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**Shetland Domestic Abuse and**

**Sexual Violence Strategy**

**2018-2024**

November 2018

November 2023 *– 2018-2023 Strategy - reviewed and extended to 2024 in agreement with SDAP*

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On behalf of the Shetland Domestic Abuse Partnership

# Executive Summary

This Strategy sets out how the Shetland Domestic Abuse Partnership (SDAP) will continue to address and prevent domestic abuse; sexual violence and other forms of gender-based violence (GBV) in Shetland over the next five years, by building on the progress made by the previous two Domestic Abuse Strategies 2008-11 and 2013-16. Although this Strategy focuses on the main areas of concern in Shetland: domestic abuse and sexual violence (rape and sexual assault); it does include all forms of gender based violence.

The overarching aim of this Strategy is to reduce the number of children, young people and adults affected by gender based violence, particularly domestic abuse and sexual violence, and to minimise the consequences.

The objectives are:

* To raise public and professional awareness of, and challenges attitudes towards, gender based violence and its consequences on an ongoing basis through a local communications plan, a staff training plan and development of organisational GBV policies.
* To protect and support those who experience or are affected by gender-based violence through:
* increasing the proportion of people experiencing domestic abuse and sexual violence who report these incidents to the police and increasing the number of detections
* ensuring the effectiveness and sustainability of the MARAC, including securing long term funding
* developing and / or commissioning evidence based and cost effective services to meet the needs of the Shetland population.
* To reduce harm to children and young people as a result of gender based violence, through identification of those at risk and provision of appropriate dedicated services.
* To ensure local GBV work is inclusive i.e. including people of any age, gender identity, sexuality, faith, ethnicity, socio-economic background and ability.
* To support the wider local work on tackling the underlying causes of sexual violence and abusive relationships, specifically with children and young people.
* To prevent offending and re-offending through violence reduction programmes and criminal justice work.

A series of short, medium and long term actions have been identified to be included in the Strategy Implementation Plan. A framework of indicators to monitor progress against outcomes is being produced, and will be reported through the Shetland Partnership governance processes and also through the Health and Social Care Partnership.

Further detailed information on national policy context and legislation, the local needs assessment and links to all the reference documents can be found on the [Safer Shetland website](http://www.safershetland.com/domestic-abuse).

# Introduction

The Shetland Domestic Abuse Partnership has published two previous strategies, covering 2008-11 and 2013-16, which were primarily concerned with domestic abuse. This Strategy builds on that previous work but aims to tackle both domestic abuse and sexual violence, alongside other forms of GBV. This document and associated action plan and sets out how the Partnership will continue to address and prevent domestic abuse, sexual violence and other forms of gender-based violence (GBV) in Shetland over the next five years.

Gender based violence covers:

* Domestic Abuse
* Rape and Sexual Assault
* Harassment and Stalking
* Commercial Sexual Exploitation
* Childhood Sexual Abuse (CSA)
* Human Trafficking
* Harmful Traditional Practices (including forced marriage and female genital mutilation FGM)

Although this Strategy focuses on the main areas of concern in Shetland: **domestic abuse and sexual violence** (rape and sexual assault); it does include all forms of gender based violence. For definitions of domestic abuse and gender based violence refer to Appendix A.

GBV issues can affect both men and women, of any sexuality, but the majority of victims are women and the majority of perpetrators are men. Whilst GBV can affect anybody, the key risk factor is being female, with other factors such as ethnicity, disability, poverty, or other vulnerabilities also increasing the risk. However, because of the increased risk to women and underlying issues of gender inequality, the Scottish Government’s current strategy ([Equally Safe](https://beta.gov.scot/publications/equally-safe/)) focuses exclusively on violence against women and girls.[[1]](#endnote-1)

Any violence against women and children in particular is considered to be a Human Rights issue in terms of gender inequality.

A summary of current national activity can be found in Appendix B of this Strategy and further detail on the national and international context can be found in the reference documents on the [Safer Shetland website](http://www.safershetland.com/domestic-abuse) and on the Government’s [Violence against Women and Girls](https://www.gov.scot/policies/violence-against-women-and-girls/) webpages.

## Local context

The Shetland Domestic Abuse Partnership is a multi-agency partnership that has been running for a number of years (refer to Appendix C for the membership of the group whilst this strategy was being developed).

Within the Shetland Community Planning context, the SDAP has in the past reported to the Shetland Community and Safety Resilience Board, which in turn reports to the Community Planning Board. The Chairperson of the Partnership has also reported to the Chief Officers’ Group.

With the change from the Local Outcome Improvement Plan to the Partnership Plan (see below) and changes to the governance of the Shetland Partnership , there will be changes to the way partnerships, including SDAP , report within the Community Planning framework. This will also be influenced by the introduction of the Integrated Joint Board and the Community Justice Partnership; and the inclusion of ‘domestic abuse’ as a service within the remit of the IJB, and included in the Joint Strategic Commissioning Plan.

### The Shetland Partnership and the Partnership Plan

The Shetland Partnership is made up of a wide range of partners and community bodies who work together to deliver our collective ambitions for the future. It is the Community Planning Partnership for Shetland. Previously there have been specific actions related to domestic abuse in Partnership’s Single Outcome Agreement, and latterly in the Local Outcome Improvement Plan (LOIP).

During 2017 the LOIP was reviewed and developed into [Shetland’s Partnership Plan.](http://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf) The vision for the Plan is: “*Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges*”

Whilst there is no specific mention of domestic abuse or gender based violence in the high level Strategy, there is a priority entitled ‘*People:* *Individuals and families thrive and reach their full potential’*

By addressing this priority, the desired outcomes for Shetland are that:

* The number of disadvantaged people and households in Shetland will be considerably reduced as a result of people being enabled and empowered to address the issues they face and helping others to thrive in the same way.
* The Shetland Partnership will be prioritising prevention and working with households and communities to provide innovative solutions to the issues they face.
* Shetland will continue to be a safe and happy place, with more people feeling connected to their communities and benefitting from living in good places and keeping active.

Although no elements of GBV are mentioned specifically, tackling domestic abuse, sexual violence and other forms of GBV as described in this strategy will clearly contribute to achieving these outcomes. This strategy follows the underlying consistent themes in the Partnership Plan of partnership working, prevention, tackling inequalities, empowerment and community engagement and responsibility.[[2]](#endnote-2)

### Domestic Abuse: Multi-agency Risk Assessment Conference (MARAC)

The MARAC has been running in Shetland since 2013 and is the key process for supporting and protecting people at the highest risk of domestic violence. The MARAC is currently partially funded by the Government’s Violence Against Women and Girls programme. To date MARAC has not been a statutory responsibility but there have been indications that this may change in Scotland.

There is a Core Group that meets regularly to undertake the conferences; and up until April 2016 there was a local Steering Group that reported to SDAP. The process was co-ordinated locally through the Shetland Islands Council: initially within Community Safety and then Child and Adult Protection. However, since April 2016, the process has been co-ordinated through Safer Highland, although the Conferences are still held locally. The local Steering Group has been merged into the Partnership.

### Rape and Sexual Assault

The Domestic Abuse Partnership has expanded its remit to consider the issue of rape and sexual assault. In 2015, a sub-group of the Partnership (The Rape and Sexual Assault Working Group) was set up to progress work on tackling the apparently increasing numbers of sexual assault and harassment in Shetland. The group then began working with Shetland Rape Crisis, when this local service was set up by Rape Crisis Scotland in 2016.

In early 2017 there was considerable political and media interest, both local and national, in the issue of provision of forensic medical examination for the victims of sexual assault. At this time, NHS Shetland was not able to provide round the clock provision of a forensic examination service and sometimes victims had to be flown south for the examination. At the same time there was significant ongoing regional and national work looking at the delivery of both custody healthcare and forensic medicine across Scotland.

As a result, NHS Shetland developed plans to improve custody healthcare and forensic medicine services, including identification of staff to do this work, sourcing of training, provision of accommodation and equipment; with an emphasis on delivering a trauma sensitive service. This will be alongside partnership working with Shetland Rape Crisis and the local Police.

### Community Justice Partnership

Community Justice is about individuals, agencies and services working together to support, manage and supervise people who have committed offences. The local Community Partnership first met in 2016 following the introduction of the Community Justice (Scotland) Act 2016 and the partners are working together to

* Prevent and reduce further offending
* Reduce the harm that offending causes
* Promote social inclusion and citizenship

The CJP wants to work with people to give them the support they need to address the underlying causes of their offending behaviour, but at the same time it must make sure that the needs of victims and witnesses of crime are met. There are a number of programmes for working with people who are perpetrators of gender based violence, however these can be difficult to implement in a small community with limited resources.

###  Impact on Children and Child Protection

Domestic abuse is highlighted in [Shetland’s Integrated Children’s Plan](https://www.safershetland.com/assets/files/Shetland%20ICSP%20Final%2001.05.17%20v1%281%29.pdf) as having the potential to seriously harm children and young people. Children can experience domestic abuse or violence in different ways. The abuse might be seen, or it may be heard from a different room, injuries may be seen or distress may be apparent. Domestic abuse is one of the most frequent reasons for children being on the Child Protection Register, along with parental substance misuse, and one of the highest categories of referrals to the Children’s Reporter. There are small numbers of children who go on the Child Protection Register because of sexual abuse, in 2016-17 there were none, and there are low numbers nationally. There are children in Shetland who have been identified as being at risk of child sexual exploitation, but no children required to be registered which indicates that agencies are able to respond to such concerns at a preventative level.

There is currently local work on Adverse Childhood Experiences (ACEs) which include for example experience of domestic violence, being the victim of abuse, being in a household where others are in prison or experiencing drug and alcohol abuse, having a parent with mental health problems. There is now increasing evidence about the considerable psychological and physical health effects of ACEs. The Emotional Wellbeing and Resilience project will span five years and is focused on improving our approaches for those children who are affected by ACEs, along with making Shetland a trauma informed community and improving our children’s emotional health and resilience. This will include how we identify children affected by ACEs, how services respond to them, evidence based practice, engaging with children, prevention and changing culture to create a trauma informed community.

### Shetland Multi-agency Anti-bullying Framework

This Framework was launched in 2017. Domestic Abuse can be seen as a form of bullying within a relationship (or former relationship) and there are clear links with this domestic abuse strategy. Through the Framework, the Shetland Community Safety and Resilience Board and the Shetland Planning Partnership want to give a strong and clear message that there should be a zero tolerance approach to any form of bullying behaviour that harms children, young people and adults. The focus of the framework is on keeping people safe, supporting those harmed, challenging any form of bullying behaviour and if necessary using appropriate legal measures to tackle bullying behaviour.

# Aims and objectives

### Aim

The overarching **aim** of this Strategy is to reduce the number of children, young people and adults affected by gender based violence, particularly domestic abuse and sexual violence, and to minimise the consequences.

This is to support the Shetland Partnership **vision**: *“Shetland is a place where everyone is able to thrive; living well in strong, resilient communities; and where people and communities are able to help plan and deliver solutions to future challenges”*

### Objectives:

* To raise public and professional awareness of, and challenges attitudes towards, gender based violence and its consequences on an ongoing basis through a local communications plan, a staff training plan and development of organisational GBV policies.
* To protect and support those who experience or are affected by gender-based violence through:
* increasing the proportion of people experiencing domestic abuse and sexual violence who report these incidents to the police and increasing the number of detections
* ensuring the effectiveness and sustainability of the MARAC, including securing long term funding
* developing and / or commissioning evidence based and cost effective services to meet the needs of the Shetland population.
* To reduce harm to children and young people as a result of gender based violence, through identification of those at risk and provision of appropriate dedicated services.
* To ensure local GBV work is inclusive i.e. including people of any age, gender identity, sexuality, faith, ethnicity, socio-economic background and ability.
* To support the wider local work on tackling the underlying causes of sexual violence and abusive relationships, specifically with children and young people.
* To prevent offending and re-offending through violence reduction programmes and criminal justice work.

These fit with the [national priorities](https://www.gov.scot/Publications/2017/11/5647/4) in the Equally Safe Strategy:

* Scottish society embraces equality and mutual respect, and rejects all forms of violence against women and girls.
* Women and girls thrive as equal citizens: socially, culturally, economically and politically.
* Interventions are early and effective, preventing violence and maximising safety and wellbeing of women and girls.
* Men desist from all forms of violence against women and girls, and perpetrators of such violence receive a robust and effective response

### Indicators

**Awareness raising**

* Number of staff attending training / accessing online course

**Protection & Support**

* Number and rate of reports of domestic abuse and sexual assault /rape to Police Scotland
* Number and rate of detections of domestic abuse and sexual assault /rape
* Number of referrals and re-referrals to MARAC
* Number of referrals to Women’s Aid
* Number of women supported by Women’s Aid
* Number of women housed in refuge and number who could not be housed there.
* Number of referrals to Shetland Rape Crisis
* Number of adults supported by Shetland Rape Crisis
* Number of patients reporting rape or sexual assault at Sexual Health Clinic
* Number of people identified through routine enquiry in NHS settings
* Number of homeless presentations where applicant is citing reason for homelessness as relationship breakdown; violent or abusive

**Reducing harm to children**

* Number of children housed in refuge and number who could not be housed there.
* Number of children seen by Women’s Aid
* Number of children supported by Shetland Rape Crisis
* Number of children referred for child protection concerns where domestic abuse or sexual violence is an issue
* Number of children on Child Protection Register where domestic abuse or sexual violence is an issue

**Inclusivity**

* Breakdown of MARAC figures

**Tackling underlying causes of violence**

* Indicators to be developed

**Prevent offending and re-offending**

* Indicators to be developed in line with Community Justice Partnership Outcome Improvement Plan.

# How well do current services meet identified need

## How many people in Shetland are affected by domestic abuse and sexual violence?

It is difficult to assess the true prevalence of domestic abuse and sexual violence in Shetland because many people affected are either unable to present to services, for many reasons, or choose not to. Figures tend to be based on the number of incidents reported to the police, the number of people presenting to specialised services and the number of people identified through routine enquiry or screening. We know that there will be some double counting in these figures, and also under-reporting. When figures increase over time this can be due to either a genuine increase in incidents (which is a poor outcome), or increased reporting (which is a good outcome).

As part of the implementation of this strategy we will be developing more systematic processes for data collection to report on the indicators described above.

### Prevalence of domestic abuse - key points

* It is usually stated that around 1 in 4 women will experience some form of domestic abuse.
* WHO figures show that globally, the lifetime prevalence of physical and sexual intimate partner violence and abuse for women is around 30%. It is very difficult to know how many men are affected as reporting tends to be even less than for women.
* In Scotland, in 2016-17, there were 58,000 incidents reported.[[3]](#endnote-3) Where gender information was recorded, 79% of all incidents of domestic abuse in 2016-17 had a female victim and a male accused: this is a decrease from 85% in 2007-08. 18% of incidents had a male victim and a female accused, a rise from 13% in 2007-08. These figures imply that more men are now victims, or more men are reporting incidents.
* In Shetland in 2016-17 there were 115 incidents reported to the police, a steady increase from 51 in 2007-08. 50% of these included a specific crime or offence (compared to 47% nationally).
* The rate of reporting in Shetland in 2016-17 was 50 per 10,000 population compared to 109 per 10,000 nationally, approximately 20 incidents.
* In 2017, there were 35 cases discussed at MARAC, which is 38 cases per 10,000 adult women compared to 21 per 10,000 for Scotland. All the individuals were female. There were 62 children involved in these cases.
* In 2017-18, 111 referrals were received by Shetland Women’s Aid for their Women’s Service. 42 women received specialist counselling and 69 specialist support. 64 referrals were received by the children and Young People’s Service. 18 children and young people received specialist counselling sessions and 46 received specialist support.  32 women were supported by the Independent Domestic Abuse Advocate as part of the MARAC process.
* In 2017-18, Shetland Women’s Aid supported 4 women and 9 children through the refuge and in 2017-18 and were at capacity for 70% of the year.

### Prevalence of sexual violence – key points

* There were nearly 11,000 sexual offences reported in Scotland in 2016-17, the highest level since 1971 when comparable statistics are available.
* More than half were rape, attempted rape and sexual assault.
* However the rate in Shetland (9 per 10,000 population) was the lowest Scotland, the Scottish average being 20 per 10,000.
* Shetland Rape Crisis had 24 referrals and supported a total 51 adults in 2017-18 : including 6 through the Rape Crisis Scotland National Advocacy Project (NAP)
* Shetland Rape Crisis supported two children though NAP in 2017-18.

Further statistics and needs assessment data can be found on the [Safer Shetland website.](https://www.safershetland.com/domestic-abuse)

## Evidence based practice – what works?

### Domestic Abuse

There have been are a number of reviews and sets of recommendations for dealing with domestic abuse, or intimate partner violence which is an increasingly preferred term.[[4]](#endnote-4) [[5]](#endnote-5) [[6]](#endnote-6) The evidence base for the full range of interventions is patchy, however there are some consistent findings which can be applied to the local context.

**Prevention**

The evidence around prevention tends to focus on attitude or educational change rather than any impact on behavioural outcomes, which can be due to the difficulties in measuring outcomes. Most preventative work focuses on young people but there is limited evidence on what is most effective. Interventions aimed at adults are often awareness raising campaigns, but the evidence of effectiveness of these is inconsistent, some but not all seem to work.

**Identification of domestic abuse**

There is evidence that routine enquiry, or screening, within specific healthcare settings and situations can improve identification and disclosure of domestic abuse, particularly routine enquiry in pregnancy. There does not seem to be one tool that is better than another, or any specific training programme for staff. However organisational support and policies promote identification and referral. System centred interventions, with some degree of training and supportive materials have been shown to increase referral rates in the short term (in health settings).

**Interventions for those who have experienced domestic abuse**

A number of interventions have been shown to be effective including advocacy along with a range of skills-based, counselling and therapeutic interventions. Demonstrated outcomes have included reduced rates of intimate partner violence and abuse, increased safety, improved mental health and wellbeing, improved pregnancy and child outcomes and increased access to community resources. However research in this area has tended to be with specific groups of women, often in refuge accommodation, and not the broad range of people who may be affected.

* Advocacy has been shown to be effective particularly for women who have actively sought help from professional services or are in a refuge setting, can reduce abuse, increase social support and quality of life and lead to increased use of safety behaviours and accessing of community resources.
* Group interventionshave been shown to reduce abuse and improve psychological outcomes, including self-esteem and coping with stress
* There is some evidence that psychological interventions are effective in reducing depression in women with a history of partner violence. The WHO recommendations for health interventions for intimate partner violence include
* Appropriate mental health services for specific mental health conditions (either pre-existing or as a consequence of intimate partner abuse)
* Cognitive behavioural therapy (CBT) or eye movement desensitization and reprocessing (EMDR) interventions are recommended for women who are no longer experiencing violence but are suffering from posttraumatic stress disorder (PTSD).
* Psychotherapeutic interventions for children affected by intimate partner violence
* Multi-agency case conferences have been shown to have a positive effect on outcomes.

**Perpetrators**

A range of interventions are available but there is no clear evidence regarding the best approach.  The main focus for interventions Individual and group programmes, both short term and long term, have been studied but with no consistent results.  However, it is acknowledged that in order to prevent and improve the safety and quality of lives for women and children, perpetrators must be included in intervention work. Most long terms structured programmes will include equipping perpetrators with techniques to better control their behaviour and reactions; helping them learn to communicate more positively with their (ex) partners; improved understanding of the nature of abuse and of appropriate behaviour in relationships; a greater awareness and understanding of the inequalities that exist between men and women; and a more 'positive mindset' about both their relationships and themselves.

### Sexual violence

According to the World Health Organisation[[7]](#endnote-7), the evidence base is extremely limited in terms of effective interventions for **preventing** sexual violence. The evaluation of interventions such as registration of local sex offenders, residence restrictions on sex offenders (e.g. not living near schools) and electronic monitoring of sex offenders suggests they are largely based on myths about sexual violence and coercion, rather than evidence, and have been ineffective in preventing sex crimes or protecting children.

Other approaches have been more successful including:

* Strategies to prevent dating violence among young people in high-income countries have been rigorously evaluated, and some evidence suggests they may be effective.
* Some school-based initiatives in low- and middle-income countries have also demonstrated promise for reducing levels of sexual harassment and abuse, particularly those that use comprehensive, ‘whole-school’ and community outreach approaches.
* Prenatal and postnatal home-visiting programmes have been shown to reduce the risks of physical and psychological child maltreatment and neglect: these forms of abuse are known risk factors for both sexual violence perpetration and victimisation later in life.
* Other promising initiatives include strategies to promote changes in gender norms and behaviours, and community-based efforts to improve the social and economic status of women.

In addition to the limited evidence for effective interventions, the literature also provides some principles of good practice for **addressing sexual violence**.

These principles include:

**Provide a comprehensive response to the needs of survivors**

This response should include:

* psychological support (and referral for mental health care if needed)
* emergency contraception
* treatment and prophylaxis for sexually transmitted infections
* prophylaxis for HIV as appropriate
* information on safe abortion
* forensic examination (if a woman decides to pursue prosecution).

**Build the knowledge base and raise awareness about sexual violence**

This includes using data on prevalence and patterns to engage governments and policy-makers in addressing this issue and convince them of the public health impact and costs of sexual violence.

**Promote legal reforms**

This includes:

* strengthening and expanding laws defining rape and sexual assault
* sensitising and training police and judges about sexual violence
* improving the application of existing laws.

## What works well in Shetland

The range of services available in Shetland can be found in the [Directory of Services](http://www.safershetland.com/assets/files/All_Domestic%20Abuse%20and%20GBV%20support_Apr17.pdf) on the Safer Shetland website.

We do have a number of services and initiatives in place currently and planned, that should be effective according to the evidence base described above, and several are indeed working well in Shetland. These include:

* MARAC process - a multi-agency case conference as described in 2.1.2 above.
* Advocacy – there are specialist advocacy workers in both Women’s Aid and Shetland Rape Crisis
* Forensic Medical Examination services - as described in 2.1.3 above
* Psychological support - within Women’s Aid and Shetland Rape Crisis
* Children and Young People’s counselling service at Women’s Aid
* Routine Enquiry in NHS Settings -specifically Maternity and Accident & Emergency Department
* Delivery of workshops in schools by both Women’s Aid (Healthy Relationships and Domestic Abuse awareness sessions with all S3s) and Shetland Rape Crisis (Rape Crisis Scotland National Prevention Programme)

## Gaps in service provision in Shetland

However, there are a number of gaps in service provision which have been identified by the partners within the SDAP.

### Capacity

There are capacity issues across all services but specifically

* Refuge capacity - there is currently provision for just one family in the local Women’s Aid refuge, and this could be used by a woman fleeing domestic abuse from any part of the UK.
* Women’s Aid needs increased staff capacity to avoid a waiting list. There is no waiting list for high risk clients and support service currently, but there is still a capacity issue. However there is currently a waiting list for children’s service and adult counselling.
* Shetland Rape Crisis currently has a waiting list for specialist trauma psychotherapy and needs to increase capacity across all its services to meet increasing demand.
* Mental health services for specialist psychological support.

### Clear referral pathways

Whilst there is good inter-agency working Shetland, referral pathways are not always clear and consistent.

### Training

Training to date has been largely ad hoc and dependant on external funding pots; there needs to be a sustainable rolling training programme, based on best practice and incorporating trauma informed practice.

### Prevention

Although there is already input to secondary schools, Women’s Aid are keen to deliver preventative work in primary schools, and Shetland Rape Crisis is aiming to increase their capacity for preventative work.

### Specialist support services for men affected by domestic abuse

Women’s Aid is unable to work with men affected by domestic abuse at present, and therefore we are reliant on national helplines and organisations for specialist support. Victim Support does provide a generic support to victims, but not a specialist domestic abuse service. Shetland Rape Crisis provides services for all genders affected by sexual violence.

### Appropriate media reporting

There have been issues with media reporting in relation to gender based violence (and also in relation to the reporting of stories relating to mental health and criminal justice). Being a very small community, media reporting can be an extremely sensitive issue which is exacerbated by the widespread use of social media for commenting on local press stories.

### Ongoing work on awareness raising with both professionals and public

Awareness raising is a key underlying activity to support prevention, recognition of GBV and access to services. This has to be ongoing with messages targeted to different audiences. Whilst there has been significant awareness raising work, this has tended to be opportunistic since the loss of dedicated funding for the Partnership. There is a gap in having a planned programme to ensure that both the community and professionals maintain an awareness and understanding of the issues.

### Lack of organisational Gender Based Violence Policies

NHS Shetland is the only local organisation with a policy at present, this is based on national guidance for the NHS which is currently being reviewed. In common with many other local authorities, Shetland Islands Council does not currently have a dedicated policy but work is underway to take this forward. The Partnership is not aware of any other local organisations that have such a policy.

### Work with perpetrators

There are a number of programmes for working with people who are perpetrators of gender based violence, however these can be difficult to implement in a small community with limited resources. In Shetland we use the Respect programme with men who have been convicted of violence against women. However locally we do not have the resources to work with perpetrators who have not been convicted and referred on a Court Order.

## Funding

There is currently no single budget for domestic abuse and sexual violence services.

Shetland Islands Council and NHS Shetland services and activities are all funded from individual departmental budgets, and not specifically earmarked for GBV work. There are no dedicated staff for this work, but it is picked up within individual remits.

Shetland Women’s Aid receives grant finding from the Big Lottery (until 2019), Scottish Government Violence Against Women and Girls (VAWG) Fund and through a Service Level Agreement with the Integration Joint Board. One element of this is for Children and Young people counselling and the other element is for refuge provision and work with adult victims.

Shetland Rape Crisis receives funding from the Government, but no local funding from public bodies.

Survivors of Sexual Childhood Abuse Information and resources (SSCHAIR) has received grants for a number of different funding bodies.

Up until July 2017, the MARAC had been funded through the VAWG fund– which covered management costs at Women’s Aid; co-ordination through Safer Highland; a dedicated Advocate at Women’s Aid; training and publicity materials. However, VAWG funding has been withdrawn for MARAC and now only funds the Independent Advocacy post.

The co-ordinator role was funded by the Integration Joint Board (Community Health and Social Care services) in 2017-18, and will be funded through to 2019, but there is still an identified gap going forward in the funding required to run the MARAC. However, if MARAC becomes a statutory function then there may be a clearer route for local funding.

# Actions

These are the key actions to be included in the Strategy Implementation Plan for the next five years.

## Criteria for prioritising actions

Actions have been prioritised based on

* Supporting the individuals most at risk and in need of support / services
* Evidence based practice
* Realistic timescales – based on resources and funding available

## Short term actions (by end March 2019)

* Secure funding for the continuation of MARAC for 2018-19 and beyond.
* Implement locally based forensic medical examination and healthcare services for the victims of rape and sexual assault.
* Develop and implement a communications plan to raise awareness amongst public and professionals, utilising social media and other platforms, in the context of the Safer Shetland Communications Strategy.
* Map current preventative work in schools (and other settings for young people), in context of wider violence reduction education and relationship work to identify gaps and duplication.
* Develop and adopt a gender based violence policy for the Shetland Islands Council.
* Review the NHS Shetland gender based violence policy, including evaluation of its use to date.
* Provide support and guidance (e.g. simple checklists) for organisations not yet ready to adopt a policy.

## Medium term actions (by end October 2020)

* Further development of forensic medical examination and healthcare services for the victims of rape and sexual assault (informed by the work of the Chief Medical Officer’s Taskforce and also regional work) to ensure maintenance of high standards and sustainability into the future.
* Through a training sub-group, develop and implement a rolling multi-agency training programme, in line with the NES Transforming Psychological Trauma Framework. This will need to incorporate training needs as a result of changes in legislation (for example inclusion of psychological abuse and controlling behaviour into Scottish domestic abuse law).
* Develop and implement a comprehensive programme for preventative work in both primary and secondary schools (and other settings for young people) covering domestic abuse and sexual violence primarily, along with other elements of GBV (in line with the Curriculum for Excellence). This will incorporate the workshops already delivered by Shetland Rape Crisis and Shetland Women’s Aid and compliment the programmes already being delivered around sexual health, relationships and parenting.
* Develop and implement consistent and clear signposting and referral pathways, including into appropriate mental health services.
* Support other organisations in the development / adoption of a gender based violence policy for their staff and clients.
* Explore feasibility of including a wider range of perpetrators in perpetrator programmes where appropriate

## Longer term actions (by end March 2022)

* Evaluation of training programme.
* Evaluation of the preventative work programme in schools (and other settings for young people).
* Evaluation and ongoing development of communications plan.
* Implementation of evidence based and cost effective interventions for a wider range of perpetrators, if deemed feasible and affordable.

# References

**Appendices**

1. **Definitions of Gender Based Violence**
2. **Current National Work on Gender Based Violence**
3. **Membership of Strategy Group during 2018**

**Appendix A Definitions of Gender based violence**

The previous Domestic Abuse Strategy contained the following 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).”

However, domestic abuse is now often included within a wider range of issues under the heading ‘Gender based Violence’ (GBV).

**Gender based violence** covers:

* Domestic Abuse
* Rape and Sexual Assault
* Harassment and Stalking
* Commercial Sexual Exploitation
* Childhood Sexual Abuse (CSA)
* Human Trafficking
* Harmful Traditional Practices (including forced marriage and female genital mutilation FGM)

Some definitions have a far greater emphasis on gender (female) inequality and the fundamental issue of male power and female subordination. This is alongside an acknowledgement that men can be victims. Whilst more women than men are victims of all forms of GBV, the difference in rates varies: FGM is solely violence against women but CSA is estimated to affect up to 13% of boys and 30% of girls. It is also acknowledged that under-reporting is often greater for males than females.

The Scottish Government defines **gender-based violence** as:

 “A function of gender inequality, and an abuse of male power and privilege. It takes the form of actions that result in physical, sexual and psychological harm or suffering to women and children, or affront to their human dignity, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life. It is men who predominantly or exclusively carry out such violence, and women who are predominantly the victims of such violence. 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. Such violence cannot be understood, therefore, in isolation from the norms and social structure and gender roles within the community, which greatly influence women’s vulnerability to violence.”

The United Nations uses the terms violence against women, intimate partner violence and sexual violence. Violence against women is defined as:

"Any act of gender-based violence that results in, or is likely to result in, physical, sexual or mental harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or in private life."

**Intimate partner violence** refers to “behaviour by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviours”.

**Sexual violence** is “any sexual act, attempt to obtain a sexual act, or other act directed against a person’s sexuality using coercion, by any person regardless of their relationship to the victim, in any setting. It includes rape, defined as the physically forced or otherwise coerced penetration of the vulva or anus with a penis, other body part or object”.

**Appendix B Current National Work on Gender Based Violence**

1. **Implementation of** [**Equally Safe: Scotland's strategy for preventing and eradicating violence against women and girls**](https://www.gov.scot/publications/equally-safe/)
2. **Investment of**[**funding for prevention and support projects**](https://www.gov.scot/policies/violence-against-women-and-girls/funding/)
3. [**Strengthening the law**](https://www.gov.scot/policies/violence-against-women-and-girls/strengthening-the-law/)**to give victims better protection, improve courts' responses, hold those committing these crimes to account and improve public safety**

The [Abusive Behaviour and Sexual Harm (Scotland) Act 2016](http://www.legislation.gov.uk/asp/2016/22/contents/enacted) modernises the law on domestic and sexual abuse. The following provisions came into force on 24 April 2017:

* introduce a 'statutory domestic abuse aggravator' to ensure courts take domestic abuse into account when sentencing offenders
* give courts power to make non-harassment orders in cases where they cannot do so at present
* require judges to give juries specific directions when dealing with sexual offence cases to help improve access to justice for victims
* extend Scottish courts extra-territorial jurisdiction over sexual offences committed against children to cover the other jurisdictions of the United Kingdom.

The Act also makes provision to:

* create an offence of sharing private intimate images without consent (commonly known as 'revenge porn') with a maximum penalty of five years' imprisonment
* reform the system of civil orders to protect the public from people who pose a risk of sexual harm

Following consultation on domestic abuse legislation in 2016, the First Minister launched the Domestic Abuse (Scotland) Bill in March 2017. The [Domestic Abuse (Scotland) Act 2018](http://www.legislation.gov.uk/asp/2018/5) is intended to better reflect victims' experiences, particularly those who suffer ongoing coercive and controlling behaviour by their partner or ex-partner.

1. **Implementation of a**[**Female Genital Mutilation (FGM) National Action Plan**](https://www.gov.scot/policies/violence-against-women-and-girls/female-genital-mutilation-fgm/)

The [Prohibition of Female Genital Mutilation (Scotland) Act 2005](http://www.legislation.gov.uk/asp/2005/8/contents) made it a criminal offence to have female genital mutilation carried out in Scotland or abroad, and increased the maximum penalty from five to 14 years imprisonment. [Scotland's national action plan to prevent and eradicate FGM](https://www.gov.scot/publications/scotlands-national-action-plan-prevent-eradicate-fgm/) was produced in 2016 in partnership with Police Scotland, the NHS, councils and third sector organisations. A [year one report on the FGM national action plan](https://www.gov.scot/publications/scotlands-national-action-plan-prevent-eradicate-female-genital-mutilation-fgm/) was published in October 2017.

1. **Delivering increased protection for people trapped in, or under the threat of,**[**forced marriage**](https://www.gov.scot/policies/violence-against-women-and-girls/forced-marriage/)

The [Forced Marriage etc. (Protection and Jurisdiction) (Scotland) Act 2011](http://www.legislation.gov.uk/asp/2011/15/contents/enacted) came into force in November 2011. This introduced Forced Marriage Protection Orders (FMPO) to protect people from being forced to marry, or who are already in a forced marriage. To extend protection to those at risk, [forcing someone into marriage was made a criminal offence in Scotland in September 2014](http://www.legislation.gov.uk/ukpga/2014/12/contents/enacted).

Statutory and practitioner guidance was produced in 2014. The Statutory guidance describes the responsibilities of chief executives, directors and senior managers in agencies that handle cases of forced marriage and roles and responsibilities, accountability, training, interagency working, information sharing, risk assessment and record keeping.

* [Forced marriage statutory guidance 2014](http://www.gov.scot/Publications/2014/10/6721/0)
* [Forced marriage Scottish statutory guidance: supplementary guidance, published 2014](http://www.gov.scot/Publications/2014/10/1148)

The Multi-Agency Guidance is for frontline staff and volunteers in agencies and organisations who are likely to come across adults, children or young people threatened with, or in, a forced marriage.

* [Forced marriage practitioner guidance, updated 2014](http://www.gov.scot/Publications/2014/10/4797)
* [Summary multi-agency practice guidelines, published 2011](http://www.gov.scot/Publications/2011/11/11134734/0)

The Government also produced [guidance to help legal professionals to work with victims of forced marriage](https://www.gov.scot/publications/forced-marriage-guidance-legal-professionals/) sensitively and effectively, and also with other agencies involved with the victim.

1. **Establishment of the**[**Taskforce to Improve Services for Rape and Sexual Assault Victims**](https://www.gov.scot/groups/taskforce-to-improve-services-for-rape-and-sexual-assault-victims/)

This was set up in 2017 by the Chief Medical Officer to consider what improvements were required for healthcare and forensic medical services for those who have experienced rape and sexual assault. The Taskforce intends to:

* drive improvements in the provision of healthcare and forensic medical services for victims of sexual assault
* provide the necessary leadership so that Health Boards commit to deliver trauma informed services to better meet the needs of victims
* reduce unnecessary delays
* address situations where victims have to travel unreasonable distances to be examined
* tackle issues around the availability of female doctors to contribute to the delivery of these services
* consider the HMICS report, HMICS Strategic Overview of Provision of Forensic Medical Services to Victims of Sexual Crime 2017, on current arrangements for forensic medical examinations in sexual offences cases in Scotland, including the recommendations about consistency in the standards of care and support for victims
* ensure that NHS Boards are meeting the National Standards developed by Healthcare Improvement Scotland

**Appendix C Members of the Shetland Domestic Abuse Partnership during 2017 and 2018 who contributed to development of this Strategy.**

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Melanie Smith, NHS Shetland, Health Improvement

Laura Stronach, Shetland Women’s Aid

Chief Inspector Lindsay Tulloch, Police Scotland

Councillor Amanda Westlake, Shetland Islands Council

Not all individuals were members of the Partnership throughout the whole period of the strategy development. Not all members attended Partnership meetings, but all had the opportunity to comment on the development of the Strategy and to consult with their respective organisations (where applicable).

1. Scottish Government’s Equally Safe Strategy

<https://beta.gov.scot/publications/equally-safe/>

 [↑](#endnote-ref-1)
2. Shetland’s Partnership Plan (2018) [www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf](http://www.shetland.gov.uk/communityplanning/documents/180801SPPforWebFINAL.pdf) [↑](#endnote-ref-2)
3. Police Scotland statistics [https://beta.gov.scot/binaries/content/documents/govscot/publications/statistics-publication/2017/10/domestic-abuse-recorded-police-scotland-2016-17/documents/00526358-pdf/00526358-pdf/govscot:document/?inline=true/](https://beta.gov.scot/binaries/content/documents/govscot/publications/statistics-publication/2017/10/domestic-abuse-recorded-police-scotland-2016-17/documents/00526358-pdf/00526358-pdf/govscot%3Adocument/?inline=true/) [↑](#endnote-ref-3)
4. Dr Eileen Scott, NHS Health Scotland (2015) A Brief Guide to Intimate Partner Violence and Abuse [www.healthscotland.scot/media/1166/brief-guide-to-intimate-partner-violence\_5466.pdf](http://www.healthscotland.scot/media/1166/brief-guide-to-intimate-partner-violence_5466.pdf) [↑](#endnote-ref-4)
5. NICE Guidance (2014) <https://www.nice.org.uk/guidance/ph50/resources/domestic-violence-and-abuse-multiagency-working-pdf-1996411687621> [↑](#endnote-ref-5)
6. WHO (2013) Responding to intimate partner violence and sexual violence against women <http://apps.who.int/iris/bitstream/handle/10665/85240/9789241548595_eng.pdf?sequence=1> [↑](#endnote-ref-6)
7. WHO (2012) Understanding and addressing violence against women: Sexual violence

<http://apps.who.int/iris/bitstream/handle/10665/77434/WHO_RHR_12.37_eng.pdf;jsessionid=FA266EA93F6895A4499497DFBFBD850D?sequence=1> [↑](#endnote-ref-7)