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Domestic abuse- and trauma-informed practice: companion document





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Summary

This document is designed to support all professionals working with women, children and young people affected by domestic abuse and/or perpetrators and aims to strengthen awareness and understanding about trauma-informed and domestic abuse-informed practice. Each section provides guidance for how professionals supporting women, children and young people affected by domestic abuse and/or perpetrators can do so in a trauma-informed way that recognises the nature, prevalence and impact of domestic abuse. The sections provide more detail on the following key messages:

The nature and prevalence of domestic abuse:

It is estimated that one in three women and one in five children and young people are affected by domestic abuse in Scotland, but these figures are likely to be severely under-reported. Domestic abuse is complex trauma because of length of time, where it occurs, and the intimate relationships it occurs within.

The importance of victims/survivors' resilience, strengths and protective efforts:

It is key to understand that traumatic experiences like domestic abuse do not equate with poor decision making and negative outcomes. Working in a trauma-informed and domestic abuse-informed way means recognising the strengths and protective efforts of domestic abuse victims/survivors, and supporting their resilience and recovery.

Working with perpetrators of domestic abuse:

Recognising the prevalence and impact of trauma includes understanding that domestic abuse perpetrators may also have experienced trauma. Professionals can work with perpetrators in a way which acknowledges their trauma and potential substance use and mental health issues, whilst also acknowledging that the perpetrator is manifesting a pattern of behaviours which are harmful to other people.

The impact of domestic abuse on victims/survivors:

Whilst living through trauma is relatively common, the experience and its impact is often hidden. Domestic abuse may impact victims/survivors' coping responses, and experiences of coercive control may impact their relationships with others and create barriers for seeking help and engaging with services.

The importance of resisting re-traumatisation:

At a minimum, systems should endeavour to do no harm. Yet, the way in which systems blame victims/survivors or blame them for their efforts to manage their reactions can create re-traumatisation. There is growing evidence that trauma-informed workforces, systems and services can result in better outcomes for people affected by trauma.

The central importance of relationships for victims/survivors of domestic abuse:

Evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. It is important to understand the role of relationships for victims/survivors of domestic abuse, including their relationship with the perpetrator and with professionals in support services.

The importance of workforce safety and wellbeing for professionals supporting victims/survivors of domestic abuse and those working with perpetrators:

It is vital that staff feel safe, supported and well when they are caring for and supporting others, particularly because professionals directly supporting women, children and young people affected by domestic abuse, or who work with perpetrators, face an increased risk of experiencing vicarious trauma.



Aims, audience and scope

It is the Scottish Government's and COSLA's ambition for Scotland to be a trauma-informed and responsive nation, and for everyone in Scotland's workforce to receive training and support to understand the key role they have to play in responding to psychological trauma.

In communities across Scotland, women, children and young people experiencing domestic abuse are at increased risk of harm and trauma both while restrictions are in place to respond to the COVID-19 pandemic and as we move towards recovery and renewal. At times of crisis, systems may revert back to non-domestic abuse-informed practice that can retraumatise women, children and young people, by blaming them for what has happened and by making decisions for them rather than with them. We also know that the pandemic has increased the risk of staff experiencing chronic stress, burnout and vicarious trauma, and that the negative impact on practitioners across services and systems supporting families affected by domestic abuse is immense. Given that the risk and intensity of domestic abuse are likely to be heightened for the foreseeable future, it is more vital than ever that systems and services are in place locally and nationally that embed and promote good practice and that practitioners are themselves supported and well in order to support others.

As such, this companion document is designed to support all professionals working with women, children and young people affected by domestic abuse and/ or perpetrators to:

- Strengthen their understanding of domestic abuse as complex trauma;
- Strengthen their understanding of trauma-informed practice, and strengthen their skills, knowledge and confidence in working with people affected by domestic abuse in a trauma-informed way;
- Strengthen their understanding of how domestic abuse-informed practice builds on the key principles of trauma-informed practice to help improve outcomes for women, children and young people affected by domestic abuse and hold perpetrators to account; and
- Strengthen their understanding of how taking a domestic abuse- and trauma-informed approach to practice can support staff wellbeing and safety.



Key principles

Led by NHS Education for Scotland, the National Trauma Training Programme (NTP) has produced a [knowledge and skills framework](#) for the Scottish workforce, alongside training resources appropriate for all levels across the workforce. The principles of trauma-informed practice referred to throughout this document are those developed by the NTP, based on international research, evidence and collaboration with people with lived experience of trauma.

Being trauma informed means being able to recognise when someone may be affected by trauma, collaboratively adjusting how we work to take this into account and responding in a way that supports recovery, does not cause further harm and recognises and supports people's resilience. The key principles underpinning trauma-informed practice, services and systems are safety, collaboration, trust, empowerment and choice.

Trauma is everyone's business and all members of the Scottish workforce have a role to play in understanding and responding to people affected by trauma. This doesn't mean that everyone needs to be a trauma expert - we know that different expertise and skills are required to support people's recovery – but instead that all workers, in the context of their own role and work remit, have a unique and essential trauma-informed role to play in responding to people who are affected by trauma.

The principles of domestic abuse-informed practice referred to throughout this document recognise that women, children and young people at all ages and stages of life can be affected by domestic abuse.¹ We also know that many women, children and young people affected by domestic abuse may have experienced other kinds of trauma and adversity in their lives. The [2019 Scottish Health Survey](#) found that just over one in seven adults reported experiencing four or more adverse childhood experiences (ACEs,

which are defined as stressful or traumatic experiences that occur during childhood). Twenty-four per cent of respondents reported experiencing domestic abuse.

Domestic abuse-informed services, systems and workforces also recognise the risk and impact of domestic abuse on children. We know that, in Scotland, domestic abuse is one of the primary reasons for children being placed on the child protection register and is also one of the most common grounds of referral to the Children's Hearing System. The key principles highlighted throughout this document are grounded in the [Safe & Together model](#), an internationally recognised, evidence-based suite of tools and interventions designed to support child protection professionals to become domestic abuse informed. The model provides a set of principles and components that guide domestic abuse-informed practice. These include keeping the child safe and together with the non-offending parent; partnering with the non-offending parent as the default position; and intervening with the perpetrator to reduce risk and harm to the child.

While anyone is at risk of experiencing trauma and adversity, different factors can increase the risk and can impact people's safety, recovery and access to support. For example, as a result of their gender, we know that women are significantly more likely than men to experience domestic abuse

¹ Domestic abuse-informed services, systems and workforces recognise that many women who are affected by domestic abuse are women who do not have children or whose children no longer live with them, are women and/ or children who do not live with the perpetrator, and women at different ages and stages of life.



during their life. It is important to note that women, children and young people with protected characteristics and/or those experiencing socio-economic disadvantage may face additional barriers to accessing support for domestic abuse and other forms of complex trauma. This includes minority ethnic women and girls; refugees and asylum seekers, disabled women and girls (including those with learning disabilities); LGBTI people and women at different ages and stages of life (including young women). Additionally, people with multiple complex needs, including homelessness, alcohol and drug use, mental health issues and a history of offending behaviour may also face an increased risk of trauma and additional barriers to accessing support. We also know that women and girls often experience multiple forms of gender-based violence, including rape and sexual assault, stalking and harassment, so-called “honour-based” violence such as forced marriage and female genital mutilation, and commercial sexual exploitation.

Finally, it is key that our understanding of domestic abuse is rooted in a gendered analysis. [Equally Safe](#), Scotland’s strategy for preventing and eradicating violence against women, recognises that women and girls are at an increased risk of violence and abuse precisely because they are female. Gender-based violence, such as domestic abuse, is a function of gender inequality and an abuse of male power and privilege. By referring to violence as “gender based” this definition highlights the need to understand violence within the context of women’s and girl’s subordinate status in society.² Such violence cannot be understood, therefore, in isolation from the norms, social structure and gender roles within the community, which greatly influence women’s vulnerability to violence.³

This document also draws on the good practice principles outlined in Scottish Women’s Aid and COSLA’s [Good Practice in Commissioning Specialist Domestic Abuse Services](#) and SafeLives’ [Leading Lights Standards for Community-Based Domestic Abuse Services](#).

2 For more information on a gendered analysis of violence against women see: [Tackling violence against women and girls: what about the men? Elected member briefing note](#) (Improvement Service, 2021)

3 United Nations Declaration on the Elimination of Violence Against Women (1993) and Equally Safe (2016, refreshed 2018).



Key messages

Trauma-informed practice and domestic abuse-informed practice should not be seen as siloed ways of working, but rather as mutually reinforcing and complementary models of working that can help ensure the best possible outcomes for victims/survivors of domestic abuse.

The key principles of a trauma-informed approach underpin domestic abuse-informed practice. Domestic abuse-informed practice builds on these key principles in taking a perpetrator pattern, survivor strengths-based and—where relevant—child-centred approach when supporting women, children and young people affected by domestic abuse, as well as engaging with perpetrators of domestic abuse.

It is vital that professionals supporting women, children and young people impacted by domestic abuse or working with perpetrators to help them change their behaviour have access to high-quality trauma training relevant to their role to strengthen awareness and understanding of psychological trauma, its impact and their role in recovery and safety. It is equally vital that those same professionals have access to high-quality training to develop their domestic abuse-informed practice to strengthen their confidence, skills and knowledge in the complexities of domestic abuse, and their role in supporting adult and child victim/survivors and/or work with perpetrators to hold them to account for their behaviour. More information about training and online learning resources are available at the end of this document.

If professionals have a shared language and understanding of trauma more widely, and domestic abuse more specifically, this will help to strengthen collaborative working across services and systems, strengthen consistency in support for women, children and young people, and will mean that victims/ survivors are more likely to see adult and child protection systems, amongst others, as supportive resources, which will help improve their short- and long-term outcomes.

Alongside strengthening workforce knowledge and skills, it is crucial that our services and systems are informed by people with lived experience of trauma and domestic abuse. Experts and people with lived experience highlight that it is imperative that people with lived experience have the opportunity to contribute meaningfully to how services are designed, in order to help decision makers and commissioners understand what helps people in their recovery and how barriers to accessing services and support can be minimised. It is important for decision-makers to consider how this can be done safely and effectively.



Policy context

There are multiple local, national and international drivers for developing services, systems and workforces in Scotland that recognise the impact and prevalence of trauma and domestic abuse, and respond in ways that support recovery and do no further harm.

The [Scottish Government's Mental Health Transition and Recovery Plan \(2020\)](#) acknowledges the impact of the pandemic on individuals' mental health, outlining their commitment to ensuring that people get the right support, at the right time, and in the right setting, to support mental health recovery in a way that is personal to each individual's journey and which focuses on their rights. The Plan highlights the increased risk for women, children and young people affected by gender-based violence during the pandemic and the impact on their mental health. Domestic abuse- and trauma-informed workforces, systems and services are integral to supporting this person-centred, rights-based approach, by minimising barriers to support and working collaboratively with people affected by trauma and domestic abuse to ensure choice and empowerment.

The central tenets of the United Nations Convention on the Rights of the Child (UNCRC), on which Scotland's [GIRFEC approach](#) is based, highlight the right for children to be heard and involved in decisions about their life.

A domestic abuse-informed and trauma-informed approach embeds these rights, recognises the traumatic impact of domestic abuse on children, listens to them and puts children at the centre of all decision making.

A key part of [Public Service Reform](#) is prevention and early intervention. As such, the focus for community planning partners is on designing and delivering better services for people in their local areas, with an emphasis on tackling inequalities, improving local outcomes and making the best use of public resources. Central to domestic abuse- and trauma-informed workforces, systems and processes is a focus on early intervention and prevention. This helps to improve safety for adult and child victims/survivors, reduces unnecessary removals and associated costs of care, and helps to reduce the impact of domestic abuse and trauma on victims/ survivors' long-term outcomes.

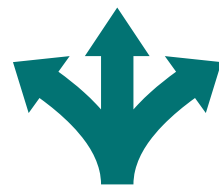


Structure

The following sections follow the “Rs” of trauma-informed practice, as outlined by the NTPP. Working in a trauma-informed way means:



Realising how common the experience of trauma and adversity is



Recognising the different ways that trauma can affect people



Responding by taking account of the ways that people can be affected by trauma to support recovery, and recognising and supporting people's **resilience**



Looking for opportunities to **resist** re-traumatisation and offer a greater sense of choice and control, empowerment, collaboration and safety with everyone you have contact with



Recognising the central importance of **relationships**

Each section provides guidance for how professionals supporting women, children and young people affected by domestic abuse can do so in a trauma-informed way. Each section demonstrates how domestic abuse-informed practice supports and strengthens each of the “Rs”, and supports professionals to strengthen their understanding of the complexities of

domestic abuse and how it is a traumatic experience. The final section highlights the need to prioritise staff wellbeing and safety and ensure professionals have the skills, knowledge and confidence to work with victims/survivors and perpetrators of domestic abuse in a trauma-informed way.



Trauma-informed services, systems and workforces

Realise the nature and prevalence of domestic abuse

Psychological trauma is often defined as a wide range of traumatic, abusive or neglectful events or series of events in childhood and/or adulthood, which are experienced as being emotionally or physically harmful or life threatening. This could be a single incident such as rape, suicide, sudden bereavement or a serious accident, or complex trauma that takes place over a prolonged period of time, such as child abuse. Complex trauma is usually experienced in the context of close relationships, persists over time and is difficult to escape from. Trauma is much more common than we once thought, and recent research estimates that 60% of people in the UK have experienced some form of trauma in their lives.

Domestic abuse is a course of behaviour by a perpetrator that is abusive towards a partner or ex-partner, and can include coercive control, psychological, financial, emotional and/or physical abuse. When engaging with perpetrators, some of whom may also have also experienced trauma, it is crucial to help them understand that decisions to perpetrate domestic abuse lie with them and, where children are involved, this behaviour should be seen as their parental responsibility. This approach places the perpetrator's behaviour as central to adult and child victims/survivors' safety and wellbeing and holds perpetrators accountable for the impact on partner, children and family functioning.

Domestic abuse is complex trauma because of:

- The cumulative impact of **coercive control across a period of time**, rather than a single "event". Crucially, when considering domestic abuse, it should be recognised that the abuse may be historic, recent and/ or current;

- **Where it occurs.** A perpetrator's abuse and control often occur in the location—home—that is supposed to provide the greatest sense of stability and safety for adults and children;
- The **intimate relationship** between the perpetrator and the victim/survivor;
- The **perpetrator's access** to the victim/ survivor, which allows them to exert influence and control, like controlling finances or access to family and friends;
- The **impact of coercive control** on the victim/survivor's emotional wellbeing, their access to services and the efficacy of those services on the victim/ survivor's outcomes.



KEY POINT

It is estimated that one in three women and one in five children and young people are affected by domestic abuse, but these figures are likely to be much higher given that domestic abuse is severely under-reported. Given the prevalence highlighted above, if you are a professional who supports women and/or children and young people, it is very likely that at times you will be engaging with people who have been affected by trauma, such as domestic abuse. Realising the prevalence of trauma and domestic abuse means that we cannot be trauma informed without being domestic abuse informed, and vice versa.



IN CASES WHERE CHILDREN ARE INVOLVED

The behaviour of domestic abuse perpetrators is one of the more common sources of traumatic experiences for children and families. Domestic abuse perpetrators often engage in behaviours that are both directed at their adult partner/ former partners and also directly and indirectly involve and harm their children.



KEY QUESTIONS

- Do professionals supporting women with wider needs—such as housing, alcohol and drug use and mental health—understand the prevalence of domestic abuse and the ways in which this experience may impact on women’s ability to engage with support for those wider needs?
- Do professionals working across different policy areas collect and analyse data that helps to identify which individuals and families are impacted by domestic abuse, and how that may intersect with other support needs they have?
- Is domestic abuse perpetration recognised as a pattern of behaviour that causes significant harm to the adult victim/survivor? Where children are involved, is domestic abuse perpetration recognised as causing significant harm to the child(ren) and is this behaviour recognised as the perpetrator’s parental responsibility?



Trauma-informed services, systems and workforces

Recognise the impact of domestic abuse on victims/ survivors

We now understand that, whilst living through trauma is relatively common, the experience and its impact is often hidden. Although many people show remarkable resilience, it remains a fact that people who experience trauma are at higher risk of experiencing poorer outcomes at all stages of their lives if they do not have access to the right support at the right time.

As a traumatic experience, domestic abuse may impact victims/ survivors' coping responses, and experiences of coercive control may impact their relationships with others and create barriers for seeking help and engaging with services. Often this victimisation correlates with higher rates of mental health and substance use issues in young people and adults. This means that it is vital that professionals have a strong understanding of the traumatic impact of domestic abuse so that they can recognise, understand and respond to women, children and young people's coping strategies, which may present at first as challenging behaviour or an unwillingness to engage with support, particularly in situations when they feel threatened, unsafe or there is a risk of being separated from their child. Similarly, it is vital that professionals have a strong understanding of the range of tactics used by people who perpetrate domestic abuse. For example, this may include the perpetrator highlighting the victim/survivor's mental health or substance use issues in an attempt to take focus away from their own abusive behaviours. If professionals have strengthened knowledge and understanding of the impact and signs of trauma, they are more likely to feel confident in identifying where women, children and young people affected by domestic abuse may need support and help to reduce those barriers to support.

Working in a trauma- and domestic abuse-informed way means being able to make assessments which understand how domestic abuse, as complex trauma, may impact adult and child victims/ survivors in the short and long term. When considering interventions for victims/ survivors, remember that:

- Experiences of domestic abuse, including coercive control, may be historic, recent and/ or ongoing;
- Some coping responses or behaviour used to manage distress linked to past or current trauma might impact the safety and stability of victims/ survivors;
- Substance and alcohol use and mental health issues resulting from past or current trauma are likely to impact victims/ survivors gaining access to some services, or maintaining stable housing;
- It is important to think holistically about the victim/ survivor's needs. For example, a mental health assessment should consider the impact of historic, recent and/ or ongoing experiences of domestic abuse, and specialist domestic abuse support should consider the potential impact of trauma on the victim/ survivor's mental health; The impact of coercive control on experiences of trust and relationships means that victims/ survivors may be the least likely to seek or receive help and support.

Adopting this approach will help reduce the risk that a victim/ survivor's reluctance/ inability to engage with an intervention is wrongly assessed in



reports and case histories as non-compliance rather than a manifestation of the trauma they have experienced. Such an assessment may result in negative implications for child safety, family court decisions and treatment plans and lead to the re-traumatisation of the victim/ survivor.



KEY POINT

Recognising the impact of domestic abuse means ensuring that we do not have a primary or exclusive focus on physical harm, which can limit or simplify our understanding of how perpetrators harm victims/survivors. Where physical harm is happening, it is important to remember that assaults are often part of broader pattern of non-physical control directed at victims/ survivors, and even the assaults themselves can broadly affect victims/survivors' safety and stability. We need to recognise non-physical forms of control, such as through perpetrators' psychological, emotional and financial abuse.

A perpetrator pattern-based approach means focusing on a perpetrator's behaviour and holding them accountable for their behaviour. This includes ensuring that abusive behaviours and their impact are defined and described, and recognising that the perpetrator's abusive pattern of behaviour is their responsibility and, where relevant, is the source of harm caused to children. This approach also means that standards for men as parents are clear and, where relevant, child centred. A perpetrator pattern-based approach is applicable, regardless of whether the perpetrator is engaged or not, and this approach can help reduce the influence of race, class and ethnic stereotypes and firmly attributes responsibility for harm with the perpetrator.



IN CASES WHERE CHILDREN ARE INVOLVED

Do not assume that experiences of past or current trauma will automatically impact on the adult victim/ survivor's functioning as a parent. Consider whether and how it impacts parenting, employment, wider family functioning or access to services. If we only focus on physical harm, we can lose focus on aspects of the pattern of abuse including the perpetrator's name calling, neglect of a child's basic needs, or interference with the adult victim/survivor's parenting.



KEY QUESTIONS

- What is your assessment of current safety using a perpetrator pattern-based approach? What is the emotional relationship between the person causing the harm and the victim/ survivor? What access does the perpetrator have to the victim/ survivor and, if relevant, their children? When undertaking assessments, make sure you tell the story of how the perpetrator's decisions to be abusive can have broad and far-reaching implications for the safety and wellbeing of the adult/ child victim/ survivor.
- Are you considering the perpetrators' wide ranging patterns of coercive control? For instance, there might have been physical and sexual violence or threats, but are you considering other coercive behaviours not always identified as traumatic, such as the control of finances, food, limiting the family's social activities and access to transportation?
- What implications might this kind of coercive control have for the victim/ survivor's physical safety, possible access to support and family stability? How might this kind of coercive control impede our efforts to support victims/survivors?



Trauma-informed services, systems and workforces

Recognise the central importance of relationships for victims/survivors of domestic abuse

Working in a trauma- and domestic abuse-informed way means recognising the importance of relationships for women, children and young people affected by domestic abuse. This includes:

- the relationship between the perpetrator and the adults and/ or children affected by domestic abuse;
- the relationship between professionals and the adults and/ or children affected by domestic abuse; and
- relationships across services that create a joined-up approach to supporting victims/ survivors and engaging with perpetrators.

When offering support to victims/ survivors, consider the role of the perpetrator. It is important that professionals understand and assess how a perpetrator may use their relationship to enact control over victims/ survivors in different ways. These considerations apply whether the perpetrator continues to live in the same home as the victim/ survivor or not. A perpetrator, irrespective of where they may live, will still continue to influence a sense of physical and emotional safety through a range of tactics and a pattern of stalking, harassment, tactics of control, violent behaviour and/or threats.



KEY QUESTIONS

- Can the victim/ survivor safely access services? Does she want to engage in services? What are her needs? Do services make things better for her and, if relevant, her family?
- How does the perpetrator view her help seeking for the children i.e. taking them to therapy, seeking support for illnesses and disabilities etc?
- How does the perpetrator interfere with or control the professionals and services?
- How does the perpetrator undermine the treatment through persistent abusive behaviour and/or control tactics, such as questioning the victim/survivor about the intervention or encouraging or threatening them to keep secrets from professionals?



When supporting women, children and young people who may be affected by domestic abuse, it is important to understand that safety concerns, in terms of fear of reprisals from a family member with a history of violence and abuse, may impact the identification of trauma and also the determination of whether conditions are safe to access support or services.



KEY QUESTIONS

- Consider who is present when family members are being interviewed or assessed, how professional involvement is explained to the family members, how information will be used and who will have access to it.
- Adults who are victims/ survivors of domestic abuse may be concerned that revealing a history of violence and abuse will have implications beyond the offer of services or support. Victims/survivors often need reassurance that they will not be blamed for the perpetrator's behaviour and that their protective efforts will be acknowledged and valued.
- Judgement, stigma, shame and blame need to be recognised and understood by professionals. If there are children involved, is the victim/survivor worried that the children are at risk of being removed from her care if she opens up about domestic abuse?

Evidence shows that safe and supportive relationships are the best predictors of recovery following traumatic experiences. Whilst those affected by trauma may be amongst those most likely to need to engage in effective relationships with services in order to access the care, support and interventions they require, the impact of trauma on relationships means that they may be the least likely to seek or receive this help and support. People with experience of trauma consistently highlight the importance of their relationships with workers in accessing the supports, interventions or life chances they needed. Evidence shows that the development of a trusting relationship with a worker had the greatest impact upon people's capacity to seek and receive care, support or interventions.

Central to domestic abuse-informed practice is the principle of partnering with victims/survivors. Victims/survivors need to know that they can talk to any professional about their experiences without the risk of punitive interventions. By partnering with victims/ survivors and giving the clear message the perpetrator is responsible for the domestic abuse, trust is developed between victims/ survivors and professionals. This is the first step for women, children and young people to access support and safety.



KEY QUESTIONS

- What experiences did the victim/survivor have with previous services when she disclosed domestic abuse?
- What are some of the barriers the victim/survivor experienced when trying to access support (either for domestic abuse, or support for other needs, like the GP, clinics, alcohol/ drug use services)? Has the victim/survivor been harmed by multiple domestic abuse perpetrators in her life?



IN CASES WHERE CHILDREN ARE INVOLVED

Where there is domestic abuse and trauma impacting a family, it is critical that both aspects, as well as the intersection between them, are included in all aspects of our work with them. The impact of trauma on parents should not dominate the assessment, case decision or identification of risk and safety concerns, but rather a comprehensive understanding of how each issue relates to impact on wider family functioning. Throughout, we should address the domestic abuse perpetrator's responsibility as a parent for the impact on their child and family functioning. Key questions include:

- Can the child safely access services?
- Does the perpetrator have access to professionals involved with the child, like their therapist, or have access to their records because of their role as a parent?
- How does the perpetrator undermine the treatment through persistent abusive through persistent abusive behaviour or control tactics, such as questioning the child about the intervention or encouraging or threatening them to keep secrets from professionals?
- How does the perpetrator view the victim/ survivor's help seeking for the children, i.e., taking them to therapy, seeking support for illnesses and disabilities etc?
- When collaborating with other professionals about a domestic abuse survivor's experiences of trauma, make sure that the perpetrator is the focus of conversations around the impact of domestic abuse on the child.

In many cases, a domestic abuse perpetrator who takes little or no responsibility for their own behaviour cannot be a constructive part of a child's treatment or support and the impact of on-going contact with this person needs to be assessed. Even when the perpetrator accepts some or all of the responsibility for their behaviour, that person will often need the support of a separate treatment program for their abuse in order to translate that awareness into on-going, dependable behaviour change. Whether that person actively accepts responsibility or not, the worker needs to consider whether the perpetrating parent will interfere with or support the child's involvement with support.



Trauma-informed services, systems and workforces

Recognise and support victims/survivors' resilience, strengths and protective efforts

We know that resilience and adaptation is a natural and common response to trauma and is associated with a range of protective factors operating at the individual, family and societal levels. This can include good emotional coping and problem-solving skills, positive experience of care-giving relationships, education and supportive social networks and communities.

Often there is an assumption that domestic abuse victims/survivors have made poor decisions and that their experiences will result in negative coping strategies, like substance use or poor mental health, and that, if there are children involved, this will impact negatively on parenting capacity. Trauma history and mental health diagnosis may even be used against victims/survivors in child protection, family courts or other systems. However, it is key to remember that traumatic experiences like domestic abuse do not equate with poor decision making and negative outcomes. Working in a trauma-informed and domestic abuse-informed way means recognising the strengths and protective efforts of domestic abuse victims/ survivors, and endeavours to preserve, support and, where needed, intervene to support resilience and recovery for women, children and young people.



IN CASES WHERE CHILDREN ARE INVOLVED

Partnering with the non-offending parent means viewing them as our best ally around child safety. Often, survivors can feel blamed for the impact of domestic abuse perpetrator's behaviour on their children. Our systems can hold higher standards of parenting for mothers than fathers and professionals may fail to engage with fathers, particularly those who are abusive to members of their family. Well intentioned responses to a survivor's disclosure that she has been traumatised by experiencing domestic abuse may result in responses in systems which focus on her perceived 'failure to protect' her children.

A strengths-based assessment addresses gender double standards of parenting by valuing things that might normally be expected of mothers. This approach moves away from a limited understanding that protective efforts only include leaving, calling the police or obtaining a court order. A comprehensive strengths-based lens highlights the ways in which victims/ survivors provide their children with physical and emotional safety, support healing from trauma and provide a nurturing and stable environment for their children. Highlighting victims/survivors' protective capacities creates positive strength-based partnerships with victims/survivors.



KEY POINT

Reviewing victims/ survivors' protective capacities involves a strengths-based assessment of the multiple ways in which they are undertaking actions to keep themselves, and any children they may have, safe in the context of the perpetrator's behaviour pattern.



KEY QUESTIONS

- Do assessments include information about victims/ survivors' strengths and protective efforts?
- Is there evidence in files that professionals regularly attribute these protective efforts directly to the victim/ survivor?
- Where children are involved, does documentation show the multiple ways in which the victim/survivor has provided physical and emotional safety, supported healing from trauma and provided a nurturing and stable environment for their child?
- Where children are involved, does your organisation record how each parent separately contributes or detracts from children's wellbeing around the various SHANARRI indicators?



IN CASES WHERE CHILDREN ARE INVOLVED

We also need to consider how siloes between systems or gaps in information sharing or assessments can be used as a tactic by perpetrators in a variety of ways, as a wider pattern of coercive control. This may include making false allegations about the adult victim/survivor's experiences of trauma and mental health and/or exploiting the adult victim/ survivor's vulnerabilities. Any perceived or real problems that an adult victim/survivor may have, including her potential experiences of trauma, can be exploited by the perpetrator to focus systems on the adult victim/ survivor's 'failings' and away from the perpetrator's abusive behaviours and responsibilities as a parent. Even victim/ survivors' behaviour that could be perceived as a strength, such as accessing recovery support for trauma, can be used by the perpetrator as 'evidence' of an adult victim/ survivor being an unfit parent. Even when the perpetrator has caused or exacerbated the problem, these losses can be presented as evidence to professionals of the adult victim/ survivor's instability and unfitness as a parent. There are times when perpetrators present as the most functioning parent, yet the perpetrator is the source of the victim/ survivor's trauma.

Because many professionals and systems have higher expectations of women than men as parents, women are more vulnerable to scrutiny and negative judgments than men when it comes to child protection, custody and other parenting issues. There is a need to explicitly talk about holding the perpetrator to the same standards of parenting and assessing the harm he is causing to his child/ren as a father, as well as the harm he is causing to their mother.



KEY QUESTIONS

Often a variety of systems are engaged with families where there are complex, intersecting issues. Systems including specialist mental health and substance use providers can feed into statutory systems, which have significant power by contributing to their information gathering and assessments. Siloes between systems can be used tactically by domestic abuse perpetrators in a variety of ways. For example, when a domestic abuse perpetrator provides his partner with drugs, then reports her to child protection for relapsing and neglecting her children, he depends on action by systems and services to achieve his objectives like punishment or removal of her children from the home.

- Wherever possible, do the risk assessment tools and reporting frameworks that are used across different policy agendas support a consistent approach to promoting shared principles/ approaches when working with women, children and young people?
- Are effective processes in place for addressing issues that cut across different policy areas to avoid 'siloes' or inconsistent approaches to working with women, children and young people affected by domestic abuse?



Trauma-informed services, systems and workforces

Respond with that recognition in mind and resist re-traumatisation for victims/survivors of domestic abuse

There is growing evidence that trauma-informed workforces, systems and services, where the impact of trauma is understood by staff, and systems are adapted accordingly, can result in better outcomes for people affected by trauma. Working in a trauma-informed way with victims/ survivors of domestic abuse means:

- Doing no harm;
- Supporting recovery;
- Removing potential trauma-related barriers; and
- Resisting re-traumatisation.

At a minimum, systems should endeavour to do no further harm. Yet, the way in which systems blame victims/ survivors or blame them for their efforts to manage their reactions can create re-traumatisation. Victims/ survivors highlight that a lack of consistent practitioners, being forced to continually re-tell their story, not being believed, long waiting lists or complex processes to access support, and physical service environments that feel unsafe and unwelcoming can be re-traumatising.

There is a need to ensure that all professionals working in an organisation have the knowledge, skills and ongoing support they need to make trauma-informed decisions when working with victims/ survivors of domestic abuse. While it is essential that professionals who come into direct contact

with women and children who have experienced domestic abuse receive adequate training to identify and respond to victims/ survivors in an informed way, it is equally important that their supervisors/ managers also receive appropriate training to support them with this task.

It is also critical that policies and processes across all relevant policy agendas promote consistent messages and principles about ensuring a trauma-informed approach is taken to engaging with women, children and young people who have experienced domestic abuse. Where appropriate, this may include ensuring information sharing systems are in place that minimise the need for women, children and young people to disclose their trauma to multiple professionals.



IN CASES WHERE CHILDREN ARE INVOLVED

Systems can re-traumatise children and/or their parents. This can include unnecessary removals, judgments on decision making, threatening to remove children from victims/ survivors' care, separations and re-traumatisation created by tone and blame.



KEY POINT

Training is critical for strengthening professionals' skills, knowledge and confidence in supporting women, children and young people who have experienced domestic abuse in a trauma-informed way. But evidence shows that training will only be effective if leadership and management at all levels promote working in a joined-up way, create trauma-informed environments for staff, and embody trauma-informed principles themselves. We also know that, to ensure training has a long-term and positive impact on practice, it is vital that there are structures in place for monitoring and maintaining staff wellbeing, including supervision.



KEY QUESTIONS

- Are effective processes in place for addressing issues that cut across different policy areas to avoid 'siloed' or inconsistent approaches to working with women, children and young people who may have experienced domestic abuse?
- Is there a workforce development strategy in place that aims to ensure that all professionals who come into contact with women, children and young people have the training and support they need to identify and respond to domestic abuse in a trauma-informed way?
- Do you have any specialised domestic abuse tools, guidelines or instructions for front line staff across different policy areas that raise awareness of specific barriers victims/survivors may experience and actions that professionals can undertake to resist re-traumatisation and support recovery?
- Do staff across the organisation receive training on how to recognise and address the intersection of trauma, domestic abuse and other support needs?

The final section highlights key messages around prioritising staff wellbeing and safety. Ensuring staff feel safe and supported strengthens professionals' ability to work in a trauma-informed way when supporting women, children and young people affected by domestic abuse.



Trauma-informed services, systems and workforces

Promote workforce safety & wellbeing for professionals supporting women, children and young people affected by domestic abuse and those working with perpetrators

Domestic abuse can be one of the most difficult and complicated issues for professionals across public protection and other agencies. Without high quality domestic abuse-informed policy, practice support and standards of collaboration, domestic abuse cases will continue to leave professionals disconnected from their values as practitioners and can impact their wellbeing.

It is vital that staff feel safe, supported and well when they are caring for and supporting others, particularly because professionals directly supporting women, children and young people affected by domestic abuse, or who work with perpetrators, face an increased risk of experiencing vicarious trauma. It is also important to highlight that there is no “them” and “us” when talking about trauma; the prevalence of traumatic experiences, such as domestic abuse, means that trauma will inevitably impact many professionals across our workforce.

One of the most common safety concerns for professionals is engaging with domestic abuse perpetrators. There is a likely correlation between

professionals’ safety concerns related to domestic abuse perpetrators and approaches that place the focus of the intervention on the victim/survivor’s decisions which can erode trust, result in more punitive responses from systems and further traumatise both adult and child victim/survivors.

While there are many strategies needed to address staff safety, reflective supervision is one critical way for agencies to advance their domestic abuse practice and support professionals’ safety and wellbeing. Key questions include:

- What do we know about the perpetrator’s pattern of abuse and control as it relates to responding to outside interveners?
- What safety concerns does this information raise for us? Do we have gaps in our knowledge about his pattern toward outsiders that we need to address to fully assess worker safety in this case?
- Are there any prior experiences you have had that you think are impacting your sense of safety (for yourself and the victim/survivor)?



- If children are involved, how are we partnering with the victim/survivor around how our involvement may impact her and the children's safety?
- Do we have any concerns about the perpetrator targeting you based on your demographics, e.g., gender, sexual orientation, race, ethnicity, etc?

KEY POINT

There are many ways in which services and systems can create a culture that encourages space for reflection, peer support and open discussion to support professionals' safety and wellbeing. These may include:

- Using motivational interviewing techniques and increase skill in working with men as parents;
- Talking about violence and abuse in non-judgmental, behaviourally focused, fact-based ways;
- Setting policy and protocol guidelines that expect workers to identify the perpetrators' pattern, document the perpetrators' pattern and expect assessment to include a worker safety checklist;
- Supporting a culture of reflection and critical thinking that encourages workers to process their personal history, biases and fears with supervisors, peers and coaches; and
- Support a wider culture shift around "fitness for duty" that allows workers to express safety concerns without worrying they will be seen as unwilling and unable to do their job.

KEY QUESTIONS

These questions may be useful for prompting reflective discussion among professionals.

- What was working with domestic abuse cases like in the beginning for you? How has this changed over the time you have been working with this population?
- What experiences did you have growing up or in your life that may have helped or hindered you in working with domestic abuse?
- What situations/ stories/ clients are hard for you to work with? Why?
- How do these challenging clients/ situations affect you? How does the work impact you personally, professionally, emotionally or spiritually? How has working with individuals experiencing domestic abuse affected your personal life, e.g., family, relationships?
- Has working with domestic abuse affected your beliefs/ attitudes about men or women? Your experience of your own culture? The culture of others?
- What helps you keep the work meaningful? What strengths do you think you bring to this work? What coping strategies have you employed to help you deal with the work?



Useful resources

The National Trauma Training Programme website has a number of free training resources to support professionals across the Scottish workforce. This **interactive PDF** summarises all of the resources available.



There are a number of national and local organisations/ partnerships that provide domestic abuse training and resources. These include:

SafeLives is a UK-wide charity dedicated to ending domestic abuse, for everyone and for good. SafeLives offer training adapted for a range of professionals working in Scotland.



The Safe & Together Institute offers a range of training, tools and resources to support organisations, systems and professionals to become more domestic abuse informed.



Scottish Women's Aid works towards the prevention of domestic abuse and works with a network of specialist local Women's Aid groups across Scotland. Scottish Women's Aid offer a range of training for their members, practitioners and policymakers.



The **Improvement Service** can provide a range of support to local authorities and planning partnerships with improvement and action planning around developing trauma-informed practice and policy.



DAART is an online learning resource for professionals. It's an awareness-raising resource and serves as an introduction to domestic abuse and coercive control. It provides an overview of the main considerations when responding to domestic abuse, however it does not replace specialist domestic abuse training. The tool is freely available for all to access.



Your local multi-agency Violence Against Women Partnership can also provide information on training available in your local area.

The following organisations have informed and endorsed this companion document:



The Caledonian System

