

# Using evidence for change

**Supporting multi-agency  
communication in working with  
domestic abuse in families with  
children:**

**Evidence from practice**

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## Context of the report

This report is one of three three linked evidence summaries from the NHS Education for Scotland (NES) Networked Evidence Search and Summary Service. These summaries focus around the area of *Supporting Multi-Agency Communication in Working with Domestic Abuse in Families with Children*.

This report examines evidence from practice, specifically from managers and practitioners within Dumfries and Galloway. The other two reports cover:

- Summary of evidence from published research (Alison McAughtrie, NES)
- Evidence from improvement knowledge (Sheila Inglis, SMCI Associates)

Together, these reports combine evidence from research, practice and improvement to inform an action plan for further improving communication and collaboration across agencies in Dumfries and Galloway to support people affected by domestic abuse and violence against women.

The numbers within the text correspond to the references listed at the end of the report.

## Key messages from practice

- Formal structures and process, notably the DAVAWP and MARAC, are helping to facilitate multi-agency communication in working with domestic abuse in families with children; but need to:
  - Engage sheriffs.
  - Ensure that they support frontline practitioners as well as managers.
- Multi-agency working in Dumfries and Galloway is working well at manager and practitioner levels; but need to:
  - Continue to ensure that all relevant agencies are effectively involved.
- Joint client visits are working well in Dumfries & Galloway.
- Information sharing is getting better, and is facilitated by the development of formal structures; but:
  - It needs to continue to improve.
  - It can be challenging to know who to contact in other agencies for information.
- The introduction of the Caledonian System has facilitated some staff training, but the implementation of a strategic training on domestic abuse and violence against women developed in 2011 has not yet been implemented due to lack of resources: there is some frustration about this. There is a particular need to provide training:
  - To continue to raise awareness about domestic abuse and violence against women
  - To develop a shared understanding of domestic abuse and violence against women.
- Training needs to be followed up to ensure that it improves practice. This can be supported by:
  - Reflection on practice
  - Group supervision

- Practice tools – so long as practitioners are trained and skilled in implementing them.

# Introduction to manager and practitioner evidence

This report provides the analysis of:

- A focus group with 13 managers across Criminal Justice Social Work, Children & Families Social Work, Education, Housing services, NHS, Police, HM Prison Dumfries and Women's Aid.
- A focus group with 6 practitioners across Criminal Justice Social Work, Children & Families Social Work, Health Visiting and Police.
- Eight individual interviews (face-to-face) with:
  - Criminal Justice Social Work practitioners (2)
  - Local Authority Family Support Worker
  - Local Authority Quality & Improvement Team
  - Adult Support & Protection Conference Chair
  - NHS Child Protection Adviser
  - Police
  - Women's Aid manager and practitioner (Wigtownshire Women's Aid and Dumfries & Stewartry Women's Aid)

# Improvement

## Formal structures and processes

### **Domestic Abuse and Violence Against Women Partnership**

Dumfries and Galloway Domestic Abuse and Violence Against Women Partnership[1] (DAVAWP) was established as the Domestic Abuse Strategy Group in 1999. Membership of the DAVAWP is drawn from local organisations/partnerships involved at a strategic level in tackling violence against women. The Partnership is responsible for the development of a local strategy to tackle domestic abuse and violence against women throughout the region. It identifies local priorities that include prevention of violence against women, services for those experiencing as well as those perpetrating gender based violence, and engaging with communities.

In 2010 Dumfries & Galloway DAVAWP successfully applied to the Scottish Government to be involved in the delivery of the Caledonian System[2]: an integrated approach to address men's domestic abuse and to improve the lives of women, children and men. It does this by working with men convicted of domestic abuse related offences on a programme to reduce their re-offending while offering integrated services to women and children. A key aspect of the system is staff training.

Managers participating in the focus group considered that the DAVAWP works well:

- The DAVAW partnership provides underpinning mutual understanding of domestic abuse and violence against women. That provides a shared basis for what we do.
- The DAVAW partnership keeps all partners informed about the welfare reforms – for example the impact of monthly household payments going to the man.

However, interviewees noted the need for sheriffs to be involved in the DAVAWP, notably because they do not appear to share the same understanding of domestic abuse and violence against women:

- Sheriffs need to be more involved in the work that we're doing. They need to be involved in the DAVAW partnership. There's no consistency in their sentencing or setting bail conditions. If they consistently made Community Payback Orders then we could work with both the woman and the perpetrator – we know that prison doesn't work.
- The sheriffs need to be at the DAVAWP – they need to give the right messages about domestic abuse and violence against women.
- CJSW is very evidence based – but the sheriff's sentencing is so inconsistent. They don't take account of our reports which lay it all out for them. Sheriffs can sweep away our recommendation for an order which includes engagement with the Caledonian Programme[3] – which provides support for the woman as well as the man. The Sheriffs don't understand that. Our managers have sought time with the sheriffs and procurators fiscal to try to develop a relationship – but it's very difficult, and fluctuates over the years as PFs turnover.

Some practitioners engaged in the research noted that there was a 'gap' between the work and shared understanding of the DAVAWP and front line staff:

- The DAVAW doesn't filter down to us.
- I think the gap between the DAVAW and the frontline might be changing. I think they're recognising that there's an issue, we're getting in there earlier, and there's now a multi-agency team.

## **Multi Agency Risk Assessment Conference**

The Multi Agency Risk Assessment Conference (MARAC) [4] is a national approach which is being rolled out as best practice across Scotland. MARACs are regular local meetings where information about high risk domestic abuse victims (those at risk of



murder or serious harm) is shared between local agencies. By bringing all agencies together at a MARAC, and ensuring that whenever possible the voice of the victim is represented by an independent MARAC Advocate, a risk- focused, co-ordinated safety plan can be drawn up to support the victim.

Women's Aid noted the usefulness of the MARAC, in particular in sharing information across the sectors, and in facilitating joint work:

- *The Multi Agency Risk Assessment Conference (MARAC)[5] is very useful because the third sector is not always privy to the information that the statutory have. In Women's Aid we do our own risk assessment – in the MARAC we hear about other risk assessments. This is really useful information sharing across police, social work, health and education.*
- *There was an incident at an A&E department with a woman and the [domestic abuse] perpetrator and there was very little support for the woman from A&E staff. So I took it to the MARAC, rather than taking it up individually with A&E. Then the MARAC took the issue to A&E – this gave us a much stronger voice.*
- *At a recent MARAC the chair asked me to share information first – that was great – we're often last as an afterthought. And we're often on a video-link, so that makes it even more difficult.*

## Other structures and processes

One manager noted that the local authority developed a shared register with Registered Social Landlords in 2014 so that perpetrators could be identified. She commented that 'It was very difficult to set up'.

## Practices

### Joint/multi-agency meetings

Managers and practitioners engaged in the research generally consider that multi-agency work is working well in Dumfries & Galloway:

- To facilitate communication and develop understanding of roles:
  - We [Women's Aid] arrange meetings with health, police, community mental health (we haven't managed yet with social work) to facilitate communication. The staff have found them

reassuring and helpful – it helps for specific cases, but it also really helps to develop and understanding of each other’s roles.

To address emergent specific issues:

- There was one case where a man in prison used information from Children’s Hearings papers to gain control over his partner even though he was in jail. I [a manager] pulled together all the professionals involved with the family for professional reflection on what had happened. That was a powerful example of learning about coercive control – we need to think about who is reading the papers and what they are doing with that information.

Front-line practitioners feel able to call multi-agency meetings to support individual clients:

- Young women are raped, but they don’t recognise it as rape. Then they answer the police questions, realise that it was rape and are very shocked. I had a case where this happened and the young woman felt very out of control, because all these procedures had begun to happen. I could work with her at her own pace, and work with her at her own home and let her disclose at her own pace. It’s important to build confidence and trust. I also worked with her at school, because the rape pushed her behaviour – I worked with her on coping techniques. The other agencies said that she didn’t want to engage, but they didn’t know how to work to engage her. You need to get to know her as a person, not as a rape. She needed more than emotional support, so I called a multi-agency meeting – and now she’s doing a Princes Trust programme.

One manager noted the usefulness of multi-agency practitioner forums:

- In the west there used to be a multi-disciplinary domestic abuse practitioners forum that anyone could drop into. Domestic abuse needs to be seen as everyone’s problem.

Despite the general positivity about multi-agency work, some interviewees noted the need to ensure that all relevant agencies were effectively engaged:

- We need to make sure that schools are engaged.
- The issue for domestic abuse is who attends the case conference – and who’s not there. In domestic abuse there are multiple issues – children, housing, drugs/alcohol. Often health people don’t come because the woman might not be engaging with health – and there are no direct consequences for health staff: it can be easier to manage your caseload if you don’t get involved with domestic abuse cases. But social work is the end of the line: we have to get involved with domestic abuse cases. I’ve highlighted this at the multi-agency safeguarding hub (MASH)[6] – health go there, but GPs are never there.

Some managers considered that the geography of Dumfries & Galloway may facilitate multi-agency working:

- Professionally we’re a very small group in Dumfries & Galloway – we bump into each other all the time. This helps to create core values and culture for example about coercive control. We need to develop this more – in the children’s panel, reporters’ administration, social work.
- Police, social work, health, education, Women’s Aid, Rape Crisis – we now have much closer working relations. The police take the lead for the criminal aspects, and other professionals for support. We’re all working well together. I think it’s because Dumfries & Galloway is a fairly small area, with a fairly low staff turnover. But most important is the willingness to help each other out. It helps to have job roles which have a clear multi-disciplinary aspect.

One interviewee commented:

- Multi-disciplinary working is really good in Dumfries and Galloway!

## Joint visits

Practitioners noted the usefulness of joint visits to clients:

- My senior suggested that we had a joint home visit – police and social work – for a domestic abuse case. We spoke on the phone before the visit so that we both have the same information. It worked well – I’d do it again.
- We [police] used to routinely have joint home visits in high risk cases – it helped to signpost services and information for the woman. Now we have a domestic abuse advocacy worker (that’s funded for a limited period of time) who does that.
- If there’s an incident, then we [health visiting] try to arrange a joint visit with social work. We’re the known face – non-threatening. We make sure that there’s only one information set that shared; and we come out of the visit knowing exactly what the social worker will do, and what we will do.

## Specific examples of good practice

Several interviewees shared examples of good practice:

- In multi-agency working:
  - I had a case where there was a sibling group of 3, one living with grandparents, the other two with their parents at home. There was an allegation of an incident where one of the daughters living with their parents refused to go home – this became a child protection issue. Women’s Aid was already involved as the mother had been living in a refuge with the children, and had returned to the house where the father was still living. This brought everyone around the table, and the young woman was brave enough to say that she wasn’t going to go home. It involved the workers for each of the young people living with

their parents, the worker for the woman, and staff from the primary and secondary schools that the young people attended. It involved detailed work to work out what was going on. It worked very well because all professionals – including the school staff – were very experienced; we had the right people around the table, and respected and trusted each other. It's important to know what each other's roles are – we don't want to repeat what each other is doing. We need to give the young person time to talk – we need to work at the right pace and with the right people.

- To share research with clients:
  - I like to share knowledge and experience with clients – for example, I use research briefings and read them out to clients. For example, I use the research to show parents 'this is what the kids have been saying about domestic abuse'. The CRFR briefings[7] are good, and the Relationship Scotland Parenting Apart leaflets[8] – I sometimes print these off and give them to clients.

## Information sharing

Several managers and practitioners noted that multi-agency information sharing was 'getting better'. The development of formal structures and processes, as well as the development of a better understanding were identified as key facilitators of better information sharing:

- The prison and criminal justice social work are getting better at sharing information.
- They're getting better at sharing information with us [Women's Aid]
- The information sharing aspect works well – protocols have been developed over time. The multi-agency safeguarding hub (MASH)[9] is central. There weren't any guidelines for sharing information on domestic abuse years ago. Then we [police] had training which gave us

a better understanding of why a woman might not want to make a complaint about domestic abuse – we got the bigger picture. It wouldn't have happened without the training.

- Criminal justice social work needs to be really clear about what information we can share, so there are protocols in place. We have shared IT systems, so anyone in social work can access information, but they must follow the protocols which are about checking what information can be shared. Our systems are also shared with housing/homelessness – so we have a protocol for that too.

Nevertheless, managers and practitioners engaged in the research consider that there's a need to continue to improve information sharing:

- We [health visitors] are not informed when perpetrators come out of prison – we need to be able to support the woman when he comes home. We need protocols for automatic notification in cases like this. At the very least we should have expected date of release on the system.
- We need to have a share chronology for each case – shared across the professions.
- We get very limited information from the courts – one liners. So we need to ask for information on the police system – and that means a formal request, and it can take two months to get the information. So that creates huge information gaps – which can create risk.

Practitioners noted that one key challenge is knowing the right person to contact for information:

- Police, social work and Women's Aid have a lot of contact on cases – but the first challenge is to know who to contact about a case .. and the next one is to pick up the phone and phone each other.
- How do we get information to the right people in schools – it often comes into the wrong places.

# Knowledge into practice support

## Training

In November 2011 the DAVAWP agreed that it needed to develop[10]:

- A common understanding of domestic abuse
- A common understanding of risk and risk assessment
- A common understanding of what it means for everyone to take responsibility for keeping women and children safe and holding men accountable
- Effective interventions to engage perpetrators in behaviour change work

## Training recently provided / currently happening

The introduction of the Caledonian System[11] to Dumfries & Galloway in 2011 helped to develop effective interventions to engage perpetrators in behaviour change work[12]; and has facilitated some staff training. This training has included:

- One-off sessions for social work managers:
  - We went to a lecture about coercive control by Evan Stark[13] in Edinburgh. He's done really important research – and that helped us to develop our understanding of domestic abuse. We brought back our learning from that to share. We began to realise that we were offering anger management courses to men – but there's no evidence base that they reduce domestic abuse. We've now realised that by doing that we were helping the men – and we needed to support women better.

- We've had awareness raising training from Liz Gilchrist from GCU[14].
- A formal training programme
  - I've done the PDA (Professional Development Award) in Domestic Abuse Advocacy [SVQ7][15] through the Caledonian Programme which paid the fees and gave me time to do it. I've shared my learning with the Children and Families team – I'm the domestic abuse expert in the team. I have a folder which I share with them – and I'd like to have all my folders from the course in the office so that I can share them – but there's no office space.

Women's Aid has been active in developing and providing sessions designed to raise awareness of domestic abuse and violence against women:

- They come to us at Women's Aid for multi-disciplinary training. We evaluate it and feed it into the DAVAWP and our own service development. I developed the training, using the knowledge I have from 20 years of working in the sector. We've had social work and health workers so far – the training's just beginning. It's very informal, so there's not a lot of paperwork. It's very open, and focused on understanding domestic abuse. I did it because of my own drive to get better outcomes. Funding would have helped, but I did it in my own worktime.
- We're [Women's Aid] doing awareness raising work with the police – some officers are great, some aren't, and there's even some animosity to the training. The police need to have a consistent understanding to domestic abuse otherwise women won't report it to them.

The police have provided sessions on domestic abuse and violence against women to children and young people, and indirectly their teachers:

- The Curriculum for Excellence didn't ask for police input on domestic abuse, but we started to add this from around 2010. There's been some



negativity about providing inputs on domestic abuse to kids. But overall it was successful: we had feedback from focus groups with P4/5, S1, S4 and S5; and from teachers. Some of the kids said that the impact would stay with them for a long time.

## **Training need**

Managers and practitioners stressed that there was an urgent need for wider training:

- To continue to raise awareness about domestic abuse and violence against women:
  - There are huge cultural issues: we need to talk about domestic abuse and violence against women more generally – including at work – to develop a shared understanding of it as a society.
  - We need practitioners to be aware that domestic abuse and violence against women happens here in Dumfries & Galloway – it features in a third of all child protection cases ... and that's the cases that we know about.
  - Operationally, other police officers are probably not as aware of domestic abuse and violence against women as I am – but they're usually the first responder, and really need to have that awareness. They need training. I really hope that, in time, training is in place for them.
  - The practitioners focus group considered that awareness raising about domestic abuse and violence against women could be included in the GIRFEC training:
    - There's nothing about domestic abuse and violence against women in the GIRFEC training – could it be included?

- Police could provide inputs [to the GIRFEC training] about their procedures in training about domestic abuse and violence against women[16].
- To develop a shared understanding of domestic abuse and violence against women:
  - Domestic abuse isn't about two people being drunk and having a fight – we need to have a shared understanding of what domestic abuse is.
  - There's a big issue with the woman been seen as accountable for the domestic abuse – she needs to justify why she and the children are still there with the man: her parenting is being questioned. Social work interventions can oppress the women even more ... practice needs to make Dad much more visible and accountable.
  - There needs to be a shared understanding – practitioners come from different professional viewpoints and with a focus on different aspects, e.g. children, adults.
  - The Children and Families team don't always look at the risk to women – they need to understand why women don't leave: that they take the beating so that their children don't. And we know that the risk of further abuse and death is heightened if the woman does leave their man. They need to understand how the man manipulates the woman, and think about the balance between the safety of the children and the safety of the woman. We all need to have a shared understanding, so that we're consistent with all families... but. The Children and Families team don't like us raising the risks to women – they want to focus on children and young people.

- The Children and Families team needs to be aware of the impact of domestic abuse on children and young people. They say ‘the children don’t know about it because it happened in another room’ ... but the children can hear, and can see the dynamics between Mum and Dad. The Children and Families team need to recognise emotional abuse. They need to realise that domestic abuse is a secret, and that women often don’t realise that they’re being domestically abused until way down the line when the damage is done. The professionals need to recognise this, and think about how they talk to women about it very carefully.
- There needs to be a shared understanding of domestic abuse. I see reference to e.g. ‘cycle of abuse’, ‘learned helplessness’ in reports, but I’m not sure if we have a shared understanding of these concepts. In adult social work we don’t discuss understandings – we focus on practicalities, for example, how we can get this person a house.
- In specific areas:
  - Confidence
    - Health Visitors need the confidence not to minimise domestic abuse – and the skills to explore it with the women and children. There’s a training need here, especially about picking up on risk factors.
  - Communication
    - We need to get the message out that how we speak to women affects the outcome – there needs to be broader training, including the Child Protection Committee.
  - Assessment
    - We need training in assessment.

- We're [Women's Aid] being pushed by the Care Commission and our funders to get child protection training – but that's a struggle.

### **Training needs to be strategic**

In 2010 the DAVAW Research and Information Officer[17] developed a strategic training plan[18]; however this was never implemented because of lack of resources. There was some frustration about this voiced by managers and practitioners who were engaged in the research:

- The training needs to be more tied up and more strategic.
- There's a real lack of courses/training in this region – there used to be a lot. And I worry that training isn't consistent. There used to be a rolling programme of training bought in by the council. We got certificates, but there was no follow-up to ensure that it was embedded in practice.

### **Embedding training in practice**

Managers and practitioners stressed that it was important that training was followed up to ensure that it did improve practice:

- In our training we use concrete examples – but how do we progress from training to real learning and embedding it in practice?
- Training involves more than training events and courses – we need to know that learning is embedded into practice – and we need to be better at that.
- I've had lots of training – but it's experience that counts .. and I think some things are innate in you. You need to really care and enjoy your job.
- People need to be confident to deal with domestic abuse – training helps, so does shadowing more experienced staff and joint visits.

Managers and practitioners said that they needed more time to reflect on their practice so as to improve it:

- We need time for reflection – to look at what we’re achieving collectively.
- I loved the PDA [Professional Development Award in Domestic Abuse Advocacy[19]]. We reflected a lot, and challenged each other.

One manager described current work designed to facilitate reflection:

- We’re videoing the work that we’re doing with men (individually, and some groups) and using it to review and reflect on practice. This is with men on the Caledonian Programme[20], sexual offenders and general offenders. It’s part of our improvement plan. I’d like core staff to also be videoed so that we can review and reflect – we need to build that into workload management.

Managers and practitioners considered that group supervision could help to embed learning into practice. Effective group supervision appears to be set up for some teams:

- We all have our little specialisms within my supervision group. It’s very much a structure that’s developed in the last few months, but it’s not written into job roles. It’s about the best use of our skills and knowledge. We’re a good cohesive group, which is really important when you work with difficult stuff.
- We have specific supervision groups which focus on sex offenders and domestic abuse; drugs and alcohol; and domestic abuse but not sex offenders. They really draw on people’s knowledge and skills. We were all included in the process to develop these groups, and asked to choose a group. There were a lot of meetings! There will be a review, and people will be able to change to another team if they want to
- You have to have good peer and management support when you work with difficult stuff. It’s all about professional trust. You need to feel safe in the team so that we can be open and talk about these things. We’re working with people who are so vulnerable and damaged and risky.

In other areas practitioners would like group supervision, but it's difficult to set up:

- We've talked about multi-disciplinary group supervision, but this hasn't happened because of priorities. The issue is about the practicalities – time and location. It helps if health visitors and children and family social workers are in the same location.
- We don't have supervision as teachers, although I've had it informally through the police. The primary headteachers in Annan have informal self-supervision. It's easier to find time for these things in primary schools than secondaries. We don't know if we get it wrong so we need other professional to know that we don't know about working with domestic abuse and violence against women. Could there be a practitioner's forum?

## Tools to support practice

Several practitioners said that they would like to have more tools available to them to support their work in domestic abuse in families with children. They also, however, noted that the availability of tools alone was not sufficient to improve practice: practitioners also need to have the skills to effectively implement them:

- We need to have here and now availability of tools for reflecting on specific situations – it helps leaning if the focus is on one child or family.
- I'm now trained to use the 15 signs of domestic abuse[21]: if there are 12 or more signs, then the case should be referred to the MARAC. But we don't use the 15 signs here [in Dumfries & Galloway].
- We need a toolkit – worksheets, assets-based approaches etc.. We need a step-by-step guide to work with domestic abuse. But we need time to learn how to use tools: you need to be very skilled, and have the right understanding. The problem is that we're working with long term cases, and it takes time record things properly ... and there's no time to reflect.
- I also use role-play in my work with clients, a bit of transactional analysis, genograms ... I don't know if other social workers use these tools: I've cherry picked my toolkit. But it not just about having tools – it's about having the skills to use them.

## We're our own experts

One manager commented that:

- Increasingly we're our own experts – but that can be a pressure too.

Another manager commented that:

- In Dumfries & Galloway we're not good at knowing that we're good at some things – we need someone to validate that.



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