Public Health Scotland

Gender-based violence and learning disability

Guidance for practitioners

This guidance aims to help frontline staff working with people aged 18 and over with mild or moderate learning disabilities, or significant learning needs, who have experienced, or are at risk of experiencing, gender-based violence.

It is primarily designed for practitioners working in health and social care, third sector women's support organisations, independent advocacy services and learning disability support organisations.

The guide explains how to identify gender-based violence, and how to provide a sensitive and appropriate response, drawing on our understanding of best practice in this area of work.

Public Health Scotland has a series of practice guides covering the following areas of gender-based violence which might be useful:

- What health workers need to know about gender-based violence: an overview
- Domestic abuse
- Rape and sexual assault
- Childhood sexual abuse (adult survivors)
- Commercial sexual exploitation
- Stalking and harassment.

All practice guides are available at **www.healthscotland.scot/health-topics/gender-based-violence**

This guide will help you to:

people with learning disabilities who experience gender-based violence.

If you work directly with adults with learning disabilities you are in a unique position to identify and respond to abuse. You are not expected to be an expert or to provide everything a person needs, but you can play a crucial part in upholding their rights and improving their health and wellbeing.

While this guide is aimed at supporting people over the age of 18, you may find the information useful for younger adults. However, you must consult the **National Guidance for Child Protection in Scotland**[1] as well as your local child protection policy for younger people where you have concerns in relation to risk, or experience, of any form of abuse.

Acknowledgements

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- ENABLE Scotland
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- NHS Health Scotland
- NHS Lanarkshire
- North Lanarkshire Council
- Inverclyde Council
- Inverclyde Health and Social Care Partnership
- Scottish Commission for Learning Disability
- Talking Mats
- Wise Women.

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Contents

Taking a human rights-based approach

Everyone should be able to enjoy their human rights, including the right to be free from abuse. People with learning disabilities are no different. However, they may face more challenges in being able to access and realise their rights.

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

1. People with a learning disability have the right to develop and enjoy intimate and sexual relationships.
2. Having a learning disability in itself does not mean an individual lacks the capacity to consent to sexual relationships.
3. With the right support, education and access to information, people with a learning disability can make informed decisions about their own relationships and how they choose to live their life.
4. People with a learning disability are at greater risk of experiencing gender-based violence so services should be able to recognise and provide appropriate support to someone who has experienced this type of abuse.
5. Services must balance the rights of the people they support to live their life as they choose with their duty of care to protect them from harm.
6. Any interference with a person's rights must be ethical, lawful, necessary and proportional to the risk.
7. Your approach should be participatory, accountable, non-discriminatory, empowering for individuals and in line with legal requirements.

Using the PANEL approach on the next page will help you put these principles into action when working with people with learning disabilities.

P Participation

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

A Accountability

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

N Non-discrimination and equality

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

E Empowerment

People should understand their rights, be supported to participate in the decisions affecting their lives and know who they can turn to for help. To let people know about the help that exists, you should:

- provide accessible information
- support their engagement with other services
- recognise and display, as a service, that people with learning disabilities can experience gender-based violence and that help is available.

L Legality

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

What is gender-based violence?

Gender-based violence (GBV) is violence that is directed against a woman because she is a woman, or violence that affects women disproportionately. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty.[2]

It is predominantly men who carry out such violence, but not all men are violent. Men can experience abuse too and it also occurs in same-sex relationships.

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

- **Domestic abuse** – Perpetrated by a partner or ex-partner and may be physical, sexual, financial and/or psychological. It is characterised by a pattern of behaviours including coercive control, growing in frequency and severity over time.
- **Childhood sexual abuse** – Exploitation of a child or young person by an adult for their own or others' sexual gratification. It is physically and emotionally abusive and often involves serious and degrading assault.
- **Commercial sexual exploitation** – Includes prostitution, stripping, pornography, lap dancing and sex trafficking.
- **Rape and sexual assault** – Unwanted or coerced sexual activity including anal, oral and vaginal penetration, and sexual touching. It is usually committed by someone known to the person.
- **Stalking and harassment** – Unwanted, persistent and sometimes threatening attention, for example following someone, constantly phoning, texting or emailing them at home and work, contacting someone through social media publicly and privately.
- **Harmful traditional practices** – Includes female genital mutilation, forced marriage and 'honour-based violence' which are traditionally condoned and presented by perpetrators as part of accepted cultural practice.

GBV occurs across all levels of society, regardless of sex, ethnicity, socio-economic status, age, sexual orientation or dis/ability. Although no one is immune from the risk of abuse, a number of factors such as learning disability, financial dependence, poverty, substance misuse, mental health issues, homelessness and insecure immigration status can heighten a person's risk of abuse or entrap them further in it.

What is learning disability?

The Keys to Life,[3] Scotland's national strategy, defines learning disability as being a significant and lifelong condition. It starts before adulthood and affects the person's development. This means that a person with a learning disability will be likely to need help to understand information, learn skills and live a fulfilling life. Some people with learning disabilities will also have healthcare needs and require support to communicate.

It means a person may take longer to learn things and often needs support to develop new skills, be aware of risk, understand complicated information and interact with other people.[4]

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

Learning Disability Statistics Scotland (LDSS) reports that there are 23,584 adults with learning disabilities known to Scottish local authorities.[5]

Gender-based violence and learning disability

There is limited evidence on the prevalence of people with learning disabilities who experience GBV. However, national data reports it is greater for women and men with a long-standing illness or disability than the general population[6] and studies demonstrate that women and girls with a learning disability are particularly at risk.[7,8,9] People with learning disabilities are also more likely to experience abuse from a range of perpetrators.

40% of women and 20% of men with a long-standing illness or disability have experienced partner abuse.[6]

16% of women and 2% of men with a long-standing illness or disability have experienced sexual assault by a partner.[6]

17% of women with a long-standing illness or disability have experienced stalking by a partner.[6]

15% of children with mental or learning disabilities are estimated to have experienced sexual violence.[7]

International studies show that people with a learning disability can have a 10 to 12 times greater risk of sexual assault.[10,11]

12% of cases dealt with by the Forced Marriage Unit involved someone with a learning disability.[12]

Note: If you work in a learning disability service you are likely to encounter people who are experiencing, or have experienced, abuse. All organisations need to provide opportunities for disclosure.

Why are people with a learning disability at more risk of abuse?

There are a number of reasons:

- Being targeted by perpetrators because of their perceived vulnerability.
- Experiences of education or living in institutions that can result in learned behaviours to comply with others.
- A lack of access to information and education on relationships and sexual health.
- Being socially isolated and having limited opportunities to meet friends.
- Perceptions that people with learning disabilities do not want sexual relationships, or will not be sexually exploited.
- Lack of support to meet partners and maintain a healthy relationship.
- Not being asked about relationships or sexual health.
- Exposure to a large number of people involved in their personal and intimate care, and possible reliance on the perpetrator as their main caregiver.
- Not understanding that the behaviour is abusive and not acceptable.
- A lack of communication skills to tell others when abuse is happening or being able to describe it.
- The associated mental health impact of experiencing abuse in childhood can leave people more at risk of abuse in adulthood.

People with learning disabilities may be unlikely to disclose abuse due to these factors, along with their fears of not being believed or taken seriously, especially if a previous disclosure has been dismissed. This can lead to further fears of being accused of, and getting into trouble for, lying which can then lead to them blaming themselves and feeling ashamed and embarrassed.

Those with children also fear that engaging with services will result in their children being taken into care. This is heightened by a lack of knowledge about available services, legal rights, low self-esteem and confidence, and a risk-averse approach from services when implementing legislative duties.

People may also not disclose due to a fear of losing control over their lives through the legal instruments in place to protect them. They fear that if they share that they have experienced abuse or that they have made a mistake, their capacity would be challenged and they might be placed under guardianship.

Guardianship orders provide legal authority for someone to make decisions and act on behalf of an adult assessed to have impaired capacity to protect and promote their interests. These orders are authorised by a court under the Adults with Incapacity (Scotland) Act 2000. Note that capacity is decision and task specific, not a global concept. That is, someone may have capacity to make certain decisions and take certain actions but not others.

Research by People First (Scotland)[13] found people with learning disabilities often had decisions made for them without their input. The loss of power and control, similar to coercive control found in abusive relationships (see page 19), left them feeling powerless, controlled, confused, worried and helpless.

People have similar concerns that being assumed to be an 'adult at risk' as defined by the Adult Support and Protection (Scotland) Act 2007 (see Legislation section on page 41) can lead to referrals to social work services where their rights might be infringed upon by protection orders being sought.

An adult at risk is defined as a person (aged 16 years or over) who:

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

All three points of the above definition must be met.

An adult is at risk of harm if:

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

'Conduct' includes neglect and other failures to act.
See Appendix 2 for an overview of relevant legislation.

Having a learning disability does not automatically mean the person is an 'adult at risk'. Be alert to whether an adult is unable to safeguard themselves due to lack of a support network or the actions of the perpetrator, rather than their capabilities. Appropriate support should be offered and links with relevant services made to help them develop life skills and build resilience.

Due to the perceived risks of disclosing abuse, it can mean people experiencing it for longer and it having a greater negative impact on their health and wellbeing.

How gender-based violence affects health and behaviour

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

Physical health

- Injuries to head, neck, chest, breasts and abdomen
- Unexplained injuries
- Bruises, burns and scars at various stages of healing
- Pattern of repeated injuries
- Headaches, migraines, dizziness

Mental/emotional health

- Appear anxious, depressed or have panic attacks
- Have difficulty sleeping, appear confused or unable to concentrate
- Eating disorders
- Self-harming and suicidal thoughts/attempts
- Alcohol or drug use

Sexual health

- Unwanted pregnancy
- Repeat pregnancies or abortions
- Sexually transmitted infections
- Gynaecological problems
- Urinary tract infections

Behaviour

- Are reluctant to leave when day/evening activities come to an end
- Appear to have less money available (or more money and new items such as clothes and phones due to grooming or sexual exploitation)
- Appear to be on edge and overreact to minor incidents
- Display inappropriate/ sexualised behaviour or behaviour perceived as challenging
- Appear to have less contact with friends, family and looked-after and accommodated children
- Miss appointments
- Minimise injuries or are evasive when questioned
- Make excuses for the abuser's behaviour

Your role in tackling gender-based violence

Gender-based violence (GBV) has a major impact on the health and wellbeing of people with learning disabilities.

Staff across health and social care and the third sector who are involved in the provision of care and support for people with learning disabilities, along with those who support people who have experienced GBV, are in a unique position to support people to have safe and healthy relationships and protect them from harm.

Your role will determine the level of actions you take, which could range from sharing concerns and referring to services, to completing risk assessments and providing advocacy.

Identify – Be aware that GBV is a possibility and aware of how people with learning disabilities can be particularly at risk. Create an environment that supports discussions around relationships and disclosures of abuse, and ask sensitively.

Respond – Listen to what they say, show empathy, be non-judgemental, validate their experiences and ask what they need. Tailor your approach so that it is accessible and balances people's rights and your duty to protect them from harm.

Support – Assess risk, enhance safety and provide accessible information. Work with other agencies to ensure relevant services are fully informed and the person receives the best possible care.

Preventing gender-based violence

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

I identify

Developing trusting relationships with people with learning disabilities will create an environment where they can talk about their experiences, ask questions and share any concerns they have.

Knowing they will be listened to and their views respected gives them a safe person they can contact in times of crisis. Use your relationship to talk about what matters to them and build awareness of appropriate behaviours. This includes their right to privacy, respect for their bodies and an awareness of why someone asking them to keep secrets about sex and relationships can be inappropriate.

Give people opportunities to make their own decisions and when a choice is available, encourage them to say 'no' to things they do not want to do. Respecting this choice reinforces that they do not always have to comply. Like everyone else, people with learning disabilities will sometimes make decisions you do not agree with or make mistakes. You should ensure their freedom to choose is respected and they are given the chance to learn from mistakes without assuming they lack 'capacity'. Remember capacity is decision and task specific, not a global concept.

Do not shy away from talking about sexual health and relationships. Find opportunities in care reviews, informal chats and during routine enquiry. Terms such as 'coercive control', 'identifying abusive behaviours' and 'understanding healthy relationships' can be difficult for someone to grasp. Learning disability and women's support services should develop simple relationship checklists that the person will be able to apply in order to recognise abuse. There are videos which can support this. See 'Think about it – say no to abuse' from Enable Scotland at **www.youtube.com/watch?v=cA8tD36rquY** and 'Don't Put Up With It! - Domestic Violence and Women with Learning Disabilities' from the Tizard Centre, University of Kent, at **https://vimeo.com/116967832**

Provide easy-to-read, accessible information for service users. Knowledge and skills can help people with learning disabilities to choose healthy relationships and identify abuse. Link in with sexual health teams and third sector agencies to find out if there are any local courses that people can be supported to attend.

Central Sexual Health and the national resource for relationships, sexual health and parenthood have materials which you might find helpful for talking about these issues. You can access these at: https://centralsexualhealth.org/professionals/asn-learning-disabilities https://rshp.scot/learners-with-additional-support-needs-asn

Everyone should be aware that intimate relationships (sexual or not) should be consensual and enjoyable. Raise the issue of consent, capacity to consent and what this means.[14]

Consent

- By 'consent' we mean both adults agree to sexual activity.
- Consent to one sexual activity does not mean consent to any sexual activity.
- Consent can be withdrawn at any time.
- Someone's capacity to give consent can be impaired if they are under the influence of alcohol or drugs or have a medical condition which limits their ability to consent or communicate consent.
- Children, and people who are sleeping or unconscious, cannot consent to sexual activity.
- Having a learning disability in itself does not mean someone lacks the capacity to consent, but support may be needed to allow the person to make informed decisions.

Capacity to consent

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

Identifying gender-based violence

People you support may have experienced different types of abuse throughout their lives and from different perpetrators. Be aware of the indicators and risk factors of abuse and consider all the people that pose a potential risk.

In **domestic abuse** cases, individuals may not recognise they are being abused or may hope their partner's behaviour will change, develop emotional dependency and believe (or be made to believe) that no one else will want them. They may rely on their abusive partner for support with day-to-day living which can make the prospect of disclosing or ending an abusive relationship more challenging.

> '**I felt really terrified but I wanted to stay with him for a while 'cause he was the children's dad.** A lot of people asked me "why don't you leave him?" but I loved him and he was the children's father.'[15]

Be alert to the potential actions of a perpetrator who may be using **coercive control** by:

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

Financial abuse may also feature, which can include the theft of money, withholding benefits, controlling access to money and bank accounts, incurring debts in the person's name and the misuse of financial guardianship.

Coercive control is a form of domestic abuse. It is purposeful behaviour in which violence is only one of many different tactics used to establish power and control. Acts intended to humiliate, degrade, intimidate and hurt partners are used to maintain dominance, including sexual violence and abuse, isolation, mind games, stalking, and the micro-regulation of everyday life (monitoring phone calls, dress, food consumption, social activity, and so on).

A bad relationship can seem a better alternative than none at all. Up to 50% of people with a learning disability experience chronic loneliness.[16] This need for belonging can result in people staying in abusive relationships for longer and is compounded by a fear that, if they disclose, they may be subject to tighter control by authorities, resulting in a diminishing of their rights and independence.

Young people can be especially at risk of **grooming**.[17] This can lead to an 'older boyfriend' model of sexual exploitation and peer-on-peer exploitation. Young people are also at risk of online grooming, which is compounded by a lack of relationships and sexual health education, including online safety, abuse, consent and the law. Some young people are not aware that it is illegal to have sex with a child.[17]

Perpetrators can take advantage of the need to experience friendships and relationships by targeting a person to access their home and finances or to sexually exploit them. The person may believe the perpetrator is their partner and it may be someone involved in their care.

Grooming can take place over a short or long period of time and individuals and their families might not be aware of it happening. It could involve:[18]

- paying an inappropriate amount of attention to the person
- telling the person they are special and loved
- offering, promising or giving gifts
- offering to help the family or carers to gain access to the person
- openly or 'accidentally' exposing the person to nudity or sexual materials
- having inappropriate boundaries, for example sharing 'problems'
- giving the person special treatment and privileges.

If someone has been groomed you might notice them wearing new clothing or with new items. They could be spending more time online or on their phone and not want to say who they are talking to. They might also start talking about a new friend, boyfriend or girlfriend but not be clear about who they are or how they met them.[19]

Women and girls with learning disabilities are also at risk of being **trafficked for sexual exploitation.** A small US study[20] highlighted that previous sexual abuse was associated with risky behaviours such as running away, which resulted in being trafficked. Individuals were unable to understand the difference between boyfriend, trafficker and someone buying sex so were unable to identify the abusive situation.

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

Help someone to disclose gender-based violence

The key values to supporting disclosure are:

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

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

People may be reluctant to talk about abuse before you have built up a trusting relationship with them. Be aware of the barriers and fears they have. It is still okay to ask questions if you have concerns. Research has shown that women do not mind being asked about abuse and it can encourage disclosure at a later date.

Take the opportunity during formal care reviews, routine enquiry in health settings, assessments, health checks or by prompting a discussion. Sometimes, informal opportunities like talking while in the car have allowed people to disclose.

Make sure you are in a safe, quiet and confidential space, and that their communication and support needs are being met before starting discussions.

The routine enquiry form developed by Common Knowledge UK and Central Sexual Health is a useful tool to introduce discussions about relationships and sexual health. This gives the individual the power to decide if they want to talk about particular issues. The form is available in Appendix 1.

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

These are some questions you could use to start a conversation:

More information on indicators of GBV and how to support disclosure can be found in the Domestic abuse, and Rape and sexual assault guides available at www.healthscotland.scot/health-topics/gender-based-violence

Responding to gender-based violence

Provide a trauma-informed response

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

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

Adapt your service and approach to respond to someone with a learning disability

R
respond

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

Communication

Work with support services and the person to establish the best means of communication. Traditional methods such as the telephone or standard letters might not be appropriate for making contact. Many people with learning disabilities prefer face-to-face and one-to-one communication. Make sure your conversation and questions are directed at the person, not their support worker.

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

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

Be prepared to break tasks down and repeat key information. For example, use the SafeLives Young People Risk Identification Checklist[21] to conduct a risk assessment, gather information over more than one appointment and do not provide a lot of complex information at once.

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

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

Ask if they would like or need an **independent advocacy worker**. People with a learning disability may lack confidence and assertiveness, which might lead them to answer questions in a way they think is right. A right to independent advocacy is set out in the Mental Health (Care and Treatment) (Scotland) Act 2003.

Most independent advocacy organisations will accept referrals from anyone, including self-referrals. Always get the person's consent before referring for support.

You can find out more about independent advocacy and search for a local provider at **https://siaa.org.uk**

For more information on the Mental Health (Care and Treatment) (Scotland) Act 2003 see Appendix 2.

Family members and friends should not be present in cases of abuse. Instead seek advice or attendance from the referrer, support worker or independent advocacy worker, while being mindful that abuse can be perpetrated by a range of people involved in the person's care.

Information

If you need to write to the person with a learning disability, use bigger text and bullet points, and keep writing at a minimum. Too much colour can also make reading harder. Mainstream letter templates will most likely not be appropriate and more accessible formats, like Easy Read, must be used. If your letter will contain sensitive information, consider who is likely to have access to their mail and whether this is likely to place the person in danger.

Provide Easy Read information on abuse, how to seek support, the services you provide and the processes involved:

- The Department of Health[22] produced guidelines for producing Easy Read materials. These can help you prepare letters or make information on your service more accessible.
- The Scottish Commission for Learning Disability also provides useful Easy Read Top Tips and information on other communication techniques: **www.scld.org.uk/easy-read-documents**

For examples of Easy Read information on abuse, see:

- Fife Council: Easy Read publications on domestic abuse, sexual abuse, forced marriage, adult support and protection and more[23]
- Stop it Now!: Easy Read resource on the dangers of online grooming[24]
- Enable Scotland: Surviving sexual abuse: An Easy Read guide.[25]

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

Taking these steps to adapt your service and practice will help overcome barriers faced by people with learning disabilities. Factors which hinder disclosure and can prevent an appropriate response include:

- Lack of staff knowledge, skills, training and confidence in identifying abuse and how to help someone with a learning disability.
- Personal values or misconceptions that people with learning disabilities are not having, have never had, or do not want, a sexual relationship.
- Attributing behaviour perceived as challenging to the learning disability instead of exploring the root causes.
- Individuals not being aware that support services exist, being concerned about staff communication skills or finding services they do know about are not accessible, in terms of the information they provide and their physical accessibility.
- Right to independent advocacy not being known about or offered.

R
respond

Involving people with learning disabilities in the development of resources and delivery of training will help make staff and services knowledgeable and accessible.

Use the guiding principles outlined on page 6 to balance people's rights and your duty to protect them from harm.

Supporting someone

S
support

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

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

Support the person to access other services. Make the first contact on their behalf or be there for support when they get in touch with them.

S
support

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

Some of the actions you can take to help a person include:

Health needs	Safety	Advocacy
• Record any injuries. • Refer to GP or emergency department as appropriate. • Treat immediate needs if you are a health professional and assess the physical, mental and sexual health impact. • Refer for specialist services as required, such as forensic examinations and counselling.	• Contact the police (999) if you believe someone to be in immediate danger. • Follow your local risk assessment procedures. In domestic abuse cases, trained professionals can use the SafeLives DASH risk identification checklist (RIC).* More information on risk assessment can be found in Domestic abuse: What health workers need to know about gender-based violence.[26] • If you think the person may be an 'adult at risk of harm' (see page 13) refer to social work or the relevant health and social care partnership (HSCP) and follow local adult support and protection procedures. • If the person does not meet 'adult at risk' criteria, consult with your line manager and consider telling social work services or the relevant HSCP. • Work with the person and other agencies to prepare a safety plan. • Provide emergency contact numbers, and information on local support agencies and third party reporting centres in an accessible format if safe to do so.	• Work with local agencies to help the person to know about, and know how to access, their rights. • Organisations like Women's Aid and Rape Crisis can provide one-to-one support and information on housing, finances, legal support and safe refuge accommodation. • Learning disability support staff and independent advocacy workers can help ensure other organisations tailor their response and support people to have their voice heard throughout the process. • Work with the relevant local agencies to support the person to get on with day-to-day living.

* DASH is an abbreviation of domestic abuse, stalking and 'honour'-based violence. The checklist is used to identify and plan support for cases at high risk of murder or serious harm.

Further information and resources are available at **www.safelives.org.uk**

Some services to link in with are:

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

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

Each case will be different and the individual circumstances will determine the appropriate course of action. People with past experiences of abuse may wish to access mental health services. Some may need health needs treated and some safety information, while others follow adult support and protection (ASP) procedures, are referred to a multi-agency risk assessment conference (MARAC) or report to the police.

Discuss the options with the person and support them to make decisions about what happens next. Ensure your response is proportionate and not unduly protective. People with learning disabilities have real concerns over automatically being deemed to lack capacity and being placed under guardianship. However, clearly explain if certain actions must be taken and why. North Lanarkshire's significant case review into the death of Miss A[27] highlighted the need to balance a person's human rights along with their right to be protected from harm.

Consent to referral

Where you are employed by a council, health board or other agency named in Section 5 of the Adult Support and Protection (Scotland) Act 2007[28] you have a statutory duty to refer an adult you know or believe is an adult at risk of harm. Refer to your local procedure.

Where you work for a service provider contracted to the local authority or health board, there may be a contractual obligation to raise adult protection concerns. Check your employer's adult support and protection policy.

How and when to refer

These scenarios will give you an idea of when to follow adult support and protection procedures, refer to MARAC or report to the police. Always check your local guidance and policies.

Adult support and protection

Use when:

a case involves an 'adult at risk' who has, or you suspect has, experienced abuse. When adult protection concerns are raised or suspected, agencies have a duty to report these.

Process:

- Ask the person what has happened, who was involved, what they think about it and what they want to happen. Is anyone else at risk? Remember not to ask leading questions or attempt to carry out a full inquiry. Record the relevant details.
- If concerns are raised, follow your local multi-agency guidance on submitting an adult protection referral form and ensure concerns are shared with your line manager, duty senior social worker or the person's allocated social worker.
- An adult protection inquiry will be undertaken by the social work department to determine need and risk. This will establish the legal status, support plan and how it will be implemented and monitored where appropriate.
- Note: It may not always be possible to determine if an individual fits the specific adult at risk definition and criteria (see page 13). For avoidance of doubt, where any person is suspected to be an adult at risk of harm they should be treated as such, until their status is deemed otherwise by social work services.
- If a person does not meet adult at risk criteria consult with your line manager and consider informing social work services. Your concerns may be part of a wider set of circumstances that a formal adult support and protection inquiry would bring into focus.
- See Appendix 3 for an example of a recording tool to help you consider the issues when you have a concern and Appendix 4 for an adult support and protection referral pathway.

MARAC

Use when:
you are dealing with high-risk domestic abuse cases. Cases which do not meet the referral criteria still require support. Work with local agencies and the client to prepare a safety plan. See Appendix 5 for an example domestic abuse referral pathway.

Process:

- MARACs are local meetings where statutory and non-statutory agencies (police, social services, health and so on) discuss individuals at high risk of serious harm or murder. Agencies share information to manage risk, improve safety and reduce repeat victimisation. Those assessed as being at high risk do not need to give their consent to be referred to MARAC but it is good practice to explain the process if safe to do so.
- A trained professional completes a domestic abuse, stalking and 'honour'-based violence (DASH) risk identification checklist (RIC). Some practitioners have found using the young people's version of the checklist to be more appropriate.
- If the risk score is above the local threshold, complete the MARAC referral form and submit to the local MARAC coordinator. If the assessment does not meet the threshold but you are very concerned, you can request the case is discussed under 'professional judgement'.
- The person is asked if they wish to have an independent domestic abuse advocate (IDAA) throughout the MARAC process. The IDAA supports them in all aspects needed to become safe and ensures their voice and safety are at the centre of the process. The IDAA can co-work with a regular independent advocacy worker if that is easier for the person.

Police

Use when:

- The person is in immediate danger.
- The situation involves an 'adult at risk' and you know or suspect a crime has been committed.
- The person would like you to contact police on their behalf.

Process:

- Contact 999 in an emergency and request the assistance of the police and any other emergency service that is required.
- Do not put yourself at risk, and be aware of the need to preserve evidence.
- In non-emergency cases contact police on 101 and ask to speak to the adult/child protection officers, domestic abuse liaison officer or sexual offences liaison officer for your area.
- Always seek the person's view before contacting the police. Consent can be overridden in the following circumstances but you should still inform them why police are being contacted:
    - They are at immediate risk of significant harm.
    - There is concern the person is being unduly pressured to withhold their consent.
    - The situation involves a service provider and other adults may also be at risk or harm.
    - There is a public safety concern and it is in the public interest to override consent because of the seriousness of the incident or allegation and/or risk to other people.
    - A member of staff from any agency witnessed a crime being committed and is obliged to report.
- Alert police to the need for an 'appropriate adult' to be present if the person has difficulty with communication or understanding (see Appendix 2: Criminal Justice (Scotland) Act 2016).
- Also make a referral to social work services if the incident involves an 'adult at risk'.

Following one course of action does not necessarily mean that other routes should be ignored. For example, a DASH RIC could be completed in conjunction with adult support and protection consideration, leading to a referral to MARAC and a referral into social work through the adult support and protection process.

Sharing information

You should share relevant information with other agencies to ensure a person is safe, is provided with appropriate support and the perpetrator is accountable. This might be required by law but in other instances you should balance your responsibilities for confidentiality with public safety.

Information sharing is permitted under the Data Protection Act 2018 in order to safeguard children and individuals at risk. Information can be shared for the purposes of protecting:

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

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

MARACs provide a forum for key agencies to specifically share information about people at high risk of serious harm or murder so that appropriate actions can be coordinated to protect their safety.

The two case studies on the following pages provide examples of how services can support someone who has experienced domestic abuse, grooming or sexual exploitation.

Documenting and recording information

- Regardless of the course of action taken, you should record information in confidential case notes. This should include:
- Nature of abuse and any injuries and symptoms.
- Disclosure as an allegation not fact; record information as soon as possible after disclosure and note any dates and times of previously unknown incidents.
- Any information on the identity of the perpetrator.
- What they say using their own words and not what you think, but note if you have any concerns.
- Missed appointments and unanswered telephone calls.
- Outcome of risk assessment, if carried out.
- Action taken.
- If information is being shared with other agencies.
- Or, if you are not sharing information with other agencies, the decision-making process.

Case study A: Domestic abuse

Background

Helen, aged 35, has a learning disability, lives in supported accommodation and receives daily support funded by her local authority. She began a relationship with John, aged 39, who also has a learning disability. John lives in the neighbouring town which is under a different local authority. After a year together they got engaged and John stayed at Helen's home most days.

Situation

Over a number of visits, Helen's support staff noticed she seemed quieter than usual and John always seemed to be moody. They also appeared to have less food in the house but there were empty fast food boxes lying around. Helen told her support staff that John liked her to do things a certain way in the house and decided what clothes she wore every day. He also wanted to know what she had been doing when she was not with him and who she had been talking to. This made her feel scared and anxious as she had to be very careful not to upset him.

Six months later, Helen was hospitalised after taking an overdose of her prescribed medication. Nursing staff noticed bruising on her arms and on further investigation found more on her back and legs. Helen told them that she sometimes argued with John because she was nagging him about money and that he hit her a couple of times, but that it 'didn't matter any more because we've split up'. She reported feeling down about this, and that was why she took an overdose.

Helen and John knew their support teams had concerns about their relationship. When they got back together again, Helen tried to hide it from them. On a visit to her GP, the doctor noticed bruising to Helen's arms, which she said was because John liked to hold her down when he was having sex with her. Helen did not always enjoy it but thought this was normal. Helen consented to her GP sharing this information with her support team.

Good response

- Ensure Helen has mental health support following her overdose and anxiety.
- Arrange a time to see Helen on her own, and find out if she has an independent advocacy worker or would like one to support her.
- Find out how the relationship is going and explore what a safe and healthy relationship is.
- Believe Helen's experiences and tell her that there is no excuse for John's behaviour, it is not her fault.
- Ask Helen if there are aspects of her current situation she'd like to change.

- Carry out a risk assessment using a DASH RIC. A new assessment can be carried out whenever there are concerns or changes to Helen's circumstances. This allows opportunities to refer to MARAC if the RIC scores above the local threshold or there are significant concerns about Helen's safety to justify referring on the basis of professional judgement or escalation.
- Use communication aids to support discussions.
- Make an adult protection referral for concerns about physical, psychological and financial harm, coercive control and review support plan.
- Inform Helen that abuse is a crime and you have a duty to report it to the police. Ask if she would like to report it with your help.
- Help Helen to access women's support organisations.
- Record observations, discussions and actions in Helen's case notes.
- Inform John's support team of concerns, so they can explore his understanding of abusive relationships and manage his behaviour during the early stages, and latterly inform them of the escalation of abuse and crime reporting.

Hurtful response

- Ignore it.
- Blame Helen for wasting her money on fast food.
- Minimise John's behaviour and the impact it's having on Helen.
- Tell Helen not to 'nag' John.
- Contact other agencies without asking Helen or explaining why other agencies must be informed.

Case study B: Sexual exploitation

Background

Anna, aged 21, has a learning disability and lives at home with her parents. While her parents are at work, Anna travels by bus to meet her friends at the day centre in town. Her parents noticed that she started to come home later than usual on some days, but Anna said she had just got busy talking and had missed the bus.

Situation

Anna continued to return late, sometimes smelling of alcohol, and her parents thought she was acting 'distracted'. She appeared to be on her telephone a lot more, but they put this down to her being more sociable and did not mind if she was having the occasional drink.

The situation continued and Anna's parents were now getting concerned with the frequency of drinking and reluctance of Anna to provide any meaningful details about what she had been doing during the day. Her parents noticed she had been rubbing her stomach a lot and when asked what was wrong, Anna said it hurt when she needed to pee.

Anna went with her mum to the GP, who on hearing about the symptoms suspected a urine infection and asked Anna to provide a urine sample. Anna felt uncomfortable so they took the container home to collect the sample there. The GP never asked about, nor did Anna or her mum talk about, the changes in Anna's activities and behaviour.

Her mum dropped the sample in the next day which showed that Anna likely had a urine infection and she was provided with antibiotics.

After three days on antibiotics, there was no change in Anna's discomfort and her mum noticed a yellow discharge on her underwear.

They returned to the GP and told them about the discharge and that there had been no improvement to her symptoms. The GP, suspecting a sexually transmitted infection (STI), started to ask Anna about her day-to-day life and if she was in a relationship with anyone. This upset Anna and she told her mum that, 'no one will like me any more'. After the GP sensitively enquired, Anna disclosed that she had met a new boyfriend in town and all of his friends liked her too. She knew they liked her because they gave her free drinks and wanted to, and did, have sex with her.

Further investigations established that a man had befriended Anna on her bus to town, gradually groomed her for sex and sold her to others (which Anna did not know). The day centre had noticed that Anna was attending less but had not raised any concerns.

Good response

- Be non-judgemental, supportive and sympathetic. Be aware of the difficulties Anna might have in recognising sexual assault and being able to describe what happened, as well as her feelings.
- GP treats her immediate medical needs and refers her to sexual health services for further treatment and support.
- Find out if she has an independent advocacy worker or would like one to support her.
- GP informs Anna and her mum that they have a duty to inform social work (adult protection referral) and police.
- Record what Anna has told you in her words in case notes.
- Sexual health services explain the need for further STI tests and how these will be carried out, and work with the learning disability team to improve Anna's understanding of relationships and abusive behaviour.
- Social work services review the case, work with other agencies to conduct an investigation and support Anna to find an advocate.
- Hold a case conference to develop a protection plan, providing Anna with plenty of notice and accessible information to attend supported by her independent advocacy worker.

- Police, social work, health and care services implement a protection plan which should be reviewed every three months or when circumstances change, whichever is sooner.
- Day centre staff review their processes to ensure unplanned changes in attendance are investigated.

Hurtful response

- Blame Anna for having unprotected sex with multiple men.
- Treat her medical needs but fail to inform other agencies.
- Give short notice for appointments and without consideration of Anna's communication needs.
- Refer to other agencies without informing Anna and seeking her views.
- Progress case conference without Anna's input.
- Put unnecessary restrictions on Anna, for example prevent her attending day centre. (They should instead explore how she can be supported to attend safely.)

Perpetrators of gender-based violence

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

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

Your response can make a difference and influence the situation:

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

Generic counselling, anger management and mediation between the perpetrator and person experiencing GBV are inappropriate interventions in cases of abuse. Work to change someone's behaviour should be undertaken by specialists in that role. In cases of domestic abuse, information and advice is available from **respect.uk.net** and information on the Caledonian programme can be found on the Scottish Government website.[29]

More information on working with perpetrators of domestic abuse can be found in 'Domestic abuse: What health workers need to know about gender-based violence'.[26]

Should you become aware, or suspect, a staff member is responsible for abuse raise this with your line manager. If the staff member is from your own organisation follow employee conduct policies.

Perpetrators with a learning disability

People with learning disabilities can also be abusive.[30,31] Abusive behaviour should not be confused with, or defined as, challenging behaviour

If someone is indiscriminate in who they are abusive to then this behaviour is, perhaps, challenging. However, if the abuse is targeted at one individual who feels controlled and fearful, it is likely that the perpetrator is choosing to act in that way.

If the perpetrator has a learning disability or other support needs, these should be reviewed to ensure they have access to information, advice, assessment and support. The perpetrator also has a right to independent advocacy and this should be supported.

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

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

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

- NICE Guideline: Harmful sexual behaviour among children and young people[32]
- Stop It Now! Scotland: national child protection charity which provides support services to individuals and their families with problematic sexual thoughts and those who may be at risk of sexual offending.[33]

Find out what services are in your local area such as The Halt Project in Glasgow, which works with children and young people aged 5 to 18 who have displayed harmful sexual behaviour. The Halt Project can be contacted on 0141 276 1440.

Support for staff

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

Sometimes it may lead to 'compassion fatigue', also known as 'secondary traumatic stress'. This has been defined as 'a state of exhaustion and dysfunction, biologically, physiologically, and emotionally, as a result of prolonged exposure to compassion stress'. It may manifest itself in similar symptoms to those experiencing post-traumatic stress disorder, for example in hypervigilance, inability to listen, avoidance of clients, anger and cynicism, sleeplessness, fear, chronic exhaustion, physical ailments and guilt.

It is normal to experience this. In these situations, it is important to be able to acknowledge how you feel, use your self-care skills to lessen its impact and seek support or guidance from a supervisor or colleague if needed. Managers should be sensitive to the potential for staff to experience this.

Given the prevalence of abuse, this may directly affect you or a colleague. If you are experiencing abuse, it is important to recognise how this may be affecting you.

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

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

You can find a list of resources for support and information on page 49.

Appendix 1:

Common Knowledge and Central Sexual Health – Relationships and sexual health routine enquiry form

You can use this form with people to check if they would like to talk about relationship and sexual health topics with you.

Sexual Health and Relationships Routine Enquiry

What would you like to talk about?

✓ Tick any box

Boyfriends and girlfriends

Yes ☐ No ☐

My body and sexual health

Yes ☐ No ☐

Sex and relationships

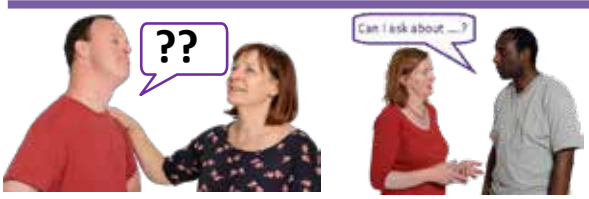
Yes ☐ No ☐

Pregnancy + Parenthood

Yes ☐ No ☐

Abuse

Yes ☐ No ☐



Is there anything else you want to talk about today?

Yes ☐ No ☐

CKUK COMMON KNOWLEDGE

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Appendix 2:

Legislation

Adult Support and Protection (Scotland) Act 2007

The Adult Support and Protection (Scotland) Act 2007 seeks to protect and benefit adults at risk of being harmed. The act requires councils and a range of public bodies to work together to support and protect adults who are unable to safeguard themselves, their property and their rights.

It places a duty on local councils to make enquiries into the circumstances of adults at risk and to act with partners to protect them. It also places a statutory duty on other bodies, including the NHS, police and other bodies named within Section 5 of the act, to refer any adult who may be at risk of harm and to cooperate with council inquiries, in line with local policies and procedures.

www.legislation.gov.uk/asp/2007/10/contents

Adults with Incapacity (Scotland) Act 2000

The Adults with Incapacity (Scotland) Act 2000 creates provisions for protecting the welfare of adults who are unable to make decisions for themselves because of a mental disorder or an inability to communicate. It provides the means to protect those with incapacity, through financial and welfare guardianship.

Local authorities and people with an interest in the adult (normally a family member) can apply for guardianship if someone is deemed no longer able to act or make decisions to protect or manage their finances, property, or welfare.

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

www.legislation.gov.uk/asp/2000/4/contents

Criminal Justice (Scotland) Act 2016

Section 42.1 of the act places a statutory requirement on the provision of an appropriate adult to facilitate communication during police interviews and procedures where the person (aged 16 years and over) being interviewed may have difficulty with communication and understanding. Local authorities have a duty to provide appropriate adult services when requested by the police. The role of an appropriate adult is to assist a vulnerable person, whether victim, witness or suspect/accused, to understand what is going on and to support communication between the vulnerable person and the police.

www.legislation.gov.uk/asp/2016/1/contents/enacted

Mental Health (Care and Treatment) (Scotland) Act 2003

Local councils have a duty to provide care and support services for people with mental illness, learning disabilities or personality disorders. The act ensures deprivations of liberty are only used when there is a significant risk to the safety and welfare of the person or others. The act gives people (who do not need to be in hospital or under any mental health act) the right to independent advocacy.

Independent advocates support people to gain access to information and explore and understand their options. They speak on behalf of people who are unable to speak for themselves, or choose not to do so. They safeguard people who are vulnerable or discriminated against or who services find difficult to support.[34]

A 2019 review recommended removing learning disability and autism from the act and creating a new law on support for people with learning disability and autistic people. See **www.irmha.scot** for updates.

www.legislation.gov.uk/asp/2003/13/contents

National Health Service and Community Care Act 1990

Adults aged 18 or over who are eligible and require the services of local authorities have a right to a full assessment of their needs, to be fully involved in that assessment and for services provided to be tailored to meet their individual needs where reasonably practicable.

www.legislation.gov.uk/ukpga/1990/19/contents

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

This act makes legislative provisions relating to the arranging of care and support, community care services and children's services to give people choices as to how they are provided with support.

www.legislation.gov.uk/asp/2013/1/contents

Social Work (Scotland) Act 1968

Local councils have a duty under this act to assess a person's community care needs and decide whether to arrange any services. Any assistance should be based on an assessment of the person's care needs and should take account of their preferences.

www.legislation.gov.uk/ukpga/1968/49/contents

Appendix 3:

Decision-making framework for referring to adult protection services

Making an adult protection referral is based on your professional judgement. If you do not have guidance in your organisation, you might find the factors in the form below helpful for considering whether you should make a referral. The form could also be a useful recording tool for showing how you came to your decision to refer or not. It is not a form for discussion with the service user but is to help you to consider the issues when you have a concern.

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

The person(s) Environment – the worker and the service	
Are there themes and trends – is this a recurring pattern for the worker and/or the service?	
Is there suspicion or evidence of negligence, incompetence or recklessness?	
Is there suspicion or evidence of lack of integrity or malicious intent?	
Is there an allegation of misconduct by a member of staff to a 'vulnerable adult'? If so, refer to social work services.	
Could this be a criminal offence? If so, refer to police and social work services.	
Outcome of decision	
Decisions to refer/not refer through adult protection procedures and reasons.	
What other processes/systems are being used to address the problem? Do they adequately address the incident or would something be missed?	

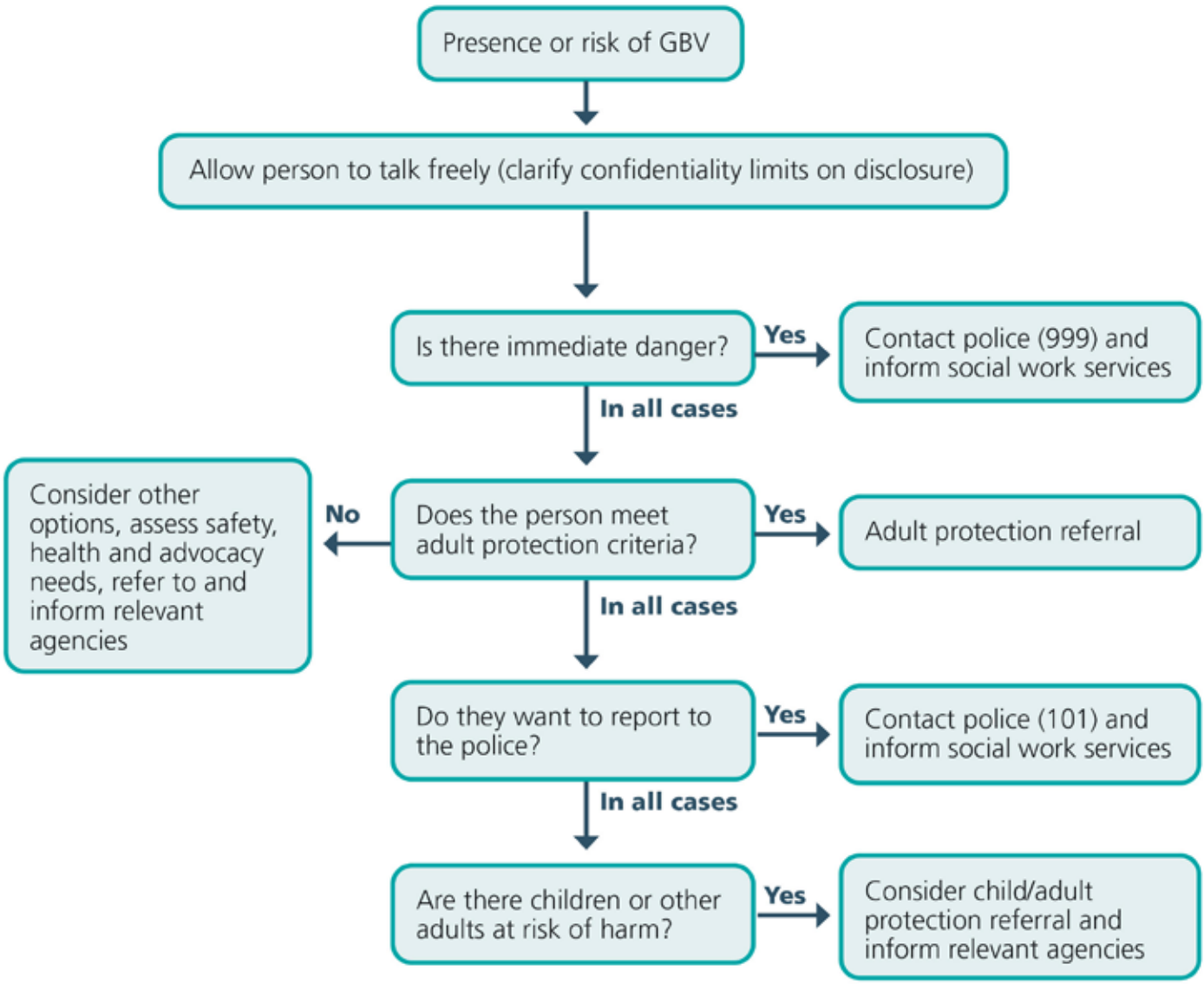
The above framework has been based on the decision-making framework available in Southern Health NHS Foundation Trust: Guidance for staff on the application of the Multi Agency Safeguarding Adults Policy.[35]

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

Appendix 4:

Example referral procedure for adult support and protection[36]

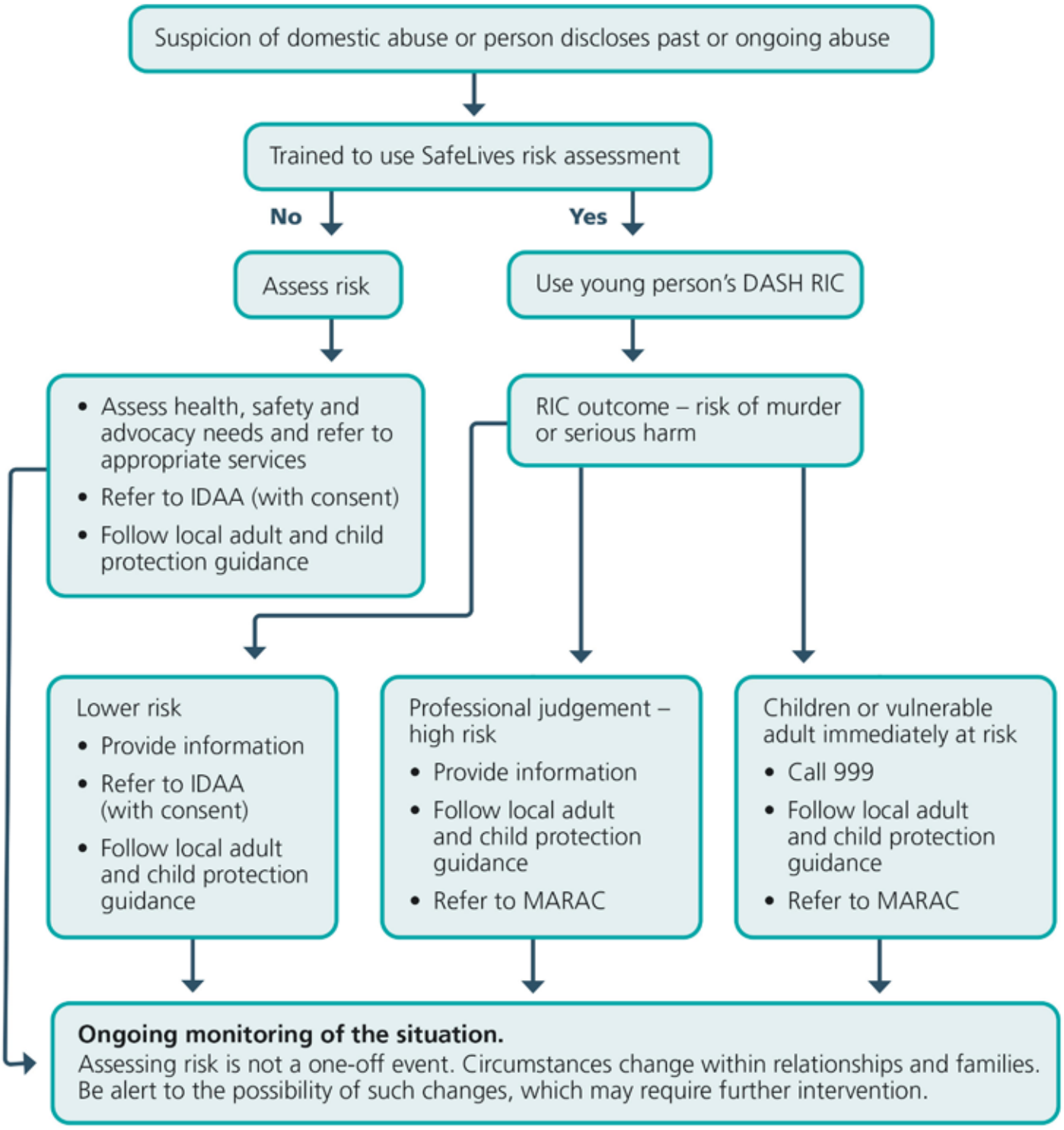
This flowchart outlines situations when you should consider adult and child protection referrals where gender-based violence has occurred. Always refer to your local adult support and protection guidance.



If GBV has, or you suspect has, been experienced, encourage and support the person to report it to police. Otherwise follow your local adult protection guidance. If contacting police, advise them it concerns an adult who might be at risk in terms of the Adult Support and Protection (Scotland) Act 2007 and inform them if the adult has consented to the report being made.

Appendix 5:

Example domestic abuse referral pathway

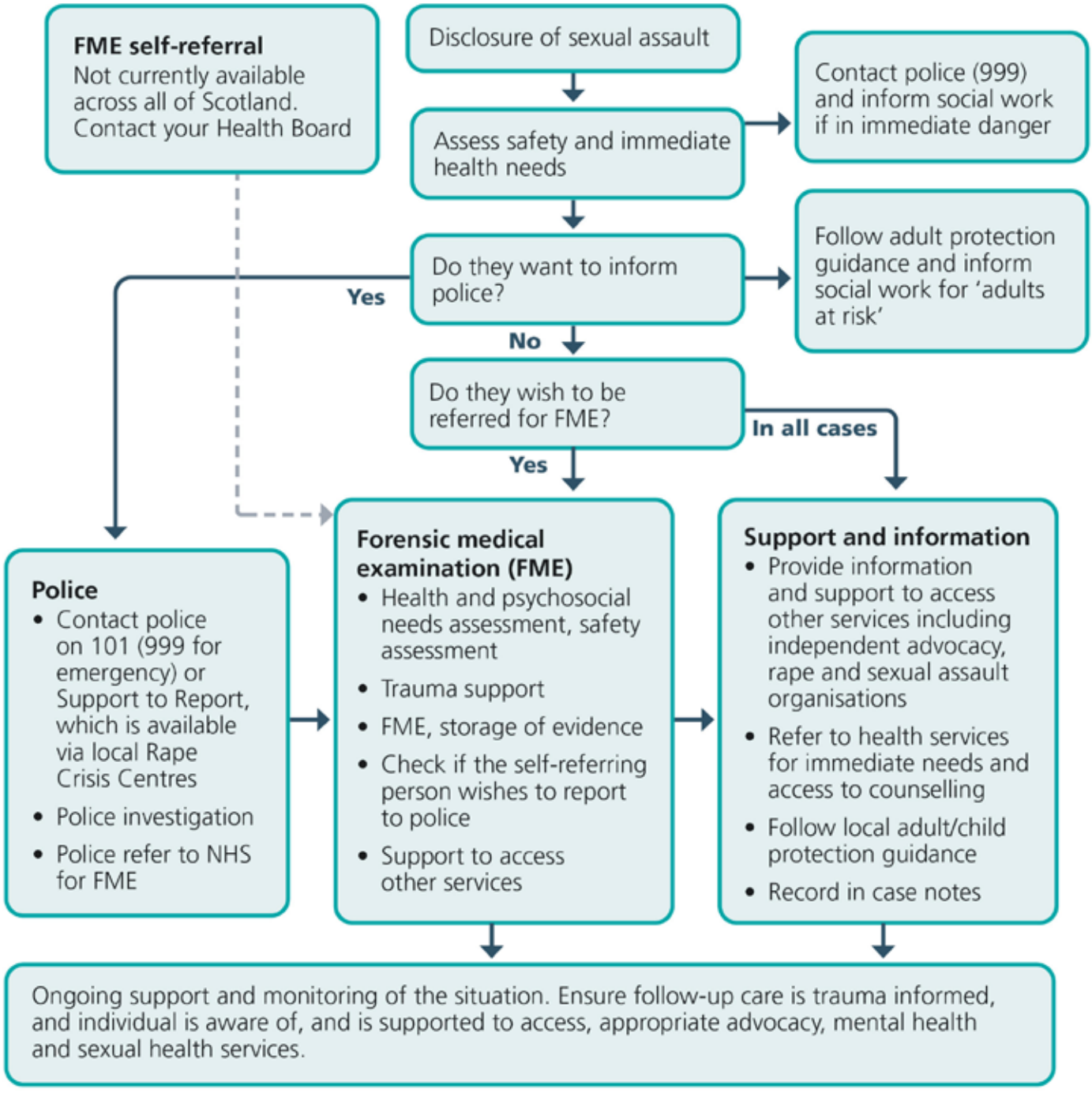


Further information on risk assessment and responding to domestic abuse can be found at **www.healthscotland.scot/publications/gender-based-violence-domestic-abuse-what-health-workers-need-to-know**

Appendix 6:

Example rape and sexual assault referral pathway – Recent sexual assault (within seven days)

Forensic medical evidence can be gathered up to seven days after an assault has occurred. A forensic medical examination (FME) allows individuals to have evidence captured for use now or if they wish to report to the police at a later date.

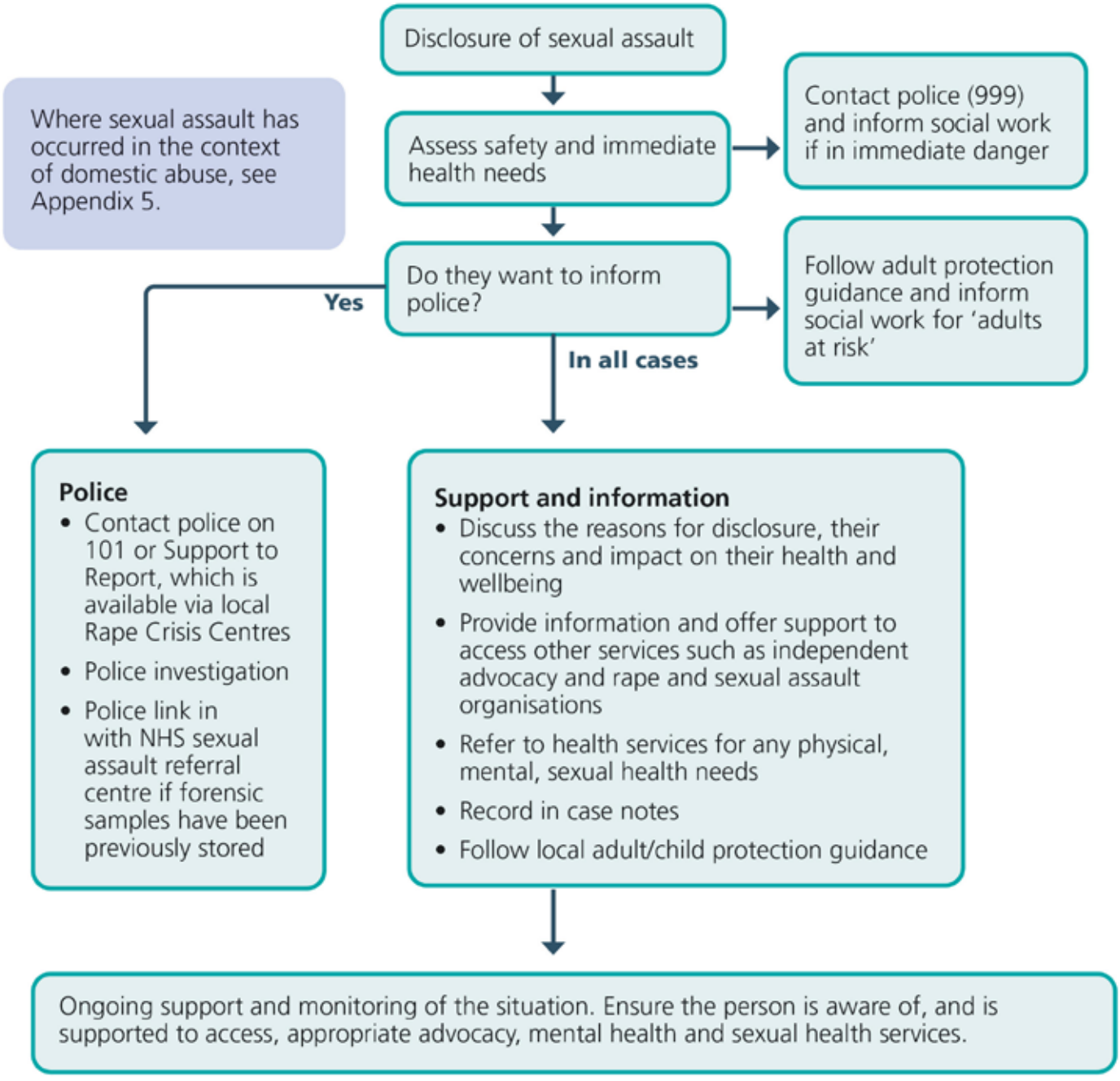


Further information can be found at **www.healthscotland.scot/publications/gender-based-violence-rape-and-sexual-assault-what-health-workers-need-to-know**

Appendix 7:

Example rape and sexual assault referral pathway – Non-recent sexual assault (beyond seven days)

A disclosure of sexual victimisation may come months or years after the abuse has occurred. There may not be issues about immediate danger, but about unresolved physical and emotional trauma.



Resources

For support

Scottish Independent Advocacy Alliance

Provides information on independent advocacy across Scotland including the ability to search for support organisations in your area.

Tel: **0131 510 9410**

Email: **enquiry@siaa.org.uk**

www.siaa.org.uk

Scotland's Domestic Abuse and Forced Marriage Helpline Scotland

Help and support for male and female victims of domestic abuse and forced marriage.

Helpline: **0800 027 1234** (24 hours)

Email: **helpline@sdafmh.org.uk**

http://sdafmh.org.uk

Scottish Women's Rights Centre

Free legal advice and information service available for women aged 16 and over who have been affected by violence.

Helpline: **08088 010 789** (Legal information: Mon 2 pm–5 pm, Tue 6 pm–8 pm, Wed 11 am–2 pm, Fri 10 am–1 pm; Advocacy support: Tue 11 am–2 pm; Sexual harassment: Thu 5 pm–8 pm)

Book an appointment in Glasgow on **0141 552 3201.**

www.scottishwomensrightscentre.org.uk

Scottish Rape Crisis helpline

For victims of rape and sexual assault.

Helpline: **08088 01 03 02** (6 pm–midnight daily)

Email: **support@rapecrisisscotland.org.uk**

General enquiries: **0141 331 4180** (Mon–Fri, 9 am–4 pm)

Email: **info@rapecrisisscotland.org.uk**

www.rapecrisisscotland.org.uk

Scottish Women's Aid

Information and training on domestic abuse and main contact for the network of local Women's Aid groups.

General enquiries: **0131 226 6606**

Email: **info@womensaid.scot**

https://womensaid.scot

Shakti Women's Aid

Support for black minority ethnic (BME) women, children and young people who are experiencing, or who have experienced, domestic abuse.

Telephone: **0131 475 2399**

Email: **info@shaktiedinburgh.co.uk**

https://shaktiedinburgh.co.uk

Hemat Gryffe Women's Aid

Support for women, children and young people from the minority ethnic community who are experiencing domestic abuse, forced marriage and honour-based violence.

Telephone: **0141 353 0859**

Email: **womensaid@hematgryffe.org.uk**

www.hematgryffe.org.uk

Respect

Promotes, supports and develops effective interventions with perpetrators of domestic abuse across the UK. Frontline staff and perpetrators can contact the helpline for information, advice and support.

Enquiries: **0808 802 4040** (Mon–Fri, 9 am–5 pm)

http://respect.uk.net

Stop It Now! Scotland

National child protection charity aiming to raise awareness of and prevent child sexual abuse. Provides support to people with problematic sexual thoughts and those who may be at risk of sexual offending.

UK helpline: **0808 1000 900** (Mon–Thu, 9 am–9 pm; Fri, 9 am–5 pm)

Edinburgh office: **0131 556 3535**

www.stopitnow.org.uk/stop-it-now-scotland/

FearFree

FearFree works with survivors of domestic abuse over 16 years old who are men or part of the LGBT+ community. It covers Aberdeen, Aberdeenshire, East Lothian, Edinburgh, Glasgow, Midlothian and West Lothian. Anyone can make a referral online or call for information.

Telephone: **0131 624 7270**

Email: **fearfreeinfo@sacro.org.uk**

https://fearfree.scot

LGBT Helpline Scotland

A national helpline providing information and emotional support to LGBT people, their families, friends and supporters. Provides support to LGBT people who have experienced domestic abuse.

Helpline: **0300 123 2523** (Tue–Wed, 12 pm–9 pm)

www.lgbt-helpline-scotland.org.uk

Say Women

Provides accommodation and support services for young women who have experienced child sexual abuse, rape and other forms of gender-based violence. It also provides training to other agencies who come into contact with survivors.

Telephone: **0141 552 5803**

Email: **enquiries@say-women.co.uk**

www.say-women.co.uk

Women's Support Project

Information, training and support on violence against women, including a directory of local support services.

Telephone: **0141 418 0748**

Email: **enquiries@womenssupportproject.org.uk**

www.womenssupportproject.co.uk

Trafficking Awareness Raising Alliance (TARA)

Support for women who have been trafficked for the purposes of commercial sexual exploitation.

Telephone: **0141 276 7724**

Email: **CommsafetyTARA@glasgow.gov.uk** (during office hours only)

www.tarascotland.org.uk

Men's Advice Line

0808 801 0327 (Mon–Fri, 9 am–4 pm)

Email: **info@mensadviceline.org.uk**

https://mensadviceline.org.uk

For information

Respond

National, England-based charity that supports people with learning disabilities, autism or both, who have experienced abuse, violence or trauma, as well as those who have abused others.

Telephone: **0207 383 0700**

Email: **admin@respond.org.uk**

https://respond.org.uk

Galop: the LGBT+ anti-violence charity

London-based national service which offers advice, support and referral services to LGBT+ people experiencing homophobic, transphobic and same-sex domestic abuse.

Helpline: **0800 999 5428** (Mon, Tue, Fri, 10 am–5 pm; Wed, Thu, 10 am–8 pm; trans-specific service Fri, 1 pm–5 pm)

Email: **help@galop.org.uk**

www.galop.org.uk

LGBT Domestic Abuse Scotland

Provides information, training and support for professionals. Works across Scotland to raise awareness of LGBT people's experiences of domestic abuse and improve service responses to LGBT people who experience domestic abuse and other forms of gender-based violence.

https://lgbtdomesticabuse.org.uk

Talking Mats

Provides training and resources to support communication with people with communication difficulties.

Telephone: **01786 479511**

www.talkingmats.com

Local information and notes

These pages are for you to record any local information or services for your area, for example women's support services, rape crisis services, ASSIST services, learning disability services, independent advocacy services, adult protection, child protection, MARAC coordinator, and police contact units for adult/child protection, for domestic abuse, and/or for sexual offences.

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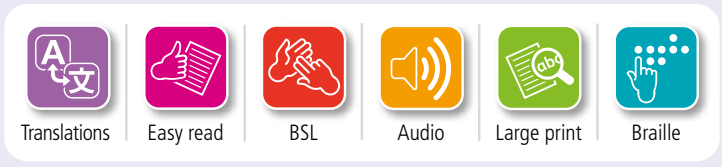

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