



Adult Support and Protection and Domestic Abuse Good Practice Guidance October 2025

To be reviewed October 2027 (or earlier if required)

1. Purpose of the Guidance

This guidance is for all multi-agency managers and practitioners working in all statutory and third sector organisations in West Lothian.

The Adult Protection Committee and Gender Based Violence Committee recognise the themes that span across the public protection agenda and as a result, this guidance has been developed to support practitioner's understanding of the impact of domestic abuse in the context of Adult Support and Protection. Further, it will provide information regarding risk assessment and will support practitioner's understanding of safety planning and best practice.

2. Context

Gender based violence (often referred to as Gender-Based abuse or violence against women and girls (VAWG)) is an umbrella term that encompasses a spectrum of abuse experienced mostly by women and girls and perpetrated mainly by men ([Equally Safe Strategy](#)). This spectrum of abuse includes:

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

It is recognised that men can also be victims of domestic abuse and a sensitive approach which follows the principles contained within this guidance is required. It is noted however that the majority of victims of domestic abuse are women, and the language used within this guidance reflects that.

The Scottish Government definition of domestic abuse:

Domestic Abuse (as Gender-Based abuse), can be perpetrated by partners or ex-partners and can include physical abuse (assault and physical attack involving a range of behaviour), sexual abuse (acts which degrade and humiliate women and are perpetrated against their will, including rape) and mental and emotional abuse (such as threats, verbal abuse, racial abuse, withholding money and other types of controlling behaviour such as isolation from family or friends). ([B23311 Domestic Abuse Final Txt](#))

3. Impact and Demographics

It is widely acknowledged that the majority of domestic abuse is not reported to the police and that on average women will experience abuse for up to 7 years or will be subject to thirty-five incidents of violence before involving the police. In 2023-4, 63,867 incidents of domestic abuse were recorded by the police in Scotland, 2433 of which were recorded in West Lothian. At a local authority area, West Lothian continues to record the 3rd highest incident rate per 10,000 population in the whole of Scotland, above the national average.

[Domestic abuse: statistics recorded by the police in Scotland, 2023 to 2024 - gov.scot](#)

The National Guidance for Child Protection in Scotland 2021, highlights there is evidence of links between domestic abuse and emotional, physical and sexual abuse of children and

children themselves can experience domestic abuse as 'coercive control' of the whole family environment, not just the non-abusing parent / carers.

Research has shown that:

- Almost 1 in 3 women aged 16-59 will experience Domestic Abuse in her lifetime.¹
- One in seven children and young people under the age of eighteen will have lived with domestic abuse at some point in their childhood.²
- In 75% to 90% of incidents of domestic abuse, children are in the same or the next room.³
- Children who live with domestic abuse are at increased risk of behavioural problems, emotional trauma, and mental health difficulties in adult life⁴.

Where children are involved, local Child Protection Procedures must be followed. These can be found here: [For professionals - West Lothian Public Protection Committees](#)

We know that domestic abuse is under reported, especially amongst older people with only 2% of recorded incidents in Scotland relating to victims aged 61 and over ([Domestic Abuse Police Stats](#)).

Domestic abuse seriously impacts upon victims of all ages, and research suggests that certain groups experience additional challenges and barriers ([Safe Later Lives](#)). For example, the pool of research which exists on domestic abuse and older people suggests that "*older women's experiences of domestic abuse are markedly different from those in younger age groups and that these differences have not been adequately acknowledged or accounted for*" ([Safe Later Lives](#)). This includes older people not being well represented within domestic abuse services. SafeLives (2016) engagement with frontline practitioners highlighted that "*people have the idea that domestic abuse affects younger women or women with young children, and that it doesn't really affect people over 65*". Some frontline practitioners gave examples of where this had led professionals to link injuries, confusion or depression to age related concerns rather than domestic abuse.

SafeLives insights dataset also found that clients over 60 years are less likely to have attempted to leave than those under this age group (17% vs 29%) ([Safe Later Lives](#)).

SafeLives research also found that older victims of domestic abuse are likely to have lived with the abuse for prolonged periods before getting help ([Safe Later Lives](#)). For example, of the older adults that were visible to services, a quarter had lived with abuse for more than 20 years. Women noted feeling increased anxiety about leaving behind a "*lifetime of contributions to the family business, homes, and other assets*" such as pets or treasured possessions. Often the expectation is that women leave, and this could potentially lead to them becoming destitute or in poverty in older years, this is also exacerbated by lack of access to pensions, time off work having children, part time work patterns over the lifespan for some, etc. For many older women it does not feel feasible to leave.

People with a long-standing illness or disability are twice as likely to experience domestic abuse as those with no long-standing illness or disability. For a person with a disability, the

¹<https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/domesticabuseinenglandandwalesoverview/november2019>

² <https://www.womensaid.org.uk/the-survivors-handbook/children-and-domestic-abuse/>

³ (Hughes, 1992; Abrahams, 1994).

⁴ World Health Organization, 'World Report on Violence and Health', ed. by Krug, Etienne G., et al., Geneva, 2002.

abuse they experience is often directly linked to their impairments and perpetrated by the individuals they are most dependent on for care, such as intimate partners and family members. Our national data shows that disabled victims are much more likely to be suffering abuse from a current partner (31%) than non-disabled victims (18%) ([SafeLives.org.uk](https://www.safelives.org.uk))

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

1 in 5 high-risk victims of domestic abuse report having attended A&E as a result of their injuries in the year before getting effective help. ([SafeLives.org.uk](https://www.safelives.org.uk))

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

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

Domestic abuse has significant psychological consequences for victims, including anxiety, depression, suicidal behaviour, low self-esteem, inability to trust others, flashbacks, sleep disturbances and emotional detachment.

Domestic abuse victims are at risk of complex post-traumatic stress disorder (CPTSD) – as many as two-thirds of victims of abuse (64%) developed CPTSD in one study.

Between 30 and 60% of psychiatric in-patients had experienced severe domestic abuse [SafeLives.org.uk](https://www.safelives.org.uk)

4. Domestic Abuse within the context of Adult Support and Protection

4.1 Adult Support and Protection (Scotland) Act 2007

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

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

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

Adults who meet the above criteria and the harm is perpetrated by a partner or ex-partner, and is characterised by a pattern of coercive control, require a response which follows both legislation and policy in relation to Adult Support and Protection and is also reflective of best practice in relation to domestic abuse (see section 6).

The Adult Support and Protection (Scotland) Act 2007 gives Councils and, in particular social work, lead responsibility for undertaking inquiries, with or without investigative actions, into the circumstances of adults at risk of being harmed.

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

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

4.2 How to make a referral

If a practitioner knows or believes that an adult is at risk of harm as per the Adult Support and Protection (Scotland) Act 2007, they should report their concerns immediately to their line manager and complete an Adult Support and Protection Referral. Details on how to do this can be found on the Public Protection website: [Refer an adult at risk of harm, abuse or neglect - West Lothian Public Protection Committees](#).

In addition, multi-agency staff should also refer to and comply with their own agency processes and protocols.

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

4.3 Unable to Safeguard

The first point of the three-point criteria set out in section 3 (1) of the Act relates to whether the adult is unable to safeguard their own well-being, property, rights or other interests. Most people will be able to safeguard themselves through the ability to take clear and well thought through decisions about matters to do with their health and safety, and as such could not be regarded as adults at risk of harm within the terms of the Act. However, this will not be the case for all people, and when a person is deemed unable to safeguard themselves, they will meet the first point of the three-point criteria.

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

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

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

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

Undue pressure may be applied by a person the adult is afraid of, such as a partner, family member, neighbour, carer, or other person. If the person is being put under undue pressure / influence by their partner or ex-partner, a response which is sensitive to the dynamics of domestic abuse is required.

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

Similar considerations apply to coercive control, which if perpetrated by a partner or ex-partner, can be defined as domestic abuse. In such situations the control exercised over a vulnerable person may also impact on their ability to take or action decisions that would protect them from harm.

It is therefore important to understand the person's decision-making processes. This should include an understanding of any factors which may have impacted upon them with the effect of impinging on, or detracting from, their ability to make and action free and informed decisions to safeguard themselves. If you know or believe this means they are unable to safeguard themselves, and they meet the other two points in the adult at risk of harm criteria, staff must make a referral to Social Work.

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

4.4 At Risk of Harm

To meet the second point of the 3-point criteria the adult must be assessed as being at risk of harm. Section 3(2) of the Act defines an adult as being at risk of harm if:

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

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

Section 53 states that "harm" includes all harmful conduct and gives the following examples:

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

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

5. Good Practice

5.1 Considerations for Practice

If you know or believe that the adult meets the 3-point criteria as set out in the Adult Support and Protection (Scotland) Act 2007, you have a duty to refer to the appropriate Council as detailed in section 4.1. Please refer to your agencies Adult Support and Protection policy.

If the adult is experiencing domestic abuse from a partner or ex-partner, an appropriate response which is **mindful of the dynamics of domestic abuse**, is also required whether or not they meet the criteria for a referral under ASP legislation.

In all cases involving domestic abuse, you should consider:

- **What is the full spectrum of abuse being experienced by the adult?**
- **Are there any children living in the same household?**
- **Does the adult meet the 3-point criteria for intervention under the ASP Act? (Consent is not required to make an ASP referral).**
- **What does the adult want to happen?**
- **Which family members are safe and appropriate to be involved in the ASP inquiry with or without investigative actions?**
- **Has a DASH Risk Identification Checklist been considered? (see section 5.3)? ***
- **Has a referral to a specialist domestic abuse service been considered? DASAT or Womens Aid?**
- **Has a referral to Multi Agency Risk Assessment Conference (MARAC) been considered (see section 6.4)? (Although consent is not required to make a referral to MARAC, it is best practice to discuss this with the adult, if safe to do so).**
- **What are they already doing to keep themselves safe?**
- **What safety options have you discussed with them? (See section 7) ***
- **Have the various specialist services been discussed with them? (See section 8)**

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

5.2 Responding to a Disclosure of Domestic Abuse



5.3 Domestic Abuse Risk Assessment

Principles of a good Risk Assessment:

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

Language used within assessments should reflect this.

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

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

There is also a Young Person’s RIC developed for use with people aged 16-18. This could also be considered for use with adults who have a learning disability.

The questions on the checklist should be asked of the adult survivor and will identify the risk posed by the person perpetrating the abuse.

The domestic and sexual assault team use the DASH RIC as their main assessment of risk and can be contacted for advice when using the tool. It is important that the DASH RIC is not used without prior experience or training.

Full practice guidance for the DASH RIC and a blank copy can be found here: [Resources for identifying the risk victims face | SafeLives.](#)

5.4 MARAC

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

Criteria for referring to MARAC is as follows:

- 14 or more positive (yes) answers on completion of SafeLives DASH RIC.
or
- Professional judgement
or
- Escalation – 3+ incidents in 12 a month period*
or
- Repeat incident – within 12 months: case should be referred again if ANY agency receives a report of a further incident, even if not reported to the police.

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

To make a referral to MARAC, contact: WestLothianMARAC@westlothian.gov.uk. Further information on MARAC can be found here [Multi Agency Risk Assessment Conference \(MARAC\) - Health & Social Care Partnership](#)

6. Safety Planning

Principles of Safety Planning



It is important to remember that the reason the safety plan is needed is because of the **perpetrator's** pattern of abusive behaviour. It is impossible to safeguard a victim of domestic abuse without looking at the person causing the harm and making attempts to disrupt their abusive behaviour.

West Lothian Council are committed to embedding the Safe and Together⁵ model across practice. Safe and Together is a model for the way in which we approach our work with families where domestic abuse and coercive control features. It is a child protection model that keeps **children's safety and wellbeing** at the core of assessment whilst clearly **aligning ourselves with the non-offending parent** and **holding the offending parent accountable** for the abuse.

The Safe and Together model offers a number of assessment tools for practice, including Multiple Pathways to Harm and Perpetrator Pattern Mapping Tool. Use of these tools should be by practitioners who are suitably trained, we encourage you seek support from Safe and Together champions in your service area if you are not trained.

⁵ <https://safeandtogetherinstitute.com/>

It is also essential to understand and respect that a victim/ survivor of domestic abuse is the expert in their own experience and the default position from professionals should NOT be to encourage the victim to contact the police or leave the relationship. This could ultimately increase risk. The Duluth Power and Control wheel (appendix 2), alongside the DASH RIC referenced in 5.3 will not only support professionals to identify domestic abuse but can also be used to support victims name the abuse.

Below are some useful questions and points to include in the discussion about safety plans in identifying risk:

- Could you tell me what the survivor is already doing to keep safe
- What have they done or considered in the past to keep safe?
- What do they need to be safe?
- Who would they like to contact now? What can you do to help that happen?
- What are the available options?
- What do they need services to do to support their efforts in protecting themselves and any child/ren?

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

Safety Planning Suggested Actions:

- Try to keep mobile phone charged and with you at all times in case you have to lock yourself in a room.
- Diary/log any abuse including abusive calls, texts and emails. This will help identify any patterns or triggers
- Plan an escape route – think about where you will go so that you can call the police or alert a neighbour and keep a spare set of keys.
- Avoid rooms like the kitchen or garage, which contain objects that could be used to harm.
- Tell a neighbour to call the police if they hear anything or see their partner/ex-partner around the house.
- Keep a record or diary of incidents. Consider the Follow It app ([FollowItApp](#))
- Download Hollie Guard app ([Hollie Guard – Personal Safety App](#)).
- Keep important documents together and in a safe place.
- Pack a bag of essentials and store somewhere safe.
- Keep some cash or a separate bank account with funds available and hidden.
- Referral to local services such as DASAT or Women’s Aid.

A full and comprehensive guide to safety planning and a sample safety plan template can be found here: [Safety tips | Scottish Women's Aid](#)

7. Adult Support and Protection - Protection Orders

The Adult Support and Protection (Scotland) Act 2007 enables Councils to apply to a Sheriff for a Protection Order where the adult is at risk of ‘serious harm’. This includes a Removal Order, Assessment Order and a Banning Order or a Temporary Banning Order.

Where the adult has the capacity to make decisions, the application cannot be granted by the Sheriff if the adult does not consent to the order unless it can be evidenced that the adult has been subject to undue pressure to refuse consent, or they lack capacity.

A Banning Order / Temporary Banning Order can:

- Ban a perpetrator who is the subject of the order from being in a specified place,
- Ban the subject from being in a specified area in the vicinity of the specified place,
- Authorise the ejection of the subject from the specified place and the specified area,
- Prohibit the subject from moving any specified thing from the specified place,
- Direct any specified person to take specified measures to preserve any moveable property owned or controlled by the subject which remains in the specified place while the order has effect,
- Be made subject to any specified conditions,
- Require or authorise any person to do, or to refrain from doing, anything else which the sheriff thinks necessary for the proper enforcement of the order.

A Removal Order:

- Enables the adult at risk of serious harm to be removed from their current location and taken to a suitable place to protect them.

An Assessment Order:

- Enables the adult at risk of harm to be taken to a suitable place to facilitate a private interview and / or a medical assessment (adult's consent is required).

Further information can be found in the [Adult Support and Protection \(Scotland\) Act 2007 Code of Practice](#)

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

8. Local and National Resources

A directory of services/contacts/resources can be found at the link below:

[West Lothian Gender Based Violence Service Directory - Health & Social Care Partnership](#)