

# FINAL Integrated Impact Assessment – Summary Report

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Each of the numbered sections below must be completed  
Please state if the IIA is interim or final

## **1. Title of proposal**

Revision of the Multi-Agency Domestic Abuse Policy (MADAP).

## **2. What will change as a result of this proposal?**

The MADAP will be revised to better reflect the refreshed Equally Safe Strategy as well as incorporating the principles of the United Nations Convention on the Rights of the Child (UNCRC).

## **3. Briefly describe public involvement in this proposal to date and planned**

A number of professionals working with adults and children, as well as professionals in women's services and domestic abuse services participated in this proposal. There was no direct engagement with the public but the professionals who undertook the writing of the policy and the Integrated Impact Assessment work with victims and survivors of domestic abuse and their children on a daily basis.

As a general principle, the Equally Safe Edinburgh Committee opts to involve VAWG organisations instead of people with lived experience in the creation and review of policies, procedures and in Integrated Impact Assessment meetings. There are a number of reasons behind this decision:

- i. The ESEC deals with highly sensitive issues which can be extremely challenging to discuss from a lived experience perspective due to their potential to re-traumatise survivors.
- ii. Additionally, involving survivors directly in IIA discussions can be not only retraumatising, but also has the potential to generate risk should the survivors' contact information or any identifying information be shared.
- iii. The organisations and services who are members of the ESEC overwhelmingly offer people who access them platforms and forums in which to share their experiences and feedback on what works well/not well for them, and what changes they would like to see happen. These experiences and comments are subsequently fed back to the ESEC either during committee meetings or during IIA meetings.
- iv. An additional consideration in engaging with services in the IIA process as opposed to individuals is that services and organisations who are ESEC partners share decades of experience in supporting women and children affected by gendered violence. This enables them to share the experiences

and comments of multiple people as opposed to individual experiences and comments, which, though incredibly valuable does not provide the same breadth of perspective.

- v. To mitigate these risks and to ensure that our IIA reports are as inclusive of all protected characteristics, we engage with VAWG organisations that provide support to large cross-sections of the population affected by the issues to which the policy/procedure/IIA refers. With regards to the IIA on the proposed CSE Position Paper, the organisations involved carry out work with people (especially women) with the following protected characteristics:
- a. The [Multicultural Family Base](#): Works cross-generationally with individuals and families from minority ethnic/religious backgrounds, including children, parents, older people, people who are LGBT+, pregnant, migrants, survivors of gendered violence (including human trafficking), people affected by/at risk of poverty, people who are care experienced, people who are single/married/civilly partnered/divorced, neurodiverse people, people with disabilities and people who live in Edinburgh.
  - b. The Northwest Children's Practice Team provides social work support to children and families in Edinburgh from all backgrounds and with any (protected) characteristics. The Practice Team's representative in the IIA meeting is also an accredited Safe & Together trainer able to feed back on the inclusion of Safe & Together principles in the policy.
  - c. The [Family and Household Support Service](#) (FHSS) is a single point of contact working throughout all areas of the Council, health and other services to provide people with the right support at the right time across a broad range of issues, including housing, parenting, health and wellbeing and family relationships. The FHSS is also a key partner in the delivery of the Domestic Abuse Local Action Group (DALAG) which aims to provide support at the earliest stage to families with children where domestic abuse is suspected. The FHSS works with families and households of all backgrounds and with all characteristics, protected and unprotected by the Equality Act (2010).
  - d. [Feniks](#) is a third sector organisation supporting members of the Central and East European (CEE) Community, including Polish women affected by domestic abuse. They work with anyone who is over 18 and from a CEE background, covering all protected characteristics and all geographical areas of Edinburgh.
  - e. [Children 1<sup>st</sup>](#) work with children and their families across Scotland to prevent crises, supporting them to overcome adversity and to recover from trauma and harm. Support is offered primarily to children with any (protected) characteristics, including opportunities for children's voices to be heard.
  - f. The Commissioning Officer for Edinburgh's domestic abuse services is heavily involved in the contract monitoring process of the services currently delivered by [Edinburgh Women's Aid](#), [Shakti Women's Aid](#), [Foursquare](#) and [Sacro](#) (Aditi). The monitoring process involves monthly, quarterly and annual reports from services which include detailed case studies and service monitoring (including feedback from

women accessing the commissioned services). This feedback has been included in the IIA report.

During the development of the MADAP, all ESEC member organisations had been included in the process and invited to contribute to the IIA report. The feedback by partners who took part in the IIA process, as well as by ESEC members who did not participate in the IIA but in the development of the MADAP, overwhelmingly agreed that all protected characteristics are covered, as well as additional individual characteristics and experiences identified in the IIA but not protected by the Equality Act (2010).

**4. Is the proposal considered strategic under the Fairer Scotland Duty?**

Yes

**5. Date of IIA**

17 April 2024

**6. Who was present at the IIA? Identify facilitator, lead officer, report writer and any employee representative present and main stakeholder (e.g. Council, NHS)**

<b>Name</b>	<b>Job Title</b>	<b>Date of IIA training</b>
Angela Voulgari (facilitator)	Equally Safe Edinburgh Committee Lead Officer (City of Edinburgh Council)	18 May 2022
David Brown	Acting Manager – Family and Household Support (City of Edinburgh Council) & accredited Safe & Together Trainerto	
Reese Lee	Project Worker and Psychotherapist, Bright Choices, Multicultural Family Base	
Rania Qussasi	Practice Educator, Multicultural Family Base	
Angie Manske	Project Worker, Bright Choices, Multicultural Family Base	
Andrea Davidson	Social Work Team Leader & Accredited Safe & Together trainer, North West Children’s Practice Team (City of Edinburgh Council)	

Name	Job Title	Date of IIA training
Agnieszka Morrison	Policy Development Officer, Feniks	
Caroline Smith	Commissioning Officer, Domestic Abuse Services, City of Edinburgh Council	
Mhairi Cooper	Detective Inspector, DAIU, 'E' Division, Police Scotland	
Debbie Noble	East of Scotland and Helpline Manager, Children 1 <sup>st</sup>	

## 7. Evidence available at the time of the IIA

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Data on populations in need	<a href="#">SafeLives: Who are the victims of domestic abuse?</a>	<ul style="list-style-type: none"> <li>• Each year more than 100,000 people in the UK are at imminent risk of being murdered or seriously injured as a result of domestic abuse</li> <li>• Each year the situation of 50,000 high-risk victims and 70,000 children are discussed at Marac meetings across England and Wales. More than 90% of these victims are female, and 5-10% are male. 15% are black, Asian or minority ethnic (BAME). 4% are disabled. 1% are lesbian, gay, bisexual or trans (LGBT).</li> <li>• <b>Gender:</b> Women are much more likely than men to be the victims of high risk or severe domestic abuse: 95% of those going to Marac or accessing an Idva (IDAA) service are women</li> <li>• <b>Low income:</b> women in households with an income of less than £10,000 were 3.5 times more at risk than those in households with an income of over £20,000</li> <li>• <b>Age:</b> Younger people are more likely to be subject to interpersonal violence. The majority of high-risk victims are in their 20s or 30s. Those under 25 are the most likely to suffer interpersonal violence</li> <li>• <b>Pregnancy:</b> Nearly one in three women who suffer from domestic abuse during their lifetime report that the first incidence of violence happened while they were pregnant</li> <li>• <b>Separation:</b> Domestic violence is higher amongst those who have separated, followed by those who are divorced or single</li> </ul>

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	<p><a href="#">The Scottish Government – Police Scotland</a></p>	<ul style="list-style-type: none"> <li>• <b>Previous criminality of the perpetrator:</b> domestic abuse is more likely where the perpetrator has a previous conviction (whether or not it is related to domestic abuse)</li> <li>• <b>Drug and alcohol abuse:</b> Victims of abuse have a higher rate of drug and/or alcohol misuse (whether it starts before or after the abuse): at least 20% of high-risk victims of abuse report using drugs and/or alcohol</li> <li>• <b>Mental health issues:</b> 40% of high-risk victims of abuse report mental health difficulties</li> </ul> <p><b>In</b> 2021-2022, Police recorded 64,807 incidents of domestic abuse, down 1% from the year before. 29% of those incidents included at least one crime nationally, while in Edinburgh 37% of those incidents included at least one crime. Edinburgh has had 111 incidents of domestic abuse per 10,000 population in 2021-2022. 81% of incidents of domestic abuse included a female victim and male perpetrator; 15% involved a male victim and female perpetrator while the remaining 4% involved partners of the same gender.</p> <p>In 2021-2022, female victims aged 31-35 had the highest rates of incidents per 10,000 population. The age group with the highest rate of incidents of domestic abuse per 10,000 population for men was 36-40. The 31-35 year old group also had the highest number of perpetrators per 10,000 population.</p>
Data on service uptake/access	Equally Safe Data Reporting (ESEC)	<b>In</b> 2022/2023, ESEC member organisations reported that a total of 333 children were supported by

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	<p><a href="#">Women's Aid</a></p> <p><a href="#">SafeLives</a></p>	<p>organisations whose main focus of work is domestic abuse. This is a 14% increase compared to the previous year.</p> <p>In the same year, 2452 adults were supported by organisations whose main focus is domestic abuse (353 were aged 16-25; 1951 were over 26; and 148 whose age was not recorded). This was an 8% reduction compared to the previous year.</p> <p>In spite of these high numbers, it is widely accepted that domestic abuse is chronically underreported; further, the numbers above do not include data from <b>all</b> organisations in Edinburgh who encounter/work with people affected by domestic abuse.</p> <p><b>46.2%</b> of women in refuges had spent 2-10 years in the abusive relationship, while 17% had been in the relationship for over 10 years.</p> <p><b>95%</b> of cases going to MARAC and IDAA services are women. On average, victims at high risk of serious harm or murder live with domestic abuse for 2-3 years before getting help. 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.</p>
Data on socio-economic disadvantage e.g. low income, low wealth, material deprivation, area deprivation.		Domestic abuse can affect anyone, regardless of their individual characteristics. This also applies to socio-economic disadvantage, as well as to socio-economic advantage, which brings with it unique challenges for victims to seek help.





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	<p><a href="#"><u>No One Deserves to be Abused: An Inquiry to inform the development of supports for affluent survivors (2017)</u></a></p>	<p>and structural roots of poverty arising from the iniquitous distribution of resources and power in society. Domestic abuse also contributes to unemployment which in turns contributes to poverty.</p> <p><b>Domestic</b> abuse occurs in affluent communities as well, and at times the very structure and mentality of those communities contribute to the creation of barriers to reporting or seeking support for domestic abuse. Affluent families tend to have a lower tendency to depend on friends and neighbours, as they tend to live in larger properties set further apart from their neighbours. More affluent communities tend to adopt a culture in which ideas of ‘affluence bringing happiness’ are prevalent, as well as messaging that ‘the rich have no right to feel depressed’. Affluent perpetrators often have some prominence within the community.</p> <p>Women from more affluent backgrounds are unlikely to have witnessed or experienced any kind of violence or abuse prior to their relationships with their partners/husbands and the ‘cycle of violence’ and accompanying contrition stage is unlikely to happen in this population. Affluent women tend to be highly educated and professionally accomplished, and more likely to believe that they will ‘fix the situation’. They also tend to be more attached to their status rather than to their partner. Perpetrators are also often more likely to be highly educated or highly influential, while those in a position to help often thing that affluent women have easy access to the resources</p>



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	<p><a href="#">Wang (2023): Domestic Violence and Abuse is Our Issue</a></p> <p><a href="#">Fiolet, Brown, Wellington, Bentley &amp; Hegarty (2021) Exploring the Impact of Technology-Facilitated Abuse and its relationship with Domestic Violence: A qualitative study on experts' perceptions.</a></p>	<p>domestic abuse, commercial sexual exploitation and other forms of VAWG. [...] To effectively address VAWG a gendered analysis recognises that there is a need to understand and address the attitudes and structures that underpin this violence and abuse. [...] Adopting a gendered analysis of VAWG supports a preventative approach by highlighting the value of ensuring that policy and practice effectively addresses the root cause of VAWG, rather than only dealing with the negative consequences of it. (p. 3-4)</p> <p><b>Evidence</b> strongly demonstrates that women are considerably disproportionately affected by domestic abuse, and further reading outlined in this document highlights the particular vulnerabilities and intersecting characteristics that put women at a disadvantage compared to men, including male victims/survivors of domestic abuse.</p> <p><b>Domestic</b> violence and abuse is a pervasive global public health issue with a myriad of health sequelae that negatively impact all communities. As a form of gender-based violence, DVA disproportionately affects girls and women along with the historically marginalized or those at the intersection of multiple forms of oppression.</p> <p>For women without prior history of atopic conditions, women exposed to DVA were compared with those unexposed in terms of new diagnoses of asthma, atopic dermatitis, and allergic rhinoconjunctivitis. Compared with unexposed women, the DVA-</p>

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		<p>exposed group had higher proportion of current smoking. In adjusted analyses, women exposed to DVA had 52% increased risk of developing an atopic disease during the study period. This pattern remained consistent when evaluating each individual condition: 69% increased risk of developing asthma, 40% increased risk of developing atopic dermatitis, and 63% increased risk of developing allergic rhinoconjunctivitis.</p> <p>Widely prevalent and long underaddressed, DVA remains a significant public health problem with broad health sequelae. A growing body of data consistently establishes DVA as a risk factor for a multitude of chronic health conditions and higher burden of disease morbidity. Domestic violence and abuse, frequently a form of severe and chronic trauma, has tangible effects on our patient population and the diseases we treat.</p> <p><b>Technology-Facilitated Abuse (TFA)</b> behaviours include but are not limited to: stalking and omnipresence, tracking, intimidation, impersonation, humiliation, threats, consistent harassment/unwanted contact, sexting and image-based sexual abuse.</p> <p>Three themes were identified in interviews with Domestic Abuse practitioners:</p> <ol style="list-style-type: none"> <li>1. <u>Another form of control</u>: Like in-person forms of DV, TFA appears to be grounded in the attainment of power and control however technology is offering innumerable new ways to facilitate the abuse. In this way the behaviours are “business as</li> </ol>

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		<p>usual,” although made easier by technology’s increasing functionality to reach partners. Thus, most participants see TFA as an extension of other DV behaviours.</p> <p>2. <u>Amplifies level of fear</u>: Most participants described the fear caused by the constancy of control, likening it to a constant hyper-awareness. The fear was described as being ever-present in the lives of survivors, as omnipresent as the abusive behaviours.</p> <p>3. <u>A powerful tool to engage others</u>: Many participants described how the ability to reach a large audience via social media enables perpetrators to engage others to unknowingly attack the survivor through posting negative comments that encourage others to contribute. Some participants also discussed perpetrators’ use of social media to shame survivors by threatening or actually posting private images or videos with the intention of the images being seen by the survivor’s family and friends. In some cases perpetrators were understood to have incited people known to the survivor to engage in character attacks, causing even further distress. Other participants spoke of how, under the guise of custody access rulings, perpetrators used children’s mobile phones to track their</p>

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	<p><a href="#">Safe Later Lives: Older People and Domestic Abuse</a></p>	<p>whereabouts and locate their mother (the survivor) post-separation.</p> <p>Technology facilitates abuse and makes it easier for perpetrators to exercise control and create fear, thus there is an urgent need to ensure that all clinicians involved in the provision of DV services are adequately trained to identify and respond to TFA. This training should involve awareness of TFA as an extension of existing DV behaviours rather than as a unique set of behaviours, and acknowledge technology as a new means by which a perpetrator can abuse. The unique ability TFA has in prolonging the survivor’s experiences of fear beyond relationship dissolution should also needs to be addressed within training, as clinicians need to support survivors in their experience of the perpetrator’s omnipresence during and after the relationship. Training should also target appropriate ways to discuss the potential that children and others may knowingly or unwittingly be implicated in the tactics of abuse.</p> <p><b>Older</b> people affected by domestic abuse are 1.5 times more likely to experience abuse by their current partner and 7 times more likely to also experience abuse from an adult family member. In Scottish legislation, abuse from family members is not considered domestic abuse.</p> <p>They are also less likely to have attempted to leave the perpetrator prior to seeking support, and more than 3 times more likely to be living with the perpetrator after getting support. Victims over 60 are also more</p>

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	<p data-bbox="555 931 791 1070"><a href="#">House of Lords Library: Domestic Abuse of Older People</a></p> <p data-bbox="555 1189 791 1294"><a href="#">IRISS: Older Women and Domestic Abuse</a></p>	<p data-bbox="826 383 1374 488">likely to have a physical disability, and for 34% of victims this is a physical disability.</p> <p data-bbox="826 528 1374 891">This has been found to contribute to the systematic invisibility of older victims and long term abuse and dependency issues. Generational attitudes towards domestic abuse tend to make it more difficult for older victims to seek support, while there appears to be less targeting of services towards older people experiencing domestic abuse.</p> <p data-bbox="826 931 1374 1149"><b>Due</b> to migration of younger couples away from the home, there is increased risk of isolation and higher dependency on the perpetrator, fewer social connection and lack of funds to pay for care when this is needed.</p> <p data-bbox="826 1189 1374 1294"><b>Research</b> has identified a number of barriers for older women accessing support:</p> <ul data-bbox="874 1301 1374 2018" style="list-style-type: none"> <li data-bbox="874 1301 1374 1406">• A reluctance to share services, particularly housing, with younger women</li> <li data-bbox="874 1413 1374 1473">• Feeling they would not be believed if they disclosed abuse</li> <li data-bbox="874 1480 1374 1731">• Stigma and embarrassment about accessing services, especially due to a lack of faith in the authorities and social/intergenerational expectations around marriage and relationships</li> <li data-bbox="874 1738 1374 1843">• Preconceptions that mature people should have more coping strategies and resources</li> <li data-bbox="874 1850 1374 2018">• A belief that home life should remain private and any discussion of private matters within the home is not socially acceptable</li> </ul>

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	<p><a href="#">Taylor, Bates, Colosi &amp; Creer (2021): Barriers to Men's Help Seeking for Intimate Partner Violence</a></p> <p><a href="#">Huntley et al. (2019): Help-seeking by male victims of domestic violence and abuse (DVA)</a></p>	<ul style="list-style-type: none"> <li>• Lack of formal education and work experience</li> <li>• Ineligibility for social housing, benefits, legal aid and community care grants due to savings, capital or pensions</li> <li>• A number of women who have additional support/care needs might not be able to receive support from services not specialising/geared towards responding to such circumstances</li> </ul> <p><b>Cultural</b> stigma is associated with men's help-seeking behaviour for domestic abuse. Concepts of 'masculinity' relating to self-reliance were perceived as (sometimes self-imposed) barriers in recognising abuse and seeking support. Widespread belief that only women can be affected. Some men disclosed threats by the abusive partner that they would report the victim as the perpetrator and have them labelled as an 'unfit father' or a 'rapist'. Fathers find it particularly difficult to leave or seek support for fear of losing contact with children. Some men disclose feeling 'discredited' or not believed by services after disclosing domestic abuse to services or to police.</p> <p><b>Together</b> with internalised stigma and challenge to masculinity, this study also found that men responded they were fearful of disclosing domestic abuse (closely linked with denial and shame), while they were also committed to the abusive relationship. This led to despondency, especially as some men felt that there were not enough (visible) services available to</p>



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	<p><a href="#">Voices of Men and Boys: Key findings (SafeLives, 2019)</a></p> <p><a href="#">SafeLives: Free to Be Safe report</a></p> <p><a href="#">National Coalition Against Domestic Violence (USA)</a></p> <p><a href="#">Scottish Trans (2010): Transgender People's</a></p>	<p>men, or they were concerned about how services might perceive them.</p> <p><b>Male</b> victims of domestic abuse are more likely to harm themselves to cope with domestic abuse and less likely to talk about it.</p> <p><b>LGBT+</b> people may experience unique forms of coercive control targeted at their sexual orientation or gender identity (ex. Threats to be 'outed', ridiculing of gender identity, 'dead naming' etc.) Many express distrust in services' ability to provide appropriate support, and some services are not as well-equipped to support LGBT+ victims of domestic abuse. Bisexual women in particular reported bias from services if they had experienced abuse by a male partner/ex-partner.</p> <ul style="list-style-type: none"> <li>• <b>43.8%</b> of lesbian women and 61.1% of bisexual women have experienced rape, physical violence and/or stalking by an intimate partner compared to 35% of heterosexual women.</li> <li>• 26% of gay men and 37.3% of bisexual men have experienced rape, physical violence and/or stalking by an intimate partner compared to 29% of heterosexual men.</li> <li>• LGBT+ victims from BAME backgrounds more likely to experience intimate partner violence than their white counterparts.</li> </ul> <p><b>80%</b> of participants in this research stated that they had experienced emotionally, sexually, or physically abusive behaviour by their partner or</p>

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	<p><a href="#">Experiences of Domestic Abuse</a></p> <p><a href="#">Public Health Scotland</a></p> <p><a href="#">Disabled Survivors too: Disabled People and Domestic Abuse (SafeLives, 2017)</a></p>	<p>ex-partner but only 60% recognised the behaviour as domestic abuse. The most frequently encountered type of abuse experienced was transphobic emotional abuse.</p> <p><b>Children</b> with a learning disability are at greater risk of experiencing physical, emotional and sexual abuse. People with a learning disability are 10-12 times more likely to experience sexual assault and they are likely to be targeted specifically because of their learning disability. They are also less likely to have access to information, not to be asked about relationships or sexual health and when asked, they may lack the communication skills required to describe abuse. Further, people with disabilities may be concerned about accessing services for fear of being deemed unable to look after their children, with an estimated 40%-60% of parents with a learning disability having their children removed from their care.</p> <p><b>Women</b> with a disability are twice as likely to experience domestic abuse than non-disabled women, more likely to be living with the perpetrator, and three times more likely to report abuse from multiple perpetrators. Despite continuing to experience a higher level of abuse at case closure, only 9% of victims are engaging or accessing adult safeguarding services (England &amp; Wales)</p> <p>People with disabilities are more likely to live in poverty and poor housing, less likely to be in work, higher education, or participating in social and cultural activities. This leads to</p>

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	<p><a href="#">Scottish Women's Aid</a></p>	<p>reduced opportunity for awareness of/ engagement with services.</p> <p>Further, research reveals that people with disabilities/long-term conditions suffer more severe and frequent abuse over longer periods of time than non-disabled victims (3.3 years vs. 2.3 years)</p> <p>People with mental health problems are at a higher risk of experiencing violence, regardless of gender/specific mental health issue. Domestic abuse further exacerbates such issues and makes them more likely to reoccur. People with mental health difficulties are also twice as likely to have previously planned or attempted suicide, to have self-harmed and less likely to have accessed mental health support.</p> <p>People with disabilities, long-term conditions and mental health issues can also be perpetrators of abuse, often using their condition as a way to coercively control their partner.</p> <p><b>Although</b> women with disabilities and long-term conditions can experience the same types of abuse as other people, their experiences can also be highly specific and relating to their particular condition. For example, the perpetrator can interfere with their access to medication and equipment; emotional abuse that focuses on their condition or disability (for example name calling, using care services against the victim), or using the victim's care needs against her (for example telling her she s 'hard work', limiting her access to special</p>

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	<p><a href="#">Unequal, Unheard, Unjust: But not Hidden Anymore. Women' with Learning Disabilities' Experience of Gender-Based Violence in Scotland.</a>            Scottish Commission for People with Learning Disabilities, 2023.</p>	<p>equipment or medication, not allowing privacy during medical appointments)</p> <p><b>Women</b> with learning disabilities are more likely to experience GBV due to:            1) disablist attitudes towards women with impairments, i.e., perceptions of women with disabilities as dependent and/or weak and therefore easier to manipulate and/or dominate and            2) exposure to a wider range of potential perpetrators, including care workers and personal assistants.</p> <p>Women with learning disabilities who have been affected by gender-based violence face a number of challenges in help-seeking and accessing support. Establishing a rapport takes time, often not available to staff in statutory services. Mainstream violence services are often inaccessible or unavailable. many police officers lacked extensive training on how to identify and work with those who have learning disabilities who are experiencing domestic abuse. Police officers were also often unaware that they were dealing with people who had learning disabilities – particularly in the case of those with milder disabilities.</p> <p>Pulling together key messages from the literature suggest that services to support women with learning disabilities who experience gender-based violence must be relationship based and trauma informed. They must be staffed by professionals who have knowledge and understanding of the specific needs of those with learning disabilities as well as gender-based violence. The support provided may need to be ongoing and that</p>

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		<p>accessibility issues should be addressed including the provision of accessible information in different formats.</p> <p>Advocacy plays an important role in ensuring that the voices of women are included and that they can play a key role in safeguarding their own rights, with adequate support. Peer support is also invaluable in validating the lived experiences of women with learning disabilities while enabling them to play a role in supporting others.</p> <p>At a preventative level the sexual education of women and young girls with learning disabilities must acknowledge their right to intimate relationships that are not harmful and provide them with the information they need to make safe choices.</p> <p>At a policy level the needs of women and girls with learning disabilities needs to be more explicitly acknowledged and addressed across key policy domains rather than being subsumed within a broader disability framework.</p> <p>As well as various forms of abuse, women experienced abuse from different perpetrators including people they met online, partners, support staff and family members. For a number of the women interviewed, the abuse they experienced began when they were a girl perpetrated by their fathers. Experiencing abuse from an authority figure such as a parent or staff member was a common theme across the interviews. For several of the women, there was a significant power imbalance between the perpetrator</p>

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	<p><a href="#">Midwifery Matters – Domestic Abuse in Pregnancy (2012)</a></p> <p><a href="#">SafeLives DASH risk checklist for the identification of high risk cases of domestic abuse, stalking and 'honour'- based violence</a></p> <p>Anecdotal evidence and communication with people affected by domestic abuse, including service providers in Edinburgh</p>	<p>and themselves. Across all the interviews, the participants appeared to have been targeted due to a perceived vulnerability, whether they were a child at the time abuse began or because they had a learning disability.</p> <p><b>Pregnant</b> women are over 60% more likely to be physically abused than non-pregnant women.</p> <p><b>The</b> presence of children increases the risk of domestic abuse for women, the greater the number of children, the higher the risk of abuse.</p> <p><b>There</b> are ongoing informal reports of the challenges of dissolving a relationship/ marriage, particularly where the couple has children. Victims/survivors report that the perpetrator often uses the court process to extend the abuse and to continue to exert control over the victim/survivor and any children from the relationship. This has serious implications for the victim/survivor, especially as the court process can be extremely lengthy and expensive.</p> <p>Faith and religion also play an important role in the dissolution of a marriage/civil partnership- these will be covered in the relevant section below.</p>

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	<p><a href="#">Women's Aid</a></p> <p><a href="#">Reframing the links: Black and minoritised women, domestic violence and abuse and mental health.</a></p>	<p><b>The</b> systemic nature of negative perceptions around survivors of domestic abuse and mothers who raise concerns about child contact arrangements, along with gaps and inconsistencies in understanding and awareness of domestic abuse and its impact on children, is blocking the effectiveness of policies and practices to ensure safe child contact and increase awareness of domestic abuse within child contact procedures. The ingrained nature of such perceptions also increases the likelihood of human rights protection gaps for survivors and their children (Birchall and Choudhry, 2018).</p> <p>In the above research by Women's Aid and Queen Mary University London, 61% of survey respondents had not had any special measures in the family court, 48% said that a fact-finding hearing had not taken place as part of their case, and 24% had been cross-examined by their abusive ex-partner in the court.</p> <p><b>BAME</b> women likely to face additional barriers when affected by domestic abuse:</p> <ul style="list-style-type: none"> <li>• Racism/fear of racism</li> <li>• Lack of English language skills</li> <li>• Abuse by multiple perpetrators</li> <li>• Additional forms of 'honour'-based abuse such as forced marriage and FGM</li> <li>• Traditional beliefs about gender roles, and a woman's role within marriage/ family/ relationships</li> <li>• Religious beliefs around the sanctity of marriage/relationships</li> <li>• Lack of knowledge around systems and processes</li> </ul>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">First Light</a></p> <p>&amp;</p> <p><a href="#">UK Parliament</a></p> <p><a href="#">NRPF Network</a></p>	<ul style="list-style-type: none"> <li>Lack of understanding of what constitutes domestic abuse</li> </ul> <p><b>Domestic</b> abuse is a significant issue in the Gypsy/Traveller community, with some studies showing a prevalence of 60-80% of gypsy/traveller women affected, compared to 25% of the wider female population. Many women from the gypsy/traveller community ‘accept’ that domestic abuse might be part of life; due to fear and distrust of services, as well as the threat of separation from family and support networks, they are much less likely to report. Many of the issues affecting gypsy/traveller women overlap with those affecting BAME women.</p> <p><b>NRPF</b> is a major cause of homelessness in situations where domestic abuse is a factor. On 16 February 2024, the Home Office opened up access to the Migrant Victims of Domestic Abuse Concession (MVDAC) to victims of domestic abuse who have leave to enter or remain as the partner of a worker, student or graduate.</p> <p>The concession, previously known as the Destitution Domestic Violence Concession (DDVC), enables people who have leave to enter or remain as a partner on certain immigration routes to gain access to public funds for 3 months following a relationship breakdown with their partner due to domestic abuse. As most people with leave on a partner route have <a href="#">no recourse to public funds</a>, the MVDAC provides an essential means of accessing benefits and local authority housing assistance when a victim of domestic abuse would otherwise be</p>



Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>left without accommodation or funds to meet their basic living needs following separation from their partner.</p> <p>Previously, all the groups who were entitled to apply for the concession were able to apply for indefinite leave to remain (ILR) on the basis of being a victim of domestic abuse. However, although the MVDAC has been opened up to additional groups, corresponding changes to the eligibility requirements for ILR have not been made. Victims of domestic abuse who had leave to enter or remain as the partner of a worker, student or graduate before obtaining MVDAC leave will have limited immigration options if they wish to remain in the UK. They may be at risk of losing their entitlements to services once their 3 months leave ends. The MVDAC is now available to a person who has, or last had, leave as the partner of one of the following:</p> <ul style="list-style-type: none"> <li>• A British citizen</li> <li>• Person who is settled in the UK</li> <li>• Member of the Armed Forces</li> <li>• A refugee</li> <li>• European Economic Area (EEA) national with pre-settled status</li> <li>• A worker, student or graduate</li> </ul> <p>A person who has leave to enter or remain as the partner of a worker, student or graduate will not be entitled to apply for ILR on the basis of being a victim of domestic abuse. Instead, after being granted 3 months of MVDAC leave, they will have limited options to apply for further leave if they wish to remain in the UK.</p> <p>The MVDAC is not available to victims of abuse who have other types of</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p><a href="#">Feniks</a></p> <p><a href="#">Women’s Aid</a></p> <p><a href="#">European Union Agency for Fundamental Rights</a></p> <p><a href="#">Safe Young Lives: Young People and Domestic Abuse</a></p>	<p>leave to remain, such as partners of visitors, people with pre-settled status, or people with student or worker leave in their own right. Victims of domestic abuse who are without lawful status are also unable to apply for the concession.</p> <p><b>Economic</b> migrants from the EU have been disproportionately impacted by Brexit and the Covid 19 pandemic. Domestic Abuse renders EU Nationals particularly vulnerable to missing applications for settled status and withdrawing benefits that would have been available to them before Brexit.</p> <p><b>EU</b> migrants also often resort to seeking refuge support due to being assessed as ‘ineligible’ for means tested benefits. This is often due to the failure of benefits agencies to correctly assess EEA nationals’ entitlements to benefits, particularly during the transition to the new EU Settlement Scheme.</p> <p><b>47%</b> of women in the UK aged 18-29 have experienced physical or sexual violence by a partner or non-partner.</p> <p><b>12.6%</b> of women aged 16-19 had experienced domestic abuse in the past year in England and Wales compared to 6.6% of men.</p> <p>Young people (including those under 16) can experience all forms of domestic abuse and the likelihood of experiencing high severity abuse is no different to adults. Data suggests that the levels of high severity abuse might be highest for the youngest age group. Research has found the 49% of boys and 33% of girls aged 13-14 thought</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p data-bbox="555 891 767 1003"><a href="#">Scottish Crime and Justice Survey</a></p> <p data-bbox="555 1182 746 1227"><a href="#">Women's Aid</a></p> <p data-bbox="555 1731 799 1809"><a href="#">Royal College of Psychiatrists</a></p>	<p data-bbox="826 383 1385 488">that hitting a partner would be 'okay' in at least one 1of 12 scenarios they were presented.</p> <p data-bbox="826 528 1385 853">31% of girls and 16% of boys aged 13-17 reported some form of sexual abuse within their intimate relationships. Nearly all (95% of young people experiencing intimate partner violence are female. It is further estimated that 20% of children are exposed to some form of domestic abuse.</p> <p data-bbox="826 893 1385 1149"><b>Of</b> people who responded that they were affected by domestic abuse, 32% reported that they had children living in the household, and of those, 71% reported that the children were present (in/around the house of close by) during the most recent incident.</p> <p data-bbox="826 1189 1385 1697"><b>In</b> 2017, 61.7% of women in refuge had children under the age of 18 with them. Children can be affected by domestic abuse in different ways, although a number of impacts have been report by the Royal College of Psychiatrists, including: anxiety; depression, sleeping issues, nightmares, flashbacks, inexplicable physical symptoms, behavioural difficulties, lower self-esteem/self-worth, and issues with school attendance and relationships with peers.</p> <p data-bbox="826 1738 1385 1993"><b>Boys</b> and girls might react differently to domestic abuse, with boys demonstrating more outwardly aggressive and disobedient behaviours, while girls are more likely to internalise their distress and become anxious or depressed. They</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">SafeLives/Caada</a></p> <p><a href="#">SafeLives DASH RIC- checklist, severity of abuse grid and full IDVA (IDAA) practice guidance</a></p> <p><a href="#">Burman, Friskney, Mair &amp; Whitecross (2023): Domestic Abuse and Child Contact: The Interface between criminal and civil proceedings</a></p>	<p>are more likely to self-harm or to complain of vague physical symptoms.</p> <p><b>60%</b> of children feel that they are to blame for the domestic abuse while <b>52%</b> will develop behavioural problems. <b>25%</b> of them exhibit abusive behaviour, while <b>62%</b> exposed to domestic abuse are also directly harmed.</p> <p><b>Religion</b> and faith can be used to aggravate domestic abuse or to prevent the victim/survivor from leaving the perpetrator. Perpetrators might use the religious/faith-based community to further control and abuse the victim/survivor, including by spreading rumours or using other members to ‘police the victim/survivor’s movements and behaviour. Religion might be used by the perpetrator as an excuse to prevent the victim/survivor from speaking up, or to gain/retain access/custody of children. The victim/survivor’s religion might be used to control them, especially in religions and denominations where divorce is prohibited.</p> <p><b>Domestic</b> abuse can have a detrimental impact on children when seen as an adult matter. This is not considered in child contact proceedings and as a result the voices of children affected by domestic abuse are often not listened to in the justice process. Family law is strongly biased in favour of contact between children and the abusive parent following family separation where domestic abuse is present. The pro-contact philosophy can potentially exclude effective</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>consideration of the risks to children arising from domestic abuse. Evidence of domestic abuse and its effects is not consistently balanced with safety risks. The research revealed relatively little consideration given to how the safety of the child or the non-abusing parent or indeed other factors relating to the best interests of the child might be balanced in terms of child contact. Even in discussion of cases where there was a known background of domestic abuse, there was little consideration given as to how risk to the child (or the non-abusive parent) might be determined and taken into account in decision-making around contact.</p>
Research/literature evidence	<p><a href="#">McGarry, J.; Simpson, C. &amp; Hinchliff -Smith, K. (2010): The Impact of domestic abuse for older women: a review of the literature.</a></p> <p><a href="#">Spruin et al. (2017): Exploring the belief systems of domestic abuse victims: an exploratory study.</a></p> <p><a href="#">Robinson, A.L. &amp; Rowlands. J. (2009): Assessing and managing risk among different</a></p>	<p><b>Reviews</b> evidence available from existing research around the impact of domestic abuse on older women’s health; barriers to reporting domestic abuse and accessing support; barriers to the identification and management of domestic abuse; and makes recommendation for developing relevant policy.</p> <p><b>This</b> study explores the individual experiences and belief systems of 12 women affected by domestic abuse to enable support services to create more long-term sustainable support. Four key belief themes were identified: personal responsibility, antisocial attitudes, environmental factors and negative attitudes towards the police.</p> <p><b>This</b> paper explores existing risk assessment procedures for domestic abuse, especially those based on heteronormative assumptions of VAWG and power differences between male perpetrators and female victims.</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p><a href="#">victims of domestic abuse: Limits of a generic model of risk assessment?</a></p> <p><a href="#">Molina, J. &amp; Levell, J. (2020): Children’s Experience of Domestic abuse and criminality: A literature review.</a></p> <p><a href="#">Azad, M.S. (2021): Experiences of domestic abuse within the South Asian Community.</a></p>	<p>The study compares perceptions of safety and risk among female and male victims of domestic abuse in both heterosexual and same-sex relationships, analyses risk factors and discusses implications for policy and practice.</p> <p><b>This</b> literature review explores the prevalence of domestic abuse for children, the impacts and protective factors for children experiencing domestic abuse. It further explores the links between domestic abuse and other Adverse Childhood Experiences and involvement in gangs and the commission of serious crimes. Gender differences in the experiences of boys and girls were discussed, as well as differential outcomes and justifications for involvement in different types of offending behaviour. The literature also evaluates different types of interventions for children and young people involved in gangs and identifies gaps in existing research.</p> <p><b>This</b> paper analysed information available through two Domestic Homicide Reviews (DHRs) at the time the Domestic Abuse Bill was going through the parliamentary process. It analyses the relationships between domestic abuse and ‘honour’ based abuse in South Asian Communities and their roles in the particular domestic homicides discussed in the paper. Recommendations are made specifically regarding the abolition of No Recourse to Public Funds, the accountability of the Police and Health services and the implementation of neighbourhood committees to identify domestic abuse.</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
Public/patient/client experience information	<p><a href="#">Baird, K. (2012): An exploration of women's perception and lived experiences of domestic violence and abuse in the context of their pregnancy</a></p> <p><a href="#">Gilbert, B. (2020): Exploring the experiences of domestic abuse survivors working in the field of domestic abuse support: assisting recovery or revictimization revisited?</a></p> <p><a href="#">Fox, S. (2020): '[...] you feel there's nowhere left to go: the barriers to support among</a></p>	<p><b>This</b> thesis recounts the stories of 17 women who had experienced domestic abuse before, during and/or after their pregnancies. It outlines the forms of abusive and controlling behaviour women experienced, including the coercion to have a child. It discusses the role of health professionals in identifying and responding to domestic abuse during and after pregnancy and the importance of links and collaborative working between professionals that can offer support. It concludes with recommendation for policy and practice development in healthcare services and beyond.</p> <p><b>This</b> small-scale study considers the voice of women survivors working in the field of domestic abuse support work, affording them the opportunity to explore the benefits and the costs to them as survivors of domestic abuse when working in this practice area. Twelve female support workers from five English organisations were interviewed, their interviews then thematically analysed within a feminist paradigm. Key messages are that there can be key benefits in the provision of peer support which the workers found empowering, self-actualising and the work gave them a sense of self-esteem and belonging. However, the risks of re-traumatisation and vicarious traumatisation were also identified.</p> <p><b>Explores</b> the experiences of women affected by both substance use and domestic abuse in accessing support. Women reported that the biggest barrier was the disconnect between substance use and domestic abuse</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
	<p><a href="#">women who experience substance use and domestic abuse in the UK.</a></p> <p><a href="#">Gadd, D. et al. (2019): The dynamics of domestic abuse and drug and alcohol dependency</a></p>	<p>support, as none reported being able to access support for their combined experienced, and most had to prioritise their own needs in terms of which support to seek. Most never received support for their domestic abuse experiences alone.</p> <p><b>This</b> paper explores the narratives of couples where the male perpetrator makes use of alcohol and drugs, and where the female victim does/does not. It identifies that narratives of the abuse differed starkly between the perpetrators and victims, and highlighted challenges for support services to obtain accurate accounts of the abuse by either. It further highlights the challenges of addressing domestic abuse in the context of drug and alcohol use.</p>
Evidence of inclusive engagement of people who use the service and involvement findings		<p>The City of Edinburgh Council funds four services supporting women affected by domestic abuse. All council funded services request feedback from people upon exiting the service. This is available to view by the Council, although this is not information collected or held by the Council.</p> <p>All contracts are competitively tendered and this includes co-production with service users and stakeholders. The frequency of this exercise depends on the length of each individual contract.</p> <p>Council funded services are also members of the Equally Safe Edinburgh Committee. The Committee also includes services that are funded by other sources but that provide support to people affected by domestic</p>



Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>abuse and other forms of gender-based violence.</p> <p>ESEC will link in with new ‘Authentic Voice: Embedding Lived Experience in Scotland’ project by SafeLives, Improvement Service and Resilience Learning Partnership (launching 3 March 2022) to further improve in this area.</p>
Evidence of unmet need	<p><a href="#">Gracia, E. (2004): Unreported cases of domestic violence against women: towards an epidemiology of social silence, tolerance and inhibition.</a></p> <p><a href="#">Women’s Aid</a></p> <p><a href="#">Scottish Crime and Justice Survey 2019-2020</a></p>	<p><b>It is</b> estimated that about 25% of women in Western societies will experience intimate partner violence and abuse at some point over their lifetimes. However, out of that 25%, only between 2.5-15% ever actually report experiencing domestic abuse, leading the ‘domestic abuse iceberg’ phenomenon, where most victims/survivors remain invisible to services and to society at large. Studies show that most people know or suspect that someone in their family, workplace or social circle is affected by domestic abuse, or that they are perpetrators of abuse. Attitudes and neglect by professionals across the EU to address domestic abuse contribute to a culture of silence which creates tolerance for domestic abuse.</p> <p><b>According</b> to the Crime Survey for England and Wales (CSEW), in the year ending March 2018, only 18% of women who had experienced partner abuse in the last 12 months reported this to the police.</p> <p><b>Of</b> people who responded that they had experienced at least one incident of domestic abuse in the past 12 months, 68% had told at least one person or organisation about the most</p>

Evidence	Available – detail source	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
		<p>recent incident. Of the people who had spoken to someone, 76% were women and 55% were men, indicating an unmet need for male victims/survivors of domestic abuse. Similarly, only approximately 11% informed the police of the abuse, while most instead told friends (45%), and relatives (21%). 16% of people reported that the police came to know about the most recent (or only) incident of abuse somehow. This differs from the 11% figure above, as it includes incidents the police came to know about through any means, including through neighbours and relatives, and not solely those directly affected.</p>
<p>Good practice guidelines</p>	<p>Training- personal communication and research.</p> <p><a href="#">Domestic Abuse- Informed Practice and Systems: A self- assessment tool and evaluation framework (Improvement Service(NVAWN</a></p>	<p>Throughout the calendar year there are a number of training sessions on domestic abuse open to professionals on an inter-agency basis. Level 1 and Level 2 domestic abuse training sessions run approximately 6-7 times per year each. The Council is also committed to continuing to deliver Safe and Together Training; there is currently a review being undertaken to ascertain the best format and frequency to achieve this. Additional training is available throughout the year by other specialist organisations, including Scottish Women’s Aid, Edinburgh Women’s Aid and Shakti Women’s Aid among others.</p> <p>This document outlines the principles that lead to effective best practice in working with people affected by domestic abuse by:</p> <ol style="list-style-type: none"> <li>1. Keeping children safe and together with the non-offending parent;</li> </ol>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Safe &amp; Together Institute</a></p> <p><a href="#">Domestic Violence-Informed Continuum of Practice (Safe &amp; Together Institute)</a></p>	<p>2. Partnering with the non-offending parent as the default position; and</p> <p>3. Intervening with the perpetrator to reduce risk and harm to the child</p> <p>‘Domestic abuse-informed practice can be defined as a perpetrator pattern, child-centred, survivor strengths-based approach to working with domestic abuse. Having domestic abuse-informed practices, policies and systems means that survivors are more likely to see child welfare and protection systems as supportive resources and cross-system collaboration is likely to be improved through common frameworks and language.’ (p. 4)</p> <p>The document further provides a logic model that links the Safe &amp; Together approach to National Priorities and Equally Safe Outcomes and provides a self-evaluation toolkit</p> <p><b>The</b> document provides concrete examples of policies and practices at different stages of the domestic abuse competency continuum. Examples start from ‘Destructive’ (where safety of the child and non-offending parent are ignored, or where there is victim-blaming language and the role of the perpetrator is not acknowledged) to ‘Proficient’ (where policy and practice aligns in a domestic abuse-informed way, recognising the efforts of the non-offending parent to safeguard the child, attributing responsibility to the perpetrator and ensuring that all professionals in the child protection system are able to recognise and respond to the risk of domestic abuse).</p>

Evidence	Available – detail source	Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal
	<p><a href="#">Domestic Abuse: What health workers need to know about gender-based violence (NHS Health Scotland)</a></p> <p><a href="#">Good Practice in Commissioning Specialist Domestic Abuse Services (COSLA &amp; Scottish Women’s Aid)</a></p> <p><a href="#">SafeLives’ Response to the Family Courts Review</a></p>	<p><b>This</b> document is targeted at raising awareness of domestic abuse at all health workers. It includes information on the impact of domestic abuse on health, presentation and identification of victims/survivors and the links between domestic abuse and child protection. It also highlights the characteristics and roles of perpetrators, as well as the responsibilities of, and support available to health staff.</p> <p><b>The</b> document highlights the importance of a gendered analysis if domestic abuse being adopted by any domestic abuse-commissioned services, and outlines the key elements required for effective interventions: Refuge Accommodation, Visiting Support, Information, Advocacy, Training, Prevention and Children’s and Young People’s Services. It further emphasised the importance for services adhering to quality standards and quality assurance mechanisms, such as National Care Standards and the SSSC Code of Practice. It further outlines the six Women’s Aid National Service Standards for service commissioning by local authorities.</p> <p>This document includes information on the lived experience of women and children who have survived domestic abuse and subsequently gone through the court process to separate from the abusive partner. It makes recommendations for practice to ensure that courts take a domestic abuse-informed and trauma-competent approach to addressing family separation where domestic abuse is present.</p>

<b>Evidence</b>	<b>Available – detail source</b>	<b>Comments: what does the evidence tell you with regard to different groups who may be affected and to the environmental impacts of your proposal</b>
Carbon emissions generated/reduced data	Not applicable	
Environmental data	Not applicable	
Risk from cumulative impacts		
Other (please specify)		
Additional evidence required		

**8. In summary, what impacts were identified and which groups will they affect?**

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>The Policy highlights the needs faced by people with different characteristics, including special considerations that need to be taken into account for those experiencing domestic abuse.</p> <p>Additional considerations are given to people who are migrants, students, with ambiguous/uncertain immigration status or who depend on a spousal visa to remain in the UK.</p> <p>There is a recognition of the types of abuse that might be experienced by people in faith -based communities or people of different faiths and the types of support that might be required to help people overcome this type of trauma. Faith/ religion/ belief is also recognised as a hindrance in leaving an abusive relationship, and there is an acknowledgment of the unequal status of women in some faith/religious groups.</p> <p>The policy emphasises the principles of Safe &amp; Together about domestic abuse being a parenting choice and the importance of keeping a child safe and together with the non-abusing parent. It</p>	<p><b>People with all protected characteristics (including intersecting characteristics)</b></p> <ul style="list-style-type: none"> <li>• <b>Age</b></li> <li>• <b>Sex</b></li> <li>• <b>Sexual Orientation</b></li> <li>• <b>Gender Reassignment</b></li> <li>• <b>Disability</b></li> <li>• <b>Pregnancy/ maternity</b></li> <li>• <b>Marriage/Civil Partnership status</b></li> <li>• <b>Religion/Belief</b></li> <li>• <b>Race/Ethnicity</b></li> </ul>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p>highlights the importance of making perpetrators visible in any kind of domestic abuse intervention and understanding that perpetrator(s) alone are responsible for their actions.</p> <p>Care experienced young people are clearly mentioned within the policy, as well as people in different socio-economic brackets. The policy recognises poverty as both a cause and consequence of domestic abuse, and affluence as a factor preventing victims/survivors from leaving an abusive relationship, seeking support, accessing services for fear of repercussions (including career/employment impacts). Economic abuse is highlighted as an aspect of wider domestic/relationship abuse, as well as a factor preventing victims from leaving abusive relationships. Overall, the policy highlights that anyone in any socio-economic bracket can be affected by domestic abuse and can also be a perpetrator of domestic abuse.</p> <p>Coastal/rural communities likely to be more closely knit and the wider community might be involved in the abuse. This might make victims/survivors reluctant to engage with specialist services. However, this policy, if disseminated to both specialist and non-specialist services can support more professionals to recognise and respond appropriately to domestic abuse without the need for involvement by specialist services.</p> <p>People in employment who have access to this policy might feel more empowered to seek support through their employer for domestic abuse. The policy recognises that anyone can be affected by domestic abuse regardless of employment status. This can place the onus on line managers to look beyond 'sickness absence' or 'performance issues' to understand employees' individual circumstances and provide appropriate support.</p> <p>This policy, if widely disseminated, can support non-specialist services to identify and respond to domestic abuse appropriately. This can help people not in employment to access help from services unrelated to specialist domestic abuse services</p>	<p><b>Care Experienced people and young people in care</b></p> <p><b>People affected by poverty and people from affluent backgrounds</b></p> <p><b>Coastal/rural communities</b></p> <p><b>People in employment</b></p> <p><b>Unemployed people</b></p>

<p><b>Equality, Health and Wellbeing and Human Rights</b></p>	<p><b>Affected populations</b></p>
<p>such as for example the Job Centre, Citizens' Advice, etc.</p>	
<p><b>Negative</b></p> <p>There is still little recognition of abuse in young people's relationships, although there are increasing numbers of people in the 12-25 group reaching out for support for relationship abuse.</p> <p>People with a complex immigration status might need highly specialised support to enable them to leave abusive relationships. This support can be extremely difficult to access, requiring support from multiple specialist agencies/services, many of whom might not be as well aware of domestic abuse and its impacts. This can lead to service-generated risks as any support that does not take domestic abuse fully into account can result in destitution/deportation.</p> <p>In spite of good quality support, people from some faith-based communities that don't allow divorce might never be able to leave an abusive relationship.</p> <p>People in some communities (faith-based, ethnically diverse) might attribute domestic abuse to culture, religion/belief or 'fate'. Internalising beliefs like this might make it impossible for victims/survivors to recognise domestic abuse, to seek support, and/or to leave abusive relationships.</p> <p>People (especially women) who are employed in the VAWG sector might feel unable to access support from services they are working in/with. There may be self-blame or the (perceived) risk of confidentiality breaches when referring to an organisation/service.</p> <p>There are social, economic and practical costs to accessing support, and these are all areas where (coercive) control can be exerted, preventing victims/survivors from reaching out.</p> <p>The policy recognises that victims of domestic abuse might respond with violent resistance, which</p>	<p><b>People with all protected characteristics (including intersecting characteristics)</b></p> <ul style="list-style-type: none"> <li>• <b>Age</b></li> <li>• <b>Sex</b></li> <li>• <b>Sexual Orientation</b></li> <li>• <b>Gender Reassignment</b></li> <li>• <b>Disability</b></li> <li>• <b>Pregnancy/maternity</b></li> <li>• <b>Marriage/Civil Partnership status</b></li> <li>• <b>Religion/Belief</b></li> <li>• <b>Race/Ethnicity</b></li> </ul> <p><b>People (women) employed in the VAWG sector</b></p> <p><b>All victims/survivors</b></p>

<b>Equality, Health and Wellbeing and Human Rights</b>	<b>Affected populations</b>
<p>in turn might lead to unfair charges against them. This can contribute to victims/survivors being even less likely to access support due to lack of trust in services.</p> <p>Due to immense pressures on services, it might often only be possible to respond to a victim's/ survivor's immediate needs. This risks missing crucial elements of the wider context in their lives and in which the perpetrator operates.</p> <p>Training on the Safe &amp; Together model is no longer available on an inter-agency basis so implementing this approach might not be done universally.</p>	

<b>Environment and Sustainability including climate change emissions and impacts</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>This policy is multi-agency, and expects that all services and organisations in Edinburgh will adopt a common understanding and approach to responding to domestic abuse. This is expected to have a positive environmental impact, as there will likely be less need for people to travel in order to receive support. This also brings economic benefits to victims/survivors.</p> <p>Providing support to victims and survivors of domestic abuse also means that by building on safety and resilience, people will be more able to make decisions that are environmentally friendly as well as financially beneficial to them (for example, insulating their home, using energy more efficiently, feeling safer walking in public or using public transport etc.)</p> <p>This policy is further aligned with a number of environmental goals and strategies set out by the Council, such as 20 minute neighbourhoods- meaning that support for domestic abuse should become more easily accessible to victims and survivors regardless of where they reside in Edinburgh.</p>	<p><b>Anyone affected by domestic abuse</b></p>
<p><b>Negative</b></p> <p>Not Applicable</p>	



<b>Economic</b>	<b>Affected populations</b>
<p><b>Positive</b></p> <p>An essential aspect of providing domestic abuse support/interventions is supporting people to recognise and reconnect with their resilience, skills and to build on their independence and self-reliance. Achieving this often leads to people to either enter, re-enter the job market or to improve performance at work, leading to improved economic outcomes.</p> <p>Improved economic outcomes through employment in turn promote positive mental health and wellbeing, resilience and self-reliance, which creates a positive cycle for victims and survivors.</p> <p>Domestic abuse support also enables victims and survivors to recognise economic abuse and to take action (where possible, safe and appropriate) to safeguard themselves against it, or to take action to reverse its impact, if and where possible.</p> <p>The interagency basis of this policy places the onus on all organisations and services in Edinburgh to recognise and respond to domestic abuse. This has the potential to lighten the load currently on specialist services alone.</p>	<p><b>People with all protected characteristics (including intersecting characteristics)</b></p> <ul style="list-style-type: none"> <li>• <b>Age</b></li> <li>• <b>Sex</b></li> <li>• <b>Sexual Orientation</b></li> <li>• <b>Gender Reassignment</b></li> <li>• <b>Disability</b></li> <li>• <b>Pregnancy/maternity</b></li> <li>• <b>Marriage/Civil Partnership status</b></li> <li>• <b>Religion/Belief</b></li> <li>• <b>Race/Ethnicity</b></li> </ul> <p><b>Organisations and Services</b></p>
<p><b>Negative</b></p> <p>Poverty can be both a cause and consequence for victims and survivors of domestic abuse. Some may choose to stay in an abusive relationship as their only route out of extreme poverty, destitution or deportation. Similarly, affluence can act as a barrier to seeking support due to feelings of shame and stigma or for fear of poverty.</p> <p>There are considerable economic costs involved in accessing support for domestic abuse. These can involve the cost of travel, childcare, legal fees, obtaining/maintaining a mobile phone or other communication device, etc.</p> <p>High quality domestic abuse support and interventions are extremely time consuming, requiring considerable resources to implement.</p>	<p><b>People with all protected characteristics (including intersecting characteristics)</b></p> <ul style="list-style-type: none"> <li>• <b>Age</b></li> <li>• <b>Sex</b></li> <li>• <b>Sexual Orientation</b></li> <li>• <b>Gender Reassignment</b></li> <li>• <b>Disability</b></li> <li>• <b>Pregnancy/maternity</b></li> <li>• <b>Marriage/Civil Partnership status</b></li> <li>• <b>Religion/Belief</b></li> <li>• <b>Race/Ethnicity</b></li> </ul>

<b>Economic</b>	<b>Affected populations</b>
This has serious economic impact on specialist services, both in the public, private and third sector.	<b>Organisations and services</b>

**9. Is any part of this policy/ service to be carried out wholly or partly by contractors and if so how will equality, human rights including children’s rights, environmental and sustainability issues be addressed?**

This policy applies to anyone carrying out work within Edinburgh with children and adults of all ages, and with any number of (intersecting) protected characteristics. The Council commissions services for women and children affected by domestic abuse and so-called ‘honour’- based abuse, and this policy applies to commissioned services as well. The Council has assurance that commissioned services address issues around equality, human rights, children’s rights, environmental and sustainability issues through the commissioning process, as well as quarterly and annual contract monitoring and reporting. Services not commissioned by the Council will be expected to adhere to their own internal policies around protecting and safeguarding people, particularly vulnerable groups.

**10. Consider how you will communicate information about this policy/ service change to children and young people and those affected by sensory impairment, speech impairment, low level literacy or numeracy, learning difficulties or English as a second language? Please provide a summary of the communications plan.**

It is expected that this policy will be disseminated both within and throughout services delivered by the Council and shared with and by partner organisations carrying out work with people at risk of, or affected by, forced marriage. Partners on the Equally Safe Edinburgh Committee were key contributors in the creation of this policy and the associated Integrated Impact Assessment and many deliver services in key community languages throughout Edinburgh. Anyone who would like to access this policy in a different language or alternative format will be informed that they can do so upon request on the Council’s website where the Policy will be publicised.

**11. Is the plan, programme, strategy or policy likely to result in significant environmental effects, either positive or negative? If yes, it is likely that a Strategic Environmental Assessment (SEA) will be required and the impacts identified in the IIA should be included in this. See section 2.10 in the Guidance for further information.**

Not Applicable

**12. Additional Information and Evidence Required**

Not Applicable

**13. Specific to this IIA only, what recommended actions have been, or will be, undertaken and by when? (these should be drawn from 7 – 11 above) Please complete:**

<b>Specific actions (as a result of the IIA which may include financial implications, mitigating actions and risks of cumulative impacts)</b>	<b>Who will take them forward (name and job title)</b>	<b>Deadline for progressing</b>	<b>Review date</b>

**14. Are there any negative impacts in section 8 for which there are no identified mitigating actions?**

There are inherent risks in supporting people to respond to/escape domestic abuse. Addressing any form of domestic abuse comes with a number of inherent risk considerations including:

- Any form of control, coercion or abuse intensifying
- The victim/survivor choosing to stay in a relationship
- Domestic homicide
- The perpetrator’s suicide
- Ostracism, abuse or retribution from the wider family/community
- Possible destitution and deportation of victims/survivors
- Human trafficking or other forms of exploitation of vulnerability
- Severe mental health impacts including Post-Traumatic Stress Disorder (PTSD), self-harm and/or suicide)

To mitigate these risks, specialist services consistently refer cases to public protection mechanisms such as the MARAC and MATAC. There is a commitment to ongoing partnership work between specialist and non-specialist services in the public and third sector to ensure the timely and accurate exchange of information and to implementing measures that protect victims, survivors and their children and provide an effective response to perpetrators of domestic abuse.

## **15. How will you monitor how this proposal affects different groups, including people with protected characteristics?**

The partners represented on the Equally Safe Edinburgh Committee (ESEC) include both statutory and third sector services and organisations. The ESEC meets every 8 weeks and regular updates are requested from partners at each meeting. These regular inputs include updates on policy implementation and impact on practice, and they provide an excellent opportunity for the ESEC to monitor the effects of this policy on different groups and people with protected characteristics.

## **16. Sign off by Head of Service**

**Name: Rose Howley**

**Date: 08/08/2024**

## **17. Publication**

Completed and signed IIAs should be sent to:

[integratedimpactassessments@edinburgh.gov.uk](mailto:integratedimpactassessments@edinburgh.gov.uk) to be published on the Council website [www.edinburgh.gov.uk/impactassessments](http://www.edinburgh.gov.uk/impactassessments)

**Edinburgh Integration Joint Board/Health and Social Care**

[sarah.bryson@edinburgh.gov.uk](mailto:sarah.bryson@edinburgh.gov.uk) to be published at

[www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/](http://www.edinburghhsc.scot/the-ijb/integrated-impact-assessments/)