



**VIOLENCE  
AGAINST  
WOMEN**



North Lanarkshire  
Adult Protection  
Committee

# Adult Support and Protection and Domestic Abuse Good Practice Guidance

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with thanks to South Lanarkshire Adult  
Protection Committee and South Lanarkshire  
Violence Against Women and Girls



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## PURPOSE AND GUIDANCE

North Lanarkshire Adult Protection Committee recognise the themes that span across the public protection agenda. As a result, this guidance has been developed in conjunction with North Lanarkshire Violence Against Women and Girls Strategic Group to support practitioner's understanding of the impact of domestic abuse in the context of Adult Support and Protection (ASP).

Findings from adult protection learning reviews Nationally and locally in North Lanarkshire highlight a potential lack of consideration of domestic abuse in some cases notified for consideration for review. This also questions the level of consideration of trauma informed practice. Although this is a small number, it has prompted a commitment to ensure that the ASP and VAWG agendas are closely aligned.

This guidance is for multi-agency managers and practitioners in adult services, children's services and specialist domestic abuse services, working in all statutory and third sector organisations in North Lanarkshire.

This guidance aims to provide information regarding domestic abuse, adult support and protection, the links between the two and support practitioner's understanding of risk assessment, safety planning and best practice that follows both legislation and policy in relation to Adult Support and Protection and is reflective of best practice in relation to domestic abuse.

**A 7M briefing of this guidance can be accessed [here](#)**

## CONTEXT

The Scottish Government has a gendered definition of domestic abuse which recognises domestic abuse requires a response which takes account of the gender-specific elements and the broader inequalities which women face. This North Lanarkshire guidance adopts that definition and recognises that overwhelmingly women will be the victims of domestic abuse and that domestic abuse is predominately perpetrated by men.

However, there could be times when services identify men as victims of domestic abuse. Therefore, a sensitive approach regardless of the sex of the victims and the perpetrators which follows the principles contained within this guidance, is required.

It is also important to acknowledge a potential conflict regarding use of language. The words perpetrator or abuser is often utilised within the context of domestic abuse. However, the language of harm and harmer should be utilised in the context of adult support and protection processes, instead of perpetrator and abuse. This reflects that harm, in the context of ASP legislation, can be intentional and unintentional.

### **The Scottish Government definition of domestic abuse**

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 women 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 or friends).

[The Equally Safe Strategy 2023](#) highlights Gender-Based violence/abuse (sometimes referred to Violence Against Women and Girls (VAWG)) is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and girls and often perpetrated by men.

This spectrum of abuse includes:

- Physical, sexual and psychological abuse including domestic abuse and rape.
- Sexual harassment and stalking.
- Commercial sexual exploitation, including prostitution, pornography, and trafficking.
- Harmful cultural practices, including so called ‘honour’ based violence, forced marriage and female genital mutilation.

### Scottish Government definition of an ‘adult at risk of harm’

The Adult Support and Protection (Scotland) Act 2007 was implemented in October 2008 and specifies measures to identify and protect “*adults at risk of harm.*”

Adults at risk of harm are (aged 16 and over) who:

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

[The Adult Support and Protection \(Scotland\) Act 2007](#) gives Councils and in particular Social Work lead responsibility for undertaking inquiries, with or without the use of investigative activity, into the circumstances of adults at risk of being harmed.

While Councils have the statutory lead role in adult support and protection, **effective intervention will only come about as a result of multi-agency cooperation and communication.** What one person or public body knows may only be part of a wider picture. The multi-agency nature of adult support and protection is crucial in ensuring adults at risk of harm are safeguarded.

[Section 5\(3\)](#) of the Adult Support and Protection (Scotland) Act 2007 places a duty on certain public bodies or office holders **who know or believe** that a person is an adult at risk of harm to report the facts and circumstances of the case to the council for the area in which the person is considered to be located. Public bodies should ensure that their staff are aware of the duty to refer and co-operate, and to encourage vigilance in relation to adults who may be at risk of harm.

#### Key Point

Adults who meet the above three-point criteria, where deliberate harm is perpetrated by a partner or ex-partner, and/or is characterised by a pattern of coercive control, require a response which follows both legislation and policy in relation to Adult Support and Protection AND is reflective of best practice in relation to domestic abuse.

## **DOMESTIC ABUSE WITHIN THE CONTEXT OF ADULT SUPPORT AND PROTECTION**

Domestic abuse can be physical, sexual, and emotional or psychological and is a pattern of behaviour carried out by the person perpetrating domestic abuse to cause fear and control behaviour of the victim. This pattern of behaviour can include isolation, threats and micromanagement of everyday life and you may hear it being referred to as coercive control.

There are strong similarities within this definition and the definitions of harm and an adult at risk in the context of adult protection. This also includes physical, sexual, and emotional or psychological harm, and does not exclude any type of harm.

The key factor in considering adult support and protection procedures in situations of domestic abuse should be the presence of an adult at risk as defined within the Act and this guidance.

**It should be made clear that not everyone who experiences domestic abuse will meet the three-point criteria that defines an adult at risk.**

However, considering that many people who experience domestic abuse can have additional support and care needs (further information below and in [Appendix 1](#)) it is highly likely that in some situations an **approach under adult support and protection as well as a domestic abuse approach is required** to ensure the safety and wellbeing of the adult being supported.

Furthermore, it is important to highlight that even if an adult does not meet the criteria for adult at risk of harm – they may require additional support and intervention in regard to domestic abuse.

## **HOW TO MAKE AN ADULT SUPPORT AND PROTECTION REFERRAL**

If a practitioner **knows or believes** that an adult is at risk of harm as per the [Adult Support and Protection \(Scotland\) Act 2007](#), they should report their concerns immediately to their line manager. Practitioners should refer to and comply with their own agency processes and protocols. An Adult Support and Protection Referral (AP1) should be submitted directly to the relevant social work team. If you do not have a copy of the referral form please contact [social work](#) directly.

**Consent of the adult is not required to make an Adult Support and Protection referral.**

# WHAT TO CONSIDER WHEN ASSESSING WHETHER A SURVIVOR OF DOMESTIC ABUSE MEETS THE CRITERIA FOR ADULT SUPPORT AND PROTECTION

Domestic abuse can happen to anyone and seriously impacts people of all ages. However, it is important to recognise that research suggests that certain groups of people may experience additional challenges and barriers to access support.

## Key Point

[Appendix 1](#) highlights additional vulnerabilities and potential impact of domestic abuse in relation to the following groups:

- Older Adults
- Domestic Abuse and Adults with a Disability and/or Mental Ill Health
- Domestic Abuse and Alcohol/Substance Use
- Domestic Abuse and Children

## Unable to safeguard

Please read the section on **Unable to safeguard** in [North Lanarkshire Adult Support and Protection Procedure 2024](#).

The first point of the three-point criteria set out in [Section3\(1\)](#) of the Act relates to whether the adult is **unable** to safeguard their own well-being, property, rights or other interests. Most people will be able to safeguard themselves through the ability to make clear and well thought through decisions about matters to do with their health and safety, and also being able to execute these decisions. Many adults will as such are not regarded as adults at risk of harm within the terms of the Act. However, this will not be the case for all people, and when a person is deemed unable to safeguard themselves, **due to lacking the power, ability or authority** to do so they will meet the first point of the three-point criteria.

Considering the above, it is important, as part of an assessment, to understand the adult's decision-making processes. This should include an understanding of any factors which may have impacted upon them with the effect of impinging on, or detracting from, their ability to make and action free and informed decisions to safeguard themselves.

It is strongly emphasised that the three-point criteria make no reference to capacity. For the purposes of the Act, capacity should be considered on a contextual basis around a specific decision and not restricted to an overall clinical judgement. It is recognised that, due to many factors in an individual's life, capacity to make an authentic decision is a fluctuating concept. Thus, even if deemed to possess general capacity, attention must be paid to whether a person has clear **decisional and executorial ability** (i.e., to both make and action decisions) to safeguard themselves in the specific context arising.

## Undue pressure and coercive control

All adults have the right to make choices about their lives, and these choices should be respected if they are made freely. However, considering the above, for many people the effects of trauma (caused by example, from someone's ongoing exposure to domestic abuse) and/or adverse childhood experiences may impact upon both their ability to make informed choices and enact free will. In this context it should be considered whether situations in which these experiences, may impact on the ability of some people to safeguard themselves.

[Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) defines undue pressure as 'persuasion imposed on an individual by someone in whom the individual has confidence and trust.'

The Code of Practice also refers to undue influence '*by which a person is induced to act, other than by their own free will or without adequate attention to the consequences*'.

Undue pressure and/or influence can take many forms but is often characterised by controlling behaviours such as coercion, acts of assault, threats, humiliation and intimidation or other types of harm and abuse that is used to harm, punish, or frighten the adult at risk of harm.

Undue pressure may be applied by a person the adult is afraid of and/or reliant on, such as a partner, family member, neighbour, carer, or other person.

The significant issue is the relationship of confidence and trust between the adult and the person allegedly subjecting the adult to harm.

**Although there are distinct differences, similar considerations should apply to coercive control**, which if perpetrated by a partner or ex-partner, is defined in Scotland as domestic abuse. In such situations the control exercised over a vulnerable person may also impact on their ability to take or action decisions that would protect them from harm.

### Key Point

If the person is being put under undue pressure/influence by their partner or ex-partner, a response which is sensitive to the dynamics of domestic abuse is required. Practitioners should also consider involving specialist services such as Aura, Women's Aid, GBV Services (NHS Lanarkshire) or ASSIST (specialist court advocacy service) if the case is progressing to criminal court.

## At risk of harm and links to domestic abuse

To meet the second point of the criteria under Adult Support and Protection (Scotland) Act 2004 the adult must be assessed as being at risk of harm. [Section 3\(2\)](#) defines an adult as being at risk of harm if:

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

Adults can be at risk of harm in various settings, be it in their own home or in the wider community. They also may be placed at risk through inappropriate arrangements for their care in a range of social or health care settings.

**Section 53** states that “harm” includes all harmful conduct and gives the following examples:

- conduct which causes physical harm;
- conduct which causes psychological harm (for example by causing fear, alarm or distress);
- unlawful conduct which appropriates or adversely affects property, rights or interests (for example theft, fraud, embezzlement or extortion);
- conduct which causes self-harm.

The list is not exhaustive, and no category of harm is excluded simply because it is not explicitly listed. In general terms, behaviours that constitute harm to a person can be physical, sexual, psychological, financial, or a combination of these and therefore these can align with domestic abuse when it is facilitated or carried out by a partner or ex-partner.

## **DOMESTIC ABUSE AS A CRIMINAL OFFENCE**

The **Domestic Abuse (Scotland) Act 2018** recognises that it is an offence with respect to the engaging by a person in a course of behaviour which is abusive of the person’s partner or ex-partner; and to make rules of criminal procedure for that offence and also for offences subject to the statutory aggravation involving abuse of partners or ex-partners.

**Police Scotland and the Crown Office and Procurator Fiscal Service** define domestic abuse as:

‘Any form of physical, verbal, sexual, psychological or financial abuse which might amount to criminal conduct and which takes place within the context of a relationship. The relationship will be between partners (married, cohabiting, civil partnership or otherwise) or ex-partners. The abuse can be committed in the home or elsewhere including online’.

Again, these identified harms closely align with adult support and protection concerns.

### **Key Point**

Reporting domestic abuse to Police Scotland requires careful consideration and joint working between the survivor and services.

## GOOD PRACTICE

### Considerations for practice

There are several similarities between someone being a victim of domestic abuse and someone being an adult at risk of harm under [Adult Support and Protection \(Scotland\) Act 2007](#).

**Someone who is a victim of domestic abuse can also meet the criteria for an adult at risk of harm.**

It is therefore important that practitioners are aware on the signs of domestic abuse and concerns regarding someone being an adult at risk of harm under adult support and protection to ensure best practice.

If you know or believe that the adult meets the three-point criteria as set out in the legislation you have a duty to refer to the appropriate Council as detailed in section 4.2. Please refer to your agencies Adult Support and Protection policy.

#### Key Point

If the adult is experiencing domestic abuse from a partner or ex-partner, an appropriate response which is **mindful of the dynamics of domestic abuse**, is required regardless of whether they meet the criteria for a referral under [Adult Support and Protection \(Scotland\) Act 2007](#) or not.

Victims/ survivors of domestic abuse who don't meet the criteria that defines an adult at risk can still be at significant risk of harm (including homicide).

### Recognising domestic abuse

Although every situation is unique, there are common factors that people who perpetrate domestic abuse use. Acknowledging these factors is an important step in preventing and stopping the abuse. This list can help you to recognise if you, or someone you know or are working with, are in an abusive relationship.

They include:

**Destructive criticism and verbal abuse:** shouting; mocking; accusing; name calling; verbally threatening.

**Pressure tactics:** sulking; threatening to withhold money, disconnecting the phone and internet, taking away or destroying your mobile, tablet or laptop, taking the car away, taking the children away; threatening to report you to the police, social services or the mental health team unless you comply with his demands; threatening or attempting self-harm and suicide; withholding or pressuring you to use drugs or other substances; lying to your friends and family about you; telling you that you have no choice in any decisions.

**Disrespect:** persistently putting you down in front of other people; not listening or responding when you talk; interrupting your telephone calls; taking money from your purse without asking; refusing to help with childcare or housework.

**Breaking trust:** lying to you; withholding information from you; being jealous; having other relationships; breaking promises and shared agreements.

**Isolation:** monitoring or blocking your phone calls, e-mails and social media accounts, telling you where you can and cannot go; preventing you from seeing friends and relatives; shutting you in the house; withholding money.

**Harassment:** following you; checking up on you; not allowing you any privacy (for example, opening your mail, going through your laptop, tablet or mobile), repeatedly checking to see who has phoned you; embarrassing you in public; accompanying you everywhere you go.

**Threats:** making angry gestures; using physical size to intimidate; shouting at you; destroying your possessions; breaking things; punching walls; wielding a knife or a gun; threatening to kill or harm you and the children; threatening to kill or harm family pets; threats of suicide; threats to post intimate images.

**Sexual violence:** using force, threats or intimidation to make you perform sexual acts; having sex with you when you don't want it; forcing you to look at pornographic material; constant pressure and harassment into having sex when you don't want to, forcing you to have sex with other people; any degrading treatment related to your sexuality or to whether you are lesbian, bisexual or heterosexual, making you carry out sexual acts which hurt you or make you feel uncomfortable, sexualised name calling.

**Physical violence:** punching; slapping; hitting; biting; pinching; kicking; pulling hair out; pushing; shoving; burning; strangling, pinning you down, holding you by the neck, restraining you.

**Denial:** saying the abuse doesn't happen; saying you caused the abuse; saying you wind him up; saying he can't control his anger; being publicly gentle and patient; crying and begging for forgiveness; saying it will never happen again.

**More information is available here:**

- [What is domestic abuse? - Scottish Women's Aid](#) - provides valuable information and also a quiz that potential people at risk of domestic abuse can carry out themselves.
- [Respect - Toolkit for Work with Male Victims of Domestic Abuse 2019](#)

## Responding to disclosure of domestic abuse

Managing disclosures of domestic abuse requires a sensitive and [trauma informed approach](#). The National approach to Trauma Informed Practice has also produced a specific guidance document which focuses on [Domestic abuse and trauma informed practice](#).

**Key principles to follow are:**

**Give her time.** It may take several attempts before she confides in you. Be patient. recognising there is a problem is the first step.

**Take her seriously.** Listen. Believe her. Women may minimise, not be able to describe their experiences or frame them as abuse and are often dismissed. Trust what she says.

**Tell her it's not her fault.** She might blame herself. Tell her nothing she could do justifies abuse. He alone is responsible.

**Don't criticise the partner** - This can make some people go into defence mode of their partner. Often people still love their partner and want the abuse to end rather than the relationship.

**Don't judge her.** Don't ask why she hasn't left or judge her choices. Instead, build her confidence and focus on her strengths.

**Remind her she's not alone.** She may have been deliberately isolated. Let her know that there are supports available to her.

**Offer support to access specialist services.** Help her find out about her rights and options.

**If you know or believe the Adult meets the 3-point ASP criteria, you have a duty to make a referral to the Council.** ASP procedures will be followed alongside good practice in relation to Domestic Abuse.

**Consider if there are any children or other adults in the household that may require support or input.**

## Assessing risk – tools and principles of a good risk assessment

Carrying out a risk assessment for people experiencing domestic abuse is a complex process. It includes not only the use of an appropriate risk assessment framework and tool, but also the knowledge base and skills to inform professional analysis. Any assessment should include:

- Recognition of the full spectrum of abuse and controlling behaviours used by the perpetrator towards both current and previous partners.
- Recognition of how this pattern of controlling behaviour is harming the victim.
- An understanding within the assessment that domestic abuse is intentional and used to gain power and control over their partner.
- Language used within assessments should reflect this.

### Key Point

It is imperative that a specific domestic abuse risk assessment tool is used. The nationally recognised tool for domestic abuse has been developed by [SafeLives](#), called Domestic Abuse, Stalking, Harassment, and “Honour” Based Abuse (DASH) Risk Identification Checklist– referred to as the DASH, or the RIC.

You can find guidance on the DASH-RIC and how to use the risk assessment tool [here](#) Training is also available on [LearnNL](#).

For practitioners who do not work in North Lanarkshire Council they can access DASH RIC training by contacting the MARAC team at: [LanarkshireMARACs@wasler.org.uk](mailto:LanarkshireMARACs@wasler.org.uk)

\*Consent is required from the adult to complete a DASH RIC assessment and refer to specialist services.

### Other tools and resources:

- [Young Person’s RIC](#) developed for use with people aged 16-18.
- There is also an [accessible DASH RIC](#) which is using the Talking Mats approach.
- Full practice guidance for the DASH RIC and a blank copy can be found in [Appendix 2, Dash risk checklist for Scotland](#) and further information on [SafeLives Website](#)

### Multi Agency Risk Assessment Conference (MARAC)

Following completion of the DASH RIC, a referral to Multi Agency Risk Assessment Conference (MARAC) should be considered where the criteria are met. MARAC is a forum that brings together multi agency partners to develop a co-ordinated and shared response to manage risk and safety for cases of domestic abuse that are assessed as high risk, meaning risk of serious injury or homicide. Crucially, MARAC ensures that no one agency is holding the information or risk on their own and that all relevant partners are aware of the full picture of risk being posed to the adult survivor.

Criteria for referring to MARAC is as follows:

- 14 or more positive (yes) answers on completion of [SafeLives DASH RIC](#).

or

- Professional judgement

or

- Escalation – 3+ incidents in 12 a month period\*

or

- Repeat incident – within 12 months: case should be referred again if ANY agency receives a report of a further incident or there is a change in the pattern of abusive behaviour used by the perpetrator that increases their risk, even if not reported to the police.

\*This criteria is not currently used in North Lanarkshire, cases where the escalation criteria are met should be referred using Professional Judgement.

### Key Point

Any multi-agency partner can refer into MARAC. The adult's consent is not required.

To make a referral to MARAC, contact: [lanarkshiremaracs@wasler.org](mailto:lanarkshiremaracs@wasler.org) or fill in this referral form. Guidance for this referral from can be found in [Appendix 3](#).

### Further information:

- [Information for victims referred to Marac in Scotland](#)
- [Marac referral criteria and form](#)

## SAFETY PLANNING

It is important to remember for a safety plan to effective it is essential that this is developed with the survivor and isn't something done to them. They will know their partner/ ex-partner better than anyone and are best placed to know what will work to make them safer.

It is important to remember that the reason the safety plan is needed is because of the perpetrator's pattern of abusive behaviour.

If a protection plan under ASP legislation is required, an action in relation to domestic abuse safety planning, must be clearly recorded. Contingency planning must also be recorded in all cases.

A sample safety plan template can be found [Appendix 4](#).

## Safety Plan Questions

A few questions that could be useful to ask the survivor are	What follows are useful questions and points to include in the discussion about safety plans
Due to your partner's/ ex-partner's behaviour I'm concerned for you (and your children's safety).  Could we work together to plan for you (and your children's safety)?	What is she already doing to keep herself safe?
Can you tell me what a "normal" day is like?	What has she done or considered in the past to keep safe?  What does she need to be safe?
What is your partner like before he is violent?	Who would she like to contact now?  What can you do to help that happen?
What has been helpful to you in the past?	What are the available options?
What have you tried that did not feel helpful?	What does she want to do to protect herself and any child/ren?
What else do you need to keep yourself (and your children – if relevant) safe?	How will we go about the process of drawing up a safety plan?
Who else knows about your partner's behaviour?	How will this be monitored- and how often? Ensure that plans are made for further contact and information is provided on local and national sources of support.
Who can help you in an emergency?	
This is the start of your safety plan with a survivor. (These questions have been provided courtesy of the Safe and Together Institute).	

## Safety Planning Suggested Actions

- Plan an escape route – think about where she will go so that she can call the police or alert a neighbour.
- Move to lower-risk parts of the home, where there is an escape route or access to a phone.
- Avoid rooms like the kitchen or garage, which contain objects that could be used to harm.
- If she is not able to get out of the house, she can barricade or lock herself into a room, from which she can call the police and contact friends/family or neighbours.
- Tell a neighbour to call the police if they hear anything or see their partner/ex-partner around the house.
- Keep a record or diary of incidents. Consider [Follow It App](#)
- Download the [Hollie Guard – Personal Safety App](#)
- Keep mobile phone always charged and on person.
- Make a copy of the house/car key and always keep it in their person.
- Keep important documents together and in a safe place.
- Pack a bag of essential items and store somewhere safe.
- Keep some cash or a separate bank account with funds available and hidden.
- Referral to local services such as Women's Aid or Rape Crisis.
- Consider a referral to the [Disclosure Scheme for Domestic Abuse Scotland](#) (DSDAS)

## ADULT SUPPORT AND PROTECTION - PROTECTION ORDERS

In some circumstances when adult support and protection and domestic abuse is linked it may be required to consider the use of the use of protection orders under the [Adult Support and Protection \(Scotland\) Act 2007](#). The legislation enables Councils to apply to a Sheriff for a Protection Order where the adult is at risk of 'serious harm'. This includes a Removal Order, Assessment Order and a Banning Order or a Temporary Banning Order.

Where the adult has the capacity to make decisions, the application cannot be granted by the Sheriff if the adult does not consent to the order **unless** it can be evidenced that the adult has been subject to undue pressure and therefore is unable to consent or they have been assessed as lacking capacity to make such decisions.

Further information can be found in the [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#) and local [North Lanarkshire Social Work Adult Support and Protection Procedure](#).

### Key Point

Other legal routes can also be considered such as Exclusion Orders, Civil Interdicts with power of arrest, Non-Harassment Orders or Anti-Social Behaviour Orders. All available options should be considered alongside the victim/survivor as part of the safety plan ([Scottish Women's Rights Centre](#)).

## SUPPORT FOR PRACTITIONERS

It is important to ensure that practitioners supporting adults who are experiencing domestic abuse and/or where there are adult support and protection are being supported. It can be very challenging working within these areas and to ensure the wellbeing of practitioners' managers and team leaders should ensure that they have access to appropriate support – as required.

### Key Point

Both North Lanarkshire Council and NHS Lanarkshire have policies for staff who are experiencing any form of Gender-Based violence. These policies explain the support you can expect from your employer. Staff can find these policies on each organisations' intranet.

### Further information:

- [Vicarious trauma: signs and strategies for coping](#)

## **CONTACT DETAILS**

For local and national resources please see [Appendix 5](#).

Should you have any questions or comments regarding this guidance please do not hesitate to contact the Adult Protection Committee via: [AdultProtectionCommi@northlan.gov.uk](mailto:AdultProtectionCommi@northlan.gov.uk)

# APPENDIX 1

## Additional vulnerabilities and the impact of domestic abuse

In 2023-24, 63,867 incidents of domestic abuse were recorded by the police in Scotland. 4,339 reports were recorded in North Lanarkshire – 37% of the incident included a crime or offence.<sup>1</sup>

In the same year there were 62,776 adult support and protection referrals made to social work in Scotland. In North Lanarkshire a total of 3317 adult support and protection referral were submitted to social work in that year. In addition, some agencies, mostly Police Scotland will submit adult welfare concerns. This referral is submitted where they do not deem the adult protection threshold has been met and they are therefore are not subject to the same legislative requirements. 4,340 police concerns were submitted in 2023/24. Some of these include concerns in relation to domestic disturbances and potentially abuse.

However, many victims of domestic abuse do not report incidents to Police Scotland and victims are often subjected to domestic abuse for long periods of time before seeking support. The 2019/20 Scottish Crime and Justice Survey found that **just under one-sixth (16%)** of those who experienced partner abuse in the 12 months prior to interview said that the police came to know about the most recent (or only) incident.<sup>2</sup>

1 in 5 high-risk victims of domestic abuse report having attended A&E because of their injuries in the year before receiving effective help.<sup>3</sup>

As well as short term injuries, victims of domestic abuse often suffer long-term physical health consequences. Physical health conditions that can be aggravated by abuse include: asthma, bladder and kidney infections, cardiovascular disease, fibromyalgia, chronic pain syndromes, central nervous system disorders, gastrointestinal disorders and migraines/headaches.

Domestic abuse often causes reproductive health consequences too, including gynaecological disorders, sexually transmitted infections, pre-term difficulties and pregnancy difficulties.

Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment. There is also evidence of victims experience complex post-traumatic stress disorder as a result of domestic abuse.<sup>3</sup>

**Domestic abuse seriously impacts people of all ages. However, it is important to recognise that research suggests that certain groups of people may experience additional challenges and barriers to access support.**

<sup>1</sup> [Domestic Abuse Recorded By The Police In Scotland, 2023-24](#)

<sup>2</sup> [Partner Abuse - Scottish Crime and Justice Survey 2019/20](#)

<sup>3</sup> [Facts and figures - SafeLives](#)

## Domestic abuse and older adults

Like younger people, older people may be subjected to domestic abuse that is physical, sexual, emotional, and/or financial. Perpetrators of domestic abuse will use a range of behaviours to exert power and control. But there are also some important age-related differences that specifically affect people as they age.

We know that domestic abuse is under reported, especially amongst older people with only 2% of recorded incidents in Scotland relating to victims aged 61 and over.<sup>4</sup>

For example, the pool of research which exists on domestic abuse and older people suggests that *“older women’s experiences of domestic abuse are markedly different from those in younger age groups and that these differences have not been adequately acknowledged or accounted for.”*<sup>5</sup>

This includes older women not being well represented within domestic abuse services. Local audits within North Lanarkshire based domestic abuse/ sexual abuse support services noted low uptake of women over the age of 60 years old accessed support services. For example, Monklands Women’s Aid reported that only 1.7% of new referrals between March 2022 and April 2023 related to women over the age of 60.

SafeLives insights dataset also found that clients over 60 years are less likely to have attempted to leave than those under this age group. 17% vs 29% and that many older victims of domestic abuse lived with the abuse for prolonged periods before getting help.<sup>5</sup>

For example, women interviewed noted feelings of increased anxiety about leaving behind a *“lifetime of contributions to the family business, homes, and other assets”* such as pets or treasured possessions. Often the expectation is that victim should leave, and this could potentially lead to them becoming destitute or in poverty in older years, this is also exacerbated by lack of access to pensions, women taking time off work having children, part time work patterns over the lifespan for some, etc. For many older victims it does not feel feasible to leave.

As a result of often experiencing abuse for many years, many victims develop coping mechanisms and accept domestic abuse as part of everyday life. They may also experience an increased feeling of shame because they have stayed with an abuser for years.<sup>6</sup>

Adding to this, housing and in need for additional support can be a significant challenge for older victims. Addressing Violence Against Older Women: Learning from Practice (2022)<sup>7</sup> noted that refuges are often not suitable due to additional care and support needs.

<sup>4</sup> [Domestic abuse: statistics recorded by the police in Scotland, 2023-24](#)

<sup>5</sup> [Safe Later Lives - Older people & domestic abuse](#)

<sup>6</sup> [Iriss - Older women and domestic abuse](#)

<sup>7</sup> [Addressing Violence Against Older Women Guide](#)

Some of the added implication of domestic abuse on older victims can be:

- Increased likelihood of depression, anxiety and risk of suicide
- Negative impact on cognitive functioning, such as memory lapses and difficulties with concentrating
- Chronic pain, including bone and joint problems, digestive problems and high blood pressure
- Substance misuse, such as heavy alcohol use, smoking and the use of prescription and non-prescription drugs.<sup>6</sup>

Knight and Hester (2016)<sup>6</sup> also found that an increase of frailty and dependence on others for support can put older people at risk of specific types of abuse, and people who are unwell might:

- Be vulnerable and have less ability to defend themselves from physical attack and verbal assaults
- Be neglected and denied food and water if they are immobile
- Have continence needs which can be used as a vehicle for abuse

This may also include situations where victims may feel a sense of guilt for leaving a partner who may require them to provide a level of care and support.<sup>6</sup>

### **Adult support and protection and older adults**

The population over 65 in Scotland was estimated to make up around 20.5% in 2024 of the total population (NRS, 2025). This number is due to increase steadily and substantially over the next decade. As a result, services are increasingly concerned with providing a good quality of life for an aging population. Regarding adult support and protection referrals, adults over the age of 65 makes up over 50% largest combined age group for referrals in North Lanarkshire (2023/24).

For some adults, this is the first time they have required or sought support, often due to the physical or mental health impacts of aging and requesting caring support for themselves or people they care for. This means that in some cases, professionals are 'seeing' how people live more clearly and regularly than in earlier life.

Given these factors it is unsurprising that older adults are noticeably more likely to be involved with ASP processes. Recent figures also suggest that involvement is 22% higher for women than for men (compared with a population difference of 7%), with older women thus being the most represented group.

## Domestic abuse and alcohol/substance use

Alcohol and/or substance use is not a cause of domestic abuse but it can be a factor. These issues should not be seen as separate issues but rather issues that are inter-related and part of the person who is perpetrating domestic abuse pattern of abusive behaviour. There are many ways in which alcohol and/or substance use and domestic abuse can be related. Research has noted that many incidents of domestic abuse can occur when the perpetrator of the abuse and/or the victim has been consuming alcohol.<sup>8</sup> It was noted in this study that alcohol is more commonly involved in more aggressive incidents. Not only that being intoxicated can increase risk but also the lack of access to alcohol and/or substances can cause someone to become more irritable or angry which can in turn potentially create a trigger point. However, practitioners must always be mindful that domestic abuse is a pattern of coercive control and physical violence is only one method of control. Other controlling behaviour will be perpetrated in sobriety.

Controlling access to alcohol and/or substances can also become part of the abuse itself. Someone may exert control over a victim by withholding alcohol or preventing them from purchasing it. This can be very distressing and even dangerous for a victim if they are experiencing withdrawal symptoms.<sup>9</sup> The perpetrator can also act as the sole provider of alcohol and other substances, which got the victim addicted in the first place.

Alcohol and/or substance use can also be an outwardly symptom of trying to cope with a traumatic and abusive situation. Research shows that women who experience extensive physical and sexual violence are more than twice as likely to have a problem with alcohol than those with little experience of violence and abuse.<sup>10</sup>

Alcohol UK highlights that the use of alcohol can leave someone more vulnerable for future or ongoing harm and abuse especially if consumption of alcohol is preventing victims from accessing support.<sup>9</sup>

The below list of questions may be helpful for practitioners to consider when they are working with people who use alcohol and/or substances.

<sup>8</sup> [Thirty years of research show alcohol to be a cause of intimate partner violence](#)

<sup>9</sup> [Alcohol and domestic abuse | Alcohol Change UK](#)

For Perpetrators	For Victims
Has your drug or alcohol use affected your relationships with your partner and family?	Some people find that the use of drugs and alcohol help them cope with the abuse – does drinking or using drugs help you cope with your situation?
What do your partner and family think about your substance use?	Does your partner ever make you feel you have to use drugs or alcohol? If so, how often and when has this occurred?
Has anyone in your family been frightened or harmed when you've been using substances?	What does your partner think about your substance use?
Have you ever harmed or frightened your family when you were sober?	Does your partner ever cause you physical harm when you or him/her/they are using substances?
Have you ever hit, kicked or pushed your partner or child when intoxicated?	Could you attend an alcohol or drug service without your partner?
Are you aware of any patterns in your substance use or domestic abuse – is the abuse getting worse or more frequent?	Is there anything you would like to change in your relationship?

## Domestic abuse and adults with a disability and/or mental ill health

Research report that people with a long-standing illness or disability are twice as likely to experience domestic abuse as those with no long-standing illness or disability. For a person with a disability, the abuse they experience can often be directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners. Our national data shows that disabled victims are much more likely to be suffering abuse from a current partner (31%) than non-disabled victims (18%).<sup>10</sup>

Considering this data from Multi-Agency Risk Assessment Conference (MARAC) shows that nationally only 3.9% of referrals were for victims with a disability, significantly lower than their recommendation of 16% or higher. Their research also shows low referral rates for disabled people into domestic abuse services.<sup>11</sup>

Similarly to victims who are experiencing frailty due to old age, the idea of leaving their home to access often inappropriate housing and uncertainty around support provision can be added complications for victims with disabilities.

Safe Lives have noted ten key practice points when supporting victims with disabilities.<sup>12</sup>

They also have a guidance on how to support victims of domestic abuse who are blind or partially sighted.<sup>13</sup>

People with mental ill health were more likely to have experienced each type of abuse and had also visited their GP and A&E more times on average compared to those without. 40% of high-risk victims of domestic abuse report having mental health issues whilst 16% of victims report that they have considered or attempted suicide as a result of the abuse, and 13% report self-harming. It is important to recognise that mental ill health can create additional vulnerabilities that people perpetrating abuse may seek to exploit, such as threats of institutionalisation, withholding medication, threats to have children taken away, or to 'out' their mental health problems to family and friends.<sup>14</sup>

You may be interested to consider the learning from a [Significant Case Review \(now referred to as Learning Reviews in Scotland\) of Miss A](#) who was a resident in North Lanarkshire Council. Miss A had a learning disability and sadly passed away in 2014 following an argument with her partner. The Significant Case Review identified concerns regarding lack of consideration of domestic abuse within her current relationship. A more recent [Significant Case Review was that of Ms L](#) which highlighted similar themes and that Ms L's vulnerabilities was not recognised in relation to the domestic abuse she was experiencing.

<sup>10</sup> [SafeLives - Disabled survivors too](#)

<sup>11</sup> [SafeLives - Disabled people and domestic abuse spotlight](#)

<sup>12</sup> [SafeLives - Supporting Clients with Learning Disabilities: 10 Key Points](#)

<sup>13</sup> [SafeLives - Responding to Victims/Survivors who are Blind/Partially Sighted](#)

<sup>14</sup> [SafeLives - Domestic abuse and mental health](#)

## Domestic abuse and children

**Where children are involved, local Child Protection Procedures must be followed. For more in-depth information in relation to Domestic Abuse and children please refer to North Lanarkshire Good Practice Guide on Domestic Abuse and Protection of Children.<sup>15</sup>**

It is important to recognise that there is a significant correlation between domestic abuse and the impact on the emotional and physical wellbeing of children, including physical injury, physical neglect and sexual abuse of children.

The trauma experienced by children and young people being victims of domestic abuse can be significant not only due to immediate risk of harm but also long-term.

The National Guidance for Child Protection in Scotland 2023<sup>16</sup>, highlights there is evidence of links between domestic abuse and emotional, physical and sexual abuse of children. Children themselves can experience domestic abuse as 'coercive control' of the whole family environment, not just the non-abusing parent / carers.

The protection and support of the non-abusing parent/carer is fundamental to the protection of children and young people. North Lanarkshire Council are committed to supporting children and their families following the principles of the Safe and Together model which is based on partnering with the domestic abuse victim and intervening with the perpetrator of domestic abuse to ensure the safety and wellbeing of children. The principles include:

- keep the child safe with the non-abusive parent
- form a supportive partnership with the non-abusive parent
- hold the abusive parent accountable for their abuse

Further information on the Safe and Together Model can be found [here](#).

You can find a 7-minute briefing on Safe and Together [here](#)

It is important for practitioners to be mindful that to understand the risk to the adult victim it is essential they understand the perpetrators pattern of abusive behaviour. This should go beyond patterns of physical violence and consider all methods the perpetrator uses to control behaviour and cause fear. Even in circumstances where children are not part of the household elements of the Safe and Together model will be useful to practitioners working with families where domestic abuse is a concern.

<sup>15</sup> [North Lanarkshire - Good Practice Guide on Domestic Abuse and Protection of Children](#)

<sup>16</sup> [National Guidance for Child Protection in Scotland 2021 - updated 2023](#)

## APPENDIX 2

### SafeLives Dash risk checklist and assessment (Dash-RIC)

#### Aim of the form

- To help front line practitioners identify high risk cases of domestic abuse, stalking, forced marriage and ‘honour’-based violence.
- To decide which cases should be referred to MARAC and what other support might be required. A completed form becomes an active record that can be referred to in future for case management.
- To offer a common tool to agencies that are part of the MARAC process and provide a shared understanding of risk in relation to domestic abuse, stalking and ‘honour’-based violence.
- To enable agencies to make defensible decisions based on the evidence from extensive research of cases, including domestic homicides and ‘near misses’, which underpins most recognised models of risk assessment.

#### How to use the form

Before completing the form for the first time we recommend that you read the full practice guidance and FAQs. These can be downloaded [here](#). Risk is dynamic and can change very quickly. It is good practice to review the checklist after a new incident.

#### What this form is not

This form will provide valuable information about the risks that children are living with, but it is not a full risk assessment for children. The presence of children increases the wider risks of domestic violence and step children are particularly at risk. If risk towards children is highlighted, you should consider what referral you need to make to obtain a full assessment of the children’s situation.

#### SafeLives Dash risk checklist for use by IDAAs and other non-police agencies for identification of risks when domestic abuse, forced marriage and ‘honour’- based violence and/or stalking are disclosed

For further information about MARAC please refer to the [10 principles of an effective MARAC](#)

Please pay particular attention to a practitioner’s professional judgement in all cases. The results from a checklist are not a definitive assessment of risk. They should provide you with a structure to inform your

judgement and act as prompts to further questioning, analysis and risk management whether via a MARAC or in another way. **The responsibility for identifying your local referral threshold rests with your local MARAC.**

## Referral criteria for Lanarkshire MARAC

1. **Professional judgement:** if a professional has serious concerns about a victim's situation, they should refer the case to MARAC. There will be occasions where the particular context of a case gives rise to serious concerns even if the victim has been unable to disclose the information that might highlight their risk more clearly. This could reflect extreme levels of fear, cultural barriers to disclosure, immigration issues or language barriers particularly in cases of 'honour'-based violence. This judgement would be based on the professional's experience and/or the victim's perception of their risk even if they do not meet criteria 2 and/or 3 below.
2. **'Visible High Risk':** the number of 'ticks' on this checklist. If you have ticked 14 or more 'yes' boxes the case would normally meet the MARAC referral criteria.
3. **MARAC repeat:** SafeLives defines a 'repeat' as ANY instance of abuse between the same victim and perpetrator(s), within 12 months of the last referral to MARAC.

The individual act of abuse does not need to be 'criminal', violent or threatening but should be viewed within the context of a pattern of coercive and controlling behaviour.

**Some events that might be considered a 'repeat' incident may include, but are not limited to:**

- Unwanted direct or indirect contact from the perpetrator and/or their friends or family
- A breach of police or court bail conditions
- A breach of any civil court order between the victim and perpetrator
- Any dispute between the victim and perpetrator(s) including over child contact, property, divorce/ separation proceedings etc.

**These events could be disclosed to any service or agency including, but not exclusive to, health care practitioners (including mental health), domestic abuse specialists, police, substance misuse services, housing providers etc.**

## DASH Risk Assessment

Please explain that the purpose of asking these questions is for the safety and protection of the individual concerned.

Tick the box if the factor is present. Please use the comment box at the end of the form to expand on any answer.

It is assumed that your main source of information is the victim. If this is not the case, please indicate in the right-hand column

	YES	NO	Dont Know	State source of info if not the victim (eg. police officer)
<b>1. Has the current incident resulted in injury?</b> Please state what and whether this is the first injury				
<b>2. Are you very frightened?</b> Comment:				
<b>3. What are you afraid of? Is it further injury or violence?</b> Please give an indication of what you think [name of abuser(s)] might do and to whom, including children. Comment:				
<b>4. Do you feel isolated from family/friends?</b> ie, does [name of abuser(s)] try to stop you from seeing friends/family/doctor or others? Comment:				
<b>5. Are you feeling depressed or having suicidal thoughts?</b>				
<b>6. Have you separated or tried to separate from [name of abuser(s)] within the past year?</b>				
<b>7. Is there conflict over child contact?</b>				
<b>8. Does [name of abuser(s)] constantly text, call, contact, follow, stalk or harass you?</b> Please expand to identify what and whether you believe that this is done deliberately to intimidate you? Consider the context and behaviour of what is being done.				
<b>9. Are you pregnant or have you recently had a baby (within the last 18 months)?</b>				
<b>10. Is the abuse happening more often?</b>				
<b>11. Is the abuse getting worse?</b>				
<b>12. Does [name of abuser(s)] try to control everything you do and/or are they excessively jealous?</b> For example: in terms of relationships; who you see; being 'policed' at home; telling you what to wear. Consider 'honour'-based violence (HBV) and specify behaviour.				
<b>13. Has [name of abuser(s)] ever used weapons or objects to hurt you?</b>				
<b>14. Has [name of abuser(s)] ever threatened to kill you or someone else and you believed them?</b>  If yes, tick who: You      Children  Other (please specify)				

	YES	NO	Dont Know	State source of info if not the victim (eg. police officer)
<b>15. Has [name of abuser(s)] ever attempted to strangle / choke / suffocate / drown you?</b>				
<b>16. Does [name of abuser(s)] do or say things of a sexual nature that make you feel bad or that physically hurt you or someone else?</b> If someone else, specify who.				
<b>17. Is there any other person who has threatened you or who you are afraid of?</b> If yes, please specify whom and why. Consider extended family if HBV.				
<b>18. Do you know if [name of abuser(s)] has hurt anyone else?</b> Consider HBV. Please specify whom, including the children, siblings or elderly relatives:  Children  Another family member  Someone from a previous relationship  Other (please specify)				
<b>19. Has [name of abuser(s)] ever mistreated an animal or the family pet?</b>				
<b>20. Are there any financial issues?</b> For example, are you dependent on [name of abuser(s)] for money/have they recently lost their job/ other financial issues?				
<b>21. Has [name of abuser(s)] had problems in the past year with drugs (prescription or other), alcohol or mental health leading to problems in leading a normal life?</b> If yes, please specify which and give relevant details if known.  Drugs      Alcohol      Mental Health				
<b>22. Has [name of abuser(s)] ever threatened or attempted suicide?</b>				
<b>23. Has [name of abuser(s)] ever broken bail/an injunction and/or formal agreement for when they can see you and/or the children?</b> You may wish to consider this in relation to an ex-partner of the perpetrator if relevant.  Bail conditions  Non-Harassment Order  Child contact arrangements  Forced Marriage Protection Order  Other				
	YES	NO	Dont Know	State source of info if not the victim (eg. police officer)

<p><b>24. Do you know if [name of abuser(s)] has ever been in trouble with the police or has a criminal history?</b></p> <p>If yes, please specify:</p> <p>Domestic abuse</p> <p>Sexual violence</p> <p>Other violence</p> <p>Other</p>				
<b>Total 'yes' responses</b>				

<p><b>Is there any other relevant information (from victim or professional) which may increase risk levels? Consider victim's situation in relation to disability, substance misuse, mental health issues, cultural / language barriers, 'honour'- based systems, geographic isolation and minimisation.</b></p> <p><b>Are they willing to engage with your service? Describe.</b></p>	
<p><b>Consider abuser's occupation / interests. Could this give them unique access to weapons? Describe.</b></p>	
<p><b>What are the victim's greatest priorities to address their safety?</b></p>	

<b>Do you believe that there are reasonable grounds for referring this case to MARAC?</b>		Yes	No
<b>If yes, have you made a referral?</b>		Yes	No
<b>Signed</b>	<b>Date</b>		
<b>Do you believe that there are risks facing the children in the family?</b>		Yes	No
<b>If yes, please confirm if you have made a referral to safeguard the children?</b>		Yes	No
<b>Date referral made</b>			
<b>Signed</b>	<b>Date</b>		
<b>Name</b>			

For consideration by professional

<b>Practitioner's notes</b>

## APPENDIX 3

### Lanarkshire MARAC referral criteria and online referral processes

- Click this link: [Start a new MARAC referral](#)
- Fill in as many of the details on the **Client** page as you can.
- Scroll down the page and fill in **Accessibility requirements** (if the client has any)
- Please fill in all **Equalities Monitoring** questions for all clients.
- Please fill in **Additional Vulnerabilities** if appropriate. **Pregnancy** should be recorded here.
- Return to the top of the page.
- Click on **Referral** tab
- Tick the appropriate box for **Type of Referral** e.g. professional judgement. Please note “escalation” is not a referral category in Lanarkshire.
- If the referral is a MARAC repeat, please enter the date of the most recent previous referral in the text box underneath Outline risk factors, relevant background and reason for referral
- Fill in the **Consent** section, especially whether the victim consents to **IDAA support**
- Return to the top of the page. Click **Children** tab then click underneath **Add a child** or **Add another child** and input details. Ensure the child’s school is recorded, and who they live with, if you have this information.
- After inputting the children’s details, return to the top of the page again. Click the **Perpetrator** tab, then **Add a Perpetrator**, to fill in perpetrator details. Their DOB is important if you know it, as is their address. If the perpetrator’s occupation is known please complete this section – especially if he is, or was, in the Armed Forces. IMPORTANT: If you submit a referral where perp is in the armed forces please contact MARAC coordinator separately and make them aware of this.
- Click **Submit** to submit your referral.
- Contact us on [lanarkshiramaracs@wasler.org.uk](mailto:lanarkshiramaracs@wasler.org.uk) if you have any questions or would like to add any information to the referral.

## APPENDIX 4

### Individualised safety and support plan: options and advice

Adapted from [Good Practice Guide on Domestic Abuse and Protection of Children](#)

Please note that this is an example of a safety/support plan. This format may not suit everyone.

**Notes to practitioner:** Use this template to document the options and advice relevant to your client's situation. Keep a copy on the client file and, if it is safe, give a copy to the person you are completing it with to take away with them.

Person's name/organisation reference no:	
Is it safe to take this home with you?	
Where will you keep it?	
If I need to leave, I will try and take with me...	
In an emergency, I will try to take....	

<b>General Safety Planning</b> Advice on: Routines/ safety at home, work, social settings/ escape route/ code words
--

**Legal**

Advice on: Criminal and Civil options/ police reporting/ court support/ breaches of court orders e.g. interdicts/ any child contact/ residence/ protection issues/ immigration/ social work justice involvement for client or (ex) partner or family member.

**Separating and post separation**

Code words/escape route/ plan for leaving/ support post separation. Any family/ friends?

**Children**

(Ex) partner, family member access to children and school/ parental rights and responsibility status/ support for children/ child's named person/lead professional.

**Health and Wellbeing**

Advice on: immediate medical needs, access to sexual and general health services, mental health services and whether client has disabilities compounding situation. What care and support does the victim require? Medical diagnosis? Medication?

**Housing and Security**  
 Advice on: emergency and longer term housing option/ security measures/ fire assessment

**Additional Support Factors**  
 Alcohol/Substance use Mental Health/Disability  
 Is there anyone else in the household that require support and care?

<b>Who can I contact in an emergency?</b>	
<b>999 for an immediate police or ambulance response:</b>	
<b>Domestic Abuse Investigation Unit:</b>	
<b>Emergency Housing service:</b>	
<b>Solicitor:</b>	
<b>Nearest Accident and Emergency department is located:</b>	
<b>Other:</b>	
<b>This service can be contacted on:</b>	
<b>We are open:</b>	



## APPENDIX 5

### Local and National support organisations and other resources

Name	Description	Opening Hours	Website / Email	Phone Number
<b>Local:</b>				
<b>ASSIST</b>	Specialist court advocacy service providing support to victims of domestic abuse where there are criminal court proceedings against their partner or ex-partner.	Monday-Friday 9am-5pm		0141 276 7710
<b>Aura</b>	A specialist, inclusive non-gender specific domestic abuse support service in North Lanarkshire	<b>Online chat:</b> Monday 10am-12pm Wednesday 1pm-3pm Thursday 6pm-8pm	<a href="#">How we can support you   Aura</a>	01698 757667
<b>NHS GBV Services</b>	Provides advice and consultancy to NHS Lanarkshire staff to support them in their role.	Monday-Friday 9am-5pm	<a href="#">NHS GBV Services</a>	
<b>Lanarkshire Rape Crisis Centre</b>	Specialist service offering emotional, practical and justice advocacy support to women and girls (12ys+) who have been subjected to any form of sexual violence no matter how long ago it happened.	Monday-Friday 9am-5pm	<a href="#">Lanarkshire Rape Crisis Centre</a>	01698 527003
<b>Victim Support</b>	Confidential, free support for victims and witnesses of crime, appointments available to meet with support team.	Monday-Friday 9am-5pm Monday-Friday 8am-8pm	<a href="#">Victim Support North Lanarkshire</a>  Webchat service is available. Self-referral form also available.	01698 336565 0800 160 1985
<b>Monklands Women's Aid</b>	Covers the areas of Coatbridge, Airdrie, Cumbernauld, Kilsyth and surrounding areas. Confidential support, information and access to temporary accommodation for women experiencing domestic abuse.	Monday-Friday 9am-4.30pm	<a href="#">Monklands Women's Aid</a>  <a href="mailto:info@monklandswomensaid.org.uk">info@monklandswomensaid.org.uk</a>	Airdrie Office 01236 432061  Cumbernauld Office 01236 730992
<b>Motherwell and District Women's Aid</b>	Confidential support, information and access to temporary accommodation for women experiencing domestic abuse.	Monday-Friday 9am-4.45pm	<a href="http://www.mdwa.org.uk">www.mdwa.org.uk</a>  <a href="mailto:info@mdwa.org.uk">info@mdwa.org.uk</a>	01698 321000
<b>Amina</b>	The Muslim Women's Resource Centre, base in Glasgow but has a Scotland wide remit.	Monday-Friday 9.30am-5pm (general) Helpline Monday to Friday 10am to 4pm.	<a href="#">Where to find us – Amina</a>	0808 801 0301
<b>NHS Lanarkshire wellbeing and mental health support website</b>			<a href="#">Wellbeing Matters Lanarkshire   Mental Health Support</a>	

National:				
<b>Scotland's Domestic Abuse and Forced Marriage Helpline</b>	Confidential and sensitive support to anyone who calls	24/7	<a href="#">Scotland's Domestic Abuse and Forced Marriage Helpline</a>	0800 027 1234
<b>Abused Men in Scotland (AMIS)</b>	Scottish Helpline for male victims of domestic abuse.	Monday-Friday 9am-4pm	<a href="#">AMIS   Abused Men In Scotland</a>  <a href="mailto:support@amis.org.uk">support@amis.org.uk</a>	03300 949 395
<b>Domestic Abuse Helpline for Men</b>	UK wide domestic abuse helpline	Monday-Friday 9am-8pm	<a href="#">Domestic Abuse Helpline for Men</a>  <a href="mailto:info@mensadvice.org.uk">info@mensadvice.org.uk</a>  Chat online (Wednesday to Friday, 10-11am and 3-4pm)	0808 8010327
<b>Hemat Gryffe Women's Aid</b>	Specialist refuge, crisis and outreach support for Asian, Black and Minority Ethnic women and children.	Monday-Friday 9am-4pm	<a href="#">Hemat Gryffe</a>	0141 353 0859
<b>National Rape Crisis Helpline</b>	Helpline offers confidential short-term, crisis and initial support by phone, email, webchat and text.	Daily 5pm-Midnight	<a href="#">National Rape Crisis Helpline</a>	0808 801 0302
<b>Hourglass – Help for Older Adults experiencing abuse</b>	Website, helpline for older adults experiencing abuse.	Helpline – open 24/7 Text and Email: Monday-Friday 9am-5pm	<a href="#">Helpline   Hourglass</a>	Helpline – 0808 808 8141 Text: 07860 052906
<b>Scottish Women's Rights Centre</b>	Offer free and confidential legal advice and advocacy support to women affected by violence and abuse in Scotland.	Monday 10am-12:30pm Tuesday 12pm-3pm Wednesday 10am-1pm	<a href="#">Scottish Women's Rights Centre</a>	08088 010 789
<b>Forced Marriage Protection Unit</b>	Free advice from trained professionals. They will support you to consider what to do next should you or someone you know be at risk.	Monday-Friday 9am-5pm	<a href="#">Forced marriage - GOV.UK</a>  <a href="mailto:fmufco.gov.uk">fmufco.gov.uk</a>	020 7008 0151

## Other Resources

<a href="#">SafeLives Website</a>	UK-wide charity dedicated to ending domestic abuse. Provides very helpful, support, research and training.
<a href="#">Turn to SARCS   NHS inform</a>	The NHS Scotland sexual assault self-referral phone service can help to arrange care in the days following a rape or sexual assault. The service may be able to arrange a forensic medical examination (FME) at a SARCS without making a report to the police.
<a href="#">Surviving Economic Abuse: Transforming responses to economic abuse</a>	One in seven women in the UK has experienced economic abuse by a current or former partner in the past 12 months. Economic abuse rarely happens in isolation; it normally happens alongside other forms of domestic abuse.
<b>Bright Sky App</b> <a href="https://www.hestia.org/brightsky">https://www.hestia.org/brightsky</a>	A mobile app and website for anyone experiencing domestic abuse, or who is worried about someone else. Includes: questionnaires to assess the safety of a relationship, dispelling myths, spotting the signs of domestic abuse. Note: Please only download the app if it is safe to do so and if you are sure your phone is not being monitored.
<b>Hollie Guard</b> <a href="https://hollieguard.com/">https://hollieguard.com/</a>	A smartphone app that provides enhanced levels of protection including; the ability to raise a silent alarm, emergency contacts and recording incidents.
<a href="#">Follow It App</a>	Stalking is a very common tactic used by people who perpetrator domestic abuse. The Follow It App is designed to help victim/survivors of stalking record what's happening to them. Created with victim/survivors of stalking the app can keep a log of stalking incidents. The app is tailored to Scots law but can be used regardless of whether the person decides to report to the police.
<a href="#">Resources - Centre For Age Gender and Social Justice (dewischoice.org.uk)</a>	Toolkits and helpful support resources when support older survivors of domestic abuse.
<a href="#">Safe and Together Institute</a>	The Safe & Together Institute empowers professionals across all child welfare sectors to transform their approach to domestic abuse cases through a child-centred, survivor-strengths framework called the Safe & Together Model™.
<a href="#">Resources for identifying the risk victims face   SafeLives</a>	
<a href="#">Public Protection North Lanarkshire Website</a>	
<a href="#">Responding to Victim Survivors of Domestic Abuse who are Blind or Partially Sighted - SafeLives</a>	
<a href="#">The Survivor's Handbook - Women's Aid (womensaid.org.uk)</a>	

