



## CLINICAL GUIDELINE

# Gender Based Violence Guideline, Emergency Department and Minor Injuries Unit

A guideline is intended to assist healthcare professionals in the choice of disease-specific treatments.

Clinical judgement should be exercised on the applicability of any guideline, influenced by individual patient characteristics. Clinicians should be mindful of the potential for harmful polypharmacy and increased susceptibility to adverse drug reactions in patients with multiple morbidities or frailty.

If, after discussion with the patient or carer, there are good reasons for not following a guideline, it is good practice to record these and communicate them to others involved in the care of the patient.

|                                                              |                                                             |
|--------------------------------------------------------------|-------------------------------------------------------------|
| <b>Version Number:</b>                                       | 5                                                           |
| <b>Does this version include changes to clinical advice:</b> | No                                                          |
| <b>Date Approved:</b>                                        | 29 <sup>th</sup> November 2021                              |
| <b>Date of Next Review:</b>                                  | 16 <sup>th</sup> December 2024                              |
| <b>Lead Author:</b>                                          | Julian Heng                                                 |
| <b>Approval Group:</b>                                       | Emergency Care & Medical Services Clinical Governance Forum |

### Important Note:

The Intranet version of this document is the only version that is maintained. Any printed copies should therefore be viewed as 'Uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

## 1. Introduction

NHSGGC is committed to ensuring that patients' experiences of Gender Based Violence (GBV) are identified and responded to effectively. This is part of wider work to meet our legislative duties to promote gender equality and tackle discrimination, deliver our organisational objective of reducing health inequalities and working with partners to achieve Single Outcome Agreements. NHSGGC's approach to addressing GBV is in keeping with the Scottish Government's approach as set out in Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls (Scottish Gov 2018) [Equally Safe: national strategy - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2018/06/Equally_Safe_-_national_strategy_-_gov.scot) and within the national good practice guidance for health workers and professional bodies.

## 2. Purpose

The overall aim of this Guideline is to ensure Emergency Department (ED) staff know how to identify and respond appropriately to experiences of GBV amongst their patients.

## 3. Scope

The Guideline applies to staff working at all levels and all professional groups within NHSGGC's Emergency Department and Minor Injuries Units (The term ED will be used throughout to include both EDs + MIUs).

The Guideline should be considered alongside related National and NHSGGC policies and procedures (Appendix 1)

Support for victims (Appendix 2).

In applying the Guideline, staff are expected to work within their own sphere of responsibility and to seek support from their line manager as appropriate.

The Guideline applies equally to male and females who may have experienced GBV. However staff should be aware that female patients and patients in same sex relationships are at significantly higher risk of GBV from men they know than men in heterosexual relationships.

- The [Statistical Bulletin of Domestic Abuse](#) recorded by Police in Scotland in 2019-20 there were 62,907 incidents, 82% female victims with a male perpetrator, 15% male victim with female perpetrator, 3% were same sex relationships.

- [Stonewall Scotland](#) reports that one in four lesbian and bisexual women have experienced domestic abuse from a partner, which is the same as the general female population. Half of gay and bisexual men have experienced domestic abuse, a third from a partner. This compares to one in six men in general who have experienced domestic abuse from a family member or partner since the age of 16.

The 2021 OFSTED study Review of sexual abuse in schools and colleges found that 92% of girls, and 74% of boys, said sexist name-calling happens a lot or sometimes to them or their peers. The frequency of these harmful sexual behaviours means that some children and young people consider them normal.

When we asked children and young people where sexual violence occurred, they typically talked about unsupervised spaces outside of school, such as parties or parks without adults present, although some girls told us they also experienced unwanted touching in school corridors. [Review of](#)

[sexual abuse in schools and colleges - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges)

(<https://www.gov.uk/government/publications/review-of-sexual-abuse-in-schools-and-colleges>)

#### **4. Gender Based Violence (GBV)**

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

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

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

More information about the nature and impact of different forms of abuse can be found via Staffnet or by visiting <https://www.nhsggc.scot/equalities-in-health/>

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

#### **5. The role of Emergency Department staff**

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

A visit to the ED may represent the first and sometimes only opportunity, by a patient who has or is experiencing GBV to access help and support, or may be one of a number of repeat presentations.

All ED staff have a role to play in identifying and responding to patients experiencing GBV.

Responsibility for asking starts with triage staff and continues throughout the assessment and care process.

If a patient discloses domestic abuse, the information should be passed on to staff caring for the patient, and guideline implemented.

However, if there is no disclosure, the nurse should use clinical judgement to inform the assessment of the presenting complaint. If there is suspicion that the injury could be the result of domestic abuse, the information is passed to the staff caring for the patient, and guideline implemented.

In order to identify & respond to GBV within ED services the following guideline should be followed:

#### **6. Routine Sensitive Enquiry**

By responding sensitively to the patients disclosure of GBV or the health professionals own concerns, ED staff can:

- Let patients know that the issue is taken seriously within our health service
- Give information and support/signpost the patient to access services

- Reduce the stigma associated with different forms of abuse & validate the patient's experience
- Support the patient to make choices and begin the process of recovery
- Help identify and address needs of adults and children who are at risk. Assess if referral to another health or social care service including notification of concern is required.

Following triage the clinician should have a conversation with patients who disclosed GBV at first assessment to:

- Give the patient time to talk
- Carry out a risk assessment and discuss a safety plan
- Ask if he/she has responsibility for the care of children.

Clinical staff should record on Trakcare:

- that routine sensitive enquiry took place
- Whether there was a disclosure of domestic abuse (i.e. that the assault was carried out by a partner/ex-partner) or any other form of GBV that the patient may have disclosed.
- Document disclosures and actions in the patient record. Be aware documentation may be used as evidence in the event of any criminal justice proceedings.

Health impact

All staff should be aware of signs, other than injuries that may indicate GBV, that could be a direct or indirect cause of GBV.

- These include, for example; Increased risk of acute respiratory tract infection; gastro-oesophageal reflux disease; chest pain; abdominal pain; urinary tract infections; headaches and contusions/abrasions.
- There is a high correlation between experiences of GBV and a range of moderate to severe mental health issues, ranging from anxiety and depression to self harm and attempted suicide.
- Although alcohol and drug misuse may be a factor in domestic abuse they are not the cause and are often used as an excuse by perpetrators. Harmful coping strategy for some patients living with abuse can include drug and alcohol misuse
- There is evidence that abused women have a more than 3-fold risk of being diagnosed with a sexually transmitted disease; a 2-fold risk of lacerations.
- Pregnancy can be a time for domestic abuse to start or escalate, if the patient is of childbearing age consider requesting a pregnancy test and record results

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

## **7. Patient Pathway for GBV Routine Sensitive Enquiry within ED services**

- Arrange private space to speak to the person 1-1
- To enable private time, direct anyone accompanying the patient to the waiting area.

- Ensure you speak to the patient in an area where the conversation will not be overheard.
- If possible use a room with telephone access to allow the patient to make calls direct to support services where necessary and for ease of access to interpreting services if dual handset is not available.
- British Sign Language or Community Language interpreting services should be arranged where required using NHSGGC protocol (<https://www.nhsggc.org.uk/your-health/equalities-in-health/info-resources/for-staff/interpreting-and-language-resources/interpreting-services/>). In keeping with this protocol family or friends accompanying the patient should never be used as interpreters except where there is a medical emergency.
- If no face to face interpreter is available arrange for telephone interpreting. To provide continuity, if the patient needs to access immediate support from another service, the interpreter should accompany the patient to the support service where possible.

#### Following Disclosure

When assessing risk always take the issues and concerns of the victim seriously and recognise the potential risk of very significant harm to the victim and any children who are cared for by the patient and the alleged perpetrator.

Asking the following questions can help to assess level of risk and inform options and possible outcomes for patient:

- Is the patient afraid for themselves or their children?
- Are they safe to go home?
- How frightened does the patient feel?
- What are they afraid the perpetrator(s) might do?
- Do they feel isolated from family and friends?
- Are they depressed or having suicidal thoughts (refer to ED guidelines).
- Have they attempted suicide or self harmed?
- If violence is from their partner have they tried to separate from them in the last year?
- Have objects or weapons been used to hurt them?
- Is there conflict over child contact?
- Are there any problems such as substance misuse, alcohol or mental health issues?
- Have they sought protection from the courts or police in the past?
- Is access to money being withheld from them?
- Is there potential harm to other family members?

**Leaving can be the most dangerous point in the relationship and any fear raised by the patient for their safety should be taken seriously.**

Seek agreement for referral to other agencies. If the victim wants no action taken and there are no vulnerable adult or child protection concerns agree a safety plan and safe way to contact the victim.

Where a decision is taken to refer to Police and/or Social Work without permission you should tell the patient why (duty of care if patient assessed to be of very high risk of harm). Keep the patient informed of progress on the agreed course of action.

**Where there are child protection concerns, information must be shared with Police/Social Work and followed up using the Shared Referral Form.**

**Safety Planning**

Following disclosure ED staff should explore options with the patient to help them focus on their current and future safety.

- Help them identify a safe place they can go with their children i.e. friends, family, refuge or temporary accommodation
- Discuss packing a bag with essential documents, clothes, money, medication, important phone numbers in case they need to leave in a hurry. Store the bag safely where the perpetrator won't find it
- Offer the Scottish Domestic Abuse & Forced Marriage Helpline Number **0800 0271234** and the opportunity to phone the helpline from a private room
- Do they want to report the incident to the police? Advise them to dial 999 in an emergency or 101 at other times
- Follow child protection and vulnerable adult procedures where there are any concerns.
- Ensure a follow-up appointment is arranged where appropriate.

**Risk assessment is not a one off event and risk may change over time; therefore ongoing risk assessment is required.**

Information should only be disclosed with the victim's consent unless there is a statutory duty to share information, such as in vulnerable adult or child protection cases or a belief that the adult is at immediate risk of serious harm.

When providing helpline numbers, always check if it is safe for the patient to take/save this information.

NHSGGC guidance.

Staff should be aware of Archway Service <http://archway.sandyford.org/> within NHSGGC which provides a one stop service for male and female survivors of recent sexual violence aged 13+. If the patient is aged 13-15 or 16 to 18 and looked after and accommodated it is a legal requirement that the police are involved. There is no upper age limit for the service.

N.B. In instances where a person repeatedly presents with injury from partner/ex partner assault including sexual assault the option of referral to a Multi-Agency Risk Assessment Conference (MARAC) should be explored with the patient. A MARAC is a meeting where information is shared on the highest risk domestic abuse cases between representatives of local police, health, child protection, housing practitioners, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors.

Please follow the link below to information on MARAC in Scotland, there is additional information on the SafeLives website.

<http://www.safelives.org.uk/sites/default/files/resources/SafeLives%27%20Marac%20Toolkit%20%E2%80%93%20Scottish%20Version.pdf>

Appendix 1.

#### Legislation and Policy/ Guidance Documents

- National Guidance for Child Protection (Scottish Gov 2021)
- Practice Development Forum
- [National guidance for child protection in Scotland 2021 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/)  
(<https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/>)
- Adult Support and Protection Act Guide for NHS Staff. staff net)
- Domestic Abuse (Scotland) Act 2018
- NHSGGC Equality Scheme 2020-24
- NHSGGC Female Genital Mutilation (FGM) Care Pathways link
- National FGM Action Plan
- NHSGGC GBV Employee Policy [NHSGGC GBV Employee Policy Published Version 2016.pdf](#)
- NHSGGC Forced Marriage Policy and Guidance [NHSGGC FM Policy 190712.pdf](#)
- NHSGGC Guidance on Human Trafficking [NHSGGC : Human Trafficking](#)  
(<https://www.nhsggc.org.uk/your-health/equalities-in-health/areas-of-work/gender-based-violence-human-trafficking/human-trafficking/>)
- [Human trafficking and exploitation: guidance for health workers - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/human-trafficking-exploitation-health-workers-need-know/)  
(<https://www.gov.scot/publications/human-trafficking-exploitation-health-workers-need-know/>)
- Emergency Departments Mental Health Triage and Risk Assessment Tool
- [Equally Safe: Scotland's strategy to eradicate violence against women - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/)  
(<https://www.gov.scot/publications/equally-safe-scotlands-strategy-prevent-eradicate-violence-against-women-girls/>)

#### Staff guidance and resources

NHSGGC Equalities in Health <https://www.nhsggc.org.uk/your-health/equalities-in-health/areas-of-work/gender-based-violence-human-trafficking/>

NHSGGC GBV Employee Policy [NHSGGC GBV Employee Policy Published Version 2016.pdf](#) addresses the needs of staff who themselves have or are experiencing GBV or are perpetrators of GBV.

Managers Guidance GBV Employee Policy. [GBV Employee Policy Managers Guidance Published Version March 2013.pdf](#)

## Appendix 2

### Support for the victims

- Scotland's Domestic Abuse and Forced Marriage Helpline 0800 027 1234
- Offer referral to Navigator support service if available.
- NHS GGC guidance. Staff should be aware of Archway Service <http://archway.sandyford.org/> within NHSGGC which provides a one stop service for male and female survivors of recent sexual violence. 0141 211 8175.
- National Rape Crisis Helpline: 08088 01 03 02 between 6pm and midnight
- Staff should follow NHSGGC Forced Marriage Policy at [http://www.equalitiesinhealth.org/public\\_html/gender\\_based\\_violence.html](http://www.equalitiesinhealth.org/public_html/gender_based_violence.html)
- Trafficking for Purpose of Sexual Exploitation: Follow NHSGGC Human Trafficking Guidance at Equalities in Health
- Female Genital Mutilation: Follow internal procedures
- Child Protection Procedures are available at: Policies and Procedures
- Adult Support and Protection Act. Guide for NHS staff on staff net.
- Out of Hours – West of Scotland Social Work Services – 0141 305 6706
- Support for male victims: [www.mensadvice.org.uk](http://www.mensadvice.org.uk) FEARLESS
- Information about NHSGGC and your local third sector specialist support services is available at: [http://www.equalitiesinhealth.org/gender\\_based\\_violence.html](http://www.equalitiesinhealth.org/gender_based_violence.html)

It is good practice to have a selection of public information in relation to GBV in each Emergency Department and also particularly helpful to have posters within patient toilet areas.