



Policy on Gender Based Violence as part of Public Protection

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Grampian Area Partnership Forum (GAPF)

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The provisions of this policy, which was developed by a partnership group on behalf of Grampian Area Partnership Forum, apply equally to all employees of NHS Grampian except where specific exclusions have been identified.

NHS Grampian
Policy and guidance on Gender Based Violence: recognising and responding, as part of Public Protection

This document is also available in large print and other formats and languages, upon request. Please call NHS Grampian Corporate Communications on Aberdeen (01224) 551116 or (01224) 552245.

This Policy has undergone Equality and Diversity Impact Assessment.

Please note, to assist in communicating with non-English speaking people experiencing gender based violence, the “Language Line” telephone interpretation service is available. By prior arrangement, “face to face” interpreters can also be provided. If the victim and their family members have a communication disability, appropriate communication support such as British Sign Language (BSL) interpreters can be provided

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Any queries regarding this policy to: gram.directorofpublichealth@nhs.scot

NHS Grampian
Policy on Gender Based Violence as part of Public Protection

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NHS Grampian

Policy on Gender Based Violence as part of Public Protection

1. Policy on Gender Based Violence (GBV) as part of Public Protection

Purpose

This policy is designed to support NHSG staff to work effectively - with patients, visitors, others in the patient's home (such as children), and colleagues affected by gender based violence - in line with Scottish Government's shared approach to tackling violence against women.

It is important to note that whilst the overwhelming majority of gender based violence is perpetrated by males on females, recent figures show 18% of gender based violence is perpetrated by females on males.

Target Audience

This document is for the attention of **all** NHSG staff. Members of staff are responsible, as part of clinical governance, for addressing the needs of people affected by GBV whether they are patients, visitors, others in the patient's home (such as children) or NHS colleagues.

The policy has **relevance in all settings**.

It includes '**routine enquiry of abuse**' (REA), with more details at section 5 and Appendix 2. **REA is particularly relevant for staff in priority settings where there is evidence of higher incidence:**

- Maternity
- Sexual Health
- Accident and Emergency Departments and Minor Injuries units
- Community
- Addictions
- Mental Health

Aims

NHSG GBV policy:

- provides staff with **supportive information that clearly sets out NHSG's intent** to address GBV as an integral component of Public Protection
- and**
- provides explicit **supportive information for staff to recognise and respond appropriately and safely to patients and/or colleagues** who experience GBV.

Introduction

NHSG has had a policy and guidance on Domestic Abuse and/or GBV for many years. This has been reviewed periodically. This policy, and guidance, reflects current national and local policy, evidence and resources.

Of particular significance is NHSG's commitment to **an integrated approach to Public Protection, including GBV**. Further details are available at <http://nhsgintranet.grampian.scot.nhs.uk/depts/qgru/PublicProtection/Pages/default.aspx>

2. Definition

GBV is an umbrella term. It encompasses a spectrum of abuse experienced, predominantly, by women and girls. It includes:

- 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;
- child sexual abuse, including familial sexual abuse, child sexual exploitation and online abuse;
- 'honour based' violence, including dowry related violence, female genital mutilation, forced and child marriages, and 'honour' crimes. (Scottish Government, Equally Safe, 2017).

A brief overview of other forms of GBV is in Appendix 1.

This policy focuses on Domestic Abuse

Domestic abuse perpetrated within the context of a relationship, whether married, co-habiting, civil partnership or ex –partners and including siblings, 'can include physical abuse, assault involving a range of behaviours, sexual abuse (acts which degrade and humiliate people, including children, 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)'. Scottish Government (2016)

Links to Adult and Child Protection

There will be some situations where a person experiencing GBV may also be an adult at risk of harm under the provisions of the Adult Support and Protection 2007 Act. An adult at risk is a person aged over 16 who is unable to safeguard his or her own wellbeing, property, rights or other interests; and is at risk of harm because they are affected by a disability, mental disorder, illness or physical or mental infirmity.

All Health professionals have statutory duties under this legislation and must report the facts and circumstances to the local Adult Protection Unit when they know or believe that someone is an adult at risk and that action is needed to protect that adult from harm. NHSG staff members have a duty to cooperate with the Adult Protection Unit to enable or assist those making inquiries.

In any GBV situation, a child may be directly or indirectly affected. Where there are concerns for child wellbeing or Child Protection, these should be dealt with through the NHSG Child Protection processes. NHSG staff members have a duty to cooperate with the Child Protection Unit to enable or assist those making enquiries.

Related guidance on Child and Adult Protection is available alongside guidance on GBV on NHSG's Public Protection website

<http://nhsgintranet.grampian.scot.nhs.uk/depts/qgru/PublicProtection/Pages/default.aspx>

3. Incidence of Domestic Abuse

GBV is a population health issue. The physical, emotional and psychological consequences of all forms of abuse are profound and damaging. They are significant predictors of poorer health outcomes and compromised functioning. In addition, GBV can result in social isolation which is also recognised as a predictor of poorer health outcomes and compromised functioning.

- In 2016-17, there were 58,810 incidents of domestic abuse recorded by the police in Scotland, an increase of 1% from 2015-16. Levels of domestic abuse recorded by the police have remained relatively stable since 2011-12 at around 58,000 to 60,000 incidents a year
- There were 109 incidents of domestic abuse recorded by the police in Scotland per 10,000 population in 2016-17. At a local authority level, West Dunbartonshire (155) and Dundee City (153) recorded the highest incident rates per 10,000 population. The equivalent for Aberdeen City was 110, for Aberdeenshire 56 and for Moray 79.
- Where gender information was recorded, 79% of all incidents of domestic abuse in 2016-17 had a female victim and a male accused. This percentage share has fallen from 85% in 2007-08.
- In 2016-17, the 26-30 years old age group had the highest incident rate for both victims (274 incidents recorded per 10,000 population) and those accused (265 incidents recorded per 10,000 population).
- Incidents of domestic abuse recorded by the police are more common at weekends (36% of all incidents in 2016-17).
- In 2016-17, 88% of all domestic abuse incidents occurred in a home or dwelling.
- There is a close relationship between GBV and alcohol consumption with both alleged perpetrators and victims.
- Women with a learning disability suffer from extreme domestic violence and the full range of mental, physical and sexual cruelty as other women (McCarthy *et al*, 2017).

4. Clinical indicators of GBV can include:

- mental/emotional problems such as self-harming, depression, anxiety;
- eating/sleeping disorders;
- suicidal feelings, attempted suicide, symptoms of post traumatic stress;
- disorders such as persistent sadness, suicidal thoughts, explosive or inhibited anger;
- physical signs such as genital/anal damage, pregnancy, urinary tract infections;
- sexually transmitted disease, sexual dysfunction, irritable bowel syndrome;
- excessive use of alcohol and misuse of drugs to cope with the abuse;
- effects of sexual and physical abuse and other childhood traumas have been estimated to account for half to two-thirds of those suffering problematic use of drugs.

Additional Signs:

- missed appointments or frequent appointments where no clear causal factors are identified;
- non compliance with treatment;
- overbearing/ever- present partner;
- evasive/socially withdrawn/hesitant;
- children on child protection register or referred to specialist services for behavioural/emotional/developmental problems;
- personal history inconsistent with injury/delay in seeking medical treatment.

5. Enquiry of abuse

In any setting where there are signs that suggest a patient or colleague could be experiencing GBV, it is the responsibility of NHS staff, and managers, to **recognise these, and respond** by providing the person with the opportunity to disclose GBV. The flowchart in Appendix 2 includes simple questions to initiate this.

Routine inquiry of abuse (REA)

REA was introduced by Scottish Government to ensure there is opportunity, routinely, for people presenting in settings where there is evidence of greater numbers of patients with experience of GBV. These priority settings are Maternity, Sexual health, Accident, Minor Injuries and Emergency, Community, Addictions, and Mental Health. Flowchart and detailed instructions are as per Appendix 2.

Auditing of patients' notes periodically in priority settings is encouraged to ensure good practice in the GBV element of Public Protection.

6. Recognising, responding to, and recording disclosure of abuse

Recognising

Confidentiality

Ensure the person is aware of the limits of confidentiality i.e. that the information provided by the person will not be disclosed to another agency without the person's consent, unless there is risk identified to a child or to a vulnerable adult.

- support the person to disclose;
- provide a safe, quiet private space - ensuring privacy;
- give the person a chance to speak to you;
- treat with respect and dignity;
- provide an interpreter for a person who is hearing impaired or for a person whose first language is not English, **ensuring this does not involve a family or friend.**

Asking non-threatening questions

- do you feel safe at home?
- have you ever been fearful for your safety or the safety of your children?
- are you currently frightened of your partner or someone close to you?

No disclosure and no suspicion

- document accurately that there is no disclosure and no suspicion of abuse.

Responding to disclosure of abuse

- treat for any physical injuries;
- if risk is identified to children or a vulnerable adult, follow child protection guidelines or adult support and protection policy/procedure respectively;
- refer to Appendix 3 for safety planning;
- if, in your professional judgement, the risk appears high AND you have been trained in DASH RIC Assessment – and you and the person experiencing abuse have time to talk - consider completing the Domestic Abuse, Stalking and Honour Based Violence (DASH) risk identification checklist (RIC) in Appendix 5.

Recording suspected/disclosed abuse

- describe injuries sustained and any treatment given;
- record any concerns about safety of any vulnerable child or adult;
- inform child protection/domestic abuse lead (check with relevant Child Protection and Adult Protection leads);
- note who the information is shared with and whether with, or without, consent;
- note follow up contact;
- note information on support and services (see Appendix 4) given to the person;
- encourage person to contact these services;
- note discussion on safety planning (Appendix 3);
- consider using DASH RIC checklist. If score confirms high risk, refer to Multi-Agency Risk Assessment Conference (MARAC). More information on MARAC is at Appendix 6.

7. Key support agencies

A number of specialist organisations operate in Grampian to support people experiencing GBV and to which people experiencing GBV can be signposted. These are listed at Appendix 4.

8. Training and Education

NHSG provides GBV awareness raising training on AT learning/Turas Learn and this can be accessed directly at www.at-learning.org.

In addition NHSG has established a network to provide face to face training at least twice a year. This will include routine enquiry and the use of DASH risk assessment checklist (DASH-RIC). This can be booked via AT Learning/Turas Learn.

Conferences and Workshops will be advertised through global emails and the Learning Zone which is on the NHSG website.

NHSG has a Public Protection intranet site that gives staff the opportunity to be aware of their role as health professionals responding to a wide range of public protection concerns for people of all ages. Look for the A - Z Departments/Services list on the intranet and under **P** find **Public Protection**.

Animations which provide insight and guidance and can be viewed at any time and are available at

Trauma and the Brain devised by NHS Lanarkshire

<http://www.nhslanarkshire.org.uk/news/news/Pages/Traumaonbrain.aspx>

It's never too late (Childhood Sexual Abuse) devised by NHS Lanarkshire

<https://vimeo.com/232827805>

Female Genital Mutilation devised by the Royal College of Midwives

https://www.youtube.com/channel/UC33RQaJyF3H5EyVlzY3V3rw?view_as=subscriber

References

Scottish Government (2018) Equally Safe Quality Standards and Performance Framework
Scottish Government (2017) Equally Safe: A Delivery Plan for Scotland's Strategy to Prevent Violence against Women and Girls. Scottish Government
<http://www.gov.scot/Publications/2017/11/5647>

Scottish Government (2017) Domestic Abuse recorded by the Police in Scotland 2016 -17
www.gov.scot/Publications/2017/05/8258/1

<http://safelives.org.uk/knowledge-hub>

McCarthy M et al 'I know it was every week, but I can't be sure if it was every day: Domestic Violence and Women with Learning Disabilities, Journal of Applied Research in Intellectual Disabilities 14 January 2016. <https://doi.org/10.1111/jar.12237>

Health Scotland Spotlight on Violence against Women, and Learning Disability, October 2016

Glossary

AP	Adult Protection
CP	Child Protection
DA	Domestic Abuse
DASH RIC	Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification Checklist (RIC)
GBV	Gender Based Violence
MARAC	Multi Agency Risk Assessment Conference (MARAC) is a victim focused information sharing and risk management meeting attended by all key agencies, where high risk cases are discussed. The role of the MARAC is to facilitate, monitor and evaluate effective information sharing to enable appropriate actions to be taken ...
PP	Public Protection
REA	Routine Enquiry of Abuse

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Other forms of GBV

Forced Marriage is another form of GBV. A forced marriage is a marriage in which one or both parties do not consent to the marriage and duress is involved. Duress includes both physical and emotional pressure. It is different from arranged marriage, where both parties give their full and free consent to the marriage.

Forcing someone into marriage has been a criminal offence in Scotland since 2014.

Female Genital Mutilation (FGM) is an unacceptable and illegal practice, a form of violence against women and child abuse and a violation of the human rights of women and girls.

NHSG Public Protection has information on responding to FGM

<http://nhsgintranet.grampian.scot.nhs.uk/depts/QGRU/PublicProtection/Pages/FemaleGenitalMutilation.aspx>

Scottish Government information on FGM is also available at

<https://beta.gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm/>

NHSG policy for FGM in Maternity Services will be available on the intranet (2018).

Human Trafficking is the illegal trade and exploitation of women, men or children. A trafficking victim does not have to cross international boundaries but merely being moved from one place to another within Scotland or the UK for the purpose of exploitation is sufficient. Exploitation types include labour exploitation, sexual exploitation, domestic servitude and organ harvesting.

Additional information on recognising human trafficking is available in *Reading the Signs* Police Scotland <http://www.scotland.police.uk/assets/pdf/174967/human-trafficking?view=Standard>

NHSG's Public Protection website has information on responding to Human Trafficking

<http://nhsgintranet.grampian.scot.nhs.uk/depts/QGRU/PublicProtection/Pages/HumanTrafficking.aspx>

Information and animation on Childhood Sexual Abuse, devised by NHS Lanarkshire, is available at

<http://www.nhslanarkshire.org.uk/Services/GBV-Services/Pages/Never-too-late-to-tell.aspx>

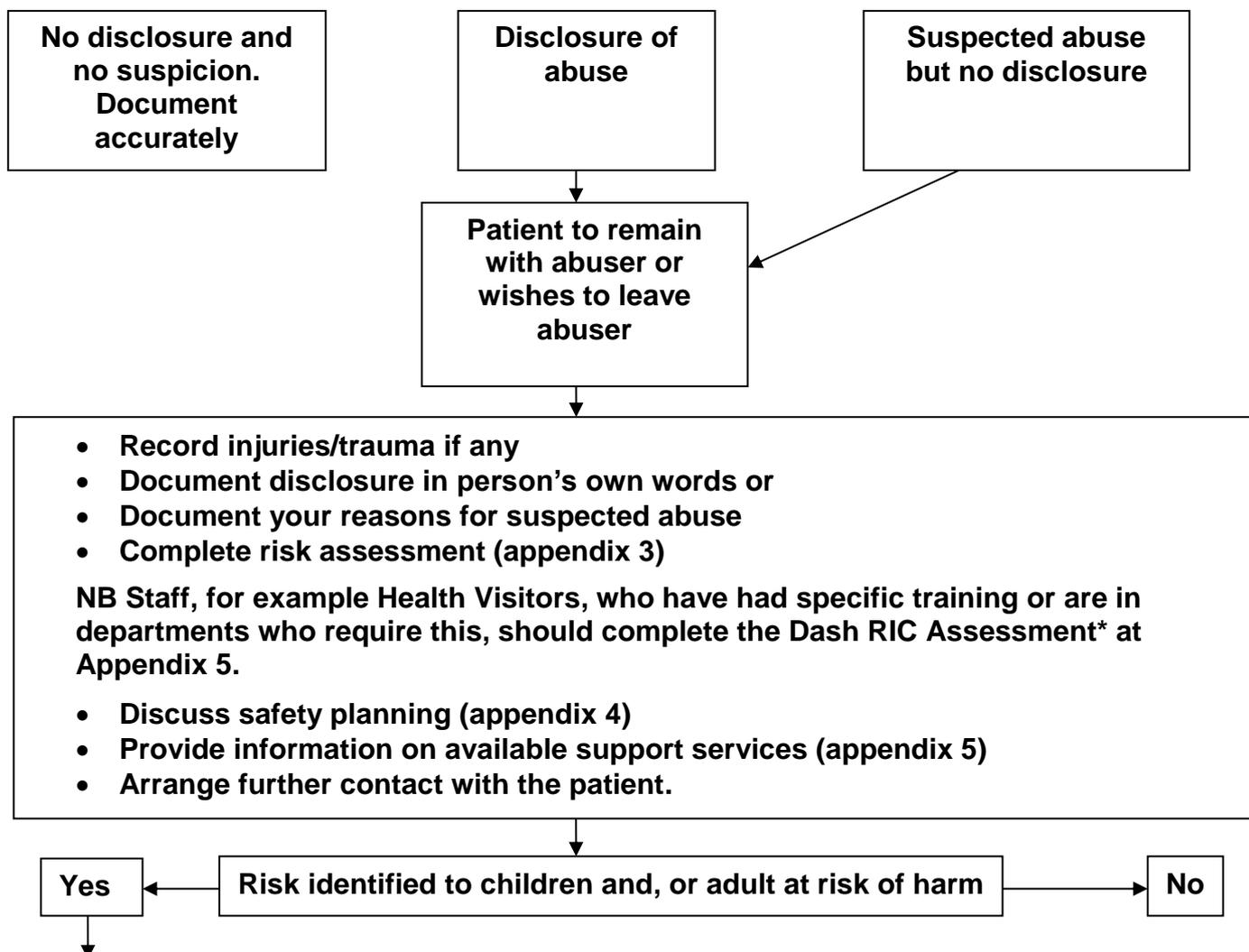
Information on responding for an adult who may be vulnerable is available at

<http://nhsgintranet.grampian.scot.nhs.uk/depts/QGRU/PublicProtection/Pages/AdultProtection.aspx>

Enquiry of Abuse

If safe to do so:

- discuss limits of confidentiality (child protection and vulnerable adults);
- provide private time and space;
- provide same gender staff if appropriate for patient;
- use interpreter/advocate if necessary – only in emergency use family/friends to communicate;
- ask for example;
- do you feel safe at home?
 - have you ever felt fearful for your safety or the safety of your children?
 - are you currently frightened of your partner or someone close to you?
 - or, if relevant – I notice you have cuts or bruises, has someone hurt you?



Risk to children

Follow child protection guidelines

<http://nhsgintranet.grampian.scot.nhs.uk/depts/qgru/PublicProtection/Pages/default.aspx>

Risk to adult

Follow adult protection guidelines

<http://nhsgintranet.grampian.scot.nhs.uk/depts/qgru/PublicProtection/Pages/default.aspx>

Document accurately and discuss with your line manager

*The purpose of the Domestic Abuse, Stalking and Honour Based Violence (**DASH**) **risk identification checklist (RIC) in Appendix 5** is to give a consistent and simple tool to help professionals identify **those who are at high risk of harm** and those whose cases should be referred to a Multi-Agency Risk Assessment Conference (MARAC) in order to manage their risk.

The tool is for use for those who have had DASH RIC training. This will be within the priority settings of maternity, sexual health, Accident and Emergency departments and minor Injuries, community, addictions and mental health. For further guidance:

<http://www.safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf>

Risk Assessment

This should include:

- History of abuse experienced by the patient, and if applicable, their children
- Violence – increase in frequency/intensity
Yes / No
- Abuser’s behaviour: Verbal threats
 Yes / No
- Physical violence
Yes / No
- Threats to harm or abduct children
Yes / No
- Frequent intoxication from drugs or alcohol
Yes / No
- Sexual abuse
Yes / No
- Assessment of patient’s beliefs
 Does (s) he feel (s) he is in immediate danger?
Yes / No
- Self-harm or suicide threats/attempts by patient
 Yes / No
- Attempts by patient to get help from police, courts or women’s aid groups within the last 12 months
 Yes / No

If the answer to **any** of the above questions is **yes**, this indicates there is a **RISK** to the patient or their children or a vulnerable adult.

If there is a RISK to the patient provide person with the list of support services available locally (Appendix 5) and arrange further contact with the patient.

If there is a RISK to children and /or an adult at risk of harm please refer **immediately** to –

Police Scotland
Telephone 101

For Local **Authority Social Work contacts** see Appendix 5.

Please inform your line manager.

Safety Planning

Safety considerations and planning are important in all instances

Below are some **examples**. They may not all be suitable for every person. Personal circumstances need to be taken into consideration.

Please note that Police Scotland's Domestic Abuse Coordinators and Grampian Women's Aid are available to discuss safety planning with clients, and to offer advice, support and guidance to health staff and to clients (services at Appendix 4). You can play an important role in signposting people to these services, as relevant.

Advice for any patient if they decide to stay with the abuser:

- if an argument or assault seems unavoidable, stay in a room that has access to an exit, not in a bathroom, kitchen or anywhere near weapons;
- tell a neighbour to call the police if they hear a disturbance from the home;
- decide and plan where to go if you need to leave;
- use your own instincts and judgements about the situation;
- devise a code word or sign with a family member or friend when the police need to be called;
- don't run towards the children as they may be injured or assaulted as well;
- don't wear scarves or long jewellery that could be used to assault you;
- talk through your situation with a friend or family member you can trust;
- seek professional advice and support from local domestic violence organisations;
- consider how agencies can make contact with you safely e.g. through work or friends;
- consider where you can quickly and easily use a telephone and maybe memorise important numbers. If you have a mobile phone, try and keep it with you;
- try to get medical help for any injuries. Ask that they are recorded and if possible photographed. This kind of evidence may be useful in the future. Your doctor can record that you are experiencing abuse, whether you have injuries or not;
- avoid drug or alcohol use.

Advice for a person getting ready to leave an abuser

- keep evidence of physical abuse, such as pictures;
- plan with your children (only if you think it is safe to do so) and identify a safe place for them;
- open a savings account in your own name to establish or increase your independence;
- leave money, an extra set of keys, copies of important documents and extra clothes with someone you trust;
- determine where you could go;
- keep important numbers at hand or memorise them e.g. Women's Aid;
- take care over who to trust with your plans to leave;
- try to get legal advice;
- make an extra set of keys for home or car and store safely;
- pack a bag with essentials, including important documents for you and the children, telephone numbers, cash cards/credit cards, medication or prescriptions;

- take identification that might help others to protect you, (e.g. photo of your abuser and vehicle details) or to prove your identity (e.g. passport, national insurance number);
- talk to your children only if you think it is safe to do so. Explain what is happening and take them with you;
- request emergency accommodation or refuge for your pets (Tel: 08448119909);
- request a police stand-by or escort while you leave if required;
- plan for a quick escape;
- create a false trail;
- if you want to go into refuge it may take a few days to organise. Get in touch with the refuge to discuss your options.

Remember - leaving an abusive partner is the most dangerous time.

Advice for the person after leaving the abuser

- tell trusted friends and family that you have separated from your partner and ask them to contact the police if your partner comes near your property;
- obtain an injunction. Make copies and keep them in helpful places;
- if you feel able, tell your employer so that they can screen your calls;
- change your work hours and your route;
- tell other adults who take care of your children which people have permission to pick them up and who is not permitted;
- consider changing the children's school;
- change the locks on your doors as soon as possible. Buy additional locks and safety devices to secure your windows;
- install a lighting system;
- keep a record of any breaches, noting the time, date and what occurred and what action you took;
- recognise signs in a new relationship which could indicate abusive behaviour such as your partner trying to control the things you do and the people you see.

Advice for the person on safety out of the home

- carry a safety alarm;
- carry a mobile phone;
- go into a building or where there are lots of people if you are concerned or frightened.

Advice for the person on safety planning with children

- ensure that your children are able to dial 999;
- teach your children what to do if your ex-partner makes contact with them unexpectedly, breaching access arrangements, i.e. rules about checking first before opening the door, coming inside, or going to neighbours if your partner comes to the house, telling a teacher if they are approached at school;
- if there are fears of abduction, teach the children who to tell at an airport, station or port;
- allow your children to talk to you and other trusted adults about their experiences and their concerns;
- if contact is arranged, ensure that there is a safe hand over point.

Advice for the person on telephone safety/online safety

- change phone number;

- bar anonymous calls;
- unplug the phone at night;
- call barring – BT offers a call barring service;
- use 1471 – to find out who called last;
- use 141 before you dial – your number is withheld;
- threatening calls - go to the police, who can then trace the calls.
- it can be helpful to purchase or borrow a spare phone which is hidden somewhere you have access to in case the perpetrator takes/breaks yours.
- disconnect “Find my Phone”. These tracking systems may not show up on your phone as an app and may not be visible in any of the settings. You would need to go to a phone specialist to find/remove this.
- home computers will store web history, even if you have cleared it. Consider using, for example, a public library computer if you are accessing help/support.

Support services in Grampian for patients and staff experiencing domestic abuse

National Domestic Abuse and Enforced Marriage Helpline Tel: 0800 027 1234 (24hrs)

The Helpline workers will provide support over the phone as well as information. They are also aware of Domestic Abuse services across Scotland and can inform callers where they can obtain assistance in their own area.

The Helpline is staffed by specially trained workers and volunteers, managed by Scottish Women's Aid.

Your call will always be answered by a worker who understands the dynamics of domestic abuse and forced marriage. They work in partnership with the Men's Advice Line. They welcome calls from everyone. Anyone can call the Helpline. They will help you regardless of age, disability, sexual orientation, gender, nationality or background. If English is not your first language, they can speak to you through a confidential translation service.

Grampian Women's Aid Tel: 01224 593381

Grampian's Women's Aid offer free, confidential and non-judgemental service to women, who have experienced domestic abuse. The abuse may be from a partner or ex partner. They provide women, children and young people who have experienced domestic abuse with support and information. Support can be offered through their refuge accommodation, outreach and children and young person's service. Geographical area covered: Aberdeen City and Aberdeenshire

Grampian Women's Aid
25 Greenfern Road
Mastrick
Aberdeen
Ab16 6TS

By telephone
Monday-Friday
01224 593381

You can leave a message on the phone at any time. They will only contact you, the person experiencing abuse, if you agree and the telephone number is always withheld.

info@grampian-womens-aid.com

Moray Women's Aid Tel: 01343 548549

Moray Women's Aid is the largest provider of support to women and children experiencing domestic abuse/violence throughout rural Moray. Services include safe accommodation at Marlon House, community support, professional counselling and drop in centres.

<http://www.gov.scot/Publications/2017/11/5647/4>

Police Scotland Tel: 0845 600 5 700

To report a domestic abuse incident, contact 0845 600 5 700 and they will record details of what has happened. Police Scotland Domestic Abuse Coordinators are available during daytime hours to discuss any issue with a victim.

Direct numbers –

Aberdeen City: 01224 306187/306189,

Aberdeenshire: 01224 304207

Moray: 01224 307105

Emergency: Dial (9)999

Non emergency: (9)101

Adult Support and Protection Services

Aberdeen City Council: 01224 522055 Email: duty@aberdeencity.gov.uk

Out of Hours: 0800 731 5520 Email: OOHS@aberdeencity.gov.uk

Aberdeenshire Council: 01651 871246

Out of Hours: 0845 84 000 70

Email: adultprotectionnetwork@aberdeenshire.gsx.gov.uk

Moray Council: 01343 562108

Out of Hours: 0300 123 0897

Email: adultprotection@moray.gov.uk

Domestic Abuse Support and Accommodation Project (DASAP)

Aberdeen Cyrenians 01224 625732

E: info@aberdeen-cyrenians.org

Gender Based Abuse Outreach Workers (Aberdeenshire)

The service offers one to one support, support group opportunities, direct work with children and young people as well as offering safety advice and equipment as necessary. The team works in joint partnership with Grampian Police, Health Services and Grampian Women's Aid.

The service is offered to women & children in refuge, in homeless accommodation, and in the community.

North Aberdeenshire 01467 533340

South Aberdeenshire 01467 533426

Victim Support Scotland

Provides confidential support, advice and information to any person experiencing abuse.

Aberdeen and Aberdeenshire 01224 622 478 /Moray 01343 544 607

Victimsupport.aberdeen@victimssupportsco.org.uk

Victimsupport.aberdeenshire@victimssupportsco.org.uk

Victimsupport.moray@victimssupportsco.org.uk

Rape and Abuse Support

Rape and abuse support, Aberdeen Tel: 01224 591342

Rape Crisis Grampian 01224 591342

Rape Crisis Scotland Freephone 08088 010302

Amina Muslim Women's Helpline Tel 0808 801 0301

Provides confidential faith and culturally sensitive direct help. Email- info@mwrc.org.uk

Shakti Women's Aid (Scotland) Tel: 0131 475 2399 Mon-Fri 10-5pm

Provides refuge accommodation, advice and support for women and young girls from black and minority ethnic groups who are affected by domestic abuse and forced marriage.
Website: www.scottishwomensaid.co.uk/shakti

Forced Marriage Unit Tel: 020 700 80151.

Provides practical support, information and advice to anyone who has been through or is at risk of a forced marriage.

National LGBT Domestic Abuse helpline Tel: 0300 999 5428 helpline

Support for lesbian, gay, bisexual and transgender (LGBT) people experiencing domestic abuse.

Men's Advice Line: Tel: 0808 801 0327

Provides confidential advice and emotional support to men who are victims of domestic abuse.

AMIS (Abused Men in Scotland) Phone: 0808 800 0024

Supports men who are experiencing or have experienced domestic abuse. The confidential helpline is free to call from landlines and most UK mobiles, and doesn't appear on itemised phone bills

Childline Tel: 080011111

Provides support for children and young people experiencing problems.

Pet Fostering Service Scotland Tel: 0844 811 9909

Provides pet fostering for women and children fleeing domestic abuse

Domestic abuse: support for males and females (Scottish Government portal)

Those, currently or in the past, experiencing domestic abuse can get confidential support from a range of organisations. This includes emotional support and advice on issues including:

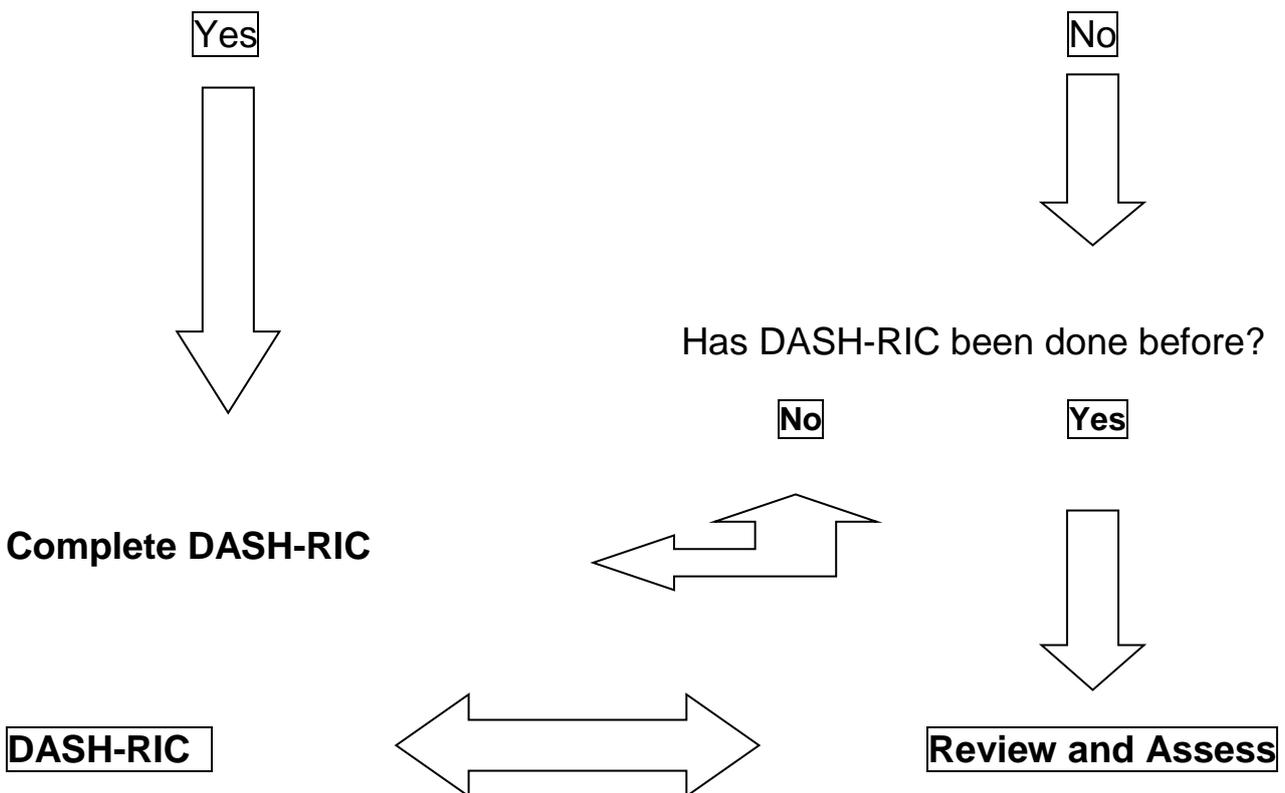
- housing
- legal advice
- safety
- support for your children

<https://www.mygov.scot/domestic-abuse/support-for-female-victims/>

Domestic_Abuse, Stalking and Honour Based Violence (DASH) Checklist

Health Visitors and other staff who have had specific training or are in departments who require this, should complete the DASH Risk Identification Checklist (RIC) Assessment. Domestic Abuse, Stalking and Honour Based Violence (DASH) risk identification checklist (RIC) is a tool to ensure approach for professionals to identify those who are at high risk of harm and cases which should be referred to a Multi-Agency Risk Assessment Conference (MARAC) to manage their risk.

Is this first disclosure?



<p>DASH RIC Score 9 or less Advise of Local GBV Services Safety Information National Helplines Specialist & Universal Services</p>	<p>DASH RIC Score 10 – 13 Advise of Local GBV Service National Helplines Specialist Services</p> <p>Use professional judgement to consider MARAC referral</p>	<p>DASH RIC Score 14 or more Contact Local Team Leaders Refer to MARAC Teams Refer to any DA/GBV local support project supporting MARAC cases Carry out statutory responsibilities for child and/or adult protection</p>
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Document Accurately

DASH Risk Checklist

Domestic Abuse, Stalking and Honour Based Violence (DASH) Risk Identification Checklist (RIC). For guidance on scoring: <http://www.safelives.org.uk/node/467>

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned. Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer. It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right hand column	Yes	No	Don't know	State source of info if not the victim (eg Police Officer)
1. Has the current incident resulted in an injury? Please state what and whether this is the first injury	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are you very frightened? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. What are you afraid of? Is it further injury or violence? Please give an indication of what you think [name of abuser(s)] might do and to whom, including children Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Do you feel isolated from family/friends? Does [name of abuser(s)] try to stop you from seeing friends/ family/ doctor or others? Comment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are you feeling depressed or have suicidal thoughts?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Have you separated or tried to separate from [name of abuser(s)] within the past year?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there conflict over child contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does [name of abuser(s)] constantly call, text, contact, follow, stalk or harass you? Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Are you pregnant or have you recently had a baby (in the last 18 months)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Is the abuse happening more often?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

11. Is the abuse getting worse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.	Yes	No	Don't know	State source of info
12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous? For example: in terms of relationships; who you see: being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13. Has [name of abuser(s)] ever used weapons or objects to hurt you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them? If yes, tick who: You <input type="checkbox"/> Children <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else? If someone else, specify who.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17. Is there any other person who has threatened you or who you are afraid of? If yes please specify whom and why. Consider extended family if HBV	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18. Do you know if [name of abuser(s)] has hurt anyone else? Consider HBV. Please specify whom, including children, siblings or elderly relatives: Children <input type="checkbox"/> Another family member <input type="checkbox"/> Someone from a previous relationship <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19. Has [name of abuser(s)] ever mistreated an animal or the family pet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20. Are there any financial issues? For example, are you dependant on [name of abuser(s)] for money / have they recently lost their job / other financial issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<p>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</p> <p>If yes, please specify which and give relevant details if known</p> <p>Drugs <input type="checkbox"/></p> <p>Alcohol <input type="checkbox"/></p> <p>Mental health <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>22. Has [name of abuser(s)] ever threatened or attempted suicide?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>23. Has [name of abuser(s)] ever broken bail / an injunction and/or formal agreement for when they can see you and/or the children?</p> <p>You may wish to consider this in relation to an ex-partner of the perpetrator if relevant</p> <p>Bail conditions <input type="checkbox"/></p> <p>Non Molestation/Occupation Order <input type="checkbox"/></p> <p>Child contact arrangements <input type="checkbox"/></p> <p>Forced Marriage Protection Order <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</p> <p>If yes, please specify:</p> <p>Domestic abuse <input type="checkbox"/></p> <p>Sexual violence <input type="checkbox"/></p> <p>Other violence <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<p>Total 'yes' responses</p>				

For consideration by professional

<p>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation. Are they willing to engage with your service? Describe.</p>	
<p>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</p>	

What are the victim's greatest priorities to address their safety?	
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Do you believe that there are reasonable grounds for referring to MARAC?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you made a referral?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Signed		Date
Do you believe that there are risks facing the children in the family?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please confirm if you have made a referral to safeguard the children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Date referral made
Signed		Date
Name		

Practitioner's notes
<p>For further guidance on scoring: http://www.safelives.org.uk/sites/default/files/resources/FAQs%20about%20Dash%20FINAL.pdf</p>

MARAC Referral

**PART 1 -MARAC Notification Form**

Part 1 is to be completed by the Referring Agency prior to circulation to the MARAC core group.

Name & Agency (referrer)	
Telephone / Email	
Date	

VICTIM INFORMATION**PERPETRATOR INFORMATION**

Surname:		Surname:	
Forename(s):		Forename(s):	
Maiden Name (if applicable)		Maiden Name (if applicable)	
Alias:		Alias:	
Date of birth:		Date of birth:	
Address:		Address:	
Telephone No		Telephone No	
Is the above number safe to call			
Information of when safe to call contact number			
Ethnic origin:		Ethnic origin:	
Diversity Data (Delete if not applicable)		Diversity Data (Delete if not applicable)	
Gender (Delete if not applicable)		Gender (Delete if not applicable)	
Occupation:			
Status of relationship:			

Bail conditions (or other legal orders) in place:	
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CHILDREN'S INFORMATION (please list names of all children involved)

Name	Date of Birth	Gender	School / Nursery	Relationship to Victim	Relationship to Perpetrator	Other parents details
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BRIEF DETAILS OF RECENT INCIDENT:

PART 2 - MARAC Research Form

Part 2 is to be completed by individual agency representative prior to attendance at the MARAC meeting.

MARAC case number:	
Children involved:	Y
Repeat case:	N
G.P. details if known:	

		Please insert any changes / errors / other information (e.g. aliases or nicknames) below
Are the victim details on the MARAC list accurate?	Y	
Are the children(s) details on the MARAC list accurate?	Y	
Are the perpetrator details on the MARAC list accurate?	Y	
Social Work Background Checks (including CP, AS&P, MASH, JAT and MAPPA status and information regarding pending release from custody of perpetrator)		
Police Checks (including MAPPA status)		

Housing Checks (information regarding pending release from custody for perpetrator)		
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Note records of last sightings, meetings or phone calls.		
Note recent attitude, behaviour and demeanour, including changes.		
Highlight any relevant information that relates to any of the risk indicators on the checklist (e.g. the pattern of abuse, isolation, escalation, victim's greatest fear etc.).		
Other information (e.g. actions already taken by agency to address victim's safety).		
What are the victim's greatest priorities to address their safety?		
Who is the victim afraid of? To include all potential threats, and not just primary perpetrator.		
Who does the victim believe it safe to talk to?		
Who does the victim believe it not safe to talk to?		
Any other relevant information		

Once form has been completed please send by secure email or by another secure method to:

MARACGrampian@scotland.pnn.police.uk

Guidance Notes for MARAC

- When undertaking research in advance of meetings, it is important that agencies do not automatically contact the victim unless they need to take immediate action to address risk. In most cases, the Independent Advocacy Worker will contact the victim in advance of the meeting and agencies should contact either Independent Advocacy Worker or MARAC Co-ordinator in the first instance.
- **Social Work background checks** - Social Work staff should complete the following actions as well as obtaining all relevant information on the individuals named in the form;
 - **Prison:** The Social Work representative will notify the MARAC of any information relating to (pending) release from custody for the perpetrator.
 - **Child Protection** - The Social Work representative will check if there are any child protection processes that are ongoing, if so alert the allocated worker and Child Protection Case Conference Chair of the intention to hold a MARAC meeting (including the date of the meeting).
 - **Adult Support and Protection** - The Social Work representative will alert the Adult Support and Protection Network and lead Social Worker that the case has been selected for MARAC (including the date of the intended meeting).
- **Police checks** - Police staff should complete the following actions;
 - **MAPPA** - The MARAC Co-ordinator will alert the MAPPA Chair of the intention to hold a MARAC meeting (including the date of the meeting). They will also notify the MARAC of any relevant information regarding MAPPA processes that are ongoing.
- **Housing Checks** - Housing staff should obtain details including status of current tenancy, rent arrears (if any), any ASB issues and any other relevant information.
- Not all agencies will have information in response to every section of the form - agencies should complete as many sections as they can based on the information available / held by them.
- Some agencies may not be working with the victim but only with their children or the perpetrator. In this case, relevant questions should be answered. For perpetrators this is likely to be everything but the last 4 questions on the form. For children this is likely to be all of the questions on the form (i.e. replace the word "victim" with "child").
- The research form may have to be completed in conjunction with other staff members within your agency.
- The information within the research form must be current, accurate and, where necessary, make a clear distinction between fact and professional opinion.
- Research forms are for internal use by your own agency. The information contained within them is shared verbally at MARAC meetings where this is relevant and proportionate. The research form can be retained for your own reference but it does not have to be submitted to the MARAC.

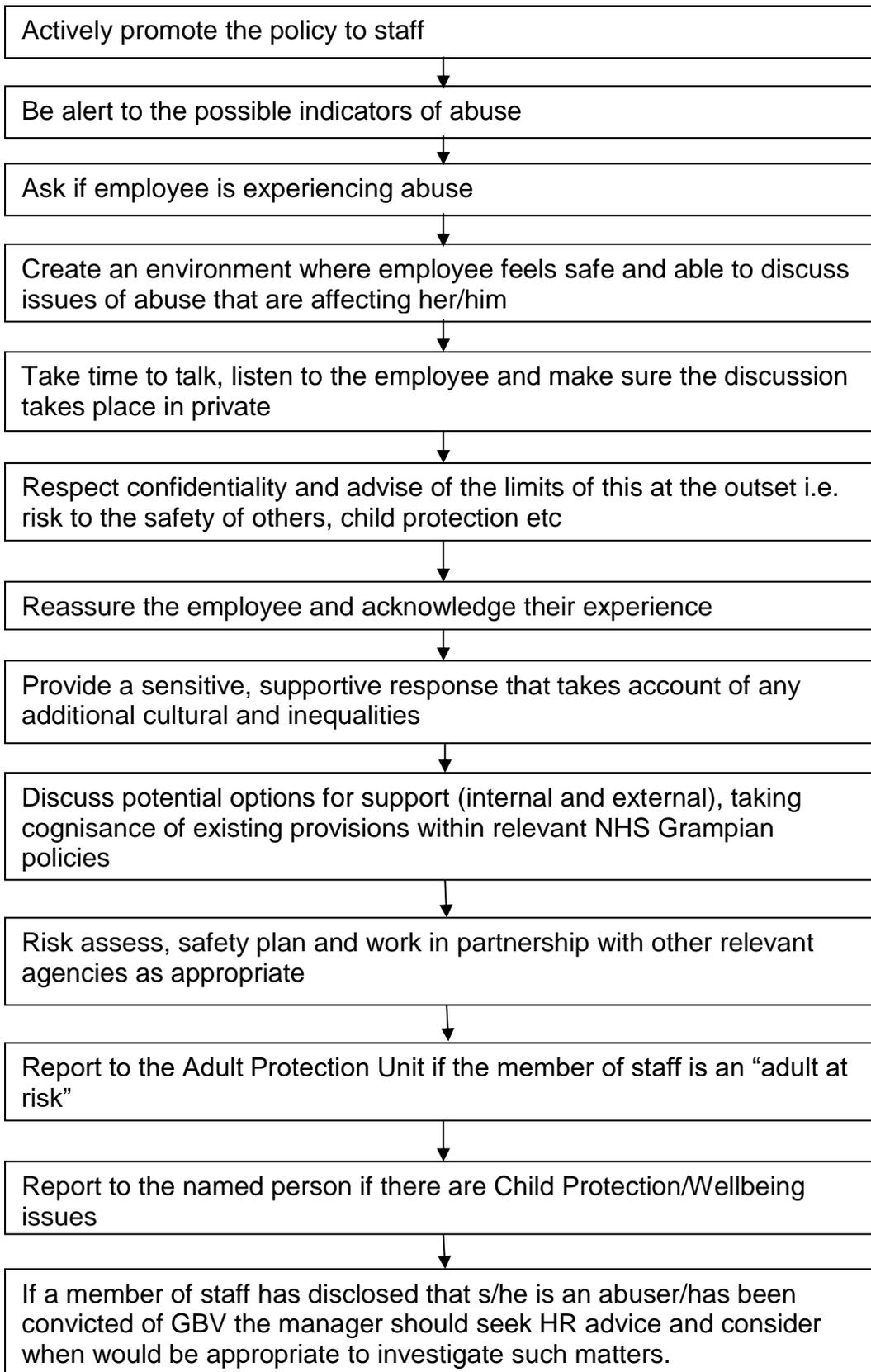
- It is possible that you will record information on the research form that you decide is not relevant to share at MARAC. You may wish to highlight the information you have not shared and note your reasons for not doing so for your own agency records.

Guidance for Managers

As a manager you can support staff directly

- Being aware of the possibility that staff members could be affected by past or current abuse
- Recognising potential signs of abuse
- Initiating discussion if you have concerns about abuse
- Responding sensitively to disclosure
- Considering what workplace supports you could provide within the scope of current NHSG provisions
- Providing information about other sources of help
- Assessing reasons for being persistently late without explanation and/or needing to leave work early
- Recognising there may be a high absenteeism rate without explanation
- Allowing the employee regular time off for 'appointments'
- Monitoring changes in quality of work performance for unexplained reasons, e.g. may start missing deadlines and show additional performance difficulties despite a previously strong record
- Anticipating interruptions at work, e.g. repeated upsetting calls/texts/emails
- Recognising changes in behaviour; may become withdrawn and quiet, avoid interaction, making acquaintances or friends at work, may always eat alone
- Preparing to see the employee cry at work or be very anxious
- Anticipating the employee may demonstrate uncharacteristic distraction, problems with concentration
- Recognising they may exhibit fearful behaviour such as startled reactions
- Related guidance on Child and Adult Protection is available alongside guidance on GBV on the NHSG Public Protection website
<http://nhsgintranet.grampian.scot.nhs.uk/depts/qgru/PublicProtection/Pages/default.aspx>

Flowchart detailing support to staff



Responding when a member of staff or patient is the abuser

Points to consider when dealing with disclosure

- Police involvement
- HR response if a member of staff
- Support for the abuser e.g. Violence management, Substance Misuse Services referral, suicide prevention, referral to GP, referral to Mental Health Services.
- Outreach to victims while taking into consideration risk assessments, safety planning and support services.

Support Services for patients or staff who may be perpetrators of GBV

<https://www.mygov.scot/domestic-abuse/staying-safe/>

Provides clear information and links online to staying safe, contacting the police, checking a partner's history of abuse, support for female victims and support for male victims

Respect Freephone 0808 802 4040

Information and advice for people who are violent/ abusive to their partners

www.respectphoneline.org.uk

<http://www.thehotline.org/help/for-abusive-partners/>

<http://www.loveisrespect.org/for-yourself/can-i-stop-being-abusive/>

<https://www.mentalhelp.net/articles/if-you-are-an-abuser/>

Gender Based Violence and people with a learning disability

UK research suggests that women with disabilities are often seen by perpetrators as 'easy targets' for abuse. Also that disabled women (despite their greater need), have less access to specialist and general domestic violence services (Thiara et al 2011).

Points to consider

- be wary of 'diagnostic overshadowing', where problems such as a sudden loss of money or refusing support, are attributed to someone's learning disability, rather than considered as potential signs of abuse;
- be aware of 'red flags'. Does the person appear to:
 - a. be isolated from family, friends, professionals, and her children;
 - b. have less money than before she met her current partner;
 - c. have signs of physical injury.
- be aware of 'red flags' for women with learning disabilities including being in relationships with men who move in very early into the relationship, and/ or are in relationships with men who have:
 - a. no learning disabilities;
 - b. mental health problems;
 - c. drug/alcohol problems;
 - d. no work.
- women may not want, or be ready, to disclose;
- the number of questions in routine sensitive enquiry may be overwhelming.

Talking mats aid understanding and enable people to use images to express their views
<http://www.talkingmats.com/>

TOP 10 COMMUNICATION TIPS From women with a learning disability	
1. Listen to us. Listen carefully.	6. Show us that you have time to hear what we have to say. Be patient.
2. Take us seriously.	7. Please don't patronise us.
3. Please don't talk in jargon. Use plain English.	8. If we are the victim of a crime, please show us that you are on our side
4. Check that you have understood what we tell you and that we have understood what you tell us	9. Please don't raise your voice or shout.
5. Don't just ask the same question over and over.	10. Be person-centred. Our ways of communicating are as individual as we are.

Source: Health Scotland Spotlight on Violence against Women and Learning Disability, 5 October 2016