



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.

Date of publication:	20/03/2017		
Review date:	31/03/2019		
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Approval Group:	Acute Services Division Clinical Governance Group		
Changes to clinical content of this version:	x	No changes to clinical content of this version:	
CGSU Version no.	3		

“I didn’t know that there was any help out there and I was too ashamed to let people know. I went to hospital a few times but he always accompanied me and I’d had to lie about my injuries. I wanted the nurses to cotton on and to help me, but no one noticed what I was going through.”

- Julie, *Safer Lives;- changed Lives: A Shared Approach to Tackling Violence Against Women*

1. Introduction

NHSGGC is committed to ensuring that patients' experiences of gender-based violence (GBV) are identified and responded to effectively. This is part of wider work to meet our legislative duties to promote gender equality and tackle discrimination, deliver our organisational objective of reducing health inequalities and working with partners to achieve Single Outcome Agreements. NHSGGC's approach to addressing GBV is in keeping with the Scottish Government's approach as set out in Equally Safe: Scotland's Strategy for Preventing and Eradicating Violence against Women and Girls (Scottish Gov 2014) and within the national good practice guidance for health 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 to experiences of GBV amongst their patients and to ensure that their response results in an increase in the safety and well-being of the individual involved.

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

Support for victims (Appendix 2).

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

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

- The Statistical Bulletin of Domestic Abuse recorded by Police in Scotland in 2012-13 noted that of the 60,080 incidents reported 80% were female victims with a male perpetrator, 17% were male victims with a female perpetrator and 2% were same sex relationships; in 44% of cases the perpetrator was an ex-spouse/partner.
- 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, while half of gay and bisexual men have experienced domestic abuse, and a third have experienced domestic abuse 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.
- A 2010 report from research by Scottish Transgender Alliance and LGBT Youth found that 80% of the 60 respondents taking part had experienced physical, emotional or sexual abuse by their current or previous partner.

4. Gender-based Violence

Gender-based violence refers to the continuum of emotional, psychological, economic, physical and sexual abuse. It includes, but is not limited to domestic abuse; rape and sexual

assault; child sexual abuse; commercial sexual exploitation; human trafficking; female genital mutilation (FGM), forced marriage, stalking and harassment. Many women and children, and some men, will experience different forms of GBV throughout their life.

Young People and Domestic Violence

A study by NHS Health Scotland (2005) of 1,395 young people between 14-18yrs found that 17 per cent of young women had experienced violence or abuse from a boyfriend.

A UK study by the NSPCC found 1 in 6 girls aged between ages 13-17 have been hit by their boyfriend; 1 in 16 reported being raped by them

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

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

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

'Daniel's mother had relationships with 3 different partners whilst living in the UK. All of these relationships involved high consumption of alcohol and domestic abuse. The Police were called to the address on many occasions and in total there were 27 reported incidents of domestic abuse'. (*Serious Case Review (SCR) commissioned following the death of Daniel Pelka in Coventry September 2013*).

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 formal help and support, or may be one of a number of repeat presentations.

All ED staff have a role to play in the identification and management of patient experiences of GBV.

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

This 'one chance' for health service staff to provide support and protect a victim from abuse.

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

If a patient does disclose 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 violence, the information is passed to the staff caring for the patient, and guideline implemented.

In order to maximise detection and opportunities for patients to get the help they need from ED services the following procedures should be followed:

6. Routine Sensitive Enquiry

Enquiry should take place in a quiet, private place.

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

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

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

- find out more about the patient's experience of domestic abuse,
- ask if he/she has responsibility for the care of children.
- undertake risk assessment

Clinical staff should record on Trakcare:

- that 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.

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

These include, for example; Increased risk of acute respiratory tract infection; gastroesophageal 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.

There is a correlation between GBV and substance 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.

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

SafeLives data shows that 85% of victims sought help five times on average from professionals in the year before they got effective help to stop the abuse.

Nearly a quarter of high-risk victims (23%) and one in ten medium-risk victims went to an ED because of their injuries. In the most extreme cases, victims reported that they attended ED 15 times. (*SafeLives' report, Getting it Right First Time*)

On average about seven women and two men are killed by their current or former partner every month in England and Wales.

7. Patient pathway for GBV 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. 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 available arrange for telephone interpreting. To provide continuity, if the patient needs to access immediate support from another service, the interpreter should accompany the patient to the support service where possible.
- When assessing risk always take the issues and concerns of the victim seriously and recognise the potential risk of very significant harm to the victim 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:

- How frightened does the patient feel?
- What is s/he afraid the perpetrator (s) might do?
- Does s/he feel isolated from family and friends/?
- Is s/he depressed or having suicidal thoughts (refer to ED guidelines).
- Has s/he attempted suicide or self harmed?
- If violence is from her/his partner has s/he tried to separate from him/her in the last year?
- Have objects or weapons been used to hurt her/him?
- Is there conflict over child contact?
- Does s/he have problems in the past year with drugs (prescription or other),
- Alcohol or mental health?
- Has s/he sought protection from the courts or police in the past?
- Is access to money being withheld from her/him?
- Is there potential harm to other family members?

Seek agreement for referral to other agencies. If 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.

Keep the patient safe in the private area while awaiting transport to support service.

Staff should note the importance of inter-agency working in protecting victims of gender-based violence and follow agreed information sharing procedures.

Information should only be disclosed with the 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.

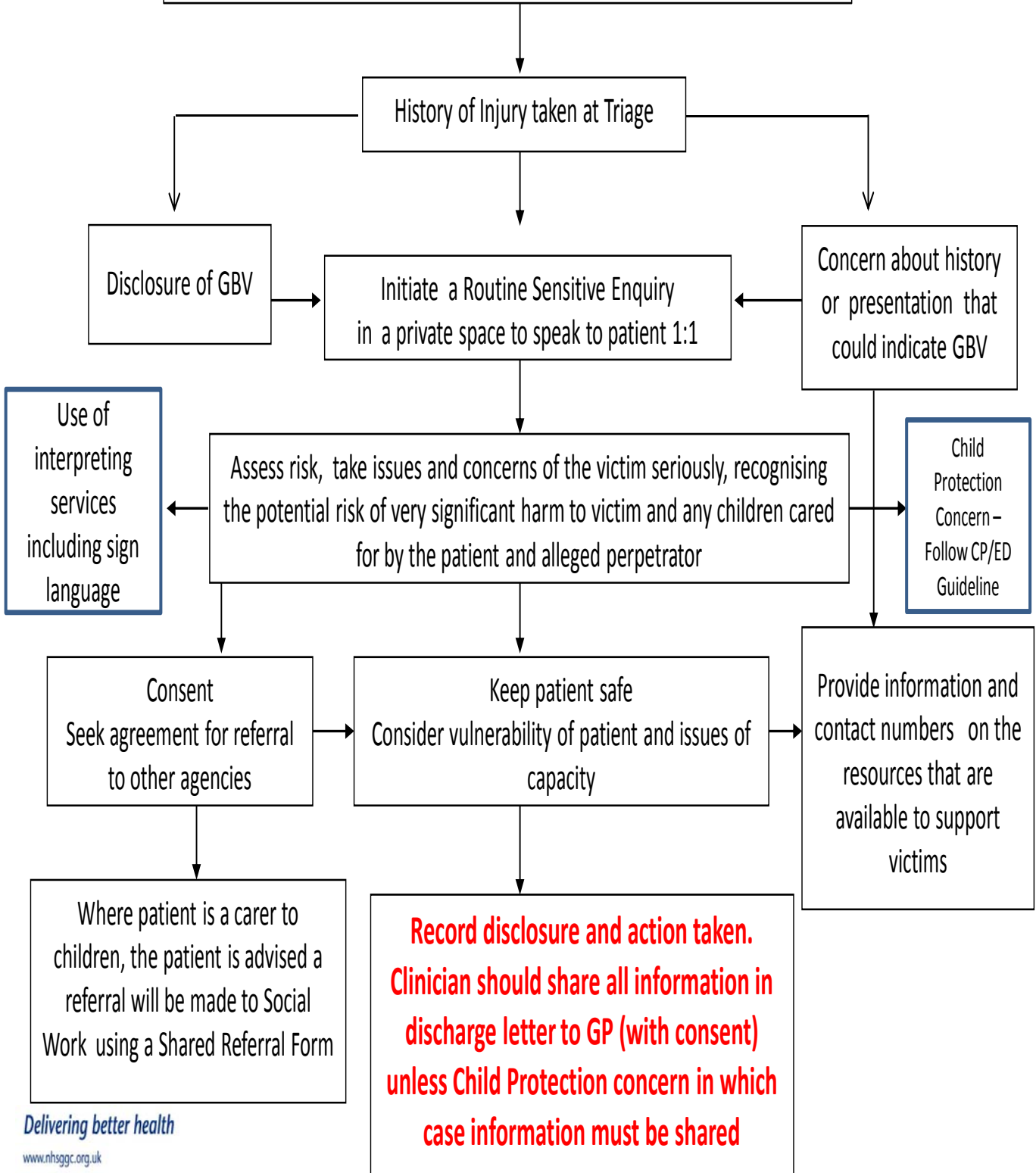
Document disclosures and actions in the patient record. Be aware documentation may be used as evidence in the event of any criminal justice proceedings.

Provide written contact helpline numbers in the form of key rings/pens etc

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.

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.

EMERGENCY DEPARTMENTS and MIUs Patient Pathway for GBV



Appendix 1.

Legislation and Policy/ Guidance Documents

- National Guidance for Child Protection (Scottish Gov 2014)
- Practice Development Forum
- West of Scotland Inter Agency Adult Support and Protection Practice Guidance Revised 2015
- West of Scotland Inter Agency Child Protection Procedures
- Adult Support and Protection Act Guide for NHS Staff.(staff net)
- Gender Based Violence (GBV) Plan (2008-2011)
- Domestic Abuse (Scotland) Act 2011
- NHSGGC Equality Scheme 2016-20
- NHSGGC Female Genital Mutilation (FGM) Care Pathways link
- National FGM Action Plan
- NHSGGC GBV Employee Policy:
http://www.equalitiesinhealth.org/public_html/gender_based_violence.html
- NHSGGC Forced Marriage Policy and Guidance:
http://www.equalitiesinhealth.org/public_html/gender_based_violence.html
- NHSGGC Guidance on Human Trafficking- link:
<http://www.scotland.gov.uk/resource/Doc/261528/0078243>
- NHSGGC Equality Scheme
- Emergency Departments Mental Health Triage and Risk Assessment Tool
- Safer Lives;- changed Lives: A Shared Approach to Tackling Violence Against Women

Staff guidance and resources

NHSGGC Equalities in Health⁹ Hyperlink

NHSGGC GBV Employee Policy:

http://www.equalitiesinhealth.org/public_html/gender_based_violence.html addresses the needs of staff who themselves have or are experiencing GBV or are perpetrators of GBV.

Managers Guidance GBV Employee Policy:

http://www.equalitiesinhealth.org/public_html/gender_based_violence.html

Appendix 2

Support for the victims

- National Domestic Abuse and Forced Marriage Helpline 0800 027 1234
- 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.
- National Rape Crisis Helpline: 08088 01 03 02 between 6pm and midnight
- Archway: One stop service for patients who have experienced rape or sexual assault within the last 7 Days. 0141 211 8175. Phone to check availability of service.
- Staff should follow NHSGGC Forced Marriage Policy at http://www.equalitiesinhealth.org/public_html/gender_based_violence.html
- Trafficking for Purpose of Sexual Exploitation: Follow NHSGGC Human Trafficking Guidance at Equalities in Health
- Female Genital Mutilation: Follow internal procedures
- 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.mensadviceline.org.uk FEARLESS
- Information about NHSGGC and your local third sector specialist support services is available at:
http://www.equalitiesinhealth.org/public_html/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.