and this was compounded by the behaviour of their children (Radford & Hester, 2006)
Section 3 – VAW & Child Protection – Where do they Fit?

Aim
To highlight that we all have our own attitudes and values, and encourage participants to consider and be aware of these when working with issues concerning children and young people.

Materials
Laminated scenario cards
Group instruction card

Timing
40 minutes

The Exercise
Split the large group into smaller groups of 4-5 people. Hand each group a set of laminated cards.

They must put the cards in the order they see appropriate from least concerning to most concerning.

Encourage discussion of the scenarios within the groups. In particular:

- What type of violence may be present here?
- What category of child abuse might this be – physical neglect, physical injury, emotional abuse, sexual abuse?
- Why are they placing the card in the position they have chosen?

The whole group must decide on the place of each card. Hold a feedback session.

Distribute Handout 3 – FGM.
Activity Sheet 3

Violence Against Women & Child Protection Scenarios

1. Paula has two children, Lisa (10) and Daniel (7). Lisa was sexually abused by her father some years ago. He has now returned to the area and Lisa says she wants to spend some time with him.

2. Sara’s parents are originally from East Africa. Sara, aged 7, is really excited about going on a family holiday to meet all her relatives – she has never been there before and she tells you that she is attending a family celebration which lasts for 8 weeks.

3. Charlotte and Brandon are twelve year old twins. Their mother has recently become involved with a new partner, Colin – Charlotte seems to like him, but Brandon doesn’t. Brandon tells you that he doesn’t like Colin because he is always shouting at him and his mother.

4. Joanne, 25 uses amphetamines and cannabis. She now owes money to a local supplier. He says she can pay off her debt by having sex with him and his friends. Joanne has two children aged 2 and 5 and says she doesn’t want to leave them on their own. She tells him that he can come round to her house with his friends but only after the children have gone to bed.

5. David is 6 and has a broken arm. He says he fell over his baby sister’s toy. The police have been called to the house previously after reports of shouting and fighting although the children have never been present when they get there. This is the second time in six months David has been to A&E - last time he had broken fingers.

6. Morven is 11 and has a learning disability. She is very upset and doesn’t want to go home. When you ask her about it, she says her Dad said she was stupid and everyone laughs at her.

7. Tammy is 15 and pregnant. She won’t say who the father of the baby is but says she’s not with him anymore.

8. You hear banging and shouting from your neighbour’s house. You say hello to them but don’t know them that well as they only moved in a couple of months ago. They have two children aged 10 and 14 years. You don’t know if they’re in the house or not.
Activity 3: Group instructions

Using the cards provided, place these scenarios in order from least concerning to most concerning. In doing this, discuss what type of violence this might be referring to, and what sort of abuse this might indicate (physical neglect, physical injury, emotional abuse, sexual abuse).

The group must reach consensus on where to place each card.
Handout 3

Female Genital Mutilation

Key Facts

- Female genital mutilation (FGM) includes procedures that intentionally alter or injure female genital organs for non-medical reasons.
- An estimated 100 to 140 million girls and women worldwide are currently living with the consequences of FGM.
- In Africa, about three million girls are at risk for FGM annually.
- The procedure has no health benefits for girls and women.
- Procedures can cause severe bleeding and problems urinating, and later, potential childbirth complications and newborn deaths.
- It is mostly carried out on young girls sometime between infancy and age 15 years.
- FGM is internationally recognised as a violation of the human rights of girls and women.
- FGM comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons.

The practice is mostly carried out by traditional circumcisers, who often play other central roles in communities, such as attending childbirths. Increasingly, however, FGM is being performed by medically trained personnel.

FGM is recognised internationally as a violation of the human rights of girls and women. It reflects deep-rooted inequality between the sexes, and constitutes an extreme form of discrimination against women. It is nearly always carried out on minors and is a violation of the rights of children. The practice also violates a person's rights to health, security and physical integrity, the right to be free from torture and cruel, inhuman or degrading treatment, and the right to life when the procedure results in death.

Procedures

Female genital mutilation is classified into four major types:

1 - Clitoridectomy: partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, rarely, the prepuce (the fold of skin surrounding the clitoris) as well.

2 - Excision: partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

3 - Infibulation: narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, and sometimes outer, labia, with or without removal of the clitoris.

4 - Other: all other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area.
Health consequences
FGM has no health benefits, and it harms girls and women in many ways. It involves removing and damaging healthy and normal female genital tissue, and interferes with the natural functions of girls' and women's bodies. Immediate complications can include severe pain, shock, haemorrhage (bleeding), tetanus or sepsis (bacterial infection), urine retention, open sores in the genital region and injury to nearby genital tissue.

Long-term consequences can include:
- recurrent bladder and urinary tract infections
- cysts
- infertility
- the need for later surgeries, e.g. the FGM procedure that seals or narrows a vaginal opening (type 3 above) is surgically changed to allow for sexual intercourse and childbirth, and sometimes stitched close again afterwards
- an increased risk of childbirth complications and newborn deaths.

Who is at risk?
Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. In Africa, about three million girls are at risk for FGM annually. Between 100 to 140 million girls and women worldwide are living with the consequences of FGM. In Africa, about 92 million girls age 10 years and above are estimated to have undergone FGM. The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among certain immigrant communities in North America and Europe.

Causes
The causes of female genital mutilation include a mix of cultural, religious and social factors within families and communities.

- Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice
- FGM is often considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage
- FGM is often motivated by beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity. FGM is believed by some to reduce a woman's libido and help her resist "illicit" sexual acts. When a vaginal opening is covered or narrowed (type 3 above), for example, a woman is physically hindered from premarital sex. Afterwards, a painful procedure is needed to reopen the closure to enable sexual intercourse
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are “clean” and "beautiful" after removal of body parts that are considered “male” or "unclean"
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support
- Religious leaders take varying positions with regard to FGM: some promote it, some consider it irrelevant to religion, and others contribute to its elimination
- Local structures of power and authority, such as community leaders, religious leaders, circumcisers, and even some medical personnel can contribute to upholding the practice
- In most societies, FGM is considered a cultural tradition, which is often used as an argument for its continuation
Section 4 - Physiological & Psychological Impact of VAW on Children and Young People

Aim
To inform participants of the impact of violence on children and young people.

Materials
Powerpoint presentation
Handouts 4 & 5

Timing
30 minutes

The Exercise
Use the power point presentation to instigate a discussion on the following:

- How the brain works in response to threats and neglect
- The impact of trauma on the brain
- Complex Post Traumatic Stress Disorder and Post Traumatic Stress Disorder
- Attachment vs Trauma Bond
This next slot is a half hour presentation slot. It is our intention to highlight the impact that violence can have on children in terms of attachment and trauma.

We must remember, however, that the vast majority of children and young people affected will survive their experiences, although it may leave some with some issues. The slides we are going to look at next focuses in on the complex cases that many of you will come across – the children and young people who you may have worked with for many years.
Traumatised Children

- Children’s responses to trauma are complex and different to those of an adult
- This is due to the vulnerability and needs of childhood
- Childhood traumatisation, especially when chronic (as in domestic abuse or child sexual abuse for example) can have a profound impact on attachment
- Can compromise all areas of childhood development
As we can see from this picture, traumatised children can develop different brains to non-traumatised children. The red and yellow parts are the parts of the brain that are working or are regularly in use. The brain on the left is that of a non-traumatised child and the one on the left is of a child who has experienced repeated trauma. Whilst we are not saying that all children and young people affected by domestic abuse or other forms of Violence Against Women have a brain like the one on the right, it can happen to children who are exposed to repeated and severe trauma over the course of their lives and it will have an impact on the services and support we are able to provide for these children.

They types of problems a child with a traumatised brain can include:
- Difficulties with language formation & understanding
- Difficulties with reading or writing or making sense of pictures – although abuse does not, in general, ‘cause’ learning difficulties
- Unable to relate to others sensitively
- Unable to empathise or feel part of a social group
- Unable to deal with stress of their impulses
- May literally not be aware of their own body presence
- May not know if they are hot, cold, hungry or tired

Damage to the pre-frontal cortex in brains that are traumatised can result in:
- Unable to relate to others sensitively
- Oblivious to social clues
- Prone to dissociation
- Unable to empathise and or experience social connectedness
- Unable to regulate stress or impulse

These children are thinking with a very different brain and the problem gets worse as the child gets older.

Give out Handout 4 for more information
The brain organises according to experience – it’s a ‘use it or lose it principle’. As we can see from this picture, traumatised children can develop different brains to non-traumatised children.

The foetus begins to actively respond to its environment from about 2 months gestation. By 30 weeks gestation the brain is ‘wired’ for use, but the majority of brain cell connections still have to be made. Traumatised children may never make these interconnections and those which have been made may be cut off if they are not used. Children with unresponsive, traumatised and/or traumatising carers may develop a brain that looks like the one on the right hand side of this slide – you can see the difference between this one and the one on the left. Effectively, securely attached children develop bigger brains.

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- Difficulties with reading or writing or making sense of pictures – although abuse does not, in general, ‘cause’ learning difficulties
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- Oblivious to social clues
- Prone to dissociation
- Unable to empathise and or experience social connectedness
- Unable to regulate stress or impulse

These children are thinking with a very different brain and the problem gets worse as the child gets older.
Children who are securely attached have the capacity to regulate stress or impulse, experience empathy and are emotionally expressive, give verbal expression to internal emotional states, are curious, playful, joyful.

Insecurely attached children cannot regulate stress or impulse control. They cannot regulate shame and are overwhelmed by it. This response pattern is formed before the brain is capable of emotional processing or cognition. Children who are insecurely attached are highly resistant to classic therapeutic intervention.

Please note that attachment disorders should only be diagnosed by a qualified Health Professional, e.g. a psychiatrist or psychologist.
Post Traumatic Stress Disorder

• Short-term, unexpected, single blow, isolated, sudden, surprising
• More likely to lead to typical PTSD symptoms
• More likely to have a quicker recovery
• e.g. natural disaster, car accident, rape

Give out Handout 5 on general PTSD symptoms
Handout 5

Post Traumatic Stress Disorder – Symptoms

Re-experiencing the Event
Engaging in post-trauma play or re-enactment of the trauma in play

Numbing of Responsiveness
Children and adults cope with a traumatic event by “wearing psychological blinders”. The process of desensitisation includes both conscious and unconscious attempts to avoid thoughts, activities and symbols of the events, which thus, avoids the individual from being flooded with the powerful feelings that accompany thoughts of the trauma. This is a powerful survival strategy, but can lead to a general numbing of feelings in other areas of one’s life and adversely affect daily activities and in the case of children, social, emotional and cognitive development.

Symptoms of Increased Arousal
Sleep problems, irritability, and inability to concentrate, angry outbursts, hyper vigilance and exaggerated startle response have all been observed in those who have been exposed to traumatic events.

Generalised Fears
Victims of trauma have difficulty modulating anxiety as well as aggression. When traumatised people are confronted with reminders of the event, they commonly exhibit increased anxiety and generalised fears.

Spiritual/Psychological Consequences
What has been destroyed in the idea of home, school and/or community as safe places? Danger replaces safety as the organising principle. The essence of trauma is the loss of faith that there is order and continuity in life. There is also a general sense of loss which is a significant theme in cases of trauma. One event can result in a number of losses – loss of people, protection, control, hope, etc. A child witnessing the murder of a parent, for example, may experience some or all of these losses at once.

Blurring of the Distinction Between Friend and Enemy
For people who live in dangerous urban neighbourhoods distinguishing between friend and enemy can be quite challenging. This is also an issue for children who live in homes where there is domestic abuse. Their parent, whom they should feel protected and loved by, may be the one they are scared of.

Co-morbidity
There are a number of psychiatric disordered that are also commonly found in people who have been traumatised – major depression, substance misuse, other anxiety disorders, externalising disorders such as attention-deficit/hyperactivity disorder, oppositional defiant disorder and conduct disorder.
“Time skew” – being unable to remember the events in the order in which they happened – the order is jumbled up

“Omen formation” – convinced that there were ‘signs’ the incident was going to occur and making sure that those ‘signs’ are avoided in the future, so it won’t happen again

<table>
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<tr>
<th>PTSD Symptoms in Children – Age Specific Indicators</th>
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<tbody>
<tr>
<td><strong>Very Young Children</strong></td>
</tr>
<tr>
<td>• May be fewer symptoms because of limited ability to provide verbal descriptions of feelings &amp; experiences</td>
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<tr>
<td>• More generalised fears, separation anxiety, avoidance of situations, sleep disturbances</td>
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<tr>
<td><strong>Primary School Aged Children</strong></td>
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<tr>
<td>• May not experience amnesia of the trauma or visual “flashbacks”</td>
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<tr>
<td>• Experience “time skew” and “omen formation” – which are not often seen in adults</td>
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PTSD Symptoms in Children –
Age Specific Indicators

Adolescents

• More likely to exhibit impulsive or aggressive
  behaviours than younger children or adults

• PTSD in this age group most closely
  resembles PTSD in adults
A securely attached brain can process something bad happening to them. The child can understand what happened, feel safe and okay and get support from other people, e.g. care givers who will soothe, comfort and provide reassurance to them. The child is able to rationally explore feelings. Over time, they will recover from what has happened to them, although they may experience Post Traumatic Stress Disorder, e.g. in the case of a care accident, a rape or sexual assault or a natural disaster like an earthquake, tsunami.
A brain that has been traumatised will find it more difficult to process a difficult incident. This is because they have been subject to traumatic incidents frequently and over time, e.g. witnessing domestic abuse or experiencing child sexual abuse. They will find it much more difficult to process what is happening and will respond with fight, flight, freeze or submit. These children have less likely to recover from their experiences and this is when Complex Post Traumatic Stress Disorder is more likely to be experienced. It may lead to an altered view of the self and of the world, and have accompanying feelings of guilt, shame and worthlessness. Examples include torture, ongoing physical or sexual abuse.

<table>
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<th>Complex Post Traumatic Stress Disorder</th>
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<tr>
<td>- Chronic, long standing, usually of intentional human design. May lead to altered view of self and of the world and accompanying feelings of guilt, shame and worthlessness</td>
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<tr>
<td>- More likely to lead to long-standing interpersonal problems and/or “complex” PTSD</td>
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<td>- More likely to have a poor recovery</td>
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<td>- e.g. ongoing physical or sexual abuse</td>
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So, how to we respond to trauma?

Persistent Fear State – Stress response by the brain (flight, fight or freeze)

Disorders of Memory
traumatising experiences are not processed and stored in the memory in the same way as other events
Not integrated with other experiences
Partly or fully out of conscious awareness
Both forgetting the event and flashbacks of it are functions of memory disturbance

Dysregulation of Emotion
Often have intrusive and spontaneous recollections of the trauma – they control it by numbing and emotional avoidance
Prevents children from learning to comfort or soothe themselves
Prevents children from playing effectively

Avoidance of Intimacy
Unable to trust adults
Intimacy represents threat not safety
Feelings of emotional closeness leads to feelings of vulnerability and loss of control
Avoid physical and emotional closeness
May be guarded, ‘hyperactive’, controlling and exhibit false maturity
It is worth noting that sometimes what is a trauma bond can be confused as attachment. Recently, Natasha Kampusch from Austria talked about the feelings she had for the man who captured her when she was a child. It is highly likely that she has a trauma bond with this man – he was, after all, the person who could choose whether she lived or died.

Give out Handout 6 – Traumatic Bonding
Handout 6

**Traumatic Bonding**
- Arises from disturbances in attachment, not mental illness
- It is a survival mechanism
- It affects adults and children alike
- Child/Victim may feel negatively towards those who attempt to secure her freedom

**Children’s Responses to Trauma**
- Traumatised children appear to seek out negative and dangerous situations
- Respond to positive or neutral situations with provocative, destructive behaviour
- Numbing and flooding of feelings is normal after trauma
- Routinely missed because adults focus on child’s alarming behaviour
- Adults resist knowing the suffering that children endure
- Children diagnosed as conduct-disordered
- Treatment goal = behaviour change
- It is difficult to understand how terrified and overwhelmed these children are
- Outrageous behaviours are survival mechanisms
- Healthy alternatives must be in place before the child can relinquish the behaviour

**Traumatic Bonding and Contact and Residence**
Children have been allowed to remain in psychologically and physically dangerous living situations because of their perceived needs and/or stated wishes

A trauma bond is potentially dangerous and we should place no more reliance on a child’s stated desire to remain in that situation than we would on his or her stated desire to be in any other dangerous situation. (James 1994, p26)

However, we should explain to children how we came to our decision not the let them remain in that situation.
What are the issues?

- Not appropriate for abusive parent to have primary care of child/ren
- May not be appropriate for abusive parent to have ANY contact
- Children’s expressed wishes must be placed in the context of their best interests
- Abusive parent needs to accept responsibility for the violence/abuse and needs to be engaged in some kind of intervention programme

However, we should tell children about how we came to our decision not to let them remain in that situation.
Section 5 - Finding Solutions to a Difficult Issue

Aim
To highlight the need for early and effective interventions

Materials
Emma’s Story

Timing
30 minutes

The Exercise
Give participants a copy of Activity Sheet 4 – Emma’s Story. Give them time to read it through and discuss it in small groups. Explain that they should read one paragraph at a time and discuss it fully before reading the next one. After 20/25 minutes, explain that this was a true story and give the feedback below.

The Feedback
It’s Everyone’s Job to protect children and young people – we need to ensure that we always act on suspicions of abuse and neglect and contribute to the assessment and planning processes whenever appropriate.

Emma’s story is not unusual – we know that there are cases like this. It is never too late to intervene and, as we have seen from the discussion, there is always something which could be put in place, no matter how small.

Hopefully, by applying the principles of Getting it Right for Every Child and making sure effective plans are put in place for children at the earliest opportunity, we can prevent cases like this happening in the future.

The afternoon sessions are going to look at how we can contribute to the assessment and planning processes for children in need.
Emma’s Story

Emma is a young child who witnesses many violent assaults by her stepfather on her mother, and her mother’s descent into alcohol and despair. The family spend time in a number of refuges, but they always return home. As Emma grows older she begins running away from home. On the streets she meets men who often give her food or some money in exchange for sex. Emma also spends periods of time in Local Authority Care. She had 11 placements in 18 months.

Emma is still under 16. She continues to run away and continues to be sexually exploited. Like many who become involved in commercial sexual exploitation (particularly prostitution and pornography), drugs - legal and illegal - become her survival tool and refuge. Self-harm in the form of cutting and anorexia soon follows. No one manages to reach this troubled young woman, and she is often labelled as a young prostitute, or a delinquent, or an impossible case.

- **What intervention(s) could help at this stage?**

Emma meets a man of 32, Trevor (who has been a client) and he convinces her he will love her and that he wants to look after her. Emma believes Trevor loves her – he is the only person to ever have said so. Trevor is possessive and controlling towards Emma and she suffers extreme physical, emotional and sexual abuse from him. Trevor monitors her movements and nails the windows shut to stop her running away from him. During this time Emma is gang raped by three men and seeks support from Trevor. However, throughout this time he continues to abuse and rape her.

- **What intervention(s) could help at this stage?**

Emma is now sixteen years old and the effects of the abuse she has experienced throughout her life have begun to take their toll. She is close to suicide and her levels of self harm have become increasingly dangerous. One night, she is terrified Trevor was going to rape her again so she slashes her wrists with a knife and then hides it. She begins to think that Trevor will find the knife and use it against her, so she stabs him with it once.

- **What intervention(s) could help at this stage?**

Emma is found guilty of Trevor’s murder aged 17 and given an “indefinite sentence”. She has been unable to explain why she had killed him or talk about the catalogue of abuse she has experienced. During her years in prison she becomes dependant on prescription drugs.

- **What intervention(s) could help at this stage?**
After 10 years in prison Emma’s conviction is quashed by the Court of Appeal. She manages to get support from a campaign group to take her case there and for the Court to take into account her experiences of abuse and the risk she felt Trevor was to her life. On her release she is met by cheering supporters.

Tragically, three years after her release, Emma died from an accidental overdose of prescription drugs.

This was the true story of Emma Humphries.
Section 6 - “Daddy Be Good”

Aim
To instigate discussion around domestic abuse and the impact this has on children and young people.

Materials
Stimulus Scenes DVD – for Domestic Abuse Training

Timing
45 minutes

The Exercise
Show the DVD once all the way through to Scene 4, which finishes with the children in bed together (familiarise yourself with the DVD first!). If the DVD goes on to the interview with Caitlin it has gone too far.

Do not use the interview with Caitlin at the end of the DVD on the first showing

Instead ask participants at the end of the first play of the DVD to get into small groups and discuss:
- What can you do?
- Who can you speak to about this situation?

Take feedback about the clip, using the notes below, if necessary.

Scene 1: Annie waits anxiously
Play scene 1 from the beginning. Note the changes in time by reference to the clock. Annie is waiting for Steve to return the children, but the passage of time, coupled with Annie’s obvious anxiety suggest that he should have dropped them off ages ago. You can hear a siren outside Annie’s window as she is standing looking outside. Consider here, also, that Steve may be using the children as a convenient tool with which to control Annie, now that they no longer live together. Steve knows that while he is away with the children, all Annie can do is sit and wait. And, she must wait until he decides to bring the children home. Note that when the children arrive home, she says that they are to have their tea – but Steve has already fed them. Was this deliberate? He tells the children, “Don’t tell your mum.”

Stop the DVD when the scene ends and the screen turns black.

Ask the trainees (possible answers below the questions):
How is Annie feeling?
- Worried, anxious, suspicious, thinking about what she should do

What’s going through her mind?
- Has he kidnapped the children?
- Are the children hurt – has there been an accident?
• Should she phone the police/hospital – would that make things worse, agitate Steve?

What does the clock signify?
• Steve has a set time when he has to return the children/hasn’t kept to
time/is flouting the rules with no regard for Annie

What effect might the siren have?
• Could make Annie panic – maybe something is really wrong

What games are being played here?
• Steve is making Annie wait, even though there was a set time at which the
children were to be returned
• Steve knows that Annie will be worried about the children and considering
whether he is going to bring them back at all

What is the purpose of these games?
• Steve can have control over Annie
• Steve knows that as long as he has the children, Annie will not go out
(restricting her movements)
• Steve gets to be the ‘good dad’ talking the children to the park, for chips
and buying them gifts to make mum look ‘bad’ in comparison as she
doesn’t provide the same treats

What role are the children playing?
• A means for Steve to control Annie – she must remain in contact with him
because of the children
• Steven can use the children to keep Annie ‘hanging on’ waiting for them to
come home
• Steven can use the children to gather information about Annie
• Steve can use the children to indirectly carry on the abuse against Annie
by turning them against her

Scene 2: Steve with the children
Trainers should consider here that there are many ways in which men who
abuse can use the children to achieve what they want. In this scenario, the
children please with Annie to let Steve into the house, making it even more
difficult for her to say no. Steve is also able, very subtly, to glean information
from the children about what Annie has been doing, where she has been
going and who with. Remind the trainees that children often feel a
responsibility to ‘manage’ their separated parents. Caitlin has a sense that
perhaps she should not be telling Steve about what Annie has been up to, but
you can see from her confused expression that she is not entirely sure why he
is asking about her Mum – is he just being nice, or is there a more sinister
reason?

Stop the DVD when the scene ends and the screen turns black.

Ask the trainees (possible answers below the questions):
What is going on here?
• Steve is using his contact with the children to get information about Annie
• Steve changes the subject away from what the children are talking about (dressing up) onto their mother

Why is Steve asking questions about Annie?
• He wants to know about where she is going
• He wants to know if she has a new partner
• He is interested in the fact that the children’s Gran stayed over while Annie went out for the evening
• Even though they are no longer in a relationship, Steve believes he has the right to know about Annie’s whereabouts

Steve talks about Annie ‘deserving’ time for fun: what is his agenda?
• Steve thinks that if he shows Caitlin that he approves of Annie going out, Caitlin will continue to tell him where she has been
• Steve feels he should be the judge of whether Annie deserves time for fun
• Steve feels glad that Annie is able to go out, he cares that she gets time for herself – trainees may find it difficult to read between the line when Steve questions Caitlin so ask the audience for other interpretations of Steve’s questioning

What impact does Steve’s questioning have on Caitlin?
• She realises she has said too much about Annie
• She is worried that Steve might get angry upon hearing that Annie has been out enjoying herself
• She shuts down and says no more – a very adult response that she has perhaps had to learn from past experience
• She feels guilty for not ‘protecting’ her mum

What impact does this have on Mark?
• Mark appears to be less aware than Caitlin of the reasons behind Steve’s questions
• Mark is potentially more useful to Steve as he will be less guarded in answering questions about Annie

Steve’s facial expression tells us what?
• He is annoyed about the fact that Annie has a social life
• He is satisfied that he now has some ‘ammunition’ against Annie
• Steve feels sad that he cannot be part of Annie’s social life – consider here that there is likely to have been much in the past to explain why Annie no longer wants to be with Steve

What is the significance of ‘this is our secret’ over the chips?
• Steve gets to play ‘good dad’ by letting the children have chips for tea – he tells them not to tell their mum because ‘you know what she is like’ – belittles Annie’s decision about the children’s food and undermines her authority
• Steve is asking the children not to tell the secret, that he has been asking questions about Annie
• Gets the children on ‘his side’ against Annie so he can use them to get his own way

Scene 3: Steve wheedles his way into the house
Remind the group that Steve is now very late in returning the children and that Annie has been worried. It is interesting to note how Caitlin moves towards Annie, while Steve pulls Mark on to his side. It is important to stress that Steve’s behaviour presents a clear disregard to what has been agreed. Steve says nothing about the fact they are late, and makes no apology. The children are clearly excited to be showing Annie the presents that Steve has bought for them.

Stop the DVD when the scene ends and the screen turns black.

Ask the trainees (possible answers below the questions):
What is going on here?
• The fact that Steve is late and that Annie has been worried is buried beneath the children’s excitement over their new gifts
• Steve is the ‘hero of the hour’ as far as the children are concerned

What did you notice?
• Annie is concerned, but is warm to the children when they show her their new presents
• Steve pulls Mark towards him and holds him to make sure that Mark is there to support his request to come into the house

What about the shoes and the computer games?
• The children are so happy with their presents when they return home making it hard for Annie to spoil the mood by complaining about the children being late
• Steve has portrayed himself as a good dad and a family man

What do you suppose are the ‘rules’ Annie mentions?
• Steve is not allowed in the house – either by Annie’s choosing or perhaps a court order
• Annie may also be referring to the fact that the children were due home at a set time

What is happening for Mark here?
• He feels that Annie is being horrible to Steve
• Poor dad needs to use the toilet and mum won’t let him – that can’t be fair
• Mark says that he hates Annie and that she is spoiling things
• Dad has been so nice, mum is the nasty one
• He has conflicting loyalties for his parents
• Unknown to Mark he is being used by Steve as part of the abuse to Annie – he is being used by Steve to gain access to the house, Mark makes it difficult for Annie to say no

Why does Annie relent and end up letting Steve in?

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• Mark’s outburst is causing noise that the neighbours might hear and this embarrasses Annie
• It is painful for her to hear her son say he hates her
• Annie doesn’t want to be the one spoiling what has been a nice day for the children
• She takes what Steve says in good faith – that he will stay 5 mins and then go
• She fears that Steve may become aggressive if she doesn’t let him in

What if Annie has stood by her decision?
• Steve may have walked away
• The children may not be speaking to her
• Steve may have forced his way into his house – he could have injured Annie and/or the children in the process

What were Annie’s choices?
• She could have closed the door, but Steve may have forced past her
• She could have phoned the police
• She could let Steve in and hope for the best

Annie was in an almost impossible situation here – there were negative consequences for her whether she let Steve in or not. It is important that trainees do not simply blame Annie for Steve’s behaviour once inside the house – her choices were extremely limited.

Scene 4: Caitlin & Mark
In this scenario the children are most certainly aware of the abuse going on in the house. They can hear their parents shouting and both Caitlin and Mark become upset. Caitlin adopts the role of an adult and attempts to comfort Mark, covering his ears to shield him from the noise, telling him ‘it’s not you’. Although many parents may think that the abuse does not affect children, this is simply not the case. Children may intervene to stop the violence, copy the violence or blame themselves for what is happening.

Stop the DVD when the scene ends and the screen turns black.

Ask the trainees (possible answers below the questions):
What is going on here?
• Initially, the children are happy because they are not aware that their parents are arguing
• Caitlin is aware that they are arguing and is attempting to distract Mark by signing and dancing
• Caitlin and Mark are happy that their parents are back together – some trainees may think all is well with the children, if this happens, ask the others to comment on how things may not be so good
• Caitlin and Mark may feel that the situation is their fault – they put pressure on their mum to let him in

What did you notice?
• Caitlin shuts the door to muffle the noise and to prevent Mark becoming upset
• Caitlin tries to distract Mark with the Game Boy in an attempt to take his mind off the abuse going on outside
• Caitlin throws her new present from dad onto the floor – perhaps she no longer wants Steve’s presents while he is abusive to Annie
• This is not a new experience for them

What is Mark feeling?
• Confusion – dad was being so nice earlier on
• Guilt – he made mum such a fuss mum let Steve in
• Scared – what’s dad going to do?
• Desperate for it to stop

What is going on in the kitchen?
• Steve is refusing to leave
• Steve is using the information he got from the kids earlier to interrogate Annie about her personal life
• Annie may be being attached
• Annie is shouting back – this may or may not have been how Annie responded to Steve in the past
• Annie says she will call the police and Steve suggests she should call an ambulance for herself

Now play the interview with Caitlin and highlight the need to understand what has been happening in her life before we can assess or intervene.
Section 7 - Assessment and Intervention

Aim
To begin to look at ways of assessing women and children affected by violence.

Materials
Powerpoint presentation – Assessment and Intervention
Scenario cards
My World Triangle

Timing
10 minutes for presentation
40 minutes for discussion and feedback

Presentation – Assessment and Intervention
Deliver the presentation before beginning the exercise

The Exercise – Exercise 5
Give each group 2 scenario cards (selected from 8 morning scenarios) along with the My World Triangle, and ask them to consider:

- What additional information would you be looking for?
- Who might be involved in an assessment?
- What interventions might help in this situation? Think about interventions for the child/children and the family.

There is no right or wrong answer within this exercise, but participants should all get involved in the discussion as a way of demonstrating that the wider the discussion, the better the planning process for children. This includes staff working within adult and children’s services and within different disciplines.

Feedback that this information would be used to consider
- Whether or not Child Protection procedures need to be instigated
- What the needs of the child might be
- What the needs of the family might be
- What a child’s plan might look like

Remember: It’s Everyone’s Job to Protect Children and you may have a crucial role to play.

In relation to children, the Integrated Assessment Framework (My World Triangle) would be used to consider needs, not only for the child, but also supporting the family. Finish by revisiting the slide of what children said they wanted.....

Ask participants to complete and return evaluation forms, hand out certificates and thank participants for their participation in the training.
Assessment and Intervention
Most of you will recognise the ‘My World Triangle’. It will help us address some of the issues discussed previously. It’s a very simple, easy to use tool and is something that can be worked through with a young person and practitioners using it have found it really helpful.

Children are already being assessed in a variety of ways within universal and specialist services. This framework ensure’s all professionals will be working to the same frame of reference. It will also mean that a child will not have to be subjected to repeat assessments. The triangle exists to guide thinking about the child’s development in its widest context.
Children say that we need to remember when working with them in the context of gender based violence that they want:
- the elimination of the violence
- Recovery work or talking to someone about what has happened
- Supporting their mothers to be safe and as a positive approach in Child Protection
- Supporting their mother to be a well functioning and resident parent

The strategies that children have employed to help themselves when they have been living with domestic abuse have been found to be both helpful and unhelpful are on this slide. They have found that getting practical help and support, helping their mothers and putting their attentions into something else has helped them cope. They have also found that switching off from what is going on, and risk taking behaviours are less likely to work for them as coping strategies.
How can we make things better for children?

- Don’t make assumptions
- Tell the child it is not their fault
- Listen to the child
- Ensure the safety and well-being of the child AND other family members where possible (mother, pets etc)
- SAFETY of the mother = SAFETY of the child
Activity Sheet 5

Violence Against Women & Child Protection Assessment Scenarios

1. Paula has two children, Lisa (10) and Daniel (7). Lisa was sexually abused by her father some years ago. He has now returned to the area and Lisa says she wants to spend some time with him.

2. Sara’s parents are originally from East Africa. Sara, aged 7, is really excited about going on a family holiday to meet all her relatives – she has never been there before and she tells you that she is attending a family celebration which lasts for 8 weeks.

3. Charlotte and Brandon are twelve year old twins. Their mother has recently become involved with a new partner, Colin – Charlotte seems to like him, but Brandon doesn’t. Brandon tells you that he doesn’t like Colin because he is always shouting at him and his mother.

4. Joanne, 25 uses amphetamines and cannabis. She now owes money to a local supplier. He says she can pay off her debt by having sex with him and his friends. Joanne has two children aged 2 and 5 and says she doesn’t want to leave them on their own. She tells him that he can come round to her house with his friends but only after the children have gone to bed.

5. David is 6 and has a broken arm. He says he fell over his baby sister’s toy. The police have been called to the house previously after reports of shouting and fighting although the children have never been present when they get there. This is the second time in six months David has been to A&E - last time he had broken fingers.

6. Morven is 11 and has a learning disability. She is very upset and doesn’t want to go home. When you ask her about it, she says her Dad said she was stupid and everyone laughs at her.

7. Tammy is 15 and pregnant. She won’t say who the father of the baby is but says she’s not with him anymore.

8. You hear banging and shouting from your neighbour’s house. You say hello to them but don’t know them that well as they only moved in a couple of months ago. They have two children aged 10 and 14 years. You don’t know if they’re in the house or not.
Activity 5: Group Instructions

With the 2 scenario cards your group has, consider:

- **What additional information would you be looking for?**

- **Who might be involved in an assessment?**

- **What interventions might help in this situation?**
  Think about interventions for the child/children and the family.
Meeting the Need - Recommended Reading List


Scottish Executive (2002) It’s everyone’s job to make sure I’m alright – Edinburgh, Stationary Office


