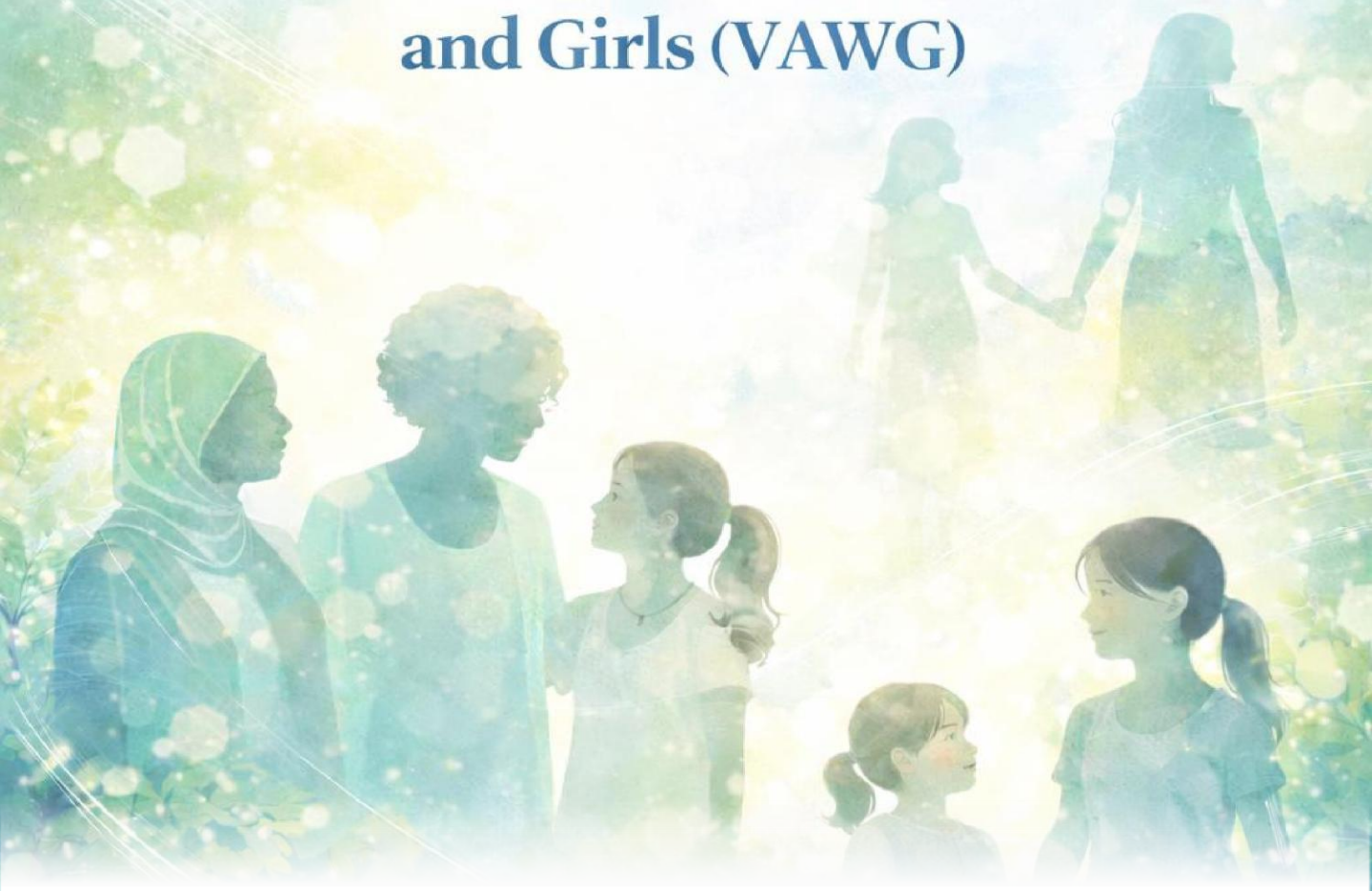
Forth Valley

Practitioner Guidance on

Gender Based Violence (GBV)

and

Violence Against Women and Girls (VAWG)



STIRLING Child Protection Committee

Falkirk Gender Based Violence Partnership

Falkirk Child Protection Committee

Child Protection Committee • Clackmannanshire

This guidance has been written in collaboration with partnerships, services and survivors across Forth Valley.

Whilst not exhaustive, it offers a starting place for practitioners to understand how to respond to forms of Violence Against Women and Girls, Gender Based Violence, and where this overlaps with other areas of public protection.

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STIRLING Child Protection Committee

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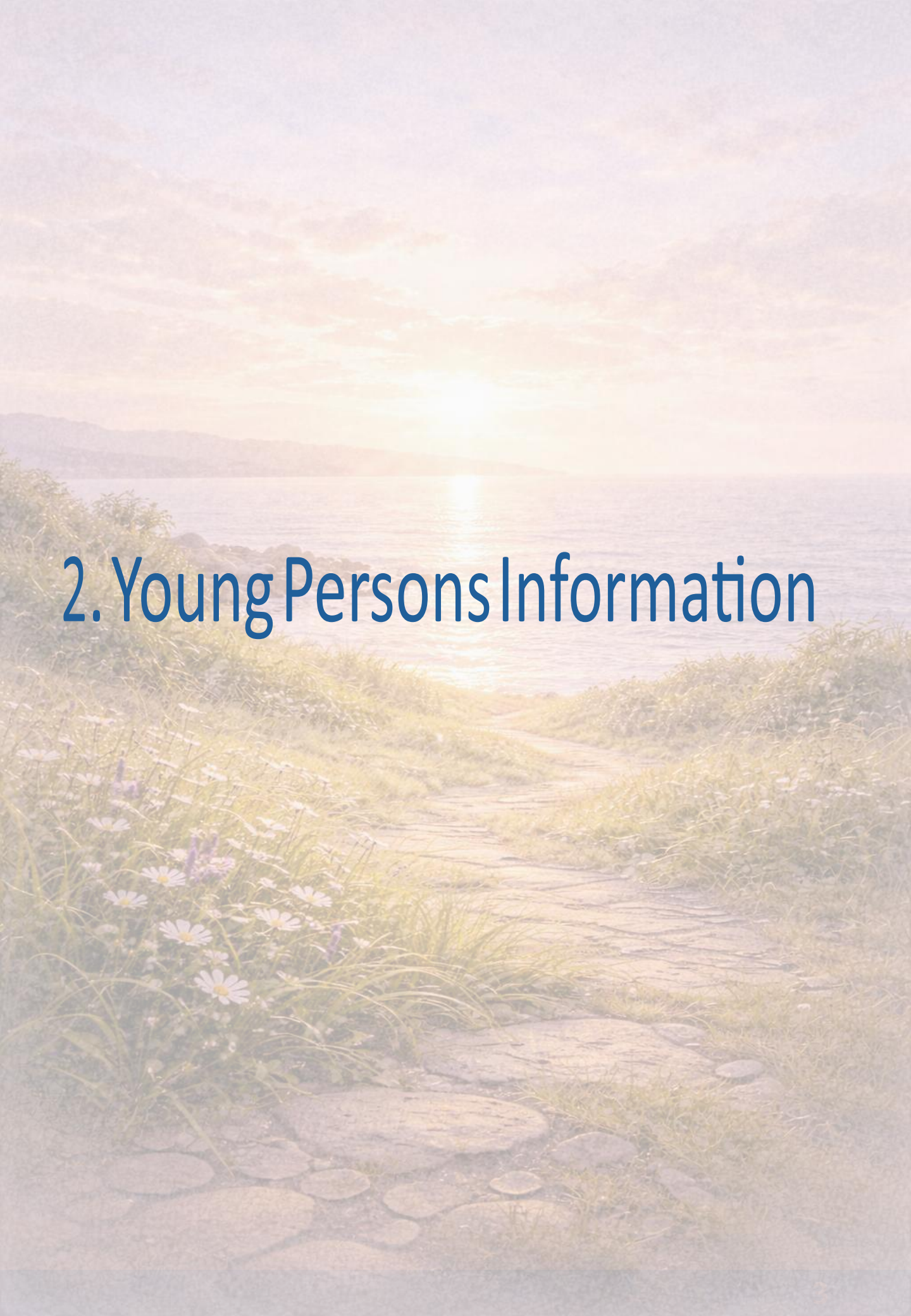
1. Contents

This document is broken down by types of harm experienced to try to make this easy to navigate. **People do experience multiple types of harm, and you may need to utilise more than one section to respond to harm.**

Contents



2. Young Persons Information

Young Persons Information

This guidance is for adults who work with children, young people and families. This includes people like teachers, social workers, nurses, police officers, and people who work in charities and community organisations.

It helps them to understand what gender based violence is, and how to keep people safe when someone is being hurt.

What Gender Based Violence (GBV) means

GBV is when someone is hurt, controlled or treated unfairly because of their gender. It can include things like:

- Hitting, shouting or threatening someone
- Lifting up someone's skirt, or other forms of sexual bullying
- Controlling who someone sees or what they do
- Touching someone when they don't want this
- Forcing someone to get married
- Sharing private pictures without permission
- Making someone feel scared, ashamed or trapped

What the guidance does

It explains to the adults working with children, young people and families about the kinds of harm that happen to people.

It also tries to help the workers to understand what they need to do when they are worried about someone being hurt, and what they need to do to help that person be safe.

It also reminds adults that every child and young person has the right to be safe**.** Adults must work together to help and protect You. To listen, care, and make sure that we do our best for the people we work with

If you need help understanding this document, you can ask an adult you know, or you have the right to an advocacy worker to explain it.

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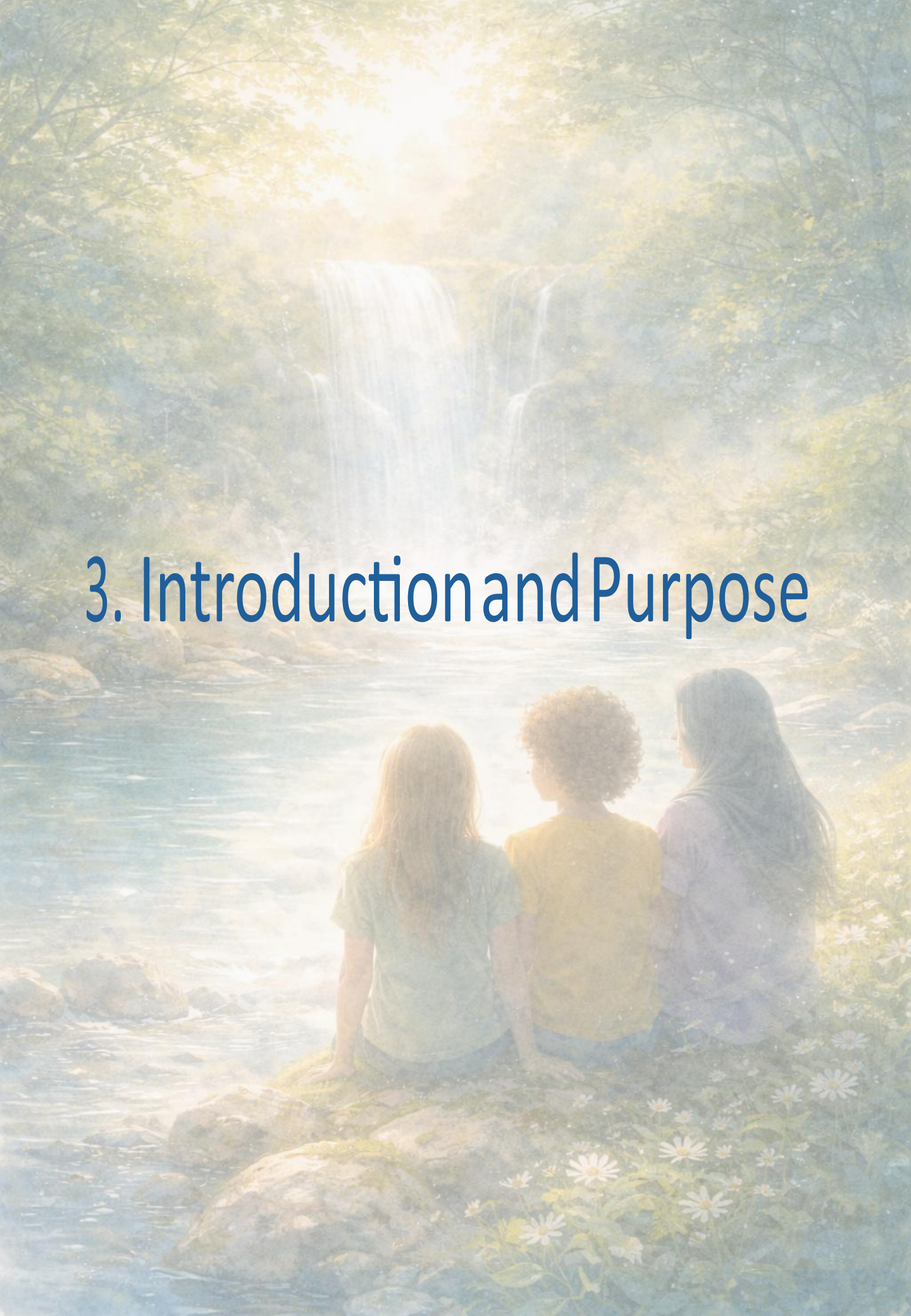


3. Introduction and Purpose

Why This Guidance Exists

This guidance has been developed to support practitioners across Forth Valley to respond safely, consistently and trauma-informed to all forms of gender-based violence. It recognises the role of every practitioner in identifying and responding to concerns, no matter their setting or professional background.

This guidance is designed to complement existing organisational and statutory safeguarding procedures. Practitioners must continue to follow their service's policies, protocols, and reporting routes. The guidance aims to:

- Provide a shared understanding of gender based violence and its impacts.
- Promote a trauma-informed, human rights-based approach to response.
- Support safe, consistent practice across all agencies in Forth Valley.

Practitioners are not expected to have all the answers or resolve every issue, but your response can make a powerful difference. A sensitive, informed conversation can be validating and life-changing.

What is Gender Based Violence?

Gender Based Violence (GBV) describes a wide range of harmful behaviours that harm health and can cause risk to life. It includes physical, sexual, emotional, financial and psychological harm. Anyone, regardless of gender, age, or background, can be affected, and women and girls are most often affected.

Forms of GBV and Violence Against Women and Girls (VAWG) include:

Rape and sexual assault Domestic abuse
Childhood sexual abuse
Child exploitation
Human trafficking
Sexual harassment and stalking
Commercial sexual exploitation (including prostitution)
Pornography (when harmful or non-consensual) Harmful traditional practices such as:
Female Genital Mutilation (FGM)
Forced marriage
“Honour”-based abuse or killings
Dowry-related violence

GBV can impact individuals from pre-birth through every stage of life. These experiences are often hidden, misunderstood or minimised, and they rarely happen in isolation.

Many people experience more than one form of gender-based violence or overlapping inequalities such as racism, disability, poverty, or immigration status. Recognising how these factors interact (often described as intersectionality) helps ensure responses are inclusive, safe and effective for everyone.

How to Use This Toolkit

This toolkit is designed to support you, because your response matters. You don't have to do everything, but you can do something - and that something can change lives.

The guidance will continue to evolve through practitioner experience. Services are encouraged to share feedback on how it's used in practice, what works well, what could be improved, and what further support might help. This helps ensure the toolkit remains relevant and effective across Forth Valley.

Supporting people affected by trauma or abuse can also affect practitioners. If a disclosure or situation feels distressing or overwhelming, speak with your line manager or safeguarding lead for supervision and support. Looking after yourself enables you to support others safely.

This guidance aligns with the Gender-Based Violence Partnerships in Falkirk, Stirling, and Clackmannanshire, and supports delivery of the Equally Safe Strategy at a local level.

Local Safeguarding Procedures

This guidance should be read alongside:

- National Guidance for Child Protection in Scotland (2021, updated 2023)
- Adult Support and Protection (Scotland) Act 2007 and associated Code of Practice

Always follow your organisation's safeguarding and child protection procedures, and consult your line manager, Designated Safeguarding Lead, or Child Protection Co-ordinator if unsure.

Local procedures are detailed in the Appendices:

- **Forth Valley Adult Support and Protection (ASP) Procedures**
- **Forth Valley Child Protection Procedures**

4. Human Rights and Trauma - Informed Based Approaches

Human Rights and Trauma-Informed Approaches

A human rights-based approach recognises that GBV often involves the violation of a person's fundamental rights - including the right to life, liberty, security, and freedom from inhuman or degrading treatment.

A trauma-informed approach acknowledges the lasting impact of trauma and seeks to create environments that promote safety, trust, and empowerment.

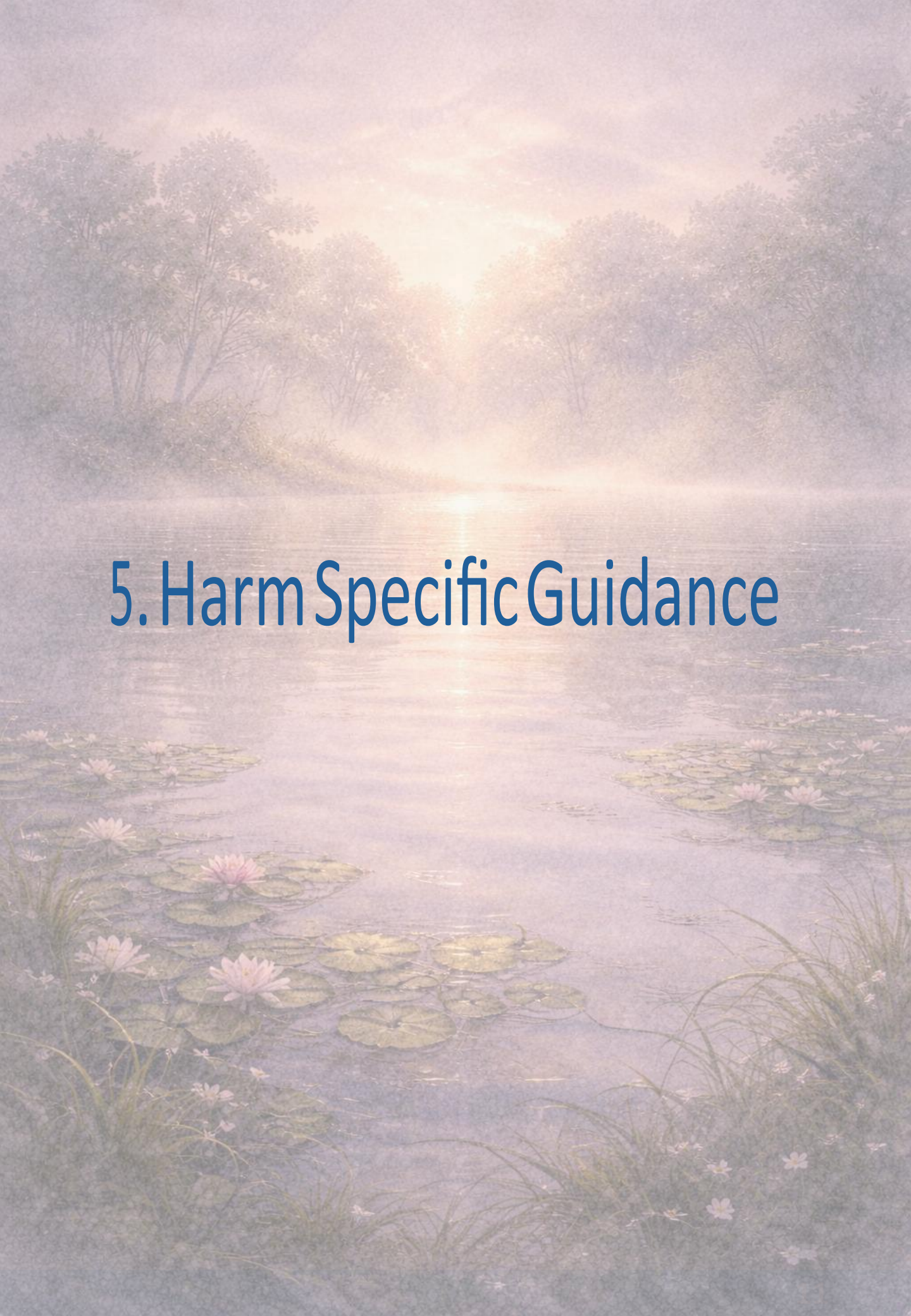
A trauma-informed and human rights-based approach work together - trauma-informed practice focuses on how trauma affects people, while a human rights approach ensures responses protect rights and dignity, and recognises that trauma is often caused when human rights are violated.

> **Every practitioner response should reflect equality, diversity, and inclusion principles. Services should recognise and address barriers faced by people due to gender, race, disability, age, sexuality, or other aspects of identity, ensuring support is accessible and inclusive for all.**

Understanding Trauma

Trauma refers to experiences that can overwhelm a person's ability to cope. People respond differently - some may appear to function well while still being affected by trauma.

A trauma-informed approach means recognising that trauma can affect anyone and may influence how a person presents, communicates, and engages with support. Responding with sensitivity, patience, and transparency can help reduce re-traumatisation and support recovery.



5. Harm Specific Guidance

5.1 Domestic Abuse

What It Is

Domestic abuse is a pattern of behaviour used by a partner or ex-partner to control, harm, or frighten another person. It can be emotional, physical, sexual, financial, or psychological and often involves coercive control, a persistent pattern of intimidation, isolation, and manipulation. Abuse may continue or escalate after the relationship ends.

In Scotland, the Domestic Abuse (Scotland) Act 2018 recognises coercive control and emotional abuse as criminal offences. Children are recognised not only as witnesses to domestic abuse but also as victims.

Forms of Domestic Abuse may include:

- Physical harm (e.g. hitting, choking, pushing)
- Sexual abuse (e.g. coercion, rape, reproductive control)
- Emotional or verbal abuse (e.g. gaslighting, threats, humiliation)
- Financial control (e.g. restricting access to money, taking out debt in their name)
- Coercive control (e.g. isolating from support, restricting freedom)
- Technology-facilitated abuse (e.g. GPS tracking, controlling social media or online accounts)

Things to look out for

- Partner always present or answering on behalf of the person
- Fearful, anxious, withdrawn, or changes in behaviour
- May appear protective or defensive over partner or parent
- Missed appointments, unexplained or frequent injuries
- Minimising or denying the abuse
- Disclosure or signs of strangulation - this is a high-risk indicator. Seek urgent medical assessment and refer to Appendix I: Strangulation
- Changes in behaviour, school attendance, or emotional wellbeing
- Children may demonstrate behaviour they have witnessed such as calling a parent names

Safeguarding Actions

- Never discuss concerns or safeguarding actions in front of the suspected abuser
- If possible, create opportunity to see the person needing safeguarded alone
- Complete or review a Safety Plan with the person - see Appendix E: Adult Safety Plan
- Follow Child Protection or Adult Support and Protection (ASP) procedures if risk is present (see Appendix F and J)
- For adults, offer the option of reporting this to police; respect the decision

Next Steps for Practitioners

Respond using a trauma-informed and human rights-based approach - see Appendix B for full guidance.

- Create a safe, calm, and private space for conversation

Ask sensitively: *"Are you feeling safe at home?"* •

Listen without judgement and validate their experience

Say: *"This is not your fault. I believe you."*

- Record disclosures in the person's own words and observations in factual detail (see Appendix D: Responding and Recording)
- Recognise that they will have ways of trying to manage or reduce the risk caused by the perpetrator's behaviour; ask what support they need
- Avoid pressuring them to take specific actions (e.g. leaving the relationship) - let them lead

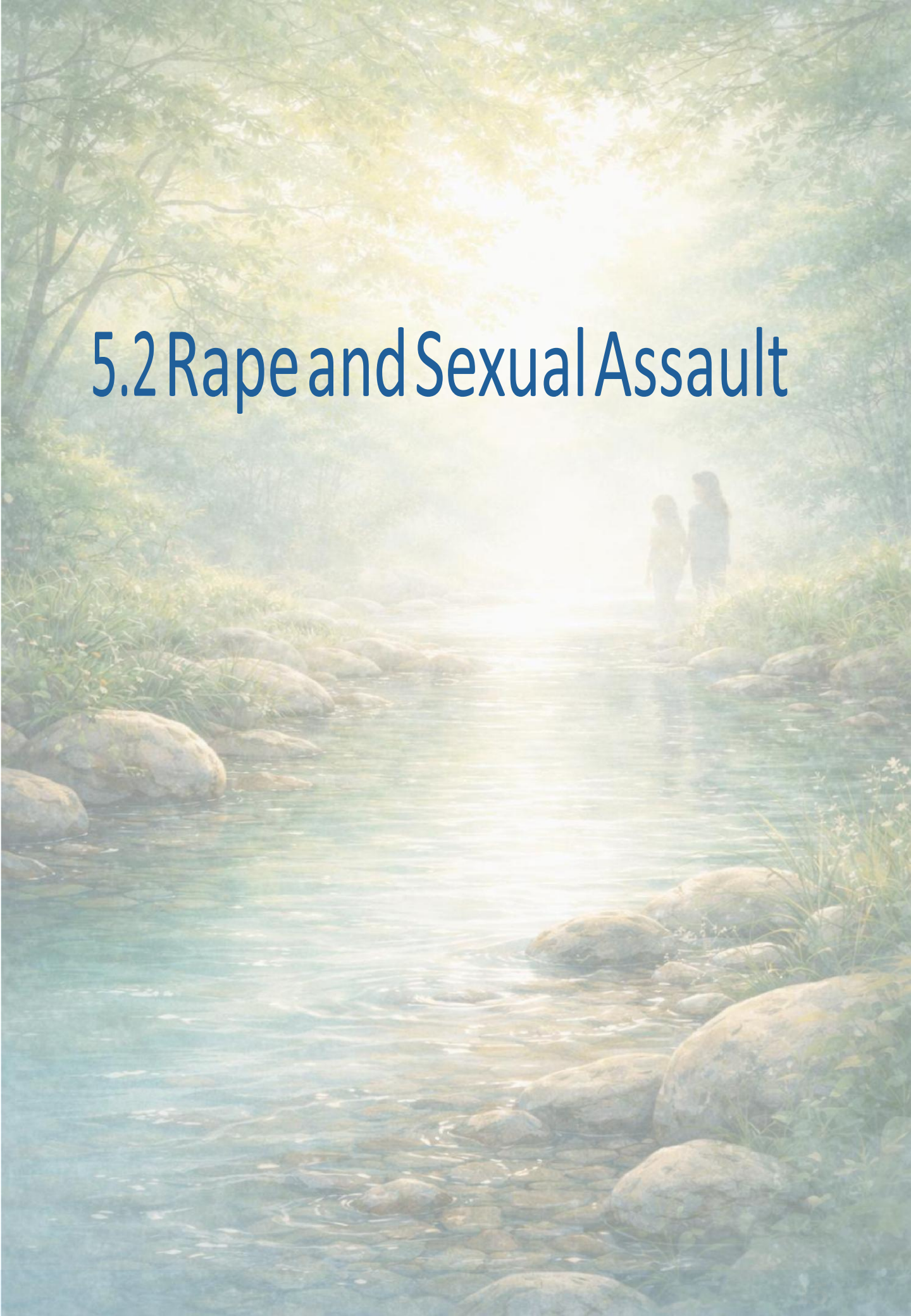
Use the DASH-RIC tool to assess risk (see Appendix C: MARAC)
Refer to MARAC if high risk of serious harm or homicide is identified

Support and Referrals

- Coordinate support with key agencies (e.g. Police, Health, Social Work, Specialist Services)
- Identify when you or another worker will see them, and agree what will happen if you cannot reach them (eg, phone call with code word to indicate safety or risk)
- Review and update the safety plan regularly, particularly when circumstances change
- Offer referral options (Appendix K: Support Pathways and Referrals)
- Offer information on advocacy and legal rights where appropriate (e.g. Scottish Women's Rights Centre)

Children and Young People

Recognise that children are victims of domestic abuse in their own right, and this may be in the context of witnessing abuse between caregivers, or within their own relationships.



5.2 Rape and Sexual Assault

What It Is

Rape and sexual assault are serious crimes involving any sexual activity without consent. Survivors may experience a wide range of emotional, physical, and psychological effects. The way practitioners respond can significantly influence a person's recovery and sense of safety.

In Scotland, rape is defined as non-consensual penile penetration of the vagina, anus, or mouth. Sexual assault includes any other form of non-consensual sexual activity such as unwanted touching, coercion, manipulation, or degrading sexual behaviour. Forms of Sexual Violence include:

- Vaginal, anal, or oral rape
- Sexual assault (e.g. unwanted touching, groping)
- Coerced or manipulated sexual acts
- Degrading or humiliating sexual behaviour
- Sexual violence within intimate or familial relationships

Under the Sexual Offences (Scotland) Act 2009, consent must be free, informed, and ongoing, and can be withdrawn at any time.

A person cannot consent if they are:

- Asleep or unconscious
- significant impairment through use of alcohol and drugs
- Threatened, intimidated, or coerced
- Under 16 (if the other person is over 16), or under 13
- May be unable to give informed consent where their understanding is significantly affected by a learning disability

> Sexual violence can occur within relationships, families, or between acquaintances and strangers, and affects people of all genders, ages, and backgrounds. Many survivors do not disclose immediately, disclosure may come weeks, months, or even years later.

Things to Look Out For

- Direct or indirect disclosure of unwanted sexual contact
- Avoidance of certain people, situations, or appointments
- Injuries, infections, or unexplained bleeding
- Shame, distress, fear, or emotional withdrawal
- Difficulty discussing relationships or intimacy
- Signs of dissociation, self-harm, or suicidal thoughts

Safeguarding Actions

If there is a risk to a child or vulnerable adult at ongoing risk, share information in line with safeguarding and protection procedures (see Appendix F and J). Call 999 if urgent medical care or police response is needed.

Report concerns to police when;

- An adult discloses details of an abuser, where there is potential risk to children or vulnerable adults
- A child or vulnerable adult is at further risk of harm
- Where the person providing the information wants to report to police Inform the child or adult that you will share information with police, describing what you will tell police. Do not make assumptions or speculate what might happen. **Agree with the person how you will tell them what happens next, and ensure you follow this through even if there is no update** (e.g. I will call you by 5pm today).

- Follow MARAC and ASP procedures if serious or sustained risk is identified (see Appendix C and J).

When immediate medical care is required, or where the person wants potential evidence to be captured, contact SARCS (see Appendix H). They offer:

- Medical assessment and treatment
- Forensic evidence collection if within 7 days of an assault (stored securely for future reporting if the person chooses, but **they do not have to report**)
- Emotional support and advocacy
- Examination for children and adults (multi-agency approach for children)

Certain situations or disclosures may indicate serious or life threatening risk and require immediate action:

- Strangulation or choking - seek urgent medical assessment and refer to Appendix I: Strangulation.
- Multiple perpetrators or group offending.
- Physical injury, bleeding, or loss of consciousness during assault.
- Use of weapons, threats to kill, or confinement.
- Ongoing contact with the suspected perpetrator.

Respond using a trauma-informed and human rights-based approach (see Appendix B).

Next Steps for Practitioners

Immediate steps:

- Ensure the person is safe and not at ongoing risk (see Appendix E: Adult Safety Plan).
- Listen calmly, thank them for telling you, and validate their experience

  "This was not your fault."
- Explain what will happen next, or how you will keep them informed, and what choices they have within this.
- Share information about available supports
- Make clear that police reporting is not required to receive help.
- Coordinate with relevant services (Police, Health, Rape Crisis, Social Work).
- Record factually and accurately using the person's own words (see Appendix D: Responding and Recording).

Inform and support with understanding about the actions you must take, and try to provide choices where you can. **Seek consent only when this is genuine.**

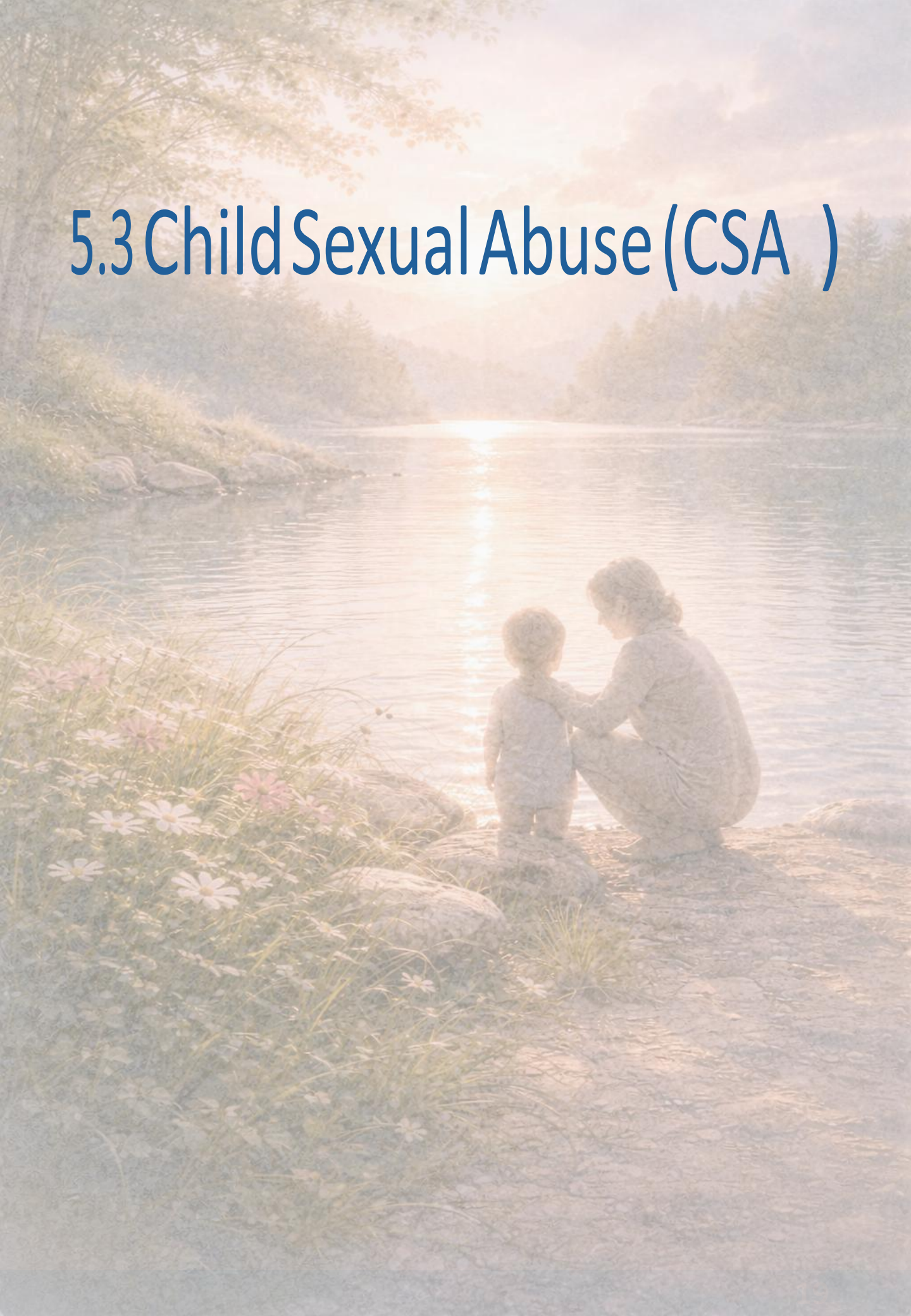
- You **would not** seek consent from a child about reporting sexual assaults with ongoing risk to police, because this is a step you must take. Inform and support.
- **You would** seek consent (for referrals, contacting police) for an adult who is sharing information about a sexual assault that happened at the weekend, where there is no ongoing risk or adult protection need. Respect the decision.

Support and Referrals

- Signpost to Rape Crisis Scotland, SARCS, and local sexual violence services.
- Help the person access advocacy, legal advice, or therapeutic support if they wish
- Encourage follow-up with sexual health services for testing and treatment.
- Review and update safety planning as circumstances change.
- Respect their decisions where possible, including whether or not to report to police.

For further information and contacts, see Appendix K: Support Pathways and Referrals.

5.3 Child Sexual Abuse (CSA)



What It Is

Child Sexual Abuse (CSA) involves forcing or enticing a child or young person to take part in sexual activities. This may include both contact and non-contact abuse, such as involving a child in viewing or producing sexual images, or exposure to sexual behaviour. Abuse is harmful regardless of where it takes place.

In Scotland, any sexual activity from someone over 16 with a person under 16 is illegal under the Sexual Offences (Scotland) Act 2009. Children under 13 cannot give consent to sexual acts.

The National Guidance for Child Protection in Scotland (2021) recognises children up to the age of 18; child protection procedures must be followed for anyone under 18 who is being sexually abused.

Abuse may be carried out by adults or peers and may occur within families, institutions, or online environments. Abusers can be both male and female.

Examples of Abuse

- Sexual touching or penetration
- Exposure to pornography or sexual conversations
- Grooming (online or in person)
- Abuse by family members, trusted adults, or peers
- Exploitation through gifts, manipulation, or emotional control

Things to Look Out For

- Changes in behaviour (all people respond differently to trauma)
- Avoidance of certain people, places, or situations
- Sexualised language or behaviour that seems advanced, inappropriate, or concerning

If you believe a child may be at risk of sexual abuse or exploitation, or is being harmed, follow your service's child protection procedures immediately.

Safeguarding Actions

- **If you are with the child or young person, they are your priority. Lead with understanding and kindness.**
- Do not communicate panic or try to guess what will happen next. Explain to the child what you need to share, who you will share this with, and why you are sharing this. Eg:

"What is happening to you is not okay, and I'm so glad you've been able to tell me. There is nothing you could have done to deserve this, and it's important we make this stop. I am going to speak to a police officer, and tell them what I am worried about. After I speak to them, I will come back and explain what will happen next. Is there anything you would like whilst I go and make this call?"

- Notify your Designated Child Protection Lead or line manager without delay.
- Raise (this may be via your line manager) an Inter-Agency Referral Discussion (IRD) with Social Work, Police and Health (see Appendix F: Inter-Agency Referral Discussions).
- Education Staff: this may involve completing a Notification of Concern, which will trigger information sharing and an IRD where necessary.

- Record facts. This may be words or observations. See Appendix D: Responding and Recording.
- Ensure that information is shared promptly and securely.
- Contribute to multi-agency planning and provide ongoing support where appropriate.

When a child or young person has trusted someone enough to show or tell in some way that they are being harmed, this can cause intense anxiety and fear.
The information is no longer hidden, or in their control.
Responding sensitively and honestly is key.

Support and Referrals

- Refer to your local Child Protection teams (see Appendix A: Local Safeguarding Procedures)
- Refer to Appendix K: Support Pathways and Referrals for ongoing support options
- Offer ongoing emotional support and consistency; **having a safe, trusted adult is key to recovery**
- Use CSA Centre of Expertise information or similar trauma-informed guidance for speaking with children
- Avoid repeated questioning and focusing only on the harm, ensure the child does not have to retell their experience multiple times
- Make sure you complete any actions given to you (through IRD etc)

Disclosures of Non-Recent CSA (Often in Adulthood)

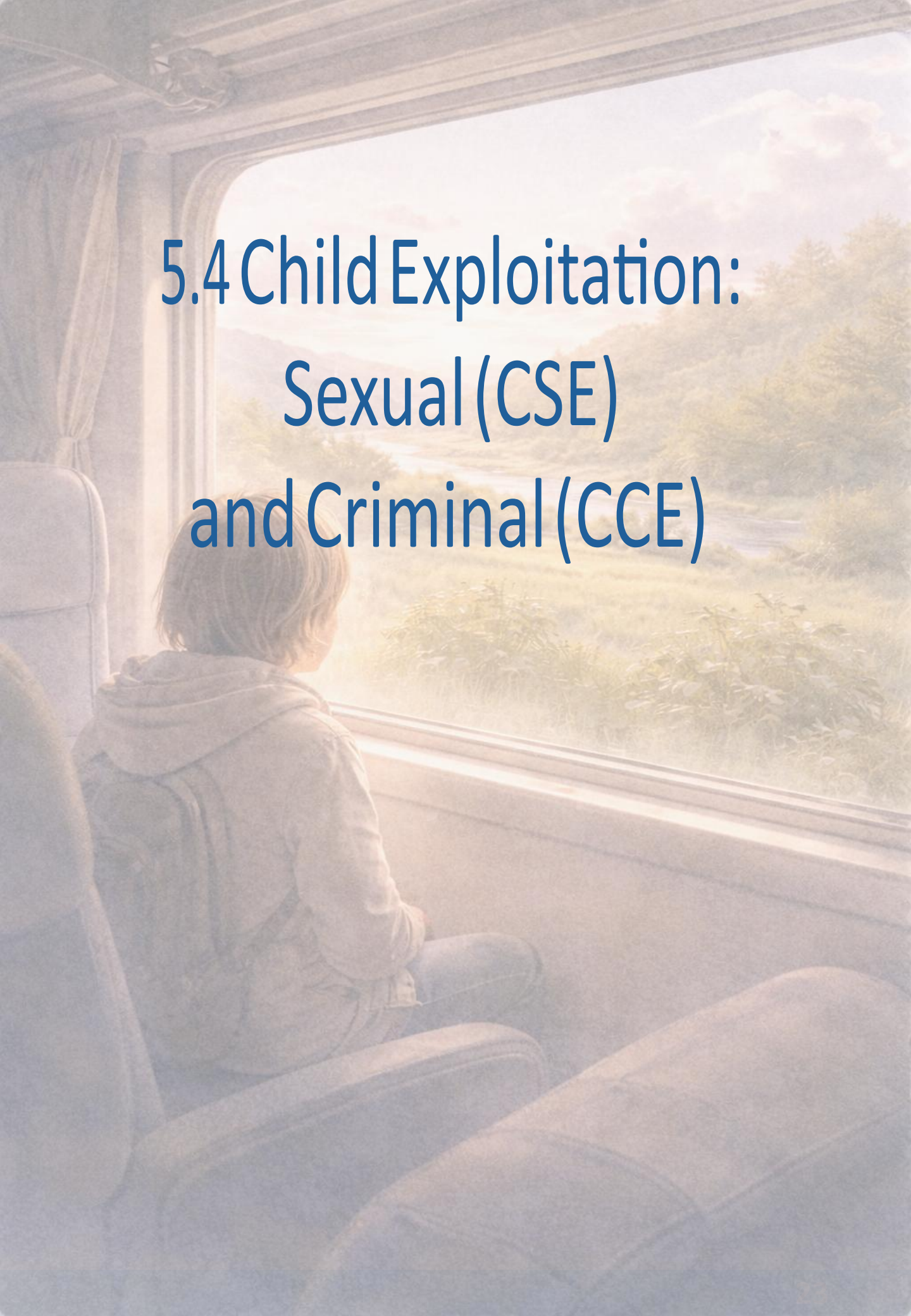
Many people disclose child sexual abuse for the first time as adults, often years or decades after it occurred. Such disclosures should always be taken seriously and handled with care.

Even when the abuse happened in the past, a safeguarding response may still be required. For example, if the alleged perpetrator currently has access to children or vulnerable adults. Always **consider current risk** and follow child protection or adult protection procedures as appropriate (see Appendix J: ASP Procedures and Appendix A: Local Safeguarding Procedures).

Indicators in Adults

- References to harm, confusion, lack of memory or discomfort from childhood
- Trauma symptoms, anxiety, or mental health difficulties
- Shame
- Avoidance of touch or medical care
- Substance use, self-harm, eating difficulties, or other signs of distress • Difficulties with trust or relationships

Respond using a trauma-informed and human rights-based approach (see Appendix B).



5.4 Child Exploitation: Sexual (CSE) and Criminal (CCE)

What It Is

Child exploitation includes both sexual (CSE) and criminal exploitation (CCE). It occurs when an individual or group takes advantage of an imbalance of power to coerce, manipulate, or deceive a child into sexual or criminal activity, often in exchange for something they want or need (e.g. affection, money, gifts, or status). The purpose is always to benefit the abuser.

Perceived consent does not reduce the level of harm or the need for intervention. Abusers manipulate young people often into believing that they can have a better life and be loved; young people may therefore appear like they are making choices and may be protective of abusers. This is a symptom of the harm, and children cannot consent to their own abuse.

The National Guidance for Child Protection in Scotland (2021/2023) requires that **all** concerns about exploitation trigger a child protection response. Exploitation may involves grooming, manipulation, fear, secrecy, and control. Children may not recognise what is happening as abuse and may describe the perpetrator as someone they are in a relationship with, a friend, or someone who helps them.

Things to Look Out For

- Talking about new, older or multiple sexual partners,
- Making new friends, change in peer networks, secretive relationships
- Possession of unexplained gifts, money, clothing, drugs/alcohol or phones
- Going missing
- Changes in mood, appearance, or school attendance
- Involvement in risky or sudden criminal behaviour (e.g. carrying drugs or weapons, organised attacks)
- Language that minimises harm (e.g. “he looks after me”, “I owed them”)
- Fear, shame, or detachment when discussing relationships or experiences
- Continually having to respond to calls/messages, and becoming heightened if they cannot get access to responding
- Leaving school or home

Safeguarding Actions

- Do not delay action to gather more information or confirm details.
- Raise an Inter-Agency Referral Discussion (IRD) immediately (see Appendix F).
  - Police, Social Work, and Health will share information and agree on investigation and safety planning.
- Follow your local child protection procedures (Appendix A).
- Record all concerns factually and promptly (Appendix D).
  - Note observed patterns such as missing episodes, secrecy, or unexplained money/items.
  - These records help build the wider safeguarding picture even without a direct disclosure.
- Contribute to multi-agency chronologies where appropriate.

If there are concerns that a child is being moved, recruited, or controlled for the purpose of exploitation, this may also meet the legal definition of human trafficking, see Section 5.5: Human Trafficking and Appendix G: National Referral Mechanism (NRM).

Associated Concerns

- Child Sexual Abuse (Section 5.3)
- Technology-Facilitated Abuse (Section 5.7)
- Human Trafficking (Section 5.5)
- Missing Persons Procedures
- Strangulation (Appendix I), where physical risk or coercion is a concern

For information on available services and advocacy, see Appendix K: Support Pathways and Referrals. Respond calmly, clearly, and without judgement. **Acknowledge that the child may not see their situation as abuse.**

Use trauma-informed language (see Appendix B) and focus on safety, not blame.

Responding

Helpful approaches:

- "Thank you for telling me - I believe you."
- "You're not in trouble, and this is not your fault."
- "You've done the right thing by speaking to me."
- "I'll do everything I can to help keep you safe."

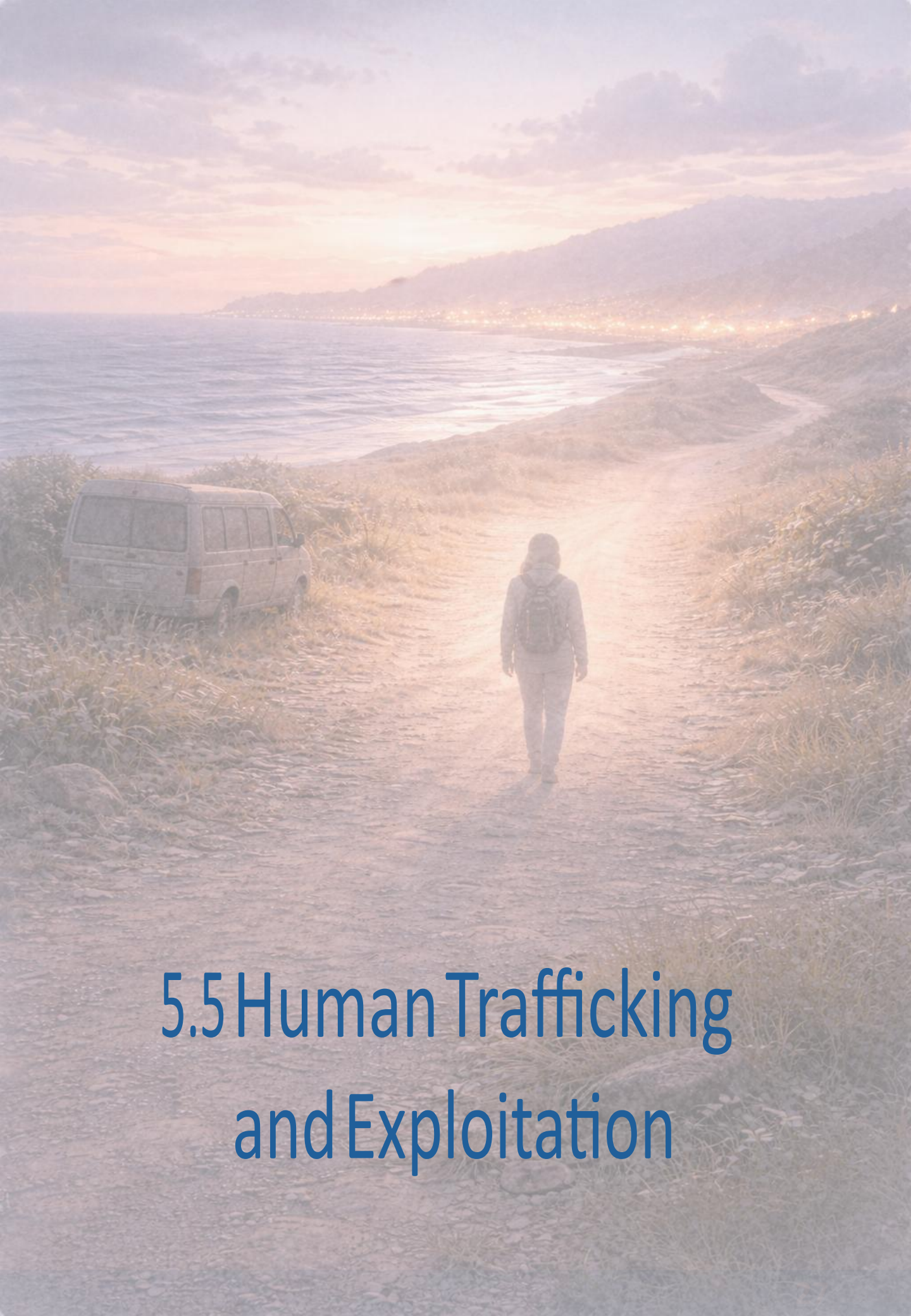
Avoid:

- "Why didn't you say something sooner?"
- "You must have known what you were doing."
- "It probably wasn't that serious."

Be clear about what will happen next, who will be involved, and how the child will be supported (see Appendix A and Appendix F).
For guidance on responding in a trauma-informed and rights-based way, see Appendix B.

Support and Referrals

- Liaise with core child protection partners; Social Work, Police, Health, and Education.
- Refer to specialist services offering trauma-informed support (Appendix K: Support Pathways and Referrals).
- Where safe and appropriate, involve parents or carers in the safety plan (Appendix E: Adult Safety Plan).
    - If parents or carers may contribute to increased risk, seek safeguarding advice before speaking with them.
- Ensure ongoing emotional support; consistency and trust are key to recovery.



5.5 Human Trafficking and Exploitation

What It Is

Human trafficking involves the recruitment, movement, or harbouring of people through coercion, deception, or abuse of power for the purpose of exploitation. This can include:

- Sexual exploitation
- Forced labour or domestic servitude
- Criminal exploitation (e.g. forced drug trafficking or theft)

Trafficking can occur across international borders or entirely within the UK. **Movement is not required to complete the act of trafficking**, recruiting someone with the purpose of exploiting them is trafficking. Where movement is involved, this can be between two locations in the same town or street.

Under the Human Trafficking and Exploitation (Scotland) Act 2015, trafficking and exploitation are criminal offences and recognised as safeguarding concerns. People who are trafficked may not recognise themselves as victims, and may appear fearful, compliant, or protective of those exploiting them.

For guidance on responding safely, see Appendix B: Trauma-Informed and Human Rights-Based Practice and Appendix D: Responding and Recording.

Things to Look Out For

Signs of exploitation or control:

- Sexual or criminal exploitation (see Sections 5.3 and 5.4)
- Being moved frequently between addresses or locations
- Loss of control over money, documents, or daily decisions
- Someone else speaking for them or monitoring their movements
- Fearful, anxious, or withdrawn behaviour; appearing “rehearsed” or restricted
- Working long hours in unsafe or unregulated environments
- Living in overcrowded, poor, or unsuitable conditions
- Involvement in criminal activity that benefits someone else
- Multiple sexual partners

Safeguarding Actions

If the Person is Under 18:

- Follow Child Protection procedures immediately (see Appendix A: Local Safeguarding Procedures).
- Record concerns factually with what you have observed or heard (see Appendix D).
- Contribute to safety planning and ongoing multi-agency support.

> **Trafficking of a child is always a form of child abuse - consent is not relevant.**

If the Person is 18 or Over:

- Share concerns with Police, Social Work, and Health through established safeguarding routes (Appendix A).
- Record and share information factually, focusing on evidence of coercion, control, or exploitation.
- Do not investigate - ensure safety and referral to appropriate agencies.
- Consider making a referral to the National Referral Mechanism (NRM) (see Appendix G: NRM).
- Where consent is not given, submit a Duty to Notify to the Home Office.
- Liaise with local partners and specialist services (see Appendix K: Support Pathways and Referrals)
- Consider a MARAC referral (Appendix C) if domestic abuse or coercive control is also present.

Certain situations or indicators require immediate safeguarding action due to a high risk of serious harm, disappearance, or re-exploitation. **Act urgently if:**

- The person appears to be under the control of another individual or cannot leave freely
- They are under 18 or there are children in the household
- There are signs of physical or sexual assault, restraint, or injury
- The person is being moved between locations or has gone missing
- Their passport, ID, or phone is being held by someone else
- There are indications of threats, debt bondage, or coercion
- They are fearful of authorities, immigration enforcement, or retribution
- There is concern that others may also be at risk in the same environment (e.g. shared accommodation, workplace)

For additional trauma-informed guidance on responding in crisis or disclosure, see Appendix B: Trauma-Informed and Human Rights-Based Practice and Appendix D: Responding and Recording.

Responding

- Speak privately in a safe, calm, and confidential setting.
- Use professional interpreters - never family or community members.
- Reassure the person:
  "You have the right to be safe and supported."
  "What has happened is not your fault."
- Avoid assumptions - many people do not self-identify as victims.
- Focus on what is being done to them, not on their actions or choices.
- Coordinate with partners via local Multi-Agency Safeguarding Hubs (MASH) or IRD processes.
- Support access to safe accommodation, healthcare, advocacy, and legal advice.
- Record vulnerabilities and signs of control, such as:
  - Passport or ID being held by others
  - Restricted communication or movement
  - Fear of authorities or deportation

National Referral Mechanism (NRM)

The NRM is the UK's framework for identifying and supporting victims of modern slavery and trafficking (see Appendix G for full process).

Adults (18+):

- Must give informed consent before referral.
- Explain clearly what the NRM is, what support it offers (safe housing, healthcare, advocacy), and that it is not linked to immigration enforcement.
- If consent is refused, complete a Duty to Notify form via the Home Office website.

Children (under 18):

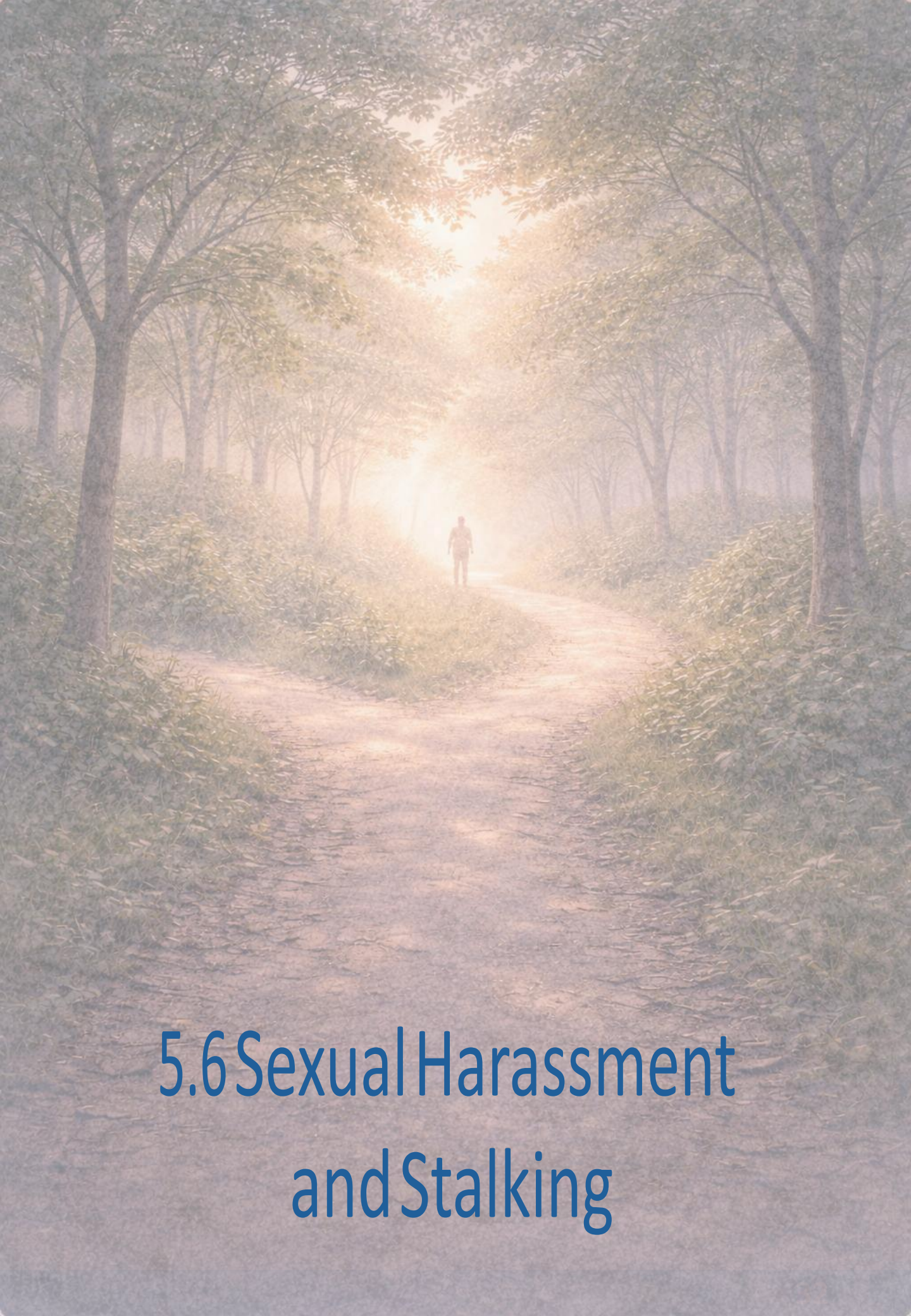
- Do not need to consent.
- All suspected cases must be referred.

Legal and Policy Framework

Trafficking and exploitation are addressed under:

- Human Trafficking and Exploitation (Scotland) Act 2015
- Modern Slavery Act 2015 (UK)
- National Guidance for Child Protection in Scotland (2021)

These establish trafficking as both a criminal offence and a safeguarding concern, requiring a coordinated, multi-agency response.



5.6 Sexual Harassment and Stalking

What It Is

Sexual harassment is any unwanted sexual behaviour that causes someone to feel intimidated, degraded, humiliated, or frightened. It may be verbal, physical, or online, and often reflects a misuse of power or a disregard for personal boundaries.

Stalking involves persistent, unwanted attention that causes fear, anxiety, or distress. It can occur in person or online, and may include following, contacting, monitoring, or recording someone. Even if individual incidents appear minor, remember that stalking and harassment have a cumulative effect, and patterns or escalation should always be taken seriously.

Examples of Sexual Harassment

- Sexual comments, jokes, gestures, or “banter”
- Sending or showing unwanted sexual messages or images
- Unwanted touching or brushing against someone
- Repeated requests for sexual contact after refusal
- Exposing genitals or voyeurism

Examples of Stalking Behaviours

- Repeated unwanted calls, texts, or online messages
- Turning up uninvited or following the person
- Tracking movements via GPS, apps, or surveillance devices
- Damaging property or leaving unwanted gifts
- Using others (friends, colleagues, children) to contact or monitor

Things to Look Out For

- Fear of being alone or sudden withdrawal from social connections
- Anxiety or withdrawal related to phones or social media
- Avoidance of particular places, people, and changing routines
- Mentions of repeated unwanted attention or contact
- Hypervigilance, distress, or signs of coercive control

Safeguarding Actions

- Record what was said clearly and factually, including dates, quotes, and any evidence (screenshots, messages).
- Assess whether the concern meets child or adult protection thresholds (see Appendix A).
- Consult with your safeguarding lead or line manager promptly.
- If risk is high or escalating:
  - Raise a Child Protection referral (Appendix F) or Adult Support and Protection (ASP) referral (Appendix J).
- Consider whether coercive control, domestic abuse or stalking is present and complete a DASH-RIC risk assessment.
  - Refer to MARAC (Appendix C) if there is serious or ongoing risk of harm.

Responding

Create a safe, private space for discussion.
Use trauma-informed language (Appendix B) and validate what the person shares:

"What you're describing isn't okay. You're right to talk about it."

"You're not to blame for their behaviour."

Focus on the impact rather than only the behaviour, for example:
"It sounds like this has made you feel anxious or unsafe."

Avoid suggesting the person manage the behaviour themselves.
Be mindful of power dynamics (e.g. age, position, workplace setting).

Support and Referrals

Signpost to local and national services (see Appendix K: Support Pathways and Referrals) such as:

- Rape Crisis Scotland
- Respect Helpline
- National Stalking Helpline

- Support the person to develop or update a Safety Plan (Appendix E).
- Where stalking is present, check for existing protection orders or police involvement.
- Discuss reporting options without pressure.
- Help them regain control over communication and personal safety, for example:
    - Blocking or filtering contacts on devices
    - Adjusting travel routes or routines
    - Setting clear boundaries for contact at work or school

5.7 Technology Facilitated Abuse

What It Is

Technology-facilitated abuse involves the use of digital tools, devices, or online platforms to threaten, control, coerce, harass, or exploit another person. This can occur through messaging apps, social media, phones, online gaming, GPS tracking, or connected devices.

It may happen on its own or alongside other forms of abuse, such as:

- Domestic abuse or coercive control
- Child sexual exploitation (CSE)
- Stalking or harassment
- Image-based sexual abuse (such as “revenge porn”)

Under Scottish and UK law, it is illegal to:

- Share or threaten to share intimate images without consent
- Coerce or pressure someone into sexual communication
- Groom or engage in sexual communication with children
- Take sexual images without consent
- Possess indecent or sexual images of children under 18 years

Types of Technology-Facilitated Abuse

- **Image-based abuse:** Sharing, creating, or threatening to share sexual images or videos without consent
- **Online harassment:** Persistent unwanted contact, threats, impersonation, or “doxxing” (sharing personal information)
- **Monitoring and surveillance:** Using GPS, spyware, or smart devices to track or control someone’s movements or online activity
- **Sexual coercion and grooming:** Pressuring someone to send sexual images or engage in sexualised conversation, particularly where there is an age gap or power imbalance
- **Identity abuse:** Accessing, deleting, or impersonating someone’s accounts or digital identity

Things to Look Out For

- Anxiety, distress, or fear when using phones or digital devices
- Sudden withdrawal or anxiety from using phone or in online spaces
- Deletion of accounts
- Mentions of threats to share private images or conversations
- Excessive partner or peer control over devices or passwords
- Reluctance to discuss online relationships or contacts
- Disclosures of blackmail, coercion, or grooming
- Links to other types of abuse (see Sections 5.3–5.5)

Harm that is facilitated by technology can be very traumatising for those who experience it. People tell us that images or another record of the abuse can be highly distressing, and feels like the abuse never ends because this material can continue to be circulated.

Safeguarding Actions

If a child is at risk:

- Follow your organisations safeguarding procedures.
- This applies even where there has been no verbal disclosure, but risk is identified.
- Removing a device from a child is a frequent safeguarding action when abuse has been identified. Where devices are removed, ensure you **support the child to understand that they are not being punished and have not done anything wrong, and be clear that you are removing it for their safety.**
- Any sexual images of a young person or child being posted online can be removed from public platforms via Childline Report Remove service.

For adults:

- Assess whether the abuse is part of a wider pattern of coercive control, stalking, or domestic abuse and respond accordingly
- Consider an Adult Support and Protection (ASP) referral (see Appendix J)
- Identify whether a safety plan is required (include suicidality risk)

Responding

Create a safe and private space before discussing concerns. If the abuser may monitor communications or devices, avoid using shared phones or messaging platforms.

- Reassure the person: **"This is not your fault. What's happening is serious, and you deserve support."**
- Avoid asking why images or messages were shared, focus on the coercion or control being experienced.
- Validate the impact, online harm causes real, lasting trauma.
- Where possible, preserve evidence (screenshots, messages, URLs) without forwarding or sharing.

Support and Referrals

- Refer or signpost to appropriate local and national services (see Appendix K: Support Pathways and Referrals), including:
  - CEOP (Child Exploitation and Online Protection Command)
  - Revenge Porn Helpline
  - Rape Crisis Scotland
  - Police Scotland Cybercrime or Child Exploitation Teams
  - Adult or Child Protection Teams

- Support digital safety planning:
  - Review privacy and security settings
  - Change passwords and recovery details
  - Check devices for tracking or shared access
  - Consider safe alternative contact methods

- Help the person understand their rights and options for reporting or removing images.
- Encourage ongoing emotional and practical support, especially where shame, fear, or online exposure are barriers to disclosure.

For digital safety templates and advice on recording and safety planning, see Appendix E: Adult Safety Plan and Appendix D: Responding and Recording. For trauma-informed guidance on responding safely, see Appendix B and Appendix D.

5.8 Commercial and Survival - Based Sexual Exploitation

What It Is

Commercial and survival-based sexual exploitation occurs when a person engages in sexual activity in exchange for something they need - such as money, housing, food, substances, or safety.

It is rarely a free choice; it often involves coercion, control, or survival, and must be understood within the wider context of inequality, trauma, and gender-based violence.

This form of exploitation includes, but is not limited to:

- Prostitution or "sex for rent" arrangements
- Involvement in pornography or sexualised content
- Lap dancing or sexual entertainment venues
- "Survival sex" to meet basic needs

It disproportionately affects women, young people, and those facing poverty, homelessness, insecure immigration status, or with care experience.

Children under 18 who are given something in exchange for a sexual act(s) are experiencing Child Sexual Exploitation (CSE), a form of Child Sexual Abuse (CSA). See 5.4 and 5.3 for further information.

For adults, such experiences often involve coercive control, trafficking, or commercial exploitation, and must be approached through a trauma-informed, safeguarding lens (see Appendix B).

Legal and Policy Context

Legislation to protect may include the Sexual Offences (Scotland) Act 2009 and Human Trafficking (Scotland) Act 2015.

Equally Safe: Scotland's strategy recognises prostitution, pornography, and commercial sexual exploitation as forms of gender-based violence.

Things to Look Out For

- Disclosures or hints of sex in exchange for money, shelter, food, or substances
- Unstable housing, sofa-surfing, or use of hotels/B&Bs/hostels
- Access to money, clothing, gifts, or other items through unexplained means
- Controlling or significantly older partners
- Descriptions of someone who “helps” or “looks after” them in return for sex
- Shame, secrecy, or detachment when discussing relationships or sex
- Signs of trauma, exhaustion, substance use, or self-harm

Safeguarding Actions

People experiencing exploitation may not recognise it as harmful.

Safety planning should be realistic, gradual, and person-centred.

Record concerns clearly in the person’s own words, including context about need, pressure, or power imbalance.

If under 18:

Raise a Child Protection concern immediately (see Section 5.3 and 5.4).

If an adult:

Assess whether the person is at risk of harm or under coercion.
Complete a Safety Plan (Appendix E) and consider an Adult Support and Protection (ASP) referral (Appendix J).

If there are indicators of trafficking or organised exploitation, follow procedures in Section 5.5: Human Trafficking. Where online coercion or image-based threats are involved, see Section 5.7: Technology-Facilitated Abuse.

Share concerns with safeguarding leads and relevant agencies (e.g. Social Work, Housing, Health, Police, and specialist GBV services).

Responding

- Use non-judgemental, compassionate language, avoid blame.
- Recognise that shame and fear of judgement may prevent someone being able to ask for and receive help or safety.
- Reassure: "I'm really glad you told me".
- Avoid labels like *"prostitution"* or *"sex work",* focus on their unmet needs.
- Understand that for many, this is about survival, not choice.
- Avoid "why" questions; instead ask, *"What's been happening?"*
- Prioritise immediate safety and emotional support, not details.

For guidance on trauma-informed communication and responding safely, see Appendix B.

Support and Referrals

Refer to trauma-informed services (see Appendix K: Support Pathways and Referrals), such as: Rape Crisis Scotland

Women's Aid services

Housing or advocacy organisations

Address practical needs (housing, benefits, food, immigration), **meeting these can reduce dependence on exploiters.**

Ensure access to healthcare, including sexual health testing and treatment for blood-borne viruses (BBVs).

Consider multi-agency risk processes (e.g. MARAC, Appendix C) where there is violence or coercion.

Where safe, support consistent engagement with a trusted keyworker or service.

Develop an individualised safety plan (Appendix E) - examples include:

- Regular check-ins or contact routines
- Ensuring access to a charged phone with credit or Wi-Fi
- Agreeing when missed check-ins should trigger a welfare check
- Co-creating what "safety" looks like for them, without forcing sudden change

5.9 Harmful Traditional Practises

What It Is

Harmful traditional practices (HTPs) are forms of gender-based violence rooted in inequality, control, and cultural or social pressure.

They are serious human-rights violations that can cause long-term physical, psychological, and emotional harm, chronic pain, and lasting health consequences.

Forms of Harmful Traditional Practice include:

- **Female Genital Mutilation (FGM):** Partial or total removal of external female genitalia for non-medical reasons. Often carried out in childhood and associated with severe physical and emotional trauma.

- **Forced or Early Marriage:** When one or both people do not or cannot consent, and pressure, threats, or coercion are used.

- **So-called "Honour"-Based Abuse or Violence:** Violence or coercion intended to protect or "restore" perceived family or community honour. May include physical harm, imprisonment, or even homicide.

- **Breast Ironing / Binding:** Painful flattening of breast tissue using heated objects or tight bindings to delay development and deter perceived male attention.

- **Virginity Testing / Hymenoplasty:** Invasive, medically inaccurate procedures falsely claiming to determine or "restore" virginity.

- **Accusations of Witchcraft or Spirit Possession:** Attributing a child's or woman's behaviour to supernatural causes, often leading to exclusion, punishment, or harm.

These practices are sometimes justified in the name of "tradition," "culture," or "honour," but they are never acceptable and are recognised as forms of abuse under Scottish and UK law.

Things to look out for

- Disclosure or mention of travel abroad for marriage or “ceremony”
- References to cutting, initiation, or “becoming a woman”
- Fear, secrecy, or anxiety about family or community expectations
- Sudden school absence or removal from education
- High levels of control or isolation at home (restrictions on movement, friendships, or phone use)
- Older siblings or relatives known to have experienced harmful practices

Immediate escalation is required when any of the following are present:

- The person fears being taken abroad for marriage, FGM, or “ceremony”
- Travel plans, passport applications, or tickets have been arranged suddenly
- There is family anger or suspicion that the person has disclosed or resisted expectations
- The person is under surveillance or house arrest by family or community members
- There is a history of “honour”-based threats, violence, or suicide within the family
- Someone has already been subjected to the practice within the same family

Legal Context

These practices are sometimes justified in the name of “tradition,” “culture,” or “honour,” but they are never acceptable and are recognised as forms of abuse under Scottish and UK law

- Prohibition of Female Genital Mutilation (Scotland) Act 2005
- Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011
- Serious Crime Act 2015 (UK): **Mandatory duty to report known FGM cases involving girls under 18.**
- Human Trafficking and Exploitation (Scotland) Act 2015

Safeguarding Actions

Where emergency or high risk is identified (including planned, threatened or ongoing harm), call Police Scotland immediately.

- If travel abroad is suspected, contact Police Scotland urgently.
  - Consider applying for an FGM Protection Order or Forced Marriage Protection Order.
  - Orders can restrict travel, require passport surrender, or prevent specific individuals from making arrangements.
  - Breach of an order is a criminal offence. ○ Consider Human Trafficking legislation/protections (see 5.5)

- Do not alert the family or community; **this can increase danger**

- Do not delay action to confirm details or gather additional evidence.

- Seek advice from your Designated Safeguarding Lead or Child Protection Co-ordinator

- Follow child protection procedures and Initiate an Inter-Agency Referral Discussion for children aged under 18 (IRD) (see Appendix F)

- Initiate an Escalating Concerns or Adult GIRFE Meeting for adults 18 and over

- Record all disclosures and information factually and confidentially, using the person's own words or what you have witnessed with descriptions.

- For FGM cases, contact the NSPCC FGM Helpline and **follow mandatory reporting procedures.**

Responding

- Take all disclosures or concerns seriously and act immediately.
- Never mediate with family or community members; this increases risk.
- Speak to the person alone in a safe, confidential setting.
- Do not use family or community interpreters.
- Use calm, non-blaming language such as:

  "I'm concerned someone may be trying to harm you."
- Recognise that the person may still feel loyalty and love toward their family.
- Validate their fears and the seriousness of the situation.

Support and Referrals

- Acknowledge the person's fear and cultural context while prioritising safety.
- Provide culturally informed, trauma-sensitive support.
- Offer referrals to specialist national and local services (see Appendix K) such as:
  - Saheliya ○ Shakti Women's Aid ○ Scottish Women's Rights Centre
  - Police Scotland Honour-Based Abuse Unit
- Ensure access to healthcare, including FGM clinics, sexual health, and mental health services.
- Develop a safety plan in collaboration with the person (see Appendix E: Adult Safety Plan), addressing risks at home, in the community, and abroad.
- Where appropriate, coordinate support through Child Protection meetings, Adult Protection Meetings, MARAC (Appendix C) or other multi-agency safeguarding processes.

  Where immigration or asylum concerns exist, seek legal advice from specialist advocacy or legal services (see Appendix K: Support Pathways and Referrals).

Never assume cultural explanations justify abuse. Your role is to protect.

5.10 Online Harmful Sexual Content

What It Is

Online harmful sexual content refers to situations where sexual material accessed or shared online causes emotional, psychological, or physical harm. This can include non-consensual, exploitative, or coercive sexual content, or situations where exposure distorts understanding of consent, relationships, or sexuality.

This section links closely with Section 5.7: Technology-Facilitated Abuse and Section 5.8: Commercial and Survival-Based Sexual Exploitation, as all may involve the creation, pressure, or sharing of harmful sexual material.

Harmful exposure can include:

- Accidental or early exposure to pornography
- Access to extreme or violent pornography, normalising sexual violence
- Being pressured to view, share, or mimic pornographic content
- Use of pornography within coercive or controlling relationships
- Believing pornography represents normal or healthy sex
- Pornography used to desensitise, groom, or manipulate someone

Exposure may be accidental, coerced, or chosen, but the impact can still be significant, particularly for children and young people.

Legal Context

- It is illegal to create, possess, or share explicit images of anyone under 18.
- It is illegal to share or possess extreme pornographic material involving violence, non-consensual acts, or bestiality.

Things to Look Out For

- Exposure to pornography can be part of grooming or coercive control.
- The Digital Economy Act 2017 (UK) includes provisions for restricting children's access to online pornography (implementation ongoing).
- Sexual language or behaviour that is advanced or inappropriate for age or developmental stage
- Beliefs or statements that distort consent, equality, or body image
- Desensitised or dismissive reactions to violence or coercion
- Pressure or coercion to copy, share, or engage in sexualised behaviour
- Reports of online challenges, dares, or sexual content sharing
- Shame, anxiety, or distress following device us
- Withdrawal, secrecy, or changes in online habits

Safeguarding Actions

If under 18:

Follow your organisations child protection procedures where there is evidence of harm, coercion, or exploitation (see Appendix A and F).

- Where appropriate, share information with primary caregivers and support them to understand that the child is being exposed to harmful content.
- Consider the use of Prevent where harmful content is influencing a young person with extremist views.
- Don't minimise the impact of what young people are seeing because it is 'just online'.

For adults:

- Assess for coercive control, trauma, or exploitation, and consider an Adult Support and Protection (ASP) referral (see Appendix J).
- Consider the use of Prevent where you are concerned about extremist views

- Record clearly in the person's own words; include context, source of exposure, and emotional impact.
- Consider links with Child Sexual Exploitation (CSE), grooming, Technology Facilitated Abuse, or trafficking.
- Share information with safeguarding leads and Police Scotland where required.

Responding

- Stay calm, non-judgemental, and curious.
- Avoid shock or blame, focus on how the experience has made them feel
- Use open, supportive questions:

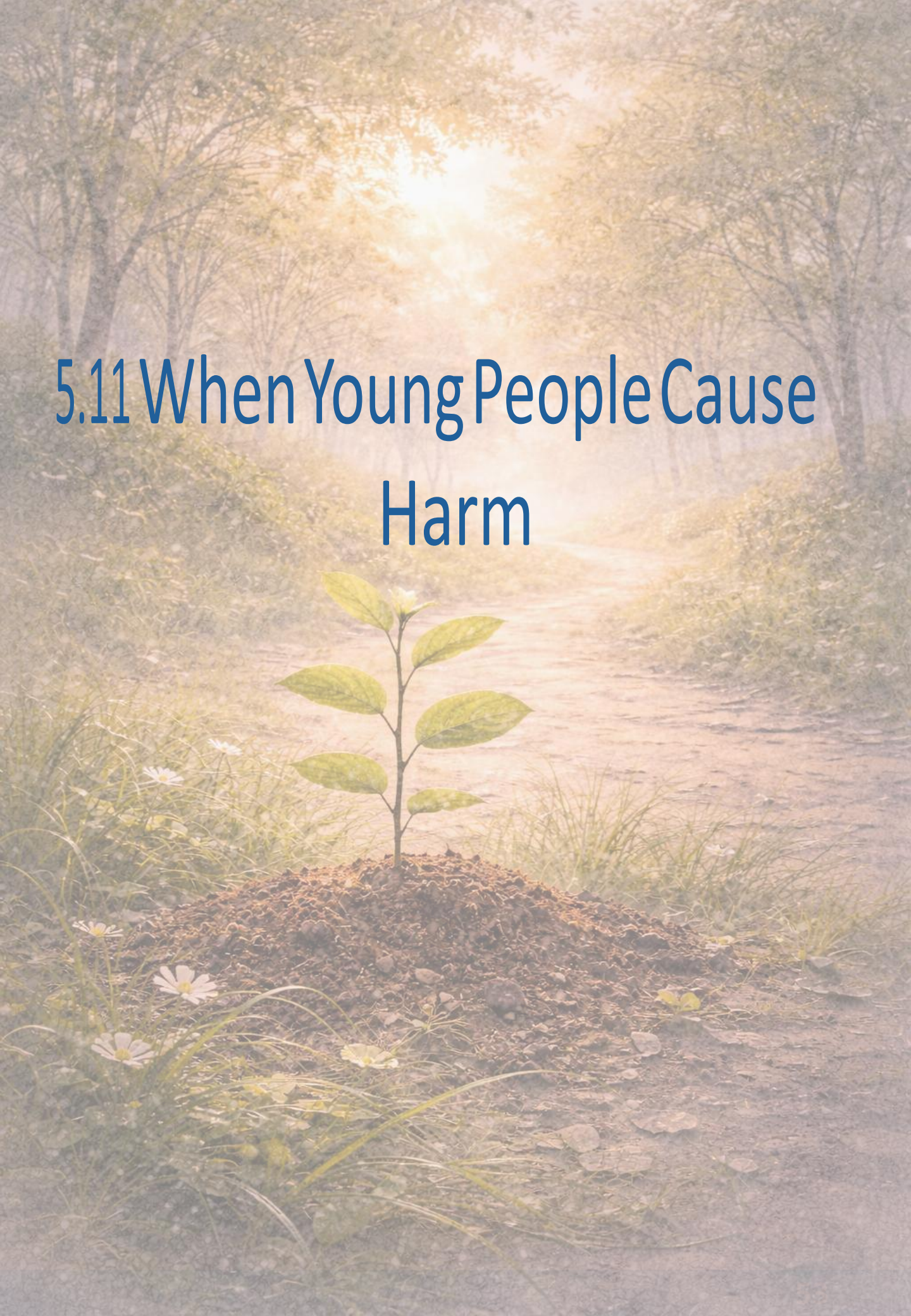
  "Can you tell me a bit more about what you saw or what happened?"
- Reassure: "You're not in trouble, I'm really glad you told me."
- Reflect feelings as well as facts: "It sounds like that was really upsetting."
- Avoid unnecessary detail or "fact-finding"; allow them to share at their own pace.
- Acknowledge that pornography use or exposure may be linked to coercion, trauma, or emotional distress.
- Consider whether there are power dynamics, pressure, or exploitation involved.

Support and Referrals

- Support the person to rebuild healthy, respectful views about relationships and consent.
- Involve parents or carers (where appropriate) in promoting digital safety and understanding online risks.
- Signpost to sexual health, youth, or trauma recovery services (see Appendix K: Support Pathways and Referrals).
- Where appropriate, refer to:
  - Prevent
  - Rape Crisis Scotland
  - Barnardo's
  - School nurses, counsellors, or mentoring services
  - CEOP (Child Exploitation and Online Protection Centre)

- Discuss digital safety planning - e.g. reviewing devices, privacy settings, or blocking harmful contacts (see Appendix E: Safety Planning).
- Offer ongoing check-ins to ensure the person continues to feel safe, supported, and not blamed.

5.11 When Young People Cause Harm



What It Is

Harmful behaviour refers to actions by children or young people that cause harm to others emotionally, physically, sexually, or psychologically. This can occur between peers, in relationships, within families, or online. “Harmful Sexual Behaviour” is a term used to describe children and young people who have caused sexual harm.

When both the person harmed and the person causing harm are children or young people, both require safeguarding, support, and protection.

Responses must be child-centred, trauma-informed, and proportionate, recognising that many young people who harm others have also experienced trauma, neglect, or abuse themselves. Practitioners should respond under child protection procedures, and seek advice if unsure whether behaviour is ageappropriate, experimental, or harmful.

Children and young people differ from adult offenders in many ways, and should be responded to first and foremost as children. Their brains are developing, and their behaviour is communication.

Things to look out for

- Persistent sexualised, coercive, or violent behaviour towards others
- Use of manipulation, threats, or pressure (e.g. image sharing, control)
- Significant age, power, or ability difference between those involved
- Abuse or exploitation within peer or romantic relationships
- Behaviour continues after boundaries or interventions are set
- The child harmed displays fear, distress, or avoidance of another
- Attempts to minimise or normalise the behaviour as “mutual” or “typical”

These situations must never be dismissed as “normal experimentation.”

Children and young people can cause significant harm, even without intent.

Safeguarding Actions

- Assess immediate risk and safety for all involved.
- If any child is at risk of significant harm, follow child protection procedures.
- Consider a Care and Risk Management (CARM) discussion where the young person's behaviour presents a risk of serious harm.
- Consult with Social Work and the Children's Reporter (SCRA) where:
- The behaviour may indicate grounds for compulsory measures, or The young person is already known to SCRA.
- Responses must be multi-agency and proportionate, balancing support with public protection.
- Avoid criminalising behaviour rooted in trauma or developmental delay, while still ensuring safety and accountability.
- Record clearly and objectively, using the young person's own words or your observations.
- Identify linked risks such as exploitation, neglect, or exposure to domestic abuse.

Legal and Policy Context

- The Age of Criminal Responsibility (Scotland) Act 2019 sets the minimum age of criminal responsibility at 12 years.
- A child under 12 cannot be prosecuted, but can still be referred to the Children's Reporter for protective or welfare-based measures.
- The Children's Hearings (Scotland) Act 2011 provides the legal framework for addressing offending or concerning behaviour in a supportive, welfare-led setting.
- The Scottish Children's Reporter Administration (SCRA) may become involved when behaviour indicates a need for compulsory measures of supervision, even where no prosecution is appropriate.

Responses must align with:

- National Guidance for Child Protection in Scotland (2021)
- Getting It Right For Every Child (GIRFEC)
- Care and Risk Management (CARM) Framework (2021)
- Take all concerns or disclosures seriously, recognising that young people and children can cause harm.
- Do not assume intent.
- Support for the young person who caused harm does not excuse or diminish the impact of their actions.
- Ensure you consider and respond to the needs of the person harmed.

Responding

- Focus on safety, accountability, and recovery for everyone involved.
- Avoid labels such as *"perpetrator"* or *"abuser",* instead say *"young person who (detail behaviour)".*
- Use curiosity and calm inquiry: "Can you tell me about what happened?" "How did things start or build up?"

- Recognise that shame, fear, or confusion may affect engagement.
- Always use trauma-informed and rights-based principles (see Appendix B).

> **If parents or carers are to be involved, ensure this is safe and appropriate, for example, where they are not a source of harm or risk.**

Support and Referrals

- Involve your safeguarding lead, Social Work, or Child Protection Officer to coordinate a multi-agency plan.
- Support access to therapeutic, behavioural, or educational services.
- Work collaboratively with both the child who has been harmed and the child who caused harm, ensuring both receive support tailored to their needs.
- Develop clear, multi-agency safety plans (see Appendix E: Safety Planning) to manage ongoing contact safely, covering:

  - Supervision arrangements
  - Agreed boundaries or restrictions
  - Communication or online contact
  - Review and follow-up responsibilities

Safety planning should always prioritise the child who has been harmed. Boundaries should be placed on the child causing harm, not on the child who experienced it.

6. Appendices

Appendix A

Local Safeguarding Procedures

Appendix A: Local Safeguarding Procedures

Each agency in Forth Valley must have its own safeguarding and child protection procedures that outline how to identify, respond to, and report concerns about harm or abuse. Practitioners must always follow their service's safeguarding and child protection procedures and consult with their Designated Safeguarding Lead, Child Protection Coordinator, or line manager where there is uncertainty.

Local frameworks include:

- Forth Valley Child Protection Committee Inter-Agency Guidance
- Adult Support and Protection Multi-Agency Guidance (2018)
- Local Violence Against Women / GBV Partnerships in Falkirk, Stirling, and Clackmannanshire

These documents describe how referrals, IRDs, and inter-agency communication should operate.

Key Contacts

Using your organisations safeguarding procedures, staff and managers may seek to use the following contacts for advice or to raise a concern. **If someone is at immediate risk of harm, contact emergency services by calling 999.**

Key contacts:
Police Scotland (non-emergency): 101
NHS 24: 111

Falkirk
- Social Work (Children and Families): 01324 506070
- Social Work (Adults): 01324 506070
- Out of Hours: 01786 470500

Stirling
- Social Work (Children and Families): 01786 404040
- Social Work (Adults): 01786 404040
- Out of Hours: 01786 470500

Clackmannanshire
- Social Work (Children and Families): 01259 225000
- Social Work (Adults): 01259 727010
- Out of Hours: 01786 470500

Appendix B

Trauma Informed and Human Rights-based Practise

Appendix B: Trauma informed and human rights based practice

Purpose

This appendix outlines the principles and practice of a trauma-informed and human rights-based approach. It recognises that trauma can profoundly affect people's safety, trust, and relationships, and that every interaction has the potential either to support recovery or to cause further harm.

A trauma-informed, rights-based response ensures that every person is treated with dignity, respect, and compassion, and is supported to participate actively in decisions affecting their life.

Why It Matters

Trauma-informed practice is everyone's responsibility.
Every conversation, environment, and policy can contribute to safety and recovery. These principles uphold human rights by protecting autonomy, dignity, participation, and equality.

When Safeguarding is Required

If someone discloses current risk, you must follow your organisation's safeguarding procedures.
Ensure the person is informed about:

- What will happen and why;
- Who will be involved;
- How they will continue to have a say.
- How they will be informed about what will happen.

This protects their right to safety, participation, and informed consent, the foundation of both trauma-informed and human-rights-based practice.

Core Principles of Trauma-Informed Practice

A trauma-informed approach is built on six key principles. These principles guide both *what we do* and *how we do it*.

1. Safety

- Create environments (physical, emotional, psychological) where people feel safe and secure. This includes clear boundaries, confidentiality, and consistency.
- ***"Do I feel physically and emotionally safe here?"***

2. Trustworthiness and Transparency

- Build trust through clear, consistent communication and transparency in decisions and procedures. Avoid surprises and explain what will happen and why.
- ***"Can I trust what you're telling me and that you'll follow through?"***

3. Peer Support

- Recognise the value of shared experience and community. Where appropriate, involve peer workers or support groups to reduce isolation and promote healing.
- ***"Can I connect with others who understand what I've been through?"***

4. Collaboration and Mutuality

- Promote equality in relationships between workers and service users. Power should be shared where possible, and the person's input valued in decisions that affect them.
- ***"Am I being treated as a partner in my own care?"***

5. Empowerment, Voice, and Choice

- Support people to make their own decisions and regain a sense of control. Respect autonomy and offer choices wherever possible - even small ones.
- ***"Do I feel listened to, and do my preferences matter?"***

6. Cultural, Historical, and Gender Awareness

Be aware of the impact of culture, history, gender, and structural inequality.

Provide care that is culturally safe, inclusive, and free from judgement.

"Is my identity respected here, or do I feel judged or stereotyped?"

Practical steps include:

- Asking about language needs and offering an interpreter

- Using inclusive language and pronouns
- Being sensitive to cultural beliefs around gender, power, family or mental health
- Understanding how racism, migration status, or past discrimination may affect trust
- Avoiding assumptions about background, coping or resilience

Quick Guide: Putting it into Practice

Use this checklist to ground your work in trauma-informed and rights-based principles:

- Use calm, respectful language.
- Let the person set the pace.
- Offer choices and explain next steps.
- Don't pressure, rush, or judge.
- Validate their experience - never minimise it.
- Keep the focus on them; avoid sharing your own experiences.
- Use their own words if recording information.
- Check if they're okay to continue.
- Follow safeguarding procedures if required (e.g. MARAC, ASP, IRD).
- Prioritise their emotional and physical safety.

In a human rights-based approach, participation, consent, and choice are not optional, they are essential. Supporting someone to make their own decisions honours their right to autonomy and dignity. It demands accountability; doing what you say, respecting confidentiality, and involving the person in decisions that affect them.

Example Scenario

A woman tells you she's "*just stressed lately*" and avoids talking about home, but mentions not sleeping and feeling "*on edge*."

Don't say:

"*It's probably just anxiety. Try to rest more*." Do say:

"*Thanks for telling me that. Would it feel okay to talk a bit more about what's been making you feel that way? We can go at your pace*."

This response shows curiosity, compassion, and respect; key to both traumainformed and human-rights-based practice.

Helpful things to say:

"You don't have to tell me everything, just what you're comfortable with."
"What happened is not your fault."
"You're not alone. There is support available."
"Would it be okay if I asked a few questions to help support you?"
"Thank you for trusting me with this."

Avoid saying:

"Why didn't you leave?"
"You should have told someone sooner."
"Are you sure that's what happened?"
"At least it's not as bad as..."
"You'll be fine."

Quick Guide: Putting it into Practice

These respectful, non-blaming phrases reflect both trauma-informed and rights-based values, recognising people as experts in their own lives.

Grounding Techniques You Can Use

If someone becomes overwhelmed or dissociates, try:

- "Can you feel your feet on the ground?"
- "Can you name five things you can see right now?"
- "Would it help to take a few slow breaths together?"
- "Would you like to stop for a moment, or keep going?"
- Offer a pause, a drink of water, or permission to leave the room. Grounding helps restore emotional safety and supports the person's right to bodily and psychological integrity.

Ending the Conversation

- Thank the person for speaking with you.
- Summarise what will happen next and outline their choices.
- Offer written information or support contacts (if safe)
- Ask: "Is there anything you'd like before we finish?"
- Follow through on agreed actions or referrals.

Appendix C

Multi Agency Risk Assessment Conference

Appendix C: MARAC

Purpose

A MARAC (Multi-Agency Risk Assessment Conference) is a confidential, multiagency meeting where professionals share information about individuals and families at **high risk of serious harm or homicide due to domestic abuse.**

The aim is to develop a coordinated safety plan that reduces risk and increases support for the person experiencing harm. MARAC is not a substitute for safeguarding or statutory procedures; it forms part of the wider multi-agency response to domestic abuse.

When to Refer to MARAC

Where possible, complete a DASH-RIC risk assessment with the person before referral.

Make a MARAC referral if:

- The DASH-RIC score is 14 or higher
- There is escalation of abuse or a serious risk of harm
- You have serious concerns even if the DASH-RIC score is below 14

MARAC prioritises safety. Consent is not required to make a referral where there is risk of serious harm or homicide. It is good practice to explain your concerns and why a referral is being made, helping the person understand the process and purpose.

How to Make a Referral

- Complete a DASH-RIC risk assessment (for adult or young person)
- Access the MARAC referral form here: Gender Based Violence – Forth Valley Practitioner Pages
- Complete the referral form as best you can, and email to your coordinator
- Focus on risk being caused by the perpetrator, this will help to safeguard
- Keep a copy of the referral and record the date submitted

What Happens at MARAC

- Agencies (e.g. Police, Social Work, Health, Housing, Third Sector) share relevant information.
- You will be asked, as the referrer, to present your concerns.
- A coordinated, action-based safety plan is agreed.
- The person at risk does not attend, but their views are represented by an Independent Domestic Abuse Advocate (IDAA) or another nominated worker (which may be you).
- Decisions are made collectively, and agencies are responsible for delivering agreed actions.

Independent Domestic Abuse Advocate (IDAA) Role

The IDAA plays a central role in the MARAC process. They make contact with the person referred to:

- Gather their views and understand their needs.
- Represent their voice and safety concerns at the MARAC meeting. It can help to inform the person that an IDAA will be in touch and find out the safest and preferred way of contact.

After the MARAC

The group will agree who will update the person on outcomes and actions.

- Support this by asking the person beforehand who they would feel most comfortable hearing from, this helps ensure safety and continuity.
- Follow up on agreed actions promptly.
- Maintain safe engagement with the person where appropriate.
- Review and update safety planning regularly.
- Re-refer if circumstances escalate again.

Trauma-Informed Reminder

When discussing MARAC with someone:

- Clearly explain what MARAC is and why it's used, emphasise that it aims to improve their safety.
- Be honest about what information may be shared and with whom.
- Name that this referral is because you are very concerned for their safety.

Appendix D

Responding and Recording

Appendix D: Responding and Recording

Having a concern or getting a disclosure of harm can be difficult. The first response matters, it can shape whether a person feels believed, supported, and safe. The table below is a quick guide for practitioners to try to help you respond safely, calmly, and effectively when someone discloses any form of harm.

Use this guidance whenever someone shares an experience of harm, even if they are uncertain or minimising what happened. You do not need to confirm details or investigate to take appropriate, respectful action.

Respond using a trauma-informed approach; see Appendix

Immediate Priorities

- Prioritise safety and wellbeing.
- Listen and respond without judgement.
- Follow safeguarding and child/adult protection procedures if risk is present.

How to Respond: The 4 R's

STEP	FOCUS	KEY ACTIONS
RECEIVE	Listen and reassure	Stay calm, listen actively, and thank them for sharing. Let them know this is not their fault.
RESPECT	No pressure, no judgement	Avoid leading questions or promises of confidentiality.
RECORD	Use their words	Write down what was said or observed factually and clearly.
REFER	Follow procedures	Share information with safeguarding leads or statutory services.

Responding and Recording

Having a Conversation

Do

- Stay calm and grounded.
- Listen more than you speak.
- Reassure them they are being taken seriously.
- Use their own words where possible.
- Let them speak at their own pace.

Don't

- Promise confidentiality.
- Ask probing or detailed questions.
- Express shock, anger, or disbelief.

Ending the Conversation

- Thank the person for speaking with you.
- Summarise what will happen next, including any choices they have.
- Offer written information or support contacts (if safe).
- Follow through on agreed actions and ensure they understand next steps.

Recording a Disclosure

- When recording a disclosure or concern:
- Write down what was said or observed as soon as possible, using clear, factual language.
- Include date, time, names of those present, and any actions taken.
- Avoid personal opinion, interpretation, or speculation.
- Store securely and share only with those who need to know.
- Accurate, timely recording protects both the individual and the practitioner.

Referring and Next Steps

- Follow your organisation's safeguarding procedures.
- If the person does not want further help now, reassure them that support remains available.
- Share information safely and respect their decisions.
- Seek advice from your Designated Safeguarding Lead or Child/Adult Protection Co-ordinator if unsure.

Appendix E

Adult Safety Plan

Appendix E: Adult Safety Plan

Purpose and When to Use

This appendix provides a practical, trauma-informed tool to help adults experiencing Gender Based Violence (GBV) identify risks and develop personal safety strategies.

Safety planning is a collaborative process that supports the person to prepare for emergencies, increase safety, and regain a sense of control.

It should only be completed when it is safe and appropriate to do so. Use this tool when:

- A person has disclosed abuse, coercive control, or intimidation.
- After completing a DASH-RIC assessment or making a MARAC referral.
- When someone identifies ongoing concerns about their personal safety

- **Key Principles:**

- The plan belongs to the person experiencing harm.
- Only complete or update the plan if it is safe to do so at that time.
- Empower the individual to make decisions about what goes into the plan.
- Use plain, supportive language; avoid jargon or professional shorthand.
- Focus on choice, dignity, and empowerment throughout the process.

Safety Plan Example

1. Key Contacts

Trusted person / service	Role / relationship	Safe way to contact	Phone / email

2. Safe Places

- Where can you go if you feel unsafe?
  Friend / family member's home: _____
  Public place / service (e.g. GP, library, Women's Aid): _____
  Emergency accommodation or refuge:_____
- Agreed code word / signal with trusted person: _____
- Safe meeting point (if needed): _____

3. Emergency Bag / Items

List what to take or keep safely packed (tick if already prepared):

☐ Keys ☐ Money ☐ ID ☐ Medication ☐ Phone / charger ☐ Important documents ☐ Contact list

Where is it kept safely? _____

4. Technology Safety

☐ Turned off GPS / location sharing

☐ Checked for shared accounts / devices

☐ Set up new contact details / emergency phone

☐ Reviewed smart-home device access

☐ Installed privacy / safety apps (e.g. Bright Sky)

Other notes: _____

5. Daily Routine Adjustments

- Safer routes to work / school / services: _____
- Times or places to avoid: _____
- Back-up travel options / contacts: _____

6. Home Safety Adjustments

☐ Locks or window alarms fitted

☐ Housing / Social Work / Women's Aid contacted for support

☐ Safety devices requested (e.g. Video doorbell, mobile alarm)

☐ Furniture arranged for clear exit routes

☐ Fire safety visit

Other notes: _____

7. Children (if applicable)

- Are children involved? ☐ Yes ☐ No
- If yes, has a child protection referral or plan been discussed?
  ☐ Yes ☐ No Date / contact: _____
- Link to child safety planning process (e.g. IRD / TAC): _____

8. Coping Strategies and Triggers

What helps you feel calm or safe? _____

Who can you contact in a crisis? _____

Grounding / self-soothing techniques: _____

9. Legal and Protective Measures (Optional) Would you like information about:

☐ Non-harassment or exclusion orders

☐ Police disclosure schemes (Clare's Law)

☐ Advocacy or legal support services

☐ Other: _____

Notes / referrals made: _____

10. Review and Next Steps

☐ Written / digital copy provided (safe to store)

☐ Plan reviewed on: _____

☐ Next review due: _____

☐ Practitioner name / role: _____

☐ Service / contact details: _____

Remember

- Always prioritise immediate safety.
- Encourage the person to revisit and update this plan regularly.
- Seek supervision or advice if new risks arise.

Appendix F

Inter-Agency Referral Discussions

Practitioner Responsibilities

Appendix F: Inter-Agency Referral Discussions (IRD)

What is an IRD

An Inter-Agency Referral Discussion (IRD) is a formal multi-agency child protection process involving Police, Social Work, Health, and sometimes Education.

IRDs are used across Forth Valley, and Scotland, when there is a belief that a child may be at risk of significant harm. The IRD enables agencies to share information quickly, assess risk, and make coordinated decisions about investigation and protection.

This process is governed by the Forth Valley Inter-Agency Child Protection Guidance (2023), which must be followed in all cases involving actual or suspected risk to a child.

Following an IRD, concerns should continue to be monitored through additional processes such as a Team Around the Child (TAC) meeting and should focus on the whole child through the lenses of he UNCRC Child's Rights and GIRFEC.

> **If a child or young person under the age of 18 has experienced or witnessed a crime, abuse, neglect, or exploitation, they may need to be interviewed as part of an investigation. Interviews are different to the system used for adults and are specifically tailored around the needs of children and young people. The model currently used in Forth Valley and Scotland, is the Scottish Child Interview Model (SCIM).**

Child-Centred Practice Reminders

- Speak in age-appropriate, supportive language.
- Avoid asking the child to repeat their story multiple times.
- Reassure them that what has happened/is happening to them is being taken seriously.
- Remind the child that what is happening/happened to them is not their fault.
- Where safe and appropriate, involve the child in decisions about their safety.

Appendix G

National Referral Mechanism

Appendix G: National Referral Mechanism (NRM)

Purpose and When to Use

The National Referral Mechanism (NRM) is the UK's framework for identifying and supporting people who may be victims of modern slavery or human trafficking. This includes individuals exploited through coercion, deception, abuse of power or vulnerability for sex, labour, domestic servitude. criminal activity, or organ harvesting. Victims may be UK or non-UK nationals, children or adults.

The NRM, however, is not a safeguarding mechanism.

Why an NRM Referral Matters

Referring someone to the NRM can:

- Unlock access to safe accommodation, healthcare, legal advice, and specialist advocacy.
- Provide tailored support through the Modern Slavery Victim Care Contract (MSVCC).
- Prevent further exploitation through a coordinated, multi-agency response.
- Protect individuals from being criminalised if they were forced to commit offences (e.g. drug trafficking, shoplifting, cannabis cultivation).
- Enable the Home Office to formally recognise them as a victim and offer further protection.

When to Consider an NRM Referral

Consider referring to the NRM if:

- A person discloses being forced, coerced, deceived, or exploited.
- They appear controlled, fearful, unable to leave, or unaware of their rights.
- There are signs of abuse, or frequent movement between locations.
- You suspect the person has been trafficked into or within the UK.

Referrals to the NRM

Consent Requirements

Adults (18+) must give informed consent before referral. Children (under 18) do not need to consent.

Who Can Refer (First Responders)

Only designated First Responders can make an NRM referral. If you are not a first responder, contact one of these agencies to discuss your concerns or make a joint referral:

- Police Scotland
- Social Work / Local Authority
- NHS health staff
- Specified NGOs (e.g. Migrant Help, TARA, NSPCC, Barnardo's)

How to Refer

- Complete the online NRM referral form
- Use a professional interpreter if English is not the person's first language.
- Include clear, factual information about the person's circumstances and any indicators of exploitation.
- Record key details (e.g. travel routes, phone numbers, work conditions), as these may help identify trafficking networks.
-

What Happens Next?

- The Home Office reviews the information and decides whether there are "reasonable grounds" to believe the person is a victim.
- If a positive decision is made, the person may receive at least 45 days of support (extendable if needed).
- Support can include safe accommodation, legal advice, healthcare, and trauma-informed care.

Final Note

If you are uncertain whether an NRM referral is appropriate, speak with your safeguarding lead or a local First Responder agency for advice.

It is always better to share a concern than to risk leaving someone without support.

Appendix H

Medical Forensic Examinations

Appendix H: Medical Forensic Examinations and SARCS

What is SARCS?

This appendix provides guidance on accessing forensic and medical care following rape or sexual assault. It introduces SARCS (Sexual Assault Response Coordination Services), a specialist NHS service in Scotland that offers support to people who have experienced sexual violence. The service offers:

- Medical assessment and treatment
- Forensic examination (if the person wishes)
- Emergency contraception and STI testing
- Documentation of injuries
- Emotional and practical support

SARCS is available to anyone, regardless of gender, background. Services are trauma-informed and led by trained professionals who prioritise choice and privacy. **Police reporting is not required to access SARCS.**

This short film by NHS Scotland explains what to expect from an **adult** SARCS service, including the environment, staff roles, available options, and aftercare.

SARCS is also available for children and young people under 16 through age appropriate pathways and with multi-agency support. Professionals can use the following videos to help prepare children and families for the process in a supportive, non-frightening way:

- SARCS for Younger Children
- SARCS for Older Children and Teenagers

Accessing SARCS

- Call **0800 148 88 88** (available **24/7**).
- A person can **self-refer** or be **supported by a professional** to access the service.
- An appointment will be arranged as soon as possible, ideally within **7 days** of the assault.
- The person can decide which parts of the service they wish to use.
- Interpreting and advocacy support are available.

Appendix I

Strangulation

Appendix I: Strangulation

Purpose and When to Use

This appendix provides guidance for practitioners responding to disclosures of strangulation or choking. Strangulation is a serious and high-risk form of harm often associated with domestic abuse, sexual violence, and coercive control. It is a significant indicator of escalating abuse, including the risk of homicide, and must be treated as a critical safeguarding concern, even if there are no visible injuries.

What is Strangulation?

Strangulation occurs when external pressure is applied to the neck, restricting blood flow or oxygen to the brain. It is often described by victims as “choking” and can cause unconsciousness, brain injury, or death within seconds. Strangulation is used as a tactic of fear, control, and intimidation, and is disproportionately perpetrated against women by intimate partners.

Health Risks and Indicators

The health effects of strangulation may be delayed, subtle, or easily missed. The effects of strangulation may be delayed, subtle, or easily missed. Many people do not realise the potential seriousness of their symptoms, and visible injuries may be absent.

Common symptoms include:

- Difficulty breathing or shortness of breath
- Hoarseness, voice changes, or difficulty speaking
- Difficulty swallowing or sore throat
- Headache, nausea, or dizziness
- Loss of consciousness, confusion, or memory loss
- Petechiae (tiny red spots) on the face, eyes, or inside the mouth
- Neck pain, tenderness, bruising, or swelling

Possible internal injuries (even without bruising):

- Swelling of the airway, which can worsen over time
- Blood clots, stroke, or brain injury
- Damage to the trachea, larynx, or carotid arteries

If someone discloses strangulation:

- Prioritise emergency medical assessment, call 999 or accompany the person to A&E immediately.
- Do not minimise the incident. **Even without visible injury, strangulation is potentially life-threatening.**
- Record what was said, using the person's own words where possible.
- Follow safeguarding and child protection procedures, including referral to IRD or MARAC where appropriate.
- Use trauma-informed language, validate their experience and reassure them they are believed.

> **Make sure the person you are supporting understands that seeking medical attention is because strangulation can be life threatening, but that this does not mean they have to make a report to police or disclose this further unless they want to.**

Documentation and Recording

- Aim to capture clear and factual information:
- When it happened, how long it lasted, and whether consciousness was lost
- Any visible injuries or reported symptoms
- Observations about behaviour or distress
- Use body maps where available (if trained and appropriate)
- Record what immediate medical or safeguarding actions were taken

Resources and Support

. You can share the IFAS Strangulation Leaflet with the person you are supporting. It provides information and safety advice for those who have been strangled.

Appendix J

Adult Support and Protection

Appendix J: ASP (Adult Support and Protection)

This appendix outlines the basics of when and how to respond appropriately when an adult may be at risk of harm. It supports practitioners to recognise concerns, meet statutory duties, and access multi-agency Adult Support and Protection (ASP) procedures across Forth Valley.

This guidance aligns with the Forth Valley Adult Protection Procedures, where you can find information about ASP in more detail.

Who is an Adult at Risk?

Under the *Adult Support and Protection (Scotland) Act 2007*, an **adult at risk** is someone who: • Is aged 16 or over

- Is unable to safeguard their own wellbeing, property, rights, or other interests
- Is at risk of harm, **and**
- Because of disability, mental disorder, illness, or physical or mental infirmity, is more vulnerable to being harmed than others

All three conditions must be met. Having mental capacity does **not** mean an adult cannot be at risk.

Types of Harm

Adults may experience harm in many ways, including:

- 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

Making an ASP Referral

You do **not** need consent to make an ASP referral. If the adult meets the criteria and is at risk of harm, information must be shared without delay. Social Work will coordinate an ASP inquiry to determine whether formal intervention is required.

Make a Referral for an adult at risk of harm – Forth Valley Practitioner Pages

An ASP referral should include:

- Name, age, and contact details of the adult
- Nature of the concerns and how they came to light
- Details of any risk or harm observed or disclosed
- Any immediate safety actions already taken

Multi-Agency ASP Process Following a referral:

- A **Case Conference** may be arranged to assess risk and plan protection
- The adult should be involved wherever possible and supported to express their views
- An **ASP Protection Plan** may be developed in collaboration with the adult and relevant agencies

Practitioner Responsibilities

When you believe an adult may be at risk of harm:

- Take immediate steps to ensure their safety
- Share your concerns with Social Work as soon as possible (see Appendix A for contact details)
- Record concerns clearly and factually, using the adult's own words where possible
- Consider whether a referral to MARAC (Multi-Agency Risk Assessment Conference) or NRM (National Referral Mechanism) may also be required
- Responding to adults at risk should always reflect trauma-informed principles:

Appendix K

Support Pathways and Referrals

Appendix K: Support Pathways and Referrals

This is not an exhaustive list but provides some key referral and support pathways for people who have experienced harm.

Forth Valley Services

Sexual Assault Response Co-ordination Service (SARCS)

- Accessed through NHS 24 via 111, SARCS provide health care for people who have been sexually assaulted and offer forensic medical examinations to capture evidence without having to report to the police.

Forth Valley Rape Crisis Centre (FVRCC)

- Support for young people aged over 12, and women aged over 18 who have experienced any form of sexual violence and abuse.

Equally Safe Falkirk (ESF)

- This is a Barnardo's and Aberlour service that supports families who have experienced or are experiencing domestic abuse, including offending parents, with a Safe and Together approach.

Committed to Ending Abuse (CEA) Falkirk

- Provide support to women and men who have experienced or are experiencing domestic abuse.

Stirling and District Women's Aid (SDWA)

- Support women who have experienced/experiencing domestic abuse in outreach, refuge and support provisions.

Shakti Women's Aid (Falkirk)

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

Clackmannanshire Women's Aid

- Provide support to women who have experienced or are experiencing domestic abuse.

Central AdvocacyPartners

- Provide advocacy support and group work to women who have a learning disability or neurodivergence who have experienced domestic abuse.

Andy's Mans Club

- A peer-to-peer support group for men over 18 to help where they can, including mental health and suicidality

National Services

TARA (Trafficking Awareness Raising Alliance)
- support women trafficked for commercial sexual exploitation.

Rape Crisis Scotland
- have a national helpline and can coordinate support from a local service where required too, where someone has experienced any form of sexual violence.

Scottish Women's Aid
- 24 hour national helpline for forced marriage and domestic abuse.

Shakti Women's Aid
- Support for black minority ethnic women, children and young people who have experienced, or are experiencing, domestic abuse.

FearFree
- Support for people experiencing domestic abuse in Scotland who identify as a men or from the LGBT+ community.

Abused Men in Scotland (AMIS)
- Helpline support for men who have experienced domestic abuse.

Men's Advice Line UK
- Support for male victims of domestic abuse.

Scottish Women's Rights Centre
- Legal advice and advocacy support for women who have been affected by violence and abuse in Scotland.

Childline
- Support for children and young people, including a service to help remove sexual/naked images that are being shared online.

Child Exploitation and Online Protection Command (CEOP)

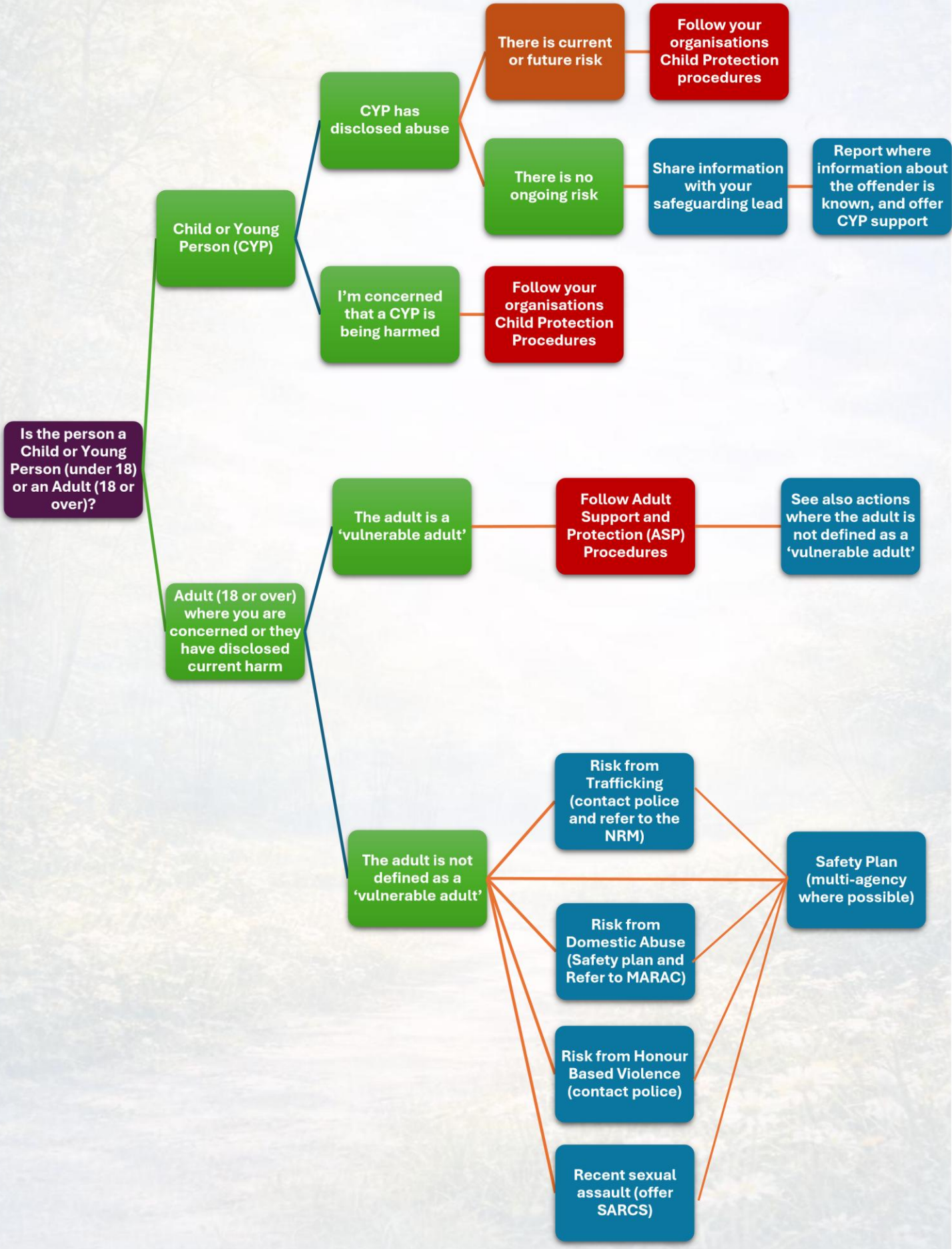
- CEOP is a law enforcement agency who work to ensure safety of children and young people from sexual abuse and grooming online.

National Stalking Helpline

- Information, local services and tips helpline for people who are experiencing or have experienced stalking.

Appendix L

Safeguarding Process; Quick Guide


Is the person a Child or Young Person (under 18) or an Adult (18 or over)?
Child or Young Person (CYP)
CYP has disclosed abuse
There is current or future risk
Follow your organisations Child Protection procedures
There is no ongoing risk
Share information with your safeguarding lead
Report where information about the offender is known, and offer CYP support
I'm concerned that a CYP is being harmed
Follow your organisations Child Protection Procedures
Adult (18 or over) where you are concerned or they have disclosed current harm
The adult is a 'vulnerable adult'
Follow Adult Support and Protection (ASP) Procedures
See also actions where the adult is not defined as a 'vulnerable adult'
The adult is not defined as a 'vulnerable adult'
Risk from Trafficking (contact police and refer to the NRM)
Risk from Domestic Abuse (Safety plan and Refer to MARAC)
Risk from Honour Based Violence (contact police)
Recent sexual assault (offer SARCS)
Safety Plan (multi-agency where possible)

Date reviewed	Reviewed by
13.02.2026	Sarah Finnegan Lead Officer, GBV, Falkirk Council