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 Cymorth i Ferched Cymru  
Welsh Women's Aid

**Children Matter**  
Children and young  
people experience violence and  
abuse too.



Ariennir gan  
**Lywodraeth Cymru**  
Funded by  
**Welsh Government**

## About Welsh Women's Aid

Welsh Women's Aid is the national charity in Wales working to end all forms of violence against women. We are a federation of specialist organisations<sup>1</sup> in Wales (working as part of a UK network of services) that provide lifesaving services to survivors of violence and abuse - women, men, children, families - and deliver a range of innovative preventative services in local communities. We have been at the forefront of shaping coordinated community responses and practice in Wales since we were established in 1978. We do this by campaigning for change and providing advice, consultancy, support and training to deliver policy and service improvements for survivors, families and communities.

As an umbrella organisation, our primary purpose is to prevent domestic abuse, sexual violence and all forms of violence against women and ensure high quality services for survivors that are needs-led, gender responsive and holistic. We collaborate nationally to integrate and improve community responses and practice in Wales; we provide advice, consultancy, support and training to deliver policy and service improvements across government, public, private and third sector services and in communities, for the benefit of survivors.

We deliver services including, for example, the Welsh Government funded Live Fear Free Helpline and a National Training Service partnership. We are piloting the Survivors Empowering and Educating Services (SEEdS) project, which is empowering survivors of violence and abuse to collectively influence and inform improvements in public services and commissioning frameworks and help change attitudes. Our success is founded on making sure the experiences and needs of survivors are central to all we do.

We also deliver the [Wales National Quality Service Standards](#) (NQSS), a national accreditation framework for domestic abuse specialist services in Wales (supported by the Welsh Government) as part of a UK suite of integrated accreditation systems and frameworks.

We would like to extend our gratitude to all our members that contributed to this report. A special thank you goes to the dedicated children's workers and the children that spoke with us. We dedicate this report to you with commitment to ensure children matter.

### Published by:

*Welsh Women's Aid*

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For more information please go to [www.welshwomensaid.org.uk](http://www.welshwomensaid.org.uk) © Welsh Women's Aid 2019

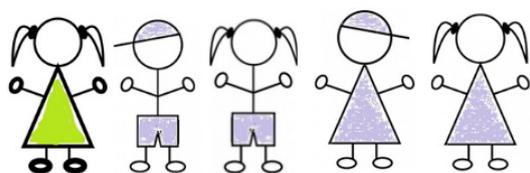
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<sup>1</sup> Our membership of 20 third sector violence against women, domestic abuse and sexual violence specialist services in Wales, with whom we have national partnership agreements to ensure our work is coordinated and integrated includes: Aberconwy DAS, Atal y Fro, , Clwyd Alyn Housing Association (CAHA) Women's Aid, Stepping Stones, Safer Merthyr Tydfil, Carmarthen Domestic Abuse Service, Calan DVS, Cardiff Women's Aid, Cyfannol Women's Aid, Domestic Abuse Safety Unit (DASU), Gorwel (Grwp Cynefin), Montgomeryshire Family Crisis Centre, North Denbighshire Domestic Abuse Service, ThriveWomen's Aid, RCT Women's Aid, Safer Wales (including Dyn Project), Swansea Women's Aid, Threshold, West Wales Domestic Abuse Service and Rape and Sexual Abuse Support Centre (RASASC) North Wales.

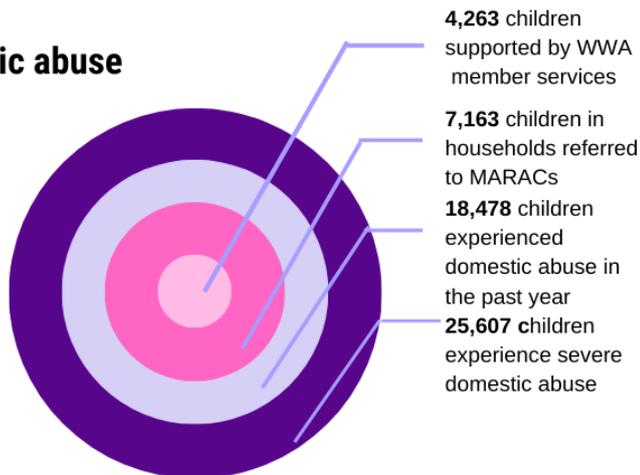
MAE PLANT  
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MATTER

# TIME TO ACT

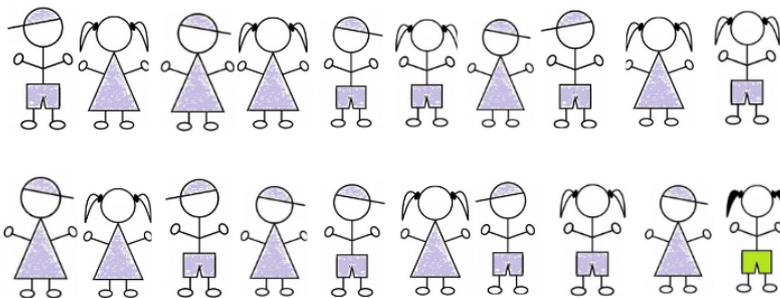
Over their lifetime **1 in 5** children have experienced domestic abuse



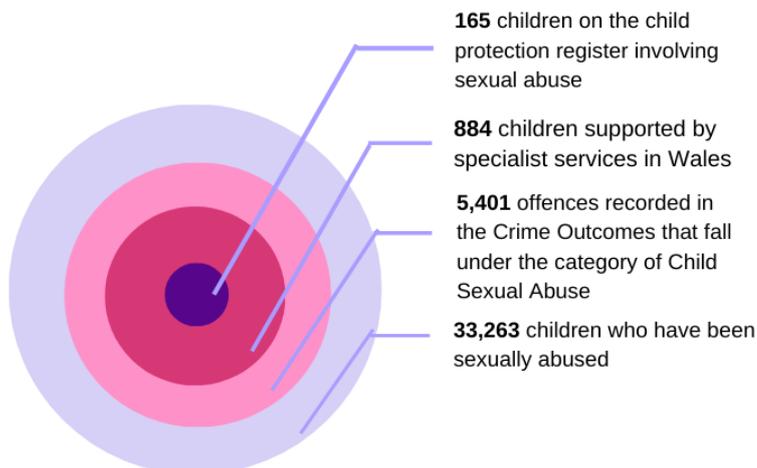
That's an estimated **133,053** children & young people in Wales



Over their lifetime **1 in 20** children have been sexually abused



That's an estimated **33,263** children & young people in Wales



The Government should protect children from sexual abuse

Article 34: The United Nations Convention on the rights of the child

# Children Matter

## Children and young people experience violence and abuse too.

This document identifies the need and justification, to provide funding to specialist support to children and young people affected by violence against women and girls, including domestic abuse and sexual violence (VAWDASV), and the rationale for a preferred approach to provide this support.

Violence against women and girls, including domestic abuse and sexual violence (VAWDASV) affect women, men and children, but are mainly experienced by women and girls.<sup>2</sup> Women and girls are disproportionately affected by domestic abuse, rape and sexual violence, sexual exploitation (including through the sex industry), modern day slavery, forced marriage, female genital mutilation, child sexual abuse, stalking and sexual harassment. It can happen to anyone regardless of age, sexuality, culture, social and ethnic background and the perpetrator is most often someone they know, a family member, intimate partner or an ex-partner. The violence and abuse each person experiences will be different in each case, and involve varying types and multiple forms of abuse, occurring at any point in their lives. There is no such thing as indirect impact of violence and abuse on children and young people.

Research indicates that children experience domestic abuse not just as witnesses but as victims<sup>3</sup>. The exact number of children and young people who are affected by VAWDASV is difficult to measure, as these are often hidden unreported and inaccurately recorded crimes, but estimations place it in the hundreds of thousands every year.

“It’s really hard to do your job when you are constantly like an add on for everything...yeah, for everything, like the adults work and the women’s work and the men’s work are so important, but there is an element of choice that children do not have... like when a woman comes into refuge she is making that choice for her safety and it’s always the right decision to make but the child has no choice, their life is just happening to them and they don’t have any options or say in any of the decisions that affect them... their whole world is being turned upside down because of the abuse. If we don’t do this work [with children] then it will just repeat and repeat and repeat.”  
– Children and young people worker<sup>4</sup>

Despite the significant impacts experiencing this violence and abuse has on children and young people, funding to provide any kind of service to support them is scarce, unsustainable and hugely varied across Wales. This has resulted in a postcode lottery which sees our children

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<sup>2</sup> See appendix A for detail on the prevalence of violence against women and girls including domestic abuse and sexual violence

<sup>3</sup> Katz, Emma (2016) Beyond the Physical Incident Model: How Children Living with Domestic Violence are Harmed by and Resist Regimes of Coercive Control’, *Child Abuse Review*, 25 (1): 46-59

<sup>4</sup> Welsh Women’s Aid (2019) Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people

and young people, some of the most vulnerable in our society, left alone and unsupported at a time when they are most in crisis.

We must ask ourselves is this good enough?

We say not...

## **1. Why do you need services for children and young people**

### **1.1 Impact on children and young people**

Violence against women, domestic abuse and sexual violence has particularly significant implications for children and young people which can be far reaching and wide-ranging casting a long shadow with inter-generational consequences. The impacts will vary from person to person, and as a result of the violence and abuse they have experienced but will have often severe and long-term impacts on children and young people's personal and social development<sup>5</sup> and on their future health and well-being.

Broadly effects can include:<sup>6 7 8 9 10</sup>

- Mental health problems including suicidal thoughts and feelings, self-harming practices, depression, anxiety and panic attacks
- Physical health problems including sexual health resulting directly from the abuse experienced and / or implications of mental health concerns
- Acute feelings of betrayal, powerlessness, stigmatisation, guilt, and traumatic sexualisation
- Experiences of flashbacks or intrusive thoughts, nightmares, having trouble sleeping, fatigue
- Increased likelihood of negative coping mechanisms such as heavy drinking or substance use, increased sexualisation, taking risks or reducing their sense of self-worth and confidence
- Poorer school performance and achievement, including difficulty keeping up with work or behavioural problems and poorer economic prospects as an adult
- The use of modern-day technology can cause additional psychological effects, including the fear of sexual images being shared online or being viewed in the future; feeling

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<sup>5</sup> Wood, S. L. and Sommers, M. S. (2011). Consequences of intimate partner violence on child witnesses: a systematic review of the literature. *Journal of child and adolescent psychiatric nursing: official publication of the Association of Child and Adolescent Psychiatric Nurses, Inc*, 24(4), pp. 223–36

<sup>6</sup> NSPCC (2018) Children living in families facing adversity: NSPCC helplines report. London: NSPCC

<sup>7</sup> NSPCC (2018) "Is this sexual abuse?" NSPCC helplines report about peer sexual abuse. London: NSPCC

<sup>8</sup> Hamilton-Giachritsis, C. et al (2017) "Everyone deserves to be happy and safe": a mixed methods study exploring how online and offline child sexual abuse impact young people and how professionals respond to it. London: NSPCC.

<sup>9</sup> Public Health Wales NHS Trust (2016) 'Making a Difference: Investing in Sustainable Health and Well-being for the People of Wales: Supporting Evidence'

<sup>10</sup> Conti, G. et al (2017) The economic cost of child maltreatment in the UK: a preliminary study. London: NSPCC

uncomfortable around cameras; and increased fatigue from online interaction and engagement.

Survivors in Wales have spoken about the impact on their children of experiencing violence and abuse including bedwetting, being bullied, self-harming and feeling suicidal and the need for professionals to better understand the consequences of living with abuse and violence.

Children and young people experiencing this abuse can struggle to talk to their parents and others about how things are affecting them. They are often worried about themselves or their siblings being taken into care; that their parents will be unable to cope if the family is separated, or that their parents' problems will get worse if the family is no longer together. They worry they won't be taken seriously, that they will be blamed or bullied about what happened; they may be frightened of what other people will do to them if they speak out or they may not think what happened to them is serious enough to report.<sup>11</sup>

This is evidenced during consultations in Wales undertaken with children and young people affected by domestic abuse, over half stated that they just didn't know who to talk to or what to do to feel safe.<sup>12</sup>

“I didn't really have anyone because I wasn't sure if I could trust anyone... I didn't trust anyone with anything, like friends or anybody...”  
– Child Survivor

For many people their experience of violence and abuse will be exacerbated by intersectional inequalities, based on their ethnicity, sexual orientation, disability and exposure to complex needs such as alcohol and substance misuse and mental ill health. This can result in a broader context of social exclusion and marginalisation that are more conducive to violence and increases their vulnerability.

## **1.2 Strategic drivers for provision**

### **1.2.1 Moral Factors**

Violence against women, domestic abuse and sexual violence is a fundamental violation of human rights, a cause and consequence of inequality and has far reaching consequences for families, children and society as a whole. Society has a moral obligation to prevent these offences and ensure that all children can grow up safely. It is imperative that support is available to children to continue with their lives and move on from their experiences, but importantly, to prevent this from taking place in the first instance, and where it does take place, to enable an early intervention. Supporting the child with their psychological, practical and social recovery, including building resilience, processing their trauma and re-empowerment after a period of serious harm is of the utmost importance.

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<sup>11</sup> NSPCC (2018) “Is this sexual abuse?” NSPCC helplines report about peer sexual abuse. London: NSPCC

<sup>12</sup> Welsh Women's Aid (2019) Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people

We all have a moral obligation to protect, support and care for our children and young people in society. When there are interventions and support methods available which are known to work, these must be prioritised for delivery to ensure no child is left alone and unsupported.

“Women like us who have experienced child sexual abuse and are either now involved in offending because of that or need more support than there can be available and are now victims of abuse as adults. Children need support at the time of being abused – what is there when it happens to us first time around?”

- Survivor<sup>13</sup>

Consistently during consultations, survivors are stressing the need for dedicated specialist services for children and young people impacted by or experiencing domestic abuse, sexual violence, FGM, forced marriage, sexual exploitation or harassment, to be available in every area. The need for improved support for children and young people in schools and communities, and the importance of being able to access mental health services in response to children’s needs.

“I begged for help for my daughter”

“I couldn’t get help for my children”

- Survivor<sup>14</sup>

### 1.2.2 Legal & Policy Factors

#### Wales wide

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, places a duty to improve arrangements for the prevention of violence against women, domestic abuse and sexual violence and to provide support to survivors of such abuse, including children and young people.

The current strategy<sup>15</sup> working to fulfil the purposes of the Act and includes a number of key areas relating to children and young people including:

- Increased awareness in children and young people of the importance of safe, equal and healthy relationships and that abusive behaviour is always wrong
- Make early intervention and prevention a priority
- Provide victims with equal access to appropriately resourced, high quality, needs led, strength based, gender responsive services across Wales.

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<sup>13</sup> Are you listening and am I being heard? Survivor Consultation: A report of the recommendations of survivors of violence against women, domestic abuse and sexual violence in Wales (2016) Cymorth i Ferched Cymru / Welsh Women’s Aid

<sup>14</sup> Survivor consultation: Development of the Mid and West Wales *Safer Lives, Healthier Families* VAWDASV Strategy (2018)

<sup>15</sup> National Strategy on Violence against Women, Domestic Abuse and Sexual Violence – 2016 – 2021 (2016) Welsh Government

With these responsibilities in mind, it must be recognised that the victims and survivors this relates to are the children and young people too. This is clarified in commissioning guidance, which states ***“The commissioned services should ensure victims and survivors – whether adults or children – receive the protection and support they need”***.<sup>16</sup>

The Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014 represent key legislation which are shaping changes to the provision of support for survivors, including children and young people, and preventative agendas for health and social care services that are having an impact on the prevention of violence against women and the support available for survivors. Since the enactment of the Well-being of Future Generations (Wales) Act 2015, public bodies are required to think more about the long-term, work better with people and communities and each other, look to prevent problems and to adopt a strategic approach to improving the social, economic, environmental and cultural well-being of Wales.

### Internationally

Globally, the Welsh Government supports the principles of the Council of Europe Convention on preventing and combating violence against women and domestic violence (‘Istanbul Convention’), to which the UK is a signatory. This sets out minimum standards to prevent violence against women, protect victims and prosecute perpetrators.

Welsh Ministers are under a duty to comply with the European Convention on Human Rights<sup>17</sup> in the exercise of all their functions, as are all other public authorities. The Welsh Ministers also support the principles contained in the UN Sustainable Development Goals. This includes goal 5 - Achieve Gender Equality and empower all women and girls which includes a target in relation to violence against women and girls.

Welsh Ministers are also under a duty to have regards to the requirements of Part I of the United Nations Convention on the Rights of the Child. Since 2004 the Welsh Government has used the United Nations Convention on the Rights of the Child (UNCRC) as the basis of its work for children and young people.

These legislation and policies place a legal duty on local authorities to be proactive rather than reactive to the well-being of the people of Wales, which includes taking preventative action and acknowledges violence against women, domestic abuse and sexual violence as issues for children and young people.

These legal requirements, policy areas and agendas, place a responsibility on authorities to ensure an appropriate provision for children and young people, which empowers them, consults with them, focuses on them in their own right, supports them to be free from abuse

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<sup>16</sup> Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV): Guidance for the commissioning of VAWDASV Services in Wales (2019) Welsh Government

<sup>17</sup> See section 81(1) of the Government of Wales Act 2006

via support and / or prevention, and is proactive rather than reactive to improve their well-being.

### 1.2.3 Economic / Financial Factors

There are an array of other impacts to society as a result of children and young people experiencing abuse. Given limited data and what are often hidden and unreported crimes this is a difficult aspect to measure, however it is important to make an effort to do so. The costs come in terms of its impact on health care, social care, education, the criminal justice system and the impact of lost productivity on the economy. These measures do not and cannot capture the significant costs of abuse to the individuals involved.

Evidence from Wales and internationally has demonstrated a strong and cumulative association between exposure to adversity during childhood, and the adoption of health-harming behaviours and poor mental health across the life course.<sup>18</sup> Research has shown that the prevalence of low mental well-being in adults is strongly related to adverse childhood experiences (ACEs), and that by responding to and preventing ACEs in Wales, we could potentially reduce the number of individuals who report low mental wellbeing by just over 100,000.<sup>19</sup> International and national evidence also suggests there are associations between exposure to ACEs and health care use including visits to doctors, surgeries, hospitalisations and higher annual healthcare costs in adulthood as a result of poor physical health, but also a consequence of poor mental health or perceived health needs.<sup>20</sup>

One study, provides a conservative estimate of the economic costs as £89,390 - the estimated average lifetime cost of non-fatal child maltreatment by a primary care-giver. The largest contributors to this cost are social care costs, short-term health-related costs, and the costs resulting from a lower probability of employment.<sup>21</sup>

NSPCC research further estimated that the cost of child sexual abuse to the UK in 2012 alone, was between £1.6 billion and £3.2 billion.<sup>22</sup>

The public service burden of domestic abuse is considerable. Domestic violence and abuse cost the UK an estimated £15.7 billion in 2008<sup>23</sup>. This included:

- just over £9.9 billion in 'human and emotional' costs
- more than £3.8 billion for the criminal justice system, civil legal services, healthcare, social services, housing and refuges
- more than £1.9 billion for the economy (based on time off work for injuries)

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<sup>18</sup> Public Health Wales NHS Trust (2016) Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population

<sup>19</sup> Ibid.

<sup>20</sup> Ibid.

<sup>21</sup> Conti, G. et al (2017) The economic cost of child maltreatment in the UK: a preliminary study. London: NSPCC

<sup>22</sup> Saied-Tessier, A (2014) Estimating the costs of child sexual abuse in the UK. London: NSPCC

<sup>23</sup> Walby, S (2009) The Cost of Domestic Violence: Up-date, Lancaster University

Public Health Wales research<sup>24</sup> has shown that if persons who have experienced adversity (four or more ACE's) in childhood have a high level of resilience in childhood, they are around half as likely to report current mental health illness, and to have ever felt suicidal or self-harmed, as those with low childhood resilience. As such building childhood resilience through personal relationships and developing social and emotional skills including accessing specialist service provision is vital to see substantial reductions in mental illness.

This cost to the UK society is substantial, and by implication, indicates the amount that would be saved if this violence and abuse to children and young people was prevented.

This research also shows that the burden of cost, is not carried by just one sector of our society such as social care, but from across the spectrum of sectors including health, education and the criminal justice system. It is everyone's problem.

Investing in services and activities therefore to prevent violence and abuse to children and young people and to limit its impact is to the financial benefit of all sectors of society. Investment in services, including specialist services is a cost-effective approach for the country as a whole.

## Conclusion

Supporting the moral case to prevent and enable early intervention for children and young people experiencing violence against women, domestic abuse and sexual violence is complimented by the legal and economic one. It is critical therefore, for the long-term health and welfare of our nation that we intervene early to reduce the harm and prevent the incidence of violence against women, domestic abuse and sexual violence to children and young people.

## **1.3 Services in Wales**

### Specialist VAWDASV Services

Specialist services have over four decades of service delivery experience in Wales, providing a national network of vital life-changing and preventative support, for women, children and young people, and men, and some also engage in interventions with perpetrators of abuse to manage their risk and help change their behaviour. Many have achieved Wales's sector service standards for domestic abuse, sexual violence and BME women's services. They stand alongside survivors to meet their needs, help them access rights and entitlements and to recover from abuse, and provide a voice for those most marginalised and who face multiple barriers accessing services or getting help.

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<sup>24</sup> Public Health Wales NHS Trust (2018) Sources of resilience and their moderating relationships with harms from adverse childhood experiences

Some services are specifically led by and for women and for Black and ‘minority ethnic’ (BME) women. In doing so, they provide space to share experiences and address the unequal distribution of power across political, social and economic spheres, and deliver woman-centred support informed by values of empowerment, rights and self-determination. The importance of services by and for BME women is vital, to offer gender and culturally responsive support and space to strengthen and promote the leadership, autonomy and self-determination of BME women.

Some services are small local specialist providers and others are regional or national in their scope. The support provided includes delivery of refuge-based support, rape crisis support, community and outreach support for women, children and young people, and men across Wales. Support may involve advice and information, practical help, advocacy, counselling and therapeutic support, individual and group support, to meet needs associated with domestic abuse, rape and sexual violence, forced marriage, so-called ‘honour-based’ violence, sexual exploitation, harassment and stalking, female genital mutilation (FGM) and trafficking/modern day slavery.

Where specialist children’s services are available, they have a particularly effective role in early intervention to combat the impacts of violence and abuse and significant improvements are seen in health, safety, wellbeing and achievement.

The children and young people consulted with during our research reported experiencing a range of benefits after attending programmes including making new friends, understanding they are not alone, an increased feeling of safety and almost all reported that they felt happier.

“I learnt there are other children in more difficult situations... I know that there are other children that..., are in the same situation”  
– Child Survivor<sup>25</sup>

However, within the current arrangements in Wales, the provision of these services is limited, patchy and hugely varied due in large part to unsustainable, inconsistent and in some cases total non-existence of funding towards specialist dedicated services for children and young people.

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<sup>25</sup> Welsh Women’s Aid (2019) Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people

## Mental Health & Social Services

Despite evidence of extensive mental health need amongst young people affected by VAWDASV<sup>26</sup>, in the UK, only 9-11% of young people receive support from Child and Adolescent Mental Health Services (CAMHS)<sup>27</sup>. Access to CAMHS is largely driven by psychiatric diagnosis, and because experiencing VAWDASV is often seen as a social problem, this can function as a barrier to their access<sup>28</sup>.

Consultations with children and young people have identified a lack of agency when accessing support. Children and young people have expressed a strong sense of feeling voiceless, even when working with someone who is there to support them.

“I had no choice to see the social worker. I had help at school otherwise they would’ve just thought I was fine, and every time I was bullied I lashed out and I’d be punished.”

– Child Survivor<sup>29</sup>

## **2. Assessment of current specialist service provision in Wales**

Welsh Women’s Aid conducted a mapping and scoping exercise of specialist VAWDASV children and young people’s services to assess the current situation of provision across Wales.

### **2.1 Need**

The number of children and young people in need of support following experience of VAWDASV is hard to measure as this is often a hidden and under-reported crime. There are however a number of indicators available to us to estimate this need.

Between March 2017 and 2018 in Wales, we know that at least **7,163** children were living in a household where domestic abuse was taking place and the situation assessed as high risk and as such referred to MARAC (see figure 1). Due to known issues of under-reporting and the way in which this data is captured it can be assumed this figure is far higher. Further, this does not account for the cases assessed as standard and medium risk that are not referred to MARAC.

Population estimates for Wales from the Office for National Statistics place the number of children in mid-2018 at 665,265. We utilised the population estimates and the largest UK

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<sup>26</sup> Meltzer, H., Doos, L., Vostanis, P., Ford, T., & Goodman, R. (2009). The mental health of children who witness domestic violence. *Child & Family Social Work*, 14(4), 491–501

<sup>27</sup> CAADA (2014) *In plain sight: The evidence from children domestic abuse*. Cardiff: CAADA.

<sup>28</sup> Callaghan, J. (2015). Mothers and children? Representations of mothers in research on children’s outcomes in domestic violence. *Psychology of Women Section Review*, 17, pp. 13-20. 1466-3724

<sup>29</sup> Welsh Women’s Aid (2019) *Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people*

study into child abuse and neglect to estimate the prevalence of children’s experiences of domestic abuse<sup>30</sup>.

	<b>Under 11s</b>	<b>11-17s</b>	<b>18s</b>	<b>Total</b>
<b>Population estimates (mid 2018)</b>	390,486	239,299	35,480	665,265
<b>Experienced DVA in the past year</b>	12,496 (3.2%)	5,982 (2.5%)		18,487
<b>Experienced severe* DVA over their lifetime</b>	13,667 (3.5%)	9,811 (4.1%)	2,129 (6%)	25,607

\* severe DVA defined by the researchers as the child having ever had witnessed one parent being kicked, choked or beaten up by the other parent

A range of research and data highlights pregnancy and early motherhood/childhood as vulnerable times for both mothers and children, and in many cases, abuse escalates during pregnancy: within recent research carried out with survivors, over a quarter of mothers reported that the abuse had started when they were pregnant.<sup>31</sup> Within refuge-based services, 49 (3.8%) of survivors reported being pregnant, indication of a need for early perinatal support<sup>32</sup>.

Young people will also experience abuse within their own intimate partner relationships. Recent research found that between a **half and two-thirds** of young women aged 14-17 years-old and between a **third and two-thirds** of young men have reported experiencing intimate partner violence<sup>33</sup>. 16-25 years old represent 21% (261 young people) of those accessing refuge and 10% (591 young people) of those accessing community services for domestic abuse in Wales in 2017-18.<sup>34</sup>

Reports and experiences of sexual violence is high, with **31%** of young women aged 18-24 reporting having experienced sexual abuse in childhood.<sup>35</sup> Reports of online sexual abuse concerns such as being exposed to online sexually explicit images, sharing sexual images/messages and grooming are also rising.<sup>36</sup> Of concern, some research has shown that

<sup>30</sup> L. Radford, et al., ‘Child abuse and neglect in the UK today’, NSPCC, 2011, <https://www.nspcc.org.uk/globalassets/documents/research-reports/child-abuse-neglect-uk-today-research-report.pdf>

<sup>31</sup> L. Kelly, N. Sharp & R. Klein (2014) Finding the Costs of Freedom. Solace Women’s Aid

<sup>32</sup> Welsh Women’s Aid: Annual Report: Data from specialist services in Wales, 2017/18 (2018) Welsh Women’s Aid

<sup>33</sup> NSPCC (2015) ‘Safeguarding Teenage Intimate Relationships (STIR) Connecting online and offline contexts and risks’

<sup>34</sup> Welsh Women’s Aid (2018) Annual Report: Data from specialist services in Wales, 2017/18. Cardiff: Welsh Women’s Aid

<sup>35</sup> L. Radford, et al., ‘Child abuse and neglect in the UK today’, NSPCC, 2011, <https://www.nspcc.org.uk/globalassets/documents/research-reports/child-abuse-neglect-uk-today-research-report.pdf>, (accessed 13 Feb 2017).

<sup>36</sup> NSPCC (2016) ‘Childline Annual Review 2015/16: It turned out someone did care’ <https://www.nspcc.org.uk/globalassets/documents/annual-reports/childline-annual-review-2015-16.pdf>, (accessed 1 March 2017).

around a third of child sexual abuse is committed by other children and young people<sup>37</sup> demonstrating a further need for prevention and early intervention with CYP. Almost **560** children were known to be trafficked for sexual exploitation in the UK, in the last year;<sup>38</sup> and in one 14 month period studied, from August 2010 to October 2011, over **2,400** children were victims of sexual exploitation in gangs and groups.<sup>39</sup>

It is also estimated that up to **5,000** children and young people are involved in prostitution at any one time in the UK, and of these, there is a female to male ratio of 4:1.<sup>40</sup>

Female genital mutilation (FGM) is a primary risk for girls, 296 FGM protection orders have been made to safeguard girls between July 2015 to September 2018.<sup>41</sup> FGM survivors are at greater risk of complications during pregnancy and birth difficulties, affecting the health of both mother and child, and are also at high risk of developing post-natal depression after traumatic birthing experiences, which can adversely affect the wellbeing of both mother and child.<sup>42</sup>

Living in a situation of extended family domestic abuse in the context of forced marriage and so-called 'honour-based' violence can severely impact the mental and physical health and wellbeing of women and children. The ages of victims range from very young children to people post-retirement age, however **14%** of cases involved victims below 16 years of age, and **27%** involved under-18s. Cases involving very young children often involve the promise of a future marriage rather than an imminent marriage.<sup>43</sup>

## 2.2 Provision

### Children and young people receiving support

During 2018/19, **4,263** children and young people were known to access some form of specialist VAWDASV support in Wales.<sup>44</sup> 1,070 children under 16 years of age were supported in refuge-based support services, and 3,193 were supported by specialist domestic abuse community-based support/outreach services. In addition, the helpline has provided support to the parents of an estimated 2,922 children, and to 19 children and young people who contacted the helpline directly.

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<sup>37</sup> Hackett, S. (2014) Children and young people with harmful sexual behaviours. London: Research in Practice

<sup>38</sup> National Crime Agency (2018) National referral mechanism statistics: end of year summary 2017

<sup>39</sup> Berelowitz, S. et al (2012) "I thought I was the only one. The only one in the world." The Office of the Children's Commissioner's inquiry into child sexual exploitation in gangs and groups: interim report

<sup>40</sup> Home Office: 'Paying the Price: a consultation paper on prostitution', July 2004, London, <http://goo.gl/Kva1yK>

<sup>41</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/764339/FCSQ\\_July\\_to\\_September\\_2018\\_-\\_FINAL.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/764339/FCSQ_July_to_September_2018_-_FINAL.pdf) [accessed Nov 2019]

<sup>42</sup> BAWSO, 'FGM Info', BAWSO, <http://www.bawso.org.uk/assets/Uploads/FGM-Info.pdf> [accessed Jan 2017].

<sup>43</sup> Foreign & Commonwealth Office, 'Forced Marriage Unit Statistics 2015', Home Office, 2016, [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/505827/Forced\\_Marriage\\_Unit\\_statistics\\_2015.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/505827/Forced_Marriage_Unit_statistics_2015.pdf) [accessed Jan 2017].

<sup>44</sup> Welsh Women's Aid: Annual Report: Data from specialist services in Wales, 2017/18 (2018) Welsh Women's Aid

Given that it is estimated that 18,487 children and young people experienced domestic abuse in the past year, **14,224 (77%) received no specialist support.**

Of the women in refuge in 2018/19, **13% identified 'help to support dependent children' as a need.** When considering the taboo and challenges around admitting the need for help in this area this is a significant figure. However, 10% of women did not have their children with them in refuge as they were in alternative care arrangements such as with other family members or social services etc. implying that in many cases these survivors were not being supported to keep their children with them. Given this, the known conservative estimate that 69% of children and young people are receiving no specialist support, it is safe to assume that this is a need which is currently not, and unable to be met.

#### Service availability:

“You are finding that you are coming in earlier, you’re leaving later, you’re trying to get away and it’s that last phone call that ends up going on...There are not enough hours in the day...We are still getting referrals and other organisations ringing up and asking how long the waiting list is...”  
- Children and young people worker<sup>45</sup>

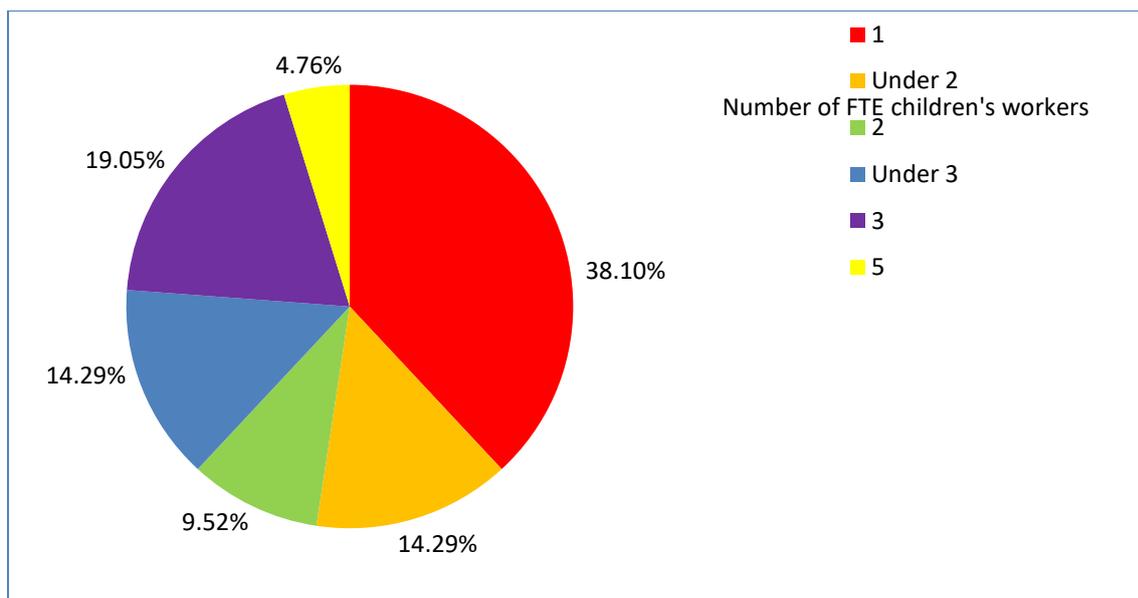
The current picture of specialist service provision is hugely varied across Wales.

- 33% of specialist services have just one children and young people’s member of staff providing full (19%) or part time (14%) support.
- In one organisation this part time provision equates to 5 hours a week. Just 5 hours to provide support to all the children and young people in that area.
- One service has no specialist children and young people staff in place at all.
- 24% of specialist services have between 1 and 2 members of staff providing full (10%) or part time (14%) support.
- 33% of specialist services have between 2 and 3 members of staff providing full (19%) or part time (14%) support.

When compared to the best staffed organisation, with 5 full time equivalent members of staff who are able to deliver a comprehensive suite of services to a wide range of ages including play therapy, 1:1 interventions including counselling, family interventions and work in schools, it is clear what a huge discrepancy our children and young people face in availability to access a service.

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<sup>45</sup> Welsh Women’s Aid (2019) Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people



**Figure 2.** The percentage of full time equivalent dedicated children and young people staff members specialist services (21) have in place, as of November 2018.

Where there is only one, or less, staff members in place, significant issues are faced with running a quality service provision. With such skeletal staff there is no safety net of support for the children, or staff back up when needed, which is short-sighted, counterproductive and puts the wellbeing of both staff and the children they're supporting at risk. Due to nominal children and young people staff, the opportunities to talk to colleagues for peer support is also intermittent and not part of a daily, weekly or monthly working routine.

*"You forget as well...you forget how difficult it is because you do it every day and either you come into a forum like this or maybe you're sharing a case study or story with somebody and you say it out loud and somebody goes 'what?'"*

*– Children and young people worker*

This can lead to de-sensitisation with a significant impact on a member of staff's mental health, perpetuating the cycle of high staff turnover, interrupting support for the child and costing an already under-funded system even more.

Research also shows that some posts, even though described as children and young people specific, are funded with additional responsibilities, which are necessary, but limit the time available to provide support work with children and young people. Limited staff availability also results in much of the support provided to children and young people, provided as a part of the support to their parent, as lack of funding results in limited dedicated support for children being available.

Specialist services across Wales are limited in how many families they are able to support within refuge due to current occupancy, staffing and funding.

“The post is funded to cover children and young people specific support, crisis intervention, attend MARAC meetings and complete awareness sessions.”  
– Specialist Service

“The hours do include family work/ work with the mothers and fathers as well.”  
– Specialist Service

Despite there being a significant impact on the mental health of children and young people who have experienced VAWDASV, only 9% of children who were receiving support from specialist VAWDASV services were also receiving Child and Adolescent Mental Health Services (CAMHS).<sup>46</sup> This is extremely low given the known long-term impacts on children of these experiences, and reports are made of long waiting lists to receive support following an initial assessments, in many cases for around 8-9 months.

“Struggle with CAMHS - Not accessible (referrals have to be made directly via GP) It is felt that some children and young people are staying in the service for too long and therefore become dependent on the workers due to long waiting lists or not meeting the threshold.”  
– Specialist Service

It is also reported that some generic mental health and counselling services, don't have the skills or capacity to work with children and young people, and referrals are made back into the specialist services from Team Around the Family, Social Services and CAMHS. Children consistently felt “unsure” and “confused about what was going on.” This disempowerment was compounded by some of their interactions with various services.

“My social worker wouldn't listen to a word I said. He just kept coming up with his own stuff.”  
- Survivor, 12

The impact of not being listened to resonated with several children who participated in the research.

“[CAMHS] didn't really care. It felt weird like, it was really, how can you say it, it felt like it didn't matter.”  
– Survivor, 12

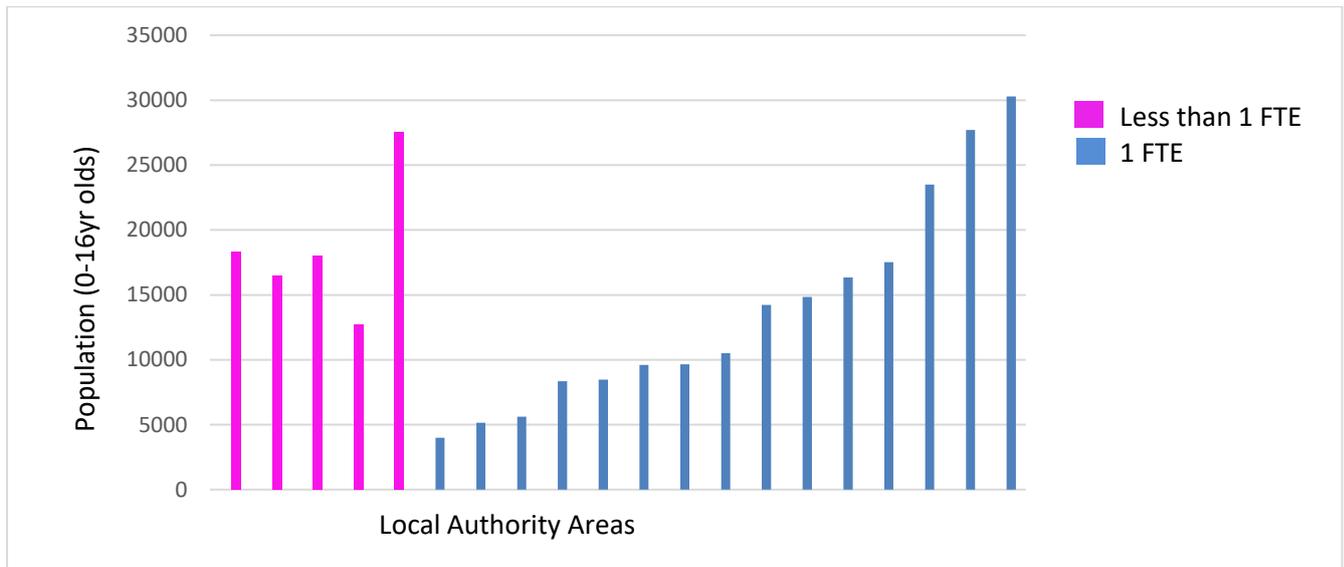
### Wales-wide coverage

Even in areas where there is dedicated children and young people provision, this is very limited when compared to the population of children aged 0-16 in the area of service coverage, and extremely varied. For example, one full time equivalent (FTE) member of staff serves a population size of 4,005 children and young people in one area, versus 27,694 in in another. In 5 areas there is only one-part time dedicated children and young people worker,

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<sup>46</sup> CAADA (2014) In plain sight: The evidence from children exposed to domestic abuse

at its most extreme serving a population of 27,582 children and young people. This results in a huge postcode lottery to accessing services for vulnerable children and young people.



**Figure 3.** No. children and young people served by dedicated children and young people specialist service worker in local authority areas in Wales.

### Waiting lists

The impact of a lack of staff is felt directly by the children and young people who are waiting for support. Despite the plethora of resources and services offered on very little staff or sustainable funding the need greatly outweighs the provision. This means that children and young people are waiting up to 12 months for support.

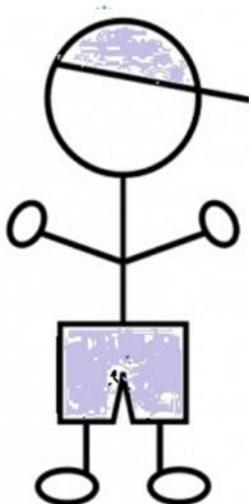
There are at least **285** children and young people on existing waiting lists to receive specialist services in Wales. This number of children unable or waiting to access a service will in reality be higher as not all services run waiting lists.

“The worse thing was the children didn’t have the option of speaking to someone. They wouldn’t say anything to a teacher or a police officer... but if there was a support worker there for children they’d have spoken to them.”  
- Survivor<sup>47</sup>

“Looking at between 6-12 months wait... you know we do Families First and Children in Need support so we like do outreach...it’s over a year...it’s refuge, so you have that turnover where they are in and out you know, but they can get transferred over to the

<sup>47</sup> Are you listening and am I being heard? Survivor Consultation: A report of the recommendations of survivors of violence against women, domestic abuse and sexual violence in Wales (2016) Cymorth i Ferched Cymru / Welsh Women’s Aid

# TIME TO ACT



**Ask Me**  
Community-based response

**Trusted Adult**  
Support, advice and signposting in a range of service setting

**Specialist Support Services**

- Children and Young People's Workers providing support through:  
One-to-one sessions, group work, youth work type interventions, fun activities
- Advocacy including: Family Courts, FM/FGM Protection Orders
- Specialist therapeutic interventions such as play therapy and specialist counselling

Barriers to help for children and young people are removed or reduced

Opportunities to access help in the community are widened

Communities increase their understanding of the impacts of gender-based violence for children and young people, and the role they can play in responding

Practitioners at all levels, across all agencies are trained in understanding and responding to children and young people's experiences

Children are supported to overcome the impact of violence and abuse at an early stage.

Access to support based on their needs

**Strength-based**

**Needs-led**

**Trauma-informed**

Children who have been neglected or abused should receive special help to restore their self-respect

community support workers and could be waiting another six months before they're seen or even over a year."

- Children and young people worker<sup>48</sup>

The reality of this situation is that children are simply disappearing from the service, so the opportunity for any prevention or early intervention work around abuse is lost. This is completely unacceptable, as the prevalence, economic and emotional impact of children who have experienced abuse is well researched and documented.

"By the time you've come around to do that support they're gone...especially if they're leaving refuge and going back into the community, they need that support within those few weeks."

- Children and young people worker<sup>49</sup>

### Quality of provision

Due to funding limitations and insecurity, in some cases the quality of provision when it is available is of concern. Research shows that a number of staff are quite new in post suggesting a high turnover of staff in roles. This is particularly worrying given the nature of this work, where building trust, and sustaining a trusted adult relationship is critical to the child's recovery.

"Well...there is only me for children and young people on 14 hrs, this is my third week in the job...and there has been no one in place since April, so there is this large waiting list for both STAR and 1-1 so that's quite a big issue..."

- Children and young people worker<sup>50</sup>

A lack of experience in building these relationships and providing support to the child is also of concern given the very sensitive, personal and potentially (re)traumatising issues involved.

"Keeping the same staff member is crucial in terms of building relationships with young people and with schools"

- Specialist Service

This high turnover of staff also means that there are gaps in continuity of service provided to children and young people, and in knowledge retained and developed by staff in these specialist organisations. Every single service has identified the lack of funding for services as a primary concern, linking this issue to the difficulties experienced with staff retention and attraction.

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<sup>48</sup> Welsh Women's Aid (2019) Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people

<sup>49</sup> Ibid

<sup>50</sup> Ibid

“We have not (yet) had a cut to funding - but we have also not received any rise either which in effect due to rising cost of living etc. works out at a loss each year.”  
– Specialist Service

Another service, where currently only 21 hours are funded have been informed that there will be a potential **£5,000 reduction** in the local authority’s funding for children and young people services.

38% of the services have one children and young people worker or less, and in some cases these workers cover more than one local authority area, resulting in far too many caseloads to take on and manage, resulting in children and young people who do not receive a service. Only five services stated that they provide clinical supervision to staff. However, this is not always taken up by staff or not provided in a way that appropriately meets their needs. Also, in some cases staff report having managers without children and young people expertise to provide effective supervision.

“Clinical supervision is delivered within a group which can make it difficult to discuss all issues within the allotted time.”  
– Specialist Service

“It would be perfect to have it [clinical supervision] whenever you need to but there’s no money and that’s a problem I think...I’ve been doing front line work for eight years, it’s a long time...it’s a lot of abused children to deal with.”  
– Children and young people worker<sup>51</sup>

## 2.4 Funding

Services receive funding from a range of sources but predominantly via statutory services and grants made by trusts and foundations. 68% of services receive statutory funding, meaning around **one third of services receive no statutory funding for working with children and young people affected by violence and abuse**. Where statutory funding is available it is from varied sources, in some cases from families first, social services and supporting people, each of which have different restrictions on which children and young people can access the service (e.g. based on age, if in community or in refuge, if on a child protection register); and how they can be referred to the service (e.g. via families first acting as a gateway).

In addition, the sizes of funding grants provided by statutory sources are quite small and in numerical figures only account for 33% of the overall funding provided to support children and young people. The remaining 67% comes from trusts and foundations such as Children in Need, Big Lottery Fund, Comic Relief etc.

**EVERY** service who responded mentioned the lack of funding as a concern for their children and young people’s services.

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<sup>51</sup> Welsh Women’s Aid (2019) Children and Young People Participation report: An overview of specialist service provision and recommendations for children and young people

The current model and method of funding, results in significant inconsistency across Wales when it comes to available funding for dedicated violence against women, domestic abuse and sexual violence support services for children and young people.

It is of significant concern, that of the regional VAWDASV strategies in Wales that will be used to inform future commissioning, only two make concrete commitments to develop and provide specialist provision for children and young people affected by VAWDASV. An additional, three strategies only refer to children and young people in the context of raising awareness of healthy relationships in schools, not with any regard to ensuring any provision of specialist support and intervention. **Only one strategy makes reference to children's rights, engaging with children and young people and being children and young people led,** something which is fundamental to truly have an impact and limit the impact of violence and abuse experienced by children and young people. Only one strategy makes a commitment to research models of good practice - instead commitments are often made towards projects that already commissioned and often by non-statutory funding streams (e.g. Calan's BRAVE project funded by the Big Lottery).

## 2.5 Gaps in Provision

Our mapping and scoping exercise on children and young people services within Wales, found that more intensive, specialised, therapeutic services are needed for children and young people experiencing mental health issues as a result of VAWDASV. Findings have highlighted the below gaps:

- There are specialist VAWDASV services in Wales that do not have any dedicated provision to support children and young people.
- Even in areas where there is provision, this is very limited when compared to the population in the area of service coverage.
- 77% of children and young people with experience of VAWDASV have no access to specialist support.
- Short-term funding means that services are precarious and this impacts on staff-turnover and service continuity, which impacts adversely on children and young people who have experienced trauma and need time to build trusting relationships with professionals.
- Some VAWDASV services in Wales offer trauma-informed specialised domestic abuse, sexual violence counselling, and play therapy services for children and young people, which could inform best practice and development and commissioning of further services – see case study below.
- Currently interventions are often brief, services are under pressure to work with high numbers and quality is sometimes compromised.
- Some staff themselves do not have job or salary security, access to clinical supervision and access to training and qualifications due to funding limitations, which has a knock on to service provision.
- Regional strategies in Wales, do not give adequate commitment, if any, to develop and provide specialist provision for children and young people affected by VAWDASV.

### **CASE STUDY: Rape And Sexual Assault Support Centre (RASASC) North Wales**

RASACS North Wales deliver psychotherapy, play therapy, CBT and counselling to children and young people aged between 4-19 years.

Play therapy entails the use of materials and/or equipment such as sand trays, puppets, play-doh, miniatures, dolls, art and craft and so on. The use of such materials and equipment allows the child or young person to more easily access their trauma and difficulties in a safe and supportive environment. In addition, the staff can take pictures of work during a play therapy session which is a valuable record for the Centre as well as a visual record of progress for the client.

Psychotherapy, CBT and counselling is a more traditional form of talking therapy and the centre's therapists use an integrative approach (complimented with also the aid of play therapy) which is clinically proven to be more effective and beneficial for the children and young people who have experienced sexual abuse and/or violence. This approach means that the therapist and child or young person is active in the therapeutic process allowing for a dynamic therapeutic relationship.

Factors such as age, length of abuse, number of abuse episodes, environmental factors and so on are considered when assessing the best therapeutic approach to help children and young people. To monitor progress the centre uses a number of tools from monitoring small visual changes (e.g. the child or young person taking more care with their appearance or changing it, changes in posture, eye contact during sessions) to more significant changes (e.g. improved relationships with others, reduction in self-harm and/or suicidal thoughts, improved school attendance and performance). Young children become more playful and return to being a child. All of these are indicators that they are starting to feel better about themselves.

# TIME TO ACT



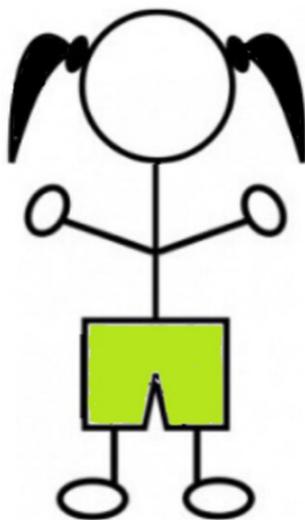
Source: "You have given us a voice, now listen" -Children an Young People's Research Project (Welsh Women's Aid)

**Alexis:** I've changed completely in the last like two years. I've made something better of what I am. I don't do...I used to smoke and everything and I don't do that no more. I keep myself to myself. I don't get in trouble and I try to look forward into the future and just trying to do something with my life instead of ending like all my uncles and aunties.

**Beth:** Because if I didn't have anyone to talk to then I'd be waling around really miserable and stuff. I would want to talk to anyone. Then because I got my feelings out and I don't need to keep them bottled up and stuff and I know I can go see someone when I need help then like I go and be happy.

**Tamara:** Before that I would say my self-esteem was rock bottom and now it's gone well, up to the light I guess [points to high ceiling lamp].

**Sian:** Well, I feel more confident and i feel that i can just forget about that and push it away and now that I can get on with other things so it just helps me



**Becky:** We get to talk about how we feel about certain aspects in a relationship, so, we just get to express our opinion and we get to play fun games to do it, it's a good way to do it. .

**June:** It's sort of made loads of changes cause like now I'm not as shy I've obviously moved on cause the've told, well, not really told us, They've helped us sort of move on, I can't really explain it..We came here and I've been a lot less shy and can stand up for myself and it's been loads of help.

**Alice:** Um, yeah, I had a notebook that I could like just go and write down how I was feeling and then work out why I was angry and what triggered it. And then, cause I like art I just like draw things as well.

**Elin:** I still get angry sometimes but I dont threaten o stab or like, I dont hit my Nan. I might just pat her on the shoulder as a joke but I don't like hit her hard like before.



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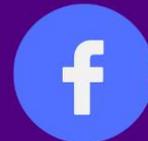
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