



Edinburgh's Domestic Abuse Strategy and Improvement Plan

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Thank you to everyone who took their time to be involved in this consultation and development of this strategy.

In particular, thank you to the service users who shared their stories and experiences.

Executive Summary

This document outlines the development of a coordinated community response to domestic abuse in Edinburgh. It sets out our vision and proposed direction, and establishes a governance structure to take this forward. This vision was agreed at the Corporate Policy and Strategy Committee on 19 January 2016. The service redesign includes a city-wide review of all statutory agencies, commissioned services and grant provision. The co-production process has been established for a year, with a Service Providers' Group and Project Board meeting regularly.

A coordinated community response is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse victim, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase safety and hold perpetrators to account.

In April 2016, 8000 postcards and posters were distributed across Edinburgh to voluntary sector organisations, community councils, pharmacies, GPs, hospitals, dentists, leisure venues, children and families' facilities, community centres, schools and Council venues. They asked for adults, children and young people to take part in a consultation on services for people who have been affected by domestic abuse.

This document outlines the key themes identified by service users and staff in relation to Edinburgh's response to domestic abuse. It relates these themes to national and international research and best practice. Edinburgh's Domestic Abuse Improvement Plan is set out at Appendix 1.

The consultation shows that victims give the most positive response about services when they are able to build a relationship with a professional who listens, empathises, is non-judgemental and understands the dynamics of domestic abuse. Most commonly, this is found within specialist domestic abuse services. However, professionals within these services can be overwhelmed by the volume of demand. We will ensure that all professionals are able to offer safe and supportive advice to individuals affected by domestic abuse and that specialist services can be accessed where appropriate.

The improvement plan aims to ensure specialist support for individual victims is offered to those who are identified as having experienced domestic abuse. We will work with interested service providers to co-produce specifications that deliver a joined up, multi-agency service response within the localities.

The strategy includes a work stream to develop a flexible, speedy and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice, given that pathways in relation to housing and homelessness are often inconsistent.

We will develop a locality based, multi-agency response to domestic abuse. The process will ensure there is a single pathway from domestic abuse incident to service provision, based on risk and need. It will intervene early, engage with all family members, coordinate services and improve outcomes.

The consultation has shown that some victims of domestic abuse do not contact services for many years, for a variety of reasons, including a lack of awareness or a poor experience when seeking support.

The strategy will develop comprehensive and simple information in a range of formats, which details the services available and how each service area will respond to domestic abuse.

The ability to work long-term with perpetrators of domestic abuse to change behaviour is a specialist skill. The vast majority of perpetrators are not able to access this type of intervention and many are not suitable for it. Respondents to the consultation want professionals to be able to hold perpetrators to account for their abuse in a variety of settings. Many services already engage with perpetrators of domestic abuse due to their parenting role, their substance misuse, mental health and housing needs; or their criminal or anti-social behaviour. Professionals within these services should seek to reduce the risk of domestic abuse by addressing perpetrators' wider needs and by developing skills to engage empathically and motivationally with them, without being collusive.

Respondents in the consultation identified one of the largest improvements as the understanding and response of professionals to domestic abuse. Findings show that domestic abuse is mistakenly viewed as a difficult relationship, separation or disagreement, rather than a perpetrator choosing to use a pattern of abuse and control towards their ex/partner and children. At times, individuals feel judged, blamed for the abuse or the impact on their children, and pressured to make decisions such as separating or moving home, without an understanding of the other risks or disruption that these dramatic responses create. Negative responses from services impact on an individual's decisions and safety, as they are less likely to approach services or see them as a support. Respondents were positive about professionals who were non-judgemental and understood the dynamics of domestic abuse.

The strategy includes the creation of a team of Domestic Abuse Champions within each locality and in a variety of service areas. They will be developed and supported to improve their skills in working with individuals, perpetrators and children. These Champions will spread their knowledge and provide support to other professionals within their teams.

As Edinburgh's multi-agency domestic abuse policy states, the implementation of a domestic abuse action plan requires effective and accountable governance structures. The strategy will ensure there are clearly defined indicators and targets, closely linked to the goals and objectives set out in the Improvement Plan. They will be used to monitor the progress of the plan's objectives and to evaluate the effectiveness of the plan's activities. In order to do this, partners commit to sharing data within agreed protocols, and to evaluating interventions. Regular reports on the implementation and progress of the plan will be provided to the Service Redesign Project Board, Edinburgh's Violence Against Women Partnership and the Edinburgh Chief Officers' Group – Public Protection.

Whilst many individual organisations have service user forums or advisors, there is no comprehensive domestic abuse service users' forum in Edinburgh to advise on city-wide policy, practice or service development. The opportunity to reflect back to decision-makers how services are working on the ground is critically important. Many of the respondents to the consultation found the process of being involved in focus groups to be empowering and expressed an interest in continuing to work with us in future.

The strategy will ensure that families affected by domestic abuse are visible and heard within the development of policy and practice in Edinburgh. It includes the development of a service users' forum and ongoing periodic consultation on Edinburgh's response to domestic abuse.

1. Background to the strategy and improvement plan

1.1 Domestic abuse in Edinburgh

Domestic abuse is costly, in both financial and human terms. Research estimates that the cost of domestic abuse to the Scottish public purse in 2009 was £2.3 billion¹. The costs are high, principally because opportunities for early intervention and prevention are missed routinely, leading to more expensive interventions later.

In addition to the significant monetary impact of dealing with domestic abuse, there are distressing human and social costs. The ripple effects are long-term and far reaching; not just for the individuals and their children, but for the wider community. Domestic abuse features heavily in the lives of children on the Child Protection Register, looked after children, children living in kinship care placements, adopted children, young offenders and in those displaying bullying and disruptive classroom behaviour. Domestic abuse is also a feature in the lives of many people with mental health problems, people who misuse alcohol and drugs and women offenders. It is a factor in many violent crime figures, including murder, and in a substantial number of homeless applications and disputed child contact cases, which tie up family courts².

The number of domestic abuse incidents recorded by the police in Edinburgh in 2014/15 was 1163 per 100,000 population, a total of 5802 based on 2015 national records population figure of 498,810³. This is significantly worse than the national average crude rate of 1081 per 100,000 population⁴. The number of domestic abuse concern forms sent to Social Care Direct has increased by 4% since 2013/14 to 3314 in 2014/15. Domestic abuse represented approximately a third of the total number of concerns received by Social Care Direct. The child protection return to the Scottish Government in 2014 shows that the numbers of children on the Child Protection Register who have domestic abuse identified as a concern has risen over the previous three years by more than 20%. In 2014, 57% had domestic abuse identified as a concern at registration, which makes it the single biggest reason for child protection registration in Edinburgh for the last two years⁵.

1.2 A gendered analysis of domestic abuse

In 2015, the Edinburgh Partnership approved a multi-agency domestic abuse policy², which adopts a broad definition of domestic abuse articulated by the Scottish Government:

Domestic abuse (as gender-based abuse) can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate victims and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour, such as isolation from family and friends).

Statistics in Edinburgh reinforce the gender based nature of domestic abuse; with around 80% of incidents reported to police being perpetrated by men against women⁶. The definition of violence against women adopted in Edinburgh mirrors the Scottish Government¹ and UN definition and states that:

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.

Violence against women encompasses, but is not limited to, domestic abuse, rape and sexual assault; sexual harassment and intimidation at work and in public; stalking; commercial sexual exploitation, such as prostitution, pornography and human trafficking; dowry-related violence; female genital mutilation; forced marriage; and so-called 'honour' based violence.

Gender refers to the socially constructed roles, behaviours, activities, and attributes that a given society considers appropriate for men and women⁶. Referring to violence as 'gender based' highlights the need to understand violence within the context of women's and girls' disadvantaged status in society. Such violence cannot be understood in isolation from the way in which society is ordered; the relationships between men and women; the social, political and cultural environment within which they operate; and the code of conduct expected of them⁷. A gendered analysis does not suggest that all men are violent. To be clear, the majority of men are not violent. Nor does it deny that women use violence or that men use violence against men, including male partners. However, it is men who predominantly carry out gender based violence, and women who are predominantly the victims. Where women do perpetrate violence, the nature, intention and impact of this is very different^{8 9 10 11}.

1.3 Developing a coordinated community response to domestic abuse in Edinburgh

The coordinated community response is based on the principle that no single agency or professional has a complete picture of the life of a domestic abuse victim, but many will have insights that are crucial to their safety. It is paramount that agencies work together effectively and systematically to increase safety and hold perpetrators to account.

For an effective coordinated community response to be in place, the following components need to be embedded in all agencies' structures¹²:

- a common purpose and approach to domestic abuse including a stated commitment to the coordinated community response
- definitions of domestic abuse and risk are agreed and shared by agencies
- defined mechanisms are in place for the coordination, governance and monitoring of the coordinated community response to ensure accountability and to enable a flexible and evolving approach
- an action plan is in place
- written policies and procedures are in place within every organisation covering their response to domestic abuse, and regular training at every level of the organisation supports these
- written policies and procedures are agreed covering multi-agency systems and working
- an agreed dataset is in place and monitored on a regular basis
- agencies' responses are informed by service users, whose voices are regularly sought, listened to and responded to
- adequately resourced specialist services are in place to respond to adults, children and young people, both victims and perpetrators

The vision to develop a coordinated community response to domestic abuse in Edinburgh was agreed at the Corporate Policy and Strategy Committee on 19 January 2016. The service redesign includes a city-wide review of all statutory agencies, commissioned services and grant provision. The co-production process has been established for a year, with a Service Providers' Group and Project Board meeting regularly.

Following extensive consultation with domestic abuse service users and professionals, and a review of national and international research and best practice, this document outlines recommendations to be

included in Edinburgh's Domestic Abuse Improvement Plan, which includes the commissioning of domestic abuse services.

1.4 Have your say on Edinburgh's domestic abuse services: The consultation



Figure one: 'Have your say on Edinburgh's domestic abuse services' postcards

In April 2016, 8000 postcards and posters were distributed across Edinburgh to voluntary sector organisations, community councils, pharmacies, GPs, hospitals, dentists, leisure venues, children and families facilities, community centres, schools and Council venues (see Figure one).

They asked for adults, children and young people to take part in a consultation on services for people who have been affected by domestic abuse. The online questionnaires for both staff and service users focused on how helpful services have been and how they could be improved. 214 people completed the online questionnaires, including:

- 121 staff members
- 70 people who identified as a victim
- 11 people who identified as a perpetrator
- 12 people who identified as both a victim and a perpetrator

Sixteen focus groups were run. Eight focus groups with a total of 83 service users were run, including:

- a group with young people; predominantly young men who were victims of domestic abuse
- a group with male victims
- a group with lesbian, gay, bi-sexual and transgender young people
- two groups with women with complex needs; including one in a women's hostel and one in a service for female offenders

- three groups with female victims; including one with black and minority ethnic women

Eight focus groups with a total of 60 staff members were run, including groups for staff who work with:

- domestic abuse victims who have are in contact with Police Scotland’s Domestic Abuse Investigation Unit
- female victims
- Polish families
- male victims
- children affected by domestic abuse
- service users in Health and Social Care
- women with complex needs
- women who have experienced rape and sexual assault

Individual interviews were carried out with those who were unable to attend focus groups, found them too challenging emotionally or physically or preferred not to be in a group. They included 17 interviews, including:

- a domestic abuse worker
- a female victim
- two women from black minority ethnic communities
- a Polish woman with physical disabilities
- a male victim with physical disabilities
- 11 women with complex needs

84 staff members also took part in a series of discussion groups, which focused on complex issues, including:

- domestic abuse service provision in relation to housing, complex needs and children
- ‘hard to reach’ victims of domestic abuse – male victims, lesbian, gay, bi-sexual and transgender victims and victims from black and minority ethnic communities
- service pathways – including coordinating services, locality working and the roles of various services
- outcomes and innovation – innovative new ways of working from the UK or internationally and discussions regarding outcomes

The focus and discussion groups addressed three key questions:

What are we doing well?

What needs to change?

How can we get there?

In total, the consultation engaged with 458 people in a variety of ways; 192 service user engagements and 266 staff engagements.

2. Domestic abuse consultation: Results and analysis

2.1 Victims seeking help and expectations of services

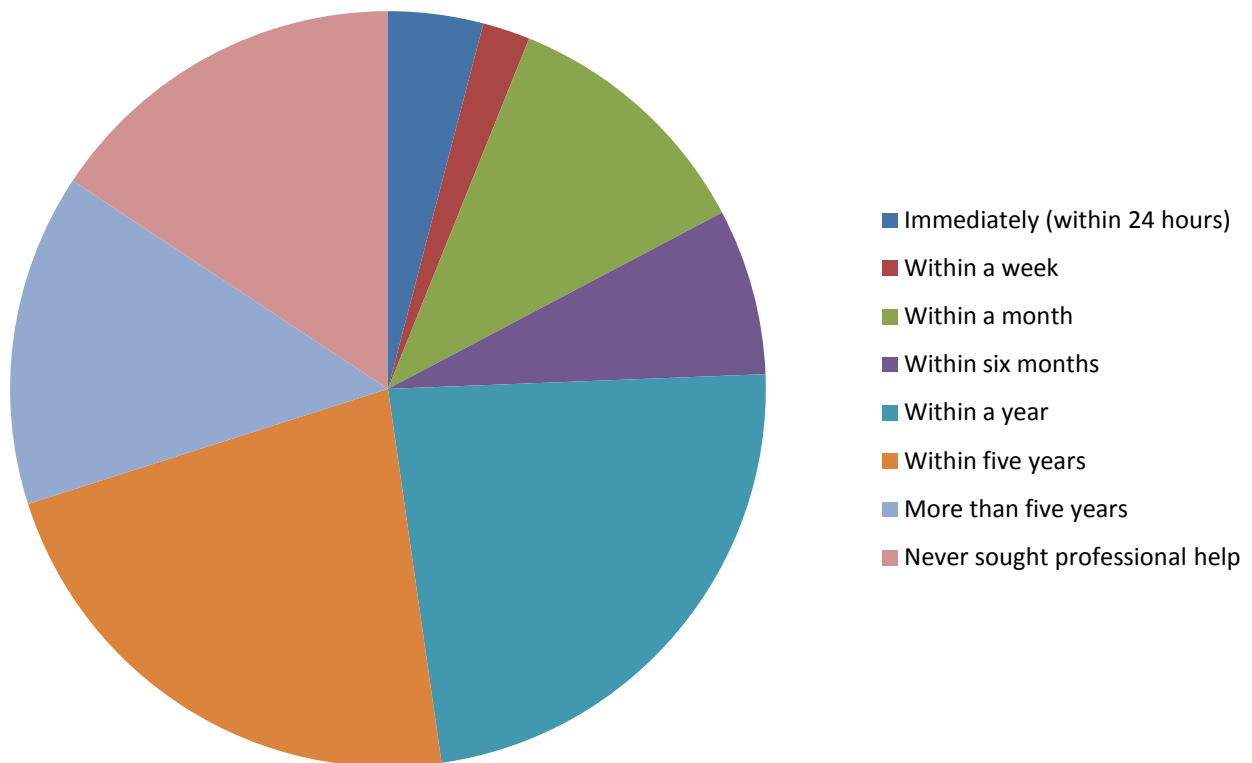


Figure two: Length of time it took victims to seek help

Of the 70 people who completed the online questionnaire and were identified as a victim, 12% sought help within 24 hours of experiencing domestic abuse and 21% between a week and six months. A quarter sought help between one and five years, just under a quarter after more than five years and 16% had never sought help. This is similar to other research, which shows that the average time it takes victims to seek help is five years¹³. This data also shows that 85% of victims sought help from professionals five times on average in the year before they received effective help to stop the abuse. Regardless of whether the contact related to the abuse, each contact represents a chance for services to help the victim disclose and get help – a chance that was missed, leaving the family to live with abuse for longer.

When asked about the decision whether to seek help, the most frequently occurring themes were:

- did not realise it was abuse, confused by it or did not realise that emotional abuse is also domestic abuse
- help or intervention came to the victims; for example someone else called the police
- could not cope any more
- seeking help because of effects on children
- thought the abuse would get worse if help was sought

“It took a while to admit to myself I needed help.”

“It took me 13 years before I realised that I was being subjected to emotional and psychological abuse. I used to think abuse was just when someone hit you.”

“I have suffered in silence for 60 years”

-Comments from service users-

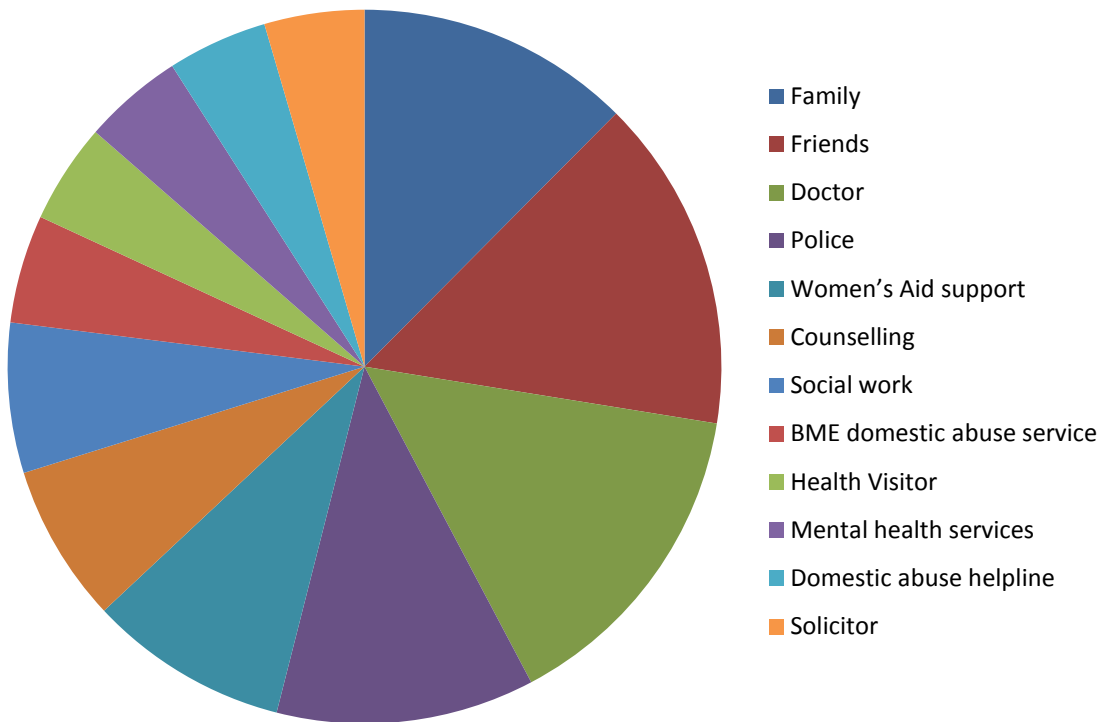


Figure three: Those whom victims approached directly for help

Figure three shows the top 12 services and people contacted for help by victims. It was most common for service users to contact their friends and family for help, followed by their GP and the police. This is similar to wider research, which shows that friends and family are often the first people to whom victims or children disclose abuse, but that these people may not know what to do or how to help.^{12 14}

The most frequent reason people approached services was because they wanted to get help for their children and were worried about the impact of domestic abuse on them. Other common reasons were that the service they approached understood their culture and language or they were referred to or supported to access services by other professionals. The most common help that people received were emotional support, a safe place to stay, practical support and help with legal advice and benefits.

The aspect which service users found most helpful was a safe place. This included, but was not limited to, temporary accommodation and refuge. The second most helpful thing was someone to speak to or emotional support. The third most helpful thing was practical advice and support, information and safety planning. The latter two were also found to be most useful by professionals, but they also believed that agencies having a shared understanding of domestic abuse and working well together helped.

The most frequently occurring theme regarding improvements from service users' perspective is for them to have a better understanding of domestic abuse and of what support is available. Professionals wanted to be more knowledgeable about domestic abuse and the services which could help, but they also believed that better communication and coordination between services and for services to contact victims proactively, or to have quicker access to services, would create improvement.

Both staff and service users stated that the two things which would help most immediately after a domestic abuse incident were somewhere safe to stay and practical advice and information, including support with legal and financial issues and safety planning. Staff then valued immediate support from a skilled practitioner highly and service users wanted someone who would listen to them and support them

emotionally. In the week following a domestic abuse incident, the three things which staff and service users valued most highly were the same: somewhere safe to stay, practical advice and information and emotional support. In the longer term, both staff and service users believed that support for children would be most helpful, including support with safe contact arrangements. In addition, service users wanted protection and accountability from the perpetrator and counselling support for themselves and their family in the longer term. Staff believed that ongoing advice and secure accommodation would be most helpful.

"I approached a BME service because I am from Asian background and believe that they will understand me better, especially forced marriage and other cultural related issues."

"I finally felt free enough to explore why it had happened and strong enough to face my feelings."

"I received lots of support to understand what was happening, support to leave him and what to do next. The support has not been so great since he took me to court to get contact with our son who I still believe to be at risk. Mothers are left to endure ongoing abuse as perpetrators use children as weapons."

-Comments from service users-

2.2 Service response

Throughout the questionnaires, focus groups, discussion groups and interviews, a number of themes were identified. Whilst individual feedback on specific services will be given to organisations via the Project Board, there were a number of themes that can be summarised in relation to Edinburgh's response to domestic abuse.

2.2.1 Attitudes and values

Research shows that there is still little understanding in wider society of the psychological and emotional dimensions of domestic abuse, and why, as a result, it is so difficult for people who are abused to leave.¹⁵ ¹⁶ It is not surprising then that the main aspects valued by service users were when professionals listened, were non-judgemental, compassionate and able to provide emotional support. Respondents found it problematic when support was not strength-based or where the victim was seen as the problem due to their vulnerabilities; where they were seen as 'failing to protect' their children or there was an element of victim-blaming. There was a mistaken assumption that separation, moving home and calling the police would be the primary route to safety, whilst other protective efforts of the victim were less valued. It was believed that all professionals in the process should respond sensitively, listen, be respectful and able to explain what will happen next. Agencies should be able to respond to victims, whatever choices they are making about their lives and relationships, and pathways to services need to remain open so that they can return and request help.

"The way agencies ask those questions and speak to the person makes a difference to their emotional wellbeing and has an impact on the organisation accomplishing their goals."

"No one seemed to care about the domestic abuse, they were more interested in my mental health. They just focussed on my "inability to cope or protect my kids".

"Their focus was the kids. I didn't feel supported, I felt watched and unbelieved."

-Comments from service users-

"A non-judgemental service is required which offers emotional and practical support to build confidence, access safe housing and provide opportunities to make positive steps in rebuilding life."

"The way that services respond to domestic abuse can result in increased risk to families."

"It's not about policing relationships – it's about risk and safety."

-Comments from staff-

2.2.2 Understanding of domestic abuse

Service users reported that some professionals viewed the abuse as a 'difficult relationship' or 'arguments', rather than one person having power and control over another. The consultation outlined what service users and professionals saw as competent domestic abuse practice. It included professionals:

- having an understanding of what services are available and what they will do
- understanding coercive control, rather than primarily focusing on physical violence
- recognising and recording the pattern of abuse, including the impact of ongoing abuse on victim and family
- making better use of chronologies and case summaries and recording descriptions of abusive behaviour
- creating a shared understanding of domestic abuse across agencies

These reflect the key principles and components of the Safe and Together model, which outlines best practice where there are domestic abuse and child welfare issues¹⁷. The model encourages the recording of the 'perpetrator's pattern of abuse' and the impact on the child, and creates a shared understanding of domestic abuse.

"The biggest impact is about how different services make people feel."

"I think having services for abused victims is vital for them to seek refuge and support because sometimes having experts there to help can be a huge relief. Friends and families can be hard to approach or you feel shame because you don't want them to feel sorry for you. It's about trying to rebuild a life that has been broken and sometimes you need professionals who are trained to help in that."

-Comments from service users-

"Women need someone who understands what they are going through and the barriers they are experiencing and gives them the safe space to make decisions about their lives and advocates on their behalf."

"Services working together in a coordinated way where the man's behaviour is viewed as the problem and the woman is recognised for the efforts she is making to keep her children safe"

-Comments from staff-

2.2.3 Inconsistent response

Service users spoke about the way in which responses to domestic abuse can vary, both between and within different agencies. An inconsistent response is problematic as victims are unsure what the agency will do, and are therefore unable to plan for their safety. Organisations often did not know the other agencies' remits, what they could do, the pressures they faced and may have unrealistic expectations of other services. There was a lack of 'organisational empathy' and of an understanding of the context and limitations under which an organisation may function¹⁸. The consultation suggests there needs to be more clarity regarding the role of various services areas in responding to victims, children and perpetrators of domestic abuse, and a clear pathway from identified incident to intervention, based on risk and need.

"They kept saying that how I was wasn't helpful for the children, but you can't magic the impact of abuse away. They didn't tell me what to do to make it better."

"Understanding varies from organisation to organisation."

-Comments from service users-

"There is a lack of understand the criteria for our service; a lack of understanding on all sides about what people can actually do."

"All agencies should have a clear understanding of their role, the risks and impact on the family and shared values."

-Comments from staff-

2.2.4 Fragmentation of the victim's journey

Service users spoke about having to tell their story repeatedly to different professionals and the way in which this can be re-traumatising. Domestic abuse may involve an adult and child victim, and an adult perpetrator. The way in which services can focus on different aspects of the victim's journey, or different actors within the family, mirrors what the Duluth coordinated community response model calls the 'bureaucratic fragmentation of women's experience'.¹⁸ It states that a single case involves many actions by many different practitioners. Established work routines, fragmentation of responsibility and poor coordination among practitioners and agencies can compromise victims' safety. Staff suggested a model similar to Getting it Right for Every Child, where:

- there is one plan – a universal risk and need assessment tool to reduce repetition for the victim between services
- there is a lead worker for the victim and perpetrator
- the worker can advocate for service users at important meetings

"I get anxious speaking to all the different people about my past."

-Comment from service user-

"There are too many workers and too many assessments which overwhelm victims. There should be one plan which can be shared across agencies to prevent re-traumatising victims."

-Comment from staff-

2.2.5 Coordinating pathways and processes

Staff and service users involved in the consultation spoke of the difficulties caused by waiting times, inflexible visiting times or the lack of an out of hours service for domestic abuse support. They wanted more flexibility, earlier intervention and quicker access to emotional and practical support. Some stated that there need to be clear pathways for all and a more coordinated response to domestic abuse: a city-wide response, where each professional has a basic understanding of domestic abuse and how it relates to their role, an awareness of boundaries of each service, and who does what, when. The consultation responses suggest that pathways are not clear, particularly for women without children. One staff member spoke of a 'housing and benefits maze' and how off putting and confusing the long lists of domestic abuse contact numbers are. Staff spoke about the problem of supporting service users who do not engage, and the need for pro-active contact so that we are there later for those who initially decline services, whilst also remaining victim-centred and responding to the needs of the person, rather than the process.

Research shows that a lack of a joined up approach means that domestic abuse can fall between the gaps of services, resulting in vital information not being shared between agencies¹⁹. Public sector systems are set up to respond to singular incidents of physical violence. This can miss the wider patterns of controlling behaviours and their impact on the whole family. There is a "start-stop" approach in the screening, assessment and allocation of many cases where domestic abuse is a feature²⁰. It results in cases 'bouncing' around the system, until such time as an incident or episode takes place of sufficient seriousness to meet existing thresholds. There is also a tendency for services to rush in during crisis periods and close cases when they perceive things are safer, for example, if there has been a separation. This not only increases the associated risks to children and victims of domestic abuse, but has also been proven by research to be a time and resource intense approach to managing cases, and one which results in poor outcomes^{21 22}.

Similarly, the Christie Commission report on the future of public services highlighted the need for a new, more radical approach to service provision, which echoes many of the issues around our response to domestic abuse²³. It emphasised the need to shift towards prevention. The approach to tackle waste,

duplication and inefficiency is also reflected in the City of Edinburgh Council's Transformational Change Programme²⁴.

"Often there are a whole load of different services involved for different reasons and with different family members, who often don't speak to each other or are not aware that other services are involved."

"Clear pathways for service users are essential; if we are to be effective, staff need to be clear about what the next steps are so that they can progress with confidence."

"Families become confused with involvement of too many services and having too much thrown at them."

"There are pockets of good work going on across Edinburgh which need to be pulled together into a cohesive pathway to meet the needs of women, children and perpetrators."

"Different departments within large agencies can deliver different messages to women which can cause distrust. A consistent message is essential."

"Services are pulling in different directions. They are not singing from the same song sheet. Different agencies respond differently at different times to different people. The same agency may respond differently to different families – there are no clear roles or expectations of what people may do."

-Comments from staff-

Edinburgh benefits from the effective development of multi-agency responses such as multi-agency risk assessment conferences (MARACs), multi-agency tasking and coordination (MATACs) and the domestic abuse court with its specialist advocacy service for victims. The domestic abuse court was rolled out across the whole of Edinburgh in February 2015, followed by the associated Advocacy Service (EDDACS) in July. These have resulted in the following positive outcomes identified in Edinburgh Violence Against Women Annual Report³:

- EDDACS provided specialist court reports and advocacy for over 1,400 women in 2015/16
- 13 multi-agency MATAC meetings were held in Edinburgh
- 48 high risk perpetrator targets were discussed leading to 20 positive enquiries and 82 charges
- 13 MARACs were held in Edinburgh in 2015/16; 231 domestic abuse victims assessed to be at high risk of murder or serious injury were discussed at these meetings and actions taken by agencies to reduce their risk

Research shows that the advocacy and MARAC approach is an effective means of addressing high risk domestic abuse and thereby saving lives¹³. It creates a clear pathway across all agencies, underpinned by shared outcomes. For every £1 spent on MARACs, at least £6 of public money can be saved annually on direct costs to agencies such as the police and health services¹³.

The benefit of the MARAC and EDDACs service was highlighted in responses throughout the consultation. However, the need for a clear pathway *under* the high risk threshold of MARAC was raised. Guidance and recommendations from research also suggests that a differential response to domestic abuse is required²⁵. Given the vast numbers of domestic abuse cases that engage with the various public sector services, a key task is to develop our screening systems so that we are able to determine the most appropriate form of intervention for individual families²⁰. The impact of domestic abuse and the associated service costs mean that even small improvements in processes and practice could deliver significant savings and improve outcomes for families.

Whilst discussions regarding confidentiality and information sharing were prevalent, respondents said that multi-agency working creates communication, relationships, understanding and trust. Various suggestions of how a multi-agency response could be provided were put forward, including:

- Multi-agency teams – by co-location or virtual teams – to reduce barriers and speed up processes
- increasing joint visits
- a multi-agency screening process to direct people to appropriate services, screen police call-outs and target, rather than duplicate resources
- a one-stop shop or drop in centre
- locality-based response similar to Total Neighbourhood

Multi-agency responses have been developed in two smaller Scottish local authorities; West Lothian and the Scottish Borders. Given the smaller numbers of incidences in these areas, a similar single pathway in Edinburgh would be resource intensive. However, the localities model provides an opportunity to make referral numbers more manageable. Two similar processes in Edinburgh were developed previously and valuable learning has resulted from these; the Domestic Abuse Pathfinder in North Edinburgh in 2009 and the South West Domestic Abuse Local Action Group which was piloted in 2016 (see Figure four).

The discussions at one of the consultation groups highlighted the reasons MARAC worked in Edinburgh, and concluded its benefits were wide-ranging. Some of this learning can be applied to other multi-agency processes. MARAC was beneficial because:

- it was face to face
- domestic abuse was seen as core business
- there was clear governance, principles and agency buy-in
- people committed to participate
- there was consistency and shared responsibility
- attendees were flexible in their role
- there was a clear information sharing structure
- there was a focus on victim's safety
- there was leadership and oversight

Figure Four: The South West Domestic Abuse Local Action Group

The South West Domestic Abuse Local Action Group aims to develop a single pathway from domestic abuse incident to service provision, based on risk and need within two police beats in South West Edinburgh. The process will intervene early, engage with all family members, coordinate services and improve outcomes.

Process Stage	
1. Information gathering	<ul style="list-style-type: none"> • Domestic abuse cases identified by partner agencies or police call-outs collated on a spreadsheet • Spreadsheet circulated to members who input information held within their systems
2. Assessment	<ul style="list-style-type: none"> • Domestic Abuse Local Action Group meets monthly and reviews the cases • Actions will focus on early intervention and prevention and engaging with all family members • The group will decide the monitoring period for each case
3. Actions	<ul style="list-style-type: none"> • Actions will be allocated to workers who have received training in domestic abuse • They may include joint home visits and will draw on existing professional relationships with family members
4. Reviewing cases	<ul style="list-style-type: none"> • Cases will be monitored for varying periods of time depending on identified risk and need

In order to ensure an informed and consistent approach to families affected by domestic abuse across the various agencies, it was agreed that actions would only be allocated to selected workers. Four workers from each of the teams attended a four day training course on how to engage with perpetrators and victims, consider the impact on children and the use of formal risk assessment tool used by Police Scotland.

Initial findings from cases discussed suggest that the focus on early intervention has been successful. Actions are being taken with families who would otherwise not have received a service; information on various systems is being shared, allowing for a more accurate assessment of risk; and safe ways to engage with perpetrators have been identified. For example, the group has recognised that separation is a period of increased risk; perpetrators who have previously engaged with housing and social work are being approached by a perpetrator worker; and support is being offered to a woman who disclosed high risk violence to a housing worker and a risk assessment is being undertaken.

2.3 Policies, publicity and awareness raising

Many respondents commented that victims often do not recognise they are being abused, and that being abused can cause distorted beliefs, such as self-blame. Often the discourse focuses on physical abuse, which can lead to victims failing to recognise other abusive and controlling behaviours. As victims may not pick up leaflets related to domestic abuse, it was suggested that other avenues for awareness-raising, such as general wellbeing and health, were used as a way to raise the issue of relationships and abuse. As shown in Figure Three, it was common for victims to speak to family and friends about the abuse. However, if there is a poor response from family and friends or a lack of understanding of the issues, victims are even less likely to approach services. Consideration should be given to how we can improve the response from family and friends towards victims of domestic abuse and how we can facilitate them to support their loved ones.

There was discussion about how to engage the wider community in preventing and responding to domestic abuse. This can include challenging the negative judgemental attitudes towards victims. Many respondents spoke about the taboo associated with domestic abuse and the need for it to be “brought out into the open.” Respondents valued prevention work and a cultural shift in how society views domestic abuse. This should start in schools, and people spoke highly of the work underway with children and young people in Edinburgh. Another model highlighted was Saheliya’s ‘Champions for Well-being’ which develops women’s skills to be a resource of information and agents for change in their families and communities.

It was important that victims of abuse were able to understand what response they will get when they approach services. For example, what happens if they call the police? What are their housing rights? How will children and families social work respond to a disclosure of domestic abuse? If victims are not sure what will happen when they approach services, they will not be able to see how they can be helped to plan for their safety. They may decide it is safer not to approach them. Agencies should have clear policies and procedures so that staff can understand their role in responding to abuse. Employers need to have well publicised domestic abuse policies.

“Society is complicit with the abuse. Behaviour within a family or home is seen as ok when it would not be acceptable in any other context.”

“I took four years to contact services as I didn’t know what they would do. We need to know what will happen before we approach services. I need advice and guidance without things being taken out of my control.”

“Society in general needs to be aware of all forms of abuse and symptoms so people can recognise them and get help early on.”

“We need more widespread education on what abuse is and what is acceptable and what to do if it is suspected. Then specific guidance on how to slowly and safely extract yourself and your children from that, without harm and financial ruin.”

“Could my employer have seen the signs? In an ideal world employers could help. You go there regularly. They can notice changes in patterns and behaviour, work performance and absence.”

-Comments from service users-

2.4 Peer support and volunteering opportunities

Service users spoke about the importance of peer support and being able to engage with people who have been through a similar experience. This was valued both in terms of group work and the opportunity to speak with peers individually. A number of people commented that they would like to be able to volunteer in domestic abuse support services and were disappointed that there was not more opportunity to do this in Edinburgh.

“They understand and I don’t need to explain”

-Comments from service users-

“Men and women with lived experiences should be involved in delivering training and providing support.”

“We need a community development response. Why are there no volunteers or peer support workers? We are not seeing this in the violence against women field –we still see women as victims.”

-Comments from staff-

2.5 Housing response

Whilst service specific feedback is being given via the Project Board, housing support takes up much of the resource for domestic abuse commissioned services, so is included here. There are currently 27 refuge spaces in Edinburgh Women’s Aid (including eight in a 24 hour complex needs refuge) and five spaces for women from black and minority ethnic communities in Shakti. Temporary accommodation is also available for people who have been assessed as homeless due to domestic abuse, including male victims. As domestic abuse is one of the single biggest reasons for women and children becoming homeless, offering support and advice in relation to this issue in itself prevents homelessness²⁶. However, whilst safe accommodation is critical for victims of domestic abuse, there is pressure on them from professionals, family and friends to separate and move home²⁶. Re-housing and separation is a period of increased risk and can result in disruption to family functioning, particularly where there are children^{17 27}.

Both staff and service users highlighted the need for flexible housing options, which take account of the complexities of victims’ lives and the nuanced planning required in supporting them and their children to be safer. Service users expressed frustration that they were required to move when the perpetrator remained in the family home, and the stigma and disruption that were caused by homelessness. Some felt that the options for removing the perpetrator were not outlined to them and that there was no support for them to collect their belongings after they had fled in crisis. Offers of safety measures for existing properties should be given so that victims can remain in their own home. This should be available for all types of tenancy/residence. Services users felt that Bed and Breakfast accommodation and mixed hostels were not suitable for victims of domestic abuse, particularly women from a black and minority ethnic background or those with complex needs and trauma. They valued the women only spaces offered. They also appreciated that they were believed when they contacted services and were not asked for evidence of the domestic abuse.

Staff spoke of the need for emergency flats, which are available during the night, and the provision of short-term accommodation, which would allow victims to choose to return home after a few days, in addition to the option to consider how to remove the perpetrator. Some staff suggested that there should be housing for perpetrators, which would include engagement with workers who specialise in behaviour change and risk management. The time taken to move from temporary accommodation to settled accommodation was highlighted by staff and service users. Some stated that refuge should be a short-term

measure and that precious resources were being used on service users who no longer required the intensive support, but were not able to move on as there was no suitable housing available.

Similar to many other areas, respondents stated that there was a need for housing staff to have a more understanding approach to victims of domestic abuse. They should have knowledge of legal avenues that could increase safety and be aware of wider multi-agency risk management plans to prevent the perpetrator from being re-housed near the victim. The financial implications of different options, such as the Private Sector Leasing Scheme and travel costs, should be considered and explained. Limitations of services were described; including restrictions on pets and the cost of accommodation if victims could not access benefits. The importance of domestic abuse service providers giving accurate and realistic advice to victims was also raised. Poor housing advice can lead to service users making decisions based on inaccurate information.

Overall, respondents highlighted the importance of flexible housing options that are person-centred, rather than procedure-driven; and that safe spaces should be defined by the victim, not the service.

“I wouldn’t have felt safe to stay in my home – walls have memories.”

“He was given a homeless flat two streets away from us, so that put him back in touch with me and we were all vulnerable again. Different services need to be communicating better”

-Comments from service users-

“Professionals need to recognise the limitations of what housing can provide as a response and work with them rather than trying to resolve cases by supporting unrealistic aspirations.”

“If the victim knows the security is good, then this gives peace of mind and there is no reason to move on.”

-Comments from staff -

2.6 Staff training

The consultation and research highlight how the way in which society, organisations and individuals respond to domestic abuse can increase risks to the family. These ‘service generated risks’²⁸ can be mitigated by staff training, another theme which was repeatedly raised by the respondents. There is currently monthly one day domestic abuse training, but respondents felt that more extensive and compulsory training was required for various staff groups. The vast numbers of staff who work with families affected by domestic abuse and who therefore need to be trained can seem overwhelming. It was specialist domestic abuse organisations that were seen to embody the values and knowledge required to support victims and perpetrators of domestic abuse. However, there were also individual staff within other services across the city who responded in a helpful and supportive way. These people were seen as the ‘go to’ person within agencies by specialist domestic abuse workers; they knew they would try and overcome service generated risk and go the extra mile to help their service user.

This led to the suggestion of developing ‘Domestic Abuse Champions’ in frontline agencies with a particular skill set. They should be:

- comfortable with how to ask questions about domestic abuse
- able to build a relationship of trust
- flexible with their role and how to keep people engaged

- able to 'hold' the service user until they can be transferred appropriately
- supportive to women in engaging with other services
- a lead worker
- locality-based and able to engage with a wide number of services

Training would include:

- domestic abuse theory
- knowing the indicators of abuse
- risk assessment, including service generated risks
- describing options and impact on safety
- confidentiality and information sharing
- confidence in working with perpetrators
- managing expectations of service users
- understanding the impact of culture of domestic abuse
- joint visits and specialists in various teams
- the impact of vicarious trauma and how to look after yourself
- trauma focus
- domestic abuse within the context of wider violence against women issues, including forced marriage, honour based violence, female genital mutilation, trafficking and sexual exploitation

Once established, the locality based Champions could support others, and further training could build their numbers, creating a domestic abuse competent workforce, incrementally over time. They would be nurtured using Practitioners' Forums, where Champions have a networking framework, where they can learn from each other and keep up-to-date with changes. A similar model has been used successfully in Edinburgh with the creation of Safe and Together Champions. This is transforming the child protection response to domestic abuse.

2.7 Female victims of domestic abuse

The respondents were not asked to comment on their individual experiences of domestic abuse, but rather their experiences of services and professionals with whom they had come into contact. However, the literature provides extensive insight into women's experiences of domestic abuse. Pain²⁹ describes domestic abuse as a form of everyday terrorism. Domestic abuse works through what Stark¹⁶ has called 'coercive control'; abusers employ a range of tactics and behaviours that may include physical, sexual, psychological and emotional abuse, that together entrap abused people in the situation. Many writers on domestic abuse have outlined how it is a form and control, which has devastating impact on the victim's life it^{16 30 31 32}. Domestic abuse often results in isolation and the gradual withdrawal of victim's from spaces outside the home, and from family and friends^{33 34}.

Respondents said that pro-active contact is required, as victims may not accept help initially. There was a suggestion that there is a gap in services for those who choose to stay in the relationship. Respondents stated that support from female staff was appreciated, but one person commented that what matters more is the attitude of the person, rather than their gender.

In terms of sexual assault and rape, respondents stated that support needs to be specific to the individual victim. Professionals need to understand rape and sexual assault, the long and short term impact, and know how services can help. Victims who are sexually assaulted need to be offered immediate support, and advocacy workers should be available at point of disclosure to police so that they can be supported

through medical procedures and court processes. Long-term support for trauma and recovery should be more widely available.

“After the separation I was crying on and off for three weeks. I needed support straight after the separation to make my home my own safe space. Who will validate this space for me?”

“Most of the services I approached didn't recognise that domestic abuse was involved.”

-Comments from service users-

“What would help is for the worker to be there for them, phone them when they said they would; try to find solutions to problems that aren't just domestic abuse related; for them to be on their side and advocate for them, not to just send them to another agency; to take them, support them to attend appointments, call them after, be interested in them; show they have an understanding of domestic abuse, talk to them about it, show they are trauma aware, try to help. Don't just see the woman as someone you need to assess and to get information about in order write reports.”

-Comments from staff -

2.8 Hard to reach victims of domestic abuse

Safe Lives¹⁴ suggests that some victims of domestic abuse are not identified readily. The consultation identified similar groups: young people, people from black and minority ethnic backgrounds, those without children, those who remain in a relationship and those with complex needs. Domestic abuse is endemic in all societies, cutting across social divides³⁵. The social and economic position of people who are abused may provide them with greater or fewer opportunities and resources with which they can resist abuse, get support, and leave the situation³⁶. These differences are strongly underpinned by structural social inequalities, especially gender, sexual orientation, income, class, ethnicity, migrant status and disability. All of these structures create a context where it is more or less difficult to leave. Pain³⁰ defines this societal issue as a 'structural vulnerability;' some groups are more at risk from and more affected by violence and abuse than others^{29 37 38}.

2.8.1 Black and minority ethnic female victims of domestic abuse

The size of the minority ethnic population in 2011 was just over 4 per cent of the total population of Scotland; this has doubled since 2001³⁹. This increase has been reflected in the local demographics in Edinburgh. In particular, Edinburgh has one of the highest proportions of Polish populations in Scotland³⁹. Research suggests that there is a need for specialist provision for black and minority ethnic populations, as well as expert knowledge within mainstream services^{19 36 40 41 42}.

Both staff and services users were clear that there was a need for specialist services for black and minority ethnic victims, for a number of reasons. Service users may:

- have lost contact with their community
- need services that have an understanding of language, culture and the specific needs of communities
- have dual issues related to their traditional community role and their British environment
- feel shame or guilt if they ask for help outwith their community or go against their families or peers
- need support to understand that abuse is not part of any culture and what their rights are, or to dispel myths about what will happen if they access various services

- have additional issues related to immigration status, prejudice and discrimination, ‘No Recourse to Public Funds’ or language barriers

Some respondents suggested that these additional complexities mean that there is a need for longer term support than with other domestic abuse victims.

However, there were some concerns raised regarding specialist services. Respondents felt there was a gap in service provision for victims from Central or Eastern European countries who are not able to access the black and minority ethnic services. A worker stated there are specific issues for this group regarding the cultural acceptance of abuse, privacy and not being involved in the lives of others, perception of help seeking, the importance of marriage and religion and the taboo related to sexual assault and rape. Some stated that there is a need for black and minority ethnic services to work in a more integrated way with other services. There was a possibility of information being leaked back to the community and the shame of seeking help can prevent women from coming forward. Some respondents commented that there needs to be a grassroots model of engagement and education with communities to change perceptions and behaviours from within the group.

“I did not know anything in this country. I had no confidence to report my abuse. I did not think anyone would understand or believe what I was going through. They helped me understand the different type of abuse I suffered. They were able to help me with cultural, religious matters and made me understand that I can reach out for help.”

-Comments from service users-

“BME services should include all minorities - not selective ones.”

“All staff should have sound knowledge and understanding of gendered based violence with in the cultural context of black minority ethnic women.”

-Comments from staff-

2.8.2 Women with complex needs

The consultation identified a correlation in relation to service users’ experience of abuse and associated trauma, mental health and substance misuse. However, all too often there is a silo’d response. Understandings of the reasons and causes of substance misuse and abuse are varied. Many organisations believe problematic substance use to be a cause of a perpetrator’s violence. Within these organisations, a perpetrator’s substance use may be addressed, with the intention of reducing their use of violence. There are also differences in the ways organisations understand women’s substance use. Some organisations believe that there is a causal link between a woman’s use of substances and her experiences of abuse. Other organisations may see the misuse of substances (both legal and illegal) as a way for women to cope with their experience of abuse⁴³. These differences reflect the way in which the domestic abuse and substance misuse field have developed differently.

Both staff and services users were clear that there is a need for specialist services for women with complex needs (defined as those who experience problems with mental health, substance misuse and/or trauma who are at risk from themselves or others), for a number of reasons. They may:

- have a complex lifestyle and cannot manage appointments

- be disadvantaged by some agencies' strict 'three strikes and you're out' criteria for accessing services
- find mental health support and assessment pathways to be inadequate; primary care can be a barrier to accessing support
- find a lack of community based services, such as the Survive and Thrive trauma group work programme
- lack literacy skills
- have anxiety about leaving the house or forming relationships with professionals
- not meet eligibility criteria; for example, the need for service users to be motivated or offering time limited engagement, which are not useful for complex trauma where time is needed to develop relationships

Respondents valued services where there was a multi-disciplinary team with access to a variety of holistic and non-time limited services; such as welfare benefits, psychological support, therapies to assist with trauma, low self-efficacy and self control and services that encourage women to develop friendships and links to social networks. There needs to be a multi-agency 'whole team' model, with shared dialogue, co-ordinated approaches and a lead worker who can co-ordinate everything for the individual and who 'puts the jigsaw pieces together' with as much communication as possible. Co-ordination across agencies requires to be streamlined.

Examples from respondents suggested that some services do not have an understanding of trauma, its effects and how victims may react or present. Service users may present as aggressive, unable to function, as dealing with the effects of shock and confusion and having difficulty coping or hearing what is being said. Survive and Thrive training is suitable for professionals and helps to create a shared understanding of trauma. One respondent suggested this could be adapted to include an understanding of women who are in relationships where they are abused.

Whilst not included in the definition of complex needs, women with physical and learning disabilities were also highlighted as requiring specific support; for example they may be unable to attend appointments easily. The need for nuanced and informed responses from health and social care staff is vital here. This should be wider than GPs and include other health-related agencies and assessors, and those in psychiatric services.

"All the women in the focus group reported that there appears to be no joined up services or thinking and that their mental health difficulties or addictions were the focus when services intervened and the domestic abuse was either minimised, they were blamed or it was seen as general 'chaos' in the family."

"Complex needs require a complex response. We can hit the target and miss the point."

"Mental health and drug and alcohol services need to work more closely with domestic abuse. We know there is a link between alcohol misuse, drug use and mental health but what would motivate a woman to deal with these whilst still living with domestic abuse?"

"The right services at the right time would save money in the long run and bring about sustained change, instead of our current revolving door approach."

"If there was a service for complex needs we wouldn't have competing demands between services for mental health, addictions and trauma."

-Comments from staff -

2.9 Male and lesbian, gay, bisexual and transgender victims of domestic abuse

Gender is the key form of social difference, which underpins the distribution and experience of domestic abuse. Overall, domestic abuse by men against women is more frequent, more severe and has more serious consequences^{44 45 46}. Cultural expectations around the roles of women and men, financial inequalities between them, and the predominant forms of masculinity and femininity in different societies both create and sustain this form of abuse¹⁶. However, men do experience domestic abuse from female partners, and in some cases this can be very serious⁴⁵. Stanko³⁷ provides a gendered analysis, which is useful in understanding this form of abuse. Gender still influences the way we speak, conceptualise, and challenge violence. For men who experience domestic abuse, cultural expectations about masculinity and being a man may shape the experience of abuse, one's own and others' recognition of it as abuse, how readily they will seek informal and formal support, and specific fears about losing contact with children²⁹.

Respondents to the consultation stated that work with male domestic abuse is at an early stage but is starting to develop. There are good processes to identify victims, and respondents felt that it is important that practice with male victims meets agreed service standards and is informed by research⁴⁷. The pathway to advocacy services and MARAC, which is provided to women by the EDDACS service, was not clear.

Some stated that domestic abuse against men is not taken as seriously, is not visible in publicity, that people are less aware of the service available for men, and that they are less likely to report abuse. The issue of how to work with female perpetrators was also highlighted.

Sexual orientation is also a critical factor in understanding both fear and the outcomes of abuse. Homophobia structures the responses of others. There is growing evidence of abuse in same-sex relationships and additional issues concerning the nature of abuse and the process of seeking help^{48 49 50}. Respondents valued when agencies made clear that they are accessible to a range of sexualities as this reduced taboo. A survey into transgender people's experiences of domestic abuse⁵¹ found that 80% of respondents stated that they had experienced emotionally, sexually, or physically abusive behaviour by a partner or ex-partner, and that 47% of respondents had experienced some form of sexual abuse from a partner or ex-partner.

Some respondents to the consultation stated there are gaps in services for men, especially gay, bisexual, and transgender men, as their needs are not often recognised by services. There are different risks for gay men: they may experience more sexual and violent abuse; there can an assumption that male victims are heterosexual, so gay male domestic abuse may not be recognised. There are visibility barriers and the consultation highlighted the need for leaflets to be made more inclusive: they could include online case studies, state that services are LGBT inclusive, online case studies could show the LGBT experiences of domestic abuse.

Whilst there is recognition that the majority of domestic abuse is perpetrated by men in heterosexual relationships, pathways for services need to be open to all sexual and gender identities. The work needs to have clear strategic governance and should be covered in domestic abuse training.

“I understand that most domestic abuse is from men to women and services for this must exist and be fully funded. I just want to say that it can happen to men from women too and it is vital services for that exist too so that everyone gets the help they need. I did not know it could happen to me as I did not think it happened to men so I was confused and scared for a long time.”

“I got a sense that people were thinking ‘man up and get on with it’”

“I think it should be addressed across ALL sexes, races, and economic situations. It does not matter whether you are a millionaire or a pauper, abuse in any form against any living thing is WRONG!”

“My ex partner has got away with it all because of the lack of understanding of domestic abuse in same sex relationships. Nobody really believed she could have done the things she had done, or the seriousness of it.”

-Comments from service users-

“It is important that advocates for effective responses to domestic abuse remain open to learning, open to alternative views and approaches and committed to implementing and supporting approaches that work.”

-Comments from staff-

2.10 Children and young people

It is clear that domestic abuse is a significant child protection and welfare issue. It can disrupt a child's environment profoundly, undermining their stability and damaging their physical, mental and emotional health. Domestic abuse during pregnancy also has a long-term and wide-ranging impact on the mother and child. There are crossovers between living with domestic abuse and being directly physically and/or sexually abused by the same perpetrator⁵².

Respondents called for more therapeutic and trauma support for children. There is a need for people to understand more about what is behind children's behaviour, rather than labelling them as 'naughty', misdiagnosing them with ADHD or autism, or medicating them. This focus on the child's behaviour can take the emphasis away from the perpetrator. Respondents suggested that services should be provided by a mixture of statutory and third sector services; whoever is in the best position or most skilled to do it. Comments included the need for GIRFEC processes to be used so that universal services can support the child. Some support needs to be long-term and provided by specialist services. It was recognised that domestic abuse correlates with many other issues, which will impact on the family, such as neglect, parental substance misuse, mental health issues and changes to family functioning and circumstances.

Direct work with children should therefore include work on trauma, resilience, attachment and holistic engagement with the family.

Positive aspects of current support to children included one to one work, children being able to express their feelings, explore the impact of domestic abuse and think about how to keep themselves safe. CEDAR⁵³ and Safe and Together¹⁷ were singled out as particularly positive. These suggest that the most effective way of providing child safety ensures the non-offending parent's safety and wellbeing and maintains and develops the bond between them and their children. Assessment of impact is nuanced and takes into account the impact of domestic abuse on the non-offending parent and wider wellbeing and family functioning. Efforts are made to acknowledge the protective efforts of the non-offending parent and to partner with them. Domestic abuse is understood as a perpetrator's parenting choice and the models encourage professionals to hold fathers to the same parenting standard as mothers. Children are also offered support in their own right.

There were also identified gaps in service provision. These included:

- language barriers to parenting classes
- services for young people who are perpetrating domestic abuse
- flexible opening times
- better use of social media
- rooms and resources for young people, not just children or babies
- child to adult family violence; domestic abuse in Scotland is defined in relation to ex/partners

“Children need to know about how to recognise relationships that aren't supportive and how to get out of them when they recognise that.”

“I think society's attitudes need to be part of the solution regarding domestic abuse so that services aren't just addressing the consequences of it.”

-Comments from service users-

“Whilst services have children's best interests at heart, the woman also feels they have her best interests at heart too!”

“There needs to be better protection for children, but also for adults who are abused by their children.”

-Comments from service users-

2.11 Domestic abuse perpetrators

The criminal justice system has an important role in the enforcement of the law and prevention of domestic abuse. But internationally, there is growing consensus that prosecution alone is not enough to eradicate the problem⁵⁴. Where appropriate, perpetrators must also be supported to change their behaviour. Perpetrators who carry out such violence should be identified earlier, held to account for their

behaviour and given the support they need to change at the earliest opportunity. Edinburgh is well placed to provide this response, having been at the forefront of perpetrator work in Europe for over two decades⁵⁵.

The majority of perpetrators who responded to the consultation did not actively seek help, but were referred to services through criminal justice routes or by children's services. Other people they contacted for help included families, friends and their GP. They valued the perpetrator programme interventions because they gave them advice and emotional support. Immediately after a domestic abuse incident, perpetrators said they would have valued support with their behaviour and housing options to allow them the space and time to be taken away from the situation. Support with behaviour management was valued. Having someone to talk to and support with contact issues was seen as important in the longer term.

"I wasn't happy about what was happening and wanted to change the way I was."

"It took a while to admit to myself I needed help."

"I get nervous speaking to everyone about my past."

"I feel no-one listens to me."

"Men need to see from their partner's side, rather than their own guilt."

-Comments from service users-

2.11.1 Specialist services for perpetrators

Staff overwhelmingly supported the behaviour change programmes, particularly in relation to identifying triggers and the impact on victims. They also believed that accountability within the wider system was important. This included holding men to high standards as fathers and involving them in child protection processes.

Many respondents spoke highly of the specialist work with perpetrators available in Edinburgh, including the current interventions with Polish men. However, some respondents identified gaps in services and gave suggestions for service improvement:

- more services for 'hard to reach' perpetrators: those from black and minority ethnic communities, or those with substance misuse or mental health issues
- widen pathways into services, for example, signpost perpetrators to services from police call-outs
- including elements of Survive and Thrive within programme modules
- being able to articulate when perpetrators are *not* making changes
- services for young people who are perpetrators
- gaps in service for child to adult family violence
- gaps in services for female perpetrators
- development of short-term interventions to stabilise perpetrators until they can access behaviour change programmes

- development of interventions for those not willing to attend a behaviour change programmes
- peer mentoring

2.11.2 Holding perpetrators accountable in other services

Whilst specialist services were valued, respondents also commented on the importance of identifying and holding perpetrators to account in wider service areas:

- targeted training for different groups who are likely to engage with perpetrators; GPs, mental health and substance misuse, criminal justice supervising officers
- training should include skills development as well as theory and how to routinely enquire about concerning behaviour
- early intervention with men around relationships and emotional regulation
- raising awareness of internet or phone support available for perpetrators
- development of risk and needs assessment of perpetrators within services

Many of these recommendations have reflected recent developments in perpetrator work, including the multiagency DRIVE Project⁵⁶ to 'challenge perpetrators of domestic abuse' and recent books outlining short-term interventions for perpetrators⁵⁷.

Victims highlighted ways in which perpetrators can use services to continue to abuse. They found it frustrating when services were 'fooled' by the presentations of perpetrators, rather than assessing their behaviours accurately. Services seemed unaware of how the perpetrator used services to carry on abuse to their family.

"Someone from a position of authority needs to tell them the consequences of their behaviour and that they need to change, rather than buying their perfect presentation."

"The abuser in my case, was a charmer to anyone else looking in, he was very 'nice' to the social work and all my friends, no one else saw the side of him we did. This was frustrating as they all had a different opinion of him. Emotional abuse is so elusive and hard for outsiders to see especially if abuser is socially skilled and charming outwith the home."

"My partner continues to abuse me via any channels available to him; civil courts, making allegations of child abuse and physical attacks by my childcare. So, despite a non harassment order this behaviour continues. We have suffered substantial emotional and financial losses and want the system to start to acknowledge the changing face of abusers - with physical abuse changing to clever emotional abuse through all routes possible."

"It appears to me from my experience that he can do anything he wants and nothing will be done."

"It took 15 years. These men should not be allowed to go on to do it to other women"

-Comments from service users-

"Things go well when there is a shared understanding of domestic abuse, clear goals, expectations and roles for men, not shying away of difficult discussions with them, willingness to be involved with men, include them, being up-front and talking about domestic abuse in terms of behaviour, not euphemistically, believing men can change and seeing them holistically and engaging honestly."

"In my set up we don't work with perpetrators or even try to, we just try and get our clients away from them"

"We need to have the confidence to have a meaningful conversation which results in a good intervention – not just talking to the perpetrator so that you can say you have in your casenotes."

"The best outcome is for them to change. In the absence of change they need to get the message that they cannot continue."

"How do you engage empathically without colluding with, or ignoring, behaviour? The skills of Safer Families and Caledonian, which are essentially social work skills, should be rolled out across professions."

"All the women in the focus group reported that professionals rarely spoke to their ex/partners and when they did they tended to over emphasise their positive attributes, even when the domestic abuse had been well documented and there were convictions."

-Comments from staff-

3. Recommendations

3.1 Developing a coordinated community response to domestic abuse in Edinburgh: next steps

This report has outlined the key themes identified by service users and staff in relation to the response to domestic abuse in Edinburgh. It has related this to national and international research and best practice. The following section outlines recommendations to improve domestic abuse service design and create a more coordinated community response. Service redesign of this kind will take several years, and whilst there are key priorities and 'quick wins', this document outlines a clear vision and direction, and establishes a governance structure to take this forward. In order to do this the existing Project Board will:

- be reviewed to ensure that it has the right representation to take forward the next stage of the project
- agree membership and action plans for all work streams
- receive regular reports on progress for all work streams

It will ensure the delivery of Edinburgh's Domestic Abuse Improvement Plan set out at Appendix One. The work streams are outlined in the following sections.

3.2 City of Edinburgh Council Commissioned Services

The consultation has shown that victims gave the most positive response about services when they were able to build a relationship with a professional who listened, empathised, was non-judgemental and understood the dynamics of domestic abuse. Most commonly, this was found within specialist domestic abuse services. However, professionals within these services can be overwhelmed with advocating for people through systems which at times respond in a way that increases risk to those they are working with. We will ensure that all professionals are able to offer safe and supportive advice to individuals affected by domestic abuse and that specialist services can be accessed where appropriate.

This work stream ensures specialist support for individual victims is offered to those who are identified as having experienced domestic abuse. We will work with interested service providers to co-produce specifications that deliver a joined up, multi-agency response in the localities.

COSLA and Scottish Women's Aid⁵⁸ recently published guidance for commissioning services for domestic abuse. It suggests that local authorities should seek to fund services that:

- are underpinned by a gendered analysis of domestic abuse, which recognises that domestic abuse is both a cause and consequence of women's inequality
- are shaped by and promote the views of women, children, and young people who have experience of domestic abuse
- demonstrate an understanding of the need for women-only spaces in the promotion of safety and of recovery from domestic abuse
- adopt a rights-based, person-centred, needs-led approach to addressing the impact of domestic abuse on women, children, and young people
- demonstrate a commitment to promoting children's rights and recognise that children and young people have their own unique needs in regard to domestic abuse
- support women in realising their choices with regard to housing and accommodation
- provide holistic, multi-faceted support for women, children and young people or, where this may not be possible, work in partnership with other appropriate agencies

This guidance was reviewed at both the Project Board and Service Providers' Group and will be reflected in our longer term domestic abuse service redesign.

Current contracts for domestic abuse services within Health and Social Care, Communities and Families and Safer and Stronger Communities will provide the resources for the redesign of services. A Prior Information Notice (PIN) will be published to establish the potential market interest to put in place a collaborative partnership arrangement with suitable suppliers. Service specifications will be co-produced and contracts will be in place by November 2017.

The PIN will seek to identify a range of professional resources and opinions to support the development of a coordinated community response to domestic abuse in Edinburgh. The intention is to develop a single pathway from domestic abuse incident or identification to service provision, based on risk and need. The commissioned services will be part of a wider improvement plan across all service areas which will encourage earlier intervention, better engagement with family members and improved coordination. This will include the development of:

- an initial referral, screening and assessment process to ensure support is offered and action is taken where domestic abuse is identified
- services for female victims, including:
 - accommodation with housing support
 - support to victims of domestic abuse – including advocacy work, direct support, peer support and/or groupwork
 - support to children affected by domestic abuse

The service redesign will ensure that there are pathways through services for:

- female, male and LGBT victims of domestic abuse
- victims and children from black and minority ethnic communities (including those from Central and Eastern Europe)
- victims with complex needs (defined as those who experience problems with mental health, substance misuse and/or trauma who are at risk from themselves or others)

The PIN will make clear this is related to service redesign, rather than the allocation of resources. It will ask that interested parties:

- understand Edinburgh's definition of domestic abuse
- have the capacity to deliver
- adhere to a gendered analysis of domestic abuse
- work to the principles of Safe and Together
- are trauma informed
- are aware of the local and national policy context in relation to domestic abuse
- are either a member of the Edinburgh Violence Against Women Partnership, or are aware of the work of the Partnership

Work to establish current costs and throughput of existing services will commence immediately. A Service Providers' Group of interested parties will be established. There will then be a number of meetings to co-produce service specifications. We will develop flexible, dynamic contracts, which will allow learning in action.

3.3 Housing and homelessness services

The strategy suggests that pathways in relation to housing and homelessness services should:

- ensure housing options include realistic advice about future housing; the opportunity for individuals to stay safely in their own home, or to access short-term places of safety and return home
- give consideration to removal of the perpetrator
- aim for all agencies to ensure that victims be settled and recovering in their new home and community, with appropriate support, as soon as is possible and safe
- train housing staff in the dynamics of domestic abuse and domestic abuse service providers in giving accurate housing advice so that everyone understands the safety implications of the various housing options

This work stream will develop a flexible, speedy and safe process to ensure that individuals and their children are safe, secure and settled in a home of their choice.

This includes:

- development of a domestic abuse housing policy
- implementation of the Domestic Abuse Home Safety Initiative
- development of specialist domestic abuse housing officers
- training for all housing staff on domestic abuse
- training for service providers on giving housing advice
- investigation of options available to increase priority for those who are homeless due to domestic abuse
- consideration being given to procuring specific housing stock for domestic abuse
- increased use of measures to remove the perpetrator from the family home
- direct engagement with perpetrators who are not living with their ex/partners due to bail conditions or them or their ex/partner leaving the family home

3.4 A locality based multi-agency response to domestic abuse

This work stream will develop a locality based, multi-agency response to domestic abuse. The process will ensure there is a single pathway from domestic abuse incident to service provision, based on risk and need. It will intervene early, engage with all family members, coordinate services and improve outcomes.

The response will review domestic abuse police call-outs in the locality, share information appropriately and safely and allocate actions to relevant agencies, some of which may already be involved with the family. As police call outs do not reflect the prevalence of domestic abuse, the process may allow mechanisms for other services that identify families affected by domestic abuse to refer into it.

The process should include:

- Police
- Housing
- Social work – children, adult and criminal justice
- Family and household support
- Non-court mandated perpetrator programme
- A representative from services who support individuals affected by domestic abuse

The South West Locality has piloted a screening and action group. The development of a further process is now included within the Locality Improvement Plan as part of the Safer Communities work stream.

3.5 Publicity and awareness raising of services and support available in Edinburgh

The consultation has shown that many victims of domestic abuse do not contact services for many years. This is for a number of reasons:

- not recognising they are experiencing domestic abuse
- previous experience of a poor service response
- lack of knowledge available services
- a confusing number of services
- unpredictable service responses

Knowledge of services and predictable service responses are vital when individuals affected by domestic abuse are making decisions about the risks they and their children face. This work stream will develop comprehensive and simple information in a range of formats, which will detail the services available and how each service area will respond to domestic abuse. It will include raising awareness of any employment policies in relation to domestic abuse. Speak Up, Speak Out, the multi-agency publicity campaign for Edinburgh launched in August 2013, could provide an appropriate platform for the development of any materials. A Domestic Abuse Action Group has been established as part of the Liberton and Gilmerton Neighbourhood Partnership. It could provide a forum to develop these materials for the city, under the auspices of its already agreed priority of 'awareness-raising'.

3.6 Working with perpetrators of domestic abuse

The ability to work long-term with perpetrators of domestic abuse to create behaviour change is a specialist skill. The vast majority of perpetrators are not able to access this type of intervention and many are not suitable for it. Respondents to the consultation want professionals to be able to hold perpetrators to account for their abuse. Many services already engage with perpetrators due to their parenting role, their substance misuse, mental health and housing needs; or their criminal or anti-social behaviour. We aim for professionals within these services to reduce the risk of domestic abuse by addressing perpetrators' wider needs, and by developing skills to engage empathically and motivationally with them, without being collusive. By engaging with perpetrators, we are able to reduce victim-blaming, assess risk accurately, gather information about a pattern of abuse, and work together with others to reduce risk, hold perpetrators to account and encourage them to change.

This work stream will develop the skills of the workforce in engaging with perpetrators. It includes:

- an allocated perpetrator worker to each locality to act as a consultant and support staff teams to engage with perpetrators
- training for staff in motivational interviewing, risk assessment and short term interventions
- a response for perpetrators who are not suitable for long-term behaviour change where engagement with them is likely to reduce risk to the individual
- development of shorter modules within non-court mandated perpetrator services for men who are not suitable for the behaviour change programme; these may include modules on fathering, substance misuse, mental health, trauma, employability
- development of perpetrator work for female perpetrators or those who are not within heterosexual relationships
- development of work with young people who use violence towards ex/partners or family

- processes to ensure work with perpetrators is safe and there is joint working with people who are supporting their ex/partners

3.7 Improved response to domestic abuse across all service areas

Respondents to the consultation stated that one of the largest improvements that could be made is in relation to the understanding and response of professionals to domestic abuse. Findings show that domestic abuse is mistakenly viewed as a difficult relationship, separation or disagreement, rather than a perpetrator choosing to use a pattern of abuse and control against their ex/partner and children. At times, individuals feel judged, blamed for the abuse or the impact on their children, and pressured to make decisions such as separating or moving home, without an understanding of the other risks or disruption that these dramatic responses create. Negative responses from services impact on an individual's decisions and safety, as they are less likely to approach services or see them as a support. Respondents were positive about professionals who are non-judgemental and who understand the dynamics of domestic abuse.

This work stream will create a team of Domestic Abuse Champions within each locality and in a variety of service areas. They will be supported to improve their skills in working with victims, perpetrators and children. Work will include consideration of how to ensure staff look after themselves physically and emotionally, and are supported in this complex area of work. These Champions will spread their knowledge and provide support to other professionals within their teams. It will include:

- comprehensive role-specific training of Domestic Abuse Champions across a range of service areas
- use of Domestic Abuse Champions as consultants
- establishing a Domestic Abuse Practitioners' Forum
- developing the use of the online Knowledge Hub to support staff
- finalising the online domestic abuse course

This work stream will promote and support examples of existing good practice, including:

- Safe and Together Champions
- Violence Reduction Unit workers with Accident and Emergency
- routine enquiry for gender-based violence in health settings
- specialist training of GPs
- the monthly 'Rethinking Domestic Abuse' training course

"This would improve getting the right support, at the right time, to the right place."

"You can only 'champion' if people are open to being championed- it needs senior manager buy-in."

"It is essential that domestic abuse has a visible platform in localities."

"Services need to have the confidence to ask the right questions in the right way."

"A culture change is required. We should use expertise across all service areas. We need to use the training and skills that are there."

"If universal agencies were able to respond appropriately to domestic abuse this would have a significant impact on a huge range of public services."

"Somebody just needs to help – I don't understand why people say it isn't their job to help."

"Domestic abuse is core business - it's everyone's job!"

-Comments from staff-

3.8 Development of effective and accountable governance structures, which include the involvement of service users in the development of services

As Edinburgh's multi-agency domestic abuse policy states, the implementation of a domestic abuse action plan requires effective and accountable governance structures. This work stream will ensure there are clearly defined domestic abuse indicators and targets closely linked to the goals and objectives set out in the Improvement Plan. They will be used to monitor the progress of the plan's objectives and to evaluate the effectiveness its activities. In order to do this, partners commit to sharing data within agreed protocols, and evaluating interventions. Regular reports on the implementation and progress of the plan will be provided to the Service Redesign Project Board, Edinburgh's Violence Against Women Partnership and the Edinburgh Chief Officers' Group – Public Protection.

Whilst many individual organisations have service user forums or advisors, there is not a comprehensive domestic abuse service users' forum in Edinburgh to advise on city-wide policy, practice or service development. Those who use services should have the opportunity to reflect back to decision-makers how these services are working on the ground. Many of the respondents to the consultation found the process of being involved in focus groups to be empowering and expressed an interest in continuing to work with us in future.

This work stream will ensure that families affected by domestic abuse are visible and heard within the development of policy and service design in Edinburgh. It includes the development of a service users' forum and ongoing periodic consultation on Edinburgh's response to domestic abuse.

DEVELOPING A COORDINATED COMMUNITY RESPONSE TO DOMESTIC ABUSE: SUMMARY OF OUTCOMES, OBJECTIVES AND WORK STREAMS

OUTCOME A: Interventions are early and effective, preventing domestic abuse and maximising the safety and wellbeing of individuals, children and young people affected by domestic abuse	
Individuals and children affected by domestic abuse are identified at an earlier stage	Individuals and children affected by domestic abuse are safer and at less risk of further harm
OBJECTIVE ONE: Relevant, integrated and effective services are in place to meet the needs of adults and children affected by domestic abuse	
WORK STREAM ONE: The City of Edinburgh Council Commissioned services	
WORK STREAM TWO: Housing and Homelessness services	

OBJECTIVE TWO: Appropriate processes are in place to ensure service providers identify and respond to adults and children affected by domestic abuse at an early stage	
WORK STREAM THREE: A locality based, multi-agency response to domestic abuse	
WORK STREAM FOUR: Publicity and awareness raising of services and support available in Edinburgh	

OUTCOME B: Perpetrators desist from all forms of domestic abuse and receive a robust and effective response

Perpetrators of domestic abuse are identified at an earlier stage

More perpetrators of domestic abuse are held to account for their behaviours

Perpetrators of domestic abuse are less likely to re-offend

OBJECTIVE THREE: Appropriate processes are in place to ensure perpetrators of domestic abuse are identified at an early stage, held to account for their behaviours and supported to change

WORK STREAM FIVE: Working with perpetrators of domestic abuse

OUTCOME C: Agencies in Edinburgh have a greater understanding of the difficulties faced by individuals and children affected by domestic abuse and are more able to respond to their needs

A greater number of staff attend domestic abuse training relevant to their role within the service pathway

There are effective and accountable governance structures, which include the involvement of service users in the development of services

OBJECTIVE FOUR: More staff across a range of services are more confident and competent in responding to the diverse support needs of individuals and their children

WORK STREAM SIX: Improved response to domestic abuse across all service areas

WORK STREAM SEVEN: Development of effective and accountable governance structures, which include the involvement of service users in the development of services

Workstream One: The City of Edinburgh Council Commissioned services	Status	Lead
PIN to be published	28/02/17	Kirsten Adamson
Co-production event	23/03/17	
Screening of those interested	24/04/17	
Service specification events take place	14/07/17	
Contracts in place	Nov 2017	
Ongoing contract monitoring and amendment	Nov 2019	
Workstream Two: Housing and homelessness	Status	Lead
Confirm working group membership	15/03/17	Karen Allan
First meeting of working group	31/03/17	
Establish workplan for each action: policy development, Home Safety Initiative, housing officers, increasing housing options and priority, perpetrator removal.	30/04/17	
Workstream Three: A locality based, multi-agency response to domestic abuse	Status	Lead
Initial meeting with managers in Southwest to assess viability to re-establish DALAG in Southwest Locality	24/10/16	Anna Mitchell
Further meeting with managers in Southwest to develop initial processes and timeline for project	10/03/17	
Circulate VPDs in April and transport data onto case profiles	April 2017	
Develop learning log	May 2017	
Review meeting – service managers to review all case profiles and develop plan for next stage of the project	May 2017	
Workstream Four: Publicity and awareness raising of services and support available in Edinburgh	Status	Lead
Scoping of existing materials	July 2017	Joyce Nisbet
Development of policies	Oct 2017	
Development of employee policy	Oct 2017	
Awareness raising of domestic abuse strategy and improvement plan	Jul 2017	
Development of Knowledge Hub	Nov 2017	
Review of website – Orb and CEC pages	Nov 2017	

Workstream Five: Domestic abuse perpetrators	Status	Lead
Review of perpetrator work in Edinburgh	15.6.17	Rona Fraser
Options paper to Scottish Government	Sep 2017	
Consider safe short term interventions with perpetrators and possible modules for intervention with non-court mandated services	22.6.17	
Development work with the LGBT community		
Develop work with female perpetrators		
Develop work with young people who use violence in their relationships or towards their parents	17.5.17	
Workstream Six: Improved response to domestic abuse across all service areas	Status	Lead
Development of key messages to provide an overarching structure for all the training delivered	SEP 2017	Leanne Turner
Map current workforce and training packages	Oct 2017	
Safe and Together implementation	Sep 2017	
Development of Knowledge Hub	October 2017	
Workstream seven: Development of effective and accountable governance structures, which include the involvement of service users in the development of services	Status	Lead
AM to meet with NC to establish how the performance framework for the Improvement Plan will align with other strategic frameworks	01/05/17	Anna Mitchell
AM to review all domestic abuse outcomes and measures in current strategies	01/06/17	
AM and NC to meet with Karen Brannen and Gosia Szymczakn to review current outcomes and measure and develop Domestic Abuse Improvement Plan Performance Framework	15/06/17	
AM to liaise with all leads to ensure their workstream is reflected in the performance framework	20/07/17	
Present draft Domestic Abuse Improvement Plan Performance Framework to Project Board	27/07/17	

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