This Report summarises children and young people’s views on how to improve service responses to those who are experiencing gender-based violence.
Children and Young People’s Priorities for Action:


2. Improve the accessibility of services to children and young people experiencing gender-based violence and improve the information available to children, young people and professionals about these services.

3. Increase the provision of welcoming, appropriate, well-resourced and supportive spaces within mainstream services and justice systems.

4. Increase children and young people’s access to specialist support and advocacy workers.

5. Improve Education’s response to children and young people who have experienced gender-based violence.

6. Improve information sharing and children/young people’s involvement in decision-making about their lives.

7. Ensure young survivors can participate in improving all services.

Introduction

The Everyday Heroes Participation Programme asked children and young people about their priorities for government action in relation to gender-based violence and gender inequality.

The Scottish Government established a Participation Partnership to ensure that children and young people, especially young survivors of gender-based violence, participated in their plan of action ‘The Equally Safe Delivery Plan’.

Young and adult experts from the University of Edinburgh IMPACT project, Barnardo’s Scotland, Scottish Women’s Aid, Rape Crisis Scotland and the Scottish Youth Parliament worked together to design engagement sessions and a survey to ask children and young people across Scotland:

1. What would improve the journeys of young abuse survivors through services and the justice system?

2. What could help improve societal attitudes and people’s lives in relation to gender equality?

This report focuses on children and young people’s priorities for action to improve services.
The ‘Improving Services’ Project

Barnardo’s managed this project and designed engagement materials alongside young advisors. These included ‘circles of help’ designed to find out who children and young people would go to for information and/or support regarding gender-based violence.

Young participants explored their feelings about services they had received through ‘Inside Out-My Emotions’ exercises. They then rated their experiences of individual services and explained how they could be improved through a ‘Scaling the Services’ exercise.

Finally, young participants focused on the one thing they would like to see changed to improve children and young people’s experiences of services through a ‘Dear Decision Maker Speech Bubble’.

Facilitators from five organisations supported children and young people to take part: Children 1st, Inverness and Borders; Barnardo’s Scotland Cluaran Service, Falkirk; Glasgow Women’s Aid; LGBT Youth Scotland; and Rape Crisis Rosey Project, Glasgow. Clear priorities for action emerged from children and young people - across different groups, ages and experiences - through thematic analysis conducted by Barnardo’s and the University of Edinburgh.

Young advisers met with the Cabinet Secretary for Communities, Social Security and Equalities at the Scottish Parliament to discuss these priorities and advocate for their inclusion in the Equally Safe Delivery Plan.

The Young Participants

24 children and young people aged 9-26 years took part: 9-11 year olds (2), 12-14 year olds (5), 15-17 year olds (4), 18-20 year olds (6), 21-23 year olds (4) and 24-26 year olds (3).

Experiences of gender-based violence (GBV) included domestic abuse (9), rape (5), sexual assault (1), sexual abuse (2), grooming (1), some young people had experienced more than one ‘type’ of abuse. A further four identified their experience as ‘GBV’, for four their experience of GBV is ‘not known’ and one young person did not experience GBV. 13 young people identified as girls/young women, eight as boys/young men and three as non-binary.

A small number of children and young people were care experienced, including kinship care. Two young people had lived in a refuge with their families. Gender identity and disability were protected characteristics highlighted in two projects.
Children and young people identified components of training that were needed:

- Gender-based violence awareness.
- Initial responses, information sharing and confidentiality.
- Listening to children and young people regardless of age.
- Initial responses, trauma informed responses, signposting and referral pathways to specialist services.
- Children’s Rights.
- Supportive relationships.
- Inclusion (LGBTQIA, mental health and disability).
- Sensitive and accurate language and recording.
- Young people felt that GBV training should form part of staff’s initial training (i.e. to qualify), during induction and as part of their Continuous Professional Development.
- They also recommended that services work towards the LGBT Charter Mark for inclusion.

Evidence

Training of key professionals was the priority action for children and young people across most of the groups. Children and young people named Education, Police and Health professionals as not having enough training in GBV. Those with experience of Social Work identified the need to improve approaches as well as increase capacity so that they saw the same, trained, worker more often.

Children and young people consistently cited a lack of understanding about their experiences. They highlighted that poor initial responses could sometimes discourage them from seeking further help or support. The police need more training on domestic abuse and speaking to children. They need to be kinder and rephrase their words.

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Uni were particularly bad at dealing with it. The Counsellors just weren’t really trained very well. When I told her she burst out crying which wasn’t very professional. She obviously wasn’t trained to deal with things like that.

They felt that training needed to help professionals understand GBV and how to give appropriate, well informed and supportive responses to children and young people experiencing GBV. There were many examples of poor, judgemental and unsafe responses across agencies. Young survivors of sexual violence in particular felt that services ‘panicked’ on hearing disclosures.

Some children and young people felt they weren’t always respected, listened to and/or believed - especially if they were very young. They felt that professionals would benefit from training in how to listen to and communicate with children and young people. There were some examples of police and health staff using negative, insensitive or inappropriate language both in person and within recordings.

I remember having to go to a computer and having to type out what happened. I had to be explicit and say exactly what happened. My dept. read this and just didn’t do anything about it. It’s not like they come back to you and ask if you are getting any help or anything. There’s no signposting.

Young people from LGBT Youth talked a lot about discrimination and their inability to access services due to their gender and other issues (mental health and disability were named here). They felt training in inclusion would help them feel more confident to access services.
Children and young people identified the following actions to improve access to services:

- Expand and promote online information and interaction on GBV services to children and young people.
- Have clear information on how to access GBV services (for both children/young people and professionals).
- Improve signposting to services.
- Services provide clear information about what children and young people can expect from the service (e.g. type of service, waiting lists, length of time children and young people can have support etc).
- Services need to improve inclusivity.

Evidence

Many young survivors said how hard it was to ask for and access help. Some young people identified online information and confidential chat rooms as a helpful resource as a first step. They felt these services should be more widely promoted, for example, more advertising on television. Childline was mentioned in two of the groups with young people having mixed experiences. One group felt that it was a great information service and they said they knew friends who had used it, and that they came into schools each year to tell pupils about the services they provide. These are examples of the mixed experience:

- Childline is hopeless; I phoned them once because I needed help at home. It took the police 2 hours to come.
- Childline are experienced in helping children with their feelings.

Many young people were unsure whether they could access services and which services were for them - for their age, gender or type of abuse. Some even queried whether their experiences were ‘bad enough’. Adults were not signposting to appropriate services and participants felt that information needed to be available and promoted to both professionals and children and young people alike. This needed to include clear referral pathways of how to access these services. Young people felt it was important for all services to give clear and easy to understand information about what they could expect from the service. This should include information on how to access these services, how long waiting lists are – and suggestions/links to other information and resources in the meantime – as well as type of services and how often/long a young person would be able to be seen for. It was considered very important for children and young people to be well-informed at all stages of their contact with services from the point of referral to moving on.

Young people felt that paperwork and forms needed to reflect gender identity, diversity in general and to be more sensitive and trauma-informed about gender-based violence. One group commented on the need for Universities to review their forms naming the ‘good cause/extenuating circumstances’ forms as very invasive and potentially triggering. Furthermore, the group felt that some of the processes within services were not designed with survivors of trauma in mind.

Many young survivors across groups argued for increased access to specialist services across Scotland and an urgent reduction in waiting lists. The young people from LGBT Youth Scotland talked about the lack of services for men or non-binary people and advocated strongly that services need to be far more inclusive and more geographically available. They said they would be far more likely to approach a service if they had the LGBT Charter Mark as they felt this indicated they would receive more appropriate support.
Priority 3: Environments

Increase the provision of welcoming, appropriate, well-resourced and supportive spaces within mainstream services and justice systems.

Children and young people recommended child-friendly environments include:

- Spaces which are safe, comfortable, relaxed, warm and non-clinical.
- Young people prioritised CAMHS, Police waiting areas, Courts and Children’s Hearings offices.
- Having drinks and snacks available.

Evidence

Within most of the groups, children and young people talked about the importance of the physical environment and spaces when disclosing, providing information and giving evidence. A lot of young people named courts, police waiting areas and CAMHS as having poor physical spaces which were cold, unwelcoming and not child or young person-friendly. They said it was vital that services were warm, welcoming, had good facilities and were well resourced to help them seek support in relation to GBV. They felt they should have a calm atmosphere which should be relaxed, homely, warm and safe.

Specialist services like Women’s Aid and Rape Crisis were rated highly – with elements like Rape Crisis’s ‘Survivors Wall’ being noted as positive. These services were seen as non-clinical and unintimidating which contrasted with children and young people’s experiences of mainstream services, especially CAMHS, police waiting areas and the courts.

Women’s Aid has good premises. It’s relaxed and child friendly with good resources..

A number of young people talked about feeling happy, relaxed and more able to concentrate when the service had snacks and drinks available to them.

This was considered an important factor in creating a better experience for children and young people and improving evidence.

Whilst the children and young people acknowledged the importance of the physical space they also recognised how important it was that the people within services were kind and supportive too.

It should feel more like you’re welcomed to the panel with tea and biscuits.

"Police waiting areas should be improved. They should be comfortable and child-friendly."

Dear……, One thing I want you to change is…..

the atmosphere. Create a comforting + supportive environment for young people to feel like they can find support.

#equallysafe
Children and young people recommend the following key components of support:

- Time – immediate access to services, time to build relationships with supportive workers and extended periods of support.
- Building relationships.
- Consistency.
- Trust and being believed.
- Safety.
- Kind and supportive.
- Participative.
- Keeping children and young people well informed.

This includes access to (a) specialist gender-based violence services and advocacy services but also (b) a key person within Schools/Universities/colleges to signpost and support children and young people to access the appropriate specialist services.

Evidence

Children and young people frequently stated that long waiting lists were a huge issue when they needed more immediate support and felt this should be a priority for government action.

Children and young people frequently talked about the importance of being listened to and equally fundamental was that they were believed.

Once they had support/appointments it was important not to feel rushed if they are to talk about their experiences of GBV and to be able to “take some time”.

It was vital not to feel pressured into telling or reporting, nor to feel pressured for time – Health (GP’s and CAMHS) appointments were particularly noted as being too short. Initial contact with specialist services needed to be positive even if there was a waiting list.

Across all groups children and young people were very clear that it was vital for them to have time to build good and trusting relationships with specialist workers who understood GBV. They were able to identify the need to feel safe, to be respected and for workers to be kind, supportive and inclusive. Some young survivors talked of having choice and control over their sessions and that they needed to go at their own pace.

Social work are pretty useless. My social worker doesn’t know much about my life. She doesn’t come to see me a lot. And I don’t have enough time to tell her everything. So I get angry and frustrated.

Children and young people named a number of the specialist services as being particularly good at providing supportive workers. They talked positively about Children 1st CEDAR, ASSIST, Rape Crisis Scotland and Women’s Aid.

As well as speaking highly of their support worker, young survivors rated highly any support offered to family/friends and support/action groups with peers who had similar experiences of GBV.

CAMHS came out particularly poorly and the young people also mentioned Psychologists/mental health workers, Social Workers and Teachers as being less likely to offer the key components of support which they felt were important, with
notable exceptions. A couple of young people referred to a particular social worker, school nurse or lecturer who “was kind” or “supportive” to them and others how services should work together to help them.

Women’s Aid helped us get away from dad and a new house. I like my social worker she is kind. The police protect us from dad. I liked refuge but it wasn’t my home. I don’t want my teacher or school knowing as they may talk about me and treat me differently.

Consistency was also important in terms of being seen regularly by the same worker, over a long period of time. Young people felt it was problematic if their workers kept changing or were off sick.

This seemed to be most frequently an issue for young people with their social workers. A number of young people also commented that they never seen their social workers, that they kept changing and that their social workers didn’t know what was going on in their lives. Young people didn’t want to have to keep telling their stories over and over to different people.

Many young people said it was important that they were kept informed of what was happening at all times with regards to their situation, otherwise they can be left feeling ignored or “abandoned”. Again, a supportive person to help them navigate the various processes (like child protection and Children’s Hearings) was mentioned.

A lot of young people were able to identify Advocacy as a service they wanted (especially within the Children’s Hearing System, Courts and University) but noted that it often wasn’t available to them: “A Who Cares worker is an advocacy worker - a voice for you and advocates for you.

Can also come to meetings and speak for you. This is a good service.” Some young people felt advocacy services were inconsistent across Scotland and one group suggested that having a key contact like a “named person” within the University/college would be helpful.

They [Children’s Hearing System] read you a letter about how you can bring someone with you and how you can speak. But they don’t ask you if you want to. If they don’t ask me, how are they supposed to know? They just read to you from behind a computer or a bit of paper.

Children and young people felt increased funding for specialist support and advocacy workers across Scotland was a priority. These services needed to be available to all children and young people who had experienced the range of GBV and should be LGBT Charter Marked.
Children and young people strongly recommend that schools, colleges and universities:

- Improve responses to children and young people experiencing GBV through training, including spotting signs of abuse, initial responses and appropriate information sharing (see priority 6).

- Increase education staff, children and young people’s knowledge of GBV and the supports available to them.

Evidence

Children and young people across the groups felt that Schools were amongst the least likely places they would go for help or support around GBV. Many of the children and young people across the groups talked about very poor experiences and their lack of trust in the school environment. They said that teaching staff, especially Guidance Teachers lacked understanding, ignored obvious signs of abuse and they often felt disrespected in how they were treated.

I thought I couldn’t get support with what happened. For 11 years I had no-one to speak to, not even one person. School was no help. I just kept getting excluded or sent home for wearing too much make up.

A number of young people talked about a lack of help from teachers giving examples such as: frequently being excluded; teachers asking lots of questions; challenging why a young person was accessing a CEDAR service instead of being in school; asking why a boy would need support as boys don’t get raped and another young person saying their teacher stood up for the perpetrator. Therefore, young people felt very reluctant to go to teaching staff for help.

They’d ask questions (teachers) and get annoyed if I wasn’t doing my work. I couldn’t take my jumper off because of the scars but they didn’t understand that. I felt humiliated in front of the class.

Young people were afraid of speaking out and the consequences. They felt schools broke their confidentiality by sharing information about them without seeking their consent. Another young person talked about their fear about disclosing and then being judged and stigmatised by teachers as a result. There were several examples of talking to friends who told a teacher and the inappropriate response damaged the friendships and silenced the child, in some cases for many years. Two of the younger children talked about their friends (both within the school setting) and how they broke their trust after telling other children in the school about their experiences.

School Nurses were mentioned a few times, with mixed responses. One young person said they received good support from a school nurse while other young people said they wouldn’t go and see them as they are too visible within the school and staff/pupils might see them going there. These experiences all pointed to the school feeling an unsafe and unsupportive environment for children and young people trying to get help around GBV.

Young students talked about the University response as poor. They felt that going to the student advisers for support was inadequate. One young person talked about her personal experience when a counsellor cried when she disclosed her experience. The group recognised that some of this was down to educational staff needing GBV training (priority 1). The young people in this group felt having a key contact within the University would be helpful in ensuring they had streamlined support within their education alongside signposting and support to access specialist services.

Finally, young survivors felt children should be learning about GBV at a younger age, so they are aware of what it is and what supports are available, and are able to discuss feelings and what is safe.

Children and young people need to be taught about the emotional side of sex. If you don’t feel safe or whatever, you need to know that’s not OK.

I feel like people experience sexual violence or coercion and it’s brushed off as ‘being taken advantage of’ and not what it is, but kids don’t know that. We need guidance.
Children and young people recommend changes to require that adults:

- Ensure information sharing is proportionate, helpful and balanced.
- Routinely consider and seek consent from children and young people when sharing information.

Evidence

Many children and young people across the groups voiced concerns about privacy, confidentiality and information sharing, especially within education (schools) and health (GP’s and psychology), and particularly if you were under 16. One young person said,

"My Nan told the Dr about what happened to me. I felt like my privacy wouldn’t be kept because my Dr was a friend’s mum. The Dr gave me a booklet about my situation but she passed it through her daughter to me. That wasn’t very helpful or nice to do that."

Young people are scared about what will happen if they speak out and feel strongly that they should be asked for their consent before their story is told to others. Information sharing with and within schools was a major source of unhappiness, one young person said. In one group it was mentioned that they wouldn’t approach anyone in school as they knew this would start child protection processes.

"I’d be worried where that information would go. Would teachers be told? It would be a child protection nightmare!"

Though young people did not want to tell their story multiple times they felt that information sharing could be limited and sensitively done when necessary.

"I told one of my nurses it had happened but then a different nurse actually did the smear test, and when I went into the room I saw my notes and it just said RAPE in capital letters. I was, uh, yep! That’s accurate! I was pleased that she was aware, but I wasn’t pleased that that’s all it said. I was already kind of nervous about it, and it’s good that the information was passed on but maybe a bit more sensitive?"

Young people felt that they needed clear information from services about confidentiality and its limits, i.e. what would happen, when and why.

They felt that they should be involved in decisions about any sharing of their story, often needing some time and support before any next steps. Young survivors wanted to be respected, taken seriously and feel listened to - if confidence and trust was then broken this became a major source of anger and fear.

If they received respect, empathy and were “helped or signposted to other places that can help”, this was a source of relief and happiness.

"... I came to you very openly and said that this is what I’m scared about, and you did that [reported immediately to child protection] regardless of my fears. Had the person sat down with me and been like...

“I’ve got a duty of care to report this next week, what are you worried about?” And then I could’ve been like, what actually happens, do I have to give a statement, does someone come and take that... if they had kind of babied me through that process, which is what I needed, I probably would’ve disclosed far more information and given them a much better resource for them to work towards stopping a potential perpetrator.

Once they had come into contact with services/systems, many young people felt they were not kept informed adequately of what was happening and some felt that information was held from them “I don’t get info passed back from my social worker” and that agencies were talking about them “behind their back” and making decisions without them. Where they were involved, there were many difficulties in sharing their stories, including the silencing effect of the perpetrator or/and family members/carers in the room/court. Young survivors had many ideas for better information sharing and participation in decision-making and felt new approaches should be designed alongside them.
Throughout the sessions, children and young people talked about the importance of being listened to and being heard. Young people recognised that adults and children/young people can work together to meet the needs of children and young people who have experienced GBV. They felt there was a clear role for consultation, listening to survivors and involving them in the development of services.

Young people felt that it was vital for other young survivors that they were involved, including as representatives of services: “It’s easier to identify with someone who is a bit like you...you know, they can be a role model”. Groups, including those formed for this consultation, were a source of happiness and motivation for young people “happy ...we are trying to change things” and could also play a significant part in theirs and others recovery:

> It could combat the shame and guilt that comes along with sexual violence. Society says that you shouldn’t talk about that. But someone can stand up and say this happened to me, I’m not ashamed.

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Conclusion

Children and young people have highlighted a range of ways that services can improve their responses to those who experiencing GBV. Whilst they shared some of their poor experiences, especially within Education, Health and Police, they were able to recognise training as a key way of improving services and information sharing. They give strong messages about the importance of the physical spaces when disclosing, giving information or evidence and when accessing therapeutic services. Mainstream services and justice systems in particular are noted as needing to improve on this.

Young people highlighted the need for better online information and greater access to inclusive specialist GBV services where they have the time to build trusting, supportive and respectful relationships with workers who have a clear understanding of GBV. They also acknowledge the importance of being able to access advocacy support to help them navigate the different systems like Courts, Children’s Hearings and University.

Children and young people are placing down a firm challenge to see improved service responses which put children and young people’s needs and rights at the centre of services’ ways of working.

Thank you. Thank you. Thank you.

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More information
For further information on Everyday Heroes including further reports on justice and gender equality see everydayheroes.sps.ed.ac.uk.

More about the eca students and their work can be found at: www.illustration.eca.ed.ac.uk and if you would like details of particular illustrators contact Illustration Lecturer Harvey Dingwall h.dingwall@ed.ac.uk.

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