



# Information and supporting guidance for Family Group Decision Making Coordinators when working with Domestic Abuse in families.

*The aim of this document is to support best practice and offer further information to coordinators when working with families, young people and children affected by Domestic Abuse in Family Group Decision Making in Scotland.*

Family Group Decision Making (FGDM) in Scotland is a collaborative decision-making process involving the extended family/network of a child to create safe plans to address the risks and concerns that have been identified. It is a Blame Free, Future Focused and Child Centred process.

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## I. What is Domestic Abuse?

Family Group Decision Making in Scotland adopts a broad definition of domestic abuse, as set out by Scottish Women's Aid and is defined in the Domestic Abuse (Scotland) Act 2018.

*“Domestic abuse is a pattern of controlling, coercive, threatening, degrading and/or violent behaviour, including sexual violence, by a partner or ex-partner. Domestic abuse is overwhelmingly experienced by women and perpetrated by men. It doesn't matter how old someone is, what race or ethnicity they are, what class they are, whether or not they are disabled, or whether they have children – anyone can be a victim of abuse”.*

The law will help hold perpetrators to account. The legislation criminalises psychological domestic abuse and coercive and controlling behaviour and came into force on 1 April 2019.

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

- It includes any course of behaviour which causes physical or psychological harm towards a current or ex-partner.
- ‘Abusive’ behaviour includes any kind of physical or sexual violence, threats or intimidation that:
  - make the partner or ex-partner dependent on the perpetrator of abuse.
  - isolates them from friends, family and support networks.
  - controls or monitors their daily activities.
  - restricts or deprives them of freedom.
  - frightens, humiliates, degrades or punishes them.
- The Act makes domestic abuse an aggravated offence if it involves a child, either by:
  - The behaviour being directed towards a child.
  - Uses a child for the perpetrator to direct abusive behaviour towards their partner or ex-partner.

- The child sees, hears or is present during an incident of abusive behaviour being directed towards the partner or ex-partner.

## Violence Against Women (VAW) and Violence Against Women and Girls (VAWG):

- This term refers to specific forms of violence perpetrated against women and girls overwhelmingly by men. This violence is perpetrated against girls and women due to gender inequality, which positions men and men's rights above the rights of women and girls.

## Honour-Based Abuse (HBA):

- 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.

## Equally Safe:

[Equally Safe is Scotland's strategy for preventing and eradicating Violence Against Women and Girls](#) (VAWG). The vision of Equally Safe is '*A strong and flourishing Scotland where all individuals are equally safe and respected, and where women and girls live free from all forms of violence and abuse – and the attitudes that help perpetuate it.*'

To achieve this, Equally Safe aims '*to work collaboratively with key partners in the public, private and third sectors to prevent and eradicate all forms of violence against women and girls.*'

Equally Safe has four key priorities:

1. Scottish society embraces equality and mutual respect and rejects all forms of violence against women and girls.
2. Women and girls thrive as equal citizens: socially, culturally, economically and politically.
3. Interventions are early and effective, preventing violence and maximising the safety and wellbeing of women, children and young people.
4. Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response.

## What is Violence Against Women and Girls (VAWG) and Gender-Based Violence (GBV)?

Often the terms VAWG and GBV are used interchangeably, however, in this specialist area, there are distinctions between the two:

**VAWG** refers to violence that is overwhelmingly perpetrated by men and boys against overwhelmingly women and girls. This is the cause and consequence of millennia of inequality between men and women, with women seen as 'less' than men. This inequality is expressed through traditional gender roles, limited employment opportunities, the gender pay gap and discrimination. In its most serious forms, VAWG includes domestic abuse, sexual abuse, sexual exploitation (including commercial sexual exploitation or "CSE"), so called 'honour' – based abuse, human trafficking, rape and incest, and can culminate in femicide, domestic homicide or so-called 'honour' killings.

### Gender Based Violence

(GBV) refers to forms of violence and abuse that is overwhelmingly gendered (i.e.. primarily against women and girls and perpetrated by men and boys) but not always necessarily perpetrated by men and boys or targeted at women and girls. The term GBV recognises that gendered violence can occur in, for example, same-sex relationships, or in situations where men and boys are the victims of such abuse and women and girls are the perpetrators.

**'Gender based violence is a function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly carry out such violence, and women who are predominantly the victims of such violence. By referring to violence as 'gender based' this definition highlights the need to understand violence within the context of women's and girl's subordinate status in society. Such violence cannot be understood, therefore, in isolation from the norms, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.'**

Our definition of gender based violence, which is based on the United Nations Declaration on the Elimination of Violence Against Women

IMAGE 1: DEFINITION OF GENDER-BASED VIOLENCE ACCORDING TO EQUALLY SAFE (P.10)

According to Public Health Scotland, VAWG and GBV are major public health, equality and human rights issues. Equally Safe includes the following behaviours as forms of GBV:

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

(Equally Safe, p.12)

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*Practice Point:*

*People of any gender can perpetrate domestic abuse and as described above, it can happen in different and same-sex couples, however the majority of Domestic Abuse is perpetrated by men. Nonetheless, if FGDM coordinators do not engage fully with the men in a child's life, a man's role in the family can be overlooked. This means practitioners are unaware of the man's potential to protect or harm the child.*

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*“A person who chooses violence doesn’t just target their partner. Domestic violence and child abuse can be connected through multiple pathways. The impact on children may start early with forcing someone to have a child or violence during pregnancy. A parent who chooses to engage in coercive control is almost always engaging in forms of emotional child neglect and abuse”. (Safe & Together Institute)*

## **II. Referrals & gathering information: Being ‘Domestic Abuse Informed.’**

*When discussing referrals with colleagues try to gather as much information on the nature and patterns of Domestic Abuse. It is vital to have an initial referral discussion with the referrer to ensure there is clarity and understanding about the risks and the aims of the FGDM Meeting.*

- If Domestic Abuse/Violence is not mentioned in the referral, ask the question. Often it is not referred to or can be viewed as ‘incidental’ alongside other issues.
- When gathering information for referrals ensure there is no victim-blaming (be prepared to challenge this by using a strengths-based approach)
- What are the patterns of behaviour? e.g., *Physical abuse, stalking, sexual abuse, coercive control, financial control/abuse, threats and/or intimidation?*
- Has a risk assessment taken place? In what form? What was the outcome?
- What is the impact on the children (including unborn children) – exposure to or witnessing Domestic Abuse in childhood is child abuse, and an aggravator under the Domestic Abuse (Scotland) Act 2018.
- What is the frequency and severity; domestic abuse/violence is a pattern of behaviour. Is this an isolated incident (*therefore not domestic abuse?*) Has it (or other violence/abuse) taken place before but may have minimized/not been reported?
- Are there concerns about alcohol/drugs being part of the triggers? Anything else? The perpetrators domestically abusive behaviour can have multiple, complex intersecting issues, such as mental health and/or drug/alcohol use.
- Check if there is a previous history of reported concerns within this relationship or others.
- Have an awareness of risk of harm to other people within the network and/or those professionals involved? Consider whether there may be ‘honour’-related abuse or risks.



- What recognition of the abuse is there? Is there an acknowledgement? Who by?
- How does the perpetrator engage with professionals/services?
- Have there been any police call outs? Made by who?
- Any charges or convictions?
- Any bail conditions?
- Any neighbour concerns/complaints?
- Any concerns that the perpetrator might be involved in other criminal behaviour?
- Has the perpetrator abused animals or the family pet(s)?
- Is the abuse becoming more frequent, more intense or more violent?
- Has school/health visitor etc. raised concerns?
- Are the wider family aware of the issues? What are their views?
- What is their understanding of a family meeting?
- What have they consented to?
- **WHAT ARE THE BOTTOM LINES?** (and are they going to be workable?)

**Stop.** *Is there any information you don't have?*

- *Is there any information that makes you concerned about the potential risks?*
- *Do you have concerns about making contact?*
- *Do you feel a joint visit with a colleague or other professional maybe helpful?*

Always seek support & advice from your colleagues  
if in doubt about proceeding. Don't feel alone with  
your concerns.





### III. Engaging with the Person Harmed:

- Think about how you get in touch and how you might introduce yourself. It is sometimes best not to use the term domestic abuse at the start of your involvement, as the person harmed might not feel they are in a domestically abusive relationship. It could act as a barrier. Focus instead on rapport building and the questions you want to ask and how you might respond.
- Clarify where it is best to meet. Consider your environment, e.g., confidentiality, safety etc. Also consider where it might be safe for the person harmed to meet. If there are concerns that the perpetrator is stalking/monitoring them, could there be recording devices in their home?
- If the couple are together, ensure there is at least one meeting with the person harmed and perpetrator separately in the preparation phase of the coordinator's role. This is non-negotiable and can be asserted as a pre-requisite for all FGDM Meetings.
- Consider what the person harmed is doing in order to keep themselves and their children safe. Focus on the strengths and what they are managing to achieve on a daily basis, such as getting the children to nursery or school.
- Ensure conversations focus on partnering with the person harmed and are non-blaming.
- Centralize & listen closely to the person harmed and ensure a careful understanding of their concerns, experiences, and worries. They are the experts in their own situation.
- Focus is on keeping the child/ren and non-offending parent together where this is safe to do so. How can that be supported?
- Remember not all victims want to end the relationship (this may change throughout your involvement). Domestic abuse can continue after parents have separated and sometimes the stress of separation can be a trigger for a violent event, in some cases murder or attempted murder.
- Gather information on other risk factors, e.g., drug or alcohol use, mental health issues, criminal history.
- Gather information on the wider family's understanding, attitude, and knowledge of the abuse. People who can provide safety for the children involved can be mobilised.
- Consider whether there is an 'honour' element to the abuse- is the wider family pressuring the person harmed to stay in the relationship? Are they complicit in the abuse? Are the in-laws involved in abusing the person harmed? What about the wider community? Who can be a protective or risk factor?
- Is anyone else within the network impacted by domestic abuse?
- Who are their trusted people?

- Think about the use of an advocate in the Family Meeting.
- It is important that the person harmed decides if the FGDM process would be helpful.
- Domestic abuse causes adult victims to live in fear for their own safety and the safety of their children. They may also be afraid of the consequences of seeking help. This can make it difficult for them to speak out and result in victims minimising abusive incidents and/or retracting disclosures they have made to a professional.
- What other services are involved?
- If the person harmed recognises/is prepared to discuss domestic abuse, would they be prepared to engage with other specialist services? A list of such services both within the Council and the third sector can be found [here](#).

**STOP**

Is there any other information you need at this point?  
Speak to your colleagues and seek advice or support if  
you are concerned.



## IV. Engaging with the Perpetrator:

- Recognising the impact of trauma includes understanding that the perpetrator may also have experienced trauma. Coordinators can work with perpetrators in a way which acknowledges this, whilst also acknowledging that the perpetrator is displaying a pattern of behaviour which is harmful to others.
- Ensure there is a clear understanding about any potential risks in meeting with the Perpetrator. What are they? How might you address these?
- Are there any current/previous charges, bail conditions, convictions you need to know about? How might you find this information out?
- Clarify where best to meet. Consider personal safety in planning this.
- Ensure there is at least one meeting with the person harmed and perpetrator separately in the preparation phase of the coordinator's role. This is non-negotiable and can be stated as a pre-requisite for all FGDM Meetings.
- FGDM Coordinators will need to consider approaches to working with the perpetrator and when to have contact with them. This needs to be determined alongside the person harmed.
- Think about your role as a coordinator. You are not formally assessing the potential of current or future risk; you are gathering information.
- Help them define what kind of parent/partner they want to be.
- Help them describe what their children think of them and how they want their children to think of them in the future.
- Ensure the approach to engaging with the perpetrator is non-blaming.
- Help them think about the impact of their behaviour on the children (and that they alone are accountable for the choices they have made)
- Ensure the focus is on their behaviour and not on the relationship. Be mindful of blaming their partner for the situation and minimising the concerns.
- Gather information on their own family as they could play a part in influencing the perpetrator or can support them on a path towards change. Bear in mind that the family can also be part of the abusive behaviour.
- Consider the perpetrator's background and whether their interpretation of cultural/ religious beliefs might contribute to the abusive behaviour. Challenging

those, insofar as they translate into abusive behaviour, is entirely appropriate and not discriminatory.

- Consider the perpetrator's family and community and whether they are complicit/encouraging or participating in the abuse. Is there a risk of 'honour' based abuse?
- Consider the use of advocates in the Family Meeting for the perpetrator. Be mindful of cultural norms and the impact of this.
- Is there recognition of the impact of the perpetrator's behaviour or is there acknowledgement of the concerns?
- Is there a worry about controlling behaviour/coercive control? Do you see evidence of this in your interactions?
- Is the perpetrator presenting as a victim? Be mindful of attempts to discredit the person harmed by saying that they have e.g., mental health issues etc. They may also speak about their partner in a derogatory/demeaning way, using sexist language or 'explaining away' abusive behaviour to make up for the victim's perceived 'incompetence' (for example, 'I have control of our money because she's useless with money', or I have to do everything as her mental health is poor etc.)
- Have a respectful curiosity about the relationship/family functioning, communication, expectations etc.
- If the referrer states the perpetrator should not be involved in the FGDM process - ask about this. Is this appropriate? Are the risks too significant? If so, what risk assessment has taken place and what steps have been put in place to mitigate risks?
- It is important to consider that if the perpetrator is the parent they will always be the parent so can work be done to support them to participate meaningfully and safely and who might be best to do this? Is there another agency who can support this work in the preparation phase?
- Anyone with a history of violent offending, against adults or children, may present a high risk to partners or children.
- Those who have experienced abuse may have difficulty forming healthy relationships with new partners and family members.
- If the perpetrator is prepared to recognise his abusive behaviour, would it be appropriate to discuss what support/services he might wish to access? Some

councils offer a Domestic Abuse Service (DAS) to men who are unhappy about their abusive behaviour towards a partner or ex-partner and want help to change. More information can be found [here](#).



## Looking after Yourself

- ✓ It is vital that staff feel safe, supported and well when they are caring for and supporting others.
- ✓ Don't work in isolation – maintain links with colleagues/manager and use support.
- ✓ Make plans that ensure your safety – don't visit an alleged perpetrator of Domestic Abuse at home on your own.
- ✓ Use supervision for support and planning.
- ✓ Check in with colleagues/manager.
- ✓ Ensure you feel you have had relevant training in working with Domestic Abuse
- ✓ Check with your service about lone working arrangements.

## V. Engaging with Children, Young People & considering the Unborn Baby

### Research

- Pregnancy is a considerable risk factor, with domestic abuse starting or escalating during pregnancy 30% of the time.  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2442136/>
- Research alerts us to a range of possible negative effects on children and young people of living with domestic abuse:
- We know that there is an increased risk of children experiencing emotional, physical, and sexual abuse and of developing emotional and behavioural problems.
- There is an added risk of increased exposure to other adversities in their lives, for example parental substance misuse or mental health challenges (Holt et al., 2006). <https://pubmed.ncbi.nlm.nih.gov/18752848/>
- Children and young people are agents in their own lives and will be processing their experiences to make sense of their circumstances.
- They may adopt particular behaviours as survival strategies in order to accommodate the care they are receiving and/or the fear they experience, for example, resistance or withdrawal.
- We know that a lack of apparent behavioural reaction to living with unpredictable violence can be misleading and it cannot be assumed that the effects are less significant.
- The effects of domestic abuse may well continue beyond physical separation from the perpetrator and physically and emotionally protective arrangements should be considered should there be plans for post separation contact.  
**(Morrison, F. (2015) 'All Over Now?')**
- The quality of reliable parenting may have been compromised as a result of the fear experienced by the non-offending parent, undermining the child's sense of primary security.
- Effects may be seen in patterns of behaviour which cause concern, e.g., aggressive outbursts, self-harm or risky behaviour, emotional withdrawal or anxiety or depression.
- However, there is no established causal link between the child's experience and the predicted impact on a particular child and there is no substitute for careful observation.
- The impact of living with domestic abuse, as well as any other adversities, may have significant effects on the child's development.

## Information Gathering

- It will be important to gain as much information as possible about the individual child's predicament from the referrer, parents and others close to them.
- A trauma-informed approach will be needed in identifying the possibility that the child is overwhelmed by their experiences.
- An understanding of child development will also inform the most appropriate tools for engaging with the particular child/young person as there may be delays, distortions or interruptions to their healthy progress through maturational stages.
- For example, there may be a negative impact on their emotional development and ability to identify and express their feelings, their social development and peer relationships and/or their ability to concentrate and learn, especially if they are living in constant fear of an adult in a position of trust.
- It will be important to gain the fullest picture of the particular child's predicament since the effects are child specific and affected by their age, temperament, and individual circumstances.
- Each child's experience is unique, and it should not be assumed that siblings will necessarily be similarly affected or share the same views, wishes and feelings, especially since each sibling may have adopted, or been assigned, different roles within the family.
- For example, a child may act as protector of a parent and/or siblings in threatening situations, take on caregiving responsibilities in the context of compromised primary care routines, be seen as the scapegoat, the perpetrator's favourite, or the target for blame within the sibling group.
- The child's voice is paramount, and they may well need support to talk about what they are experiencing.
- Would it be helpful for the child to [access independent support](#), or, for example, to attend [CEDAR](#) (Children Experiencing Domestic Abuse Recovery)?
- Is it possible that there may be an 'honour' element to the abuse within the family which could expose the child to further risks (for example FGM, forced marriage?)
- Is the child experiencing/at risk of other forms of abuse such as grooming, harmful parental interactions or other?
- The dynamics of domestic abuse make it more likely that time will need to be taken to engage with the child/young person about their experiences within the family.



## Engagement

- Children and young people must be listened to and meaningfully involved in decision making about their care and the co-ordinator's skills in communicating with children will be invaluable.
- Clarify if the child wishes to meet or communicate with you and where it feels safe to do this.
- The focus is on how to keep the child safe with the non-offending parent.
- Alongside the risks to the child's well-being, there will often be potential for building or enhancing their resilience. Being consulted and involved in decisions about their lives and future is protective of the possibility of strength and recovery.
- This underlines the importance of sensitive consultation with them about their current circumstances and any hopes they may hold for change in the family.
- Even very young children can give an important picture of family life, often unfiltered by the pressure of adult prohibition.
- Use of *Small World Play* can encourage toddlers to offer an insight into family life.
- Use of open-ended questions is helpful with children of all ages rather than directing questioning around domestic abuse.
- How do you discuss family life with children and young people of different ages?
- Consider different ways of initiating discussion, use of play with young children, ecomaps, genograms, 3 Houses, [Talking Mats](#), Circles of Support with older children. (Tools can be found on the Knowledge Hub)
- Who does the child turn to when ill, hurt, or sad?
- Do they describe reliable nurturing routines?
- Who is responsible for setting limits?
- Who notices when they do something well?
- Who knows their likes and dislikes?
- Who is important to them in the wider family, friendship network?
- Any information about the child's preferred method of communication, for example, stories, drawing, acting out scenarios, writing will help in engaging them.
- What will your actions be if domestic abuse or other kinds of abuse are disclosed by the child but not the parents? (This could include abuse by other parties)

## The Family Meeting

- Be clear about your role and the aims of a Family Meeting.
- It will be helpful to ask the child about their hopes for the outcome of a Family meeting and to reflect with them afterwards about their view of the Family Plan.
- What are the implications for child being in the meeting?
- Consider the potential impact on the child of the discussion of domestic abuse in the Family Meeting.
- Risks and benefits of attendance should be thought through.
- Reflecting on each individual child's position, consider their participation in the Family Meeting – all, some part or none of it? Why?
- Think about the potential for service-generated risks to their well-being as well as for the adult harmed.
- How will the child's views, wishes and feelings be represented in the Family Meeting if there are reasons to be concerned about the potential negative effects of their attendance?
- Make sure that you actively consider the use of an advocate for the child in the Family Meeting as the child may need support in the meeting itself or may wish to leave if stressed or decide to ask for their views to be represented in their absence.
- If you are concerned for an adult or a child, you must tell someone – follow your agency Child Protection Guidelines.

*Think about planning your contact in advance and consider what resources you might need to have with you when engaging with the young person. Ask your colleagues what tools they have that you can adapt and use.*



## VI. Engaging with the Wider Family and Network

- Contact and Communication with the wider family/network is an essential element of Family Group Decision Making Process in order to 'widen the circle'.
- FGDM takes a holistic view of family and can include immediate & wider family, friends, community, church groups etc.
- The person harmed will lead on who, from the support network, could be part of the FGDM process and what feels safe and what doesn't.
- Sometimes it is possible that there is risk from the extended family or community that the person harmed is not aware of, especially in situations where 'honour'-based abuse is a factor. Consider the person's cultural, ethnic, and religious background and seek advice from specialist organisations if that would help.
- Family and friends can often be the most important resource that exists for those that have been impacted by domestic abuse.
- Careful consideration needs to be given to the perpetrator's family. Are they aware of the concerns around domestic abuse? Are they thought to be collusive? Can they gatekeep? What views or attitudes do they hold in respect of the pattern of abuse? Be cautious about any minimisation and/or victim blaming.
- What communication has the referrer had with the perpetrator's family and what is their view?
- What is their relationship/contact like with the children?
- Do they have or have they shared concerns? With whom?
- Sometimes the wider family may be unaware of the domestic abuse or the extent of it. How will this information be shared with them?
- What consents are in place to share the information with the wider family? If there are none then **stop** and consider how to proceed.
- Even if the perpetrator cannot be involved in/attend the FGDM, due to risks, can their family participate and be a protective factor/positive influence? How can you be certain that they will offer protection without siding with the perpetrator?
- Can wider family be available by phone – or in other ways to support participation?
- If the referrer states the perpetrator should not be involved in the FGDM process ask about this. Always be guided by the person harmed.
- If you identify concerns around other family in the course of your involvement, how you would report this? Be clear about your responsibility for reporting concerns, such as other domestic abuse in the wider network or child/adult protection concerns.

**'How to be an Ally to a Loved One Experiencing Domestic Violence' with the network as a useful tool. (Knowledge Hub) [Safe and Together Institute](#)**

## VII. Further considerations for the Family Meeting

*In order for a Family Group Decision Making Meeting to take place the following points need to be considered:*

- There is some acknowledgment by the perpetrator that their behaviour is abusive\* and that the behavior has a negative impact on the child/ren, irrespective of whether that abuse has been directly witnessed by the children. An acknowledgement and recognition of the behaviour is essential for perpetrators to access behaviour change programmes.
- There is a willingness to change the situation and for family/friends to be involved in the meeting where information can be exchanged openly and honestly.
- Consideration is given to engagement with other support services.
- The Meeting is Blame Free, Future Focused and Child Centered.

***\*The person harmed may not recognise they are living with ‘domestic abuse’, however the recognition that things need to change is important.***

### Indicators of concern: **RED**

**(Careful preparation is crucial in considering each case)**

- The person harmed, the perpetrator, or both will not engage with the coordinator.
- The perpetrator and/or person harmed will not recognize that his/her behavior is harmful or does not accept the impact of that behaviour on the child/ren.
- Neither the perpetrator nor the person harmed will consider the involvement of other agencies in the FGDM process that could support the child(ren).
- Where the perpetrator wants to control all aspects of the Family Meeting, such as the invitees or exclusions, or makes it difficult for the person harmed to meet with the co-coordinator. This indicates they are controlling the process.
- That the person harmed, or their network believe the perpetrator might use the Private Family time to meet their own needs, dominate or further abuse the person harmed.
- If there are concerns the wider network is colluding or implicated in the behavior.

- Where the perpetrator and/or person harmed thinks that by participating in a Family Meeting it will keep Social Work or other agencies 'off their backs.' This may only become evident through the review/monitoring process.
- In all these situations, the coordinator will look at what needs to happen/change to make it safe or whether it is suitable to proceed with a Family Meeting.
- Consideration needs to be given to the safety of the venue before, during and after the meeting whether this is a face to face meeting or virtual.
- The coordinator cannot control every eventuality and there may be a need to postpone, cancel or end a meeting if you judge it to be unsafe and in exceptional circumstances you may need to call the police.
- Lone Working Agreement needs to be considered if the meeting is in the evenings/weekends.
- Consideration could be given to joint working some cases. The opportunities for mentoring and shadowing can be valuable in such cases.
- Will sending a Family Plan to the Children's Hearing increase risk if the perpetrator will get a copy?
- Perpetrators of abuse might use the Family Meeting as a way to further control or abuse their (ex)partner and/or the child(ren). Signs can be subtle – a hand gesture, sounds like coughing or throat clearing, or if the perpetrator looks at them 'a certain way'-be very sensitive to any sudden changes in demeanour, behaviour or if the victim's/children's story suddenly changes.

## Issues for Consideration. **Amber**

- Where there is a court case the perpetrator may be subject to bail conditions or there may be an active Child Protection investigation preventing them from attending a meeting with the person harmed/child. Clarify the conditions of the Bail Order before proceeding.
- The views of the perpetrator can be sought by the co-ordinator and relayed to the Family Group Meeting if they are unable (due to bail conditions) to attend.
- It is important the focus is on the impact of the perpetrator's behaviour, and support to the person harmed and child/ren.
- There is a need to consider the issue of intergenerational domestic abuse, 'Honour'- Based Abuse and cultural attitudes and how this may impact on the Family Group Meeting. It would be appropriate to seek specialist advice around this from a relevant organisation/service.
- Consideration needs to be given to the use of independent advocates for the child/ren and for the person harmed or the perpetrator, especially during private family time to ensure safety.

- Maintaining safety within the preparation and throughout the process is a paramount consideration and good communication needs to take place with the referrer and other relevant agencies prior to the meeting.
- FGDM Coordinators will have a current knowledge and understanding of legislation and practice developments within the arena of domestic abuse.
- FGDM Coordinators will have undertaken the Accreditation in Family Group Conferencing.
- It is important not to feel isolated or overwhelmed and support and advice should be sought from colleagues, managers and other domestic abuse specialist organisations whenever needed.

## Feels Safe to Proceed. **Green**

- There is some acknowledgement that there is domestic abuse happening (even if not expressed in this way at this time)
- There is acknowledgement of the impact of the behaviour on the child and person harmed.
- There is a willingness and understanding for things to change.
- There is engagement with other services.
- There is consent to share relevant information within the network for the purposes of the Family Meeting.
- There is a charge/conviction either in this relationship or previously. (This won't apply in all cases, but it can be a tangible outcome to use in discussion).
- Any risks have been fully explored and addressed.
- There is agreement and understanding of the Family Group Decision Making Process
- The coordinator has a grasp of the risks and is able to discuss these in supervision and support.



## VIII. Risk/Safety Assessment Tools

### Daybreak – the Dove Project (modified)

The following assessment tool is adapted from [Daybreak \(Dove Project\)](#) and can be used to consider safety issues when planning a Family Meeting where there has been reported incidents of Domestic Abuse. What is important is to have a discussion to address the safety of the meeting throughout the process. It is not about assessing the risk of further Domestic Abuse but the safety of holding the FGDM Meeting, including the safety of the victim, children and the network following the meeting.

Questions to consider	Hints
View of how things are at home now?	<ul style="list-style-type: none"> <li>▪ <i>How is the non-offending parent feeling at the moment?</i></li> <li>▪ <i>Being mindful that there might be a recent change in the perpetrator's pattern of behaviour that has triggered the referral?</i></li> <li>▪ <i>Consider the impact of trauma.</i></li> </ul>
How does ..... (person harmed) feel about the impact of their partner's abusive behaviour?	<ul style="list-style-type: none"> <li>▪ <i>Does the person harmed minimise/not recognise the abuse, blame self, alcohol, drugs?</i></li> <li>▪ <i>Do they understand any form of violence/abuse/controlling behaviour is wrong?</i></li> <li>▪ <i>They may not be at the point where they are defining the behaviour as abuse.</i></li> <li>▪ <i>Has it happened before?</i></li> <li>▪ <i>What might be the triggers?</i></li> </ul>
Current status of the relationship?	<ul style="list-style-type: none"> <li>▪ <i>Are they still together?</i></li> <li>▪ <i>What are their thoughts on the future of the relationship?</i></li> <li>▪ <i>If they want to remain in the relationship do they feel anything needs to change?</i></li> <li>▪ <i>If so what might that look like?</i></li> <li>▪ <i>If not, is this sustainable?</i></li> <li>▪ <i>What might the risks of leaving be?</i></li> </ul>
Does .....(perpetrator) understand their behaviour is damaging?	<ul style="list-style-type: none"> <li>▪ <i>Be mindful that sometimes the perpetrator may tell you what they think you want to hear or be dismissive of the situation.</i></li> <li>▪ <i>Is there minimisation and denial?</i></li> </ul>



	<ul style="list-style-type: none"> <li>▪ <i>Are they ready to make any changes to their behaviour?</i></li> <li>▪ <i>What is the perpetrator's motivation for entering the process and does it feel genuine to you?</i></li> </ul>
Does ..... (perpetrator) hold themselves accountable?	<ul style="list-style-type: none"> <li>▪ <i>Do they accept some/all responsibility, or do they try and justify it by blaming the victim, alcohol, drugs, other issues?</i></li> <li>▪ <i>Do they want things to change? If so what?</i></li> <li>▪ <i>Ensure it is the behaviour that is the focus not the relationship.</i></li> </ul>
Does ..... (perpetrator) demonstrate some acknowledgment on impact on children?	<ul style="list-style-type: none"> <li>▪ <i>What is their response when asked how the children feel about their behaviour?</i></li> <li>▪ <i>Do they think the children are/not aware?</i></li> <li>▪ <i>If they accept children were affected it is important to explore this further, in what way are they affected?</i></li> </ul>
Who might be at the meeting?	<ul style="list-style-type: none"> <li>▪ <i>Needs to be based on the wishes of the person harmed.</i></li> <li>▪ <i>Important to discuss how they think they would manage in the Family Meeting.</i></li> <li>▪ <i>Who is there to support them?</i></li> <li>▪ <i>If the perpetrator is attending all or part of the meeting, what measures need to be in place for them to feel safe?</i></li> <li>▪ <i>Will the perpetrator seek to control the meeting? How would this be addressed?</i></li> <li>▪ <i>How will Private Family Time be managed safely?</i></li> <li>▪ <i>Are there concerns about family colluding, if so should they attend the meeting?</i></li> <li>▪ <b><i>Don't overwhelm them with the process of the meeting too early.</i></b></li> </ul>
How do the children/young people feel about the process of FGDM?	<ul style="list-style-type: none"> <li>▪ <i>This is the same as in any Family Meeting. These are sensitive situations but it is important to support children and young people to have an opportunity to express</i></li> </ul>

	<p><i>how they feel about an FGDM Meeting</i></p> <ul style="list-style-type: none"> <li>▪ <i>There can be a creative approach to how Children can be supported to participate.</i></li> </ul>
	<ul style="list-style-type: none"> <li>▪ <i>Tools available on Knowledge hub (e.g., Children's views on contact 2021)</i></li> </ul>
Are ..... & ..... both willing to be open and honest with family and friends?	<ul style="list-style-type: none"> <li>▪ <i>This can be difficult for both parties as they will be exposing themselves to an unknown or hidden/private aspect of their personal relationship.</i></li> <li>▪ <i>It may be that family/friends already know.</i></li> <li>▪ <i>What is vital to be shared?</i></li> </ul>
What type of support might be needed? At the meeting and after (all participants)	<ul style="list-style-type: none"> <li>▪ <i>Consideration given to the use of advocates within the family (if safe) or external agencies and your own colleagues.</i></li> </ul>
What do you feel about safety at the meeting?	<ul style="list-style-type: none"> <li>▪ <i>In many DA situations the perpetrator does not display reactive responses to challenge, the violence is usually instrumental i.e.: controlled and geared towards gaining what they want out of the relationship. For this reason, it is unlikely someone will be aggressive in the actual FGDM Meeting. Research suggests the perpetrator may not turn up.</i></li> <li>▪ <i>It is important that family are well prepared and not waiting to verbally attack the perpetrator, it is a blame free, restorative process.</i></li> </ul>
How do the children feel about the idea of a Meeting?	<ul style="list-style-type: none"> <li>▪ <i>The children/young people can have some really good insight into usual triggers and these need to be considered.</i></li> <li>▪ <i>How you address their fears? Ensure that they have opportunities to leave the meeting if needed etc.</i></li> </ul>
Do family and friends have any concerns about safety at the meeting?	<ul style="list-style-type: none"> <li>▪ <i>Is there anything family and friends have said which make you consider safety from an alternative angle? Is there a sense of reprisals etc?</i></li> </ul>

	<ul style="list-style-type: none"> <li>▪ <i>Can family/friends be supportive of the couple's decision to remain in a relationship?</i></li> <li>▪ <i>Use of the How to be an Ally can be referred to</i></li> </ul>
What safety issues has the coordinator considered in preparation for the meeting?	<ul style="list-style-type: none"> <li>▪ <i>Issues regarding the venue, timings etc separation of Perpetrator and Person Harmed.</i></li> </ul>
	<ul style="list-style-type: none"> <li>▪ <i>Does it need to be 2 separate meetings if the coordinator believes it is not safe to bring them together?</i></li> <li>▪ <i>In many situations the perpetrator does not display reactive responses to challenge, the violence is usually functional i.e.: controlled and geared towards gaining what they want out of the relationship.</i></li> <li>▪ <i>It is important that family are well prepared and not waiting to verbally attack the perpetrator, it is a blame free, restorative process.</i></li> </ul>
What safety issues has the coordinator considered following the FGDM?	<ul style="list-style-type: none"> <li>▪ <i>This question is designed to cover safety planning, what if things deteriorate post FGDM, who does the person harmed go to, are there enough safeguards, does the person harmed feel supported and safe?</i></li> <li>▪ <i>Are there threats made.</i></li> <li>▪ <i>Consider police intervention.</i></li> <li>▪ <i>Seek advice</i></li> </ul>

## The Domestic Abuse, Stalking and Honour Based Violence (DASH 2009) Risk Identification, Assessment and Management Model :

*The Domestic Abuse, Stalking and Harassment and Honour Based Violence Risk Identification and Assessment and Management Model (**DASH**) is used to identify the level of risk experienced by victims, to enable professionals to manage that risk as appropriately and swiftly as possible.*

It is not likely the FGDM Coordinator would use this assessment tool which helps front line professionals identify high risk cases. It is also a decision-making tool and helps decide which cases **should** be referred to a MARAC and what other support might be required. It can, however, give the FGDM Coordinator an idea of some of the questions that may be asked if a disclosure is made to clarify the level of immediate risk.

More info at <http://www.dashriskchecklist.co.uk/>

### **DASHRIC: (information purposes)**

1. Has the current incident resulted in injury? (Please state what and whether this is the first injury)
2. Are you very frightened? Comment:
3. What are you afraid of?
  - a. Is it further injury or violence? (Please give an indication of what you think (name of abuser(s)..... might do and to whom) Kill: Self ♦ Children ♦ Other (please specify) ♦ Further injury and violence: Self ♦ Children ♦ Other (please specify)
4. Do you feel isolated from family/ friends i.e., does (name of abuser(s).....) try to stop you from seeing friends/family/GP or others?
5. Are you feeling depressed or having suicidal thoughts?
6. Have you separated or tried to separate from (name of abuser(s)....) within the past year?
7. Is there conflict over child contact? (Please state what)
8. Does (.....) constantly text, call, 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. Ask 11 additional stalking questions\*) CHILDREN/DEPENDENTS (If no children/dependants, please go to the next section) YES/ NO
9. Are you currently pregnant or have you recently had a baby in the past 18 months?
10. Are there any children, stepchildren that aren't (.....) in the household? Or are there other dependants in the household (i.e., older relative)?
11. Has (.....) ever hurt the children/dependants?

12. Has (.....) ever threatened to hurt or kill the children/dependants? DOMESTIC VIOLENCE HISTORY YES / NO
13. Is the abuse happening more often?
14. Is the abuse getting worse?
15. Does (.....) try to control everything you do and/or are they excessively jealous? (In terms of relationships, who you see, being 'policed at home', telling you what to wear for example. Consider honour-based violence and stalking and specify the behaviour)
16. Has (.....) ever used weapons or objects to hurt you?
17. Has (.....) ever threatened to kill you or someone else and you believed them?
18. Has (.....) ever attempted to strangle/choke/suffocate/drown you?
19. Does (....) do or say things of a sexual nature that makes you feel bad or that physically hurt you or someone else? (Please specify who and what)
20. Is there any other person that has threatened you or that you are afraid of? (If yes, consider extended family if honour-based violence. Please specify who. Ask 10 additional HBV questions\*)
21. Do you know if (.....) has hurt anyone else? (children/siblings/elderly relative/stranger, for example. Consider HBV. Please specify who and what) Children ♦ Another family member ♦ Someone from a previous relationship ♦ Other (please specify)
22. Has (.....) ever mistreated an animal or the family pet? ABUSER(S) YES/NO
23. Are there any financial issues? For example, are you dependent on (.....) for money/have they recently lost their job/other financial issues?
24. Has (.....) had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life? (Please specify what) Drugs ♦ Alcohol ♦ Mental Health
25. Has (.....) ever threatened or attempted suicide?
26. Has (.....) ever breached bail/an injunction and/or any agreement for when they can see you and/or the children? (Please specify what) Bail conditions ♦ Non-Molestation/Occupation Order ♦ Child Contact arrangements ♦ Forced Marriage Protection Order ♦ Other.
27. Do you know if (.....) has ever been in trouble with the police or has a criminal history? (If yes, please specify) DV ♦ Sexual violence ♦ Other violence ♦ Other.

Other relevant information (from victim or officer) which may alter risk levels. Describe: (consider for example victim's vulnerability - disability, mental health, alcohol/substance misuse and/or the abuser's occupation/interests-does this give unique access to weapons i.e., ex-military, police, pest control) or is there serial offending? Is there anything else you would like to add to this? In all cases an initial risk classification is required.

## IX. Some Tools and Tips .....

### a. Practice Questions – Safe and Together

For the referral discussion with social worker or other professional:

- *What are you most worried about for the family?*
- *How do you partner with the survivor in the current situation?*
- *Is there any known escalation to the perpetrator's pattern of violence, sexual abuse, or threats?*
- *What interventions with the perpetrator are possible?*
- *What kind of support do the children need?*
- *What are the survivor's current hopes and fears?*
- *What assistance can the family support network offer at this time?*
- *Are there different parenting styles within the home, can you tell me about them and what impact does it have on the children?*

### Safe and Together:

Safe and Together is a practice model that aims to improve how child welfare systems and practitioners respond to domestic abuse. It provides a common framework for workers to consider and discuss concerns and the challenges and solutions for families experiencing domestic abuse.

### Three Safe & Together Underpinning principles:

1. The first principle is that when professionals engage with families affected by domestic abuse the aim should be to keep the child safe and together with the non-abusing parent. This comes from the understanding that this is the most effective way to promote children's safety, healing from the trauma they have been experiencing and creating stability and a nurturing environment.
2. Professionals should have the default position of partnering with the non-abusing parent, to develop a non-blaming strength-based relationship. The non-abusing parent is likely to have the most information about the perpetrators pattern of abuse therefore the approach is more likely to be the most efficient effective and child-centered way of assessing risks to children.
3. The professionals involved should aim to intervene with the perpetrator to reduce risks and harm to the child. Engaging with perpetrators and holding

them accountable in a variety of ways. It encourages professionals to make actions within the child's plan that are behaviourally focused so that the perpetrator can be made visible and accountable for their parenting choice to be Domestically Abusive.

**There is a significant amount of information, tools, webinars and podcasts available via the [Safe & Together Institute](#) website.**

## **b. What do Domestic Abuse survivors Want?**

- ❖ *Contact with others, friendship, and mutual support.*
- ❖ *Proactive asking about abuse.*
- ❖ *Quality time and the opportunity to talk.*
- ❖ *Acceptance and understanding/no blame.*
- ❖ *Being open minded*
- ❖ *Encouragement*
- ❖ *Recognition of risks/prioritising safety*
- ❖ *Practical support and assistance*
- ❖ *No Pressure to make choices. Leaving a violent partner is a process, not a single act. It takes, on average, seven attempts before a survivor is able to leave for good.*
- ❖ *Tell her it's not her fault. Tell her nothing she could do justifies abuse. He alone is responsible.*

Source: <https://www.womensaid.org.uk/the-survivors-handbook/>



## **c. Working with Men affected by Domestic Abuse:**

### **Barrier's men face to seeking support for domestic abuse:**

- Failure to recognise it - Men think they are 'being the strong one' helping their partner recover from the impact of previous bad relationships, alcohol or substance misuse issues or childhood traumas; when what is happening is that they are being controlled.
- Homelessness - because they don't have care of their children, they are usually low priority and end up being put in a hostel if they don't have family or friends to rely on.
- False allegations - Threats of or actual reports to police or social services claiming that the male victim is the abusive one.
- Fear of the loss of their relationship with their children - this keeps many men in abusive relationships.
- Fear of not being believed, embarrassment at talking about the abuse, and the feelings of being "less of a man".

**(Eszter Szilassy 2019)**

### **Assessing risk for men affected by domestic abuse:**

The relationship dynamics assessment tool can be found in the "Respect" 'Toolkit for work with male victims of domestic violence' at [this link](#).

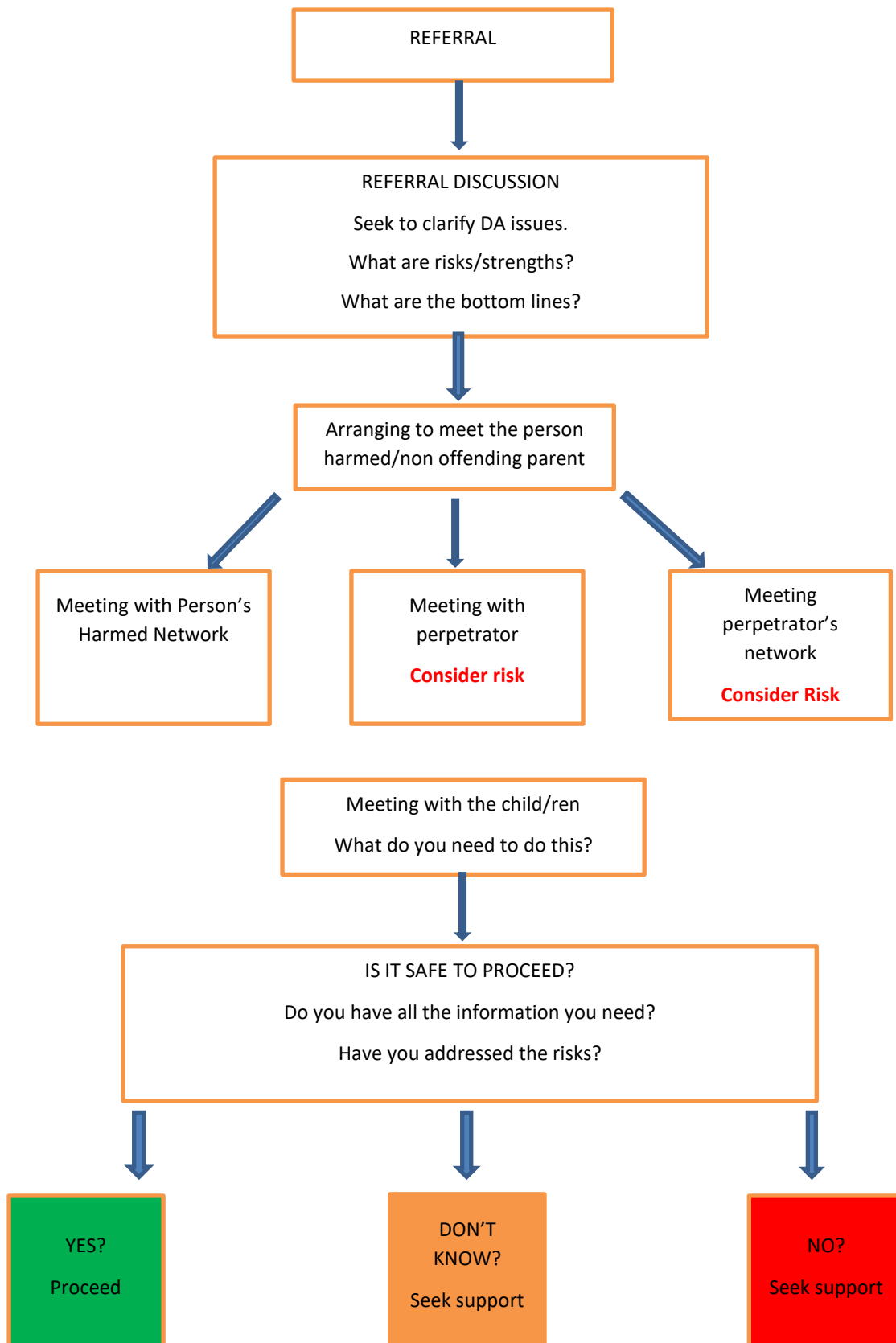
### **Mankind Initiative Domestic Abuse Service**

The ManKind Initiative is a domestic violence charity based in the UK and is at the forefront of providing support for male victims of domestic abuse and violence. There is a range of research and publications to refer to [on their website](#).

## d. He Says he Says' – potential behaviours in Domestic Abuse

Victim - Potential Behaviour	Perpetrator – Potential Behaviour
Minimises severity of incidents, although is likely to provide details and chronology	Minimises events and is vague and unable to provide details
Takes responsibility, or excuses the actions of perpetrator	Blames their partner for the incident
Empathy for partner, including difficult circumstances or childhood experiences	Focus on their experiences, little or no empathy for their partner
Feels remorse for fighting back or defending themselves	Feels aggrieved
Can identify a very specific reason why they sought help, often abusive	Less likely to identify a specific incident for seeking help, more focussed on general grievances
Ashamed of victimisation	Assertively claims victim status
Fearful	Does not appear to be in any immediate risk, nor fearful
Confused	Overly confident
Has tried unsuccessfully to leave or repair the relationship	Claims not to be able to understand why previous relationship ended
Feels sense of obligation to abusive partner	May emphasise their role as provider or 'saviour'
Focus on own responsibilities	Stereotyped view of roles in relationships
Over empathy	Lack of empathy

## e. The Referral Process



## f. Supporting Yourself to Support Others:

Domestic abuse can affect any one and it is important for us all to be mindful of our own personal experiences when working in this area and to ensure you are able to seek support and help from your manager, colleagues and/or specialist services should you need to.

### **Having a 'Psychological First Aid Kit' to ensure good emotional health and well-being.**

Most of us will manage most of the time, however it is important to understand what it is that keeps you well. If you find you are not coping it is important to feel like you can seek help so that you can recover as quickly as possible. Good mental wellbeing is about feeling good and functioning well. You may find that your mood goes both up and down. It is important that all FGDM coordinators have the space and opportunity to discuss with colleagues and/or line manager for support.

**Common signs of vicarious trauma can include** lingering feelings of anger, rage and sadness connected to your work. Becoming overly involved emotionally, guilt, shame, or feelings of self-doubt. Being preoccupied with thoughts of person outside of the work situation or over identification with the person (having 'rescue fantasies') A loss of hope, pessimism, cynicism. A difficulty in maintaining professional boundaries with the person, such as overextending yourself (trying to do more than is your role)

For more information and ideas on how to keep yourself well, please see the [Wellbeing Scotland Website](#), the [Scottish Association for Mental Health](#) (SAMH), [Brake UK](#) or the [British Medical Association](#).



## X. CASE STUDIES

### Case Study I

#### Coercive control/Domestic Abuse

*C&F SW Duty Team SW involved and made the referral to FGDM for an unborn baby 8 weeks before the baby was due. The baby could be accommodated as it was not safe to return home to the care of the father or mother.*

*Father - was reported to be domestically abusive, controlling towards his partner and he was refusing a voluntary Section 25 as he believed the baby should be cared for by him and his partner.*

*Mother - was stating she was scared of him and she did not want her baby to be accommodated. She also stated she did not want his name on the birth certificate. She advised he had made threats to her of what might happen, should she fail to do as he asked.*

*Maternal Grandmother – Was caring for her daughter's other child, aged 5 years, and agreed to look after the baby too.*

*Paternal Grandmother – Made allegations about the other grandmother's partner, accusing him of misusing drugs. The paternal grandmother said she wanted the baby to live with her.*

*Aunt – Stated she was promised by her brother that she would be looking after the baby, so she went out and bought lots of baby items, cot, pram...as she believed the baby was going to be given to her at the hospital.*

#### **How did FGDM help?**

*Relationships were built with each family member and their views were listened too as each person felt strongly about the baby not being accommodated.*

*Risks were present and investigated by social work to ensure there was no misuse of drugs in the grandparent's home. All members of the family were included in the FGDM process and the safety of the mother and her unborn baby were of priority.*

*The mother wanted the father to attend the family meeting. I had engaged with him and had a conversation with him about his domestically abusive behaviour that had previously been recorded by social work. I did not disclose any information from the mother as this would have increased her risk. In order to progress safely, I had to make sure there was some acknowledgement from him that his behaviour was abusive.*

*As I was independent, I was able to keep the family focused on the needs of the baby and what plan the family could make together. I was also not making any decisions for the family but encouraged and empowered them to have conversations about what they felt would be in the best interests of the baby. Also, what*

*compromise, if any, could be reached that would keep the baby safe, looked after and cared for and with each family member being actively involved in the baby's life.*

### **The Outcome**

*The family all met online.*

*Plan A and Plan B was made.*

*It was agreed that the baby would be looked after by the maternal grandparent and the mother agreed to a section 25 agreement. As she had full parental rights when the baby was born, she was able to make this decision. Whilst the father was unhappy about this, he did not want his baby placed into local authority care or for a child protection order to be sought so he agreed to this plan.*

*The mother would live with the baby and her mum and the baby would be able to develop a relationship with her sister too, who was also cared for by the grandmother.*

*The paternal grandmother would see the baby every Friday and times and dates were agreed by the family.*

*The father would have supervised contact, and this was arranged with the social worker, with dates and times being agreed.*

*The aunt would spend time with the baby when she was at her paternal grandmother's house.*

*The family would review their family plan and parenting assessments of both parents would be carried out, as the father really wanted this to happen and this was one of his views that he felt was listened to.*

*The baby remained with family and was NOT ACCOMMODATED.*

## **Case Study II**

### **Male Victim**

*Stevie is 42 years old. He has been married for 12 years to Nicola. He and his wife have two girls aged nine and eleven. He has found his relationship with Nicola very hard work sometimes but has always been willing to compromise for the good of the family. Recently though, he has just not wanted to come home after work at night because of the hassle; and when he is feeling down, he thinks everyone would be better off if he just did away with himself.*

*Although he works as a joiner and brings home good money, he doesn't know what happens to it after that. Nicola is the only one with access to the bank accounts and finances. Stevie sometimes worries about how many credit cards and loans Nicola has taken out in his name. She seems to spend a lot of time and effort moving*

money around. Stevie never has any cash, just a debit card for an account into which Nicola puts the petrol money to get him to work each month. She goes over the statement from that account with him, monthly, and gets very angry if anything other than petrol has been bought.

Nicola lets the flat she lived in before they got married and keeps the rent money as personal savings. They live together in a house which Stevie inherited from his mother. Nicola has started threatening to leave with the girls and never to let him see them again if he doesn't have the house put into joint names. But his mother made him promise before she died that he would never do that. Nicola has a part-time job but keeps her wages for her own expenses. She doesn't believe that a wife should contribute any of her income to the family household expenses. She also believes in equality when it comes to domestic duties. So, Stevie does the shopping, cooking, laundry and housework and Nicola looks after the girls and the money.

Nicola is a very restless sleeper and, every now and again, she punches Stevie in the face when they are sleeping. Usually, hard enough to make his nose or lip bleed or his eye swell but she states but she has no recollection of this in the morning. Stevie will sometimes sleep in the bath, locked in the bathroom if he feels the tension between them rising and it is during these periods when Nicola gets restless during the night and assaults Stevie.

Stevie wishes he could speak to someone. He is so confused and can't get his head straight by himself. But he hasn't had any contact with any of his family for years because they all seem to have turned against Nicola over the years. It means they have little or no contact with the children. This causes so much hassle that it is easier to just not see anyone; and Nicola would be angry if he was speaking to them behind her back about their private business. He feels can't speak to his friends either as he is embarrassed. Nicola has his phone connected to her iPad as she says she doesn't trust him. Nicola has been badly treated in the past by former partners that she can't help getting jealous and feeling threatened.

Stevie has no money and nowhere to go. He would hate the girls to think that he has abandoned them. He knows that if he leaves Nicola, she will not let him see the girls; and he worries about what she will say to them about him. He also worries that Nicola will say that he has been abusive to her to try to win the sympathy of people who are trying to help them. Nicola has admitted that when she gets angry, she says very nasty things without thinking, even to the girls. The girls are struggling in school and staff are concerned about them.

*(This case has not been referred to FGDM but highlights a situation where AMIS have been involved to support Stevie)*



## Case Study III

### Physical Violence and alcohol abuse

*Susan and Jeff have been together on and off for about 18 years. They have 5 children together. Susan has 4 children from other relationships during periods they weren't together, and Jeff has 1 son to another relationship. 3 of their children live with them. Charlie 13, Billy 8, and Jordan 8 months. Their other children are living in permanent care or with kinship. The family have been involved with FGDM previously and the baby was initially in care after birth and returned after 8 days. The historical concerns are about domestic violence and alcohol use.*

*At the point FGDM become involved again, Billie's mother has gone to rehab and social work are looking to see how family can support him with this, Charlie is not going to school and the couple's older children Sarah (14) and Sam (15) who are in kinship care are not sure if they want to see their parents. Susan is really keen on a family plan to look at contact and wants to know how her children feel about it. The relationships in the extended family have broken down but the referral looked at how they may work better together.*

*Two weeks into my work with the family Susan and Jeff are drinking together in the house, argue and Jeff assaults Susan, Charlie phones the police. The 3 children are at home and are distressed. Bail conditions are put in place and Charlie, Billy and Jordan are living with Susan whilst Jeff is living between his friend and a Travelodge.*

*There is some acceptance of the abuse by Jeff however he is withholding money.*

*The focus of the family plan has changed to look at contact, financial support, and emotional support for Susan.*

*Susan's support worker is trained in safe and together as is the social worker and FGDM coordinator. A meeting takes place to look at mapping Jeff's pattern of behaviour, what Susan has shared and also what the children have told us. We use the 3 houses approach with the children to gain their views about what is good, what is not good and what they want to happen. A plan is then made to partner with Susan and engage with Jeff who shared he wants support to address his alcohol use and behaviour towards Susan.*

*An agreement was made not to take this to a family meeting at that time, but a plan was drawn up by going between family members to look at a safety plan for Susan and the children, involving her mum and her brother. Jeff was not involved in this plan. A further plan was made focussing on the children's time with both parents and how this was shared including dropping off/ picking up. Susan's bother was involved in this as the children have a good relationship with him and he and Jeff are civil with each other.*

*This plan went to a children's hearing and the children said they felt listened to. They loved both their parents but wanted their dad to get help with his anger and drinking. Jeff was able to take on board what his children were saying but knew he had a lot of work to do and it wouldn't be easy.*

## Case Study IV

### Violence in Pregnancy

*Amber came to the attention of social work during pregnancy, after being assaulted by her partner, Leo, who was by this time serving a custodial sentence. Both parents were young, and care experienced. The family were referred to FGDM in line with City of Edinburgh Council's procedure that for every family that come to the attention of social work during pregnancy or while a child is under 1 year old, a family meeting should be offered.*

*Due to risk of further violence from Leo, and Amber's resistance to social work, the unborn baby was placed on the Child Protection Register. FGDM spoke with Amber a few times, and she considered involving Leo's family and her own aunt, who she had lived with for most of her childhood. However, Amber did not fully commit to involving wider family at this stage, and so no contact was made with them.*

*Shortly before the baby's birth, Leo was released from prison, and within days he had very seriously assaulted Amber (involving strangulation). Thankfully, Amber and the unborn baby recovered. This was a pivotal point in Amber's perspective, and it ended Amber and Leo's relationship. Amber's relationship with her family had space to develop, and they pulled round to keep Amber safe while Leo remained at large.*

*FGDM and SW had to revisit who in the wider family could be considered safe. Leo's family had since threatened Amber, and there was a possibility they were helping Leo to avoid being arrested. This, coupled with Amber's wish not to have paternal family involved, meant that from this stage onwards no attempts were made by FGDM to involve the paternal side.*

*Amber gave birth to River.*

*By this time, a number of agencies were involved in helping to manage the risk of further assault from Leo (Edinburgh domestic abuse court service, social work, police, SCRA, Through Care and after Care), and Amber was asked to live with her aunt in the interim, for her and River's safety. A CSO was made with the condition that River remain with Amber's aunt. The family (Amber, her aunt, uncle, cousin and her cousin's partner) created a family plan detailing safety measures to help Amber adhere to the conditions set by the Children's Hearing (for example, remaining in the company of another family member at all times) and including their own ideas around safety planning (for example, Amber agreed to only going to certain areas to*

avoid Leo's family), and actions aimed at making living together as comfortable as possible for Amber, who was eager to live independently with River as soon as possible.

Leo was detained when River was a few weeks old. At this point, Amber's uncle suffered a stroke, and Amber and her aunt agreed that living together was becoming strained, and that in their opinion Amber and River could safely return to Amber's tenancy, with ongoing family and agency support. Amber's aunt, uncle, friend, cousin, and cousin's friend agreed between them to check in with Amber daily in person or over the phone, agreed on regular contact and some babysitting if needed, and provided practical support to ensure Amber's flat was comfortable and safe for them to return to. Social work supported the family's plan, and it was put to a Children's Hearing, who amended the conditions of the CSO accordingly. The family's plan remains in place, to be reviewed shortly. Paternal family remain uninvolved with Amber, River, and the family plan, due to the severity of the assault, and the risk of further emotional and physical harm to Amber. Leo receives relevant information about River through social work and SCRA. In time, and if risk reduces, there may be benefits in a family meeting that involves both maternal and paternal sides, however for now this seems unsafe.

After such a traumatic pregnancy, Amber has settled well into motherhood and is pleased to be living independently with River. She remains supported by social work, Through Care and After Care, and her family, and there are no concerns about her care of River. Amber does not seem to dwell on her adverse experiences, or to realise what a difficult introduction to motherhood she has had. However, she would like in time to use her experience to help other young women.

## **XI. Definitions & Typologies of Abuse**

Anyone can experience domestic abuse and everyone has the same legal protection in law. Women, men, and non-binary people can all experience domestic abuse by a partner or ex-partner.

Examples:

- Making the victim dependant or subordinate on them.
- Isolating the victim from friends, relatives, or other sources of support
- Controlling, regulating, or monitoring the victim's day to day activities
- Depriving or restricted the victim's freedom of action.
- Frightening, humiliating, degrading, or punishing the victim.
- Sexual, physical, emotional, psychological abuse
- Threats and Intimidation

- Financial/ economic abuse – withholding funds, stealing, etc.
- Stalking & Sexual Harassment
- Gaslighting

[www.youtube.com/watch?v=kRmiRvNhVXA](http://www.youtube.com/watch?v=kRmiRvNhVXA) *Michael Johnson's typologies of intimate partner violence*

## **XII. Relevant laws**

There are a number of laws which contribute to preventing and tackling violence against women and girls. These include (but are not limited to):

- The Human Rights Act (1998)<sup>23</sup>
- Vulnerable Witnesses (Scotland) Act 2004
- Prohibition of Female Genital Mutilation (Scotland) Act 2005
- Protection of Children and Prevention of Sexual Offences (Scotland) Act 2005
- Protection of Vulnerable Groups (Scotland) Act 2007
- Sexual Offences (Scotland) Act 2009
- Domestic Abuse (Scotland) Act 2011
- Children's Hearings (Scotland) Act 2011
- Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011
- Children and Young People (Scotland) Act 2014
- Victims and Witnesses (Scotland) Act 2014
- Human Trafficking and Exploitation (Scotland) Act 2015

## XII Glossary of Terms

**Coercive Control:** an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. Coercive control is now a criminal offence in Scotland. Control is the central focus. It can be characterised by isolation, degradation, mind games, micro regulation of everyday life.

**Gaslighting:** When an abuser tries to control a victim by twisting their sense of reality. An example of gaslighting would be a partner doing something abusive and then denying it happened. Gas lighters may also convince their victims that they're unwell, unstable, or too sensitive.

**HBA:** 'Honour'- based abuse (also HBV- 'honour'-based violence) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. e.g., forced marriage, FGM

**Intimate Partner Terrorism:** Occurs when one partner lives in constant fear of the other, can be physically violent, not always, compliance is required, and all aspects of life are controlled (**Evan Stark** is a leading authority on coercive control and Intimate partner terrorism)

**MARAC:** Multi Agency Risk Assessment Conference. The MARAC is a monthly risk management meeting where professionals from a range of services, police, social work, Women's Aid, Health etc., share information on high-risk cases of domestic violence and abuse and put in place a risk management plan. (Used in all Scottish LAs except South Ayrshire)

**Situational Couple Violence:** Occurs in the context of isolated power struggles, jealousy, or other incidents of conflict. It involves both parties using verbal aggression and/or violence, usually of a fairly minor nature. Women and Men seen as equal partners. NB not to describe Domestically Abusive relationships, where power and control are paramount. Perpetrators will often describe this as being how things are, in order to minimise their behaviour.

**Stalking:** Can be any behaviour from another person which is persistent, unwanted, and harassing, anything that causes any kind of fear or anxiety. It covers a wide range of activities including unwanted or malicious communications, following, assault etc.

**Trauma Informed Practice:** A strengths-based framework which is founded on five principles – safety, trustworthiness, choice, collaboration, and empowerment as well as respect for diversity. Good Practice recognises the impact of past and present trauma on an individual's health, social and emotional wellbeing.

**Violent Resistance:** The term 'violent resistance' refers to physical violence used by the non-abusive partner in response to domestic abuse. Unlike domestic abuse, it is not systematic and does not intend to control, threaten, intimidate, or coerce the other partner; it is a response to those very attempts by the abusive partner. It is most frequently employed by women in an attempt to fight back against domestic abuse by male partners (although this is not exclusive). Often, the abusive partner will use examples of violent resistance to claim that they are the victim in the relationship, although this is not the case.

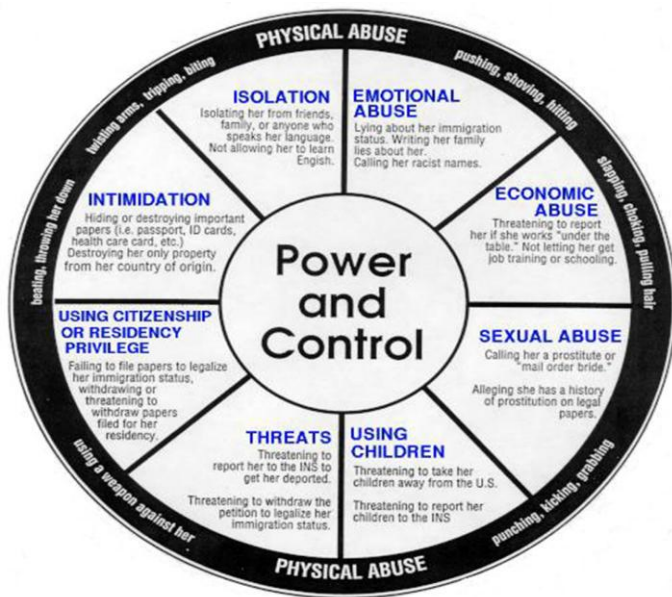
## XIV Power and Control Wheels

For more information on Power and Control Wheels in DA see the [Duluth Model website](#)



*Examples of Power and Control Wheels*





## XV Links to other agencies

A full directory of services for people who are currently experiencing or recovering from abuse and other forms of GBV can be found on the following links:

- For support services available within the council, please see [this link](#).
- For a list of external services and support organisations please see [this link](#).

### A. Services for Women:

**Another Way:** One to one support for women involved in selling or exchanging sex in Edinburgh, Lothians, and Scottish Borders. They provide information on relevant agencies and services from training and employment to benefits.

0131 624 7270; [anotherway@sacro.org.uk](mailto:anotherway@sacro.org.uk); [Visit Sacro](#)

**Beira's Place:** Offers support, advocacy, and information on all forms of sexual violence, sexual abuse and sexual exploitation, to women aged 16 and over who live in any part of the Lothians. The service is free and confidential and offered to women no matter when the violence or abuse has happened. Beira's Place is a single-sex service for women as defined in the Equality Act 2010.

0131 526 3944 available Monday to Friday between 10am and 5pm;  
[support@beirasplace.org.uk](mailto:support@beirasplace.org.uk); [Visit Beira's Place](#)

**Citizens Advice:** Provides information and advice on a range of issues, including domestic abuse, family breakup, marriage, and civil partnership. [Visit Citizens Advice](#)



**EDDACS:** EDDACS is a support and advocacy service for female victims of domestic abuse crimes going through the court process. EDDACS supports by explaining the court process, completing a risk assessment and individual support and safety plan with each woman. If you are currently going through the court process as the victim of a domestic abuse crime you can phone EDDACS for support on

0131 315 8122; [Visit EDDACS](#)

**Edinburgh Rape Crisis centre:** Offers free emotional and practical support, information and advocacy to women, girls aged 12 and over and all members of the transgender community who have experienced sexual violence at any time in their lives. Offers support including a helpline, face to face support, long-term, group, advocacy and crisis and email.

0131 556 9437 - office hours; 08088 01 03 02 - 6pm to midnight helpline

[support@ercc.scot](mailto:support@ercc.scot); [Visit Edinburgh Rape Crisis centre](#)

**Edinburgh Women's Aid:** Provides confidential information, support and, if needed, refuge accommodation for women and any accompanying children and young people experiencing domestic abuse.

0131 315 8110; [duty@edinwomensaid.co.uk](mailto:duty@edinwomensaid.co.uk); [Visit Edinburgh Women's Aid](#)

**Foursquare:** A service for people who are homeless or at risk of homelessness, including women affected by domestic abuse and who might have experienced trauma.

0131 557 7901; [Referrals@foursquare.org.uk](mailto:Referrals@foursquare.org.uk); [Visit Foursquare's](#)

**Rape Crisis Scotland** 08088 01 03 02 Offers free and confidential emotional and practical [support](#), [information](#) and [advocacy](#) to women, all members of the trans community, non-binary people and [young people aged 12-18](#) who have experienced sexual violence at any time in their lives.

**Scotland's Domestic Abuse and Forced Marriage helpline:** Provides help, advice and information in absolute confidence, 24 hours a day, seven days a week.

0800 027 1234; [helpline@sdafmh.org.uk](mailto:helpline@sdafmh.org.uk); [Visit Scotland's Domestic Abuse and Forced Marriage helpline](#)

**Scottish Women's Rights Centre:** Offers free and confidential information and advice. Also offers weekly surgeries in Glasgow.

08088 010 789 available Tuesdays 6pm to 9pm, Wednesdays 1.30pm to 4.30pm and Fridays 10am to 1pm

**REFUGE** women can call [The Freephone National Domestic Abuse Helpline, run by Refuge](#) on [0808 2000 247](tel:08082000247) for free at any time, day or night. The staff will offer confidential, information and support.

**Samaritans:** Offer 24-hour confidential emotional support for anyone in crisis.

116 123 (24 Hour Helpline)

### **Victim Support Scotland**

Victim Support Scotland offers information and support to victims of crime, including domestic abuse and has local services all over Scotland available Monday to Friday 8am to 8pm. They also run an online chat service available 8am to 8pm Monday to Friday and 8am to 1pm on Saturdays.

0800 160 1985

[Visit Victim Support Scotland](#)

## **B. Children:**

**BARNARDOS** Works with women and children who are experiencing or have experienced domestic abuse. The service works in partnership with Police Scotland. The work includes providing information, empowerment and support to victims of domestic abuse and their children, information to assist planning for children who have experienced domestic abuse and consultation and training to other professionals around domestic abuse issues

[Barnardo's Child & Family Support Service Dundee DDAS | Barnardo's \(barnardos.org.uk\)](#)

[In This Together - Domestic Abuse.pdf \(barnardos.org.uk\)](#)

**CEDAR** - Children experiencing Domestic Abuse Recovery. CEDAR is a unique way of working with children, young people and their mothers who have experienced domestic abuse. The Cedar programme takes place over 12 weeks with groups for children, young people and their mothers running in parallel. In Edinburgh, CEDAR is run by Edinburgh Women's Aid.

[Information about CEDAR](#)

[Visit CEDAR on the Edinburgh Women's Aid Website](#)

**ChildLine:** ChildLine has a free, 24-hour telephone helpline for children and young people up to the age of 19 who feel they are in trouble or danger. All calls are treated confidentially, but if a child or young person discloses information which suggests a danger or threat to life, ChildLine will contact a social work department or the police. The child or young person will be informed that confidentiality has been broken and given the reasons why this has happened. The child or young person can also email or chat online to a counsellor using ChildLine's 1-2-1 messaging service once they have registered on the website.

Tel: 0141 420 3816; Childline: 0800 1111; [scotland@nspcc.org.uk](mailto:scotland@nspcc.org.uk);  
[www.nspcc.org.uk](http://www.nspcc.org.uk)

**Children 1<sup>st</sup>:** Children 1st supports children in Scotland to live in safe, loving families and to build strong communities. They provide holistic family support and trauma recovery in neighbourhoods across Scotland and work with children, young people, and their families to uphold and progress their rights and to strengthen and improve the systems that are there to support them.

**08000 28 22 33** available Monday to Friday between 9am and 9pm and Saturday and Sunday between 9am and 12pm

[cfs@children1st.org.uk](mailto:cfs@children1st.org.uk); [Visit Children 1st](#)

### **Edinburgh Rape Crisis centre**

Offers free emotional and practical support, information and advocacy to women, girls aged 12 and over and all members of the transgender community who have experienced sexual violence at any time in their lives. Offers support including a helpline, face to face support, long-term, group, advocacy and crisis and email.

0131 556 9437 - office hours; 08088 01 03 02 - 6pm to midnight helpline

[support@ercc.scot](mailto:support@ercc.scot); [Visit Edinburgh Rape Crisis centre](#)

### **The Scottish Child Law Centre**

The Scottish Child Law Centre provides free legal help and advice about the law and children's rights to children, young people, parents, carers, and professionals.

Advice line: 0131 667 6333 (Tuesday and Thursday 9.30-16.00).

Legal advice: [advice@sclc.org.uk](mailto:advice@sclc.org.uk); General: [enquiries@sclc.org.uk](mailto:enquiries@sclc.org.uk); [www.sclc.org.uk](http://www.sclc.org.uk)

**Clan Childlaw:** Provides free legal information by telephone, email, and text, on all aspects of Scots law relating to children and young people. This service is available to children and young people throughout Scotland, and professionals working with children and young people.

Clan Childlaw also provides free legal advice and representation for children and young people in Edinburgh, Midlothian, East Lothian, West Lothian, and Glasgow and the surrounding areas. They represent children and young people up to the age of 18, and up to the age of 21 if they are or have been a looked after child.

Freephone: 0808 129 0522; Text: 07527 566 682 (charged at normal network rate).  
[info@clanchildlaw.org](mailto:info@clanchildlaw.org); [www.clanchildlaw.org](http://www.clanchildlaw.org); [Contact Form](#)

C. Men:

**AMIS (Abused Men in Scotland):** is a registered charity that supports men in Scotland who have or are experiencing domestic abuse.

03300 949 395. Email: [support@amis.org.uk](mailto:support@amis.org.uk)

**FearFree (Sacro):** FearFree is a support service for any man, or LGBTI+ person experiencing domestic abuse. Offices in Aberdeen, Edinburgh. Glasgow and Kirkcaldy 0131 624 7266; [FearFree.scot](http://FearFree.scot).

**Men's Advice Line** 0808 8010 327 (Mon & Wed 9am- 8pm, Tues, Thurs, Fri 9am – 5pm) for non-judgemental information and support.

**Respect:** Can provide details of domestic abuse perpetrator programmes and associated support services.

0808 802 4040; [info@respectphoneline.org.uk](mailto:info@respectphoneline.org.uk) available Monday to Friday 9am to 8pm and Saturday and Sunday 10am to 12pm and 4pm to 6pm. A webchat service is now offered Wednesday, Thursday, and Friday 10am to 11am and 3pm to 4pm.

### **Scotland's Domestic Abuse and Forced Marriage helpline.**

Provides help, advice and information in absolute confidence, 24 hours a day, seven days a week.

0800 027 1234; [helpline@sdaafh.org.uk](mailto:helpline@sdaafh.org.uk); [Visit Scotland's Domestic Abuse and Forced Marriage helpline](#)

**The Samaritans:** Offer 24-hour confidential emotional support for anyone in crisis.

116 123; [jo@samaritans.org](mailto:jo@samaritans.org) for non-crisis

## **D. BME Communities:**

**Aditi:** Provides one to one mental health and wellbeing support to Black, Asian, and Minority Ethnic (BAME) women in a range of languages who are affected by domestic and honour-based abuse.

0131 603 4865; [aditi@sacro.org.uk](mailto:aditi@sacro.org.uk)

### **Amina – The Muslim Women's resource centre**

Offers a range of tailored support services on a one-to-one basis, national 'listening ear' helpline which also offers Islamic advice through a scholar, employability guidance, befriending, as well as through peer group support.

0141 212 8420; 0808 801 0301; [Visit Amina](#)

**Bright Choices:** Supports any woman, man, child, or family affected by 'honour'-based violence, including forced marriage and Female Genital Mutilation (FGM). This service is provided by the Multicultural Family Base.

0131 622 7500; [Visit Multicultural Family Base](#)

**Feniks:** Provides mental health and wellbeing support to central and east European community members, particularly Polish. Feniks has a dedicated mental health and practical support service for migrant women affected by domestic abuse.

0131 629 1881; [info@feniks.org.uk](mailto:info@feniks.org.uk); [Visit Feniks](#)

**Saheliya:** Is a Women's mental health organisation, which provides services to support the mental health and wellbeing of black, minority ethnic, asylum seeker, refugee and migrant women and girls aged +12 in Edinburgh.

0131 556 9302; [Visit Saheliya](#)

**Scotland's Domestic Abuse and Forced Marriage helpline:** Provides help, advice and information in absolute confidence, 24 hours a day, seven days a week.

0800 027 1234; [helpline@sdafmh.org.uk](mailto:helpline@sdafmh.org.uk); [Visit Scotland's Domestic Abuse and Forced Marriage helpline](#)

## **Shakti Women's Aid**

Based in Edinburgh, Shakti helps women who are experiencing domestic abuse. They offer support and information to all black minority ethnic women over 16 years and their children experiencing and fleeing domestic abuse.

0131 475 2399; [Visit Shakti Women's Aid](#)

**Karma Nirvana** anyone can call **0800 5999 247** (Monday to Friday 9am to 5pm) for forced marriage and so-called 'honour' crimes. You can also call 020 7008 0151 to speak to the GOV.UK Forced Marriage Unit

## **E. Courts/Justice/Perpetrator Services:**

**Domestic Abuse Services** ('DAS' - City of Edinburgh Council): Delivers a programme for men who are unhappy about their abusive behaviour towards a woman partner or ex-partner and want help to change. They provide a support, safety planning and advocacy service to the women partners and ex-partners of men who attend the programme. DAS also delivers the Caledonian System for perpetrators of domestic abuse; however, participation depends on eligibility of

perpetrators who have been referred by Court services. Anyone can make a referral to DAS, but referral to Caledonian is only through the Justice system.

DAS also offer 'Respekt', which is a programme for perpetrators of domestic abuse delivered in Polish.

0131 469 5325.

**Willow Service** is in partnership between NHS Lothian and the City of Edinburgh Council and we work with a number of different partners to address the social, health and welfare needs of women in the criminal justice system. **0131 536 3501**

**EDDACS** Edinburgh Domestic Abuse Court Support (women only) Run by Women's Aid. Support and Advocacy Service for female victims of DA going through the court system. **0131 315 8122** (out of hours **0800 0271234**)

## F. LGBT+

**FearFree:** Is a support service for any man, or LGBTI+ person experiencing domestic abuse.

0131 624 7266; [Visit FearFree](#)

**Galop:** If you identify as LGBT+ you can call **0800 999 5428** for emotional and practical support. [help@galop.org.uk](mailto:help@galop.org.uk). You can also self-refer to the service using the [online referral form](#).

**LGBT Helpline (LGBT Health and Wellbeing):** Provides information and emotional support to the entire diversity of the Lesbian, Gay, Bisexual and Transgender (LGBT) community across Scotland, including queer, intersex, asexual people, and all identities under the LGBTQIA+ umbrella. This includes families, friends and supporters of LGBT people, and health and social care professionals working with LGBT people.

0300 123 2523 available Tuesdays and Wednesdays between 12 noon and 9pm and Thursdays and Sundays 1pm to 6pm

[Helpline@lgbthealth.org.uk](mailto:Helpline@lgbthealth.org.uk); [Visit the LGBT helpline Scotland](#)

### **Scotland's Domestic Abuse and Forced Marriage helpline.**

Provides help, advice and information in absolute confidence, 24 hours a day, seven days a week.

0800 027 1234; [helpline@sdafmh.org.uk](mailto:helpline@sdafmh.org.uk); [Visit Scotland's Domestic Abuse and Forced Marriage helpline](#)

## V. Links to further reading

[Multi-Agency Domestic Abuse Policy](#)

[Domestic Abuse Housing Policy](#)

[Forced Marriage Policy](#)

Legislative Context:

[Adult Support and Protection \(Scotland\) Act 2007](#)

[Anti- social Behaviour, Crime and Policing Act 2014](#)

[Children \(Scotland\) Act 2020](#)

[Children's Hearing \(Scotland\) Act 2011](#)

[Domestic Abuse \(Scotland\) Act 2018](#)

[Forced Marriage etc. \(Protection and Jurisdiction\) \(Scotland\) Act 2011](#)

[The Human Rights Act \(1998\)](#)

[Human Trafficking and Exploitation \(Scotland\) Act 2015](#)

[Protection from Abuse \(Scotland\) Act 2001](#)

[Protection of Children and Prevention of Sexual Offences \(Scotland\) Act 2005](#)

[Protection of Vulnerable Groups \(Scotland\) Act 2007](#)

[Prohibition of Female Genital Mutilation \(Scotland\) Act 2005](#)

[Sexual Offences \(Scotland\) Act 2009](#)

[Vulnerable Witnesses \(Scotland\) Act 2004](#)

National and International Context:

[Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls](#) (Scottish Government & COSLA, 2017)

[In Search of Excellence: The Coordinated Community Response \(CCR\)](#)



[Safer Lives: Changed Lives: A Shared Approach to Tackling Violence Against Women in Scotland](#) (The Scottish Government 2009)

[National Guidance for Child Protection in Scotland](#) (The Scottish Government, 2021)

[A place of greater safety](#) (Co-ordinated action against domestic abuse CAADA 2012)

[Beyond Violence: Breaking cycles of domestic abuse](#) (The Centre for Social Justice, 2012)

[The Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence](#) (sometimes known as the Istanbul Convention)

[The United Nations Convention on the Elimination of Discrimination Against Women \(CEDAW\)](#)

[The United Nations Convention on the Rights of the Child \(UNCRC\)](#)

[Edinburgh's Domestic Abuse Strategy and Improvement Plan \(2017\)](#)

[Getting It Right First Time \(SafeLives\)](#)

## Domestic Abuse and Men:

[Where do you go? Who do you tell?](#) Consultation on the needs of gay, bisexual, and transgender men who experience domestic abuse in Scotland (LGBT Scotland 2012).

[Men's experience of domestic abuse in Scotland](#) (Dempsey, 2013)

[SafeLives: Voices of Men and Boys \(key project findings, 2019\)](#)

[Respect Toolkit for work with male victims of domestic violence](#)

[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.](#)

[Huntley, A.L.; Potter, L.; Williamson, E.; Malpass, A.; Szilassy, E. and Feder, G. \(2019\): Help-seeking by male victims of domestic violence and abuse \(DVA\): a systematic review and qualitative evidence synthesis. \*BMJ Open\*. \(Accessed on 23 March 2022\).](#)

[Help for male victims of domestic abuse](#) – Men's Advice Line website.

LGBT+ and non-binary people and domestic abuse:

[Free to be Safe: LGBT+ people experiencing domestic abuse. \(SafeLives Spotlight report, 2018\)](#)

[National Coalition Against Domestic Violence \(NCADV\): Domestic Violence and the LGBTQ Community \(Blog Post, 2018\)](#)

[Stronger Together: Guidance for Women's Services on the Inclusion of Transgender Women](#) (Second Edition, 2015: LGBT Youth Scotland; LGBT Domestic Abuse Project and Scottish Trans)

[Out of sight, out of mind? Transgender People's Experiences of Domestic Abuse \(LGBT Youth Scotland / Equality Network 2010\)](#)

Domestic Abuse and Older people:

[Safe Later Lives: Older People and Domestic Abuse \(SafeLives Spotlights report, 2016\)](#)

[House of Lords Library: Domestic Abuse of Older People \(2021\)](#)

[Iriss: Older Women and Domestic Abuse \(2018\)](#)

Pregnant women, parents, and domestic abuse:

[Domestic Abuse in Pregnancy \(NHS UK, 2021\)](#)

[Supporting women and babies after domestic abuse: A toolkit for domestic abuse specialists \(Women's Aid, 2019\)](#)

Children and Young People and Domestic Abuse:

[Inter-Agency Child Protection Procedures \(Edinburgh and the Lothians\)](#)

[City of Edinburgh Council Child Protection Resources](#)

[Child Protection Involves Us All \(City of Edinburgh Council\)](#)

[Parenting through Domestic Abuse \(SafeLives Spotlight Report\)](#)

[Domestic Abuse – NSPCC](#)

[Literature Review: Better Outcomes for Children and Young People Experiencing Domestic Abuse – Directions for Good Practice](#) (Scottish Government, 2008)

[Picking up the pieces: Domestic Violence and Child Contact](#) (Boland)

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

[Disabled Survivors Too: Disabled People and Domestic Abuse \(SafeLives spotlight report, 2017\)](#)

[Gender Based Violence and Learning Disability \(Public Health Scotland, 2019\)](#)

[Disabled Women \(Scottish Women's Aid\)](#)

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

[Religious and Spiritual Abuse \(Living Without Abuse\)](#)

[Faith and Domestic Abuse \(Faith Action and Public Health England\)](#)  
[Violence Against Women and the Role of Religion \(VAWNet, 2005\)](#)

[Reconceptualising Coercive Control in Religious Contexts \(University of Strathclyde & Amina MWRC, 2021\)](#)

[Women from BME communities \(Women's Aid\)](#)

['Honour'-based violence and forced marriage \(SafeLives Spotlight Report\)](#)

External Resources:

[The Women's Support Project](#): Information on violence against women and children  
[NHS Inform](#): Self Help Guide for anyone in crisis, e.g., depression, anxiety, stress, panic, and sleep problems

[Domestic abuse and gender inequality: An overview of the current debate \(Centre for Research on Family and Relationships, 2013\)](#)

[SafeLives](#): Information and Resources for professionals in Scotland. A UK-wide charity dedicated to ending domestic abuse and who work with organisations across the UK to transform the response to domestic abuse. Website has lots of up-to-date information and data.

<https://www.cci.health.wa.gov.au/Resources/Overview> (CCI): workbooks for adults suffering from anxiety, low mood and eating disorders.

[DAART: Domestic Abuse Awareness Raising Tool](#): An online training resource in Domestic Abuse Awareness Training

[Domestic Homicide Timeline](#) online training (cost attached)

[HOME - Safe & Together Institute \(safeandtogetherinstitute.com\)](http://safeandtogetherinstitute.com)

[Programme for victims and survivors of domestic abuse - Free Social Work Tools and Resources: SocialWorkersToolbox.com](#)

**FGDM Knowledge Hub – articles and discussion on FGDM & Domestic Abuse.  
Register to join.**

**FGDM Further Reading:**

**Edwards, D. and Parkinson (2018)** Family Group Conferences in Social Work. Involving Families in Social Care Decision Making. Policy Press. Bristol University.

**Fox, D. (2008).** Family group conferencing and evidence- based practice: What works? Research. Policy and Planning, 26(3), 157–167.

**Inglis, S. (2007).** Family decision making to plan for safety in domestic violence. In C. Ashley, & P. Nixon (Eds.), Family group conferences - Where next? London: Family Rights Group. Available at: <http://www.iirp.edu/news/2282-family-group-conferences-for-adults>

**Pennell, J. (2000).** Family group decision making: Protecting children and women. Child Welfare, 79(2), 131–158.

**Pennell, J., & Burford, G. (2002).** Feminist praxis, making family group conferencing work. In H. Strang, & J. Braithwaite (Eds.), Restorative justice and family violence (pp. 108–127). Cambridge University Press: Melbourne.

**Rogers, M. & Parkinson, K. (2018)** Exploring approaches to child welfare in contexts of domestic violence and abuse: Family group conferences. Child and Family Social Work. Vol 23 Issue 1. Wiley online Library

**De Roo, A. & Jagtenberg. R. (2021)** Family Group Conference Research: Reflections and Ways Forward. Netherlands Organization for Scientific Research and the Municipality of Rotterdam. Erasmus University Rotterdam. Eleven International Publishing; 1st edition