2019

Gender-based Violence and Learning Disability:

Guidance for practitioners

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People with learning disabilities have a right to develop personal and sexual relationships like everyone else. With the right support and access to education, the majority of people with learning disabilities are able to engage in safe, healthy and happy personal and sexual relationships. We recognise however that people with learning disabilities are at a greater risk of experiencing gender-based violence (GBV), therefore this guidance is to help you identify signs that someone may be at risk and how you can respond appropriately.

This guidance takes a human rights based approach and is directed by these key principles:

Key principles

1. People with a learning disability have the right to develop and enjoy intimate and sexual relationships.

2. Having a learning disability does not mean an individual lacks the capacity to consent to sexual relationships.

3. With the right support, education and access to information, people with a learning disability can make informed decisions about their own relationships and how they choose to live their life.

4. People with a learning disability are at greater risk of experiencing gender-based violence therefore services should be able to recognise and provide appropriate support to someone who has experienced this type of abuse.

5. Services must balance the rights of the people they support to live their life as they choose with their duty of care to protect them from harm.

6. Any interference with a person’s rights must be ethical, lawful, necessary and proportional to the risk.

7. Your approach should be participatory, accountable, non-discriminatory, empowering for individuals and in line with legal requirements.

By adopting these principles you will be helping to uphold an individual’s:

- Right to life
- Right to be free from inhuman and degrading treatment
- Right to liberty
- Right to respect for private and family life, home and correspondence
- Right to be free from discrimination

Who this guidance is for

This guidance provides a framework for frontline staff who work with people with mild or moderate learning disabilities, or significant learning needs, and/or work with people who have experienced gender-based violence. You might work in social work, community learning disability teams, women's support organisations, learning disability support services or other frontline roles within health and social care.

The guidance will help you to identify signs of gender-based violence and provide an appropriate response. Your role will determine the level of actions you take, which could range from sharing concerns, referring to services, to completing risk assessments and providing advocacy.

How you work with people and their cases will support delivery of the aforementioned key principles. A rights based approach (using the PANEL principles outlined below) will help you achieve this.

Key principles for staff

- **Participation**
  People you work with should be involved in the decisions that affect them. Their opinions and experiences should be listened to and valued, with communication support and advocacy provided where necessary to ensure they are heard. Information should be presented in an accessible language and format.

- **Accountability**
  Follow local policies for raising safeguarding concerns and record information in confidential case notes as soon as possible after you have spoken with the person. If information has to be shared with other agencies, always seek the consent of the person. In cases where you have a statutory duty to share, discuss with the individual where possible and safe to do so.

- **Non-discrimination and equality**
  Your approach to working with people should be accessible to all members of society regardless of their age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, and pregnancy and maternity status. Their needs should be considered to ensure participation in any decision making processes and support adapted to meet their requirements.

- **Empowerment**
  People should understand their rights, be supported to participate in the decisions affecting their lives and know who they can turn to for help. Let people know about the help that exists through providing accessible information; support their engagement with other services;

and as a service, recognise and display that people with learning disabilities can experience gender-based violence and help is available.

- **Legality**
  You need to strike the balance between respecting people's right to live their life freely and their right to be free from harm. Follow local safeguarding policies, record information and work with senior managers and agencies to provide a proportionate response to support and protect the individual.

What is gender-based violence?

Gender-based violence is violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty (UN Committee on the Elimination of Discrimination Against Women (CEDAW) 1992). It is predominantly men who carry out such violence, however it is important to note that not all men are violent and men can experience it too.

Many people experience more than one type of violence and we include the following forms in our understanding of GBV:

- **Domestic abuse**
  Perpetrated by a partner or ex-partner and may be physical, sexual, financial and/or psychological. It is characterised by a pattern of behaviours including coercive control, escalating in frequency and severity over time.

- **Childhood sexual abuse**
  Exploitation of a child/young person by an adult for their own or other's sexual gratification. It is physically and emotionally abusive and often involves serious and degrading assault.

- **Commercial sexual exploitation**
  Includes prostitution, stripping, pornography, lap dancing and sex trafficking.

- **Rape and sexual assault**
  Unwanted or coerced sexual activity including anal, oral and vaginal penetration, and sexual touching. It is usually committed by someone known to the individual.

- **Stalking and Harassment**
  Unwanted, persistent and sometimes threatening attention e.g. following someone, constantly phoning, texting or emailing at home

and work, contacting someone through social media publicly and privately.

- **Harmful traditional practices**
  Includes Female Genital Mutilation, Forced Marriage and 'Honour Based Violence' which are traditionally condoned and presented by perpetrators as part of accepted cultural practice.

Gender-based violence can happen to anyone. It cuts across all equality protected characteristics (age, disability, gender reassignment, marriage & civil partnership, pregnancy & maternity, race, religion and belief, sex, sexual orientation) and factors such as financial dependence, poverty, substance misuse, mental health issues, homelessness and insecure immigration status can heighten women's vulnerability to abuse or entrap them further in it.

For more information on GBV and access specific guidance on the different types, read more at:

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

What is learning disability?

Learning Disability Statistics Scotland (LDSS) report that there are 23,446 adults with learning disabilities known to Scottish local authorities (SCLD, 2018).

The Keys to Life, Scotland's national strategy, defines learning disability as being a significant and lifelong condition. It starts before adulthood and affects the person's development. This means that a person with a learning disability will be likely to need help to understand information, learn skills and live a fulfilling life. Some people with learning disabilities will also have healthcare needs and require support to communicate (Scottish Government, 2019, p. 9).

Having a learning disability means a person may take longer to learn things and often needs support to develop new skills, be aware of risk, understand complicated information and interact with other people (Enable Scotland, 2018).

Some people might have a significant learning need and not have a learning disability diagnosis. This could result in them not meeting local thresholds for support, leading to a lack of engagement with services and therefore being of increased vulnerability.

Gender-based violence and learning disability

There is limited evidence on the prevalence of women with learning disabilities who experience GBV, however national data reports it is greater for women and men with a long-standing illness or disability than the general population (Office for National Statistics 2018) and studies demonstrate that women and girls with a learning disability are particularly at risk (Jones, Bellis et al. 2012, Cambridge, Beadle-Brown et al. 2011, Michelle, Siobhan et al. 2017).

- 40% of women and 20% of men with a long standing illness or disability have experienced partner abuse (Office for National Statistics 2018)
- 16% of women with a long standing illness or disability have experienced sexual assault by a partner (Office for National Statistics 2018)
- 17% of women with a long standing illness or disability have experienced stalking by a partner (Office for National Statistics 2018)
- 15% of children with mental or learning disabilities are estimated to have experienced sexual violence (Jones, Bellis et al. 2012)
- International studies show that people with a learning disability can have a 10-12 times greater risk of sexual assault (Shapiro 2018, Lin, Yen et al. 2009)
- 12% of cases dealt with by the Forced Marriage Unit involved someone with a learning disability (Foreign & Commonwealth Office 2018)
- They are more likely to experience abuse from a range of perpetrators as noted below.

This suggests that staff working in learning disability settings are likely to encounter people who have experienced abuse and there is a need for violence against women services to be able to support this population group.

Why are people with learning disabilities at more risk of abuse?

There are a range of factors that increase the risk of experiencing GBV during both childhood and adulthood:

- Experiences of education or living in institutions can result in learned behaviours to comply with others.
- A lack of access to information and education on relationships and sexual health.
- Perceptions that people with learning disabilities do not want sexual relationships, or will not be sexually exploited.
- Being socially isolated.
- Exposure to a large number of people involved in their personal and intimate care, and they may rely on the perpetrator as their main caregiver.

- A lack of communication skills to tell others when abuse is happening or being able to describe it.
- The associated mental health impact of experiencing abuse in childhood can lead to a greater vulnerability to abuse in adulthood.

These factors can increase the likelihood of grooming and vulnerability to being manipulated or exploited.

Grooming

Perpetrators can take advantage of the need to experience friendships and relationships by targeting a person in order to access their home, finances or to sexually exploit them. In such cases, the person may believe the perpetrator is their boyfriend or girlfriend.

Grooming can take place over a short or long period of time and individuals and their families might not be aware of it happening. It could involve actions such as:

- Paying an inappropriate amount of attention to the person
- Telling the person that they are 'special'
- Offering, promising or giving gifts
- Offering to help the family or carers in order to gain access to the person
- Openly or 'accidentally' exposing the person to nudity or sexual materials
- Having inappropriate boundaries, e.g. sharing 'problems'
- Giving the person special treatment and privileges.

Enable Scotland (2009)

Young people at risk

The 'Underprotected, overprotected' report (Franklin et al, 2015) highlights the particular risk young people with learning disabilities face from grooming. This can be as a result of the factors outlined on page six along with the desire to form friendships and relationships. Professionals reported that this can lead to an 'older boyfriend' model of sexual exploitation and peer-on-peer exploitation.

Young people were also reported to be at risk of online grooming which is compounded by a lack of online safety education. Furthermore, a lack of knowledge on sex and the law was demonstrated by some young people who were not aware that it is illegal for an adult to have sex with a child.

Human trafficking

A small US study (Reid, 2016) of social services supporting girls who had been trafficked for sexual exploitation found a disproportionate amount of girls with a learning disability (28%) were represented in a sample of case records. The research highlighted that previous sexual abuse was associated with

risky behaviours such as running away, which resulted in being trafficked, and individuals were unable to unable to understand the difference between boyfriend, trafficker and someone buying sex and were therefore unable to identify the abusive situation.

People you support may have experienced different types of abuse throughout their lives and from different perpetrators. As a result it may feel familiar and acceptable to them. The current perpetrator may have 'rescued' them from a previous abusive setting, therefore the person may find it difficult to challenge their behaviour. It is important that you are aware of the indicators of abuse and consider all the people that pose a potential risk.

There are also personal and service barriers preventing people disclosing abuse and receiving appropriate support.

Personal barriers

Along with a fear of not being believed, blaming themselves, feeling ashamed and embarrassed, those with children also fear that engaging with services will result in their children being taken into care. This is compounded by a lack of knowledge about available services, legal rights and low self-esteem and confidence.

In cases of domestic abuse, individuals may hope that their partner's behaviour will change, develop a fear of emotional independence and believe (or be made to believe) that no-one else will want them. This need for belonging can result in women staying in abusive relationships for a prolonged period.

> "I felt really terrified but I wanted to stay with him for a while cause he was the children's dad. A lot of people asked me why don't you leave him, but I loved him and he was the children's father". (Pestka and Wendt, 2014)

Service barriers

Factors relating to staff knowledge, skills, training and confidence in identifying abuse and how to help someone with a learning disability can hinder disclosure and support. Those experiencing abuse may also be unaware that support services exist and find services that they do know about are not accessible, both in terms of the information they provide and their physical accessibility.

Institutional care may not provide independent advocacy and behaviour perceived as challenging may be attributed to the learning disability instead of exploring the root causes. A lack of formal risk assessment processes and information sharing between relevant services, as well as inconsistent responses by services/staff can present missed opportunities for identifying, recording and responding to abuse.

Revisit the key themes:

- People with a learning disability have a right to develop personal and sexual relationships
- With the right support and access to education, many people with a learning disability are able to engage in safe, healthy and happy personal and sexual relationships.
- Women with learning disabilities experience the same physical, sexual and psychological abuse as other women but can be at greater risk.
- You need to be able to balance the rights of your clients with your duty of care to protect them from abuse.

How you can help prevent abuse

Developing trusting relationships with people with learning disabilities will create an environment where they can talk about their experiences, ask questions and share any concerns they have. Knowing that they will be listened to and their views respected also provides them with a safe person they can contact in times of crisis.

Use your relationship to talk about the things that matter to them and build awareness of appropriate behaviours. This includes their right to privacy, respect for their bodies and an awareness of why keeping secrets is inappropriate.

Present opportunities for people to make their own decisions and when a choice is available, encourage them to say “No” to things that they do not want to do. Respecting this choice reinforces that they do not always have to comply.

Do not shy away from talking about sexual health and relationships. Everyone should be aware that having sex with someone should be an enjoyable act for both parties. Raise the issue of consent and what this means.

Consent

- Both adults agree to sexual activity.
- Consent to one sexual activity does not mean consent to any sexual activity.
- Consent can be withdrawn at any time.
- Someone’s capacity to give consent can be impaired if they are under the influence of alcohol or drugs or have a medical condition which limits their ability to consent or communicate consent.
- Children and people who are sleeping or unconscious cannot consent to sexual activity.

- Having a learning disability does not mean that someone lacks the capacity to consent.

Capacity to consent

The person must:

- understand the nature of the sexual act and its possible consequences
- be able to communicate their decision to consent/dissent
- be able to act on their decision.

Of course, it is not possible to prevent all abuse from happening but by educating people about their rights, building their confidence to set boundaries and providing a safe environment where they can share concerns, you will help make people less vulnerable.

How you can identify abuse

There are physical, mental and sexual health indicators of abuse, as well as changes to behaviour which might give you cause for concern. Some of these indicators may be related to unresolved trauma from past experiences of abuse whereby the person has had little support, has not disclosed to anyone or has received a poor response to a previous disclosure.

Physical Health	• Injuries to head, neck, chest, breasts and abdomen • Unexplained injuries • Bruises, burns and scars at various stages of healing • Pattern of repeated injuries • Headaches, migraines, dizziness
Mental / Emotional Health	• Appear anxious, depressed or have panic attacks • Have difficulty sleeping, appear confused or unable to concentrate • Self-harming and suicidal thoughts/attempts • Alcohol or drug use
Sexual Health	• Unwanted pregnancy • Repeat abortions • Sexually transmitted infections • Gynaecological problems • Urinary tract infections
Behaviour	• Are reluctant to leave when day/evening activities come to an end • Appears to have less money available

	• Appear to be on edge and overreact to minor incidents • Display inappropriate/sexualised behaviour or behaviour perceived as challenging • Appear to have less contact with friends, family and looked after and accommodated children • Miss appointments • Minimise injuries or are evasive when questioned • Make excuses for the abuser's behaviour

Individuals may become withdrawn and reluctant to talk about what is concerning them. If someone has been groomed you might notice them wearing new clothing or with new items. They could be spending more time online or on their phones and be averse to saying who they are talking to. They might also start talking about a new friend, boy/girlfriend but are not clear about who they are or how they met them (Davies, 2019).

You should also be alert to the potential actions of a perpetrator who may be using coercive control by:

- denying access to medication, mobility or communication aids, or encouraging non-compliance such as, "You don't need that"
- limiting their communication with others and acting as their communicator
- refusing external assistance or support packages
- belittling, insulting or threatening the person and/or talking down their abilities
- insisting that the relationship continues as "no-one else would want a disabled woman" or threatens that she would be placed in an institution if she left.

The existence of these indicators on their own do not prove that abuse is happening, however if someone with a learning disability displays a combination of these or experiences them over a period of time then it should give you cause for concern. Be careful not to attribute changes in behaviour solely to someone's learning disability and use the opportunity to check on their wellbeing.

How you can ask about abuse

People may be reluctant to talk about abuse before you have built up a trusting relationship with them. It is still okay to ask questions if you have concerns. Research has shown that women don't mind being asked about abuse and it can encourage disclosure at a later date.

It is better to ask about abuse and provide an avenue for support than to never give the opportunity in the first place.

You can take the opportunity during formal care reviews, assessments, health checks or by prompting a discussion. Sometimes, informal opportunities such as talking whilst driving in the car has allowed women to disclose. Ensure that you are in a safe, quiet and confidential space, and that their communication and support needs are being met before starting discussions.

The routine enquiry form developed by Common Knowledge and Central Sexual Health is a useful tool to introduce discussions about relationships and sexual health. This gives the individual the power to decide if they want to talk about particular issues. If they decide not to, it can reinforce that the opportunity exists to talk at a later date and only they will decide what they want to talk about and when. The form is available in appendix 1.

Trained practitioners of the Talking Mats Keeping Safe resource can use that approach to discuss sensitive issues with individuals, explore what parts of their life they would like to change and work with others to implement those changes. You can find out more about Talking Mats at https://www.talkingmats.com

How to support disclosure

The key values to supporting disclosure are:

- Provide a safe, quiet and confidential space
- Speak to them on their own (or with a professional interpreter, communication support, or advocate if required).
- Ask non-threatening and open questions.
- Treat them with respect and dignity

Is there anything you're worried about?

Tell me about how safe you feel at home

How are you and your partner getting on?

What else is going on for you that you might need help with?

How you can adapt your service and approach to support someone with a learning disability

The needs and abilities of the people you support will vary greatly. Treat everyone as an individual, work with support services to understand communication needs and adapt your approach accordingly.

> Avoid a "three strikes and you're out" approach to missed appointments. This ignores the impact of abuse and could fail to recognise the information and support needs of the person.
>
> Where you are aware there is an additional need or concern, cases should not be closed until a further risk assessment is completed.

Communication

Work with support services and the individual to establish the best means of communication. Traditional methods such as the telephone or standard letters might not be appropriate for making contact. Many people with learning disabilities prefer face to face and one to one communication.

Ask the person what supports them to understand things and say what they are feeling. When speaking on the phone, speak slowly and clearly, using easy to understand words.

The time taken to build relationships, complete risk assessments and provide support will be determined by the needs of the individual and your approach.

Be prepared to break tasks down and repeat key information. For example, use SafeLives Young People Checklist to conduct a risk assessment, gather information over more than one appointment and do not provide a lot of complex information at once.

Check understanding by asking questions, summarising and taking breaks when needed. Making visual notes of key points can help. Consider what accessible tools can be used during face to face appointments such as Talking Mats.

Avoid asking leading questions which could result in the person agreeing with you or answering with what they think you want to hear.

If a person has been referred to your service it can help to have someone they know and trust accompany them. This could be an advocate. People with a learning disability may lack confidence and assertiveness, which might lead them to answer questions in a way they think is right. Fears of getting in trouble or losing children could also lead to the minimisation of abuse. Family members and friends should not be present in cases of abuse, instead seek advice/attendance from the referrer or support worker.

If you need to write to them, use bigger text and bullet points, and keep writing at a minimum. Too much colour can also make reading harder for someone. If your letter will contain sensitive information, consider who is likely to have access to their mail and whether this is likely to place them in danger.

Information

Provide easy read information on abuse, how to seek support, the services you provide and the processes involved.

For examples of easy read information on abuse, take a look at these resources:

Stop it Now!: Easy read resource on the dangers of online grooming

Enable Scotland: Surviving sexual abuse: An easy-read guide

Terms such as coercive control, identifying abusive behaviours and understanding healthy relationships can be difficult for someone to grasp. Learning disability and women's support services should develop simple relationship 'rules' that the person will be able apply in order to recognise abuse. Videos by Enable Scotland[1] and the Tizard Centre, University of Kent[2] can support this.

The Department of Health (2010) produced guidelines for producing easy read materials. These can help you prepare letters or make information on your service more accessible. Read Annex A and B in the link below for specific guidance.

https://webarchive.nationalarchives.gov.uk/20130703133435/http://odi.dwp.gov.uk/docs/iod/easy-read-guidance.pdf

The Scottish Commission for Learning Disability also provides useful Easy Read Top Tips and information on other communication techniques.

https://www.scld.org.uk/easy-read-documents/

[1] Enable Scotland: Think about it – say no to abuse. https://www.youtube.com/watch?v=cA8tD36rquY

[2] Tizard Centre: Don't Put Up With It! - Domestic Violence And Women With Learning Disabilities. https://vimeo.com/116967832

Working with other agencies

It is important to provide a multi-agency response to ensure all services are fully informed and the person experiencing GBV receives the best possible care. Some services to link in with are:

- Social work, adult/child protection leads
- GPs
- Community learning disability teams
- Women's support organisations such as Women's Aid and Rape Crisis
- Advocacy services
- Police – adult/child protection officers, domestic abuse liaison officer, sexual offences liaison officer.

Find out what services exist in your local area and build relationships with key staff. Share support and communication needs and adopt referral processes.

You will need to consider alternative support if an abusive partner is also the main carer. Other issues include whether there are suitable refuges for someone with a learning disability and how to support someone with change, to report to the police or apply for court orders.

Managers might find it useful to connect with learning disability, health and social care, and violence against women services to establish a referral process and arrange joint training sessions for staff on how to identify risks and support someone with a learning disability.

To support women to access other services, it would be helpful to make the first contact on their behalf or be there for support whilst they phone them.

Sharing information

You should share relevant information with other agencies to ensure an individual is safe, is provided with appropriate support and the perpetrator is accountable. This might be required by law but in other instances you should balance your responsibilities for confidentiality with public safety. Information sharing is permitted under the Data Protection Act 2018 in order to safeguard children and individuals at risk. Information can be shared for the purposes of protecting:

- an individual from neglect or physical, mental or emotional harm, or
- the physical, mental or emotional well-being of an individual.

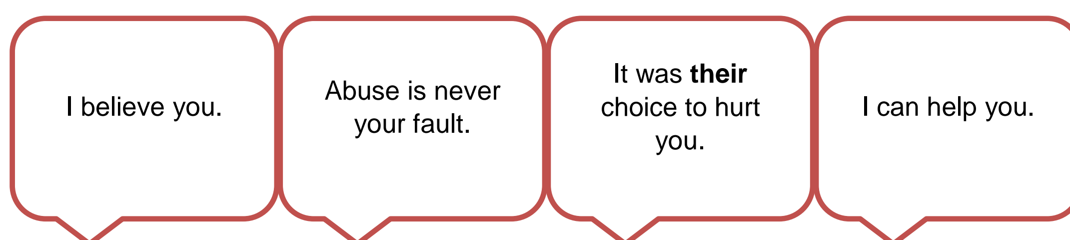
The information you share should be proportionate to addressing your concerns and only with agencies that need to know.

How you can respond to a disclosure of abuse

Provide a trauma-informed response

Individuals who receive responses which are supportive, empathic and non-judgemental experience fewer trauma-related symptoms and are more likely to recover.

This might be the first time that they have disclosed their experiences. You should stay calm, validate their feelings, believe them, reassure them that they are not to blame and show that you are willing to help.



Your response will depend on your role. You are not expected to be an expert on everything, there are specialist agencies that can support you.

Some of the areas that a person might require help with include:

Health needs	• Record any injuries. • Refer to GP or emergency department as appropriate. • Treat immediate needs if you are a health professional and assess the physical, mental and sexual health impact. • Refer for specialist services as required, i.e. forensic examinations and counselling.
Safety	• Contact the police (999) if you believe someone to be in immediate danger. • Follow your local risk assessment procedures. In domestic abuse cases, trained professionals can use the SafeLives DASH risk checklist[3]. • If the case concerns an 'adult at risk' (see page 19), inform social work and follow local adult support and protection procedures.

[3] DASH is an abbreviation of Domestic abuse, stalking and 'honour'-based violence. The checklist is used to identify and plan support for cases at high risk of murder or serious harm. Further information and resources are available at http://www.safelives.org.uk

	• If the person does not meet 'adult at risk' criteria, consult with your line manager and consider informing social work services • Work with the person and other agencies to prepare a safety plan. • Provide emergency contact numbers, and information on local support agencies and third party reporting centres in a format that it is safe to do so.
Advocacy	• Work with local agencies to support someone to know about, and how to access, their rights. • Organisations such as Women's Aid and Rape Crisis can provide one to one support and information on housing, finances, legal support and safe refuge accommodation. • Learning disability support staff can help ensure other organisations tailor their response and support individuals to have their voice heard throughout the process. • Work with the relevant local agencies to support them to get on with day to day living.

It is important not to compromise the safety of those experiencing abuse or their children. Always be prepared to work with other agencies to help increase safety, ensure that they and any children receive the best help possible, and that the perpetrator is held accountable.

Each case will be different and the individual circumstances will determine the appropriate course of action. These could be following adult support and protection (ASP) procedures, referring to MARAC (Multi-Agency Risk Assessment Conference) or reporting to the police. Discuss the options with the person and clearly explain if certain actions must be taken and why.

Adult support and protection	
Process	**Use when**
Ask the person what has happened, who was involved, what they think about it and what they want to happen. Is anyone else at risk? Record the relevant details. Report concerns to your line manager, duty senior social worker or person's allocated social worker. Case is reviewed, legal status determined, support plan agreed, implemented and monitored.	Case involves an 'adult at risk' who you know or believe has experienced abuse.

N.B. It may not always be possible to determine if an individual fits the specific adult at risk definition and criteria (see page 20). For avoidance of doubt, where any person is suspected to be an adult at risk of harm they should be treated as such, until their status is deemed otherwise by Social Work Services. If an individual does meet adult at risk criteria consult with your line manager and consider informing social work services.	
MARAC	
Process	**Use when**
MARACs are local meetings where statutory and non-statutory agencies (police, social services, health etc) discuss individuals at high risk of serious harm or murder. Agencies share information to manage risk, improve safety and reduce repeat victimisation. Those assessed as being at high risk do not need to give their consent to be referred to MARAC however it is good practice to explain the process if safe to do so. Trained professional carries out DASH risk checklist. Some practitioners have found using the young people's version of the checklist to be more appropriate If the risk score is above the local threshold, complete the MARAC referral form and submit to the local MARAC co-ordinator. If the assessment does not meet the threshold but you are very concerned, you can request the case is discussed under 'Professional Judgement' The person is asked if they wish an independent domestic abuse advocate (IDAA) throughout the MARAC process who supports them in all aspects needed to become safe and ensures their voice and safety are at the centre. The IDAA can co-work with a regular advocate if that is easier for the person.	You are dealing with high risk domestic abuse cases. Cases which do not meet the referral criteria still require support. Work with local agencies and the client to prepare a safety plan.
Police	
Process	**Use when**
Contact 999 in an emergency and request the assistance of the police and any other emergency service that is required.	The person is in immediate danger.

<table>
<tr>
<td>Do not put yourself at risk and be aware of the need to preserve evidence.

In non-emergency cases contact police on 101 and request to speak to the adult/child protection officers, domestic abuse liaison officer or sexual offences liaison officer for your area.

Always seeks the person’s view before contacting the police. Consent can be overridden in the following circumstances but you should still inform them why police are being contacted:
• They are at immediate risk of significant harm
• There is concern the person is being unduly pressured to withhold their consent.
• The situation involves a service provider and other adults may also be at risk or harm.
• There is a public safety concern and it is in the public interest to override consent because of the seriousness of the incident or allegation and/or risk to other people.
• A member of staff from any agency witnessed a crime being committed and is obliged to report.

Make a referral to social work services if the incident involves an ‘adult at risk’.</td>
<td>The situation involves an ‘adult at risk’ and you know or suspect a crime has been committed.

The person would like you to contact police on their behalf.</td>
</tr>
<tr>
<td colspan="2">Record information</td>
</tr>
<tr>
<td colspan="2">Regardless of the course of action taken, you should record information in confidential case notes:
• Nature of abuse and any injuries and symptoms
• Disclosure as an allegation not fact; record information as soon as possible after disclosure and note any dates and times of previously unknown incidents
• Any information on the identity of the perpetrator
• What they say using their own words and not what you think, but note if you have any concerns
• Missed appointments and unanswered telephone calls
• Outcome of risk assessment (if undertaken)
• Action taken
• If information is being shared with other agencies
• Or if you are NOT sharing information with other agencies, the decision making process made</td>
</tr>
</table>

Following one course of action does not necessarily mean that other routes should be ignored. For example, a DASH risk checklist could be completed in

conjunction with adult support and protection consideration leading to a referral to MARAC and a referral into social work through the adult support and protection process.

'Adults at risk' are adults (aged 16yrs or over) who

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

All three points of the above definition must be met

An adult is at risk of harm if:

- another person's conduct is causing (or is likely to cause) the adult to be harmed, or
- the adult is engaging (or is likely to engage) in conduct which causes (or is likely to cause) self-harm.

'Conduct' includes neglect and other failures to act.

Adult Support and Protection (Scotland) Act 2007

Services should be alert to whether the reason an adult is unable to safeguard themselves is due to a lack of a support network being in place.

See appendix 2 if you have an adult at risk concern.

If an adult does not meet the criteria outlined in the Adult Support and Protection (Scotland) Act 2007, there are other pieces of legislation that may be appropriate (see https://careinfoscotland.scot/ for more information):

Social Work (Scotland) Act 1968

Local councils have a duty under the Social Work (Scotland) Act 1968 to assess a person's community care needs and decide whether to arrange any services. Any assistance should be based on an assessment of the person's care needs and should take account of their preferences.

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 creates provisions for protecting the welfare of adults who are unable to make decisions for themselves because of a mental disorder or an inability to communicate.

People who are most likely to use the provisions of the Act include those with a learning disability, dementia, mental ill health, head injury or a physical disability that prevents them from communicating.

Social Care (Self-directed Support) (Scotland) Act 2013

The Self-directed Support (Scotland) Act 2013 makes legislative provisions relating to the arranging of care and support, community care services and children's services to provide a range of choices to people for how they're provided with support.

If you are unsure if and how someone should be referred, discuss this with your line manager or contact social work services.

There are other

Case study A: Domestic abuse

You will now review the case of Helen. Helen, aged 35, has a learning disability, lives in supported accommodation and receives daily support funded by her local authority. She began a relationship with John, aged 39, who also has a learning disability.

Background		
Helen, aged 35, has a learning disability, lives in supported accommodation and receives daily support funded by her local authority. She began a relationship with John, aged 39, who also has a learning disability. John lives in the neighbouring town which is under a different local authority. After a year together they got engaged and John stayed at Helen's most days.		
Situation	**Good response**	**Hurtful response**
Over a number of visits, Helen's support staff noticed she seemed quieter than usual and John always seemed to be moody. They also appeared to have less food in the house but there were empty fast food boxes lying around. Helen told her support staff that John liked her to do things a certain way in the house and decided what clothes she wore every day. He also wanted to know what she had been doing when she wasn't with him and who she had been talking to. This made her feel scared and anxious as she had to be very careful not to upset him. Six months later, Helen was hospitalised after taking an overdose of her prescribed medication. Nursing staff noticed bruising on her arms and on	• Ensure Helen has mental health support following her overdose and anxiety • Arrange a time to see Helen on her own. • Find out how the relationship is going and explore what a safe and healthy relationship is. • Believe Helen's experiences and tell her that there is no excuse for John's behaviour, it is not her fault. • Ask Helen if there are aspects of her current situation she'd like to change. • Carry out a risk assessment (using DASH RIC). A new assessment can be carried out whenever there are concerns or changes to Helen's	• Ignore it. • Blame Helen for wasting her money on fast food. • Minimise John's behaviour and the impact it's having on Helen. • Tell Helen not to 'nag' John • Contact other agencies without seeking Helen's views or explaining why other agencies must be informed.

further investigation found more on her back and legs. Helen told them that she sometimes argued with John because she was nagging him about money and that he hit her a couple of times, but that it "didn't matter anymore because we've split up". She reported feeling down about this, and that was why she took an overdose. Helen and John knew their support teams had concerns about their relationship. When they got back together again, Helen tried to hide it from them. On a visit to her GP, the doctor noticed bruising to Helen's arms, which she said was because John liked to hold her down when he was having sex with her. Helen didn't always enjoy it but thought this was normal. Helen consented to her GP sharing this information with her support team.	circumstances. This allows opportunities to refer to MARAC if the RIC is 14 or above or there are significant concerns about Helen's safety to justify referring on the basis of Professional Judgement or Escalation • Use communication aids to support discussions. • Make adult protection referral for concerns about physical, psychological and financial harm, coercive control and review support plan. • Inform Helen that abuse is a crime and you have a duty to report it to the police. Ask if she would like to report it with your help. • Help Helen to access women's support organisations. • Record observations, discussions and actions in Helen's case notes. • Inform John's support team of concerns who can explore his understanding of abusive relationships and managing his behaviour during the early stages, and latterly inform them of the	

	escalation of abuse and crime reporting.	

Case study B: Rape and sexual assault

You will now review the case of Anna. Anna, aged 21, has a learning disability, lives at home and regularly attends her local day centre. Her parents started to notice changes in Anna's behaviour.

Background		
Anna is 21 years old, has a learning disability and lives at home with her parents. Whilst her parents are at work, Anna travels by bus to meet her friends at the day centre in town. Her parents noticed that she started to come home later than usual on some days, however Anna said she had just got busy talking and had missed the bus.		
Situation	**Good response**	**Hurtful response**
Anna continued to return late, sometimes smelling of alcohol and her parents thought she was acting 'distracted'. She appeared to be on her phone a lot more, however they put this down to her being more sociable and didn't mind if she was having the occasional drink. The situation continued and Anna's parents were now getting concerned with the frequency of drinking and reluctance of Anna to provide any meaningful details about what she had been doing during the day. Her parents noticed she had been rubbing her stomach a lot and when asked what	• Be non-judgemental, supportive and sympathetic. Be aware of the difficulties Anna might have in recognising sexual assault and being able to describe what happened, as well as her feelings. • GP treats her immediate medical needs and refer her to sexual health services for further treatment and support. • GP informs Anna and her mum that they have a duty to inform social	• Blame Anna for having unprotected sex with multiple men. • Treat her medical needs but fail to inform other agencies • Give short notice for appointments and without consideration of Anna's communication needs.

was wrong, Anna said it hurt when she needed to pee. Anna went with her mum to the GP, who on hearing about the symptoms suspected a urine infection and asked Anna to provide a urine sample. Anna felt uncomfortable so they took the container home to collect the sample there. The GP never asked, nor did Anna or her mum talk about the changes in Anna's activities and behaviour. Her mum dropped the sample in the next day which showed that she likely had a urine infection and was provided with antibiotics. After three days on antibiotics, there was no change in Anna's discomfort and her mum noticed a yellow discharge on her underwear. They returned to the GP and told them about the discharge and no improvement to her symptoms. The GP, suspecting an STI, started to ask Anna about her day to day life and if she was in a relationship with anyone. This upset Anna and she was telling her mum that, "no-one will like me anymore". After sensitively enquiring, Anna disclosed that she had met a new boyfriend in town and all of his friends liked her too. She knew they	work (adult protection referral) and police. • Record what Anna has told you in her words in case notes. • Sexual health services explain need for further STI tests, how these will be carried out and work with learning disability team to improve Anna's understanding of relationships and abusive behaviour. • Social work services review case, work with other agencies to conduct investigation and support Anna to find an advocate. • Hold case conference to develop a protection plan, providing Anna with plenty of notice and accessible information to attend supported by her advocate. • Police, social work, health and care services implement protection plan which should be reviewed 3 monthly or when circumstances change, whichever sooner.	• Refer to other agencies without informing Anna and seeking her views. • Progress case conference without Anna's input. • Put unnecessary restrictions on Anna, for example prevent her attending day centre. Instead, explore how she can be supported to attend safely.

liked her because they gave her free drinks and wanted to, and did, have sex with her. Further investigations established that a man had befriended Anna on her bus to town, gradually groomed her for sex and sold her to others (unbeknownst to Anna). The day centre had noticed that Anna was attending less but had not raised any concerns.	• Day centre staff should have explored why Anna's attendance was decreasing with her and raised any concerns with social work.	

Working with perpetrators

People with learning disabilities can experience abuse from a range of people and there is a chance that you will come into contact with them in some capacity. They may be partners or ex-partners, family members, professional carers/employees, or acquaintances/peers. Both men and women can be perpetrators but evidence states that they are most likely to be male.

If someone discloses their own abusive behaviour they may minimise its seriousness or its impact. They may try to blame other factors or people for causing them to act that way.

Your response can make a difference and influence the situation:

- Be clear that abuse is always unacceptable and such behaviour is a choice
- Affirm any accountability shown by the perpetrator
- Be respectful and empathic but do not collude
- Be positive and non-judgemental –change is possible
- Be clear that you might have to speak to other agencies and that there is no entitlement to confidentiality if children are at risk

Generic counselling, anger management and mediation between the perpetrator and person experiencing GBV are inappropriate interventions in cases of abuse. Work to change someone's behaviour should be undertaken by specialists in that role. In cases of domestic abuse, information and advice is available from respect.uk.net and information on the Caledonian programme can be found on the Scottish Government website.

More information on working with perpetrators of domestic abuse can be found in "Domestic abuse: What health workers need to know about gender-based violence" by NHS Health Scotland.

Perpetrators with a learning disability

People with learning disabilities can also be abusive. An Australian study found that males with an intellectual disability were almost 13 times more likely than other males to have been charged with a sexual offence (Nixon et al, 2017). A child abuse review found that 38% of children and young people referred to services due to their sexually abusive behaviours had a learning disability (Hackett, 2013)

Abusive behaviour should not be confused with, or defined as, challenging behaviour. If someone is indiscriminate in whom they are abusive to then this behaviour is perhaps challenging, however if the abuse is targeted at one individual who feels controlled and fearful, it is likely that the perpetrator is choosing to act in that way.

If the perpetrator has a learning disability or other support needs, these should be reviewed to ensure they have access to information, advice, assessment and support.

You should be mindful of the increased risk of experiencing abuse for anyone with a learning disability and their poor access to relationship and sexual health education. The perpetrator may have endured a traumatic childhood and have little to no awareness of appropriate relationship or sexual boundaries. It is important to explore their history, what are the root causes of their behaviour, assess the potential for future risk and identify what support they need.

For more information and advice on working with perpetrators and those who display harmful sexual behaviours, see the below resources:

NICE Guideline: Harmful sexual behaviour among children and young people

Stop It Now! Scotland: national child protection charity who provide support services to individuals and their families with problematic sexual thoughts and those who may be at risk of sexual offending.

Find out what services are in your local area such as The Halt Service in Glasgow which work with children and Young People aged 5-18 years old who have displayed harmful sexual behaviour, 0141 276 1440.

Different teams involved in the care of both parties should ensure that relevant information is shared to inform safeguarding plans.

Support for Staff

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

Sometimes, however, it can be very difficult to deal with, and may lead to 'compassion fatigue', also known as 'secondary traumatic stress'. This has been defined as "a state of exhaustion and dysfunction, biologically, physiologically, and emotionally, as a result of prolonged exposure to compassion stress". It may manifest itself in similar symptoms to those

experiencing PTSD for example, in hypervigilance, inability to listen, avoidance of clients, anger and cynicism, sleeplessness, fear, chronic exhaustion, physical ailments and guilt.

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

It is good practice for your employer to provide an employee policy on abuse. Check if there is one within your workplace which provides guidance on how you can be supported. You may also want to contact Women's Aid, Domestic Abuse Helpline or Rape Crisis for advice.

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

Support organisations

Scottish Domestic Abuse and Forced Marriage Helpline Scotland
Help and support for male and female victims of domestic abuse and forced marriage
0800 027 1234 (24 hours)
Email - helpline@sdafmh.org.uk
http://sdafmh.org.uk

Scottish Women's Rights Centre
Free legal advice and information service available for women aged 16+ who have been affected by violence.
Helpline: 08088 010 789 (Tues 6-9pm, Wed 1.30-4.30pm, Fri 10am-1pm)
Book an appointment in Glasgow: 0141 552 3201
https://www.scottishwomensrightscentre.org.uk

Scottish Rape Crisis helpline
For victims of rape and sexual assault.
08088 01 03 02 (daily 6pm - midnight)
General enquiries:
0141 331 4180 (Mon-Fri, 9.30am-4.30pm)
www.rapecrisisscotland.org.uk

Scottish Women's Aid
Information and training on domestic abuse and main contact for the network of local Women's Aid groups:
0131 226 6606
www.scottishwomensaid.org.uk

Abused Men in Scotland (AMIS)
Support for male victims of domestic abuse in Scotland. Free helpline.
0808 800 0024 (Mon-Fri 9am – 4pm)
http://www.abusedmeninscotland.org

Men's Advice Line
0808 801 0327 (Mon - Fri 9am to 4pm)
http://www.mensadviceline.org.uk

Respect
Promotes, supports & develops effective interventions with perpetrators of abuse across the UK.
Helpline 0808 802 4040 (Mon-Fri 9am – 5pm)
www.respect.uk.net

Respond
National charity that supports people with learning disabilities, autism or both who have experienced abuse, violence or trauma.
0207 383 0700
admin@respond.org.uk
https://respond.org.uk/

Stop It Now! Scotland
National child protection charity to raise awareness of and prevent child sexual abuse. Provides support to individuals with problematic sexual thoughts and those who may be at risk of sexual offending.
UK helpline 0808 1000 900 (Mon-Thurs 9am to 9pm, Fri 9am to 5pm)
Edinburgh office 0131 556 3535
https://www.stopitnow.org.uk/scotland

Fearless
Fearless works with survivors of domestic abuse over 16 years old and reaches out to those people who are less inclined to access domestic abuse services. This includes people from the black and ethnic minority community, members of the LGBT community and men.
0131 624 7266
https://fearless.scot

LGBT Helpline Scotland
A national helpline providing information and emotional support to LGBT people, their families, friends and supporters. Provides support to LGBT people who have experienced domestic abuse.
0300 123 2523 (Tues and Wed 12 to 9pm)
http://www.lgbt-helpline-scotland.org.uk

LGBT Youth Scotland Domestic Abuse Project
https://www.lgbtyouth.org.uk/domestic-abuse

Galop: the LGBT+ anti-violence charity
London based national service - offers advice, support and referral services to LGBT people experiencing homophobic, transphobic and same sex domestic abuse.
Helpline: 0800 999 5428 (Mon and Thurs 10am-8pm, Tue & Wed 10am-5pm, Fri 1pm-5pm, Tues 1pm-5pm is a trans specific service)
http://www.galop.org.uk

Women's Support Project
Information, training and support on violence against women, including a directory of local support services.
0141 418 0748
www.womenssupportproject.co.uk

Trafficking Awareness Raising Alliance (TARA)
Support for women who have been trafficked for the purposes of commercial sexual exploitation.
0141 276 7724
Email - CommsafetyTARA@glasgow.gov.uk (during office hours only)
https://www.communitysafetyglasgow.org/what-we-do/supporting-victims-of-gender-based-violence/tara/

Local information and notes

These pages are for you to record any local information or services for your area.

Women's support services

Rape Crisis services

ASSIST services

Learning disability services

Adult protection

Child protection

MARAC co-ordinator

Police contact units for:

- adult/child protection
- domestic abuse
- sexual offences

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Appendix 1: Common Knowledge and Central Sexual Health – Relationships and Sexual Health Routine Enquiry Form

CKUK ™Friendly Formatted

Relationships and Sexual Health Routine Enquiry Form

What would you like to talk about?

✓Tick any box

Topic	Yes	No
Boyfriends and girlfriends	☐	☐
My body and sexual health	☐	☐
Sex and relationships	☐	☐
Pregnancy + Parenthood	☐	☐
Abuse	☐	☐
Is there anything else you want to talk about today?	☐	☐

Created by **CKUK ™Friendly Format Service**

Making your information easier to understand

- 0141 556 5301 - admin@ckglasgow.org.uk - www.ckuk.org.uk

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Appendix 2: Guidance for referring to adult protection services

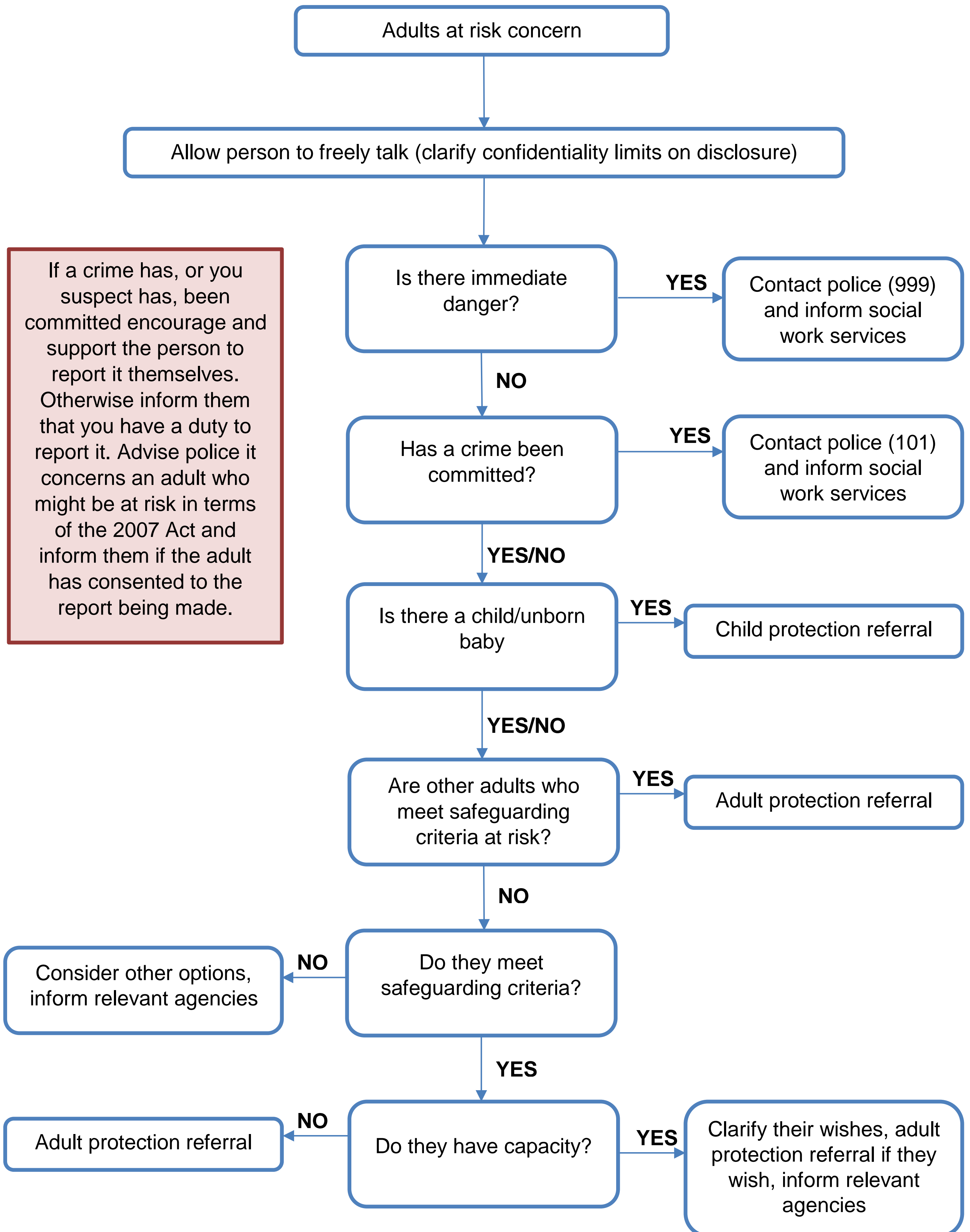
Making an adult protection referral is based on your professional judgement. The information below provides general guidance on what you should consider to make an informed decision.

It may not always be possible to determine if an individual fits the specific adult support and protection definition and criteria. For avoidance of doubt, where any person is suspected to be an adult at risk of harm they should be treated as such, until their status is deemed otherwise by social work services.

The Patient(s)	
Did the person experience harm?	
Are others at risk of harm? If a child is at risk, follow local child protection policies.	
Was the person's vulnerability likely to be relevant or was it coincidental to the concern?	
Was the impact of the incident likely to be greater because of the person's vulnerability?	
What is the person's capacity, support needs and ability to advocate for themselves?	
What are the patient's wishes about how the concern should be dealt with? Is there a duty to act?	
Is cooperation needed from other agencies to keep the person safe?	
Alleged Incident	
What was the degree or nature of harm?	
May other agencies have relevant information that could affect this judgement?	
Is there divergence from acceptable standards without good rationale and did this lead to harm?	

Where this is a low level concern, is the cumulative affect leading to harm?	
What is the likelihood of recurrence?	
Environment – the worker and the service	
Are there themes and trends – is this a recurring pattern for the worker and/or the service?	
Is there suspicion or evidence of negligence, incompetence or recklessness?	
Is there suspicion or evidence of, lack of integrity or malicious intent?	
Is there an allegation of misconduct by a member of staff to a 'vulnerable adult'? If so refer to Local Safeguarding Adults Service	
Could this be a criminal offence? If so refer to police and Local Safeguarding Adults Service	
Outcome of decision	
Decisions to refer/ not refer through local safeguarding adults procedures and reasons	
What other processes/systems are being used to address the problem? Do they adequately address the incident or would something be missed?	

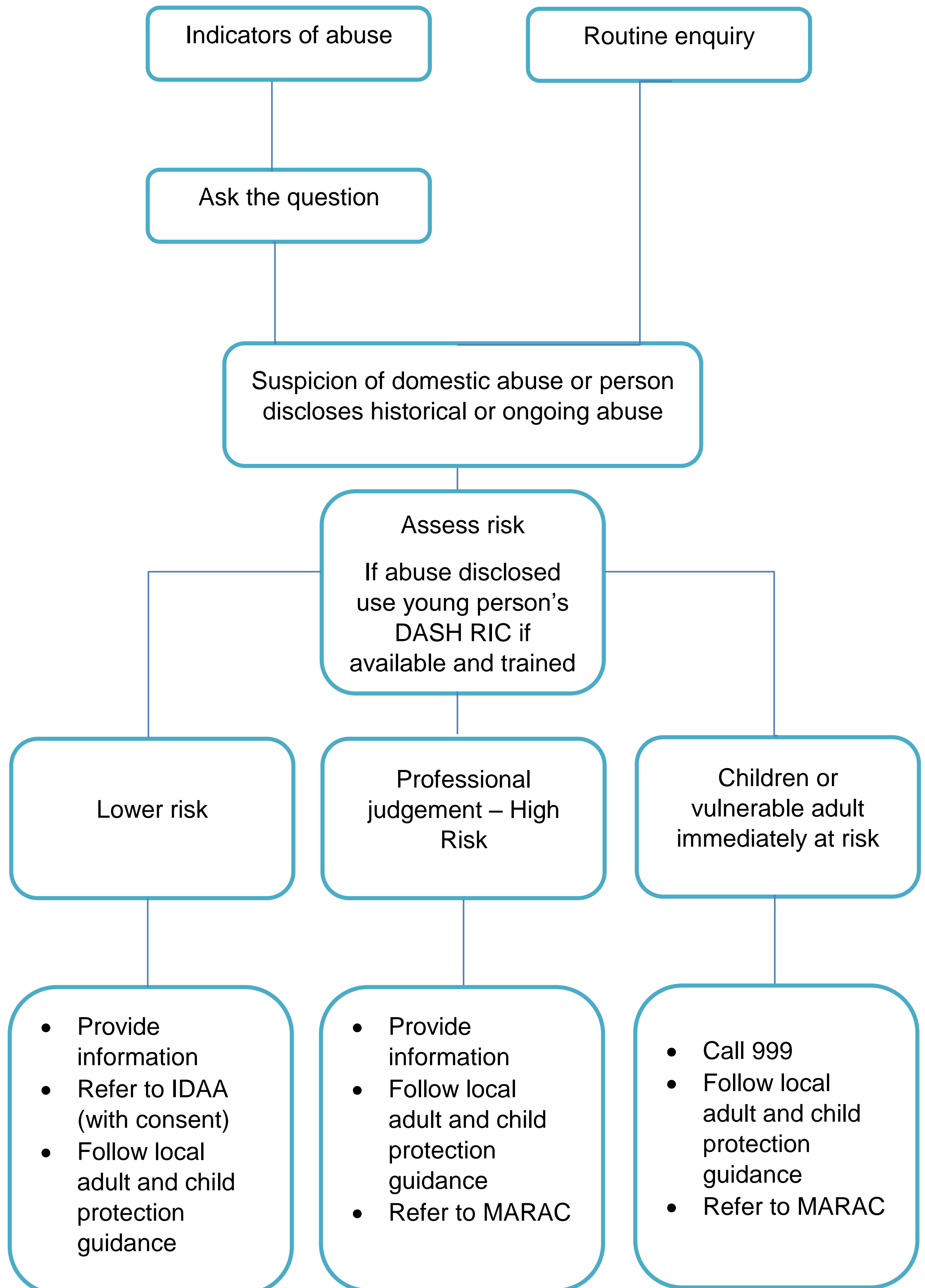
This guidance has been based on the decision making framework available in Southern Health, NHS Foundation Trust: Guidance for staff on the application of the Multi Agency Safeguarding Adults Policy.



Gibson et al (2016)

It may not always be possible to determine if an individual fits the specific adult support and protection definition and criteria. For avoidance of doubt, where any person is suspected to be an adult at risk of harm they should be treated as such, until their status is deemed otherwise by social work services.

Appendix 3: Domestic abuse referral pathway



Appendix 4: Rape and sexual assault suggested enquiry and response