Lothian NHS Board

Waverley Gate
2-4 Waterloo Place
Edinburgh
EH1 3EG

Telephone: 0131 536 9000
www.nhslothian.scot.nhs.uk

Date 03/06/2024
Your Ref
Our Ref 8718

Enquiries to Richard Mutch
Extension 35687
Direct Line 0131 465 5687
loth.freedomofinformation@nhs.scot
richard.mutch@nhs.scot

Dear

FREEDOM OF INFORMATION – DOMESTIC ABUSE

I write in response to your request for information in relation to domestic abuse.

Question:

- The most recent materials/guidelines for midwives, obstetricians [and GPs if you hold it] about domestic abuse and pregnancy which staff are meant to follow when identifying and supporting a pregnant woman in their care who is a potential victim of domestic abuse

  What training you give for using the DASH risk assessment (or equivalent risk assessment).

  What training your staff receive on coercive control and behaviour.

  If you have them, guidelines offered on what to look for in a pregnant person's partner as to whether they might be a domestic abuse perpetrator.

Answer:

Guideline from NHS Scotland - Guideline – enclosed.
The NHS Lothian policy (admittedly it's very old) - Policy – enclosed.

I hope the information provided helps with your request.

If you are unhappy with our response to your request, you do have the right to request us to review it. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Scottish Information Commissioner within 6 months of receipt of our review response. You can do this by using the Scottish Information Commissioner's Office online appeals service at www.itspublicknowledge.info/Appeal. If you remain dissatisfied with the Commissioner's response you then have the option to appeal to the Court of Session on a point of law.

If you require a review of our decision to be carried out, please write to the FOI Reviewer at the email address at the head of this letter. The review will be undertaken by a Reviewer who was not involved in the original decision-making process.

FOI responses (subject to redaction of personal information) may appear on NHS Lothian's Freedom of Information website at: https://org.nhslothian.scot/FOI/Pages/default.aspx

Yours sincerely

ALISON MACDONALD
Executive Director, Nursing, Midwifery and AHPs
Cc: Chief Executive
Enc.

EMPLOYMENT POLICIES AND PROCEDURES

GENDER BASED VIOLENCE POLICY AND PROCEDURE

Unique ID:
Category/Level/Type
Status: Approved
Date of Authorisation: October 2016
Date added to intranet: June 2019 – Technical update
Key Words: Gender based violence

Author: HR Policy Group
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Review Date: June 2021
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1.0 POLICY CONTEXT

1.1 PURPOSE

This policy and procedure has been created to promote the welfare of staff affected by current or previous experience of Gender Based Violence (GBV). It further aims to ensure that organisations respond effectively to staff members who may be perpetrators of such abuse.

1.2 PRINCIPLES AND VALUES

The principles and values of this policy reflect those within other NHS Lothian Policies, i.e. valuing all employees and acknowledging that they have a right to work in an environment that is safe, promotes equality, dignity at work and encourages individuals to treat each other with respect

The approach of this policy is based on the following principles and values:

NHS Lothian:

- Values all employees
- Encourages employees to value each other
- Will create an environment in which employees are safe to disclose their experience of abuse in order to access support and increase safety for themselves and others
- Respects the right of employees not to disclose abuse ensuring they do not feel pressured into sharing this information if they do not wish to do so
- Will take reasonable steps to promote equality and reduce the risk of gender based violence
- Will take action where incidents occur or allegations of abuse are raised

All employees have a right to work in an environment that:

- Is safe
- Encourages individuals to treat each other with respect
- Is open, transparent and fair
- Ensures consistency, integrity and confidentiality;
- Encourages them to take responsibility for each other.

1.3 SCOPE

This policy and procedure applies to all NHS Lothian employees. NHS Lothian is committed to ensuring that all employees have equitable access to the provisions of this policy.

1.3.1 Contractors

NHS Lothian will ensure that employers of sub-contracted and agency staff have policies and procedures in place which meet the standards outlined in this policy. In the event that contractors are found to be perpetrators of abuse they will be advised that their contract may be terminated prematurely.

1.4 AIMS

The creation of a specific policy on gender based violence demonstrates the commitment of NHS Lothian to improving the safety and welfare of all staff affected by abuse.

By having an explicit policy the organisation aims to:

- Raise awareness of gender based violence as a serious health and social issue, highlighting its hidden nature and the impact on those affected by it
- Send a positive message to employees with experience of abuse that they will be listened to and supported
- Project a clear signal that the actions of employees who perpetrate abuse, within or outside the workplace, is unacceptable
- Provide a framework for addressing the behaviour of employees who may be perpetrators of abuse and who may pose a risk to other employees or patients within the context of their work
- Clarify the scope for managers to interpret and apply provisions within existing NHS Lothian policies when responding to gender based violence
- Support the reduction of absence related costs and increased productivity.

2.0 GENDER BASED VIOLENCE

2.1 DEFINITION OF GENDER BASED VIOLENCE

Gender based violence is an umbrella term that encompasses a spectrum of abuse experienced disproportionately by women and perpetrated predominantly by men.

It is defined within Equally Safe 2016, Scotland's strategy to take action on all forms of violence against women and girls, as follows:

'Gender based violence is 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 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, social structure and gender roles within the community, which greatly influence women's vulnerability

to violence.' The definition extends to women and girls of all ages. Under international law, the UN Convention on the Rights of the Child defines a child as a person under the age of 18.

Behaviour includes domestic abuse, rape and sexual assault, childhood sexual abuse, sexual harassment, stalking, commercial sexual exploitation and harmful traditional practices such as female genital mutilation (FGM), forced marriage and so-called "honour" crimes. Although primarily experienced by women, the policy recognises that men too can experience abuse and that it can be perpetrated within same sex relationships.

Further information on the prevalence and impact of abuse on women and men are included in Appendix C.

2.2 RESPONSIBILITIES

2.2.1 NHS Lothian has a responsibility to:

- Raise awareness of the policy
- Raise awareness of acceptable behaviours
- Support provision of appropriate training e.g. GBV e-module at http://content.learnprouk.com/
- Provide appropriate help and support
- Take appropriate action where incidents occur or where allegations are raised.

2.2.2 Employees have a responsibility to:

- Be aware of the policy
- Be responsible for their own behaviour
- Complete appropriate training courses, for example the GBV e-module at http://content.learnprouk.com/
- Encourage affected individuals to seek help and support, but equally respect the individuals right not to seek support
- Refrain from participating in, encouraging or condoning gossip relating to these issues, assisting perpetrators and/or making malicious allegations against another employee
- Disclose unspent convictions relating to abuse.

Additionally, prospective employees will be required to disclose unspent convictions relating to abuse, and depending on the nature of the role, may also be required to disclose spent convictions as part of the application process.

3.0 SOURCES OF ADVICE AND SUPPORT

Where an individual believes that they are subject to any form of gender based violence, or where an individual has had allegations made against them, there are a number of options available to them. Additionally, witnesses in such cases may wish to access advice or support. The options available are listed below.

3.1 ACCESSING ADVICE AND SUPPORT

The following individuals can be contacted independently and confidentially by staff to discuss their situation and to seek support in making a decision about how they wish the matter to be dealt with:

- Line manager
- Trade union/professional organisation representatives
- Employee Relations Practitioners
- Gender Based Violence Operational Lead
- Confidential counselling service offered by Occupational Health
- External agencies.

Further information on additional support organisations can be found in Appendix B.

It is important to note that whilst every effort is made to maintain confidentiality, in some circumstances, due to the serious nature of the information shared, the organisation may need to take action, including situations where there is reason to believe that there may be a risk to others, including harm to children. In these circumstances the manager should refer through normal Adult and Child Protection Procedures.

3.2 DISCLOSURE SCHEME FOR DOMESTIC ABUSE SCOTLAND

The Disclosure Scheme for Domestic Abuse Scotland aims to prevent domestic abuse by empowering both men and women with the right to ask about the background of their partner, potential partner or someone who is in a relationship with someone they know, and there is a concern that the individual may be abusive. The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides further help and support to assist the potential victim when making that informed choice.

Right to Ask is the powerful message behind the scheme. Police Scotland is empowering potential victims of domestic abuse with the right to ask about their partner. In the past, it could have been difficult for someone entering a new relationship to find out or be aware if their partner had prior convictions for violence or domestic abuse.

If police checks show that the individual has a record of abusive behaviour; or there is other information to indicate the person you know is at risk, the police will consider sharing this information with the person(s) best placed to protect the potential victim.

The police will discuss concerns with the person asking and decide whether it is appropriate for them to be given more information to help protect the person who is in the relationship with the individual they are concerned about.

More information about the scheme, who can 'ask' and a step-by-step process can be found at:
Right to Ask - Disclosure Scheme for Domestic Abuse Police Scotland

4.0 RESPONDING TO GENDER BASED VIOLENCE

This section covers the impact of gender based violence in the workplace and details the way in which managers can support staff who have experienced abuse. It is important to recognise that some staff may have experienced more than one form of gender based violence. All forms can have an adverse impact on both physical and mental health. The actions required to support staff may vary depending on the nature and timing of the abuse e.g. abuse may be historical, recent or ongoing however the core principle of offering a supportive and flexible response remains consistent. For further information on the impact of gender based violence in the workplace and its effect on staff, refer to Appendix D.

Responding to allegations about employees who may be perpetrators is also covered in section 4.2 below.

4.1 SUPPORTING STAFF WHO HAVE EXPERIENCED ABUSE

4.1.1 What managers can do

Managers have a role to address the needs of employees who have experienced abuse. In responding to staff, they are expected to be available and approachable; to listen and reassure; respond in a sensitive and non-judgemental manner and discuss how the organisation can support them.

In cases where a member of staff raises their experience of abuse, managers should endeavour to provide flexible support, tailored to meet the circumstances of each individual, taking account of any additional needs that they may have. Managers should be aware of the potential barriers that make it difficult for employees to seek support and should be conscious not to make judgements or to provide counselling or advice.

When responding to employees, managers should refer to existing NHS Lothian Policies such as those supporting Health and Safety and Welfare, Equality, Work-Life Balance and more specifically the NHS Lothian Preventing & Dealing with Bullying & Harassment and Management of Employee Conduct policies. At all times managers must act in accordance with normal Adult and Child Protection Procedures, referring to Occupational Health and Employee Relations as appropriate.

As a manager, you can support staff by

- Being aware of the possibility that staff members could be affected by past or current abuse
- Recognising potential signs of abuse
- Initiating discussion if you have concerns about abuse

- Responding sensitively to disclosure
- Encouraging and supporting your staff member to assess their level of risk and devise a safety plan in cases of domestic abuse
- Considering what workplace supports you could provide within the scope of current NHS policy provisions
- Providing information about other sources of help, and
- Keeping good records, documenting discussion and actions taken, ensuring that information is stored confidentially.

4.1.2 Recognising potential signs of abuse

Given the barriers that can make it difficult for staff to disclose abuse, they may not necessarily approach you as their manager in the first instance. It is more likely that you will become aware of any problems through associated issues such as absence monitoring, poor performance or uncharacteristic changes in an employee's behaviour.

Some of the signs that an employee could be affected by their experience of abuse are detailed in Appendix D. Keep in mind, however, that this is not an exhaustive list nor should these factors be seen in isolation. Also, they may be indicative of other concerns unrelated to abuse. The context within which they occur is therefore an important consideration.

4.1.3 Asking about abuse and responding to disclosure

Creating an environment where staff are aware of this policy and feel able to seek support is important in helping to meet the needs of staff experiencing abuse.

Should you suspect that a staff member may have experienced some form of abuse:

- Provide a private space, reassure them about confidentiality and advise of the limits of this at the outset, i.e. risk to the safety of others, child protection

- In instances when you pick up on possible signs of abuse, proactively initiate a discussion with your member of staff. Ask non-threatening, open questions – for example: "How are things at home?" or "How are you feeling generally?"

- If there is obvious bruising/injuries, then ask direct questions: "I'm worried about you because....." or "I'm concerned about your safety.....", and

- Non-disclosure: you should be aware that an employee may choose not to share information about abuse during a first discussion. If this is the case, advise them that you or one of the other sources of advice will be available to provide support in the future if required.

4.1.4 Responding to a disclosure of abuse

- **Be aware of some of the barriers to disclosure** for employees, e.g. not recognising/wanting to recognise their experience as abusive, fear of bringing shame or dishonour to their family, fear that they might lose their children, belief that the abuse is their fault, concerns about confidentiality

- **Treat staff with respect and dignity**. Be non-judgemental, supportive and sympathetic; reassure them that the abuse is not their fault, that no-one deserves to be abused and acknowledge that it is not always easy to know what to do

- **Be clear about the parameters of your role**, i.e. providing information and practical support but not offering opinions or advice or adopting a counselling role

- **Take account of any additional cultural and inequalities needs**

- **Risk assessment**: carry out a work place risk assessment to minimise any potential risk to staff members and colleagues. Ascertaining risk involves taking account of the information provided by the staff member. The level of risk is likely to vary depending on whether the abuse is past or current and on the behaviour of the alleged perpetrator, e.g. is there any immediate danger? Are there threats of harm to the individual/others/children? Is there sexual violence? What is the employee's assessment of the threat from the perpetrator? Are there child protection issues?

- If you have reason to believe that the perpetrator presents a risk to other employees, then you can consider taking legal action to protect the workplace; for more information on risk assessment, please refer to the GBV Good Practice Guides at www.gbv.scot.nhs.uk

- **Safety planning**: speak to the staff member about their immediate and future safety and assist them to think through their options; for example, agree a safety plan, discuss support networks, protection strategies and provide phone numbers for organisations that can help including the police, Women's Aid, Men's Aid, Rape Crisis (contact details for national support agencies are listed at Appendix B)

- Provide a range of practical workplace safety measures such as those listed below e.g. the use of an assumed name at work, mutual agreement on a safe, confidential method of communication etc. For more information on safety planning, please refer to the GBV Good Practice Guides at www.gbv.scot.nhs.uk

- **Discuss potential options for workplace support** taking cognisance of existing NHS policy provisions, i.e. extended and/or flexible leave (paid or unpaid), change of work patterns, adjustment to workload etc

- **Provide information on possible supports** within the NHS, i.e. Occupational Health, Employee Relations and the Employee Counselling Service as well as local and national external support agencies

- **Recording**: it is good practice to keep detailed records if an employee discloses abuse; any discussions and actions agreed should be documented to provide as full a picture as possible; disclosure should be recorded as an allegation, not fact

- In accordance with local procedures and in line with the Data Protection legislation, records should be kept strictly confidential; it should be made clear that recording information on abuse will have no adverse impact on the employee's work record; you should document all absences in line with normal procedures, but if they relate to gender based violence then they can be marked as confidential 'for manager and employee access only'

- Any reason for breaching confidentiality should be detailed and organisational procedures on sharing information adhered to

- Employers have a legal duty to maintain a safe place of work and this requires monitoring and recording all incidents of violence or threatening behaviour in the workplace; this information can be used if the member of staff wishes to press charges or apply for an injunction; if the actions of an alleged perpetrator affect the health and safety of the employee in the workplace, the organisation could assist the employee to apply for an interdict; records may be used to assess risks to children/others and might also be used in criminal proceedings or if the employee wants to apply for a court order; as such, it is important that records are clear and accurate and should include dates, times, locations and details of any witnesses.

4.1.5 Possible work-related adjustments

Within NHS Lothian's suite of policies supporting work-life balance there is scope for managers to consider a range of work-related adjustments. For example:

- Periods of reasonable absence in line with locally developed special leave policies (such as time off to visit solicitors, to attend counselling or to attend court etc.)
- Job security for staff attempting to flee an abusive situation and/or where possible give favourable consideration to any request for a change of workplace/work arrangements
- Work patterns or adjustment to workload for a temporary period to make it more manageable
- At times when the employee needs to be absent from work, mutually agree a safe, confidential method of communication and consider any safety implications that may arise when working from home
- Security of information held such as temporary or new addresses, bank or healthcare details
- With consent, advise colleagues of the situation on a need to know basis and agree the response should the perpetrator/alleged perpetrator contact the workplace
- Requests for an advance of pay
- Use of an assumed name at work
- Change telephone numbers, divert phone calls and e-mails
- Alert reception and security staff where the alleged abuser is known to come to the workplace, ensure the employee does not work alone or in an isolated area
- Implement particular security arrangements that may have to be put in place to ensure the safety of the employee, colleagues or patients, and
- Record any threatening or violent incidents by the perpetrator in the workplace, including visits, abusive/ persistent phone calls, e-mails and other

forms of harassment which can be used by the police or the employee at a future date if they wish to seek a court order.

This list is not exhaustive and there may be other measures that managers can tailor to the individual circumstances of the employee.

A summary of the manager's role is included in Appendix E.

4.1.6 If an employee does not wish to take up support

Depending on their situation, some employees affected by abuse may refuse support or only take up partial support. This can be concerning, especially if the employee has begun to accept assistance and then decides to go back to an abusive situation or tries to minimise their abuse.

Dealing with abuse is a process that takes time and it is important to be aware of the reasons that can make it difficult for staff to access support, i.e. they may have pressure from family or community to remain silent/stay in their relationship or financial pressures, especially if children are involved. For further information see Appendix D - Barriers to Seeking Support. It is the choice of the employee whether to accept support and the organisation cannot share what they have disclosed with anyone unless there are reasons to break confidentiality. In this situation you should respect the employee's decision, reassure them that your primary concern is for their safety and remind them that support is available if they need it in future.

There may, however, be circumstances where the employee does not wish to take up support but where the manager's concerns regarding the impact of suspected abuse on the employee's performance and/or on their health and safety are serious enough that the manager believes it necessary to take further action. In these circumstances the manager should refer through normal Adult and Child Protection Procedures or seek advice from the GBV Operational Lead.

4.1.7 Vicarious trauma

Many health workers experience stress at work which sometimes can be related to the particular role they have in responding to the distress of others. It is important for managers to be aware of the possibility of vicarious trauma and to support staff to address its effects.

4.2 RESPONDING TO STAFF WHO MAY BE PERPETRATORS

It is acknowledged that there may be employees within NHS Lothian who are perpetrators of abuse and that committing acts of gender based violence is a serious matter which:

- contravenes equalities and human rights legislation
- could constitute a criminal offence, and
- may breach corporate and professional codes of conduct.

As such, it is important for the organisation to make explicit the unacceptability of this behaviour and provide clear guidance for managers to enable them to respond effectively to allegations of such misconduct.

4.2.1 Disclosures and allegations of abuse

Information about abuse may be brought to light in the following ways:

- An employee may directly disclose abuse (voluntarily or when asked by managers/colleagues)
- Managers might receive allegations of abuse from a range of sources. For example:
  - An NHS employee whose partner or ex partner is also an employee
  - Colleagues or patients
  - MARACs (multi-agency risk assessment conferences) or local equivalent
  - Partners, ex-partners or others who are not NHS employees
  - Post conviction notification from the police
  - Pre-employment checks.

Allegations may relate to abuse perpetrated within or outside the workplace.

4.2.2 Allegations of abuse within the workplace

Employees who are perpetrating abuse might use workplace resources such as transport, telephone, fax or e-mail to threaten, harass or abuse current/ex-partners or others. Their behaviour might also include, for example, stalking, physical assault, sexual violence or sexual harassment. This conduct could be dangerous for those being abused and could bring the organisation into disrepute. In such circumstances, disciplinary proceedings should be considered and where appropriate, action may need to be taken to minimise the potential for employees to use their position or work resources to perpetrate abuse. This may include a change of duties or withdrawing access to certain computer programmes.

4.2.3 Allegations of abuse outside of the workplace

Employees may be perpetrating various forms of gender based violence outside of the workplace. For example, domestic abuse, physical or sexual abuse of children, downloading child pornography, sexual violence, involvement in honour based violence, or stalking.

Given that such conduct could constitute a criminal offence, many of these examples would most likely involve criminal proceedings. However, whether or not criminal charges are involved, or there is a conviction, this behaviour may, in some cases, lead to disciplinary proceedings against an employee because of its employment implications. A clear process to assess the potential impact of the alleged abuse on the employee's role at work is detailed in paragraph 4.2.5.

Perpetrating these forms of abuse could also breach organisational and professional codes of conduct and potentially bring the NHS into disrepute, especially if an allegation of abuse was not acted upon and allowed to continue.

4.2.4 What managers can do

When a disclosure or allegation of abuse within the workplace is brought to the attention of a manager, this should be acted on. Managers should respond in the same way that they would address any other serious complaint against a staff member by following relevant NHS Lothian policies including Preventing and Dealing with Bullying and Harassment and Management of Employee Conduct, seeking advice from ER as necessary.

Where the source of such allegations is anonymous or where the allegation relates to abuse outwith the work environment, it may be that NHS Lothian is not in a position to take action. However, advice should be sought from ER as the circumstances of each individual case will require to be considered in order to determine whether or not such a matter can and should be investigated by the employer. The organisation will treat any allegation, disclosure or conviction of a gender based violence related offence on a case-by-case basis, with the aim of reducing risk and supporting change. Where possible, depending on the circumstances, managers should undertake a developmental or educational, rather than punitive approach.

In other instances it may be necessary to instigate disciplinary proceedings. In line with the assessment process outlined in 4.2.5 below, each case requires to be assessed to determine whether or not an investigation should be carried out.

An allegation of abuse will not automatically result in an investigation.

4.2.5 Assessment process

The information that managers gather through direct disclosures from employees or allegations will form the basis for any decision about how best to respond to the employee and identify what kind of support or sanctions are required.

The manager should assess the potential impact of the alleged abuse on the employee's role at work to determine whether or not an investigation should be carried out.

When undertaking an assessment, the manager should take account of the following factors:

- The nature of the conduct and the nature of the employee's work
- The extent to which the employee's role involves contact with vulnerable individuals or groups, and assessment of any potential risk that this might pose to them or other employees
- Whether or not the alleged actions of the employee could breach their corporate/professional code of conduct, and

- Whether or not the alleged actions of the staff member could bring the organisation into disrepute, or conflict with its aims and values.

The manager should then weigh up the above factors to determine whether or not there are sufficient grounds to investigate.

If sufficient grounds are established, then the manager will proceed to carry out an investigation in line with the provisions of the Management of Employee Conduct Policy. Additionally the Management of Employee Conduct Policy will provide guidance on the requirement for referral to various professional registration/regulatory bodies. Please refer to the attached flowchart in Appendix F which highlights some key points to consider during the investigation process;

Whilst an investigation process is ongoing, employees alleged to be perpetrators can receive support from Occupational Health, trade union/professional organisation and Employee Relations.

4.2.6 Allegations of abuse – criminal proceedings pending

Given that acts of abuse could constitute a criminal offence which could lead to caution, arrest, prosecution and criminal conviction, it is important for managers and ER to take account of the potential impact of any legal action on an employee, in line with the provisions of the Management of Employee Conduct policy.

In some instances, the organisation may initiate its own internal investigation and decide whether there is sufficient information to move to disciplinary proceedings.

4.2.7 Notification of perpetrators - post conviction

There is a list of professions, including health, whereby the police are required to notify the employer and any relevant professional body of a conviction. In the case of a conviction for a charge or associated charge relating to gender based violence, it is possible that such a conviction could compromise the individual's ability to fulfil their duties and damage the relationship of trust and confidence between employer and employee. The organisation would then consider the charges that had been proven against the employee and instigate disciplinary proceedings where appropriate.

4.2.8 Assisting perpetrators

Where staff members are found to be knowingly assisting colleagues to use work resources to harass and abuse others this will be investigated under the Management of Employee Conduct Policy.

4.2.9 Malicious allegations

Where there is clear evidence that an employee has made a malicious allegation that another employee is perpetrating abuse, then this will be investigated under the Management of Employee Conduct Policy.

4.2.10 Victimisation

Employees should not suffer victimisation as a result of making allegations (or supporting others to do so) that another employee is perpetrating abuse. Where

there is clear evidence that an employee has been victimised, then this will be investigated under the Management of Employee Conduct Policy.

4.2.11 Good practice in working with perpetrators

When responding to a direct disclosure from a member of staff or where it has been established that an employee has perpetrated abuse, it is important to adopt good practice when responding. Engaging with perpetrators of abuse in a positive, respectful way does not mean excusing the abuse. This is an area that requires sensitivity and an awareness of how this might affect the safety and well being of those experiencing the abuse. Your response could affect the extent to which perpetrators accept responsibility for their behaviour and, therefore, the need to change.

Good practice principles to observe include the following:

- Be aware that some perpetrators, even when they have sought help voluntarily, are unlikely to disclose the seriousness or extent of their abuse and may minimise it or blame it on other factors, e.g. alcohol or stress
- Be clear that abuse is always unacceptable and that it may constitute criminal behaviour
- Be clear that abusive behaviour is a choice
- Be respectful but do not collude
- Be aware that on some level, the perpetrator may be unhappy about their behaviour
- Be positive; it is possible for perpetrators to change if they recognise they have a problem and take steps to change their behaviour
- Be clear that you might have to speak to other agencies if there are grounds to breach confidentiality, and
- Assist the perpetrator to be aware of the likely costs of continued abuse (arrest/loss of relationship/impact on children).

5.0 DATA PROTECTION

In line with Data Protection legislation and NHS Lothian's Record Management Policy, any documentation generated in accordance with this policy will be held on one personal file by the line manager and the relevant Human Resource function may also keep a paper and/or electronic file.

6.0 MONITORING AND REVIEW

All records in relation to staff members who have experienced abuse or allegations of abuse against employees will be maintained in the strictest confidence and in line with NHS Lothian policies on information management. Information will be recorded and collated on the use of the policy ensuring anonymity of staff with experience of abuse i.e. numbers of staff seeking support, action taken (NHS or onward referral), outcomes for employees where known, and number of allegations of abuse against employees. This information will be captured and monitored through Staff Governance. Other information will include feedback from staff through training sessions or online/other questionnaires.

This policy will be monitored and reviewed after a period of two years by the Lothian Partnership Forum.

APPENDIX A

Legal Framework and Relevant Legislation
The policy is underpinned by the following legislation (which is not an exhaustive list):

Health and Safety at Work Act 1974
Under this Act, employers have a duty to ensure, as far as is reasonably practicable, the health and safety and welfare of employees at work.

The Management of Health and Safety at Work Regulations 1999
The regulations require employers to assess the risk of violence to employees and make arrangements for their health and safety.

Equality Act 2010
This Act simplifies and harmonises existing equality legislation and extends protection to a wide range of groups to ensure that they are treated more fairly. Under the Act, people are not allowed to discriminate, harass or victimise another person on grounds relating to age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership, or pregnancy and maternity, referred to as 'protected characteristics'.

Protection from Abuse (Scotland) Act 2001
This Act is designed to afford greater protection to individuals who have left abusive relationships by allowing for a power of arrest to be attached to an interdict.

European Convention on Human Rights, Article 3
Affords an 'absolute' right not to be tortured, or inhumanely or degradingly treated or punished.

Protection from Harassment Act 1997
Criminalises and creates a right to protection from stalking and persistent bullying in the workplace. Employers may be vicariously liable for harassment under the Act.

Sexual Offences (Scotland) Act 2009
Criminalises a range of sexual offences including rape and sexual assault, against adults and children.

Council of Europe Convention on Action against Trafficking in Human Beings -
The UK is bound by this convention, which involved signing up to a set of minimum standards on the identification, protection and support of trafficking victims.

Human Trafficking and Exploitation (Scotland) Act 2015 - makes provision about human trafficking and slavery, servitude and forced or compulsory labour, including provision about offences and sentencing, provision for victim support and provision to reduce activity related to offences.

Protection of Vulnerable Groups (Scotland) Act 2007
The Act introduced the Protection of Vulnerable Groups Scheme (PVG) and other measures to improve the way that services protect vulnerable groups. As well as helping to ensure that people who have a known history of harmful or abusive behaviour are unable to work with children and protected adults, it aims to simplify

and speed up the whole disclosure process, making it easier for employers, staff and volunteers to use.

APPENDIX B

Sources of Further information

Internal:
GBV Operational Lead – 0131 537 9327

NHS Lothian Occupational Health Service – 0131 537 9363

External:
Domestic Abuse Helpline
0800 027 1234 (24 hours)
www.domesticabuse.co.uk

Rape Crisis Helpline
08088 01 03 02 (daily 6pm – midnight)
www.rapecrisisscotland.org.uk

Scottish Women's Aid
Information and training on domestic abuse and main contact for the network of local Women's Aid groups: 0131 226 6606
www.scottishwomensaid.org.uk

Women's Support Project
Information, training and support on violence against women and information around commercial sexual exploitation
www.womenssupportproject.co.uk

Men's Advice Line
A confidential helpline for men in abusive relationships:
Helpline: 0808 801 0327 (Mon – Fri 10am – 1pm, 2pm – 5pm)
www.mensadviceline.org.uk

Respect
Promotes, supports and develops effective interventions with perpetrators of abuse across the UK; useful information can be found on the website:
www.respect.uk.net

Broken Rainbow LGBT DV (UK)
Offers advise, support and referral services to LGBT people experiencing homophobic, transphobic and same sex domestic abuse.
Helpline: 0300 999 5428 Mon & Thurs 2-8pm; Wed 10am – 1pm
www.broken-rainbow.org.uk

Men's Aid
National charity supporting male victims of domestic abuse.
www.mensaid.org

Survivor Scotland
Scottish Government information and education resource on children sexual abuse, including the national strategy for survivors of CSA www.survivorscotland.org.uk
Information on services for survivors across Scotland can be found at

www.survivorscotland.org.uk/help/

Survivors UK
Information, support and counselling for men who have been raped or sexually abused.
www.survivorsuk.org/
Helpline: 0845 122 1201 Tuesday and Thursday 7pm to 10pm

Yes You Can …
Working with Survivors of Childhood Sexual Abuse
http://scotland.gov.uk/Publications/2008/04/07143029/0

Forced Marriage Unit
020 7008 0151
Email: fmu@fco.gov.uk
Email for outreach work:
fmuoutreach@fco.gov.uk
www.fco.gov.uk/en/global-issues/human-rights/forced-marriage-unit/

The National Gender based violence Programme
www.gbv.scot.nhs.uk

Equality and Human Rights Commission – a guide for employers March 2013 – Managing and Supporting Employees Experiencing Domestic Abuse
http://www.equalityhumanrights.com/uploaded_files/Wales/domesticabuseguide.pdf

Disclosure Scheme for Domestic Abuse Scotland - aims to prevent domestic abuse by empowering both men and women with the **right to ask** about the background of their partner, potential partner or someone who is in a relationship with someone they know, and there is a concern that the individual may be abusive.

The scheme aims to enable potential victims to make an informed choice on whether to continue the relationship, and provides further help and support to assist the potential victim when making that informed choice.

Right to Ask - Disclosure Scheme for Domestic Abuse Police Scotland

APPENDIX C

An Overview of Gender Based Violence, Prevalence and Health Impact

This information is supplemented by a package of resources on gender based violence developed by NHS Scotland for staff. This includes a generic guide 'What health workers need to know about gender based violence', an overview, outlining the nature of gender based violence, its health impact and how to respond.

It is accompanied by a series of more detailed practice guides about the following specific forms of such abuse:

- Domestic abuse
- Childhood sexual abuse
- Rape and sexual assault
- Commercial sexual exploitation
- Stalking and harassment, and
- Harmful traditional practices (for example female genital mutilation, 'honour' crimes and forced marriage).

The guides a can be accessed on www.gbv.scot.nhs.uk and hard copies should be available in all health settings.

Policies and guidance for NHS Lothian staff on female genital mutilation and trafficking are also available. NHS Lothian Public Protection Intranet Site

What is Gender Based Violence?

Gender based violence is an umbrella term that encompasses a spectrum of abuse experienced disproportionately by women and perpetrated predominantly by men.

It is defined within Equally Safe 2016, Scotland's strategy to take action on all forms of violence against women and girls, as follows:

'Gender based violence is 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 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, social structure and gender roles within the community, which greatly influence women's vulnerability to violence.' The definition extends to women and girls of all ages. Under international law, the UN Convention on the Rights of the Child defines a child as a person under the age of 18.

Definitions and Prevalence:

Domestic abuse is a pattern of assaultive and coercive control, including emotional, sexual, psychological and physical abuse that affects around 1 in 4 women over the course of their lives.

- Of 59,882 domestic abuse incidents recorded by Police Scotland police in 2014/15, 79% of all such incidents had a female victim and male perpetrator; although men also experience domestic abuse, women are much more likely to experience repeated incidents over time, have greater injuries and suffer more psychological and sexual violence
- In around 2 in 5 domestic abuse cases, there is also childhood physical and sexual abuse by the same perpetrator
- There is evidence that domestic abuse within same sex relationships is common and could be higher than 1 in 3 according to a 2006 study

Child sexual abuse is defined as exploitation of a young person by an individual for their own or others' sexual gratification. It is physically and emotionally abusive and often involves serious and degrading assault.

- In the NSPCC study Child Abuse and Neglect in the UK Today (2011), it is estimated that 1 in 20 children have been sexually abused.

Rape and sexual assault is defined as unwanted or coerced sexual activity, including anal, oral or vaginal penetration, sexual touching; usually committed by a man known to the victim.

- Of the 1,901 rapes or attempted rapes recorded by Police Scotland during 2014/15, 95% had a female victim (where gender was known)
- 54% said that the perpetrator was their partner
- 4% of women have experienced serious sexual assault since the age of 16.

Commercial sexual exploitation includes prostitution, pornography, lap dancing and sex trafficking.

- One in two women in prostitution become involved at the age of 18 or younger
- There are 4,000 victims of trafficking for sexual exploitation in the UK.

Harassment and stalking is defined as unwanted, persistent often threatening attention, e.g. following someone, constantly phoning, texting or e-mailing at home or work. Stalking and harassment is a very common feature of domestic abuse. It occurs in isolation or as a component of the wider profile of abuse. High severity stalking and harassment can include behaviours such as constant communication, uninvited visits, loitering and threats to kill.

There are clear links between stalking and domestic abuse - more than a third (36.4%) of those who had experienced stalking and harassment in the last 12 months had also experienced partner abuse in the same period. (SCJS stalking and harassment: summary of findings 2014/15)

Harmful traditional practices includes: female genital mutilation (FGM), forced marriage and so-called 'honour' crimes which are culturally condoned as part of a tradition. These are likely to be a form of domestic abuse or the basis for it.

Female genital mutilation - there are no clear and robust figures for prevalence in Scotland because of the hidden nature of the crime. Based on the data available, the Scottish Refugee Council has reported that:

- There were 23,979 men, women and children born in one of the 29 countries identified by UNICEF (2013) as an 'FGM-practising country', living in Scotland in 2011

- There are communities potentially affected by FGM living in every Scottish local authority area, with the largest being in Glasgow, Aberdeen, Edinburgh and Dundee respectively

- 2,750 girls were born in Scotland, to mothers born in an FGM-practising country between 2001- 12.

(Tackling FGM in Scotland – towards a Scottish model of intervention, Scottish Refugee Council 2011)

Forced marriage is a marriage which takes place against the wishes of either or both parties. This is not the same as an arranged marriage, where the individuals have a free choice as to whether to proceed.

- Across the UK in 2014/15, 79% of forced marriage cases involved female victims

'Honour' crimes constitute violence excused as a form of punishment for behaviour which is perceived as deviating from what the family or community believes to be the 'correct' form of behaviour, sometimes referred to as 'family honour'.

Unless otherwise stated, data comes from:

- Scottish Crime and Justice Survey 2014/15 Scottish Crime and Justice Survey 2015/15

- Crime & Justice Bulletin - Domestic Abuse Recorded by the Police in Scotland 2013/14 and 2014/15

APPENDIX D

Potential Signs of Abuse and the Impact of Gender Based Violence

Potential signs of abuse include:

Work productivity

- Persistently late without explanation; needing to leave work early
- Constraints on work schedule; employee may be dropped off and picked up from work and unable to attend work related events
- High absenteeism rate without explanation
- Needing regular time off for 'appointments'
- Changes in quality of work performance for unexplained reasons, e.g. may start missing deadlines and show additional performance difficulties despite a previously strong record
- Interruptions at work, e.g. repeated upsetting calls/texts/e-mails; reluctance to turn off mobile phone at work
- Increased hours being worked for no apparent reason, e.g. very early arrival at work or working late.

Psychological indicators

- Changes in behaviour: may become quiet and withdrawn, avoid interaction, making acquaintances or friends at work; may always eat alone
- Uncharacteristic distraction, problems with concentration
- May cry at work or be very anxious
- Obsession with time
- May exhibit fearful behaviour such as startled reactions
- Fear of partner/references to anger
- Is seldom or never able to attend social events with colleagues
- Expresses fears about leaving children at home alone with partner
- Secretive regarding home life
- Appears to be isolated from friends and family.

Physical indicators

- Repeated injuries such as bruises that are explained away; explanations for injuries that are inconsistent with the injuries displayed
- Frequent and/or sudden or unexpected medical problems/sickness absences
- Sleeping/eating disorders
- Substance use/dependence
- Depression/suicide attempts
- Fatigue
- Change in the way the employee dresses, e.g. excessive clothing in summer; unkempt or dishevelled appearance, change in the pattern or amount of make-up worn.

Barriers to seeking support

Although widespread, gender based violence is often hidden, generally occurring in a private or domestic setting, away from the workplace. The vast majority of cases of abuse are not disclosed to public agencies (including the police) and of those which are, relatively few result in criminal conviction. The covert nature of abuse and the impact it has on individuals can act as barriers to disclosure. For example:

- People who have experienced abuse are often silenced by the perceived shame and stigma that surround it; they may feel they will be judged or blamed for the abuse and may therefore be reluctant to seek help within the workplace

- Issues around trust and concerns about confidentiality, especially if children are involved or if the perpetrator is also an NHS employee, can make it difficult for individuals affected to come forward

- Staff may fear that seeking help could impact on how they will be treated by managers or colleagues, e.g. that they may be perceived as less competent or ineffective in their post and/or that it may prejudice career advancement

It is equally important to be mindful of diversity within the workforce, and that staff may have other experiences of discrimination or inequality which could affect, or indeed compound, the impact of abuse. For example:

- People in lesbian, gay or bisexual relationships who have not disclosed their sexual orientation may be reluctant to discuss domestic abuse, thereby 'outing' themselves in an environment which they may fear to be unsupportive or homophobic

- Whilst gender based violence is predominantly experienced by women, it does impact on some men; disclosing abuse can be difficult for men who may fear being seen as 'weak' or 'unmanly'; male survivors of rape or childhood sexual abuse may also fear being regarded as potential abusers given the widespread acceptance of the myth of the 'cycle of abuse'

- Black and minority ethnic (BME) staff may be concerned that they will be ostracised in their communities, or accused of bringing dishonour on their families if they disclose abuse; they may be fearful of feeding racist or stereotypical views within the workplace which may minimise or dismiss their experiences

- Forms of domestic abuse can vary, e.g. forced marriage or so-called 'honour' based violence, which may be perpetrated by extended family members of both sexes as well as a husband/partner.

APPENDIX E

Flowchart Summary of Manager's Role

The manager's role in supporting staff is to:

Actively promote the policy to staff

↓

Be alert to possible indicators of abuse

↓

Create an environment where employees feel safe and able to discuss issues of abuse that are affecting them

↓

Ask if the employee is experiencing abuse

↓

Take time to talk, listen to the employee and make sure the discussion takes place in private

↓

Respect confidentiality and advise of the limits of this at the outset, i.e. risk to the safety of others, child protection etc.

↓

Reassure the employee and acknowledge their experience

↓

Provide a sensitive, supportive response that takes account of any additional cultural and inequalities needs

↓

Discuss potential options for support (internal and external), taking cognisance of existing provisions within relevant NHS Lothian policies

↓

Risk assess and safety plan and work in partnership with other relevant agencies as appropriate

↓

Advise of the parameters of the manager's role and make clear what can and cannot be provided

↓

Where appropriate, keep a proper record of discussions, ensuring that any information is stored confidentially

↓

Monitor and review the situation regularly

↓

Offer ongoing support as appropriate

APPENDIX F

Flowchart Summary for Responding to Alleged Perpetrators

Points to consider during an Investigation Process

Manager receives allegation of abuse

↓

Manager assesses the information available and determines whether the employer's organisational code of conduct may have been breached

↓

Manager proceeds to carry out an investigation, taking advice from ER (or alternatively an independent investigating officer may be appointed)

↓

Criminal Proceedings

↓

Depending on the nature and seriousness of the investigation, the investigating officer will need to ascertain whether there are charges or court involvement pending. It may be appropriate to contact the police to check if this is the case, clarify any bail conditions that may be pertinent to the workplace e.g. not approaching the alleged victim, who may also be an NHS employee.

↓

Once the situation is clarified, an investigation can proceed, in line with the provisions of the Management of Employee Conduct Policy **.

↓

In some instances, there may not be sufficient evidence to investigate whilst a court case is pending but new information may become available after the outcome of the case. If this is assessed to breach the employer's organisational code of conduct, then an investigation should be carried out in line with the provisions of the Management of Employee Conduct Policy **.

No Criminal Proceedings

↓

If there is no court involvement, an investigation should be carried out in line with the provisions of the Management of Employee Conduct Policy.

↓

Care should be taken with regard to the level of information that can be shared with the alleged perpetrator. The safety of those potentially at risk from further abuse is critical and therefore consideration should be given to identifying the safety needs of the alleged victim.

↓

Subject to any restrictions on the information that can be shared, the investigating officer will, as soon as possible, inform the accused employee about the nature of the allegation and the process to be followed.

**Whilst the investigation is underway, it might not be appropriate for an alleged perpetrator to be working with vulnerable adults, women/children and a temporary transfer of duties/suspension with pay, might need to be considered. Where appropriate the employee's professional body will be informed.

Domestic Abuse

NHS SCOTLAND

What health workers need to know about gender-based violence

The Scottish Government has introduced a national programme of work across NHS Scotland to improve the identification and management of gender-based violence. A national team has been established to support its implementation.

This guide is one of a series developed by the programme to support health staff. It has been written and compiled by Shirley Henderson (Shirley Henderson -writing, editing and consultancy, www.shirleyhenderson.co.uk) and Katie Cosgrove, Programme Manager (GBV Programme, NHS Scotland).

Thanks to the National GBV Reference group who also contributed to its development.

2009

Contents

Who is this guide for?

This guide is one of a series designed to support health workers to work effectively with the victims and perpetrators of domestic abuse in line with national guidance issued to health boards[a,b] and the Scottish Government's shared approach to tackling violence against women.[c] It covers how to identify and respond to domestic abuse; child protection and domestic abuse; and working with perpetrators.

As a health worker you are in a unique position to respond to such abuse. You are not expected to be an expert or to provide everything a patient needs, but you can play a crucial part in improving the immediate and long-term health impact on all those affected.

The series of practice guides covers the following aspects of gender-based violence:[d]

- **What health workers need to know about gender-based violence: an overview**
- **Domestic abuse**
- **Rape and sexual assault**
- **Childhood sexual abuse (adult survivors)**
- **Commercial sexual exploitation**
- **Stalking and harassment**
- **Harmful traditional practices (for example, forced marriage, female genital mutilation, and so-called 'honour' crimes)**

Note: Given prevalence statistics, the terminology used in this guide assumes victims are female and perpetrators are male. This is not always the case, however, and the principles of the healthcare response apply to both women and men.

[a] Gender-based violence encompasses a range of abuse most often perpetrated by men against women and girls. It includes domestic abuse, rape and sexual assault, childhood sexual abuse, commercial sexual exploitation, stalking and harassment and harmful traditional practices, such as forced marriage and female genital mutilation.
[b] SGHD Chief Executive's Letter to health boards on identifying and responding to gender-based violence www.sehd.scot.nhs.uk/mels/CEL2008_42.pdf
[c] 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence against Women in Scotland'' Scottish Government 2009 www.scotland.gov.uk/Publications/2009/06/02153519/0
[d] These are available at www.gbv.nhs.scot.uk

What is domestic abuse?

The Scottish Government[e] defines domestic abuse as 'perpetrated by partners or ex-partners [which] 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 and friends)'.[1]

Domestic abuse:

- Is characterised by a pattern of coercive control which escalates in frequency and severity over time
- Can be actual or threatened violence, and can happen occasionally or often
- Can begin at any time, in new relationships and after many years. It sometimes starts in pregnancy

Many people believe domestic abuse is caused by poverty, alcohol misuse or witnessing abuse as a child. Although each of these can be contributing factors, they are not the sole or primary causes of domestic abuse. Domestic abuse occurs in every social class, and across boundaries of age, ethnicity, disability and religion. Many boys who witness the abuse of their mother do not become abusive adults, nor do girls necessarily become victims of abuse. Alcohol is present in less than half of cases reported.[2]

Domestic abuse stems from, and reinforces, gender inequality between women and men. Research on perpetrators of domestic abuse found four key themes emerging:

- Men's possessiveness and jealousy
- Men's expectations concerning women's domestic work
- Men's sense of women as their property to be punished after a supposed wrongdoing
- The importance to men of maintaining authority[3]

The sense of ownership, authority and perceived right to act with impunity within their relationship led the researchers to conclude that the physical abuse of female partners was:

'primarily purposeful behaviour... (used as) a means to enforce that dominance'.[4]

Between one in three and one in five women experience some form of domestic abuse in the course of their lifetime[5]

Over half (53%) of women murdered in Scotland between 1997 and 2007 were killed by a partner or ex-partner[6]

In 54% of rape cases the perpetrator is a current or ex-partner[7]

One in three women experiences sexual abuse along with physical abuse[8]

[e] The context for this work is set out in 'Safer Lives: Changed Lives. A Shared Approach to Tackling Violence Against Women in Scotland.' The Scottish Government 2009

Who is at risk?

Domestic abuse can occur in any intimate relationship. The key risk factor for experiencing abuse is being female.

While no woman is immune from it, not all women are equally at risk. Factors such as age, financial dependence, poverty, disability, homelessness and insecure immigration status can heighten women's vulnerability to abuse or entrap them further.

For example:

- Minority ethnic women may face language barriers or racism in accessing services, but they may also fear being accused in their communities of bringing shame and dishonour upon their families. They may also be unaware of their immigration status and fear deportation
- Disabled women may experience communication or physical barriers to getting help or leaving an abuser, or they may be isolated because of their impairment
- Young women are at a higher risk of all forms of abuse yet often this can be overlooked or minimised, particularly in their teenage years

As a health worker, you need to understand how these factors combine to affect how people access and experience health services so that you can provide the best care possible.

Women with limiting illness or disability are three times more likely to experience non-sexual family abuse than women who do not[9]

There are 400 reported cases of forced marriage in the UK every year; 85% of these are women and 15% men[10]

Police estimate that 12 women are killed in honour killings a year in the UK, although this is likely to be an underestimate[11]

37% of aggravated stalking against women is by a partner or ex-partner compared with 8% for men[12]

Men experiencing domestic abuse

Some men are abused by their female partners and it is important that their needs are addressed. In the British Crime Survey, for example, 2% of men had experienced at least one incident of non-sexual domestic threat or force in the previous 12 months.[13] The survey revealed important gender differences in men's and women's experience and perception of abuse:

- Men do not generally report the severe, chronic and repeated abuse and dominant pattern of behaviour experienced by women – of people subjected to more than four incidents of violence, 89% are women. Women are also more likely to experience injury

- Women experience more threats within relationships and are more fearful of their partners. They are also more likely to be harassed and stalked when leaving the relationship

- When sexual violence is included in the definition of abuse, the ratios are markedly increased for women

- Many women use violence in self-defence, so that often the male 'victim' is also a perpetrator

- Men are much more likely to view such incidents as trivial, and do not feel threatened because of them

'There are few, if any, cases of women who systematically and severely assault and intimidate male partners over a sustained period of time while the men remain trapped and terrorised within the relationship; the obverse is commonplace'.[14]

Same sex domestic abuse

There is evidence that abuse within same sex relationships is common; higher than one in three according to a recent UK study.[15]

Many victims in the study reported that they were silenced by threats from their abusive partner to 'out' them to friends, family or employer, or conversely, by being forced to conceal their sexual orientation.

Being told that no-one would help as the police and other agencies were homophobic further isolated those experiencing abuse. The study also found differences between women and men in same sex relationships:

- Men were more likely to have their spending controlled

- Women were more likely to have their sexual orientation used against them, be blamed for their partner's self-harm or have their children used against them

- Men were significantly more likely to be forced into sexual activity, be hurt during sex and be threatened with sexual assault

How domestic abuse affects health

Domestic abuse seriously affects the physical, emotional and mental health of women and children, and can be both chronic and acute in impact. For some women, abuse begins or escalates during pregnancy, risking both their health and that of their unborn children. Clinical indicators include:

Physical

- Contusions, abrasions, fractures, sprains
- Injuries to head, neck, chest, breasts and abdomen
- Internal injuries, unconsciousness
- Repeated or chronic injuries
- Loss of hearing or vision
- Disfigurement
- Chronic pain, ill health
- Dental problems

Mental/Emotional

- Depression
- Anxiety
- Panic attacks
- Somatic complaints
- Eating disorders
- Post-traumatic stress disorder
- Alcohol or drug use
- Self-harm, suicidal ideation
- Attempted or completed suicide

Sexual/Reproductive

- Pregnancy complications : higher incidence of miscarriage and placental abruption
- Uterine infection
- Health risks to neonates include low birth weight, foetal bruising, fractures and haematomas and preterm birth
- Unwanted pregnancy
- Gynaecological difficulties
- Chronic pelvic pain and urinary tract infections

Your role as a health worker

Domestic abuse is a major health issue and you have a duty of care to those affected. Rarely would your actions make things worse for a woman, and if you intervene sensitively and appropriately you could improve her long-term health and well-being and those of any children involved.

Heath staff are in a unique position to identify and respond to domestic abuse since virtually all women experiencing abuse will use health services at some point, either on their own or children's behalf.

The combination of physical and psychological threat and abuse can undermine a woman's sense of self and make it difficult for her to see that she is not to blame for the abuse or has a right to safety.

This, together with legitimate concerns about housing, homelessness, money, children and care responsibilities, family/cultural disapproval and social stigma, means that it is hard for many women to leave violent partners. Physical entrapment, debilitated physical and mental health, poor self-esteem, feelings of responsibility for family and children and, often, emotional attachment to the partner, can undermine a woman's resolve and limit her choices.

Identifying domestic abuse

Women experiencing domestic abuse could present in any primary or acute care setting. Be aware of how they might present in yours.

Domestic abuse may not be immediately apparent, especially if the abuse is not physical; women often go to great lengths to conceal it. In addition to the clinical indicators that may alert you to the possibility of domestic abuse, there are other signs that should make you suspicious, such as:

- Missed appointments and non-compliance with treatment
- Overbearing or overly solicitous partner who is always present
- Denial or minimisation of abuse/injuries
- Injuries which don't fit the explanation of the cause
- Multiple injuries at different stages of healing
- Delay between an injury occurring and seeking medical treatment
- Repeated, non-specific symptoms
- Appearing evasive, socially withdrawn and is hesitant
- Children on the child protection register or referred to other specialists for behavioural, emotional or developmental problems
- If visiting the house, damage to the locks, furniture or door panels

Fear of being intrusive makes many healthcare professionals reluctant to broach the subject of domestic abuse, yet research indicates that women want to be asked about it. It gives them the chance to speak about their experience and to receive help. Because of this, NHS Scotland has introduced a programme of routine enquiry of abuse into mental health, sexual and reproductive health, A&E, addictions, primary care and maternity services. Whatever setting you work in, however, if you suspect that a woman may be affected by domestic abuse, it is your responsibility to introduce the subject sensitively and ask her.

It is essential that in doing so, the safety and well-being of the woman and any children are not compromised. Always be prepared to work with other agencies to help increase her safety, ensure that she and any children receive the best help possible, and that the abusive partner is held accountable.

What every health professional can do

All health workers should:

- Be aware that domestic abuse is a possibility
- Recognise signs and symptoms
- Initiate discussion
- Listen and make time
- Give correct information about sources of help

The following approach to responding to domestic abuse derives from good practice recommendations.[16,17,18,19]

Support her to disclose

- **Provide a safe, quiet and confidential space –** ensuring privacy and confidentiality is essential for protecting women experiencing abuse. Reassure her about confidentiality but tell her about the limits to this e.g. child protection
- **Give her the chance to speak to you on her own –** disclosure is unlikely if the abusive partner or another person is with the woman. Do not ask if she would prefer to be seen on her own since she may be unable to answer honestly if the abusive partner is present and this could endanger her further. The only exception should be for a professional interpreter
- **Treat her with respect and dignity –** it is not easy to disclose abuse, and the woman may feel embarrassed, humiliated or distressed. Be non-judgemental, supportive and sympathetic. Validate her experience by telling her you believe what she says, that you do not blame her for the abuse, and that it is a common experience. For example, you can say:
  - 'No-one deserves to be abused.'
  - 'There is no excuse for domestic abuse.'
  - 'It's not always easy to know what do. There may be options that we can look at.'
  - 'Very often women in abusive relationships feel overwhelmed by it all, and are not sure what they can do. It's not your fault.'
  - 'It's your partner's responsibility to stop the abuse, not yours.'
- **Ask non-threatening, open questions –** for example: *How are things going at home? How are you feeling generally? How are you and you partner getting on?* (Where routine enquiry of abuse is being undertaken, follow the guidelines for your service)
- **Ensure access –** if necessary, provide an interpreter for hearing impaired patients or those whose first language is not English, or an advocate for someone with a learning disability. The interpreter must be professional. Do not use family or friends.

Adult support and protection

Be aware of barriers such as age, poverty, language and disability which can increase vulnerability to abuse and limit access to

help and services. You should also consider whether the woman is an adult who is "unable to safeguard her own interests though disability, mental disorder, illness or physical or mental infirmity, and who is at risk of harm or self harm, including neglect" as defined by the Adult Support and Protection Act, (October 2008) and may need more directive intervention.

Assessment and treatment

- Treat the woman for any physical injuries or refer for further assessment, treatment or specialist help
- Assess the pattern and nature of the abuse e.g. how long it has been going on; the degree of control over her life (e.g. money, freedom to go out, social isolation)
- Assess the impact of the abuse on her health. Any treatment should be based on fully understanding what has happened to her, otherwise you may not be able to treat appropriately. For example: '*How do you feel it is affecting your health?' (e.g. check for chronic neck or back pain, persistent headaches, stomach pains, IBS, pelvic pain)*
  'How do you think his behaviour is affecting how you feel' (e.g. check if she is feeling 'low', depressed, anxious, suicidal, has been self-harming or drinking/taking drugs)
- Assess her safety – is there an immediate or future safety risk (see page 10) to her or any dependent children?

Support and information

- Ask her if she wants to report the abuse to the police
- Give her correct information about local support agencies including the **Domestic Abuse Helpline 0800 027 1234**. Give supporting literature in a format she can use
- Go over a safety plan with her (see page 11)
- If appropriate, refer the woman to a support agency such as Women's Aid. She may find it helpful if you make the first contact on her behalf
- Give the woman the name and number of the service and contact person to whom you are referring her and keep a copy for your records so you can follow up the referral
- Consider other specialist health services such as counselling
- Stress that she can ask the NHS for help at any time

It is vital that women decide for themselves what course of action to take. The temptation to tell her what to do should be the signal to resist it.

There is a strong chance that a woman will decide to remain with a violent partner. Research indicates that it takes women a number of attempts to leave a violent partner. Leaving is a process not an event. Many never leave for a whole range of complex reasons and it is **not your role** to persuade her to do so. Be aware that if a woman does decide to leave a violent partner, this is a time of elevated risk and plan accordingly. **Whatever her decision, you should support her and help her plan for her safety.**

Risk assessment

The nature and extent of domestic abuse varies in families. For some, it may be sporadic or relatively 'low risk'. For others, however, it is more dangerous and threatening.

Assessing the degree of risk to a woman and her child/ren and the potential for severe or lethal violence is essential in establishing the safety of both. For many women, leaving is the most dangerous point in the relationship since this presents the most direct and clear challenge to the man's authority and power within the relationship. Any fears expressed by women for their safety should therefore be taken seriously. Women seldom exaggerate the risk of harm and are more likely to try to minimise the abuse.

Assessing for risk is not an exact business. It primarily involves balancing information with previous knowledge, practice and experience and then making a judgement about whether the women/children involved are at risk of serious harm. Key aspects to explore are:

- The type, frequency and severity of violence to which she is, or was, subjected. Is it becoming worse and/or happening more often? Has she sustained serious injuries?
- Has the perpetrator behaved in a jealous or controlling way? Does this cause significant concern? Is she isolated and without support?
- Is she in any present-day danger from the perpetrator? (e.g. Is the perpetrator stalking her? Does the perpetrator have access to guns or other weapons?)
- Is the perpetrator making threats to physically harm others including children?
- Is there sexual violence, pressure or jealousy?
- What is her assessment of the threat from her partner/ex-partner? How frightened is she of him and of taking action that may provoke further violence?
- Has she tried to leave him before and, if so, how did he react?
- Has she and/or the perpetrator threatened to commit suicide or made any suicide attempts?
- Does she and/or the perpetrator have problems with drugs and/or alcohol?
- Is there anything that might represent loss to the perpetrator e.g. recent separation?
- Are there any recent psychotic episodes (victim or perpetrator)?
- Does she feel threatened by her or his family? Is there a possibility that they may harm her?

For women in high risk situations, it is important to discuss the immediate danger to which they may be subjected and to help them consider appropriate action.

Safety planning

One of the most important things you can do following a disclosure of abuse, is to speak to the woman about her immediate and future safety. This will help her think through her options, and help you to assess the situation and offer better support. Below are some things you may wish to discuss as a way of helping her focus on her safety needs.

If you don't know what to do, ask for help e.g. from a colleague, duty social work, police domestic abuse liaison officer or Women's Aid.

If she is planning to leave

- Does she have friends or family with whom she could stay?
- Does she want to report the abuse to the police?
- Does this need to happen just now? If she is reluctant to contact the police, you or she can phone the police domestic abuse liaison officer for advice
- Does she want to go to a refuge or emergency accommodation?

If she needs help to get to safety immediately, don't just give her a leaflet. Remember that leaving can be the most dangerous time for her. Leaving without telling her partner/ex-partner is the safest option.

If she is not planning to leave

- Discuss what behaviour or signs indicate that the abusive partner is going to become violent – how might she protect herself?
- What kind of strategies have worked in the past to protect her and her children – will they continue to be of help?
- Does she have any support nearby to help her if she needs it?
- Are there weapons in the home – can they be removed?
- Identify possible escape routes for her and her children e.g. to friends or family
- Ensure she has phone numbers for organisations that can help including the police, Women's Aid, and the National Domestic Abuse Helpline
- Suggest she keeps a bag packed with items such as clothes, money, important documents (e.g. benefit information, passport, birth certificates), medication, important phone numbers, personal items (photos, jewellery and children's favourite small toys) in case she needs to leave quickly. She should leave this with a trusted friend or relative
- Ask a trusted neighbour to watch out for her and phone the police if they are concerned

If she's being harassed by a former partner

- Discuss safety measures e.g. changing locks, fitting alarms. Has she been advised by police on how to protect herself and children? Has she seen a solicitor to get advice on her rights and on what kind of protection the law can give her?
- Can her neighbours agree to call the police if they see the abusive partner around her house?
- Check that schools, nurseries and so on know not to release the children to the abusive partner.
- Advise her to keep text and answering machine messages, letters and so on as supporting evidence of the harassment

Documenting and recording

Keep detailed records as this may build up a picture over time of the nature of the abuse.

This is important health information which will enable continuity of care. Health care staff do not require permission to record disclosures. If a patient is anxious about the confidentiality of medical records, reassure her about this but explain that if someone, especially a child is at risk of significant harm, this overrides confidentiality requirements.

Explain the benefits of keeping a record. For example, it may help in any future legal proceedings such as prosecution of the perpetrator, or court orders or where deportation is a risk because of immigration status. It may also be used to assess risks to children. Record the following in her case notes, never in hand held notes:

- Nature of abuse, and if physical, the type of injuries and symptoms
- Disclosure as an allegation not fact; contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure
- What the woman says and not what you think, but note if you have any concerns
- Missed appointments and unanswered telephone calls
- Outcome of risk assessment, detailing any concerns about the woman and/or child/ren
- Action taken
- Whether the information is being shared with other agencies

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that the woman and any children are safe and properly supported and the perpetrator is held accountable.

- Seek the woman's permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential. It is important, however, to keep women informed about any decisions made in this respect
- Be careful not to divulge confidential information by accident - abusive men can be very persuasive and cunning if they are trying to find the whereabouts of their partner and children

Follow up

Your intervention will depend on the setting you work in. You may only see the woman once, for example, in an emergency setting. Where possible, it is helpful to offer a follow up appointment. Always consider the woman's safety and how any approach you make might affect this.

Children and young people affected by domestic abuse

Impact of domestic abuse on children

Children's health may be seriously affected by witnessing the abuse of their mother or by being abused themselves.[20]

Children affected by domestic abuse may show symptoms such as failure to thrive, anxiety and depression, withdrawal, bedwetting asthma, eczema, disability, attempted suicide.[21,22,23]

Children may feel responsible, or be made to feel responsible, for the abuse e.g. if their behaviour is used as an excuse by the perpetrator as a trigger for his violence. Abusive men are often very controlling and may impose rigid and unreasonable routines in the home, or prevent normal social contacts with friends, extended family, clubs and so on. The man's control is often maintained by a regime of fear. Coping with such abuse can adversely affect a woman's ability to meet her children's emotional needs. It can also put children at risk of neglect.

In 2002, a report from the then Scottish Executive noted that: *'In addition to the emotional impact of living in an atmosphere of violence, there is also evidence to suggest that men who abuse their partners may also abuse their children, or force them to participate in the abuse of their mothers. Children often try to protect their mothers from physical assaults and may be injured themselves as a result. Children living with domestic abuse may suffer from stress-related illnesses and conditions and experience feelings of guilt, shame, anger, fear and helplessness'.*[24]

There is also evidence that some men use their relationship with their children to continue to harass women who have left them. Research conducted by Hester & Radford noted:

'...a variety of incidents and tactics, including physical and verbal abuse of the mother or others at "handover" time, abduction and use of a child as a hostage in an effort to secure the mother's return to the marriage, grilling children for information about their mothers and manipulating legal procedures relating to child care in an effort to involve the courts and the law in continued harassment'.[25]

Although there is a higher risk of developing behavioural, cognitive, and emotional problems in children living with domestic abuse, this is not inevitable. There is a wide variation in children's responses – some exhibit no greater problems than peers not exposed to abuse whilst for others multiple levels of difficulty may arise which can necessitate clinical intervention. The impact of the abuse will be mediated by a number of factors, principally:

- The nature, frequency and severity of domestic abuse within the home, and the extent to which child abuse is also present
- The degree of exposure to such abuse and the degree of risk i.e. from relatively mild exposure to being in a situation of grave danger, including risk of severe injury or murder
- The existence of other stressors within the family e.g. parental addiction, mental health problems, homelessness
- The presence of protective factors in children's lives – for example, the existence of family support, a strong relationship with their mother, their own coping skills

Assessment and intervention

Domestic abuse should significantly increase your suspicion that any children in the family may be at risk.

Assessing risk to women should, therefore, include risks to children. These are likely to be elevated where there has been a previous history of abuse or neglect, and/or there are additional problems and stressors within the family such as:

- Addiction issues
- Chaotic lifestyles
- Homelessness
- Mental health issues

The vulnerability of children within these situations is heightened and requires careful assessment. Some groups of children may have additional needs e.g. children affected by disability, children from minority ethnic groups or for whom English is not their first language.

All of the above need to be considered as part of the response to children within domestic abuse situations. If women and children are identified as being in imminent danger then action must be taken swiftly. Where this is less apparent, assessment of risk should include the above factors.

Risk assessment is not a one-off event. Circumstances change within families, and women and children may become more at risk over time. Where there is ongoing contact, it is essential that the health worker reviews the assessment and is alert to the possibility of such change, which may require further intervention. Balancing the needs of children in a situation where domestic abuse exists can be difficult and can create anxiety for health staff. Whilst there may be no immediate need for referral to statutory agencies, there should be intervention to try to support the women and children within the family.

As noted in the Report of the Child Protection Audit and Review: *'Agencies and professionals need to exercise greater levels of judgement, in consultation with others, about the best approach to securing a child's welfare, and recognise that protecting the mother may be the best way to protect the child/ren'.*[26]

Providing practical and emotional support is a major factor in influencing how women and children survive and cope with abuse. It is not good practice to assume that the existence of domestic abuse automatically exposes the child/ren to neglect or abuse and that the non-abusing parent is failing in her duty to protect them or respond adequately to their emotional and developmental needs. If the situation is not dangerous, and you do not have concerns regarding child protection, you should assist women to access community resources.

Where there is little indication of risk as identified above, but you feel uneasy or concerned about a family, discuss it with your supervisor/line manager or with a child protection advisor to decide on the best course of action. Where there is suspicion about safety, action must be taken to safeguard the welfare of a child.

Referral to social work

If there are child protection concerns, action must be taken promptly in line with your local child protection procedures. Referral to social work services must be taken without delay. To assist this process,

Warning signs

Is the child exhibiting signs of distress, emotional disturbance or behavioural difficulties associated with the abuse?

Is there a possibility of direct harm to the child by abuse from the perpetrator?

Are there threats to harm child/ren?

Is the child being emotionally manipulated?

Are pets being harmed or threatened with harm?

Is there evidence of destruction of possessions, toys and so on which indicate a propensity for harm?

it is important that as much information as possible is provided about the basis for concerns. This should include:

- Nature of concerns – knowledge of the family, assessment of harm/risk. This should be as detailed as possible
- Information on the involvement of other agencies
- Whether referral has been discussed with the woman, and how she views this
- Any immediate danger that may be caused by involvement

In some situations where there may be less tangible evidence but the potential for abuse appears real, it is important to share possible concerns. A discussion of concerns can be held with social work services and documented if there are no grounds for immediate action. This is crucial where several factors, which have become apparent over time, make you suspicious.

Sharing information

Confidentiality of personal health information is the cornerstone of the patient/health professional relationship. In circumstances where a child is at risk, this overrides the need to keep the information confidential. According to National Guidelines on Domestic Abuse *'The need to ensure proper protection for children requires that agencies share information promptly and effectively when necessary'.*[27]

Assessing child protection needs:

Check whether there is direct injury or harm to the child/ren

Conduct a risk assessment on potential danger to mother and child/ren

Assess the capacity of the mother to plan for child/ren's safety

Assess levels of support available to the woman and child/ren, and access to, and use of, community resources

Documenting and recording

Within case notes and medical records the following should be documented

- Findings of assessment, to include physical/emotional symptoms and injuries
- Details of domestic abuse disclosed/ alleged, using the woman's own words – contemporaneous notes should be taken where possible and records completed as soon as possible after disclosure
- Outcome of risk assessment, detailing concerns about woman and child/ren
- Action taken, including:
  - Information / support provided
  - Referral to other agencies
  - Any decisions made within each agency or in discussion with other agencies
  - A note of information shared with other agencies, with whom and when
  - Whether the woman has given or withheld consent for sharing information
  - Decisions made about child protection

Where patient held records are in use, any reference to domestic abuse should be kept separate and cross-referenced to the original record. Explain the benefits of recording domestic abuse for later legal action.

The protection of children is a primary concern of statutory agencies, but you should remember that often it is in helping the mother that the child can best be protected.

Perpetrators of domestic abuse

The NHS response to domestic abuse has primarily been focussed on supporting those experiencing abuse.

Perpetrators of abuse have largely been invisible in this work, and there are few guidelines on how health workers should respond.

The following guidance is adapted from 'Domestic Abuse: A Guide for Healthcare Staff in NHS Lothian'.[28]

How perpetrators of domestic abuse might present

You may encounter perpetrators of domestic abuse as patients or as ex-partners/parents/carers of patients whom you know or suspect to be affected by domestic abuse. The approach you take depends on whether a man is directly acknowledging his behaviour is a problem, is seeking help for a related problem, or has been identified by others as abusive.

Identifying and responding to perpetrators of domestic abuse requires sensitivity and an awareness of how this may affect the health and well-being of all concerned. Your response to a perpetrator and any disclosures could affect the extent to which he accepts responsibility for his behaviour and, therefore, the need to change. You can say things to a perpetrator that make a difference and you can influence the situation. By being responsive and non-collusive, you can play a crucial part in improving the immediate and long-term health impact on all those affected.

Some men may identify their abusive behaviour directly and ask for help to deal with their violence. This is likely to be prompted by a crisis. They are unlikely to admit responsibility for the seriousness or extent of their violence and may try to 'explain' it or blame other people or factors, such as 'she asked for it'. Even those who are concerned enough about their violence to approach a health worker may present with other related problems such as alcohol, stress or depression and may not refer directly to the abuse.

Some men may say they are victims of partner violence. While you should take such allegations seriously, research indicates that a significant number of male victims are also perpetrators.

Perpetrators might also present to services having attempted suicide or with other self-destructive behaviour. They may have injuries consistent with being physically violent to people or objects, or with defensive wounds.

You may encounter men who insist on accompanying partners or other women/children to appointments or who want to talk for them and to stay with them at all times. You may also have patients whom you know to be abusive because the people they have abused are also your patients and they have told you about it. These men may seem to you as caring and protective and very plausible.

There are clear links between domestic abuse and child abuse. In your role as a health worker, you may know children affected by domestic abuse, and consequently, the abusive man. You may be in contact with him in clinics, in his home and at case conferences. If the issue of the man's abuse has been openly stated as a cause of a child's problem, it may be necessary to speak to him about his abusive behaviour.

You should also be guided by your local child protection procedures.

What every health professional can do

Respond to disclosure

Your response to any disclosure, however indirect, could be significant for encouraging a man to take responsibility and motivating him towards change. It is important therefore to:

- Be clear that domestic abuse is always unacceptable
- Be clear that such behaviour is a choice
- Affirm any accountability shown by the perpetrator
- Be respectful and empathic but do not collude
- Be positive and non-judgemental – men can change
- Be clear that you might have to speak to other agencies and that there is no entitlement to confidentiality if children are at risk
- Whatever he says, be aware that on some level, he may be unhappy about his behaviour
- Be aware that abusive behaviour is not just physical violence
- Be encouraging; do not back him into a corner or expect an early full and honest disclosure about the extent of the abuse
- Be aware of the barriers to him acknowledging the abuse and seeking help (such as shame, fear of prosecution, self-justifying anger)
- Be aware of the likely cost to the man of continued abuse and help him to see this
- See him separately (and not together with a possible victim)

Differences in age, ethnicity, race, immigration status, sexuality, economic status, educational background, and so on produce different cultures and subcultures. Your response needs to make sense within each perpetrator's cultural context.

Your response must prioritise the safety of those most affected by the violence – women and children. It is important to send a clear message that domestic abuse is unacceptable.

Assess risk

It is important to assess risk before deciding what to do next. Although risk assessment is primarily informed by victims' experiences, there may be other factors which you identify through your contact with, or knowledge of, a perpetrator. If he presents with a problem such as drinking, stress or depression and does not refer to his abusive behaviour you could ask questions such as *"How is the drinking/depression affecting how you are with your family?"* or *"When you feel like that what do you do?"*

There is a link between suicidal and homicidal ideation in men who abuse, and either or both should be seen as significant risk factors for domestic abuse. Threatening suicide is a common form of controlling behaviour. Factors which would alert you to heightened risk are:

- Previous physical or sexual assault of strangers or acquaintances
- Past physical or sexual assault of partner
- Past use of weapons or threats
- Extreme minimisation or denial of history of abuse
- Attitudes which support or condone domestic abuse

- Recent or imminent separation from partner
- Partner pregnant or recently given birth

Child protection

If the man abuses his partner/ex-partner, this should significantly increase your suspicion that any children in the family may be at risk. Be aware of local child protection procedures and instigate if necessary. While the existence of domestic abuse does not require you to automatically instigate child protection procedures, your risk assessment should include risks to any children in the family.

Referral

There are few specific services for perpetrators of domestic abuse. There are some court mandated and court non-mandated programmes for men who have perpetrated domestic abuse. The Respect service offers clear guidance on a non-collusive response to men concerned about their abusive behaviour, and advice on short-term strategies.

It may be possible to refer a perpetrator to a generic health service such as mental health or addictions services. The primary role of such services is not to address the violence and there is a risk that focusing on such issues may allow the perpetrator to avoid responsibility for his behaviour and attitudes.

Communication with other agencies is important as often the complexity means that it is not possible for one agency to address all the issues.

Documenting and recording

It is important to keep detailed records if a man discloses domestic abuse. This is important health information which will enable continuity of care. Good records may also help in any future legal proceedings which may be taken against the perpetrator.

Record the information in his case notes. Remember that medical records are strictly confidential. However, if an individual, especially a child, may be at risk of significant harm, this overrides any requirement to keep information confidential. You should explain this to your patient. Record the following in case notes:

- Disclosure as an allegation not fact
- What the patient says and not what you think, but note if you have any concerns
- Outcome of risk assessment
- Action taken

Sharing information

You may need to share information about a particular case. It may be required by law or it may be necessary to share information with support agencies to make sure that victims are safe and properly supported and perpetrators held accountable.

- Seek permission before you pass on information and get advice if you are in any doubt
- It may be safer to share information than keep it confidential
- Be careful not to divulge confidential information by accident

Follow up

If appropriate, provide aftercare and follow up. Always consider a victim's safety and how any approach you make to a perpetrator might affect this. Risk awareness should be a continuous process and regularly reviewed.

Support for staff

Supporting someone who is experiencing, or has experienced, domestic abuse can be stressful. At times it can be distressing to hear accounts of trauma and abuse, and staff are sometimes worried that they may be overwhelmed by it. It is also common to feel frustrated or helpless if you cannot 'solve' the problem or if you find it difficult to accept that they do not want, or are not ready, to leave an abusive partner. In these situations it is important to be able to acknowledge how you feel and seek support or guidance from a supervisor or colleague.

Given the prevalence of domestic abuse and the number of people employed in the NHS, domestic abuse may directly affect you or a colleague. If you are experiencing abuse, it is important to recognise how this is affecting you. There should be a local employee policy on domestic abuse within your health board which provides guidance on how you can be supported at work, and any help available, for example occupational health or employee counselling. You may also want to contact Women's Aid or the Domestic Abuse Helpline for advice.

If you are concerned about your own behaviour or that of a colleague, check the local employee policy for guidance about who to approach, or how to address this issue.

Further information

Domestic Abuse helpline
0800 027 1234 (24 hours)
www.domesticabuse.co.uk

Rape Crisis helpline
08088 01 03 02 (daily 6pm - midnight)
www.rapecrisisscotland.org.uk

Scottish Women's Aid
Information and training on domestic abuse and main contact for the network of local Women's Aid groups: 0131 226 6606.
www.scottishwomensaid.org.uk

Women's Support Project
Information, training and support on violence against women.
www.womenssupportproject.co.uk

Respect
Promotes, supports & develops effective interventions with perpetrators of abuse across the UK. Useful information can be found on its website: **www.respect.uk.net**

Broken Rainbow LGBT DV (UK)
Offers advice, support and referral services to LGBT people experiencing homophobic, transphobic and same sex domestic abuse.
Helpline: 0300 999 5428 Mon & Thurs 2-8pm; Wed 10am-1pm
www.broken-rainbow.org.uk

Men's Aid
National charity supporting male victims of domestic abuse.
www.mensaid.org

Men's Advice Line
Offers advice and support for male victims of domestic abuse in England & Wales only but has useful information on website.
www.mensadviceline.org.uk

Role of local health boards

As part of the implementation of the CEL on Gender-Based Violence and the Public Sector Duty for Gender, your health board should have an identified lead to help staff address gender-based violence, and direct you towards training and further information.

Your health board should also be represented on its local Violence Against Women Training Consortium. Training for health staff may also be available through the consortium.

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Local information and notes

This page is for you to record any local information or services for your area

You can download this guide online at: www.gbv.scot.nhs.uk
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