



Live Fear Free Helpline

Providing confidential support and information on domestic abuse, sexual violence and violence against women in Wales

0808 80 10 800

Llinell Gymorth Byw Heb Ofn

Darparu gwybodaeth a chellogeith cyfrinachol ynghylch trais domestig, trais rhywiol a thras yn erbyn merched yng Nghymru



Welsh Women's Aid Consultation Response:

Welsh Government guidance on the management and accountability of Transition and Handover processes in Healthcare Services, for children and young people as they grow older and move from using children's to adults' services.

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These are the views of:	<i>Welsh Women's Aid (Third Sector) - the national charity in Wales working to end domestic abuse and all forms of violence against women.</i>

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 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. We also deliver services including the Welsh Government funded Live Fear Free Helpline and a National Training Service partnership. 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. More information on the NQSS can be found [here](#).

Welsh Women's Aid's response is focused on how the transition and handover to healthcare services affects children and young people who have experienced any form of violence against women, domestic abuse and sexual violence (VAWDASV)

At Welsh Women's Aid we know that children and young people are experiencing VAWDASV in their childhood within their families and in their own relationships. Our annual membership data shows that 1,656 children and young people were supported alongside their parents in year 2018/19 (978 female and 678 male). As well as children and young people being



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supported alongside their parent, 1,537 children were supported in their own right (876 females and 661 males).¹

It is estimated that 750,000 children and young people a year, have experienced domestic abuse in England and Wales.² Reports and experiences of sexual violence is high, with 31% of young women aged 18-24 reporting having experienced sexual abuse in childhood.³ Reports of online sexual abuse concerns such as being exposed to online sexually explicit images, sharing sexual images/messages and grooming are also rising.⁴

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. The impacts will vary from person to person, and as a result of the violence and abuse they have experienced.

Broadly, effects can include:^{5 6 7}

- Mental health problems including suicidal thoughts and feelings, self-harming practices, depression, anxiety and panic attacks
- Physical health problems 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
- Some felt they were more vulnerable to further abuse by sexualising them, leading them to drinking heavily, taking risks or reducing their sense of self-worth and confidence
- Poor performance in school, including difficulty keeping up with work or behavioural problems.

¹ <https://www.welshwomensaid.org.uk/wp-content/uploads/2019/11/Annual-Membership-Report-2018-19-FINAL.pdf>

² Department of Health (2002) Women Health into the Mainstream, London: DH

³ 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).

⁴ 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).

⁵ NSPCC (2018) Children living in families facing adversity: NSPCC helplines report. London: NSPCC

⁶ NSPCC (2018) "Is this sexual abuse?" NSPCC helplines report about peer sexual abuse. London: NSPCC

⁷ 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.





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

Due to the prevalence of children’s experiences of all forms of VAWDASV and the impact on the health and wellbeing, in order for that transition from child to adult healthcare services to be successful a trauma informed approach is vital. 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.⁸ 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 100,000.⁹ 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.¹⁰

Specialist services and survivors have reported that children and young people who have experienced VAWDASV accessing generic mental health services are not getting the specialist support they require. It is critical that generic services are able to identify those experiencing VAWDASV, are trained to appropriately enable disclosures and have an effective and fully funded referral pathway to specialist services so that children and young people get the dedicated, expert support they need. This will be even more critical at a time of transition, when a young person may be more vulnerable to falling through the gaps between services.

Example of best practice

Those children who have experienced child sexual exploitation (CSE) are particularly vulnerable when transitioning to adult healthcare services, due to the risk of practitioners not identifying the trauma of the exploitation itself in the same way a specialist service would. [The Somerset Phoenix Project](#) linked generic support with specialist rape crisis provision in the area specifically to negate this, by providing support to children and their families and training to frontline professionals.

⁸ Public Health Wales NHS Trust (2016) Adverse Childhood Experiences and their association with chronic disease and health service use in the Welsh adult population

⁹ ibid

¹⁰ ibid





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Recommendations

To overcome these challenges, and ensure all children and young people transitioning to adult services are getting the support they need to recover from experiences of violence and abuse, Welsh Women's Aid would like to make the following recommendations;

- Engagement with specialist services needs to be linked in and resourced during transition.
- Specific specialist support should be provided for young people who have experience VAWDASV transitioning to adult services.
- All healthcare practitioners need sufficient training on violence against women, domestic abuse and sexual violence in order to identify signs and symptoms of potential harm with specific understanding of the long term impact on children and young people.
- Designated spaces within adult sexual healthcare need to be provided for survivors of child sexual exploitation and designated spaces for vulnerable young people.
- Adult healthcare services need to work closely with specialist violence against women, domestic abuse and sexual violence services to ensure a seamless transition of support and allow the young person to build a relationship with a new practitioner
- Increased communication directly to young people to inform them of their healthcare providers and empower them to engage directly with support
- Proactive handover involving both support professionals in the children's services and adult services to build trust in the future support provision and reduce anxiety for young people transitioning to adult services provision.
- Risk/needs assessment related to VAWDASV for every young person transferring to adult services to identify significant vulnerabilities and existing support networks to enable a smooth transition and ensure that young people are not exposed to increased risks to their wellbeing and safety as a result of the transition.

Welsh Women's Aid is also available to provide further written and oral evidence around this issue if required.

Any comments or questions regarding our response can be directed to:

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