



**Gender
Based
Violence**

Domestic abuse

**What health workers need to know
about gender-based violence**

This guide is one of a series designed to support health workers to work effectively with the victims of gender-based violence in line with NHS Scotland policy,¹ and 'Equally Safe: Scotland's Strategy for preventing and eradicating violence against women and girls'.²

It covers:

- **how to identify and respond to domestic abuse**
- **child protection and domestic abuse**
- **working with perpetrators.**

The series of practice guides covers the following areas of gender-based violence:

- What health workers need to know about gender-based violence: an overview
- Domestic abuse
- Rape and sexual assault
- Childhood sexual abuse (adult survivors)
- Commercial sexual exploitation
- Stalking and harassment

All practice guides are available at

www.healthscotland.scot/health-topics/gender-based-violence

This guide will help you to:



those experiencing domestic abuse

As a health worker you are in a unique position to respond to such abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

Contents

What is domestic abuse?	6
Who is at risk?	11
How domestic abuse affects health	15
Your role as a health worker	16
Children and young people affected by domestic abuse	26
Perpetrators of domestic abuse	32
Support for staff	38
Appendix 1: Risk assessment	39
Appendix 2: Further information	41
Resources	47
Local information and notes	49
References	50

What is domestic abuse?

The Scottish Government defines domestic abuse as 'perpetrated by partners or ex-partners [which] can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends)'.³

Domestic abuse:

- is characterised by a pattern of coercive control which often escalates in frequency and severity over time
- can be actual or threatened violence, and can happen occasionally or often
- can begin at any time, in new relationships and after many years
- sometimes starts in pregnancy
- is under-reported and the number of incidents is likely to greatly exceed the number of reports made to the police.

Legislation

The Domestic Abuse (Scotland) Act 2018⁴ creates a criminal offence of domestic abuse and recognises that it can be a course of conduct which takes place over a sustained period of time. The Act covers physical violence, and psychological and emotional abuse. And for the first time it criminalises coercive control.

Understanding domestic abuse

The debate on the importance of gender in domestic abuse can be confusing. Some argue that women are as likely as men to perpetrate abuse^{5,6} while others insist that women are predominantly victims of such abuse. The evidence shows that domestic abuse takes different forms and affects women and men differently. This led to a definition that provides a clearer picture on the need to understand gender as key to understanding domestic abuse.⁷ It separates domestic abuse into two main categories: situational couple violence and coercive control.

Situational couple violence

This is the most common form of violence in which couples fight, using physical or verbal aggression. It may be minor, for example one partner slaps or pushes the other, or it can involve serious assault. It may be infrequent or chronic, with one or both partners resorting to violence because of anger management issues, alcohol misuse or communication problems. **Crucially, it is not being used by one partner as a pattern of behaviour to control the other but is the result of a conflict situation.**

'What makes it situational couple violence is that it is rooted in the events of a particular situation rather than in a relationship-wide attempt to control.'⁸

Such abuse is captured in population studies such as the Scottish Crime and Justice Survey (SCJS) where 3.4% of women and 2.4% of men said they had experienced at least one form of domestic abuse in the previous 12 months, while women had experienced twice as much abuse since the age of 16 as men.⁹

These data are mostly 'incident' based so they cover infrequent and minor violence and abuse, as well as more serious assaults. For example, 48.2% of male victims and 29.6% of female victims in the SCJS had experienced only one incident of abuse.

Note: In most studies claiming similar rates of male and female perpetration of abuse, sexual violence is excluded on the basis that there is no dispute about its gender prevalence.^{5,6}

Coercive control

Coercive control is purposeful behaviour in which violence is only one of many different tactics used to establish power and control. Acts intended to humiliate, degrade, intimidate and hurt partners are used to maintain dominance, including sexual violence and abuse, isolation, mind games, stalking, and the micro-regulation of everyday life (monitoring phone calls, dress, food consumption, social activity, etc).

This is closer to the Scottish Government's definition of domestic abuse. The systematic use of economic, psychological and physical subordination functions to reduce the scope of the victim to act by eroding her autonomy, freedom of movement and sense of self. The use of fear is central to this exercise of power and control.

It is:

'highly gendered and is significantly
more damaging to its primarily female victims than
is situational violence.'¹⁰

Impact

In both situational couple violence and coercive control, women experience higher levels of particular types of abusive behaviour. For example, the SCJS found that women were more likely to be subjected to 'contact-based restraint' such as being held down, choked, and to be sexually abused:

'these are qualitatively different forms of violence and point towards a greater severity of violence against female victims than men'.⁹

It is important to note that some men have experienced serious and ongoing abuse from female or male partners. But there is no gender equivalence, as acknowledged by one of the leading researchers who argues that women are as likely as men to be perpetrators.⁵

- Men do not generally report experiencing the severe, chronic and repeated abuse and dominant pattern of behaviour experienced by women.
- Men are much more likely to view such incidents as trivial, and do not feel threatened because of them.
- Women experience more threats within relationships and are more fearful of their partners. They are also more likely to be harassed and stalked when leaving the relationship.
- Adverse impact is more severe in relation to coercive control, so women have more injuries, higher levels of fear, PTSD, anxiety and depression.¹¹
- Fear is correlated with PTSD and mediates the relationship between violence and negative outcomes.
- When sexual violence is included in the definition of abuse, the ratios are markedly increased for women.

The sustained and systematic intimidation of coercive control explains why abuse continues after separation, and why 'minor' violence has significant consequences in terms of entrapping women.

'Attacks by male partners cause more fear, more physical and psychological injury, and more deaths. The greater adverse effect on women is an extremely important difference and it indicates the need to provide more services for female victims...'⁵

Why does it happen?

Many people believe domestic abuse is caused by poverty, alcohol misuse or witnessing abuse as a child. Although each of these can be a contributing factor, they are not the sole or primary causes of domestic abuse. Domestic abuse occurs in every social class, and across boundaries of age, ethnicity, disability and religion. Many boys who witness the abuse of their mother do not become abusive adults, nor do girls necessarily become victims of abuse. Alcohol is present in less than half of cases reported.¹²

Domestic abuse, as in coercive control, stems from, and reinforces, gender inequality between women and men. Often it occurs in relationships where a sense of ownership and authority is used to maintain dominance.

29% of women in the UK have experienced physical and/or sexual violence by a current and/or previous partner since the age of 15.¹³

In 55% of serious sexual cases the perpetrator is a current partner.¹⁴

One in three women experiences sexual abuse along with physical abuse.¹⁵

In 2017–18 the police recorded 59,541 incidents of domestic abuse in Scotland. In 81% of these cases the recorded victim was female and the perpetrator was male. 2% of men and 1% of women in same-sex relationships were victims of abuse. Repeat victimisation was recorded in 54% of all cases.¹⁶

Who is at risk?

Domestic abuse can occur in any intimate relationship regardless of sex, gender identity or sexual orientation. The key risk factor for experiencing abuse, however, is being female.

While no woman is immune, not all women are equally at risk. Factors such as age, financial dependence, poverty, disability, homelessness and insecure immigration status can heighten women's vulnerability to abuse or entrap them further.

Women with a long-standing health problem or disability are more likely to experience physical, sexual and psychological abuse than women who do not.¹³

There were 1,196 reported cases of forced marriage in the UK in 2017; 78% of these are women and 21% men.¹⁷

The risk of partner abuse (in the last 12 months) is highest among young people aged 16 to 24 years (6.9%) and lowest among those aged 65 or over (0.4%).⁹

For example:

- Minority ethnic women may face language barriers or racism in accessing services, but they may also fear being accused in their communities of bringing shame and dishonour upon their families. And they may be unaware of their immigration status and fear deportation.
- Disabled women may experience communication or physical barriers to getting help or leaving an abuser, or they may be isolated because of their impairment. Signs of domestic abuse may also be overlooked and attributed to their impairment.
- Young women are at higher risk of all forms of abuse, yet often this can be overlooked or minimised, particularly in their teenage years.

As a health worker, you need to understand how these factors combine to affect how people access and experience health services so that you can provide the best care possible.

Men experiencing domestic abuse

Some men are abused by their female or male partners and it is important that their needs are recognised, taken seriously and addressed sensitively.

A primary care study of 1,368 men in England found that 309 (22%) of respondents in the survey had 'experienced negative behaviours in a relationship consistent with domestic abuse'.¹⁸ Of those, 162 were victims of abuse while 117 were both victims and perpetrators. A further 93 men were perpetrators of domestic abuse. Men who reported experiencing or perpetrating negative behaviours had a greater likelihood of anxiety and depressive symptoms than men who did not report negative behaviours, whether or not they reported that they had been in an abusive relationship.

Although more likely to experience situational couple violence, some men experience serious, systematic abuse from partners and ex-partners. The consequences of such abuse can be debilitating and long term. It can adversely affect their health, relationships, self-esteem and ability to function.

Gender is important in understanding male experience of domestic abuse too. Male victims may be reluctant to disclose abuse because of perceived stigma around this, a fear of not being believed or of being ridiculed. Gender stereotypes around masculinity can be harmful for men in such a situation – they may fear being perceived as 'weak' or not 'manly'. They may not see themselves as victims of abuse because it is mostly associated with women, and they do not call it 'domestic abuse'. They may also feel the need to minimise the abuse and its impact on them. They may feel trapped in a relationship because of their children or because they still feel emotionally attached to their partner.

'[It is] deemed unmanly to say I'm a victim of domestic violence ... how can that happen. Is he a little weedy character that allows himself to get bullied?'¹⁹

Being unaware of the existence and impact of domestic abuse towards men could further isolate and silence those who are experiencing abuse. So it is important to be alert to indicators of abuse, and to enquire and respond sensitively to any disclosure.

Services exist for men who have experienced abuse, and you should be aware of them and be able to direct male victims to support services.

LGBT+ domestic abuse

There is evidence that abuse within same-sex relationships is common and prevalence rates may be similar or slightly higher than heterosexual relationships.²⁰ In a Scottish survey of LGBT+ young people, 52% said they had experienced some form of abusive behaviour from a partner or ex-partner, and 24% had experienced physical violence.²¹ A UK study found that 38% of LGBT+ people had experienced domestic abuse.²²

Many victims in the study reported that they were silenced by threats from their abusive partner to 'out' them to friends, family or employer, or conversely, by being forced to conceal their sexual orientation.

Being told that no one would help as the police and other agencies were homophobic further isolated those experiencing abuse. The study also found differences between women and men in same-sex relationships:

- Men were more likely to have their spending controlled.
- Women were more likely to have their sexual orientation used against them, be blamed for their partner's self-harm or have their children used against them.
- Men were significantly more likely to be forced into sexual activity, be hurt during sex and be threatened with sexual assault.

Additional barriers to accessing services such as fearing ridicule or minimisation of the abuse, as well as a perception that this is not 'as important' as abuse in heterosexual relationships, further isolates victims.²³

'There is very little information regarding domestic abuse within a lesbian relationship; everything seemed tailored to the heterosexual relationship, and I had to specifically look for information regarding my circumstances.'²⁴

It may also be the case that they fear a loss of support or relationships within the LGBT+ community, particularly if they live in smaller towns or rural areas, and rely on this community for support.

A 2010 study in Scotland²⁵ found an extremely high percentage of transgender people had experienced abuse in their intimate relationships – 80% of the 60 respondents reported abuse from a partner or ex-partner; 45% reported physical abuse and 47% reported sexual abuse, yet the majority had not received support around this. As one respondent noted:

'I was worried service providers would be ignorant of trans identities and potentially even quite prejudiced.'

How domestic abuse affects health

Domestic abuse can seriously affect physical, emotional, mental and sexual health and can be both chronic and acute in impact. Clinical indicators include:

Physical

- contusions, abrasions, fractures, sprains
- injuries to head, neck, chest, breasts and abdomen
- internal injuries, unconsciousness
- repeated or chronic injuries
- loss of hearing or vision
- disfigurement
- chronic pain, ill health
- dental problems

Mental/emotional

- depression
- anxiety
- panic attacks
- somatic complaints
- eating disorders
- post-traumatic stress disorder
- alcohol or drug use
- self-harm, suicidal ideation
- attempted or completed suicide

Sexual/reproductive

- pregnancy complications: higher incidence of miscarriage and placental abruption
- uterine infection
- health risks to neonates include low birth weight, foetal bruising, fractures and haematomas, and preterm birth
- unwanted pregnancy
- gynaecological difficulties
- chronic pelvic pain and urinary tract infections
- sexual dysfunction
- sexually transmitted diseases

Your role as a health worker

Domestic abuse is a major health issue and you have a duty of care to those affected. Your actions would rarely make things worse. If you intervene sensitively and appropriately you could improve the long-term health and wellbeing of the victim and any children involved.

Health staff are in a unique position to identify and respond to domestic abuse since most of those experiencing abuse will use health services at some point, either on their own or their children's behalf.



Identify – Be aware that domestic abuse is a possibility. Recognise signs, create an environment to support disclosure and ask sensitively.



Respond – Listen to what they say, show empathy, be non-judgemental, validate their experience and ask what they need.



Support – Assess risk and enhance safety, provide information and help them connect to support services.



Identifying domestic abuse



People experiencing domestic abuse could present in any primary or acute care setting. Be aware of how they might present in yours.

Domestic abuse may not be immediately apparent, especially if the abuse is not physical. As well as the clinical indicators that may alert you to the possibility of domestic abuse, there are other signs that should make you suspicious, such as:

- missed appointments and non-compliance with treatment
- an overbearing or overly solicitous partner who is always present
- denial or minimisation of abuse or injuries
- injuries which don't fit the explanation of the cause
- multiple injuries at different stages of healing
- delay between an injury occurring and seeking medical treatment
- repeated, non-specific symptoms
- appearing evasive, socially withdrawn and hesitant
- children on the child protection register or referred to other specialists for behavioural, emotional or developmental problems
- (if visiting the house) damage to the locks, furniture or door panels
- becoming more isolated (less contact with family, friends, and children in care).

Fear of being intrusive makes many healthcare professionals reluctant to bring up the subject of domestic abuse, yet research indicates that patients find it acceptable to be asked. It gives them the chance to speak about their experience and to get help. Because of this, NHS Scotland has introduced a programme of routine enquiry of domestic abuse into mental health, sexual and reproductive health, substance misuse, health visiting and maternity services.

Whatever setting you work in, if you suspect that anyone may be affected by domestic abuse, it is your responsibility to introduce the subject sensitively and ask.

It is essential that you do not compromise their safety or that of their children. Always be prepared to work with other agencies to help increase safety. Ensure that they and any children receive the best help possible, and that the abusive partner is held accountable.

To help someone disclose domestic abuse you should:

Provide a safe, quiet and confidential space

Ensuring privacy and confidentiality is essential. Provide reassurance about confidentiality but be clear about the limits to this, e.g. child protection and vulnerable adults.

Give them the chance to speak to you on their own

Disclosure is unlikely if the abusive partner or another person is there. It may not be safe in this situation to ask whether they would prefer to be seen on their own. But you might be able to arrange for some private consultation time, e.g. to carry out an examination. You should also avoid asking in front of children. The only exception should be if a professional interpreter is there.

Treat them with respect and dignity

It is not easy to disclose abuse, and they may feel embarrassed, humiliated or distressed. Be non-judgemental, supportive and sympathetic. Validate their experience by telling them you believe what they say, that you do not blame them for the abuse, and that it is a common experience. For example:

- Ask non-threatening, open questions – such as ‘I’ve seen women and men with problems like yours who have been experiencing trouble at home. How are you feeling generally? How are you and your partner getting on?’ (When carrying out routine enquiry of abuse, follow the guidelines for your service.)
- If you have picked up on possible difficulties, you may want to ask a more direct question, e.g. ‘Are you afraid of your partner?’, ‘Does your partner try to control you, for example not letting you go out alone or have money?’

Ensure access

If necessary, provide an interpreter for hearing impaired patients or those whose first language is not English, or an advocate for someone with a learning disability. The interpreter must be professional. Do not use family or friends.



Use inclusive language. Avoid assumptions that they are heterosexual, or that only women experience abuse. Using the word ‘partner’ rather than he or she will allow disclosure across all types of relationships.

Responding to disclosure

Validate their experience

Be empathic and non-judgemental. **You could say:**



Adult support and protection

Be aware of barriers such as age, poverty, language and disability which can increase vulnerability to abuse and limit access to help and services. You should also consider whether the victim is an adult who is 'unable to safeguard their own interests through disability, mental disorder, illness or physical or mental infirmity, and who is at risk of harm or self-harm, including neglect' as defined by the Adult Support and Protection (Scotland) Act 2007 and may need more directive intervention.

Assessment

- Treat and document any physical injuries or refer for further assessment, treatment or specialist help if required.
- Assess the health impact of the abuse. Any treatment should be based on fully understanding what has happened, otherwise you may not be able to treat appropriately. For example, ask: 'How do you feel it is affecting your health?' (e.g. check for chronic neck or back pain, persistent headaches, stomach pains, IBS, pelvic pain) 'How do you think this behaviour is affecting how you feel?' (e.g. check if they are feeling 'low', depressed, anxious, suicidal, have been self-harming or drinking/taking drugs.)
- Ask what their needs and concerns are, both in their immediate circumstances and longer term.
- Assess safety – is there an immediate or future safety risk to them or any dependent children? This should consider the level of risk they are experiencing. If they are at high risk, you should consider whether they need to be referred to your local Multi-Agency Risk Assessment Conference (MARAC). These conferences consider ways to support victims of abuse who are at high risk of serious or lethal physical violence. You may also have to consider whether they need to find an immediate place of safety. See Appendix 1 for more guidance on conducting risk assessment and MARACs.
- If they have been sexually assaulted within the previous seven days, ask whether they want to report this and have a forensic medical examination completed.
- See the guide on rape and sexual assault for more information:
www.healthscotland.scot/publications/rape-and-sexual-assault-what-health-workers-need-to-know.



It is vital that the person experiencing the abuse decide for themselves what course of action to take. The temptation to tell them what to do should be the signal to resist it.

Support

- Be aware of the support organisations and options available, such as seeking legal advice, temporary or permanent accommodation and removal of the perpetrator from the family home.
- If it is not safe for them to return home, consider a referral to local women's aid groups or to emergency accommodation. If this isn't suitable, you may be able to help them identify family, friends or local community resources that they can turn to for emergency support. Ask if they want to report the abuse to the police.
- Give correct information about local support agencies including the **Domestic Abuse and Forced Marriage Helpline 0800 027 1234**. Give supporting literature in a format they can use. Specific helpline services for men and LGBT+ victims are included in the resources section on pages 47 and 48.
- Go over a safety plan (see **pages 22 and 23**).
- With consent, work with and refer to other agencies, such as Women's Aid, ASSIST and Police Scotland's Domestic Abuse Task Force, sharing information as appropriate (see Appendix 2). It may be helpful if you make the first contact on their behalf.
- Give them the name and number of the service and contact person you have referred them to and keep a copy for your records.
- Consider other specialist health services where appropriate, such as counselling.
- Stress that they can ask the NHS for help at any time.
- There is a strong chance that they will decide to remain with an abusive partner. Research indicates that it takes women a number of attempts to leave a violent partner. Leaving is a process, not an event. Many never leave for a range of complex reasons and it is not your role to persuade them to do so. **Remember leaving an abusive partner is a time of elevated risk and plan accordingly.**



Whatever their decision, you should support them and help them plan for their safety.



In high risk situations, it is important to discuss the immediate danger to which they may be subjected and to help them consider appropriate action.

Safety planning

One of the most important things you can do following a disclosure of abuse, is to speak to them about their immediate and future safety. This will help them think through the options, and help you to assess the situation and offer better support. The SafeLives DASH Risk Identification Checklist is a useful tool to do this. Also, let them know about remote reporting to the police in sites such as community centres, housing associations and Citizens Advice centres.

Below are some things you may wish to discuss as a way of helping to focus on safety needs.

If you don't know what to do, ask for help, e.g. from a colleague, duty social worker, police domestic abuse liaison officer or Women's Aid.



If they are planning to leave

- Do they have friends or family with whom they could stay?
- Do they want to report the abuse to the police?
- Does this need to happen just now? If they are reluctant to contact the police, you or they can phone the police domestic abuse liaison officer for advice.
- Do they want to go to a refuge or emergency accommodation?

If they need help to get to safety immediately, don't just give a leaflet. Remember that leaving can be the most dangerous time, especially for women. Leaving without telling their partner/ex-partner is the safest option.



If they are not planning to leave

Discuss what behaviour or signs indicate that the abusive partner is going to become violent – how might they protect themselves?

- What kind of strategies have worked in the past to protect them and their children – will they continue to be of help?
- Is there any support nearby to help if needed?
- Are there weapons in the home – can they be removed?
- Identify possible escape routes for them and the children, e.g. to friends or family.
- Provide phone numbers for organisations that can help, including the police, Women's Aid, and the National Domestic Abuse Helpline.
- Suggest they keep a bag packed with items such as clothes, money, important documents (e.g. benefit information, passport, birth certificates), medication, important phone numbers, personal items (photos, jewellery and children's favourite small toys) in case they need to leave quickly. This should be left with a trusted friend or relative.
- Ask a trusted neighbour to phone the police if they are concerned.

If there is harassment by a former partner

- Discuss safety measures, e.g. changing locks, fitting alarms. Have the police advised on how to protect themselves and children? Has a solicitor been consulted to get advice on their rights and on what kind of protection the law can give?
- Can neighbours agree to call the police if they see the abusive partner around the house?
- Check that schools, nurseries and so on know they are not to release the children to the abusive partner.
- Advise them to keep text and answering machine messages, letters and so on as supporting evidence of the harassment.

Documenting and recording



Keep detailed records as this may build up a picture over time of the nature of the abuse.

This is important health information which will enable continuity of care. Healthcare staff do not need permission to record disclosures. If a patient is anxious about the confidentiality of medical records, reassure but explain that if someone, especially a child, is at risk of significant harm this overrides confidentiality requirements.

Explain the benefits of keeping a record. For example, it may help in any future legal proceedings, such as prosecution of the perpetrator, court orders or where deportation is a risk because of immigration status. This is particularly important with the legislation on domestic abuse which will look at abusive behaviour over a period of time. It may also be used to assess risks to children.



Record the following in case notes, never in hand-held notes:

- The nature of abuse and, if physical, the type of injuries and symptoms.
- Disclosure as an allegation not fact; contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure.
- What the victim says and not what you think, but note if you have any concerns.
- Missed appointments and unanswered telephone calls.
- The outcome of risk assessment, detailing any concerns, including those relating to children.
- Action taken.
- Whether the information is being shared with other agencies.

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that the victim and any children are safe and properly supported, and that the perpetrator is held accountable.

- Seek permission before you pass on information and get advice if you are in any doubt.
- It may be safer to share information than keep it confidential. It is important, however, to keep victims informed about any decisions made in this respect.
- Be careful not to divulge confidential information by accident – abusers can be very persuasive and cunning if they are trying to find the whereabouts of their partner and children.
- MARACs are an effective way for local agencies to develop risk-focused safety plans to support victims.
- It is important to balance your responsibilities for patient confidentiality with public safety. If you are concerned about sharing information, speak to a professional lead such as a senior charge midwife or nurse, a Caldicott Guardian or a data protection officer.

Follow up

Your intervention will depend on the setting you work in. You may only see the victim once, for example, in an emergency setting. Where possible, it is helpful to offer a follow-up appointment. Always consider their safety and how any approach you make might affect this.

Children and young people affected by domestic abuse

Impact of domestic abuse on children

'Children's health may be seriously affected by witnessing the abuse of their mother or by being abused themselves.'²⁶

Children affected by domestic abuse may show symptoms, such as failure to thrive, anxiety and depression, withdrawal, bedwetting, asthma, eczema, disability, attempted suicide.²⁷⁻²⁹

Children may feel responsible, or be made to feel responsible, for the abuse, e.g. if their behaviour is used as an excuse by the perpetrator as a trigger for their violence. Abusers are often very controlling and may impose rigid and unreasonable routines in the home, or prevent normal social contacts with friends, extended family, social clubs and so on. Their control is often maintained by a regime of fear. Coping with such abuse can adversely affect the ability of the non-abusing parent or carer to meet the children's emotional needs. It can also put children at risk of neglect:

'In addition to the emotional impact of living in an atmosphere of violence, there is also evidence to suggest that men who abuse their partners may also abuse their children, or force them to participate in the abuse of their mothers. Children often try to protect their mothers from physical assaults and may be injured themselves as a result. Children living with domestic abuse may suffer from stress-related illnesses and conditions and experience feelings of guilt, shame, anger, fear and helplessness.'³⁰

Some men use their relationship with their children to continue to harass women who have left them:

'...a variety of incidents and tactics, including physical and verbal abuse of the mother or others at "handover" time, abduction and use of a child as a hostage in an effort to secure the mother's return to the marriage, grilling children for information about their mothers and manipulating legal procedures relating to child care in an effort to involve the courts and the law in continued harassment.'³¹

Although children living with domestic abuse have a higher risk of developing behavioural, cognitive and emotional problems than children who do not, this is not inevitable. There is a wide variation in children's responses – some exhibit no greater problems than peers not exposed to abuse, while for others multiple levels of difficulty may arise which can necessitate clinical intervention. The impact of the abuse will be mediated by a range of factors, principally:

- the nature, frequency and severity of domestic abuse within the home, and the extent to which child abuse is also present
- the degree of exposure to such abuse and the degree of risk, i.e. from relatively mild exposure to being in a situation of grave danger, including risk of severe injury or murder
- the existence of other stressors within the family, e.g. parental addiction, mental health problems, homelessness
- the presence of protective factors in children's lives, e.g. the existence of family support, a strong relationship with their mother, their own coping skills.

Assessment and intervention



Domestic abuse should significantly increase your suspicion that any children in the family may be at risk.

Assessing risk should, therefore, include risks to children. These are likely to be elevated where there has been a previous history of abuse or neglect and/or there are additional problems and stressors within the family such as:

- addiction issues
- chaotic lifestyles
- homelessness
- mental-health issues.

Significant case reviews in Scotland conducted between 2012 and 2015 showed almost two thirds (65%) of the children and young people involved had been living with domestic abuse. There was also a striking correlation between the existence of mental health and addiction issues in many of the homes.³² Some groups of children may have additional needs, e.g. children affected by disability, children from minority ethnic groups or for whom English is not their first language.

All of the above need to be considered as part of the response to children within domestic abuse situations. If the non-abusing parent or carer and children are identified as being in imminent danger then you must act swiftly. Where this is less apparent, assessment of risk should include the above factors.

Risk assessment is not a one-off event. Circumstances change within families, and risk may increase over time. Where you have ongoing contact with the family, it is essential to review the assessment and be alert to the possibility of such change, which may require further intervention.

Providing practical and emotional support is a major factor in influencing how non-abusing parents or carers and children survive and cope with abuse. It is not good practice to assume that the existence of domestic abuse automatically exposes the child(ren) to neglect or abuse and that the non-abusing parent is failing in their duty to protect them or respond adequately to their emotional and developmental needs. If the situation is not dangerous, and you do not have concerns regarding child protection, you should assist them to access community resources.

'The impact of domestic abuse on a child should be understood as a consequence of the perpetrator choosing to abuse rather than of the non-abusing parent's/carer's failure to protect. Every effort should be made to work with the non-abusing parent/carer to ensure adequate and appropriate support and protection is in place to enable them to make choices that are safe for them and the child.'³³

Balancing the needs of children in a situation where domestic abuse exists can be difficult and may make you anxious. Where there is little indication of risk as identified above, but you feel uneasy or concerned about a family, discuss it with your supervisor or line manager, or with a child protection adviser, to decide on the best course of action. Where there is suspicion about safety, you must take action to safeguard the welfare of a child.

There are a number of robustly evaluated models of care supporting children affected by domestic abuse – see further information on page 44.

Referral to child protection/social work services



Warning signs

- Is the child exhibiting signs of distress, emotional disturbance or behavioural difficulties associated with the abuse?
- Is there a possibility of direct harm to the child by abuse from the perpetrator?
- Are there threats to harm the child(ren)?
- Is the child being emotionally manipulated?
- Are pets being harmed or threatened with harm?
- Is there evidence of destruction of possessions, toys and so on, which indicate a propensity for harm?

If there are child protection concerns, action must be taken promptly in line with your local child protection procedures. Referral to social work services must be taken without delay. To assist this process, it is important that as much information as possible is provided about the basis for concerns. This should include:

- the nature of concerns – knowledge of the family, assessment of harm/risk – this should be as detailed as possible
- information on the involvement of other agencies
- whether referral has been discussed with the non-abusing parent or carer, and their views on this
- any immediate danger that may be caused by involvement.

In some situations where there may be less tangible evidence but the potential for abuse appears real, it is important to share possible concerns. An interagency referral discussion (IRD) should be considered in such cases. This is crucial where several factors, which have become apparent over time, make you suspicious.

Sharing information

Confidentiality of personal health information is the cornerstone of the relationship between the patient and the health professional. In circumstances where a child is at risk, this overrides the need to keep the information confidential.

Documenting and recording

Within case notes and medical records you should document:

- findings of assessment, to include physical or emotional symptoms and injuries
- details of domestic abuse disclosed or alleged, using the non-abusing parent or carer's own words – contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure
- the outcome of the risk assessment, detailing any concerns
- the action taken, including:
 - information and support provided
 - any referral to other agencies
 - any decisions made within each agency, or in discussion with other agencies
 - a note of information shared with other agencies, with whom and when
 - whether consent has been given or withheld for sharing information
 - decisions made about child protection.

Where patient-held records are in use, any reference to domestic abuse should be kept separate and cross-referenced to the original record. Explain the benefits of recording domestic abuse for later legal action.



The protection of children is a primary concern of statutory agencies, but you should remember that often it is in helping the non-abusing parent or carer that the child can best be protected.

Perpetrators of domestic abuse

You may encounter perpetrators of domestic abuse as patients, or as ex-partners/parents/carers of patients whom you know or suspect to be affected by domestic abuse. The approach you take depends on whether they:

- directly acknowledge their behaviour is a problem
- are seeking help for a related problem
- have been identified by others as abusive.

Identifying and responding

Identifying and responding to perpetrators of domestic abuse requires sensitivity and an awareness of how this may affect the health and wellbeing of all concerned. Your response to a perpetrator and any disclosures could affect the extent to which they accept responsibility for their behaviour and, therefore, the need to change. You can say things to a perpetrator that make a difference and you can influence the situation. By being responsive and non-collusive, you can play a crucial part in improving the immediate and long-term health impact on all those affected.

Some perpetrators may identify their abusive behaviour directly and ask for help to deal with their violence. This is likely to be prompted by a crisis. They are unlikely to admit responsibility for the seriousness or extent of their violence and may try to 'explain' it or blame other people or factors, such as 'they asked for it'. Even those who are concerned enough about their violence to approach a health worker may present with other related problems, such as alcohol, stress or depression, and may not refer directly to the abuse.

A primary care survey of men with experience of domestic abuse, both as victims and as perpetrators, found that the mental health of men perpetrating negative behaviours was similar to those experiencing negative behaviours, with worse mental health scores for men who reported having been in an abusive relationship at some point in the past. Men who used some form of negative behaviour against their partners were three to five times more likely to report symptoms of anxiety than non-perpetrators. Men who perpetrated a negative behaviour in the past year were almost five times more likely than non-perpetrators to report symptoms of anxiety. Perpetration of negative behaviours was clearly positively associated with symptoms of depression, except for physically hurting a partner, where the evidence was marginal.¹⁸

Some perpetrators may say they are victims of partner violence. While you should take such allegations seriously, research indicates that some male victims are also perpetrators.

Perpetrators might also present to services having attempted suicide or with other self-destructive behaviour. They may have injuries consistent with being physically violent to people or objects, or with defensive wounds.

You may encounter perpetrators who insist on accompanying partners to appointments, or who want to talk for them and to stay with them at all times. You may also have patients whom you know to be abusive because the people they have abused are also your patients and they have told you about it. They may present to you as caring and protective and very plausible.

There are clear links between domestic abuse and child abuse. In your role as a health worker, you may know children affected by domestic abuse, and consequently, the abusing parent or carer. You may be in contact with them in clinics, at home and at case conferences. If the issue of the abuse has been openly stated as a cause of a child's problem, it may be necessary to address this abusive behaviour and the safety of their child(ren).

You should also be guided by your local child protection procedures.

What every health professional can do

Respond to disclosure

Your response to any disclosure, however indirect, could be significant for encouraging a perpetrator to take responsibility and be motivated towards change. It is important therefore to:

- be clear that domestic abuse is always unacceptable
- be clear that such behaviour is a choice
- affirm any accountability shown by the perpetrator
- be respectful and empathic but do not collude
- be positive and non-judgemental – change is possible
- be clear that you might have to speak to other agencies and that there is no entitlement to confidentiality if children are at risk
- be aware that on some level, they may be unhappy about their behaviour (whatever is said)
- be aware that abusive behaviour is not just physical violence
- be encouraging; do not back them into a corner or expect an early, full and honest disclosure about the extent of the abuse
- be aware of the barriers to acknowledging the abuse and seeking help (such as shame, fear of prosecution, self-justifying anger)
- be aware of the likely cost to them of continued abuse and help them to see this
- see the perpetrator separately from a possible victim.

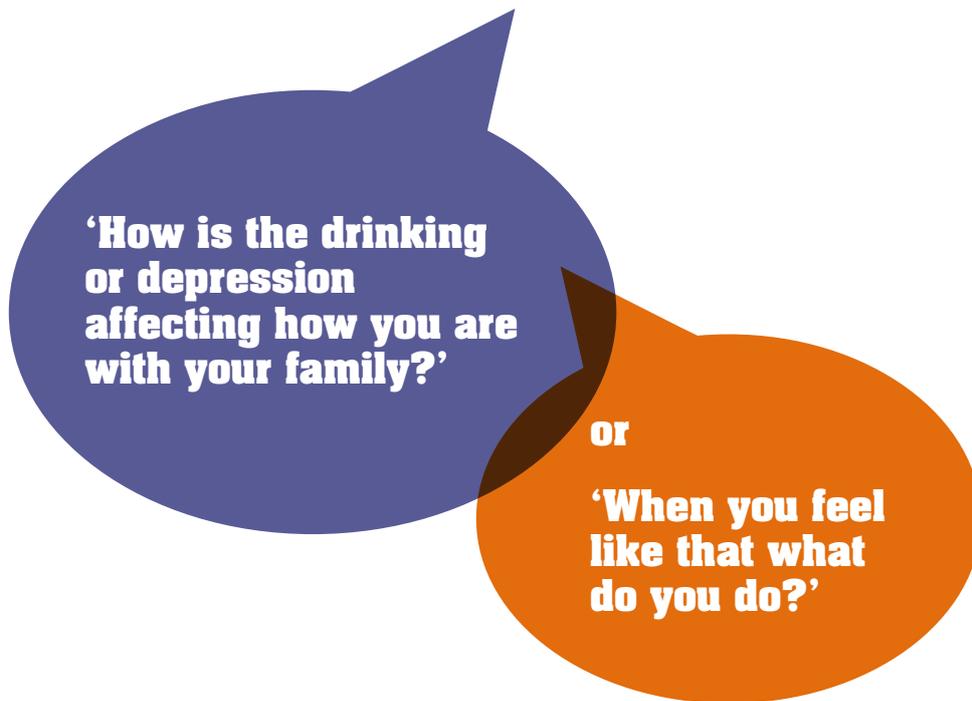
Differences in age, ethnicity, race, immigration status, sexuality, economic status, educational background, and so on, produce different cultures and subcultures. Your response needs to make sense within each perpetrator's cultural context.



Your response must prioritise the safety of those most affected by the violence – usually women and children. It is important to send a clear message that domestic abuse is unacceptable.

Assess risk

It is important to assess risk before deciding what to do next. Although risk assessment is primarily informed by victims' experiences, there may be other factors which you identify through your contact with, or knowledge of, a perpetrator. If the presenting problem is, for example, drinking, stress or depression, with no mention of abusive behaviour, you could ask questions such as:



There is a link between suicidal and homicidal thoughts in men who abuse, and either or both should be seen as significant risk factors for domestic abuse. Threatening suicide is a common form of controlling behaviour. Factors which would alert you to heightened risk are:

- previous physical or sexual assault of strangers or acquaintances
- past physical or sexual assault of a partner
- past use of weapons or threats
- extreme minimisation or denial of history of abuse
- attitudes which support or condone domestic abuse
- recent or imminent separation from their partner
- their partner is pregnant or has recently given birth.

Child protection

As noted earlier, the existence of domestic abuse should significantly increase your suspicion that any children in the family may be at risk. Be aware of local child protection procedures and start them if necessary. While the existence of domestic abuse does not require you to automatically start child protection procedures, your risk assessment should include risks to any children in the family.

Referral

There are few specific services for perpetrators of domestic abuse. There are some court mandated and court non-mandated programmes for men who have perpetrated domestic abuse. The Respect service offers clear guidance on a non-collusive response to men concerned about their abusive behaviour, and advice on short-term strategies (see page 48 for more information).

The Caledonian System aims to challenge the behaviour and attitudes of men convicted of domestic abuse offences through an extended programme of individual and group sessions. It does this by working with men convicted of domestic abuse-related offences on a programme to reduce their re-offending, while offering integrated services to women and children (see page 45 for more information).

It may be possible to refer a perpetrator to a generic health service, such as a mental health or addiction service. The primary role of such services is not to address the violence and there is a risk that focusing on such issues may allow the perpetrator to avoid responsibility for his behaviour and attitudes.

Communication with other agencies is important as often the complexity means that it is not possible for one agency to address all the issues.

Documenting and recording

It is important to keep detailed records if a perpetrator discloses domestic abuse. This is important health information which will enable continuity of care. Good records may also help in any future legal proceedings which may be taken against the perpetrator.

Record the information in the relevant case notes. Remember that medical records are strictly confidential. However, if an individual, especially a child, may be at risk of significant harm, this overrides any requirement to keep information confidential. You should explain this to your patient. In your case notes, record:

- disclosure as an allegation not a fact
- what the patient says and not what you think, but note if you have any concerns
- the outcome of risk assessment
- any action taken.

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that victims are safe and properly supported, and perpetrators are held accountable.

- Seek permission before you pass on information and get advice if you are in any doubt.
- It may be safer to share information than to keep it confidential.
- Be careful not to reveal confidential information by accident.

Follow up

If appropriate, provide aftercare and follow up. Always consider a victim's safety and how any approach you make to a perpetrator might affect this. Risk awareness should be a continuous process and be regularly reviewed.

Support for staff

Supporting someone who is experiencing, or has experienced, domestic abuse can be stressful. It can be distressing to hear accounts of trauma and abuse, and you may be worried that you could be overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem or if you find it difficult to accept that they do not want, or are not ready, to leave an abusive partner.

Sometimes dealing with domestic abuse may lead to 'compassion fatigue', also known as 'secondary traumatic stress'. This has been defined as 'a state of exhaustion and dysfunction, biologically, physiologically, and emotionally, as a result of prolonged exposure to compassion stress'.³⁴ It may manifest itself with similar symptoms to those experiencing PTSD, for example, in hypervigilance, inability to listen, avoidance of clients, anger and cynicism, sleeplessness, fear, chronic exhaustion, physical ailments and guilt.

In these situations it is important to be able to acknowledge how you feel and seek support or guidance from a supervisor or colleague.

Given the prevalence of domestic abuse and the number of people employed in the NHS, domestic abuse may directly affect you or a colleague. If you are experiencing abuse, it is important to recognise how this may be affecting you. An NHS Scotland Partnership Information Network (PIN) policy on gender-based violence (GBV) was published in 2011. This employee policy applies to all health service staff and aims to set a minimum standard of practice to support staff who have current or former experience of any form of gender-based violence. An example of the support available would be accessing occupational health or employee counselling, being allowed time to attend solicitors' appointments, or having identified members of staff who can be approached for advice. There should be a local employee policy on domestic abuse within your workplace which provides guidance on how you can be supported at work. You may also want to contact some of the specialist support services available for advice.

The employee policy also covers perpetrators of abuse. If you are concerned about your own behaviour or that of a colleague, check the local employee policy for guidance about who to approach, or how to address this issue.

Appendix 1: Risk assessment

Risk assessment

The nature and extent of domestic abuse varies in families. For some, it may be sporadic or relatively 'low risk'. For others, however, it is more dangerous and threatening, particularly in the context of coercive control.

Assessing the degree of risk and the potential for severe or lethal violence is essential in establishing the safety of victims and their children. For many women, leaving is the most dangerous point in the relationship since this presents the most direct and clear challenge to the man's authority and power within the relationship. Any fears expressed by women for their safety should, therefore, be taken seriously. Women seldom exaggerate the risk of harm and are more likely to try to minimise the abuse.

Assessing for risk is not an exact science. It primarily involves balancing information with previous knowledge, practice and experience and then making a judgement about whether those involved are at risk of serious harm.

SafeLives' domestic abuse, stalking and 'honour'-based violence (DASH) risk checklist³⁵ is a consistent and simple tool to help identify those who are at high risk of harm and whose cases should be referred to a multi-agency risk assessment conference (MARAC) meeting in order to manage their risk. Training on using the DASH is ongoing across NHSScotland.

MARACs are regular local meetings where information about high-risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented, a risk-focused, coordinated safety plan can be drawn up to support the victim.

The SafeLives DASH risk checklist can be downloaded in a range of different formats and languages at:

www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

Key aspects to explore:

- What is the type, frequency and severity of violence to which they have been subjected? Is it becoming worse and/or happening more often? Have they sustained serious injuries?
- Has the perpetrator behaved in a jealous or controlling way? Does this cause significant concern? Are they isolated and without support?
- Is there any present-day danger from the perpetrator? Are they being stalked by the perpetrator? Does the perpetrator have access to guns or other weapons?
- Is the perpetrator making threats to physically harm others, including children?
- Is there sexual violence, pressure or jealousy?
- What is their assessment of the threat from the partner/ex-partner? How frightened are they of the perpetrator and of taking action that may provoke further violence?
- Have they tried to leave before and, if so, what was the reaction?
- Have they and/or the perpetrator threatened to commit suicide or made any suicide attempts?
- Do they and/or the perpetrator have problems with drugs and/or alcohol?
- Is there anything that might represent loss to the perpetrator, e.g. recent separation?
- Are there any recent psychotic episodes (victim or perpetrator)?
- Do they feel threatened by the perpetrator's family? Is there a possibility that they may harm them?



In high-risk situations, it is important to discuss the immediate danger to which they may be subjected and to help them consider appropriate action.

Appendix 2: Further information

Support available

A range of developments and initiatives in recent years has increased the level and quality of support available around domestic abuse. These include:

Domestic Abuse Task Force

Police Scotland's Domestic Abuse Task Force provides a national, intelligence-led perpetrator-focused approach to investigations. The task force investigates historic and protracted domestic abuse enquiries and targets the most prolific and dangerous perpetrators, particularly those identified through multi-agency tasking and coordinating (MATAC). A MATAC group consists of local partners, such as ASSIST and housing organisations, and shares information and intelligence regarding perpetrators who pose the greatest risk to harm.

Multi-agency risk assessment conference (MARAC)

SafeLives domestic abuse, stalking and 'honour'-based violence (DASH) risk checklist is a consistent and simple tool to help identify those who are at high risk of harm and whose cases should be referred to a multi-agency risk assessment conference (MARAC) meeting in order to manage their risk.

MARACs are regular local meetings where information about high-risk domestic abuse victims (those at risk of murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented, a risk-focused, coordinated safety plan can be drawn up to support the victim.

The SafeLives DASH risk checklist can be downloaded in a range of different formats and languages at:

www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face

SafeLives has produced a range of resources for professionals in Scotland that can be accessed at:

www.safelives.org.uk/knowledge-hub/resources-professionals-scotland

Independent domestic abuse adviser (IDAA)

IDAAs provide practical and emotional support to victims who are at the highest levels of risk and act as their primary point of contact. They can help victims to create safety plans and undertake risk assessments, as well as provide support with housing, and referrals to other support agencies. IDAAs also provide support and assistance throughout the legal process and represent victims at MARACs.

IDAAs have been found to decrease victimisation, increase notification of children at risk and reduce the number of victims unwilling to support a prosecution.

Organisations such as ASSIST and Women's Aid provide an IDAA service.

Advocacy, support, safety, information, services together (ASSIST)

ASSIST is the specialist domestic abuse advocacy service that provides advocacy and support to victims of domestic abuse. ASSIST receives referrals from Police Scotland who offer the service to victims when they are called to a domestic incident. The service is offered to victims across the Police Scotland force area and aims to ensure that all victims of domestic abuse are safe, informed and supported throughout the court process and beyond. It offers safety planning, referral for refuge or emergency housing, advice on the criminal justice process, and referrals to other agencies working with people affected by domestic abuse.

ASSIST convenes MARAC meetings to coordinate support for clients at high risk of further harm and is linked with the Specialist Domestic Abuse Courts at Glasgow Sheriff Court and male victims at Edinburgh Domestic Abuse Cluster Courts.

www.communitysafetyglasgow.org/what-we-do/supporting-victims-of-gender-based-violence/assist/

Specialist Domestic Abuse Courts

Specialist Domestic Abuse Courts were first piloted in Glasgow in 2004 and now also exist in Edinburgh, Falkirk, Dunfermline, Livingston and Ayr. They aim to fast track domestic abuse cases and provide domestic abuse trained sheriffs and procurators fiscal. This system provides a multi-agency approach to domestic abuse involving specialist prosecutors, police liaison officers, advocacy workers and sheriffs.

Third party reporting centres (remote reporting)

Survivors of and witnesses to domestic abuse may feel more comfortable reporting domestic abuse to local organisations rather than going direct to the police. Third party or remote reporting centres are available across Scotland and include housing associations, third-sector support organisations, universities and colleges, and local community groups. The centres provide a safe place to report abuse and trained staff can complete an online form to report any incidents to the police on behalf of survivors and witnesses.

A list of reporting centres is available at:

www.scotland.police.uk/contact-us/hate-crime-and-third-party-reporting/third-party-reporting-centres

Online reporting

The online reporting form used at third-party reporting centres is also available to the general public, allowing survivors and witnesses to report domestic abuse direct to Police Scotland. Any personal details submitted are treated confidentially, but the online form can also be completed anonymously. It allows survivors and witnesses to enter details of the survivor, perpetrator and details of any incidents. Those completing the form can also provide preferences for if and how they would like Police Scotland to follow up with them. For example: plain-clothed police, male or female officer, a safe place to visit, and preferred method of contact.

Submitted reports are processed between 8 am and 4 pm. The online form is available at: **www.scotland.police.uk/secureforms/domestic-abuse/**

If a more urgent police response is required, Police Scotland should be contacted on 101. In an emergency always dial 999.

Disclosure scheme for Domestic Abuse Scotland

The disclosure scheme for Domestic Abuse Scotland aims to prevent domestic abuse by empowering both men and women with the right to ask about the background of their new partner. It also allows concerned members of the public, such as relatives and friends, to make enquiries about someone's partner if they are concerned that person has been abusive in the past. The concerned relative or friend will not, under normal circumstances, receive any information on the person causing concern. If a disclosure is deemed necessary, lawful and proportionate, the person potentially at risk, or person best placed to safeguard that individual, will receive the information.

The scheme also creates a formal mechanism for Police Scotland to tell both men and women, who are potentially at risk of abuse from their partner, about that partner's past.

The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides further help and support to assist the potential victim when making that choice.

www.scotland.police.uk/keep-safe/domestic-abuse/disclosure-scheme-for-domestic-abuse-scotland

Children experiencing domestic abuse recovery (CEDAR)

Children experiencing domestic abuse recovery (**CEDAR**) is a unique way of working with children, young people and their mothers who have experienced domestic abuse. The CEDAR programme takes place over 12 weeks with groups for children, young people and their mothers running in parallel. The groups provide an opportunity to explore the experiences, understanding and feelings with an emphasis on providing fun and creative activities that keep children engaged and interacting with each other. It is about creating a safe place for children and their mothers to help each other to find the best strategies to deal with their experiences and rebuild their lives. A key aim of the programme is to help mothers to support their children in their recovery. The evaluation of CEDAR pilots in Scotland demonstrated it is a powerful and cost-effective approach that brings about transformational change for children and mothers affected by domestic abuse.

www.cedarnetwork.org.uk

Safe & Together Model

Safe & Together Model is a child-centred approach which advocates that the best outcomes for children can be achieved by keeping them safe and together with the non-offending parent – the domestic abuse survivor. The model provides a framework for staff to partner with survivors and work with perpetrators to specifically focus on promoting the best interests of children – including safety, permanency and wellbeing. The whole family approach of the model engages with men to become better fathers and focuses on specific actions the adult survivor has taken to promote the safety and wellbeing of the child(ren). The model has been adopted in a number of areas in Scotland, for example Edinburgh Council: **www.edinburgh.gov.uk/info/20110/domestic_abuse/1462/safe_and_together_edinburgh**

Police Scotland National Rape Task Force

Police Scotland has established the National Rape Task Force which includes rape investigation units in each of the 14 local divisions across Scotland. These units are led by detective inspectors and staffed by specially trained officers. The task force aims to:

- improve the quality of rape investigations
- provide better targeted local service delivery, supported by key partners
- improve resilience and flexibility across Scotland
- improve the quality of specialist support across Scotland
- provide a more sustainable and cost-effective service in respect of rape investigations.

Rape crisis centres

There are local rape crisis centres across Scotland which provide emotional and practical support, information and advocacy to anyone affected by sexual violence. All centres provide an initial service to men and boys. For some centres, this involves initial signposting to other support services. Others provide ongoing support to both women and men. Support can include:

- information on the law, health and other issues
- accompaniment to clinics, the police and court
- referral to other agencies which can help
- assistance with reporting to the police
- therapies, such as relaxation and aromatherapy.

The Caledonian System

The Caledonian System is a perpetrator programme which has been rolled out to 13 local authority areas: Aberdeen City, Aberdeenshire, Edinburgh, East Lothian, Midlothian, Borders, Falkirk, Stirling, Clackmannanshire, North Ayrshire, South Ayrshire, East Ayrshire, and Dumfries & Galloway. It involves working with men convicted of domestic abuse-related offences while offering integrated services to women and children.

Men (defined as aged 16 years or over) are referred to the programme if they have been convicted of offences involving domestic abuse. They will be screened for risk and any found as having a medium to high risk of future domestic violence will be considered, dependent on their readiness to participate meaningfully (e.g. motivation or current level of substance use).

The Caledonian women's service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. By working in partnership with women it aims to reduce their vulnerability and works with other services, like social work and the police, so that they can better support women and their families.

The children's service works with other agencies to ensure that a plan is in place for children which meets their needs and reduces the impact of domestic abuse on their lives.

The women's and children's services will work with the present partner of the man, and/or the victim of his abuse at the time of the offence, and their children. Women whose partners are assessed as unsuitable for the intervention will also be offered a limited service which focuses on safety planning and referrals to alternative services.

Forced marriage

A forced marriage is a marriage in which one or both spouses do not (or, in the case of children/young people/adults at risk, cannot) consent to the marriage and coercion is involved. Coercion can include physical, psychological, financial, sexual and emotional pressure, threatening conduct, harassment, threat of blackmail, use of deception and other means. It is also 'force' to knowingly take advantage of a person's incapacity to consent to marriage or to understand the nature of the marriage. Coercion may be from parents, other family members and the wider community.³⁶

Forced marriage is a form of gender-based violence and, when children are involved, child abuse. It is associated with other forms of domestic abuse and 'honour'-based violence.

Statutory guidance issued by the Scottish Government on forced marriage can be found at **www.gov.scot/publications/forced-marriage-practitioner-guidance-update-2014**

Resources

Scotland's Domestic Abuse and Forced Marriage Helpline

0800 027 1234 (24 hours)

Help and support for **male and female** victims of domestic abuse and forced marriage.

Email: helpline@sdafmh.org.uk

<http://sdafmh.org.uk/>

Scottish Women's Rights Centre

Free legal advice and information service available for women aged 16+ who have been affected by violence.

Helpline: **08088 010 789** available on:

Tuesdays 6 to 9 pm

Wednesdays 1:30 to 4:30 pm

Fridays 10 am to 1 pm

Local appointments are available in Edinburgh, Glasgow, Lanarkshire and Stirling.

To book an appointment, visit:

www.scottishwomensrightscentre.org.uk/surgeries/

Rape Crisis Scotland helpline

For victims of rape and sexual assault.

Helpline: **08088 01 03 02** (daily 6 pm to midnight)

www.rapecrisisscotland.org.uk

General enquiries: **0141 331 4180** (Monday to Friday, 9 am to 4 pm)

Scottish Women's Aid

Information and training on domestic abuse and main contact for the network of local Women's Aid groups.

Phone: **0131 226 6606**

<https://womensaid.scot>

Men's Advice Line

UK helpline for men experiencing domestic abuse.

Phone: **0808 801 0327** (Monday to Friday 9 am to 5 pm)

Email: info@mensadviceline.org.uk

www.mensadviceline.org.uk

Abused Men in Scotland (AMIS)

Support for male victims of domestic abuse in Scotland.

Helpline: **0808 800 0024** (Monday to Friday 9 am to 4 pm)

www.abusedmeninscotland.org

Respect

Promotes, supports and develops effective interventions with perpetrators of abuse across the UK.

Helpline: **0808 802 4040**

www.respect.uk.net

Fearless

Fearless works with survivors of domestic abuse 16 years old and over, and reaches out to those people who are less inclined to access domestic abuse services. This includes people from the black and minority ethnic (BME) community, members of the LGBT+ community and men.

Phone: **0131 624 7266**

<https://fearless.scot/>

LGBT Helpline Scotland

A national helpline providing information and emotional support to LGBT+ people, their families, friends and supporters. Provides support to LGBT+ people who have experienced domestic abuse.

Helpline: **0300 123 2523** (Tuesdays and Wednesdays, 12 noon to 9 pm)

www.lgbthealth.org.uk/services-support/helpline

LGBT Youth Scotland Domestic Abuse

LGBT Youth Scotland manages **LGBT Domestic Abuse Scotland**, which works across Scotland to raise awareness of LGBT+ people's experiences of domestic abuse and improve service responses to LGBT+ people who experience domestic abuse and other forms of gender-based violence.

www.lgbtyouth.org.uk/national-programmes/lgbt-domestic-abuse/

Galop: the LGBT+ anti-violence charity

London-based service which offers advice, support and referral services to LGBT+ people experiencing homophobic, transphobic and same-sex domestic abuse.

Helpline: **0800 999 5428**

Monday, Tuesday and Friday – 10 am to 5 pm

Wednesday and Thursday – 10 am to 8 pm

(Tuesday from 1 pm to 5 pm is a trans-specific service)

www.galop.org.uk

Women's Support Project

Information, training and support on violence against women.

Phone: **0141 418 0748**

www.womenssupportproject.co.uk



References

1. 1. Scottish Government Health Directorate. Chief Executive Letter (2008) 41 Gender-based violence action plan. 2008.
www.sehd.scot.nhs.uk/mels/cel2008_41.pdf
2. Scottish Government. Equally safe: Scotland's strategy for preventing and eradicating violence against women and girls. Edinburgh; 2016.
www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls
3. Scottish Executive. Scottish Partnership on Domestic Abuse: National strategy to address domestic abuse in Scotland. Edinburgh; 2000.
www2.gov.scot/Publications/2003/09/18185/26437
4. Scottish Government. The Domestic Abuse (Scotland) Act 2018.
www.legislation.gov.uk/asp/2018/5/section/13/enacted
5. Straus MA. Gender symmetry and mutuality in perpetration of clinical-level partner violence: Empirical evidence and implications for prevention and treatment. *Aggression and Violent Behavior* 2011;16(4):279-288.
www.sciencedirect.com/science/article/pii/S1359178911000620
6. Dutton DG. Rethinking domestic violence. Vancouver: University of British Columbia Press; 2011.
7. Johnson MP. Conflict and control: Gender symmetry and asymmetry in domestic violence. *Violence Against Women* 2006;12(11):1003-1018.
<https://journals.sagepub.com/doi/abs/10.1177/1077801206293328>
8. Johnson MP. A typology of domestic violence: Intimate terrorism, violent resistance, and situational couple violence. Lebanon, USA: University Press of New England; 2010.
9. Murray K. 2014/15 Scottish Crime and Justice Survey: Partner Abuse. Scottish Government: Edinburgh; 2016.
www.gov.scot/publications/scottish-crime-justice-survey-2014-15-partner-abuse/
10. Myhill A. Measuring coercive control: What can we learn from national population surveys? *Violence Against Women* 2015;21(3):355-375.
<https://journals.sagepub.com/doi/abs/10.1177/1077801214568032>
11. Caldwell JE, Swan SC, Woodbrown VD. Gender differences in intimate partner violence outcomes. *Psychology of Violence* 2012;2(1):42.
http://people.cas.sc.edu/swansc/1.swan_web_articles/2012_CaldwellSwan_GenderDiffIPVOutcomes.pdf

12. Office for National Statistics. Focus on Violent Crime and Sexual Offences, 2013/14, Chapter 4: Violent Crime and Sexual Offences – Intimate Personal Violence and Serious Sexual Assault. London; 2015.
www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/compendium/focusonviolentcrimeandsexualoffences/2015-02-12

13. European Union Agency for Fundamental Rights. Violence against women: an EU-wide survey. Main results. Vienna, Austria; 2014.
<https://fra.europa.eu/en/publication/2014/violence-against-women-eu-wide-survey-main-results-report>

14. Murray K. Scottish Crime and Justice Survey 2014/15: Sexual Victimization & Stalking. Scottish Government: Edinburgh; 2016.
www.gov.scot/publications/scottish-crime-justice-survey-2014-15-sexual-victimisation-stalking/

15. Walby S, Allen J. Domestic violence, sexual assault and stalking: findings from the British Crime Survey. Home Office Research Study Home Office: London; 2004.
[www.research.lancs.ac.uk/portal/en/publications/domestic-violencesexual-assault-and-stalking\(3f12e822-723a-4f01-aa30-061f3222f343\).html](http://www.research.lancs.ac.uk/portal/en/publications/domestic-violencesexual-assault-and-stalking(3f12e822-723a-4f01-aa30-061f3222f343).html)

16. Scottish Government. Domestic Abuse Recorded By The Police In Scotland, 2017-18. Edinburgh; 2018.
www.gov.scot/publications/domestic-abuse-recorded-police-scotland-2017-18/

17. Foreign & Commonwealth Office. Forced Marriage Unit Statistics 2017. London; 2018.
www.gov.uk/guidance/forced-marriage#statistics-on-forced-marriage

18. Hester M, Ferrari G, Jones SK, et al. Occurrence and impact of negative behaviour, including domestic violence and abuse, in men attending UK primary care health clinics: a cross-sectional survey. *BMJ Open* 2015 May 19;5(5):e007141-2014-007141.
<https://bmjopen.bmj.com/content/5/5/e007141>

19. Morgan W, Wells M. 'It's deemed unmanly': men's experiences of intimate partner violence (IPV). *The Journal of Forensic Psychiatry & Psychology* 2016 05/03;27(3):404-418.
www.tandfonline.com/doi/full/10.1080/14789949.2015.1127986

20. Stiles-Shields C, Carroll RA. Same-sex domestic violence: Prevalence, unique aspects, and clinical implications. *J Sex Marital Ther* 2015;41(6):636-648.
www.tandfonline.com/doi/abs/10.1080/0092623X.2014.958792

21. Best C, Burton G, MacGillivray M, Ware J. Voices Unheard: Domestic Abuse: Lesbian, gay, bisexual and transgender young people's perspectives. Scottish Government: Edinburgh; 2011.
[womenssupportproject.co.uk/userfiles/Voices Unheard Borders.pdf](http://womenssupportproject.co.uk/userfiles/Voices%20Unheard%20Borders.pdf)
22. Donovan C, Hester M, Holmes J, McCarry M. Comparing domestic abuse in same sex and heterosexual relationships. University of Bristol; 2006.
www.bristol.ac.uk/media-library/sites/sps/migrated/documents/rc1307finalreport.pdf
23. Whiting NA. Contradiction in terms? A gendered analysis of same sex domestic abuse: practitioner briefings. Scottish Women's Aid: Edinburgh; 2007.
24. Guasp A, Taylor J. Domestic abuse: Stonewall Health Briefing. Stonewall Press: Edinburgh; 2012.
www.stonewall.org.uk/resources/domestic-abuse-%E2%80%93-stonewall-health-briefing-2012
25. Roch A, Morton J, Ritchie G. Out of sight, out of mind? Transgender people's experiences of domestic abuse. LGBT Youth Scotland and The Scottish Transgender Alliance: Edinburgh; 2010.
www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf
26. Jayesinghe N. Domestic abuse: a report from the BMA board of science. British Medical Association: London; 2007.
<https://www.bma.org.uk/collective-voice/policy-and-research/equality/healthcare-for-vulnerable-group/domestic-abuse-report>
27. Jaffe PG, Wolfe DA, Wilson SK. Children of battered women. Sage Publications Inc: California, USA; 1990.
28. Margolin G. Effects of domestic violence on children. In Trickett PK and Schellengach CJ (Eds.). Violence against children in the family and community (pp. 57-102). Washington DC: American Psychological Association; 1998.
29. Mullender A, Morley R. Children living with domestic violence: putting men's abuse of women on the child care agenda. Whiting & Birch: London; 1994.
30. Scottish Executive. "It's everyone's job to make sure I'm alright" : report of the Child Protection Audit and Review. Edinburgh; 2002.
www2.gov.scot/Resource/Doc/47007/0023992.pdf
31. Hester M, Radford L. Domestic violence and access arrangements for children in Denmark and Britain. The Journal of Social Welfare & Family Law 1992;14(1):57-70.
www.tandfonline.com/doi/abs/10.1080/09649069208413586

32. Care Inspectorate. Learning From Significant Case Reviews in Scotland. Hamilton; 2016.
<http://www.careinspectorate.com/images/documents/3352/Learning%20from%20Significant%20Case%20Reviews%20in%20Scotland%202012%20-%202015.pdf>
33. Scottish Government. National guidance for child protection in Scotland. Edinburgh; 2014.
www.gov.scot/publications/national-guidance-child-protection-scotland/
34. Figley CR. Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized. Routledge: London; 2013.
35. SafeLives. SafeLives Domestic Abuse, Stalking and 'Honour'-based Violence (DASH) Risk Checklist. London/Bristol; 2014.
www.safelives.org.uk/practice-support/resources-identifying-risk-victims-face
36. Scottish Government. Multi-agency practice guidelines: preventing and responding to forced marriage – update 2014. Edinburgh: 2014.
www.webarchive.org.uk/wayback/archive/20170701074158/www.gov.scot/Publications/2014/10/1148

