

Domestic Abuse Guidance

Purpose of Guidance

This guidance is for managers and practitioners in adult services, working in all statutory and third sector agencies, services and organisations in Fife. It has been informed by the Fife Violence Against Women Partnership’s Domestic Abuse Practitioner’s Guide, Safe Lives Spotlight Report on Domestic Abuse in Older Adults, Safe Lives Spotlight Report on Disabled people and Domestic Abuse, as well as Angus Council’s 2021 Domestic Abuse Multi-Agency Good Practice Guidance. It is intended to complement existing policies and protocols for professionals in their own agencies while at the same time encouraging multi-disciplinary practice and understanding.

The key risk factor for experiencing domestic abuse is being female, but anyone can be a victim, at any time in their life. Repeat victimisation is common with the abuse often increasing in severity and frequency.

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Flow Chart: Inter Agency Domestic Abuse Engagement:

1

Enabling Disclosure

-It is important to understand that those experiencing domestic abuse may be reluctant to disclose what is happening to them for a range of reasons

-Building trust with the victim



2

Responding to Disclosure

The key message you need to convey is that you know the responsibility for the abusive behaviour lies completely with the perpetrator.

-Slow incremental steps



3

Responsibility to refer to appropriate agencies

-This can include Children and Families Social Work if the victim is a parent, Adults Social Work, Police, and a MARAC referral.

-Support based work with the victim.

-it should be recognised that, at times, this may pose a dilemma for staff who may feel that by so doing this could alienate the individual and/or the family and the potential for preventative work. To do nothing or to promise confidentiality and then report the concern is not acceptable. If you have a duty to report, you do not ask for consent but inform the individual that the information will be reported. The Adult Support and Protection (Scotland) Act 2007 does not specifically address domestic abuse; however, where the victim of domestic abuse appears to meet the definition of an adult at risk, intervention under The Act should be considered. Action under this legislation may offer a way into establishing the full circumstances of the case and allow for consideration of the required legal protective options and measures available under all associated legislation.



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Contact can be made with local domestic abuse specialist agencies for guidance

-For example Fife Women's Aid, Fife Violence Against Women Partnership.



5

Risk Assessment/Safety Planning

-A safety plan needs to reflect each individual's specific circumstances. When supporting the victim to develop their safety plan for themselves and for any children, it is important to recognise the strengths of the victim and acknowledge everything that they are already doing to keep themselves and their children safe.

-Existing strengths and effective strategies can form the basis of any plan and the victim needs to be supported to explore them fully. The victim will know the perpetrator pattern of abuse and the risks more than anyone else. This needs to be taken into account with the understanding of the dynamics of abuse and the possibility that the victim may experience barriers to full disclosure and engagement in the process – resistance, denial, minimising and avoidance may feature in discussions.

-Acceptance that any separation can be a long and gradual process

Trauma Informed Practice

Domestic abuse requires trauma informed responses. Trauma informed practice builds on the foundation of awareness, understanding and responsiveness to the impact of traumatic events. Definitions of a trauma-informed practice vary but guiding principles are trust, safety, choice, collaboration and empowerment. It is essential in all interactions and interventions not to retraumatise the victim in any way.

Trauma Tier 2 training – Developing Your Trauma Skilled Practice is appropriate for anyone in a support role and is recommended as a result.

Follow the link for access to this. [Training | Fife Council](#)

What is Domestic abuse?

The Scottish Government defines *Domestic abuse (as gender-based abuse)* "which can be perpetrated by partners or ex-partners and 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,



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verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family and friends)."

<https://www.webarchive.org.uk/wayback/archive/20150220084722/http://www.gov.scot/Publications/2003/09/18185/26437>

The greatest risk factor to being a victim or survivor of domestic abuse is being female. It is predominantly men who perpetrate domestic abuse. Domestic abuse specifically relates to abuse between partners and ex-partners in recognition of the particular risks and vulnerabilities within such relationships.

Family abuse involving for example children or parents is not defined as domestic abuse in Scotland.

Those (women or men) affected by a disability, mental disorder, illness or physical / mental infirmity are more vulnerable to being harmed.

Violence Against Women

Many women who experience domestic abuse are more vulnerable to other forms of abuse that are described as Violence Against Women and Girls. Equally Safe – Scotland's Strategy for the Prevention and Eradication of Violence Against Women and Girls defines VAW&G as

- physical, sexual and psychological violence occurring in the family (including children and young people), within the general community or in institutions, including domestic abuse, rape, and incest;
- sexual harassment, bullying and intimidation in any public or private space, including work;
- commercial sexual exploitation, including prostitution, lap dancing, stripping, pornography and trafficking;
- child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;
- so called 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, and 'honour' crimes.

Many women experience a continuum of violence and an awareness of additional vulnerabilities is important. In extended other family members may perpetuate domestic abuse.

Fife Violence Against Women Partnership offers an extensive multi-agency training programme including e-learning, webinars and blended learning it can be accessed [HERE](#)

Domestic Abuse (Scotland) Act 2018 expands the definition of what is criminal in relation to domestic abuse. Coercive control (including psychological and emotional abuse) is now a criminal offence where the following can be demonstrated:

- The abuse was directed toward a partner or ex-partner

- There was a pattern of abusive behaviours (that is, there were 2 or more incidents of abuse that a reasonable person would think would cause the victim/survivor to suffer physical or psychological harm, including fear, alarm & distress).
- The perpetrator intended to cause physical or psychological harm or was reckless as to whether the behaviour would cause such harm.

The impact on children and young people is recognised and their presence / involvement is seen as an aggravating factor.

Types of Harm

The following are the main types of harm that may be relevant to Domestic Abuse:

- Physical Harm - actual or attempted physical injury inflicted non-accidentally to an adult at risk (including spitting, hitting, pushing, kicking)
- misuse of medication or drugs (including depriving someone of prescribed or non-prescribed drugs, or giving the person dangerously large amounts of drugs and/or alcohol) and inappropriate restraint or sanctions
- Sexual Harm - including inappropriate intimate contact, rape, sexual assault, sexual acts or human trafficking to which the adult at risk has not consented, could not consent or was pressured into consenting. It should be noted that it is a criminal offence for someone to have sexual relations with an adult in their care who suffers from mental disorder
- Psychological Harm - including emotional harm, threats of abandonment or harm, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks.
- Financial or Material Harm - including theft, fraud, exploitation, scams, pressure in connection with wills, property, inheritance, financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- Neglect and Acts of Omission - including ignoring medical or physical care needs, failure to provide access to appropriate health, social care or educational services, failure to share appropriate information, the withholding of the necessities of life, such as medication, adequate nutrition and heating

Domestic abuse is a course of conduct by a current or ex-partner that has a pattern of persistent and controlling behaviour which can cause psychological, emotional, physical, sexual and/or financial harm. Historically, assessment and intervention for many agencies has predominantly been based on

risks around physical assaults. This approach is limiting and dangerous as some of the most serious risks can come from perpetrators who have never physically assaulted the victim. For some victims the pattern of surveillance and domination, and threats of physical harm by the perpetrator cause significant trauma and fear. In many situations domestic abuse will be hidden and the victim may be very fearful of any consequences of disclosure. Domestic abuse is not an isolated incident nor is it an argument or fight between partners in an equal but possibly unhealthy relationship. In order to know how to respond most effectively it is important to be able to distinguish between the three main typologies of violence. This is based on the work of Michael P Johnson.

Intimate Terrorism

Intimate terrorism is perpetrated overwhelmingly by men. Perpetrators demonstrate a pattern of coercive control, which is functional and instrumental. Coercive control may include the use of physical and nonphysical violence. The perpetrators pattern should be viewed as a course of conduct, which aims to exert power and control using threats and intimidation, monitoring and undermining the victim's freedom. If physical violence is used it is likely to escalate and can be more frequent and severe than situational couple violence. Victims can experience loss of personal identity, low self-worth and confidence, there is fear of their partner and the potential consequences. Victims may feel trapped and find it safer to continue with the relationship. Intimate terrorism does not always stop when the relationship ends. The perpetrators pattern may change to regain power and control. Tactics may include stalking and harassment, child contact and economic abuse through shared assets. (Johnson, M., 2008. Typologies of domestic violence. Massachusetts: University Press of England).

Situational couple violence

Situational couple violence is perpetrated in reasonably equal numbers by men and women, however, men usually do more serious damage, and their violence is more likely to introduce fear into a relationship. Violent behaviour is expressive and can be frequent and severe. It may be an isolated incident or there can be a recurring pattern. This type of violence originates from couple conflict, there is no motive for power or control with links to male entitlement. Situational couple violence is caused by the escalation of an argument to the use of verbal and physical violence. The pattern is variable, and factors may include money matters, differing parenting styles, household arrangements, alcohol and substance use, poor communication skills and poor emotional regulation. The impact on those experiencing situational couple violence is not harmless, with physical and psychological harm being reported to varying degrees.

Violent Resistance

Violent resistance is overwhelmingly perpetrated by woman and is correlated to women resisting their intimate terrorist partners or leaving them. Intimate terrorism progresses over a period of time and the victim develops and adapts their coping strategies to manage the perpetrators behaviour. When these coping strategies have been exhausted or have failed to protect the victims, violent resistance is used to regain a degree of control and resist an incident of imminent harm. The violence is expressive.



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It is essential to recognise that there are risks where situational couple violence is a factor and risk assessments and interventions need to reflect the safety and wellbeing needs of victims.

Domestic Abuse and Young Women

In 2019, national specialist domestic abuse services noted an increase in support to young women experiencing domestic abuse within their own relationships. Young people are less likely to report abuse within their relationships. For young women, it is important to know the difference between a healthy relationship and a controlling/abusive one and this should be explored with individuals when relevant and safe to do so.

Domestic Abuse in Older Adults

Safe Lives Spotlights Report on Older People and Domestic Abuse suggests that “older women’s experiences of domestic abuse are markedly different from those in younger age groups and that these differences have not been adequately acknowledged or accounted for” (McGarry and Simpson). As such it is important to consider domestic abuse from an older adult’s perspective within this guidance, with the assistance of the Safe Lives report as a reference point.

Key Findings of Safe Lives Report

Many of the problems facing older victims are common to all of those experiencing domestic abuse. However, older victims’ experiences are often exacerbated by social, cultural and physical factors that require a tailored response.

Finding 1

Systematic invisibility

Finding 2

Long term abuse and dependency issues

Finding 3

Generational attitudes about abuse may make it hard to identify

Finding 4

Increased risk of adult family abuse

Finding 5

Services are not effectively targeted at older victims, and do not always meet their needs

Finding 6

Need for more coordination between services

Systematic Invisibility

Evidence gathered throughout the Safe Lives report consistently shows that older people have not been represented in domestic abuse services, with very few referrals coming from those over 65. It goes on to suggest that as a consequence of so few older victims accessing domestic abuse services, professionals tend to believe that domestic abuse does not occur amongst older people. These assumptions may encourage health professionals to link injuries, confusion or depression to age related concerns rather than domestic abuse. This lack of recognition amongst some professionals is crucial given disclosure of abuse is more likely if victims are offered repeated opportunities to do so. Thus, the need for consistent dialogue with older people about their experiences and encouragement to accept help is highly necessary, but this cannot be done without increasing the recognition of older victims of abuse among professionals.

Long Term Abuse and Dependency Issues

Research shows that older victims of domestic abuse are likely to have lived with the abuse for prolonged periods before getting help. This can present issues in service uptake for this client group, who may feel additional pressures to stay with an abusive partner related to the length of time they have experienced the abuse. For example, they may feel increased anxiety about leaving behind a lifetime worth of contributions to the home and their family. Safe Lives report also advises that in addition, older victims may have increased fear over the change in long-term family dynamics that could occur as a result of disclosure.

An additional key barrier that can arise in this client group is the issue of dependency. Older people are statistically more likely to suffer from health problems, reduced mobility or other disabilities, which can exacerbate their vulnerability to harm. Another common barrier for older people with health and mobility issues is instances where the perpetrator of the abuse is also the carer. The Safe Lives report states that the potential for violence within a carer's relationship increases when the carer is an intimate partner or close relative and being cared for by an abuser raises a wealth of additional challenges and forms of abuse. Some of this may be less visible, and therefore harder to detect by professionals, particularly as they can present under the guise of additional medical conditions as opposed to abuse, and suspicions from health/social care staff may only arise when repeat incidences occur. This type of caring dynamic presents specific challenges to services who have to tailor responses to fit this particular presentation of abuse.

The caring dynamic can also present difficulties when the individual being cared for becomes the perpetrator, perhaps due to medical issues that can exacerbate aggression such as dementia. In these situations, the victim may feel a lot of guilt connected to any disclosure. Similarly, when there are additional health issues present within an abusive relationship, it may lead to professionals not suspecting domestic abuse due to the perceived vulnerability of the perpetrator.

Generational attitudes about abuse may make it hard to identify

Safe Lives noted that those aged over 65 are far less likely to identify their situation as abuse, which acts as a barrier to the uptake of services and presents a challenge to outreach workers. Older victims are likely to have grown up in a time where the home was a private domain, and it would not have been deemed socially acceptable to discuss matters that occurred behind closed doors. It has also been found that where older women are aware of current services available, they feel that such services do not cater for older people, perhaps due to the fact that the majority of domestic abuse campaigns focus upon younger women with children (until recently).

Increased risk of adult family abuse

Potential abuse from an adult family member (not a partner) presents some challenges to service providers who may not be used to recognising or responding to this form of abuse which can be related to financial/inheritance reasons or long-term complex family dynamics for example.

An older victim may also fear disclosure to authorities of this type of abuse. They may want to maintain their relationship and avoid additional costs related to removing themselves from their adult child who may provide much of their care needs. The Safe Lives Report goes on to say that services need to have more awareness of abuse in relation to the adult child and parent dynamic, as



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despite this not being considered as domestic abuse within Scottish legislation, older people are experiencing further invisibility within this form of abuse.

Services are not effectively targeted at older victims, and do not always meet their needs

It is important that services respond to older victims in an appropriate and targeted way. Crucial to this is the importance of advertising campaigns are focused on older victims.

Pressuring older women to leave their relationship when statistics show that they are less likely to do so than younger women, can lead to a sense that victims are not being listened to. Data also shows that older victims are more likely to still be living with the perpetrator of their abuse following support and intervention.

Need for greater coordination between services

It is extremely important for consistent coordination between domestic abuse services and adult support and protection services. An example of this within Fife is better knowledge of and partnership working with MARAC.

Domestic Abuse in LGBTQ+ relationships

Domestic abuse can happen in all types of intimate relationships, regardless of sexual orientation or gender identity, and it is never acceptable. Scottish Women's Aid state that though these same behaviours can occur in all types of intimate relationships, it is important to recognise the ways in which domestic abuse can manifest differently in relationships where one or more people are LGBT+ and the different risks and barriers they may face.

Scottish Women's Aid advise that LGBT+ people can sometimes experience unique forms of abuse, as perpetrators may use their sexual orientation or gender identity to abuse them. Perpetrators may use threats to 'out' the victim-survivor as a means of exerting control or may criticise someone for not being a 'real' LGB person, for example if they have had a previous heterosexual relationship. It is common for perpetrators in heterosexual relationships to accuse the victim-survivor of cheating, often using this accusation both as a slur and a 'justification' for monitoring and isolating them. In relationships where the victim-survivor is bi- or pan-sexual, perpetrators can use biphobic stereotypes to belittle them, as well as accusing them of cheating with people of any gender. Domestic abuse against trans and non-binary people could include criticising them for not being a 'real woman/man', refusing to use their chosen pronouns or name, or withholding medication or hormones that they might need.

It is common for perpetrators to isolate victim-survivors, and one way of doing this is to tell them that no-one cares or will be able to help. Telling the victim-survivor that no-one will help because agencies are homophobic or transphobic is another way that perpetrators can use a partner's LGBT+ identity as part of the domestic abuse. As a result it is important to be aware of the above when offering support in situations such as these.

Legislation

All agencies have an essential role to play in ensuring that adults at risk are protected from harm, mistreatment or neglect. Agencies have a responsibility to assess the risk of harm, mistreatment or neglect and to work together alongside the adult at risk. This includes where the risk is related to domestic abuse.

The Adult Support and Protection (Scotland) Act 2007 introduces measures to identify and protect adults at risk of harm. <https://www.legislation.gov.uk/asp/2007/10/contents>

The measures contained in the Act complement measures in pre-existing legislation.

Who is an Adult at Risk?

Under section 3 of the Adult Support and Protection (Scotland) Act 2007 “Adults at risk” are adults over 16 years of age who:

- are unable to safeguard their own well-being, property, rights or other interests
- are at risk of harm,
- and because they are affected by disability, mental disorder, illness or physical or mental infirmity, are more vulnerable to being harmed than adults who are not so affected.

All three elements of the definition must be met. The presence of a particular condition does not automatically mean an adult is an “adult at risk”.

The Adult Support and Protection (Scotland) Act 2007 does not specifically address domestic abuse; however, where the victim of domestic abuse appears to meet the definition of an adult at risk, intervention under The Act should be considered. Action under this legislation may offer a way into establishing the full circumstances of the case and allow for consideration of the required legal protective options and measures available under all associated legislation.

The Adults with Incapacity (Scotland) Act 2000 also provides the means to protect those with incapacity, for example, through financial and welfare guardianship.

<https://www.legislation.gov.uk/asp/2000/4/contents>

The Mental Health (Care and Treatment (Scotland) Act 2003 sets out duties in relation to people with mental disorders who are subject to ill-treatment or neglect. These acts cover people whose disability or illness is adversely affecting their ability to protect themselves and who are subject to harm, exploitation or neglect. <https://www.legislation.gov.uk/asp/2003/13/contents>

From a legislative standpoint, The Domestic Abuse (Scotland) Act 2018 created a specific offence of domestic abuse which covers not only physical abuse but other forms of psychological harm and coercive and controlling behaviour. The legislation draws on the lived experience of survivors of domestic abuse and recognises that coercive control is just as damaging as physical attacks (if not more so) and can destroy a victim’s autonomy. Importantly, the legislation includes a statutory aggravation which recognises the impact domestic abuse has on children.

It is important for professionals to consider how they will discover coercive and controlling behaviour. Simply asking “what has happened or what has he/she done?” may not allow the victim to identify events where they were made to do something because they “feared the consequences”

of not doing so, such as enforced prostitution or walking around the home backwards; eating from a dog's bowl; or punishing a child on behalf of the perpetrator (these are all real narratives from victims).

It is important to ask lifestyle questions such as "What is life like for you?", "Tell me what's the first thing you think about when you wake up in the morning?" and "Tell me about what you do in this relationship that you would not normally choose to do, but are too scared not to?" It is important to note that victims of coercive control often demonstrate what is known as a "generalised sense of fear". This means they fear consequences of all their actions and therefore making every day decision-making challenging. They may demonstrate a fear of many things as they lose confidence in not just their decision making but also other people and events around them. They may be unable to understand why others don't feel the same or seem confused by decisions such as which cereal to buy in the supermarket or what to wear that day, thus making everyday tasks challenging and time consuming.

What is coercive control?

Coercive control describes a range or pattern of behaviours that enable a perpetrator to maintain or regain control of a partner, ex-partner or family member.

Examples of coercive control might include:

- Controlling or observing victim's daily activities, including: being made to account for their time; restricting access to money; restricting their movements (including being locked in the property).
- Isolating the victim from family/friends; intercepting messages or phonecalls.
- Constant criticism of victim's roles as a partner/spouse/parent.
- Threats of suicide/homicide/familicide.
- Preventing the victim from taking medication/accessing care (especially relevant for victims with disabilities).
- Using children to control their partner, e.g. threats to take the children.
- Extreme dominance; a sense of 'entitlement' to partner/partner's services, obedience etc. - no matter what.
- Extreme jealousy ("If I can't have you, no one can"), giving the victim cause to believe they will act on this.
- Damage to property, including to pets.
- Threats to expose sensitive information (eg sexual activity) or make false allegations to family members, religious or local community including via photos or the internet.
- Involvement of wider family members/community; crimes in the name of 'honour'.
- Manipulation of information given to professionals.

Coercive control: key principles for professionals



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A clear understanding of coercive and controlling behaviours ensures that practitioners are equipped to look for and identify patterns of behaviour, rather than seeing incidents as a 'one off' (e.g. sending messages or presents). Be aware of the victim's levels of fear and the impact that this behaviour is having on them and their children, including family, social and work life. Professionals should be mindful of the fact that the victim may have difficulty articulating the abuse and what they are afraid of.

Any member of staff in Fife who know or believe an adult is at risk of harm must report the facts and circumstances to the Fife Health and Social Care Partnership and follow their agencies procedures. Staff have a duty to cooperate with the Council and each other to enable or assist the Council making inquiries.

Domestic Abuse with Vulnerable Adults

Safe Lives (2017) *Disabled survivors too: Disabled people and domestic abuse* states that more than 11 million people live with a limiting long term illness, impairment or disability in the UK. This is almost one in five people and the proportion increases with age. This same report states that disabled people experience higher rates of domestic abuse than non-disabled people. Their research has found that disabled victims of domestic abuse also suffer more severe and frequent abuse over longer periods of time than non-disabled victims. Safe Lives' data reveals that disabled victims typically endure abuse for an average of 3.3 years before accessing support, compared to 2.3 years for non-disabled victims. Even after receiving support, disabled victims were 8% more likely than non-disabled victims to continue to experience abuse. For one in five (20%) this ongoing abuse was physical and for 7% it was sexual. Their research suggests that this may be attributed to a number of factors, either through poor commissioning, lack of awareness or understanding in practice, social stereotyping of victims of domestic abuse or services being inaccessible. For instance, some services may offer only telephone support, which excludes those who cannot communicate on the phone.

A further consideration is that services or change programmes for perpetrators may not be easily accessible to disabled perpetrators. Stereotypes may impact professionals' perceptions of what an abuser 'looks like', leading to the misconception that disabled people do not perpetrate domestic abuse. We know that this is not the case and that some disabled perpetrators use their knowledge of their victim's disability, and the systems designed to help them, to cause further harm. For a disabled person, the abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners and family members.

Intimate partners or family members often act as carers and this position of power can be exploited leading to widespread and pervasive means of coercive control and social isolation. Disabled people often suffer from marginalisation in society through misplaced views of their lives and experiences, which can leave them ill-equipped to recognise abusive behaviours, understand their rights and seek support. Defining disabled people purely by their disability feeds into the perception that disabled people do not have intimate and sexual relationships. Failing to recognise that disabled people have intimate relationships adds an additional barrier to identifying them as victims of domestic abuse.

As a result, it is exceptionally important to tailor support to the individual's circumstances, in particular when the victim is affected by disability. People First (Scotland) have created some Easy



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Read information about Domestic Abuse in partnership with the Scottish Commission for Learning Disability and Scottish Government. Please follow the links below for your information.

<http://peoplefirstscotland.org/wp-content/uploads/2020/05/What-is-Coercive-and-Controlling-behaviour-.pdf>

It is also essential to assist the victim to engage with advocacy services in circumstances involving domestic abuse so their voices can be heard and reduce marginalisation.

Enabling Disclosure and Making Safe Enquiries

It is important to understand that those experiencing domestic abuse may be reluctant to disclose what is happening to them for a range of reasons e.g. fear, denial, minimisation, embarrassment, being judged. Where victims have other inequalities e.g. due to age, sexuality, disability, ethnicity or vulnerabilities such as mental ill health, substance use, disclosure may be more difficult.

Building trust with the victim is key to enabling disclosures. Domestic abuse can cause fear that may reinforce the need for the victim to act in ways that placate the perpetrator. This may appear to workers that the victim is being uncooperative.

Responding to Disclosure & Safety Planning

The key message you need to convey is that you know the responsibility for the abusive behaviour lies completely with the perpetrator. The victim should receive the same level of service and trauma informed approach no matter how many times they have been in contact with your agency. Leaving is a process and Scottish Women's Aid have shown that on average it can take a woman 7 years from first deciding to act to being able to leave the perpetrator permanently.

Separation can be a long and gradual process that can involve incremental steps and does not only relate to leaving the family home.

Victims may be at increased risk when there is a change that interrupts or threatens to interrupt the perpetrator's pattern of abuse e.g. contact with agencies, police involvement, additional phone.

It is important that exploration of the risks of leaving takes place with the victim and any safety plan takes account of these and how to mitigate them. In situations of urgency there may be no time to complete a full written safety plan but that does not prevent verbal plans being discussed and agreed in the short term.

It is essential to take all aspects of safety into account and have as your guiding principle that separation does not equal safety. It is often assumed that a victim choosing to separate will reduce the risks to them and their children. However, evidence from research and surveys of victims indicates that the risk of further violence and harm increases at the point at which a victim leaves a perpetrator.

If the victim chooses not to leave, safety planning is crucial. Risk assessment and safety planning needs to include level of immediacy for action. Where possible the SafeLives Risk Identification



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Checklist should be completed to identify the level of risk posed to the victim. Professional judgement, 'visible high risk' and potential escalation should all be considered.

<https://safelives.org.uk/sites/default/files/resources/SafeLives'%20Dash%20Risk%20Checklist%20%e2%80%93%20Scottish%20Version.pdf>

Local domestic abuse specialist agencies can be contacted for guidance. Within the context of safety planning the focus needs to be on both the victim and child(ren) if there are children within the household.

Safety planning means considering the pattern of abuse by the perpetrator and should go beyond an assessment of risk of further physical attack. A safety plan needs to reflect each individual's specific circumstances. When supporting the victim to develop their safety plan for themselves and for any children, it is important to recognise the strengths of the victim and acknowledge everything that they are already doing to keep themselves and their children safe.

Existing strengths and effective strategies can form the basis of any plan and the victim needs to be supported to explore this fully. The victim will know the perpetrator pattern of abuse and the risks more than anyone else. This needs to be taken forward with the understanding of the dynamics of abuse and the possibility that the victim may experience barriers to full disclosure and engagement in the process - resistance, denial, minimising and avoidance may feature in discussions.

Questions to consider:

- What does the victim need to be safe?
- What do the children need to be safe?
- What is the best way for the victim to draw up a safety plan, who can help and who will have access? What are the victim and children already doing that helps with safety and wellbeing?
- What have they tried in the past that didn't work?
- What are the risk indicators for escalation in the pattern of abuse by the perpetrator?
- How might the perpetrator react to any actions taken as part of a plan e.g., changing a phone number?
- Who can be included in a safety plan and how can they be contacted and by whom?
- What are the available options for action?
- Are there any additional vulnerabilities or cultural aspects that may impact successful safety planning and how can they be mitigated?

- What can workers do to help?
- Does the victim have information about local and national support?
- Are any referrals needed?
- How will safety plans be monitored and supported?

Consider risks associated with communication/correspondence e.g. the perpetrator finding letters/leaflets/text messages/phone call logs etc. Safety planning is not a one-off process and it requires time and a trauma informed approach to achieve effective collaborative working with victims. Workers need to consider the power imbalance inherent in the worker role and promote the rights and choices of the victim. In all aspects of working with individuals and families where

domestic abuse is a factor, worker safety needs to be considered and appropriate measures put in place. If you are concerned about the immediate safety of any victim, child or worker then contact should be made with Police Scotland and your own agency.

Consent, Confidentiality and Disclosure

All professionals who have contact with adults at risk have a responsibility to refer concerns/anxieties/disclosures to the appropriate agency. However, it should be recognised that, at times, this may pose a dilemma for staff who may feel that by so doing this could alienate the individual and/or the family and the potential for preventative work. To do nothing or to promise confidentiality and then report the concern is not acceptable. If you have a duty to report, you do not ask for consent but inform the individual that the information will be reported.

The Adults with Incapacity (Scotland) Act 2000 provides the means to protect those with incapacity, for example, through financial and welfare guardianship.

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Any member of staff in Fife who know or believe an adult is at risk of harm must report the facts and circumstances to the Fife Health and Social Care Partnership and follow their agencies procedures. Staff have a duty to cooperate with the Council and each other to enable or assist the Council making inquiries.

Domestic Abuse from a Human Rights perspective

The British Institute of Human Rights (2020) advise It is important to note that domestic abuse can be considered a violation of a person's fundamental human rights. This is particularly true in terms of:

- The right to life
- The right not to be tortured or treated in an inhuman and degrading way
- The right to respect for private and family life (including the right to physical and psychological integrity)

- The right not to be discriminated against

From this we can see that we can see that the Human Rights Act is extremely relevant in securing safety and addressing risk; but what seems to be little understood is the role our human rights can play in securing the support needed to build lives following abuse.

At times, public services (and their front line staff) don't know what their legal duties are to meet people's human rights, including the right to choice, to be heard, to well-being, participation in the community, to be able to enjoy their home, to not be discriminated against. However, these rights are all vital to enable women to rebuild their lives following domestic abuse. As a result it is important to have knowledge of these.

Human Rights Act 1998- <https://www.legislation.gov.uk/ukpga/1998/42/contents>

Multi-Agency Risk Assessment Conference (MARAC)

Multi-Agency Risk Assessment Conference (MARAC) operates in all Local Authorities in Scotland. Within Fife's MARAC, representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm as a result of domestic abuse. The meeting involves agencies sharing relevant and proportionate information about current risk, after which the Chair will summarise and ask agencies to volunteer actions to reduce risk and increase safety. In order to ensure the risks to victims (and their families) and the management of perpetrators are jointly and comprehensively assessed and addressed.

MARAC members in Fife include:

- 1 Police Scotland (Fife Division)
- 2 Social Work (Children and Families, Criminal Justice and Adult Services)
- 3 Education Services
- 4 Housing Services
- 5 NHS Fife (including Addiction Services)
- 6 Fife Women's Aid
- 7 Kingdom Abuse Survivors Project
- 8 Third sector Drug and Alcohol services

The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other agencies to safeguard children and manage the behaviour of perpetrator. At the heart of the MARAC is the working assumption that no single agency or individual can see the complete picture of the life of a victim, but all may have insights that are crucial to their safety.



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Ensuring that the victim is supported throughout, and their needs are represented at MARAC is crucial to managing risk, improving and maintaining safety, and reducing repeat victimisation.

Referrals are required to meet one of the following criteria:

1 Visible high risk - score of 14 or more on risk assessment (see the Safelives (Scotland) risk assessment link in the disclosure and safety planning section)

2 Professional judgement – score of under 14 with the Safelives risk assessment, however, it is felt meets the criteria for MARAC 26

3 Potential for escalation 4 Repeat referral

<https://safelives.org.uk/sites/default/files/resources/SafeLives%27%20Marac%20overview%20Scotland.pdf>

MARACs will take referrals for any adult victim, i.e. of any gender, age, sexual orientation, disability or immigration status.

[MARAC \(Multi-Agency Risk Assessment Conference\) | Fife Council](#)

The above link includes information about making a MARAC referral.

Domestic Abuse Disclosure Scheme

The Disclosure Scheme for Domestic Abuse Scotland (DSDAS) (referred to as Claire’s Law in England) aims to provide a way of sharing information about a partner’s abusive past, with a potential victim. It gives people at risk of Domestic Abuse the information needed to make an informed decision on whether to continue the relationship. The Scheme has 2 main aspects:

1 Right to Ask - Applications submitted by anyone concerned about the abusive past of their own partner, or the partner of a friend, family member, colleague etc
2 Power to Tell - DSDAS also gives Police Scotland the power to tell individuals that they may be at risk in their current relationship. This means that Police Scotland have the power to disclose information to a person, even although it was not asked for.

Please follow this link for further information as to how to apply for the DSDAS.

<https://www.scotland.police.uk/secureforms/disclosure/>

Working with Perpetrators of Domestic Abuse

Who are the perpetrators of Domestic Abuse?

A perpetrator can be anyone. They come from different backgrounds, they have experienced different upbringings and have different personalities and employment status. Perpetrators can have mental health issues, be involved with substance use and/or experience of trauma. These factors should be acknowledged as part of their pattern of domestic abuse and should be included in their care plan to improve their well-being. However, these factors should not be used to minimise their personal responsibility of causing harm to the victims.



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Domestic abuse cuts through both social and economic structures. A perpetrator may use their social and economic privilege as part of their pattern of abuse. What perpetrators do have in common is their use of domestically abusive behaviours to exert power and control within their intimate relationships. Perpetrators may present with professionals as hostile and aggressive or charismatic and charming. Professionals should not assess a perpetrator's risk of harm on how he presents within a professional context. Perpetrators can be very skilled at grooming and manipulating situations to minimise their behaviour and place blame on others. Their account can be believable, and they may have gone to great lengths to cover up their abusive behaviour. Professionals should remember that a perpetrator's pattern is functioning to meet their needs in a dysfunctional way, which causes harm to others.

Initial presentation of perpetrators may look like:

- Hostile towards support services
- Lack consciousness of their domestically abusive behaviour
- Relate escalation/severe incidents to substance use
- Relate their abusive behaviour to anger problems
- Suggest the victim is the problem
- Follow ridged and strict boundaries and rules
- Can use employment as an avoidance strategy
- Can present well and engage superficially

Consideration of risk assessment to self and others

- Gather as much information as possible about the perpetrator prior to your first meeting
- Consider the need for a second worker to be present in initial meetings
- Consider the setting, especially if the line of questioning will evoke or heighten the perpetrators emotions
- Explain that you will be discussing difficult and sensitive information and
- agree on a time out if required
- Ensure victims and their support networks are aware of meetings and have
- a safety plan in place
- Engagement and intervention with perpetrators should be undertaken in a
- suitable setting with other adults in proximity
- Do not challenge or undertake focussed work during home visits
- Home visits should be used to observe family interaction and emotional
- atmosphere
- Follow agency lone and home visit risk assessment policy and guidance

Fife's Violence Against Women Partnership offers a learning webinar in relation to working with perpetrators and would be extremely useful to practitioners. Please follow the link below for further details.

[Training | Fife Council](#)

Legislation

Adult Support and Protection (Scotland) Act 2007

<http://www.legislation.gov.uk/asp/2007/10/contents>

Children (Scotland) Act 1995

<https://www.legislation.gov.uk/ukpga/1995/36/contents>

Children's Hearing (Scotland) Act 2011

<https://www.legislation.gov.uk/asp/2011/1/contents>

Domestic Abuse (Scotland) Act 2018

<http://www.legislation.gov.uk/asp/2018/5/contents/enacted>

Domestic Abuse (Scotland) Act 2011

<http://www.legislation.gov.uk/asp/2011/13/contents>

Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011

<http://www.legislation.gov.uk/asp/2011/15/contents/enacted>

Homelessness etc. (Scotland) Act 2003

<https://www.legislation.gov.uk/asp/2003/10/contents>

Housing (Scotland) Act 1987

<https://www.legislation.gov.uk/ukpga/1987/26/contents>

Protection from Abuse (Scotland) Act 2001

<https://www.legislation.gov.uk/asp/2001/14/contents>

The Adults with Incapacity (Scotland) Act 2000

<https://www.legislation.gov.uk/asp/2000/4/contents>

The Mental Health (Care and Treatment) (Scotland) Act 2003

<https://www.legislation.gov.uk/asp/2003/13/contents>

Domestic Abuse Support Services in Fife

1) Fife Women's Aid (women only)

- emotional and practical support
- refuge accommodation



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- independent advocacy
- counselling
- befriending service

0808 802 5555 (24hours/ 7 days a week) Support line

01383 732289 Business line

2) Shakti Women's Aid

(ethnic minority women)

- information, practical / emotional support
- temporary refuge accommodation.
- help with resettlement.
- forced marriage

01383 431243

3) Public Protection Unit (Domestic Abuse)

police (men and women)

Advice and support to victims, including referrals to Woman's Aid, home security reviews, advice about the various legal options. Practical assistance including police alarms (highest risk), hand held alarms and where necessary mobile telephones

101

e-mail: FifeDAIU@scotland.pnn.police.uk

4) National Domestic Abuse Helpline

(women and men)

0800 027 1234

5) Kingdom Abuse Survivors Project

Counselling for survivors of childhood sexual abuse

who also experience domestic abuse.

01592 644217

email: info@kasp.org.uk

6) Prevention First (Housing Advice)

(men and women)

Providing housing advice, assessment and referral to specialist agencies to anyone in Fife who is homeless, threatened with homelessness or has a housing issue:

- range of targeted housing advice appointment and interventions
- referring to Fife Keyfund, Fife Law Centre and other specialist agencies
- referring to targeted Prevention First short term housing support

To arrange an appointment or to attend the drop-in services telephone or call into

- Fife Council local office
- Home4Good Resource Centre
- Kingdom Housing Association / Ore Valley Housing Association;
- YMCA or Gilven House, Glenrothes

7) Safe, Secure and Supported @ Home including Fife Cares (men and women)

Offer a free security risk assessment to those with experience of domestic abuse including advice and where necessary provision of:



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- Personal safety
- Door and window security
- Security lighting
- Intruder alarms

03451 551503

Do it On-line: www.fifedirect.org.uk/doitonline/