



# Young people and interpersonal violence: final data report from the young people's programme

January 2014 - March 2015

## Introduction

---

The evidence presented in this report was collected by young people's violence advisors (YPVAs) and other frontline practitioners who have been trained by SafeLives and its partners to support young people experiencing relationship abuse. The data was collected as part of the young people's programme, funded by the Department for Education, which ended in March 2015. The report includes detailed profiles of the young people supported, their experience of violence and abuse, and their needs and vulnerabilities. This report evidences outcomes achieved for these young people - including improvements in their health, wellbeing and safety.

## A note about the data

---

This report provides an analysis of the outcomes that can be achieved for young people experiencing relationship abuse following support from YPVAs. A total of 497 case engagement forms and 307 case closure forms were submitted for young people supported in the 15 months to April 2015. The data included in this report was submitted by practitioners in 22 local authorities in England.

## Key messages

---

### **Caseholders supported nearly 500 young people, most of whom were experiencing high risk, intimate partner violence.**

The abuse recorded was of similar severity to that seen in adult domestic abuse services. More than half (56%) of the young people's cases were referred to a multi-agency risk assessment conference (Marac). This indicates the high risk nature of the abuse. The vast majority of the young people were experiencing current abuse. Almost half had also experienced abuse in the past. More than half of young people had experienced emotional abuse, jealous and controlling behaviours, harassment and stalking and physical abuse. One in five young people were experiencing current sexual abuse. Child sexual exploitation was identified as a risk to 27% of young people.

**The majority of the young people supported were referred by children's social care or the police, despite a wide range of agencies being involved in the young people's cases.**

Prior to the referral, 93% of young people were known to at least one agency, including Camhs, education welfare and sexual health services. The small proportion of young people referred by these agencies suggests the need for awareness-raising of the YPVA role. The caseholders facilitated a multi-agency response. While young people were engaged with YPVAs or other specialist practitioners, more agencies were involved in their cases in order to provide support.

**One in four young people had children, and one in ten young women were pregnant.**

A third of the young people supported were either pregnant or had children of their own. Working with young parents poses additional challenges for professionals in engaging and supporting the young person. Parenthood is likely to impact upon the decisions made by the young person. They may be more likely to stay with their abusive partner, and their engagement with services may be influenced by the perceived threat of intervention by children's social care. The majority (78%) of young parents had involvement with children's social care, and for one in four (24%) a child protection plan was in place. The support provided to young parents included helping them to access parenting programmes and children's centres.

**Mental health issues were a concern for the majority of young people supported, yet few accessed specialist support.**

Two in three young people supported were experiencing depression or anxiety. Many young people disclosed self-harm, sleep problems or eating disorders. Emotional wellbeing was the most frequently recorded area of concern at both case engagement and case closure. Caseholders supported the majority of young people with their health and wellbeing. A minority of young people accessed help from specialist mental health services. Of all young people whose cases had closed, one in four were referred for counselling and fewer than one in ten were receiving support from Camhs at the point of case closure.

**Many young people are exposed to domestic abuse in the family home and some were exhibiting abusive behaviours towards others.**

Although the majority of young people were referred to the caseholder primarily because of intimate partner violence, numerous other risks were identified during their engagement with the caseholder. Almost half of the young people supported had been exposed to domestic abuse in their family home and 17% were harming other people. This highlights the importance of completing a thorough risk assessment in order to properly understand each young person's experiences of domestic abuse and tailor support accordingly. Although risk assessments were completed for the vast majority, for 15% of the young people supported no risk assessment was completed.

**Young people are safer after receiving support from a YPVA or other specialist practitioner. Many are no longer experiencing abuse.**

On average, young people were supported for 12 weeks and received 12 contacts where the caseholder provided help and interventions. Young people most frequently received support around their health and wellbeing. This included developing their understanding of abusive behaviours, managing emotions and improving coping strategies. For three-quarters of young people, the caseholder recorded a reduction in risk since case engagement. Caseholders recorded improvements in every measure of the young people's health, wellbeing and safety. The young people themselves reported improved wellbeing at case closure: 89% said that they felt safer and 99% said that they would be confident in accessing support in the future.

# Case engagement

## Case and referral information

Since January 2014, case engagement forms have been submitted for 497 young people. The caseholder was a young people's violence advisor in 86% of cases. In 84% of cases, the caseholder worked for a domestic abuse service. A further 10% of caseholders worked for children's social care.

Intimate partner violence was the primary reason for the referral in 79% of cases. The most frequently recorded referral routes were through the criminal or civil justice system (28%) and children and young people's services (27%).

n= 497  
100%

Referral route	
Criminal/ civil justice	140 28%
CYPS	136 27%
Marac	71 14%
Domestic/sexual violence service	32 6%
Other	28 6%
Education	27 5%
Health	25 5%
Self/ family	20 4%
Housing	10 2%
Specialist services	8 2%

n= 497  
100%

Primary referral reason	
Intimate partner violence	392 79%
Domestic abuse in family home	49 10%
Child sexual exploitation	18 4%
Other	15 3%
Young person who harms others	11 2%
'Honour'-based violence	7 1%
Forced marriage	2 0%
Gang violence	1 0%
Substance misuse	1 0%
Child abuse	1 0%

## Risk assessment

A young people's version of the SafeLives Dash risk checklist was completed for 41% of young people. In 65% of these cases, the caseworker recorded 10 or more ticks, which indicated high risk.

A SafeLives Dash risk checklist was completed for 39% of young people. In 75% of these cases, the caseworker recorded 10 or more ticks, which indicated high risk.

In 15% of cases, no risk assessment was completed.

56% of the cases were referred to Marac, which indicates high risk. In comparison, in the Insights national dataset - a national, aggregated dataset of adult victims - 54% of Idva clients' cases were referred to Marac.

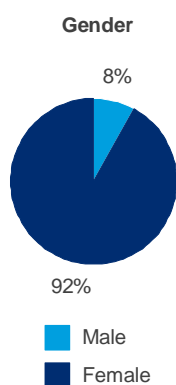
n= 497  
100%

Risk assessments completed	
SafeLives young people's Dash risk checklist	203 41%
SafeLives Dash risk checklist	193 39%
Other	37 7%
Sexual exploitation risk assessment framework (Seraf)	6 1%
Common assessment framework (Caf)	6 1%

## Demographic information

The largest proportion of young people who engaged with the caseholder was 17 year olds (30%). 92% of the young people supported were female and 95% were heterosexual. 87% were white British or Irish.

4% of young people had a disability. The most frequently recorded disability was a learning disability (57%).



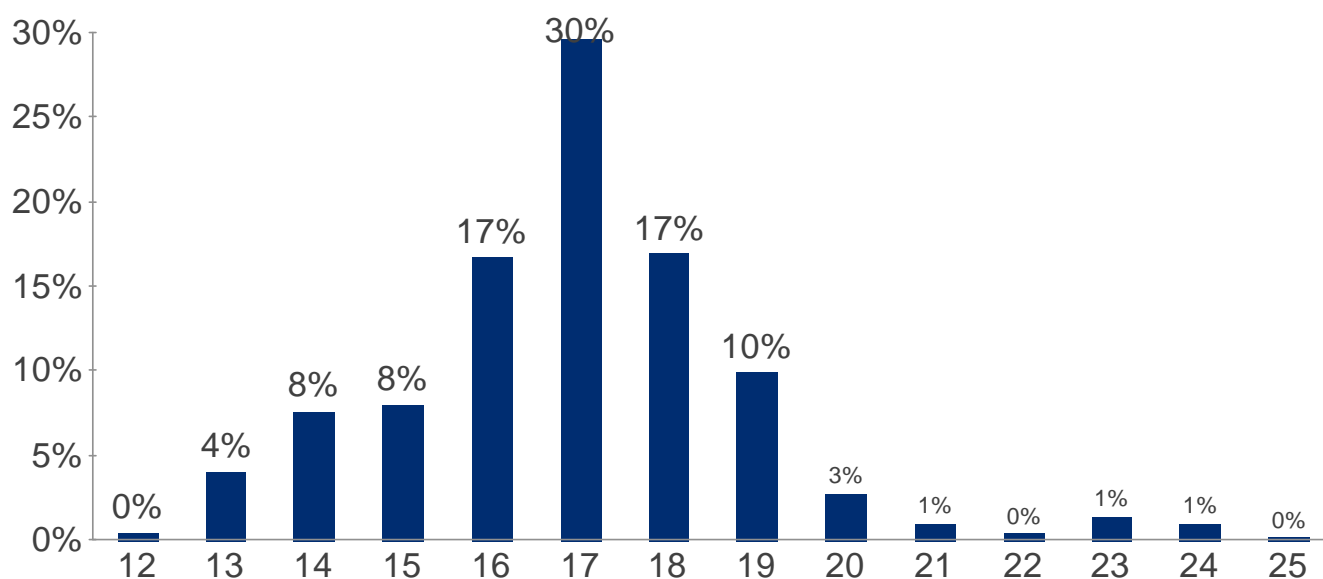
n= 497  
100%

Sexual orientation	
Heterosexual/straight	471 95%
Don't know/Not disclosed	12 2%
Bisexual	11 2%
Lesbian	2 0%
Gay	1 0%

n= 497  
100%

Ethnicity	
White British or Irish	433 87%
Other white background	10 2%
Asian	11 2%
Black	15 3%
Dual heritage	17 3%
Other	5 1%
Don't know/Not disclosed	6 1%

### Age of young people



## Circumstances at engagement

Young people most frequently lived with their parents or step-parents (54%). 3% of the young people were homeless.

n= 497  
100%

41% of young people were not in education, employment or training. 41% of young people were in education, none of whom had a statement of special educational needs.

16% of the young people aged under 18 were looked after children.

24% of young people had children of their own. On average, they had 1 child each.

12% of the young women were pregnant. The age range of young people who were pregnant or who had children was from 15 to 25 years old.

17% of young people had a criminal record and a further 12% of young people had been in trouble with the police.

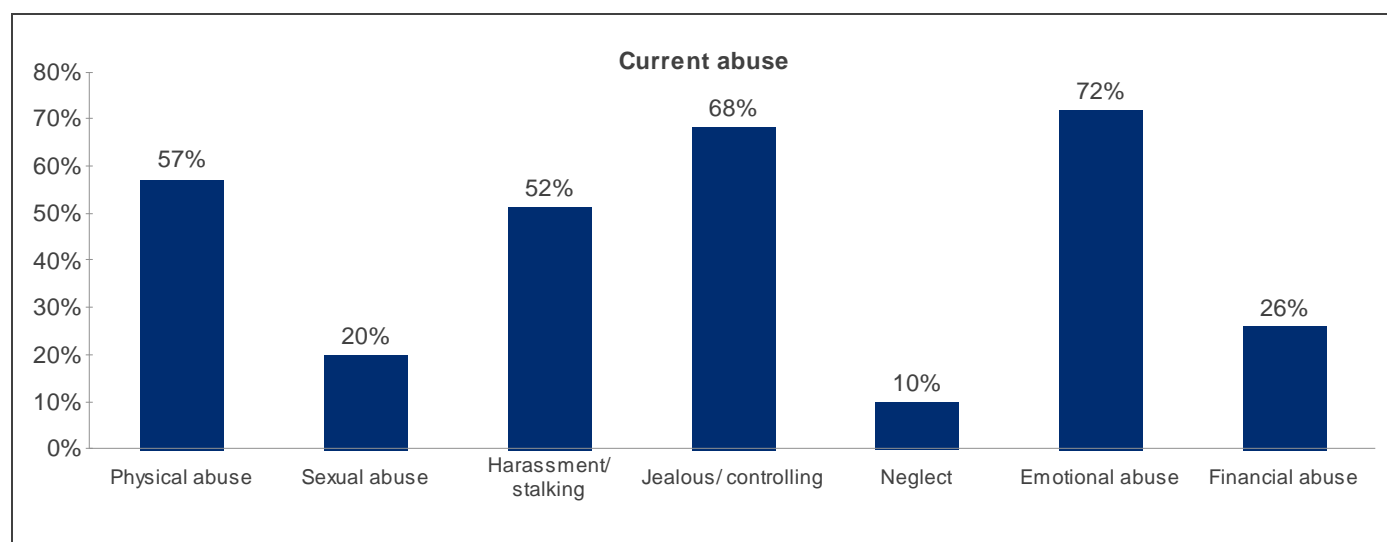
With whom does the young person normally live?	
(Step)Parent(s)	266 54%
Lives independently	107 22%
With partner	36 7%
Children's residential home	16 3%
Homeless	16 3%
Other	15 3%
Grandparent(s)	13 3%
Foster family	13 3%
Other family	12 2%
Semi-independent living	12 2%
Mother and baby unit	6 1%

## Experience of violence and abuse

83% of young people were experiencing a type of current abuse at the point of case engagement. Of the young people who were currently experiencing abuse, 43% had also experienced some form of historic abuse.

17% of young people were not experiencing any form of current abuse. 70% of these young people had experienced abuse in the past. A further 21% were young people who harmed others.

Emotional abuse was the most common abuse type currently experienced by young people (72%), followed by jealous and controlling behaviours (68%) and physical abuse (57%).



Young people experiencing current abuse were most frequently being abused by their current or ex-boyfriend. Of those who had experienced abuse from an intimate partner, 52% of young people were at increased risk because of the age of the perpetrator.

Current abuse type	Most frequent perpetrator	% of abuse type perpetrated
Physical abuse	(Ex)-Boyfriend	91%
Sexual abuse	(Ex)-Boyfriend	85%
Harassment and stalking	(Ex)-Boyfriend	92%
Jealous and controlling behaviour	(Ex)-Boyfriend	91%
Neglect	Parent(s)	47%
Emotional abuse	(Ex)-Boyfriend	86%
Financial abuse	(Ex)-Boyfriend	91%

Physical abuse was the most common type of historic abuse, and was reported by 27% of young people.

n= 497  
100%

A number of other risks were identified. Online intimate partner abuse was identified as a risk to 35% of the young people. Child sexual exploitation was identified as a risk to 27% of young people.

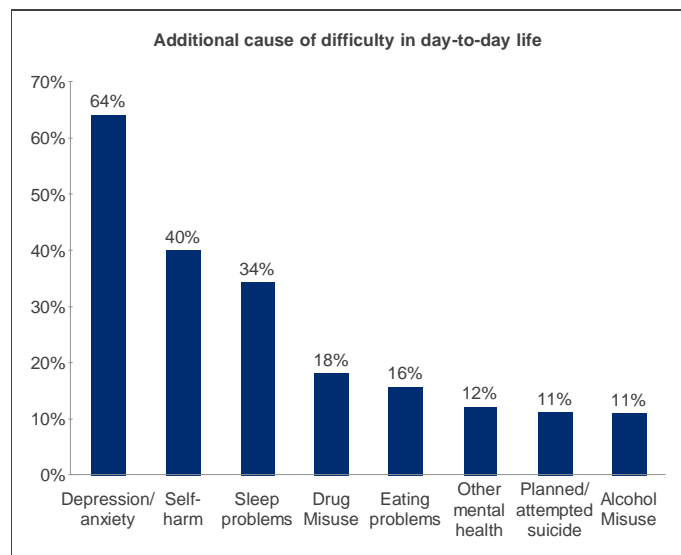
85 young people harmed others. Of these, 50 (59%) young people were also currently experiencing abuse. The most frequently recorded victims of harm caused by these young people were a person other than partner/family/friend (33%), their parents(s) (31%) or their current or ex-boyfriend (25%).

Experienced/at risk of experiencing	
Online intimate partner abuse	176 35%
Child sexual exploitation	133 27%
Gang violence	59 12%
'Honour'-based violence	17 3%
Forced marriage	10 2%
Female genital mutilation	4 1%

## Additional needs and risks

Caseholders recorded that depression and/or anxiety caused day-to-day problems in the lives of 64% of the young people and 40% were experiencing self-harm.

Young people were exposed to a number of additional risks. 43% of young people had been exposed to domestic abuse in the family home. For 23% of young people, parental mental health problems was identified as a risk.



n= 497  
100%

Is the young person exposed to any of the following risks?	
Domestic abuse in family home	212 43%
Parental mental health	113 23%
Parental anti-social/criminal behaviour	106 21%
Parental substance misuse	95 19%
Conflict over residency/ child contact	95 19%

## Health, wellbeing and safety at case engagement

Caseholders were asked to indicate their level of concern with regards to the young person's health and wellbeing, on a five-point scale from 'no concerns' to 'severe concerns'. The biggest area of concern was around emotional wellbeing.

Caseholders also assessed the young person's safety, on a five-point scale from 'strongly agree' to 'strongly disagree'. At case engagement, they assessed that 31% of young people were not safe from harm at home and 54% were not safe from harm outside the home. 61% of young people knew how to get help in the event of further abuse and 38% knew how to keep themselves safe. 34% of young people were exposed to economic hardship.

n= 497  
100%

Wellbeing: severe or moderate concerns	
Emotional wellbeing	351 71%
Blame/ responsibility	269 54%
Social development/ relationships	251 51%
Risk taking behaviour	238 48%
Behaviour problems	155 31%
Physical health	102 21%
School adjustment	74 15%

n= 497  
100%

Safety: strongly agree or agree	
Knows how to get help	303 61%
Safe from harm at home	231 46%
Knows how to keep safe	188 38%
Safe from harm outside the home	66 13%

## Case closure

### YPVA support and interventions accessed

n= 307  
100%

By 31st March 2015, case closure forms had been submitted for 307 young people. The following analysis contained in this report includes only those young people whose cases had closed, whose case closure forms had been matched to their case engagement form.

In 72% of cases there was a planned case closure and in 23% of cases the case closure was unplanned. 5% of cases had case closure forms because they had been open for more than six months.

The average case length was 81 days and caseholders had an average of 13 contacts with the young person. A safety plan was completed for 84% of the young people.

Of 57 young people who harmed others, 42 (74%) received an intervention to address their harmful behaviour.

Support and interventions	
Wellbeing advice and support	272 89%
Health advice and support	188 61%
Criminal and civil justice process	174 57%
Support with housing	125 41%
Support with education	95 31%
Financial and benefits advice	73 24%
Support with training and employment	66 21%

### Agency involvement

A wide range of agencies had involvement with the young people.

Prior to the referral, 93% of young people had at least one agency involved in their case. In 65% of cases, the police were involved with the young person. Children's social care were involved in 40% of young people's cases.

96% of young people were supported by at least one agency while they were engaged with the caseworker. 76% were supported by a specialist domestic violence service, which reflects the involvement of the caseworker.

At the point of case closure, 74% of young people had at least one agency involved in their case. Children's social care was the most frequently recorded agency working with the young people at the point of case closure (35%).

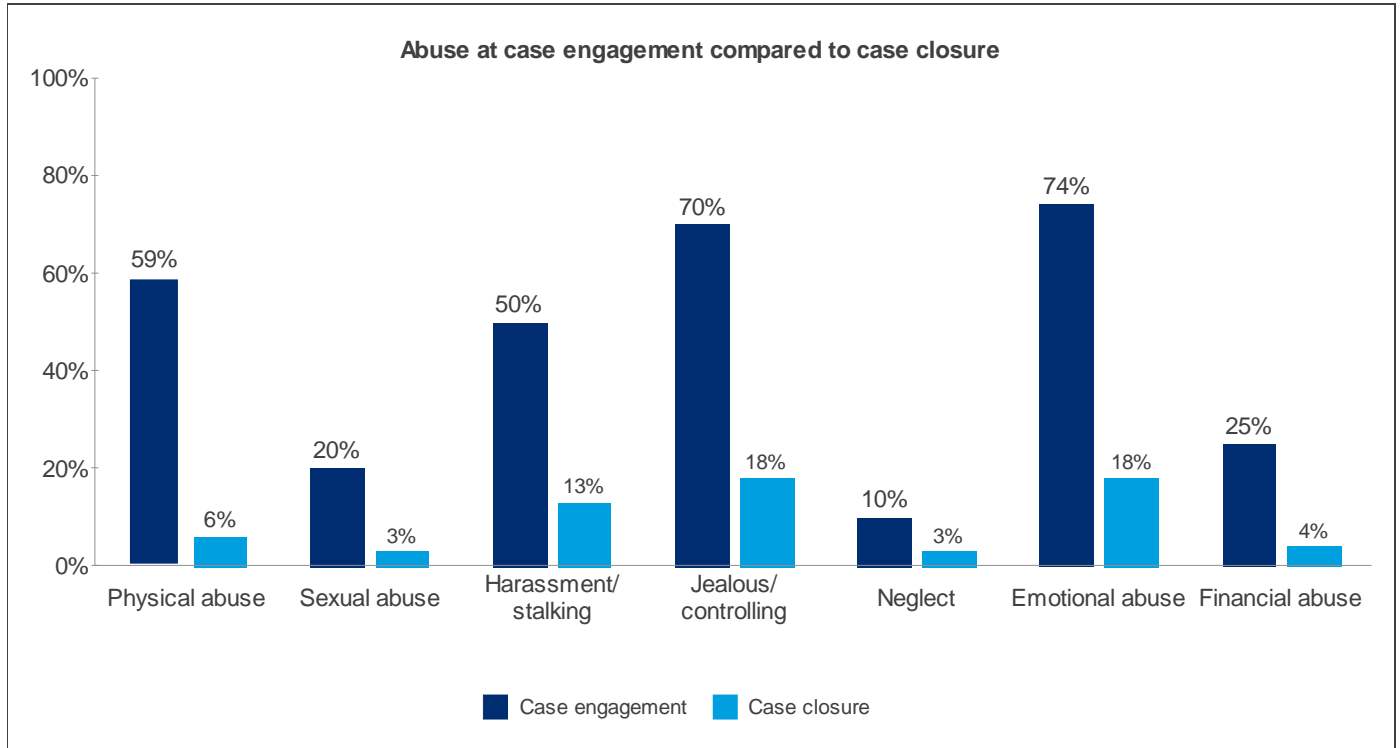
Agencies involved in young people's cases n=307	In place prior to referral	In place during case	In place after case closure
Police	65%	61%	12%
Child and adolescent mental health service	15%	16%	10%
Education welfare	10%	16%	8%
Speech and language service	1%	1%	0%
Specialist domestic violence service	6%	76%	13%
Crown Prosecution Service/ Witness care	6%	26%	5%
Youth offending team	11%	11%	7%
Family intervention project	6%	10%	7%
Youth service	9%	13%	13%
Children's social care	40%	50%	35%
Sexual health service	9%	20%	9%
Other	20%	27%	21%



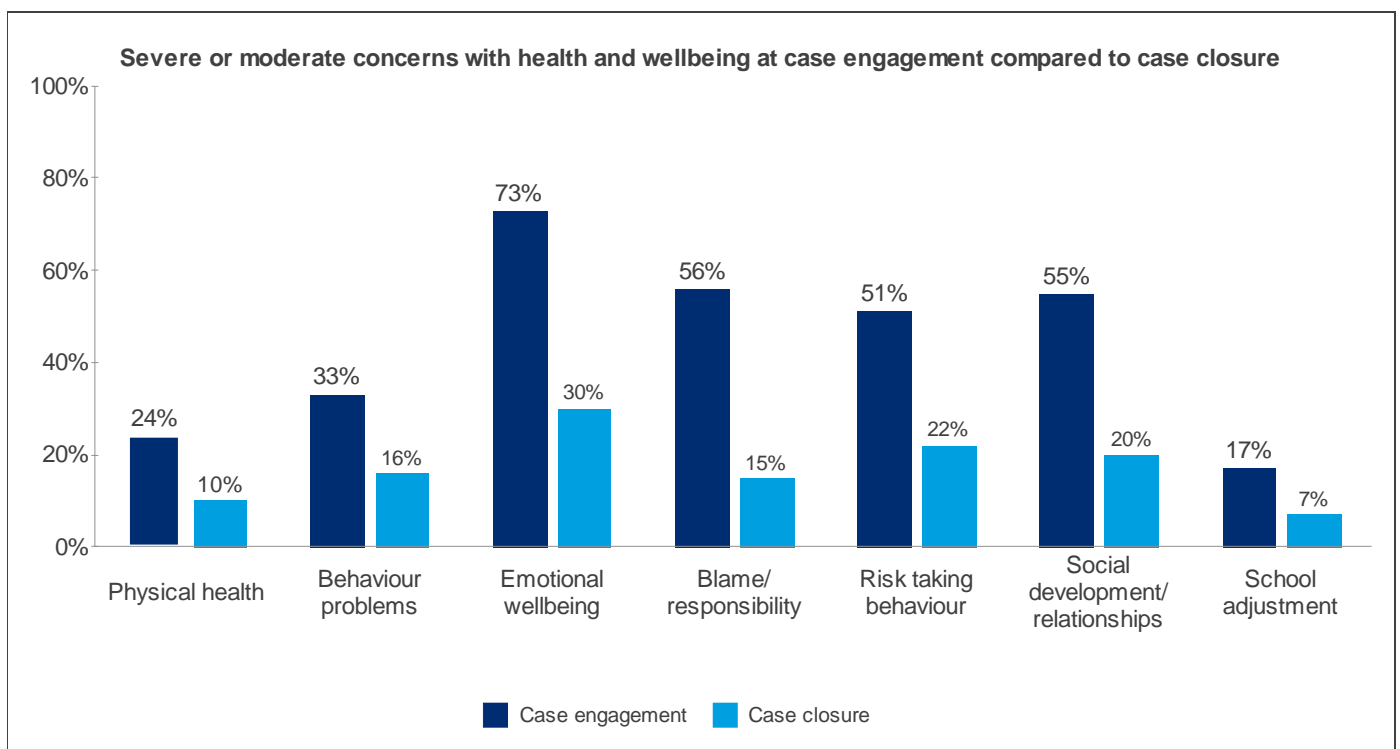
## Health, safety and wellbeing outcomes at case closure

The caseholders reported that there was a significant reduction in risk for 38% of young people and that there was a moderate reduction in risk for a further 38% of young people.

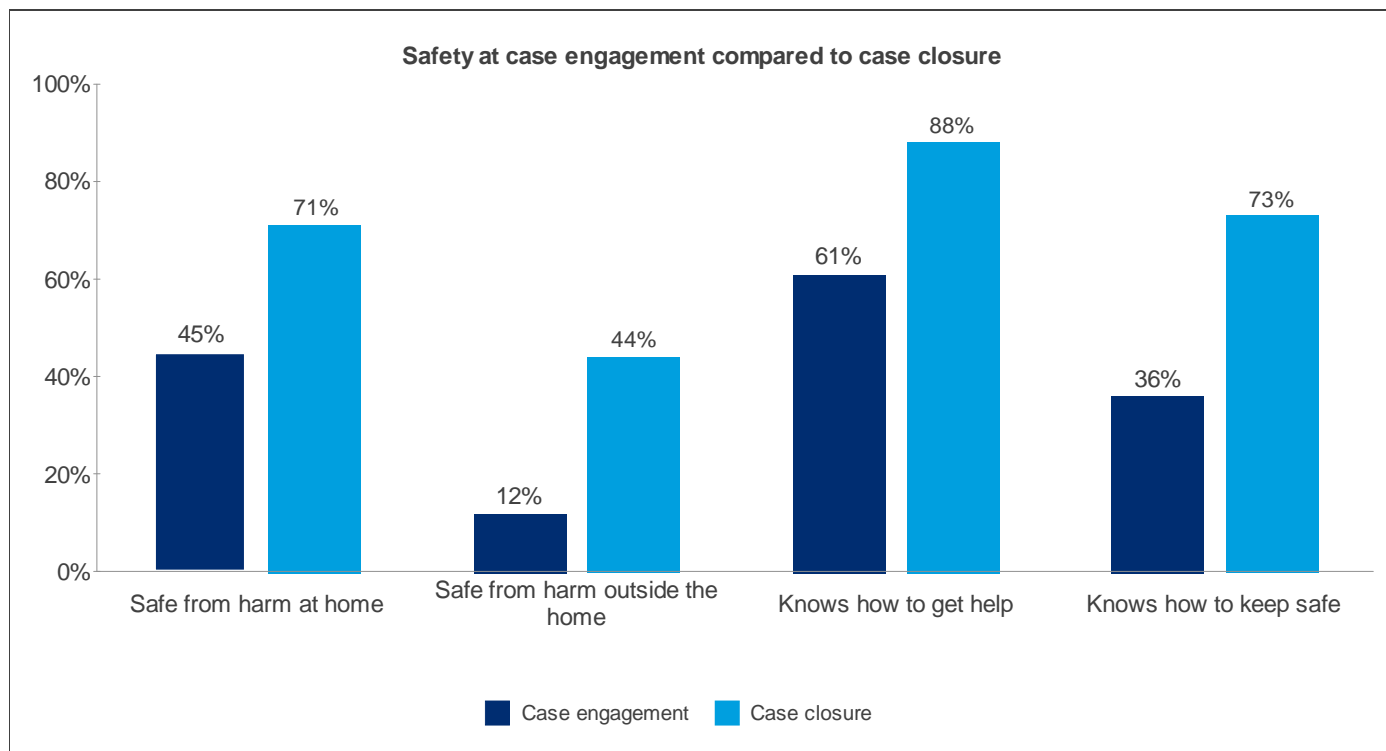
**At case closure, 54% of young people reported that they were not experiencing any type of abuse.**



Caseholders recorded improvements in the level of concern for young people's health and wellbeing at case closure, compared to at case engagement.



There were improvements in the safety of young people. At case closure, caseholders assessed that 71% of young people were safe from harm at home and 44% were safe from harm outside the home. 88% of young people knew how to get help in the event of further abuse. 73% of young people knew how to keep safe. 19% of young people were exposed to economic hardship.



The young people themselves concurred. 89% of young people reported that they felt safer, compared to when they first started working with the YPVA. 88% reported that their quality of life had improved. 99% said that they felt confident in accessing help and support in the future, should they need to.

n= 147  
100%

Young people's reported safety outcomes	
Feel safer	131 89%
Quality of life has improved	130 88%
Confident in accessing help and support	145 99%

## Appendix

---

This appendix is intended to explain the data collection process and contains further description of the information that caseholders were asked to record about the young people they were working with. It can be read alongside *Young People and Interpersonal Violence: A Year of Data from the Young People's Programme* as a guide.

### Data collection methodology

---

The young people's case data forms were designed specifically by SafeLives for caseholders supporting young people experiencing or at risk of domestic abuse. Training and support to use these data collection tools was provided by SafeLives' research and evaluation team. The data collection forms were developed in order to collect data about the young people receiving support and to contribute to the evaluation of the young people's programme. They also support agencies to demonstrate the value of their work and to promote good practice.

There are two forms used to record information about each young person:

1. Case engagement form - completed following risk assessments and safety planning, and within the first three contacts with the young person. The form records information about the case and the referral pathway, demographics and circumstances at engagement, experience of abuse and risks, health and wellbeing, and any other additional needs or vulnerabilities.

2. Case closure form - completed following support and interventions from the caseholder, but before the young person leaves the services or is referred onto another service. The form is also completed if the young person disengages, or if after six months the case is still open. This form includes information about abuse at the point of case closure, the intensity of the contact and support given, and the interventions accessed, and health and wellbeing indicators at exit.

The forms are completed online and sent to SafeLives via secure server. Each form contains a unique code which enables SafeLives to match engagement and closure forms for each case.

### Case engagement data

---

#### Case and referral information

---

Caseholders were asked to record their **agency and job title** in order to provide information about how different services support young people.

**Referral route:** the agency or service that referred the young person to the caseholder. The referring agencies listed are:

- Criminal or civil justice
- Marac
- Self/family
- Health
- Domestic or sexual violence service
- Education
- Housing
- Children and young people's services
- Specialist services
- Other

**Primary referral reason:** Main reason why the young person has been referred to the caseholder. The young person's experience of abuse and exposure to other risks are recorded in more detail later. The primary referral reasons are:

- Intimate partner violence
- Domestic abuse in the family home
- 'Honour'-based violence
- Forced marriage
- Child sexual exploitation
- Gang violence
- Substance misuse
- Online intimate partner abuse
- Child abuse
- Young person who harms others

#### Risk assessment

---

**Risk assessments:** completed for the young person by the caseholder and/or by other agencies involved in the case. The risk assessments listed are:

- SafeLives young people's Dash risk checklist
- SafeLives Dash risk checklist
- Sexual exploitation risk assessment framework (Seraf)
- Common assessment framework (Caf)
- Child risk assessment matrix (Cram)

**Average number of ticks:** The mean number of ticks recorded for cases where the young people's version of the SafeLives Dash risk checklist and/or the SafeLives Dash risk checklist was completed.

**Marac:** Multi agency risk assessment conference. Caseholders recorded whether the young person's case was referred to Marac.

#### Demographic information

---

In order to provide a profile of young people supported by each agency and across the country, the case engagement form included questions about the young person's age, gender, sexual orientation and ethnicity. Caseholders also recorded whether the young person had a disability.

#### Circumstances at case engagement

---

To understand the young person's circumstances when they engaged with the service, caseholders recorded the young person's living situation, including who they lived with, whether they had children and/or were pregnant and whether they were in education or employment.

**Looked after child:** Defined as a young person who, in accordance with section 22 of the Children's Act, was subject to a care order, on planned short breaks/respite care or accommodated on a voluntary basis.

#### Experience of violence and abuse

---

**Current abuse:** Any incidents in the past 3 months.

**Historic abuse:** Any incidents occurring more than 3 months ago.

- Physical abuse: causing physical harm, including: slapping; pushing; burns; broken bones; threats/attempts to kill; strangulation; threat to use/use of weapons.
- Sexual abuse: forcing or enticing a young person to take part in sexual activities. May involve physical contact or non-contact activities.
- Harassment and stalking: frequent/ constant/ obsessive phone calls, texts and emails; uninvited visits; destroyed/vandalised property; pursued after separation.
- Jealous and controlling behaviours: control over daily activities/medication/care; isolation; intercepting mail/phone calls; irrational accusations of infidelity; constant criticism.
- Neglect: failure to meet basic physical/psychological needs, likely to result in the serious impairment of health or development.
- Emotional abuse: persistent emotional maltreatment such as to cause severe and persistent adverse effect
- Financial abuse: interference with employment/education; control access to finances; steal money.

**Perpetrator of abuse:** If the young person had experienced any of these abuse types, the caseholder recorded who the perpetrator(s) was/were. Caseholders could record multiple perpetrators for each abuse type. The report shows who the most frequently recorded perpetrator of each type of abuse was, and the proportion of young people who were experiencing abuse by this perpetrator.

**Additional risks:** Young person's experience/risk of experiencing a number of additional risks.

#### Additional needs

---

**Additional needs:** Both diagnosed and undiagnosed conditions which affect the young person's day-to-day life in line with Mind's framework for mental illness:

- Alcohol misuse
- Drug misuse: legal and illegal substances.
- Eating problems: e.g. symptoms consistent with anorexia, bulimia, and binge eating disorder.
- Depression/anxiety: e.g. symptoms consistent with post-natal depression, bipolar disorder, obsessive compulsive disorder, and post-traumatic stress disorder.
- Sleep problems: e.g. insomnia, nightmares, sleepwalking.
- Other mental health condition to be specified in the box provided.

#### Health, wellbeing and safety at case engagement

---

**Health and wellbeing:** Caseholders used professional judgement to record level of concern, on a five-point scale ranging from 'no concern' to 'severe concerns'. Severe concern indicated that the young person was in danger or at risk of suffering serious harm. Moderate problems indicated that the young person was experiencing disruption to their life. Examples of the kinds of concerning behaviour in each category are:

- Physical health: signs of physical abuse/neglect; repeated physical illness; frequent visits to A&E/GP; frequent complaints of aches/pains; sickness; dizziness; poor personal hygiene.
- Behaviour: tantrums; damage to own/others belongings; physical/verbal aggression towards others; vandalism; stealing; inability to follow rules or respond to sanctions; bullying.
- Emotional wellbeing: anxiety/worry; nervous/highly strung/tense; unhappy/sad/depressed; introverted behaviour; withdrawal from others; loneliness; low self-esteem; suicide attempts.
- Feelings of blame or responsibility: feels that they are the cause of negative events; feels that they are responsible for preventing or stopping negative events.
- Risk taking behaviour: substance misuse; underage/risky sexual behaviour; promiscuity; joy riding; dangerous driving; thrill seeking; criminal behaviour, gang membership, running away.

-Social development and relationships: lacks friends of own age; association with significantly older peers; loneliness; acts significantly older/younger than age; violent intimate relationship.  
-School adjustment: truancy/absenteeism; low/sudden change in academic achievement; disruptive/aggressive behaviour in school; exclusion/expulsion.

Safety: Safety from harm against indicators was recorded on a five-point scale from 'strongly agree' to 'strongly disagree', based on the caseholder's professional judgement.

## Case closure data

---

### Case status

---

**Planned case closure:** The caseholder had prearranged the end date of their work with the young person and an exit strategy was put in place.

**Unplanned case closure:** The young person disengaged from the service. The caseholder was asked to reflect the situation in the month prior to their final contact with the young person.

**Case longer than six months:** Case closure forms were completed for young people whose cases remained open for six months or longer.

### Support and interventions accessed

---

**Number of contacts:** Includes all meaningful contacts with the young person (i.e. phone calls, face-to-face meetings, two-way email/text conversations) but not unanswered messages.

**Interventions put in place:** All activities undertaken on behalf of the young person. This includes support that the caseholder was involved in initiating (i.e. making a referral), but does not include instances where options were discussed but no action was taken. This also excludes interventions that were in place prior to the caseholder's involvement or interventions accessed independently of the caseholder's support. Interventions listed are:

- Health advice and support: referrals to Camhs; engagement with drug services, alcohol services, mental health services, sexual health services; other health services, access to health visitor, midwife, counselling.
- Wellbeing advice and support: improving support networks, coping strategies; understanding abusive behaviour, healthy relationships; conflict resolution; self-esteem issues; management of emotions; caring duties; access to children's centre, parenting programme, parent support programme.
- Criminal and civil justice process: supported with statement to police, as appropriate adult, protective measures, arrest of perpetrator, accompanied to court, criminal conviction, civil justice, legal aid.
- Financial and benefits advice: access to maternity grant, benefits or monetary support.
- Support with housing: housed/re-housed, sanctuary scheme, perpetrator evicted, refuge.
- Support with education: liaison with school, access to education, school uniform, free school meals, change of school, speech and language services, education welfare service, educational psychologist, further education.
- Support with training and employment: vocational training, support finding employment, using employment and training agencies.

### Agency involvement

---

Caseholders were asked to record which agencies were involved:

- Prior to referral:** agencies involved before the caseholder received the referral about the young person
- During the case:** agencies involved while the casework was ongoing
- At the point of case closure:** agencies that continued their involvement with the young person after the caseholder's involvement ended.

## Reductions in risk and abuse

---

**Change in risk of future harm:** Using their professional judgement, caseholders recorded their perception of any change in the young person's risk of future harm, on a 5 point scale from 'significant reduction in risk' to 'risk has increased'.

**Abuse at case closure:** Caseholders recorded whether the young person was experiencing each abuse type at case closure. Young people not experiencing any type of abuse were those who responded 'no' to every abuse type.

## Health, wellbeing and safety at case closure

---

See *'Health, wellbeing and safety at case engagement'*

## Contributors

---

Our sincere thanks to the YPVAs and other professionals who contributed to this report by submitting data about the young people they support. The following organisations submitted data:

- Bury Council
- Calderdale Young People's Service
- Cambridge County Council
- Doncaster Council
- Her Centre, Greenwich
- Harrow Council
- Bury Council
- Cambridge County Council
- It's My Right @ The Blue Door, North Lincolnshire
- Harrow Council
- Medway Council
- New Dawn New Day Ltd, Leicester
- Paws For Kids, Bolton
- Prospects, Gloucestershire
- Rotherham Borough Council,
- SAFE Newcastle
- Sandwell Women's Aid
- Somerset Council
- Southampton City Council
- South Tyneside Youth Justice Service
- Wigan Council: integrated safeguarding and public protection
- Women's Aid Integrated Services, Nottingham & region
- Womencentre Calderdale
- WORTH Idva service, West Sussex