

University of the Highlands & Islands

Staff Guidance:

Responding to Student Disclosures of Gender Based Violence

This guidance has been adapted for the UHI partnership from a document created by the Equally Safe in Higher Education team (Donaldson 2018), which includes Strathclyde University, Strathclyde Student Union, Glasgow & Clyde Rape Crisis Centre, Police Scotland, and other external partners.

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1. INTRODUCTION

This guidance has been created to support staff across the UHI partnership in dealing with disclosures of Gender Based Violence (GBV) appropriately.

Every member of staff has an individual responsibility to ensure the safety and protection of all students and visitors, including children and adults at risk of harm. The requirement is for staff to respond proactively and protectively to alleged or actual harm. Staff are not required to be experts in abuse or trauma, but should have a good understanding of the impact of GBV and be able to signpost students effectively to internal [Student Services](#) and/or local/national organisations (Appendix C). This guidance does not supersede [UHI Safeguarding Procedures](#), and the responsibility for staff to refer to their relevant [Safeguarding Lead](#) where appropriate. This guidance supports existing UHI policies and the [Code of Conduct](#).

Any staff member, regardless of role, may find that a student discloses or attempts to disclose GBV to them. This disclosure may be about themselves, or others, and can range in level of risk and urgency. It is also possible that students may disclose GBV via email, telephone, VC, or by using online webforms where available – a level of professional judgement is required in applying the suggested guidance in the document to these scenarios, and student safety must be paramount.

UHI is committed to its responsibilities and duty of care to address GBV effectively, and to maintain the safety and wellbeing of all members of our partnership community. We also have a role to play in challenging the attitudes that underpin GBV. To achieve this, UHI continually reviews, improves, and expands our GBV work via the Equally Safe Practitioner Group.

1.1 WHAT IS GBV?

GBV is violence directed against someone on the basis of their gender or in the context of gendered power hierarchies. This can include;

- Domestic abuse (including coercive control/manipulation)
- Stalking
- Harassment or any unwanted conduct which has the purpose or effect of violating the dignity of an individual, or creating an intimidating, hostile, degrading, humiliating or offensive environment for them, relating to their gender, sexual orientation, or gender identity
- Rape and sexual assault
- Child and childhood sexual abuse
- Commercial sexual exploitation, including prostitution, pornography and trafficking
- Female genital mutilation
- Forced and child marriages
- Abuse by other family members, so called ‘honour-based’ and dowry-related violence crimes
- Threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life

[Appendix A includes indicators or signs of potential GBV](#)

Gender inequality can be seen as both a cause and consequence of GBV. The terms 'Violence against Women' (VAW) and 'Gender based violence' (GBV) are often used interchangeably as most GBV is perpetrated by men and against women and girls. However, it is important to acknowledge that Gender Based Violence affects LGBT people, that not all men commit acts of GBV, that a person of any gender can perpetrate GBV, and that a person of any gender can be victim.

A 'gendered analysis' of GBV is adopted by UHI because, rather than excluding men from support, it acknowledges that gender inequality, 'traditional roles', and stereotypes can negatively impact people of all genders – and that those identifying as women disproportionately experience abuse related to this.

Furthermore, UHI acknowledges the concept of intersectionality - that additional factors (e.g. race, disability, poverty) may interact with gender to exacerbate risk of GBV, and/or create additional barriers to accessing support. The many forms of GBV can have a profound impact on those who experience it, and staff must be mindful of, and address where appropriate, accessibility issues.

2. COMMUNICATING WITH A STUDENT EXPERIENCING GENDER BASED VIOLENCE

Disclosing experiences of Gender Based Violence is a big step and carries an element of risk for the student. They may not be sure how the disclosure will be received, or what the consequences may be. This may or may not be the first time they have disclosed abuse, and many victim/survivors worry about not being believed. It is normal for staff to feel worried and anxious when they realise a disclosure if being made, but conveying a genuine attitude that is calm, caring, non-judgemental, and non-blaming will help the student develop a sense of trust and security.

There are many barriers that stop victim/survivors from disclosing GBV. It should not be assumed that it is always easy or safe to do so. GBV is characterised by a loss of control and power, and further blame on the student for "not telling someone sooner" is disempowering.

2.1 ENVIRONMENT

- Where possible, speak with the student in a safe and private area. Be mindful that things like dim lighting, locked doors etc may trigger a trauma response.
- Speak to the student alone, unless the student has asked specifically for someone to be with them.
- Respect that students may ask for you to support them to contact/speak to a specific member of staff (or staff of a specific gender). Whilst it may not be your role to provide long-term or therapeutic support, students should not be told that they cannot make a disclosure to you.
- It may take some time for the student to feel comfortable, to think, and to respond to any questions. Consider the space you are using, and if uninterrupted time can be offered safely there.

- Be mindful that the perpetrator/s of abuse may be on campus (including staff members), and the confidentiality limits of the space you may be using.

Students making a disclosure may present at varying stages of abuse – it could be that they want to share something that has happened in the past, or that there is a current risk. They may or may not know the perpetrator. There may be multiple incidences of types of abuse. The spectrum of experience means that we should not pre-empt or assume what the disclosure is, or why the student is disclosing.

2.2 CONFIDENTIALITY

It is important that students know early on what can and cannot stay confidential, to enable them to make an informed decision. Establishing trust is key in making the student feel comfortable and safe, but staff should not make promises they cannot keep (such as saying “this will stay between you and me”).

- Explain that your role is not to investigate, but that you can listen, support, and guide as appropriate (you do not need to ask intrusive questions)
- Explain that you will take notes about what they disclose, and that they will be able to view and keep a copy of these notes if they wish (which may be useful if they pursue a police investigation) – see more in Section 5.2.
- Explain that you may need to share these notes & discussions with your local [Safeguarding Lead](#) and that the information is shared for the student’s safety
- Explain where appropriate any local data storage & retention procedures
- Students are not obliged to share the name of the perpetrator/s, if they do not wish to

Confidentiality cannot be guaranteed when:

- The student is under 16 or
- The student is under 18 and in care (under a Compulsory Supervision Order via the Children & Young Peoples Scotland Act 2014)
- The student is an ‘adult at risk’ (see below)
- There is a significant risk of harm to the student or someone else (including from themselves)
- There is a risk of harm to someone under 16 or an ‘adult at risk’

The Adult Support and Protection (Scotland) Act 2007 defines an ‘adult at risk’ as those over 16 who are unable to safeguard their own wellbeing, property, rights or interests due to disability, mental disorder, illness or physical or mental infirmity, and are at risk of harm. Being disabled or having a condition does not automatically mean that someone is an ‘adult at risk’.

Only in situations of immediate real live risk would the police need to be called with urgency and without the student’s consent.

2.3 COMMUNICATION

Reassure the student:

- they have made the right decision in talking to you about the abuse
- the abuse is not their fault, and that responsibility lies with the perpetrator/s
- they have the right to feel safe and have a life free from abuse
- that help is available, and you/UHI can support them to access that help
- that they are believed

Staff should be supportive and sensitive to the emotional distress or fear the student may be experiencing. Listen and acknowledge what the student is saying e.g. “that must have been really difficult/frightening...”. Keep your language simple and easy for the student to understand, avoiding the use of ‘jargon’.

Consult with the student about what further action they wish to take – if any. Reassure students that **response from UHI will be guided by their wishes, unless safeguarding issues take precedence** – in which case, the student should be made aware of this.

3. ASSESSMENT AND SAFETY PLANNING

The initial informal assessment you undertake with a student should not be extensive or intrusive – [Safeguarding Leads](#) have a responsibility to clarify any points where there is risk present, and counselling/support services are there to support students through communicating the details in a therapeutic environment. The main details to confirm are:

- If the abuse is happening (ongoing) or has happened (historic)
- The level of, and likelihood of, risk posed to the student
- That the student can access appropriate internal and external services to provide them with specialised guidance and/or support

Be mindful that if the student is ending/has just ended an abusive relationship, this is often a very high-risk time.

A flowchart is provided in Appendix D to help you understand the disclosure pathways.

3.1 ASSESSMENT: NO RISK

If following the disclosure, it is clear there is NO potential risk to the student or others (and GBV is historic only) and there are NO safeguarding responsibilities present (see 2.2)

- ensure student knows where they can find details of further support services, at a time when they are ready e.g. Appendix C, or [UHI GBV Webpage](#)
- offer to assist referral to internal student support services (Appendix B)
- offer to check-in informally with student in 1 week/1 month as appropriate
- clarify with the student any actions they would like you or UHI to take

And proceed to Section 5.

3.2 ASSESSMENT: RISK PRESENT

If there is a risk present, it is important that the safety planning stage below is explored with haste to gauge the level of that risk and ensure immediate safety. This does not have to be formal or extensive, but as the [Safeguarding Leads](#) are trained and experienced in dealing with sensitive

matters, it is important that they are leading on this and beneficial that they are present. Explain to the student that you will contact the [Safeguarding Lead](#) and why.

If no Safeguarding Officer or equivalent is available to attend that day, it is still important to explore the points below to rule out (and take action) in rare circumstances where there is a severe threat to the student's wellbeing.

Staff members who are confident, and trained where applicable, may consider undertaking more specialised risk assessments for GBV disclosures, such as:

- The Scottish Government [Risk Assessment and associated guidance for FGM](#).
- The [CAADA-DASH Risk Identification Checklist \(RIC\)](#) in relation to domestic abuse, stalking, and honour-based violence.
 - If a [DASH](#) Assessment concludes a 'Visible High Risk', a referral to MARAC (Multi Agency Risk Assessment Conferencing) may be required. Information and forms for local MARACs are available here: [Highlands & Islands](#), [Perth/Angus](#), [Moray \(email only\)](#).

3.3 SAFETY PLANNING

ESHE and UHI encourage staff to consider the 3-stage model of trauma recovery (Herman 1997). This document focuses on Stage 1 – Crisis Intervention and Safety Planning. This section in particular looks at **immediate** and time-imminent points to consider, with further information available in Appendix C. Staff are not necessarily expected to memorise these points, and should be supported by the [Safeguarding Lead](#). Staff responsibility is to ensure the immediate safety of the student, and to present the options below if relevant to enable to student to make their own informed choice about next steps.

- **Is there an immediate live risk from the abuser?**

Staff should only call police via 999 if there is an immediate live risk – such as if a threat to life has been made and the abuser is en route/present. Encourage the student to 'stay with you' until help has arrived. If you have campus security, or estates teams, you should inform them so that they can direct police to your location on arrival. Document officer names and/or shoulder numbers.
- **Is there an immediate live risk to the student from themselves?**

Where a student is actively suicidal, or following an overdose, you should also contact emergency services (999). Please see [Suicide and Risk Intervention Staff Guidance: Protecting Our Students from Harm](#) for further information on assessing risk of suicide.

If there are indicators of suicidal intention, always be willing to ask the 'suicide question': e.g. 'How difficult does this get for you? Are there times when you consider ending your life?'. However you phrase the suicide question (informed by you, your student, your relationship, and the working context), ensure you name it explicitly and clearly.

- **Is there an immediate risk to the student's health?**

If the student is presenting following a recent assault, consider immediate medical needs - such as injury/bleeding/spiking - and ensure the student receives appropriate medical assistance. This may mean arranging an ambulance via 999.

If the student has been recently raped or sexually assaulted, ensure they are aware of the [NHS Scotland Sexual Assault Self-Referral Service](#) (SARCS) and the right to access a Forensic Medical Examination (FME), as this may be time-imminent. SARCS can be called 24/7. If a student asks for your support to access this, you may find [immediate advice on preserving evidence](#) useful - they should be encouraged not to wash, brush their teeth, eat, or go to the toilet, and to place any potential evidence such as clothes, bedding and used condoms in clean plastic bags.

The student may wish to be signposted to Emergency Contraception (sometimes called the morning-after pill) provision. Some Emergency Contraception is available free on the NHS from any pharmacy in Scotland. Further information including signposting details for Sexual Health services, including STI testing, are included in Appendix C.

➤ **Does the student require emergency accommodation?**

Women's Aid can arrange [refuge accommodation](#) for women and children. Local Women's Aid contacts can help organise this and answer questions.

Alternatively, the local authority may be able to organise emergency accommodation via their housing or homelessness team.

Victims/survivors may have a right to stay in their own home and have their abuser removed under varying laws. [Scottish Women's Rights Centre](#) may be able to advise the student.

Some UHI Residencies may also be able to help. With the student's consent, you can contact your local team or Tim.Skyrme@uhi.ac.uk to discuss.

Students may be particularly worried about continuing their studies or placement, should they require to stay in an alternative place of safety. Encourage them to discuss this with their [local Student Support team](#).

➤ **Does the student require emergency financial assistance?**

Useful signposting may include:

- [Local Student Support teams](#)
- [UHI Hardship Fund information](#)
- [Citizen's Advice Bureau Domestic Abuse section](#)
- [Women's Aid Money Issues section](#)
- [Victim Support Scotland Fund](#)

➤ **Is the student at risk of being tracked online?**

29% of domestic abuse survivors experienced the use of spyware or GPS trackers by their partner or ex-partner¹. Supporting students to change their device settings (such as turning location off) may be crucial. They may wish to be signposted to tech advice from [Women's Aid](#) and [Tech Safety](#).

However, technology safety plans do carry risk e.g. if the abuser is aware and responds. There is also the risk that evidence may be lost, should the student wish to report GBV. [Tech](#)

¹ Women's Aid 2017. *Tackling Domestic Abuse in a Digital Age*. Available from: [APPGReport2017-270217.pdf \(netdna-ssl.com\)](#)

[Safety](#) has a list of tips to help victims/survivors document the GBV they are experiencing. They can also download their [Facebook Data](#) for use at a later date.

➤ **Does the student have children at immediate risk?**

Should there be concerns that a child is at risk of harm, a safeguarding response may be required. The [Safeguarding Lead](#) should support you with this.

Students with children in their care may worry that they will be blamed, judged, or risk having their children removed. It is important to be supportive and non-judgemental to students facing these worries.

[Women's Aid](#) have webpages dedicated to these worries, and further information on legal rights may be found via the resources in Appendix C.

If a student presenting with a history of FGM is over the age of 18, this does not warrant an automatic police or social work response. However, there may be an increased risk of harm to her children (or future children, if pregnant) and further risk assessment would be required as per [Scottish Government's Guidance](#). If it is believed that a child is at imminent risk of FGM, or has undergone FGM, the [Safeguarding Lead](#) must be involved.

➤ **Further Safety Planning**

If satisfied that the above immediate and/or emergency points are not required, or actions are in place for them, ensure the student can access further safety planning information if relevant from organisations such as Women's Aid: [personal safety plans](#). Appendix C also includes online tools, apps, and schemes. You might assist the student in identifying a safe way to access information & checklists like this.

It is important to communicate that the victim/survivor is not responsible for the GBV they have experienced or are experiencing. However well-intentioned, focusing too highly on 'safety steps' (like "learning self-defence" etc) can sometimes be felt as victim-blaming and places the responsibility on the victim/survivor rather than the perpetrator.

4. OPTIONS FOR REPORTING

There is a distinction between students **disclosing** GBV to UHI, and **reporting** GBV. **Reports** of GBV require formal action from Police (4.1) or UHI (4.2 and 4.3), whilst Students **disclosing** may do so for a number of reasons and not necessarily wish to pursue action against the perpetrator. Students should be aware of the following reporting options, but not pressured or coerced to choose either.

4.1 STUDENT REPORTS TO POLICE (ACCUSED MAY BE STAFF, STUDENT, OR EXTERNAL)

If a student tells you they wish to make a police report:

- Encourage students to make the initial call to police themselves (normally via 101, or they can use the [Police Scotland Online Form](#)) to allow them to take control. They may wish for you to be present whilst they do this, or ask you to call on their behalf. This is acceptable. Ensure you document an incident/reference number.
- Police will normally visit the student on campus (or wherever they are safe at point of call), and you may need to let facilities know to direct them. Document officer names and/or shoulder numbers.

- A statement may be taken by police on-site or at the police station – they may also take the student to hospital if appropriate.
- The student may want to take someone for support, perhaps a friend, relative or in some cases they may wish a staff member to accompany them. It would be preferable this person is not a witness of the incident.
- If undergoing a Forensic Medical Examination, they will need a change of clothes for after the examination, if they have not already changed.
- Let the student know that UHI will be unable to internally investigate any incidents whilst an official police investigation is underway – however, as a precautionary action, sanctions to the accused student can still be applied, and the victim/survivor can still access internal support. The university will consult with the police during this period to ensure integrity of investigation. The university has a duty of care to support both the victim and alleged perpetrator (if also a student).

Police Investigations can take a significant amount of time to reach any conclusion. Do not let the absence of an internal investigation inhibit support offered to the victim. Where the accused is a fellow UHI Student, review and amend risk assessments for the accused as appropriate (e.g. 6 monthly/yearly).

4.2 STUDENT REPORTS CODE OF CONDUCT BREACH (ACCUSED IS A UHI STUDENT)

As incidences of GBV are a breach of the UHI Student [Code of Conduct](#), students may wish to report the behaviour of another UHI student to us for internal investigation (if they choose not to report to Police).

It is important to establish what expectations the student has of the university during this process, and to manage these expectations appropriately. The university does not have the powers available to the courts and justice system.

Refer to UHI Disciplinary Procedures, taking action at an appropriate level - UHI will risk assess and put interim safety measures in place whilst the investigation is underway. It is not appropriate for the same staff member to support both victim/survivor, and the alleged perpetrator.

4.3 STUDENT REPORTS UHI COMPLAINT (ACCUSED IS STAFF/CONTRACTOR)

Students wishing to report GBV perpetrated or facilitated by a UHI staff member or contractor may use the [UHI Complaints Procedure](#). Complaints may be made verbally or in writing, including face-to-face, by phone, letter or email. Complaints are normally expected to be made within 6 months of awareness of an incident, but this is at the discretion of UHI. Students may ask for your support in this process.

UHI will risk assess and put interim safety measures in place whilst any investigation is underway.

4.4 STUDENT DECLINES METHODS OF REPORTING

If the student does not wish to report to police **or** to UHI, and there is no safeguarding precedent to do so, they are still entitled to access all student support services.

- Refer back through this document, including Appendix C, and ensure that students are aware of the support options available to them, at the initial crisis stage and beyond. It may be particularly relevant to ensure students are aware of SARCS, if victim/survivor to a rape or sexual assault, so that evidence can be held for 2 years allowing them to later make a police report.

- Risk Assess where appropriate, based on known information
 - E.g. consider if student and perpetrator/s may have contact on campus/on online course – can we make scenarios safer whilst maintaining confidentiality?
 - In some rarer cases, the risk may feel high enough to continue with an internal investigation based on information known, without the consent of the victim/survivor. The Safeguarding Lead would lead this.

5. NEXT STEPS

5.1 CONSULTATION WITH SENIOR STAFF

Following a student disclosure, you should consult with your line manager/senior member of staff and advise them of the outcome of the discussion had with the student. This conversation should maintain the student's confidentiality and anonymity, unless otherwise required as per Section 2.2. Consultation is particularly relevant should you be required to report risk of harm to another staff member or the police. However, it is also an opportunity for you to reflect, and to gain support/guidance on any aspects you may be uncertain about as well as any ongoing personal or professional development needs.

Responding to disclosures of GBV can be emotionally challenging or distressing. Staff can access mental health support online via [Togetherall](#), or they may wish to discuss their needs with HR. Disclosures can be particularly difficult for staff who have their own experiences of GBV, and they may also wish to contact the external services in Appendix C for support.

5.2 DOCUMENTATION

It is good practice to take notes during a student's disclosure, and discuss this with the student. The method of doing so may depend on local systems and guidance. Your documentation may include:

- Student's name, preferred pronouns, and safest way of contacting them
- Date and time of disclosure, including date and time of incident/incidences if they share
- Summary of main points of disclosure, including if anyone was a potential witness
- What has been explored in terms of safety planning and next steps
- What has been agreed in terms of safety planning and next steps
- That the documentation and storage process has been explained to the student, that they have read your notes, and that they are in agreement with them

Refer to and follow your relevant local procedures for data storage and retention.

APPENDIX A –INDICATORS OF GBV

There are many indicators of GBV, though the presence of a sign does not in itself prove that abuse is happening. The length of time that signs present, the frequency of reoccurrence, the presence of patterns, the number of different signs, the absence of reasonable explanation, and the context and personal circumstances will all come into play.

Separation and ending an abusive relationship is a very high risk time. This is often perceived by practitioners as an end to the abuse, but it is a period of time where the abuse can become higher in risk.

Signs of GBV may include

- Physical
 - Injuries and visible marks
 - Bruising, burns, scars, and/or signs of hair pulled out
 - Eating disorders
 - Lethargy, headaches/migraines, dizziness, insomnia, chronic pain, gastrointestinal disorders
- Mental & Emotional
 - Signs of PTSD including hyperarousal (being on 'red alert'), intrusive thoughts, lack of concentration, sleeping difficulties/nightmares, dissociation
 - Anxiety, depression, panic attacks
 - Hostility
 - Self-harming behaviours, including drug and alcohol abuse
 - Suicidal thoughts and/or attempts
- Presentation/History
 - Hesitant or evasive to talk about injuries or behaviour
 - Disproportionate distress to injury e.g. extreme distress over minor injury, or minimisation over injuries
 - Explanations are inconsistent with injury

APPENDIX B - UHI SUPPORT & SAFEGUARDING CONTACTS

[Student Support & Counselling Contacts](#)

[Safeguarding Contacts](#)

Students can also access

- Spectrum Life: 24-7 Telephone [0800 031 8227](tel:0800 031 8227) / What's App [00353 87](tel:00353 87) HYPERLINK
"<https://www.uhi.ac.uk/en/students/support/support-for-your-wellbeing-and-mental-health/spectrum-life/>" webchat app using code **uhiwell.uhiwell..**

Staff & Students can also access

- [Togetherall](#)

See [UHI Student Mental Health Support](#) pages for more.

APPENDIX C - EXTERNAL GBV SUPPORT

Gender Based Violence Support

Details correct at time of writing – the most up to date resources will be held at [Gender Based and Sexual Violence - Support from Specialist Services \(uhi.ac.uk\)](#)

The majority of these organisations offer a helpline, but many will also provide useful information and printable factsheets on their websites that may help victim/survivors. Inclusion in this list is not necessarily an endorsement of the organisation - please check resources prior to signposting. Students should be aware that external organisations will have their own confidentiality approaches and privacy statements. The majority of the organisations in this section are for Over 16s (some also provide a teen service, whilst some are 18+).

| | Aimed At | Details |
|---|---|--|
| Women's Aid Support | | |
| Women's Aid UK | <ul style="list-style-type: none"> • Women • Rest of UK • Domestic Abuse | <ul style="list-style-type: none"> • helpline@womensaid.org.uk • Live Chat • Online Forum |
| Argyll & Bute Women's Aid | <ul style="list-style-type: none"> • Women's Aid Centre for UHI Argyll, and SAMS | <ul style="list-style-type: none"> • 01369 706636 • info@abwa.org.uk • In-person support may be available |
| Caithness & Sutherland Women's Aid | <ul style="list-style-type: none"> • Women's Aid Centre for UHI North Highland | <ul style="list-style-type: none"> • 0345 408 0151 • info@haswa.org.uk • In-person support may be available |
| Inverness Women's Aid | <ul style="list-style-type: none"> • Women's Aid Centre for UHI Inverness | <ul style="list-style-type: none"> • 01463 220719 • info@invernesswa.org • Facebook Messenger • In-person support may be available |
| Moray Women's Aid (link to Facebook Page) | <ul style="list-style-type: none"> • Women's Aid Centre for UHI Moray | <ul style="list-style-type: none"> • 01343 548549 |
| Opoka | <ul style="list-style-type: none"> • Women's Aid associated organisation for Polish-speaking Women • Domestic Abuse | <ul style="list-style-type: none"> • 0300 3651700 (Mon-Fri 9-5) |
| Women's Aid Orkney | <ul style="list-style-type: none"> • Women's Aid Centre for UHI Orkney | <ul style="list-style-type: none"> • 01856 877900 • info@womensaidorkney.org.uk |
| Lochaber Women's Aid | <ul style="list-style-type: none"> • Women's Aid Centre for UHI West Highland | <ul style="list-style-type: none"> • 01397 705734 • lwa@lochaberwomensaid.org |
| Perthshire Women's Aid | <ul style="list-style-type: none"> • Women's Aid Centre for UHI Perth | <ul style="list-style-type: none"> • 01738 639043 (Mon-Fri 10-3:30) |
| Ross-Shire Women's Aid | <ul style="list-style-type: none"> • Women's Aid Centre for HTC and SMO | <ul style="list-style-type: none"> • 01349 863568 (Dingwall/Ross-shire) • 01478 613365 (Skye/SMO) |

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| Shetland Women's Aid | <ul style="list-style-type: none"> Women's Aid Centre for UHI Shetland | <ul style="list-style-type: none"> 01595 692070 |
| Western Isles Women's Aid | <ul style="list-style-type: none"> Women's Aid Centre for UHI Outer Hebrides | <ul style="list-style-type: none"> 01851 704750 |
| Male-focused Domestic Abuse support | | |
| AMIS (Abused Men in Scotland) | <ul style="list-style-type: none"> Men Scotland-wide Domestic Abuse | <ul style="list-style-type: none"> 03300 949395 (Mon-Fri 9-4) |
| Respect Men's Advice Line | <ul style="list-style-type: none"> Men UK-wide Domestic Abuse | <ul style="list-style-type: none"> 0808 8010327 (Mon-Fri 10-8) Webchat Wednesdays info@mensadviceline.org.uk Interpreters and Next Generation Text Service available |
| More Domestic Abuse Supports | | |
| Scotland Domestic Abuse & Forced Marriage Helpline | <ul style="list-style-type: none"> All genders & sexualities Scotland-wide Domestic Abuse & Forced Marriage | <ul style="list-style-type: none"> 0800 0271234 (24-7) helpline@sdaafmh.org.uk Webchat BSL and interpreting services available |
| Refuge (National Domestic Abuse Helpline) | <ul style="list-style-type: none"> Women UK-wide Domestic Abuse | <ul style="list-style-type: none"> 0808 2000 247 (24/7) Live Chat Mon-Fri 3-10 BSL Service Mon-Fri 10-6 Contact Form |
| Galop (National LGBT+ Domestic Abuse Helpline) | <ul style="list-style-type: none"> LGBT+ UK-wide Domestic Abuse (Hate Crime and Conversion Therapy support also available) | <ul style="list-style-type: none"> 08009995428 (Mon-Fri 10-5/8) help@galop.org.uk Webchat Wed-Thurs 5-8 Translation Available |
| Amina | <ul style="list-style-type: none"> Muslim and BME Women Scotland-Wide Domestic Abuse, Child Sexual Abuse, Mental Health, Hate Crime, and more | <ul style="list-style-type: none"> 0808 801 0301 (Mon-Fri 10-4) Webchat Translation Available including Arabic, Punjabi and Urdu |
| Rape & Sexual Assault Specific Support | | |
| Rape Crisis Scotland | <ul style="list-style-type: none"> All genders & sexualities Any sexual violence Scotland-wide (rest of UK available) | <ul style="list-style-type: none"> 08088 010302 (Everyday 6-midnight) 07537 410027 Textline support@rapecrisisScotland.org.uk Interpreters and BSL Available |

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| The Compass Centre | <ul style="list-style-type: none"> Local Rape Crisis Support for UHI Shetland | <ul style="list-style-type: none"> 01595 747174 (Mon-Thurs 9-1:30) Contact@compasscentre.org In-person support available |
| Argyll & Bute Rape Crisis Centre | <ul style="list-style-type: none"> All genders Local Rape Crisis Support for UHI Argyll, and SAMS | <ul style="list-style-type: none"> 0800 1214685 (Mon-Fri 9-4) support@ab-rc.org.uk In-person support available |
| ORSAS | <ul style="list-style-type: none"> All genders Local Rape Crisis Support for UHI Orkney | <ul style="list-style-type: none"> 01856 872298 (Mon-Thurs 9-4:30) contact@orsas.scot In-person support available |
| WIRCC | <ul style="list-style-type: none"> Women Local Rape Crisis Support for UHI Outer Hebrides | <ul style="list-style-type: none"> 01851 709965 (Mon-Fri 10-4) In-person support available |
| Moray Rape Crisis | <ul style="list-style-type: none"> All genders Local Rape Crisis Support for UHI Moray | <ul style="list-style-type: none"> 01343 550407 contact@morayrapecrisis.scot In-person support available |
| RASAC | <ul style="list-style-type: none"> All genders aged 12-18 Women only if aged 19+ Local Rape Crisis Support for UHI Perth | <ul style="list-style-type: none"> 01738 630965 support@rasacpk.org.uk In-person support available |
| RASASH | <ul style="list-style-type: none"> All genders Local Rape Crisis Support for UHI Inverness, UHI North Highland, UHI West Highland, SMO, HTC, and EO. | <ul style="list-style-type: none"> 03330 066909 (Mon/Wed/Fri AM, Tue/Thur PM) 07451288080 Textline support@rasash.org.uk |
| Survivors UK | <ul style="list-style-type: none"> Men and non-binary UK-wide Sexual violence | <ul style="list-style-type: none"> Webchat (Everyday, 12-8) Textline 020 33221860 |
| Other forms of GBV | | |
| Victim Support Scotland | <ul style="list-style-type: none"> All genders & sexualities Scotland-wide (rest of UK, and European services also available) For victims of any crime including stalking and hate crime | <ul style="list-style-type: none"> 0800 160 1985 (Mon-Fri 8-8) Webchat Mon-Fri 8-8, and Sat 9-1 In-person support may be available, as well as supported visits to courts |
| Unseen (Modern Slavery & Exploitation Helpline) | <ul style="list-style-type: none"> All genders & sexualities UK-wide | <ul style="list-style-type: none"> 08000 121 700 (24/7) Online reporting form available Translation services available |

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| | <ul style="list-style-type: none"> • Exploitation, including sexual exploitation and trafficking | |
| National Stalking Helpline (Suzy Lamplugh Trust) | <ul style="list-style-type: none"> • All genders & sexualities • UK-wide • Stalking | <ul style="list-style-type: none"> • 0808 8020300 (Mon-Fri 9:30-4, and until 8pm Wed) • Contact form available |
| Revenge Porn Helpline | <ul style="list-style-type: none"> • All genders & sexualities • UK-wide • Intimate image abuse, sextortion/blackmail, “revenge porn” • Also supports sex-workers subject to intimate image abuse | <ul style="list-style-type: none"> • 0345 6000459 (Mon-Fri 10-4) • help@revengepornhelpline.org.uk • ‘Whisper’ anonymous reporting tool • Facebook messenger |
| Forward UK | <ul style="list-style-type: none"> • UK-wide • Female Genital Mutilation | <ul style="list-style-type: none"> • 0208 9604000 (Mon-Fri 9:30-5:30) • Support@forwarduk.org.uk |
| Shakti Women’s Aid | <ul style="list-style-type: none"> • Scotland-wide advice, with other services specific to Edinburgh & surrounding areas • BME women • FGM, honour-based violence, forced marriage, and domestic abuse | <ul style="list-style-type: none"> • 0131 475 2399 (Mon/Wed/Thurs/Fri 9:30-4, Tues 1-4) • Staff speak a range of languages, plus have access to interpreters. |
| Encompass Network | <ul style="list-style-type: none"> • Scotland • Provides online booklets and safety planning for those involved in the sex industry | <ul style="list-style-type: none"> • Online resources only |
| NAPAC | <ul style="list-style-type: none"> • National Association for People Abused in Childhood (UK) | <ul style="list-style-type: none"> • 0808 801 0331 (Mon-Thur 10-9, Fri 10-6) • support@napac.org.uk |
| Surviving Economic Abuse (Financial Support Line) | <ul style="list-style-type: none"> • UK-wide • Economic and financial abuse, including coerced debt | <ul style="list-style-type: none"> • 08081968845 (Mon-Fri 9-5) |

Further Information & Tools

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| Legal | |
| Scottish Women’s Rights Centre | Helpline available: 08088 010789 (Weds 10-1, Thurs 1:30-4:30) |

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| | Website provides legal factsheets on a variety of GBV topics |
| Respect UK | Website provides legal factsheets on a variety of GBV topics specifically for male survivors |
| Scottish Legal Aid | Students can be encouraged to contact a solicitor should they wish to use the law. This site searches by location. |
| Rights of Women | Provides webpages on various legal information, including specifically for students facing GBV on campus. Also provides a free legal helpline for those in England & Wales. |
| Sexual Health | |
| NHS Inform – Find A GP NHS Inform – Find A Sexual Health Clinic NHS Inform – Find a Pharmacy NHS Inform – Find a Minor Injuries Unit/A+E Department | Emergency Contraception is available free from most pharmacies, and some minor injuries/A+E departments, in Scotland and medication can be taken up to 3 days (72 hours) or in some cases up to 5 days (120 hours – prescription required) after the incident. An IUD (often called a coil) can be fitted up to 5 days after at some clinics and GPs to provide emergency contraceptive cover. Emergency contraception does not protect from, or treat, Sexually Transmitted Infections. |
| Highland Sexual Health | 01463 888300. Clinics available in Inverness, Thurso, Wick, Invergordon, Fort William, Skye, Aviemore. Live Chat for Under 25s also available online |
| Nordhaven Clinic (Orkney) | 01856 888917 |
| Grampian Sexual Health | 03453379900 Ensure you ask for the Elgin clinic, or wherever is most convenient for you |
| Tayside Sexual Health | 01382 425542 Ensure you ask for the Perth clinic, or wherever is most convenient for you |
| Argyll & Bute Sexual Health | Services in Dunoon, Helensburgh, and Oban |
| Scottish Sexual Assault Self-Referral (SARCS) | 0800 148 88 88 (24/7) FMEs can be a vital step in ensuring evidence is collected for those who have been assaulted in the past 7 days (and sometimes later). FME evidence can be held for 26 months without alerting the police, allowing survivors time to come to a decision on whether to report in future or not. Info available in large print, easy read, and braille. |
| WAVE Highland (Under 25s) BISH Sexual Health Scotland Brook (Under 25s in England) Young Scot Fumble | These resources may provide further guidance and factsheets regarding Sexual Health. |

| Online Tools & Apps | |
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| Stop Non-Consensual Intimate Image Abuse | A free tool allowing those over 18 to create a 'digital fingerprint' of their images, allowing Facebook & Instagram to detect potential uploads and stop them. Useful in combating Intimate Image Abuse or so-called "Revenge Porn" |
| Report Remove from Childline | A free tool allowing under 18s to create a case and, where possible, have their intimate images removed online – however, safeguarding responses may be required. |
| FollowIt App | Helps women in Scotland to keep a log of suspected stalking incidences on their smartphone, regardless of whether they decide to make a police report |
| Am I Being Stalked? Tool | Available in multiple languages, this helps clarify the law in relation to stalking in the UK and provides guidance on gathering evidence, improving personal safety, and reporting/accessing services |
| Bright Sky App | An app with a UK-wide directory of domestic abuse support services, a journal/log tool, and questionnaires to help users consider if their relationship is abusive |
| National Ugly Mugs | Provides online safety tools for those involved in the UK sex industry, including a client reporting & warning tool. |
| Other Schemes | |
| The Silent Solution | A police system used in response to silent 999 calls – the caller will be asked to press 55 (or respond in another way) if they are unable to speak and require police assistance. |
| The Freedom Project (Dog's Trust) | This scheme provides free foster care (including vet treatment) for dogs whereby the owner has had to flee domestic abuse or stay in a refuge, reuniting them when the victim/survivor is safe. |
| DSDAS (sometimes called 'Claire's Law' or 'The Right To Ask;') | This scheme gives individuals the right to ask Police about the background of the person they are in a relationship with, or about a friend or relative's partner, if they are worried about potential GBV. This can be done online, by post, or by attending your local police station. |
| Ask for Ani | Anyone can "Ask for Ani" (e.g. Is Ani working today?) at Boots Pharmacies, and some other independent pharmacies, across the UK. They will be taken to a consultation room where they can wait in safety and/or ask for further GBV support. |
| Ask for Angela | Anyone can "Ask for Angela" (e.g. Is Angela working tonight?) at various bars, pubs, and nightclubs. Staff will help you get home safely |

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| | and discreetly. Participating venues should display “Ask for Angela” posters in toilet cubicles, so you know who is taking part. |
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APPENDIX D – DISCLOSURE FLOWCHART

