Cynulliad Cenedlaethol Cymru | National Assembly for Wales
Y Pwyllgor Plant, Pobl Ifanc ac Addysg | Children, Young People and Education Committee
Y 1,000 diwrnod cyntaf | First 1,000 Days

FTD 42

Ymateb gan: Unigolyn
Response from: Individual

1. I am writing to provide written evidence in response to the consultation, specifically the "evidence focusing on the effectiveness of Welsh Government policies and programmes that aim to reduce the adverse impact on the child" of **domestic violence** during the first 1,000 days of life (defined as pregnancy through to a child's 2nd birthday).
2. By way of background, I am a Reader in Criminology at Cardiff University. I have conducted a wide range of research projects on effective responses to violence against women and girls, domestic abuse and sexual violence over the past 20 years. I was the lead author of the Task and Finish group report which provided the blueprint for the Welsh Government's White Paper proposals leading to the *Violence against Women, Domestic Abuse, and Sexual Violence (Wales) Act*. I continue my advisory work through my current membership on the Violence Against Women, Domestic Abuse and Sexual Violence Advisory Group, chaired by the Cabinet Secretary for Communities and Children. I also have served as an expert advisor on several UK national committees instrumental in shaping professional practice, such as the National Institute for Health and Clinical Excellence (NICE), which formulated and published guidelines for health practitioners for preventing domestic violence in 2014.

3. Before addressing the question of whether Welsh Government policies and programmes are effective at reducing the adverse impact of domestic violence on children, it is important to examine what the research reveals about the impact of domestic violence on children. A wealth of literature conclusively establishes that "children who are exposed to domestic violence and abuse (DVA) are more likely to experience emotional and behavioural problems in childhood, adolescence and adulthood than children who are not exposed to DVA" (Howarth et al., 2016, p. xxv). In general, children exposed to domestic violence report greater levels of fear, anxiety, stigma, aggressive behaviours, sleeping problems and poorer social competence, verbal skills and school performance issues (Edleson, 2011; Fowler & Chanmugam, 2007; Guille, 2004; Stanley, 2011). Regarding the very young, the negative impact of domestic violence has been documented but the evidence base is less developed. Infants respond with symptoms of poor health and sleeping, and excessive crying and screaming (Humphreys, et al., 2008). Most of the available research focuses on children older than babies and toddlers, yet the research clearly establishes that domestic violence is harmful across the life-course and in a number of different ways.

4. A recent review of international research on interventions designed for children exposed to domestic violence identified the existence of a number of different types of programmes.[1] The review identified that it was "established practice" in the UK to offer targeted interventions to children who have been exposed to domestic violence, mainly via programmes offered in the voluntary sector that provide "group-based psychoeducation for children and their non-abusive parent or for children alone" (Howarth et al., 2016, p. 139). Given the focus of this consultation on children's development before the age of two, it is

[1] Howarth et al. (2016) *IMPRoving Outcomes for children exposed to domestic ViolencE (IMPROVE): an evidence synthesis*. Available at: https://www.ncbi.nlm.nih.gov/pubmed/27977089

especially important to highlight that most interventions for children exposed to domestic violence are aimed at those between 6 and 18 years, with only the Refuge children's psychology programme designed specifically for children less than five years of age.[2]

5. Overall, regardless of the type of programme or the ages of the children receiving it, there is currently a dearth of evidence able to establish the effectiveness and/or the extent to which such programmes represent good value for money. A pressing need for high-quality UK-based studies to evaluate the clinical effectiveness, cost-effectiveness and acceptability of targeted interventions for children exposed to domestic violence has been identified (Howarth et al., 2016, p. xxxi).

6. Given the state of the evidence, unfortunately it is not possible to offer a definitive statement on whether specific programmes that have been implemented in Wales are effective and/or cost-effective for reducing the harm caused by domestic violence during a child's first 1,000 days.

7. However, perhaps the Committee will find it useful to again take stock of what interventions are known to be both effective and cost-effective for adult victims of domestic violence who are parents (mostly mothers) with responsibility for looking after young children, as well as pregnant and post-partum women.

8. The most promising intervention for reducing the harm caused by domestic violence has been shown to be providing advocacy to adult victims through specialist voluntary sector providers. Indeed, this is the key recommendation made in the NICE (2014) guidance[3], following a rigorous systematic review of the research available internationally:

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[2] Barraclough (2004) *Assessment and Intervention for Young Children Exposed to Domestic Violence. Report to the Department of Health*. https://nzfvc.org.nz/sites/nzfvc.org.nz/files/Assessment%20and%20Intervention%20for%20Young%20Children%20Exposed%20to%20Domestic%20Violence%20.pdf

[3] https://www.nice.org.uk/guidance/ph50/chapter/1-Recommendations

"Advocacy services may improve women's access to community resources, reduce rates of intimate partner violence, improve safety, decrease depression, reduce various stressors, and improve parenting stress and children's well-being. Advocacy interventions are those that inform, guide and help victims of domestic violence to access a range of services and supports, and ensure their rights and entitlements are achieved. Interventions included: community based mentorship, home visitation advocacy services, Independent Domestic Violence Advisor Services (IDVA), emergency department advocacy services, advocacy services for rural women, shelter and post-shelter advocacy services, and a 24 hour helpline services."[4] The international evidence base on advocacy services includes mothers, pregnant and post-partum women, and all studies evaluating advocacy services report some level of improvement for these women.

9. Numerous studies – conducted in Wales, the UK and beyond – consistently highlight the measurable benefits from advocacy and thus provide a vital reminder of the link between addressing the harm to adult victims (mainly women) and addressing the harm caused by domestic violence during a child's first 1,000 days. Furthermore, specialist advocacy for victim/survivors is the foundation underpinning other successful interventions, such as the IRIS model[5], MARACs, SDVCs and SARCs.[6]

[4] British Columbia Centre of Excellence for Women's Health (2013) *Review of Interventions to Identify, Prevent, Reduce and Respond to Domestic Violence* for NICE.

[5] Feder, G., Agnew Davies, R., Baird, K., Dunne, D., Eldridge, S., Griffiths, C., Gregory, A., Howell, A., Johnson, M., Ramsay, J., Rutterford, C., Sharp, D. (2011). Identification and Referral to Improve Safety (IRIS) of women experiencing domestic violence with a primary care training and support programme: a cluster randomised controlled trial. *The Lancet, 378*, 1788-95.

[6] For an overview, see Robinson, A. L. and Payton, J. L. (2016). Independent advocacy and multi-agency responses to domestic violence. In Hilder, S. and Bettinson, V. (Eds.) *Domestic violence: Interdisciplinary perspectives on protection, prevention and intervention* (pp. 258-283). Palgrave Macmillan.

10. Widely available, well-resourced, sustainable, specialist services for adult female victims of domestic violence, which are able to provide targeted interventions for children as well as advocacy for the mother, is the key mechanism by which the Welsh Government can ameliorate the harm caused by domestic violence.