



NHS Greater Glasgow and Clyde Emergency Department

Gender Based Violence Policy

February 2015

Lead Manager:	Head of Nursing
Responsible Director:	Director of ECMS
Approved by:	ECMS Clinical Governance
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“Someone once told me that we never remember pain. Once it's gone it's gone. A nurse. She told me just before the doctor put my arm back in its socket. She was being nice. She'd seen me before.

I fell down the stairs again, I told her. -Sorry. No questions asked. What about the burn on my hand? The missing hair? The teeth? I waited to be asked. Ask me. Ask me. Ask me. I'd tell her. I'd tell them everything. Look at the burn. Ask me about it. Ask.

No.

She was nice, though. She was young. It was Friday night. Her boyfriend was waiting. The doctor never looked at me. He studied parts of me but he never saw all of me. He never looked at my eyes. Drink, he said to himself. I could see his nose moving, taking in the smell, deciding.

Roddy Doyle: 'The Woman who walked into Doors'.

1. Introduction

NHSGGC is committed to ensuring that patients' experiences of gender-based violence (GBV) are identified and responded to effectively. This is part of wider work to meet our legislative duties to promote gender equality and tackle discrimination, deliver our organisational objective of reducing health inequalities and working with partners to achieve Single Outcome Agreements.

NHSGGC's approach to addressing GBV is in keeping with the Scottish Government's approach as set out in Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls (Scottish Gov 2014) and within the national good practice guidance for health workers¹ and professional bodies².

2. Purpose

The overall aim of this policy is to ensure Emergency Department (ED) staff know how to identify and respond to experiences of GBV amongst their patients and to ensure that their response results in an increase in the safety and well-being of the individual involved.

The policy should be considered alongside related NHSGGC policies and procedures including:-

- National Guidance for Child Protection (Scottish Gov 2014)
- West of Scotland Inter Agency Adult Support and Protection Practice Guidance
- West of Scotland Inter Agency Child Protection Procedures
- Gender Based Violence (GBV) Plan
- NHSGGC GBV Employee Policy (due October 2012)
- NHSGGC Forced Marriage Policy and Guidance
- NHSGGC Guidance on Human Trafficking
- NHSGGC Tackling Inequalities Policy
- NHSGGC Equality Scheme
- Emergency Departments Mental Health Triage and Risk Assessment Tool

3. Scope

The policy applies to staff working at all levels and all professional groups within NHSGGC's Emergency Department and Minor Injuries Units (The term ED will be used throughout to include both EDs + MIUs). In applying the policy, staff are expected to work within their own sphere of responsibility and to seek guidance on applying the policy from their line manager as appropriate.

The policy applies equally to male and female patients who may have been subjected to GBV. However in implementing the policy staff should be aware that female patients are at significantly higher risk of experiencing gender-based violence than their male counterparts, with those affected being more at risk from men they know.

¹ *What health workers need to know about gender-based violence (SGHD) (November 2009)*

² *BMA Board of Science Report on Domestic Abuse (June 2007)*

4. About Gender-based Violence

Gender-based violence refers to the continuum of emotional, psychological, economic, physical and sexual abuse. It includes, but is not limited to domestic abuse; rape and sexual assault; child sexual abuse; commercial sexual exploitation; human trafficking; female genital mutilation, forced marriage, stalking and harassment.

Many women and children, and some men, will experience different forms of GBV throughout their life course.

Gender-based violence cuts across all boundaries of class, ethnicity, religion and age. Discrimination in relation to ethnicity, disability, learning disability, sexual orientation, transgender, poverty, age, migrant or refugee status can increase and intensify vulnerability to GBV and should be taken into account by staff when enquiring about or responding to disclosures about abuse.

Staff should always be mindful of the overlap between GBV and child and adult protection issues.

More information about the nature and impact of different forms of abuse can be found via Staffnet or by visiting www.equality.scot.nhs.uk.

5. The role of Emergency Department staff

Patients view the health service as an appropriate site for intervention on GBV. Whilst there is significant under-reporting, there is evidence that those who seek help are most likely to turn to Emergency Department (ED) or GP Services.

A visit to the ED may represent the first and sometimes only chance by a patient who has or is experiencing GBV to access formal help and support, or may be one of a number of repeat presentations. This 'one chance' for health service staff to provide support and protect a victim from abuse is particularly relevant with regard to victims of forced marriage and human trafficking. Additional NHSGGC guidance to support staff respond to these issues is available and ED staff should be familiar with these policies/guidance.

It is vital that intervention in every case of GBV is efficient and effective

In order to maximise detection and opportunities for patients to get the help they need, staff should:

1. Routinely consider domestic abuse with all women who present with an injury to the Emergency Department.
2. Look out for the signs of gender-based violence amongst all other patients and during other presentations and take action when they see them.

Staff should be aware that:

GBV may be a direct or indirect cause of a patient's presenting condition. For example:

- There is evidence that abused women have a more than 3-fold risk of being diagnosed with a sexually transmitted disease; a 2-fold risk of lacerations; increased risk of acute respiratory tract infection; gastroesophageal reflux disease; chest pain;

- abdominal pain; urinary tract infections; headaches and contusions/abrasions.³
- There is a high correlation between experiences of GBV and a range of moderate to severe mental health issues, ranging from anxiety and depression to self harm and attempted suicide.
- There is a correlation between GBV and substance and alcohol misuse.

In many cases the abuse is historical, hidden, or not disclosed:

- A study in the U.K. has found that 1.2 % of ED visits are due to domestic abuse. This means an ED with 50,000 patients of all ages attending over 1 year would see 500 adult patients attending as a result of domestic abuse.⁴
- One study which asked assault victims attending a Scottish ED over a 2 month period about partner violence reported that 41% of 46 women asked had experienced partner violence in the past 2 months and that 63% of the women who were survivors of partner violence had experienced previous incidents.⁵
- An American study identified that ED attendance is common in the two years before murder by a partner.⁶

5. Outcomes for Patients

By responding sensitively and effectively to their own concerns or patient disclosures of GBV Emergency Department staff can:

- Reduce the stigma associated with different forms of abuse
- Let patients know that the issue is taken seriously within our health service
- Help reduce the patient's exposure to further violence
- Support the patient to make choices and begin the process of escape or recovery
- Ensure the patient gets access to appropriate services earlier than they might otherwise have done
- Help identify and address needs of children who are at risk of harm
- Facilitate a disclosure to another health or social care service at a future contact

³ Medical and Psychosocial Diagnoses in Women with a History of Intimate partner Violence (2009) American medical Association

⁴ (Williamson, E., WAFE 2005, A study of domestic violence services findings. England Women's Aid

⁵ Wright, J. & Kariya, A Characteristics of female victims of assault attending a Scottish accident and emergency department. J Accid Emerg Med 1997: 14:375-8

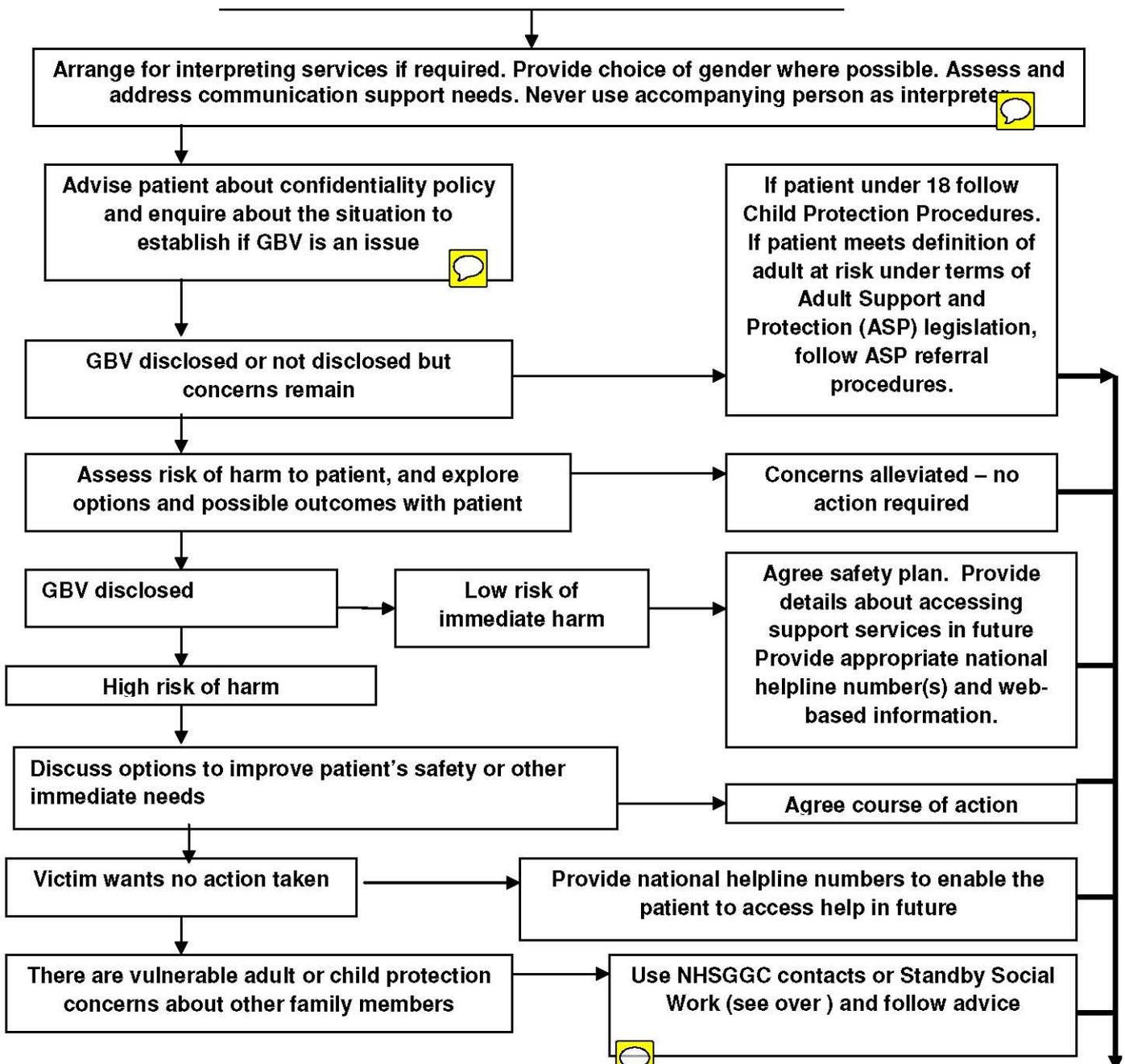
⁶ Wadman MC, & MuellemanRL (1999) Domestic Violence Homicides: ED use before victimization. Am J Emerg Med 17: 689-91

6. Patient pathway for identifying and responding to GBV within ED services

If a patient has presented with an injury and you have a concern that a patient may be experiencing domestic abuse or another form of gender-based violence you should take the following steps, considering the appropriate option at each step.

Please note where there is a concern that the patient is a victim of forced marriage, FGM or has been trafficked for the purpose of sexual exploitation, staff should consult specific NHSGGC guidance.

Arrange private space to speak to the person 1-1



Staff should remember that risks to victims may be increased by all forms of counselling, mediation, arbitration and conciliation involving the family.

- To **enable private time**, direct anyone accompanying the patient to the waiting area. Ensure you speak to patient in an area where the conversation will not be overheard. If possible use a room with telephone access to allow the patient to make calls direct to support services where necessary and for ease of access to interpreting services if dual handset is not available.
- **Interpreting services** should be arranged using NHSGGC protocol. If no face to face interpreter available arrange for telephone interpreting. To provide continuity, if the patient needs to access immediate support from another service, the interpreter should accompany the patient to the support service where possible.
- When **assessing risk** always take the issues and concerns of the victim seriously and recognise the potential risk of very significant harm to the victim. Asking the following questions can help to assess level of risk and inform options and possible outcomes for patient:
 - How frightened does the patient feel?
 - What is s/he afraid the perpetrator (s) might do?
 - Does s/he feel isolated from family and friends/?
 - Is s/he depressed or having suicidal thoughts (refer to ED guidelines).
 - Has s/he attempted suicide or self harmed?
 - If violence is from her/his partner has s/he tried to separate from him/her in the last year?
 - Have objects or weapons been used to hurt her/him?
 - Is there conflict over child contact?
 - Does s/he have problems in the past year with drugs (prescription or other), alcohol or mental health?
 - Has s/he sought protection from the courts or police in the past?
 - Is access to money being withheld from her/him?
 - Is there potential harm to other family members?
- **Seek agreement for referral** to other agencies. If victim wants no action taken and there are no vulnerable adult or child protection concerns agree a safety plan and safe way to contact victim. Where a decision is taken to refer to police without permission you should tell the patient why (duty of care if patient assessed to be of very high risk of harm). Keep the patient informed of progress on the agreed course of action.
- **Keep the patient safe** in the private area while awaiting transport to support service.
- Staff should note the **importance of inter-agency working** in protecting victims of gender-based violence and follow agreed information sharing procedures.
- **Information** should only be disclosed with the victims consent unless there is a statutory duty to share information, such as in vulnerable adult or child protection cases
- **Document disclosures and actions** in the patient record. Be aware documentation may be used as evidence in the event of any criminal justice proceedings.

7. Support for the victims

- National Domestic Abuse Helpline 0800 027 1234
- National Rape Crisis Helpline: 08088 01 03 02 between 6pm and midnight
- Archway: One stop service for patients who have experienced rape or sexual assault within the last 7 Days. 0141 211 8175. Phone to check availability of service.
- Forced Marriage: The National Domestic Abuse Helpline 0800 027 1234 provides advice about support and protection to individuals affected by forced marriage. Alternatively, individuals can be directed to www.yourrightsscotland.org Staff should follow [NHSGGC Forced Marriage Policy](#) at http://www.equalitiesinhealth.org/public_html/gender_based_violence.html
- Trafficking for Purpose of Sexual Exploitation: [Follow NHSGGC Human Trafficking Guidance at Equalities in Health](#)
- Female Genital Mutilation: Follow internal procedures ([hyperlink](#))
- Child Protection Procedures are available at: [Policies and Procedures](#)
- Adult Support and Protection Guidance and Procedures are available at: [Adult Protection Procedures](#)
- Out of Hours – West of Scotland Social Work Services – 0800 811 505
- Support for male victims: www.mensadvice.org.uk
- Information about NHSGGC and your local third sector specialist support services is available at: http://www.equalitiesinhealth.org/gender_based_violence.html

8. Staff guidance and resources

Available at: [NHSGGC Equalities in Health](#)
NHSGGC GBV Employee Policy ([hyperlink](#)) addresses the needs of staff who themselves have or are experiencing GBV or are perpetrators of GBV.