Edinburgh's Multi-Agency Domestic Abuse Policy

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Control schedule

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Senior Responsible Officer Amanda Hatton, Director for Education and Children's

Services

Author Angela Voulgari, Equally Safe Edinburgh Committee

Lead Officer

Laura Brown, Edinburgh Child Protection Committee

Lead Officer

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Version control

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Subsequent committee decisions affecting this policy

Date	Committee	Link to report	Link to minute

Edinburgh'

Policy statement

This policy is a statement of commitment from all partners in Equally Safe
Edinburgh Committee and provides a set of guiding principles and definitions in
relation to the prevention of domestic abuse, the support and protection of
victims/survivors and their children, and the response to perpetrators. This policy is
structured in line with Equally Safe: Scotland's strategy for preventing and
eradicating violence against women and girls.

Scope

- 2. This policy statement is adopted by the Edinburgh Partnership and all the national and local agencies that work in Edinburgh to address domestic abuse and wider forms of Violence Against Women and Girls. It is based on a shared understanding by all partners of the extent and impact of domestic abuse and that it can never be acceptable or tolerated.
 - 2.1. This policy links with, and should be read together with, a number of other City of Edinburgh Council policies pertaining to Child Protection and Adult Protection, outlined in <u>section 12</u> of this document.
 - 2.2. This policy aims to reduce the risk generated by the lack of a shared understanding between services and agencies of the definition of domestic abuse, factors contributing to domestic abuse, and appropriate responses to safeguard people affected, including children.
 - 2.3. This policy promotes an ethos of collaborative working and appropriate information sharing to ensure that responses to domestic abuse are appropriate and proportionate to the level of risk identified, while centring the voices of victims/survivors and their children in all agreed actions.
 - 2.4. It highlights domestic abuse as a priority in all areas of public protection, and sets out the key shared principles of effective intervention, with which all agencies' operations and procedures will be consistent.

2.5. The Equally Safe Edinburgh Committee currently consists of the following organisations, all of whom will adhere to the principles set forth in this policy:

The City of Edinburgh Council

Police Scotland

NHS Lothian

Edinburgh Women's Aid

Edinburgh Rape Crisis Centre

Shakti Women's Aid

Victim Support Scotland

Children 1st

Saheliya

Beira's Place

The University of Edinburgh

The Multicultural Family Base

Sacro

Feniks Counselling, Personal Development and Support Services

The Edinburgh Child Protection Committee

The Edinburgh Adult Protection Committee

Definitions

- 3. This Policy adopts the definition of domestic abuse set out in the <u>Domestic Abuse</u> (Scotland) Act 2018.
 - 3.1. This includes any course of behaviour which causes physical or psychological harm towards a current or ex-partner
 - 3.2. 'Abusive' behaviour includes any kind of physical or sexual violence, threats or intimidation that:
 - 3.2.1. make the partner or ex-partner dependent on the perpetrator of abuse
 - 3.2.2. isolates them from friends, family and support networks
 - 3.2.3. controls or monitors their daily activities
 - 3.2.4. restricts or deprives them of freedom
 - 3.2.5. frightens, humiliates, degrades or punishes them.

- 3.3. This Act makes domestic abuse an aggravated offence if it involves a child, either by:
 - 3.3.1. The behaviour being directed towards a child
 - 3.3.2. Uses a child for the perpetrator to direct abusive behaviour towards their partner or ex-partner
 - 3.3.3. The child sees, hears or is present during an incident of abusive behaviour being directed towards the partner or ex-partner
 - 3.4. <u>Violence Against Women (VAW) and Violence Against Women and Girls (VAWG)</u>: This term refers to specific forms of violence perpetrated against women and girls overwhelmingly by men and boys. This is a cause and consequence of gender inequality, meaning women's and girls' lower status in society compared to men and boys.
 - 3.5. <u>Gender- Based Violence (GBV)</u>: Any violence or abuse directed against a person on the basis of their gender. In this context, the term 'gender' can encompass both someone's biological sex (male or female) as well as the gender identity they adopt. This includes trans men, trans women and non-binary people.
 - 3.6. <u>Honour-Based Abuse (HBA):</u> Any form of abuse or violence directed towards someone who is deemed as having 'transgressed' or might 'stray' from the traditional codes of behaviour of their family, culture, community or religion. HBA can involve domestic, sexual and emotional abuse. It may or may not involve the current or ex-partner, and it can also involve additional family, extended family or community members, at times with multiple perpetrators. Forced Marriage and Female Genital Mutilation are also forms of HBA, while HBA can also lead to so-called 'honour' killings.
 - 3.7. Other abbreviations and terms that will be used throughout this document include:
 - FGM: Female Genital Mutilation
 - LGBT: Lesbian, Gay, Bisexual, Transgender
 - MARAC: Multi-Agency Risk Assessment Conference
 - DSDAS: Disclosure Scotland Domestic Abuse Scheme

Equally Safe Priorities

- 4.1. All work on GBV and VAWG in Edinburgh and work on domestic abuse specifically, will adhere and contribute to the four priorities of Equally Safe, Scotland's Strategy for Preventing and Eradicating Violence Against Women and Girls:
 - 4.1.1. Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls
 - 4.1.2. Women and girls thrive as equal citizens socially, culturally, economically and politically
 - 4.1.3. Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people
 - 4.1.4. Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response.
- 4.2. All stakeholders signing up to this policy will adopt a gendered analysis to domestic abuse, recognising that girls and women are primarily affected by domestic abuse due to gender inequality and patriarchal social structures that are both the cause and consequence of VAWG.
- 4.3. This does not negate the reality that men, boys, transgender and non-binary people are also affected by domestic abuse. Practitioners must be vigilant to signs that anyone can be a victim/survivor and take appropriate action to support the safety and wellbeing of anyone experiencing/ at risk of/ who has escaped domestic abuse and their children.
- 4.4. According to Equally Safe, Gender-Based Violence (GBV) is 'any form of violence used to establish, enforce or perpetuate gender inequalities and keep in place gendered orders. [...] Such violence cannot be understood in isolation from the norms, social structures and gender roles within the community which greatly influence women's risk of VAWG.' (p.10) Women's and girls' unequal status in society is a cause and consequence of VAWG.
- 4.5. Defining abuse as 'gender-based' means that interventions with victims/ survivors and perpetrators must be based on an understanding of gender within any given societal context and how this impacts people's understanding, preparedness and willingness to report domestic abuse.
- 4.6. All stakeholders signing up to this policy will further endeavour to work to the principles and key components of the Safe & Together™ Model. The Safe &

Together™ Model aligns with the Equally Safe Strategy in identifying that domestic abuse is a negative parenting choice and in allying with the non-abusive parent to ensure their and their child(ren)'s safety and wellbeing, while holding the abusive parent/ perpetrator accountable for their actions.

- 4.7. All stakeholders will also recognise that domestic abuse can happen to anyone, regardless of their sex, gender, religion, culture, age, marital/civil partnership status or socio-economic circumstances, and it occurs in heterosexual and same-sex relationships.
- 4.8. Stakeholders further recognise that those who perpetrate domestic abuse can come from any social, educational, professional, religious, ethnic background, and they can be any age and gender.

The Importance of a Trauma-Informed and Responsive Approach

- 4.9. All stakeholders are also expected to adhere to working to the <u>Trauma-Informed Practice Principles</u> set out by the <u>Edinburgh Children's Partnership</u>. There is an expectation that all professionals working in Edinburgh who carry out roles that bring them in contact with people will adhere to the 5 principles of Trauma-Informed Practice, namely:
 - 4.9.1. <u>Safety</u>: the principle of doing no harm by being attentive to the sense of physical and emotional safety we provide to people to whom we offer services and support.
 - 4.9.2. <u>Trust</u>: providing support through listening actively and empathically, being reliable, honest, caring and dependable.
 - 4.9.3. <u>Collaboration</u>: supporting and encouraging people to do things for themselves while taking into account their views and individual characteristics, challenges and strengths.
 - 4.9.4. <u>Choice</u>: offering people the opportunity to make fully informed decisions where those are available, while also being honest about situations where there are very few/no choices that can be made.
 - 4.9.5. <u>Empowerment:</u> making sure that people retain agency and a sense of authority and power over their lives. Trauma is intimately and inextricably linked to loss of power and control over one's life or circumstances, and it is crucial that the support we provide to people enables them to be active decision makers in any matters that concern them as much as possible.

- 4.10. In responding in a trauma-informed and responsive way, stakeholders must also be mindful that cultural sensitivity is of critical importance in supporting people to recover from the trauma of domestic abuse. Culture refers to the collective set of beliefs shared by people from a particular background or group. This can also include beliefs that align to harmful traditional practices that are illegal in the UK and Scotland. In employing a trauma-informed and responsive approach to domestic abuse, it is important to support the victim's/survivor's knowledge and understanding about harmful traditional practices and to support them to build their confidence.
- 4.11. The examples provided below are not an exhaustive list of the diversity of cultural expressions of trauma. Although many refer to victims and survivors from ethnically/religiously diverse backgrounds, they will also apply to victims and survivors from different age groups/generations, socioeconomic, educational, geographical and employment backgrounds.
- 4.12. Applying cultural sensitivity to a trauma-informed response to domestic abuse involves an awareness that:
 - 4.12.1. Communication styles will differ between cultures: This means that trauma can be expressed through different verbal and body language. For example, in some cultures, it is more appropriate to express trauma through a raised voice or an aggressive demeanour; in others, particularly for women, it is to avoid eye contact. These behaviours can easily be misunderstood as violence or as lying for example, when in fact they communicate distress.
 - 4.12.2. People from different backgrounds may use different language to express trauma, particularly gendered trauma: in many cultures, particularly cultures with strong patriarchal structures, there is a strong sense of 'shame' and stigma associated with domestic abuse. Women victims/survivors might see domestic abuse as failure to keep a husband/partner happy and may internalise the abuse as being their 'fault' for not being a good wife or mother. This may be compounded by the views of the wider community, whose members might aggravate this trauma through gossip, rumours and through reinforcing such beliefs by attributing fault to the victim/survivor and by exonerating the behaviour of the abusive partner as something 'to be expected'.
 - 4.12.3. The threshold for gendered trauma may be defined and perceived differently in different cultures: Where there are traditional views about gender roles, the threshold for conceptualising abusive behaviour may vary. Particularly for people from ethnically diverse backgrounds and for older people, domestic abuse is only seen as physical, with sexual,

emotional or financial abuse and coercive and controlling behaviours not considered part of the pattern of domestic abuse. For many people, if the abuse is not physical, then it is not seen as abuse, while there may also be beliefs such as, for example, that a husband is entitled to expect sex from his wife.

- 4.12.4. Trauma might manifest physically rather than emotionally or psychologically: In cultures where domestic abuse is 'normalised' through beliefs that men are entitled to be in control of their partners or to 'chastise' them when they don't behave according to traditional gender norms, there may not be a concept of domestic abuse, or the concept might strictly be limited to physical violence. Consequently, there may not be language available to describe domestic abuse, sexual abuse or coercive and controlling behaviours, so trauma may be expressed in physical terms such as ailments, aches and pains, for which no cause can be found.
- 4.12.5. Accounts of coercive, controlling or abusive behaviour presented as 'normal': In cultures with traditional or strictly prescribed gender roles, some behaviours that serve to abuse or exert coercive control over a victim/survivor might be normalised. For example, in some cultures, it is expected that a woman will leave employment, education or career opportunities as 'her place is in the home with her children'; in others, it is expected that the husband will control all the money and financial decisions for the couple/family because 'this is a man's role'.
- 4.12.6. Trauma may be attributed 'outside' of the victim's/survivor's life, circumstances or control: In some religious and/or faith-based communities, the trauma of domestic abuse might be framed as 'divine retribution' or as the manifestation of 'the sins' of previous generations. In some cultures, it is possible for domestic abuse to be framed as 'black magic' or as 'possession' of the abusive partner to behave in ways in which they would not otherwise behave. This can serve to further consolidate the victim's/survivor's belief that they deserve the abuse and feel ashamed to accept the trauma they are experiencing, with many seeking support from religious/faith leaders instead of professional support services.
- 4.12.7. Intergenerational trauma might serve to normalise the victim's/
 survivor's experience: In cultures where abusive, coercive and
 controlling behaviours are normalised, it is possible for victims/
 survivors to have experienced or witnessed domestic abuse in their
 earlier years.

- 4.12.8. The characteristics of professionals in positions to offer support to victims and survivors will also play a role in whether and how gendered trauma might (or might not) be expressed: In many traditional/ patriarchal cultures, it is considered inappropriate for women to disclose details of their married life to other men; conversely, beliefs around women's place at home rather than in the workplace might lead victims and survivors to mistrust professional women. Similar issues might be facing victims and survivors in their older years, who might feel that younger professionals may not be able to understand or relate to their trauma due to generational differences in beliefs. As a result, they may also feel uncomfortable disclosing domestic and sexual abuse to a much younger professional.
- 4.13. To provide effective interventions, service providers recognise that domestic abuse is often underreported due to different barriers faced by different individuals seeking support. Someone's experience of domestic abuse can also intersect in complex ways with other protected characteristics like age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.
- 4.14. It is vital that the specific circumstances of each individual who seeks support for domestic abuse are understood in order to ensure that they have equal access to the level and quality of support they need.
 - 4.14.1. Male victims/survivors of domestic abuse may find it difficult to report abuse because of gendered societal notions relating to masculinity and help-seeking, which will differ based on cultural interpretations of masculinity and its interplay with domestic abuse.
 - 4.14.2. People in their older years might experience domestic abuse combined with long-standing beliefs about the 'acceptability' of domestic abuse. They may be ineligible for financial support and might hesitate to share services (particularly refuge accommodation) with younger people. In addition, victims/survivors in their older years may need to be assessed for the possibility that they may be considered an adult at risk.
 - 4.14.3. Higher/Further Education students can face unique challenges in relationships where there is domestic abuse. For many young people, there is ongoing uncertainty as to what constitutes abuse in a relationship, leading many to not recognise it or seek support for considerable time. For many students, there is uncertainty over how an educational institution might respond to a disclosure of abuse, while international students might be reluctant to report it if their visa

depends on being in a marriage/civil partnership in order to be in Edinburgh or in education. Lastly it might be necessary to adjust language in favour of terms like 'abusive relationship', 'intimate partner abuse' or 'relationship abuse' as the term 'domestic abuse' sometimes does not resonate with younger people.

- 4.14.4. People affected by disabilities/long term conditions are more likely to be living with the perpetrator, to have experienced abuse for a longer period before seeking support, and to be experiencing types of abuse specifically targeting their disability or condition. This can include obstructing access to healthcare, support, medication or equipment required to support their independence. People with communication difficulties might struggle to access services or to describe their experiences of abuse, while the perpetrator might not allow privacy during appointments or might obstruct access to services altogether. The experience of domestic abuse will also differentially affect people who might need long-term care or who might provide long-term care to the perpetrator of domestic abuse, introducing additional barriers to leaving or safely staying in an abusive relationship. Research has also demonstrated that women with learning disabilities are particularly vulnerable to domestic abuse and other forms of VAWG and face additional barriers and challenges to accessing services and justice.
- 4.14.5. Neurodiverse people may experience a heightened risk of domestic abuse, bullying or coercive and controlling behaviour. Neurodiverse people might find it more challenging to discern when a partner is lying or gaslighting them; similarly, when impulsivity is one of the features of neurodivergence, people may overshare personal information which can be taken advantage of by an intimate partner. Neurodiversity also poses a challenge when supporting people who perpetrate domestic abuse against a partner. Although neurodiversity in itself is not the cause of domestic abuse, domestic abuse perpetrator programmes need to take into account the specific needs of people who might attend them, such as poor concentration, sensory sensitivities, disorganised thinking and difficulties in forming relationships with other group members.
- 4.14.6. LGBT+ people can experience domestic abuse and forms of coercive control, physical and sexual violence specific to their sexual orientation and gender identity such as threatening to 'out' victims/survivors to their friends and family. Victims/survivors can be reluctant to report to services because they don't want to disclose being in a same-sex relationship or to explain their transition. Further,

heteronormativity in society and in the provision of services can pose additional barriers for LGBT+ people seeking support to stay safe or to leave abusive relationships.

- 4.14.7. People who are married or in a civil partnership might be reluctant to leave an abusive spouse for a number of reasons, including shared property, children, financial abuse (where the perpetrator has all funds and assets under their name and the victim/survivor has no entitlements) and the practical and financial challenges of seeking a divorce or civil partnership dissolution (if applicable). Further, there could be religious/faith/community perceptions around separation and divorce/dissolution being unacceptable, which further prevents victims/survivors from seeking support.
- 4.14.8. Pregnant women are 60% more likely to experience physical violence than women who are not pregnant. Pregnancy is recognised as an additional risk factor for domestic abuse and a child protection issue. People who have children might be reluctant to leave an abusive relationship for fear of losing guardianship of their children, being deemed 'unfit' to care for them, or they may hold beliefs that children need to have two parents regardless of circumstances. Domestic abuse is a particularly high risk for young mothers as their vulnerability to abuse, social isolation, and potential lack of financial independence and life skills can increase their dependency on the perpetrator.
- 4.14.9. Children can be traumatised from domestic abuse regardless of whether they were targeted, whether they witnessed incidents or whether they were in adjoining rooms while the abuse was taking place and their experiences can have long-lasting impacts in their later life. Further, 31% of girls and 16% of boys aged 13 to 17 reported experiencing some form of sexual abuse within their relationships. The overwhelming majority (95%) of young people experiencing intimate partner abuse are female, with less than half (45%) being known to children's social services. Within ethnically diverse communities (although not exclusively) children and young people can also be affected by domestic abuse in the context of wider harmful traditional practices and honour-based abuse such as forced marriage and FGM. These phenomena are also gendered in nature and disproportionately affect girls and young women, although not exclusively.
- 4.14.10. Care experienced people might also be more vulnerable to abuse in intimate relationships, regardless of whether they are care

experienced as a result of domestic abuse or otherwise. The trauma of experiencing domestic abuse or of being separated from one's family for any reason can have lifelong traumatic impacts on people's health, wellbeing and overall life outcomes. Insecure or traumatic attachment patterns can render people more vulnerable to abuse in relationships in later life.

- 4.14.11. People from diverse ethnic backgrounds, refugees, asylum seekers, migrants and Gypsy/Travellers can face additional barriers due to the often-close-knit nature of their communities. Language barriers, racism and discrimination are identified as key issues for ethnically diverse people seeking support for domestic abuse, combined with a lack of knowledge around how systems and services work.
- 4.14.12. People who have migrated to Edinburgh might be dependent on a spousal visa to be allowed to remain in the country, making them more reluctant to report abuse. Domestic abuse might also be seen as culturally or religiously 'acceptable', or even 'expected', based on long-standing traditional interpretations of gender roles. Uncertain immigration status and no recourse to public funds place additional barriers, as people affected by domestic abuse risk destitution if they seek support to leave an abusive marriage. Institutional racism and perceived and actual discrimination by services also often lead to domestic abuse being undetected for people from these groups.
- 4.14.13. There are additional needs and concerns to consider for people from migrant communities or migrants who are not dependent on a spouse visa to remain in Edinburgh or in the UK. It is possible that many are unfamiliar with available services or how to access them; many may not have the level of English language competency needed to explain their experiences or understand how domestic abuse is conceptualised in Scotland; there may be a lack of understanding and a lack of trust in public services, particularly social work, the police and the justice system. Service providers need to take these concerns into consideration when providing support to ensure thatany service-generated risks are minimised.
- 4.14.14. People from religious/faith-based communities can face spiritual abuse, where a perpetrator uses faith or religious doctrine to abuse the victim/survivor (for example, a perpetrator might force a Muslim victim/survivor to eat pork, which is forbidden in Islam). In other situations, religion might be used to prevent someone from seeking support, for example in some religions where divorce is prohibited, leaving people trapped in abusive marriages. In some faiths it is also

not culturally acceptable for women to seek a divorce, with religious leaders only granting a divorce if the husband requests or agrees to it. It is important to bear in mind that no religion condones or encourages forcing people, especially children, into a marriage – this is a cultural rather than a religious practice.

- 4.14.15. People who are affected by both domestic abuse, substance use and/or who might be involved in the criminal justice system are likely to face multiple barriers to accessing support due to an increased mistrust of services. Additionally, support services often only have the capacity to deal with a particular issue rather than multiple intersecting issues, meaning that victims might need to access multiple services or be forced to choose what issue they need support for first.
- 4.14.16. Social and economic status, level of literacy and numeracy, employment/unemployment, geographical location, prior experiences of trauma and the transience of certain populations (for example students) also interplay with the experience of domestic abuse in complex ways. Victims who are financially dependent on the perpetrator might feel unable to access support or to leave an abusive relationship, while those in different geographical areas might struggle to access information and support necessary to safeguard themselves or to leave an abusive relationship.
- 4.14.17. Socio-economic status is an important consideration in domestic abuse. Poverty can be both a cause and consequence of domestic abuse, as well as a key factor in a victim's/survivor's decision to report abuse or to leave an abusive relationship particularly if the victim/survivor is affluent. It is important never to make assumptions about a person's home life or relationship quality based on whether they are experiencing or at risk of poverty or whether they have a comfortable or affluent lifestyle.
- 4.14.18. Aligned with a person's socio-economic status is also their employment status. People who are employed might benefit from the presence of a Domestic Abuse policy at work, however they may also fear disclosing domestic abuse for fear that their confidentiality may be breached or that they may be stigmatised at work. A particular challenge might be faced by people employed in the VAWG sector or in domestic abuse services, who may feel unable to request support if they are professionals within specialist organisations. It is important that organisations and services emphasise the confidentiality of any

disclosure and/or provide anonymous reporting and support channels for their employees.

- 4.14.19. Women in particular who are affected by complex and intersecting issues, needs and characteristics are also unlikely to report domestic abuse or any other form of VAWG due to mistrust of services or fear that any children in their care might be removed. This makes it all the more important that practitioners and service providers actively and sensitively enquire about experiences of abuse in a trauma-informed and responsive manner, particularly from women and people affected by multiple and complex needs to ensure that appropriate support is available to safeguard them.
- 4.14.20. In understanding domestic abuse, it is also critical to understand the importance of violent resistance. Violent resistance is a person's violent response to defend themselves against violent or abusive behaviour by their partner. In domestic incidents where there has been violent resistance, it is common for the victim of the incident to be charged with assault, even when they were acting in self-defense or to protect their children. It is really important for professionals to bear in mind that even if a person presents as angry, aggressive or chaotic, this could be the result of trauma from domestic abuse rather than an indication that this person is indeed the perpetrator. It may lead to victims/survivors of domestic abuse feeling reluctant to engage with services due to a lack of trust as a result of not being believed. It is also possible for the abusive partner to have no history of assault charges and to present as a victim of domestic abuse seeking support from services.
- 4.14.21. Although this policy has thus far focused on the diverse needs of victims and survivors of domestic abuse, it must also be noted that equally, anyone from any background and with any (protected) characteristic may also perpetrate abuse against a partner. It is vital that services are aware of and sensitive to the signs that a person might be a victim/survivor of abuse even if they have been charged with assault against their partner.
- 4.14.22. It is crucial that any interventions with perpetrators or victims/survivors are sensitive to all parts of that person's life, on which the abuse may impact. It is also crucial to be aware of the complex dynamics within abusive relationships and possible attempts perpetrators might make to misuse/manipulate structures and processes intended to support victims/survivors. This could include the MARAC/DSDAS systems or to present to services as a victim of abuse while in fact being a

perpetrator. Robust and proportionate risk assessment processes should accompany open communication between agencies to ensure that appropriate safeguarding support is available to the victim/survivor. The guiding principles for intervention outlined in this document can be applied to all the different contexts in which domestic abuse can occur.

- 4.15. **Guiding Principles for Domestic Abuse Intervention:** Equally Safe identifies that for its four key priorities to be achieved, we need to work together in a coordinated and accountable way that makes use of all our available resources. The key principles it identifies are:
 - 4.15.1. Everyone's Responsibility: The importance of primary and secondary prevention: We all have a role to play in ending domestic abuse, and any form of violence against women and girls. Strategies to address this and domestic abuse service provision within Edinburgh need to continue to include:
 - 4.15.2. Primary prevention, seeking to prevent violence before it happens and targeting the whole population, but particularly children and young people. It is largely focused on attitudinal and cultural change, including a critical reflection of historic and ongoing gender inequality, as well as the influence of the media.
 - 4.15.3. Secondary prevention, targeting and holding accountable perpetrators of abuse, and supporting victims/survivors who have experienced it to ensure their health, safety and wellbeing.
 - 4.15.4. All employers in Edinburgh, in particular those in the public and third sectors, are strongly encouraged to have a domestic abuse policy in place to address the needs of staff members who are either victims/survivors or perpetrators of domestic abuse.
 - 4.15.5. Further, employers, particularly people managers, are strongly encouraged to undertake and to provide training within their organisations, services and businesses around domestic abuse and how to spot signs in a professional setting through, for example monitoring patterns of absenteeism/presenteeism and sickness absence.
 - 4.15.6. Universal services such as health and education have a particularly important role to play not in safeguarding both the people who use their services, as well as their employees. Health professionals in all settings must be aware and vigilant of domestic abuse in people's

presentation and symptoms, including signs of injury, deteriorating mental health or inability to speak freely about concerns – including a perpetrator of abuse attending appointments with them or obstructing their appointments. Similarly, a perpetrator might be a person's carer or legal guardian, or they could be acting as an interpreter.

- 4.15.7. Education staff must be vigilant to any changes in a child's presentation or behaviour, as well as any changes to their wellbeing and attainment. Any concerns around domestic abuse and its impact on children must be dealt with sensitively and with extreme care to prevent the child's retraumatisation, as well as to protect the non-abusive parent within the household.
- 4.15.8. All service providers and employers must also remember that anyone might be perpetrating domestic abuse regardless of their individual characteristics. There must be an inherent understanding that perpetrating domestic abuse is a parenting/behavioural choice and that the person behaving abusively is solely responsible and accountable for their behaviour, which may be completely at odds with how they present in their daily and/or professional life. Service providers and employers must be prepared to recognise this and to take all necessary steps to deter abusive behaviour while ensuring that they have procedures in place for addressing the abusive behaviour of anyone in their employ sensitively to promote the safety and wellbeing of the victim/survivor and their children.
- 4.16. Principles of effective early intervention: this requires frontline professionals to be trained in identifying and managing risk related to domestic abuse. Our aim is to develop clear service-specific and multi-agency pathways from the suspicion, allegation or identification of domestic abuse to support for the victim/survivor and their family, tackling the perpetrator's behaviour and attitudes, and responding proportionately to the level of risk. A trauma-informed understanding of situational decision-making and consequently the safeguarding needs of those affected by domestic abuse is essential in providing the highest standard of service to victims/survivors. Services should be able to:
 - 4.16.1. Support victims/survivors if domestic abuse is known, suspected or disclosed;
 - 4.16.2. Share information where appropriate and safe;
 - 4.16.3. Have knowledge of the resources available; and

- 4.16.4. Take appropriate action should a public protection concern arise, for example, where an adult is in need of additional safeguarding measures.
- 4.17. The role of universal services, particularly health and education, is instrumental in implementing effective early intervention, particularly in respect of protecting children, young people and adults. Domestic abuse can affect unborn children as well as children at any stage of development, and therefore a coordinated approach is required by maternity services, health visitors, early years practitioners and teachers.
- 4.18. The Importance of a Consistent Approach: A consistent, holistic approach to domestic abuse through the development of a skilled workforce and robust interagency training is essential. This will include developing Trauma Informed and Responsive Approaches across the workforce to ensure that staff are aware of the impact of trauma and respond appropriately. Victims/survivors of domestic abuse and the cultural change we want to see depend on both specialist services and generic and universal services being confident and competent in identifying domestic abuse, understanding its impact, and responding appropriately.
- 4.19. <u>Broad Participation:</u> Domestic abuse is a cross-cutting issue: tackling it and any form of violence against women and girls requires proactive, coordinated and timely intervention by agencies and professionals, making use of a range of structures and mechanisms that protect victims/survivors and hold perpetrators to account. All available evidence suggests that it is addressed most effectively by a joined up, partnership approach, which includes statutory and voluntary organisations accepting a shared responsibility, whilst understanding their unique role.
 - 4.19.1. As well as holding the perpetrator to account and managing their risk, agencies should work with them to change their abusive behaviour. This should only be done by specialist services where staff have received the necessary training to work with perpetrators. Allowing perpetrators to remain invisible places additional burdens on victims/survivors and places them at significant risk of ongoing harm.
 - 4.19.2. Where any situation that relates to domestic abuse comes to the attention of professionals might concern an 'adult at risk' as defined in the Adult Support and Protection (Scotland) Act (2007), a referral must also be made to the City of Edinburgh Council via Social Care Direct.

- 4.19.3. All partners are committed to a shared vision and to united, sustained and effective action across all agencies and disciplines. This commitment is evidenced by our adoption of these shared principles and our pursuit of common objectives.
- 4.19.4. Clearly defined indicators and targets closely linked to the goals and objectives set out in the Equally Safe Performance Framework will be used to monitor the progress of the plan's objectives and to evaluate the effectiveness of the plan's activities. In order to do this, partners commit to sharing data within agreed protocols, and evaluating interventions.
- 4.19.5. Regular reports on the implementation and progress of the plan will be provided to the Equally Safe Edinburgh Committee and the Edinburgh Chief Officers' Group. People who use services will be consulted and involved in any significant changes to policy and provision.
- 4.19.6. A shared understanding of risk and vulnerability factors among all agencies will assist the multi-agency collaboration and management of domestic abuse cases and ensure the needs, safety and wellbeing of victims/survivors are key priorities addressed at the earliest possible time
- 4.19.7. In all cases, information should be shared in good faith with agencies and structures aimed at maximising support for individuals and families affected by domestic abuse, particularly where there are children involved. Lawful, responsible and robust information-sharing protocols are vital to:
 - a. Help keep victims/survivors and their children safe;
 - b. Facilitate risk assessment;
 - c. Provide support and advocacy services; and to
 - d. Hold perpetrators to account for their behaviour.
- 4.19.8. A focus on early identification, assessment and intervention, including the provision of skilled and attentive universal services, in conjunction with the availability of and access to specialist services, is the best way to keep victims/survivors safe.
- 4.19.9. Protection needs to be long-term and should not cease after separation between the perpetrator and victim/survivor. Services should work together to monitor and support families over the long term, particularly those with multiple or complex needs.

- a. Agencies intervening in relation to domestic abuse cases where there are children resident in the household, or with significant connection to the adult involved, should work in accordance with the principles of Getting It Right For Every Child (GIRFEC).
- b. Children affected by domestic abuse will need a higher level of support than most children. This means that they should have a Child's Plan detailing what support will be provided, by whom and when, in order to keep them safe and promote their wellbeing. Agencies' intervention with adults should be consistent with the Child's Plan.
- 4.20. Increased strategic priority: According to the Joint Protocol between Police Scotland and the Crown Office & Procurator Fiscal Service, "effectively tackling domestic abuse is an organisational priority for both the Police Service of Scotland [...] and the Crown Office and Procurator Fiscal Service". There are approximately 60000 calls to Police Scotland due to domestic abuse annually, costing the Scotlish Public purse £2.3 billion per year. Public Health Scotland considers domestic abuse And VAWG a public health issue due to its detrimental impact on individuals and society as a whole.
 - 4.20.1. The <u>Equally Safe Edinburgh Committee</u> (ESEC) considers domestic abuse, and all associated forms of Violence Against Women and Girls to be a priority area of work for all statutory and third sector partners. It is committed to ensuring that partner organisations working to prevent and eradicate violence against women have the information, resources and training opportunities they need to provide the support needed by individuals and families affected by domestic abuse.
- 4.21. <u>Making best use of resources:</u> Organisations supporting people at risk/ affected by domestic abuse commit to making the best use of resources in the following ways to maximise benefits to the people they support and to their own organisations:
 - 4.21.1. Ensuring that staff and volunteers are trained in identifying, risk-assessing and responding to domestic abuse: A comprehensive training programme is essential and should include both single and multi-agency training at all levels delivered by both the statutory and voluntary sectors.

- 4.21.2. Organisations should provide opportunities for critical reflection and practice evaluation for workers, while multi-agency self-evaluation can be used to improve and develop practice.
- 4.22. Resourcing organisations and services: It is important that services are resourced adequately and appropriately. In an economy severely hit by austerity and the financial crisis brought about by Covid 19 and recent world events, partners need to consider how staffing and financial resources can be used more effectively to achieve the improvement to which the Equally Safe Edinburgh Committee aspires. The partners are committed to exploring the best way to target spending and access additional national and local resources to achieve the most positive outcomes.
- 4.23. <u>Further Resources:</u> professionals should consider colleagues both within and outside their own organisations as resources for support, guidance and information. This also applies to professional networks, academics, and colleagues in relevant areas of work who can provide knowledge, insight and share the responsibility of supporting people affected by domestic abuse.

Implementation

5. The responsibility for the implementation of this policy lies with the Equally Safe Edinburgh Committee and its constituent member organisations that primarily support victims and survivors of domestic abuse and their children. Individual partner organisations are responsible for ensuring that this policy informs organisational practices and that it is disseminated appropriately to staff and volunteers in their employment, and any individuals who use their services, if this is requested or appropriate.

Roles and Responsibilities

6. This policy will be monitored by the Edinburgh Partnership and the Edinburgh Chief Officers' Group. All agencies within the partnership will be supported to adopt this policy as a minimum standard, with acknowledgement and recognition of existing strategic objectives of the associated agencies. This policy should align with partner agencies equality policies to prevent discrimination across the protected characteristics of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation.

Useful Contacts for general advice and guidance:

Scotland's Domestic Abuse and Forced Marriage Helpline

Free helpline with trained advisors on hand 24 hours a day

0800 027 1234; <u>www.sdafmh.org.uk</u>

City of Edinburgh Council

Social Care Direct

If you are concerned about domestic abuse, you can refer a child or adult to Social Care Direct for support through Social Work.

Tel: 0131 200 2324

(Monday- Thursday 8.30am-5pm and Friday 8.30am to 3.55pm

Outside office hours, you can contact **Emergency Social Work**:

0800 731 6969

(Monday to Thursday 5pm-8.30am and Weekends from Friday 3.55pm to Monday 8.30am)

Email: socialcaredirect@edinburgh.gov.uk

Police Scotland

In an emergency, or if someone's life is at risk, call 999.

If it is not an emergency, contact Police Scotland on 101.

Other sources of support

Other organisations and agencies that can provide support, advice and information can be found on the <u>City of Edinburgh Council</u> website.

Related documents

7. Relevant Legislation:

- 7.1. Adult Support and Protection (Scotland) Act 2007
- 7.2. Adults with Incapacity (Scotland) Act 2000
- 7.3. Anti-Social Behaviour, Crime and Policing Act 2014
- 7.4. Children (Scotland) Act 1995
- 7.5. <u>Domestic Abuse (Scotland) Act 2018</u>
- 7.6. Domestic Abuse (Protection) (Scotland) Act 2021

- 7.7. Female Genital Mutilation (Protection and Guidance) (Scotland) Act 2020
- 7.8. Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011
- 7.9. The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011 (Application to Civil Partnership and Consequential Provision) Order 2023
- 7.10. The Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011

 (Relevant Third Party) Order 2017
- 7.11. Prohibition of Female Genital Mutilation (Scotland) Act 2005

Relevant Council Policies and Procedures

- 7.12. <u>Adult Support and Protection: Enduring rights and preventing harm</u> (Adult Protection Multi-Agency Guidelines)
- 7.13. City of Edinburgh Council Adult Protection Policy
- 7.14. City of Edinburgh Council Adult Protection Procedure
- 7.15. City of Edinburgh Council Child Protection Procedures
- 7.16. Child Protection Involves Us All (City of Edinburgh Council)
- 7.17. Edinburgh and the Lothians Inter-Agency Procedures for the Protection of Girls and Women at Risk of Female Genital Mutilation
- 7.18. Edinburgh's Domestic Abuse Housing Policy
- 7.19. Edinburgh's Domestic Abuse Strategy and Improvement Plan (2017)

Relevant National Guidance

- 7.20. Domestic Abuse: A good practice guide for social landlords
- 7.21. <u>Domestic Abuse: What health workers need to know about gender-based violence</u>
- 7.22. <u>Domestic Abuse: Information for Educators (Education Scotland & Scottish Women's Aid)</u>
- 7.23. National Guidance for Child Protection in Scotland 2021 (updated 2023)
- 7.24. Adult Support and Protection (Scotland) Act 2007: Code of Practice
- 7.25. Adult Support and Protection Improvement Plan 2019-2022
- 7.26. Forced Marriage Statutory Guidance (2014)
- 7.27. Forced Marriage Practitioner Guidance update 2014

- 7.28. Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls (Scottish Government & COSLA, 2023 update)
- 7.29. In Search of Excellence: The Coordinated Community Response (CCR)
- 7.30. <u>Safer Lives: Changed Lives: A Shared Approach to Tackling Violence</u>

 <u>Against Women in Scotland</u> (The Scottish Government 2009)
- 7.31. <u>Violence Against Women Partnership</u> Guidance (COSLA/ The Scottish Government, 2016)
- 7.32. Getting it Right For Every Child (GIRFEC)
- 7.33. National Action Plan to Prevent and Tackle Child Sexual Exploitation (The Scottish Government, 2016)

Further national and international information and resources

- 7.34. A place of greater safety (Co-ordinated action against domestic abuse CAADA 2012)
- 7.35. <u>Beyond Violence: Breaking cycles of domestic abuse</u> (The Centre for Social Justice, 2012)
- 7.36. <u>Literature Review: Better Outcomes for Children and Young People</u>

 <u>Experiencing Domestic Abuse Directions for Good Practice</u> (Scottish Government, 2008)
- 7.37. <u>Domestic abuse and gender inequality: An overview of the current debate</u>
 (Centre for Research on Family and Relationships, 2013)
- 7.38. Stronger Together: Guidance for Women's Services on the Inclusion of <u>Transgender Women</u> (Second Edition, 2015: LGBT Youth Scotland; LGBT Domestic Abuse Project and Scottish Trans)
- 7.39. The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (also known as the Istanbul Convention)
- 7.40. The United Nations Convention on the Elimination of Discrimination Against Women (CEDAW)
- 7.41. The United Nations Convention on the Rights of the Child (UNCRC)
- 7.42. Getting It Right First Time (SafeLives)

Additional information on domestic abuse and people with protected characteristics: Older people:

- 7.43. <u>Safe Later Lives: Older People and Domestic Abuse (SafeLives Spotlights report, 2016)</u>
- 7.44. House of Lords Library: Domestic Abuse of Older People (2021)
- 7.45. Iriss: Older Women and Domestic Abuse (2018)

Men as victims of domestic abuse:

- 7.46. SafeLives: Voices of Men and Boys (key project findings, 2019)
- 7.47. Respect Toolkit for work with male victims of domestic violence
- 7.48. Taylor, J.C. et al. (2021): Barriers to Men's Help Seeking for Intimate Partner Violence. *Journal of Interpersonal Violence*, August 25, pp 1-28.
- 7.49. Huntley, A.L.; Potter, L.; Williamson, E.; Malpass, A.; Szilassy, E. and Feder, G. (2019): Held-seeking by male victims of domestic violence and abuse (DVA): a systematic review and qualitative evidence synthesis.

 BMJ Open. (accessed on 23 March 2022).

LGBT and non-binary people and domestic abuse:

- 7.50. 'Out of sight, out of mind?' Transgender People's Experiences of Domestic Abuse. Scottish Trans, 2010.
- 7.51. Free to be Safe: LGBT+ people experiencing domestic abuse. (SafeLives Spotlight report, 2018)
- 7.52. National Coalition Against Domestic Violence (NCADV): Domestic Violence and the LGBTQ Community (Blog Post, 2018)

Pregnant women and parents:

- 7.53. Domestic Abuse in Pregnancy (NHS UK, 2021)
- 7.54. Supporting women and babies after domestic abuse: A toolkit for domestic abuse specialists (Women's Aid, 2019)

Domestic abuse and people with disabilities or long-term conditions:

- 7.55. <u>Disabled Survivors Too: Disabled People and Domestic Abuse</u> (SafeLives spotlight report, 2017)
- 7.56. Gender Based Violence and Learning Disability (Public Health Scotland, 2019)
- 7.57. <u>Disabled Women (Scottish Women's Aid)</u>

7.58. <u>Unequal, Unheard, Unjust: But not hidden anymore: Women with</u>
Learning Disabilities' Experience of Gender-Based Violence in Scotland.

People from minority ethnic, religious or faith-based communities and backgrounds:

- 7.59. Religious and Spiritual Abuse (Living Without Abuse)
- 7.60. Faith and Domestic Abuse (Faith Action and Public Health England)
- 7.61. <u>Violence Against Women and the Role of Religion (VAWNet, 2005)</u>
- 7.62. Reconceptualising Coercive Control in Religious Contexts (University or Strathclyde & Amina MWRC, 2021)
- 7.63. 'Honour'-based violence and forced marriage (SafeLives Spotlight Report)

Integrated impact assessment

8. An Integrated Impact Assessment for the Multi-Agency Domestic Abuse Policy was completed on 17 April 2024 and uploaded to the City of Edinburgh Council website.

Risk assessment

9. This policy underpins the management of risk within support services in the City of Edinburgh

Review

10. This policy will be reviewed every three years, or as required on the basis of significant changes to legislation, policy, procedure or guidance.